



**Breastfeeding
Promotion Network of India**
(Registered Under Societies Registration Act
XXI of 1860, Delhi R-No S-23144)
BP-33, Pitampura, Delhi-110034
Tel: +91-11-42683059
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BPNI/IMS Act/2026/46

February 24, 2026

**To,
The Assistant Commissioner of Police
J 3, opposite the Thiru VI Ka Industrial Estate,
near the Thiru VI Ka Industrial Estate Bus Stop,
Guindy, Chennai-600032, Tamil Nadu.**

Subject: Complaint Regarding Suspected Violation of the IMS Act, 1992 (as amended in 2003) by Abbott India Ltd. in CME Organized in Chennai

Respected Sir/Madam,

The Breastfeeding Promotion Network of India (BPNI) <https://www.bpni.org/> is a 34-year-old non-profit organization that works for protection, promotion and support of breastfeeding in India. BPNI works on policy analysis, skill training of health workers, and monitoring the compliance with the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act). India enacted the IMS Act, which came into force in August 1993. An offence committed under this law is cognizable. The Government of India notified "Breastfeeding Promotion Network of India (BPNI)" wide No G.S.R. 540 (E), dated the 27th June 1994, to monitor the compliance with the Act under clause (c) of the sub-section (1) of Section 21. (Annex-1)

I am writing to formally bring to your attention a matter concerning a Continuing Medical Education (CME) programme titled "CONFLUENCE 2.0 – Importance of Annual Influenza Vaccination in Children", scheduled on 1st March 2026 at ITC Grand Chola, Chennai, and organized by Abbott India Ltd.

As per the agenda document circulated (copy attached Annex-2), the event is sponsored and organized by Abbott India Ltd., with participation of national and international speakers.

Under the provisions of IMS Act:

- **Section 9(2) of IMS Act states, "No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship."**

Also for your information, Section 20 Penalty of IMS Act says (1) Any person who contravenes the provisions of section 3, 4, 5, 7, 8, 9, 10 or sub-section (2) of 1[section 11 and the rules made under section 26 of the Act] shall be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to five thousand rupees, or with both and Section 23. Offences to

As a policy, BPNI does not accept funds of any kind from the companies manufacturing baby foods, feeding bottles etc. and from organization/industry having conflict of interest.



be cognizable and bailable. —Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), an offence punishable under this Act shall be— (a) bailable; (b) cognizable.

I respectfully request you to take cognizance and ensure timely action in this matter before the event takes place:

1. Examine the nature of sponsorship, hospitality-hotel payment and payments/honorarium to be made to doctors by the company and list of invites.
2. Take appropriate action in case of violation, in accordance with Section 9(2) of the IMS Act.

Kindly acknowledge receipt of this complaint and inform us of any action taken.

Thanking you,

Yours Sincerely,

**Dr. Nupur Bidla
Central Coordinator BPNI**

Copt to:

1. **Commissioner of Food Safety and Drug Administration**
2. **President, Indian Academy of Pediatrics (IAP)**
3. **President, National Neonatology Forum (NNF)**

Annex-1

रजिस्ट्री सं. डी. एल.—33004/95

REGD. NO. D.L.—33004/95



भारत का राजपत्र The Gazette of India

असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)
PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

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मानव संसाधन विकास मंत्रालय
(महिला और बाल विकास विभाग)

अधिसूचना

नई दिल्ली, 24 जुलाई, 1995

सा.का.नि. 562(अ).—केन्द्रीय सरकार, शिशु दुग्ध अनुकल्प पोषण बोतल और शिशु खाद्य (उत्पादन प्रदाय और वितरण विनियमन) अधिनियम, 1992 (1992 का 41) की धारा 21 की उपधारा (1) के खण्ड (ग) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, उक्त धारा के अधीन लिखित रूप में शिकायत करने के लिए बाल कल्याण और विकास तथा बाल पोषाहार में लगे निम्नलिखित स्वैच्छिक संगठन को प्राधिकृत करती है, अर्थात्:—

ब्रेस्टफीडिंग प्रमोशन नेटवर्क ऑफ इंडिया (बी पी एन आई)
बी पी-33, पीतमपुरा, दिल्ली-34

1763 GI/95

(1)

और उक्त प्रयोजन के लिए भारत सरकार के मानव संसाधन विकास मंत्रालय (महिला और बाल विकास विभाग) की अधिसूचना सं. सा. का. नि. 540(अ), तारीख 27 जून, 1994 में निम्नलिखित संशोधन करती है, अर्थात् :—

उक्त अधिसूचना में, क्रम सं. 3 और उससे संबंधित प्रविष्टि के पश्चात् निम्नलिखित क्रम संख्यांक और प्रविष्टि जोड़ी जाएगी, अर्थात् :—

“4. ब्रेस्टफीडिंग प्रमोशन नेटवर्क ऑफ इंडिया (बी पी एन आई) बी पी-33 पीतमपुरा, दिल्ली-34।”

[फा. सं. 12-9/94 एन टी]
बी. सैन, संयुक्त सचिव

MINISTRY OF HUMAN RESOURCE DEVELOPMENT

(Department of Women and Child Development)

NOTIFICATION

New Delhi, the 24th July, 1995

G.S.R. 562(E).—In exercise of the powers conferred by clause (c) of Sub-Section (1) of Section 21 of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (41 of 1992), the Central Government hereby authorises the following voluntary organisation engaged in the field of child welfare and development and child nutrition to make a complaint in writing under the said section, namely :—

Breastfeeding Promotion Network of India (BPNI),
BP-33, Pitampura, Delhi-34.

and for the said purpose makes the following amendment in the notification of the Government of India in the Ministry of Human Resource Development (Department of Women and Child Development) G.S.R. 540(E), dated the 27th June, 1994, namely :—

In the said notification, after serial No. 3 and the entry relating thereto, the following serial number and entry shall be added, namely :—

“4. Breastfeeding Promotion Network of India (BPNI),
BP-33, Pitampura, Delhi-34.”

[F. No. 12-9/94-NT]

B. SEN, Jt. Secy.

THE INFANT MILK SUBSTITUTES, FEEDING BOTTLES AND INFANT FOODS (REGULATION OF PRODUCTION, SUPPLY AND DISTRIBUTION) ACT, 1992

INTRODUCTION

Infant malnutrition is a major contributory cause of his incidence of infant mortality and physical and mental handicaps. The health of infants and young children cannot be isolated from the health and nutrition of women. The mother and her infant form a biological unit. Breast-feeding is an integral part of the reproductive process. It is the natural and ideal way of feeding the infant and provides a unique biological and emotional basis for healthy child development. The anti-effective properties of mother's milk protect infants against diseases. The effect of breast-feeding on child spacing, on the health and well being of the mother, on family health and on national economy is well recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is, therefore, essential to protect and promote breast-feeding and to protect pregnant women and nursing mothers from any influence that could disrupt it. Inappropriate feeding practices lead to malnutrition, morbidity in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breast-feeding and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding this decline can assume dangerous proportions subjecting millions of infants to greater risks of infection, malnutrition and death. In view of the vulnerability of infants in the early months of life to the aforesaid risks and the risks involved in appropriate feeding practices including the unnecessary and improper use of infant milk substitutes, feeding accessories and infant foods, it came necessary to regulate the marketing of such products. In May, 1981 the World Health Assembly adopted an International Code for Marketing of Breast Milk Substitutes. The Government of India recognised this Code and adopted the "Indian National Code for Protection of Breast-Feeding in December, 1983. To give effect to the principles and aims of this Code the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Bill was introduced in the Parliament.

STATEMENT OF OBJECTS AND REASONS

Every child has a right to be adequately nourished as a means of attaining and maintaining health. Infant malnutrition is a major contributory cause of high incidence of infant mortality and physical and mental handicaps. The health of infants and young children cannot be isolated from the health and nutrition of women. The mother and her infant form a biological unit. Breast-feeding is an integral part of the reproductive process. It is the natural and ideal way of feeding the infant and provides a unique biological and emotional basis for healthy child

development. The anti-infective properties of mother's milk protect infants against diseases. The effect of breast-feeding on child spacing, on the health and well being of the mother, on family health and on national economy is well recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is, therefore, essential to protect and promote breast-feeding and to protect pregnant women and nursing mothers from any influence that could disrupt it.

2. Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breast-feeding and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death.

3. In the light of the foregoing considerations and in view of the vulnerability of infants in the early months of life to the aforesaid risks and the risks involved in inappropriate feeding practices including the unnecessary and improper use of infant milk substitutes, feeding accessories and infant foods, it has become necessary to regulate the marketing of such products. For the proper nutrition and health of the world's children, the World Health Assembly adopted in May, 1981 an International Code for marketing of Breast Milk Substitutes. The Government of India recognised this Code and adopted the "Indian National Code for Protection and Promotion of Breast-Feeding" (hereinafter referred to as the Code) in December, 1983.

4. The Code envisages that there shall be no advertising or other form of sales promotion of infant milk substitutes, feeding bottles and teats. The Code, in accordance with this general principle enjoins the health authorities to encourage and protect breast-feeding and also prescribes several measures to control the marketing and promotion of infant milk substitutes, feeding bottles, teats and infant foods.

5. The Bill proposes to give effect to the principles and aims of the Code. Accordingly, it prohibits advertisement of infant milk substitutes and feeding bottles and also prescribes measures to ensure that in the marketing of infant milk substitutes no impression is given that feeding of these products is equivalent to, or better than, breast-feeding. The provisions relating to labelling and quality control of infant milk substitutes, feeding bottles and infant foods are proposed to be implemented through the concerned Departments in the State Government and Union territory administrations under the overall control of the Ministry of Health and Family Welfare. Contravention of the provisions of the Bill will be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to five thousand rupees, or with both. However, the contravention of certain provisions of the Bill relating to labelling or quality control of such substitutes or food will be punishable with imprisonment for a term which shall not be less than six months but which may extend to three years and with fine which shall not be less than two thousand rupees.

6. The Bill seeks to achieve the above objects.



CONFLUENCE 2.0


International Speaker Program

Topic: Importance of Annual Influenza Vaccination in Children

Image used is for representation purpose only



 **01st March
2026**

 **8:00 - 9:30 PM**

 **ITC Grand Chola,
Chennai**

International Speaker



Prof. Terho Heikkinen

Chief Pediatrician, Dept. of Pediatrics, Turku University, Finland

Chairperson/Moderator



Prof. Dr. R. Kishore Kumar

Chief Consultant Neonatologist,
Founder Chairman & Executive Director,
Cloudnine Hospitals India

Indian Speaker



Dr. Somu Sivabalan

Consultant Paediatrician
& Pulmonologist,
Rainbow Children's Hospital,
Chennai

AGENDA

Topic	Speaker	Duration
Welcome note and Context Setting	Abbott Medical	2 mins
Impact of Influenza in Children	Chairperson/ Moderator	10 mins
Importance of Annual Vaccination in Children	International Speaker	45 mins
Influenza Vaccination in Children: Indian perspective	Indian Speaker	15 mins
Q & A session	All speakers and Abbott Medical	15 mins
Concluding Remarks and Vote of Thanks	Abbott Medical	3 mins

We look forward to your gracious presence

Disclaimer: This CME is organized by Abbott* for facilitating knowledge sharing within the medical fraternity. The CME content is shared for information purposes only and reflects the views of the speakers and/or scientific references as cited. It is not intended to represent Abbott's viewpoint on the matter or to promote Abbott's products. The CME is fundamentally focused on education, scientific exchange and sharing of speakers' own experiences and practices for academic discussion purposes only. Nothing in this CME should be construed as Abbott giving medical advice or making a recommendation, endorsement or sponsorship of any kind. Nor does it seek to replace medical opinion or independent professional judgement to be exercised by participants in their clinical practice. While every effort is made to ensure the accuracy of the CME information, Abbott is not responsible for any error, omission or consequence arising from the use of this information. If there is a reference to any products in the CME please refer to full prescribing information for complete details of such products.

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