



Baby Friendly Community Initiative

Getting Started

Contact details

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"In infancy no gift is more precious than breastfeeding". (WHO 2003).

Breastfeeding is the foundation for optimum nutrition from birth.

Somehow, sadly, the message has been eroded over the years, and breastfeeding is no longer the natural choice of all women.

The vision of the Baby Friendly Community Initiative Aotearoa /New Zealand is the restoration of breastfeeding as the cultural norm.

We are hugely encouraged by the positive impact of the Baby Friendly Hospital Initiative, and now we want to follow up with the Baby Friendly Community Initiative Aotearoa / New Zealand.

This is your invitation to join us in our bid to protect, promote and support breastfeeding within community organizations throughout New Zealand. As stated in the Ministry of Health's National Strategic Plan of Action for Breastfeeding, we need to ensure that "Women and their whanau/family have the information they need to make confident and informed decisions about breastfeeding, and live and work in an environment that enables and supports their decisions."

We want a consistent standard of breastfeeding knowledge and skills to be available for women and their families in the wider community, so that they will be encouraged to initiate and continue breastfeeding and to view it as the best food source for their infants.

Message from Julie Stufkens NZBA Executive Officer



We know the foundations for a healthy life are laid in infancy and childhood.

"Breastfeeding provides for optimal infant nutrition, social and emotional development"

There is plenty of evidence internationally that breastfeeding contributes positively to infant and maternal health status and the social wellbeing of the baby, mother, family and community.

The Baby Friendly Hospital Initiative, which we launched in 2000, is enjoying great success and operates in 91% of eligible maternity hospitals or centres in New Zealand. A total of 69 maternity facilities are now Baby Friendly accredited. The Ministry of Health requires all facilities in the maternity service to be BFHI accredited.

The Ministry of Health established health targets for breastfeeding: Increasing the proportion of infants exclusively and fully breastfed: 74% at six weeks, 57% at three months and 27% at six months. Currently these are not being met in any region in New Zealand.

We believe BFCI has an important role in creating supportive health services in the community just as BFHI has in maternity services.

We've trialled the initiative in the four regions and are now ready to take it to the rest of New Zealand – and especially to Maori and Pacific communities.

We want to ensure that today's mothers and their families are given consistent, accurate information about the benefits of breastfeeding, and the support to continue breastfeeding as long as they are able.

With your support, we aim to introduce a programme to ensure those working with mothers and babies in the community are not only knowledgeable, skilled and able to promote breastfeeding, but will assist mothers to continue to do it.



What is the Baby Friendly Community Initiative (BFCI)?

The Baby Friendly Community Initiative is a modification of standards developed and fostered in the United Kingdom and Canada to strengthen the capacity of health services to support appropriate infant and young child feeding.

*The BFCI is based on "**The Seven Point Plan**" for the protection, promotion and support of breastfeeding in the community. The Seven Point Plan is based on the principles of **The Ten Steps** and extends them to include health services in the community.*

*BFCI involves the implementation of The Seven Point Plan and compliance to the International Code of Marketing of Breast-milk Substitutes. (The Code)**

The Seven Point Plan

for the Protection, Promotion and Support of Breastfeeding in the Community

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain *exclusive breastfeeding* to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration among health services, and between health services and the local community

Adapted with permission from: WHO/UNICEF UK Baby Friendly Initiative, 1999

**The International Code of Marketing of Breast-milk Substitutes.*

In 1981, Member States of the World Health Organization adopted the International Code of Marketing of Breast-milk Substitutes, with the aim to protect, promote and support appropriate infant and young child feeding practices. The code applies to the marketing of breast-milk substitutes, including infant formula, and other milk products, foods, and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable for use as a partial or total replacement of breast milk.

What's been achieved so far?

- *WHO and UNICEF launched the Baby Friendly Hospital Initiative in 1991 to ensure all hospitals become centres of breastfeeding support -- and most countries are implementing it.*
- *In 2000 the New Zealand Breastfeeding Authority was contracted by the Ministry of Health to develop and manage the Baby Friendly Hospital Initiative to encourage consistent evidence-based, culturally appropriate practice at all health care facilities where initiation of breastfeeding occurs.*
- *By December 2009 69 of the 76 maternity facilities in New Zealand are Baby Friendly; this equates to 91% of all maternity facilities.*
- *Each facility is subjected to a three-yearly assessment to meet and maintain accreditation standards.*
- *At the end of 2009 81.8% of mothers are exclusively breastfeeding when they are discharged from BFHI hospitals after their baby's birth.*
- *While breastfeeding rates are up when they leave hospital, they begin to fall rapidly on discharge. 2009 data shows that only 15.6% of NZ babies are exclusively breastfed during their first six months.*

The NZBA believes that a further standard for community practice is now required to ensure these rates do not decline further. We want to see further improvements in New Zealand breastfeeding rates and infant and child health.

Expected outcomes of becoming a Baby Friendly Community Health Service

We envisage that the Baby Friendly Community Initiative will have positive repercussions for your organisation.

- *We envisage your acceptance of the BFCI will strengthen your health liaison relationships community-wide.*
- *A healthier community*
- *There is strong evidence to show that breastfed infants have:*
 - *Improved resistance against illnesses such as diarrhoea, asthma, respiratory tract infections, and urinary tract infections;*
 - *Lower mortality in the first year of life;*
 - *Improved mental development and visual acuity;*
 - *Decreased risk of developing type 1 and type 2 diabetes, childhood obesity, necrotising enterocolitis in premature infants, and celiac disease; and*
 - *Lower levels of cardiovascular disease in later life*



- *We know that by providing skilled care for mothers to build their confidence and show them what to do, and protection from harmful practices, the breastfeeding choice will be enhanced in your community.*
- *We want to see Maori and Pacific breastfeeding rates significantly improve. At present the breastfeeding rates for Maori are the lowest of any group in New Zealand.*
- *We want to see a significant increase in the exclusive breastfeeding rate from birth to six months.*

Findings from the BFCI trial

Pilot group coordinators

"Our BFCI services are continuing to make a greater difference to new mothers and have improved their service delivery over the past year. These services have managed to support more mothers to continue to breastfeed".



"A significant number of women may breastfeed with better preparation, technique and greater professional support."

(There is) "need for more emphasis on breastfeeding information and support before birth and in the early postnatal period. Earlier and improved education and support for breastfeeding are indicated as a priority."

Quotes taken from the BFCI Pilot report

"There has been an increase in networking between different groups"

"The participants feel more confident and knowledgeable about breastfeeding"

"The training was excellent"

Family start workers

"It has increased our focus on the value of breastfeeding for the wellbeing of the baby"

"Has increased my confidence as to who to refer to in the community for breastfeeding support..... It has ensured everyone gets the same information..... When my clients have needed help I have felt more empowered to support them"
It was great training for Family Start.

"We have set up a breastfeeding room"

LMC

"I am 1000% behind this initiative because I can see what it can do in the community here. It was a real thrill when I saw my client in the postnatal ward and was talking to her about breastfeeding, the mother said it was exactly what the night nurse had told her. It's great that we are all saying the same messages"



Maori health providers

"This has been a huge step for us to become Baby Friendly" "All of the staff have gained great knowledge" "They know how to refer in-house or to external support"

"We now all relay the same messages. We now all truly live and walk the korero of breastfeeding"

"Has helped me become more supportive male. I can demonstrate these principles at work as well as at home"



Plunket

"We now have a policy and posters displayed and breastfeeding chairs in all of our clinics"

"Our group approached the District council asking for changes"

La Leche League Leader

"Really good networking and better contact and we can now support one another. Previously I felt there was just lip service to breastfeeding whereas now I feel they are passionate about it"



Lactation Consultant

"The training was excellent it meshed everything together. It was an in depth explanation on how breastfeeding works."

Parents Centre Educator

"The training has helped my teaching. I have made changes to my classes".



GP Practice

"While we were always keen on breastfeeding and encouraged it, the BFCI programme has focused us. We now have signage, posters. It has helped us concentrate more on how we run the practice"

"We have worked together for 16 years and we have always been pro-breastfeeding. It has added to my participation. It has given us the opportunity to work together and be more cohesive as a team so we could support women in our community."



Community Health Centre

"Since we began BFCI and started to promote and understand breastfeeding more we work together as a team to help the people in our community"

"Great way to join up and work together and be collaborative and consistent in a caring way"

Towards a Baby Friendly Community Initiative Accreditation

The Process

The New Zealand Breastfeeding Authority's overall aim is to contribute to a society and culture where breastfeeding is normal and easily achieved by mothers who are well supported by the wider community; it is also to improve the health of the population by increasing the number of infants who are breastfed. The BFCI accreditation process is divided into three key stages. These are:

- Stage One Getting Started
- Stage Two Implementation of the BFCI program
- Stage Three Assessment

The requirements for becoming an accredited BFCI provider are outlined below.

Stage One - Getting Started

The NZBA has developed a "Getting Started" pack for those wishing to find out more about the Baby Friendly Community Initiative. This pack consists of the "Getting Started" document, a BFCI Coordinator position description template, a Register of Intent and a Memorandum of Understanding template.

1. Register of Intent

For those wishing to progress towards BFCI accreditation, the NZBA run a one day "BFCI – Getting Started" workshop. The workshop programme includes:

- An overview of NZBA;
- Forming a BFCI grouping;
- Memorandum of Understanding and what it means;
- BFCI Documentation;
- WHO International Code of Marketing of Breast-milk Substitutes;
- BFCI and the Principles of the Treaty of Waitangi;
- The Seven Point Plan – One step at a time; and the
- Accreditation process.

A Register of Intent **must** be completed by the manager of each respective service prior to the commencement of the workshop. Travel and expenses, for an NZBA representative, to the venue will be required to be met by the grouping; it is also their responsibility to provide a workshop venue, the necessary equipment and refreshments for the day.

2. Create your BFCI grouping

Providers are encouraged to communicate and work together on the process to achieve Baby Friendly Community designation.

Grouping may be

- **Geographical** – provider services in a given area (*within a 20 km radius or as agreed with the NZBA*) work together to implement the BFCI program. For example this could include educators, General Practices, Lactation Consultants, Māori and Pacific Health providers.

- **Service Specific** – national service providers work together irrespective of geographical boundaries, for example the Royal New Zealand Plunket Society.
- **Individuals** – are defined as those who work as individual practitioners. This service therefore consists of one person with no staff, subcontractors or volunteers. Individuals who wish to seek accreditation are required to become part of a larger grouping.

Grouping Size – Cost of assessment needs to be considered when determining the size of a grouping. A grouping should consist of minimum of **20** health service workers (*or as agreed with the NZBA*).

3. BFCI Coordinator

A service that makes the decision to work toward BFCI accreditation will be required to appoint a BFCI Coordinator. There are a variety of ways to manage this position:

- Employees add the role of project leader within their existing job description.
- The project leader is employed and funded from local funding and has a dedicated role to implement BFCI.
- Organisations from the same area combine to provide the necessary support to implement the BFCI program from within their organisations.

The BFCI Coordinator will be the liaison person between the group and NZBA during the BFCI accreditation process. If there are changes to the grouping the BFCI Coordinator is responsible for notifying NZBA; should the group move outside the dimensions initially approved, NZBA will endeavour to support this change. New dimensions will be considered on a case by case basis and if necessary the NZBA will suggest other appropriate alignments.

4. Development of Memorandum of Understanding

A Memorandum of Understanding (MoU) will be developed with each group to formalise and clarify the relationship between NZBA and the applicant. The MoU will clarify grouping sizes, cost of assessment, and the compulsory / optional training workshops available. A signed MoU will be required for each group prior to the commencement of the BFCI accreditation process.

NZBA support

The New Zealand Breastfeeding Authority will establish a schedule for regular contact and visits. This will be decided in the MoU phase and will involve BFCI Coordinator workshops, email communication and personal contact to promote learning, provide support, assist with strategies and feedback to maximise effectiveness and impact across the communities.

NZBA will maintain regular contact with the BFCI Coordinator by phone and email contact.

NZBA will provide education and training guidelines to evaluate the effectiveness of delivery along with the issues associated with the implementation of the Seven Point Plan through direct contact with the providers during the training period.

The NZBA Baby Friendly Advisor Maori will provide guidelines and support for compliance with the principles of the Treaty of Waitangi.

Stage Two – Implementation of the BFCI program

Once the MoU has been signed by the NZBA and each of the health service(s) in the grouping the next stage of the accreditation process will commence.

1. BFCI Coordinator Workshop

The NZBA will hold a two day BFCI Coordinator Workshop in Christchurch. The aim of the workshop is to equip the participants with the tools and knowledge required to enable them to implement the BFCI program in the health service(s). The content of the two day workshop includes the:

- BFCI process
- Seven Points and applicable standards
- BFCI documentation
- Audit of practice

The grouping is encouraged to have more than one participant attend the workshop. This ensures that a succession plan is in place should unforeseen circumstances arise, for example the resignation of the BFCI Coordinator.

For each grouping a minimum of *one* and a maximum of *three* participants can attend the workshop. The grouping is responsible for all travel costs and expenses to the venue for those attending.

2. Self Appraisal Questionnaires

The Self Appraisal Questionnaires are used as a tool to evaluate current practice in respect to BFCI and to identify the key areas for development. The BFCI Coordinator has the responsibility of ensuring that the grouping completes the Self Appraisal Questionnaire for their service and results are collated and submitted to NZBA for review within a specified time frame.

These results will be used to develop an action plan based on the objectives of the Seven Point Plan and additional standards.

3. Action Plan Visit

The NZBA representative responsible for liaising with the BFCI Coordinator and the grouping will arrange a visit with key stakeholders to discuss the findings of the Self Appraisal Questionnaires, develop an action plan and time frames agreed to progress the grouping towards BFCI assessment.

4. Step One (Stage Two)

Step One is divided into **seven** areas that require implementation before proceeding to *Step Two (Stage Two)* of the process. Each service within the grouping is required to develop mechanisms to enable:

1. A Breastfeeding Policy to be implemented and maintained.
2. An Artificial Feeding Policy / Standards of Care for the non-breastfeeding mother and her baby to be implemented and maintained.
3. Collection of breastfeeding and infant feeding statistics.
4. A written curriculum for health worker education as it pertains to Level 1, Level 2 and Level 3 of the BFCI education program. (*Refer to Education Delivery*)
5. A written minimum standard of the antenatal education curriculum along with a written minimum standard of the information and support to be

provided to pregnant women and breastfeeding mothers and the type of community support offered.

6. BFCI compliance with the Principles of the Treaty of Waitangi.
7. Implementation of the International Code of Marketing of Breast-milk Substitutes.

A time frame for completion of these mechanisms will be agreed between NZBA and the grouping.

Education Delivery

There are a number of ways to manage the delivery of the education programme. They are:

- Using a local trainer
Note: The education programme being delivered **must** comply with the required BFCI education guidelines for each staff designation (**Level 1, Level 2 & Level 3**).
- “Train the Trainer” Programme
The service can send a person / person(s) to an NZBA run “Train the Trainer workshop”. This enables course participants to deliver effective in-house or local breastfeeding training using the Baby Friendly Initiative training pack. (Refer NZBA Training Program)
- Training delivered by NZBA or by an NZBA contractor (Refer NZBA Training Program)

5. Step Two (Stage Two)

Step Two of the process focuses on two areas, education and the breastfeeding data collection system.

Education Requirement

- At least 80% of each staff designation (**Level 1, Level 2 & Level 3**) have completed the training programme.
- Breastfeeding and Infant Feeding Data Collection System. Each group will keep breastfeeding &/or infant feeding records as appropriate to their service and submit these to the BFCI Coordinator on a monthly basis. These records need to be based on the standard definitions developed by the Ministry of Health.

A time frame for completion of education delivery and the breastfeeding and infant feeding data collection will be agreed between NZBA and the grouping.

Stage Three - Assessment

The aim of the Baby Friendly Community Initiative assessment process is to assess compliance with The Seven Point Plan and relevant standards.

The final step will include an assessment of each of the participating sites and includes interviews with providers and clients.

Assessment One

This assessment requires submission of written evidence.

Each service will submit:

1. The Breastfeeding Policy, a copy of the consultation, how the service communicates the policy to pregnant women and parents, how new staff are oriented to the policy, and a mechanism for auditing practice.
2. The Artificial Feeding Policy / Standards of Care for the non-breastfeeding mother and her baby.
3. Breastfeeding and infant feeding statistics for the last six months.
4. The written curriculum for health worker education as it pertains to Level 1, Level 2 and Level 3 of the BFCI education program.
5. The antenatal education curriculum
6. A copy of all information and support provided to pregnant women and breastfeeding mothers and the type of community support offered.
7. BFCI compliance with the Principles of the Treaty of Waitangi.
8. Implementation of the International Code of Marketing of Breast-milk Substitutes.

Assessment 2

Documentation is sent for each service, within the grouping, proving the education records for all staff when at least 80% of each staff designation (**Level 1, Level 2 & Level 3**) have completed the training programme

Assessment 3: Site Assessment

A date for assessment is set based on the information received in *Stage Two* of the process with NZBA liaising with the BFCI Coordinator as to the grouping(s) preparedness for assessment. The NZBA will arrange for an assessment team to meet with the service(s) and BFCI Coordinator with the following taking place:

- Interviews with manager and service staff
- Interviews with pregnant women and mothers
- Observation of the services / site visit
- Review of any subsequent materials

Feedback

The assessment team will provide feedback to management and/or the BFCI Coordinator at the completion of the audit. An evaluation form will be completed by each group assessing the process.

Note: Site assessment costs are determined by size of service

If the service does not meet all of the criteria the service has a period of 6 months following receipt of a preliminary report, to fulfil the requirements.

The accreditation is valid for a period of three years.

If the assessment is successful the BFCI designation is conferred on an individual service basis. For example:

- Where a midwife works as part of a service, they will be assessed and designated as one service
- Where a midwife works alone, or is an individual practitioner within a cluster of individual practitioners, she/he is the service and will be assessed as part of a grouping.

Many practices within a PHO may be assessed at one time but designation is made on a practice (service) by practice (service) basis when achieved. Only when all relevant practices within the PHO have achieved Baby Friendly status will the PHO be designated Baby Friendly.

NZBA Training Program

The NZBA offers an optional training program to assist in the implementation of the Baby Friendly Community Initiative. The cost of the program is over and above the cost of assessment.

Train the Trainer

The delivery of a quality training program for breastfeeding education can be challenging for a service. The NZBA recognise this and have developed the "Train the Trainer" course which details the skills and knowledge needed to implement the Baby Friendly standards.

Participants who attend the course will be provided with a package of training materials including aims, learning objectives, sample lesson plans, teaching ideas and PowerPoint presentations. This is available in a series of modules to assist the trainer with programme planning. The course will focus on preparation of trainers in the effective use of this training package.

To discuss this course and the cost involved please contact NZBA on 033572072 ext 201 or info@nzba.co.nz

NZBA Breastfeeding Training Workshop

The NZBA can arrange an alternative to the ***Train the Trainer*** programme with delivery of the prescribed education is delivered by an NZBA representative or suitably qualified trainer.

To discuss this workshop and the cost involved please contact NZBA on 033572072 ext 201 or info@nzba.co.nz

WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2002)

The 2002 WHO/UNICEF Global Strategy for Infant and Young Child Feeding (GSIYCF) calls for renewed support – with urgency – for exclusive breastfeeding as expressed in the foreword by Gro Harlem Bruntland, the Director-General of the World Health Organisation (WHO) and Carol Bellamy, the Executive Director of the United Nations Children’s Fund (UNICEF).

“WHO and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health and thus the very survival of infants and young children.

The Global Strategy is based on the evidence of nutrition’s significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.

The Strategy is the result of a comprehensive two-year participatory process. The aim, from the outset, was to move towards formulating a sound approach to alleviating the tragic burden borne by the world’s children – 50 to 70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to undernutrition – and to contribute to a lasting reduction in poverty and deprivation.

This exercise provided an exceptional opportunity to re-examine critically, in light of the latest scientific and epidemiological evidence, the fundamental factors affecting feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby Friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

The Strategy is intended as a guide for action; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations and other concerned parties.”

International Code of Marketing of Breast-milk Substitutes

Key points from the International Code

1. Products should not be advertised or otherwise promoted to the public.
2. Mothers and pregnant women and their families should not be given samples of products.
3. Health care providers should not be given free or subsidised supplies of products and must not promote products.
4. People responsible for marketing products should not try to contact mothers or pregnant women or their families.
5. The labels on products should not use words or pictures, including pictures of infants, to idealise the use of their products.
6. Health workers should not be given gifts.
7. Health workers should not be given samples of products, except for professional evaluation or research at the institution level.
8. Material for health workers should contain only scientific and factual information and must not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.
9. All information and educational materials for pregnant women and mothers, including labels, should explain the benefits and superiority of breastfeeding, the social and financial implications of its use, and the health hazards of the unnecessary or improper use of formula.
10. All products should be of a high quality and take account of the climate and storage conditions of the country where they are used.

Implementing and Monitoring the International Code of Marketing of Breast-milk Substitutes in New Zealand: The Code in New Zealand. MoH 2007

New Zealand Ministry of Health Breastfeeding Definitions

Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breastmilk, from the breast or expressed, and prescribed* medicines have been given from birth.

* Prescribed as per the Medicines Act 1981

Fully breastfeeding: The infant has taken breastmilk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial breastfeeding: The infant has taken some breastmilk and some infant formula or other solid food in the past 48 hours.

Artificial feeding: The infant has had no breastmilk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

From: Breastfeeding Definitions For Monitoring The National Health Outcome Targets In New Zealand. MOH. New Zealand. Feb 1999

The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

- 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in skills necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mothers initiate breastfeeding within a half-hour of birth.
- 5 Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
- 6 Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
- 7 Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.
- 8 Encourage breastfeeding on demand.
- 9 Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From: Protecting, Promoting and Supporting Breastfeeding:
The Special Role of Maternity Services

A Joint WHO/UNICEF Statement 1989

Published by the World Health Organisation, 1211 Geneva 27, Switzerland