

Comment on the DRAFT FOR CONSULTATION;“INVESTING IN OUR COMMON FUTURE” Joint Action Plan for Women’s and Children’s Health by UN Secretary-General Ban Ki-moon

Accessed on June 22, 2010

http://www.who.int/pmnch/topics/maternal/201006_jap_pamphlet/en/index.html

The UN Secretary-General Ban Ki-moon’s “Joint Action Plan for Women’s and Children’s Health” is a very welcome step and so is the consultative process to invite comments from all including the governments and civil society. The plan is rightly focused on women’s and children’s health to achieve health related MDGs in developing countries. Since it will be a major fundraising initiative, and has the potential to galvanize/revitalize action, we wish to state some of our concerns, which could be addressed in the final document.

Concerns:

1. The Joint Action Plan relies on the 2009 Consensus on Maternal, Newborn and Child Health, http://www.who.int/pmnch/topics/maternal/consensus_12_09.pdf, however it needs to harmonize in outputs with the Plan especially to focus on **infancy** as infants are at a greater risk, and **‘improved child nutrition’ as has been in the Consensus 2009**. Specific suggestions are provided in the end to achieve this.
2. There is need to bring in the Human Rights Framework; the UN General Assembly report A/HRC/13/32, of 22nd February 2010, notes this concern too. “...In addition to the International Covenant on Economic, Social and Cultural Rights, the CRC establishes the international protection and care framework for children. Seen in line with food, health and care as three conditions to achieve nutritional security, the Convention includes provisions that protect the right to nutrition. Reality remains nonetheless bleak. In 2008, 8.8 million children born across the world died before their fifth birthday. More than one third of child deaths worldwide are attributed to malnutrition”.
3. The document misses the critical need to implement policies required for child nutrition for example, enactment of the International Code of Marketing of Breast- milk Substitutes and Maternity Protection for women has been emphasized by the PMNCH Countdown 2010 report.
4. This Plan lacks recognition of the fact that suboptimal breastfeeding during first six months, as a major cause of child mortality. To focus on infancy has been clearly recognized by the World Health Assembly in its adoption of the Global Strategy for Infant and Young Child Feeding¹, in 2001, which says 2/3rd of all child deaths, are related to inappropriate feeding practices and occur during first year of life. With more than half of these deaths in the first month or so, it is imperative to focus during first year. Further the World Health Assembly resolution 63.23 also recognizes the fact that “inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;” and that “the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;”
5. Outputs in the Plan lack a focus on underlying social determinants and other factors such as women’s status, sanitation and safe drinking water is lacking in the document.
6. Family level/home based interventions are totally missing.

¹ http://www.ibfanasia.org/docs/gs_iycf.pdf

7. Creating support systems for women is missing.

8. Though the joint plan notes that funding should not be fragmented, there should be one national plan, which is country led, according to ACCRA Declaration, but outputs reveal a focus on new vaccines, and supplements for nutrition, which was not a part of the Consensus of 2009, and is rather prescriptive. On nutrition, supplements alone are only a part of the answer to address malnutrition that begins before birth and during the period of complementary feeding. Reducing common illnesses through exclusive breastfeeding is perhaps the most important way to avoid under- and over-nutrition.

9. In the funding graphs, nutrition segment is not visible, in the top set of interventions, is it an error /chance?

Our inputs /Comments and the rationale

In June 2010, The MDG Report² 2010 notes that

“...Halving the prevalence of underweight children by 2015 (from a 1990 baseline) will require accelerated and concerted action to scale up interventions that effectively combat undernutrition. **A number of simple and cost-effective interventions at key stages in a child’s life could go a long way in reducing undernutrition, such as breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, adequate complementary feeding and micronutrient supplementation between six and 24 months of age...**” (Emphasis Added)

In May 2010, the World Health Assembly adopted a resolution 63.23 on Infant and Young Child Nutrition,

It calls upon Member States

“.....to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions...”;

“...**to end inappropriate promotion of food for infants and young children and to ensure** that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation; (emphasis added)

Further the Resolution

“..CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;...”

Similarly again in May 2010, the World Health Assembly adopted another resolution 63.15 on ‘Monitoring of the achievements of the health related Millennium Development Goals’ calls upon Member States

“..to renew their commitment to prevent and eliminate maternal, newborn and child mortality and morbidity: through an effective continuum of care, strengthening health systems, and comprehensive and integrated strategies and programmes to address

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<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf> Accessed 25 June 2010

root causes of gender inequalities and lack of access to adequate care and reproductive health, including family planning and sexual health; by promoting respect for women's rights; and **by scaling up efforts to achieve integrated management of newborn and child health care, including actions to address the main causes of child mortality, in particular through interventions that increase rates of exclusive and sustained breastfeeding;.....**" (Emphasis added)

The Countdown to 2015, Maternal, Newborn Child Survival, Report monitors 20 core interventions was released in May 2010. <http://www.countdown2015mnch.org/documents/2010report/CountdownFlyerHeadlinesEnglish.pdf>. Early and exclusive breastfeeding for the first six months, as well as complementary feeding are a part of this list. It is therefore necessary to be consistent what interventions concerning 'improving child nutrition' that was mandated in the Consensus 2009. **See below Fig 1** on the coverage of postnatal interventions in the Countdown to 2015 report. The care indicators like early and exclusive breastfeeding for the first six months and postnatal visits at the lowest end among all that is counted.

This is sufficient justification to scale up action towards supporting women for breastfeeding to get higher and then a universal coverage. Earlier Countdown reports of the year 2005 also highlight these nutrition indicators more clearly and call for policy support to nutrition through International Code of Marketing of Breast- milk Substitutes, and BFHI.

In October 2009 an expert working on Countdown to 2015 argues, "Despite the importance of nutrition in early life for adult health and human capital, this topic has received little international funding, especially when compared with large investments for the control of other diseases. Furthermore, the limited funding for combating undernutrition is dominated by programmes for food aid and micronutrient supplementation. Although such programmes have a definite role in some circumstances, one would also like to see strong investments in community-based approaches—e.g., the promotion of breastfeeding and appropriate complementary foods—which have well-established effects on child survival and nutritional status." ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61725-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61725-6/fulltext)).

In 2008, evidence was presented by Lancet and based that increasing exclusive breastfeeding rates is the most effective intervention as concluded by the Lancet series ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61693-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61693-6/fulltext)). Lancet also brings to light that support to early and exclusive breastfeeding during the first 6 months is very crucial to achieve MDG 4, as suboptimal breastfeeding during this period contributes to the 1.06 million children deaths and 43 million DALYS.

The State of Breastfeeding in 33 Countries 2010

One of IBFAN's recent assessments³ in 33 countries of policies and programmes to support women to breastfeed, demonstrate significant gaps in policy adoption and programme implementation (<http://www.worldbreastfeedingtrends.org/index.php>). It takes a lot to increase exclusive breastfeeding rates, apart from a skilled health worker, access to skilled counseling on breastfeeding, support at work places, maternity entitlements, implementation of the International Code of Marketing of Breast- milk Substitutes, and special support to women with HIV infection, and women facing disasters and emergencies. When it comes to complementary feeding it requires food security at household level in addition to counseling.

³ A report in preparation "State of Breastfeeding in 33 Countries: Tracking Infant and Young Child Feeding Policies and Programmes Worldwide" as a part of the programme for the global Breastfeeding Initiative for Child Survival (gBICS) www.ibfan.org,

An important understanding needs to get in our heads: for initiating breastfeeding within one hour, it's only one sector that comes into play, the health sector. For exclusive breastfeeding for the first six months to go up, many other sectors like labour, national policy and planning, HIV, disaster management, have to come into play. Within the health sector 'breastfeeding counseling' has been found to be "...According to strict criteria around admissible evidence, breastfeeding counseling, vitamin A supplementation, and zinc fortification have the greatest benefits....."⁴ . "Breastfeeding Counseling" is a very special skill aimed at building confidence of women, as human milk production and flow is government by hormones, which are dependant on mother's state of mind and suckling stimulus by the baby.

An economist Prof. Abhijit Sen, Member Planning Commission of India said recently, and said it ⁵all, "...The right to food should apply to a complete diet, not just one or two items. It is about nutrition in its entirety. And nutrition, which we are hugely lacking, is not simply about food or what you eat, its as much about water, health, most importantly its about what happens just after birth, the first one hour, the first two years. The government cannot promise that people will breastfeed their children. But what it should promise is a government support system for a whole aspect of nutrition which it will provide....."

Finally, in April 2010, a 6 country⁶ programme review by UNICEF led to the recommendation to .."Develop and implement a comprehensive IYCF strategy for implementation at scaleThe Global Strategy for IYCF lays out a comprehensive framework, yet the tendency is to focus on one or two of the components. Piecemeal approaches and ad hoc activities leave major barriers to improved practices unaddressed and fail to reach critical populations."

All this action requires funds. Therefore it needs to be highlighted in the Joint Action Plan The UN Secretary-General Ban Ki-moon's Joint Action Plan for Women's and Children's Health has the potential to make things happen, It is, therefore, very crucial for the Joint Action Plan to make a explicit reference to creating support systems for women to succeed in breastfeeding, along with budgetary provisions.

The Breastfeeding Promotion Network of India(BPNI) is pleased to provide comments for incorporation in the Plan. Specifically, our comments are directed at the inclusion of Public Support systems for women for increasing the rates of exclusive breastfeeding during the first 6 months in target countries. This is an important step to be specifically included in the interventions listed in the plan, as it requires significant funding through increased understanding of the donor community.

Specific comments on the Joint Action Plan document for additions/deletions

1. On page 2 Box, on MDG 4, it would be appropriate to add a bullet that " Suboptimal breastfeeding during first six months is related to 1.06 million child deaths and 43 millions DALYs. (Evidence from Lancet data).
2. On page 2, on MDG 4: DELETE REFERENCE TO IMMUNIZATION IN THE FIRST BULLET, for example could be " improving early nutrition".
3. On page 3 include a Para on "Investing on Early Nutrition" (Para draft provided for consideration)

⁴ Maternal and Child Undernutrition: Comment in Lancet January 2008. Accessed June 25, 2010
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61869-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61869-8/fulltext)

⁵ <http://www.civilsocietyonline.com/jun10/jun104.asp>

⁶ http://www.unicef.org/nutrition/files/IYCF_Booklet_April_2010_Web.pdf

4. On page 4 in Figure 1, in the box on interventions add as a second bullet:
“Improved child nutrition” to be consistent with the Consensus statement 2009.

5. On Pg.5 – ‘Investing to reach our common goals’.

In Para 1, line 6, add after children’s health, such as... *“Increasing the rates of exclusive breastfeeding in these countries” This is logical to the above.*

6. On Page 6, under the What the ‘Investment will achieve’, add another bullet,

- Breastfeeding Counseling made available to millions of women and families.
- Millions of women are supported at work ...(This is where employers can contribute)

7. On page 9, under the Government and policymakers add bullets

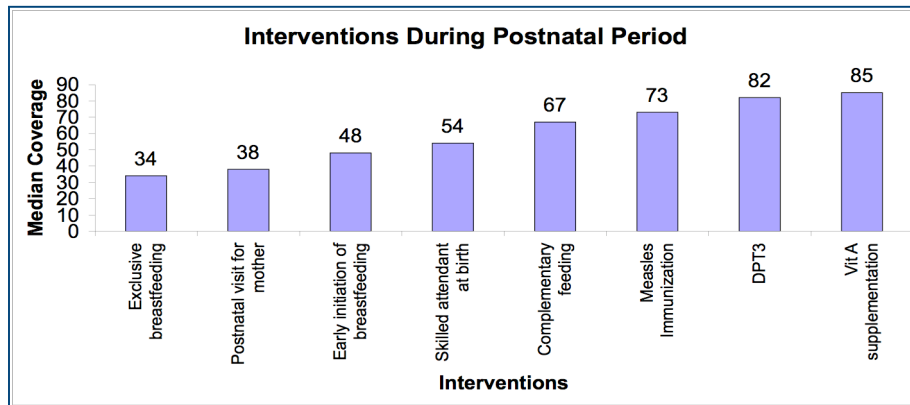
“ Promote home based care services for infants and young children” and

“Enact International Code of Marketing of Breast- milk Substitutes and relevant World Health Assembly resolutions”

8. On page 10 under the Private Sector Add a bullet: “ baby food industry should not promote ‘breast-milk substitutes’ or ‘infant foods/cereal foods meant for infants and young children including making use of health claims, and ‘Implement International Code of Marketing of Breast- milk Substitutes and relevant World Health Assembly resolutions’ as per the call of the World Health Assembly through Resolution 63.23

In nutshell, an explicit reference is required among interventions/ outputs “ Supporting policies and programmes to support women in order to enhance feeding early and exclusive breastfeeding for the first six months and complementary feeding”, or simply “Support to implementing a plan of action based on the Global Strategy for Infant and Young Child Feeding”.

Fig 1. Coverage of postnatal interventions Countdown Report 2010



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Annex. : DRAFT Para on 'Investing in Early Nutrition'

Promotion of good nutrition in early life is essential for health later in life because either undernutrition or overnutrition can cause lifelong damage. The window of opportunity is really small, from conception to two years of child's life after which it leaves with irreversible damage for future development towards adulthood. Early and exclusive breastfeeding for the first six months and complementary feeding after six months along with continued breastfeeding till 2 years or beyond is crucial to achieve early nutrition. Nations need to scale-up nutrition interventions to reach all its populations.