Global Strategy for Infant and Young Child Feeding

Arun Gupta MD FIAP
2nd National Conference on Breastfeeding and Complementary Feeding (Infant and young Child feeding)
DHAKA BANGLADESH
19 August 2006

Introduction

• About the strategy and commitments, history
• Scientific basis
• Criticality of action during 1st year
• Some questions ??
  – Why should breastfeeding be promoted as a CORE priority equal to immunization?
  – Why do you need budgets for “breastfeeding education services”?
  – What should WE do?
• 10 actions
Global Strategy for IYCF

Aims at increasing world's attention and commitment and focus on promoting optimal infant and young child feeding to reduce infant mortality and child malnutrition.

According to the Global Strategy, 2/3rd deaths are related to inappropriate feeding practices.

“Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life....” Global Strategy for IYCF.
The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished – whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients – and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society – including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies – to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, inter alia, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products;
Innocenti Declarations

Innocenti 1990 provided 4 targets, Global Strategy for Infant and Young Child Feeding had 5 additional targets including infant feeding in HIV/Emergencies, Innocenti 2005 gives a Call for Action, WHA 2006 reiterates this call for action. Key action among many is Identify budgets for implementing the Call for action.

Reaffirms *Innocenti*

- National Commitment in the development of a National Multicultural authority, responsive to international guidelines to set policy;
- Establish and enforce the Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions;
- Renew efforts to assess and reassess Baby-friendly Hospitals;
- Institute Maternity protection for working women.
Additional targets

- Ensue that relevant sectors protect, promote and support exclusive breastfeeding for first six months and continued breastfeeding for unto two years or beyond while providing women the support and access they need at family, community and workplace.
- Community programming to support women's care and nutrition and optimal infant and young child feeding

Additional targets contd.

- Support for timely and appropriate complementary feeding;
- Initiate communications and advocacy for these issues;
- Additional attention to special circumstances, including HIV/AIDS and infant feeding.
Lancet; 2003 U-5 child deaths (%) saved with key interventions in India

- Oral rehydration therapy: 15%
- Antibiotics for pneumonia: 6%
- Newborn resuscitation: 4%
- Breastfeeding: 15%
- Complementary Feeding: 6%
- Clean delivery: 4%
- Water, sanitation, hygiene: 3%
- Vitamin A: 2%
- Measles vaccine: 1%

Risk of neonatal mortality according to time of initiation of breastfeeding

- With in 1 hour: 0.7%
- From 1 hour to end of day 1: 1.2%
- Day 2: 2.3%
- Day 3: 2.6%
- After day 3: 4.2%

---

Pediatrics 2006;117:380-386

IYCF Strategy at Dhaka 19
August 2006
1st hour initiation cuts 22% of all deaths

If we enhance initiation of BF within one hour

INISTION OF BREASTFEEDING

24%

100%

NEONATAL DEATHS SAVED

22%

BF&Survival: Beginning life with “life” not in danger!
Breast feeding and later cognitive development

Anderson et al, AJCN 1999;70:525

Meta-Analysis of 20 published studies comparing predominantly breast (>10,000) and formula (<32,500) fed infants, corrected for measured covariables

Breastfeeding and later overweight

7 cross-sectional studies, 2 prospective studies, total 97,769 subjects
Exclusive breastfeeding Prevents HIV in infants

Most mothers are either negative or not tested, better prevent transmission as well as ensure HIV free child survival.

Cumulative % with HIV infection according to early breastfeeding pattern

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
<th>12</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive</td>
<td>1.31</td>
<td>3.03</td>
<td>4.4</td>
<td>6.94</td>
<td>8.56</td>
<td>13.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predominant</td>
<td>3.1</td>
<td>5.0</td>
<td>7.0</td>
<td>9.5</td>
<td>11.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>5.0</td>
<td>8.0</td>
<td>11.0</td>
<td>14.0</td>
<td>16.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Early Exclusive Breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. AIDS 2005 19:699-708

IYCF Strategy at Dhaka 19
August 2006

First year is critical!

- Malnutrition strikes in infancy
- In South Asia, 77 children million under five are underweight and undernourished thus underdeveloped
- According to WHO 2/3rd of all underweight happen during 1st year and related to inappropriate infant feeding practices

Brain development

Underweight children

Child deaths U-5 (Lancet 2003) 2/3rd of all Under five deaths

Years of life

IYCF Strategy at Dhaka 19
August 2006
Exclusive breastfeeding drop outs!

- We are a breastfeeding nation
- We are “drop outs” in EX BF
- Only 90% EX BF can achieve benefits described in Lancet

Think it over!

- Why is that only 1 out of 4 babies is able to start breastfeeding within one hour?
- Why is that only less than 40% mothers are able to practice exclusive breastfeeding for six months?
- Why is that breastfeeding remains limited to “enthusiasm”, and we don’t move away from it.
- Why breastfeeding does not enjoy a status EQUAL to immunization?
Some answers!

- Seemingly authorities and health care system is not responding to provide necessary support to mothers and newborns
- Barriers: breastfeeding natural act, health professionals think they know it all
- People lost traditional abilities

Some answers!

- Aggressive promotion by companies, continued flagrant violations of the Code
- Poor education on breastfeeding of health professionals/workers, and people
- Appallingly bad advice by health workers, don’t have time
How breastfeeding trends develop

- Marketing of baby foods
- Support at birth
- Poor knowledge of people
- Low values
- Health care support
- Good accurate information
- Support at workplace
- One to one counseling by skilled persons
- Poor community support

Solutions!

- Move away from ‘catchphrase’ to coordinated actions: ACTION Long overdue
- Ask questions to yourself if breastfeeding is not on the rise.
New WHO Growth standards

Dispel the belief that under 5 height and weight are dependant on ethnicity or genetics

Babies were optimally breastfed, good medical care, and mothers did not smoke.

World Health Organization

UNICEF Vision 2006

MDG deadline: 2015

Global
Ensure the sustainable supply of affordable health and nutrition commodities and the delivery of increased financial resources

Macro
Integrate child health and nutrition needs into national policies, plans and budgets

Meso
Strengthen district and community health and nutrition systems; ensure access to water and sanitation

Micro
Empower families to improve their health, feeding and childcare practices
10 Actions!

1. Breastfeeding/lactation clinics in hospitals with well trained consultants/counsellors
2. Follow up by skilled Public health nurses or community counsellors.
3. Health workers “say No to sponsorships!”
4. Breastfeeding friendly crèches at workplaces
6. Village health workers provide breastfeeding educations services after receiving it.
7. Declare provisions of “breastfeeding education services” as public health priority (CORE) include in preservice education of all.
8. Put budgets EQUAL to immunization
9. Make it visible politically!
10. Monitor exclusive breastfeeding at six months as key proxy indicator for national development and include in annual report.
Make breastfeeding visible, and more widely available!!

Thank you

The First Lady of Timor Leste at 7th Ministerial Consultation on Children Cambodia
March 2005