

# Global Strategy for Infant and Young Child Feeding

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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 1<sup>st</sup> 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



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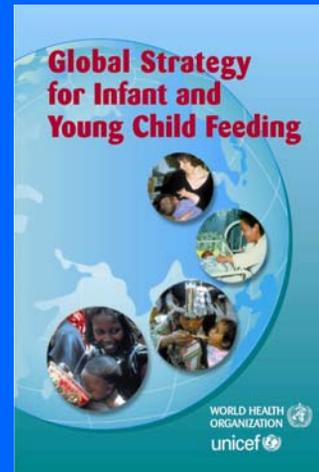


# Global Strategy for IYCF

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

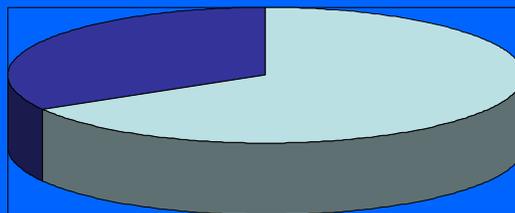


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According to the Global Strategy, 2/3rd deaths are related to inappropriate feeding practices

*“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*



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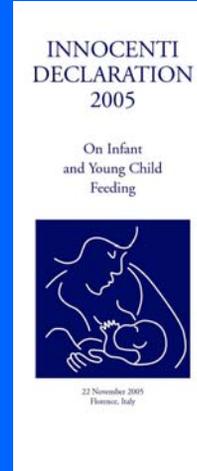
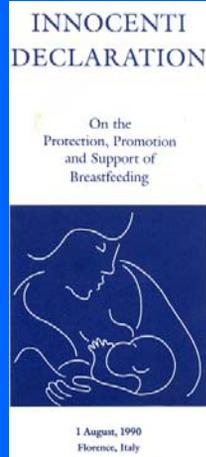
Emphasis ours





# 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**



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## 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.



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## Additional targets

- Ensure that relevant sectors protect, promote and support exclusive breastfeeding for first six months and continued breastfeeding for upto 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



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## Additional targets contd.

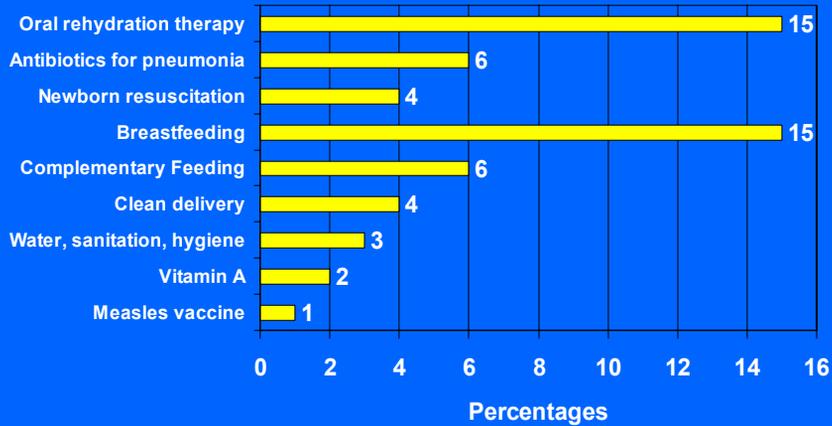
- Support for timely and appropriate complementary feeding;
- Initiate communications and advocacy for these issues;
- Additional attention to special circumstances, including HIV/AIDS and infant feeding.



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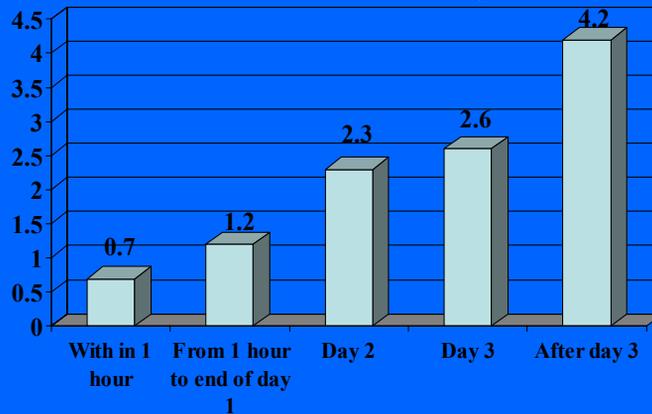
## Lancet; 2003 U-5 child deaths (%) saved with key interventions in India



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## Risk of neonatal mortality according to time of initiation of breastfeeding



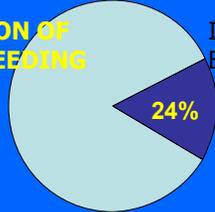
*Pediatrics* 2006;117:380-389 IYCF Strategy at Dhaka 19  
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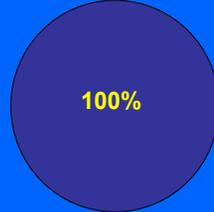
# 1st hour initiation cuts 22% of all deaths

*Pediatrics 2006;117:380-386*

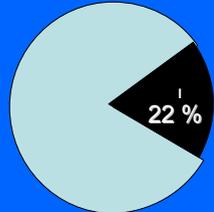
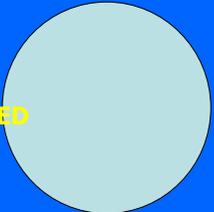
**INITIATION OF BREASTFEEDING**



If we enhance initiation of BF within one hour



**NEONATAL DEATHS SAVED**



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## BF&Survival: Beginning life with "life" not in danger!

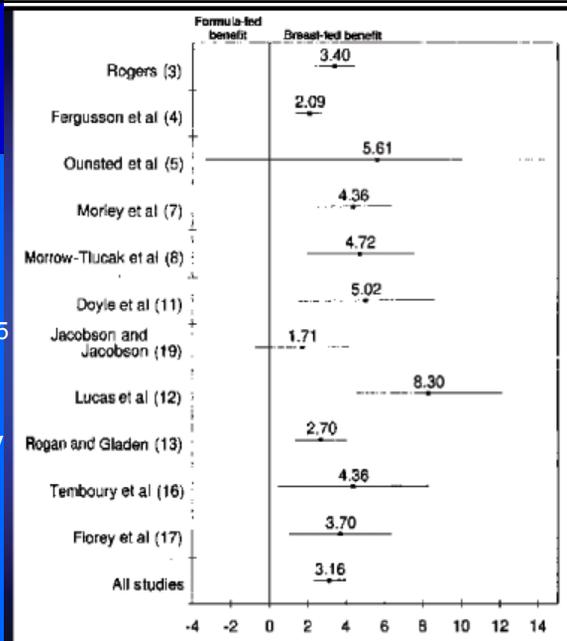


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# Breast feeding and later cognitive development

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



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# Breastfeeding and later overweight

7 cross-sectional studies, 2 prospective studies, total 97,769 subjects

Country	Number	Age (y)	↓ Overwt.	↓ Obesity	Dose-Response	Author/Yr
Canada	517	12-18	0.85	0.57	Yes	Kramer 1981
Germany	9,206	5-6	0.79	0.75	Yes	von Kries 1999
Germany	2,126	9-10	0.66	-	Yes	Liese 2001
USA	2,656	3-5	0.63	(0.84)	-	Hediger 2001
USA	15,341	9-14	0.8	-	Yes	Gilman 2001
Scotland	32,200	3	0.7	-	-	Armstrong 2001
New Zealand	1,037	18	0.51	-	Yes	Poulton 2001
Czech Repub.	33,768	6-14	0.80	0.80	-	Toschke 2002
Germany	918	6	0.53	0.46	Yes	Bergmann 2003



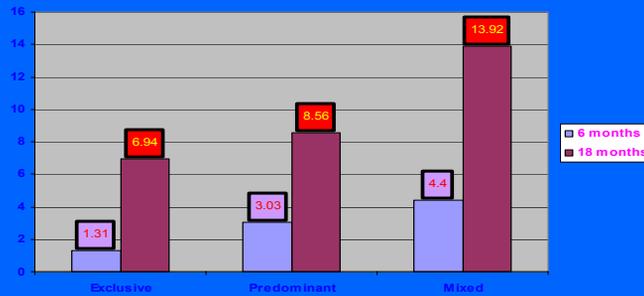
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# Exclusive breastfeeding Prevents HIV in infants

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



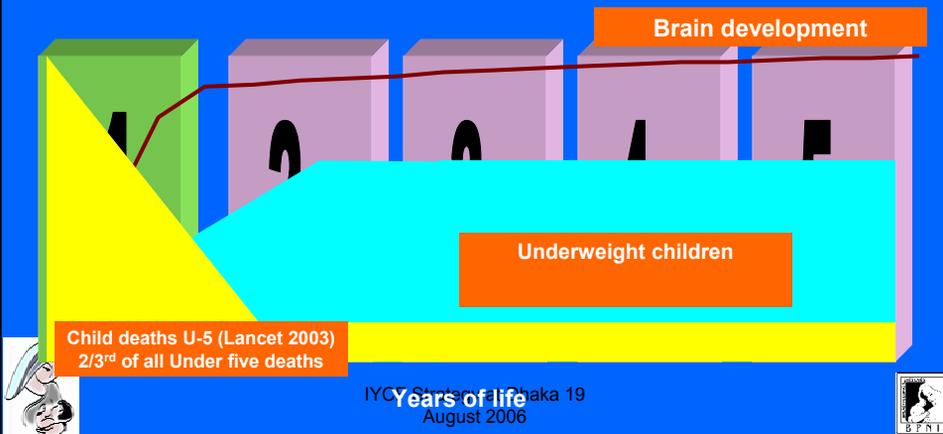
Early Exclusive Breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. AIDS 2005 19:699-708

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## 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 2/3<sup>rd</sup> of all underweight happen during 1<sup>st</sup> year and related to inappropriate infant feeding practices

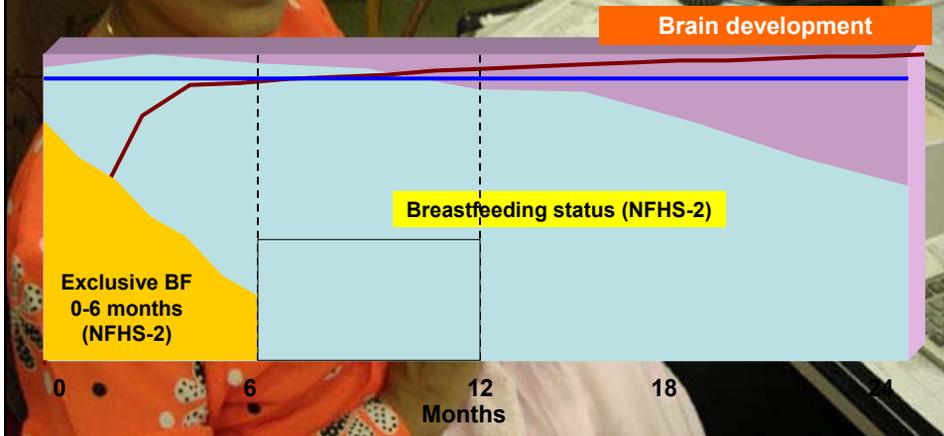


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# Exclusive breastfeeding drop outs!

- 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



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## Some answers !

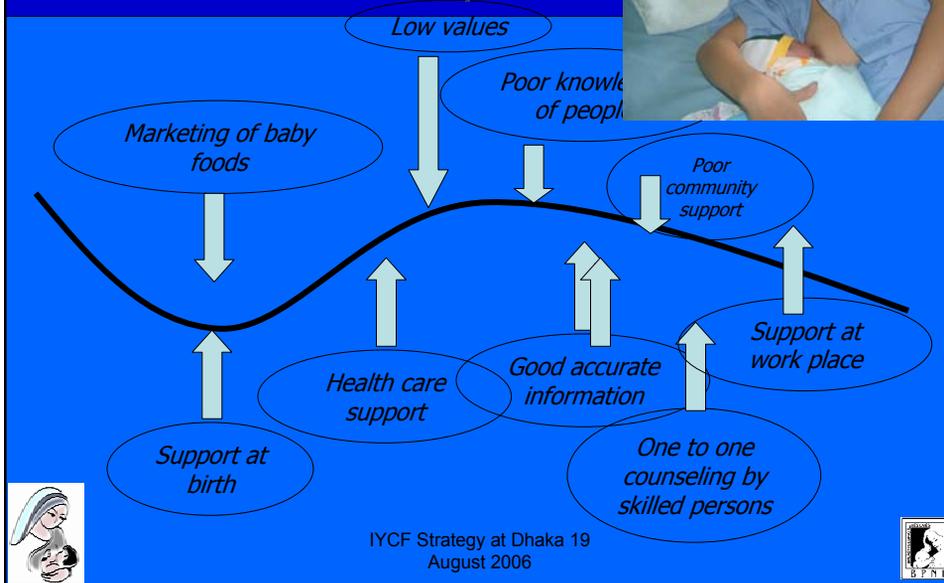
- Aggressive promotion by companies, continued flagrant violations of the Code
- Poor education on breastfeeding of health professionals/workers, and people
- Appallingly bad advice by health workers , don't have time



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# How breastfeeding trends develop



## Solutions !

- Move away from 'catchphrase' to coordinated actions: ACTION Long overdue
- Ask questions to yourself if breastfeeding is not on the rise.

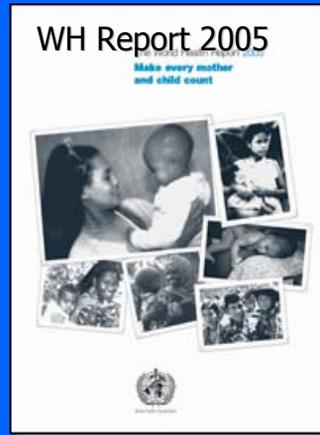


# World Health Organization

## 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.



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## UNICEF Vision 2006

MDG deadline:  
**2015**



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

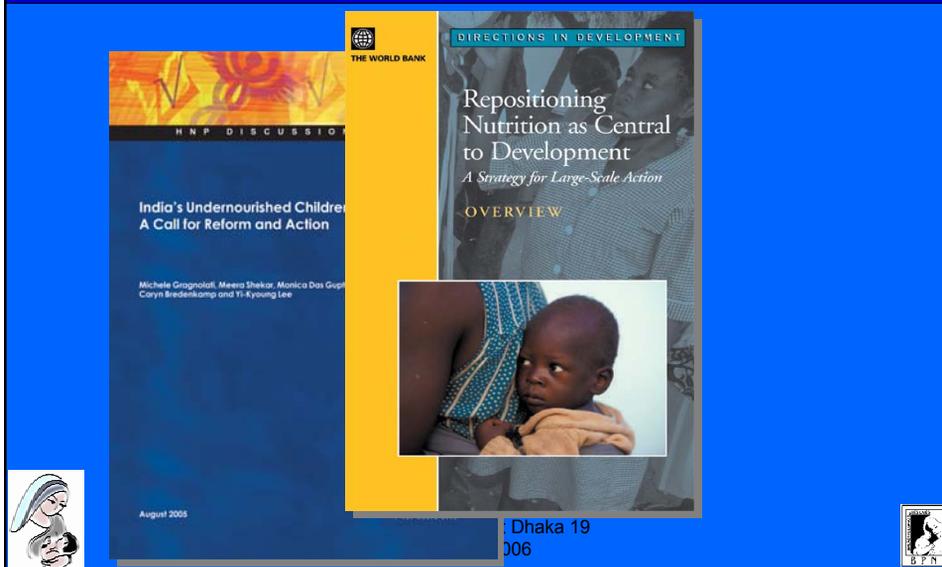
**Macro**  
Integrate child health and nutrition needs into national policies, plans and budgets

**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



# World Bank 2006



## 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
5. Innovative solutions for maternity protection for ALL like Tripartite Fund : government, public , private sector contributions works like insurance.
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 7<sup>th</sup> Ministerial Consultation on Children Cambodia  
March 2005

