

WHO's Proposed Global Strategy for Infant and Young Child Feeding : A Viewpoint

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The Global Strategy for Infant and Young Child Feeding is being developed by the WHO and is likely to be adopted as World Health Assembly Resolution in the month of May, 2002. The global strategy is built on 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. It emphasises the need for comprehensive national policies on infant and child health feeding including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances and to ensure that all health services protect, promote and support breastfeeding exclusively for first 6 months and then timely and adequate complementary feeding with continued breastfeeding for two years or beyond. Thus the strategy is to improve nutritional status, growth and development, health and survival of infants and young children. It recognises that mothers should have adequate information and support within their families and communities should be free and should be free from commercial influence. The strategy mentions an effective feeding policy with some critical interventions as elaborated in this article.

Key words : Global Strategy, infant and young child feeding, breastfeeding, complementary feeding, International Code of Marketing of Breast Milk Substitutes, civil society, World Health Assembly.

The Global Strategy (GS) for Infant and Young Child Feeding is being developed by the WHO and is likely to be adopted as World Health Assembly Resolution in the month of May, 2002. The document as it appears on the WHO website (Executive Board –EB109/12, 109th Session, 24 November 2001, Provisional Agenda Item 3.8) needs careful reading by all including the policy makers and programme managers. We offer you a summary of the key points and some of the critical areas that need our attention.

The GS for Infant and Young Child Feeding is based on respect, protection, facilitation and fulfillment of accepted human rights principles. The GS is built on 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 – in the overall context of national policies and programmes on nutrition and child health, and is consistent with the World Declaration and Plan of Action for Nutrition¹.

The GS emphasises the need for comprehensive national policies on infant and young child feeding including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances, and the need to ensure that all health services protect, promote and support exclusive breastfeeding for first six months and timely and adequate complementary feeding with continued breastfeeding for two years or beyond.

The GS for infant and young child feeding document recognises that malnutrition has been responsible,

directly or indirectly, for half of the 10.9 million deaths annually among children under five years of age and well over two-thirds of these deaths, which are often associated with poor feeding practices, occur during the first year of life. It also recognises that only about one-third of infants are exclusively breastfed; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate and unsafe. Because poor feeding practices

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are a major threat to the social and economic development, they are among the most serious obstacles to attaining and maintaining health that face this age group. The health and nutritional status of mothers and children are intimately linked. The HIV pandemic and the risk of mother-to-child transmission of HIV through breastfeeding pose unique challenges to the promotion of breastfeeding, even among unaffected families.

The Aim :

The stated aim of the strategy is to improve the nutritional status, growth and development and health and thus the survival of infants and young children through optimal feeding.

Objectives :

The strategy's specific objectives are: To raise awareness of the main problems affecting infant and young child feeding, identify approaches to their solution, and provide a framework of essential interventions; to increase the commitment of governments, civil society (Civil society includes professional bodies, training institutions, industrial and commercial enterprises and their associations, non-governmental organisations whether or not formally registered, religious and charitable organisations and citizens' associations such as community-based breastfeeding support networks and consumer groups) and international organisations for optimal feeding practices for infants and young children; to create an environment that will enable mothers, families and other care-givers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children.

Guiding Action at the National Level :

The GS is intended as a guide for action; it is based on accumulated evidence of the significance of the early months and years of life for child's growth and development and it identifies interventions with a proven positive impact during this period. As no single intervention or group can succeed in meeting the challenge; implementing the strategy thus calls for increased political will, public investment, awareness among health workers, involvement of families and communities, and collaboration between governments, civil society and international organisations that will ultimately ensure that all necessary action is taken.

Promoting Optimal Feeding for Infants and Young Children :

It emphasises on exclusive breastfeeding for first six months as an unequalled way of providing ideal food for the healthy growth and development of infants [As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC/4). See also resolution WHA 54.2] Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

It recognises that mothers should have adequate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from trained health workers, lay and peer counsellors and formally certified lactation consultants, who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems. Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave, part-time work arrangements, on-site creches, facilities for expressing and storing breastmilk, and breastfeeding breaks.

Complementary feeding : It further emphasises that complementary feeding should be timely, adequate and safe and properly fed. It needs accurate information and skilled support from the family, community and health care system. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food.

Information should be free from commercial influence— Among several listed options the foremost

is that the mothers, fathers and other care-givers should have access to the objective, consistent and complete information about optimal feeding practices, free from commercial influences. In particular, they need to know about the recommended period of exclusive and continued breastfeeding; the timing of the introduction of complementary foods; what types of food to give, how much and how often, and how to feed these foods safely.

Access to skilled health care support — Mothers should have access to skilled support to help them initiate and sustain optimal feeding practices, and to prevent difficulties and overcome them when they occur. Knowledgeable health workers are well placed to provide this support, which should be a routine part not only of regular prenatal, delivery and postnatal care but also of services provided for the well baby and sick child.

Community support — Community-based networks offering mother-to-mother support, and trained breastfeeding counsellors working within, or closely with, the health care delivery system, also have an important role to play in this regard.

Critical interventions — The strategy mentions that an effective feeding policy requires the following critical interventions:

(1) For protection :

1.1 Adopting and monitoring application of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention and Recommendation, in order to facilitate breastfeeding by women in paid employment, including those in atypical forms of dependent work, for example part-time, domestic and intermittent employment;

1.2 Ensuring that processed complementary foods are marketed for use at an appropriate age, and that they are safe, culturally acceptable, affordable and nutritionally adequate.

1.3 Implementing and monitoring existing measures to give effect to the International Code of Marketing of Breast Milk Substitutes and, where appropriate, strengthening them or adopting new measures.

(2) For promotion :

2.2 Ensuring that all who are responsible for communicating with the general public, including educational and media authorities, provide accurate and complete information about optimal infant and young child feeding practices, taking into account prevailing social, cultural and environmental circumstances.

(3) For support through the health care system :

3.1 Providing skilled counselling and help for infant and young child feeding, for instance at well-baby clinics, during immunisation sessions, and in in- and outpatient services for sick children, nutrition services, and reproductive health and maternity services.

3.2 Ensuring the hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding through implementation of the Baby Friendly Hospital Initiative, monitoring and reassessing already designated facilities, and expanding the initiative to include clinics, health centres and paediatric hospitals.

3.3 Increasing access to antenatal care and education about breastfeeding, and to delivery practices which support breastfeeding.

3.4 Promoting good nutrition for pregnant and lactating women.

3.5 Monitoring the growth and development of infants and young children as a routine nutrition intervention, with particular attention to low-birth-weight and sick infants and those born to HIV- positive mothers, and ensuring that mothers and families receive appropriate counselling.

3.6 Providing guidance on appropriate complementary feeding with emphasis on the use of locally available foods which are prepared and fed safely.

3.7 Ensuring adequate intake of essential nutrients through access to appropriate, including fortified local foods and, when necessary, micronutrient supplements.

3.8 Enabling mothers to remain with their hospitalised children to ensure continued breastfeeding and adequate complementary feeding and, where feasible, allow breastfed children to stay with their hospitalised mothers.

3.9 Ensuring effective therapeutic feeding of sick and malnourished children, including the provision of skilled breastfeeding support when required.

3.10 Training health workers who care for mothers, children and families with regard to: Counselling and assistance skills needed for breastfeeding, complementary feeding, and, when necessary, feeding with a breast milk substitute eg, feeding during illness. These are the health workers' responsibilities under the International Code of Marketing of Breast Milk Substitutes.

3.11 Revising and reforming pre-service curricula for all health workers, nutritionists and allied professionals to provide appropriate information and advice on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition.

(4) For support in the community :

4.1 Promoting development of community – based support networks to help ensure optimal infant and young child feeding, for example, mother-to-mother support groups and peer or lay counsellors, to which hospitals and clinics can refer mothers on discharge.

4.2 Ensuring that community – based support networks not only are welcome within the health care system but also participate actively in the planning and provision of services.

Comments :

The Global Strategy on Infant and Young Child Feeding is a vital document to lead to World Health Assembly (WHA) Resolution in May 2002. While this is one of the most complete documentation to guide national actions, there are certain areas that need our attention now. Several NGOs including the Breastfeeding Promotion Network of India (BPNI) and the International Baby Food Action Network (IBFAN) who have been leading the movement in the world to protect, promote and support breastfeeding have some concerns.

Industry participation and conflicts of interest — The WHO's Global Strategy on Infant and Young Child Feeding while addresses that information should be objective and free from commercial influence, at the same time defines the civil society that puts commercial enterprises and their trade associations in the same bracket as NGOs, community-based organisations and groups like trade unions even though they have different roles. It is not possible to expect that commercial sector would allow information which is accurate, objective and clear to reach people. This move ignores the fact that business has one primary role distinctive from other players — that of profit-making which creates potential conflicts of interest. Activities such as sponsorship; secondment of staff, funding for research and conferences remain a major concern. The GS has to recognise the conflict of interest as a recurring threat to the full support for breastfeeding by many institutions, associations and individuals.

The strategy tabled at the Executive Board in January 2002 shows that it is weighted in favour of baby food companies. They have a role in promoting breast milk substitutes, which prevents mothers from making informed choices about infant and young child feeding. Whether this is due to industry interference or some other reasons is unclear. What is clear is that unethical marketing behaviour of baby food companies is no longer seen as a menace. Instead, companies are now to be welcome as equal players in the field of infant and young child feeding alongside international agencies and governments.

The GS puts commercial enterprises as partners regardless of their state of compliance with the International Code of Marketing of Breast Milk Substitutes, subsequent World Health Assembly Resolutions or national legislations, which all major companies are found to be in breach. Unethical marketing of commercially prepared foods at the expense of breastfeeding remains one of the major barriers to implementation of optimal feeding practices. This is not adequately emphasised in the strategy.

By not acknowledging that the manufacturers are still falling short of their responsibilities under the International Code of the Marketing of Breast Milk Substitutes, the many calls for implementation of the International Code, subsequent relevant WHA resolutions and the national legislations, the strategy will constitute mere rhetoric.

REFERENCES

- 1 WHO — World Declaration and Plan of Action for Nutrition : International Conference of Nutrition, Rome. Geneva: FAO/WHO, 1992.