WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD **EB107/3**
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Global strategy for infant and young child feeding

Report by the Secretariat

1. Some 1.5 million children still die every year because they are inappropriately fed, less than 35% of infants worldwide are exclusively breastfed for the first four months of life, and complementary feeding practices are frequently inappropriate and unsafe. The growing scale, variety and frequency of major emergencies, the HIV/AIDS pandemic, complexities of modern lifestyles, coupled with continued promulgation of mixed messages and changing fashion with regard to breastfeeding complicate meeting the nutritional needs of infants and young children.

2. The Fifty-third World Health Assembly considered a report on infant and young child nutrition[1] submitted in accordance with resolutions WHA33.32 and WHA49.15, and Article 11.7 of the International Code of Marketing of Breast-milk Substitutes. In this connection the Health Assembly also considered a draft resolution[2] together with amendments presented during the debate.[3] The Health Assembly decided to refer the matter to the Executive Board at its 107th session.[4]

A NEW STRATEGY

3. Two principles have so far guided the development of the strategy: it should be based on science and evidence, and it should be as participatory as possible, seeking inputs from all parties. Consequently, the work so far has involved extensive review of scientific literature and results of eligible studies, and technical consultations. The latter have focused on key elements of the global strategy, such as that organized by WHO and UNICEF which brought together experts in strategic and programmatic aspects of the subject and representatives of ILO, UNHCR, UNAIDS (March 2000),[5] and on specific issues, such as the UNAIDS/UNICEF /UNFPA/WHO Interagency Task Team meeting on the prevention of mother-to-child transmission of HIV (October 2000). There have also been consultations at national level (so far in China, Scotland and Zimbabwe) and regional level (Regional Committees of the Americas, South-East Asia, Europe and the Eastern Mediterranean).

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[1] Document A53/7.

[2] Document A53/A/Conf.Paper No.3.

[3] See summary records of Committee A, seventh meeting in document WHA53/2000/REC/3.

[4] Decision WHA53(10).

[5] See *Report of a technical consultation on infant and young child feeding: themes, discussion and recommendations* (documents WHO/NHD/00.8 and WHO/FCH/CAH/00.22).

4. Consensus is emerging on a wide range of issues, with a growing acceptance that the aim of the strategy should be to help fulfil the right of every child to the highest attainable standard of health by protecting, promoting and supporting optimal feeding practices. The strategy should reaffirm the fundamental importance of appropriate feeding practices for infants and young children everywhere.

Maternity protection in the workplace

5. WHO participated throughout the two-year preparations of the revised Maternity Protection Convention and related Recommendation that were adopted by the 88th session of the International Labour Conference in June 2000. WHO was instrumental in presenting evidence on protecting maternal health and promoting breastfeeding that contributed to a significant strengthening of the 1952 Convention through the inclusion of a new provision on protection from hazardous agents, an increase in the minimum length of maternity leave from 12 to 14 weeks, reinforcement of the entitlement to paid breastfeeding breaks, and the Convention's application to women in atypical forms of work.

Role of different partners

6. The emerging strategy also stresses the need to define operational responsibilities, and to determine ways in which to mobilize resources, for a range of concerned parties as follows:

- For **governments** these responsibilities cover areas such as public information and education, continuing education and training for health workers, maternity protection in the workplace, programme monitoring and evaluation, and action-oriented research.

- For **international organizations**, they include establishing standards and evidence-based guidelines, strengthening national capabilities through technical support, and monitoring progress using global data banks and appropriate indicators. Such organizations should also identify resources for these purposes.

- **Health professional bodies** should ensure that their members are fully informed about appropriate infant and young child feeding practices, foster widespread community awareness in this regard, and join forces with other groups throughout society in disseminating the right evidence-based messages.

- **Civil society,** including nongovernmental organizations and community-based groups, should help ensure the education of mothers, families and the general public about appropriate feeding practices; they should help remove cultural barriers to appropriate feeding; and they should participate actively in monitoring compliance with national measures adopted to give effect to the International Code. Commercial enterprises should play a responsible and constructive role in relation to infant and young child feeding and ensure that their conduct, at every level, conforms to the principles and aim of the International Code and relevant Health Assembly resolutions.

7. It is generally held that the global strategy should build on past achievements particularly 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. It should go further and emphasize 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 and timely and adequate complementary feeding.

Exclusive breastfeeding

8. There is consensus on the need for exclusive breastfeeding in the early months of life. What remains under discussion is the optimal duration of exclusive breastfeeding.

9. In 1995 the report of a WHO Expert Committee[1] and its Working Group on Infant Growth reaffirmed the suitability of the current recommended timing of exclusive breastfeeding and the introduction of complementary foods, that is four to six months of age.[2] As with all WHO global recommendations, however, it is intended that application of this recommendation should take into account local circumstances. The notion of "optimal infant feeding" cannot be defined in absolute terms in the abstract. Thus, when applying WHO's current infant-feeding recommendation as a guide for feeding practices – whether for an entire population in a given country or for an individual child – public health authorities need to take into account prevailing environmental, cultural and other risk factors, for example, the availability, safety and quality of complementary foods, the possibility of environmental contamination, morbidity and mortality patterns for infants and young children, and the child-spacing benefits of exclusive breastfeeding.

10. Meanwhile, WHO has also approached all governments to determine whether a formal recommendation on the optimal duration of exclusive breastfeeding has been adopted and, if so, what was its technical basis. Thus far 121 governments have replied: 11 have no official policy; 61 recommend four, or four to six, months; and 49 recommend six, or about six, months. Results are also being compiled from 139 national paediatric associations.

11. WHO is currently undertaking a systematic review of the published scientific literature on the optimal duration of exclusive breastfeeding, and more than 2900 references have been identified for independent review and evaluation. The main outcomes being looked at include infant growth, morbidity and mortality, infant nutrient requirements and the adequacy of breast-milk supply, child development outcomes, and influence of environmental contamination. Relevant data are being extracted, ranked and analysed from all eligible studies. Following a global peer review, findings will be discussed at an expert consultation (Geneva, 28 to 30 March 2001). The results of this process, including their implications for WHO's current global infant-feeding recommendation,[3] will be reported to the Fifty-fourth World Health Assembly in May 2001.

Complementary feeding

12. Timely, safe and adequate complementary feeding, with continued breastfeeding, needs to be made a high priority of global nutrition. Indeed, the continued faltering growth of many children worldwide suggests that complementary feeding practices remain inadequate in terms of timeliness, quality, quantity and safety. The draft strategy helps to identify what needs to be done to improve feeding practices through use of locally available and affordable foods, to determine guidelines and

[1] WHO Expert Committee on Physical Status. *The use and interpretation of anthropometry*. World Health Organization, 1995 (WHO Technical Report Series, No. 854).

[2] This conclusion was based on analysis of pooled data concerning infants predominantly breastfed for at least four months, and partially breastfed to at least 12 months, from seven North American and European studies; deprived communities in India and Peru; seven centres in five countries (the WHO/HRP data set from Chile, Egypt, Hungary, Kenya and Thailand); and formula-fed infants in affluent populations. For additional detail in this regard, see: WHO Working Group on Infant Growth. An evaluation of infant growth (document WHO/NUT/94.8). World Health Organization, Geneva, 1994.

[3] The World Health Organization's infant-feeding recommendation. *Weekly Epidemiological Record*, 1995, **70**:119-120; WHO's infant-feeding recommendation: http://www.who.int/nut/

indicators of appropriate nutritional outcomes, and to expand the content and availability of objective and consistent information and educational materials for health workers, mothers and families. It also provides a framework for action-oriented research to identify causes of and remedies for growth faltering.

13. Where industrially processed complementary foods are concerned, as the Health Assembly noted in 1984,[1] inappropriate marketing practices contribute to faulty feeding practices through the promotion of infant foods for use at too early an age and through the promotion of products, (e.g. sweetened condensed milk) that are unsuitable for infant feeding. When complementary foods are being marketed, it is essential that product labels and related informational materials scrupulously promote their introduction at an age that is suitable for the *individual* infant. To help overcome abuses in this connection, WHO is taking various actions including working through the Codex Alimentarius process, in particular in the context of the revised draft Codex standard for cereal-based complementary foods. The aim is to ensure that the labels of all such products promote good feeding practices and to encourage a dialogue between a mother and her health worker as the basis for the mother's decision about when to begin complementary feeding in the light of her infant's *specific* needs. To provide further information for the formulation of recommendations on the age of introduction of complementary foods, studies are being planned of how health workers interpret recommendations and how mothers can be most effectively advised.

Feeding in exceptionally difficult circumstances

14. The best hope for averting the disability and death that are so common among infants and young children during emergencies or where high rates of malnutrition prevail is to ensure that they are adequately cared for and fed. However, meeting their nutritional needs during natural disasters, famine, civil unrest, in refugee settings, in the presence of HIV/AIDS (see paragraph 15), or when they are already severely malnourished is complex and demanding. New approaches are required both to meet the needs of this especially vulnerable population group and to cope with the growing scale, variety and frequency of new emergencies that threaten its nutritional status. The unique challenge faced by families and children in these circumstances requires special attention owing to the greatly heightened risks associated with artificial feeding and inadequate complementary feeding.

Mother-to-child transmission of HIV

15. There is continued concern that 10% to 20% of infants born to HIV-positive mothers may acquire HIV through breastfeeding, and recent studies indicate a heightened risk of transmission during the early months. However, evidence from one study shows that exclusive breastfeeding in the first three months of life may carry a lower risk of HIV transmission than mixed feeding does, possibly because infectious or allergic processes associated with the latter compromise the integrity of mucosal surfaces of the gut. The joint UNICEF/UNAIDS/WHO guidelines[2] issued in 1998 remain valid. An HIV-infected woman should receive counselling, which includes information about the risks and benefits of different feeding options, and specific guidance in selecting the option most likely to be suitable for her situation. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise exclusive breastfeeding is recommended during the first months of life. To minimize HIV transmission, breastfeeding by HIV-positive women should be discontinued as soon as feasible, taking into account

[1] Resolution WHA37.30.

[2] UNICEF, UNAIDS, WHO. *HIV and infant feeding*: *Guidelines for decision-makers. A guide for health care managers and supervisors. A review of HIV transmission through breastfeeding* (documents WHO/FRH/NUT/CHD/98.1-3).

local circumstances, the individual woman's situation and the risks of replacement feeding, including malnutrition and infections other than HIV. The final decision should be the mother's and she should be supported in her choice.

16. A proposed timetable for the next steps in developing the strategy is set out in Annex 1.

ACTION BY THE EXECUTIVE BOARD

17. Consistent with the Health Assembly's decision, a drafting group on infant and young child nutrition, open to participation by all Member States, will meet during the 107th session of the Executive Board to prepare a resolution for consideration by the Executive Board with a view to its adoption by the Fifty-fourth World Health Assembly in May 2001. For background and reference the text of the draft resolution and amendments referred to in paragraph 2 of the present document are contained in Annex 2.

18. The Executive Board is invited to note the report and to consider the output of the drafting group.

ANNEX 1

PROPOSED TIMETABLE FOR DEVELOPMENT OF A GLOBAL STRATEGY ON INFANT AND YOUNG CHILD FEEDING

June-August 2000	1. (a) Continue preparation of draft strategy. (b) Prepare a comprehensive report on infant and young child feeding for the regional committees in 2000; brief regional offices. (c) Identify funds needed for next steps in the process.
June-August 2000 September-December 2000	2. (a) Present the draft strategy in two countries. Ask participants • to review elements • to assess their applicability in specific environments • to assess their comprehensiveness • to evaluate their usefulness and potential effectiveness • to describe how the strategy complements/embodies/ includes national policy. (b) Together with regional offices **identify** 4-5 countries in different regions (Identify appropriate national focal points for reviewing, assessing and evaluating the draft strategy) (c) **Dispatch** draft strategy to these countries. Provide technical support or visits from regional advisers/short-term consultants. Consolidate feedback and incorporate into draft strategy. **March 2000 – March 2001** Systematic review of the scientific literature concerning the optimal duration of exclusive breastfeeding
October 2000 January-June 2001	3. (a) Prepare progress report for 107th session of the Executive Board (January 2001) and Fifty-fourth World Health Assembly (May 2001). (b) Edit, finalize and produce the report of the technical consultation of March 2000, and the background theme papers. (c) Organize regional meetings: 3-4 regional/biregional meetings Invite other partners. (d) Consolidate comments and produce next draft **Purpose of regional meetings:** – to review country analyses in detail – to develop further the draft strategy
June-September 2001	4. (a) Circulate revised draft of strategy to Member States and interested parties for information and feedback. (b) Consolidate final draft strategy.
October 2001	5. **Prepare for** 109th session of the Executive Board (January 2002): • draft strategy • comprehensive report on infant and young child nutrition • draft resolution for the Executive Board.
January 2002	6. Consideration of draft strategy by the Executive Board.
May 2002	7. Submission of strategy for consideration and endorsement by the Fifty-fifth World Health Assembly.

ANNEX 2

INFANT AND YOUNG CHILD NUTRITION[1]

The Fifty-third 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 the world's under-five children are still malnourished – whether stunted, wasted or deficient in iodine, vitamin A or iron – and because malnutrition still contributes to nearly half of the 10.7 million deaths each year among preschool children in developing countries;

Deeply concerned with the wide recognition that malnutrition is one of the worst public health problems**, encompassing the problems of poverty, deprivation, food security and social inequality,** faced globally and that its effects are seen not only on growth and development, but also on cognitive and social development functions;

Recognizing that access to food and adequate nutrition is a fundamental human right and that all efforts should be made to recognize, protect and fulfil this basic right and to ensure freedom from hunger and malnutrition;

Acknowledging that all sectors of the global society – governments, civil society, the private sector and international organizations – should assume their responsibility and meet their obligations regarding the respect, protection and fulfilment of this basic human right;

Recognizing the guiding framework of the Convention on the Rights of the Child, in particular Article 24, which recognizes, *inter alia*, the need for access to and availability to all segments of society, in particular parents and children, of appropriate support for and information about, the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding;

Conscious that the International Code of Marketing of Breast-milk Substitutes states that there should be no advertising, health claims or other forms of promotion of products within its scope and that electronic communication methods such as the Internet are currently widely used to promote such products;

Recognizing that there is enough scientific basis for political decisions, for reinforcement of Member States and WHO's traditional activities, and for proposing new and innovative approaches to growth monitoring and nutrition rehabilitation, the promotion of breastfeeding, the improvement of complementary feeding through sound culture-specific counselling, the alleviation of micronutrient malnutrition and the management of feeding practices of infants from HIV-positive mothers;

[1] Amendments are indicated in bold (insertion) or by strikethrough (deletion).

Noting the need for efficient food and nutrition surveillance systems for assessing the magnitude and geographical distribution of all forms of malnutrition and foodborne diseases and for monitoring food ~~availability~~ **security**;

Aware of the importance and urgency of launching a discussion process to build up an international consensus among Member States and international organizations on a global strategy to alleviate all forms of malnutrition in infant and young children by the end of this decade, taking into account the impact of ecological disasters, war, civil disturbances, mass population displacements and poverty;

Recognizing the importance and fundamental role of the Sub-Committee for Nutrition of the United Nations Administrative Committee for Co-ordination (ACC/SCN) in the building up of such consensus,

1. URGES Member States:

(1) to recognize access to food and adequate nutrition as a ~~fundamental human right~~ **human development goal** and to call on all sectors of society to honour their obligations fully to respect, protect and fulfil this right;

(2) to take the necessary measures effectively to implement the Convention on the Rights of the Child, in order to ensure the child's right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies **including labour protection legislation and regulations conducive for maternity leave and in support of breastfeeding,** to alleviate all forms of malnutrition and to develop participatory programming mechanisms to establish and implement specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

~~(4) to give priority to the implementation of infant and young child nutrition programmes and projects derived from those joint discussions and policy or strategic documents, providing adequate technical and financial resources and political support;~~

(5) to strengthen all current activities and develop new approaches in order to promote exclusive breastfeeding up to ~~around~~ **at least** six months of life **followed by timely introduction of supplementary feeding and the continuation of breastfeeding up to two years** ~~and mixed feeding up to two years~~, [*or*] **complementary feeding up to two years,** emphasizing all forms of social dissemination of these concepts in order to enhance society's commitment to these practices;

(5)[*bis*] **to strengthen activities and develop new approaches to promote exclusive breastfeeding in the first six months of life and provision of appropriate supplementary feeding until the age of two years, emphasizing channels of social dissemination of these concepts, in order to lead the community to adhere to these practices;**

(6) to support the Baby-friendly Hospital Initiative and to create mechanisms for periodic reassessment of hospitals to assure maintenance of standards and to guarantee the Initiative's long-term sustainability and credibility;

(7) to improve complementary feeding practices by assuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous micronutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject and to the integration of these messages into health and nutrition information, education and communications strategies;

~~(8) to strengthen growth monitoring and nutrition rehabilitation, focusing on community-based strategies, and to ensure that all hospitalized children that have any form of malnutrition as an underlying cause of hospitalization are correctly diagnosed and treated;~~

(9) to develop, implement or strengthen sustainable **and, where appropriate, legislative** measures aimed at reducing micronutrient malnutrition in young children, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification through recommendation of feeding practices that are culture-specific and based on local foods and through other community-based approaches;

(10) to strengthen their mechanisms to monitor **in a transparent independent manner the International Code of Marketing of Breast-milk Substitutes,** and report **to and empower the general public** on progress in implementation of the International Code of Marketing of Breast-milk Substitutes, ~~assuring the participation of all stakeholders as a means of involving the responsibility of all sectors of society – especially the private sector – in its implementation;~~ **ensuring independence and transparency;**

(11) to recognize the present scientific evidence on the risk of HIV transmission through breastfeeding and to ensure adequate nutrition of infants from HIV-positive mothers, **and in doing this, to increase accessibility of voluntary and confidential counselling and testing to facilitate an information-giving and informed decision but as much as possible to counsel mothers on exclusive breastfeeding in developing countries, while those who can afford other options have support to use it safely controlling industry influences;** ~~providing pasteurized breast milk from human milk banks or milk substitutes through the health services from birth to six months old, together with recommendations on early complementary feeding, until new scientific evidence is available;~~

(12) to strengthen their food and nutrition surveillance systems, in close collaboration with their epidemiological surveillance systems, encompassing assessment of the magnitude and geographical distribution of protein-energy malnutrition, micronutrient malnutrition, **obesity,** foodborne disease and including the systematic monitoring of food ~~availability~~ **security** at national, subnational, local and household levels, the market prices of basic foods and household purchasing power;

(13) to make the widest possible use of the information from their food and nutrition surveillance systems to evaluate current activities and strategies, to plan new action, and to raise public and political awareness, nationally and internationally, of achievements in respecting, protecting and fulfilling the right to food and adequate nutrition;

(14) to collaborate actively with WHO and competent organizations of the United Nations system, including through the forum of ACC/SCN, in order to generate a global strategy for the improvement of infant and young child feeding as a means of alleviating all forms of malnutrition in infant and young children by the end of this decade;

(15) to end all health claims, advertising and other forms of promotion of products covered by the International Code, through the media, including electronic means such as e-mail and Web sites;

2. REQUESTS the Director-General:

(1) to give, in view of WHO's leadership in public health, and in collaboration with all other international organizations, notably those of the United Nations system, greater emphasis to infant and young child nutrition, within the framework of the Convention on the Rights of the Child and other relevant human rights instruments;

(2) to enhance its support to Member States, in close collaboration with FAO, in developing and implementing their food and nutrition surveillance systems, focusing on their potential to assess the magnitude and geographical distribution of nutrition problems and to provide indicators of performance in respecting, protecting and fulfilling the right to food and adequate nutrition;

(3) to provide support to Member States for evaluation of current strategies and activities, in conformity with the Convention on the Rights of the Child, as a means of feed-back on discussions towards a consensus-driven global strategy to alleviate all forms of infant and young child malnutrition by the end of the decade;

(4) to draw up guidelines and devise tools for framing of policy that assures active participation of right-holders and duty-bearers in the area of infant and young child nutrition;

(5) to build a constructive dialogue between all stakeholders – especially the private sector – **to propose efficient global mechanisms which are transparent, independent and free from commercial influence** in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and other infant and young child nutrition activities, and to provide support to Member States in this monitoring;

(6) to encourage and support further **independent** research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of those already affected by HIV/AIDS;

(7) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, with emphasis on community-based and cross-sectoral activities;

(8) to reinforce, in collaboration with other competent organizations of the United Nations system, including through the forum of ACC/SCN and other bodies as appropriate, the process of following up the International Conference on Nutrition as a strategy to alleviate all forms of malnutrition in infant and young children by the end of the decade;

(9) to convene, as soon as possible, regional or subregional meetings of governments, international organizations and nongovernmental organizations in order to launch discussions on the global strategy to improve infant and young child feeding;

(10) to provide support for participation of Member States in all work related to the preparation of the global strategy, including meetings and derived activities;

(11) to submit to the Executive Board, in 2002, a report on the global strategy, proposing a draft resolution for submission to the Fifty-fifth World Health Assembly.

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