

the workplace, and a room or corner in which they can privately express their breastmilk, or paid breaks during working hours to go and feed their babies. The International Labour Organisation (ILO) passed a convention in the year 2000 requiring countries and employers to give mothers at least 14 weeks paid maternity leave. Twenty-six weeks or 6 months would be much better; but some people fear that no one would employ young women if they had to pay for more maternity benefits.

5 Health and Nutrition Care System

This covers all health workers, clinics, doctors and hospital inpatient and outpatient services and nutrition services for mothers and babies after they leave the maternity hospital. Mothers who deliver in baby-friendly hospitals are more likely to start breastfeeding, but if they are to continue breastfeeding exclusively for six months, they need ongoing skilled breastfeeding support from people such as midwives, lactation consultants, community health workers, or peer counsellors who have received appropriate training. Where all mothers receive skilled support or counselling, with at least 7 contacts from a trained person², exclusive breastfeeding rates are higher. Support is necessary for all mothers, to make sure that breastfeeding is going well. It is not so helpful to wait until they have a problem.

6 Mother Support and Community Outreach

The first mother-to-mother support groups were started by women in America more than 50 years ago, who felt that doctors and other health workers were not providing them with the help that they needed to breastfeed, and they found that they could help each other more effectively. Mother support groups have now spread all over the world, and they work in different ways in different places. Mothers get together and share experiences and help each other to find solutions for their difficulties.

7 Infant Feeding and HIV

In the early 1990's, doctors discovered that HIV could be transmitted from mothers to their babies both during pregnancy and through breastfeeding. For 20 years, health services and families struggled with the dilemma of how to feed a baby born to an HIV infected mother. Research showed that if a baby is exclusively breastfed, transmission is less likely than if the baby is fed partly on breastmilk and partly on other milks, so the choice was between exclusive formula feeding or exclusive breastfeeding – both difficult to sustain for different reasons. Now it has been shown that antiretroviral (ARV) drugs given to the mother and the baby can reduce transmission to a very low rate even if the baby is breastfed. In many countries, especially where formula feeding is difficult or dangerous,

mothers can be treated with ARV drugs, and encouraged to breastfeed exclusively to six months, and to continue breastfeeding with complementary feeding for 12 months, or until they are able to provide a nutritionally adequate and safe diet.³

8 Infant Feeding During Emergencies

The number of people, including many babies, affected by emergencies today has increased greatly, and more than tripled since the 1990s. Often the first help that is offered by the outside world is to send formula and feeding bottles for the babies – but in emergencies it is difficult to use these safely and it is much better to support mothers to breastfeed. Humanitarian Aid Workers need training in basic support for breastfeeding mothers, and help to enable mothers or foster mothers to relactate. Countries are encouraged to establish emergency preparedness arrangements, including asking lactation counsellors to be available to go to emergency situations to help aid workers care for babies.

9 Information Support

For mothers to make informed choices about breastfeeding, it is vital that they have accurate, appropriate and sufficient information. Groups advocating promotion, protection and support of breastfeeding need to provide accurate information, to educate and communicate on breastfeeding issues; and they need to develop strategies to do so. This is especially the case with national governments and their Information, Education and Communication (IEC) strategies. These IEC strategies are essential when trying to change attitudes that may be influenced by the formula industry, or cultural and traditional practises, that may affect decisions on breastfeeding at the community and household levels. Comprehensive IEC strategies use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented messages to targeted audiences at national, facility, community and family levels.

10 Monitoring and Evaluation

All health programmes should be monitored and evaluated, in order that they can be assessed and improved. If you are a health professional, you could try to assess if activities related to the above areas are being recorded as part of monitoring and evaluation e.g. if mothers receive breastfeeding counselling, is it recorded and reported anywhere in the patient records?

More Action Ideas on Implementation of the Global Strategy are available on the World Breastfeeding Week 2012 Website. See: <http://worldbreastfeedingweek.org/>

ACTION RESOURCES:

- For information on National Policy, Programme and Coordination**, see the WHO/UNICEF 'Planning guide for national implementation of the global strategy for infant and young child feeding' at: <http://www.who.int/nutrition/publications/infantfeeding/9789241595193/en/index.html>
- If emergency situations are prevalent see Emergency Nutrition Network (ENN) materials.**
 - Check out their website: <http://www.enonline.net/>, and refer to the 'Operational Guidance on the use of Special Nutritional Products'. Also see the 2 related Modules for training Humanitarian Aid Workers at: <http://www.enonline.net/htpversion2>
- If your most pressing gap is lack of adequate maternity protection, then look at the following:**
 - WABA's Maternity Protection (MP) Campaign Kit. See: <http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm>
 - The International Labour Organisation (ILO). Maternity Protection Resource Package. From Aspiration to Reality for All, ILO 2012. See: <http://mpra.ilo.org/pages/en/index.html>
 - The International Labour Organisation (ILO). Maternity at work: A review of national legislation. Findings from the ILO's Conditions of Work and Employment Database. Second edition, 2012. See: http://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/-/publ/documents/publication/wcms_124442.pdf
- If your community lacks skilled counselors and mother support then look at:**
 - WHO/UNICEF's Breastfeeding Counselling; A training course (revised version available from WHO shortly) useful for midwives and other health workers. See: http://www.who.int/maternal_child_adolescent/documents/who_cdr_93_3/en/
 - UNICEF's The Community Infant and Young Child Feeding Counselling Package, which is particularly suitable for community health workers. Based on the Breastfeeding Counselling Course. See: http://www.unicef.org/nutrition/index_58362.html
 - BPNI/IBFAN Asia's Infant and Young Child Feeding Counselling: A Training Course. The 4 in 1 course deals with breastfeeding, complementary feeding, HIV and growth monitoring. This is a complete training programme that leads to development of specialist counsellors and also a capacity building programme to develop family and community level counsellors all with training manuals, communication guides and visual aids. See: <http://www.bpni.org/training.html>
- If HIV is prevalent, and policies and programmes are unsupportive of women, then check out the related WHO documents.**
 - WHO Guidelines on HIV and infant feeding. 2010. 'Principles and recommendations for infant feeding in the context of HIV and a summary of evidence'. Available at: http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html
 - UNAIDS 2011, Countdown to Zero: Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, 2011-2015. See: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf
 - WHO 2012, Programmatic update: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants, Executive Summary, April 2012. Available at: http://whqlibdoc.who.int/hq/2012/WHO_HIV_2012.8_eng.pdf
- For information on BFHI (including the Self Assessment tool, Part 4 of the BFHI materials)**
 - WHO Nutrition sub-section on the Baby-friendly Hospital Initiative. See: <http://www.who.int/nutrition/topics/bfhi/en/>
 - BFHI Section 4: Hospital self-appraisal and monitoring (Baby-friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care). See: http://www.who.int/nutrition/publications/infantfeeding/9789241594998_s4/en/index.html
 - WHO list of publications on Infant and young child feeding. See: <http://www.who.int/nutrition/publications/infantfeeding/en/index.html>
 - UNICEF, The Baby-Friendly Hospital Initiative. See: http://www.unicef.org/nutrition/index_24806.html
- If your most pressing gap is lack of Code implementation, then look at:**
 - Protecting Infant Health A Health Worker's Guide to the International Code of Marketing of Breastmilk Substitutes 11th Edition, available from IBFAN/CDC. PO Box 19 10700 Penang Malaysia. Contact: ibfanpg@tm.net.my
 - The State of the Code by Country 2011 (chart showing how the Code is implemented in 196 countries). See: <http://www.ibfan.org/code-publications.html>
 - Breaking the Rules, Stretching the Rules 2010 (Report on violations of the International Code). See: <http://ibfan.org/icdc/>
 - INFAC Canada's Code Essentials 1, 2 & 3. See: <http://www.infactcanada.ca/mall/code-essentials.asp>
 - Code Monitoring Kit: See: <http://www.ibfan.org/code-publications.html>
 - 21 Dangers of Infant Formula, see: <http://www.waba.org.my/whatwedo/advocacy/pdf/21dangers.pdf>

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Findings from Australia, the UK and US

- The 2010 Australian National Infant Feeding Survey** is the first specialised national survey of infant feeding practices in Australia. The survey also collected information on attitudes towards, and enablers for and barriers against breastfeeding. Source: Australian Institute of Health and Welfare. AIHW 2011. 2010 Australian national infant feeding survey: indicator results. (Cat. no. PHE 156. Canberra: AIHW). See more at: <http://www.aihw.gov.au/publication-detail/?id=10737420927&tab=2>
- The 2010 (UK) Infant Feeding Survey**, the eighth in a series of national surveys conducted every five years since 1975, on behalf of the four Health Departments in the United Kingdom. This latest survey was commissioned by the NHS Information Centre for Health and Social Care (NHS IC). The final stage of the survey is currently underway and a full report is expected to be published by the NHS IC in Summer 2012. Source: National Health Service (NHS) Information Centre for Health and Social Care (NHS IC). Infant Feeding Survey 2010: Early Results, Publication date: June 21, 2012. See more at: <http://www.ic.nhs.uk/pubs/infantfeeding10>
- Breastfeeding Report Card—United States, 2011.** The Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card brings together state-by-state information to help tell the story of breastfeeding practices in states. Since the release of the first Report Card in 2007, there have been steady improvements in several indicators, especially in 3 month and 6 month exclusive breastfeeding rates, which increased more than 5 and 4 percentage points, respectively. Source: Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card—United States, 2011. See more at: <http://www.cdc.gov/breastfeeding/data/reportcard.htm>

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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

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20TH WORLD BREASTFEEDING WEEK!

Understanding the past, planning for the future

Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding

WABA 2012

www.worldbreastfeedingweek.org

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World Breastfeeding Week (WBW) celebrates its twentieth anniversary in 2012. Twenty years ago the World Alliance for Breastfeeding Action (WABA) launched the World Breastfeeding Week campaign to focus and facilitate actions to protect, promote and support breastfeeding. Since then, each year, WBW has put the spotlight on various breastfeeding issues.

This year it focuses on the progress that has been made on the implementation of the *Global Strategy for Infant and Young Child Feeding (GSIYCF)* which was adopted by the World Health Organisation (WHO) and UNICEF ten years ago. Implementing the *Global Strategy* effectively is **essential to increase breastfeeding rates: especially exclusive breastfeeding for the first six months**, and to reach Millennium Development Goal (MDG) 4 (which aims to reduce under five mortality by two thirds).



Jessamine C. Sareno - Philippines



Sunita Katyayan - India



Namatovu Jane - Uganda



Lindsay Calcerano



Neha Khara - India



Paul Carter - UK

OBJECTIVES OF WBW 2012

- To take stock of lessons learnt and achievements from the past 20 years on infant and young child feeding (IYCF)
- To assess the status of implementation of the Global Strategy for Infant and Young Child Feeding (*Global Strategy*) globally.
- To celebrate successes and achievements nationally, regionally, and globally and showcase national work at the global level.
- To call for action to bridge the remaining gaps in policy and programmes on breastfeeding and IYCF, and
- To draw public attention to the state of policy and programmes on breastfeeding and IYCF.

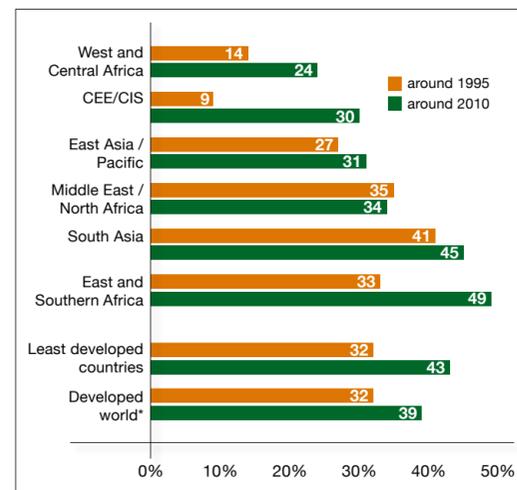
2. Britton et al, Cochrane Review 2009. 'Support for Breastfeeding Mothers (Review)'. See: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub3/pdf/standard> (Accessed on 15 June 2012).

3. WHO Guidelines on HIV and infant feeding 2010. See WHO Website: http://www.who.int/maternal_child_adolescent/documents/9789241599535/en/ (Accessed on 15 June 2012).

IT'S TIME TO ACT!

"In the developing world, progress in exclusive breastfeeding has been modest, improving from 32 percent around 1995 to 39 percent around 2010, a relative increase of about 17 percent. Prevalences have increased in all regions with available trend data except the Middle East and North Africa, and many countries have achieved substantial improvements. The Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) region has made particularly noteworthy progress". (UNICEF Childinfo.org, January 2012).

Figure 1: Exclusive breastfeeding rates of children from 77 countries 1995-2010



Analysis based on a subset of 77 countries with trend data. Latin America and China were excluded because of insufficient data. Source: UNICEF global databases 2011, from Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS) and other national surveys. See: http://www.childinfo.org/breastfeeding_progress.html

Stop. Look. Act.

HISTORY OF ACTION ON BREASTFEEDING

Going back to the 1970s, when the breastfeeding movement took centre stage by exposing the devastating effects of bottle feeding, the international debate led to the World Health Assembly adopting the International Code of Marketing of Breastmilk Substitutes (known as The Code) in 1981. In 1990, WHO and UNICEF led efforts to adopt the 'Innocenti Declaration on Infant and Young Child Feeding' that set forth 4 operational targets which were:

- Appoint a national breastfeeding coordinator with appropriate authority
- Ensure that every facility providing maternity services fully practises all the 'Ten Steps to Successful Breastfeeding' (<http://www.unicef.org/newsline/tensteps.htm>)

- Give effect to the principles and aim of The Code and relevant World Health Assembly resolutions
- Enact imaginative legislation protecting the breastfeeding rights of working women

The 'Ten Steps' led to the 'Baby-friendly Hospital Initiative', launched in 1992, and during the next ten years, many hospitals worked to become baby-friendly, and many health workers were trained on breastfeeding counselling, to help mothers to breastfeed optimally both in hospitals and in the community. (Twenty years of progress have been documented by UNICEF and updated by CGBI at WABA's request. See "Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion" and associated commentary in Breastfeeding Medicine, Volume 7, Issue 4).

In 2002, to enhance progress, WHO and UNICEF developed and launched the *Global Strategy for Infant and Young Child Feeding*, which set out 5 additional targets:

- to develop and implement a comprehensive policy on infant and young child feeding
- to ensure that health and other relevant sectors protect promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond
- to promote timely adequate safe and appropriate complementary feeding with continued breastfeeding
- to provide guidance on feeding infants and young children in exceptionally difficult circumstances (malnutrition, low birth-weight, emergencies, and HIV infection)
- to consider what new legislation may be required to give effect to The Code

In addition, the *Global Strategy* described in detail the actions required to implement these targets, through policies and programmes, in health facilities and in the community.

ASSESSING IMPLEMENTATION OF THE GLOBAL STRATEGY

Today, the global scientific community acknowledges the vital role of breastfeeding for infant survival, growth and development of the 136.7 million babies born worldwide each year. We can celebrate some definite improvement, but even so, still, less than 40 percent of babies benefit from exclusive breastfeeding for six months. However, while the overall global rates of exclusive breastfeeding have risen only modestly since 1990, in some countries there have been marked increases. This has been achieved by a combination of actions guided by the *Global Strategy*. These actions have included national legislation on The Code and maternity protection for working women; ensuring that breastfeeding is initiated in maternity facilities; building health worker capacity to offer counselling

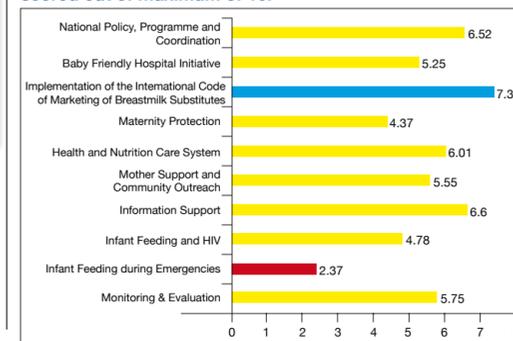


WBTi INDICATORS

In 2005 the International Baby Food Action Network (IBFAN) identified 10 main areas for action required to support women to successfully breastfeed their babies, and to achieve the targets. These are based on WHO's suggested actions from the *Global Strategy*. A tool has been developed for assessing and monitoring these policies and programmes, which has been used for "The World Breastfeeding Trends Initiative (WBTi)". The initiative finds the gaps in implementation of policies and programmes, and calls for action to bridge the gaps. (See: <http://www.worldbreastfeedingtrends.org/>, and refer to insert for details on the WBTi).

The WBTi has studied the state of policies and programmes in 40 countries (See Figure 3). These countries lag behind in many areas of action: 'Infant Feeding in Emergencies' and 'Maternity Protection' received the lowest scores, and support for breastfeeding mothers at health facilities and in the community and in the context of HIV also had low scores. These low scores indicate for example, that women lacked access to maternity protection; and few mothers receive skilled breastfeeding counselling. National policies, coordination, and resources need a lot of attention. Many countries have introduced legislation on The Code, or voluntary measures based on it, but there is insufficient enforcement. Figure 3 gives a visual impression of all the 10 indicators measured on a scale of 10. The level of achievement of each indicator is also colour rated, as in the WBTi Guidelines. A score of 90% and above is indicated in Green – none achieved this. Blue indicates 61-90%, Yellow 31-60% and Red 0-30%.

Figure 3: Comparison of 10 indicators on Policy and Programmes as per the WBTi assessment - each indicator scored out of maximum of 10.

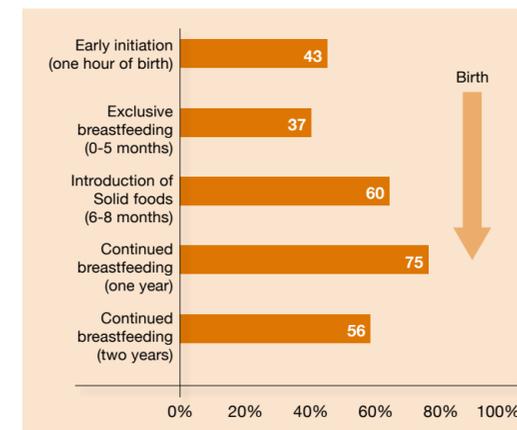


on infant feeding to mothers; mother support groups in the community, and well planned communication strategies to promote breastfeeding.¹

So we know that improvements in infant feeding are possible, and we know how they can be achieved. We want to make sure that effective actions are implemented everywhere.

There are also low rates for the initiation of breastfeeding within one hour of birth (only 43 percent of babies), as well as for timely and appropriate complementary feeding (only 60 percent) along with continued breastfeeding after six months (only 75 percent to one year and 56 percent to 2 years). See Figure 2. We want improvement in all of these.

Figure 2: Continuum of feeding practices – Developing world averages of key feeding indicators (%), 2006–2010.



Based on data from 79 countries with estimates according to background information, figures show little difference in the prevalence of exclusive breastfeeding by gender, residence or household wealth level. * Excluding China, due to lack of data. Source: UNICEF global databases 2011, from MICS, DHS and other national surveys. See: http://www.childinfo.org/breastfeeding_status.html

1. UNICEF, ChildInfo, Monitoring the Situation of Children and Women: http://www.childinfo.org/breastfeeding_progress.html (Accessed on 14 June 2012).

ACTIONS AFTER WBW!

For those who are involved in and conducting WBTi assessments, you could share your findings with the coordinating office (Contact: info@ibfanasia.org). They will be publishing a global report for all countries that complete the assessment in September 2012. See also the WBTi website: <http://www.worldbreastfeedingtrends.org/>

This information could also be shared at 'The World Breastfeeding Conference 2012' taking place in New Delhi India from 6-9 December. The Conference is being organised to build an international strategy for advocacy to further strengthen policy and programmes to support women. You could plan to be there and become a part of global solidarity! Link with the WBTi secretariat to share your action globally at: info@ibanasia.org.

Participate in the World Breastfeeding Conference, in December 2012 and show what your country is doing. Prepare and fundraise NOW! Web link/email to register <http://www.worldbreastfeedingconference.org/registration>



The 10 Areas of Action - Indicators for Implementing the Global Strategy

One of the main objectives of this year's World Breastfeeding Week is to take stock of lessons learnt and achievements from the past 20 years on infant and young child feeding (IYCF). Below we reflect on the 10 areas for possible actions in relation to the Global Strategy. These are areas which you might want to learn more about, and obtain more information; or areas which you have already identified for further action which you could discuss, plan and organise around during this year's World Breastfeeding Week! See also the 'Action Resources' section which follows for more sources of information on some of these areas.

1 National Policy, Programme and Coordination

One of the Innocenti Declaration targets in 1990 was for countries to appoint a national breastfeeding coordinator, and countries which did this made much faster progress with the BFHI. Then the *Global Strategy* requires all countries to have a comprehensive policy on IYCF. Countries without a policy find it difficult to know what to do. So having a policy and a coordinator to ensure that it is implemented helps a country to move ahead much more effectively. (See: http://www.who.int/nutrition/topics/global_strategy/en/)

2 Baby Friendly Hospital Initiative (BFHI)

A Baby Friendly Hospital implements all the 'Ten Steps to Successful Breastfeeding' (See: <http://www.unicef.org/newsline/tensteps.htm>), the second Innocenti Declaration target, and follows The Code by not accepting free or subsidized supplies of infant formula, or any promotional items for these products. All staff are trained about breastfeeding, and the hospital is assessed to make sure that it follows all the 'Ten Steps'. All mothers and babies in a baby-friendly hospital are cared for before, during and after delivery in a way which supports breastfeeding, and gives them the best chance of breastfeeding successfully. The 10th step of BFHI also includes establishment of community outreach support systems for breastfeeding mothers. Breastfeeding rates have been shown to be higher among babies born in baby-friendly hospitals than among babies born in other hospitals. More than 20,000 hospitals world-wide have achieved baby-friendly status.

3 The Code

Great concern over the devastating effects of bottle feeding, aggressive marketing of breastmilk substitutes by manufacturers, and general decline in breastfeeding motivated the breastfeeding movement to raise the alarm on these issues. It led to the World Health Assembly's adoption of the International Code of Marketing of Breastmilk Substitutes (also known as The Code) in 1981. The aim of The Code is to protect and promote breastfeeding, and help provide for safe and adequate nutrition for infants by regulating all marketing of breastmilk substitutes. Subsequent *World Health Assembly Resolutions* have clarified and strengthened The Code. They have the same status as The Code, and are included with it. A notable problem continues to be the lack of motivation and skill to support mothers to breastfeed, in light of competition from well funded often aggressive marketing of breastmilk substitutes and other products. Clever slogans, striking images, giving out of free samples or supplies, and all kinds of attractive gifts have been used to persuade mothers, health professionals and workers that bottle feeding is as good as breastfeeding. Both the *Innocenti Declaration* and the *Global Strategy* stress the need for countries to restrain infant formula manufacturers from aggressively marketing and promoting their products by adopting and implementing The Code. But to be effective, it must be made to work in each country.

4 Maternity Protection

One of the commonest reasons mothers give for stopping breastfeeding is because they have to return to paid employment. Many people are working to try to get countries to pass laws to make it possible for mothers to have enough paid maternity leave from work to breastfeed exclusively for 6 months, and support to continue exclusive breastfeeding when they do return to work, for example by having a crèche at