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Breastfeeding is a universal solution that levels the playing field, giving everyone a fair start in life. It improves the health, wellbeing and survival of women and children around the world.

OBJECTIVES OF #WBW2018

INFORM

people about the links between good nutrition, food security, poverty reduction and breastfeeding



ANCHOR

breastfeeding as the foundation of life



ENGAGE

with individuals and organisations for greater impact



GALVANISE

action to advance breastfeeding as a part of good nutrition, food security and poverty reduction



A sustainable and more equal world begins with efforts to end poverty, protect the planet and ensure prosperity for all. Malnutrition, food insecurity and poverty affect millions and stand in the way of sustainable development. Breastfeeding is a universal solution that gives everyone a fair start in life and lays the foundation for good health and survival of children and women.

Breastmilk is perfectly designed for the child's nutritional and immunological needs. Breastfeeding is a natural and optimal way of feeding children and promotes bonding between mother and child, regardless of setting. Although global initiation rates are relatively high, only 40% of all babies under 6 months of age are exclusively breastfed and 45% continue breastfeeding up to 24 months of age. Additionally, there are large regional and in-country variations in breastfeeding rates. Scaling up optimal breastfeeding could prevent more than 823 000 child and 20 000 maternal deaths each year. Not breastfeeding is associated with lower intelligence and results in economic losses of about \$302 billion annually.

There are many barriers to creating an enabling and supportive environment for women to breastfeed. They include a lack of enabling health services, family and community support systems and workplace and employment policies. Aggressive marketing of breastmilk substitutes worsens the situation.

Concerted action is needed to achieve the World Health Assembly (WHA) target of at least 50% exclusive breastfeeding by 2025. While significant progress has been made, a lot of work remains to be done to close the gap between policies and implementation. Together, we can advocate for breastfeeding as an essential part of good nutrition, food security and poverty reduction. World Breastfeeding Week 2018 focuses on:

1. Preventing malnutrition in all its forms

Malnutrition refers both to undernutrition and to overweight and associated non-communicable diseases. This double-burden of malnutrition has major consequences on short- and long-term health.

2. Ensuring food security even in times of crisis

Food security means access to food for all people at all times. It is affected by availability of food, affordability and different crises e.g. hunger, natural disasters, conflict and environmental degradation.

3. Breaking the cycle of poverty

Poverty is affected by several factors including hunger and malnutrition. Hunger pushes poor families into a downward spiral and prevents them from breaking out of the poverty cycle.

Breastfeeding helps to prevent malnutrition in all its forms, ensures food security for infants and young children, and thus helps to bring people and nations out of the hunger and poverty cycle. It is therefore a foundation of life. Protecting, promoting and supporting breastfeeding is vital to a more sustainable world.

www.worldbreastfeedingweek.org

WABA | WORLD BREASTFEEDING WEEK (WBW) 1-7 August 2018

CASE STUDIES

The issues raised in the action folder all require urgent action. Read about how different organisations are working on how to integrate optimal infant feeding—which of course includes breastfeeding—into food security and nutrition programmes, supporting women in disasters and using community promoters to effect improved livelihoods and bring about sustainable change. We hope that you will be inspired by these case studies and take action wherever you are!

CASE STUDY 1

Learning in action: improving complementary feeding

<http://www.thp.org/news/learning-action-improving-complementary-feeding/>

Chronic malnutrition and undernutrition is a major problem facing Malawi, and is caused by food insecurity, unhealthy lifestyles and environments and poor caring practices. The research project primarily focuses on the first 1000 days of life aiming for exclusive breastfeeding for six months followed by appropriate complementary feeding 6-23 months. By improving these practices, stunting and undernourishment can be avoided ensuring proper development for children.

Nutrition interventions are needed to educate families and caregivers on better practices for the first 1000 days of life. Interventions in the study included education for farmers on food security and diversified agriculture while caregivers were trained on proper nutrition and best feeding practices.

How can we apply these lessons at The Hunger Project?

1. Use locally available food to best complement breastfeeding and educate on substitutions when common foods are out of season.
2. Educate communities on portion size and age appropriateness of meals and snacks, especially encouraging enriched porridge for young children even when families think children are too old for the meal, the children still benefit from the nutrition.
3. Consider the complexity of family dynamics; all family members should be educated- feeding crosses gender, and generation (especially grandmothers) and even households.
4. Nutritionally appropriate agriculture support and education according to seasonal crops corresponding with health and nutrition education will help families prepare nutritional foods year round. Providing recipes and cooking classes will also promote good health and confidence in cooking nutritional meals.

CASE STUDY 2

Supporting breastfeeding mothers when disaster strikes

<https://www.worldvision.org/gender-equality-news-stories/support-breastfeeding-moms-emergencies>

After Typhoon Haiyan struck the Philippines in 2013, many mothers told World Vision staff they were too stressed to breastfeed and instead gave their babies water to fill them up and quiet them. Without vital nutritional knowledge, their infants were at risk of malnutrition from diarrhea. These vulnerable moms needed a safe place to get support and education.

A safe space for women to breastfeed

"It is very important to have space for women and children where they can have protection and privacy as well as some normalcy," says Weihui Wang, a child protection expert with World Vision.

In long-term disaster settings like Typhoon Haiyan and Nepal after the 2015 earthquake, programs for nursing mothers gave them a quiet place to gather while they were displaced.

Myrna, a mother of four, says it was a big relief to bring Mary Rose, her youngest, to one of these spaces after Typhoon Haiyan.

"When I come here, baby Mary Rose and I can relax, and I can forget my problems and anxieties," Myrna says. "I also learned a lot of things with other moms."

Well-meaning help can cause harm

Baby formula is high on the list of supplies that well-meaning people want to donate when an emergency strikes, says Minnie Portales. But large amounts of free formula can have the unintended consequence of discouraging breastfeeding among mothers who could continue to breastfeed with the right support.

CASE STUDY 3

In Peru, indigenous promoters work with communities to successfully reduce malnutrition

<http://www.thp.org/news/peru-indigenous-promoters-work-communities-successfully-reduce-malnutrition/>

The 26 Indigenous Promoters of Peru, seven of whom are women, serve as shining examples of community members who take initiative towards being active agents of sustainable change.

Constantly working on improving their leadership skills with a gender-based approach, self-assertion and self-esteem, this group of volunteers has the motivation it takes to bring true development to the Indigenous Shawi communities, which The Hunger Project-Peru works with via Chirapaq (Center for Indigenous Peoples' Cultures of Peru).

Fifteen promoters, both men and women, consistently visit and teach communities about best farming practices in the face of climate change. The

promoters also teach women about healthy ways to improve dietary habits, as well as the health and hygiene of their children, with specific focus on Shawi children under the age of three. Specific concepts being introduced consist of education on food groups and exclusive breastfeeding for the firsts six months.

Lessons like these have resulted in a reduction in infantile chronic malnutrition in eight Shawi communities in Peru.

SPONSORSHIP: WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and/or complementary foods that displace breastfeeding. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical stance.

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Preventing malnutrition in all its forms



Lifelong positive health effects of optimal breastfeeding

There is strong evidence that optimal breastfeeding has many effects on:

- Mother: helps with birth spacing, reduces risk of breast and ovarian cancers, and lowers the risk of hypertension.
- Child: combats infectious diseases, decreases incidence and severity of diarrhoea, lowers respiratory infections and acute otitis media, prevents dental caries and malocclusion, and increases intelligence.

Ensuring food security, even in times of crisis



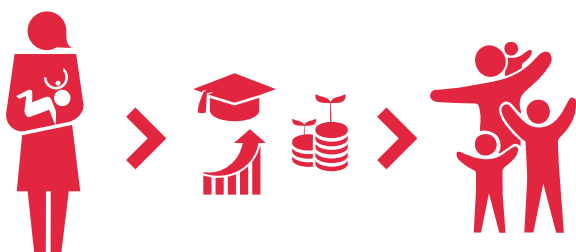
Optimal Infant and Young Child Feeding (IYCF) practices

Optimal breastfeeding is vital to the lifelong good health and wellbeing of women and children.

WHO and UNICEF recommend:

- Early initiation of breastfeeding within 1 hour of birth.
- Exclusive breastfeeding for the first 6 months of life.
- Continued breastfeeding up to 2 years of age or beyond, with introduction of nutritionally adequate and safe complementary (solid) foods at 6 months.

Breaking the cycle of poverty



Economic and environmental costs of not breastfeeding

The short- and long-term costs of not breastfeeding affect the whole of society in the following ways:

- Babies who are not breastfed have lower IQs, reducing their chances of achieving a good education and subsequently earning less later in life.
- Low breastfeeding rates contribute to increased sickness, thereby incurring higher health care and treatment costs.
- The production, packaging, storing, distribution and preparation of infant formula contributes to environmental damage.

It has long been recognised that malnutrition with underweight and stunting is common in low-income countries. In addition to this problem, overweight and associated non-communicable diseases are actually a larger contributor to the burden of disease in low-income compared to high-income countries. Lack of breastfeeding can be linked to both underweight and overweight in children. This double burden of malnutrition has major consequences on short- and long-term health.

Child malnutrition, especially wasting, often results from artificial feeding in low-income settings. Wasting may be prevented indirectly, for example by preventing severe diarrhoea. In addition to breastfeeding, many factors affect the optimal growth and development of children, including the introduction, amount, and frequency of complementary feeding. The risk of the other form of

malnutrition, overweight and obesity, increases the more a child is artificially fed, and this is becoming more common in all settings.

Breastfeeding also has implications for maternal nutrition. The assumption that mothers will become malnourished and lose weight due to breastfeeding does not appear to be valid. Good maternal nutrition together with optimal birth spacing and access to contraceptives are the main factors for preventing malnutrition. Exclusive breastfeeding also helps mothers return to a healthy pre-pregnancy weight and possibly lowers the risk of her developing diabetes.

Optimal breastfeeding helps prevent malnutrition in all its forms with positive lifelong effects on both children and mothers.

The United Nations defines food security as “existing when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet dietary needs for a productive and healthy life.” The first 1000 days are critical as this is when the foundation of human development is being built. Breastfeeding provides food security to infants from the very beginning of life and contributes to food security for the whole family. Policies that protect, promote, and support optimal infant and young child feeding should include food security for all pregnant and lactating women.

Breastfeeding is a prime example of the deep connections between human health and nature's ecosystems. Breastmilk is a natural, renewable food that is environmentally safe and green because it is produced and delivered to the consumer without pollution, packaging, or waste. By contrast, artificial feeding leaves a major environmental footprint that contributes to a depletion of natural

resources, environmental degradation and climate change in a number of ways. Dairy farming causes the production of greenhouse gases. Additionally, the production, packaging, storing, distribution and preparation of infant formula includes the considerable use of fossil fuels and large amounts of water. Therefore, artificial feeding contributes to the emission of greenhouse gases and water scarcity that further aggravate climate change.

Climate change leads to natural disasters and humanitarian crises. Unreliable supply chains of milk powder and the unhygienic conditions that commonly prevail in emergency situations make breastfeeding the safest option.

Breastfeeding is a climate-smart decision that helps ensure food security even in times of crisis. Protecting, promoting and supporting breastfeeding is crucial for the health of our planet and its people.

A sustainable world begins with ending poverty in all its forms everywhere. According to Pinstrup-Andersen, “not every poor person is hungry, but almost all hungry people are poor. Millions live with hunger and malnourishment because they simply cannot afford to buy enough food, cannot afford nutritious foods, or cannot afford the farming supplies they need to grow enough good food of their own.” Hunger and poverty work together in a vicious circle that keeps people from achieving their full potential.

Breastfeeding is a universal solution that levels the playing field to give every child a fair start in life. It enables millions of young children to survive and thrive, setting them on a path towards better health and a more prosperous future. Breastmilk is the most nutritionally and immunologically potent food for infants and toddlers, a food that

can fuel brain development like nothing else. Breastfeeding powers cognitive development and IQ of children, thus greatly improving educational attainment, participation in the workforce and lifetime earnings. Missing this critical stage of brain development during childhood can result in significant cognitive and economic losses.

Breastfeeding improves the health and wellbeing of women and children and is the foundation of a country's development and future. It is the great equaliser that can help break the cycle of poverty.

Globally, there were

155 million 

children under 5 years of age stunted, 52 million wasted and 41 million overweight ¹



In low- and medium-income countries, babies who were breastfed had a

21% lower risk of death in their first year, compared with babies who were never breastfed ²

It is estimated that breastfeeding reduces the risk of overweight and obesity by about compared to formula feeding ³

10%



More than

1.9 billion



adults (18 years and older) were overweight. Of these, over 650 million were obese ¹

1. Child malnutrition. (n.d.). Retrieved from <http://www.who.int/gho/child-malnutrition/en/>
2. Akst, J. (2015). Breast Milk and Obesity: A study links components of a mother's milk to her infant's growth. Retrieved from <https://www.the-scientist.com/>
3. Sankar, M. J. et al. (2015). Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis. *Acta Paediatrica*, 104, 3-13

Globally, **815 million** people are chronically food-insecure and malnourished and the vast majority (489 million) live in countries affected by conflict ⁴

The global infant formula market is predicted to reach sales of almost

\$70.6 billion

by 2019 ⁵



More than **4000 litres** of water are needed to produce just 1 kg of infant formula powder ⁶



1%

The quantity and quality of milk production is relatively unaffected by a woman's nutritional status, except in extremely malnourished women (only 1 percent of women) ⁷

Globally, there were about **60 million** refugees and displaced populations many of whom are young children and women at risk of multiple forms of malnutrition, who can benefit from breastfeeding ⁸



4. Food and Agriculture Organization of the United Nations. (n.d.). How close are we to #ZeroHunger? Retrieved from <http://www.fao.org/state-of-food-security-nutrition/en/>
5. Save the Children. (2018). *Don't push it. Why the formula milk industry must clean up its act.* Retrieved from <https://www.savethechildren.org.uk/content/dam/gb/reports/health/dont-push-it.pdf>
6. Linnekar, A. et al. (2014). *Formula for disaster. Weighing the Impact of Formula Feeding vs. Breastfeeding on Environment.* Retrieved from <http://ibfan.org/docs/FormulaForDisaster.pdf>
7. During disasters, breastfeeding's advantages shine. (n.d.). Retrieved from <https://www.enonline.net//breastfeedingadvantagesdisasters>
8. Nutrition in emergencies. (n.d.). Retrieved from http://www.wpro.who.int/nutrition_wpr/nutrition_emergencies/en/

1 in 5 people  in developing regions still live on less than \$1.90 a day ⁹



Breastfeeding is one of the best investments in global health.

Every \$1 invested in breastfeeding **generates \$35** in economic returns ¹⁰

Shorter durations of breastfeeding for children were associated with a

2.6-point loss in IQ scores ¹⁰



Not breastfeeding is associated with **economic losses of about \$302 billion** annually or 0.49% of world gross national income ¹⁰



9. Poverty - United Nations Sustainable Development. (n.d.). Retrieved from <https://www.un.org/sustainabledevelopment/poverty/>
10. Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding. <http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase.pdf>

ACTIONS

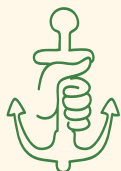
Wherever you are, you can inform, anchor, engage and galvanise on breastfeeding as the foundation for life.

Here are some actions for you to consider.



INFORM

- Raise awareness of the risks and disadvantages of artificial feeding, especially in vulnerable populations.
- Inform others about the lifelong effects of optimal breastfeeding.
- Promote breastfeeding as a way of reducing the carbon footprint.
- Have conversations about the cost of not breastfeeding for households and countries.



ANCHOR

- Include the protection, promotion and support of exclusive breastfeeding in programmes to combat overweight and obesity.
- Advocate to ministries e.g. Ministry of Agriculture, that food security begins with ensuring optimal breastfeeding.
- Integrate breastfeeding into undergraduate and postgraduate curricula for all relevant professions.
- Integrate breastfeeding into programmes that address maternal, newborn, child, adolescent health and development.
- Ensure that the 2017 UN Operational Guidance on the Management of Infant and Young Child Feeding in Emergencies is applied in all emergency aid interventions.



ENGAGE

- Engage organisations that work on nutrition, hunger, food security, food aid, environment, climate change, and poverty reduction issues.
- Include young people in developing innovative approaches to bring about change.
- Involve men and other sources of familial support to share care and domestic responsibilities.
- Build the capacity of multidisciplinary teams of professionals and lay workers in breastfeeding to create a warm chain of support for mothers.



GALVANISE

- Promote the implementation of the Baby-Friendly Hospital Initiative and community programmes that counsel and support breastfeeding mothers.
- Enact paid maternity and parental protection policies based on the ILO Maternity Protection Convention as a minimum standard.
- Fully implement and monitor the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
- Monitor the environmental impact of the infant formula production, distribution and consumption chain.
- Advocate for greater investment in breastfeeding programmes at all levels.

Together we can work towards a healthier, more prosperous and sustainable future

The slogan for World Breastfeeding Week 2018 is **Breastfeeding: Foundation of Life**. Optimal breastfeeding helps prevent malnutrition in all its forms with positive lifelong effects on both children and mothers. Breastfeeding is a climate-smart decision that helps ensure food security even in times of crisis. Protecting, promoting and supporting breastfeeding is crucial for the health of our planet and its people. Beyond being the cornerstone of a child's healthy development, breastfeeding is also the foundation of a country's development. It is the great equaliser that will help break the cycle of poverty.

A team effort is needed to make breastfeeding work. By bringing together different stakeholders from healthcare, community and workplace sectors and including local

authorities, we can create a warm chain of support for breastfeeding mothers. Consistent messages and proper referral systems throughout the warm chain will ensure that the mother-baby dyad benefits from ongoing support and skilled assistance. WABA coordinates a project in Penang, Malaysia to create a breastfeeding friendly community, with the final goal of integrating breastfeeding friendliness into initiatives that focus on healthy cities and sustainable development.

You can create a warm chain of support for breastfeeding wherever you are. Do you have an example of a warm chain in your community? Share your stories, and together we can lay the foundation for a healthier, more prosperous and sustainable future.



World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC). WABA coordinates the annual World Breastfeeding Week campaign. WABA works closely with many organisations and individuals. Our partners in this effort include: the Academy of Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), United Nations Children's Fund (UNICEF), World Health Organisation (WHO), Food Agricultural Organisation (FAO) and several other international organisations. WABA's work, including World Breastfeeding Week, is made possible through the generous support of the Swedish International Development Cooperation Agency (Sida).

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