

BACKGROUND

World over about 132 million babies are born every year, only 51 million are able to practice exclusive breastfeeding and 81 million are NOT. There is thus a need to reach all families of the world.

Globally, optimal infant and young child feeding data shows (as seen below) only 44% of the children born initiate breastfeeding within one hour of birth, only 38% are exclusively breastfed for 6 months, 65% get adequate and appropriate complementary foods at 6-8 months and just 49% continue to breastfeed for at least two years.⁸

Role of Optimal Infant and Young Child Feeding Practices

Breastfeeding provides short term and long-term health, economic and environment advantages to children, women, and society. However, in spite of the overwhelming

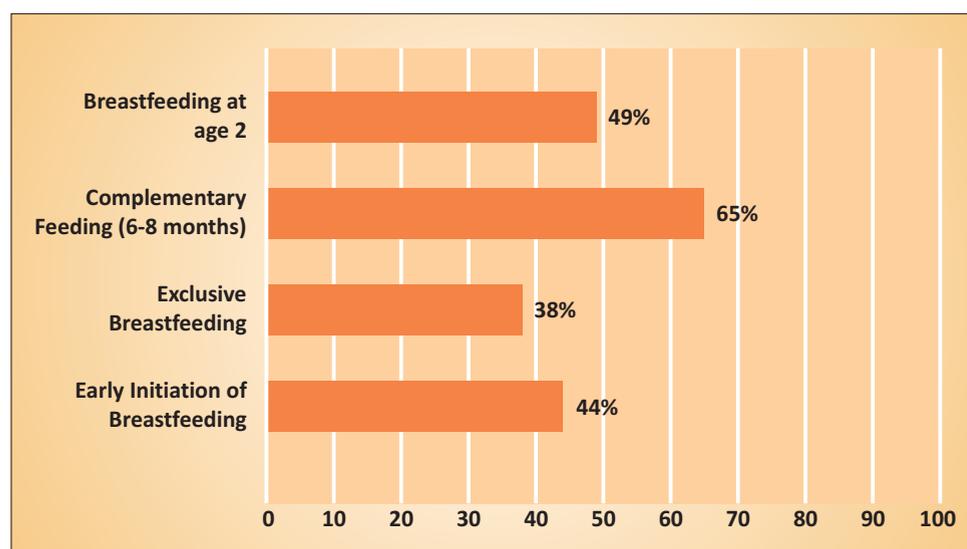
In spite of the advantages, globally nearly two out of three infants under 6 months are not exclusively breastfed-a rate that has not improved in two decades

WHO-UNICEF-IBFAN Report on Marketing of Breastmilk Substitutes 2016

evidence on the health and economic benefits of breastfeeding, the rates are low almost all over the world.

According to Victora et al (2016) and Rollins et al (2016)⁹⁻¹⁰ breastfeeding could save 820,000 lives annually, i.e. preventing 13% of all deaths of children under five. Breastfeeding could reduce one third of respiratory infections and about half of all diarrhea episodes in low and middle income countries. Breastfeeding improves the survival, health and development of all children. It saves women's lives and

Global Rates of Breastfeeding & Infant and Young Child Feeding Practices





Countries can rapidly improve breastfeeding practices by scaling up known interventions, policies and programmes

Lancet Breastfeeding Series 2016

contributes to human capital development. The benefits span populations living in high-income, middle-income, and low-income countries. Grossly, it concluded, “*Not breastfeeding is associated with lower intelligence and economic losses of about \$302 Billion annually or 0.49% of world Gross National Income.*” Extensive marketing by formula makers remains a big barrier to increase the number of breastfed children. Low and middle-income countries lose more than \$70 billion annually, while high-income countries lose more than \$230 billion annually due to low rates of breastfeeding.

Children who are breastfed longer have been found to have higher intelligence than those who are breastfed for shorter periods. This crucial difference could be 3 points across all income levels, in rich or poor, on average. Studies have shown it translates to improved academic performance, increased long term earnings and productivity as well.¹¹ The health benefits extend to the mother as well, with reductions in risk of breast and ovarian cancer, rise in breastfeeding could prevent extra 20,000 deaths from breast cancer each year globally. Evidence suggests 7% protection in breast cancer incidence with increased duration of breastfeeding.¹⁰ Breastfeeding contributes to environmental sustainability, as breastmilk is a renewable food produced and delivered without pollution, unnecessary packaging or waste in

Breastfeeding is associated with improved performance in intelligence tests 30 years later, and might have an important effect in real life, by increasing educational attainment and income in adulthood

Cesar G Victora Lancet Glob Health 2015

comparison to milk formula. To realize these gains, political support and financial investment is needed to protect, promote and support breastfeeding.

Global Commitments

The Global Strategy for Infant and Young Child Feeding adopted by the World Health Assembly in 2001 and later by the UNICEF Executive board in the same year, has in its framework ten areas of action to achieve optimal feeding practices. The aim of this strategy is to improve through optimal feeding the nutritional status, growth and development, health and thus the survival of infants and young children. The specific objectives are:

- To raise awareness regarding 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, international organizations and other concerned parties for optimal feeding practices for infants and young children;
- To create an environment that will enable mothers, families and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children.

The Second International Conference on Nutrition (ICN2) in 2014¹² focused global attention on addressing

malnutrition in all its forms. The framework of action recommended the following actions to protect, promote and support breastfeeding:

- Adapt and implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.
- Implement policies and practices, including labour reforms as appropriate, to promote protection of working mothers.
- Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative.
- Encourage and promote through advocacy, education and capacity building an enabling environment where men, particularly fathers, participate actively and share responsibilities with mothers in caring for their infants and young children, while empowering women and enhancing their health and nutritional status throughout the life course.

Breastfeeding is linked to many SDGs like the first goal (poverty); second goal (on nutrition); third goal (good health & well being); fourth goal (education); eighth goal (inclusive economic growth), and the tenth goal (reducing inequalities)

Cesar G Victora, Lancet 2016

- Ensure that policies and practices in emergency situations and humanitarian crises promote, protect and support breastfeeding.

The global Sustainable Development Goals (SDGs)¹³ is a first accounting of where the world stands at the start of our collective journey to 2030. There are 17 proposed goals applicable to developed and developing countries alike, covering broad issues such as climate change, poverty reduction but also more specific issues including 1) ending hunger and improving nutrition (and tackling obesity); 2) ensuring healthy lives and promoting well-being; 3) ensuring equitable education and 4) ensuring sustainable agricultural production and consumption. Breastfeeding, is a simple, smart and cost effective practice that contributes to the realization of all four of these specific goals.

The Comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in resolution WHA 65.6

urges member states to put into practice, as appropriate, the plan including:

“(1) developing or, where necessary, strengthening nutrition policies so that they comprehensively address the double burden of malnutrition and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding; (2) developing or, where necessary, strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes; (3) establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest; (4) implementing a comprehensive approach to capacity building, including



workforce development”

Recognising that a special push is needed to enhance optimal breastfeeding and infant and young child feeding practices keeping in view the landscape analysis on political commitment for programmes to protect, promote and support breastfeeding by UNICEF¹⁴ and the crucial link between breastfeeding and achieving the Sustainable Development Goals, UNICEF and WHO, led a global advocacy initiative¹⁵ in 2013 to increase political commitment to call for investment for breastfeeding as the cornerstone of child nutrition, health and development. This advocacy strategy reflects a shared vision in which partners commit to accelerate progress towards the ultimate goal of creating an environment enabling mothers everywhere to breastfeed.

Interventions on Breastfeeding COST

Protecting, promoting and supporting breastfeeding does not come free; it costs money. As the World Breastfeeding Trends Initiative (WBTi) analysis of the implementation of the Global Strategy for Infant and Young Child Feeding shows, very few of the 84 countries that conducted the assessment could implement all the strategies on the ten areas of action. The primary obstacle was lack of adequate resources, especially financial resources. There are existing estimates that considered promotion aspect.¹⁶ Several actions including effectively enforcing the *International Code of Marketing of Breastmilk Substitutes* and 'maternity protection' needed to be considered. In 2012, International Baby Food Action Network Asia (IBFAN Asia) estimated the minimal cost of implementing the *Global Strategy* in its entirety through the *World Breastfeeding Costing Initiative* (WBCi).¹⁷

“Increase the rate of exclusive breastfeeding in the first six months up to at least 50%”: WHO Global target 2025 to improve maternal, infant and young child feeding

This estimation was based on 216 countries, giving both one time and recurring costs to put in place a package of interventions to create an enabling environment for breastfeeding. At this time an excel tool was developed to give real time local cost based on the country situation and interventions to be implemented.¹⁸ More recently a study¹⁹ has estimated the costs of not breastfeeding across South Asian countries, to be saving US\$1.6 billion annually through breastfeeding, along with improved cognition alone through higher IQ and earnings. The World Bank in its nutrition investment framework,²⁰ targets to boost investments in cost-effective interventions; exclusive breastfeeding being one of them. It recommends investment in order to achieve the WHA targets for exclusive breastfeeding *“increase the rate of exclusive breastfeeding in the first six months up to at least 50%”*.

Efforts are being made to put investments upfront to mobilize donors and agencies. It is important to note that investment in nutrition provides very high economic returns²¹. According to this report, the cost- benefit of investments to increase rates of exclusive breastfeeding are particularly high e.g. \$35 in returns for every dollar invested, much higher than others like stunting (\$11), Anemia in women (\$12) and wasting (\$4). Increasing exclusive breastfeeding targets globally in next ten years is estimated to avert 520,000 child deaths, and it will add 105 million more

babies exclusively breastfed. Over a period of 10 years \$5.6 billion is the estimated investment for this purpose.

Evidence²² indicates a significant association between implementation of the Global Strategy and national improvements in breastfeeding rates.

The Breastfeeding Advocacy Initiative aims at achieving the World Health Assembly (WHA) global target calling on governments to increase exclusive breastfeeding rates for children under six months of age to contribute to this, along with efforts to increase early initiation of breastfeeding for newborns as a foundation to optimal practices and to promote continued breastfeeding for up to two years or beyond, with appropriate complementary foods.

The recent effort by WHO and UNICEF, calling for a global congress on the Baby-Friendly Hospital Initiative (BFHI Congress)²³, to celebrate the successes over the past quarter century and to set a future course on how to use the lessons learned to

ensure that every newborn receives appropriate care. The Baby-Friendly Hospital Initiative (BFHI) is a 25-year-old initiative by WHO and UNICEF, providing a framework to protect, promote and support breastfeeding in hospital and maternity facilities. The initiative follows the 'Ten Steps for Successful Breastfeeding' and ensures adherence to the Code of Marketing of Breast-milk Substitutes. The 2016 report on Marketing of Breastmilk Substitutes: National Implementation of the International Code⁴ in its recommendations for action calls for countries to scale up efforts for funding into the national budgeting processes, so as to ensure sustainability.

The World Breastfeeding Trends Initiative (WBTi) steps in to fulfill the need of assessment of policy and programmes that impact infant and young child feeding, enlist gaps and put forth recommendations to bridge them. And it generates much needed action at the national level to complement the global efforts.

⁸ UNICEF 2015. State of World Children. <http://data.unicef.org/resources/the-state-of-the-worlds-children-report-2015-statistical-tables/#>

⁹ Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC, for the Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016; 387: 475-90

¹⁰ Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG, on behalf of the Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet* 2016; 387: 491-504.

¹¹ Victora CG, Horta BL, de Mola CL, Quevedo L, Pinheiro RT, Gigante DP, Goncalves H, Barros F. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth control study from Brazil. *Lancet Glob Health* 2015; 3: e199-205. [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)70002-1.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70002-1.pdf)

¹² ICN 2 Second International Conference on Nutrition. <http://www.fao.org/about/meetings/icn2/en/>

¹³ The Sustainable Development Goals Report

2016. <http://unstats.un.org/sdgs/report/2016/The%20Sustainable%20Development%20Goals%20Report%202016.pdf>

¹⁴ United Nations Children's Fund, Breastfeeding on the Worldwide Agenda: Findings from a landscape analysis on political commitment for programmes to protect, promote and support breastfeeding, New York, UNICEF, 2013

¹⁵ WHO & UNICEF 2015. Advocacy Strategy Breastfeeding Advocacy Initiative

http://apps.who.int/iris/bitstream/10665/152891/1/WHO_NMH_NHD_15.1_eng.pdf?ua=1

¹⁶ Horton S, Shekar M, McDonald C, Mahal A, Brooks JK. Scaling up Nutrition What will it cost? World Bank 2010.

<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ScalingUpNutrition.pdf>

¹⁷ The World Breastfeeding Costing Initiative. The need to invest in babies 2014. <http://www.worldbreastfeedingcosting.org/wbci/The-Need-to-Invest-in-Babies.pdf>

¹⁸ The World Breastfeeding Costing Initiative tool 2014. http://www.worldbreastfeedingcosting.org/wbci/WBCi_Ver_1_2016.xlsm

¹⁹ Walters D, Horton S, Siregar AYM, Pitriyan P, Hajeebhoy N, Mathisen R, Phan LTH, Rubert C. The cost of not breastfeeding in Southeast Asia. *Health Policy and Planning* 2016, 1-10.

²⁰ Shekar M, Kakietek J, Eberwein JD, Walters D. An Investment Framework for Nutrition: Reaching the global targets for stunting, anemia, breastfeeding and wasting. World Bank 2016. <http://documents.worldbank.org/curated/en/847811475174059972/pdf/108645-REVISED-PUBLIC-1700369-GlobalTargets-Execsum-Web-10-3-16.pdf>

²¹ Alderman, Behrman and Puett 2016; Copenhagen Consensus Center 2015; Hoddinott et al. 2013).

²² Lutter CK and Morrow AL. Protection, Promotion, and Support and Global Trends in Breastfeeding. *Adv Nutr* 2013; 4: 213219.

²³ WHO & UNICEF 2016. Baby-friendly hospital initiative congress http://www.who.int/nutrition/events/2016_bfhi_congress_24to26oct/en/