

CELEBRATING INNOCENTI

1990-2005

Achievements, challenges and
future imperatives



This drawing by Pablo Picasso is used by the
Baby-Friendly Hospital Initiative (BFHI)

OUR VISION FOR THE FUTURE

An environment that enables mothers, families, and other caregivers to make informed decisions about optimal feeding and provides the skilled support needed to achieve the highest attainable standard of health and development for infants and young children.

CELEBRATING INNOCENTI 1990-2005

FLORENCE, ITALY, 21-22 NOVEMBER 2005

Achievements, challenges and future imperatives

In 1990 the visionary Innocenti Declaration¹ set an international agenda with ambitious targets for the protection, promotion, and support of breastfeeding. The Declaration affirmed that improved breastfeeding practices are a means to fulfil a child's right to the highest attainable standard of health and called on governments to:

- ❖ establish national breastfeeding coordinators and committees,
- ❖ ensure appropriate maternity services (inspiring development of the Baby-friendly Hospital Initiative),
- ❖ renew efforts to give effect to the International Code of Marketing of Breastmilk Substitutes, and
- ❖ enact imaginative legislation protecting the breastfeeding rights of working women.

This gathering in 2005 hosted by the Regional Authority of Tuscany provides a timely opportunity to assess progress, examine challenges, and move the international agenda forward. The Global Strategy for Infant and Young Child Feeding, adopted by the World Health Assembly and unanimously endorsed by the Executive Board of UNICEF in 2002, provides the context to take a holistic, comprehensive approach to infant and young child feeding. The Global Strategy reflects current scientific evidence and policy and programmatic experiences, encompasses the operational targets of Innocenti, and adds five additional targets².

ACHIEVEMENTS

In the intervening 15 years since the Innocenti Declaration, considerable progress has been made in attaining its goals.

Exclusive breastfeeding: reversing declining rates

Between 1990 and 2000, exclusive breastfeeding levels in the developing world increased 15 percent overall among infants less than four months old (from 46 percent to 53 percent) and 15 percent among infants less than six months old (from 34 percent to 39 percent). Rates in some countries doubled, tripled, and even quadrupled, particularly where health and community workers had been trained to give mothers appropriate breastfeeding counselling and support. Notwithstanding these achievements, most infants today still do not receive the full benefits of breastfeeding, leaving millions at unnecessary risk of illness and death. Most health workers lack the skills and knowledge needed to help mothers improve their feeding practices.

National breastfeeding coordinators and committees: realising the potential force for change

The Innocenti Declaration provided the stimulus for the formation of 34 national committees, bringing the number of countries with some form of national breastfeeding authority to more than 50. The degree of activity and impact of national committees varies greatly, and inadequate and uncertain funding threatens sustainability.

Baby-friendly Hospital Initiative: the right initiative then and now

The Initiative has galvanised global resources, provided a common focus, and generated political will at the highest levels. The Initiative's principles remain universally valid for all mother/baby pairs, whatever their context. By the end of 2005, it is projected that nearly 20,000 maternity facilities in about 150 industrialised and developing countries will have been awarded Baby-friendly status. While the Initiative was thought to be losing momentum in the late 1990s due to resource competition and concerns over HIV/AIDS, the number of facilities designated as "Baby-friendly" continued to increase. The importance of the Initiative's Ten Steps to Successful Breastfeeding

1. Meeting in Florence, Italy, in July 1990, government policy-makers from more than 30 countries adopted the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. The Forty-fourth World Health Assembly, in 1991, welcomed the Declaration as "a basis for international health policy and action" and requested the Director-General of WHO to monitor achievement of its targets (resolution WHA44.33).

2. The five additional targets are: 1) develop, implement, monitor, and evaluate a comprehensive policy on infant and young child feeding; 2) protect, promote, and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond; 3) promote timely, adequate, safe, and appropriate complementary feeding; 4) provide guidance on infant and young child feeding in exceptionally difficult circumstances; and 5) consider new legislation or other suitable measures as part of a comprehensive policy on infant and young child feeding.

received renewed recognition in the new millennium. Flexibility in implementation, related maternal and paediatric support, sustainability, quality, cost, the special situation of HIV, and community outreach are being addressed in the revised BFHI materials.

International Code of Marketing of Breast-milk Substitutes: more relevant than ever

The number of countries with legislation giving effect to the Code and subsequent World Health Assembly (WHA) resolutions continues to rise, and 64 countries now have laws or regulations implementing them fully or in part. The HIV pandemic, rising frequency of complex human emergencies, and concerns about contaminated powdered infant formula reinforce the urgency of Code implementation. Awareness training for advocates, in-depth training for policy-makers and lawyers on legislation, clearly drafted regulations, and independent monitoring and reporting all contribute to effective adoption, implementation, and enforcement of the International Code. Only full compliance will effectively protect breastfeeding.

Maternity protection: a collective responsibility

In the past decade the number of women in paid employment increased by nearly 200 million. The workload of mothers of young children needs to be adjusted so they have both the time and the energy they need for breastfeeding. This is a collective responsibility. Progress has been slow, with only 59 countries having ratified at least one of the three ILO maternity protection conventions. Health and job protection, paid maternity leave for 14 weeks, and paid nursing breaks are the minimum entitlements included in the current ILO maternity convention (No. 183). Protection of breastfeeding in the non-formal work setting also needs to be addressed.

CHALLENGES

The HIV pandemic, complex emergencies, gender inequities, and environmental contaminants pose unique challenges for breastfeeding promotion.

HIV and infant feeding: ensuring informed choice and support for safer feeding

Breastfeeding promotion began to falter in some countries when earlier studies reported that HIV could be transmitted through breastmilk. Most HIV-infected women do not transmit the virus to their infants. Without any interventions in place to prevent transmission, approximately 5-20 percent of infants of HIV-infected mothers will be infected through breastfeeding. New evidence has resulted in a clearer understanding of feeding options for HIV-positive women. Each woman needs accurate and unbiased information and counselling, as well as support in selecting and putting into practice the most appropriate feeding option for her specific situation. At the same time, there is a need to strengthen support of exclusive breastfeeding for the majority of infants whose health and survival depend on it, but who are at increased risk when breastfeeding support wanes or when guidance is misunderstood. Without additional family planning actions, deterioration in breastfeeding patterns would also result in increased fertility.

Infant feeding in emergencies: protecting the most vulnerable

The world is facing greater instability and an increasing number of emergencies than in 1990 with all that this implies by way of threat to public health. During emergencies, child illness and death rates can increase as much as 20 fold due to high levels of exposure to infections and inadequate feeding and care. Lack of breastfeeding dramatically increases these risks, yet far too often the first response in an emergency is to supply infant formula and milk, thereby worsening the situation. Organisations providing humanitarian relief need to follow appropriate guidelines, train their staff to support breastfeeding and relactation, and avoid general distribution of any breastmilk substitute.

Women's empowerment: providing political, social, and family support

The social position and condition of women, including their nutrition, health, and survival, are major determinants of child welfare. Women need to be empowered in their own right and in order to properly care for their children. Ensuring that women have access to complete and accurate information, adequate food, quality health services, economic opportunities, and family and workplace support enables them to care for themselves as well as to breastfeed their children. Breastfeeding promotion and advocacy should respect the human rights of both mother and child within the context of gender equity.

Healthy mothers and healthy babies: eliminating environmental contaminants

Chemical contaminants can enter the body through food and exposure to toxic substances. Protecting the safety of the food supply, beginning with mother's food and the milk she produces, is essential to meet every child's

human right to adequate food and health. As noted at the 1990 Innocenti meeting, breastmilk – a natural and renewable resource – protects the environment from the waste from manufacturing, transportation, bovine waste products, plastics, and cans.

FUTURE IMPERATIVES

Current challenges only reinforce the need to act rapidly in support of infant and young child feeding. The first imperative is to fully meet all four initial Innocenti targets. Scientific evidence, the Global Strategy for Infant and Young Child Feeding, and demonstrated results from national and other large-scale programmes provide a sound foundation for moving forward. This requires government and donor commitment to:

Increase resources for infant and young child feeding

Support for infant and young child feeding is vital to the achievement of the Millennium Development Goals (MDGs), particularly those related to the reduction of hunger and child mortality. Resources should be devoted to breastfeeding and complementary feeding programmes in proportion to their contribution to achieving the MDGs. Exclusive breastfeeding is the leading preventive child survival intervention. Nearly two million lives could be saved each year through six months of exclusive breastfeeding and continued breastfeeding with appropriate complementary feeding for up to two years or longer. The lasting impact of improved feeding practices is healthy children who can achieve their full potential for growth and development.

Implement the Global Strategy for Infant and Young Child Feeding

The Global Strategy shows the way forward. WHO and UNICEF developed this guide for action to revitalise world attention to the impact that feeding practices have on the survival, health, growth, and development of infants and young children. The Global Strategy identifies the obligations and responsibilities placed on governments, organisations, and other concerned parties to ensure the fulfillment of the right of children to the highest attainable standard of health and the right of women to full and unbiased information and adequate health and nutrition.

The Global Strategy:

- ❖ reaffirms the relevance and urgency of the four Innocenti operational targets,
- ❖ adds operational targets to reflect a comprehensive approach that includes national policy, health systems reform, and community mobilisation,
- ❖ identifies proven interventions such as skilled breastfeeding counselling by trained health professionals and community workers, and
- ❖ adds emphasis to the importance of complementary feeding, maternal health and nutrition, and feeding in exceptionally difficult circumstances, including feeding low-birth-weight babies, infants and children in natural or human-caused emergencies, and infants of HIV-infected women.

Apply existing knowledge and experience

New scientific evidence and programmatic experience place child advocates in a better position now than in 1990 to protect, promote, and support improved infant and young child feeding practices. Yet the majority of health professionals and community workers have not been adequately educated or trained to put the knowledge and skills into practice. Appropriate materials and guidelines exist and should urgently be taken to scale for pre-service and in-service training and for policy and program assessment, implementation, and monitoring. As forcefully stated by the executive heads of WHO and UNICEF in their forward to the Global Strategy for Infant and Young Child Feeding, “There can be no delay in applying the accumulated knowledge and experience to help make our world a truly fit environment where all children can thrive and achieve their full potential.”

The above message is a cooperative endeavour of the following organisations (in alphabetical order)



For more information, please visit: www.innocenti15.net • www.waba.org.my/innocenti15.htm
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