

Breastfeeding in the PHILIPPINES

A Critical Review, 2013



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ACRONYMS AND ABBREVIATIONS

ARMM	Administrative Region of Muslim Mindanao
BFHI	The 1990 Baby-friendly Hospital Initiative
COMBI	Communication for behavioural impact
CAR	Cordillera Administrative Region
CRC	The 1989 Convention on the Rights of the Child
CRC Committee	United Nations Committee on the Rights of the Child
FNRI	Food and Nutrition Research Institute
ILO	International Labour Organization
IPC	Interpersonal Communication
IPNAP	The Infant and Pediatric Association of the Philippines
IYCF	Infant and Young Child Feeding
LATCH	Lactation Attachment Training Counseling Help
MBFHI	Mother-Baby Friendly Hospital Initiative
NCR	National Capital Region
NSO	National Statistics Office
PHAP	Pharmaceutical Health Care Association of the Philippines
PhilHealth	the Philippines Health Insurance Corporation
rIRR	The revised Implementing Rules and Regulations of the Milk Code
The Code	The 1981 International Code of Marketing of Breast-milk Substitutes
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

Globally, suboptimal breastfeeding is causing 804 000 under-5 deaths per year.(1) More than 30 studies from around the world, in the developing and developed countries alike, have shown that optimal breastfeeding dramatically reduces the risk of infants and young children dying.(2) However, according to a recent nationwide survey,(3) only 34% of Filipino infants younger than six months are exclusively breastfed and an alarming 36% are fed infant formula – a 6% increase since the previous survey.(4) More than US\$ 100 million is spent every year on the marketing and promotion of infant formula products in the Philippines;(5) these campaigns translate into more than US\$ 260 million in purchases by Filipino families.(6)

The 1989 Convention on the Rights of the Child (CRC) recognizes the right of all children to the highest attainable standard of health, and specifically the right to good nutrition (Article 24). The CRC represents the most comprehensive international human rights framework for facilitating breastfeeding protection, promotion and support with enhanced implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes (1981);(7) as well as 15 subsequent World Health Assembly resolutions;(8) the 1990 Baby-friendly Hospital Initiative (BFHI);(9) the Maternity Protection Convention (2000);(10) and the *Global Strategy for Infant and Young Child Feeding* (2002).(11)

The Philippines, as a signatory of the Convention, is required to submit a country progress report every three years on steps made towards meeting international standards and CRC Committee recommendations. In 2009, the CRC Committee recommended that the Philippines (1) increase the duration of maternity leave, and (2) ensure effective implementation of the Philippine Code of Marketing of Breast-milk Substitutes (Executive Order 51, 1986) and the 2007 revised Implementing Rules and Regulations of the Milk Code (rIRR).(12)

This desk review aims to support the Philippines by identifying key measures and strategies to improve breastfeeding practices.

The Philippines was among the first countries to pass national legislation on the International Code of Marketing of Breast-milk Substitutes. In 1986, President Corazon Aquino signed into law Executive Order 51, commonly referred to as the Milk Code.(13) In 2006, the Implementing Rules and Regulations of the Milk Code were revised to align with international standards and were approved.(14) Milk companies opposed the new rules and regulations and took their case to the Supreme Court, which, in 2007, upheld 56 of 59 provisions of the rIRR.(15) Thereafter, the milk companies teamed up as the Infant and Pediatric Nutrition Association of the Philippines (IPNAP), launching concerted lobbying activities and supporting projects related to nutrition. In 2010, the 15th Congress of the Philippines drafted a consolidated bill to amend the Milk Code and its rIRR. If passed, the bill would have erased the gains and improvements brought by the Milk Code, the rIRR and other legislation.

Monitoring of the Milk Code and its rIRR has resulted in the processing of 24 alleged violations between 2011 and 2012, with two resulting in payment of fines. There is an urgent need to:

- create legislative support to sustain and improve the existing legislation and regulations;
- support and invest in monitoring, assessment and supervision of Milk Code implementation and enforcement; and
- create solidarity and support from national and international groups.

In 1992, the Philippines passed the Rooming-In and Breast-feeding Act (Republic Act 7600) (16) and launched the Mother-Baby Friendly Hospital Initiative (MBFHI) in response to the global BFHI. As of 2000, 79% of health facilities had been certified as mother-baby friendly. (17) From 2000 to 2007, however, a backsliding of the MBFHI programme was noted, along with a decline in practices.(18) Aggressive marketing by milk companies was one reason for the relapse. In 2007, a policy was issued to revitalize the MBFHI programme.(19) The new policy required health facilities to attain a “Certificate of Commitment” prior to full accreditation and re-accreditation every three years. To date, 426 of 1798 (24%) health facilities have a Certificate of Commitment, and 26 national, regional and private hospitals have been certified.ⁱ

Recommendations for improving BFHI in the Philippines are:

- review the status of BFHI implementation, and identify barriers and gaps;
- institutionalize the BFHI global criteria, and enforce monitoring and assessment procedures for health facilities; and
- include BFHI accreditation as a requirement for licensing of health facilities.

The Philippines has trained more than 28 000 health professionals, more than 23 000 peer counsellors, and more than 5849 breastfeeding support groups on infant and young child feeding (IYCF).ⁱⁱ

Recommendations for improving community-level support in the Philippines are:

- set up a portfolio of incentive schemes for peer counsellors and support groups; and
- devise an effective and sustainable community-based tracking system.

The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) calls for breastfeeding breaks and designated facilities in the workplace.(20) The Act is still not fully implemented, but 34 workplaces have been certified as Mother-Baby Friendly. No efforts have been made to extend paid maternity leave.ⁱⁱⁱ

Recommendations for implementing Republic Act 10028 and other legislation are:

- engage all relevant government and development partners to agree on an implementation plan for the Act
- call on policy- and decision-makers to provide support for implementing the Act
- engage legislators to extend paid maternity leave to meeting international standards (14 weeks minimum, 18 weeks recommended).

In 2012, the World Health Assembly endorsed resolution WHA65.6, which calls on Member States to put into practice the comprehensive implementation plan on maternal, infant and

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