
IMPLEMENTING THE GLOBAL STRATEGY FOR INFANT AND YOUNG CHILD FEEDING

Geneva, 3-5 February 2003

MEETING REPORT



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Introduction

Infant and young child feeding is a critical component of care in childhood. It is a major determinant of short- and long-term health outcomes in individuals, and hence of social and economic development of communities and nations.

Unfortunately too many children still suffer from malnutrition worldwide as manifested in stunted growth, wasting and micronutrient deficiencies. The deficits acquired during the first years are difficult to redress later in life, resulting in reduced school performance and productivity.

Knowledge about the factors that affect infant and young child feeding and interventions to address them has been increasing steadily over the past decades. The importance of exclusive breastfeeding in particular has been recognised and its promotion has received more attention, resulting in focused programmes to improve breastfeeding practices in many countries.

The Innocenti Declaration¹ and the Baby-friendly Hospital Initiative² launched in the early 90s have been landmark events that set a new pace of global action. Considerable progress has been made since in raising awareness and changing caregiver practices to exclusively breastfeed their young infants.

Infants from 6 to 18 months are especially vulnerable to developing malnutrition. To sustain the gains made by promoting exclusive breastfeeding for the first six months of life, interventions need to extend into the second half of infancy and beyond, to enable caregivers to appropriately feed their children with safe and adequate complementary foods while maintaining frequent breastfeeding.

Protecting, promoting and supporting infant and young child feeding is essential for the healthy growth and development of children. The World Health Assembly and the UNICEF Executive Board unanimously endorsed the Global Strategy for Infant and Young Child Feeding in 2002. The Strategy aims to revitalise world attention to feeding practices that have an impact on the nutritional status, growth, development, health and thus the very survival of infants and young children.

The Strategy was developed at a time when the interest and investment in interventions to improve child nutrition was slowing down. In spite of strong and accumulating evidence demonstrating their feasibility and effectiveness, few countries are implementing comprehensive, large-scale programmes to improve infant and young child feeding practices as well as maternal nutrition. The Strategy is a guide for action, and provides the overarching framework of actions that are necessary to protect, promote and support infant and young child feeding. It identifies interventions with a proven impact and explicitly defines the obligations and responsibilities of governments, international organizations and other concerned parties.

¹ UNICEF. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. New York, UNICEF, 1990.

² WHO. Protecting, Promoting and Supporting Breastfeeding: A joint WHO/UNICEF Statement. Geneva: World Health Organization, 1989



By defining responsibilities and obligations for all concerned parties, the Global Strategy creates a unique opportunity for placing infant and young child feeding high on the public health agenda, considering nutritional status not merely as an output of investment, but also as an input into development.

To facilitate its implementation, and assist governments in translating global recommendations into country-specific actions, WHO convened a technical meeting on the implementation of the Global Strategy from 3 to 5 February 2003 in Geneva. The meeting brought together more than 45 participants representing governments, nongovernmental organizations, academic institutions and international organizations (Annex 1).

Objectives

The Global Strategy defines operational areas and describes a core of activities that governments and partners should implement in order to ensure adequate feeding, nutrition, health and development outcomes of children worldwide.

The operational areas refer to:

- developing and implementing a comprehensive policy on infant and young child feeding;
- strengthening the capacity of health services to support appropriate infant and young child feeding; and
- strengthening community-based support for infant and young child feeding.

Important lessons have been learned from the promotion of breastfeeding during the past decade. It is clear that sustainable implementation of interventions to support infant and young child feeding requires a comprehensive policy, a coordinator and multi-sectoral committee to implement the policy, promote interventions to strengthen health system and community support for feeding, and advocate for the enactment of relevant policy instruments such as the International Code of Marketing of Breast-milk Substitutes, ILO Maternity Protection Convention and Recommendation, and relevant standards of the Codex Alimentarius.

With this in mind, participants were asked to:

- discuss appropriate ways for achieving progress in the operational areas defined in the Global Strategy for Infant and Young Child Feeding;
- reach a common understanding on a generic planning framework to facilitate the implementation of the Global Strategy for Infant and Young Child Feeding in countries;
- identify tools available to support implementation, as well as those that need to be developed; and
- agree upon priority developmental and research needs and mechanisms to coordinate future work.

In working through the agenda (Annex 2), participants considered all aspects of the programme cycle, including advocacy and creation of political commitment, qualitative and quantitative assessment of the existing situation, design of interventions, planning of an appropriate intervention mix, monitoring of progress, and evaluation of outcomes. Details about the sessions can be found in the summaries of presentations and group work in Annex 3. The conclusions and recommendations of the meeting are summarized below.

A national policy on infant and young child feeding is essential to provide a justification and context for implementation of interventions. The process of developing a policy is an opportunity to bring together all relevant partners, generate a common understanding about the problems and the possible solutions, and develop consensus about a common way forward making maximum use of all available resources. Preparation of a national policy can take time, but this should not delay the implementation of interventions. Once the policy has been agreed, it should be widely disseminated and promoted.

A comprehensive policy on infant and young child feeding places the health and development of children at its centre, and focuses on the multiple determinants that affect children's nutritional status. Action to improve food and feeding is an essential aspect of childcare and should be integrated with actions to prevent and manage childhood illnesses, promote childcare and development and to improve maternal nutrition.

A comprehensive policy should also relate with existing policy instruments such as the International Code of Marketing of Breastmilk Substitutes, the ILO Convention on Maternity Protection, and the Codex Alimentarius. It also defines in some detail the actions that will be taken to strengthen the capacity of health services and communities to care for the nutritional needs of infants and young children. A policy should indicate how existing programmes can be strengthened and incorporate actions in support of infant and young child feeding, and specify those interventions that are specific and require a focused implementation approach.

Since the adoption of the International Code of Marketing of Breastmilk Substitutes by the World Health Assembly in 1981, many governments have taken action to adopt national measures to implement it. However, much remains to be done to enforce implementation. Lack of awareness about the public health rationale and relevance of the code is still widespread among policy makers, health professionals and the general public. While some countries are implementing the Code successfully, keys to success have not been analysed sufficiently. Nor do governments have easy access to technical assistance while drafting a national code and establishing the system for its

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