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RESOLUTIONS AND OTHER ACTIONS OF THE FIFTY-THIRD WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

INFANT AND YOUNG CHILD NUTRITION

There is universal acceptance of the importance of appropriate feeding of infants and young children as the benefits of healthy feeding practices at this age persist well into adult years. The World Health Organization (WHO) and other international organizations with interest in child health have over the years devoted considerable attention to the topic as evidenced by the several formal resolutions that have been adopted. One of the thorniest issues in this area relates to the length of exclusive breastfeeding and the introduction of complementary feeding. At the Fifty-third World Health Assembly, the Government of Brazil introduced a draft resolution on infant and young child nutrition that sparked intense debate, with particular reference to the duration of exclusive breastfeeding.

The World Health Assembly decided that the resolution should be referred to the 107th Session of the WHO Executive Board in January 2001, and encouraged further discussion at the regional level. The Director of the Pan American Sanitary Bureau convened a technical consultation to explore further the data on various important aspects of infant and young child nutrition, including the optimal duration of exclusive breastfeeding and the introduction of complementary feeding.

The present document gives the background, summarizes some of the discussion in the technical consultation, describes the current practices as regards the norms for exclusive breastfeeding in the countries of the Region, outlines some of the conclusions reached, and suggests some priority areas for further investigation.

The Directing Council is being asked to review the document in the light of the antecedents and give opinions that may be reflected in the definitive debate on the Brazilian draft resolution that will take place at the 107th Session of the Executive Board of WHO in January 2001.

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1. Background

Improving infant and young child feeding in the Americas will bring enormous benefits to infant and child health and development. Such improvements can also be promoted through cost-effective public health interventions. Over the past decade, the prevalence of malnutrition has declined and the duration of breastfeeding, an important component of infant and young child feeding, has increased. Increases in the prevalence of exclusive breastfeeding[1], the specific infant feeding behavior most associated with improved infant health, are particularly noteworthy.

Optimal nutrition among infants and children during the first two years of life varies with age and results from a series of breastfeeding and complementary feeding practices and behaviors as well as access to the appropriate mix of foods. The recommended length of exclusive breastfeeding and hence the age at which complementary foods should be introduced is particularly important in infant feeding policy as this recommendation links together two components of optimal infant feeding: exclusive breastfeeding and complementary feeding. The recommendation has important implications for public health policy and the articulation of a cogent infant feeding strategy, and, therefore, for infant health and development.

Because infant and young child nutrition is so central to human development, in March 2000 a joint WHO/UNICEF Technical Consultation on Infant and Young Child Feeding was held. The objectives of the meeting were: (1) to assess the strengths and weaknesses of current feeding policies and practices; (2) to identify barriers to implementation of policies; (3) to review key interventions as a first step to identifying feasible and effective ways forward; and (4) to contribute to the development of a comprehensive draft strategy that, when adopted, will guide Member States and the international community in the years to come (A53/INF.DOC./2).

Infant and young child feeding was included on the agenda of the Fifty-third World Health Assembly (Document A53/7). The background document reflected the importance of infant and young feeding and its relationship to malnutrition and morbi-mortality. It also highlighted the advances since the first WHO Technical Consultation on Infant and Young Child Feeding in 1979, stressing the scientific evidence and programmatic experience accumulated that provide bases for action. It reviewed the global approaches that have

[1] Defined as breast milk as the sole source of infant nutrition with no food or fluid given to the child, not even water.

stimulated development in the area. The document also recognized that there is much still to be accomplished, and identified WHO's priorities as promoting exclusive breastfeeding; ensuring timely appropriate and safe complementary feeding while breastfeeding continues; reinforcing policies to support breastfeeding; preventing premature interruption of breastfeeding; and meeting the nutritional needs of children at high risk of HIV infection and those in difficult circumstances during complex emergencies.

The document reported on the Technical Consultation and its conclusions and called for a new global strategy. During the discussion in the WHA, the Government of Brazil introduced a draft resolution on infant and young child nutrition (Annex 1). The resolution covered a wide range of important issues that must be addressed in any consideration of appropriate infant and young child feeding. Among other measures, the draft resolution urges Member States "… to strengthen all current activities and develop new approaches in order to promote exclusive breastfeeding up to around six months of life and mixed feeding up to two years, emphasizing all forms of social dissemination of these concepts in order to enhance society's commitment to these practices ...."

The Brazilian resolution drew many comments and amendments, many of which focussed on the duration of exclusive breastfeeding. A total of 54 countries participated in the discussion, including 9 from the Region of the Americas. The resolution resulted in the presentation to the WHA of a short resolution reaffirming the importance of infant and young child nutrition, welcoming the Brazilian resolution and amendments and suggesting that the item be placed on the agenda of the 107th Executive Board with a view towards the drafting of a resolution to be presented to the Fifty-fourth World Health Assembly in 2001. Previous discussion at the regional level was encouraged to attain a broad representation of inputs.

In response to the decision of the WHA calling for discussion in regional committees on this issue (Annex 2), the 126th Session of the Executive Committee of the Pan American Health Organization (PAHO) in June 2000 approved the Director's request for a Technical Consultation on Infant and Young Child Nutrition. A small group of international experts from the Region met on 3–4 August 2000 at the PAHO Headquarters. The results of the discussion in the Technical Consultation are summarized in this document and supplemented with other pertinent data.

The current debate over the scientific basis and merit of the WHO recommendation of exclusive breastfeeding for 4–6 months is important because of its implications for infant health and development. It is also important because the focus on this single issue has had the unintended effect of limiting discussion and action on other equally—if not more important—infant and young child nutrition issues.

2. Technical Consultation

2.1 *WHO Infant Feeding Recommendations and Relevant Research*

The current WHO recommendation is that infants should be fed exclusively on breast milk from birth to 4-6 months of age and resulted from a joint WHO/UNICEF Meeting on Infant and Young Child Feeding in 1979 (WHO 1979). There have been a number of WHA resolutions on infant and young child feeding. In 1990, the WHA (Resolution WHA43.3) urged Member States "to protect and promote breastfeeding as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months of life." The age range of 4 to 6 months was justified because of the need for a transitional period to allow breastfed infants time to adjust to solid foods rather than on the basis of biological variability. In 1992, the Forty-fifth WHA reaffirmed (Resolution WHA45.34) the four to six month recommendation of exclusive breastfeeding but added "…that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods …." In 1994, the Forty-seventh WHA (Resolution WHA47.5) urged Member States to "promote sound infant and young child nutrition in keeping with their commitment to the World Declaration and Plan of Action for Nutrition." The resolution also spoke to "fostering appropriate complementary feeding practices from about the age of six months, emphasizing breastfeeding and frequent feeding with safe and adequate amounts of local foods."

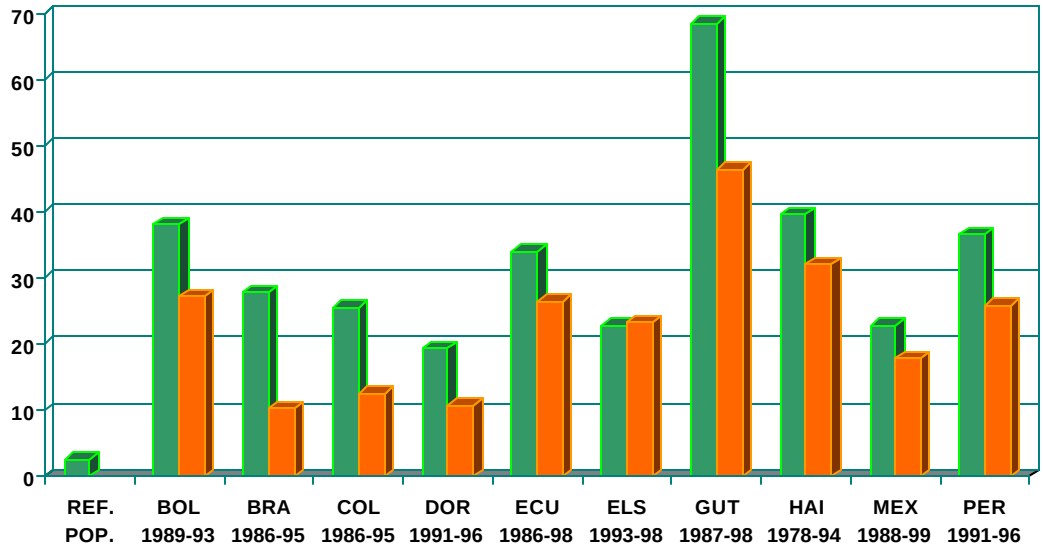
2.2 *Importance of an Integrated Approach to Infant and Young Child Nutrition*

The period of greatest risk for the development of infant and young child malnutrition is narrowly focused within the first two years of life, corresponding to the period of breastfeeding and complementary feeding. Results from both longitudinal growth studies and data from national surveys show that stunting (inadequate growth for length) occurs within the "age window" of the first two years of life. After the age of two years, stunted children grow at a rate similar to that of well-nourished children in developed countries, but because the effects of stunting are largely irreversible the affected children remain permanently short. Thus to prevent growth retardation, interventions must be delivered within the first two years of life and integrated to include the promotion of both optimal breastfeeding and complementary feeding practices.

Prevention of infant and early childhood malnutrition is fundamental to reducing infant and child mortality. Data from the national representative data show dramatic reductions in the prevalence of malnutrition as measured by stunting (height for age less than two standard

deviations) in Latin America (Figure 1). However, despite these improvements the prevalence of malnutrition is still unacceptably high in many countries. Analysis of the age-specific nature of stunting shows that despite the varying prevalences of stunting, its age-specific nature is similar in all countries studied and is focused in the first two years of life.

Figure 1



Whether or not an infant is put to the breast and breastfed in a manner considered optimal, and subsequently given high-quality hygienic complementary foods, depends on a woman's feeding choices, her ability to act upon these choices, and the social environment in which she finds herself. To promote optimal infant and young child feeding practices, policies and programs need to be targeted not only to individual women but also to improving the context in which feeding choices are made and implemented.

2.3 *Complementary Feeding*

In contrast to the vast literature on breastfeeding, very little information about the nutritional quality of complementary foods typically used in the Region or feeding practices is available. Data on the quality of complementary foods and diets from Mexico and Peru show that typical diets are generally limiting in energy, zinc, and iron. A recent review by WHO of the scientific knowledge of infant and young child nutrition and feeding in developing countries

highlights the difficulty of meeting iron and zinc requirements of young children 6 to 24 months of age, even under the best of conditions.

Interventions to improve intake of complementary foods can result in improved infant and child growth among populations at risk of malnutrition. The promotion of a variety of foods in the complementary diet, including nutrient-rich foods such as meat, fish, and dairy products is essential, as is the promotion of feeding practices that support adequate intake of complementary foods. In addition, the use of processed foods, fortified with iron, zinc, vitamin A and other nutrients is widespread in the Region, and may be another promising component in a strategy to improve complementary feeding. But such a strategy must also include support for breastfeeding and the use of local foods.

2.4 *Exclusive Breastfeeding*

2.4.1 *Effects through the life cycle*

Breastfeeding and, in particular, exclusive breastfeeding has health benefits throughout the life cycle. There is evidence to link having been breastfed as a child with stronger intellectual development, reduced risk of cancer, childhood obesity, and several chronic diseases. Breastfeeding also benefits maternal health. Women who breastfeed have a reduced risk of ovarian cancer and premenopausal breast cancer. Women who were breastfed as infants also have a reduced risk of breast cancer.

2.4.2 *In early childhood*

Exclusive breastfeeding provides immunity that protects against specific illnesses and eliminates the risk of illness through the use of contaminated foodstuffs and utensils. It also lengthens the period of postpartum amenorrhoea and hence, in the absence of contraception use, lengthens the birth interval, which is strongly related to infant and child survival. When infants and toddlers do become ill, breastfeeding provides an important source of nutrients because intake of breast-milk is not reduced in contrast to the intake of complementary foods, which declines considerably.

2.4.3 *Effects on mortality*

The risk of death decreases dramatically as the infant ages; therefore the protective effect of breastfeeding on mortality is greatest in the first month of life and declines by month until 6 months (WHO 2000). Many, though not all, studies continue to show protective effects

until 12 months of life, and some studies show protective effects into the second year as well. In Pelotas, Brazil, a case-control study showed that infants less than 2 months of age who were not exclusively breastfed were 23 times more likely to die compared to infants who were breastfed. In urban Philippines, a prospective study involving 9,942 infants followed from birth to 24 months of age showed that during the first 6 months of life, failing to initiate breastfeeding or ceasing to breastfeed was associated with a 10-fold increase in diarrheal mortality.

2.4.4 *Effects on morbidity between 4 and 6 months*

Data on the mortality risks associated with complementary feeding have not been disaggregrated for the 4 to 6 months period. Data on morbidity, however, do show significant risk from complementary feeding between 4 and 6 months in medium-and high-risk settings. In Pelotas, Brazil, the infant feeding characteristics of 152 infants admitted to the hospital for pneumonia were compared to 2,391 cases in a population-based case-control study. Among infants 3-6 months of age, supplementation with solid foods was associated with a relative risk of 13.4 for hospital admission compared to infants exclusively breastfed (Cesar et al, 1999). In Lima, Peru, longitudinal data show that complementary feeding between 3 and 5 months was associated with three times the risk of diarrheal prevalence compared to exclusive breastfeeding (Brown et al, 1989).

2.4.5 *Maternal HIV infection and infant feeding*

Of all the women infected with HIV, 35% of their infants will also become infected, in the absence of medical treatment. Of these, approximately 20 percent acquire the infection during pregnancy or delivery, and another 16% acquire the infection through breastmilk. Recognizing breastfeeding as a significant and preventable mode of HIV transmission, the Joint United Nations Program on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF) recently issued new guidelines on HIV and infant feeding (WHO 1998). These guidelines call for urgent action to educate, counsel and support HIV-positive women to make decisions about how to nourish their infants most safely. Counseling on infant feeding is part of an integrated package of interventions to prevent mother-to-child transmission, which also includes voluntary and confidential prenatal HIV counseling and testing and antiretroviral therapy. Because breastfeeding is the safest and most nutritious method of feeding infants of mothers who are HIV-negative, these guidelines stress the importance of protecting, promoting, and supporting breastfeeding among those women who are HIV-negative or of unknown HIV status.

Informed choice has always been an integral component of the WHO/UNICEF/ UNAIDS policy on HIV and infant feeding. What is novel in the new guidelines is that by providing information on how to make alternatives to breastfeeding safe and by encouraging national authorities to facilitate access to breastmilk substitutes, steps are being taken to provide the conditions that will enable HIV-positive women to exercise their choice. The Americas provides an ideal setting (as compared to many other Regions) to implement these guidelines, as the absolute number of pregnant HIV-positive women is still relatively low, and a health service infrastructure exists that can be used to provide prenatal testing, antiretroviral therapy, and support for alternatives to breastfeeding.

2.4.6 *The debate on recommended length of exclusive breastfeeding*

The recommended length of exclusive breastfeeding and hence the age at which complementary foods should be introduced has important implications for the context in which infant feeding decisions are made and implemented. The recommendation influences, or has the potential to influence, infant feeding policy and programs, maternity legislation, and the monitoring of the Code of Marketing of Breast-milk Substitutes, and Codex Alimentarius, which governs the content and labeling of cereal-based infant foods and is especially significant with respect to international trade.

Two randomized studies have been carried out in Honduras that examined the length of exclusive breastfeeding in infants of normal birthweight and in full-term low-birthweight infants. These studies have shown no benefit of introducing complementary feeding between 4 and 6 months of age.

2.5 ***Situation in the Region in Relation to Exclusive Breastfeeding***

2.5.1 *Research on exclusive breastfeeding promotion*

Policy and programmatic efforts to promote breastfeeding, in general, and exclusive breastfeeding, in particular, have resulted in significant improvements in practices at the national level. It is now evident that breastfeeding promotion can indeed extend the duration of exclusive breastfeeding, so the early skepticism regarding the feasibility of attaining high rates of exclusive breastfeeding is unwarranted.

It has been shown that the duration of exclusive breastfeeding was significantly longer in the women who were randomized to receive home-based counseling early in the post-

partum period. This study shows that home visits are highly effective in extending the duration of exclusive breastfeeding. However, the feasibility of such visits outside of a research context have not been tested and are likely to be setting-specific and dependent on available resources. Therefore, it is also important to note that it has also been demonstrated that exclusive breastfeeding can be promoted through traditional health services that have a comprehensive breastfeeding promotion program and that such programs are highly cost-effective.

2.5.2 *Practices and trends in exclusive breastfeeding*

There is now good evidence that exclusive breastfeeding can be increased through carefully targeted interventions. In countries where the promotion of exclusive breastfeeding has been a key component in breastfeeding campaigns, data show that exclusive breastfeeding rates can also be improved. In Peru, the proportion of infants less than 4 months of age exclusively breastfed increased from 32% to 61% between 1986 and 1996. In the Dominican Republic, the increase was from 10% to 25% between 1991 and 1996. In Honduras, the increase was from 21% to 42% between 1986 and 1996.

2.5.3 Ministry of health recommendations

Information on the recommended length of exclusive breastfeeding was collected from Member States and analyzed (Table 1). Of the 28 Member States for which information is available, 22 recommended 6 months of exclusive breastfeeding, 4 recommended 4 to 6 months, one country recommended 4 months, and one country did not have a recommendation. Information has not been received from the other countries, but has been requested.

Table 1. Norms for the Recommended Length of Exclusive Breastfeeding[2]

Country	Norm(months)	Source of Information
Anguilla	Requested	
Antigua/Barbuda	Requested	
Argentina	6	Resolución No 376 del 11/10/96 en el marco del Programa Nacional de Garantía de Calidad de

[2] This table is not final as data are still being collected about the source of the recommendation.

Country	Norm(months)	Source of Information
		la Atención Médica.
Bahamas	Requested	
Barbados	4	National Policy on Breastfeeding, Cabinet Note (99) 383/MH.17, April 29, 1999.
Belize	6	Norms not yet available. Recommendation is for 6 months in information coming out of the Ministry of Health.
Bolivia	6	Manual Norma de Nutrición, Salud y Estimulación Temprana para el Menor de 5 Años, Ministry of Health, 1998.
Brazil	6	Política Nacional de Alimentacão e Nutricão. Ministerio da Saúde. Secretaria de Políticas de Saúde. Departamento de Formulacão de Políticas de Saúde. Brasília 2000.
British Virgin Islands	Requested	
Canada	4-6	Health Canada.
Chile	6	Norma general técnica No 4 sobre “Alimentación del niño menor de dos años". Resolución Exenta No. 1832 del 5 de noviembre de 1999.
Colombia	6	Plan Nacional de Alimentación y Nutrición, documentado aprobado por el Consejo Nacional de Política Económica y Social No. 2847/96. Los documentos CONPES tienen fuerza de ley.
Costa Rica	6	Ley 7430 de fomento de la lactancia materna. Ministerio de Salud y Comisión Nacional de la Lactancia Materna 1994.
Cuba	4-6	Programa Nacional de Acción, Cumbre Mundial en favor de la Infancia, Ministerio de Salud Pública de Cuba. Ciudad de La Habana, 12 de agosto de 1992.
Dominica	Requested	
Dominican Republic	6	Ley 8-95 de promoción y fomento a la lactancia materna. Plan Nacional de Alimentación y Nutrición, SESPAS.
Ecuador	6	Ley de fomento, y protección a la lactancia materna y Reglamento para la aplicación de la ley de apoyo, fomento y protección de la

Country	Norm(months)	Source of Information
		lactancia materna. Ministerio de Salud Pública. Noviembre, 1999
El Salvador	6	AIEPI. Atención integrada a las enfermedades prevalentes de la infancia. Cuadros de procedimientos. Ministerio de Salud Pública, República de Ecuador. Septiembre, 1997. Oficial norms are being developed.
French Guiana	Requested	
Grenada	Requested	
Guadalupe	Requested	
Guatemala	6	Normas de atención del Sistema Integral de Atención en Salud (SIAS). Alimentación y Nutrición, Tomo 1, Inciso 12, Diciembre 1997.
Guyana	4-6	National Policy on Breastfeeding, Ministry of Health, 1996.
Haiti	6	AIEPI. Atención integre a les Maladies Predominant pendat lÉnfance. Haiti, 1996.
Honduras	6	Guía de alimentación infantil. Guía detallada para la introducción de alimentos a partir de los seis meses. Un manual para personal de salud. Atención integral a la niñez. Secretaría de Salud. Dirección General de Riesgos Poblaciones, Departamento de Alimentación y Nutrición, Departamento de Salud Maternoinfantil. Tegucigalpa, Octubre 1996.
Jamaica	6	Guidelines for Infant and Young Child Feeding in Jamaica.
Martinique	Requested	
México	4-6	Norma oficial mexicana para el control de la nutrición, crecimiento y desarrollo del niño y del adolescente, 1994. Consejo Nacional de Vacunación. Manual de procedimientos técnicos, Programa de Atención a la Salud del Niño, Nutrición, 1998.
Montserrat	Requested	
Netherlands Antilles	Requested	
Nicaragua	6	Ley No. 295 de promoción, protección y mantenimiento de la lactancia materna y regulación de la comercialización de

Country	Norm(months)	Source of Information
		sucedáneos de la leche materna. MINSA, 1999.
Panama	6	Manual de normas ambulatorias de niños de 0-5 años. Programa Integral de Atención a la Niñez. Ministerio de Salud. Caja de Seguro Social, 1995.
Paraguay	6	COFOLAM. Consejos sobre lactancia materna. Ministerio de Salud Pública y Bienestar Social. Paraguay, 1994.
Puerto Rico	6	Política pública para la promoción de la lactancia materna en Puerto Rico - 1995. Secretaría Auxiliar para la Medicina Preventiva y Salud Familiar, Gobierno de Puerto Rico.
Peru	6	COPACA. Manual de alimentación del niño menor de 2 años. COPACA. Perú, 1994.
St. Kitts/Nevis	Requested	
St. Lucia	Requested	
St. Vincent/Grenadines	Requested	
Suriname	6	"Infant and young child: Feeding healthy 0 - 5 year children. Manual for health workers for under five clinics". Bureau of Public Health, Nutrition unit, 1999.
Trinidad & Tobago	Requested	
Turks/Caicos Islands	Requested	
Uruguay	6	Normas nacionales de lactancia materna. Programa de Promoción de la Lactancia Materna. Comisión Nacional de Lactancia Materna. 2da edición. Ministerio de Salud Pública. Uruguay, 1998.
United States	None available	The Department of Health and Human Services is presently developing infant feeding recommendations. The American Academy of Pediatrics (a professional organization, which is very influential in their recommendations) recommends 6 months (Pediatrics 1997;100:1035-1039)
Venezuela	6	CAVENDES. Guías de alimentación para el niño menor de 6 años. Ministerio de la familia/OCT/INN/SVPP. Venezuela.

Of the 21 Member States that recommend 6 months of exclusive breastfeeding, five countries have written this recommendation into law (Costa Rica, Colombia, Dominican Republic, Ecuador, and Nicaragua). Four countries have it as a regulation or resolution (Argentina, Bolivia, Chile, and Peru); and the remaining 13 countries have it as a norm or in materials disseminated by the Ministry of Health (Belize, Brazil, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Panama, Paraguay, Puerto Rico, Suriname, Uruguay, and Venezuela).

2.6 *Regional Priorities in Infant and Young Child Nutrition*

The international experts assembled in the Technical Consultation concluded the following:

- Given the relatively short duration of exclusive breastfeeding observed in the Region and the significant health and developmental benefits to the infant of exclusive breastfeeding, public health interventions targeted at extending the length of exclusive breastfeeding and promoting good complementary feeding are of the highest priority.

- Very little data and none from randomized studies are available from low infant mortality settings that permit the full evaluation of potential risks and benefits of continued exclusive breastfeeding until 6 months versus complementary feeding between the 4 and 6 months period.

- There exists evidence to support Member States that recommend 6 months of exclusive breastfeeding. This evidence comes from two sources: (1) Randomized studies show no benefit to adding high-quality hygienic complementary food between 4 and 6 months compared to exclusive breastfeeding to 6 months with respect to growth and nutritional status. (2) Observational studies in less than optimal settings show increased risks for diarrhea and acute respiratory infection during the 4 to 6 month period when complementary foods are introduced compared to exclusive breastfeeding.

- With respect to a range in the length of time exclusive breastfeeding can satisfy infant requirements, it was concluded that qualitative research was needed to understand better how a range versus a single number is understood among a broad variety of users, as well as in a number of settings.

In light of these conclusions, the following research and programmatic priorities were suggested:

- In all countries research is needed to understand how best to promote exclusive breastfeeding and good complementary feeding in a public health setting. Study designs should include different levels of support (high, medium, and usual) and different models for delivering support so that the most cost-effective interventions can be determined and subsequently promoted in the Region.

- In countries with a medium infant mortality rate that recommend 4 to 6 months of exclusive breastfeeding, research is needed on which infants are randomized either to "usual" complementary diets and "good" complementary diets or exclusive breastfeeding between 4 and 6 months. In addition to assessing growth and nutritional status, outcomes such as morbidity and motor development should be assessed.

- In countries with a low infant mortality rate that recommend 4 to 6 months of exclusive breastfeeding, randomized studies are needed in which infants are randomized to "usual" complementary diets versus exclusive breastfeeding for 6 months. Because "usual" diets are likely to be of high nutritional quality and risks of morbidity are relatively low, developmental outcomes should be emphasized and the period of follow-up may need to be longer (up to 24 months).

3. Role for the Pan American Health Organization

The promotion of optimal infant and child feeding practices in the Region requires that PAHO work jointly with Member States to define technical and strategic objectives, build partnerships, develop human resources, and mobilize sufficient resources to achieve the proposed objectives.

Research as a basis for public health intervention has, in the past, provided the scientific, policy, and programmatic foundations needed to implement effective public health interventions in the areas of immunizations and vitamin A. Research on the priorities outlined above is urgently needed. In addition, PAHO must seek resources to provide technical cooperation to Member States to examine their infant and young child feeding policies and programs and identify strategic policy and programmatic directions that will propel them forward.

PAHO must facilitate the participation of the Member States in the discussions and debates that will lead to the development of the global strategy that is being promoted by WHO.

4. Conclusion

The emphasis must be on an integrated approach to infant and young child nutrition. The Technical Consultation explored much of the relevant background and particularly the current situation in the Americas as regards breastfeeding. It is hoped that the discussion will facilitate the clarification of some of the issues that will be debated during the forthcoming session of the WHO Executive Board.

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WHO Collaborative Study Team on the role of breastfeeding and the prevention of infant mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less-developed countries: A pooled analysis. The Lancet 2000;355(9202):451-455.

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Note: The statements made in this informational document are substantiated by an extensive bibliography, which is available on request.

Annexes

WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY **A53/A/Conf.Paper No.3**
Agenda item 12.4 **17 May 2000**

Infant and young child nutrition

Draft resolution proposed by the delegation of Brazil

The Fifty-third World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world because more than one-third of the world's under-five children are still malnourished – whether stunted, wasted or deficient in iodine, vitamin A or iron – and because malnutrition still contributes to nearly half of the 10.7 million deaths each year among preschool children in developing countries;

Deeply concerned with the wide recognition that malnutrition is one of the worst public health problems faced globally and that its effects are seen not only on growth and development, but also on cognitive and social development functions;

Recognizing that access to food and adequate nutrition is a fundamental human right and that all efforts should be made to recognize, protect and fulfil this basic right and to ensure freedom from hunger and malnutrition;

Acknowledging that all sectors of the global society – governments, civil society, the private sector and international organizations – should assume their responsibility and meet their obligations regarding the respect, protection and fulfillment of this basic human right;

Recognizing the guiding framework of the Convention on the Rights of the Child, in particular Article 24, which recognizes, *inter alia*, the need for access to and availability to all segments of society, in particular parents and children, of appropriate support for and information about, the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding;

Recognizing that there is enough scientific basis for political decisions, for reinforcement of Member States and WHO's traditional activities, and for proposing new and innovative approaches to growth monitoring and nutrition rehabilitation, the promotion of breastfeeding, the improvement of complementary feeding through sound culture-specific counseling, the alleviation of micronutrient malnutrition and the management of feeding practices of infants from HIV-positive mothers;

Noting the need for efficient food and nutrition surveillance systems for assessing the magnitude and geographical distribution of all forms of malnutrition and foodborne diseases and for monitoring food availability;

Aware of the importance and urgency of launching a discussion process to build up an international consensus among Member States and international organizations on a global strategy to alleviate all forms of malnutrition in infant and young children by the end of this decade, taking into account the impact of ecological disasters, war, civil disturbances, mass population displacements and poverty;

Recognizing the importance and fundamental role of the Sub-Committee for Nutrition of the United Nations Administrative Committee for Co-ordination (ACC/SCN) in the building up of such consensus,

1. URGES Member States:

(1) to recognize access to food and adequate nutrition as a fundamental human right and to call on all sectors of society to honour their obligations fully to respect, protect and fulfil this right;

(2) to take the necessary measures effectively to implement the Convention on the Rights of the Child, in order to ensure the child's right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies to alleviate all forms of malnutrition and to develop participatory programming mechanisms to establish and implement specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

(4) to give priority to the implementation of infant and young child nutrition programmes and projects derived from those joint discussions and policy or strategic documents, providing adequate technical and financial resources and political support;

(5) to strengthen all current activities and develop new approaches in order to promote exclusive breastfeeding up to around six months of life and mixed feeding up to two years, emphasizing all forms of social dissemination of these concepts in order to enhance society's commitment to these practices;

(6) to support the Baby-friendly Hospital Initiative and to create mechanisms for periodic reassessment of hospitals to assure maintenance of standards and to guarantee the Initiative's long-term sustainability and credibility;

(7) to improve complementary feeding practices by assuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous micronutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject and to the integration of these messages into health and nutrition information, education and communications strategies;

(8) to strengthen growth monitoring and nutrition rehabilitation, focusing on community-based strategies, and to ensure that all hospitalized children that have any form of malnutrition as an underlying cause of hospitalization are correctly diagnosed and treated;

(9) to develop, implement or strengthen sustainable measures aimed at reducing micronutrient malnutrition in young children, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification through recommendation of feeding practices that are culture-specific and based on local foods and through other community-based approaches;

(10) to strengthen their mechanisms to monitor and report on progress in implementation of the International Code of Marketing of Breast-milk Substitutes, assuring the participation of all stakeholders as a means of involving the responsibility of all sectors of society – especially the private sector – in its implementation;

(11) to recognize the present scientific evidence on the risk of HIV transmission through breastfeeding and to ensure adequate nutrition of infants from HIV-positive mothers, providing pasteurized breast-milk from human milk banks or milk substitutes through the health services from birth to six months old, together with recommendations on early complementary feeding, until new scientific evidence is available;

(12) to strengthen their food and nutrition surveillance systems, in close collaboration with their epidemiological surveillance systems, encompassing assessment of the magnitude and geographical distribution of protein-energy malnutrition, micronutrient malnutrition, foodborne disease and including the systematic monitoring of food availability

at national, subnational, local and household levels, the market prices of basic foods and household purchasing power;

(13) to make the widest possible use of the information from their food and nutrition surveillance systems to evaluate current activities and strategies, to plan new action, and to raise public and political awareness, nationally and internationally, of achievements in respecting, protecting and fulfilling the right to food and adequate nutrition;

(14) to collaborate actively with WHO and competent organizations of the United Nations system, including through the forum of ACC/SCN, in order to generate a global strategy for the improvement of infant and young child feeding as a means of alleviating all forms of malnutrition in infant and young children by the end of this decade;

2. REQUESTS the Director-General:

(1) to give, in view of WHO's leadership in public health, and in collaboration with all other international organizations, notably those of the United Nations system, greater emphasis to infant and young child nutrition, within the framework of the Convention on the Rights of the Child and other relevant human rights instruments;

(2) to enhance its support to Member States, in close collaboration with FAO, in developing and implementing their food and nutrition surveillance systems, focusing on their potential to assess the magnitude and geographical distribution of nutrition problems and to provide indicators of performance in respecting, protecting and fulfilling the right to food and adequate nutrition;

(3) to provide support to Member States for evaluation of current strategies and activities, in conformity with the Convention on the Rights of the Child, as a means of feed-back on discussions towards a consensus-driven global strategy to alleviate all forms of infant and young child malnutrition by the end of the decade;

(4) to draw up guidelines and devise tools for framing of policy that assures active participation of right-holders and duty-bearers in the area of infant and young child nutrition;

(5) to build a constructive dialogue between all stakeholders – especially the private sector – in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and other infant and young child nutrition activities, and to provide support to Member States in this monitoring;

(6) to encourage and support further research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of those already affected by HIV/AIDS;

(7) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, with emphasis on community-based and cross-sectoral activities;

(8) to reinforce, in collaboration with other competent organizations of the United Nations system, including through the forum of ACC/SCN and other bodies as appropriate, the process of following up the International Conference on Nutrition as a strategy to alleviate all forms of malnutrition in infant and young children by the end of the decade;

(9) to convene, as soon as possible, regional or subregional meetings of governments, international organizations and nongovernmental organizations in order to launch discussions on the global strategy to improve infant and young child feeding;

(10) to provide support for participation of Member States in all work related to the preparation of the global strategy, including meetings and derived activities;

(11) to submit to the Executive Board, in 2002, a report on the global strategy, proposing a draft resolution for submission to the Fifty-fifth World Health Assembly.

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WHA53(10) Infant and young child nutrition

The Fifty-third World Health Assembly, having reaffirmed the importance attributed by Member States to WHO activities related to infant and young child nutrition and welcomed the draft resolution proposed by the delegation of Brazil, together with the amendments presented by delegations during their wide-ranging debate, decided (1) to request the Director-General to place on the agenda for the 107th session of the Executive Board an item on infant and young child nutrition and to include the draft resolution and amendments in the background documents made available to the Board; and (2) to request the Executive Board to establish during its session a drafting group on infant and young child nutrition, open to participation by all Member States, which will prepare a resolution for consideration by the Executive Board on the basis of the aforementioned draft and amendments with a view to its adoption by the Fifty-fourth World Health Assembly. The Assembly encouraged discussion at regional level, including at the forthcoming regional committees, on the draft and amendments in order to gather the broadest possible input for consideration on this important item by the Fifty-fourth World Health Assembly in 2001.

(Eighth plenary meeting, 20 May 2000)