

Speech by UNICEF representative in Indonesia

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At the Infant and Young Child feeding in Emergencies workshop

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Bali

- His Excellency, Dr Makmur Sunusi, Director General for Social Rehabilitation and Services, Ministry of Social Affairs;
- Mr Bruce Cogill, Global Nutrition Cluster Coordinator
- Dr. Nugroho Abikusno, World Health Organisation South East Asia Regional Office;
- Colleagues
- Ladies and gentlemen

Good morning,

As we have heard this morning the issue of nutrition in emergencies particularly for babies and young children is of paramount importance ...and one that need serious attention.

It is quite simple: breastfeeding is the best option in every case and most certainly in times of an emergency.

We know through decades of medical research that breastfeeding children up to the age of two years, or even longer, gives them the optimum opportunity for growth, development and good health. In the first six months of life, it is the only food and drink a baby needs.

In addition to the public health benefits of breastfeeding, the economic savings for both families and health systems are potentially enormous. This is especially critical for poorer families, who are increasingly spending a large part of their income on infant formula, convinced that it is a way to improve their child's intelligence and thus chances for a better life.

But what we also know is that a decline in breastfeeding indicates an increase in the use of formula milk, which, even if used correctly, is inferior to breastmilk. And if used incorrectly – for example, mixed with unclean water or given with bottles that are not adequately sterilized – is downright dangerous.

In emergency situations where a supply of clean water and the fuel used to prepare formula is limited – the use of formula can be particularly harmful.

We are also seeing formula producers using emergencies as another marketing strategy. In emergency situations, which are frequent in this region, formula donations are often among the first supplies received. These supplies are then liberally handed out, usually by well-meaning but misguided NGOs or health workers.

Meanwhile, at the height of an emergency crisis, not enough attention is paid to reassuring affected women that they remain capable of breastfeeding. It is a common misconception that when women are stressed or malnourished that they cannot produce an adequate supply of breastmilk. This is simply not true.

Shortly after the 2006 Yogyakarta earthquake, UNICEF, UNFPA, the local Department of Health and the University of Gadjah Mada conducted a survey in Bantul. It began 21 days after the earthquake and found that some 70 per cent of households with children had receiving baby milk donations. In these households, 48 per cent of infants up to 5 months old had been fed these products in the 24-hour period prior to the survey.

The survey revealed that infant formula donations had contributed to a two-fold increase in formula consumption among children under-two and, consequently, a six-fold increase in rates of diarrhea among these children.

This was one of the first surveys to document the extent and scale of infant formula donations and its impact on feeding practices and illness rates.

There is no doubt that some of the donations of such products in emergency situations reflect genuine interest in providing relief. However, it is also highly likely that some companies or their associates use emergency situations to raise the profile of their brand or create familiarity with their products.

Article 24 of the Convention on the Rights of the Child recognizes the right of every child to enjoy the highest attainable standard of health. Breastfeeding is specifically mentioned and for good reason.

In 1981, the 34th World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes, which aimed for the provision of safe and adequate nutrition for infants by protecting and promoting breastfeeding and ensuring the proper use of breastmilk substitutes, when these are necessary.

Since then, most countries and areas in the East Asia and Pacific region have sought to implement the principles of the International Code through their own legislative or regulatory measures. Unfortunately despite these moves, infant formula companies continue to find innovative and persuasive ways to promote their products.

Many countries are represented here at this gathering – and not just from East Asia, but also South Asia.

In South Asia - almost half of all children are underweight – a total of 78 million. Three countries – India, Bangladesh and Pakistan – account for half the world's underweight children, despite being home to just 29 per cent of the developing world's under-five population.

Exclusive breastfeeding is not as widespread in South Asia as it should be because many societies have traditions that introduce children to solid foods too early. While most infants are breastfed initially, only 38 per cent are exclusively breastfed for the first six months. There is wide variation among countries, ranging from 84 per cent of babies exclusively breastfed in Sri Lanka to just 10 per cent in the Maldives.

It was reinforced again last year that South Asia is one of the most emergency-prone regions in the world when nearly 60 million people

were affected by the cyclone and flood emergencies that struck during the annual monsoon season in Pakistan, India, Bangladesh and Nepal. This of course has a dramatic impact on breastfeeding.

The experiences from these regions show clearly that much more work is needed to protect, promote and support breastfeeding through health systems, workplaces and communities.

And it is equally clear that more work is needed to stop and to counteract the damage of the ongoing inappropriate promotion of products that take the place of breastmilk and undermine breastfeeding.

All of this requires increased resources. More funds are needed to support and promote breastfeeding if we want to achieve optimum survival and development of infants in these regions.

Thank you.