

**OPENING REMARKS BY
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PROTECTION, PROMOTION AND SUPPORT**

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COLLEAGUES, LADIES AND GENTLEMEN.

Millions of years of biological evolution have produced an extraordinary food – breast milk – that is able to satisfy all the needs of an infant in the first six months of life. Together with colostrum, the first secretion of the mammary glands after child birth, it produces a variety of antibodies and other protective agents, a sort of natural first immunization that helps newborns survive the delicate early days of life.

Scientific evidence tells us that breastfeeding is the single most effective intervention to prevent child deaths; and that all women, with very few exceptions, are able to breastfeed – if encouraged and supported. For this reason, breastfeeding is at the heart of the essential package of interventions recommended by the *WHO/UNICEF Regional Strategy for Child Survival*. Breastfeeding also helps prevent a great number of diseases, in childhood and later in life, from infections to allergies and chronic conditions like hypertension, diabetes, obesity, cardiovascular disease and cancer that rob our national budgets of billions of dollars. The economic savings of breastfeeding are critical not only for governments, but also for poor families who spend a large part of their incomes on infant formula. In the Philippines, families spend an estimated \$465 million each year to formula-feed their infants.

Why is this precious gift of nature – breast milk – not fully utilized? Why have breastfeeding rates declined in most developing countries in East Asia and the Pacific, where now just over one third of mothers exclusively breastfeed their babies for up to six months? Why did the rate of exclusive breastfeeding at 4 to 5 months of age fall in the Philippines from 20% in 1998 to 16% in 2003?

The history of human evolution may provide some clues. When hunting and gathering were the main means of survival, mothers carried their babies until they could walk, making it easier to breastfeed them whenever they were hungry. The transition to agriculture as the chief means of procuring food meant that

families grew in size and women began to work in the fields, often leaving their babies behind to be looked after by relatives. Feeding patterns started to change at this stage, and changed even more radically in the industrial age, with women often away from home and separated from their children for 10 or more hours a day. In more modern times, increasing numbers of were children born in hospitals and separated from their mothers in the very important first few hours after birth, often for reasons related to the convenience of hospitals.

Derrick Jelliffe, in his book *Human Milk in the Modern World*, told us that modern societies go through phases in which they lose sight of the value and importance of breastmilk, only to rediscover it after a few decades. How can we ensure that we don't, once again, lose the extraordinary benefits of breast milk, which is the best way to feed a young child?

The Global Strategy on Infant and Young Child Feeding, jointly developed by WHO and UNICEF, spells out the necessary roles and responsibilities of various sectors of society.

- **National and international health organizations and professional societies** should address the issues that determine changes in feeding practices.
- **Health systems** should train staff at all levels to promote breastfeeding to ensure delivery practices that facilitate the early initiation of breastfeeding, keep mothers and babies together after delivery, and provide breastfeeding advice.
- **Lawmakers** need to enact and ensure enforcement of laws that allow working mothers to stay home to look after their children for at least 14 weeks after delivery, though ideally, for six months or longer. They also must prohibit the inappropriate promotion of breast milk substitutes through unethical marketing techniques that suggest that these products can promote the health and intelligence of children, or mislead mothers by suggesting that buying artificial milk is a way of showing love for their children.
- **Private companies** must distinguish between products that endanger the lives of children and products that enhance lives, such as fortified complementary foods. They also must respect and follow the standards established by governments and the international scientific community.

- **Professional organizations, consumers associations and community organizations** also have a major role to play in promoting breastfeeding.

In the Philippines, infant formula companies are estimated to spend in excess of \$100 million a year to advertise their products, mostly targeted at mothers of children under 2. These products unfortunately contribute to many of the 16 000 deaths of under 5 children in this country each year attributed to inappropriate feeding practices, including the use of infant formula.

Breastfeeding rates are decreasing because health services are fighting an uphill battle. Informing and counselling mothers and families are not sufficient if there is no crackdown on violations of the Code of Marketing of Breast-Milk Substitutes; and if hospitals designated baby-friendly do not implement the 10 steps to successful breastfeeding. To reverse these negative trends, there is a need for radical solutions:

- The regular assessment of baby-friendly hospitals must become part of routine quality assurance systems.
- Support for breastfeeding must go beyond the hospital, and involve communities, workplaces, local governments, workers unions, mass organizations and consumer associations, in addition to the already very active nongovernmental organizations.
- A comprehensive communication strategy must be developed and funded, using media to promote breastfeeding, instead of bottle feeding. It should use social marketing to inform and mobilize not only parents and families, but also decision-makers at the national and local levels.

At this consultation, you have an opportunity to share successful experiences, analyse constraints and look for innovative solutions. Some of the more developed countries, for example those in Scandinavia, show that this can be done. Baby-friendly hospitals in the United States of America, but also in countries such as Bangladesh, have seen breastfeeding rates soar and disease and death rates plunge as the result of intensified promotion efforts.

You have in front of you three days of exciting discussions and deliberations. I wish you a successful meeting and I look forward to hearing, on Friday, your recommendations for a new way ahead.

Thank you.