

**TRANSFORMING OUR WORLD: HELP IRELAND MAKE A DIFFERENCE -
IRELANDS NEW INTERNATIONAL DEVELOPMENT POLICY: PUBLIC
CONSULTATION PAPER OF THE IRISH AID.**

Written Submission

Nature of views (indicate personal / on behalf of an organisation): On behalf of organisation by Dr. Arun Gupta MD FIAP .

Organisation (if applicable): Breastfeeding Promotion Network of India (BPNI)/Global Secretariat for the World Breastfeeding Trends Initiative(WBTi)

Role in organisation (if applicable): I am the founder of this organisation and WBTi, now coordinating the work of BPNI this project in more than 100 countries.

Postal address:

BP-33, PITAMPURA, DELHI- 110034, India.

Web-address:

www.bpni.org and <http://worldbreastfeedingtrends.org>

Email: arun@ibfanasia.org

Daytime telephone number: +911127312705, 9899676306

Freedom of information: Responses are subject to the provisions of the Freedom of Information Acts and may be released in total or in part. Please indicate if there are aspects of your response that you seek to have withheld, and the reasons for same.

Nothing to be withheld

Date of posting response: 23 August, 2018.

Background

The Breastfeeding Promotion Network of India(BPNI), the host of World Breastfeeding Trends Initiative(WBTi), welcomes the opportunity to make a written submission to Irish Aid for its new development policy.

BPNI is an India based civil society organisation. Founded in 1991 with the objective of protecting promoting and supporting breastfeeding in India, BPNI's role expanded to other parts of the world; first to South Asia in 1998, to Asia in 2002, and globally in 2008. In India BPNI has been involved in national advocacy on policy and programmes that assist women to remove multiple barriers they face at home, in the hospitals and at work places. Its achievements include among others, having breastfeeding indicators in the national health surveys, enactment of a national law to regulate marketing and promotion of baby foods, monitoring the law on a regular basis, amendment of the Cable TV Networks (Regulations) Act in 2000, to ban advertisements of baby foods and feeding bottles, launching national guidelines to establish counselling and support systems in health facilities, increased maternity entitlements especially leave from 12 weeks to 26 weeks, developing a pioneering skill training and capacity building courses for health workers. Two legal protections have led to restrictions in growth of milk formula, which is a public health gain to India.

All this creates what we call 'enabling environment'. BPNI has done so with a strong ethical policy of funding not to receive any support from organizations that have conflict of interest.

BPNI's expansion to other parts of the world was based on its experience and development of innovative tools for monitoring the policy and programs. BPNI conceptualized and adapted the questions from the WHO tools for assessment of policy and programmes on infant and young child feeding. This led to the World Breastfeeding Trends Initiative(WBTi), which is more than a tool it has 4 components; assessment at country level to identify the gaps, objective scoring and color coding, developing national report cards and reports, and calling upon governments to bridge the gaps. WBTi was launched in South Asia first and looking at its success, it was taken to other parts of the world through the International Baby Food Action Network(IBFAN). Since then 97 countries have utilized the WBTi and reported.

Considering the potential WBTi has shown in stimulating action at country level to achieve rise in breastfeeding rates and contribute to World Health Assembly targets

of nutrition especially of the exclusive breastfeeding for the first six months; we are making this written submission with the hope that Irish Aid could take leadership in this area.

Response

Investing in early child nutrition interventions to protect, promote and support breastfeeding has the potential to make a difference.

What elements of Ireland’s international development experience should the new policy reflect?

Ireland's new policy should continue to reflect Ireland's extraordinary reputation in global cooperation and delivering a high quality, untied and focused program. Taking leadership in the transformation of the world especially through implementation of the Sustainable Development Goals (SDGs) and specifically of SDG 2 on nutrition and food security, and SDG 3 on health; would help Ireland to be a strong player globally. This would also allow contributing a great deal to achievement of the World Health Assembly targets on nutrition by 2025. Irish Aid may consider investing in early nutrition interventions especially to increase rates of exclusive breastfeeding for 0-6 months, believing that investing in this has the potential to accelerate reduction in stunting, low birth weight, childhood obesity and wasting; and being a climate friendly intervention it brings in sustainable results. Irish Aid, could put early nutrition on high priority may add strategic approaches to stimulate local partnerships among civil society, academia and the governments.

In 2012, the World Health Assembly Resolution¹ 65.6 endorsed a ‘Comprehensive Implementation plan on maternal, infant and young child nutrition’, which set six global nutrition targets, i.e. **by 2025**

1. Achieve a 40% reduction in the number of children under-5 who are stunted;
2. Achieve a 50% reduction of anaemia in women of reproductive age;
3. Achieve a 30% reduction in low birth weight;
4. Ensure that there is no increase in childhood overweight;

¹ Resolution WHA65.6. Comprehensive implementation plan on maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly Geneva, 21–26 May 2012. Resolutions and decisions, annexes. Geneva: World Health Organization; 2012:12–13
(http://www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf?ua=1)

5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
6. Reduce and maintain childhood wasting to less than 5%.

The targets of stunting, low birth weight, childhood overweight, exclusive breastfeeding and wasting are interlinked. The World Health Organisation takes note that 2025 targets can only be achieved if there is acceleration in the progress of these indicators from the current trends. In the case of exclusive breastfeeding, given that less than 40% of infants worldwide are exclusively breastfed for the first 6 months of life and change can come if there is acceleration in current annual increase. W.H.O. has also provided guidance to achieve these targets. To achieve the World Health Assembly targets a 'Global Breastfeeding Collective' (GBC)² has been formed led by UNICEF and WHO.

Health and Nutrition Benefits

Non-exclusive breastfeeding practices and inadequate complementary feeding contribute to stunting. Investment in breastfeeding interventions has positive impact on stunting³. As per WHO, "inadequate caring and feeding practices (e.g. exclusive breastfeeding or low quantity and quality of complementary food); is one of the important causes of wasting."

According to all available scientific evidence, breastfeeding could save lives of more than 820,000 children and 20,000 women annually. It can also save more than 300 billion dollars for the nations, the money spent on healthcare costs of not breastfeeding and not achieving potential gains in earning capacity⁴. Optimal feeding, especially exclusive breastfeeding and appropriate complementary feeding have been proven as effective interventions, that have the potential to simultaneously reduce the risk or burden of both under-nutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related NCDs (including type 2 diabetes, cardiovascular disease and some cancers)⁵.

²Global Breastfeeding Collective. A partnership of 20 international agencies and non-governmental organisations led by UNICEF and WHO. https://www.unicef.org/nutrition/index_98470.html (Accessed Nov 21,2017)

³ WHO. Global nutrition targets 2025: stunting policy brief (WHO/NMH/NHD/14.3). Geneva: World Health Organization; 2014. WHO AFRO/

⁴Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/abstract)

⁵WHO 2016. The double burden of malnutrition- Policy Brief <http://apps.who.int/iris/bitstream/10665/255413/1/WHO-NMH-NHD-17.3-eng.pdf?ua=1>

Despite all this evidence, breastfeeding rates are low across the world because there is inadequate attention to both policy and programmes, which support women to be successful in breastfeeding.

Majority of children below 2 are not optimally fed

Globally,⁶ 44% that is 76 million out of 136 million babies born do not receive their mother's milk within an hour of birth. Only 40% babies are able to practice exclusive breastfeeding for the first six months, and 60% i.e. about 83 million babies are unable to do so. Further, continued breastfeeding rate is 74% at one year and it drops to 45% at two years of age. Looking at complementary feeding data, 66% babies are introduced solid, semi-solid foods at 6-8 months, that means about 90 million children are introduced food at right age and 46 million are left out. These numbers are disconcerting as we see millions of babies are not fed optimally during first 2 years.

Inadequate attention to policy and programmes on breastfeeding and optimal infant and young child feeding (IYCF)

Low breastfeeding rates are the result of poor understanding of what is required to be successful in breastfeeding. Most people leave it to the mother as a sole responsible person, without supporting her adequately by assisting her to overcome the many commercial, social, political barriers, which impact on whether she can or cannot breastfeed successfully. WHO indicates (See Box-1) what contributes to low breastfeeding rates.

Inadequate attention to policy and programmes in support of women results in low rates of breastfeeding. This fact has been highlighted in a recent commentary⁷ in the Lancet, “*No country in the world meets the recommended standards for economic investment and implementation of policies supporting mothers to breastfeed*”. Many countries do not even have data on breastfeeding/IYCF practices, a fact indicating low priority for breastfeeding. The Global Breastfeeding Scorecard, launched in August 2017 by the Global Breastfeeding Collective(GBC) reported on the performance of 194 countries on seven key indicators i.e. funding for breastfeeding programmes, implementation of International Code of Marketing of Breastmilk Substitutes, paid maternity leave, appropriate breastfeeding practices in maternity facilities, access to breastfeeding support, community support for breastfeeding, and systems to track performance of national policies/programmes. Only six countries were reported to have achieved a recommended performance level in more than

⁶UNICEF 2017 Infant and Young Child Feeding-Global Database <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

⁷Breastfeeding: a missed opportunity for global health. Lancet 2017, 390:532.
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)32163-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32163-3.pdf)

half of the indicators. The GBC called for action on 7 key indicators in its report⁸ highlighting the lack of funding support and low compliance to investing in policy and programmes.

Similarly, the IBFAN's WBTi provides a snapshot of how well or poorly is a country implementing the *Global Strategy for Infant and Young Child Feeding*. Its recent report analysing 84 countries, reveals that several gaps exist in both policy and programmes in almost all countries.⁷A recent review (Aug 2017)⁹ on this issue supports these actions to be critical.

BOX-1: What contributes to low rates of exclusive breastfeeding globally?¹⁰

Inadequate rates of exclusive breastfeeding result from social and cultural, health-system and commercial factors, as well as poor knowledge about breastfeeding. These factors include:

- Caregiver and societal beliefs favoring mixed feeding (i.e. believing an infant needs additional liquids or solids before 6 months because breastmilk alone is not adequate);
- Hospital and health-care practices and policies that are not supportive of breastfeeding;
- Lack of adequate skilled support (in health facilities and in the community);
- Aggressive promotion of infant formula, milk powder and other breast-milk substitutes;
- Inadequate maternity and paternity leave legislation and other workplace policies that support a woman's ability to breastfeed when she returns to work;
- Lack of knowledge on the dangers of not exclusively breastfeeding and of proper breastfeeding techniques among women, their partners, families, health-care providers and policy-makers.

Further, benefits of promoting exclusive breastfeeding 0-6 months include prevention of anemia in the infant and mother both. At the same time, "A diet containing adequate amounts of bioavailable iron should underpin all efforts for

⁸WHO/UNICEF 2017. Tracking progress for breastfeeding policies and programmes: Global breastfeeding scorecard. <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/> (Accessed November 21,2017)

⁹Kavle JA, LaCroix E, Engmann C. Addressing barriers to exclusive breast-feeding in low- and middle-income countries: a systematic review and programmatic implications. Public Health Nutrition 2017. <http://www.mcsprogram.org/resource/addressing-barriers-exclusive-breast-feeding-low-middle-income-countries-systematic-review-programmatic-implications/>

¹⁰WHO 2017. Global Nutrition targets: Breastfeeding Policy Brief 5 http://apps.who.int/iris/bitstream/10665/149022/1/WHO_NMH_NHD_14.7_eng.pdf?ua=1

prevention and control of anaemia”¹¹ According to the WHO, reducing the incidence of low birth weight requires a comprehensive global strategy that must include improving maternal nutritional status.¹²

Breastfeeding has also shown to reduce the risk of childhood obesity calling upon investments in this area.¹³

Investing in these interventions is, therefore, justified¹⁴.

SDGs and Human Rights

In relation to SDGs, the Lancet in 2016 published a detailed analysis¹⁵ on why to invest in breastfeeding, and concluded: “Our findings show how essential the protection, promotion, and support of breastfeeding is for the achievement of many of the newly launched Sustainable Development Goals by 2030. Breastfeeding is clearly relevant to the **third sustainable goal**, which includes not only maternal and child health but also non-communicable diseases such as breast cancer and diabetes as well as overweight and obesity. It is also relevant to the **second goal (on nutrition)**. The effect of breastfeeding on intelligence and on human capital is relevant to the **fourth goal (education)**, the **first goal (poverty)**, and the **eighth goal (inclusive economic growth)**. Finally, by helping close the gap between rich and poor, breastfeeding can contribute to **goal number ten—reducing inequalities**”.

The Convention of the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on Economic, Social and Cultural Rights (CESCR) and other human rights instruments have made significant commitments to child and maternal health and survival including action to protect, promote and support breastfeeding. The joint Statement

¹¹ WHO. Global nutrition targets 2025: anaemia policy brief (WHO/NMH/NHD/14.4). Geneva: World Health Organization; 2014.

¹² WHO. Global nutrition targets 2025: low birth weight policy brief (WHO/NMH/NHD/14.5). Geneva: World Health Organization; 2014.

¹³ WHO. Global nutrition targets 2025: childhood overweight policy brief (WHO/NMH/NHD/14.6). Geneva: World Health Organization; 2014.

¹⁴WHO/UNICEF/WFP. Global nutrition targets 2025: wasting policy brief (WHO/NMH/NHD/14.8). Geneva: World Health Organization; 2014.

¹⁵ Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. <http://www.thelancet.com/series/breastfeeding>, Vol 387 January 30, 2016, 475-490

of the UN Human Rights Bodies, in 2016 recognized that breastfeeding is a human rights issue for both the child and the mother”¹⁶.

Breastfeeding is empowering

According to UNICEF, there is strong evidence for breastfeeding to be critical for women and children in both high- and low-income countries. It reduces a woman’s risk of ovarian cancer, heart disease, and diabetes. “Breastfeeding empowers women with greater reproductive autonomy by delaying the return of their menstrual cycle, thus helping with birth spacing. This supports women to pursue their education and jobs outside the home, both crucial to achieving gender parity”.¹⁷

Breastfeeding and economic gains

There is a value in a increasing focus on “early childhood nutrition” and ‘preventive nutrition’ to reduce undernutrition. It is helpful to people on social , economic and health front. Formula feeding is expensive, contributes to GHGs, and several negative implications on health and development of women and children, which defeats their human rights. This intervention can be easily integrated with climate change and human rights action. Given the immense benefits to society in a sustainable manner these interventions have the potential for contributing to inclusive economic growth.¹⁸ Authors of the study concluded: “Breastfeeding is associated with improved performance in intelligence tests 30 years later, and might have an important effect in real life, by increasing educational attainment and income in adulthood”.

Investments in this area will also leverage contribution to reducing GHGs¹⁹, respecting human rights of women and children, leaving no one behind.

Policy makers and donors should prioritize on interventions for improved exclusive breastfeeding and complementary feeding practices.²⁰

¹⁶United Nations Human Rights. Office of High Commissioner. Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E>

¹⁷ https://www.unicef.org/nutrition/files/BAI_bf_gender_brief_final.pdf

¹⁸ <https://www.sciencedirect.com/science/article/pii/S2214109X15700021>

¹⁹ <http://www.searo.who.int/entity/nutrition/carbon-footprints-due-to-milk-formula.pdf?ua=1&ua=1&ua=1>

²⁰ Bloem M. Preventing stunting: why it matters, what it takes. In: Eggersdorfer M, Kraemer K, Ruel M, Biesalski HK, Bloem M et al., editors. The road to good nutrition. Basel: Karger; 2013:13–24 (http://www.karger.com/ProdukteDB/Katalogteile/isbn3_318/_025/_49/road_04.pdf)

According to the investment case²¹ made by the World bank, “ By investing US\$570 million a year for the next 10 years, governments, donors and partners can help raise the rate of exclusive breastfeeding to at least 50 per cent”.

The Global Breastfeeding Collective calls upon implementers and donors from governments, philanthropies, international organizations, civil society to:

1. **Increase funding** to raise breastfeeding rates from birth through two years.
2. Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through **strong legal measures that are enforced and independently monitored** by organizations free from conflicts of interest.
3. **Enact paid family leave and workplace breastfeeding policies**, building on the International Labour Organization’s maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
4. **Implement the Ten Steps to Successful Breastfeeding in maternity facilities**, including providing breastmilk for sick and vulnerable newborns.
5. **Improve access to skilled breastfeeding counselling** as part of comprehensive breastfeeding policies and programmes in health facilities.
6. **Strengthen links between health facilities and communities**, and encourage community networks that protect, promote, and support breastfeeding.
7. **Strengthen monitoring systems that track the progress** of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

Conclusion

Strengthened partnerships with civil society, and Investing in early nutrition actions that lead to increased exclusive breastfeeding rates , is a way forward for Irish Aid. Strengthening early nutrition of populations to achieve World Health Assembly targets, is an inclusive idea. It is important that Ireland continues to support the efforts towards achieving SDGs, and making it a people’s movement. By having early nutrition on a priority, Ireland can make a difference in meeting the challenges of women’s’ empowerment. Given the contributions made by optimal

²¹ <http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase/en/>

breastfeeding infant and young child feeding practices, Irish Aid could consider these areas to be critical to achieve World Health Assembly nutrition targets.

More specifically, monitoring of policy and programmes by use of the World Breastfeeding Trends Initiative (WBTi)²² at least every five years is an important ask. Tracking policies and programmes is essential to bring a change.²³ The WBTi, over the past decade has shown gaps in policies from 97 countries and galvanized action in many countries to bridge the gaps. Therefore, Irish Aid could support **monitoring of the policy and programmes at country level to stimulate action worldwide**. Sub regional approaches could be tried to scale up breastfeeding rates. Civil society partnership in this area may make a big difference. International Baby Food Action Network (IBFAN)'s World Breastfeeding Trends Initiative (WBTi) is a potential one.

ends...

Number of words 2740

23 August 2018.

BPNI

²² <http://worldbreastfeedingtrends.org>

²³ <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf>