

File Sub: CF/EXD/SP/1989-0031A

Address by Ms. Karin Lokhaug  
Deputy Executive Director (Operations) of the United Nations Children's Fund (UNICEF)  
to the  
Tenth Anniversary Forum of the International Baby Food Action Network (IBFAN)

"Protecting, Promoting and Supporting Breast-feeding"

Manila, The Philippines  
9 October 1989



UNICEF Alternate Inventory Label



Item # **CF/RAD/USAA/DB01/2002-00043**

ExR/Code: **CF/EXD/SP/1989-0031A**

Tenth [10th] Anniversary Forum of the International Baby Food  
Date Label Printed **18-Jan-2002**

cover + 12pp + 8b



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia  
Детский Фонд Организации Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفولة

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"PROTECTING, PROMOTING AND SUPPORTING BREAST-FEEDING"

Your Excellency, President Aquino,  
Dr. de Tavera, Mr. Fazal,  
Madame Chairperson, Colleagues and friends:

I must express my heartfelt gratitude for the warm welcome and gracious hospitality Manila and the Philippines have extended to myself and to fellow participants. Also, I am delighted to join in the greetings as you open this landmark 10th anniversary IBFAN Forum.

The stated purpose of this Forum - "to focus public attention on the unnecessary suffering and death still caused by bottle-feeding" is indicative of the uncompromising commitment of the International Baby Food Action Network in your decade of groundbreaking public activism to protect the health of coming generations.

I do not speak lightly when I say that your work has been groundbreaking. A network which originally defined the bond among six Non-Governmental Organizations (NGOs), IBFAN now links more than 100 groups not only because of the urgency of the breast-feeding issue, but also because of the successful results of your activities.

Of course you are aware that IBFAN and UNICEF have been intimately related from the beginning of your network's activities. IBFAN could in a sense be called a child of UNICEF and the World Health Organization (WHO), as the

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network was "born" from the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, held in Geneva in 1979. But, then, to extend the analogy, you would also have been the twinkle in our eyes, for your six founding member-organizations played an active role in ensuring that that meeting occurred in the first place, and in holding the international community subsequently accountable to its own findings.

We all know that parents' lives are changed by their children; that parents learn so much from their offspring. So, too, the bulwark of international bureaucracies has actually moved and yielded to the insistent cries of your justified calls for action.

Recommendations from that landmark 1979 meeting called for action in the areas of:

- encouraging and supporting breastfeeding;
- promotion and support of appropriate weaning practices;
- information, education, communication and training,
- health and social status of women in relation to infant and young child feeding; and
- appropriate marketing and distribution of breastmilk substitutes.

Tremendous progress has been made in each of these areas in this past decade.

It was IBFAN, really, that kept the pressure on until the International Code of Marketing of Breast-milk Substitutes was adopted; you have been a voice and guardian of its implementation. Other achievements for which society is indebted to you include:

- significant progress in changing hospital practices;
- a newly accepted approach to feeding the low birth weight infant, which takes advantage of breast-feeding's far-reaching benefits in terms of bonding between mother and child;
- adoption of national codes of marketing breast-milk substitutes, adopted from the international code, in countries all around the world; and
- an exemplary demonstration of the power of informed public opinion and consumer activism.

Furthermore, you have helped to usher breast-feeding issues from the obscure realm of concerns within families and villages, into the domain of policy-makers at all levels, including national and international levels. In 1979, breast-feeding was not considered a topic for serious debate, and there was a very low level of consciousness about it. It was not factored into approaches for protecting and improving children's health. I am sure we all

remember the pioneering work of Cicily Williams in those days - her lone voice crying in the wilderness had been indeed a lonely voice for a long time. Experts have documented the importance of breast-feeding for years, but it was the members of IBFAN's organizations, in partnership with WHO and UNICEF, who brought this knowledge not only into popular culture, but into the meeting rooms of politicians and policy-makers.

Ultimately, one must ask how many children in today's world are healthier and better prepared to meet the challenges of life because together we have insisted on sound breast-feeding policies and practices?

Those of us gathered in Manila for this Forum are well aware of the importance of breast-feeding for optimum child growth and development: it is ideal food for the infant; it provides important immunological effects in the early months of life; it has a unique biological influence on the health of both mother and child; it fosters the bonding of mother and child, helping them to develop a loving relationship, benefitting both; and especially in regions of the world where other forms of family planning are difficult to undertake or simply not available, it is particularly important in helping to space the number and frequency of births. There has long been consensus among all relevant experts regarding these facts. The challenge now is to ensure that those mothers removed from channels of easy-access to such information receive the benefit of this readily available health knowledge, capable of such a profound impact on the lives and well-being of their children. In other words, our challenge is to reach the unreached.

As we begin these days of deliberation in commemoration of a decade of IBFAN activities, we stand poised, in a sense, like the Roman god Janus - the guardian who stood at the gates of the temple, at once looking backward and ahead. For at the same time that we stop to recount and assess these past years, this moment in Manila is also the threshold of a new decade. And we must look forward, as well. The 1990s will be the last decade of our millenium, and our final opportunity to crystallize the legacy of our century to the next.

What is important to accomplish in the next decade? We often hear that history which recounts only wars and their causes, and dates of battles, is shallow history indeed; that what matters are the social forces that make change happen.

I believe that those who have been fighting to promote, support and protect breast-feeding during the past decade have been fighting the good fight. And such work - done to improve the health and quality of life of the youngest and most vulnerable among us, and yet those who are our greatest hope; work done often in frustrating situations, against great odds and formidable opposing forces - is the very force which offers the best of humankind as a sound foundation for the future. It is the important work.

Clearly, much remains to be done. But the roots have taken hold, and our collective labours are beginning - just beginning - to bear fruit. I would like to look, for a moment, at the situation facing the children of today, and I would like to examine some of the successes of this past decade, with an eye

toward vastly increasing the harvest and yield from our efforts, working together, in the coming decade.

The deliberations of this Forum should be taken most seriously. Today as we hear about IBFAN's experiences on five continents, 40,000 young children will die - just as 40,000 died yesterday, and another 40,000 will die tomorrow - and comparable numbers will be disabled for life, the vast majority of them from causes for which we have long-since discovered low-cost cures and preventions. A significant number of them would not die nor even become sick if their mothers breast-fed.

This 10th anniversary gathering-of-the-forces here in Manila occurs at a crucial moment for the world's children. While the industrialized countries have enjoyed relative prosperity during this decade of the 1980s, poverty in developing countries has virtually negated developmental progress of previous decades. It is hard for us to imagine, but it is true, that Third World countries are now sending tens of billions of U.S. dollars to the industrialized countries each year, due in part to the shocking debt total of the developing world, which now equals US\$1,300 billion.

It has been a grim decade for the world's poor. We have come to learn that it is often the poor, and the most vulnerable among the poor - especially women and children - who bear the heaviest burden of the suffering. For example, the average weight-for-age of young children is falling in many countries for which figures are available. In the 37 poorest nations, spending per head on health has been reduced by 50 per cent, and on education by 25 per cent, over the past few years. And in almost half of the 103 developing countries for which recent information is available, the proportion of 6-to-11 year-olds enrolled in primary school is now declining.

In other words, it is children who are bearing the heaviest burden of debt and recession in the 1980s. And in tragic summary, it can be estimated that at least half a million young children have died in the last 12 months as a result of the slowing down or the reversal of progress in the developing world.

While this decade has witnessed a devastating slow down, and in many countries even regression, in human development and the resulting conditions of children, in a few highly focussed areas there has also been a very remarkable counter-trend. Great advances have been made despite severe economic hardship. The lessons we are learning from these advances point the way for a virtual revolution in the health and well-being of children.

One might ask at this point: what does a global revolution in child health really have to do with the simple and natural act of breast-feeding? And how, in an era of economic hardship for the world's poor which so dramatically affects children, can we speak about major advances in their health and well-being?

Our optimism is born from the synergistic convergence of two forces. One is the new appreciation of extremely low-cost health knowledge and technology which is capable of making a significant impact on children's health. In fact, in 1982 UNICEF singled out a small handful of such health measures

which, if applied fully throughout the world, could actually reduce the child mortality rates of 1980 by half before the end of the century.

Breast-feeding was one of the main interventions named. In order to set the context in which breast-feeding can reach its full potential, I will mention that the others included universal child immunization against the main child-killing diseases and the wide-spread use of the simple sugar and salt solution to combat the number one killer of young children - dehydration associated with diarrhoeal diseases - a cure called oral rehydration therapy (ORT), which costs little and can be made and administered at home. Family spacing is another of the interventions singled out. The importance of supporting women in not bearing children at too young an age, too frequently, nor at too old an age has now been widely documented. And again, breast-feeding has a particular role to play in this, especially when we are dealing with the world's poorest countries.

That brings us to the second force which has combined to create the potential for a revolution in child health - what we have come to call the child survival and development revolution (CSDR). It is our revolutionary new capacity to communicate with and among the world's poor. And it is in this domain that IBFAN can be regarded as a shining example for others to emulate. The new possibility which you and others have begun to exploit exists, in a sense, as a "side-effect" of general development progress. A literal transformation has taken place in virtually every country, no matter how poor or under-developed, in the capacity to communicate with the poor majority. Thus, for example, the ubiquitous radio is now in a majority of the world's homes. In most countries there is at least a television or two in every village, and frequently in many homes, with the result that people throughout a country can know what is going on and how to do things.

There are training programmes, and almost every village now has a school, to the point that rapidly increasing numbers of young mothers in their 20s and 30s can now read and write. Religious structures - whether Christian, Islamic or Buddhist - have a whole new capacity to communicate. And, perhaps to the surprise of those in the "developed" world, it now seems that people in such less-developed areas as Africa, South Asia and north-east Brazil - while they still have per capita incomes lower than those of Europeans or North Americans of two centuries ago - now have a capacity to communicate not achieved in the industrialized world until just one or two generations ago.

When UNICEF first articulated the CSDR in 1982, it was argued that the use made of health knowledge depended almost entirely on social mobilization. The challenge was - and is - to bridge the vital gap between life-saving health knowledge and technology and those families for whom they could make the life-or-death difference. And if the challenge is to be met, it will be met by a social movement rather than by a medical movement alone. And if such forces are beginning to gather, IBFAN is at the vanguard. More than ever, your example and leadership are needed.

What is needed at this important juncture for the world's children is a society-wide alliance of all those who could communicate with and support parents in doing what can now be done - teachers and religious leaders, mass

media and government agencies, voluntary organizations and people's movements, business and labour unions, professional associations, conventional health services - and, need I mention, Non-Governmental Organizations (NGOs) and women's groups. Only such a Grand Alliance for Children can create the informed public demand for, and practical knowledge of, those methods which could bring about the revolution in child survival and development.

Today that Grand Alliance has begun to gather. And the CSDR is now under way.

The success of the combination of basic health knowledge and social mobilization has been historic in its effectiveness. Last year the lives of 2.5 million children were saved, according to the World Health Organization (WHO), as a result of two interventions alone - immunization and ORT.

It is time, now, to move on breast-feeding, learning from the lessons of these other child health measures and building on the successes and experiences of your member organizations. In order to ensure that breast-feeding is practiced to the fullest extent throughout the world, what really needs to be shared, as you are well aware, is information. There is no commodity which needs to be acquired or transported; no expensive supplies.

Yet we are up against some formidable barriers. The incidence and duration of exclusive breast-feeding has declined markedly according to the WHO, despite virtual consensus among health experts on the importance of exclusive breast-feeding for the first 4 to 6 months of a child's life and of its continuation well into the second year, combined with proper weaning practices that meet the nutritional needs of the child.

In order to plan how to reverse this trend, it is important to understand what is causing it. The decline in breast-feeding is attributable to a variety of factors. These include changing life-style patterns and mis-information to mothers, including, unfortunately, the aggressive marketing of breast-milk substitutes. On this last issue, we cannot, it is sad to say, be complacent. We thought five years ago that the issue of advertising to the general public was over. Early on, advertising to the general public was recognized by people all over the world, and by the experts who drafted the International Code of Marketing of Breast-milk Substitutes, as unnecessary and irresponsible. It is unfortunate that it bears repeating today that all direct advertising to the public is prohibited by the Code. According to the Code, information can be given to doctors, but even they should not give that material directly to mothers.

Advertising to the public was seen as unnecessary in developed countries, where women can make decisions without it, and in direct consultation with doctors. And it was seen as irresponsible in developing countries, in which the immunological, nutritive and even the child-spacing benefits of breast-feeding are a life-and-death matter for massive numbers of infants.

There are other factors which have contributed to the decline in breast-feeding, and not nearly enough has been done to identify and address the real constraints, especially in poverty-stricken communities.

In the second half of the 1980s an analysis of factors contributing to the decline in breast-feeding has revealed four main causes for this unfortunate phenomenon. First, in addition to the unfortunate continued necessity to struggle to halt new advertising of infant formula to the general public, the effect of more than a half-a-century of promotion has led to changes in attitudes toward breast-feeding. A bottle-feeding culture is in place, with the force of inertia sustaining it. While we see an increasing awareness of the benefits of breast-feeding in developed countries, and especially among the more affluent and well-educated populations within those countries, there is a continuing decline in developing countries. Unlike in the developed countries, the trend of less breast-feeding in poorer countries usually starts with the more educated and upper-socio-economic class and progresses to affect the rural areas. This trend has been documented in China, most of Asia, and Africa. In all countries, regardless of their stage of development, it is the trend-setting well-educated women whose practices set the example other mothers will eventually follow.

Second, the health care system on which mothers rely for information remains largely uninformed about how to deal with this new disease "lactation failure" correctly. Belief in the old cure - i.e., bottle-feeding, has not been erased.

Third, existing data gathering systems have not enabled the monitoring of the status of exclusive breast-feeding correctly.

Fourth, the traditional "doula", or mother support system, has not been replaced in modern times to compensate for changes in the nuclear family structure as migration to urban areas occurs. The potential role of IBFAN's member organizations in softening the blow of this influence is clear. The challenge is how to expand that influence as broadly and quickly as possible.

Knowing that these four factors are the main hurdles in the path to broad-scale breast-feeding certainly is a solid first step. How to overcome them is, of course, the next.

The WHO and UNICEF are among those who co-operate to provide countries with global guidelines and policies which can be adopted to improve breast-feeding. Convinced by yourselves and by other health workers, that there is consensus on what ought to be done and changed within the health care system, the two organizations this year published a joint statement entitled "Protecting, Promoting and Supporting Breast-feeding: The special role of maternity services". This statement describes in detail activities which every maternity hospital and clinic should undertake to encourage the initiation and maintenance of breast-feeding. These are summarized as "Ten Steps to Successful Breastfeeding". More than 60 UNICEF offices are distributing over 30,000 copies of the joint statement to maternity care facilities in their countries, and the NGO network, including IBFAN, is distributing more than another 5,000.

The statement is available through UNICEF, and I commend it to you. While the guidelines will prove invaluable to health systems which serve the poor, they are universally applicable. They focus on exclusive breast-feeding for 4



to 6 months, on the duration of breast-feeding, and on proper weaning practices.

The key concept, in the guidelines and in the broader task of re-establishing the wide-scale practice of breast-feeding, is empowerment and support for the mother.

I am very happy to refer to a new tool available for this task - a tool created by a "family effort" you might say - of WHO, UNICEF, IBFAN and many others. It is "Facts for Life", a new approach to mobilizing non-health as well as health communicators and using as many as possible of society's channels of communication in behalf of child health. Facts for Life is now in use in more than 20 countries. It is a compilation of 10 sets of the most important messages - including a prominent set of messages about breast-feeding, and mention of breast-feeding in 8 of the 10 sets - which enable parents and community care-givers to protect the lives and foster the healthy growth of children. It has now been translated into a dozen languages beyond the five of the initial international printing, and a number of national adaptations, several with additional content, have been undertaken. The three co-publishers, the WHO, UNICEF and UNESCO, along with more than 100 partner NGOs, are now distributing some 300,000 copies of the messages to opinion leaders and decision-makers capable of helping to make this priority knowledge an everyday part of their countries' "information environment".

UNICEF has moved on the breast-feeding issues in many more ways - some of them not so obvious, as important work often is; some of them more well-known. For example, during the past two years UNICEF has participated in an interagency working group striving to develop strategies and programme guidelines applicable at country level. Three major consultations have been held, on the topics: definitions and indicators related to breastfeeding; breast-feeding and the health care system; and mother to mother support groups. Programme guidelines and action recommendations from these meetings are widely available. Several conferences, training courses, surveys, etc. have been conducted. This year also UNICEF and WHO released a joint statement on breast-feeding which specifically addressed the issue of breast-milk substitutes. Radio spots have been prepared for distribution to all countries with UNICEF programmes; videos are already widely used in health-worker trainings, and for many social mobilization ends. And we are very glad to say that two years ago UNICEF took on a full time staff person devoted to the issue of breast-feeding, and chose a former IBFAN official for the post. These, of course, name but a few of the activities which are underway.

It is important to note that UNICEF does not design programmes on its own. UNICEF works with governments, and supports their country programmes. We do advocate, and we do share knowledge and technical information. Ultimately, however, it is always the country which decides its own priorities.

It is therefore, extremely important that countries have the benefit of the most up-to-date information available. And on many of these issues, you of the various IBFAN organizations are perhaps the world experts. You are a peoples' movement, and you have a wealth of knowledge. I add my voice to those who urge you to share that knowledge with, among other, those who

influence the political and programme agendas of the countries in which you work. UNICEF includes breast-feeding on our highest priority list for advocacy. For example, the organization has conducted an extremely thorough process of goal-setting for the 1990s on issues related to child health. Beginning with recommendations from countries and from health experts throughout the world, a set of feasible priority goals was set forth in March 1988 by the international Task Force for Child Survival, which gathered in Talloires, France, heads of the world's leading development agencies, several health ministers and prominent public health figures. The goals they set forth were then refined by the child-health joint policy making body of the WHO and UNICEF. Approved this year by the UNICEF Executive Board in a paper, "Strategies for Children in the 1990s", the strategy includes the goal to: "enable all women to exclusively breast-feed their infants for four to six months and to continue together with complementary foods for two years or longer". These goals [ATTACHED] have become a major tool for UNICEF advocacy in political and development fora throughout the world.

Let us together put breast-feeding on the world's political agendas.

Empowering women with the knowledge to take control of their own health and that of their children, and providing the societal support so that they can effectively use that knowledge, is a challenge which extends far beyond the formal health sector in individual communities. The force of the full "Grand Alliance" must be called upon. For example, perhaps the only weapon we have to combat the perceived "fashionable" image of bottle feeding in poor communities is the conscious value proudly exhibited by the well-educated and affluent women of the world who, for better or for worse, set the example eventually emulated by women throughout the world.

An unprecedented potential to influence the world's children, and its future, is in your hands. You have won this precious prize by keeping alive - by nurturing - the vision of what is important for the world's children - and for its future. But along with the possibilities - possibilities about which perhaps only you are aware of the full implications - comes a serious responsibility.

Today's possibilities for child health will become realities if - and only if - renewed leadership is seized by exactly those who maintain the vision for children's and women's health.

Gathered in this room are representatives of precisely those factions of society who, together, possess the potential to alter the course of history from simply fulfilling trend lines regarding the lives of our children - trend lines which would measure continued massive preventable child death, misery for so many who survive and a tragic loss of our civilization's most valuable resource. You - we - have the potential - we have the responsibility - to write an important part of the next chapter of history.

As we enter the final decade of this millenium we may ask what more precious legacy could be left to the 21st century than the health and well-being of those people who will comprise the societies of the future - that is, the children of today. Perhaps, in fact, there is a greater gift.

But it will be given through the same efforts. We will have constructed the gift if the civilization which we are now becoming - which we are molding through our actions - takes for granted that the well-being of children is everyone's concern; if, as a matter of course, we put issues related to children first among our priorities at all levels of society. Such an ethic will help ensure the well-being of children for generations to come, and it will offer evidence that we are progressing as a more just and humane civilization.

## WHO/UNICEF COMMON GOALS FOR HEALTH DEVELOPMENT OF WOMEN AND CHILDREN BY THE YEAR 2000

The goals have been grouped under: Reduction of mortality, Women's education and health, Better nutrition, Control of childhood diseases and Control of the environment.

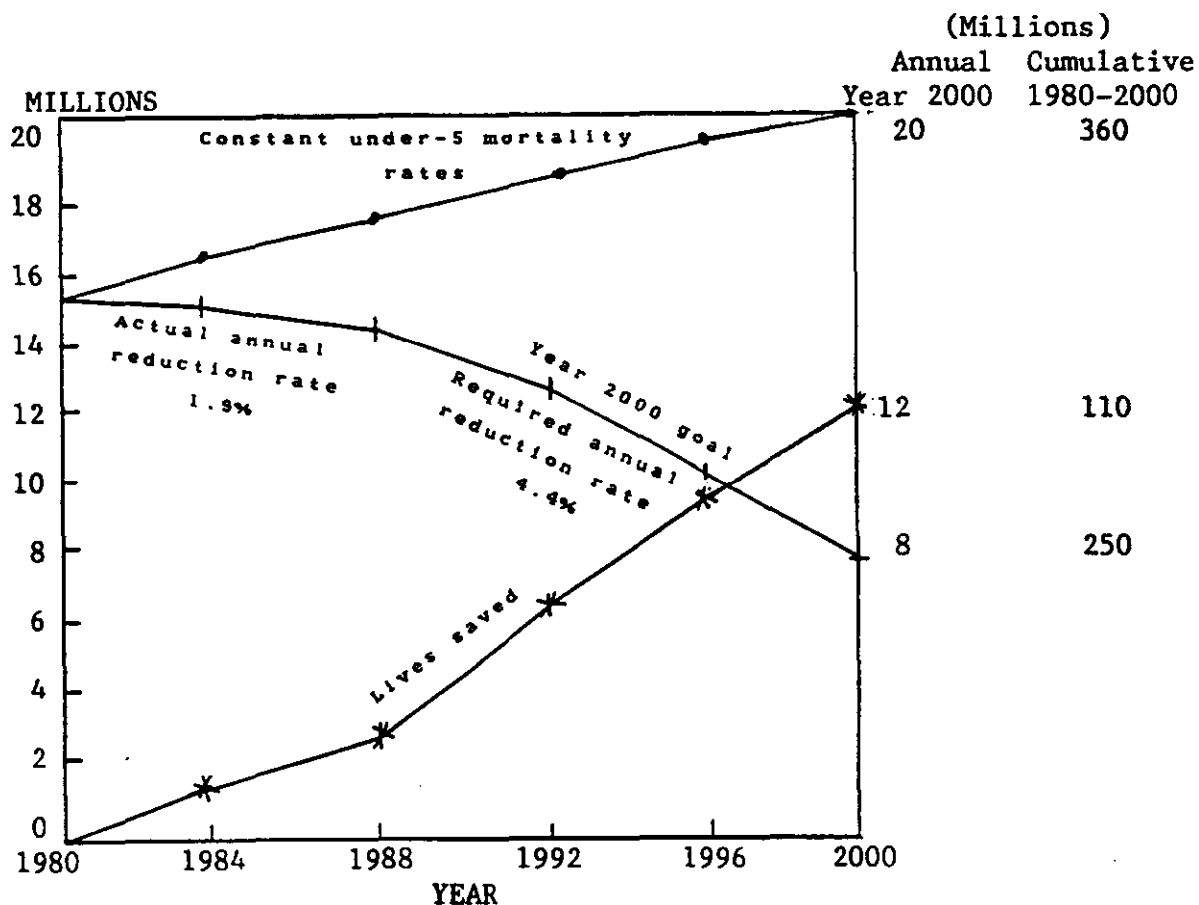
1. Reduction of mortality
  - 1.1 Reduction by 50 per cent of maternal mortality rates from 1980 levels.
  - 1.2 Reduction of 1980 infant mortality rates by at least half or to 50 per 1,000 live births, whichever achieves the greater reduction.
  - 1.3 Reduction of 1980 under-5 mortality rates by at least half or to 70 per 1,000 live births, whichever achieves the greater reduction.
2. Women's education and health
  - 2.1 Achievement of universal primary education and 80 per cent female literacy.\*
  - 2.2 Access by all couples to information and services for child spacing.
3. Better nutrition
  - 3.1 Reduction of the rate of low birth weight (2.5 kg) to less than 10 per cent.
  - 3.2 Enable all women to exclusively breast-feed their child for four to six months and to continue breast-feeding with complementary food well into the second year.
  - 3.3 Virtual elimination of severe malnutrition among under-5 children and reduction by half of moderate malnutrition.
  - 3.4 Virtual elimination of iodine deficiency disorders.
  - 3.5 Virtual elimination of the blindness and other consequences of vitamin A deficiency.
4. Control of childhood diseases
  - 4.1 Global eradication of polio.
  - 4.2 Elimination of neonatal tetanus by 1995.
  - 4.3 Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases in 1995, compared to pre-immunisation levels as a major step to the global eradication of measles in the longer run.
  - 4.4 Reduction by 70 per cent in the deaths due to diarrhoea in children under the age of five years; and 25 per cent reduction in the diarrhoea incidence rate.
  - 4.5 Reduction by 25 per cent in the deaths due to acute respiratory infections in children under five years.
5. Control of the environment
  - 5.1 Universal access to safe drinking water.
  - 5.2 Universal access to sanitary means of excreta disposal.
  - 5.3 Elimination of guinea-worm disease by 1995.
  - 5.4 Achievement of a safer and more sanitary environment, with significant reductions of radioactive, chemical and other microbiological pollutants.

\* Each country to define the age group.

# GLOBAL ESTIMATED DEATHS AND LIVES SAVED

## CHILDREN UNDER FIVE YEARS OF AGE 1980-2000

(Estimates in millions)



—●— Projection A

The 1980 under-5 mortality rates remains constant to the year 2000.

—+— Projection B

Up to 1988 the under-5 mortality rates are as estimated by the United Nations Population Division. From 1988 countries make sufficient progress to reach their CSDR targets by the year 2000 i.e. either an under-5 mortality rate of 70 or half their 1980 rate whichever is lower.

—\*— Projection C

i.e. The difference between Projection A deaths and Projection B deaths.