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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
WHO/UNICEF Policymaker's Meeting on
"Breastfeeding in the 1990s: A Global Initiative"

Florence, Italy
1 August 1990

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Those of us gathered here in Florence for this meeting are well aware of the importance of breastfeeding for optimum child growth and development. While it is encouraging that we have come together to review strategies for a fuller implementation of this proven means of nurturing our children, it is also somewhat frustrating that, although the enormous benefits of breastfeeding - for nutrition, for resistence to infection, for mother-child bonding - have become so widely acknowledged, so many mothers and children are still deprived of this "natural wonder".

There have been three eras, so to speak, regarding breastfeeding during my time with UNICEF, or, since the late 1970s.

First there was the period during which we were all working dynamically toward establishment of the International Code of Marketing of Breast-milk Substitutes. UNICEF worked rigorously in several fora and with the missions to the U.N. in adoption of the code.

The second era began with the Child Survival and Development Revolution (CSDR). Ever since we first singled out the GOBI interventions, breastfeeding has been identified for every UNICEF country programme in the world as a significant opportunity.

To be frank, however, advances in breastfeeding have lagged. What really fueled the important progress in children's health and survival during the 1980s were the twin engines of universal child immunization and the increased use of oral rehydration therapy (ORT) to combat the lethal effects of diarrhoeal dehydration. There was clearly more accelerated effort on these interventions than on other fronts.

Now, at the beginning of the 1990s, we are committed to achieving equal progress on a broader range of low-cost/high-impact child health interventions - foremost among them, breastfeeding, we are committed to taking them to scale in countries throughout the world. This is reflected in the "Goals for Children and Development in the 1990s", formulated through extensive consultation in fora throughout the world, and which we hope will be adopted

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to be established on breastfeeding. These could be initiated by Ministers of Health, and should include women from relevant organizations and governmental sectors, as well as the Ministers of Labour, and heads of any relevant social sectors. These groups should analyze conditions in their own country, define what is possible to meet the needs, and develop and implement strategies to meet those needs.

As participants at this meeting are aware, a great deal of evidence suggests that it is often health personnel in hospitals that are actually responsible for initiating harmful practices by offering little or no support to women to breastfeed, or even by encouraging the use of breastmilk substitutes.

Each of you Health Ministers, and your counterparts in countries not represented at this meeting, could take it upon yourself to find out how many of the hospitals in your country follow the "Ten Steps to Successful Breastfeeding". Then, of course, the task remains of ensuring that they are fully implemented. The WHO and UNICEF have requested that every facility providing maternity services and care for new-born infants observe the ten points, which, to refresh our memories, include:

-- Have a written breastfeeding policy that is routinely communicated to all health care staff.

-- Train all health care staff in the skills necessary to implement this policy.

-- Inform all pregnant women about the benefits and management of breastfeeding.

-- Help mothers initiate breastfeeding within a half-hour of birth.

-- Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.

-- Give new-born infants no food or drink other than breastmilk unless medically indicated.

-- Practice rooming-in - allow mothers and infants to stay together - 24 hours a day.

-- Encourage breastfeeding on demand.

-- Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.

-- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

Supporting women in having the opportunity to breastfeed should no longer be optional. The Convention on the Rights of the Child establishes the obligation by states to offer support in this domain. The Convention, which was adopted by the United Nations in November 1989, and which will go into force as soon as 20 countries ratify it (and it appears that this will happen in time for the World Summit for Children on 29-30 September in New York) says

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990S

The following goals, formulated through extensive consultation, at country and regional levels and in various international fora including the relevant bodies of the UN (e.g., WHO, UNESCO, UNFPA, UNICEF) and several international meetings including the World Conference on Education for All, attended by virtually all Governments and a large number of non-governmental organizations, are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources. Achievement of these goals is essential to full implementation of the Convention on the Rights of the Child, which is the ultimate objective of programmes for children and development.

I. Major Goals for Child Survival, Development and Protection

- Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate in all countries by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.
- Between 1990 and the year 2000, reduction of maternal mortality rate by half.
- Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half.
- Universal access to safe drinking water and to sanitary means of excreta disposal.
- By the year 2000, universal access to basic education and completion of primary education by at least 80% of primary school age children.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy.
- Improved protection of children in especially difficult circumstances.

II. Supporting/Sectoral Goals

1. *Women's Health and Education*

- Special attention to the health and nutrition of the female child, and pregnant and lactating women.
- Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many.
- Access by all pregnant women to prenatal care, trained attendants during child birth and referral facilities for high risk pregnancies and obstetric emergencies.
- Universal access to primary education with special emphasis for girls, and accelerated literacy programmes for women.

2. *Nutrition*

- Reduction in severe as well as moderate malnutrition among under-5 children by half of 1990 levels.
- Reduction of the rate of low birth weight (2.5 kg or less) to less than 10%.
- Reduction of iron deficiency anaemia in women by one-third of 1990 levels.
- Virtual elimination of iodine deficiency disorders.
- Virtual elimination of vitamin A deficiency and its consequences, including blindness.
- Empowerment of 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.
- Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s.
- Dissemination of knowledge and supporting services to increase food production to ensure household food security.

3. *Child Health*

- Global eradication of poliomyelitis by the year 2000.
- Elimination of neonatal tetanus by 1995.
- Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunisation levels by 1995, as a major step to the global eradication of measles in the longer run.
- Maintenance of a high level of immunisation coverage (at least 90% of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child bearing age.
- Reduction by 50 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.
- Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

4. *Water and Sanitation*

- Universal access to safe drinking water.
- Universal access to sanitary means of excreta disposal.
- Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

5. *Basic Education*

- Expansion of early childhood development activities including appropriate low-cost family and community based interventions.
- Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.
- Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication, and social action, with effectiveness measured in terms of behavioural change.

6. *Children in Difficult Circumstances*

- Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.

Ten steps to successful breast-feeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breast-feeding.

4. Help mothers initiate breast-feeding within a half-hour of birth.

5. Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.

7. Practise rooming-in — allow mothers and infants to remain together — 24 hours a day.

8. Encourage breast-feeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.

10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.