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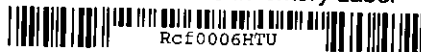
Address from Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
International Conference on the Promotion of Breastfeeding  
and Baby Friendly Hospitals  
sponsored by UNICEF and  
The International Paediatrics Association

"Baby Friendly Hospitals toward a Baby Friendly World"

Ankara, Turkey  
28 June 1991



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"BABY FRIENDLY HOSPITALS TOWARD A BABY FRIENDLY WORLD"

It is a great pleasure to be back in Turkey — this much-beloved "second homeland" of mine — and I am particularly pleased to have the opportunity to attend this extremely important event in which so many dear friends and distinguished colleagues are taking part. I am hopeful that, in the year 2000, when the world tallies up its scorecard for children in light of the goals collectively set for the 1990s, this meeting in Ankara on the vital issue of breastfeeding and the new "baby friendly hospitals" initiative will stand out as a high point — perhaps even a turning-point.

It is most appropriate that this meeting sponsored by the International Paediatrics Association should be taking place in Turkey, which has a national history of placing an official priority on children — beginning with Ataturk's proclamation of April 23rd as National Children's Day. For me, it is a doubly significant occasion, as we are now commemorating the 40th anniversary of UNICEF's collaboration with Turkey...a collaboration we view as most productive and exemplary.

It was here in Turkey that it was first demonstrated — in dramatic fashion — that even a large country with a population of over 50 million could mobilize itself from top to bottom, from capital city to remote mountain hamlet, to immunize its children. In September 1985, the President personally helped launch the first of three national immunization weeks to protect five million young children against six diseases which the year before took the lives of more than 30,000 Turkish children, and crippled tens of thousands more. With more than 53,000 imams taking the lead at the Friday prayer in each mosque...and with the active participation of 95,000 village teachers (who returned from summer vacation two weeks early for the purpose)...with the local leadership of all of the then-67 provincial governors and the help of

thousands of radio and TV spots -- some 85 per cent of all young Turks were fully immunized against the dread diseases by winter snowfall. And health leaders from many countries -- including China, Egypt, Indonesia, Syria and Yemen -- came to observe the campaign with an eye toward accelerating their own programmes.

What was an extraordinary campaign in 1985 has evolved into an institutionalized system of routine immunization that has maintained these high levels of coverage. Thanks to such efforts -- which encompass oral rehydration therapy against the dehydration from diarrhoea, which has been the single largest killer of children in the world -- 80 thousand fewer child deaths are now occurring each year in Turkey than in 1980, and birth rates have dropped even more as parents become confident their first born children will survive.

Turkey continues to mobilize on behalf of its children. Just two weeks ago, Mrs. Semra Ozal launched the "Survival and Health Care of Mothers and Children" programme with the goal, she explained, of bringing together society's resources and capacities to sustain the political commitments made by the 71 heads of state and government -- President Ozal among them -- who participated in last September's historic World Summit for Children. In announcing the establishment of a new decentralized structure under the Ministry of Health that will work to upgrade the health status of women and children, she pledged that, as was the case with the 1985 immunization campaign, Turkey will be an example to the rest of the world in reaching the year 2000 goals endorsed at the World Summit. Permit me, Mr. President, to voice UNICEF's utmost confidence that your country will, indeed, continue to provide such an example. In fact, sustaining in the 1990s the progress Turkey made during the 1980s in child survival will ensure that your country will meet the World Summit goal of a one-third reduction in under five mortality.

#### Consolidating the "B" in G.O.B.I

The key lessons in political commitment and social mobilization learned here in Turkey, in Colombia and other countries -- lessons that helped the world reach Universal Child Immunization 1990, a remarkable achievement Dr. Nakajima and I expect to be able to announce on October 8th -- must now be applied to accelerate the entire set of actions that will be required to reduce infant and under-five child mortality rates in all countries by one-third or to 50 and 70 per 1000 live births, respectively, whichever is less.

Success in reaching this target endorsed at the World Summit would reduce the present obscene toll of 14 million under-five children dying each year to under 8 million, even after allowing for population growth. Success would mean saving roughly 50 million of the 150 million children current projections say will die of largely preventable causes over the decade of the 1990s. And, as the experience of the newly industrializing countries in Asia demonstrates, it would give a boost to economic development and help slow population growth in the 21st century.

Without minimizing the problems we will surely encounter along the way, it seems to me that, compared to universal immunization — which we now know can be done — most of the other interventions contemplated in the World Summit Plan of Action present fewer difficulties and require even lower levels of resource allocation. All are eminently "do-able". And one of the most "do-able" of the goals is breastfeeding, the "B" in the G.O.B.I. (Growth monitoring, Oral Rehydration Therapy, Breastfeeding and Immunization) acronym of the Child Survival and Development Revolution.

For lack of the "B", merely because mothers are not effectively empowered with the knowledge, are not adequately motivated and not adequately supported to breastfeed, some three to four thousand infants die every day — well over one million a year. And these figures are for under one-year-olds; large numbers of babies between the ages of one and two also succumb to combinations of malnutrition, disease and dehydration that could be prevented through proper breastfeeding and supplementary feeding practices. It is your job — our job — the job of leadership in the health and development community, to firmly establish the "B" in G.O.B.I.

The need to convey why "breastfeeding is best"

Paediatricians, obstetricians and public health officials such as yourselves have seen the benefits of breastfeeding with your own eyes. But there is clearly an urgent need to step up our advocacy with policy-makers at all levels, to design more effective strategies for overcoming institutional and attitudinal obstacles to breastfeeding, and to convey to the general public exactly why "breast is best". Our messages must be clear and unequivocal:

\* breastfeeding saves lives: in the developing world, the risk of death for infants who do not breastfeed is 10-to-15 times greater in the first 3-to-4 months of life than that of babies who are exclusively breastfed. Over 6 million infant lives are saved each year by breastfeeding. A recent photograph of a mother and her twin son and daughter illustrates in dramatic fashion the often fatal consequences of bottle-feeding. Based on the almost certainly unfounded belief that she wouldn't have enough milk for both her children, the mother decided to exclusively breastfeed the son and bottle-feed the daughter. The daughter died the day after this photograph was taken. Thanks to the age-old bias in favour of the male, her twin brother was breastfed...and he not only survived but thrived.

\* breastmilk is the ideal — the perfect — food for infants: it fulfills the infant's total nutrient requirement through 4-6 months of age, and remains an invaluable source of nourishment throughout the second year of life, when complemented by appropriate weaning foods.

\* breastfeeding prevents diarrhoea: infants not breastfed are at least twice as likely to get diarrhoea and up to 25 times more likely to die from its effects during the first two months of life, compared to those exclusively breastfed. The World Health Organization ranks breastfeeding first among measures to suppress diarrhoea among infants.

\* breastfeeding confers immunity: colostrum is the child's first immunization; breastmilk protects the infant from bacterial and viral pathogens prior to and during the time of acquiring active immunity through vaccination.

\* breastfeeding is effective family planning: exclusive or almost exclusive breastfeeding will provide almost total protection from pregnancy during the first six months when ammenorrhea is present and helps substantially thereafter. By helping to space births, breastfeeding contributes to both maternal and infant mortality reductions.

\* breastfeeding protects mothers' health and is therefore critical to Safe Motherhood strategies: it not only helps space the mother's births but significantly lowers the mother's risk of breast and ovarian cancer and reduces chances of fatal postpartum hemorrhage.

\* breastfeeding saves money -- a key consideration in these times of recession and austerity: it is one of the most cost-effective child survival interventions, providing major economic benefits to families and hospitals, to the public sector and national economies.

\* and last but not least, breastfeeding promotes bonding: this is especially critical in the first hour following birth, when mother and infant are most alert to one another. Recent research shows that it is during this hour that the feel, smell and visual image of each member of the new mother/infant dyad become mutually imprinted and bonding occurs. These studies show that when there is minimal interference, the infant will -- with guidance from the mother -- find the nipple and start to suck within this first hour. Is it not ironic that, due to our ignorance of how the miracle of bonding works, it is precisely during that all-important period that mothers and newborns are routinely separated from one another, even in many institutions that seek to promote breastfeeding?

Given all of these extraordinary benefits, can anyone deny that it is the right of mothers to breastfeed and the right of children to be breastfed, when breastfeeding is at all physiologically possible? Or that it is, therefore, the obligation of society -- of hospitals and maternity services, in the first place, but of family, community and workplace as well -- to empower and support mothers to breastfeed their babies?

And yet, in spite of these powerfully life-giving and cost-saving benefits, breastfeeding is faced with stiff competition from breastmilk substitutes in much of the world and a serious lag by most hospitals in becoming actively supportive of breastfeeding. And there is a bitter irony here. Where the prevalence of both exclusive and partial breastfeeding has long been highest -- the developing world -- it is now most endangered, as more and more women live in cities and have their babies in hospitals. In the industrialized countries, where prevalence of breastfeeding is lowest, there has been a noticeable improvement over the past 30 years. In other words, parts of the Third World are acquiring the industrialized countries' bad habit of using infant formula long after the developed world started to become

mindful of the dangers associated with breastmilk substitutes and began returning — however tentatively and incompletely — to breastfeeding. A similar pattern can be observed in the case of that other bad habit: smoking.

A further irony is that breastfeeding primacy is threatened most where bottle-feeding involves the most health risks and represents the greatest economic burden. In poor communities, bottle-fed infants often ingest inferior artificial substitutes overdiluted with unclean water in unsterile containers...a perfect formula for malnutrition, diarrhoea, dehydration and death. The trend is toward higher levels of breastfeeding among the better-educated and toward increased bottlefeeding among low income and minority groups, as we are seeing in the United States.

And what an expensive habit bottlefeeding is! Here in Turkey, the cost of feeding a baby with infant formula for a single day is US\$2.50, which adds up to US\$75 a month — equivalent to fully two-thirds the average net minimum wage. In Sierra Leone, the cost of feeding a baby with infant formula during its first year of life is just over the annual minimum urban wage; in Ghana, it exceeds the yearly wage by almost 200 per cent...in Nigeria, by more than 250 per cent. In Cote d'Ivoire, the price tag for artificially feeding an infant for a year is about US\$350 — almost half the country's per capita GNP.

The costs of bottlefeeding to national economies and the public sector are equally prohibitive. Brazil spends US\$70 million and Nigeria US\$50 million a year; Turkey, US\$30 million, and Colombia, Ethiopia, Philippines and Thailand all spend US\$20 million a year importing breastmilk substitutes — using all-too-scarce foreign exchange. In the Philippines, a 31 per cent reduction in breastfeeding meant an additional US\$16 million was required to pay for breastmilk substitutes. And because they are associated with increased illness and fertility, declines in breastfeeding result in substantial indirect costs to society. A 25 per cent reduction in the number of mothers who breastfeed would cost Indonesia an additional US\$40 million in diarrhoeal treatment (20 per cent of the nation's health budget!).

Must several decades go by... do millions of babies have to die unnecessarily...do families and societies have to go on paying such costs...before decisive action is taken to reverse the dangerous trend away from breastfeeding?

#### An international consensus for action

I am convinced that the time for decisive action is now. As you know, just ten years — a decade — has passed since the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes, on 21 May 1981, the objective of which was to promote and protect breastfeeding through regulation of how breastmilk substitutes are marketed. (Permit me to note, in this connection, the strong leadership role played by Turkey — ably represented by Professor Dogramaci, then Minister of Health — in favour of the Code's approval at that historic meeting.) To date, only 37 countries have incorporated all or some of the code's provisions into law — and even in those countries enforcement ranges from weak to not at all.

Here in Turkey, I have learned, an amendment to existing public health rules for food products is now being considered that would require a notice to appear on every can or bottle of infant formula stating that the product should only be used when breastfeeding is not possible. It would also prohibit the use of signs or pictures implying that formula is the "ideal food for babies".

A series of recent developments -- made possible by decades of intensive work (long pioneered by NGOs and coalitions of NGOs) on this critical issue -- are converging to create important new momentum and opportunities to protect and promote breastfeeding.

\* In 1989, the World Health Organization and UNICEF issued a joint statement on Protecting, Promoting and Supporting Breastfeeding, recommending what maternity services ought to do to support breastfeeding. These actions are summarized as the "Ten Steps to Successful Breastfeeding" (attached).

\* In 1990, the historic Convention on the Rights of the Child entered into force as international law, establishing (among many other rights and responsibilities relating to children) the legal obligation of States to provide mothers and families with the knowledge and support required for breastfeeding.

\* A policymakers' meeting convened by WHO-UNICEF in association with SIDA and USAID, with representatives from many countries, was held in Florence, Italy, last August and issued the Innocenti Declaration on the Promotion, Protection and Support of Breastfeeding (attached). The Declaration calls for creation of an environment enabling all women to practice exclusive breastfeeding and all infants to feed exclusively on breastmilk from birth to 4-6 months of age and to continue, with adequate complementary foods, for up to two years, or beyond.

\* Two months' later, the World Summit for Children embraced the Innocenti framework. One of the 27 targets (attached) which the presidents, prime ministers and monarchs committed themselves to reach is "empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year."

\* In February of this year, major international organizations involved in breastfeeding promotion established the World Alliance for Breastfeeding Action (WABA) to mobilize human, technical and organizational resources for the implementation of the Innocenti Declaration. Leaders of that Alliance are here with us today.

\* The most recent meetings of UNICEF's Executive Board and the World Health Assembly recommended that UNICEF and WHO, respectively, use the Innocenti Declaration as the basis for their policies and actions, with specific emphasis on the "Ten Steps". The UNICEF resolution also called on "manufacturers and distributors of breast-milk substitutes to end free and low-cost supplies of infant formula to maternity wards and hospitals"

by December 1992, to reduce their "detrimental effect on the initiation of breastfeeding". It was the first time a specific deadline had been set for putting an end to this highly-effective — and for that reason, all the more harmful — marketing technique.

\* And last but not least, UNICEF and WHO have recently received letters from the infant formula industry agreeing to put a halt to the free and low-cost distribution of breast-milk substitutes to hospitals and maternity wards throughout the developing world by the end of December 1992.

At present, as you are well aware, thousands upon thousands of hospitals and maternity centres — in both industrialized and developing countries — have become dependent on free formula for routine bottlefeeding of newborns. Infants are routinely separated from their mothers immediately after birth ("kidnapped", as the practice was described to me by a leading paediatrician in Mexico a couple of weeks ago) and they are often given a bottle of sugar water before being re-united with their mothers...when the vital "bonding hour" I described before has already passed. Rarely is there any instruction or follow-up support given to mothers desiring to breastfeed their babies. Mothers are often sent home with bottlefeeding well established or breastfeeding only weakly initiated...and with several cans of free formula as a parting gift.

None of this is done, of course, with anything but the best of intentions; on the contrary, these practices developed, over the course of decades, precisely with the well-being of mother and child in mind, under the general influence of a "prepared foods" culture. In the meantime, scientific understanding of the many-sided benefits of breastfeeding advanced and what we are seeing in the vast majority of the world's hospitals and maternity services today is a typical lag in the application of this knowledge.

It will be a major breakthrough if free and low-cost distribution is, in fact, halted. Not having "promotional" supplies of infant formula on hand will give a big boost to breastfeeding. But the cut-off could create a dangerous vacuum only 18 months from now in institutions where bottlefeeding has been the norm for decades and things are not yet set up in a way to facilitate breastfeeding. That is why UNICEF and WHO, joined by breastfeeding advocates in the NGO community, have decided to launch a worldwide campaign to get hospitals and maternity services to be supportive of women in their motherhood role, by practicing the "Ten Steps to Successful Breastfeeding", which are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staffs in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.



4. Help mothers initiate breastfeeding with a half-hour of birth.
5. Show mothers how to breastfeed, 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. Practice rooming-in -- allow mothers and infants to remain together -- 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Institutions that adopt and apply these "Ten Steps" will be designated "Baby Friendly Hospitals" and receive a plaque or certificate for public display. At later stages, the campaign will also promote and recognize higher degrees of hospital "baby friendliness", that is, through the promotion of oral rehydration therapy, growth monitoring and immunization in addition to breastfeeding. And where births do not take place in institutions, whole villages could receive the "baby friendly" designation if traditional birth attendants, the family and community fully support breastfeeding.

Eighteen months is a short time. It may not be possible to convert all of the world's hospitals and maternity centres into fully "baby friendly" institutions by the end of 1992, but it certainly is feasible to aim for the transformation of the majority of them, beginning with teaching hospitals and selected institutions likely to serve as trend-setters. The key lies in willingness to make a commitment to take action now. Just yesterday I had the privilege of visiting a hospital -- Ankara's "Buyuk Dogum Evi" maternity hospital -- where I saw that will at work. With eight of the "Ten Steps" already implemented, that hospital is well on its way to serving as a role model and training centre for the rest of the country's institutions...an example for the world.

In this period of economic recession and health system crisis in most countries, an important "selling-point" for this campaign will be the fact that the costs associated with the switch-over to breastfeeding -- staff training, education and support of new mothers, modification of physical plant to allow rooming-in, etc. -- are low, and will be more than recouped in months by savings from greatly diminished use of formula, shorter hospital stays and fewer mothers returning to the hospital with sick infants. The Jose Fabella Hospital in Manila, for example, is now saving over US\$100,000 a year as a result of becoming "baby friendly" and it has received a presidential award for its work.

Will you join us in this effort? So many of you in this hall have been in the leadership of other strategic initiatives of the Child Survival and Development Revolution. All or most of you here today are linked to hospitals and should be in a position to advocate directly and persuasively for the adoption of the "Ten Steps". You can enlist your professional organizations and certifying bodies in the "Baby Friendly Hospital Campaign". Educating mothers about breastfeeding and getting them to press their hospital to become "baby friendly" should become a routine part of the pre- and postnatal care you provide. Formal endorsement of the "Baby Friendly Hospital" Campaign by this distinguished assembly would constitute a most auspicious beginning to a major global effort.

Weaning hospitals from the infant formula habit and getting them to promote and support breastfeeding represents a major challenge, a key component of the effort to reach the year 2000 goals set forth at the World Summit for Children. Hospitals, here in Turkey and elsewhere, in their concern for healing, tend to look inward -- at those they are caring for in their wards. Here, in the promotion of breastfeeding in and outside the walls of the institution, is a chance to widen that scope -- to become a lighthouse of knowledge, to train, to reach out into the community with follow-up support after the new mother has left the hospital. This "Baby Friendly" campaign could be the cutting edge for re-connecting the hospitals of the world with the health system, with prevention, with health education.

Together -- governments, international agencies, professional associations, NGOs, communities and families -- we can reach the targets for improving the lives of children everywhere. In so doing, we will help ensure that the world of the 21st century -- of the third millenium -- will be truly "baby friendly", truly "child friendly," truly "people friendly".