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Address from Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
10th World Congress
of
International Physicians for the Prevention of Nuclear War

Stockholm, Sweden
29 June 1991

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It is a great pleasure and privilege for me to address -- now for the third time -- a world congress of International Physicians for the Prevention of Nuclear War. UNICEF and IPPNW are, by now, old allies in the closely intertwined, essentially inseparable struggles for peace and health -- peace and health for children, peace and health for all.

For UNICEF, it is a two-fold partnership. We work closely on women's and children's health issues with the individual national physicians' groups in 68 countries that make up your federation. At the same time, we closely identify with the cause that inspires IPPNW, a fellow Nobel Peace Prize laureate. Your outstanding work for peace has contributed so much to ending the Cold War and, therefore, to the creation of an international climate in which children's urgent needs -- people's needs -- can receive the priority attention they deserve. On this, your tenth anniversary, I want to congratulate you on behalf of UNICEF and thank you for helping make the world a significantly safer place for children to live.

IPPNW's quarter million members greatly strengthen the Grand Alliance for Children we have been helping to build and which has been gaining momentum over the past several years -- during the same years, precisely, in which the greatest advances were taking place in the global political and security spheres. I am confident that these developments will mean even closer collaboration between our organizations in the future.

In June of 1985 and even in May of 1987, when I participated in your Budapest and Moscow conferences, the threat of nuclear war between the superpowers still loomed large, hanging like a huge question mark over the very survival of humanity. The Cold War remained in full force, although welcome signs of thaw had begun to appear -- IPPNW's efforts having contributed in no small measure to those advances. The arms race continued unabated, militarizing the world economy and exacerbating tensions.

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1990s -- a window of opportunity for peace and progress

At the time, no one -- not even the most visionary among us -- could have predicted the extraordinary changes that were soon to follow...especially not the dizzying speed with which they have taken place: the end of the Cold War; co-operation between the U.S. and the U.S.S.R. in resolving a series of long-festering regional conflicts; the crumbling of the Berlin Wall and the re-unification of Germany; the fall of authoritarian governments in one country of Central and Eastern Europe after another, and their embracing of pluralistic, free market systems; the dissolution of the Warsaw Pact; and the tide of democratization that has swept Latin America and increasingly now, much of Africa as well. We applaud these changes even as they boggle our minds.

It will take some time to fully grasp the implications of these and other changes that are re-shaping our world, but it is clear that we now have before us a remarkable window of opportunity during this last decade of the 20th century -- a window of opportunity for extending and consolidating peace and for making unparalleled progress on the social and economic fronts. Keeping that window open -- indeed, opening it further -- is the central challenge all of us face as we meet here in Stockholm today.

The antagonistic East-West deadlock which made global collaborative action near impossible in any forum, on any major issue, has been broken. It is now possible to seek truly global approaches. There is an unparalleled awareness today of the interdependencies that link peoples everywhere. More problems -- ranging from the environment to economics and, yes, to health care -- are being viewed as global problems requiring global solutions or international action in support of national solutions. The topic of this plenary could not be more relevant and timely. Permit me to focus on it from the angle of children's well-being, UNICEF's mission and of concern to us all.

1990: the most momentous year for children

It is highly significant that following the end of the Cold War, the world's leaders decided to move at the highest level on the issue of children -- not war and peace, not the economy, not the environment. Three major breakthroughs for children took place in 1990, making it, beyond a doubt, the most momentous year for children ever:

* First, The Convention on the Rights of the Child -- which only a few years ago seemed doomed to remain in draft form forever -- entered into force on 2 September 1990, having achieved the necessary 20 ratifications in the unprecedentedly short time of 8 months. It codifies the broad range of children's rights and society's obligations toward the child for the first time. One of those rights is health care, with an emphasis on primary and preventive care. The Convention is the Magna Carta, the Bill of Rights for children. Already ratified by 91 countries, the Convention and its precepts must now be incorporated into the laws and practice of all nations. Advocacy by the medical profession -- given the prestige and influence you enjoy in all societies -- can greatly accelerate the

conversion of the abstract rights set forth in the Convention into realities for children wherever you live. In the United States, where the Convention has yet to be ratified, your activism could make the critical difference.

* Second, only weeks following the Convention's entry into force, the World Summit for Children convened by Prime Minister Carlsson of Sweden and five other initiators was held at United Nations headquarters in New York, on September 30, 1990. Taking part were leaders from 159 countries representing 99 per cent of the world's population -- including an unprecedented 71 Heads of State or Government . It was the first global summit with participants from East, West, North and South. In essence, the work of the World Summit for Children consisted of designing a common strategy for implementing the rights enshrined in the Convention.

"Children first" -- a moral breakthrough

A single moral principle underlies both the Convention and the Declaration and Plan of Action approved at the World Summit. It holds that the essential needs of all children should have a "first call" on society's resources and concerns -- not only in good times but in bad times as well. The World Summit Plan of Action is unequivocal when it states that "no cause merits a higher priority than the protection and development of children, on whom the survival, stability and advancement of all nations -- and, indeed, of human civilization -- depends". Quite a simple concept, but also quite revolutionary. It means that the world's leaders have now agreed, rhetorically at least, that caring for children's bodies and minds constitutes such an important investment in the future that society simply cannot afford to hold them hostage any longer to the rise and fall of economic indicators, or the results of elections, the myriad conflicts and mistakes of their elders. In other words, governments have gone on record as discarding the traditional excuses for not doing what can be done to ensure a decent life for all children.

But we all know very well that it is not very difficult to endorse a lofty principle like this in the abstract -- such pronouncements seem to be the stuff of traditional politics and diplomacy. You may well ask: what makes us think that world leaders will implement these general principles? Two very different reasons give us a basis for some confidence, if only groups like ours insist on implementation. First, the leaders accompanied their declaration of principle with a concrete plan, with a specific timetable to meet specific targets, and with a public mechanism for monitoring implementation.

The presidents, prime ministers and monarchs put their signatures to documents committing themselves and their governments to meet -- by the year 2000 -- 27 measurable goals (attached) related to the well-being and development of children, ranging from the more general goals, such as reducing infant and under five mortality by one-third, and child malnutrition, illiteracy and maternal mortality by one-half, to the more specific, such as the eradication of polio and the guinea worm. They then invited the world and their publics to scrutinize progress at the one, five and ten year points, using the United Nations system, including particularly UNICEF. To date, 113

heads of state or government have signed the World Summit Declaration and Plan of Action -- an historic compact of the adult world toward the young.

Success in reaching the goals endorsed at the World Summit would reduce the present toll of 14 million under-five children dying each year to under 8 million, even after allowing for population growth. It 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.

* The second reason for tempered confidence is that the third great breakthrough for children in 1990 was a practical one -- the achievement of the goal set by the international community in 1985, with Bernard Lown signing for the IPPNW, of immunizing 80 per cent of the developing world's under-one-year olds by the end of 1990. Quadrupling vaccine coverage from 20 per cent in 1980 to 80 per cent in only a decade required the greatest peacetime collaboration in history. The world's governments and international agencies joined by NGOs and communities, have worked together to achieve a near miracle -- one of those truly historic achievements that do not make the headlines. Over 100 million infants are now being reached each year with vaccines four or five times during their first year of life -- a total of over 500 million contacts every year between children and organized delivery systems extending, often, to remote villages and settlements unreached by even the postal service. Twelve million lives -- three million last year alone -- have been saved since the global immunization campaign began. And it is worthwhile to recall that this was accomplished during what is referred to as the "lost development decade" of the 1980s, when most of the Third World was plunged in deep economic crisis. The achievement of UCI 1990 gives us every reason to believe that we can go on to reach the entire range of doable goals for children -- most of them requiring even fewer resources than immunization -- by the year 2000.

This will only happen, however, if public opinion insists on and participates in their implementation. And the richer countries must help the poorer, particularly the least developed in Africa. The UN estimates an additional US$20 billion will be required annually by the mid 1990s, two-thirds from the developing countries and the balance from industrial countries. A considerable sum, yes. But for developing countries, it is less than they spend each month for military expenses. For the United States, its share would be equal to what it now spends in two days on its military, and much less than the amount spent by U.S. tobacco companies for advertising each year.

<u>The need to sustain and support political will</u>

Everywhere I have travelled in the past few months -- Nigeria, Turkey, Finland, Mexico and elsewhere -- I have seen real activity preparing national plans of action for implementing the Summit goals. Governments have pledged to have these plans ready by the end of the year. In most countries, it is

the health sector that is taking the lead, but now with stronger backing from the office of the president or the prime minister, and closer collaboration on the part of the ministries of finance and education, among others. In Mexico, two weeks ago, I was deeply gratified to see President Salinas' personal involvement in his country's new inter-sectorial process for drawing up a national plan, but, frankly, I was astonished to be handed draft plans for multi-sectorial implementation of Summit goals at the level of States and even municipalities! And UNICEF offices in dozens of countries are reporting similar progress toward the elaboration of plans and budgets for children in the 1990s.

Political will -- that vital ingredient for progress that was lacking in so many countries for so long -- is now engaged, and political leaders everywhere are carefully monitoring the pulse of public opinion. Children do not vote and so politicians are looking to other constituencies for a social mandate to invest in the future through children today.

An organization like IPPNW, which has helped move the leaders of the United States and the Soviet Union to destroy INF missiles and which is now pushing for destruction of the entire nuclear arsenal, is especially well positioned to influence the debate. You can use your well-deserved credentials in the fields of peace and medicine to help ensure that resources made available as a result of military cuts go to fund programmes for children, especially poor children. You have a key role to play. You must continue serving as society's conscience, warning that the neglect and abuse of children constitute every bit as much of a threat to national -- and global -- security as do nuclear weapons. Unless leaders and politicians hear from the grassroots, unless they are convinced there are powerful constituencies in favour of the re-structuring of priorities that will be necessary to place "children first", the temptation will be to return to "business as usual".

Baby friendly hospitals

Since you are physicians who spend your time healing -- not just advocating for good causes -- let me suggest a very tangible grass-roots action whereby you can transform your own environment, the hospitals where you work - placing "children first". Physicians 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 with 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 the 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 contains not only antibodies but also live cells which protect 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. Breastfeeding accounts for as many births prevented as all family planning programmes in the developing world! 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. Given a conservative estimate of US$1.00 per day per child fed, breast milk contributes some US$100 million daily to the world econmony - a substantial boost to resource starved nations.

* 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! 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. 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.

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.

* 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, a majority, in fact, of hospitals and maternity centres — in both industrialized and developing countries — make it difficult for mothers to breastfeed. Many 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. "Mother friendly" actions will also be promoted to make antenatal care, delivery practises, and post partum care more sensitive and responsive to the needs of women. 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.

Hospitals, 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 campaign to designate hospitals as being "baby friendly" could be the cutting edge for re-connecting the hospitals of the world with the health system, with prevention, with health education. It could be the first step in getting other institutions -- from families to employers -- to be truly "baby and child friendly". How many of you can join in taking the lead in this campaign which is so close to your own profession and which could be saving the lives of more than one thousand children daily by the end of 1992? And in so doing, would contribute significantly to the overall momentum of the child survival and development revolution now in progress world-wide.

A movement for children

> The great writer, Primo Levi wrote:
> "Once we know how to reduce torment and do not do it, we become the tormenters"

Experience has clearly demonstrated that we know how to reduce much of the torment -- the unnecessary torment of children in today's world. The knowledge is there...we must use it; the resources are available...we must apply them; the political will is now largely there...we must mobilize and sustain it. All persons, everywhere, who think of themselves as leaders -- leaders such as yourselves -- can help transform the Grand Alliance for Children into a movement for children, a movement that says we will no longer tolerate being counted among the tormenters. You physicians can simultaneously enhance the rights of the child through actions in your own field, such as promoting breastfeeding in the hospitals which are the temples of your profession, and through use of your prestige to encourage responsible actions by others, including, particularly, national political leaders.

Today more than ever, a grassroots movement for children is needed in every country to match and sustain the political will emerging at the level of political leadership. A global movement for children -- for health and education, for the broad range of children's rights -- will be every bit as relevant to the last decade of the 20th century and the approaching millenium as are the movements for peace, for the environment, for an end to women's inequality and racial prejudice. These are mutually supportive movements with overlapping constituencies and goals, all aimed at leaving the world a better place, for ourselves, but especially for our children. I know UNICEF and IPPNW will continue marching together in this common cause.

INNOCENTI DECLARATION

On the Protection, Promotion and Support of Breastfeeding

RECOGNISING that

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness[1] of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behaviour;

The Innocenti Declaration was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative", co-sponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July - 1 August 1990. The Declaration reflects the consensus of the original background document for the meeting and the views expressed in group and plenary sessions.

WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed while receiving appropriate and adequate complementary foods, for up to two years or beyond. This child-feeding ideal should be achieved by creating an appropriate environment of awareness and support in which all women can breastfeed in this manner.

Attainment of the goal requires [illegible] tries, the reinforcement of a "[illegible] culture" and its vigorous defence against the pressions of a "bottle-feeding culture." [illegible] commitment and advocacy for breastfeeding tion, utilizing to the full the persuasive authority of acknowledged leaders in all walks of life.

Efforts should be made to increase [illegible] confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to [illegible] breastfeeding and avoid [illegible] intervals that may compromise [illegible] nutritional status, and that of [illegible]

All governments should develop national [illegible] policies and set appropriate [illegible] for the 1990s. They should [illegible] a system for monitoring the [illegible] targets, and they should [illegible] such as the prevalence of [illegible] infants at discharge from [illegible], and the prevalence of [illegible] infants at four months of [illegible]

[illegible] are further urged to [illegible] breastfeeding policies into their [illegible] development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.

[1] Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

[2] World Health Organization, Geneva, 1989.

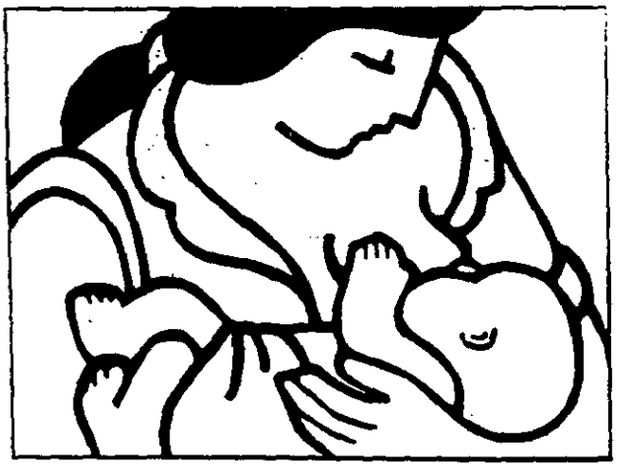
OPERATIONAL TARGETS:

All governments by the year 1995 should have:

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- ensured that every facility providing maternity services fully practises all ten of the *Ten Steps to Successful Breastfeeding* set out in the joint WHO/UNICEF statement[2] "Protecting, promoting and supporting breast feeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon International organizations to:

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.



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.

From: **Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services**
A Joint WHO/UNICEF Statement
Published by the World Health Organization 1989

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990S

(The following is the list of goals endorsed by the World Summit for Children, after deleting certain goals that are repeated.)

I. Reduction of Mortality

1. Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.
2. Between 1990 and the year 2000, reduction of maternal mortality rate by half.

II. Women's Health and Education

3. Special attention to the health and nutrition of the female child, and pregnant and lactating women.
4. Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many.
5. Access by all pregnant women to prenatal care, trained attendants during child birth and referral facilities for high risk pregnancies and obstetric emergencies.

III. Nutrition

6. Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half.
7. Reduction of the rate of low birth weight (2.5 kg or less) to less than 10%.
8. Reduction of iron deficiency anaemia in women by one-third of 1990 levels.
9. Virtual elimination of iodine deficiency disorders.
10. Virtual elimination of vitamin A deficiency and its consequences, including blindness.
11. 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.
12. Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s.
13. Dissemination of knowledge and supporting services to increase food production to ensure household food security.

IV. Child Health

14. Global eradication of poliomyelitis by the year 2000.
15. Elimination of neonatal tetanus by 1995.
16. 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.
17. 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, poliomyelits, tuberculosis and against tetanus for women of child bearing age.
18. 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.
19. Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

V. Water and Sanitation

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

VI. Basic Education

23. Expansion of early childhood development activities including appropriate low-cost family and community based interventions.
24. 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.
25. 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.
26. 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.

VII. Children in Difficult Circumstances

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