

Scientific Advisory Committee on Nutrition

Paper for discussion: An Update on Child Nutrition: Optimal Duration of Exclusive Breastfeeding

Agenda Item 5

Please see attached paper for consideration. The following annex is also attached:

Annex:

1. WHO. Fifty-fourth World Health Assembly. WHA54.2. Agenda Item 13.1. Infant and young child nutrition.

Please also see:

2. Department of Health. Weaning and The Weaning Diet. Report on Health and Social Subjects No 45. London: HMSO 1994. (Available on request).

Scientific Advisory Committee on Nutrition

An Update on Child Nutrition: Optimal Duration of Exclusive Breastfeeding

1. Background

- 1.1 In 1994 COMA report on *Weaning and Weaning Diets* stated that breastfeeding offers the newborn the best nutrition and that there are health benefits for infants who are exclusively breastfed during the first months of life. COMA recommended that solid foods should be introduced between the ages of 4 to 6 months. Current UK policy is based on the above recommendation.
- 1.2 In early 2000 WHO commissioned a systematic review of the published scientific literature on the optimal duration of exclusive breastfeeding. The original timetable envisaged the consideration of the issue in May 2002. However, due to pressure from a number of countries, in January 2001, the WHO Executive Board agreed that the issue would be discussed at the World Health Assembly meeting in May 2001.
- 1.3 In the light of the WHO activity, and to inform UK position on the issue, we convened an *ad hoc* Expert Group on Child Nutrition under the chairmanship of Professor Alan Jackson, the Chair of the new Scientific Advisory Committee on Nutrition (SACN). It included the members of the former COMA Panel on Child and Maternal Nutrition. The group considered the available scientific evidence and agreed that:

"There is sufficient scientific evidence that exclusive breastfeeding for 6 months is nutritionally adequate".

However the group noted that early introduction of complementary foods is normal practice in the UK and that mothers do this for many valid personal, social and economic reasons. They therefore recommended that there should

be some flexibility in the advice, but that any complementary feeding should not be introduced before the end of 4 months (17 weeks).

- 1.4 The WHO review was completed in April. The outcome of this process has been subjected to a global peer review and a full Scientific Report is due to be published. The expert committee made the following recommendation:

“The expert committee recommend exclusive breastfeeding for 6 months with the introduction of complementary foods and continued breastfeeding thereafter. This recommendation applies to populations. The expert committee recognise that some mothers will be unable to, or choose not to, follow this recommendation; they should be supported to optimise their infants’ nutrition.”

2. Current position

At the World Health Assembly in May resolutions on Infant and Child nutrition were adopted. The full text of the WHO resolution is appended at Annex 1. The key resolution on optimal duration of breastfeeding which the UK supported, in light of the advice received, is broadly in line with the conclusions of the *ad hoc* Expert Group. The following key resolution on recommended length of exclusive breastfeeding was passed:

“to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasising channels of social dissemination of these concepts in order to lead communities to adhere to these practices”

Members are asked

- **to note the WHO Resolution (Annex 1)**
- **to comment on the recommendation of the *ad hoc* Expert Group in light of the WHO Resolution**

Contact: **Sheela Reddy**
 Department of Health
 Room 426A Wellington House
 Tel: 020 7972 1365

SACN Secretariat
June 2001

ANNEX 1

**FIFTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 13.1****WHA54.2
18 May 2001****Infant and young child nutrition**

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished – whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients – and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society – including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies – to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, *inter alia*, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products; and conscious of the need for the

Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

(1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;

(2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

(4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding¹, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive

¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,¹ the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 20 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Seventh plenary meeting, 18 May 2001
A54/VR/7