

Discussion paper on infant and young child feeding in the context of current initiatives to address moderate acute malnutrition in children under 2 years

In October 2007, Médecins sans Frontières (MSF) launched its global malnutrition campaign called "Starved for Attention: the neglected crisis of childhood malnutrition." A meeting in New York was scheduled by MSF in September 2008 to spotlight the urgent need to scale up effective interventions and explore ways to improve the effectiveness of nutrition and food aid programming in high burden regions. The Emergency Nutrition Network (ENN) attended the meeting as the coordinating agency of an interagency collaboration on Infant and Young Child Feeding in Emergencies (IFE) called the IFE Core Group. Current members are UNICEF, WHO, WFP, UNHCR, ENN, IBFAN-GIFA, CARE USA and Action Contre la Faim (ACF) and associate members are Save the Children UK (SC UK) and the International Federation of the Red Cross (IFRC). Preparation for the meeting involved input of a number of IFE Core Group members and collaborating agencies, including Fondation Terre des hommes.

Given the heightened consideration that feeding of infants and young children received in this MSF meeting and considering the topics scheduled for discussion in a number of upcoming imminent technical and international gatherings, our contribution to the MSF New York meeting has been summarised and expanded into this Discussion Paper.

The MSF campaign to address the shortfalls and scale-up food provision to young children in high burden areas is very welcome and its key elements are emerging through various consultative processes. However, for the campaign to be effective and to strengthen rather than undermine other existing efforts, a clarification is needed as to the positioning of this campaign within a comprehensive global framework on infant and young child feeding.

The key international document, adopted by consensus in 2002 by all WHO Member States, is the Global Strategy on Infant and Young

Child Feeding (IYCF)ⁱ. When analysed against this key policy document, it becomes evident that the MSF Campaign is answering part of the call in the Global Strategy on IYCF. Specifically, the Global Strategy states that "Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health." Moreover, in paragraph 21 the Strategy states that, for infants and young children who are malnourished "nutritionally adequate and safe complementary foods may be particularly difficult to obtain and dietary supplements may be required for these children." It is thus in MSF's favour to clearly position its "Starved for Attention" Campaign within the Global Strategy, since many of the WHO Member States are already acting on their official commitment to implement the Global Strategy, and are developing national action plans based on it. Vietnam and Bangladesh are two such examples identified following a regional workshop on IFE in the regionⁱⁱ. Showing that the MSF Campaign is not a parallel undertaking and that it is firmly positioned within an international strategic framework would open up opportunities to coordinate with governments and other strategic allies in countries. It would facilitate a coordinated approach and allow all concerned to assess how any proposed intervention best fits into infant and young child nutrition action plans at national level.

With specific reflection on elements of the MSF Campaign within the framework of the Global Strategy, we would like to share a number of observations:

1) In the MSF Campaign, there is a justifiable focus on the food component of complementary feeding. However, breastmilk can provide about half the energy intake of infants 6-12 months of age and about one-third for 1-2 year oldsⁱⁱⁱ. Maintaining or increasing breastmilk intake in young children and continued breastfeeding (to 2 years or beyond) makes good nutrient sense and is a key contribution to food security in young children. Therefore active breastfeeding support needs to be incorporated into the MSF Campaign for it to be effective.

2) Breastfeeding 'messages' are not sufficient as a strategy to influence infant feeding practice - evidence shows that telling mothers to breastfeed doesn't work and indeed they have the right to more than messages. It is essential that the MSF Campaign does not overlook the fact that breastfeeding requires not only promotion but also, and especially, protection and support that encompasses:

- Protection from and removal of obstacles, to create a supportive/enabling environment for mothers, families and caregivers so that they can make *informed* decisions on infant and young child feeding. This includes protection from marketing practices that violate the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions^{iv}, and prevention of inappropriate distribution and use of breastmilk substitutes in emergencies.
- Timely access to breastfeeding and infant feeding support in the form of skilled counselling by appropriately trained staff.
- Structural support for breastfeeding, from maternity protection to practical interventions that enable women to work with their babies (e.g. slings); whatever is needed to keep mothers and babies together.

We thus consider it essential to recognise and strengthen the breastfeeding support element of any approach addressing IYCF (including in prevention or treatment of acute malnutrition). This will help to establish an individual agency's own capacity and/or create the right alliances, as well as help plan for and secure the necessary resources to address adequate infant and young child feeding in a comprehensive and sustainable manner.

3) The nutritional status of a 6 month old is greatly affected by how they have been fed in the first six months of life. Early initiation of breastfeeding is especially important for reducing neonatal mortality (*22% of neonatal deaths could be saved if breastfeeding started within the first hour*) and for increased duration of breastfeeding. Excluding active support for exclusive breastfeeding in infants under six months of age risks that young infants may be

treated as if they are 'beneficiaries in waiting' for Ready to Use Foods (RUFs) such as Ready to Use Therapeutic Food (RUTF). In the absence of any other interventions, this approach also risks that use of RUTF will spill over into the younger age-group. Apart from displacing breastmilk, this may also have negative implications for HIV transmission. Mixed feeding with solids and semi-solids in young infants carries the highest risk of postnatal HIV transmission^{vi}. Passive acceptance of 'any breastfeeding' is not good enough; active support for *safer breastfeeding practices* is needed if we are concerned with child survival.

4) The nutritional state and physical and mental health of the mother have enormous bearing on the wellbeing of her child. Initiatives to address child undernutrition are an opportunity to strengthen the link between reproductive and maternal health and rights and child undernutrition, and to find new ways of reflecting that in programming.

5) Locating key elements of the MSF Campaign in a framework aimed at prevention of malnutrition highlights the need to also address the basic and underlying causes of malnutrition. We understand that children need help today and tomorrow, and that addressing these causes is an effort that takes time, political commitment and perseverance. But, medium and long-term activities do not need to compete with short-term actions - we just need to ensure that short-term 'solutions' gel with the longer term systemic ones, including issues of cost and sustainability, so that we can, however gradually, progress towards achieving the right to food for all.

6) Much of the evidence for the rollout/scale up of Ready to Use Therapeutic Foods (RUTF) into moderate malnutrition has come from the success of community-based management of severe acute malnutrition. There are two particularly key elements to its success: the development of the RUTF formulation that allowed high specification take-home rations, and community mobilisation and engagement. Infant and young child feeding is typically the mothers' final responsibility, but is often, as it should be, a family and community affair. Community-based approaches to managing malnutrition offer a great 'window of

opportunity' to address IYCF early, at ground level, and to identify and engage with all the key influential players.

The Global Strategy on Infant and Young Child feeding is based on respect, protection, facilitation and fulfilment of accepted human rights principles. The recent Lancet series on Maternal and Child Undernutrition^{vii} reinforced the importance of breastfeeding and complementary feeding in saving lives of children under five years of age. We really need to work together in the emergency nutrition sector to take this conclusion beyond reflecting it just in our 'messages' but also in our actions.

The IFE Core Group been concerned with policy guidance and capacity building on IFE for the past 10 years, particularly focused on infants and children under 2 years and their carers. Our work in policy guidance is reflected in the *Operational Guidance on Infant and Young Child Feeding in Emergencies* for programme and emergency relief staff and in capacity building is reflected in two training modules (*IFE Modules 1 and 2*) and in the IFE Module of the IASC Nutrition Cluster's Harmonised Training Package.

Since early 2007, the ENN/IFE Core Group members and collaborators have undertaken a variety of IFE activities funded by the IASC Nutrition Cluster, to integrate and mainstream IFE in emergency programming, and to capacity build in the sector, mandated by an international strategy meeting on IFE organised by the ENN/IFE Core Group in November 2006^{viii}. This includes a regional IFE workshop on improving emergency preparedness and the early humanitarian response on IFE, held in Indonesia in March, 2007^{ix}, integration of infant and young child feeding into training community based management of acute malnutrition (due for pilot in late 2008/ early 2009) and an ENN/CIHD/ACF collaboration to investigate the management of acute malnutrition in infants under six months of age (MAMI Project) in emergencies.

For more information and to access materials and resources, visit www.ennonline.net/ife

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ⁱ Global Strategy on Infant and Young Child Feeding. UNICEF/WHO. WHO, 2003.

ⁱⁱ Making it Happen. Report of a regional workshop on infant and young child feeding in emergencies. March 2008. ENN/IFE Core Group. Available at www.ennonline.net/ife

ⁱⁱⁱ Dewey KG and Brown KH. Update on technical issues concerning complementary feeding of young children in developing countries and implications for intervention programs. Food and Nutrition Bulletin, 2003, 24: 5-28.

^{iv} The International Code of Marketing of Breast-milk Substitutes. WHO, 1981. Full Code and relevant WHA resolutions are at:
<http://www.ibfan.org/English/resource/who/fullcode.html>
http://www.who.int/nut/documents/code_english.PDF

^v Edmond K. et al (2006). Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics, 117: 380-386

^{vi} Coovadia HM et al. Mother-to-child transmission of HIV-1 infection during exclusive breastfeeding: the first six months of life. Lancet, 2007, 369: 1107-1116

^{vii} Black et al, 2008. Maternal and Child Undernutrition 1. Maternal and child undernutrition: global and regional exposures and health consequences. Published Online January 17, 2008. DOI:10.1016/S0140-6736(07)61690-0

^{viii} Making it Matter. Report of a strategy meeting on infant and young child feeding in emergencies. Nov, 2006. ENN/IFE Core Group. Available at www.ennonline.net/ife

^{ix} Making it Happen. Report of a regional workshop on infant and young child feeding in emergencies. March 2008. ENN/IFE Core Group. Available at www.ennonline.net/ife