

Infant and Young Child Feeding

INNOCENTI DECLARATION 2005



In the 15 years since the adoption of the original Innocenti Declaration in 1990, remarkable progress has been made in improving infant and young child feeding practices worldwide. Nevertheless, inappropriate feeding practices – sub-optimal or no breastfeeding and inadequate complementary feeding – remain the greatest threat to child health and survival globally. Improved breastfeeding alone could save the lives of more than 3,500 children every day, more than any other preventive intervention. Guided by accepted human rights principles, especially those embodied in the Convention on the Rights of the Child, our vision is of an environment that enables mothers, families and other caregivers to make informed decisions about optimal feeding, which is defined as exclusive breastfeeding¹ for six months followed by the introduction of appropriate complementary feeding and continuation of breastfeeding for up to two years of age or beyond. Achieving this vision requires skilled practical support to arrive at the highest attainable standard of health and development for infants and young children, which is the universally recognised right of every child.

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

We who are assembled in Florence, Italy, on this Twenty-Second Day of November 2005 to celebrate the 15th Anniversary of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding declare that these actions are urgent and necessary to ensure the best start in life for our children, for the achievement of the Millennium Development Goals by 2015, and for the realisation of the human rights of present and future generations.

Challenges remain: poverty, the HIV pandemic, natural and human-made emergencies, globalisation, environmental contamination, health systems investing primarily in curative rather than preventive services, gender inequities and women's increasing rates of employment outside the home, including in the non-formal sector. These challenges must be addressed to achieve the Millennium Development Goals and the aims of the Millennium Declaration and for the vision set out above to become reality for all children.

22 November 2005 , Florence, Italy

The targets of the 1990 Innocenti Declaration and the 2002 Global Strategy for Infant and Young Child Feeding remain the foundation for action. While remarkable progress has been made, much more needs to be done.

We therefore issue this Call for Action

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On Infant and Young Child Feeding

All parties

- Empower women in their own right, and as mothers and providers of breastfeeding support and information to other women.
- Support breastfeeding as the norm for feeding infants and young children.
- Highlight the risks of artificial feeding and the implications for health and development throughout the life course.
- Ensure the health and nutritional status of women throughout all stages of life.
- Protect breastfeeding in emergencies, including by supporting uninterrupted breastfeeding and appropriate complementary feeding, and avoiding general distribution of breastmilk substitutes.
- Implement the HIV and Infant Feeding – Framework for Priority Action, including protecting, promoting and supporting breastfeeding for the general population while providing counselling and support for HIV-positive women.

All governments

- Establish or strengthen national infant and young child feeding and breastfeeding authorities, coordinating committees and oversight groups that are free from commercial influence and other conflicts of interest.
- Revitalise the Baby-Friendly Hospital Initiative(BFHI), maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative’s application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children.
- Implement all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety as a minimum requirement, and establish sustainable enforcement mechanisms to prevent and/or address non-compliance.
- Adopt maternity protection legislation and other measures that facilitate six months of exclusive breastfeeding for women employed in all sectors, with urgent attention to the non-formal sector.
- Ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff, to enable them to implement infant and young child feeding policies and to provide a high standard of breastfeeding management and counseling to support mothers to practise optimal breastfeeding and complementary feeding.

- Ensure that all mothers are aware of their rights and have access to support, information and counselling in breastfeeding and complementary feeding from health workers and peer groups.
- Establish sustainable systems for monitoring infant and young child feeding patterns and trends and use this information for advocacy and programming.
- Encourage the media to provide positive images of optimal infant and young child feeding, to support breastfeeding as the norm, and to participate in social mobilisation activities such as World Breastfeeding Week.
- Take measures to protect populations, especially pregnant and breastfeeding mothers, from environmental contaminants and chemical residues.
- Identify and allocate sufficient resources to fully implement actions called for in the Global Strategy for Infant and Young Child Feeding.
- Monitor progress in appropriate infant and young child feeding practices and report periodically, including as provided in the Convention on the Rights of the Child.

All manufacturers and distributors of products within the scope of the International Code

- Ensure full compliance with all provisions of the International Code and subsequent relevant World Health Assembly resolutions in all countries, independently of any other measures taken to implement the Code.
- Ensure that all processed foods for infants and young children meet applicable Codex Alimentarius standards.

Public interest non-governmental organisations

- Give greater priority to protecting, promoting and supporting optimal feeding practices, including relevant training of health and community workers, and increase effectiveness through cooperation and mutual support.
- Draw attention to activities which are incompatible with the Code’s principles and aim so that violations can be effectively addressed in accordance with national legislation, regulations or other suitable measures.

Multilateral and bilateral organisations and international financial institutions

- Recognise that optimal breastfeeding and complementary feeding are essential to achieving the long-term physical, intellectual and emotional health of all populations and therefore the attainment of the Millennium Development Goals and other development initiatives and that inappropriate feeding practices and their consequences are major obstacles to poverty reduction and sustainable socioeconomic development.
- Identify and budget for sufficient financial resources and expertise to support governments in formulating, implementing, monitoring and evaluating their policies and programmes on optimal infant and young child feeding, including revitalising the BFHI.
- Increase technical guidance and support for national capacity building in all the target areas set forth in the Global Strategy for Infant and Young Child Feeding.
- Support operational research to fill information gaps and improve programming.
- Encourage the inclusion of programmes to improve breastfeeding and complementary feeding in poverty-reduction strategies and health sector development plans

The Global Strategy for Infant and Young Child Feeding

OPERATIONAL TARGETS

Four operational targets from the 1990 Innocenti Declaration:

1. Appoint a national breastfeeding coordinator with appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the “Ten steps to successful breastfeeding” set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety.
4. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.

Five additional operational targets:

5. Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding.
8. Provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers.
9. Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk substitutes and to subsequent relevant World Health Assembly resolutions.

The Innocenti Declaration 2005 was adopted by participants at the event, “Celebrating Innocenti 1990-2005: Achievements, Challenges and Future Imperatives”, held on 22 November 2005, in Italy, co-organised by the following organisations:



This declaration was endorsed by the United Nations Standing Committee on Nutrition on 17 March 2006

The Call for Action made in this declaration was welcomed by the World Health Assembly on 27 May 2006

Further information can be obtained from:

Innocenti +15 www.innocenti15.net • ABM www.bfmed.org • ILCA www.ilca.org • LLLI www.lalecheleague.org • IBFAN www.ibfan.org/site2005/ (Code Watch, The Reports) • UNICEF Adviser, Infant Feeding, smhossain@unicef.org, www.unicef.org/nutrition/index_breastfeeding.html • Wellstart International www.wellstart.org • WHO, Department of Nutrition for Health and Development, nutrition@who.int, <http://www.who.int/nutrition>, Department of Child and Adolescent Health and Development, cah@who.int, www.who.int/child.adolescent.health • WABA www.waba.org.my/innocenti15.htm

UNICEF
Innocenti Research Centre

1990–2005 CELEBRATING THE INNOCENTI DECLARATION on the Protection, Promotion and Support of Breastfeeding: Past Achievements, Present Challenges and Priority Actions for Infant and Young Child Feeding, can be downloaded from www.unicef-irc.org

What everyone should know about breastfeeding*

- 1 Breastmilk alone is the only food and drink an infant needs for the first six months. No other food or drink, not even water, is usually needed during this period.
- 2 Newborn babies should be kept close to their mothers and begin breastfeeding within one hour of birth.
- 3 Frequent breastfeeding causes more milk to be produced. Almost every mother can breastfeed successfully.
- 4 Breastfeeding helps protect babies and young children against dangerous illnesses. It also creates a special bond between mother and child.
- 5 Bottle-feeding can lead to illness and death. If a woman cannot breastfeed her infant, the baby should be fed breastmilk or a breast-milk substitute from an ordinary clean cup.
- 6 From the age of six months, babies need a variety of additional foods, but breastfeeding should continue through the child's second year and beyond.
- 7 A woman employed away from her home can continue to breastfeed her child if she breastfeeds as often as possible when she is with the infant.
- 8 Exclusive breastfeeding can give a woman more than 98 per cent protection against pregnancy for six months after giving birth – but only if her menstrual periods have not resumed, if her baby breastfeeds frequently day and night, and if the baby is not given any other food or drinks, or a pacifier or dummy.
- 9 There is a risk that a woman living with HIV may pass the virus on to her infant through breastfeeding, especially when breastfeeding is not exclusive. Women who are infected should be counseled by a trained health worker on the benefits and risks of all infant feeding options and supported in carrying out their infant feeding decision.
- 10 All women have the right to an environment that protects, promotes and supports breastfeeding, including the right to protection from commercial pressures to artificially feed their babies. The International Code of Marketing of Breast-milk Substitutes aims to provide the necessary protection by prohibiting the promotion of all breast-milk substitutes, feeding bottles and teats.

*Based on *Facts for Life*, published by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank

Get more information on breastfeeding by visiting
http://www.unicef.org/nutrition/index_breastfeeding.html