

Policy on infant feeding in the Balkan Region

Joint UNICEF UNHCR WFP WHO
STATEMENT



RECOMMENDATIONS

1. BREASTFEEDING

Protect, support and promote exclusive breastfeeding for all infants until about 6 months and continue breastfeeding through the second year of life.

RATIONALE:

An important way to prevent malnutrition and to reduce the risk of morbidity and mortality in infants is to encourage breastfeeding. Bottlefeeding is potentially harmful. The healthiest feeding practice for babies is to exclusively breastfeed to about 6 months of age and then introduce complementary foods with a cup and spoon while continuing to breastfeed through the second year of life.

In 1981, the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes which lays down strict regulations on the marketing and distribution of infant formula and other breastmilk substitutes, feeding bottles and teats. In 1990 the WHO/UNICEF Innocenti Declaration urged governments to adopt the code in its entirety as a minimal basis for national legislation by 1995. Many European countries are already following the Code's recommendations.

In 1989 UNHCR issued a policy related to the acceptance, distribution and use of milk products in refugee feeding programmes. UNHCR strongly discourages the use of breastmilk substitutes because of the

negative effect on breastfeeding and serious implications for the health of infants.

Before the current crises, levels of breastfeeding in the Balkan region were low and there was a high dependence on breastmilk substitutes. It was therefore recommended in October 1992 that as an emergency measure, infant formula could be temporarily distributed to war-affected areas. In the very limited circumstances where infant formula is still necessary (e.g. feeding of war orphans), the guidelines laid out in the Annex should be adhered to.

The decision to distribute infant formula is only applicable until the reasons for failure to breastfeed can be identified and addressed. Results from nutrition surveys carried out in 1993 showed that advice from health care professionals was contributing to the low levels of breastfeeding.



Therefore UNICEF and WHO decided to provide training to health professionals in lactation

management and counselling skills. Such training is still needed.

Commercial opportunities for marketing breastmilk substitutes will increase during the transitions from war to peace. Local authorities should be alerted to the danger this poses to breastfeeding and prevent manufacturers of infant formula from taking advantage of a vulnerable population. The International Code of Marketing of Breastmilk Substitutes and all subsequent resolutions of the World Health Assemblies should be translated into national legislation as a matter of urgency. Free and low-cost supplies of breastmilk substitutes to health care facilities should be banned immediately.

UNICEF has promoted breastfeeding in the Balkan region since the beginning of their mission. UNICEF/WHO have continued to hold seminars throughout the Balkan region since 1993. Local doctors and nurses are encouraged to attend. The clear messages delivered to local health care professionals are:

DON'T ACCEPT DONATIONS OF INFANT FORMULA DISPLAYING BRAND NAMES. LEARN HOW TO SUPPORT SUCCESSFUL BREASTFEEDING INSTEAD. IF ARTIFICIAL FEEDING IS REQUIRED AS A LAST RESORT, USE CUPS AND NOT FEEDING BOTTLES.

2. COMPLEMENTARY FOODS

Encourage parents to use local produce (such as fruit and vegetables) and basic food aid commodities (rice, beans and lentils) as complementary foods. Support and promote local food production.

RATIONALE:

Dependence on commercial complementary foods should be avoided. Under war conditions, supplies may be unreliable and as food aid is phased out, local people will be unable to afford costly manufactured items. All agencies should encourage the use of local produce and basic food items, suitably prepared for infants older than 6 months rather than creating a dependency on expensive specialized manufactured complementary products.

In order to ensure that appropriate complementary foods are available, relief agencies could consider the procurement and distribution of local food produce such as fruit, vegetables and cereals. This would also help to stimulate the local economy.

3. SUPPLEMENTARY FOOD COMMODITIES

Reduce the distribution of supplementary food aid commodities and target only the extremely vulnerable.

RATIONALE:

Supplementary food commodities such as dried milk powder and biscuits have been distributed to specific population groups (children aged 0-5 years, pregnant

and lactating women, elderly aged over 65 years) within the former Yugoslavia as a means of protecting those groups most at risk during times of food shortage. Joint UNHCR/WHO/UNICEF/WFP guidelines for the distribution of supplementary food were developed in 1993 which detail target populations, distribution and monitoring. Under no circumstances should dried skim milk be given to babies and very young infants. Dried milk should be packaged displaying the following words in the local language:

'WARNING: DRIED MILK MUST NOT BE USED TO FEED INFANTS. BREASTMILK IS THE BEST FOOD FOR INFANTS. BREAST MILK PREVENTS DIARRHOEA AND OTHER ILLNESSES.'

Directions on how to prepare dried milk should also be displayed in the local language.

While food aid will play a role in preventing widespread undernutrition in the war-torn areas of the former Yugoslavia, the situation is slowly changing with increased availability of locally produced and marketed food and improved distribution of food aid.

There is therefore no longer an urgent need to provide supplementary food commodities to infants in addition to basic foods provided through the general ration. Distribution should no longer be global but be targeted to the extremely vulnerable (eg. individuals at particular risk due to very poor economic circumstances). Stocks of supplementary food commodities should be kept in reserve for emergency situations.

ANNEX

1. In very exceptional circumstances infant formula (provided in generic, non-brand packaging) should be prescribed to a mother only after she has received extensive counselling by specially trained health professionals skilled in the management of lactation.
2. An education component should be an integral part of every project where supplementary food commodities (especially infant formula and commercial complementary foods) are distributed. This should include:
 - intensive training for health professionals in lactation management and counseling skills to ensure that all maternity and community practices are baby-friendly.
 - special counseling for pregnant women to promote breastfeeding and attendance at antenatal clinics.
 - special counseling for mothers of new-borns regarding the benefit of breastfeeding.
3. It is the responsibility of the Ministries of Health and local authorities to ensure that relief agencies comply with the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Moreover, extreme caution should be exercised to ensure that donated supplies of breastmilk substitutes be given only if all the following conditions apply (WHA 47.5, 1994):
 - (a) infants have to be fed breastmilk substitutes as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes¹,
 - (b) the supply is continued only for as long as the infants concerned need it;
 - (c) the supply is not used as a sales inducement.

¹ Document WHA39/1986/REC/1, Annex 6. Part 2.