

## UNBAT: United Nations Post-2015 Agenda Position Paper

### Breastfeeding Must Remain a Key Strategy For Reducing Child Mortality in Post-2015 Development Goals.

January, 2014

*Commission on the Status of Women theme, 2014: "Challenges and achievements in the implementation of the Millennium Development Goals for women and girls".*

The United Nations Breastfeeding Advocacy Team (UNBAT) is a coalition of four organizations dedicated to the promotion, support, and protection of breastfeeding.

We present this paper to the Commission on the Status of Women to advocate that breastfeeding remain a key strategy in post-2015 development goals.

**Summary:** While there has been significant achievement in reducing child mortality, millions of children die each year – many within the first month – of preventable diseases. The single most powerful intervention to prevent these diseases is exclusive breastfeeding. ***Breastfeeding must, therefore, remain a key strategy in post-2015 goals to reduce child mortality.***

In this paper we note the following:

- Significant progress has been made to support the following in post 2015 goals, but 18,000 children die each day, largely from preventable diseases.
- Continued focus on child mortality must be included in post-2015 development goals.
- Breastfeeding is the single most effective strategy in reducing child mortality, but is threatened.
- Protection, promotion, and support of breastfeeding must remain a key strategy in meeting post-2015 goals relating to child mortality.

**Significant achievements in reducing child mortality, but many challenges remain.** Goal 4 of the Millennium Development Goals (MDG) - reduce mortality of children under age 5 by two thirds - has been met with notable success, but significant challenges remain.

Since 1990, child mortality under age five has declined by 47%, and 17,000 fewer children are dying each day.<sup>9</sup> The world is currently experiencing the most rapid reduction in child deaths in the last twenty years. By 2012 37 countries had reduced their infant mortality rates by two thirds, and if trends continue another 26 are expected to do the same by 2015.<sup>7</sup>

However, high rates of child mortality remain in the poorest regions and countries, and the poorest regions within countries.<sup>9</sup> In 2012, 6.6 million children under age five died in 2012 – a rate of 18,000 per day - mostly from preventable diseases.<sup>7</sup> In sub-Saharan Africa, one in nine children die before age five, more than 16 times the average for developed regions.<sup>9</sup>

Notably, rates of infant mortality remain particularly high in the first 28 days of life, and the rate of reduction in deaths during this period has been slower than at older ages. This, according to the United Nations, represents “a clear sign that child survival efforts must focus on the precarious first month of life.”<sup>9</sup>

Without faster progress on reducing preventable diseases, UNICEF estimates that the world will not meet MDG Goal 4 until 2028, 13 years after the target year. 35 million children will die in the intervening years.<sup>7</sup>

**Reducing child mortality must remain a goal in the post-2015 development agenda.** It is imperative that reduction in child mortality remain a goal in post-2015 development goals.

Investments in the health of mothers and children have been demonstrated to be cost-effective, reduce poverty, stimulate economic productivity and growth, and allow women and children to realize their fundamental human rights.<sup>8</sup>

While it is highly likely that Goal 4 will not be met by 2015, recent achievements show that marked reductions in child mortality, even in very poor countries, are possible given the right policies and investments.

UNICEF has proposed the target of an under-five mortality rate 20 deaths per 100,000 live births by 2035 in every country, with a priority on the worst-off regions first, and a focus on inequities within countries.<sup>5</sup>

**Breastfeeding is a key strategy for reducing child mortality.** Exclusive breastfeeding is the single most effective preventative means of reducing under-5 child mortality<sup>1</sup> and is particularly important in the first month of life.

The leading causes of death among children under 5 years of age are pneumonia and diarrhea, which kill almost 5,000 children every day. Neonatal sepsis, HIV, and under-nutrition are also common causes of child mortality.<sup>1</sup>

Breastfeeding is a highly effective means of preventing these conditions, saving more lives than any other preventative intervention.<sup>1</sup> Breastfed children in the developing world have at least six times greater chance of survival in the early months than non-breastfed children, and an exclusively breastfed child is 14 times less likely to die in the first six months than a non-breastfed child.<sup>4</sup> Breastfeeding could reduce under-5 deaths in the developing world by 12-13%, and save an estimated 1.4 million lives annually.<sup>4</sup>

As focus shifts to addressing the more intractable problem of neonatal deaths, where 44% of deaths under age 5 occur,<sup>7</sup> exclusive breastfeeding must be viewed as a fundamental strategy. Research shows that early initiation of breastfeeding, for example, could eliminate as many as 22% of neonatal deaths.<sup>4</sup> By one estimate, infants who initiate breastfeeding early are three times more likely to survive than those who don't.<sup>3</sup>

For these reasons, breastfeeding is cited as an imperative intervention in every major policy document and initiative relating to child mortality and MDG 4, including the *Global Strategy for Women's and Children's Health, Committing to Child Survival: A Promise Renewed*; *Scaling Up Nutrition, 1,000 Days*, REACH, the *Global Action Plan for Pneumonia and Diarrhea*, and the

*Global Strategy for Infant and Child Feeding*, among many others. In 2012 the World Health Assembly set as a target that 50% of infants be exclusively breastfed for six months by 2025.<sup>10</sup>

**Breastfeeding is threatened in many regions.** In spite of the consensus that breastfeeding is vital to reducing child mortality, there are indications that progress is threatened in various regions:

- While significant progress has been made in raising exclusive breastfeeding rates in some countries, global rates of exclusive breastfeeding have remained relatively stagnant at about 40% for the last twenty years.<sup>10</sup>
- Save the Children's report *Superfood for Babies* reports on multiple barriers to breastfeeding in developing countries, including a shortage of health care workers. The report notes that the emerging economies are increasingly the focus of baby food companies. They suggest that these companies are "putting competition aside to form groups to influence national governments" to weaken protections for breastfeeding.<sup>3</sup>
- UNICEF recently raised concerns about "plummeting" breastfeeding rates in East Asia due to increasing numbers of women entering the workforce and aggressive marketing by baby food companies.<sup>6</sup>
- Officials in Mexico recently warned of a public health crisis as breastfeeding rates have experienced a significant decline. A recent Health Department survey found that the percentage of mothers breastfeeding at six months declined from 22 percent in 2006 to 14 percent in 2012.<sup>2</sup>
- UNICEF also notes: "Today, one of the biggest threats to optimal infant feeding may be complacency. With competing priorities, disease-specific funding, and an interest in technologies, campaigns and products, the attention breastfeeding receives is very small given the magnitude of the problem and the potential impact."<sup>4</sup>

**Protection, promotion, and support of breastfeeding must remain key strategies in meeting post-2015 goals relating to infant mortality.** We support the full implementation of the operational targets of the 2005 Innocenti Declaration:

1. Expansion of the Baby Friendly Hospital Initiative and adherence to the Ten Steps to Successful Breastfeeding.
2. Full enforcement of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.
3. Provision of evidence-based education and training for health care workers, and culturally appropriate teaching aids that would facilitate optimal breastfeeding support within their respective communities, particularly those affected by extreme poverty.

*UNBAT Statement to CSW, 2014*

**International Lactation Consultant Association  
Academy of Breastfeeding Medicine**

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