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Short communication: Breastfeeding **The first priority for children**

Jon Rohde

University of Western Cape, Cape Town, South Africa

Arun Gupta

International Baby Food Action Network, New Delhi, India

JP Dadhich

Breastfeeding Promotion Network of India, New Delhi, India

Email: jpdadhich@bpni.org

Introduction

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate. More than 8 million children under 5 die every year. Almost 90% of all child deaths are attributable to just six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles, and HIV/AIDS. During 1960-1990, child mortality in developing regions was halved to 1 child in 10 dying before age 5. The aim is to further cut child mortality by two-thirds by 2015.

Millennium Development Goal 4

Millennium Development Goal 4 must and will be achieved in time, but only if policies and actions are rational, appropriate, effective, and soundly based. Over the last few years, plenty of evidence has accumulated on what are the best interventions and enacted policies to improve child health and survival. Among these, breastfeeding is the most rational and effective. But while international agencies and national governments have attempted to include breastfeeding in health and nutrition programmes, no concrete effort has been made to make this salutary policy operational. Political will is still missing.

The evidence is conclusive

The evidence that breastfeeding is crucial to child health and survival, is conclusive. In 2009 *The World Health Statistics Report* recognised that poor infant feeding – meaning, not being exclusively breastfed for the first 6 months of life – increases the risk of child mortality (1). In 2003 the *Lancet* series on child survival (2), in 2005 the *Lancet* series on neonatal survival (3), and in 2008 the *Lancet* series on maternal and child undernutrition(4), all emphasised the crucial importance of exclusive breastfeeding for the first 6 months, stating that this one practice alone will save more lives than any intervention, and also will enhance nutritional status.

In 2003 (2) it was stated that universalised exclusive breastfeeding would save 13 per cent of all under 5 deaths, amounting to 1.3 million a year in the 42 high mortality countries. Further analysis in 2008 (4) shows that suboptimal breastfeeding in the first 6 months of life is causally associated with 77 per cent of all child deaths. One *Lancet* commentary states that breastfeeding counselling stands the test of ‘admissible evidence’ as one of the top three nutritional interventions, as well as saving lives (5).

WHO’s fact sheet on diarrhoeal disease (6) gives details about diarrhoea, its causes, the magnitude of the problem, and solutions, and cites exclusive breastfeeding as a key preventive measure. A review article in the *WHO Bulletin* identifies ‘non-exclusive breastfeeding’ (during the first 4 months of life) as a predisposing cause of childhood pneumonia (7). Other review articles in the *Bulletin* emphasise the vital importance of enacted nutritional policies, including breastfeeding promotion, to reduce morbidity and mortality from childhood pneumonia (8).

Breastfeeding must have top priority

In the last few decades little has been done to give greater priority to increasing the rates of exclusive breastfeeding, despite repeated and emphatic agreement of its

benefits. A recent commentary in *The Lancet* (9) argues clearly in favour of increased investments in breastfeeding and complementary feeding. It also notes that nutrition has received little international funding, especially when compared with what are large investments for the control of other diseases: 'The limited funding for combating undernutrition is dominated by programmes for food aid and micronutrient supplementation. While such programmes have a role in some circumstances, there is urgent need for strengthening investments for community-based approaches to early life nutrition'. The commentary stresses the importance of promoting exclusive breastfeeding.

In 2009 *The World Health Statistics Report* (1) says that exclusive breastfeeding among children under 6 months of age has increased in recent years, reaching nearly 40 per cent in low-income countries. But 40 per cent is not an adequate figure, when all infants benefit from optimal breastfeeding.

Ensuring exclusive breastfeeding during the first 6 months of life, and continued breastfeeding thereafter, requires substantial investment in multisectoral interventions. These need to be designed to support women to breastfeed successfully. As one example, individual or group counselling by a trained worker is essential (9,10,11). Improving maternity benefits (12), encouraging breastfeeding and crèches at work (13), and protection of breastfeeding from pernicious commercial influence (14), are also all needed. All require financial, material and human resources.

A UNICEF team recently reckoned that the number of annual child deaths is around 8.8 million (15), and call for the scaling up of rotaviral and pneumococcal vaccines, to rapidly reduce child deaths. But the commentary does not mention nutrition interventions! The advice of WHO and UNICEF should stay in line with the emphasis on exclusive breastfeeding in the available scientific literature, and indeed the repeated resolutions and formal statements made by these agencies. Emphasis on vaccines is misplaced. Technology-driven solutions do not address the fundamental value of sound childhood nutrition, beginning with breastfeeding.

The time to act is now

Breastfeeding is and must be a top public health priority. It requires social, political, legal and financial investment. It is now time to stop the omission of breastfeeding when resources are allocated.

Breastfeeding is the single most effective way to protect the health and to save the lives of babies and young children. Nobody seriously doubts this. Exclusive breastfeeding is essential for the child at the time and also protects the health of the mother and of the child in later life (16). It makes substantial contributions to the local economy and poverty reduction (17).

The WHO World Health Assembly should adopt a Resolution calling for specific needed actions and international funding to assure the rights of all children to be nourished properly at the breast, so that all nations could achieve this essential health measure in a specified time period, to be monitored regularly. Meanwhile UN agencies and government ministries of health should review their programmes and priorities and put breastfeeding first. We and many colleagues stand ready to support this essential work which, as we affirm, will do more to protect the health and save the lives of children around the world than any other intervention or enacted policy.

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