

# **Concept Note: Optimal Infant and young child Feeding for prevention of double-burden of Malnutrition in Europe and Central Asia- A Regional Workshop**

**Europe and Central Asia July 1-5, 2019**

## **Background and Justification**

Every child has the right to adequate nutrition. Good nutrition is also an investment in the future of children and nations. Nutritious diets fuel children's growth, drive brain development, strengthen learning potential, enhance productivity in adulthood and pave the way to more sustainable and prosperous societies. With the launch of the Sustainable Development Goals (SDGs) in 2015, the world is preparing to tackle the ambitious objective of ending all forms of malnutrition by 2030.

There is convincing evidence that good maternal nutrition, optimal breastfeeding and infant and young child feeding practices<sup>1</sup> are critical to ensure appropriate growth and development as well as to reduce the risk of developing non-communicable diseases (NCDs), for both mothers and children, across the life course.<sup>2</sup>

In the region, still more than 12 percent of the children are stunted<sup>3</sup> in their early years, and in several countries more than 25% of children are affected by anemia. The region is also seeing the world's biggest rise in obesity among under-5 year old children (80% increase in 2018 compared to the indicator in 2000). The double burden of malnutrition, in Europe and Central Asia which starts during the early years of life and gets deteriorated during the second decade of life. After East Asia and Pacific, the rate of exclusive breast-feeding in Europe and Central Asia is the 2nd lowest globally (32%) and the rate of breastfeeding at the age of 2 is the lowest globally (28%). This means every year among the over 6.1 million births in the region, 4.3 million babies are deprived of optimum feeding during the first 6 months of life. Given the rapidly rising rates of obesity and over-weight in the region, one can conclude that inadequate infant and young child feeding plays a key role in the development of NCD risk factors during early years of life.

Aggressive marketing of breastmilk substitutes (BMS), the absence of quality and effective breastfeeding counseling services, and lack of community awareness on the importance of exclusive breastfeeding are among the main barriers world-wide. The inappropriate promotion of foods for infants and young children, including those which are lacking the necessary nutrients or are high in sugar and fat threaten appropriate feeding practices and the nutritional status of children. In addition, lack of availability and access to all food groups as well as poor skills and knowledge of families, prevents children having the dietary diversity they require.

In May 2016, Resolution 69.9 of the World Health Assembly welcomed new Guidance from WHO on ending inappropriate promotion of foods for infants and young children and called on Governments to implement the Guidance recommendations. These include ensuring that Code regulations cover all breastmilk substitutes (all milks intended for children up to the age of 36 months); prohibiting cross promotion of BMS through the marketing of other products and ending conflict of interest in the health care system by the baby food industry.

The Seventy-first World Health Assembly (in May 2018), adopted a resolution to support appropriate infant and young child feeding. The resolution urges Member States to increase investment to protect and promote

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<sup>1</sup> Define optimal IYCF practices

<sup>2</sup> Define the double burden of malnutrition

<sup>3</sup> Define stunting

breastfeeding, reinvigorate the Baby-Friendly Hospital Initiative, strengthen measures to give effect to the International Code of Marketing of Breastmilk Substitutes, promote timely and adequate complementary feeding, end inappropriate promotion of foods for infants and young children, ensure appropriate child feeding during emergencies and more.

Since 1991, the Baby-friendly Hospital Initiative (BFHI) has helped to motivate facilities providing maternity and newborn services worldwide to better support breastfeeding. Based on the Ten Steps to Successful Breastfeeding (the Ten Steps), there is substantial evidence that implementing the Ten Steps significantly improves breastfeeding rates. In the Europe and Central Asia Region only 36% of infants are born in BFHI facilities. Countries have found it difficult to sustain a BFHI program, with implementation often relying on specific individual and external resources. UNICEF and the World Health Organization (WHO) published updated implementation guidance in 2018 which emphasizes coverage and sustainability. WHO will publish, for the first time, recommendations on the frequency and modalities of breastfeeding counselling from the antenatal period through the first two years of life.

In ECA region, over 50% of countries do not have a national law to regulate the marketing of BMS. Even in countries which do have a national law, it does not cover the important developments in the 2016 Resolution and guidance, and lack of systematic monitoring and enforcement mechanisms as well as weak practical and costed programming results in poor performance of IYCF in the region.

In addition, aggressive marketing of ready to use complementary food for babies, the absence of quality and effective Infant and Young Child Feeding counseling services, and lack of community awareness has hampered the feeding of children 6-24 months. The inappropriate promotion of foods for infants and young children, including those which are lacking the necessary nutrients or are high in sugar, salt and unhealthy fat threatens appropriate feeding practices and can result in rapidly growing child obesity in the region. In addition, lack of availability and access to all food groups as well as poor skills and knowledge of families, prevents children having the dietary adequacy and diversity they require.

Although 69% of children in the region are experiencing timely introduction of complementary foods, only 28% of them are enjoying a minimum acceptable diet during their 6-23 months of age. In a way that the quality of these complementary foods is usually inadequate to address nutritional needs of infants and young children.

Given the concerning situation of IYCF in the region and considering the recent development in the BFHI guidelines and the enforcement of the Code, it's very timely that 10 years after the previous Code meeting in the region, an integrated capacity building workshop to refresh the skills and knowledge of the mid and high level MNCH managers of MOH and some UNICEF and WHO offices on programming on BFHI, Code and age-appropriate, safe and responsive complementary feeding to be organized.

### **Scope and objectives**

This workshop aims at enhancing the skill and knowledge capacity of the mid and high-level MNCH managers of MOH and some UNICEF COs in ECA region on the newly revised BFHI guideline, recent developments in Code implementation, monitoring and enforcement and appropriate complementary feeding for prevention of double-burden of malnutrition.

- a) The workshop will support participating countries in developing necessary skills, knowledge and capacity on:
  - The recent update of the global BFHI guidelines and modalities of integration of the Ten Steps into quality improvement initiatives
  - Recent developments in Code implementation and the need to develop, strengthen, monitor and enforce national regulations for the promotion and protection of optimal infant and young child feeding practices
  - Best models and approaches to harness the power of parents and communities on optimum IYCF through BCC/ C4D approaches

- Appropriate complementary feeding practices for the prevention of double-burden of malnutrition
  - Applied programming and costing techniques for materialization of priority actions to improve the Breast-feeding status in the countries (using World Breastfeeding Trends Initiative(WBTi) and World Breastfeeding Costing Initiative (WBCi))
- b) Stock-taking on the status, coverage and quality of BF counseling services in the region as a part of PHC service package and to define the road map to improve the coverage and quality of these services
  - c) Sharing successful examples from the region under each of above mentioned topics
  - d) Profiling of the status of BFHI and Code implementation in the region,

### **Tentative structure of the meeting**

The meeting will be composed of four main blocks and a field visit to a maternity and/or PHC Center where the participants will be exposed to implementation of BFHI and IYCF counselling.

These blocks will be composed of;

- 1- International Code of Marketing of Breastmilk Substitutes
  - a. The recent evolutions and developments
  - b. Stock-taking of the Code implementation in the region and lessons learned (few selected country presentation; Turkmenistan, Romania, Azerbaijan)
  - c. Group work, identifying major but feasible actions areas for enforcement in countries with the law and feasible action for potentially put in place a national law in countries without a law
- 2- Baby Friendly Hospital Initiative
  - a. Revised BFHI guideline, introduction to changes, rationale and the tools
  - b. Stock-taking of BFHI implementation in the region (compilation of good practices and lessons learned and shared challenges from few selected countries; Serbia, BiH, Croatia and Uzbekistan)
  - c. Group work; identifying points of integration of BFHI into existing Quality Improvement plans and opportunities for scaling and upgrading the BFHI in countries
- 3- Complementary Feeding
  - a. Health complementary feeding for prevention of double-burden of malnutrition
  - b. Summary of the landscape analysis of complementary feeding in the region (Armenia, Kazakhstan and etc)
  - c. Age-appropriate, safe and responsive complementary feeding through Universal Progressive Home Visiting in ECA region (Countries case studies)
  - d. Counseling for IYCF (introduction to WHO guidelines)
  - e. Code and complementary feeding (a panel discussion)
  - f. Group work
- 4- World Breastfeeding Trends Initiative(WBTi) and World Breastfeeding Costing Initiative (WBCi)
  - a. How to use World Breastfeeding Trends Initiative(WBTi) to identify the needs and priorities
  - b. How to use World Breastfeeding Costing Initiative (WBCi) for developing costed actions
  - c. Group work (continuation of the group works on session 1 to 3)

Each block will be composed of panels of experts, country presentations and group work and a draft policy brief for the region or per sub-region (Central Asia, Balkans and Caucasus).

## **Tentative participants and partners**

- The Ministries of Health representatives from MNCHN sections responsible for implementation of BFHI and Code in ECA Region
- Relevant parliamentarians from countries without national law on BF
- BF Associations in the region
- IBCLC experts
- IBFAN Regional Office
- UNICEF
  - HQ; subject matter experts
  - RO; Regional Health Advisor and Regional Health and Nutrition Specialist
  - COs, Nutrition focal points from priority countries in ECA
- WHO
  - HQ; Relevant experts
  - Moscow Office; head of office
  - Euro RO; Relevant experts
- Representatives of the consulate of The Netherlands from the host country
- NGOs, Mother support groups