

Comparison of the Ecuador and U.S. Proposed Resolutions on Infant and Young Child Feeding at the 71st World Health Assembly

Sections of First Draft from Ecuador supported by the U.S. delegates

First Draft of WHA Resolution	U.S. Draft of the Resolution
<p>PP4. Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;</p> <p>PP4bis. Affirming that the protection, promotion, and support of breastfeeding contributes substantially to the achievement of sustainable development goals on nutrition and health, and is a core element of quality health care;</p>	<p>(1) Acknowledge the importance of exclusive breastfeeding for the first six months of life,</p> <p>continued breastfeeding, and nutrient-rich, age-appropriate complementary foods for older infants and young children, as critical for child survival, health, nutrition and development, as well as maternal health;</p>
<p>PP6. Expressing concern that nearly two in every three infants under 6 months are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast-milk in low- and middle-income countries;</p>	<p>(2) Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote <u>optimal complementary feeding</u> practices for children from ages 6–36 months based on WHO21 and FAO dietary guidelines and in accordance with national dietary guidelines, which contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of health care;</p>
<p>PP5. Recognizing that appropriate, <i>evidence-based</i>, and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and</p>	<p>(3) Urge the development of <u>evidence-based national dietary guidelines</u>, responses, strategies or plans to improve infant and young child nutrition, including breastfeeding, in routine and in emergency</p>

<p>families;</p> <p>(OP1.6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity building of personnel working in emergency situations, and coordination of inter-sectoral operations;</p> <p>(OP2.5) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the Operational Guidance on Infant and Young Child Feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;</p>	<p>settings;</p>
<p>PP10. Welcoming the annual celebration of World Breastfeeding Week as an opportunity to <i>communicate the importance of breastfeeding and advocate for the protection, promotion, and support of breastfeeding</i> 3;</p> <p>OP1.7) to celebrate World Breastfeeding Week as a valuable means to promote breast-feeding;</p>	<p>4) Celebrate World Breastfeeding Week as an official public health event, <i>according to national context</i>;</p>
<p>PP12. Recognizing recent efforts made by WHO to provide guidance and strengthen technical support to Member States to improve infant and young child feeding, and protect, promote and support breastfeeding in particular, including through new guidelines and implementation guidance on the Baby-friendly Hospital Initiative</p>	<p>a. Provide, upon request, technical support to Member States in implementation, monitoring, and the assessment of recommendations, such as the Baby-Friendly Hospital Initiative, to support infant and young child feeding, including in emergencies,</p>

<p>(BFHI)4,5;</p> <ul style="list-style-type: none"> • <i>an implementation manual on ending the inappropriate promotion of foods for infants and young children</i>6,7; • <i>a toolkit on strengthening monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions</i>8; • <i>operational guidance on infant feeding in emergencies</i>9; • <i>updated guidelines on breastfeeding in the context of HIV</i> 10; • <i>and breastfeeding advocacy materials</i> 11,12,13 , • <i>as well as noting the ongoing process to develop tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes</i> 14; 	<p>and <u>to review national experiences with implementing such recommendations</u> and mobilization of resources to <u>build the evidence base on their effectiveness and consider changes, if needed;</u></p> <p><i>The U.S. draft did not endorse the manual on inappropriate promotion of foods in infants and young children.</i></p> <p><i>The U.S. draft did not endorse the tool kit for the Marketing Ban, the guidelines on breastfeeding in the context of HIV, breastfeeding advocacy materials as well as the conflicts of interest policy in policy development and implementation of nutrition programs.</i></p>
<p>(PP2bis) Reaffirming the commitment made in the Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;</p>	<p>b. Support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the timeframe of the Sustainable Development Goals (2030);</p>
<p>(OP2.3bis) to continue providing adequate technical support to Member States in assessing policies and programmes, including <i>good-quality</i> data collection and analyses;</p>	<p>c. Continue providing adequate technical support to Member States, upon request, in assessing and evaluating their maternal, infant and young child nutrition policies and programs, including capacity for <i>high-quality data collection and analyses;</i></p>
<p>(OP2.7) to report to World Health Assembly, through the Executive Board, on progress on</p>	<p>d. Report to the Health Assembly, through the Executive Board, periodically on</p>

the implementation of this resolution and in alignment with the reporting provided for in resolution WHA69.9

progress made in protection, promotion, and support of breastfeeding, as part of existing reporting on maternal, infant and young child nutrition.

Sections Opposed by the U.S. Delegates

Lines Opposed by the U.S. Delegation	Fed is Best Foundation Interpretation
<p>PP3. Reaffirming the commitments to implement relevant international targets and action plans, including WHO’s global maternal, infant and young child nutrition targets for 2025 and the WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Rome Declaration resulting from the Second International Conference on Nutrition (ICN2);</p> <p>http://www.fao.org/3/a-m1542e.pdf</p>	<p>This line resolves to standardize infant child nutrition targets according to the WHO’s international targets rather than nation-specific targets. There are no large population-based quantitative studies on the breast milk production of mothers to determine the prevalence of insufficient breast milk production from birth to 6 months. The current exclusive breastfeeding recommendation was created without this critical data to determine the number of infants at risk of acute or chronic malnutrition. Given the long-term consequences of acute and chronic malnutrition from inadequate exclusive breastfeeding, such a global recommendation puts affected infants at risk of permanently impaired brain development if their mothers are convinced to exclusively breastfeed.</p>

PP7. Acknowledging that achievement of the WHO global target to increase to at least 50 percent the proportion of infants under six months of age who are exclusively breastfed by 2025 requires sustainable and adequate *technical and financial resources*, and *supportive and protective policy* and *regulatory interventions* as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

PP9. Welcoming the inclusion of *support for exclusive breastfeeding* in WHO's 13th General Programme of Work2;

The U.S. delegates did not support this WHO global target. At this time, the WHO has **no quantitative data** showing that 50% of mothers in fact have sufficient breast milk supply to provide their infant's full caloric requirement in order to safely exclusively breastfeed continuously from birth to 6 months of age. In fact, more recent U.S.-based evidence shows a far higher rate of delayed copious milk production ([22-44%](#)) and lactation insufficiency ([15-60%](#)) in the population than previously estimated, which can result in starvation-related complications to exclusively breastfed newborns and infants. There is scant data on delayed and insufficient lactation for the rest of the globe. These complications can result in permanently impaired brain development, which the [WHO officials acknowledge are complications of the Baby-Friendly exclusive breastfeeding guidelines](#), but to this date, have made little attempt to inform the public, stakeholders and World Health Assembly members.

PP13: Also recognizing the ongoing [FENSA implementation](#) by WHO to effectively manage, including by, where possible **avoiding conflict of interest** and other forms of risks to WHO in nutrition programmes;

The FENSA guides interactions with the WHO by non-state agents like private industry entities that may result in financial conflicts of interests. These are to ensure that conflicts of interests do not result in harmful health policies.

The Fed is Best Foundation agrees that health policy should not inadvertently promote the financial interests of private industry, both formula and breastfeeding-related industries. At this time, however, the policies of the WHO inadvertently supports the financial interests of breastfeeding entities most conspicuously by [failing to disclose the serious complications associated with the Ten Steps to Successful Breastfeeding and the Baby-Friendly Hospital Initiative](#), whose policies are associated with increased rates of newborn extended and repeat hospitalizations for complications related to insufficient feeding, which negatively impact brain development of affected newborns. Furthermore, perhaps the largest financial conflict of interest the WHO has is itself as their breastfeeding program elicits a significant proportion of donations and disclosure of serious negative consequences related to its program may compromise the organizations more than \$1 billion/year revenues, the [largest portions coming from the U.S.](#) and a U.S. philanthropic organization.

(OP1.1) to increase *investment* in development, *implementation* and *monitoring of laws, policies and programmes aimed at protection, promotion, and support of breastfeeding*, including through multi-sectoral approaches, and awareness raising;

The U.S. did not support implementation of laws, policies and programs promoting *only* breastfeeding as the only safe, valid or ideal form of infant feeding. Given that the majority of infants will receive formula in the form of supplementation when breastfeeding is insufficient, laws and policies that put formula-feeding in a negative light can inadvertently shame mothers and lead to cases of infant failure to thrive and malnutrition as mothers with insufficient milk supply attempt to comply with the WHO exclusive breastfeeding guidelines.

(OP1.2) to **reinvigorate the Baby-friendly Hospital Initiative (BFHI)**, including by promoting full integration of the **Ten Steps to Successful Breastfeeding** in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;

(OP2.2.) to continue developing tools for **training, monitoring, and advocacy on the Ten Steps to Successful Breastfeeding and the Baby-friendly Hospital Initiative**, to assist Member States with implementation;

The U.S. did not support language to reinvigorate the Baby-Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding. Multiple reports of babies harmed by the the BFHI and the Ten Steps to Successful Breastfeeding have been published in the U.S., including cases of inadequate feeding from exclusive breastfeeding and suffocation from skin-to-skin contact that have resulted in disability and deaths of newborns. It has also come to light that [the BFHI and the Ten Steps to Successful Breastfeeding have never been tested or monitored for safety](#). Recently, peer-reviewed data have supported that exclusive breastfeeding at discharge, the primary quality metric of the BFHI, increases the risk of hospitalization for feeding complications, namely:

- A [2-fold](#) increased risk of rehospitalization for jaundice dehydration among healthy, full-term newborns
- A [11-fold](#) increased risk of dehydration hospitalization overall
- A [2.3-fold](#) increased risk of hypoglycemia readmission
- [98% of cases of brain-injury from severe jaundice](#), also known as kernicterus, is known to occur in fully or partially breastfed newborns. This correlates to a 49-fold increased risk.
- According the [American Hospital Association data](#), neonatal readmissions for jaundice, the leading complication of newborn exclusive breastfeeding, is increasing and make up the leading cause of newborn rehospitalization. A review of the data showed the 78% of readmitted newborns required phototherapy for jaundice. [Exclusive](#)

	<p><u>breastfeeding is a major risk factor for severe jaundice</u> according to the AAP and is a known cause of brain injury developmental delay and disability.</p>
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(OP1.3) to implement and/or **strengthen national monitoring and enforcement mechanisms for effective implementation of national measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes** and subsequent relevant World Health Assembly resolutions;

(OP1.3bis) to promote timely and adequate complementary feeding in **accordance with the [Guiding principles for complementary feeding of the breast-fed child](#)**, as well as Guiding principles for the feeding of the non-breast-fed child (6-24 months) ;

(OP1.4) to continue taking all necessary measures in the interest of public health to **end the inappropriate promotion of foods for infants and young children**, including, in particular implementation of the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children, while taking into account existing legislation and policies, as well as international obligations;

Link to [complementary feeding of the breast-fed child](#).

The U.S. did not support strengthening national monitoring and enforcement of the WHO Marketing Ban of Breast-milk Substitutes. The Fed is Best Foundation opposes the aggressive and predatory marketing of infant feeding products, policies and services that result in infant harm. We oppose such marketing of formula in the developing world that have led to infant deaths from ingestion of contaminated and diluted formula. We similarly oppose harmful restrictive breastfeeding policies, like the BFHI, that have resulted in infant hospitalizations, brain injury, disability and deaths in newborns who are inadvertently starved from exclusive breastfeeding.

The U.S. did not support the adoption of the WHO Guiding Principles of Complementary Feeding of the Breast-fed Child guidelines, written in 2001, specifically the timeline recommending avoidance of complementary feeding before 6 months.

Recent peer-reviewed published data have elucidated the harms of this recommendation including:

- [Increased risk of food allergies](#) (e.g. peanut allergies) with delayed introduction of allergenic foods
- Increased risk of iron deficiency anemia in exclusively breastfed infants [after 4 months of age](#) (compared to supplemented and exclusively formula-fed newborns)
- For infants whose mothers cannot produce the caloric and fluid requirements to sustain a child's nutritional requirements at 4-6 months, delaying complementary feeding has resulted in failure to

	<p>thrive, which can have permanent negative effects on brain development.</p>
<p>2. REQUESTS the Director-General:</p> <p>(OP2.1) to provide, upon request, technical support to Member States in implementation, mobilization of financial resources, monitoring and assessment of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, the guidance on ending the inappropriate promotion of foods for infants and young children, and the Baby-friendly Hospital Initiative and to review national experiences with monitoring and enforcing relevant national legal, regulatory, and/or other measures;</p>	<p>The U.S. did not support implementation, <i>mobilization of financial resources, monitoring and assessment</i> of the formula marketing Ban as well as the Baby-Friendly Hospital Initiative, which has been associated with an increase in U.S. and global rehospitalization for infant feeding complications. Published data estimates the rate of phototherapy admissions in a BFHI-certified hospital at 5.7% of births which yields an estimate of 228,000 phototherapy admissions a year in the U.S. alone, the vast majority in insufficiently fed exclusively breastfed newborns, correlating to approximately \$3.2 billion dollars a year. The care of newborns who sustain brain injury from these complications costs millions <i>more</i> per child over their lifetime.</p>

(OP2.3) to support Member States on ***establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators***, consistent with the timeframe for implementation of the Second International Conference on Nutrition Framework for Action and the UN Decade of Action on Nutrition (2016-2025);

<http://www.fao.org/3/a-i6130e.pdf>

The first “commandment” of the Roman Declaration on Nutrition, declared by the UN in 2016 is to “Eradicate hunger and prevent all forms of malnutrition.” Ironically, the leading cause of acute malnutrition in children across the globe is caused by policies of the Baby-Friendly Hospital Initiative. Exclusive colostrum feeding in the first days of life provides an average of 10-66% of the caloric requirement of the newborn, which result in fasting conditions, weight loss, which if excessive can result in dehydration, hypernatremia, excessive jaundice and hypoglycemia. Even in places with safe substitutes readily available, these complications are among the leading causes of [starvation-related brain injury and disability across the globe](#). The WHO breastfeeding guidelines program [failed to test their newborn exclusive breastfeeding program](#) for safety and failed to calculate the caloric yield of exclusive breastfeeding before copious milk production or lactogenesis II. As a result complications of insufficient feeding of exclusively breastfed newborns have increased across the globe, resulting in billions of dollars of preventable health care costs in readmissions and long-term care of brain-injured newborns.

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