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Global update on infant and young child feeding

Seventh Meeting of BFHI Coordinators from Industrialized Countries, CEE/CIS
Oslo, Norway 5 June 2012

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171 million children under 5 stunted growth (2010)

Prevalence of Stunting

- No data
- <20%
- 20-29.9%
- 30-39.9%
- ≥40%

Source: WHO Global Databank on Child Growth and Malnutrition

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13 million children born with restricted intrauterine growth or prematurely

Region	Low birth weight (%)
More developed	7
Less developed	16
Africa	14
Asia	18
Latin America/Caribbean	10
North America	8
Oceania	10
Europe	6

Source: UNICEF/WHO, 2000

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56 million pregnant women are anaemic

Category of public health significance (anaemia prevalence)

- Normal (<5.0%)
- Mild (5.0-9.9%)
- Moderate (10.0-19.9%)
- Severe (≥20.0%)
- No data

Source: WHO Global database on Anaemia, 2006

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Childhood overweight trends in countries with different income levels

Source: WHO

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Exclusive breastfeeding rates in children <6 months

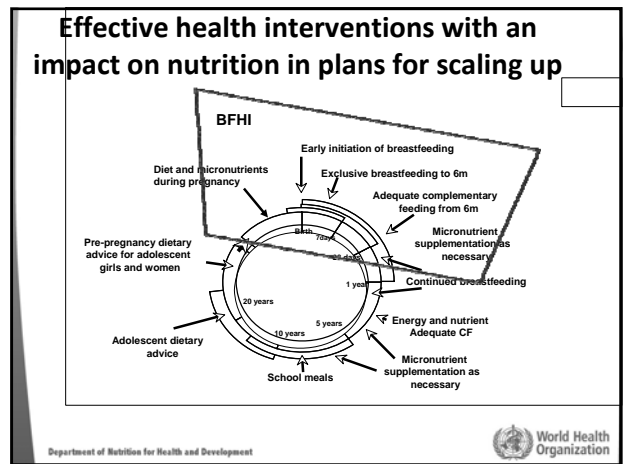
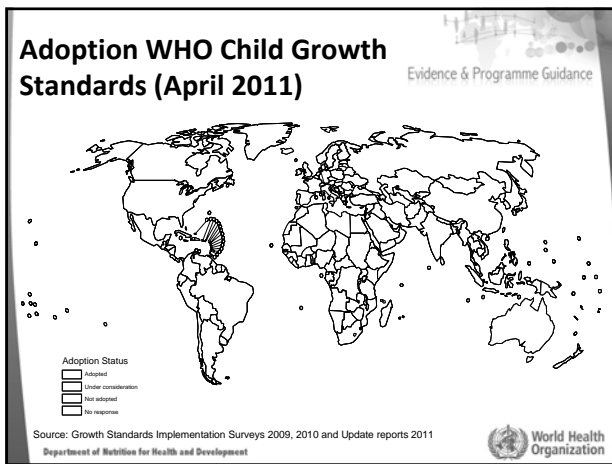
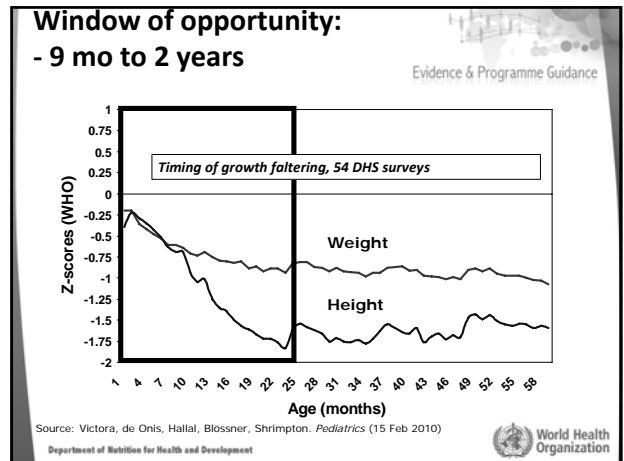
Source: Global Database on IYCF and WHS

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Responding to the global nutrition challenges

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Effective interventions

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- The WHO e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidelines for nutrition interventions

<http://www.who.int/elena/>

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WHO e-Library of Evidence for Nutrition Actions

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Home page

Health conditions	Life course	Nutrients	Interventions	About eLENA
Cancer	Infants	Carbohydrates	Behavioural	Documents
Cardiovascular disease	Children	Fats and fatty acids	Fortification	Background
Diabetes	Adolescents	Proteins	Supplementation	Partners
Diarrhoea	Reproductive age	Vitamins and minerals	Situational health actions	Guideline process
HIV/AIDS	Pregnancy	Water	Health related actions	How to contribute
Malaria	Postpartum		Dietary goals	Frequently asked questions
Micronutrient deficiencies	Older adults			Acknowledgements
Obesity				A to Z List
Respiratory conditions				Related links
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Early initiation of breastfeeding

Breastfeeding has many health benefits for both the mother and infant. To reduce infant mortality and ill health, WHO recommends that mothers first provide breast milk to their infants within one hour of birth – referred to as 'early initiation of breastfeeding'. This ensures that the infant receives the colostrum ('first milk'), which is rich in protective factors.

In many parts of the world, the rates of early initiation of breastfeeding are extremely low. Interventions to help initiate breastfeeding early include:

- providing mothers with information about breastfeeding before birth;
- assisting mothers with skin-to-skin contact and with recognition of signs showing that the baby is ready to start breastfeeding;
- ensuring that maternity facilities have policies and staff who encourage mothers and infants to stay in the same room, and initiate breastfeeding within one hour of birth;
- suggesting early initiation of breastfeeding mothers that give birth at home.

WHO documents

Health benefits: [Breastfeeding: Research, updated and expanded for improved care](#)

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Exclusive breastfeeding

Recent milk contains all the nutrients an infant needs in the first six months of life. It protects against common childhood diseases such as diarrhoea and pneumonia, and may also have long-term benefits such as lowering mean blood pressure and cholesterol, and reducing the prevalence of obesity and type-2 diabetes.

Exclusive breastfeeding means that the infant receives only breast milk. No other fluids or solids are given – not even water – with the exception of oral rehydration solution, or sips of glucose, maltose or sucrose.

WHO recommends that infants should not start on other foods for the first six months of life to optimize optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more.

WHO documents

- Statement: Exclusive breastfeeding for six months best for babies everywhere
- State of the World
- Publication: Indicators for assessing infant and young child feeding

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Feeding of low-birth-weight infants

WHO documents that low-birth-weight (LBW) infants, including those with low birthweight (VLBW), should be fed their own milk. If these infants cannot be fed mother's own milk, they should be fed donor human milk in settings where safe and adequate milk-banking facilities are available or be fed pre-sterilized infant formula.

Very-low birth-weight infants, who cannot be fed mother's own milk or donor human milk should be given pre-sterilized formula if they fail to gain weight despite adequate feeding with standard infant formula.

Low-birth-weight infants who are able to breastfeed should be put to the breast as soon as possible after birth when they are clinically stable, and should be selectively breastfed until six months of age. Low-birth-weight infants who need to be fed by an alternative oral feeding method should be fed by cup or spoon and should be fed based on the infant's hunger cues, except when the infant remains asleep beyond three hours of the last feed.

Implementation of these recommendations will help to reduce mortality and improve morbidity among these infants, while helping in their growth and neurodevelopment.

WHO documents

- Guidelines on infant and young child feeding

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HIV and infant feeding

Mother to child transmission of HIV is the primary way that infants become infected with HIV. Transmission can occur during pregnancy, birth, or through breastfeeding. In the past, the dilemma has been how to balance the risk of infection acquired by HIV through breastfeeding, with the risk of death from malnutrition, diarrhoea and pneumonia if infants do not exclusively breastfeed.

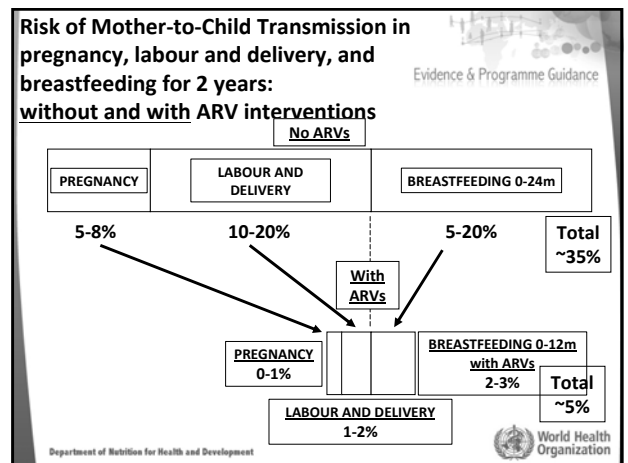
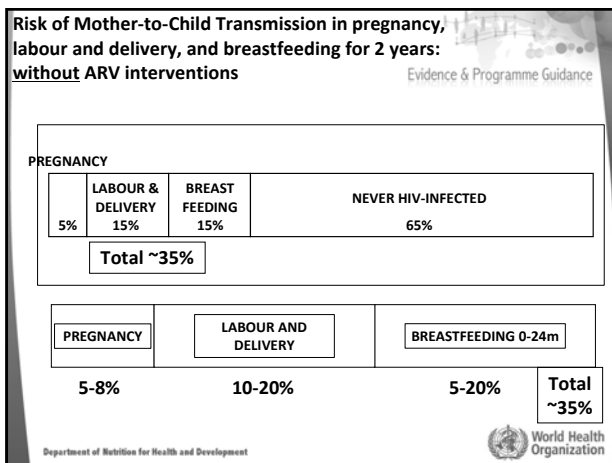
In 2010, new evidence showed that giving antiretroviral medicines to the mother or the infant can dramatically reduce the risk of HIV transmission through breastfeeding. It is now possible for infants to be breastfed with little risk of acquiring HIV.

WHO recommends that national health authorities make the decision to introduce either breastfeeding with antiretrovirals, or to avoid all breastfeeding. This decision should be made after a review of national HIV seroprevalence and the socio-economic and cultural context of the country.

WHO documents

- Guidelines on HIV and infant feeding: 2010 principles and recommendations for infant feeding in the context of HIV and a summary of evidence to B. 2010

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New PMTCT ARV recommendations are based on these two key areas

- **Lifelong ART** for HIV-positive women in need of treatment for their own health, which is also safe and effective in reducing MTCT
- **ARV prophylaxis (short term)** to prevent MTCT during pregnancy, delivery and breastfeeding for HIV-infected women who do not need treatment for their own health

The Global database on the Implementation of Nutrition Action (GINA)

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- Breastfeeding
- Complementary feeding
- Acute malnutrition
- Stunting
- Low birth weight
- Vitamin A
- Iodine
- Iron and folic acid
- Other micronutrients
- Overweight and diet-related NCDs
- Nutrition and HIV



Interactive map

Country	Breastfeeding	Complementary feeding	Acute malnutrition	Stunting	Low birth weight	Vitamin A	Iodine	Iron and folic acid	Other micronutrients	Overweight and diet-related NCDs	Nutrition and HIV
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50
Algeria	50	50	50	50	50	50	50	50	50	50	50

Search results table

To be launched end 2012

SIXTY-THIRD WORLD HEALTH ASSEMBLY
Agenda Item 11.6

WHA63.23
21 May 2010

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Infant and young child nutrition

The Sixty-third World Health Assembly,

...

3. REQUESTS the Director-General:

...

(6) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multi-sectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.



SIXTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.3

A65/11
26 April 2012

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Nutrition

Maternal, infant and young child nutrition: draft comprehensive implementation plan

Report by the Secretariat

Proposed global Targets

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1. Reduction of childhood stunting

Target: 40% reduction of the global number of children under five who are stunted by 2025

2. Reduction of anaemia in women of reproductive age

Target: 50% reduction of anaemia in non pregnant women of reproductive age by 2025

3. Reduction of low birth weight

Target: 30% reduction of low birth weight by 2025

4. No increase in childhood overweight

Target: 0% increase in the prevalence of overweight in children under five by 2025

5. Increase exclusive breastfeeding rates in the first six months of life

Target: increase of exclusive breastfeeding rates in the first six of life months to at least 50%

Actions

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ACTION 1: To create a supportive environment for the implementation of comprehensive food and nutrition policies

ACTION 2: To include all required effective health interventions with an impact on nutrition in national nutrition plans

ACTION 3: To stimulate development policies and programmes outside the health sector that recognize and include nutrition

ACTION 4: To provide sufficient human and financial resources for the implementation of nutrition interventions

ACTION 5: To monitor and evaluate the implementation of policies and programmes

Acknowledgments

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- US Centers for Disease Control and Prevention (CDC)
- Global Alliance for Improved Nutrition (GAIN)
- Evidence and Programme Guidance Unit