Breastfeeding in the PHILIPPINES
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Breastfeeding in the Philippines: a critical review, 2013

Western Pacific

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<td>Administrative Region of Muslim Mindanao</td>
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<td>BFHI</td>
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<td>COMBI</td>
<td>Communication for behavioural impact</td>
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<td>CAR</td>
<td>Cordillera Administrative Region</td>
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<td>FNRI</td>
<td>Food and Nutrition Research Institute</td>
</tr>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IPC</td>
<td>Interpersonal Communication</td>
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<td>IPNAP</td>
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<td>LATCH</td>
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<td>MBFHI</td>
<td>Mother-Baby Friendly Hospital Initiative</td>
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<td>NCR</td>
<td>National Capital Region</td>
</tr>
<tr>
<td>NSO</td>
<td>National Statistics Office</td>
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<td>PHAP</td>
<td>Pharmaceutical Health Care Association of the Philippines</td>
</tr>
<tr>
<td>PhilHealth</td>
<td>the Philippines Health Insurance Corporation</td>
</tr>
<tr>
<td>rIRR</td>
<td>The revised Implementing Rules and Regulations of the Milk Code</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHA</td>
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EXECUTIVE SUMMARY

Globally, suboptimal breastfeeding is causing 804,000 under-5 deaths per year. More than 30 studies from around the world, in the developing and developed countries alike, have shown that optimal breastfeeding dramatically reduces the risk of infants and young children dying. However, according to a recent nationwide survey, only 34% of Filipino infants younger than six months are exclusively breastfed and an alarming 36% are fed infant formula — a 6% increase since the previous survey. More than US$ 100 million is spent every year on the marketing and promotion of infant formula products in the Philippines; these campaigns translate into more than US$ 260 million in purchases by Filipino families.

The 1989 Convention on the Rights of the Child (CRC) recognizes the right of all children to the highest attainable standard of health, and specifically the right to good nutrition (Article 24). The CRC represents the most comprehensive international human rights framework for facilitating breastfeeding protection, promotion and support with enhanced implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes (1981); as well as 15 subsequent World Health Assembly resolutions; the 1990 Baby-friendly Hospital Initiative (BFHI); the Maternity Protection Convention (2000); the 1990 Baby-friendly Hospital Initiative (BFHI); the Maternity Protection Convention (2000); and the Global Strategy for Infant and Young Child Feeding (2002).

The Philippines, as a signatory of the Convention, is required to submit a country progress report every three years on steps made towards meeting international standards and CRC Committee recommendations. In 2009, the CRC Committee recommended that the Philippines (1) increase the duration of maternity leave, and (2) ensure effective implementation of the Philippine Code of Marketing of Breast-milk Substitutes (Executive Order 51, 1986) and the 2007 revised Implementing Rules and Regulations of the Milk Code (rIRR).

This desk review aims to support the Philippines by identifying key measures and strategies to improve breastfeeding practices.

The Philippines was among the first countries to pass national legislation on the International Code of Marketing of Breast-milk Substitutes. In 1986, President Corazon Aquino signed into law Executive Order 51, commonly referred to as the Milk Code. In 2006, the Implementing Rules and Regulations of the Milk Code were revised to align with international standards and were approved. Milk companies opposed the new rules and regulations and took their case to the Supreme Court, which, in 2007, upheld 56 of 59 provisions of the rIRR. Thereafter, the milk companies teamed up as the Infant and Pediatric Nutrition Association of the Philippines (IPNAP), launching concerted lobbying activities and supporting projects related to nutrition. In 2010, the 15th Congress of the Philippines drafted a consolidated bill to amend the Milk Code and its rIRR. If passed, the bill would have erased the gains and improvements brought by the Milk Code, the rIRR and other legislation.

Monitoring of the Milk Code and its rIRR has resulted in the processing of 24 alleged violations between 2011 and 2012, with two resulting in payment of fines. There is an urgent need to:

- create legislative support to sustain and improve the existing legislation and regulations;
- support and invest in monitoring, assessment and supervision of Milk Code implementation and enforcement; and
- create solidarity and support from national and international groups.
In 1992, the Philippines passed the Rooming-In and Breast-feeding Act (Republic Act 7600) (16) and launched the Mother-Baby Friendly Hospital Initiative (MBFHI) in response to the global BFHI. As of 2000, 79% of health facilities had been certified as mother-baby friendly. (17) From 2000 to 2007, however, a backsliding of the MBFHI programme was noted, along with a decline in practices. (18) Aggressive marketing by milk companies was one reason for the relapse. In 2007, a policy was issued to revitalize the MBFHI programme. (19) The new policy required health facilities to attain a “Certificate of Commitment” prior to full accreditation and re-accreditation every three years. To date, 426 of 1798 (24%) health facilities have a Certificate of Commitment, and 26 national, regional and private hospitals have been certified.¹

Recommendations for improving BFHI in the Philippines are:

- review the status of BFHI implementation, and identify barriers and gaps;
- institutionalize the BFHI global criteria, and enforce monitoring and assessment procedures for health facilities; and
- include BFHI accreditation as a requirement for licensing of health facilities.

The Philippines has trained more than 28,000 health professionals, more than 23,000 peer counsellors, and more than 5,849 breastfeeding support groups on infant and young child feeding (IYCF).²

Recommendations for improving community-level support in the Philippines are:

- set up a portfolio of incentive schemes for peer counsellors and support groups; and
- devise an effective and sustainable community-based tracking system.

The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) calls for breastfeeding breaks and designated facilities in the workplace. (20) The Act is still not fully implemented, but 34 workplaces have been certified as Mother-Baby Friendly. No efforts have been made to extend paid maternity leave.³

Recommendations for implementing Republic Act 10028 and other legislation are:

- engage all relevant government and development partners to agree on an implementation plan for the Act
- call on policy- and decision-makers to provide support for implementing the Act
- engage legislators to extend paid maternity leave to meeting international standards (14 weeks minimum, 18 weeks recommended).

In 2012, the World Health Assembly endorsed resolution WHA65.6, which calls on Member States to put into practice the comprehensive implementation plan on maternal, infant and young child nutrition. As an endorsee, the Philippines will aim to achieve the global target of at least 50% exclusive breastfeeding in the first six months.

¹ Notes from the Department of Health, Philippines, 1 September 2012.
³ Notes from the Department of Health, Philippines, 1 September 2012.
1 INTRODUCTION

The 1989 Convention on the Rights of the Child (CRC) recognizes the right of all children to the highest attainable standard of health, and specifically the right to good nutrition (Article 24), including breastfeeding. Globally, breastfeeding can prevent more than 800,000 under-5 deaths per year. More than 30 international studies in both developing and developed countries have shown that optimal breastfeeding dramatically reduces the risk of dying and illness among children. Optimal breastfeeding includes early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding for at least two years while adding appropriate complementary foods. A World Health Organization (WHO) analysis indicated that breastfeeding could prevent at least three fourths of deaths in early infancy, and more than a third of deaths during the second year of life. A cohort study in Brazil revealed that non-breastfed children, compared to those exclusively breastfed, have 14 times the risk of dying from diarrhoea, 3.6 times the risk of dying from pneumonia, and 2.5 times the risk of dying from other infections. A pooled analysis of studies in Ghana, India, and Peru showed that non-breastfed infants are 10 times more likely to die than predominantly or exclusively breastfed infants; the risk of death was 2.5 times higher for partially breastfed infants compared to those predominantly or exclusively breastfed. A study in Ghana revealed that initiation of breastfeeding in the first hour would prevent 22% of newborn deaths.
As a State Party to the CRC, the Philippines is legally bound by its provisions, and is required to bring national laws and policies in line with the CRC. The Philippines is further obliged to protect the rights enshrined in the CRC and to protect its citizens from unlawful infringement of such rights by third parties, including the private sector. Additionally, the Philippines is accountable at both national and international levels,(12) which includes regularly reporting its progress to the United Nations Committee on the Rights of the Child (CRC Committee). Reporting requirements are based on the International Code of Marketing of Breast-milk Substitutes as well as 15 subsequent related World Health Assembly (WHA) resolutions, the Baby-Friendly Hospital Initiative (BFHI) and the Global Strategy for Infant and Young Child Feeding.

The 1981 International Code of Marketing of Breast-milk Substitutes (the Code) set standards on the marketing and promotion of breast-milk substitutes.(7) Fifteen subsequent World Health Assembly resolutions provided updated recommendations(8) and standards as scientific evidence mounted in support of breastfeeding practices and opposing formula feeding (e.g. intrinsic contamination) and not breastfeeding (e.g. increased risk of mortality, morbidity and long-term effects of not breastfeeding).

The Innocenti Declaration (1990, updated in 2005)\(^4\) identified the need for a government structure and management system to support the breastfeeding programme. It recommended that all health facilities with maternity services implement 10 specific steps for successful breastfeeding, reiterated the importance of implementing the Code and the passage of legislation in favour of maternity protection in the workplace. The BFHI (1991, revised and updated in 2009) represented a global effort to improve health workers’ practices in protecting, promoting and supporting breastfeeding in health facilities offering maternity services.

The World Health Assembly and the Executive Board of the United Nations Children’s Fund (UNICEF) endorsed the Global Strategy for Infant and Young Child Feeding in 2002. The Global Strategy for Infant and Young Child Feeding provides governments and other stakeholders with strategies and key components to improve IYCF practices. These need to be adapted and contextualized to the situation, conditions and cultural norms of the country. These components were considered in the review of the progress of implementation of breastfeeding protection, promotion and support in each of the selected countries.

In 2010, the World Health Assembly endorsed resolution WHA63.23, calling on WHO to develop a comprehensive implementation plan on maternal, infant and young child nutrition, with the aim of “addressing the double-burden of malnutrition in children starting from the earliest stages of development”. Member States endorsed the plan at the Sixty-fifth World Health Assembly in 2012. The comprehensive implementation plan identifies six global targets to be achieved by 2025, including an increase in exclusive breastfeeding rates in the first six months to at least 50%. The sixty-fourth session of the WHO Regional Committee for the Western Pacific in 2013 addressed the need to scale up nutrition interventions.

More than 30 years after endorsing the Code, along with the Innocenti Declaration, BFHI, the Global Strategy for Infant and Young Child Feeding and 15 World Health Assembly resolutions, breastfeeding practices remain less than optimal, and countries such as the Philippines continue to struggle to improve the situation.

\(^4\) Innocenti Declaration. Produced and adopted by participants at the WHO/UNICEF policy-makers’ meeting on “Breastfeeding in the 1990s: A Global Initiative” in Florence, Italy, 30 July–1 August 1990
2 OBJECTIVES & METHODOLOGY

2.1 Objectives

(1) Document activities, policies and programmes related to the protection, promotion and support of breastfeeding implemented at the country level (from 2002 to 2012).

(2) Review the implementation of activities, policies and programmes related to the protection, promotion and support of breastfeeding (from 2002 to 2012).

(3) Identify priority programme areas needing support and assistance.

2.2 Methodology

A database containing 11 components related to the protection, promotion and support of breastfeeding at the country level was developed. The database consisted of 162 variables to provide an accurate country-level picture of the implementation status of the breastfeeding programme. Documents shared by the Philippines Department of Health, WHO/UNICEF technical documents, and official country, regional and global reference documents that addressed the protection, promotion and support of breastfeeding were reviewed. A draft country-based report was prepared using information from the database. The report was finalized after consultation with the Department of Health.
DISCUSSION & ANALYSIS

3.1 CRC and breastfeeding protection

The Philippines ratified the CRC on 21 August 1990. As a State Party, it is legally bound by its provisions. The Government submitted its most recent country report to the CRC Committee on 20 March 2009.\(^{(25)}\)

The 2009 CRC country report noted that improving breastfeeding and complementary feeding of Filipino infants and young children could prevent 16,000 deaths, primarily caused by diarrhoea, pneumonia, neonatal sepsis and hypothermia.

The report also indicated that as of 2003, only half of all mothers initiated breastfeeding within the first hour of life, 16% were exclusively breastfeeding at 4–5 months, 57.9% were breastfeeding plus using appropriate solid and semi-solid food at 6–9 months, and 33.3% were breastfeeding at 20–24 months. Almost 40% of Filipino infants are fed formula.

The Government reported that Filipino families spend 21.5 billion pesos on infant formula and that milk companies are investing more than 4.5 billion pesos annually in advertising milk substitutes (equivalent to almost half the annual Department of Health budget).\(^{*}\)\(^{(25)}\)

The Government reported on the formulation of the National Policy and National Plan of Action on Infant and Young Child Feeding. The Plan of Action included (1) revitalization of advocacy for breastfeeding nationwide; (2) training on breastfeeding counselling; (3) establishment of baby-friendly settings (e.g. schools, workplaces, health facilities, industry, public places, communities); (4) celebration of national breastfeeding week in the first week of August each year; (5) re-launching of the Mother-Baby Friendly Hospital Initiative (MBFHI) and revision of the IRR of the Milk Code; and (6) training on Milk Code monitoring.

For Milk Code monitoring, a coalition of 150 national nongovernmental organizations, 100 international non-profit organizations and concerned individuals, and several United Nations agencies was formed to support the Department of Health.

In response to the report, the CRC Committee expressed concern over the low exclusive breastfeeding rates, encouraged enforcement of the national Milk Code and its revised Implementing Rules and Regulations (rIRR), and recommended 14 weeks of paid maternity leave to protect both private and public sector working mothers.(12)

Specifically, the CRC Committee recommended, among other things:

*While noting the efforts by the State party to encourage breastfeeding, the Committee reiterates its concern at the low practice of exclusive breastfeeding. The Committee is also concerned that maternity leave periods are insufficient and at the differences in the criteria for entitlement to maternity leave for workers in the public and private sectors.*

*The Committee recommends that the State party take the necessary measures to ensure the effective implementation of the Milk Code (E.O 51) and the 2007 rIRR - revised Implementing Rules and Regulations of the Milk Code. Recalling its previous recommendation (CRC/C/15/Add.259, para. 59 (f)), the Committee recommends that the State party further encourage exclusive breastfeeding for six months after birth with modifications for an appropriate infant diet thereafter and take measures to improve the nutritional status of children through education and promotion of healthy feeding practices. The Committee also calls on the State party to review its maternity legislation in order to support women working in both the public and private sectors equally by providing the recommended 14 weeks of paid maternity leave in accordance with the ILO Maternal Protection Convention No. 183.(12)*

### 3.2 Progress on the reduction of child mortality and child malnutrition

The Philippines has a population of 96.7 million people, including 11.2 million children under five years of age.(26) Annually, there are 2.3 million births, and the neonatal, infant and under-five mortality rates are 14 per 1000 births, 24 per 1000 births and 30 per 1000 births, respectively.(26)

Malnutrition is a major burden in the country and may account for 45% of under-5 deaths. According to the 2011 National Nutritional Survey, 20.2% of children under-5 are...
underweight, 33.6% are stunted, and 7.3% are wasted; (27) 19.6% of births are at low birth weight. (3)

In a joint statement, the Philippines Department of Health, WHO and UNICEF asserted that an estimated 8400 lives could be saved each year if every Filipino family with infants and small children practised optimal breastfeeding. (28)

### 3.3 Breastfeeding practices

Breastfeeding recommendations in the Philippines are aligned with the *Global Strategy for Infant and Young Child Feeding* and include initiation of breastfeeding within the first hour of life, exclusive breastfeeding for six months, and provision of appropriate, adequate and safe complementary food at six months while continuing breastfeeding until two years and beyond.


According to the most recent National Demographic and Health Survey, 53.5% of mothers in the Philippines initiate breastfeeding within the first hour of delivery (Figure 1). (3) The IYCF Plan of Action (2011–2016) has set a target of 90% by the end of 2016. The same survey revealed that almost half of all pregnant women deliver at a health facility, while half deliver at home. (3)

![Breastfeeding initiation within the first hour by region, Philippines, 2008](image)

**Figure 1:** Breastfeeding initiation within the first hour by region, Philippines, 2008

NCR: National Capital Region; CAR: Cordillera Administrative Region; I-XIII, Region One-Thirteen; ARMM: Administrative Region of Muslim Mindanao

During the first month of life, only half of all infants in the Philippines are exclusively breastfed. Of those who remain, 8.4% are not breastfed, 18% receive breast milk and water, 22% receive breast milk and other milk, and 2% receive breast milk and solid or semi-solid foods. The situation worsens in the succeeding months (Figure 2).

**Figure 2: Breastfeeding practices in the Philippines, 2008**

<table>
<thead>
<tr>
<th>Age</th>
<th>Not breastfeeding (%)</th>
<th>Breastfeeding with other milks (%)</th>
<th>Breastfeeding with complimentary feeding and other liquids (%)</th>
<th>Breastfeeding with plain water (%)</th>
<th>Exclusive breastfeeding (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1 months</td>
<td>8.4</td>
<td>17.6</td>
<td>6.1</td>
<td>49.6</td>
<td>25.8</td>
</tr>
<tr>
<td>2 to 3 months</td>
<td>14.8</td>
<td>20.3</td>
<td>6.1</td>
<td>20.3</td>
<td>25.8</td>
</tr>
<tr>
<td>4 to 5 months</td>
<td>25.8</td>
<td>11.1</td>
<td>25.8</td>
<td>14.7</td>
<td>22.6</td>
</tr>
</tbody>
</table>

Among infants under 6 months of age, 36% are being fed infant formula,\(^3\) which is 6% higher than in 2003.\(^6\) Other breastfeeding and complementary feeding practices remain unchanged (Figure 3).

**Figure 3: Comparison of breastfeeding practices in the Philippines in 2003 and 2008 and targets put forth in the IYCF National Plan of Action (2005–2010)**

The proportion of children who continue to be breastfed at 12–15 months has increased from 59.3% to 63.0%; and for children aged 20–23 months, it has climbed from 32.2% to 34.2%.\(^3, 4\)

Two relevant national surveys were conducted in 2011: (1) the National Nutrition Survey, conducted by the Food and Nutrition Research Institute (FNRI),\(^27\) and (2) the Family Health Survey conducted by the National Statistics Office (NSO).\(^31\) The findings were contradictory. The 2011 National Nutrition Survey reported that exclusive breastfeeding had risen from 34% in 2008 to 46.7% in 2011, while the 2011 Family Health Survey reported that exclusive breastfeeding had decreased to 26.7%. Considering the diversity of the results, it is recommended to use the data from the National Demographic and Health Survey (2003, 2008) in relation to breastfeeding practices.

### 3.4 Policy environment

The Philippines approved its first National Policy on Infant and Young Child Feeding in 2005.\(^32\) The Department of Health is the lead agency for programme and policy development. It helped create management structures at the national, subnational and local government levels. Programme coordinators are in place at each level, and funding is allocated yearly from the Government budget to support specific IYCF (breastfeeding) activities.
The National Nutrition Council, the Council for the Welfare of Children, and the Department of Social Welfare and Development are the three main government agencies collaborating on implementation of the policy.

The IYCF National Plan of Action (2005–2010) was developed to support the implementation of the IYCF National Policy. In 2011, it was reviewed, revised and relaunched as the IYCF National Plan of Action (2011–2016).

Legislation supporting the protection, promotion and support of breastfeeding include: (1) the Philippine Code of Marketing of Breast-milk Substitutes, (Executive Order 51, 1986); (2) the Rooming-In and Breast-feeding Act (Republic Act 7600, 1992), which implements the 1991 BFHI global standards; and (3) the Expanded Breastfeeding Promotion Act (Republic Act 10028, 2010), which establishes standards for workplaces, health facilities (with the establishment of milk banks) and public places. As of July 2013, 27 out of 80 (34%) provincial governments, 73 out of 131 (56%) city governments, and 515 out of 1518 (33%) municipal governments have translated the national policy into local legislation.

According to the Department of Health, the Government allocated US$ 20 000 in 2011 to support IYCF (breastfeeding) activities and US$ 11 000 to support communication activities. The same source stated that external donors (United Nations, Millennium Development Goal Achievement Fund) allocated US$ 90 500 in the same year.

In 2012, the Government budget increased to US$ 36 500, with an additional US$ 44 000 specifically allocated to support communication for behavioural impact (COMBI) activities. The Department of Health states the proposed budget for IYCF activities for 2013 was expected to reach US$ 2.9 million.

3.5 Baby-friendly Hospital Initiative (BFHI)

The BFHI launched in 1991 by WHO and UNICEF aimed to give every baby the best start in life by creating a health-care environment in which breastfeeding was the norm. As suggested by the Ten Steps for Successful Breastfeeding, hospitals were urged to have a breastfeeding policy, to dissuade mothers from using infant formula products, pacifiers or bottles, and to counsel and educate mothers on how to initiate, support and maintain breastfeeding.

As the BFHI concept evolved, it was adapted to universities, schools, workplaces, cities and communities. Recommendations and standards were updated in 2009 based on new knowledge and experience. WHO and UNICEF upheld the International Code as a key component of BFHI, but they also added recommendations for non-breastfeeding mothers, new modules on HIV and infant feeding and mother-friendly care, as well as guidance on monitoring and the reassessment process. The 2009 version is composed of five sections: (1) Background and implementation; (2) Strengthening and sustaining BFHI: a course for decision-makers; (3) Breastfeeding promotion and support in a baby-friendly hospital, a 20-hour course for maternity staff; (4) Hospital self-appraisal and monitoring tools; and (5) External assessment and reassessment tools.

Notes from the Department of Health, 1 September 2012.
In the Philippines, Republic Act 7600 (1992) called for the implementation of the Ten Steps for Successful Breastfeeding and the global BFHI standards. According to a recently published article, between 2003 and 2004, 79% (1427/1798) of all the health facilities with maternity services were certified as Mother-Baby Friendly. Due to a high turnover of personnel and limited funds, however, the MBFHI programme declined. Thus, hospitals that were initially certified were not sustaining the BFHI standards.

In 2005, the Philippines Health Insurance Corporation (PhilHealth) issued Circular No. 26 s-2005, requiring all accredited hospitals to be certified as Mother-Baby Friendly. No information is available on the status of implementation of the circular.

In 2006, UNICEF supported a retrospective study conducted by the University of the Philippines in 15 regions and 98 hospitals, and the findings were the following:

- 52% of participating hospitals had lactation coordinators
- 63% of mothers were assisted in initiation of breastfeeding within half an hour
- 52% of post-partum mothers were assisted to breastfeed and maintain lactation
- 43% of hospital personnel did not allow food or drinks other than breast milk
- 28% of health facilities fostered the establishment of breastfeeding support groups.

The Government and development partners revised the policy and issued Administrative Order (2007-0026) to revitalize MBFHI in health facilities for both maternity and newborn care services.

The 2007 policy stipulated the following:

- All hospitals and health facilities with maternity and newborn services must seek accreditation (basically bringing to zero the number of accredited MBFHI).
- The accreditation process was divided into two phases:
  - Phase 1: Health facilities that pass the external assessment receive a Certificate of Commitment; and
  - Phase 2: After two years, a reassessment will be conducted. If the health facility maintains the standards, the health facility is accredited.
  - After the accreditation, the health facility will be reassessed every three years.

The Department of Health reported that as of August 2013, 426 of 1798 (24%) hospitals had received a Certificate of Commitment, and 26 national, regional and private hospitals were accredited as Mother-Baby Friendly Hospitals.

The Department of Health reported that certification and/or accreditation as Mother-Baby Friendly is now a requirement for hospital licensing. It would make the Philippines the first country in the Western Pacific Region to impose such a requirement.

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PhilHealth Circular, 26, s-2005.

Notes from the Department of Health, 1 September 2012.
3.6 International Code of Marketing of Breast-milk Substitutes and subsequent WHO resolutions

The development and endorsement of the International Code of Marketing of Breast-Milk Substitutes by the World Health Assembly in May 1981 (WHA34.22) marked an historic step towards protecting breastfeeding and establishing and supporting appropriate IYCF practices.

Article 11.1 of the Code states: “Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulation or other suitable measures.”

The Philippines was among the first countries to pass national legislation (Executive Order 51) on the International Code of Marketing of Breast-milk Substitutes. In a recent review, UNICEF recognized the 1986 Philippine Code of Marketing of Breast-milk Substitutes as fully translating all provisions of the International Code. In 2004, the Department of Health initiated the revision of the implementing rules and regulations of the legislation.

Due to interference from milk companies, under the umbrella of the Pharmaceutical Health Care Association of the Philippines (PHAP), two years elapsed before the rIRR were finalized. The United States Chamber of Commerce wrote a letter that invited the President of the Philippines to reconsider the rIRR to avoid complications in United States–Philippine economic ties. The International Infant Formula Council wrote to UNICEF to complain about the agency’s breastfeeding promotion activities in the Philippines. Industry representatives prompted congressional hearings and influenced the transfer of the rIRR from the Committee on Health to the Committee on Trade. They also wrote letters to Congress and the President of the Philippines. The industry representatives warned the US Embassy and the US Regional Trade Attaché that the new IRR would affect trade.

On 15 May 2006, the Secretary of Health signed the rIRR. Within two weeks, PHAP petitioned the Supreme Court to declare the rIRR unconstitutional. More than a year elapsed (October 2007) before the Supreme Court issued its final ruling, declaring 56 of the 59 provisions of the rIRR as constitutional and valid. The Supreme Court decision rejected the infant-formula industry’s claim that the rIRR were unduly restricting trade and concluded: “The framers of the constitution were well aware that trade must be subjected to some form of regulation for the public good. Public interest must be upheld over business interests.”

With the Supreme Court ruling, the Philippine Milk Code (Executive Order 51) and its rIRR brought the Philippines to the forefront of the global movement towards the protection, promotion and support of breastfeeding. The rIRR prohibits industry from participating in policy-making, and the Supreme Court determined that Executive Order 51 covered all IYCF products. With new labelling requirements in place, packaging of infant-formula products had to be written in local languages and English and had to include a warning on the risks associated with the presence of pathogenic contaminants.
The no-donation policy of covered products was upheld, and the policy of no contact with mothers and pregnant women by the industry was reaffirmed.

In the years that followed, the Department of Health and its partners increased efforts to enforce the law by offering capacity-building activities for health workers, leaders and decision-makers. New specific guidelines were developed to provide standards for the implementation of the new labelling guidelines.

**Table 1. A comparison of the scope of the International Code of Marketing of Breast-milk Substitutes and of the Philippine Milk Code (Executive Order 51)**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Article 2</strong>: “The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.”</td>
<td>The code applies to the same products and practices, but it covers products for children up to 36 months.</td>
</tr>
</tbody>
</table>
Table 2. A comparison of marketing restrictions and regulations of advertising and promotional activities

<table>
<thead>
<tr>
<th>International Code of Marketing of Breast-milk Substitutes</th>
<th>The Philippine Code of Marketing of Breast-milk Substitutes (Executive Order 51) and rIRR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Article 5.1:</strong> “There should be no advertising or other form of promotion to the general public of products within the scope of the Code.”</td>
<td>While not providing a total ban, all marketing and advertising materials for children 0 to under 36 months need Inter-Agency Committee review and approval.</td>
</tr>
<tr>
<td><strong>Art 5.3:</strong> “prohibition of sales devices”</td>
<td>Fully implemented</td>
</tr>
<tr>
<td><strong>Article 6.6:</strong> “Free or low-cost supplies of breast-milk substitutes to health care facilities should be prohibited. This article applies to both use of such products within the facility or to the distribution of such products outside of the facility.”</td>
<td>Fully implemented</td>
</tr>
<tr>
<td><strong>Article 7.3:</strong> “Financial and material inducements to promote products within the scope of the Code should not be offered by manufacturers or distributors to health workers or members of their families, nor should they be accepted by health workers or members of their families.”</td>
<td>Fully implemented</td>
</tr>
<tr>
<td><strong>Article 9.2(b):</strong> “Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message either printed on it or a tightly sealed label attached, in an appropriate language which includes a statement of superiority of breastfeeding.”</td>
<td>Fully implemented</td>
</tr>
</tbody>
</table>

Article 11 of the International Code includes a requirement for governments to take necessary measures to give effect to the provisions and ambitions of the Code within their legal and social infrastructure, including the adoption of national legislation, regulations or other appropriate measures. It states that the responsibility for monitoring the implementation of the Code rests with governments both individually and in collaboration with other parties (for example WHO, nongovernmental organizations, professional groups, among others).

In line with Article 11, the Philippine Milk Code and its original IRR provided for a monitoring-and-reporting mechanism at national and subnational levels. Nongovernmental organizations and civil society organizations were also encouraged to participate. Subsequent
WHA resolutions related to the International Code (e.g. prohibition of health and nutritional claims for IYCF products, warnings on labels of infant formula and other milk products) have been integrated in the 2006 rIRR.

The milk industry continued attempts to undermine existing legislation. In 2008, all milk companies operating in the Philippines reorganized into the Infant and Pediatric Nutrition Association of the Philippines (IPNAP).(35) They engaged decision-makers, legislators and opinion leaders. With the start of the 15th Congress in July 2010, IPNAP met the Speaker of the House, the Vice-Chair of the Committee on Health, other legislators and members of the Senate. IPNAP designed and offered projects to legislators.

The milk industry additionally engaged government agencies supporting nutrition and health programmes. For example, IPNAP forged a Memorandum of Agreement with the Department of Health, allowing the milk companies to donate products for children above 6 months in emergencies, and upon request of the Department of Health, products for infants under six months (in August 2012). Since then, the Department of Health has stated it would not sign the Memorandum of Agreement.

Furthermore, the Food Nutrition and Research Institute, the agency that conducted the National Nutrition Survey 2011, signed a Memorandum of Agreement with the milk companies for the production of a six-module training manual for Sulong Pinoy, a nutrition programme designed to educate local government units about proper nutrition and maternal health.(36) Furthermore, IPNAP sponsored a press conference for the Food, Nutrition and Research Institute to present the results of 2011 National Nutrition Survey.(37)

Since the start of the 15th Congress in July 2010, four new bills have been filed to amend Executive Order 51. Three of the four bills supported industry positions. The four bills were later consolidated into one bill. If passed, the bill would reverse 26 years of gains. It would:

1. allow promotion of products for infants above six months of age;
2. allow contact with mothers and pregnant women;
3. allow milk companies to educate on breastfeeding and other subjects;
4. allow donations;
5. require the labels to be in English only, removing the warnings and lifting the prohibition for health and nutritional claims; and
6. make the Department of Trade a co-chair in the Inter-Agency Committee.

Nearly US$ 100 million is spent annually on the advertising of breast-milk substitutes, an amount equivalent to about half the annual budget of the Department of Health.(5) Philippine families spent more than US$ 260 million on infant formula in 2003 alone.(6) One study showed that mothers were more likely to feed their infants formula if they recalled an advertising message, particularly on television (80.35%), and those who gave formula were 6.4 times more likely to stop breastfeeding before the age of 12 months.(38)

Another study compared the content of formula advertisements in parenting magazines. It found that in countries where the ban is limited to promotion of infant formula, the companies promoted follow-on or toddler’s milk. Since bans on the advertising of infant formula products do not prevent companies from advertising follow-on formula, these products are presented in ways that encourage consumers to associate the claims with a group of products (a product line) that includes infant formula.(39)
A study conducted in Australia found that advertisements for toddler’s milk indirectly promoted infant formula. The respondents understood that toddler’s milk advertisements promoted a range of products that included infant and follow-on formula and accepted the claims uncritically.(40)

The Food and Drug Administration reported that they acted upon 14 Milk Code violations in 2011 and 10 in 2012. Two were resolved and penalties paid. In August 2012, the Department of Health launched a Milk Code website* to facilitate the submission of alleged violations of the existing law. In 2013, the Department of Health conducted an internal review of the progress of implementation of the IYCF National Plan of Action (2011–2016); as per the review, from 1 January 2011 to 31 December 2012, there were more than 1200 Milk Code-related monitoring activities, but only 19 reports of violations were made and only two had resulted in fines as of February 2013.

3.7 Maternity protection

Half of the women in the Philippines (15 years and above) participate in the labour force. The Government has not ratified the Maternity Protection Convention, 2000 (No. 183) of the International Labour Organization (ILO),(10) but many milestones in the protection and support of working women have been achieved.

The Maternity Protection Convention, 2000 (No. 183), which was adopted in Geneva on 15 June 2000, aims at “promoting the equality of all women in the workforce and the health and safety of the mother and the child”. As of February 2012, only 23 countries had ratified the ILO Convention, and none in the Western Pacific Region.(41) While the Convention is yet to be ratified in the Philippines, it sets the standards against which national standards should be reviewed.

### Table 3. Review of maternity protection in the Philippines against the Maternity Protection Convention, 2000 (No. 183) and Maternity Protection Recommendation, 2000 (No. 191)

<table>
<thead>
<tr>
<th>Maternity Protection Convention, 2000 (No. 183) and Maternity Protection Recommendation, 2000 (No. 191)</th>
<th>Maternity protection laws in the Philippines</th>
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<tbody>
<tr>
<td><strong>Article 3, C183</strong>&lt;br&gt;“Each Member shall, after consulting the representative organizations of employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother’s health or that of her child.”</td>
<td><strong>Article 133</strong> of the Labor Code of the Philippines, Section 15 of the Batas Kasambahay Act 2004, Rule XVI of the Omnibus Civil Service Rules Implementing Book V of the Administrative Code of 1987, Section 14-A of the Social Security Act 1997 and the Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) provide for specific provisions that aim at creating supporting working environments for mothers and pregnant women.</td>
</tr>
<tr>
<td><strong>MATERNITY LEAVE</strong></td>
<td><strong>BREASTFEEDING MOTHERS</strong></td>
</tr>
<tr>
<td><strong>Article 4, C183</strong>&lt;br&gt;“1. On production of a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, a woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks.”</td>
<td><strong>Paid maternity leave in the Philippines, between six to eight weeks, is one of the shortest in the Region.</strong></td>
</tr>
<tr>
<td><strong>Article 10, C183</strong>&lt;br&gt;“1. A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.”</td>
<td><strong>Republic Act 10028</strong> provides for two paid breastfeeding breaks (total of 40 minutes).</td>
</tr>
<tr>
<td><strong>Article 10, C183</strong>&lt;br&gt;“2. The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.”</td>
<td><strong>Republic Act 10028</strong> provides for two paid breastfeeding breaks (total of 40 minutes).</td>
</tr>
<tr>
<td><strong>Paragraph 8, R191</strong>&lt;br&gt;“Where practicable and with the agreement of the employer and the woman concerned, it should be possible to combine the time allotted for daily nursing breaks to allow a reduction of hours of work at the beginning or at the end of the working day.”</td>
<td>Not mentioned.</td>
</tr>
<tr>
<td><strong>Paragraph 9, R191</strong>&lt;br&gt;“Where practicable, provision should be made for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace.”</td>
<td><strong>Republic Act 10028</strong> provides for the establishment of breastfeeding rooms.</td>
</tr>
</tbody>
</table>
In 2009, after the Philippines submitted its country report, the CRC Committee concluded that maternity leave in the Philippines is insufficient to support the efforts of increasing exclusive breastfeeding rates in the country.\(^x\)

While Republic Act 10028 is the first law to provide for paid breastfeeding breaks and breastfeeding stations in the workplace, not all workplaces are implementing the law. The Department of Health cited the lack of implementing guidelines as one reason.

On the other hand, as of September 2012, the Department of Health reported a total of 378 breastfeeding/lactation stations were set up in workplaces (e.g. factories, offices) and public places (e.g. malls, commercial centres, airports), and 34 were accredited as Mother-Baby Friendly.\(^xi\)

### 3.8 Pre-service and in-service education

In the *Global Strategy for Infant and Young Child Feeding*, WHO and UNICEF stressed the importance of the following:

- revising and reforming pre-service curricula for all health workers, nutritionists and allied professionals to provide appropriate information and advice on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition;
- training health workers who care for mothers, children and families with regard to:
  - counseling and assistance skills needed for breastfeeding, complementary feeding, HIV and infant feeding and, when necessary, feeding with a breast-milk substitute,
  - feeding during illness,
  - health workers’ responsibilities under the International Code of Marketing of Breast-milk Substitutes; and
- training in how to provide skilled support for exclusive and continued breastfeeding, and appropriate complementary feeding in all neonatal, paediatric, reproductive health, nutritional and community health services.

Republic Act 10028 calls for the integration of IYCF topics in all health professional curricula. The Department of Health reports this provision has not yet been implemented due to the fact that the Commission for Higher Education needs to issue a Memorandum Order for colleges and universities to do so. The Department of Health also reports that the existing curricula contain breastfeeding-related topics.

The Department of Health has recommended that the WHO Model Chapter on IYCF\(^{(42)}\) be integrated in the curricula of medical, nursing and midwifery schools. It is uncertain if and unclear how the Model Chapter was incorporated into the curricula. It is also not known if IYCF practices have become part of the minimum competencies required for health professionals. The Department of Health reports that the national licensure exam for health professionals contains questions on breastfeeding-related topics.

The in-service education for health professionals uses the IYCF counselling training modules prepared by WHO and UNICEF in 2006.\(^{(43)}\) In a presentation made on 25 March 2010, the

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\(^x\) CRC Committee, Concluding Observations CRC/C/PHL/CO/3-4, 22 October 2009.

\(^xi\) Notes from the Department of Health, 1 September 2012.
National Nutrition Council reported that 28,063 out of 34,398 health professionals had been trained, and that training had taken place in 50 provinces and Metro Manila, and in a total of 961 city governments.xiii

3.9 Community support system

WHO and UNICEF encourage countries to establish counselling and community support systems wherein breastfeeding (stand-alone or integrated) is a key component and focus of such support. In particular, peer-to-peer counselling has been recognized as an effective measure to support breastfeeding women in their communities and neighbourhoods. One study paper revealed that mothers who received peer-counselling visits were more likely to continue breastfeeding their infants. After three visits, exclusively formula-fed infants decreased seven-fold ($P < .001$) and mixed-fed infants decreased 37% ($P < .001$).(44)

The Philippines has an established community-based health infrastructure with services offered by Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS), both with a minimal incentive scheme, and breastfeeding counsellors, generally without a formal incentive scheme.

In line with that, the initial Philippines model was then transformed into a national campaign led by the Department of Health and its partners. As of 2013, the Department of Health reported that 5,849 out of 42,000 (14%) barangays had established community support groups, with the training of peer counsellors.xiv

The initial strategy was adapted and integrated under the Interpersonal Communication (IPC) component of COMBI, which will be discussed in the next section. Since the start of the implementation of the peer-counselling strategy, and then COMBI in 2010, at least 23,000 breastfeeding peer counsellors have been trained.

Civil society participation in breastfeeding protection, promotion and support is provided in a consistent way by several nongovernmental organizations, including Arugaan, Lactation Attachment Training Counseling Help (LATCH), La Leche League (Philippines), Plan International, Save the Children, Children for Breastfeeding, and the nongovernmental organizations coalition KoalisyonparaAlagaan at IsalbaangNutrisyon (KAIN).

3.10 Breastfeeding in difficult circumstances

Infant feeding and HIV

In 2010, WHO issued a revised set of guidelines to help governments and partners set up effective policy and programmes to support infant feeding in the context of HIV. The updated guidelines have shifted from “prevention of transmission” to “HIV-free survival”.(45) The new WHO recommendations, which are supported by the most recent scientific evidence, call for governments to set a one-policy recommendation that will counsel and support mothers known to be HIV infected to:
(1) breastfeed for six months exclusively and continue breastfeeding to 12 months or (2) avoid all breastfeeding.

A country’s decision on which policy to adopt will depend on an in-depth analysis of the two options to determine which one will give infants the greatest chance of HIV-free survival.

The 2005 IYCF National Policy provided guidance on HIV and infant feeding, but since there is no written revised guideline, the Department of Health integrates the 2010 recommendations in the messages, materials and speeches given during presentations and training. The country should consider formally revising the policy on HIV and infant feeding to ensure its dissemination to all health professionals and to reduce misunderstandings and misconceptions on this sensitive issue.

**Infant feeding during an emergency**

From 1980 to 2010, the Philippines was hit by 363 disasters, affecting more than 11.6 million people, an average of 3.7 million people a year, and killing 39,956. The most common disasters were floods (94), storms (197), volcano eruptions (14), earthquakes (12) and epidemics (45).

The Emergency Nutrition Network, of which UNICEF and WHO are members, issued operational guidelines on IYCF in emergencies. The guidelines reaffirm the importance of supporting breastfeeding in difficult situations, ensuring that donations of breast-milk substitutes are not collected and procuring only the minimal amount of infant formula necessary through the emergency coordinating mechanism.

The existing policies in the Philippines are aligned with the recommendations of the Emergency Nutrition Network. The IRR of Executive Order 51 (May 2006) prohibits the donation of covered products, and Administrative Order 2007-0017 (July 2007) states: “Infant formula, breast-milk substitutes, feeding bottles, artificial nipples and teats shall not be items for donation.”

After the recent floods (8 August 2012) that affected millions in Metro Manila and nearby provinces, the Department of Health cautioned against donations of infant formula and powdered milk products. On its official Twitter account, DOHgovph, the Department stated: “Donations of infant formula and powdered milk products are risky due to contaminated water. Breastfeeding is still the best.”

A few weeks after the event, the national news reported that the Department of Health was talking with milk companies about the possibility of accepting donations of infant formula. The milk companies drafted a Memorandum of Agreement that, if signed, would allow them to donate infant formula products for children aged six months and above, and upon request of the Department of Health, would allow them to donate infant formula for infants younger than six months.
3.11 Communication strategy

Social marketing and communication can be an effective part of a government’s overarching effort to improve breastfeeding protection, promotion and support.

The WHO Regional Office for the Western Pacific has been endorsing and supporting COMBI training to help Member States develop effective communication strategies. The COMBI methodology in the Philippines was developed in conjunction with WHO and includes (1) branding of behaviour based on modern techniques of marketing; (2) mobilization of all parts of the administration – from the central office of the Department of Health to the (village) health station; (3) modern methods of public relations and media-based promotion; (4) “personal sellers”; (5) advertising; (6) point-of-service promotion; and (7) a business partnership.

Since the 2008 training in the Philippines, COMBI has been the main communication strategy used by the Department of Health for improving exclusive breastfeeding rates in the Philippines. On 23 February 2011, the Department of Health launched a COMBI programme dubbed “Breastfeeding TSEK” (Tama, Sapat, Eksklusibo), basically promoting exclusive breastfeeding as the right food, the sufficient food and the exclusive food for an infant under six months of age. The primary target audience of this campaign is new and expectant mothers in urban areas.

COMBI has been implemented in 32 cities. With support from WHO, the Department of Health commissioned an external evaluation to assess the possibility of scaling up interventions nationally.

With COMBI, additional peer counsellors have been trained and provided with basic kits to support their home visits. A final evaluation revealed that 5988 peer counsellors had been recruited and mobilized in 32 cities covered by the project, and that 5018 peer counsellors had participated in training conducted by nongovernmental organizations.(50) Based on reports submitted by nine cities, peer counsellors visited 18 495 women and their children at around five months of age. The final evaluation also revealed that more than 75% of women surveyed recalled the Breastfeeding TSEK brand, confirming its effectiveness as a brand for exclusive breastfeeding.
4 CONCLUSION

The Philippines has passed key legislation on the protection, promotion and support of breastfeeding, including the Philippine Milk Code (1986), Republic Act 7600 (1992), Republic Act 10028 (2010) and government policies aligned with the global breastfeeding recommendations. Weak enforcement, however, has opened the door for milk companies to promote and market their products despite the stringent regulations. The rise in breastfeeding rates has been stagnant, and infant formula usage is increasing for infants under six months. After a period of backsliding, the Mother-Baby Friendly Initiative is being revitalized, but there is an urgent need to step up monitoring and supportive supervision visits.

In 2007, the Philippines stood firm in defending the revised IRR that updated the Milk Code and aligned it to the global recommendations, despite industry pressure and a Supreme Court case. Since then, the milk companies have built consensus on their position and offered partnerships and funding, often crossing the line in the legality of their actions. A consolidated bill to amend Executive Order 51 would allow virtually unrestricted promotions and marketing activities by milk companies, taking the Philippines backwards 26 years.
Maternity protection remains weak. As stated in the CRC Committee’s concluding observations from 2009, the Philippines is one of the countries in the Western Pacific Region that offers less than 14 weeks of paid maternity leave.

Since 2007, extensive resources and efforts have been invested, using both government and donor funds, in training health professionals and breastfeeding peer counsellors and in supporting communication strategies such as COMBI. Additional resources have been earmarked for these activities in the 2013 National Budget.
5 RECOMMENDATIONS

Since 2005, the Philippine Government and its partners have invested significant resources to improve breastfeeding. The achievement of landmark results has stimulated greater investment and effort. The following is a set of recommendations aimed at building on the work done so far and strengthening the existing breastfeeding support systems.

5.1 Tracking and monitoring

(1) Conceptualize, develop, review and improve a reporting system (integrated into the existing national information system or building upon it) that can capture relevant programme/process information related to the implementation of IYCF and breastfeeding interventions at subnational levels.

(2) Identify a mechanism to ensure regular submission of subnational reports.

(3) Ensure consolidation of all data related to programme implementation among key partner agencies.
5.2 Policy and management structure

(1) Conduct a programme review, and identify gaps and issues in the current national and subnational systems, linkages and communications with local implementers and partners.

(2) Ensure broad participation in the review process of the IYCF national policy. Specifically address issues and problems not directly related to or managed by the Department of Health (e.g. BFHI, emergencies, labour, regulations, legal, legislation development).

(3) Strengthen the coordinating mechanism among agencies that will ensure streamlining of efforts and synergy of actions.

(4) Review the mechanism for programme management to ensure full support to all the components of the programme.

(5) Ensure that IYCF is reflected in the National Strategic Development Plan, health strategic plans and annual operating plans.

5.3 Legislation

(1) Review and strengthen mechanisms for effective implementation and enforcement of Executive Order 51, Republic Act 7600 and Republic Act 10028.

(2) Facilitate, support and lead the dialogue with policy-makers, decision-makers and legislators to protect and strengthen Executive Order 51 and its rIRR.

(3) Engage legislators to extend maternity leave to meet the international standard of 18 weeks.

5.4 BFHI

(1) Review and update the BFHI standards and align them with the revised BFHI standards of 2009.

(2) Integrate BFHI accreditation/re-accreditation as a requirement for licensing and link it with a cost-effective incentive mechanism for its sustainability.

5.5 Community

(1) Continue, support and invest in establishing and strengthening community support systems, interpersonal communication, and other mechanisms that can help ensure availability of mother-to-mother support and counselling services at the community level.

(2) Identify sustainability mechanisms and a monitoring/tracking system for community-level activities as well as a portfolio of possible incentive schemes.

5.6 Pre-service education

(1) Integrate the IYCF Model Chapter in the health professional curricula, as legally required by Republic Act 10028.

5.7 Infant feeding in difficult circumstances

(1) Align HIV and infant feeding policy with the WHO 2010 recommendations.

(2) Maintain the existing policy on infant feeding in emergencies, developing appropriate messages for decision-makers and opinion leaders.
REFERENCES


(33) Saving Children’s Lives: Infant and Young Child Feeding in the Philippines, the steps forward [power point]. Tagaytay: Department of Health; September 2009.


The Convention on the Rights of the Child and Breastfeeding


Numerous articles of the CRC support breastfeeding and infant and young child nutrition, in particular the aims of the International Code, by reducing infant mortality, and protecting, promoting and supporting breastfeeding.

As a State Party to the CRC, all governments that ratified the CRC are legally bound by its provisions, and are required to bring national laws and policies in line with the CRC. Furthermore, they must regularly report to the international monitoring body of the CRC, the United Nations Committee on the Rights of the Child, on progress made in the effective implementation of the CRC. The governments are thus accountable for their action or inaction at both national and international levels.

Likewise, as part of their obligations to protect the rights enshrined in the CRC, governments must ensure that their citizens, including all children and mothers, are protected from any unlawful infringement on such rights by third parties, including the private sector.

The CRC not only reflects the legal obligations that the government has vis-à-vis all children and mothers under its jurisdiction, but also provides legal and normative guidance on protecting, promoting and supporting infant and young child feeding.

Article 24 of the CRC

The provision of and access to adequate nutrition for all infants and young children is guaranteed under Article 24 on the child’s right to health and health services. Article 24 requires the government and other duty bearers (including the private sector) to take all necessary measures (including the adoption of all relevant legislation, policies and programmes) to ensure that all sectors of society, particularly parents, “have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding”. It also requires the government and other duty bearers to ensure parents can act upon the information provided.

In this context, having recognized that adoption and translation of the International Code into national law, and its effective implementation and monitoring, are among the core measures the government should take under Article 24, the Committee on the Rights of the Child systematically requests information on the status of the Code, and calls for strengthening further implementation where necessary.

As part of its reporting guidelines for governments, the Committee also asks for specific information in the context of infant and young child feeding, including:
(1) rates of infant and under-5 child mortality;
(2) proportion of children with low birth weight;
(3) proportion of children with moderate and severe underweight, wasting and
stunting;
(4) percentage of households without access to hygienic sanitation facilities and
access to safe drinking water; and
(5) proportion of mothers who practise exclusive breastfeeding and for how long.