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**NUTRITION: PROGRESS REPORT ON INFANT AND YOUNG CHILD  
NUTRITION AND ON THE IMPLEMENTATION OF THE  
INTERNATIONAL CODE OF MARKETING OF  
BREAST-MILK SUBSTITUTES**

This two-yearly progress report has been prepared in compliance with Regional Committee resolution WPR/RC36.R15, which, *inter alia*, “urges Member States: (1) to intensify national efforts directed towards the improvement of infant and young child nutrition, including the adoption of suitable measures to give effect to the International Code of Marketing Breast-milk Substitutes; (2) to report at regular intervals on the progress made in their national efforts”. Based on the reports received from Member States at the request of the Regional Director, this document provides a summary of the status of breast-feeding, and complementary feeding and weaning practices in countries and areas of the Region, and describes government actions taken in the implementation of the International Code of Marketing Breast-milk Substitutes and the baby-friendly hospital initiative.

## 1. INTRODUCTION

This two-yearly progress report is submitted to the Regional Committee in compliance with resolution WPR/RC36.R15. As at 30 June 1995, 30 countries had reported to WHO.

The nutrition situation reflects the diversity of the geographical, cultural and socioeconomic conditions in the Region. Undernutrition, which very often develops in the first months of life of young infants, is still the most serious problem. It is found where good breast-feeding and weaning practices are not followed.

Until four to six months of age, exclusive breast-feeding provides all the necessary nutrients for infants and, in addition, protects against infectious diseases. This effect is especially pronounced in infancy, but applies also throughout the first year of life. Frequent breast-feeding also helps to maintain breast-milk production in sufficient quantities. After the infant's first four to six months, breast-feeding should continue, up to two years of age and beyond, while appropriate and adequate complementary foods are introduced. Inappropriate weaning foods and contaminated foods cause child health problems. Introduction of complementary foods too early or too late and short duration of breast-feeding with abrupt weaning are now acknowledged as the major causes of infant malnutrition.

In order to contribute to the provision of safe and adequate nutrition for infants, the World Health Assembly in 1981 adopted the *International Code of Marketing of Breast-milk Substitutes*. The International Code aims to protect and promote breast-feeding, and recommends further actions to ensure the proper use of breast-milk substitutes when these are necessary.

The baby-friendly hospital initiative is another international effort to promote breast-feeding. The joint UNICEF and WHO strategy aims at making hospitals "baby-friendly", where the maternity services promote breast-feeding, supporting rooming-in, early initiation of breast-feeding, and feeding the baby as often as demanded.

In the Region, WHO cooperates with United Nations agencies, particularly with UNICEF, and with governments, and nongovernmental organizations in the activities aimed at promoting

breast-feeding and improving the health of infants and young children. Emphasis is placed on training of health workers, dissemination of knowledge, and technical guidance to country activities.

## 2. CURRENT SITUATION

Breast-feeding is the norm (90%-100% of newborn infants are breast-fed at least once) in Cambodia, Kiribati, the Federated States of Micronesia, the Marshall Islands, New Zealand, Papua New Guinea, the Philippines, Solomon Islands, Tonga and Viet Nam. However, many mothers do not continue with the recommended exclusive or predominant breast-feeding up to four to six months after birth. In American Samoa, China, Fiji, French Polynesia, Hong Kong, the Lao People's Democratic Republic, Macao, the Marshall Islands, New Caledonia, New Zealand, Niue, Palau, the Philippines, the Republic of Korea, Tonga and Viet Nam, less than 75% of mothers exclusively breast-feed their four-month-old infants. Less than 75% of the infants are ever breast-fed in American Samoa, French Polynesia, Hong Kong, Macao, Northern Mariana Islands, New Caledonia, Niue, the Republic of Korea and Singapore.

Overall, breast-feeding has been declining in the Region, despite increased efforts in most of the countries to promote the practice. In Singapore, exclusive breast-feeding considerably declined during the past two years.

Data indicate that prelacteal feeding, (with glucose water, masticated rice, or rice soup) and giving babies additional fluid, are still common practices in most of the Region. Early weaning, i.e., before four to six months of age, occurs in French Polynesia, New Caledonia, New Zealand, Samoa, Solomon Islands, Singapore, Tokelau and Viet Nam. On the other hand, complementary food is given to less than 75% of the babies aged six to nine months in Cambodia, Fiji, New Zealand, the Republic of Korea and Vanuatu. These data show that weaning practices are still inappropriate in many of the countries and areas of the Region.

### 3. IMPROVING INFANT FEEDING

Government programmes, social support, and health education promoting breast-feeding has intensified in many countries during the past two years. National legislation to apply the International Code of Marketing of Breast-milk Substitutes has been enacted in Australia, China, Fiji, French Polynesia, Hong Kong, Malaysia, the Marshall Islands, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam. The status of implementation of the Code is summarized in Table 1. Nineteen countries have now adopted the Code, some as promulgated law, others through national breast-feeding policy or other measures. One country has started preparation to adopt the Code.

The baby-friendly hospital initiative has recently gained momentum in Cambodia, China, the Lao People's Democratic Republic, Macao, Malaysia, Niue, the Philippines, Singapore, Tonga and Viet Nam. In the Philippines, by the end of May 1995, 359 government and private hospitals had been awarded "baby-friendly" status. There are more than 1300 baby-friendly hospitals in the Region, an impressive increase from 133, two years ago. Table 2 presents a summary of the status of the baby-friendly hospital initiative.

In most countries and areas, health education on breast-feeding is common. The general public is informed about the advantages of breast-feeding through various media: radio, printed materials, newspapers, etc. In most countries and areas, both in government and private hospitals, education on breast-feeding is an integral part of prenatal care. Weaning recommendations issued by governments and applied during postnatal care and through the media are much less common, although the number is increasing. National weaning recommendations, issued either by the government or by national institutions, exist in Australia, Cambodia, China, Fiji, Hong Kong, the Lao People's Democratic Republic, Macao, Malaysia, New Zealand, Papua New Guinea, Singapore, Solomon Islands, Tuvalu and Vanuatu. In most countries and areas, various categories of health workers are trained in issues related to infant feeding either during basic or continuing training, or both. Infant feeding is not usually included in the training of traditional birth attendants, however.

**Table 1. Implementation of the International Code of Marketing of Breast-milk Substitutes  
in selected countries and areas of the Western Pacific Region**

Country/area	Status	Article						
		2	4	5	6	7	9	11
Australia	in law	+++	++	++	++	++	++	++
Cambodia	in process		++	++	+	++		
China	awaiting legislation		++	++	+	+		
Cook Islands	national measures	+	++	++	++	++	++	+
Fiji	awaiting legislation	+	++	++	++	+	+	+
French Polynesia	in law	+++	++	++	++	++	++	+
Hong Kong	partly in law	+	++	++	++	++	++	++
Kiribati	voluntary		++	++	++	++		
Lao People's Democratic Republic	national policy being prepared							
Malaysia	in law	++	++	+	++	++	++	+
Marshall Islands	awaiting legislation	+	++	++	++	+++	+++	
Micronesia, Federated States of	national breast-feeding policy	++	+++	++	++			
New Zealand	voluntary	+++	++	++	++	++	++	++
Papua New Guinea	in law	+++			++		++	
Philippines	in law	++	++	++	++	+++	++	++
Republic of Korea	partly in law			++				+
Singapore	in law	+	+++	++	+++	++	+++	+++
Solomon Islands	national breast-feeding policy	++	++	++	+++	+++	++	++
Vanuatu	national measures	+	+	++	++	+		++
Viet Nam	in law (1994)	++	++	+	++	+		+

- Article 2 - Degree of implementation of the Code
- Article 4 - Government controls on health education in infant feeding
- Article 5 - Ban on marketing of products covered by the Code to the general public
- Article 6 - Health care system supportive of breast-feeding
- Article 7 - Health workers supportive of breast-feeding
- Article 9 - Government control on labelling
- Article 11 - Participation of different sectors in implementation and monitoring of the Code

- +++ Full implementation
- ++ Partial implementation
- + Minor implementation

**Note:** Data collected from official government reports and other publications.  
No Code implementation (or no data available) in countries not included in the table.

**Table 2. Implementation of the baby-friendly hospital initiative  
in selected countries and areas of the Western Pacific Region**

Country/area	Number of government hospitals				Remarks
	Total	With full rooming-in	Written baby-friendly policy	Awarded baby-friendly hospital status	
American Samoa	1	0	1	0	
Australia	...	...	...	2	Initiative started in 1992
Cambodia	197	197		6	
China	14 000	947	947	947	
Cook Islands	9	1	9	0	
Fiji	22	2	3	1	
French Polynesia	8	8	0	0	
Hong Kong	18	15	2	0	Initiative started
Lao People's Democratic Republic	19	10	2	2	
Macao	1	1	1	1	
Malaysia	112	1	1	1	
Mariana Islands, Northern	1	0	0	0	
Micronesia, Federated States of	4	4	4	0	
New Caledonia	2	2	0	0	
New Zealand	117	...	...	...	Initiative started
Niue	1	1	0	0	
Palau	1	0	1	0	
Papua New Guinea	18	...	0	0	
Philippines	567	359	359	359	
Republic of Korea	...	0	0	0	
Samoa	15	15	15	0	
Singapore	11	3	1	1	Special nurses and volunteers for breast-feeding in hospitals
Solomon Islands	6	6	0	0	All hospitals considered baby-friendly as all criteria are met
Tonga	4	-	0	0	
Tuvalu	1	1	1	0	
Vanuatu	5	5	0	0	
Viet Nam	900	...	15	3	

... Data not available.

**Note:** Data collected from government reports and other publications.

No data available from countries not included in the table.

#### 4. CONCLUSION

The country reports and other available data show that in several countries, the rate of breast-feeding is declining. More active government programmes and social support to promote breast-feeding need to be developed. Measures to grant working women at least 12 weeks maternity leave and to encourage workplaces to be “baby friendly” so as to promote the continuation of breast-feeding, need to be further developed. Correct health education for pregnant women and young mothers, and the general public as well, is very important in increasing awareness, with more emphasis placed on the continuation of breast-feeding, complementary feeding and appropriate weaning. To reverse the decline in the Region, breast-feeding needs continuous support from government and society and more active mobilization of resources, community support and coordination of interested parties. The baby-friendly hospital initiative and the International Code of Marketing of Breast-milk Substitutes should be implemented in all countries and areas of the Region. In both of these successful strategies, it is important to maintain international standards and guidelines continuously through monitoring and evaluation.

The well-being of mothers and infants is a crucial component for the quality of life in later years, as it provides the foundation for a healthy life. WHO therefore will continue to support Member States in their efforts to improve the health of mothers and children.