

Global Strategy for Infant and Young Child Feeding



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Global Strategy for Infant and Young Child Feeding



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Contents

Abbreviations	iv
Foreword	v
Introduction	1
Global strategy for infant and young child feeding	5
Defining the challenge	5
Determining the aim and objectives	6
Promoting appropriate feeding for infants and young children	7
Exercising other feeding options	10
Feeding in exceptionally difficult circumstances	10
Improving feeding practices	12
Achieving the strategy's objectives	13
Implementing high-priority action	15
For protection	16
For promotion	16
For support through the health care system	16
For support in the community	18
For support for feeding infants and young children in exceptionally difficult circumstances	18
Obligations and responsibilities	19
Governments	19
Other concerned parties	20
Health professional bodies	20
Nongovernmental organizations including community-based support groups	21
Commercial enterprises	22
The social partners	23
Other groups	23
International organizations	23
Conclusion	25
Annex Resolution WHA55.25, Infant and young child nutrition	27
Endorsement of the UNICEF Executive Board	30

Abbreviations

FAO	Food and Agriculture Organization of the United Nations
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
ILO	International Labour Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

WHO and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding to revitalize world attention to the impact that feeding practices have on the nutritional status, growth and development, health, and thus the very survival of infants and young children.

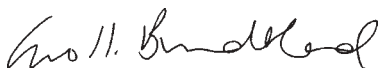
The Global Strategy is based on the evidence of nutrition's significance in the early months and years of life, and of the crucial role that appropriate feeding practices play in achieving optimal health outcomes. Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.

The Strategy is the result of a comprehensive two-year participatory process. The aim, from the outset, was to move towards formulating a sound approach to alleviating the tragic burden borne by the world's children – 50 to 70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to undernutrition – and to contribute to a lasting reduction in poverty and deprivation.

This exercise provided an exceptional opportunity to re-examine critically, in the light of the latest scientific and epidemiological evidence, the fundamental factors affecting feeding practices for infants and young children. At the same time, it renewed commitment to continuing joint action consistent with the Baby-friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes, and the Innocenti Declaration on the Protection, Promotion and Support of Breast-feeding.

The Strategy is intended as a *guide for action*; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations and other concerned parties.

We are proud of the unanimous endorsement that the governing bodies of our two agencies have pronounced in support of the Global Strategy.¹ The first necessary political step has been taken. It is now time for everyone concerned – governments as well as all the other innumerable actors throughout society – to move swiftly and deliberately to give tangible effect to the Strategy's vital aim and practical objectives. There can be no delay in applying the accumulated knowledge and experience to help make our world a truly fit environment where *all* children can thrive and achieve their full potential.



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Director-General
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Carol Bellamy
Executive Director
United Nations Children's
Fund

¹ The Global Strategy was endorsed, by consensus, on 18 May 2002 by the Fifty-fifth World Health Assembly, and on 16 September 2002 by the UNICEF Executive Board (see annex).

1. Introduction

The Executive Board of the World Health Organization, at its 101st session in January 1998, called for a revitalization of the global commitment to appropriate infant and young child nutrition, and in particular breastfeeding and complementary feeding. Subsequently, in close collaboration with the United Nations Children's Fund, WHO organized a consultation (Geneva, 13–17 March 2000) to assess infant and young child feeding practices, review key interventions, and formulate a comprehensive strategy for the next decade.

Following discussions at the Fifty-third World Health Assembly in May 2000 and the 107th session of the Executive Board in January 2001 of the outline and critical issues of the global strategy, the Fifty-fourth World Health Assembly (May 2001) reviewed progress and requested the Director-General to submit the strategy to the Executive Board at its 109th session and to the Fifty-fifth World Health Assembly, respectively in January and May 2002.¹

During their discussion of the draft of the global strategy, members of the Executive Board commended the setting in motion of the consultative, science-based process that had led to its formulation as a guide for developing country-specific approaches to improving feeding practices. They also welcomed the strategy's integrated and comprehensive approach. Several members made suggestions with regard to the exact wording of the draft strategy. These suggestions were taken carefully

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