

# **The impact of infant feeding practices – from relief to sustainable development**

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First, I would like to thank the organisers for inviting me to speak. It's a great pleasure to be back here in Croatia. As many of you know I did spend about three years of my life in the former Yugoslavia, from 1992 - 95 and in that time I had an apartment in Zagreb and an apartment in Sarajevo. When we got evacuated from Sarajevo, I ended up either in Zagreb or Split, which, I am sure you agree, is not a bad place to be.

Today I will give a brief overview of some issues which illustrate how emergencies can emerge into sustainable developments. As Margreet mentioned, I am now working from Copenhagen, no longer dealing solely with countries under emergency situations, but helping the 51 WHO Member States develop policies on infant feeding in addition to all other aspects of nutrition policy. One of the things I learned during the emergency in Bosnia is that emergency situations often create an opportunity for public health. Normally we view crisis situations as being tragic, traumatic and life threatening, which they undoubtedly are. Therefore it is hard to imagine that, from a public health perspective, emergencies can actually create opportunities for positive health changes. I hope to explain what I mean by this.

Many public health and health care systems, which evolve during peace, break down during a war or a crisis situation. While this is a disaster, in many cases it can create an opportunity to rebuild a better system. Without the crisis there would never have been an opportunity to do this. I'd like to give an example which I witnessed just a few weeks ago while I was visiting Russia. The Russian Federation is in crisis, not because of war, but economic collapse. WHO are trying to help build public health policies and advise how best to protect public health. One of the regions I visited is Chelyabinsk, just east of the Ural mountains, which has a population of around 4 million, about the size of Croatia. I also visited Arkhangelsk, which is on the Arctic Circle, in North West Russia. I always visit a supermarket and a local food market in order to assess the local food situation. Local markets and shops tell a lot about local food security and the daily conditions people are facing.

When I entered the supermarkets I was not surprised to find that the food shelves were completely empty. Previously when I visited Russia I discovered that the supermarkets sell mostly imported food, very little of the food stocks were produced locally in the Region or even in Russia. So the supermarkets were empty because, due

to the economic collapse, importers has stopped importing goods, including food to Russia.

Having not been surprised by what I found in supermarkets I was extremely surprised by what I found in the local markets. They were also empty and I asked myself "what is going on here?". I realised something was wrong. I have worked in Russia many times and on various missions have visited farms, including dairy farms, and I'd seen milking cows. I had seen the fertile land and the good quality food that could be grown, so I wondered "where is all the Russian produced food?". The local authorities explained that there existed numerous problems including privatisation of collective farms and lack of food distribution mechanisms for the producers. In the meantime the public, especially in cities, had become tempted by the unprecedented variety of cheap imported food products. The public had become rather *blaze* about the need to grow and produce food locally when it was so easily available from around the world. So, farmers could not sell their produce, local producers were forced out of business and there appeared to be very little large scale local food production left. Everyone, even in Russia, is now living in a global world, with a global economy and free trade, where most of the food can be imported, often at much lower prices that it can be produced locally. In this environment people may start to underestimate the importance of local production and forget that food which is grown locally helps to protect local and national food security.

On the positive side, this very tragic scenario appears to have created an opportunity. Before the economic collapse I worked with some authorities in Russia to develop nutrition policies, including with the need to maintain local production of healthy foods and ensure that the population is at least partially self-sufficient in food. Most authorities and the public thought "Oh, it's great now that we have all this imported food. We've never seen such a large quantity of food before, we don't have to queue any more to get food. There is so much variety and imported food is so much better than Russian food....." Without realising the potential draw backs and disasters that could emerge Russia had become very dependent on imported foods.

Due to the economic collapse, imported food prices went very high, the ruble was devalued and importers stopped importing food into Russia because they could not get paid. Suddenly Russian people realised the importance of maintaining local production to ensure national food security in case of national or international crises. This is just one example of how mayors, local governors, authorities and policy makers had their eyes opened. They realised the importance of promoting, supporting and protecting the local production of healthy food and the authorities are now starting to do something. So the economic crisis actually helped get an important message across to policy makers..... I believe the same is true for breastfeeding. Crises can really help to open people's eyes to the fact that breastfeeding is a life saving public health measure. Crises can provide the opportunity to build really strong public health policies and illustrate the importance of breastfeeding.

Earlier I briefly mentioned the phenomenon of globalisation - we are living in a global world and this map shows the 51 countries in WHO Europe which are part of the new global world.

[OH 1: map of Europe]

Before the collapse of the Soviet Union, there were only around 30 countries that belonged to the European Region of WHO. Formerly the countries of the former Soviet Union were governed by centrally planned economics. Now these countries are changing to the philosophy of free trade and the market economy. Marketing of imported processed foods, such as infant formulas, was never possible in Soviet times and so is not really understood by officials or the public. This is something that could be a big threat to public health in countries where the importance of local production if the associated local benefits is forgotten. There is a big push now by many transnational companies (TNCs) to access new markets because many of their present ones are saturated and so there is very little potential to further increase their sales. Many TNCs are looking for new markets to sell their food products and I believe this presents a very important challenge for IBFAN. IBFANers will have to look closely at issues such as the Multilateral Agreement on Investment (MAI) 1. Agreements, such as the MAI, could allow TNCs to take legal action against those governments taking action to protect public health. This may be perceived by the TNCs as actions that hinder free trade. I'm just speculating now, but perhaps, for example, national laws based on the International Code of Marketing of Breastmilk substitutes could be seen as a barrier to free trade. Nobody really knows yet if this could happen and what the public health implications of global trade really are. It is clear that governments will probably have less control and the control of TNCs will be strengthened. This could make it very difficult for governments to build policies to protect public health unless we build in caveats concerning public health in all future global trade agreements, Codex Alimentarius etc. I believe we could be facing a situation in the future that requires the development of completely new strategies in order to protect public health.

So here again, emergencies and crisis situations may help to create an opportunity to highlight the concerns related to global trade and the continuing need to protect public health. Policy makers and governments need to be reminded that without public health policies being built into global trade agreements, they could have a public health emergency on their hands. Look what has happened recently in Bosnia, Kosovo, and now in Russia. Governments should never be complacent and global agreements should not be ratified without sufficient awareness of the potential public health consequences associated with them.

Some of the problems we still see in many parts of the world is the high prevalence of infant mortality. This morning Prof. Grguric showed that the infant mortality rate in Croatia is less than 10, but some of countries in the WHO European Region - Kazakstan; Tajikistan; Uzbekistan - have very high mortality rates.

[OH 2: Infant Mortality Rates]

Only one of these is at war, Tajikistan is having a civil war. The rest are not in war situations, but they are certainly in what I would call crisis. They are in economic crisis which is causing a lot of devastation and damage to public health. The risks to infant health are much higher during economic crisis because infant health and public health generally may be a low priority for governments who are trying to improve the economy. We heard earlier from Lida (Lhotska, UNICEF New York) that there are 40 countries in the world that are currently experiencing some kind of emergency.

This translates into around 50 million refugees and most of the refugee population (80%) are usually women and children.

I would like to share with you today one of my experiences with a refugee situation during the war in former Yugoslavia. In October '92, WHO was asked to establish the health needs of the civilian population in different parts of the former Yugoslavia. Sarajevo was under siege, food was not reaching the population. In Sarajevo there were lots of IGOs and NGOs, lots of media, but no concrete information about the actual situation. My job was to get information and establish ways of addressing public health issues. During my visits to the hospitals the first request from health care workers was always for humanitarian aid in the form of infant formula. Doctors told me "Babies are dying because there is no infant formula". Everyone wanted the distribution of infant formula and so in WHO we had to try to find out why women were not breastfeeding.

[OH 3: Nutrition in Emergencies}

First it appeared that uninformed health workers were doing a lot of harm. For example, neonatologists asked when breastfeeding should start - one, two, or three days after delivery? Taken aback, I ask the translator who was helping me, if she had translated correctly. Did the doctors ask days or hours after delivery? But no, they asked how many days after delivery.

Large commercial interests were working against the health interests of infants and children and the media was using the angle of 'starving babies'. This made the general public in Europe respond by "wanting to help". I remember at one stage during the war screaming that "the last thing Bosnians need right now is the type of people who just want to help". Inexperienced NGOs wanted to bring infant formula while WHO and UNICEF were trying to promote breastfeeding. The World Health Assembly (WHA) in 1994 specifically requested that countries should be assisted in this situation.

It was difficult to train health workers fast enough, and because most of the population were literate, it was more effective to target mothers directly. So WHO developed the handout 'How to breastfeed during an emergency', a guide for mothers. It is available on our website (in English and Russian) and it is still one of the most downloaded item on the WHO site. We have received e-mails, not just from countries in emergency, informing us how useful this booklet has been to mothers and health workers all over the world.

Raising awareness on the importance of breastfeeding is difficult in countries where people believe that infant formula is superior to breastmilk and this was certainly the case in former Yugoslavia. During peacetime this did not threaten public health so much but when the

[OH 4: increased risk of morbidity]

water supply is limited and/or contaminated, reconstituted infant formula presents a major threat to child health. However despite this, since It was clear from the surveys we carried out that women were not breastfeeding and formula was only available a very high prices on the black market, for the first time in their history, WHO and UNICEF called for formula to be brought in as part of the humanitarian aid effort.

[OH 4: Breastfeeding practices]

From our statistics only 5% of women were exclusively breastfeeding and 25% were not breastfeeding at all. However on the positive side there was the potential that 75% of infants could be exclusively breastfed. On the negative side most women supplemented breastfeeding with tea, water, juice, formula and solids from a very early age. It takes time to change these habits by training health workers, educating mothers and promoting exclusive breastfeeding, hence the decision by WHO and UNICEF to supply infant formula as a stop-gap measure until this could be achieved. The infant formula supplied through humanitarian aid was supposed to be available on prescription only to mothers who were having difficulty breastfeeding.

However every breastfeeding mother was being prescribed infant formula by her physician. They believed that babies needed more fluids - formula, tea, juice etc. This opened the floodgates to massive amounts of uncontrolled, incorrectly labeled infant formula being distributed during the war in Bosnia. Although this was an extremely undesirable and certainly not the intended outcome I still believe that I would recommend the same action, i.e. that infant formula should be supplied as part of humanitarian aid, if in the same situation again. It would have been very different if the population, undergoing the emergency, practised breastfeeding before the emergency, therefore in that case completely different steps are needed.

During my time in Bosnia I went back to Scotland for a rest. While I was there, Patti (Rundall, Baby Milk Action UK) called me to alert me to the fact there was a TV advert promoting the need for infant formula in Bosnia. We worked on the front-line to convince health workers and mothers about the benefits of breastfeeding and how to breastfeed. Explaining to the population how breastfeeding was the best way to protect the public health of their future generation. There was me, risking my life on the front-line to promote breastfeeding, while others, more interested in increasing sales of infant formula, were using the emergency situation to their advantage. Because the general public in Europe were concerned and “wanted to do something to help” those with vested interests tried to exploit that public compassion and concern. Before we show the actual TV advertisement, I just want to mention that we carried out a survey on the nutritional status of women. We discovered that there was no under-nutrition and no nutritional reason why women could not breastfeed.

TRANSCRIPT OF FEED THE CHILDREN AD.

'This is the real face of Bosnia today .....

.....don't forget the children of Bosnia'

You can imagine how outraged some of us were when we saw the TV advert. Statements like 'send vital supplies to keep people alive', the vital supplies of breastmilk were already there. In fact it would be a catastrophe if women started using the formula instead of their breastmilk. A similar situation occurred in Armenia after the earthquake. The breastfeeding rates in Armenia were high before the earthquake.

[OH 6: Armenia Breastfeeding Rates]

But after the earthquake, people wanted to help by bringing aid, including infant formula. The breastfeeding rates went down dramatically.

Just to finish I'd like to tell you about some individual case studies from Bosnia. We tried to find women who had breastfed successfully or not, so that they could help inform the training of health workers. Zenica, in the middle of Bosnia, is well known for its patronage service (health visitors) which is really fantastic. The patronage nurses did an amazing job to continue and to reach out to the population all through the war. In Zenica we met a 42 year old woman who had a two month old baby. But this 42 year old woman had had two children earlier, they were 22 and 18 years old, and she hadn't breastfed either of them. She exclusively breastfed the new baby with the help of the patronage and for her this was a miracle because she had assumed that, as with the other two children, she would be unable to breastfeed.

We also met a female paediatrician, who when she learned about the importance of breastfeeding, she broke down and cried. She felt that what she had learned in medical school was completely against what she now realised was so important for public health.

We also met a young mother who was being told by her grandparents, aunts, everybody, that the baby needed extra water, needed extra this and extra that but despite all this well meaning advice she continued to give just breastmilk. The support of the patronage helped her to overcome the misguided advice from her family.

A final success story. Gorazde was the last enclave to be under siege during the war in Bosnia. We all worked hard to convince the Ministry of Health that formula should not be delivered as aid to Gorazde. When finally the seige around Gorazde stopped, the first aid item on the Gorazde doctors list was infant formula. To everyone's surprise the Ministry responded by stating that no formula was needed and what was needed was to re-establish breastfeeding. I had left Bosnia when this happened but one of my colleagues telephoned me to tell me. I was so pleased to hear that in the end, like the final success story, that the message was getting through, and in fact still is, thanks to the people continuing the work, including the people who are present here today. Thank you very much.

### **KEY POINTS**

Emergency situations can be opportunities for public health.

Local production provides local and national food security.

Globalisation may be a threat to public health.

Governments should be prepared for potential emergencies.

Commercial interests can exploit emergency situations to promote sales of formula.

Bringing food to an emergency may not be the most appropriate response.

*Note 1: Discussions on the Multilateral Agreement on Investment have now ended, with no agreement.*