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 Number 791

Ms Patel Randall  
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 Baby Milk Action  
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 United Kingdom

In only please refer to:  
 Please do not refer to references.

FS/mp

2 April 1996

Dear Ms Randall,

We write in response to your enquiry as to whether, in our opinion, the following statement in your advertisement accurately reflects WHO's conclusions about the number of deaths of children caused by not breastfeeding:

*"Over 4,000 babies die every day in poor countries because they're not breastfed. That's not conjecture, it's UNICEF fact"*

Our conclusions are based on the results of research carried out in Brazil which was supported by this Division. Based on these and other figures, we calculate that modest increases in breastfeeding rates in the first year of life could be expected to reduce the number of deaths in this age group by about 1.5 million per year. This would require, in the first six months of life, an increase in the rate of exclusive breastfeeding of from 30% to 60% of infants, a decrease in non-breastfeeding of from 30% to 20%, and a decrease in partial breastfeeding of from 40% to 10%; and in the second six months of life, an increase in partial breastfeeding of from 40% to 75% of children, and a decrease in non-breastfeeding of from 30% to 15% of children.

An assumption made in calculating the figure of 1.5 million is the modest size of the increase in breastfeeding required. A corollary would be that greater increases in breastfeeding rates could prevent more infant deaths, and thus the number of deaths attributable to not breastfeeding or to only partially breastfeeding could be correspondingly greater. However, this Division continues to use the conservative figure, or may translate this into the percentage ("over 10%") of childhood deaths that may be attributed to not breastfeeding.

Figures of this nature in public Health can only ever be estimates, and may change with time. Being based on sound epidemiological measurement, however, they are more than conjecture. For communication to the public, clearly simplified presentation of such figures is required, and simplifications of this and many other data are used by both WHO and UNICEF for publicity and social mobilisation work. We do not consider that the statement misrepresents the conclusions drawn from the research results by this Division, which were shared with and used by UNICEF.

Regarding the monitoring of marketing practices which is carried out by the International Baby Food Action Network (IBFAN), of which Baby Milk Action is a part, it may be useful to point out that IBFAN collaborates with WHO and UNICEF in the promotion and protection of breastfeeding, particularly in matters relating to the International Code of Marketing of Breast-milk Substitutes. In our experience, IBFAN makes every effort to be scrupulous and systematic in their collection of evidence about incidents in which a company is alleged to contravene the articles of the Code. We are aware that IBFAN requires documentary evidence before publicising a contravention. Such documentation is frequently brought to the attention of WHO by concerned individuals and organizations.

Yours sincerely,



Dr J. Tulloch  
Director  
Division of Diarrhoeal and Acute  
Respiratory Disease Control