



Baby Friendly Hospital Initiative Hong Kong Association

Submission to Panel on Constitutional Affairs on

An outline of the topics to be covered in the second report on the Hong Kong Special Administrative Region under the United Nations Convention on the Rights of the Child

18 May 2009

Breastfeeding is specifically mentioned in Article 24 of the Convention on the Rights of the Child as part of the recognition of the right of the child to “the enjoyment of the highest attainable standard of health.” Recommendations to the Government of Hong Kong Special Administrative Region (HKSAR) on breastfeeding have also been made in the Concluding Observations on every report submitted to the Committee on the Rights of the Child (the Committee) since 1996.

Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) understands that the HKSAR intends to present to the Committee once again the latest statistics on breastfeeding and measures to encourage breastfeeding in the community. BFHIHKA urges the HKSAR to directly address the comments and recommendations of the Committee.

The World Health Organization (WHO) has recommended since 2001 that infants be exclusively breastfed for six months and with the provision of safe and appropriate complementary foods, continue breastfeeding for up to two years of age or beyond. Presenting the trend of the non-exclusive breastfeeding statistics on discharge from maternity units or the ever-breastfeeding rate does not reflect how the HKSAR is carrying out the WHO recommendation. The trend of the breastfeeding rate at six months would give a better indication. Unfortunately the rate, fluctuating between 12 and 13.5% from 2002 to 2006 as recorded in Maternal and Child Health Centres for exclusive breastfeeding at 4 to 6 months, is very low. BFHIHKA took part in the World Breastfeeding Trend Initiative survey in 2008 (full report attached). The HKSAR actually does not collect data on breast and infant feeding in the format recommended by WHO so that there is no way of comparison with other countries. This also makes it difficult to monitor the trend in the HKSAR as part of child health indicators to monitor the outcome of various public health measures. A **central data bank** for statistics on children as part of the recommendation from the Committee is of course lacking in the HKSAR.

There are no doubt piecemeal measures to encourage breastfeeding in the HKSAR, but to be effective, numerous international documents have already outlined what needs to be done. As an example, the WHO / UNICEF Innocenti Declaration of 1990 further elaborated in 2005 has clear recommendations that cover policy, practice and legislation. Unfortunately gaps in the HKSAR are many.

- **Policy**-wise, there is only a Department of Health policy on breastfeeding that covers the service units of the Department and not a HKSAR policy.
- There is no breastfeeding **co-ordinator** or multisectoral breastfeeding **committee**.
- No hospital with maternity units is practicing all WHO's **Ten Steps** to Successful Breastfeeding. Hence although there are over 20,000 baby-friendly hospitals accredited round the world, HKSAR has none.
- No action has been taken to implement the International **Code** of Marketing of Breastmilk Substitutes of 1981 and subsequent relevant World Health Assembly resolutions. Violations by manufacturers and distributors of breastmilk substitutes are rampant of which donation of free supplies of infant formula to hospitals is only one. Furthermore, it is incomprehensible when as stated in the preamble of the Convention of the Rights of the Child that "the child, by reason of his physical and mental immaturity, needs special safeguard and care, including appropriate legal protection, before as well as after birth", the Nutrition Labelling Scheme about to be implemented in the HKSAR specifically do not apply to infant / follow-up formulae and foods for infants and young children up to 36 months.
- It takes much more than teaching mothers to express and store breastmilk or producing a pamphlet for employers on the support of breastfeeding mothers in the **workplace** to ensure the right of working mothers to breastfeed. The current 10 weeks of maternity leave falls far short of the minimum 14 weeks recommended by the International Labour Organization. Neither do breastfeeding mothers have the entitlement to nursing breaks.
- To practice the WHO recommendation of exclusive breastfeeding for 6 months and with the addition of appropriate complementary foods, continued breastfeeding for up to two years of age or beyond **support in the community** is needed. It is a step forward that the Buildings Department has issued updated guidelines on Babycare Rooms in Commercial Buildings in February this year but this is only a guide with no legislative requirement or incentive for adoption. New government premises may be expected to adhere to the recommendations

but there is no indication as to how long it will take for existing premises to comply.

- For guidance on feeding infants and young children in **difficult circumstances**, the government has not been seen to take the lead on emphasizing the benefits of breastfeeding during the melamine incident last year or the current concern over the H1N1 influenza (swine flu) epidemic.

It is therefore not surprising that in the above mentioned World Breastfeeding Trend Initiative Survey, HKSAR scored 27 out of a total of 150. The risks of formula feeding are well known. Even if the infant mortality in the HKSAR is relatively low, the HKSAR cannot ignore the healthcare cost of managing the morbidity of non-breastfeeding from the early increased risks of conditions such as diarrhea, respiratory tract infections, asthma and atopic dermatitis to the longer term risks of obesity, diabetes (in the child and mother) and breast cancer in the mother, not to mention the risk to the environment and the community at large.

The Committee repeatedly recommended that there should be an independent national human rights institution with a specific mandate on child rights. The lack of a **Children's Commission** in HKSAR and **child impact assessment** with policy changes is fully manifested in the effect on breastfeeding when the HKSAR instituted a fee charging package to non-resident mothers who deliver in Hong Kong comprising of 2 nights and three days. This has not taken into account that having mothers and their newborns together 24 hours a day and breastfeeding on demand are the Steps 7 and 8 of the WHO Ten Steps to Successful Breastfeeding. If the mother discharges herself before even the normal newborn is stable enough to be discharged, usually 48 hours after birth, the mother and child are separated; if the mother discharges her newborn with her before the newborn's condition is stable, the practice jeopardizes the wellbeing of the infant in addition to giving no time for assistance and education to breastfeed in the postnatal ward.

BFHIHKA sincerely hopes that the HKSAR will protect the right of the child to breastfeed with the same enthusiasm, determination, speed and co-ordinated action as her response to one effect of non-breastfeeding – the detection of the aftereffect of consuming melamine contaminated milk. After all, through breastfeeding, a child can truly exercise his rights to survival, protection, development and participation from birth as stipulated in the Convention.



The World Breastfeeding Trends Initiative (WBTi)

Hong Kong Special Administrative Region (HKSAR) China 2008 Assessment Report



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About the Organisations

United Nations Children's Fund (UNICEF) was founded in 1946. After more than half a century of operation, UNICEF has been working in 157 developing countries, areas and territories to improve the situation for children and women in the areas of health and nutrition, basic education, safe water and sanitation.

The Hong Kong Committee for UNICEF was founded in 1986. The aim of the Committee is to organise fundraising, advocacy and educational programmes to assist in UNICEF's projects in developing countries. The Committee actively advocates for children's rights amongst Hong Kong citizens and encourages our youth to participate in voluntary service for children in our society and those all over the world.

Baby Friendly Hospital Initiative (BFHI) was launched by the World Health Organization (WHO) and UNICEF in 1991 aiming at removing the barriers to breastfeeding in the health facilities.

In 1992, the Hong Kong Committee for UNICEF formed the Baby Friendly Hospital Initiative Committee which was subsequently registered as the **Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA)** in June 1994 to promote breastfeeding and protect infant health. The association organises activities for the World Breastfeeding Week in HKSAR and conducts courses to train breastfeeding counsellors.

Supporting Organisation

Consumer Council, HKSAR was established in 1974 to protect and promote the interests of consumers. An independent statutory body, the Council is an ardent advocate for consumer interests engaged in a broad range of activities including testing and research, consumer information and education, complaints mediation, and legislative proposals. The Council is also consulted regularly for its views and recommendations in the formulation of pro-consumer policies.

(Website: www.consumer.org.hk)

Acknowledgments

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Chinese University of Hong Kong and the Department of Paediatrics and Adolescent Medicine of Li Ka Shing Faculty of Medicine of the University of Hong Kong for providing information for the report.

Executive Summary

The World Breastfeeding Trend Initiative (WBTi) is developed by International Baby Food Action Network (IBFAN) Asia to assess the implementation of the WHO Global Strategy for Infant and Young Child Feeding. Currently over 50 countries are participating in the project with more expected in the year 2009. Part I of the assessment has five indicators on infant practices while Part II has 10 indicators on policy on programmes. The information collected will be the largest global database on policies and programmes for supporting breastfeeding.

Baby Friendly Initiative Hong Kong Association was invited by IBFAN Asia to co-ordinate the assessment for Hong Kong Special Administrative Region. The Consumer Council is the supporting organisation in the project. The assessment assists in the identification of gaps and the recommendation of improvement measures. When the exercise is repeated in a few years, the trend and progress made will also be apparent.

Below are the findings for HKSAR:

Key Findings on infant feeding trends (Indicator 1 – 5):

Indicator	Current status
1. Percentage of babies breastfed within one hour of birth	Not available
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	Not available
3. Babies are breastfed for a median duration of how many months	Not available
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	Not available
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	Not available

Indicator 6: National Policy, Programme and Co-ordination

Gaps:

- No territory-wide Infant and Young Child Feeding / Breastfeeding Policy, Central Breastfeeding Committee nor Breastfeeding Co-ordinator

Recommendations:

- Establish a multisectorial Central Breastfeeding Committee headed by a co-ordinator
 - The Committee to formulate the Infant and Young Child Feeding / Breastfeeding Policy for the territory with a plan of action supported by appropriate funding
 - The Committee to monitor and evaluate policy implementation

Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding in maternity services)

Gaps:

- No hospital in the HKSAR has achieved Baby Friendly status

Recommendations:

- Review existing breastfeeding policy of hospitals with maternity units, implementation of the Ten Steps and compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- Hospitals with maternity units to develop strategies to implement the Ten Steps supported by appropriate resources

Indicator 8: Implementation of the International Code of Marketing of Breast-milk Substitutes

Gaps:

- No specific action has been taken to implement the International Code in the entire territory

Recommendations:

- Discontinue free supplies of breastmilk substitutes to public and private hospitals
- Adopt the Code and subsequent relevant World Health Assembly resolutions into local legislation or formulate a strong voluntary code with means of monitoring and sanctions for violation

- A Central Breastfeeding Committee to monitor violations and the implementation of sanctions

Indicator 9: Maternity Protection

Gaps:

- Women in HKSAR are only entitled to 10 weeks maternity leave with no nursing breaks when they return to work
- No provision for paternity leave by law
- Health protection for pregnant women but no specific provisions for breastfeeding women

Recommendations:

- Ratify International Labour Organization Maternity Protection Convention No.183 and implement Recommendation 191

Indicator: 10: Health and Nutrition Care Systems

Gaps:

- Training in infant and young child feeding / breastfeeding is only a small part of the undergraduate training of medical doctors; content covered is not standardised and differs between the two medical schools in HKSAR
- Training curriculum in this area for nursing students is limited
- Little cross-reference of infant and young child feeding / breastfeeding with other health topics
- Lack of training on infant and young child feeding for paediatricians qualified prior to the community paediatric training programme of 2004
- Lack of training for obstetricians in breastfeeding and awareness of mother-friendly childbirth procedures
- Non-systematic in-service training
- Inadequate provision for mothers staying with ill infants during the infants' hospital stay
- Little provision for infants to stay with their mothers who require hospital admission but are still able to care for their infants.

Recommendations

- Review the training of all healthcare workers who look after pregnant women, mothers, infants and young children

- Review in-service training in both the public and private sectors and especially doctors with the award of Continued Medical Education, Continued Professional Development points as possible incentive
- Train health care assistants to assist nurses to support mothers to breastfeed
- Incorporate the implementation of the Ten Steps, Mother / Baby Friendly child birth procedures and admission policies, and compliance with the Code and subsequent relevant WHA resolutions in the standards of accreditation of public and private hospitals

Indicator 11: Mother Support and Community Outreach – Community-based Support for the Pregnant and Breastfeeding Mother

Gaps:

- Few mothers have access to Peer Support groups prior to discharge from maternity units or in the community
- For non-HKSAR resident mothers, there is little knowledge of the support they receive when pregnant or after delivery

Recommendations:

- Make use of community nurses to support mothers to breastfeed in the home setting
- Encourage and support the formation of Peer Support groups for breastfeeding mothers as noted in Step 10 of the Ten Steps
- Seek a better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China and to set up mechanisms to ensure their access to reliable services in the HKSAR or mainland China

Indicator 12: Information Support

Gaps:

- No Information / Education / Communication (IEC) strategy with piece-meal programmes that may overlap between different organizations or leave gaps unfilled

Recommendations:

- Formulate a Breastfeeding / Infant Young Child Feeding policy including IEC strategies
- Establish a Central Breastfeeding Committee with representatives from major government departments and organisations involved in breastfeeding promotion, allocated with appropriate resources, to plan and co-ordinate IEC programmes
- Implement the Code and subsequent relevant WHA Resolutions to minimise the impact of marketing promotions of the industry

Indicator 13: Infant Feeding and HIV

Gaps:

- No infant and young child feeding policy that includes infant feeding and HIV

Recommendations:

- Formulate a territory-wide infant and young child feeding policy including infants of HIV positive mothers

Indicator 14: Feeding during Emergencies

Gaps:

- No policy on infant and young child feeding that includes infant feeding in emergencies.

Recommendations:

- Formulate a policy on infant and young child feeding that includes infant feeding in emergencies

Indicator 15: Mechanisms of Monitoring and Evaluation System

Gaps:

- No structured monitoring and evaluation of infant and young child feeding practices

Recommendations:

- Establish a Central Breastfeeding Committee and an infant and young child / breastfeeding policy with plans of action accorded appropriate resources, a built-in system of monitoring and evaluation, and the authority to collect data from both the public and private sector
- Collect data according to WHO recommendations in order to facilitate international comparisons
- Conduct periodic territory-wide surveys on breastfeeding through the Census and Statistics Department's household surveys

Introduction

This report is an assessment of the implementation of the Global Strategy of Infant and Young Child Feeding (GSIYCF) in HKSAR. GSIYCF was adopted by the World Health Assembly (WHA) of the World Health Organization (WHO) and UNICEF in the year 2002. It clearly stated that “breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants” with important implications on the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life and with the addition of appropriate complementary foods continue breastfeeding for up to two years of age or beyond. GSIYCF also outlined actions to be taken by government, non-government and other parties to achieve the recommendation. It reinforced the Innocenti Declaration of 1990 on the Protection, Promotion and Support of Breastfeeding which stressed the importance of a national breastfeeding co-ordinator leading a multisectorial committee, implementation of the WHO “Ten Steps to Successful Breastfeeding” and the International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent relevant WHA resolutions and maternity protection. The Innocenti Declaration of 2005 further stressed the importance of a policy on infant and young child feeding, support in the family, community and workplace, feeding in exceptionally difficult circumstances and legislative or other suitable measures to give effect to the Code. Monitoring and evaluation, identifying successful measures and deficiencies are important steps to assist the country to move forward.

The World Breastfeeding Trend Initiative (WBTi) is a tool developed by International Baby Food Action Network (IBFAN) Asia, based on a WHO tool for a similar purpose, to assess national policies and programmes that support women to breastfeed and assist the nations to bridge gaps noted. Currently over 50 countries have joined the project and the number is expected to exceed one hundred in the year 2009. The information gathered will form the largest global database of policies and programmes that support breastfeeding.

Background

Hong Kong is a Special Administrative Region in the south of China with an area of 1,104 square kilometers. With a population of 6.99 million but 20 percent of the land inhabited, HKSAR is one of the most densely populated places in the world. In 2007, the birth rate was 10.2 / 1000 population with 70,875 births. Infant mortality was 1.8 / 1,000 live births, maternity mortality ratio 1.4 per 100,000 live births registered, while the life expectancy for men was 79.4 years and for women, 85.5 years.

Despite these apparent favourable statistics, GSIYCF is very relevant to the HKSAR. HKSAR has its share of morbidities from acute infections in the gastrointestinal and respiratory tracts, allergies, obesity, and diabetes mellitus in children, and breast and ovarian cancer in women, all known to be reduced by breastfeeding besides other benefits on mother / infant bonding, the community and the environment. There is no doubt that breastfeeding is a superior means of infant feeding, yet for various reasons, like many countries, breastfeeding had been made difficult for many women. In response to WHO's BFHI, annual statistics on breastfeeding were collected by BFHIHKA starting from 1992. The breastfeeding rate on discharge from maternity units was then 19%. With effort from many parties concerned, the rate increased to 69% in 2007. Yet, according to the Department of Health, the exclusive breastfeeding rate at 4 to 6 months was only 13.5% in 2006. Although not a country, being able to participate in the WBTi assessment provides HKSAR with a framework for a comprehensive review of the areas which need to be strengthened in order to put into practice the GSIYCF.

About WBTi

The WBTi: How it works?

It involves three-phase process.

The first phase involves initiating a national assessment of the implementation of the *GSIIYCF*. It guides countries and regions to document gaps in existing practices, policies and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and other civil society partners together to analyse the situation in the country and find out gaps. The gaps identified are used for developing recommendations for priority action for advocacy and action. The WBTi thus helps in establishment of a practical baseline demonstrating to programme planners, policy makers where improvements are needed to meet the aims and objectives of the Global Strategy. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and guide allocation of resources. It works as a consensus building process and helps to prioritise actions. The initiative thus can impact on policy at the country level, leading to action that would result in better practices.

During the **second phase**, WBTi uses the findings of phase 1 to score, rate, grade and rank each country or region based on **IBFAN Asia's Guidelines for WBTi** thus building some healthy competition among the countries in the region or among regions.

In the **third phase**, WBTi calls for repetition of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to report on programmes and identify areas still needing improvement. This repetition can be also used to study the impact of a particular intervention over a period of time.

IBFAN groups and specialists can assist in planning processes, capacity building, analysis and reporting.

WBTi is:

- A: Action oriented
- B: Brings people together
- C: Consensus and commitment building
- D: Demonstrates achievements and gaps
- E: Efficacy improving programme



The 15 indicators of WBTi

The WBTi focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT has identified 15 indicators. Each indicator has its specific significance. Part-I has 5 indicators, based on the WHO tool, dealing with infant feeding practices and Part II has 10 indicators dealing with policies and programmes. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring, colour-rating and

grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour- rating and grading i.e. 'Red' or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'.

Indicators	
<p>Part I Part II</p> <ol style="list-style-type: none"> 1. Percentage of babies breastfed with in one hour of birth 2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours 3. Babies are breastfed for a median duration of how many months 4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles 5. Percentage of breastfed babies receiving complementary foods at 6-9months of age 	<ol style="list-style-type: none"> 6. National Policy, Programme and Coordination 7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding) 8. Implementation of the International Code 9. Maternity Protection 10. Health and Nutrition Care 11. Community Outreach 12. Information Support 13. Infant Feeding and HIV 14. Infant Feeding During Emergencies 15. Monitoring and Evaluation
<p>Background information: Background information on MDG goals 1,4,and 5 is collected but is not scored, colour-rated or graded. It can be used to provide a better understanding of the health, nutritional and socioeconomic context which influences infant and young child feeding practices and programmes.</p>	

The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator has the following components:

- The key question that needs to be investigated.
- A list of key criteria as a subset of questions to consider in identifying achievements and areas needing improvement, with guidelines for scoring, rating and grading how well the country is doing.
- Background on why the practice, policy or programme component is important.

Part I: Infant and Young Child Feeding Practices in Part I ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Part II: A set of criteria has been developed for each target based on the *Innocenti Declaration of 2005*, which set 5 additional targets. It takes into consideration most of the *Global Strategy* targets. For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBT Questionnaire'. Further, the toolkit scores, colour- rates and grades each individual indicator as per IBFAN Asia's Guidelines for WBTi .

Methodology & Process

The assessment was co-ordinated by BFHIHKA with the Consumer Council of HKSAR as a supporting organisation.

A Working Group was formed with the following members:

Ms Doris Fan, BFHIHKA

Dr Patricia Ip, BFHIHKA (convenor)

Ms Christine Lam, BFHIHKA

Ms Carrie Li, BFHIHKA

Ms Lillian Mak, Consumer Council, HKSAR

The Working Group met in October 2008. Members were briefed on the WBTi project by Dr Patricia Ip and Ms Lillian Mak who attended the 2-day IBFAN Asia WBTi workshop in Bangkok, Thailand in August 2008. Members helped gather information for the WBTi assessment from the Family Health Service of the Department of Health of the Government of the HKSAR, organisations involved in training of health workers and from official government and non-government organisation websites. The group also agreed on the assessment of the indicators. The report was prepared by Dr Patricia Ip.

Assessment findings

The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

1. *Part-I deals with infant feeding practices (indicator 1-5)*

2. *Part –II deals with policy and programmes (indicator 6-15)*

Part I

The Part I includes specific numerical data on each infant and young child feeding practice from a random household survey that is national in scope. Part I assessment finding is about infant and young child feeding practices, which is the actual result of how policy and programmes support these practices to happen in the communities.

Five indicators 1-5 are dealt with separately. In the description of each indicator, there is a key question addressing the indicator itself followed by its background. The result of the indicator is expressed in numeric value, with percentage which can be presented as a graph.

Then comes the rating and grading system as per WBTi guidelines. The indicator result is given in the first column, WHO's key to rating and WBTi guidelines in the next columns. WBTi tool kit helps to provide this scoring as well as colour rating and grading.

Source of this result, year and its scope is mentioned next.

Summary comment is given in the end of each 1-5 indicator, which provides its progress, as well as any other important related information.

The toolkit uses the data that is fed into it, and rates and grades it into colours i.e. Red or grade 'D', Yellow or grade 'C' Blue or grade 'B' and Green or grade 'A'. The cut off points for each of these levels of achievement were selected systematically, based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". WBTi used the key to rating as of WHO's tool.

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth

Background

Many mothers, in the world, deliver their babies at home, particularly in developing countries and more so in the rural areas. Breastfeeding is started late in many of these settings due to cultural or other beliefs. According to the new guidelines in Baby Friendly Hospital Initiative (BFHI) "Step" 3 of the *Ten Steps to Successful Breastfeeding*, the baby should be placed "skin-to-skin" with the mother in the first half an hour following delivery and offered the breast within the first hour in all normal deliveries. If the mother has had a caesarean section the baby should be offered the breast when the mother is able to respond and it happens within few hours of the general anaesthesia also. Mothers who have undergone caesarean sections need extra help with breastfeeding otherwise they

initiate breastfeeding much later. Optimally, the baby should start to breastfeed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed. Early breastfeeding helps better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases chances of establishing exclusive breastfeeding early and its success. Evidence from a large community study has established early initiation as a major intervention to prevent neonatal mortality.

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
Initiation of Breastfeeding (within 1 hour)		✓ Check any one			
	0-29		3	Red	D
	30-49		6	Yellow	C
	50-89		9	Blue	B
	90-100		10	Green	A

Comments:

Data are not available for the whole of HKSAR.

Survey of public hospitals covering around 56% of all births in HKSAR in March 2008 showed that 65% of breastfed babies had skin-to-skin contact with their mothers within one hour of birth. (Source: Hospital Authority Breastfeeding Promotion Committee)

Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Background

Exclusive breastfeeding for the first six months is very crucial for survival, growth and development of infants and young children. It lowers the risk of illness, particularly from diarrhoeal diseases. WHO commissioned a systematic review of the published scientific literature about the optimum duration of exclusive breastfeeding and in March 2001, the findings were submitted for technical review and scrutiny during an Expert Consultation. This Expert Consultation recommended a change to exclusive breastfeeding for 6 months from earlier recommendation of 4 months. The World Health Assembly (WHA) in May 2001 formally adopted this recommendation through a Resolution 54.2 /2001. The World Health Assembly in 2002 approved another resolution 55.25 that adopted the *Global Strategy for Infant and Young Child Feeding*. Later the UNICEF Executive Board also adopted this resolution and the *Global Strategy for Infant and Young Child*

Feeding in September 2002, bringing a unique consensus to this health recommendation. Further, in areas with high HIV prevalence there is evidence that exclusive breastfeeding is more protective than “mixed feeding” against risks of HIV transmission through breastmilk. New analysis published in the *Lancet* clearly points to the role of exclusive breastfeeding during first six months for Infant survival and development.

Guideline:

Indicator 2	WHO’s Key to rating %	Existing Situation %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
<i>Exclusive Breastfeeding (for first 6 months)</i>		✓ <i>Check any one</i>			
	0-11		3	Red	D
	12-49		6	Yellow	C
	50-89		9	Blue	B
	90-100		10	Green	A

Comments:

No data as specified are available.

The Department of Health (DH) of the Government of the HKSAR carries out regular breastfeeding surveys in its Maternal and Child Health Centres (MCHCs) attended by around 90% of babies born in the HKSAR. The 2007 survey on babies born in 2006 showed that the proportion of babies having been exclusively breastfed for 4-6 months was 13.5%. The feeding data was collected mainly based on clinic records and not collected as a specific survey asking whether babies were exclusively breastfed in the 24 hours prior to the survey. (Source: DH)

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?

Background

The *Innocenti Declaration* and the *Global Strategy for Infant and Young Child Feeding* recommend that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate complementary foods starting after six months of age. Breastmilk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child. The continued closeness between mother and child provided by breastfeeding helps in optimal development of the infant and young child.

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
<i>Median Duration of Breastfeeding</i>		✓ <i>Check any one</i>			
	0-17 Months		3	Red	D
	18-20 "		6	Yellow	C
	21-22 "		9	Blue	B
	23-24 "		10	Green	A

Comments:

The DH currently does not collect information on infant feeding beyond one year of age.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Background

Babies should be breastfed exclusively for first 6 months of age and they need not be given any other fluids, fresh or tinned milk formulas as this would cause more harm to babies and replace precious breastmilk. Similarly after six months babies should ideally receive mother's milk plus solid complementary foods. If a baby cannot be fed the breastmilk from its mother's breast, it should be fed with a cup. (If unable to swallow, breastmilk can be provided by means of an infant feeding tube.) After 6 months of age, any liquids given should be fed by cup, rather than by bottle. Feeding bottles with artificial nipples and pacifiers (teats or dummies) may cause 'nipple confusion' and infants may refuse the breast after their use. Feeding bottles are more difficult to keep clean than cups and the ingestion of pathogens can lead to illness and even death. Pacifiers also can easily become contaminated and cause illness.

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
Bottle Feeding (<u><6 months</u>)		✓ <i>Check any one</i>			
	30-100%		3	Red	D
	5-29%		6	Yellow	C
	3-4%		9	Blue	B
	0-2%		10	Green	A

Comments:

The DH currently does not collect such information at its MCHCs.

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Background

As babies grow continuously and need additional nutrition along with continued breastfeeding after they are 6 months of age, complementary feeding should begin with locally available, affordable and sustainable indigenous foods. Babies should be offered soft or mashed foods in small quantities, 3-5 times a day. Complementary feeding should gradually increase in amount and frequency as the baby grows. Breastfeeding on demand should continue for 2 years or beyond. Complementary feeding is also important from the care point of view: the caregiver should continuously interact with the baby and take care of hygiene to keep it safe.

The indicator proposed here measures only whether complementary foods are provided in a timely manner, after 6 months of age along with breastfeeding. Complementary feeds should also be adequate, safe and appropriately fed, but indicators for these criteria are not included because data on these aspects of complementary feeding are not yet available in many countries. It is useful to know the median age for introduction of complementary foods, what percentage of babies are not breastfeeding at 6-9 months and also how many non-breastfeeding babies are receiving replacement foods in a timely manner. These figures can help in determining whether it is important to promote longer breastfeeding and/or later or earlier introduction of complementary foods. This information should be noted, if available, although it is not scored. It is also possible to generate additional information and help guide local programmes.

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
Complementary Feeding (6-9 months)		✓ <i>Check any one</i>			
	0-59		3	Red	D
	60-79		6	Yellow	C
	80-94		9	Blue	B
	95-100		10	Green	A

Comments:

The DH currently does not collect such information at its MCHCs.

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Current status
1. Percentage of babies breastfed within one hour of birth	Not available
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	Not available
3. Babies are breastfed for a median duration of how many months	Not available
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	Not available
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	Not available

Part II: IYCF Policies and Programmes

Part II deals with policy and programmes. In fact it is a comprehensive study of the back end support to achieve indicators 1-5.

The description of indicators 6-15 again begins with a key question and its background. It is followed by a result that is given in the table format and depicts subset of questions that have been answered using the available information, documentation and sometimes observations. Another column shows the relevant result checked in the column opposite the subset of questions.

This result is then scored and rated according to the WBTi guidelines. Each indicator has a maximum score of ten. There are some subset of questions that are of subjective nature and have been answered using available information and consensus among the core group.

Achievement is given a tick in the Results column. The result is accumulative except in indicator 8 in which it is progressive in nature. Total score of each indicator is given at the end of the table. Next are the areas where gaps have been found and recommendations to bridge these gaps developed in discussion with the national groups.

Summary comments and source in the end provide other relevant information and progress on these indicators.

In Part II a set of criteria has been developed for each target based on the *Innocenti Declaration* and beyond, i.e. considering most of the targets of the *Global Strategy*. For each indicator there is a subset of questions leading to key achievement, indicating how a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated and graded i.e. Red or grade 'D', Yellow or grade 'C', Blue or grade 'B' and Green or grade 'A'. After the tool kit provides the scores, it uses following guidelines for rating.

IBFAN Asia Guidelines for WBTi

<i>Scores</i>	<i>Colour- rating</i>	<i>Grading</i>
0 – 3	Red	D
4 – 6	Yellow	C
7 – 9	Blue	B
more than 9	Green	A

Indicator 6: National Policy, Programme and Coordination

Key Question: *Is there a national infant and young child feeding / breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?*

Background

The *Innocenti Declaration* was adopted in 1990. It recommended that all governments have national breastfeeding committees and coordinators as established mechanisms to protect, promote and support breastfeeding in the country. The World Summit for Children (2000) recommended all governments to develop national breastfeeding policies. The *Global Strategy for Infant and Young Child Feeding* calls for urgent action from all member states to develop, implement, monitor and evaluate a comprehensive policy on IYCF.

The table given below depicts the situation in HKSAR on Territory-wide Policy, Programme and Coordination.

Criteria of Indicator 6	Scoring	Results ✓ Check any one
6.1) A national Infant and Young Child feeding/breastfeeding policy has been officially adopted/approved by the government	2	
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	
6.3) A national plan of action has been developed with the policy	2	
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	
6.6) The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis	1	
6.7) The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	0 / 10	

Gaps:

- There is no territory-wide Infant and Young Child Feeding / Breastfeeding Policy, Central Breastfeeding Committee nor Breastfeeding Co-ordinator

Recommendations:

- Establish a multisectorial Central Breastfeeding Committee headed by a co-ordinator
 - The Committee to formulate the Infant and Young Child Feeding / Breastfeeding Policy for the territory with a plan of action supported by appropriate funding
 - The Committee to monitor and evaluate policy implementation

Comments:

Since the year 2000, a Breastfeeding Policy, incorporating the "Ten Steps to Successful Breastfeeding" (Ten Steps) and the International Code of Marketing of Breast-milk Substitutes (the Code), was implemented in all MCHCs. As from 2002, this Policy was extended to all service units of the DH to support their employees and clients to breastfeed. (Source: DH www.fhs.gov.hk/english/about_us/breast_policy/breast_policy.html) However, there is currently no central government policy and coherent strategy on breastfeeding / infant and young child feeding, nor a Central Breastfeeding Committee to coordinate and oversee such policy and actions.

Although it is commendable that the DH has taken the initiative to have a Breastfeeding Policy incorporating the Ten Steps and the Code, as the WHO recommendation of exclusive breastfeeding for the first 6 months was made in March 2001 (i.e after the implementation of DH's breastfeeding policy), the DH policy does not actually state the recommendation on exclusive breastfeeding explicitly. Nevertheless, the introduction of appropriate complementary foods at 6 months, with continued breastfeeding to two years and beyond has been promulgated in all its MCHCs. However, without a Central Breastfeeding Committee laying down a cross-department government policy with a plan of action and resources to support its implementation and monitoring, after 6 years of the DH initiative, its policy still applies only to service units of the DH and the broader aspects of the IYCF policy has not been addressed.

Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**Key Questions:**

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

7B) What are the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI programme implementation?

Background:

The *Innocenti Declaration* calls for all maternity services to fully practise all the *Ten Steps to Successful Breastfeeding* set out in *Protecting, promoting and supporting breastfeeding: the special role of maternity services, a Joint WHO/UNICEF Statement*. UNICEF's 1999 Progress Report on BFHI lists the total number of hospitals / maternity facilities in each country and the total number designated "Baby Friendly". According to Step 2 of the Ten Steps, all staff in maternity services

should be trained in lactation management. UNICEF and WHO recommend that all staff should receive at least 18 hours of training and that higher level of training is more desirable. Several countries initiated action on BFHI; however, progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. The *Global Strategy for Infant and Young Child Feeding* indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to increase in exclusive breastfeeding.

The indicator focuses on both quantitative and qualitative aspects. It looks at the percentage of hospitals and maternity facilities designated BFHI and also at the programme quality, e.g., skilled training inputs in BFHI, which is key to sustaining it, and how it is monitored and evaluated.

The tables given below depict the situation in HKSAR on BFHI.

Quantitative

7A) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	✓
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	0 / 4	

Qualitative

7B) *What are the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all their staff working in maternity services

Criteria	Score	Results ✓ Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	
Total Score	0 / 3.5	

7C) What is the quality of BFHI programme implementation?

Criteria	Score	Results ✓ <i>Check any one</i>
7.3) BFHI programme relies on training of health workers	.5	
7.4) A standard monitoring system is in place	.5	
7.5) An assessment system relies on interviews of mothers	.5	
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	0 / 2.5	
Total Score 7A, 7B and 7C	0 / 10	

Gaps:

- No hospital in the HKSAR has achieved Baby Friendly status

Recommendations:

- Review existing breastfeeding policy of hospitals with maternity units, implementation of the Ten Steps and compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions
- Hospitals with maternity units to develop strategies to implement the Ten Steps supported by appropriate resources

Comments:

The Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA www.babyfriendly.org.hk) conducts an annual survey of maternity units in the HKSAR with regard to the implementation of the Ten Steps and violations of the Code observed within hospitals with maternity units. Although units have a breastfeeding policy, it does not include the Code and subsequent relevant resolutions. Training of healthcare workers is a major concern especially medical staff. There are also difficulties fulfilling the other Steps as well but an important obstacle is the continued acceptance of free supplies of formula milk from manufacturers. Promoting, supporting and protecting breastfeeding needs to be seen as a priority before the above deficiencies can be rectified.

(Source: BFHIHKA www.babyfriendly.org.hk/index.php?tn=content&nid=79&lang=us)

Indicator 8: Implementation of the International Code

Key Question: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Background:

The “*Innocenti Declaration*” calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breastmilk Substitutes* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The “State of the Code by Country” by the International Code Documentation Centre (ICDC) on countries’ progress in implementing the Code provides sufficient information on the action taken.

Nations are supposed to enact legislation as a follow-up to this. Several relevant subsequent World Health Assembly resolutions, which strengthen the *International Code of Marketing of Breastmilk Substitutes* have been adopted since then and have the same status as the Code and should also be considered. The *Global Strategy for Infant and Young Child Feeding* calls for heightened action on this target. According to WHO, 162 out of 191 Member States have taken action to give effect to the Code, but the ICDC report brings out the fact that only 32 countries have so far brought national legislation that fully covers the Code. The ICDC uses criteria to evaluate the type of action.

The Code has been reaffirmed by the World Health Assembly several times while undertaking resolutions regarding various issues related with infant and young child feeding.

The table given below depicts the situation in HKSAR on Implementation of the International Code.

Criteria	Scoring	Results ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures	3	

other than law), awaiting final approval		
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	0 / 10	

Gaps:

- No specific action has been taken to implement the International Code in the entire territory.

Recommendations:

- Discontinue free supplies of breastmilk substitutes to public and private hospitals
- Adopt the Code and subsequent relevant World Health Assembly resolutions into local legislation or formulate a strong voluntary code with means of monitoring and sanctions for violation
- A Central Breastfeeding Committee to monitor violations and the implementation of sanctions

Comments:

The Code and subsequent relevant Resolutions of the World Health Assembly (WHA) are implemented in all MCHCs of the DH. The DH also issues advice letters to companies reported to violate the Code but with no administrative sanction. (*Source: DH*)

There are some legislations on food labelling and safety in the HKSAR which are part of the concern of the Code but they were not instituted in order to comply with the Code. There is no legislation or other measure to enforce the Code or an authoritative body taking the lead to oversee the implementation of the Code. Hence, the compliance of the Code in the HKSAR is left entirely to the relevant parties (including the trade and health professionals) to self-regulate. For example, infant formula for use from 0-6 months are generally not advertised but there are rampant violations of many articles of the Code and subsequent relevant WHA Resolutions.

Indicator 9: Maternity Protection

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and

supporting breastfeeding for mothers, including those working mothers in the informal sector?

Background:

The *Innocenti Declarations* (1999, 2005) and WHO Global Strategy for IYCF (2002) call for provision of imaginative legislation to protect the breastfeeding rights of working women and further monitoring of its application consistent with *ILO Maternity Protection Convention No 183*, 2000 (MPC No. 183) and Recommendation 191. MPC No. 183 specifies that women workers should receive:

- Health protection, job protection and non-discrimination for pregnant and breastfeeding workers
- At least 14 weeks of paid maternity leave
- One or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed

Furthermore, Recommendation 191 encourages facilities for breastfeeding to be set up at or near the workplace.

The concept of maternity protection involves 7 aspects: 1) the scope (in terms of who is covered); 2) leave (length; when it is taken, before or after giving birth; compulsory leave); the amount of paid leave and by whom it is paid – employer or government; 3) cash and medical benefits; 4) breastfeeding breaks; 5) breastfeeding facilities; 6) health protection for the pregnant and lactating woman and her baby; 7) employment protection and non-discrimination.

Only a limited number of countries have ratified C183, but quite a few countries have ratified C103 and/or have national legislation and practices which are stronger than the provisions of any of the ILO Conventions.

Maternity protection for all women implies that women working in the informal economy should also be protected. *Innocenti Declaration 2005* calls for urgent attention to the special needs of women in the non-formal sector.

Adequate maternity protection also recognizes the father’s role in nurturing and thus the need for paternity leave.

The table below depicts the situation in HKSAR on Maternity Protection.

Criteria	Score	Results ✓ <i>Check any one</i>
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	

9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	✓
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.’	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	2 / 10	

Gaps:

- Women in HKSAR are only entitled to 10 weeks maternity leave with no nursing breaks when they return to work
- No provision for paternity leave by law

- Health protection for pregnant women but no specific provisions for breastfeeding women

Recommendations:

- Ratify International Labour Organization Maternity Protection Convention No.183 and implement Recommendation 191

Comments:

The Employment Ordinance of the HKSAR provides for 10 weeks of maternity leave with four fifths of daily wages. (Source: Department of Justice Bilingual Laws Information System CAP 57 - Employment Ordinance, Section 12 - Maternity leave; Section 14 - Payment of Maternity leave www.legislation.gov.hk/eng/home.htm)

There is employment legislation against discrimination of pregnant women and also legislation against discrimination of family status but no specific protection of women during the breastfeeding period. (Source: Department of Justice Bilingual Laws Information System 57 - Employment Ordinance, Section – 15 Prohibition against termination of employment, Section 15AA - Prohibition of assignment of heavy, hazardous or harmful work; CAP 527 Family Status Discrimination Ordinance, Section 8 – Discrimination against applicants and employees [HYPERLINK http://www.legislation.gov.hk/eng/home.htm](http://www.legislation.gov.hk/eng/home.htm))

The Labour Department (www.labour.gov.hk) is responsible for dissemination of information to workers, make inspections, receive and investigate complaints.

Indicator 10: Health and Nutrition Care System

Key Question: Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to the Code are in place?

Background:

The *Global Strategy for Infant and Young Child Feeding* indicates clearly how to achieve its targets and improving these services is critical for this. It has been documented that curriculum of providers is weak on this issue. And it is also seen that many of these health and nutrition workers lack adequate skills in counselling for infant and young child feeding which is essential for the success of breastfeeding.

Ideally, new graduates of health provider programmes should be able to promote optimal infant and young child feeding practices from the outset of their careers. All providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate breastfeeding counselling, lactation management, and infant and young child feeding into their care. The topics can be integrated at various levels during education and job. Therefore

the total programme should be reviewed to assess this.

The table given below depicts the situation in HKSAR on Health and Nutrition Care System.

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
			✓
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
			✓
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
		✓	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		✓	
Total Score:	3.5 / 10		

¹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

² The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

³ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Gaps:

- Training in infant and young child feeding / breastfeeding is only a small part of the undergraduate training of medical doctors; content covered is not standardised and differs between the two medical schools in HKSAR
- Training curriculum in this area for nursing students is limited
- Little cross-reference of infant and young child feeding / breastfeeding with other health topics
- Lack of training on infant and young child feeding for paediatricians qualified prior to the community paediatric training programme of 2004
- Lack of training for obstetricians in breastfeeding and awareness of mother-friendly childbirth procedures
- Non-systematic in-service training
- Inadequate provision for mothers staying with ill infants during the infants' hospital stay
- Little provision for infants to stay with their mothers who require hospital admission but are still able to care for their infants

Recommendations

- Review the training of all healthcare workers who look after pregnant women, mothers, infants and young children
- Review in-service training in both the public and private sectors and especially doctors with the award of Continued Medical Education, Continued Professional Development points as possible incentive
- Train health care assistants to assist nurses to support mothers to breastfeed
- Incorporate the implementation of the Ten Steps, Mother / Baby Friendly child birth procedures and admission policies, and compliance with the Code and subsequent relevant WHA resolutions in the standards of accreditation of public and private hospitals

Comments

During their training, medical students are given lectures or tutorials on infant feeding and nutrition, breastfeeding, and depending on the medical school, information on BFHI and the Code. The foci of the nutrition lectures are the risks of over-nutrition and obesity or under-nutrition. Students who have one session of attachment to MCHCs are exposed to activities promoting breastfeeding but they do not receive any structured training about assessing breastfeeding problems and counselling mothers. As students' term in Paediatrics is only around two months, IYCF is one of a wide variety of subjects they have to learn and not particularly integrated with other topics as outlined in 10.5 above.

Community paediatricians in training undertake a six-month rotation at MCHCs since 2004 during their three years of basic training. At the MCHCs they undergo a 3-day training programme on breastfeeding which includes lectures and clinical attachment. From 2009 onwards, the trainees switch to a 3-month MCHC attachment. The revised training curriculum has 2 days of training on breastfeeding. As MCHCs mainly provide community-based primary care for pregnant women, mothers, infants and young children, the programme lacks practical aspects of breastfeeding during the peripartum period. (See

Annex Source: DH) Paediatricians qualified as specialists prior to being required to rotate to MCHCs did not benefit from such training. Obstetricians-in-training are not required to undergo specific training in breastfeeding.

BFHIHKA has been conducting 30-hour breastfeeding courses since 1994 and train-the-trainer and the WHO 40-hour counselling courses for healthcare professionals the last 10 years. This has allowed public institutions to have enough trainers to conduct their own staff training. An encouraging practice is that all doctors in MCHCs undergo an 18-hour course and all nurses, a 40-hour course in breastfeeding. The School of Midwifery at the Prince of Wales Hospital has also incorporated the WHO 40-hour breastfeeding course into its curriculum. The Hospital Authority and individual hospitals conduct 20-hour breastfeeding courses as well. At present, in public hospitals with maternity services, many obstetric nurses, less paediatric nurses and few obstetric and paediatric doctors are trained.

There is in-service training on breastfeeding of health-care staff but conducted in a non-systematic fashion.

In general, mothers may be able to stay with babies who are sick but not the other way round. Even so, mothers may not be able to stay with sick neonates 24 hours a day.

Indicator 11: Mother Support and Community Outreach

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Background:

Community-based support for women is essential for succeeding in optimal breastfeeding practices. Step 10 of BFHI and the Global Strategy for IYCF, which includes mother support and peer support, recognizes this need. Mother Support, as defined by the Global Initiative for Mother Support (GIMS) is

“any support provided to mothers for the purpose of improving breastfeeding practices for both mother and infant and young child.” Women need the support of evidence-based public health policies, health providers, employers, friends, family, the community, and particularly of other women and mothers.”

Mother support is often seen as woman-to-woman (or more commonly known as mother-to-mother) but generally covers accurate and timely information to help a woman build confidence; sound recommendations based on up-to-date research; compassionate care before, during and after childbirth; empathy and active listening, hands-on assistance and practical guidance. It also includes support and counselling by health professionals and health care workers. Various community outreach services can also support women in optimal IYCF.

The activities in these contexts include woman-to-woman support, individual or group counselling, home visits or other locally relevant support measures and activities that ensure that women have access to adequate, supportive and respectful information, assistance and counselling services on infant and young child feeding. Mother support enhanced by community outreach or community-based support has been found to be useful in all settings to ensure exclusive breastfeeding for the first six months and continued breastfeeding with appropriate and local complementary foods for 2 years or more. There needs to be a review and evaluation of existing community support systems, especially for the provision of counselling in infant and young child feeding. Women who deliver in a hospital need continued support in the home and in the community, with support for all members of the family, including the father and grandmother of the baby.

The table below depicts the situation in HKSAR on Mother Support and Community Outreach.

Criteria	Results		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		✓	
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:		7 / 10	

Gaps:

- Few mothers have access to Peer Support groups prior to discharge from maternity units or in the community
- For non-HKSAR resident mothers, there is little knowledge of the support they receive when pregnant or after delivery.

Recommendations:

- Make use of community nurses to support mothers to breastfeed in the home setting as postpartum hospital stay is generally short
- Encourage and support the formation of Peer Support for breastfeeding mothers as noted in Step 10 of the Ten Steps
- Seek a better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China and to set up mechanisms to ensure their access to reliable services in the HKSAR or mainland China.

Comments:

The 31 MCHCs situated throughout the HKSAR provide education and support services to pregnant women and mothers on infant and young child feeding in the community. Counselling is provided through a hotline and also onsite with coaching and peer support groups for breastfeeding mothers. (*Source: DH*)

Non-government organisations (NGOs) like La Leche League Hong Kong (LLLHK www.lllhk.org) and Hong Kong Breastfeeding Mothers Association (HKBFMA www.breastfeeding.org.hk) operate in the HKSAR but the population able to benefit from their services is limited due to their resource constraints. Leaders of LLLHK respond to enquiries on breastfeeding. The HKBFMA has a breastfeeding hotline answered by volunteer mothers while the BFHIHKA has a hotline serviced by trained professionals.

Services at MCHCs are free for infants who are born in the HKSAR and mothers who are HKSAR residents. Pregnant women or mothers who are non-residents of the HKSAR are served with a fee. Currently around 40 percent of mothers of infants born in the HKSAR are residents of mainland China and not that of the HKSAR. Even though they can access the child care services without charge if their children are born locally, not all these pregnant women and mothers may make use to them. Apart from consideration of fees and charges, many of the women are not physically in the HKSAR during most of their pregnancy nor do they reside in the HKSAR with their infants after their delivery although eventually many of these mothers will immigrate to HKSAR. Thus although the pregnant women may attend for booking of their delivery in the HKSAR and a significant number of their infants attend MCHCs for immunization, the pregnant women and mothers may not be able to readily access services in the HKSAR at the time when counselling and support on breastfeeding are required. A better understanding of the breastfeeding education and support available for pregnant women, mothers and infants in mainland China is required and mechanisms set up to ensure they can access services when and where these are required.

Indicator 12: Information Support

Key Question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Background:

Information, education and communication (IEC) strategies are critical aspects of a comprehensive programme to improve infant and young child feeding practices. IEC approaches may include the use of electronic (TV, radio, video), print (posters, counselling cards, flip charts, manuals, newspapers, magazines) media, interpersonal (counselling, group education, support groups) and community activities to communicate important information and motivational material to mothers, families and the community.

Behaviour change is an important strategy, often used in counselling sessions, home visits, action-oriented group discussions and dramas focused on problem solving. IEC strategies are comprehensive when they use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented messages to targeted audiences at national, facility, community and family levels.

The table below depicts the situation in HKSAR on Information Support.

Criteria	Results		
	✓ Check that apply		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		✓	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	6 / 10		

Gaps:

- No Information / Education / Communication (IEC) strategy with piece-meal programmes that may overlap between different organizations or leave gaps unfilled

Recommendations:

- Formulate a Breastfeeding / Infant Young Child Feeding policy including IEC strategies
- Establish a Central Breastfeeding Committee with representatives from major government departments and organisations involved in breastfeeding promotion, allocated with appropriate resources, to plan and co-ordinate IEC programmes
- Implement the Code and subsequent relevant WHA Resolutions to minimise the impact of marketing promotions of the industry.

Comments:

The MCHCs provide educational material in print, including a comprehensive information kit on breastfeeding, and in audio-visual format and is available through the website as well. (www.fhs.gov.hk/english/health_info/class_topic/ct_child_health/ch_breastfeeding.html)

Most public hospitals also have breastfeeding information / leaflet for pregnant women. However, not all pregnant women have the opportunity to learn about the benefits and management of breastfeeding in their antenatal period. Most antenatal checkups are done by obstetricians. The pregnant women usually have very limited time to meet midwives during the antenatal checkup sessions. Not all pregnant women attend antenatal classes. According to BFHIHKA's annual survey in 2008, around one third of the pregnant women were not able to receive information on the advantages of breastfeeding. (*Source: BFHIHKA* www.babyfriendly.org.hk/index.php?tn=content&nid=79&lang=us)

Publicity campaigns including Announcements of Public Interest, community exhibitions, media interviews, etc. are launched around the World Breastfeeding Week in August each year to raise public awareness on breastfeeding. The medical and nursing staff of the DH contributes to talks / sharing of experience to promote breastfeeding in seminars / courses organised by professional bodies, hospitals and NGOs. The staff has also conducted seminars on breastfeeding for workers in childcare centres aiming to support mothers to continue breastfeeding babies in childcare centres, especially the day crèche, as well as to encourage the childcare workers to breastfeed. (*Source:DH*)

The Hospital Authority that manages all public hospital services in the HKSAR celebrates the World Breastfeeding Week each year with a public seminar for professionals and the public and other activities in individual hospitals to enhance awareness and knowledge in breastfeeding.

NGOs like LLL, HKBFMA and BFHIHKA also conduct talks periodically to the public and have special activities for World Breastfeeding Week.

⁴ An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Indicator 13: Infant Feeding and HIV

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Background:

The Global Strategy for IYCF highlights the importance of correct policy and programme work in this area for achieving the targets. The UN Framework for priority action on infant feeding and HIV activities lists:

1. Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
2. Implement and enforce the International Code of Marketing of Breastmilk substitutes and subsequent relevant WHA resolutions
3. Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
4. Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
5. Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

The risk of HIV transmission through breastfeeding presents policy makers, infant feeding counsellors and mothers with a difficult dilemma. They must balance the risk of death due to artificial feeding with the risk of HIV transmission through breastfeeding. These risks are dependent on the age of the infant and household conditions and are not precisely known. Other factors must be considered at the same time, such as the risk of stigmatization (e.g. if not breastfeeding may signal the mother's HIV status), the financial costs of replacement feeding and the risk of becoming pregnant again. Policies and programmes to meet this challenge should provide access to HIV voluntary and confidential counselling and testing (VCCT) and, for HIV-positive mothers, counselling and support for the chosen method of feeding, such as safe exclusive breastfeeding or exclusive artificial feeding. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.

The table given below depicts the situation in HKSAR on HIV and Infant Feeding.

Criteria	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
		✓	
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		✓	
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
	✓		
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
			✓
Total Score:	4.5 / 10		

Gaps:

- No infant and young child feeding policy that includes infant feeding and HIV

Recommendations:

- Formulate a territory-wide infant and young child feeding policy including infants of HIV positive mothers

Comments:

As from 2001, testing of HIV status is provided free of charge to all pregnant women who deliver in the HKSAR. Affected infants and their mothers are able to receive regular healthcare services with counselling, support and treatment as required. There were a total of five cases of HIV perinatal infection up to 2007 mainly because of late referral but no cases of AIDS. (Source: Virtual AIDS Office of Hong Kong, [DH www.info.gov.hk/aids/english/surveillance/latest_stat.htm](http://www.info.gov.hk/aids/english/surveillance/latest_stat.htm))

Indicator 14: Infant Feeding during Emergencies

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Background:

Infants and young children are among the most vulnerable groups in emergencies. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality. In emergency and relief situations the responsibility for protecting, promoting and supporting optimal infant and young child feeding practices and minimizing harmful practices should be shared by the emergency-affected host country and responding agencies. Concise Operational guidance on how to ensure appropriate feeding in emergency situations and comply with international emergency standards has been developed by interagency Infant Feeding in Emergencies Core Group. Practical details on how to implement the guidance are included in companion training materials, also developed through interagency collaboration.

The table given below depicts the situation in HKSAR on Infant Feeding during Emergencies.

Criteria	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
			✓
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	0 / 10		

Gaps:

- No policy on infant and young child feeding that includes infant feeding in emergencies.

Recommendations:

- Formulate a policy on infant and young child feeding that includes infant feeding in emergencies

Comments

As the HKSAR is not considered a natural disaster prone area there is no government policy on infant feeding during emergencies.

Volunteers from the HKSAR do provide services to other localities with natural disasters. Infant and young child feeding in emergencies should be an area of attention to avoid compromising the health of these infants and young children through inappropriate measures of intervention or ‘assistance’.

Indicator 15: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Background:

Monitoring and evaluation (M & E) components should be built into all major infant and young child feeding programme activities and collection of data concerning feeding practices integrated into national nutritional surveillance and health monitoring systems or surveys. Monitoring or management information system data should be collected systematically and considered by programme managers as part of the management and planning process. When appropriate, both baseline and follow-up data should be collected to measure outcomes. Use of internationally agreed-upon indicators and data collection strategies should be considered, in an effort to increase availability of comparable data. It is important that strategies be devised to help insure that key decision-makers receive important evaluation results and are encouraged to use them.

The table given below depicts the situation in HKSAR on Monitoring and Evaluation.

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
		✓	
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
			✓
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
			✓
Total Score:	3 / 10		

Gaps:

- No structured monitoring and evaluation of infant and young child feeding practices

Recommendations:

- Establish a Central Breastfeeding Committee and an infant and young child / breastfeeding policy with plans of action accorded appropriate resources, a built-in system of monitoring and evaluation, and the authority to collect data from both the public and private sector
- Collect data according to WHO recommendations in order to facilitate international comparisons
- Conduct periodic territory-wide surveys on breastfeeding through the Census and Statistics Department's household surveys

Comments:

The DH carries out regular breastfeeding surveys in its MCHCs to monitor the local trend of breastfeeding practices (*Source: DH*), but the format is not necessarily according to WHO recommendations. As not all infants attend MCHCs, the information does not cover the entire population.

Data collected by BFHIHKA is only on a voluntary basis.

Participant evaluations are generally conducted for programme activities.

Summary part 1: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 1 Starting Breastfeeding (Initiation)		
Indicator 2 Exclusive Breastfeeding for first 6 months		
Indicator 3 Median duration of Breastfeeding		
Indicator 4 Bottle-feeding		
Indicator 5 Complementary Feeding		
Score Part 1 (Total)		0 / 50

Guideline:

Scores (Total) Part-I	Colour-rating	Grading	Existing Situation ✓ Check that apply
0 – 15	Red	D	✓
16 – 30	Yellow	C	
31 – 45	Blue	B	
46 – 50	Green	A	

Summary Part II: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	0
2. Baby Friendly Hospital Initiative	1
3. Implementation of the International Code	0
4. Maternity Protection	2
5. Health and Nutrition Care System	3.5
6. Mother Support and Community Outreach	7
7. Information Support	6
8. Infant Feeding and HIV	4.5
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	3
Score Part 2 (Total)	27 / 100

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 6-15) are calculated out of 100.

Scores	Colour- rating	Grading	Existing Situation <input checked="" type="checkbox"/> Check that apply
0 – 30	Red	D	<input checked="" type="checkbox"/>
31 – 60	Yellow	C	
61 – 90	Blue	B	
91 – 100	Green	A	

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding practices; policies and programmes (indicators 1-15) are calculated out of 150.

Scores	Colour- rating	Grading	Existing Situation <input checked="" type="checkbox"/> Check that apply
0 – 45	Red	D	<input checked="" type="checkbox"/>
46 – 90	Yellow	C	
91 – 135	Blue	B	
136 – 150	Green	A	

Acronyms

BFHI – Baby Friendly Hospital Initiative

BFHIHKA – Baby Friendly Hospital Initiative Hong Kong Association

DH – Department of Health, HKSAR

GSYCF – Global Strategy for Infant and Young Child Feeding

HKCU – Hong Kong Committee for UNICEF

HKSAR – Hong Kong Special Administrative Region

HIV – Human immunodeficiency virus

IBFAN - International Baby Food Action Network

IYCF - Infant and Young Child Feeding

MCHC – Maternal and Child Health Centre

MDG – United Nations Millennium Development Goals

TAM - Tracking, Assessing and Monitoring

UNICEF – United Nations Children’s Fund

WBTi - World Breastfeeding Trends Initiative

WHA – World Health Assembly

WHO – World Health Organization

Concluding Remarks and the Way Forward

BFHIHKA appreciates the opportunity to co-ordinate the WBTi assessment so that there can be a baseline database on infant and young child feeding for HKSAR. Although HKSAR is only a special administrative region, being able to use an instrument accepted internationally allows comparison between HKSAR and other countries and regions. The assessment can serve as a basis to monitor progress and effectiveness of interventions.

It is unfortunate that there is no Central Breastfeeding Committee with the authority to collect territory-wide data so that existing data collected on a voluntary basis is incomplete. Since HKSAR has not adopted the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes" on which the WBTi assessment tool is based, there is a lack of all the data required for Part I on infant feeding practices. Without a territory-wide mechanism with the authority to formulate and implement policies, the efforts put in by various parties made slow progress as reflected in Part II on policy and programmes.

HKSAR is in urgent need of a multisectorial Central Breastfeeding Committee headed by a Breastfeeding co-ordinator so that a Breastfeeding policy, plan of action, monitoring and evaluation mechanism can be developed. Appropriate resource allocation and legislative support are needed for the successful the implementation of the plan. Infant and young child feeding has such important life-long implication for the individual and the community that this ought to receive priority attention of the government of HKSAR to ensure a healthy population from birth to adulthood.