

Report of the

***Expert consultation visit to Maldives for
Protecting, Promoting and Supporting
Breastfeeding***

Submitted to: UNICEF and DPH

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1. Introduction

This is the report of an expert consultation for protecting, promoting and supporting optimal breastfeeding and infant and young child feeding in the Maldives. This the result of an ongoing dialogue with Department of Public Health, Republic of Maldives, and UNICEF Maldives to strengthen policy and programmes on Infant and young child feeding and with a clear the aim to bring up a Regulation for protection, promotion and support of breastfeeding. This action to improve particularly exclusive breastfeeding rates was considered essential and DPH decided to call for expert assistance with the objective to facilitate a workshop and sensitize stakeholders, and identifying key issues on implementation of the policy document. Specific task were assigned to me, these included:

- i. Review the relevance of draft Regulation and conduct a workshop for DPH and other partners
- ii. Completion of the draft Regulation
- iii. Report of the expert consultation
- iv. Debriefing to WHO/UNICEF/Government on outputs
- v. Recommendations and way forward for implementation of the Regulation

2. Background: Scientific Basis and Global Commitments

Nutrition during the early infancy is critical for early child development and human development, not only because young babies are vulnerable, but also because child malnutrition in any form tremendously affects development outcomes, as global research indicates that 85% of a child's core brain structure is already formed by the age of three. It impairs cognitive development, intelligence, strength, energy and productivity. As malnutrition strikes the most during the first two years, it disturbs the very foundation of life and development. Experts have argued that because malnutrition among children occurs almost entirely during the first two years of life and is virtually irreversible after that, solutions should be found in infancy. This means ensuring optimal infant feeding practices i.e. timely initiation of breastfeeding within one hour and exclusive breastfeeding for the first six months is critical. Investing in breastfeeding promotion has a great potential, for this preventive application as a minimum health standard, to improve health, performance and well being of populations. In the long run, healthier adults contribute to greater economic productivity.

After the rapid decline of breastfeeding globally in the 1960s, science had to revisit breastfeeding during the last three to four decades. This led to emergence of clear evidence that breastfeeding provides the ideal and irreplaceable nutrition to the baby during infancy. In particular, breastfeeding protects the baby against infections, allergies and asthma; promotes physical, physiological, motor, mental and psycho-social

development; and gives protection against obesity and some adult diseases such as diabetes, hypertension, ischemic heart disease and some forms of malignancy. Further, breastfeeding saves money for the family and the nation, helps fertility control and is eco-friendly. Breastfeeding has also been related to enhancement of cognitive development. There are advantages for the mother as breastfeeding reduces the incidence of post-partum bleeding, leads to faster uterine involution, reduces the risk of breast cancer and ovarian cancer, delays resumption of ovulation and increases child spacing, improves bone re-mineralization after birth in women with reduction in hip fractures in post menopausal period. Child survival series recently published in the *Lancet* demonstrate that breastfeeding (including exclusive breastfeeding for the first six months and continued breastfeeding for the next six months) is the single most effective preventive intervention, which could prevent 13 to 16 per cent of all childhood deaths. Adequate complementary feeding between six months to 24 months could prevent an additional 6 per cent of all such deaths. This means extending the coverage of these two optimal infant and young child feeding practices to 90% could prevent 19% of all deaths among children under five. A study from rural Ghana has recently revealed that 22% of all neonatal deaths could be reduced if ALL babies started to breastfeed within one hour of birth .

Recognising artificial feeding to be a major public health problem UNICEF and WHO in 1979 organised a global meeting on infant and young child feeding, which recognised that commercial practices of baby food manufacturers interfere with breastfeeding and recommended the formulation of an *International Code of Marketing of Breastmilk Substitutes* adopted at the World Health Assembly in 1981. After this many Resolutions have been adopted at the WHA that strengthen the Code of 1981 further and provide some clarifications. In the 1990 *Innocenti Declaration* was adopted by 32 governments and UN agencies and it set out 4 targets for the nations to be achieved by 1995. In 2002, UNICEF and WHO jointly developed the *Global Strategy for Infant and Young Child Feeding*, which set out 5 additional targets for improving child survival through enhancing optimal infant and young child feeding, including in difficult circumstances like HIV and emergency situations. The global strategy was adopted at the 55th World Health Assembly in May 2002 and the UNICEF Executive Board in September 2002, bringing a unique global consensus on issues related to optimal infant and young child feeding. This consensus is also reflected in the MDG Task Force Report, where optimal infant and young child feeding is included among the priority interventions. In 2005 another landmark *Innocenti Declaration on Infant and Young Child Feeding* was adopted with once again consensus of all breastfeeding partners including WHO and UNICEF. It gives a **Call for Action** to governments to act urgently. The World Health Assembly adopted another resolution in May 2006, it urges Member States to support action on this Call for Action of Innocenti 2005 and, in particular, to renew their commitment to policies and programmes related to implementation of the

International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly(WHA) resolutions in their entirety as a minimum requirement, and establish sustainable enforcement mechanisms to prevent and/or address non-compliance. It also calls for the revitalization of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding; and **identify and allocate sufficient resources to fully implement actions called for in the Global Strategy.**

It is with background that Republic of Maldives has decided to formally adopt a “Breastfeeding Protection, Promotion and Support Regulations for the Maldives”. The Regulation has the following aims and objectives provided in the Section 2.

The aims of these regulations is to contribute to the good health, safe and optimal nutrition of infants and young children and of pregnant and lactating women, by

- i. Regulating the production quality, marketing and distribution, and the information and instructions for the correct use, of infant formula, follow up formula, infant foods/complementary foods for infants and young children as well as feeding bottles and teats;
- ii. Regulating the marketing of nutritional supplements for pregnant and lactating women;
- iii. Protecting and promoting exclusive breastfeeding for the first six months of life;
- iv. Protecting and promoting continued breastfeeding for up two years or beyond, with introduction of new foods into the infants’ diet after the period of exclusive breastfeeding.

3. Status of Infant and Young Child Feeding in Maldives: Policy, Programme and Practices

Optimal infant and young child feeding means that every baby is exclusively breastfed for the first six months (starting breastfeeding within one hour of birth) and receives continued breastfeeding for two years or beyond, along with adequate and appropriate complementary feeding beginning after six months. In 2005 IBFAN Asia Pacific, in partnership with several government partners, conducted an assessment of the status of implementation of the *Global Strategy*. Maldives also took part. It was found that Maldives has made good progress in implementing the global strategy; however lot still needs to be done. On the IBFAN Asia Pacific’s scale of rating, and ranking, Maldives is in yellow category grade C in performance, and is ranked 3rd South Asia. Objectively Maldives scores 88.5 out of 150.

Areas that require more action and support have been identified using this assessment tool. These include:

- Coordinated efforts and adequate budgets for promotion of breastfeeding
- Strong Code for marketing of breastmilk substitutes implemented and complied with.

- Maternity protection, guidelines for working women and supporting environment.
- Individual counselling in the hospitals by healthcare providers
- Family and community support and mobilization rallying around exclusive breastfeeding for the first six months.
- Evaluation, operation research why growth faltering occurs around six months to 12 months, impact of interventions before and after six months.

IYCF Practices: In spite of well known benefits of this natural practice providing babies the best possible start to life, a healthy and head start , an unparalleled health measure and a tradition in the society, yet breastfeeding practices in the Maldives are far from optimal. It does not differ though from south Asian countries , situation is almost similar. Another unfortunate but true fact is trends over the years are not so encouraging. The proportion of infants being exclusively breastfed till six months in the country is one of lowest in the South East Asian region. According to MICS-2 (2001) survey, the proportion of exclusively breast fed infants at the age of 3 months was about 70%, which declined to about 58% by 4 months. The extent of use of breastmilk substitutes and commercial complementary foods was reported to be on rise, further eroding the breastfeeding practices, especially in the economically better-off islands. Consequently, the unhygienic practices adapted in child feeding have posed serious health risks. The study also revealed that the prevalence of underweight increased steeply with increase in age from a low 1.5% in <6 months children to a high 36% in 23 months children. Similarly, the prevalence of stunting increased from about 6% to 36% and that of wasting from 3% to about 18% during the period, which is reflective of poor feeding of young children. Recent KAP surveys indicate that very little progress has been made in five years to achieve high coverage of exclusive breastfeeding as it is about 18% at six month. There are strong reasons to take steps necessary to protect, promote and support breastfeeding in Maldives in order to achieve high coverage of near 90% for optimal feeding practices.

“I don’t have enough breastmilk for my baby” is a common feeling among mothers and is most common stated reason for giving up on exclusive breastfeeding. Health workers offer milk supplements to treat this perception rather than building their confidence and skills. This is because most think they know enough of breastfeeding support, and in fact have not acquired necessary skills during their education or in-service training. Mothers have little knowledge about nutrition, exclusive breastfeeding, complementary feeding, and related matters - what to give, how much to give and when. Most frontline workers do not devote much time to infant feeding, nor do they have skills to do so. The issue gets a back seat and the context of child development is missing. Confusing messages flow to people from different quarters including health personnel. Aggressive commercial promotion of baby foods using market and health care systems leads to the adoption of artificial feeding /bottle-feeding as a modern way of feeding, even in remote areas. Families end up adopting poor infant feeding practices, without

much awareness of their negative impact on children's health and development and economy of the family.

4. Process of work

Consultation work started with emails. Drafts of the proposed Regulation to be finalised were shared for comments several times. Comments were also sought and received from the legal experts in the IBFAN's International Code Documentation Centre (ICDC). After having finalised the visit to Maldives, tentative programme of workshop and other work schedule was finalized over phones and emails. Preparation of draft presentations was started in Delhi.

Upon arrival in Maldives, discussions were held at DPH, UNICEF that led to a great deal of understanding for me on the expected outcomes and focus required. A special meeting was organised with the with the Deputy Minister of Health, Dr. Abdul Azeez, in which he discussed about this work and issues around exclusive breastfeeding. He raised several concerns especially for



With Dr Abdul Azeez Yoosuf Deputy Minister of Health, Ms Piyali Mustaphi (UNICEF) and Ms Mariyam Abdullah(DPH)



With Aminath Rasheeda (DPH) and Ms Piyali Mustaphi (UNICEF)

the mothers when they have to go to work. Another area he showed interest is to find out what is the real and immediate underlying cause of undernutrition and stunting is it nutrition during the first six months or 6-12 months .

After these preparatory meetings, preparation started for the workshop on 14th August. I prepared a PowerPoint presentation that would brief participants on the background and scientific basis as

well as the rational of this action. TOR and guidelines for group work were developed in consultation with the government and UNICEF . (Annex-1)

5. Workshop on Breastfeeding Protection, Promotion and Support Regulations

On 14th August, the workshop was organized by the DPH and UNICEF together and about 30 participants from different sectors took part.

Opening Ceremony

During the opening session Aminath Rasheeda, Deputy Executive Director of DPH welcomed the participants and thanked all profusely for having their cooperation. She invited me to give some opening remarks. I raised the issues with all present why is this that exclusive breastfeeding rates are not increasing in spite of its tremendous value. And why can't we have breastfeeding as a public health priority in our planning, why can't we put in 'breastfeeding' equal to 'immunization' as far as budget allocation is concerned. The budget should be utilized for making "breastfeeding education services" through trained and skilled counsellors apart from implementing the Regulations. Mr. Ken Maskall, the Country Representative of UNICEF spoke of values of breastfeeding and shared his experience of working in UNICEF for 22 years, especially how the book "Facts for Life" came into existence and focused on exclusive



Opening Session



Dr. Arun Gupta

breastfeeding. He recommended a behavior change approach to breastfeeding through a comprehensive campaign to realize full potential for children. Dr. J M Luna, the WHO country representative spoke on how breastfeeding is a human rights issue and wished strong partnership between key players like government UNICEF and WHO and others to take this work forward. This was followed by a break. (Copy of programme: **Annex-2**)

Presentations

During this session Rasheeda briefed participants on the regulation and its various sections. She explained it beautifully how each of the section will take care of banning commercial interference with breastfeeding in the Maldives.(**Annex-3**). It was followed by my presentations in which benefits for exclusive breastfeeding for child health, development and survival were shared. Role breastfeeding can play in preventing childhood obesity and prevention of infant HIV, and how it helps in brain development was explained. After having shared the situation in Maldives, and list of global commitments, a set of 10 key actions were shared with participants to work around during the workshops. (**Annex-4**). Several comments and questions came up regarding issues of HIV, trade, how to build the Regulation and sustain action, role of Customs department etc. These were clarified.

10 Key Actions!

- i. Enact the legislation to protect breastfeeding.
- ii. Provide Breastfeeding education services as a policy to improve child health and development, and recognize individual counselling by skilled nurses, community workers as key component of child health “service delivery” as done for immunization.
- iii. Order establishment of IYCF/breastfeeding support centers in all Atoll level health facilities run by adequately trained women. (for antenatal and postnatal support) – Linkage with women support group/any other mechanism to follow-up EBF at household level.
- iv. Develop a programme to have breastfeeding support centers at work places with BM expression facility.
- v. Create clear guidelines and strategies for BCC community mobilization to support IYCF.
- vi. Develop a capacity building plan from national to Atoll to community level.
- vii. Monitor exclusive breastfeeding and adequate complementary feeding indicators as key proxy indicators of child nutrition, health, development.
- viii. Create a Budget line for Plan of Action on Infant and Young Child Feeding and build it in the NNSP 2007-2011.
- ix. Establish clear coordinating mechanisms at national and regional level
- x. Have breastfeeding endorsed by those who matter!

6. Group Work: Outputs 1 and 2: Recommendations of the Groups

The presentation session was followed by the group work. Piyali from UNICEF Maldives briefed participants on guidelines of group work and how two groups will function with clear objectives and TOR (Annex-4) Group 1 worked on 1st and 2nd aims

and objective of the Regulation and group 2 worked on 3rd and 4th of the stated objectives(see page 5)

Output of group 1

The group 1 discussed various sections of the Regulation and worked on those presently missing from the current draft as compared to a Model law provided by the IBFAN. Participants were of the view that it is important to keep the penalty sections, however there were different views on the nature of penalties. The group after detailed discussions agreed to constitute a small group with representative of FDA and



Group Work 1 in progress

Attorney Generals office, and DPH to work with me to finalize the draft additions to the Regulations. New draft sections emerged from these discussions. These are options for the government to put in the Regulations. (**Annex: 5**)

Output of group 2

The group 2 worked around objective 3 and 4 as stated above in the report. The session was conducted using VIPP techniques (Visualization in Participatory programming) and all participants were explained the methodology. They were give guidelines and framework to think about recommendations and provided actions on the VIPP cards. There were more than 50 action recommendations. These were finally put into an action framework. (**Annex: 6**)



Group work 2 in progress

7. Visit to IGMH on 15th August

On 15th August I made a visit to the IGMH and Dr.M.Saeed of UNICEF accompanied me. We had a meeting with doctors and nurses and found out areas where we can strengthen support to breastfeeding in the hospital and in the community.



With doctors and nurses in IGMH

8. Debriefing to the Deputy Minister of Health

After having finished the work on the drafting of legislation and crystallizing the recommendations, we started preparing for the debriefing session to be chaired by the Deputy Minister of Health Dr Abdul Azeez on 16th August at 8 AM. I prepared another



PowerPoint presentation to explain the process as well as the proceedings of the workshop, how we achieved a set of recommendations. Briefings session was held and Rasheeda from DPH introduced the session to Dr. Abdul Azeez. She invited me to make the presentation. I highlighted the key benefits of developing a programme on protecting, promoting and supporting optimal infant and young child feeding in the country with a focus on

exclusive breastfeeding for the first six months. There were about 20 participants mostly who were present during the workshop. Dr Abdul Azeez carefully listened through and sought several clarifications and provided useful comments for the programme. He asked about HIV issues, support to working women, penalties in the draft and also asked for information on what other countries are doing on penalties. In my presentation following suggestions for actions were given:

Policy level

- Strengthen infant and child health, development , Infant and Young Child Feeding in the education in secondary level education curriculum (life skills based education).
- Identify NGOs for promotion of exclusive breastfeeding.
- Include exclusive breastfeeding for first six months as an indicator in child health surveillance system and national development reporting.
- New National Nutrition Strategic Plan (NNSP) should have a target to improve EBF from 18% to universal levels i.e. near 90%.
- Establish a budget head for implementing the regulation and Plan of Action on promoting optimal infant and young child feeding in NNSP 2007-11.

Services level

- Involve professional bodies (including private clinics) in promoting IYCF and orient them on best practices.

- Build capacity of nurses in skills to counsel on optimal infant and young child feeding and utilize them for breastfeeding education services during antenatal, natal and postnatal areas.

- Public health nurses and NGOs be involved to provide services at home.

Family and community level

- BCC strategies should be used in principle to improve family IYCF practices.

- Community mobilization through home visits by breastfeeding counsellors

- One to one counselling on infant health/development through optimal infant and young child feeding

- Involve the community in monitoring newly delivered mothers to exclusive breastfeeding

- Provide Infant and Young Child Feeding support facilities during disasters (through community based groups)

Monitoring, research and evaluation

Include breastfeeding indicators (at least exclusive breastfeeding 0-6 months) in regular monitoring systems.

- Evaluate the impact of certified baby friendly - talk to staff to see where problems are , then address those.

- Institute regular Code monitoring.

- Conduct Operational research on immediate factors underlying malnutrition , effect of key interventions and apply lessons learnt

(Annex-6: PowerPoint presentation of Arun Gupta Debriefing Session)



With Aminath Rasheeda during Debriefing session

9. Evaluation and Way Forward for DPH and UNICEF

Task assigned to me has been successfully completed. I reviewed the relevance of draft Regulation and conduct a workshop for DPH and other partners. The incomplete portion of the draft Regulation was completed with the government officials. A final copy of the revised draft Regulation shared with DPH. Debriefing was done to the Deputy Minister of Health. This session was very useful and discussions led to renewed interest among government and other partners to commit to breastfeeding promotion. WHO, UNICEF, Government officers of different sectors were present in the debriefing session. Report of the expert consultation has been submitted.

Way forward

After having studied in detail the status and discussions following actions are suggested for consideration to take it forward.

- i. DPH and MOH should formulate a clear policy direction to implement the 4 aims and objectives of the regulation, e.g. what will be the work of FDA and what will be the responsibility of other sectors such as MOH, DPH and others.
- ii. Constitute a core group to look after development of an action plan to effectively integrate Infant and Young Child Feeding in various health and nutrition sectors of Republic of Maldives.
- iii. Develop in months time an **Action plan on Infant and Young Child Feeding** with clear strategies, objectives, activities, outputs and budgets as per the format of the NNSP 2007-2011.
- iv. Send the final draft Regulation for legal check to the Attorney General's office, and for suggestions as to which sections of Penalty should be chosen for Maldives.
- v. Begin a process so that the Regulation is also enacted as an Act later to sustain the legal protection to breastfeeding

10. Annexes

- i. TOR and guidelines for group work
- ii. Copy of programme of workshop
- iii. PowerPoint presentation of Aminath Rasheeda
- iv. PowerPoint presentation of Arun Gupta
- v. PowerPoint presentation of Arun Gupta Debriefing Session
- vi. New sections developed in Group 1
- vii. Recommendations developed by Group 2
- viii. Final Draft of the Regulation
- ix. List of participants of the workshop

Annex-i:TOR and guidelines for group work

Group 1

TERMS OF REFERENCE

Group 1 is to address the first two aims of the Breastfeeding Protection and Promotion Regulations for Maldives. (Section 2)

1. Regulating the production quality, marketing and distribution and the information and instructions for the correct use, of infant formula, follow-up formula, infant foods/complementary foods for infants and young children as well as feeding bottles and teats.
2. Regulating the marketing of nutritional supplements for pregnant and lactating.

Objective of the Group:

The main objective of this exercise is to review the regulations along with the suggested draft of penalties and procedures for finalization of the document

The group will be guided by the facilitators and there will be 90 minutes for completion

- Selection of the rapporteur
- First half hour maybe used to review the draft.
- Brainstorming with the model penalties and procedures to finalise and achieve the objective of the group 1.
- Preparation of the presentation

Group 2

TERMS OF REFERENCE

Group 2 is to address the third and fourth (given below) aims of the Breastfeeding Protection and Promotion Regulations for Maldives. (Section 2)

3. Protecting and promoting EBF for the first six months of life.
4. Protecting and promoting continued breastfeeding for up to two years and beyond, with introduction of new foods into the infants diet after the period of EBF,

Objective of the Group:

The main objective of this exercise is to brainstorm for achieving the above objective in light of the national action –plan to implement the Global strategy for Infant and Young Child Feeding as presented earlier

The group will be guided by the facilitators and there will be 90 minutes for completion:

- Selection of the rapporteur
- VIPP session on areas of action on promoting EBF for first six months, timely complementary feeding with continued breastfeeding for two years and beyond, HIV/AIDS – breastfeeding, infant feeding during disasters, maternity protection, healthcare support, community/family support and mobilization, information and outreach communication and monitoring evaluation.
- Participants may like to think about their recommendation in line with policy/resources, services and family/community level
- Preparation of the presentation

Annex-ii: Copy of programme of workshop

Annex iii: PowerPoint presentation of Aminath Rasheeda

Annex iv: PowerPoint presentation of Arun Gupta

Annex v: Group 1 developed sections of the Regulation

•**Section 21.** “The Regulation will be under the sectionof the Penal Code of Maldives

•Section 22. Penalties

-22.(1) Any person who contravenes the provisions of section 5,6(1), 6(2), 6(3),and 7 of “The Regulation , and the Rules made under it, shall be punishable with fine for a sum of MRF 5000 to MRF 100,000, or imprisonment for a term which shall be a minimum of six months and may extend up to 2 years , or both

-22.(2)Any person having been convicted of an offence under Subsection (22.1) and who is again convicted of an offence under that Subsection, shall be punishable with fine for a sum of MRF 10,000 to MRF 200,000, or imprisonment for a term which shall be a minimum of six months and may extend up to 2 years , or both

-22.(3) Any person who violates/contravenes the provisions of other sections of the Regulation and the rules made under it, shall be punishable with fine for a sum of MRF 2000 to MRF 100,000, or imprisonment for a term which may extend up to two years or both.

Section 23. Cease and desist orders, etc

•The Authority shall have the power to make cease and desist orders upon receiving a report from an inspector or the Advisory Board of a violation of the provisions of this Regulation or the Rules made under it.

Section 24. Certificate of registration may be suspended or revoked

•Where any person has been found to have contravened any of the provisions of this Regulation, or the Rules made under it, the Minister upon written recommendation of the Advisory Board, and after notice and an opportunity to be heard have been given, may suspend or revoke any certificate of registration that has been issued to that person pursuant to this Regulation.

Section 25. Professional license may be suspended or revoked

•Where any health professional has been found to have contravened any provision of this Regulation or the Rules made under it, the Minister may recommend to the relevant authority the suspension or revocation of any license for the practice of that persons profession.

Section 26. License, permit or authority may be suspended or revoked

•Where any distributor or importer has been found to have contravened any provision of this Regulation, or the Rules made under it the Minister may recommend to the relevant authority the suspension or revocation of any license for sale or import.

Section 27. Appeal

•There shall be a right of appeal to the High Court within 60 days of the judgment.

Section 28 Strict liabilities for officers, directors, etc

•When the person guilty of an offence under this Regulation, is a corporation, company, partnership firm or other association, every director, officer, partner and

employee of the corporation, company, partnership, firm or other association, shall also be liable for that offence was committed without his or her knowledge or consent.

Section 29: No Suit against the Government

•No suit shall lie against the Government of Maldives or the authority the person that takes action, and the complainant.

Section 30. Public enforcement

•30.(1)Any person has the right to lodge a formal complaint to the Advisory Board, which may recommend that proceedings be instituted against any person relating to a violation of any provision that constitutes an offence under this Regulation or Rules made under it .

•30.(2)Any person has the right to commence an action for damages in [Court of Law] against any manufacturer or distributor or other person for any harm suffered as a result to a violation of any provision that constitutes an offence under this Regulation or the Rules made under it.

Section 31: Power to Amend the Law

•The Authority shall have the Power to make amendments to the Regulation at any time suitable and required in changing circumstances.

Annex: vi : Recommendation developed by group 2

Policy

- i. Extend Maternity leave to 6 months in government and private sector
- ii. Recognition of mothers who practice exclusive breastfeeding
- iii. Do not give night duties for mothers who exclusively breastfeed
- iv. Establish a policy to increase the amount of time (now given 1 hour) to go out for breastfeeding
 - v. Maternity leave for private sector
 - vi. Restrict availability of BMS/complementary foods
 - vii. Workplace nursery with trained breastfeeding counsellors and nurse
- viii. Have a room other than "toilet stall" to breast feed at work place
 - ix. Provide support facilities during disaster (community support group)
 - x. Utilization of primary health care workers in the community
 - xi. Quality assurance in complementary feeding
 - xii. Regulating labeling of complementary foods
- xiii. Commitment from policy level
- xiv. Paid support groups for advocacy in breastfeeding (incentive for women who promote IYCF)
- xv. Support for breastfeeding mothers who are doing shift duties from higher authorities
- xvi. Incorporation of IYCF education in secondary level education curriculum (life skills based education)
- xvii. NGO identification to EBF promotion
- xviii. Make only the pregnancy books that promote EBF for 6 months available in the market
- xix. Budget implications for IYCF in NNSP
 - xx. Government emphasis more on creating awareness among families/communities
 - xxi. Paediatricians/obgyn's to have targeted health education for EBF
 - xxii. Breastfeeding and expressing rooms at areas where most nursing mothers visit
- xxiii. Provide areas for breastfeeding at workplace
- xxiv. Have breastfeeding support centers in islands

Health care workers

- i. Involve professional bodies (including private clinics) in promoting IYCF
- ii. Communicate more for commitments from all health care workers
- iii. Ways to find out about the fear of mothers for EBF
- iv. Community out-reach programmes by health care providers
 - v. Home visits by breastfeeding counsellors to mothers
 - vi. Community
- vii. Community monitors newly delivered mothers to EBF

- viii. Emphasizing breastfeeding and expressed breastmilk at child care centers
- ix. Ways to find out about the fear of mothers for EBF
 - x. Facilitate community participation in policy making
 - xi. Formulate support group from the community to support breastfeeding
- xii. Provide information on appropriate complementary food through community support groups)
- xiii. Provide support facilities during disasters (community support groups)

Monitoring and evaluation

- i. One format to be prepared for monitoring
- ii. Monitor Hospitals already certified baby friendly - talk to staff to see where problems are , then address those
- iii. Code monitoring
- iv. Statistics on exclusive breastfed babies
 - v. Operational research
- vi. Include EBF as an indicator in child health surveillance system

BCC strategy for families and community

- i. BCC educational programmes at secondary school level
- ii. Campaign to educate/train one family member
- iii. BCC training for community in IYCF
- iv. Paediatricians/obgyn's to have targeted health education for EBF
- v. BCC strategy for IYCF at community level

Communication strategy for Media

- i. Educate policy makers
- ii. Use famous personalities and characters (media) to promote EBF
- iii. Introducing religious information to promote EBF by religious leaders
- iv. Media campaign for ENF with catchy messages like save time and save lives
 - v. Stop media advertisement of powdered/ complementary feeds
- vi. Use high profile working mothers in BF media campaigns
- vii. Information sessions for secondary school students

ANNEX: VII

PowerPoint Presentation

of

Dr. Arun Gupta Debriefing Session

Workshop on Breastfeeding Protection, Promotion and Support Regulations

Debriefing to
the Deputy Minister of Health, Maldives
Dr. Abdul Azeez Yoosuf

Dr. Arun Gupta MD FIAP
16 August 2006

Objective of the consultation

- To facilitate a workshop and sensitize stakeholders, and identifying key issues on implementation of the policy document
- Presentations, discussion and group work to
 - Completion of the draft Regulation.
 - Any other recommendation based on presentations

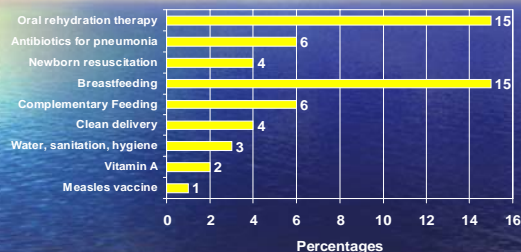
Aims and objective of the Regulation

1. Regulating the production quality, marketing and distribution, and the information and instructions for the correct use, of infant formula, follow up formula, infant foods/complementary foods for infants and young children as well as feeding bottles and teats;
2. Regulating the marketing of nutritional supplements for pregnant and lactating women;
3. **Protecting and promoting exclusive breastfeeding for the first six months of life;**
4. **Protecting and promoting continued breastfeeding for up two years or beyond, with introduction of new foods into the infants' diet after the period of exclusive breastfeeding.**

Process

- Discussions at DPH, UNICEF
- Discussions with Deputy Minister
- Preparation
- Workshop on 14th August : Presentations, and Group Work
 - 1. Finalised version of the Regulation to achieve Aim 1 and 2
 - 2. List of recommendations to achieve objectives 3&4
- Visit of IGMH on 15th August
- Work with DPH

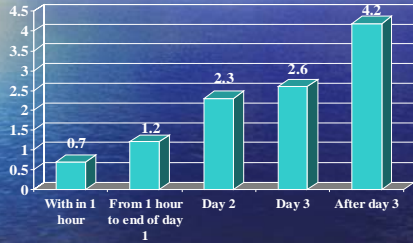
Lancet; 2003 U-5 child deaths (%) saved with key interventions in India



BF&Survival: Beginning with "life" not in danger!



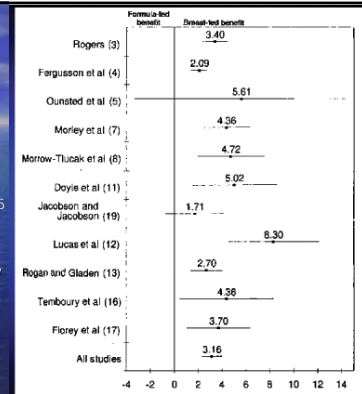
Risk of neonatal mortality according to time of initiation of breastfeeding



Pediatrics 2006;117:380-386

Breast feeding and later cognitive development

Meta-Analysis of 20 published studies comparing predominantly breast (>10,000) and formula (<32,500) fed infants, corrected for measured covariables



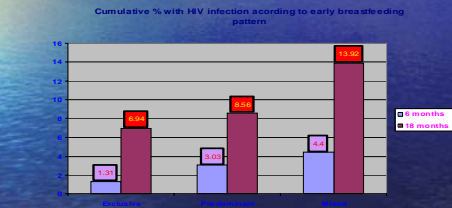
Breastfeeding and later overweight

7 cross-sectional studies, 2 prospective studies, total 97,769 subjects

Country	Number	Age (y)	↓ Overwt	↓ Obesity	Dose-Response	Author/Yr
Canada	517	12-18	0.85	0.57	Yes	Kramer 1981
Germany	9,206	5-6	0.79	0.75	Yes	von Kries 1999
Germany	2,126	9-10	0.66	-	Yes	Liese 2001
USA	2,656	3-5	0.63	(0.84)	-	Hediger 2001
USA	15,341	9-14	0.8	-	Yes	Gaman 2001
Scotland	32,200	3	0.7	-	-	Armstrong 2001
New Zealand	1,037	18	0.51	-	Yes	Poulton 2001
Czech Repub.	33,768	6-14	0.80	0.80	-	Toschke 2002
Germany	918	6	0.53	0.46	Yes	Beigmann 2003

Exclusive breastfeeding Prevents HIV in infants

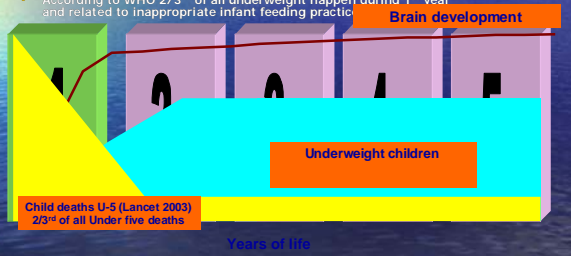
Most mothers are either negative or not tested, better prevent transmission as well as ensure HIV free child survival



Early Exclusive Breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. AIDS 2005 19:1699-706

First year is critical!

- Malnutrition strikes in infancy
- In South Asia, 77 children million under five are underweight and undernourished thus underdeveloped
- According to WHO 2/3rd of all underweight happen during 1st year and related to inappropriate infant feeding practice



Group 1: Objective 1 & 2 Completion of the Regulation

- Section 21. The Regulation will be under the section of the Penal Code of children
- Section 22. Penalties
 - 22 (1) Any person who contravenes the provisions of section 5, 6(1), 6(2), 6(3) and 7 of "The Regulation, and the Rules made under it, shall be punishable with fine for a sum of MRF 5000 to MRF 100,000, or imprisonment for a term which shall be a minimum of six months and may extend up to 2 years, or both
 - 22 (2) Any person having been convicted of an offence under Subsection (22.1) and who is again convicted of an offence under that Subsection, shall be punishable with fine for a sum of MRF 10,000 to MRF 200,000, or imprisonment for a term which shall be a minimum of six months and may extend up to 2 years, or both
 - 22 (3) Any person who violates/contravenes the provisions of other sections of the Regulation and the rules made under it, shall be punishable with fine for a sum of MRF 2000 to MRF 100,000, or imprisonment for a term which may extend up to two years or both.

The Regulation

Section 23. Cease and desist orders, etc

- The Authority shall have the power to make cease and desist orders upon receiving a report from an inspector or the Advisory Board of a violation of the provisions of this Regulation or the Rules made under it.

Section 24. Certificate of registration may be suspended or revoked

- Where any person has been found to have contravened any of the provisions of this Regulation, or the Rules made under it, the Minister, upon written recommendation of the Advisory Board, and after notice and an opportunity to be heard have been given, may suspend or revoke any certificate of registration that has been issued to that person pursuant to this Regulation.

The Regulation

Section 25. Professional license may be suspended or revoked

- Where any health professional has been found to have contravened any provision of this Regulation or the Rules made under it, the Minister may recommend to the relevant authority the suspension or revocation of any license for the practice of that person's profession.

Section 26. License, permit or authority may be suspended or revoked

- Where any distributor or importer has been found to have contravened any provision of this Regulation, or the Rules made under it, the Minister may recommend to the relevant authority the suspension or revocation of any license for sale or import.

Section 27. Appeal

- There shall be a right of appeal to the High Court within 60 days of the judgment.

Section 28 Strict liabilities for officers, directors, etc

- When the person guilty of an offence under this Regulation, is a corporation, company, partnership firm or other association, every director, officer, partner and employee of the corporation, company, partnership, firm or other association, shall also be liable for that offence was committed without his or her knowledge or consent.

The Regulation

Section 29: No Suit against the Government

- No suit shall lie against the Government of Maldives or the authority the person that takes action, and the complainant.

Section 30. Public enforcement

- 30. (1) Any person has the right to lodge a formal complaint to the Advisory Board, which may recommend that proceedings be instituted against any person relating to a violation of any provision that constitutes an offence under this Regulation or Rules made under it.
- 30. (2) Any person has the right to commence an action for damages in [Court of Law] against any manufacturer or distributor or other person for any harm suffered as a result to a violation of any provision that constitutes an offence under this Regulation or the Rules made under it.

Section 31 : Power to Amend the Law

- The Authority shall have the Power to make amendments to the Regulation at any time suitable and required in changing circumstances.

Group 2: Objective 3 & 4 Protection, Promotion and Support

Recommendations

Policy level

- Develop a programme for working women : Facilitate Maternity leave of 6 months to ALL women, create breastfeeding rooms at work and other public places, breastmilk expression rooms, and make all others aware of this valuable practice.
- Establish lactation support services and centers in all hospitals at Atoll level linked to community level counselors who are fully trained in IYCF counseling at family level, may be through an incentive based scheme.
- Make available "breastfeeding education services" at all levels
- Create follow up support system using public health nurses (trained in Infant and Young Child Feeding and breastfeeding support) through home visits in Male.

Policy level

- Strengthen infant and child health, development, Infant and Young Child Feeding in the education in secondary level education curriculum (life skills based education).
- Identify NGOs for promotion of exclusive breastfeeding.
- Include exclusive breastfeeding for first six months as an indicator in child health surveillance system and national development reporting.
- New NNSP should have a target to improve EBF from 18% to universal levels
- Establish a budget head for implementing the regulation and Plan of Action on promoting optimal infant and young child feeding in NNSP 2007-11.

Services level

- Involve professional bodies (including private clinics) in promoting IYCF and orient them on best practices.
- Build capacity of nurses in skills to counsel on optimal infant and young child feeding and utilize them for breastfeeding education services during antenatal, natal and postnatal areas.
- Public health nurses and NGOs be involved to provide services at home.

Family and community level

- BCC strategies should be used in principle to improve family IYCF practices.
- Community mobilization through home visits by breastfeeding counsellors
- One to one counselling on infant health/development through optimal infant and young child feeding
- Involve the community in monitoring newly delivered mothers to exclusive breastfeeding
- Provide Infant and Young Child Feeding support facilities during disasters (through community based groups)

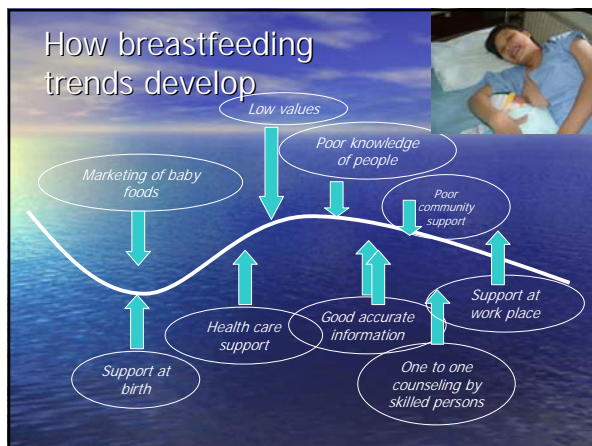
Monitoring, research and evaluation

- Include breastfeeding indicators (at least exclusive breastfeeding 0-6 months) in regular monitoring systems.
- Evaluate the impact of certified baby friendly - talk to staff to see where problems are, then address those.
- Institute regular Code monitoring.
- Conduct Operational research on immediate factors underlying malnutrition, effect of key interventions and apply lessons learnt

IEC, Media communications

- Campaign targeting family on child health and development through optimal infant and young child feeding
- Use famous personalities and characters (media) to promote EBF
- Introducing religious information to promote exclusive breastfeeding by religious leaders.
- Use high profile working and breastfeeding mothers in media campaigns
- BCC educational programmes at secondary school level

How breastfeeding trends develop



Make breastfeeding visible, and more widely available !!



Annex viii: Final Draft of the Regulation

Annex vi: List of participants

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