

SOUTH ASIA BREASTFEEDING PARTNERS FORUM-4

Theme- Save Babies: Support Women to Breastfeed



Hosts



Partners



Ministerie van Buitenlandse Zaken
Ontwikkelingssamenwerking



Background

In the year 2003, the Breastfeeding Promotion Network of India (BPNI), the International Baby Food Action Network (IBFAN) Asia, organized a landmark event, the *Asia Pacific Conference on Breastfeeding* (<http://ibfanasia.org/apcon.html>) to promote the implementation of the *Global Strategy for Infant and Young Child Feeding*. As a follow up, the South Asia participants Afghanistan, Bangladesh, Bhutan, India, Nepal, Maldives, Pakistan and Sri Lanka - met and took a decision to mobilize groups, governments, UN and others to focus on related issues. It led to organizing the *South Asia Breastfeeding Partners Forum* each year in different countries. The major objective of the forums was to strengthen the breastfeeding movement and its linkages with the governments and the UN agencies. Enhancing interest and action on infant and young child feeding was considered an important outcome.



Forum-1 was held in Dhaka, Bangladesh in 2004, organized by IBFAN Asia and hosted by the Bangladesh Breastfeeding Foundation (BBF) in collaboration with UNICEF Regional Office for South Asia (ROSA). Fifty participants from seven countries took part and unanimously adopted a *Call for Action on health and development of children in South Asia* to contribute towards achieving the Millennium Development Goals (MDGs). (http://ibfanasia.org/SABPF-1_Bangladesh.html).

Forum-2 was held in Kathmandu, Nepal in 2005, jointly organized by the IBFAN Asia and UNICEF ROSA in which 65 participants from eight countries took part and once again gave a *Call for action* with 10 recommendations. (http://ibfanasia.org/SABPF-2_Nepal.html).

Forum-3 was held in Kabul, Afghanistan in 2006. The Ministry of Public Health (MoPH), Islamic Republic of Afghanistan was the host, in collaboration with IBFAN Asia. Seventy participants from five South Asian countries took part and adopted the "*Kabul Declaration on Infant and Young Child Feeding*" (http://ibfanasia.org/News/kabul_declaration.pdf, http://ibfanasia.org/SABPF-3_Afghanistan.html). These three forums have resulted in greatly improving the level of interest and action among the SAARC governments and other partners, apart from enhanced solidarity and networking. National IBFAN groups are further strengthened and have organised several activities including conducting national assessments of the state of implementation of the *Global Strategy for Infant and Young Child Feeding*.

Forum-4 is being organized in New Delhi, India, as a part of this ongoing work in South Asia.

SAARC is committed to improve infant nutrition, survival and development

The 3rd SAARC Ministerial Conference on Children of South Asia took place in Rawalpindi, Pakistan, from 20 to 22 August 1996. Over 100 delegates from the seven South Asian countries attended and among others, they adopted the "*SAARC Model Code for Protection of*

Call for Participation

Breastfeeding and Young Child Nutrition". The purpose of this Code is to protect breastfeeding and child nutrition by education of health workers and the public about the benefits of breastfeeding and by regulating the marketing and promotion of infant and complementary foods and related products. Action listed includes, among others, "...The Government shall direct its policy towards educating health workers, students and members of the public about the benefits of breastfeeding and appropriate child feeding practices and the hazards of using infant milk foods and related products...."

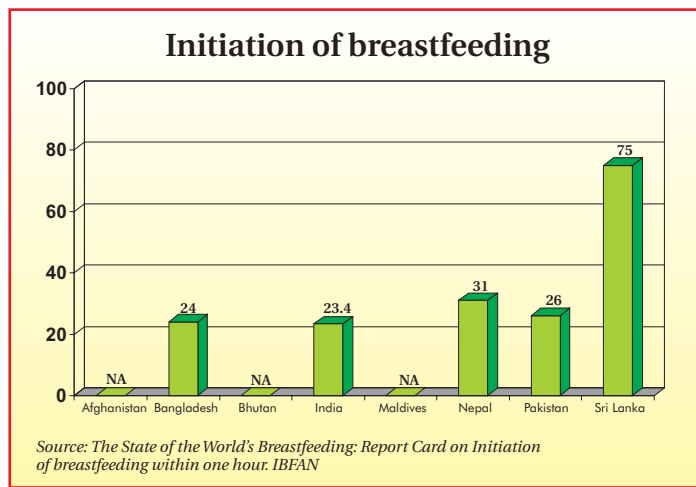
The Declaration of the **Fourteenth SAARC Summit** reflects the regional determination to make faster progress towards attaining the Millennium Development Goals (MDGs). The leaders committed and reiterated their support to women and children in the operative para 21. "... The Heads of State or Government emphasized that women's empowerment should be a major objective of regional cooperation. Regional projects should focus on addressing issues relating to women and children."

World leaders at the United Nations Millennium Summit in September 2000 had agreed on a critical goal to reduce deaths of under-five children by two thirds. SAARC has identified 22 goals (year 2007 - 2012), needed to be on fast track in order to achieve and go beyond the Millennium Development Goals (<http://www.saarc-sec.org/data/pubs/rpp2005/pdfs/Tables/Table-2.26.pdf>). The 10th SAARC Development Goal (SDG -10) deals with child health, and has four components: improving immunization rates, reducing under 5 mortality rate, infant mortality rate and neonatal mortality rate.

The *Convention on the Rights of the Child* (CRC), the *Convention on Elimination of all forms of Discrimination Against Women* (CEDAW), the *International Code of Marketing of Breastmilk Substitutes* and subsequent relevant *World Health Assembly* resolutions, the *Global Strategy for Infant and Young Child Feeding*, 2002; and the *Innocenti Declaration on Infant and Young Child Feeding 2005* are landmark global and national commitments to protect, promote and support breastfeeding.

The State of Child Nutrition and Survival in South Asia

South Asia, home to about 1.4 billion people, has the highest number of under-five deaths and under-five children who are underweight. Out of total of 146 million under-five underweight children 70 million are in South Asia (UNICEF 2006), they are unlikely to achieve their full growth and potential development. The number of young underweight children reflects the country progress on MDG 1 (eradication of extreme poverty and hunger). Early breastfeeding within one hour and exclusive breastfeeding for the first six months is thus the key to tackle infant nutrition and also survival of infants and young children. These two make key interventions to achieve the MDG-4 (reduction in child mortality). According to the UNICEF report released in September 2007, worldwide there is reduction in child mortality, through the SAARC nations lag behind. In March 2007, at the SCN meeting, the World Food Program and UNICEF have jointly initiated the upcoming



Ending Child Hunger and Undernutrition Initiative, which recognizes the importance of tackling undernutrition in early life with the focus on South Asia and its framework for action includes enhancing exclusive breastfeeding rates. Four south Asian countries figure among first ten on under nutrition (ECHUI 2006). These countries are struggling to attain the required pace of reduction of child mortality as well (Child Survival Report Card, UNICEF 2004). In South Asia, more than 1,400,000 babies are estimated to die during first month of life, and another 2,200,000 during 2 to 12 months. In India alone, about 1,100,000 babies die during first month of life, and about 500,000 during 2 to 12 months of age. (IBFAN South Asia Report Card on Child Survival and Development 2007).

Why newborns and infants die?

The primary causes of neonatal deaths are: neonatal infections (52%), asphyxia (20%), low birth weight (17%). Most of the infectious deaths are from diarrhoea and pneumonia. According to WHO, about two-thirds of all child deaths occur during infancy, and related to sub-optimal feeding practices, action is thus needed during that period. According to the *Global Strategy for Infant and Young Child Feeding*, 2/3rd of all under-five deaths that occur in infancy are mostly related to poor feeding practices. A global ecological risk assessment of deaths and years of life lost due to suboptimal¹ breastfeeding among children in the developing world revealed that attributable fractions for deaths due to diarrhoeal disease and lower respiratory tract infections are 55% and 53%, respectively, for the first six months of infancy, 20% and 18% for the second six months, and are 20% for all-cause deaths in the second year of life. The authors concluded that globally, as many as 1.45 million lives (117 million years of life) are lost due to sub-optimal breastfeeding in developing countries.

The State of the World's Breastfeeding: South Asia Report Card

The *Global Strategy for Infant and Young Child Feeding* sets ten target areas of action including a strong national level coordination. Action areas included national policy and plan on infant and young child feeding with assured funds, BFHI, health and nutrition care

programmes, the Code, maternity protection, community outreach, information support, infant feeding in difficult circumstances like HIV and emergencies, and monitoring and evaluation. IBFAN Asia facilitated country level assessment of the implementation of the 10 areas of action, using the World Breastfeeding Trends Initiative (WBTI). These country report cards were released at the South Asia Breastfeeding Forum 3. (<http://www.worldbreastfeedingtrends.org/>). Later a complete analytical report including what action should be taken in each area was also released. Each country gets a grading and ranking based on its performance on 15 indicators; including 10 mentioned above and 5 of the resultant infant and young child feeding practices. Individual country reports cards highlight how each one lags behind in many of the ten areas requiring action. (http://ibfanasia.org/Reports/South_Asia_Report.pdf)

Is there enough scientific evidence?

Globally, enough evidence is available to link optimal infant nutrition with survival. Some new additions to it include the following.

In 2006 and 2007, many new studies have appeared. Firstly, the Ghana study², which clearly showed, for the first time in the world, an association between timing of breastfeeding and newborn survival. Edmond et al in this study showed that 22% of all neonatal deaths could be prevented if all women could initiate breastfeeding within one hour of birth. Further analysis now suggests that this figure could be as high as 31%. The effect was found to be independent of exclusive breastfeeding patterns. **This data set is an important addition to existing data on child survival published in the Lancet in 2003.**

Secondly, the World Health Organization (W.H.O.) conducted a systematic meta-analysis, published in May 2007, to assess the association between breastfeeding and blood pressure, diabetes and related indicators, serum cholesterol, overweight and obesity, and intellectual performance. Subjects who were breastfed experienced lower mean blood pressure and total cholesterol, as well as higher performance in intelligence tests. Prevalence of overweight/obesity and type-2 diabetes was lower among breastfed subjects. All effects were statistically significant but for some outcomes their magnitude was relatively modest. (http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159523_0.pdf)

Thirdly, exclusive breastfeeding can cut down HIV transmission rates from HIV positive women to their offspring by half. The new intervention cohort study from South Africa, assessed the HIV-1 transmission risks and survival associated with exclusive breastfeeding and other types of infant feeding in HIV positive women. Risk of acquisition of infection at six months of age via exclusive breastfeeding was 4.04%. Breastfed infants who received some solids had 11 times higher risk of infection and if other milk or formula is given along with breastfeeding the risk

could almost double.

The UNICEF in September 2007 reported a worldwide decline in the child mortality and attributed this fall to “the widespread adoption of basic health measures, including early and exclusive breastfeeding, measles immunization, Vitamin A supplements and use of insecticide-treated bed nets to prevent malaria” (http://www.unicef.org/media/media_40855.html).

Action required in South Asia

In South Asia, only 35% of babies are exclusively breastfed for the first 6 months, ranging from 10-68% for various countries. Unfortunately, many mothers and newborns do not receive the help they need to initiate breastfeeding within one hour, and practice exclusive breastfeeding during the first six months. The help includes assistance, education about breastfeeding, answers to their questions, and prevention of breast conditions like sore nipples and mastitis and tackling these if they do arise. The IBFAN South Asia report on the state of implementation of the *Global Strategy for Infant and Young Child Feeding* lays bare gaps in all ten areas of action to make available desired support to women.

Given the strong impact of breastfeeding on human survival and development, nations must invest on protecting, promoting and supporting breastfeeding, to rapidly reduce their infant mortality and for a long-term strategy to improve adult health outcomes. This can happen only if women are supported to carry out optimal breastfeeding practices. This support primarily includes *skilled counseling and guidance* through mainstreaming of infant and young child feeding counseling within larger child health or development programmes, supporting mothers through *assistance* (translating maternity entitlements into paid leave, cash support, crèches, and other child care assistance) to achieve this practice, and continued *protection from commercial influence*. Skilled support is especially necessary at the time of birth, and during the period of exclusive breastfeeding.

An overarching action that needs to be implemented is tracking optimal IYCF interventions as practices and at the policy and programme level. The *Lancet*, as a follow up to the countdown on child survival, has provided a framework for tracking the intervention coverage of newborn and child health. The report states that only 7 out of 60 priority countries seem to be on track and has called for tracking interventions locally and regionally. Considering the importance of this reality check, and the need for high level political and programme attention, and as a follow up to the *Kabul Declaration on Infant and Young Child Feeding*, need to protect, promote and support early and exclusive breastfeeding, there is a need to bring these issues into an open forum and the South Asia Breastfeeding Partners Forum-4 is being organized in Delhi for this purpose. This action would help to empower women to become more effective in providing early childhood care and development opportunities to infants.

¹ Lauer JA, Betran AP, Barros AJ, de Onis M. Deaths and years of life lost due to suboptimal breast-feeding among children in the developing world: a global ecological risk assessment. *Public Health Nutr.* 2006 Sep;9(6):673-85. Department of Making Pregnancy Safer, World Health Organization, Geneva, Switzerland.

² Edmond K et al Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics* 2006;117:380-386

South Asia Breastfeeding Partners Forum-4

Venue

India Habitat Centre, Lodi Estate, New Delhi, India

Key partners

The National Commission for Protection of Child Rights (NCPCR - India), Breastfeeding Promotion Network of India (BPNI), International Baby Food Action Network (IBFAN - Asia) will be the hosts of South Asia Breastfeeding Partners Forum-4 along with key partners Ministry of Women and Child Development (Government of India), Planning Commission (Government of India), United Nations Children's Fund (UNICEF), Swedish International Development Cooperation Agency (Sida), World Alliance for Breastfeeding Action (WABA), Netherlands Ministry of Cooperation and Development (DGIS) and World Health Organization (WHO-India).

Objective of Forum 4

- * To review the coverage of interventions of MDG-1 (eradication of extreme poverty and hunger) and MDG-4 (reduction in child mortality) in South Asia with regard to infant nutrition inputs at policy and programme level.
- * To initiate a periodic review process of MDG-4 and SDG-10 every 2 years.
- * To share and discuss the progress made in past 2 years on initiatives for supporting women enhancing early and exclusive breastfeeding in any of the ten areas defined by the WBTi assessment.
- * To share specific experiences of training and capacity building on infant and young child feeding counseling skills.
- * To discuss how to mainstream infant and young child feeding counseling in child health / development programs.
- * To follow up on the 'Kabul Declaration on Infant and Young Child Feeding'.
- * To assist SAARC countries translate their commitment to SDG 10 into effective action.

Expected Outcomes

- * South Asia Declaration on Empowering Women for Optimal Infant and Young Child Feeding.
- * Five year action plan for the South Asia network
- * Strategies for advocacy for ensuring 'National funds' and 'SAARC Regional fund for Infant Nutrition and Survival' to invest in interventions supporting women to practice optimal infant feeding practices.
- * Enhanced interest of SAARC countries towards national capacity building for protecting, promoting and supporting women for optimal feeding practices.

Programme Outline

Day 1

- Inaugural Session
- Sharing of the status
- Models of successful initiatives
- Media and Infant Nutrition

Day 2

- Strategies for supporting women to be successful in breastfeeding
- Current Issues in Infant and Young Child Feeding
- Funding for Infant and Young Child Feeding
- Group presentations and discussion on Current Issues in IYCF

Day 3

- Breastfeeding rights for supporting women
- Developing plan of action - Countries/States
- Presentation by groups on developing plan of action
- South Asia declaration on IYCF
- Closing

Who Should Participate?

Governments; UN agencies like WHO, UNICEF; Child Rights Groups, IBFAN Groups, Breastfeeding Promotion Groups, NGOs and Professional organizations working in child health, nutrition and development from all the eight countries from the SAARC region namely, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Global participation from other region is welcome.

Registration Fees

- Individual INR 3,500
- Institutional INR 5,000
- International US\$ 250

Registration fee should be submitted through Bank Draft payable to "BPNI Delhi". Registration will close on 7th November 2007.

Further Information and Correspondence

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Come and join hands!