

The Luang Prabang Call to Action

on

Food Security, Food Sovereignty in Maternal, Infant and Young Child Nutrition

One Asia Breastfeeding Partners' Forum – 9
28th – 30th October, 2013 - Luang Prabang, Lao PDR.



The Luang Prabang Call to Action on Food Security, Food Sovereignty in Maternal, Infant and Young Child Nutrition

Participants from 28 countries representing diverse groups including governments, breastfeeding organisations, health providers, peoples' organisations and movements, international NGOs and individuals met for three days from 28-30 October, 2013, at Luang Prabang, LAO PDR during the One Asia Breastfeeding Partners' Forum - 9, with the theme, "Food Security, Food Sovereignty in Maternal, Infant and Young Child Nutrition", and discussed core issues around breastfeeding and infant and young child feeding¹ and its relation with maternal, infant and young child nutrition.

The participants,

Recognising,

- That undernutrition contributes to more than one third of child mortality globally as over 18,000 children under five years of age still die every day, and inadequacy of optimal breastfeeding (0-23 months) contributes to 11.6% of total under five deaths;
- That universalising breastfeeding can save 13% and optimal complementary feeding can save additional 6% of all child deaths; that early initiation of breastfeeding within one hour and exclusive breastfeeding for the first six months can prevent undernutrition, diarrhoea, pneumonia and newborn infections, the major killers of infants and young children; and that breastfeeding also helps to reduce the risks of non-communicable diseases like obesity, diabetes, hypertension, breast and ovarian cancer, and contributes to the mental health of mothers and children;
- That breastfeeding is a collective right of women and children, and it should be entrenched in the public policies and programmes for which governments are to take action responsibly;
- That breastfeeding, a valuable, sustainable natural resource which contributes significantly to preventing the depletion of our planet's limited natural resources, is under threat from formula and baby food corporations;
- That breastfeeding support is necessary during emergency situations for children being most vulnerable, and should be included in programmes for disaster preparedness;
- That supporting mothers and minimising inappropriate medical interventions during labour and delivery is critical to the initiation of breastfeeding within the first hour;
- That availability and accessibility of diverse, sustainably and locally grown food resources are essential to meet the nutritional requirements during complementary feeding;

Recalling,

- The *Global Strategy for Infant and Young Child Feeding* that calls for action in ten areas to protect, promote and support optimal breastfeeding and complementary feeding;
- The Convention on the Rights of the Child (CRC) that recognises every child's inherent right to life and calls upon State to ensure to the maximum extent possible the survival and development of the child. (Art. 6).

¹ Optimal Infant and Young Child Feeding Practices include initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months and timely and appropriate complementary feeding after six months along with continued breastfeeding for two years and beyond.

- The International Code of Marketing of Breastmilk Substitutes and the subsequent World Health Assembly resolutions that urge State parties to enact legislation to protect families and health professionals and workers from commercial influence;
- The World Breastfeeding Conference 2012 Declaration and Call to Action that calls upon us to take urgent actions to implement *the Global Strategy for Infant and Young Child Feeding* in its entirety.

Concerned,

- At the weak implementation of programmes and policies in the framework of the *Global strategy for infant and young child feeding* worldwide, as reflected in the findings of World Breastfeeding Trends Initiative (WBTi) assessment in 51 countries across the globe and at the lack of dedicated funding for this action;
- That global rates of optimal breastfeeding and infant and young child feeding practices have stagnated over the past decades and are not rising in most places especially in Asia;
- At the increasing global burden of child malnutrition – both under nutrition and over nutrition including obesity;
- That large populations in Asia are faced with disruption of traditional, sustainable food systems based on diverse varieties of local and indigenous foods, making women and children particularly vulnerable to malnutrition, including micronutrient malnutrition;
- That market-led solutions are being pushed for the problems of maternal and child nutrition;
- That the corporate sector is forcing its entry into policy making through public private partnerships and legitimising their participation through ‘multi-stakeholder dialogues’, ‘business networks’ of newly formed alliances, sponsorships of health professionals, etc.;
- That baby food companies have been using unsubstantiated health and nutrition claims and idealisation and that there is continued aggressive promotion of their products and disruption of traditional food habits with processed or ultra-processed food stuffs;
- At the increasing chemical contamination of the environment, with consequent increase in the body burden of contaminants in both men and women, as well as at the loss of biodiversity;

Believing,

- That breastfeeding is best for the health of mothers and babies as well as for the health of the environment;
- That within the human rights framework all interventions to promote optimal infant and young child feeding practices are needed to be implemented to realise the Right to Breastfeeding, irrespective of costs, and States have to find the resources for this.
- That it is possible to change the current scenario provided policies, plans and programmes are adequately funded , monitored in a systematic manner;
- That indigenous food diversity and adequacy is essential to ensure sustainability of the nutritional needs of women, children and their family;
- That the current focus of communications on blaming the parents is not correct;

Call upon governments and all concerned to take necessary steps to:

1. Ensure the protection, promotion and support of optimal breastfeeding as a valuable, sustainable and renewable natural resource by developing a plan of action with clear objectives to implement the *Global Strategy for Infant and Young Child Feeding* in its' entirety and allocate adequate human and financial resources.
2. Develop and implement policy on optimal complementary feeding that is based on locally and sustainably grown indigenous food diversity and not on processed or ultra-processed foods to prevent any type of commercial exploitation during this time.
3. Take immediate action to rejuvenation of the Baby Friendly Hospital Initiative to ensure breastfeeding support to mothers at birth and later during their stay in hospitals and link it with community support systems.
4. Ensure a birthing process for mothers and babies that is conducive to breastfeeding through evidence-based and low cost interventions such as mobility during labour, position of choice during delivery, skin-to-skin contact, properly timed cord clamping and non-separation of mother and baby.
5. Give high priority to enact/strengthen legislation to give effect to the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions and their effective enforcement to minimise the negative impact of the projected expansion of the baby food market.
6. Provide adequate maternity protection and support to all women, including maternity entitlements comprising of adequate maternity leave and nursing breaks for women in formal sector, leave and cash benefits to women in informal sector and make it possible for mothers and babies to stay together.
7. Develop mechanisms to prevent and manage conflict of interest in the policy- making and programme implementation in the maternal/child health and nutrition programmes.
8. Advocate with professional associations to denounce and refuse sponsorship from the baby and infant food and related companies that target women and children.
9. Develop health and nutrition education guidelines for pregnant and lactating women with a focus on counselling for exclusive breastfeeding for the first six months and on the introduction after six months, along with continued breastfeeding, of timely and nutritious complementary foods made using local food diversity.
10. Use campaigns on "Babies Need Mom-made not Man-made" to provide, facilitate and support women in obtaining accurate scientific information to take informed decisions for their infants and young children feeding.
11. Develop action plans for prevention and management of all forms of infant and young child malnutrition that is based on counselling on breastfeeding and use of local food diversity for adequate complementary feeding in food secure populations and counselling and provision of locally produced diverse foods in food insecure populations.

All participants commit themselves to the Call to Action



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