



**Dr. Arun Gupta's Speech**

MD, FIAP,  
National Coordinator, BPNI, INDIA  
Regional Coordinator IBFAN Asia Pacific

**SOUTH ASIA BREASTFEEDING PARTNERS FORUM – 3**

**AT**

**KABUL, AFGHANISTAN**

Hon'ble Dr. S. Mohammad Amin Fatimie, Minister of Public Health, Mr. David, UNICEF Representative, Dr. Riyad Musa Ahmed, WHO Representative, Dr. Zarmina Safi, Representative, Afghanistan Breastfeeding Promotion Partners (ABPP).

Thank you Govt. of Afghanistan profusely. Thanks a million for being the host of the Forum-3. To me in person and our breastfeeding movement – IBFAN and WABA, it is indeed a historic step as well as meaningful partnership to take the issue of infants and young child survival forward in our region South Asia. Most deaths of infants occur in South Asia and most under nourished children live here. Once again thank you so much for the trust you have in us.

Today, I am here to say a few words about two global organizations IBFAN and WABA.

The International Baby Food Action Network (IBFAN) is one of the four recipients of the Right Livelihood Award, often referred to as the “Alternative Nobel Prize”. IBFAN was honoured “for its committed and effective campaigning over nearly 20 years for the right of mothers to choose to breastfeed their babies, free from the commercial pressure and misinformation with which companies promote “breastmilk substitutes”.

IBFAN, The International Baby Food Action Network consists of more than 200 grassroots and public interest groups working around the world to save lives of infants and young children by working together to bring lasting changes in infant feeding practices at all levels. It aims to promote the health and well-being of infants and young children and their mothers through protection, promotion and support of optimal infant and young child feeding practices. It works for



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the universal and full implementation of 'International Code of Marketing of Breastmilk Substitutes' and relevant World Health Assembly (WHA) resolutions.

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

Let me begin by a quote of Hon'ble Dalai Lama, who in his book "Art of Happiness" clearly recognized the need of what we are advocating today: He describes the Act of affection and compassion " *It begins at birth. Our very first act after birth is to suck our mother's or someone else's milk. This is an act of affection, of compassion. Without that act, we cannot survive. That's clear. And that action cannot be fulfilled unless there is a mutual feeling of affection. From the child's side, if there is no feeling of affection, no bond towards the person who is giving the milk, then the child may not suck the milk. And without affection on the part of the mother or someone else, then the milk may not come freely. So that's the way of life. That's reality*".

Many other Philosophers, guides or religious scriptures also take note of the value of breastfeeding.

But we are slowly losing this and it is proving costly to us in terms of human development.

The baby food industry was very clever to have taken note of how mother's milk flows and seriously launched a campaign worldwide through powerful and aggressive marketing more than 30-40 years back to instill the feeling in the mothers that they do not have for not have enough milk.



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This effected breastfeeding and the poor suffered the most. Noticing this, the WHA adopted the International Code in 1981; 25 years have passed, we are still struggling to get breastfeeding back in full form.

Many a times, during these 25 years, discussions, conferences, declaration, resolutions have given clear signals to enhance early and exclusive breastfeeding as well as adequate complementary feeding. Breastfeeding rates are still quite a shame!

The “Delhi Declaration” on “Infant and Young Child feeding” was adopted on 3<sup>rd</sup> December 2003 by more than 500 participants from 38 countries of Asia Pacific calling for 10 urgent actions. Following that the Forums of South have emerged. The 1<sup>st</sup> and 2<sup>nd</sup> Forum gave Calls for Action. This Forum -3 is important in the light of a new international process which was initiated by Lancet, the countdown to 2015 – tracking intervention coverage for child survival. Every two years this the will be reviewed. There is a strong and urgent call to bring down IMR – URGENTLY AND RAPIDLY.

What is more important is that it has included timely initiation of breastfeeding within one hour as a key indicator among others to track new born health among others and exclusive breastfeeding from 0-6months as nutrition indicator in tracking towards child survival. Legislation, of the Code has been kept as indicator to track the programmes. Efforts needed are tremendous as the coverage of key/critical breastfeeding interventions is very low. We have started the tracking process of these every 2-3 years by initiating a new tracking instrument World Breastfeeding Trends Initiatives (WBTi).

Children from poor and un-reached population need breastfeeding related interventions – the preventive interventions on a most urgent basis. Our tracking report highlights where we are and where we need to put our resources.



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The focus of managing malnutrition in older children must shift to preventing it when it happens i.e. below 18 months. For the rapid reduction of infant mortality, dear friends, neonatal mortality is the one which we need to focus first. New data has revealed that if all women were enabled to start breastfeeding within one hour, neonatal deaths could be reduced by almost 1/3<sup>rd</sup>. What is stopping us? It might look difficult or expensive. Difficult it may be, but we have calculated that it would cost just 5 US\$ per woman delivering to enable her to achieve this practice – the cost includes capacity building and incentive of 2 US\$ for a skilled person to be available for a couple of hours at birth to help the mothers initiate breastfeeding.

For further six months 'poor' mothers may need to be supported to stay close to the baby and not to go out to work. They can be supported by about 100 US\$ for the first six months.

To create such environments – there is an urgent need of developing national action plans including campaigns to promote breastfeeding and legalizing the Code in all countries. All that needs breastfeeding budgets be earmarked.

For ensuring infant nutrition for infant survival in Afghanistan, this could be overseen by an Afghanistan National Fund on infant and young child survival, who will also coordinate/organize/monitor/evaluate and push this agenda up.

This could also be established at the level of SAARC a SAARC regional fund-to build capacity and for organising programme on infant survival through breastfeeding. Hon'ble Minister of Health Afghanistan, please consider breastfeeding as a vital national asset and set the example to the other nations by doing it first.

Your excellencies, thank you for giving me this opportunity to speak to you and for patiently hearing my thoughts on the most important challenge facing us all today-reducing the unacceptably high rates of infant survival in South Asia.

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