

Thimphu Declaration on Infant and Young Child Feeding

15th October 2008



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The South Asia Breastfeeding Partners Forum 5, held in Thimphu Bhutan, from October 13 to 15, 2008, brought together 45 participants from 7 South Asian countries, Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka, representing governments, civil society, professionals, Unicef, WHO and other international organizations. The Forum 5 was organized with the theme "Protecting, Promoting and Supporting Breastfeeding: Assess, Analyse and Act". The Forum followed an assessment process at the country level, which identified gaps and achievements in policy and programmes to support optimal breastfeeding (early breastfeeding within one hour and exclusive breastfeeding for the first six months, continued breastfeeding till 2 years or beyond along with addition of adequate and appropriate complementary feeding after six months). The Forum 5 led to discussions on ways and means to scale up the coverage of optimal breastfeeding /infant and young child feeding practices.

Recalling the global commitments enshrined in the: Convention on the Rights of the Child (CRC); Millennium Development Goals especially 1,4 and 5 on poverty reduction, child survival and maternal health; International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions; SAARC Model Code for the Protection of Breastfeeding and Young Child Nutrition; 1996, Global Strategy for Infant and Young Child Feeding, 2002; Maternity Protection Convention C 183, 2000; Innocenti Declarations on Breastfeeding /Infant and Young Child Feeding of 1990 and 2005; Call for action and Declarations adopted at the South Asia Breastfeeding Partner's Forums held in Dhaka, Kathmandu, Kabul and New Delhi from 2004 to 2007; and Delhi Declaration on Infant and Young Child Feeding December 3, 2003.

Recognizing that:

- In South Asia, 45% of under five children are underweight, Under-five mortality is 84 per thousand, and 2/3rd of all under five deaths occur during first year of life and related to inappropriate infant feeding;
- Rates of early initiation and exclusive breastfeeding are very low in south Asia;
- Increased rates of optimal breastfeeding and complementary feeding practices are crucial for achieving the MDGs 1, 4 and 5;
- Gaps have been found in policy and programmes in all south Asian countries, a major potential lies in bridging these gaps and scaling up interventions to increase optimal infant feeding practices;
- Documented interventions to increase optimal infant feeding, particularly exclusive breastfeeding already exist and can easily be implemented within existing healthcare systems and services;
- Early initiation of exclusive breastfeeding after birth is one of the most effective measures to prevent neonatal deaths, If all mothers begin breastfeeding within one hour of birth, 22% of all newborn deaths can be prevented;
- Lack of optimal breastfeeding leads to malnutrition early in life, limits the survival, growth and development of infants and young children, leads to chronic diseases later in life, and is detrimental to sustainable human development and socio-economic development;
- Partial breastfeeding (breastmilk plus other milks or foods) increases the child mortality by 2.8 times as compared to exclusive breastfeeding.
- Breastfeeding is especially helpful in difficult circumstance like HIV and emergencies;
- 1.4 million deaths (12% of under five) and 43.5 million DALYs (10% of global under-5 DALYs, are attributable to suboptimal breastfeeding. Out of these 1.4 million deaths, 77%, numbering 1.06 million, are due to non-exclusive breastfeeding during 0-6 months of life. Similarly, 85% of DALYs lost are due to non- exclusive breastfeeding;
- The current Melamine tragedy due to scandalous contaminated baby food highlights that any artificial feeding of infants is potentially dangerous to the health and development of infants and young children. It provides an opportunity to boost breastfeeding and not any other brand of formula;
- Public private partnerships in the area of child health and nutrition are potentially harmful if there is conflicts of interest and are unregulated;
- Irresponsible marketing of baby foods interferes with optimal infant and young child feeding practices;
- Women need comprehensive support and enabling environments during pregnancy, at the time of birth to begin breastfeeding within one hour and later to maintain exclusive breastfeeding, and optimal feeding for their infants and young children, and this support needs to be enhanced during emergencies;
- Operational and strategic capacity building is required at national level, sub- national, community and family level to enable that infant and young child feeding counselling is made available as a public service;

The participants of the Forum 5, having discussed the gaps in policy and programmes on infant and young child feeding in different countries of the South Asia, reaffirmed that breastfeeding is a life saving measure in whole of South Asia, and is the best investment for long term human health and development. The Forum Participants are convinced that optimal breastfeeding must be a political commitment, and call upon all concerned for the following actions:

1. All SAARC Nations to **harmonise their policy** and programmes with the Global Strategy for Infant and Young Child Feeding, and several World Health Assembly resolutions particularly to promote early initiation of breastfeeding within first hour of birth, exclusive breastfeeding for the first six months as a Human Right;
2. All governments/ UN agencies in south Asia **should allocate specific funding** for protecting, promoting and supporting breastfeeding as a part of their plan of action.
3. All governments, UN agencies, and others concerned should ensure that scaling up rates of optimal breastfeeding must be **specified as part of the interventions to achieve the MDGs 4**, and should work towards enhancing operational capacity for improved infant feeding practices as a priority towards reaching MDGs by 2015. Governments may like to explore the use of SAARC Development Fund for this purpose.
4. All governments should move towards having a new or strengthen existing **legislative support** to protect women and children from commercial sector promotion, and support breastfeeding through a provision of maternity benefits, worksite child care facility particularly for un organised/informal sectors.
5. **Breastfeeding/IYCF counselling should be included** as integral part of ongoing health systems and services such as the 'ante- and postnatal care', 'immunisation', and 'growth monitoring'. This should be implemented with existing packages such as 'Maternal and Newborn Health', 'Skilled birth attendance', 'Postnatal care' and 'Newborn care'.
6. **Pre-Service curriculum of health personnel should be reviewed** and strengthened on breastfeeding /Infant and Young Child Feeding through systematic plans to reduce load on in-service training in future.
7. Countries should take active steps towards supporting infant feeding for HIV positive women, and preparedness/response for emergencies and disasters etc. 'Breastfeeding support' should be counted as an **emergency response during disasters**, by including breastfeeding support as a part of supply chain system.
8. All partners at national and regional level, including governments, UN agencies health professional associations and civil society groups should work in collaboration with each other, and should **avoid conflicts of interests** in the programmes and governments should work towards clear guidelines and legislative support to this area to avoid commercial sector profit making.
9. Governments should make a nationwide communication, community mobilisation, and mother support plan to reach all families to protect, promote and support breastfeeding, through an inter-ministerial and multi-sectoral action.
10. All countries should make provision to create awareness among all the health professionals about the International Code/national legislations and enforce them strictly.

All Participants Pledge to Support and Act on these actions

The South Asia Breastfeeding Partners Forum-5 was organized by the Ministry of Health (MOH), Royal Government of Bhutan and International Baby Food Action Network (IBFAN) Asia, in partnership with the

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Swedish International Development Cooperation Agency (Sida)

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Norwegian Agency for Development Cooperation (Norad)

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United Nations Children's Fund (UNICEF)

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