

Colombo Declaration on Infant and Young Child Feeding

21st November 2009

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The One Asia Breastfeeding Partners Forum 6, held in Colombo, Sri Lanka from November 18 to 21, 2009, significantly on the 20th anniversary of the signing of the Convention on the Rights of the Child, brought together 83 participants from 17 countries, Afghanistan, Bangladesh, Bhutan, Canada, Peoples Republic of China, India, Indonesia, Republic of Korea, Lao PDR, Mongolia, Nepal, Philippines, Sri Lanka, Taiwan, Thailand, United States of America and Vietnam, representing governments, civil society, professionals, and international organizations. This Forum was organized with the theme "Breastfeeding in Emergencies - Challenges and Solutions". The Forum focused on the status of breastfeeding during emergencies and disaster situations, and strategies to improve infant and young child feeding practices, especially during emergencies. An analysis of programs and policies related to infant and young child feeding in the countries revealed that there have been achievements and successes, especially in capacity building for this practice in some countries; however, almost none of the countries had any policy for promoting infant and young child feeding as part of the emergency or disaster response including often in conditions of HIV/AIDS.

The participants expressed their concerns about the following:

- Most of the countries do not have a policy on management of disasters and emergencies, and that where they do exist, little attention is paid to infant and young child feeding;
- Malnutrition continues to be a serious problem in Asia, particularly South Asia. According to the *Global Strategy on Infant and Young Child Feeding*, 2/3rd of all under-five deaths occur during the first year of life, and are related primarily to inappropriate infant feeding. Gaps continue to exist in policies and programs in all Asian countries in the context of universalizing optimal infant and young child feeding as per the assessment done by the countries by using the World Breastfeeding Trends Initiative(WBTi) tool;
- Rates of early initiation of breastfeeding within one hour of birth, and exclusive breastfeeding for the first six months, and continued breastfeeding for 6-24 months and beyond along with appropriate and adequate indigenous foods beginning after six months are declining or continue to stagnate at low levels across Asia;
- The stagnation in malnutrition rates has been contributed to by the policies of globalization, which have led to unemployment, destruction of livelihoods, people's access to food, health care, water and sanitation, and increasing feminization of poverty forcing most families to reduce the time and attention spent on infant and young child feeding;
- International organizations including United Nation agencies and several international Non-Government Organisations are aggressively promoting centrally produced commercial products for treating acute malnutrition in community situations and in prevention of malnutrition. Such products can displace breastfeeding, local foods and their diversity, and create dependency on the products.

- Marketing and promotion of breastmilk substitutes, baby foods/infant foods, especially by multinational corporations, continues unabated, especially during disasters.
- The changing concept of food, nutrition and health from services and rights to tradable commodities, and thus creating markets for corporations.
- The existence of conflict of interest in decision making process in national policies and programs and in recommendations made by international organizations including United Nations and its various bodies in the area of child health and nutrition.
- The growing influence of corporate sector in national and international decision making processes in the area of food health and nutrition; public private partnerships are being projected as the solution to all challenges in these sectors.

The participants of the Forum 6, having discussed the lacunae in responses to disasters and emergencies in the context of infant and young child feeding, expressed concerns over marketisation of malnutrition, reaffirmed that breastfeeding is a life saving measure, and is the best investment for long term human health and development.

Recalling the global commitments enshrined in the Convention on the Rights of the Child (CRC); the Convention Against All Forms of Discrimination Against Women (CEDAW) 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, and 2000; Innocenti Declarations of 1990 and 2005; Call for action and Declarations adopted at the South Asia Breastfeeding Partner's Forums held in Dhaka, Kathmandu, Kabul, New Delhi and Thimphu from 2004 to 2008, and convinced that optimal breastfeeding up to 24 months and beyond must be a political commitment, the Forum Participants call upon all concerned for the following actions:

1. Adopt/strengthen a national policy on Infant and Young Child Feeding - early and exclusive breastfeeding from within one hour of birth to 6 months and continued breastfeeding with complementary feeding after six months and beyond - with a plan of action, adequate budget allocations and mechanisms for involving non governmental organizations in coordination, monitoring and evaluation.
2. Make 'Breastfeeding Support' (including trained lactation counselors, wet nurses, relactation support services) an integral part of the response plan to any disaster and emergency situation, through integrating it in national policy on infant and young child feeding as well as mainstreaming it in the disaster preparedness and response plan.
3. Ban unsolicited entry of infant formula, "baby milks", and commercial infant and baby foods during disasters/emergencies.
4. Build capacity of all categories of service providers engaged in disaster preparedness, response and management to provide breastfeeding support.

5. Publicise risks of formula feeding in all populations.
6. Ban all forms of promotion of breast milk substitutes/infant formula, baby milks and commercial infant foods/cereal foods/ weaning foods/baby foods for infants and young children up to two years of age including promotion to health personnel and direct marketing to people.
7. Take immediate steps to prevent malnutrition through various measures including universalizing optimal feeding practices, provision of good diverse food to meet all nutritional requirements, provision of safe drinking water, provision of adequate health care, and adequate child care support systems such as day care centers.
8. Adopt a national policy to avoid 'Conflicts of Interest' in the areas of child health and nutrition.
9. United Nations should reconsider their stand on using commercial foods for treating malnutrition in children.
10. United Nations should stop using and advocating commercial foods for preventing malnutrition in children.
11. United Nations and governments should consider the use of diverse local indigenous foods in the case of unstable populations or people displaced due to man-made and/or natural disasters such as floods, earthquakes, tsunamis, etc. and should give fresh cooked foods at the earliest possible time.

All Participants Pledge to Support and Act on these actions

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