



SOUTH ASIA BREASTFEEDING PARTNERS FORUM-2

26-28 October 2005, Kathmandu, Nepal

Introduction

The International Baby Food Action Network (IBFAN) Asia Pacific and UNICEF Regional Office for South Asia (ROSA) jointly organized South Asia Breastfeeding Partners Forum-2, hosted by Nepal Breastfeeding Promotion Forum (NEBPROF) at Kathmandu, Nepal in October 2005. Sixty-five participants represented eight countries of South Asia including 5 governments (Afghanistan, Bangladesh, Bhutan, Nepal, and Maldives), UN agencies, WABA, media, professional bodies, NGOs and other international organizations. The theme of the Forum was “Ensure Exclusive Breastfeeding: Save Newborn Lives” addressing the need to achieve the Millennium Development Goal-4 of reducing child mortality.

This document provides a brief report of this forum.



Dr. Arun Gupta, Prof. Govinda Prasad Sharma, Dr. Mahendra Bahadur Bista, Ms. Esther L. Guluma and Ms. Susan Siew during the inaugural session

Background

South Asia, home to about 1.4 billion people, has the highest number of under-five deaths and under-five children who are underweight. In this region, annual number of births are estimated to be about 37 million; under-five mortality rate (U5-MR) is 97 and 46 percent children under-five are underweight (*Progress for Children - A child survival report card 2004*). That means more than 77 million children under the age of five are underdeveloped and undernourished, thus unlikely to achieve their full growth and potential development. The forum was organized with this background. The focus of the forum was on scaling up exclusive breastfeeding rates in these countries as well as to address infant feeding in the context of HIV.

World leaders at the United Nations Millennium Summit in September 2000 agreed among others on two critical goals for the year 2015: to reduce the maternal mortality rate by three-fourths, and to reduce under 5 child mortality by two-thirds. According to child health experts, the child mortality goal is unattainable without reducing newborn mortality by at least half.

Hosts



Sponsors

Dutch Ministry of Foreign Affairs (DGIS)
Swedish International Development Cooperation Agency (Sida)

Local host





Role of early and exclusive breastfeeding in child survival

According to the recent scientific evidence published in Lancet 2003 series on child survival, Breastfeeding (*defined as exclusive breastfeeding for the first six months and continued breastfeeding for 6-12 months*), if universal, is the single most effective preventive intervention. This can prevent 13-15 per cent of all child deaths, and coupled with adequate complementary feeding, it could prevent 19 per cent of all child deaths. However, in South Asia, only about 35 per cent of babies are exclusively breastfed for the first 6 months, ranging from 10-84% for various countries. It is well recognized that inappropriate infant feeding practices contribute to more than 2/3rd of child deaths and is responsible for most of the child under nutrition that limits the growth and development of young children. Most countries are struggling to increase the prevalence of exclusive breastfeeding for the first six months. Successful experience reveals that this is achievable. Need of the hour is to effectively scale up these successful experiences.

Objectives of SABPF 2

Key objectives of this forum included sharing of country actions and lessons learnt; strengthening the network of IBFAN groups, INGOs, NGOs and others; updating on several issues like exclusive breastfeeding and infant feeding and HIV. Developing country specific action plans for 2006 was another important objective.

Proceedings

Prof. Govinda Prasad Sharma, Vice Chancellor, Tribhuvan University, Kathmandu was the chief guest for the inaugural function. Other guests of honor included Dr. Mahendra Bahadur Bista, Acting Director General, Department of Health Services, Govt. of Nepal; Ms. Esther L. Guluma, Deputy Regional Director, UNICEF ROSA; Ms. Aurorita Mendoza, Country Coordinator, UNAIDS-Nepal and Ms. Susan Siew, Co-Director, World Alliance for Breastfeeding Action (WABA). All these speakers clearly set the ball rolling for increased attention to the survival of newborn, infant and the young child.

During three days of work, 14 sessions provided fruitful discussions on wide ranging issues. The first session provided status of implementation of the Global Strategy for Infant and Young Child Feeding by each country. It was followed by several sessions including scaling up of exclusive breastfeeding in which experience of Bangladesh on implementing BFHI was unique one. Rich discussion followed in the session on HIV & infant feeding, having presentations from UNICEF, UNAIDS, WABA and IBFAN. Linking with media on child survival was a very special session which led to strengthening of this partnership. The forum provided all partners a platform for discussion on the International Code, WHA resolutions, and factors affecting optimal feeding practices. New capacity building initiatives of BPNI/UNICEF/IBFAN Asia Pacific for the 3 in 1 IYCF counseling course and upcoming World Breastfeeding Trends Initiatives (WBTi) were shared. Each country developed and presented their plan of action for 2006.

A call for action with 10 recommendations, which evolved over 3 days, adopted by consensus at the closing session jointly chaired by the government representative of Afghanistan and Bangladesh. This was later released at a press conference.

Recommendations

The participants adopted in unanimity the following **ten action recommendations** to contribute towards achieving the MDGs, especially MDG 4, and call upon the governments of South Asian countries, UNICEF, WHO, UNAIDS, and other international organisations, health professionals, and NGOs to work together in partnership with each other on this issue.

- 1.** Universalize neonatal care, by adopting in principle the “*Neonatal integrated package*” which includes **‘breastfeeding education’**, as recommended in the MDG Report to the Secretary General, 2005 “*Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*”.
- 2.** Ensure that there is a budget line to enhance early and exclusive breastfeeding and to mainstream this intervention within existing child health, nutrition and development programmes.
- 3.** Make all efforts to enhance the practice of early and exclusive breastfeeding for the first six months and continued breastfeeding along with adequate and appropriate complementary feeding for two years or beyond; emphasizing solving “*not enough milk*” problem as a key behaviour change communication input.
- 4.** Revitalize Baby Friendly Hospital Initiative (BFHI) and expand it to family /community level calling it BFHI-CI, it should depend on high quality skills training of ALL health care providers/community workers in breastfeeding counselling.
- 5.** Review the communication strategies of breastfeeding movement and link with other groups proactively and productively, bringing in issues like ‘*understanding of maternity protection provisions*’, ‘*dangers of bottle-feeding*’, and ‘*involvement of men in supporting breastfeeding*’.
- 6.** Strategically link with media professionals, providing them with up to date, accurate and timely information, and organise structured education programmes for media.
- 7.** Issue/revise guidelines on HIV and infant feeding on a regular basis based on new evidence, keeping ‘*skilled counseling*’ on infant feeding options as an integral part of training of counsellors and health workers of PMTCT/PPTCT programmes. These guidelines should be individualized based on social or local context.
- 8.** Ensure the International Code for Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions are legislated and implemented effectively, specially the ‘*sponsorship*’ clause from WHA 2005.
- 9.** Develop clear operational guidelines for handling infant feeding during emergencies.
- 10.** Build national/institutional capacities for training of workers in breastfeeding, complementary feeding and HIV infant feeding counseling; Code implementation and monitoring; management and other related issues.

‘Neonatal Integrated Package’

(Investing in Development :A Practical Plan to Achieve the Millennium Development Goals <http://www.unmillenniumproject.org/reports/>)

It includes *clean delivery, newborn resuscitation, prevention of hypothermia, kangaroo care (Skin-to-skin contact), antibiotics for infection, tetanus toxoid, **breastfeeding education** (including education on replacement feeding for HIV-positive mothers), and hygiene education.*

‘Breastfeeding Education’

It includes accurate information, timely counseling (during late pregnancy, at birth and infancy), assistance to initiate breastfeeding within one hour, building women’s confidence when they feel not having enough milk to ensure exclusive breastfeeding for the first six months, help to position the baby at the breast for effective sucking, teaching expression of breastmilk, counseling on adequate and appropriate complementary feeding, and counseling on infant feeding options for HIV positive mothers. It also includes preventing and solving problems like sore nipples and engorgement and answer any questions of mothers.

Plans for Action 2006

Each country made their specific plans of action for the year 2006, following are the key actions included,

Afghanistan: Formation of a national partnership on breastfeeding, endorsement of the Code by the cabinet and development of communication strategy.

Bangladesh: More work on the National Code, policy on HIV and infant feeding, and a communication strategy.

Bhutan: Review of national breastfeeding policy, manual for training in lactation management, and development of communication material.

India: Training programs for various categories of health workers, research, manual for infant feeding in emergencies and national monitoring of the IMS Act.

Nepal: Advocacy to higher authorities (MOH) and training of focal health and nutritional persons.

Pakistan: Advocacy with the government to involve all stakeholders, and training of health personnel & community on exclusive breastfeeding.

Maldives: Identifying IBFAN focal point, orientation meeting for media personnel, review the Code draft in line with WHA Resolution 2005 and training of care givers, community support groups on BFHI-CI.

Sri Lanka: Verification study on sectoral issues; gender analysis behavior dynamics; preparation of training manual for father support group (FSG) leaders and training of a core group of trainers.

FORUM-3
2006

Afghanistan

FORUM-4
2007

**Sri Lanka/
Maldives**

FORUM-5
2008

**Bhutan/
Pakistan**

Forum-2 participants



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