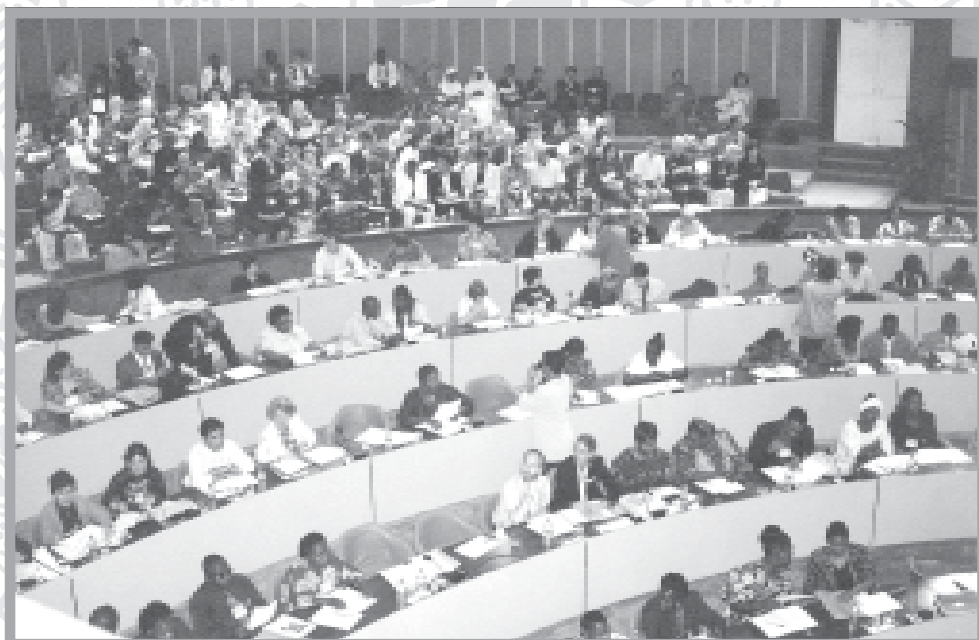


SECTION I

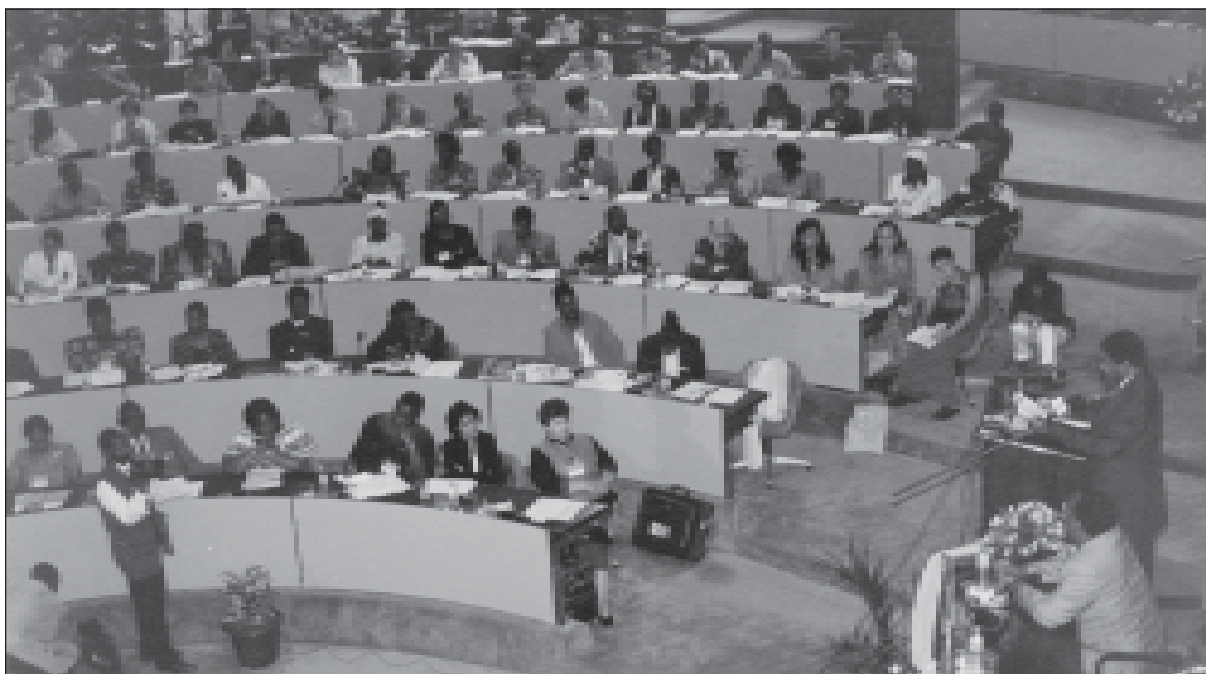
OUTCOMES

PLENARY PRESENTATIONS



OUTCOMES

EXECUTIVE SUMMARY OF OUTCOMES



A number of key outcomes and recommendations emerged from the workshop deliberations. Some of these include the following:

1. Revitalisation and possible expansion of the **Baby-Friendly Hospital Initiative** with a focus on neonatal care, humane birthing practices and baby-friendly communities. These new aspects when integrated with existing breastfeeding/BFHI programmes will significantly improve breastfeeding practices. A five star approach was recommended by the BFHI group as a way to include the new areas without adding to or changing the existing BFHI 10 steps.
2. The Forum accorded high profile to the **International Code** of Marketing of Breastmilk Substitutes. Its importance was emphasised particularly in light of the globalisation process. An emerging issue that was discussed was the question of holding international agencies accountable for violations of the Code and how this could be done within a human rights framework. The question of industry sponsorship of medical meetings and research also was highlighted.
3. Progress was made in linking with the **trade unions**, given the active participation of the International Confederation of Free Trade Unions (ICFTU) at the Forum. The ICFTU invited the maternity protection coalition (MPC) to work together with union allies on promotion of national ratification of the ILO Maternity Protection Convention 183.
4. The need to enhance **national breastfeeding mechanisms** and link existing national initiatives (e.g. those of the national breastfeeding committee) to the Global Strategy for Infant and Young Child Feeding (IYCF) were recognised. It includes the call for the collection of national baseline data on key areas.
5. A special workshop on **human rights** was called for by a large number of participants who produced a working group draft statement on “The Human Right of the Infant to be Breastfed”. This statement was subsequently reviewed and discussed at the Global Breastfeeding Partners Meeting and by the Steering Committee. The latter recognised the statement as an outcome of the Forum 2 human



rights workshop but not as an official WABA statement.

6. The women's workshops called for greater awareness and understanding of the common positions for working on **breastfeeding and women's issues**. There was recognition for the need to include gender equality and breastfeeding on the agendas of both movements. The breastfeeding movement needs to make more visible its appreciation of the difficulties many women face in implementing breastfeeding recommendations.
7. The **environment** group agreed to greater collaboration and joint efforts in producing tools for the media to better understand the environment issue especially with regard to contaminants in breastmilk. While the environmental lobby needs to have greater sensitivity for the vulnerability of breastfeeding to scare tactics, the breastfeeding movement needs to more actively participate in lobbying for an environment which will result in fewer contaminants, including in breastmilk.
8. Breastfeeding advocates reaffirmed their links with the People's Health Movement and agreed to use the **People's Health Charter** proactively for common purposes.
9. On the **HIV** issue, the group called for policy, programme and research on the prevention of

postnatal HIV transmission to involve both HIV experts and breastfeeding experts as equal partners.

10. The clear link between improved breastfeeding and **humane birthing practices** was recognised. The workshop on birthing practices called for integrating this issue and neonatal care within the BFHI.
11. Significant discussions took place on infant feeding in emergencies (IFE) and on strategies to integrate breastfeeding into **disaster preparedness**. An expert review on IFE tools/ modules was also recommended.
12. The **Global Initiative for Mother Support (GIMS)** was launched for the third time at the WABA Global Forum II and reiterated the need for all kinds of mother support – mother-to-mother, health care system-to-mother, support for working women and community support.
13. The Global Initiative for Father Support (GIFS) was proposed as the key outcome of the **Men's Forum**, a new initiative at Forum II. The GIFS supports gender equality and recognises the international conventions on the right of the child and the right of the woman. It also notes that the existing hospitals and health policy practices are not conducive to the full participation of fathers and families in the care and support of mother and baby.

RECOMMENDATIONS FROM 18 WORKSHOP THEMES

Theme 1 – National Breastfeeding Mechanisms

Facilitator: Dr. Arun Gupta, BPNI, India

1. Advocate for strong national policies on Infant and Young Child Feeding (IYCF) using the Global Strategy on Infant and Young Child Feeding (IYCF) as the key document. It is recommended that urgent action should be initiated to have national policy/action plan on IYCF.
2. Build a strong partnership at the national level with other stakeholders. Paragraph 44 of the Global Strategy must be kept in mind at this point. It states clearly that the commercial sector has a role to play but only to ensure the quality of their production, as well as to implement the International Code and subsequent relevant World Health Assembly Resolutions. That would mean that the commercial sector should not play a role in developing and implementing the national policies and plans on infant and young child feeding.
3. Set national agenda using Code issues/prevalence of breastfeeding/available support to mothers. These issues lead to common thinking at the national level and help focus on exclusive breastfeeding and continued breastfeeding along with appropriate complementary feeding.
4. Use breastfeeding as an entry point to the existing programmes rather than designing new programme for protection, promotion and support of infant and young child feeding.
5. Action must be community oriented and based on skills building component. Evidence available from all around the world demonstrates that counselling, based on skill development, has considerably helped to make rapid progress on IYCF programmes and lead to improvement in IYCF practices.
6. National plans must have very clear goals, objectives and action plans with resource allocation. This is important in view that if resources are not allocated it is likely that breastfeeding will once again be ignored.

7. Build an evaluation/assessment component as a part of the national plan. This helps in bringing feedback from the people to help improve or restructure the interventions.
8. National plans must have a regular reporting mechanism in place. This will ensure accountability and improved agenda for action in the future.

Theme 2 – Baby-Friendly Hospital Initiative (BFHI)

Facilitator: Dr. Audrey Naylor, Wellstart International, USA and Pauline Kisanga, IBFAN Africa

1. Vigorous continuation of BFHI as a fundamental means of nurturing the future of the world's children and their families in the 21st century.
2. BFHI should go forward, as clearly set out in the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (WHA 55-25).
3. Breastfeeding and BFHI should be explicitly recommended in the UN and governmental strategic documents so that they will be given strong attention in policy, funding and programming decisions.
4. BFHI remains essential and needs to be strengthened, expanded and sustained, with more facilities earning the BFHI award and continued re-assessment/monitoring of those already designated.
5. Principles of support (Step 10) also need to be extended throughout the health care system including primary health care and throughout communities.
6. The training and assessment documents for BFHI produced by WHO and UNICEF require updating.
7. In countries with high HIV prevalence, the BFHI needs adaptation to address the needs of HIV positive mothers without compromising the needs of HIV negative mothers or those who are untested. (UN with consultation of NGOs)

8. Integration into preservice curriculum of medical, nursing, midwifery and nutrition students of the scientific principles of lactation management and the development of basic clinical skills. (This will necessitate that faculty are prepared and that teaching hospitals, where clinical skills are demonstrated and taught, become Baby-Friendly. These actions are urgently needed.)
9. Continue training programs for currently practicing health care providers and in-service refresher and update training. There should be no funding for professional education from commercial sources.
10. Develop and strengthen complementary programmes or initiatives which affect breastfeeding. These include antenatal care, birthing, neonatal and pediatric care and community support. These may cover some but not all of the Ten Steps in addition to other practices.
11. *Birthing addition:* Birthing interventions should be evidenced-based, protect normality and include companionship during labour and birth, minimise invasive procedures and routine use of analgesia and anesthesia. In some settings extension of hospital stays after delivery would help in providing adequate initial support for breastfeeding. Relevant specialist groups could be invited to develop criteria for an assessment tool.
12. Step 10 of the BFHI; development of community support - should be effectively implemented. This should include fully addressing the needs of HIV positive mothers.
13. Obstacles to BFHI and breastfeeding programmes generally can be overcome with:
 - a. Renewed political commitment by government.
 - b. Renewed commitment and vigorous advocacy from the UN agencies for BFHI as an essential component of the new Global Strategy.
 - c. Adequate funding.
 - d. Coordination among all sectors (government, health care and nutrition systems, NGOs and communities).
 - e. Education and communication that counteracts misinformation and emphasizes that good breastfeeding technique may reduce adult-to-child transmission of HIV.

Theme 3 – CODE

Facilitators: Annelies Allain and Yeong Joo Kean, IBFAN/ICDC, Malaysia

1. Parallel efforts must be made at the Codex Alimentarius Commission to ensure that genetically modified (GM) foods are properly regulated and labeled and that such recommendations are introduced into national measures which incorporate the Code.
2. There must be sustained efforts to ensure that countries which have not implemented the Code or which are attempting to improve their national measures be provided with the skills to do so (IBFAN/ICDC, with support from UNICEF)
3. Citizen movements should also focus on the alarming trend of Public Private Partnerships where the UN system and governments alike are building alliances with the corporate sector to achieve public health goals.
 - a. Work towards an “expanded” pro-breastfeeding lobby for the UN to maintain its integrity and for national legislation which fully implements the Code & Resolutions.
 - b. New Resolutions on the issue of sponsorship should be tabled at the WHA and elsewhere to address and restrict sponsorship.

Theme 4 – Women and Work

Facilitator: Amal Omer Salim, IMCH/WABA Task Force on Women and Work, Sweden

A. Workshop 1: Setting up Crèches at Workplaces:

1. Encourage the setting up of community based/ workplace crèches located close to or within the place of work or near the home.
2. Use an IECD approach to childcare, which promotes optimum development of a child.
3. Promote development of appropriate crèches using natural/indigenous materials and community-based volunteers.

4. Train community based volunteers in IECD skills to promote livelihood and development of new crèches.
5. Mobilise resources for crèches according to cost-sharing principle to reinforce community responsibility.
6. Orient leadership and human resource departments within workplaces on the benefits of providing crèches for their staff.
7. Ensure community participation in developing minimum standards for daycare and crèches in collaboration with relevant bodies

B. Workshop 2: Maternity Protection Campaign (MPC)

1. Sensitise and advocate for maternity protection at all levels - local to global.
2. Assess national and regional situations to determine the problem areas (informal sector, export processing zones, etc.)
3. Nurture and develop regional networks to facilitate sharing of experiences and strategies, effective resource utilisation and maximisation of outputs.
4. Strengthen links between trade unions, associations of formal/informal workers and “interest groups” at national, regional and global levels.
5. Work with all stake holders at national level to get countries to ratify ILO MP Convention 183.
6. Strengthen capacity in countries to improve maternity protection laws and policies at all levels.
7. Urge the UN agencies (UNICEF, WHO and ILO) to provide accelerated assistance to countries in their efforts to ratify and implement C 183 in accordance with the Global Strategy on IYCF.
8. The Women & Work task force should create more links between GIMS/GIFS to integrate in the long term issues related to practical and informational support for working mothers and increased involvement of fathers and parental leave.

Theme 5 – HIV and Infant Feeding **Facilitators: Pamela Morrison, IBCLC, Zimbabwe and Dr. Ted Greiner, WABA Task Force on Research, Sweden**

1. Expressing and heat-treating breastmilk is safe and may be practical – but trials testing acceptability urgently need to be done.
2. Maternal health needs should be central to programming. This is a statement of need rather than a recommendation.
3. Mothers who are HIV negative and those of unknown status should be included as full participants in PMTCT programmes.
4. Need for considerable investment in training, re-training and ongoing support, monitoring and supervision for HIV and infant feeding counselors.
5. Need for community mobilisation and involvement.

Theme 6 – Breastfeeding and the Environment **Facilitator: Penny Van Esterik, York University, Canada**

1. Translate *Risks, Rights and Regulations* into multiple languages.
2. Work together to identify a common language that will support breastfeeding but not deny the importance of ridding communities, our bodies, our children’s bodies and the globe of toxic chemicals.
3. WABA and partners have agreed to produce a fact sheet about breastmilk and toxic chemicals so that groups will have adequate information for distributing to those who wish to know more about chemicals in breastmilk.
4. Produce a sample list of common household products and cosmetics so that women and families will be able to avoid toxic exposures at home and workplace.

5. Produce an emergency preparedness kit: document sets that will help breastfeeding groups respond to negative headlines arising from breastmilk studies.
 6. The International POPs Elimination Network (IPEN) community will work with others to produce a “how-to” manual, which will describe the components necessary for conducting a breast-feeding-friendly breastmilk monitoring study.
 7. Encourage WABA endorsers to support their governments ratification and implementation of the Stockholm Convention, the UN treaty which bans 12 of the worst bioaccumulative chemicals.
 8. Encourage governments to implement the ILO Convention 184 on health and safety in agriculture.
 9. Recruit scientists who are willing to provide the most current information about the benefits of breastfeeding and updates on research.
 10. Encourage more research on chemicals and breastmilk.
 11. Focus attention on sources of pollution, industries and processes that release toxic chemicals into the environment and organise campaigns.
 12. Organise a day focused on breastmilk and the environment (perhaps during WBW)
- component. This will demonstrate commitment on improving women’s health and reproductive rights and assist women NGOs’ agendas.
 - b. Women NGOs add breastfeeding services, advocacy on maternity legislation and support for breastfeeding to their women’s health agenda as part of reproductive rights advocacy.
 2. Ensure that all breastfeeding groups understand the struggle some women must overcome in order to breastfeed.
 3. Women’s NGOs and breastfeeding activists need to collaborate on research and monitoring studies which monitor quality and availability of breastfeeding services and women’s ability and desire to make fully informed decisions on breastfeeding practice.
 4. Regional women’s NGO networks and programmes such as LACWHN (Latin American and Caribbean Women’s Health Network), Amanitare (Africa) and ARROW (Asian-Pacific Research and Resource Centre for Women), should meet with WABA and its partners to plan strategic alliances for common monitoring and advocacy agenda on children’s health and nutrition rights, as well as women’s health and reproductive rights.
 5. WABA to serve as a platform for dialogue on child’s health rights, women’s health rights and breastfeeding rights.
 6. Undertake more breastfeeding advocacy with rural women, while understanding their specific social/ economic conditions and health needs, by using clear and simple training materials.
 7. Actively recognise that caring work of producing and feeding children is productive work.
 8. Ensure that pregnant and breastfeeding women are given first priority for food (not food for work or schools) in the World Food Programme.
 9. Develop a listing of women’s organisations supportive of breastfeeding, and share list with breastfeeding network to establish and promote closer collaboration among the two movements.

Theme 7 – Collaborating with Women’s Groups

Facilitators: Marta Trejos, CEFEMINA, Costa Rica and Lakshmi Menon, WABA, India

Strategies are needed for the collaboration of breastfeeding activists and women’s NGOs to include the following in their work plan:

1. Promote the position that breastfeeding rights and women’s health rights should be “our” concerns, i.e. should be the concern of women’s groups as well as of breastfeeding groups.
 - a. Breastfeeding activists genuinely take on advocacy for reproductive rights and women’s health rights with breastfeeding as one

Theme 8 - Global Initiative for Mother Support (GIMS)

**Facilitator: Rebecca Magalhaes, LLLI/
WABA Task force on Mother Support**

A. Direct-to-Mother Support

1. Participants from the Health Professional area emphasised that support from mothers begins with listening, empathy, and respect for her culture.
2. Promote and strengthen the important role of the doula in the direct-to-mother support during the process of pregnancy, birth and breastfeeding

B. Health Care System

1. Take more advantage of every prenatal visit to inform the mother about breastfeeding information
2. Promote a culture of care during birth
3. Adapt BFHI to the home birthing setting

C. Women who work outside of their homes

1. Develop educational materials at all levels in the area of expression, storage, and the mode of delivery of human milk
2. Broaden the available options for mothers to combine breastfeeding and working
3. Explore creative ways in which women can share their experiences at any social level
4. Sensitise and mobilise communities to support the working mother, with emphasis on the role of the father.

D. Social-Community Environment

1. Ensure the provision of information on breastfeeding within the social-community environment that is consistent, accurate, updated, factual, practical, appealing, timely.

Theme 9 – Globalisation

**Facilitator: Betty Sterken, INFACT,
Canada**

1. Increased linkages are recommended with:
 - a. Anti trade groups so we can be more fully informed about the relationship of trade to the power of the infant food companies
 - b. The People's Health Movement
2. Link our issue with the People's Health Charter
3. Organise WBW 2003 with a focus on globalisation and how to address the challenges.

Theme 10 – Popular Mobilisation

Facilitators: Beth Styer, WABA, USA

1. Involve children as active players.
2. Collect 1000 ideas of how to celebrate WBW.
3. Involve men in all areas of breastfeeding campaigns.
4. Collect posters and images of breastfeeding used in campaigns.

Theme 11 – Birthing Practices

**Facilitator: Mary Kroeger, CIMS/WABA
Task force on Health Care Practices, USA**

1. The BFHI should be expanded to be the "Mother-Baby Friendly Hospital Initiative" targeting childbirth care in maternity facilities, along with newborn and breastfeeding care.
Specifically:
 - a. Expand BFHI Steps 1 and 2 to include childbirth care in the maternity facility's policies and in staff training.
 - b. Expand BFHI Step 3 to include information to pregnant mothers on humane and evidence based childbirth practices
 - c. Expand BFHI Step 4 to include labour and childbirth management as it influences breastfeeding, newborn health, and mother's health and well-being.

2. Specific evidence based childbirth practices which should be encouraged are:
 - a. Continuous support in labour, birth and immediately after with companion of mother's choice.
 - b. Oral hydration and nourishment that is locally available and appropriate (juices, soups, porridge, coconut water, teas, etc.)
 - c. Non-pharmacologic methods of pain management including: touch and therapeutic massage, walking and position changes, hydrotherapy, music, presence of companion.
3. Routine (non-medically indicated) use of invasive and painful procedures should be discouraged. Such non-evidence based interventions include:
 - a. enemas
 - b. perineal shaving
 - c. frequent vaginal exams
 - d. AROM (artificial rupture of the membranes)
 - e. continuous electronic fetal monitoring
 - f. episiotomy
 - g. instrumental deliveries
 - h. caesarean delivery.
4. Beyond facility to community:
 - a. Expansion of M-BFHI must consider home and community childbirth care.
 - b. Traditional midwives, and home birth attendants are uniquely poised to promote, protect and support BOTH humanised birth and optimal breastfeeding.
 - c. Training and follow-up support for these community-based health providers should be a priority.
5. Global Mother-Baby Friendly Programming
 - a. WABA should support current programmes and new initiatives which include maternal care, newborn care, and breastfeeding care as a package.
 - b. Gaps in the current monitoring and evaluation indicators should be identified and new indicators developed which will link pregnancy, childbirth and breastfeeding.

Theme 12 – Breastfeeding and Human Rights

**Facilitator: George Kent, University of Hawai'i/
WABA Task force on Children's Nutrition
Rights, USA**

1. Need for better research into health outcomes and survival according to infant feeding method, and not limited to HIV transmission.

Theme 13 – Infant Feeding in Emergencies

**Facilitator: Lida Lhotska, IBFAN/GIFA
Switzerland**

A. Recommendations:

1. Collect case studies and experiences in relation to Infant Feeding in emergencies (IFE) and share them with the Core Group.
2. Suggest experts to assist in review of Module 2.
3. Monitor code compliance in emergencies.
4. Core group on IFE to add a section on monitoring of the implementation of interventions.
5. Develop strategies for emergency preparedness in IFE.
6. UN should assist with development of IFE guidelines at national level.
7. More coordinated approach in emergencies in line with operational guidance.
8. Include communities in decision making and implementation of interventions.
9. Foster closer collaboration and information sharing between relief and development agencies and emergency and breastfeeding groups.
10. Assessment instruments need to be developed for infants below six months.
11. HIV/AIDS: urgent need for general consensus. Improved collaboration across sectors (modules do cover it in a manner consistent with the UN policy).

B. More general actions:

1. Write and promote special tools for doing the assessment of what happens in emergencies.
2. Discover and document more innovative ways of dealing with this issue.
3. Promote the module called “Infant feeding in emergencies” which is for generalists and promote a statement of operational guidance that has been ratified by over 30 groups including the UN.
4. Contribute to and finalise the book, which is a set of “minimum standards” of nutrition, “Sphere” that will be published in 2003.

Theme 14 – Research

Facilitator: Ted Greiner, WABA Task Force on Research/IMCH, Sweden

No specific recommendations, but more research needs to be done.

Theme 15 – Education, Communication and Information

Facilitator: Dr. Rob Vincent, Exchange, UK

1. Promote *Quest* methodology in materials development in various formats.
2. Review *Quest* website when it is available.
3. Develop *Quest* workshops in different regions, link across regions, and build capacity.
4. Keep finding new multi media, innovative means of communicating valuable health messages. For more suggestions, please look at the *Quest* Manual by Exchange.

Theme 16 – Intergrated Early Childhood Development (IECD)

Facilitator: Miriam Labbok, UNICEF New York, USA

No specific recommendations included. Educate and spread the principles and techniques of IECD.



Theme 17 – Lactation Management
Facilitator: Jacquie Nutt, IBCLC, LLLI, South Africa

1. Update Felicity Savage book, *Helping Mothers to Breastfeed*, and make it relevant for Southern Africa.
2. Presentations to health workers in various spheres (lay, government and private).
3. Humane births: Address issue wherever appropriate. The BFHI needs to be expanded into “Mother-Baby Friendly”.
4. Disseminate information to La Leche League Leaders and Lactation Consultants and inform them of the WABA website and encourage them to attend the LLL South African conference in July 2005. Train more breastfeeding peer counsellors and lactation specialists.
 - a. Peer Counselor Training. Rosemary Gauld will be running two PC courses in November and will use the updated information to share with the participants.
 - b. Liaise with Anne-Marie Kern IBCLC, Austria, about the feasibility of setting up a 200-hour lactation management training programme based on the Austrian Model.
5. Possible workshop in Harare, Zimbabwe for Ministry of Health.
6. Breastfeeding pre-service training in Saudi Arabia. Establish more community support groups and strengthen existing ones.
7. Extend Peer Counselor-run groups in Cape Town, South Africa.
8. Grandmother support group in Wellington, New Zealand: Strengthening community support.
9. Promote the setting up of Breastfeeding Liaison Groups nationwide.
 - a. Encourage Lactation Consultants and LLL Leaders to set up Liaison Groups in their areas.
 - b. Work towards establishing a Breastfeeding Liaison Group in Paarl.



Theme 18 – Global Initiative for Father Support (GIFS) – Men’s Group

Facilitator: Per Gunnar Engblom, ABF-Father Support Group, Sweden

1. Form WABA’s Global Initiative for Father Support (GIFS) to complement GIMS.
2. A WABA-GIFS Task force with representatives from all the regions.
3. The members of the workshop to act as focal persons for their countries.
4. GIFS to work towards changes in the hospital practices that hinder the involvement of families, especially fathers.
5. Promote the release of men’s forum statement.