

Turning Silver into Gold

Sustaining Breastfeeding Campaigns for a Generation



WORLD ALLIANCE FOR BREASTFEEDING ACTION

Protect, Promote and Support Breastfeeding Worldwide

Written and curated by Sarah Amin, based in part on material from *Nurturing the World the Natural Way* by Julianna Lim Abdullah IBCLC, © WABA 2014

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About the Cover

Turning Silver into Gold is both the theme for WABA's 25th Anniversary event as well as the title of this specially commissioned painting by Jennifer Mourin.

The Silver alludes to WABA's 25th Anniversary and the Gold to breastmilk, the ideal nourishment for infants. The golden child is a precious, universal aspiration. The silver is malleable, rooted in antiquity, and surrounds the child and its parents with an ethereal chain of protection.

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Foreword

This book is about the story of the first quarter century of the life of World Alliance for Breastfeeding Action (WABA).

Born 25 years ago in the basement of the United Nations Children's Fund's (UNICEF) headquarters in New York, USA, and encouraged by Jim Grant, UNICEF's most passionate advocate and the best ever to lead UNICEF, it has flowered all over the world in every continent, reaching millions of people over the last 25 years.

It is also the story of a remarkable social movement, a network of networks and a galaxy and dyad of individuals and organisations that made so much new happen and generated a major global wave of unprecedented attention, especially through its core programme, World Breastfeeding Week. It is also a story of meeting great challenges, being more than a hub but also an incubator for creative opportunities, catalysts, multipliers and accelerators as the movement for protecting, promoting and supporting breastfeeding. It was inspired by and designed to foster the historic Innocenti Declaration and to make things happen. And it did!

The life and health of social movements is never easy. I suggest there are five phases.

Firstly, social movements, like humans, have a first "dying" from even when they are born, shedding the old and renewing themselves as they grow learning to talk, to walk and to run. Change and adaptations are both constants. Some movements don't even survive this first life. WABA surged forward from its inception with synergy quite unprecedented in social movements.

The second "death" is when an organisation loses its vision, its passion and all that make it a joyful and purposeful force for happiness. WABA continues to a global force.

The third, fourth and fifth lives' ending are the ones we don't want.

The third life ends when the organisation is shut down legally and administratively.

But the fourth and fifth "deaths" are the greatest tragedies – when no one remembers the organisation, and the final blow, when no one even remembers the issues!

That is why this book is even more important, a building block for its continuing vitality through synergy.

WABA is at its prime – its journey has been full of soul and passion and driven by a vigorous flow of linkages nourished by an open light, participatory and, most of all, an action orientated framework. It also now has challenges like never before.

What makes WABA so vibrant? What does it have to do to keep so?

The cause of breastfeeding is an eternal one – the natural way, the panchasila of the power of medicine, nutrition, ecology, economy and the joy and beauty of love. We have been full of vitality and we will need to continue to be a lively and effective movement and to be everywhere

and at anytime. The challenges are enormous but can be met if we care for three important attributes – competence, creativity and community.

Competence is critical – we must be the most and best informed about the issues we are addressing and in all its dimensions, the science and the art, the policy and the practice. The best people in the field must be us!

Creativity is essential as we challenge greedy corporations and unresponsive bureaucracies. Popular mobilisation and communications need a constant creative stream of ideas and methods that capture the imagination!

We must grow as a community our diverse network of “head”, “heart” and “hand” people, of “passionates” and practitioners, of men and women, of mothers and children, are held together by active trust-building, we must generate the kind of synergy based on caring and respect that transform missions into movements, that proliferate magnificently because the community cares and supports each other and moves forward together.

WABA and its core partners, Academy of Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), and Wellstart International are a family who are the core and soul of our work. Let us continue to be a wonderful and growing circle of competence, creativity and community. Let us be full of life, always, caring and sharing. Let us grow our partnerships and expand our operating circles even more. Our future depends on it.

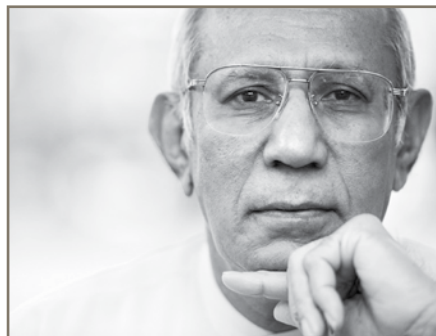
And the future is going to be only more challenging. I wish to share with you a poem by a great SUFI scholar, Hazrat Inayat Khan (1882 – 1927) that powerfully and simply explains the journey we often have to take:

“ We asked for strength,
and we were given difficulties to make us strong.
We asked for wisdom,
and we were given problems to learn to solve.
We asked for prosperity,
and we were given brains and brawns to work.
We asked for courage,
and we were given dangers to overcome.
We asked for love,
and we were given people to help.
We asked for favours,
and we were given opportunities.
We received nothing we wanted,
but we received everything we needed. ”

The WABA story, in many ways, has been the message in the above poem, born out of great challenges, requiring deep responses. The results have been amazing and we have made a difference. Do read this book.

Our hope is that it will inspire a whole new generation of health activists as well as serve as a model of global mobilisation for change.

I wish to particularly thank Sarah-Joy Amin, the former Executive Director of WABA for her diligent and engaging work in getting this book done. I also wish to record my special thanks to Julianna Lim, a former Deputy Executive Director, who did what I would to call the “first edition”. It was entitled “Nurturing the Future – The Natural Way” and to mark 20 years of WABA. The core message of this foreword was originally written for that book and I chose to expand on it as I continue to be inspired, myself, by this continuing and fascinating journey.



Anwar Fazal is the Director of the Right Livelihood College, former President of Consumers International and a recipient of the Right Livelihood Award popularly known as the "Alternative Nobel Prize."

I am looking forward to the next 25 years!

Dato' (Dr) Anwar Fazal

Chairperson Emeritus,
World Alliance for Breastfeeding Action (WABA).
7 August 2016.

(On this day, the breastfeeding movement, led by Mother-to-Mother Peer Support (MMPS), in Malaysia entered into the Malaysian Book of Records for the largest number of mothers to breastfeed simultaneously throughout the country).

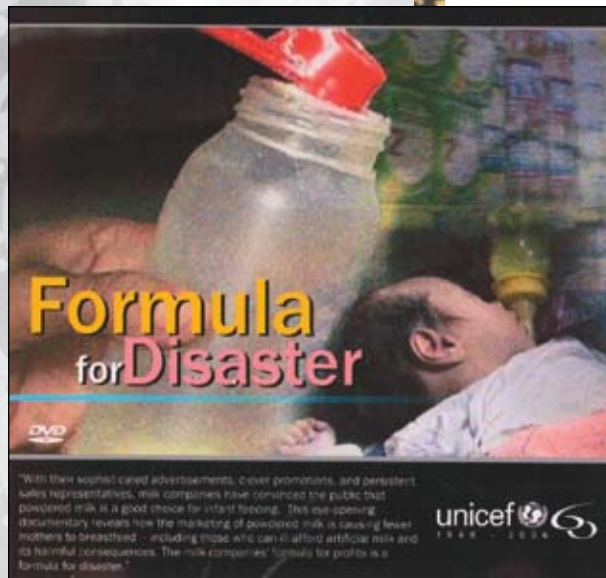


WORLD ALLIANCE FOR BREASTFEEDING ACTION

Protect, Promote and Support Breastfeeding Worldwide

1. The Issue

According to *The Lancet*, a leading medical journal, suboptimum breastfeeding results in more than 820,000 child deaths annually. Optimal infant and young child feeding (IYCF), as recommended by the World Health Organization (WHO) and The United Nations Children's Fund (UNICEF), refers to mothers initiating breastfeeding within one hour of birth, and breastfeeding exclusively for the first six months. At six months, breastfeeding is continued with nutritionally adequate, safe, local, age-appropriate, responsive complementary feeding for two years or more. (See: <http://www.thelancet.com/series/maternal-and-child-nutrition>)



It is estimated that 13% of under-five deaths can be prevented by breastfeeding. A further 6% can be prevented by ensuring optimal complementary feeding. This means that one in eight of the young lives lost each year could be prevented through optimal breastfeeding, making it one of the most effective ways to prevent diseases and malnutrition. Initiating breastfeeding within the first hour of birth can reduce neonatal mortality by 22%. Unfortunately more than half of the world's newborns are not breastfed within the first hour.

Diarrhoea and pneumonia are common causes of death in infants who are artificially fed. A non-breastfed child is ten times more likely to die from diarrhoea in the first six months of life than an exclusively breastfed child. Breastfeeding also prevents a range of non-communicable diseases such as obesity, diabetes, eczema and wheezing.

Breastfeeding with appropriate complementary feeding saves more lives than any other preventive intervention.

Not only is breastfeeding healthy for babies, there are many benefits for mothers as well. Research shows that mothers who breastfeed their babies have a lower risk of developing diabetes, osteoporosis, breast, ovarian and uterine cancer, hypertensive and cardiovascular diseases (Lancet, 2016).

Mothers and babies who do not breastfeed run these risks when infant formulas are introduced. WABA calls it the *Dangers of Infant Formula*. However, despite the many risks involved in formula feeding, globally, only 36% of mothers exclusively breastfeed their babies until six months of age.

Given the overwhelming number of studies and research that support it, breastfeeding would seem to be the obvious health decision made by families. However, for a majority of the global population numerous challenges have to be overcome to successfully breastfeed a child. Some of these challenges include:

- lack of awareness of the importance of breastfeeding;
- inadequate access to skilled support;
- aggressive and unethical marketing by baby food companies;
- unsupportive working environments and childcare policies;
- community and cultural practices that do not support breastfeeding.



WABA and our allies work consistently to overcome these challenges, in order to create an enabling environment so that breastfeeding is a universal norm.

“ Can you name a miracle food that is universally available, free and can save children’s lives and maybe even make them smarter? That’s not a trick question. There really is such a substance, now routinely squandered, that global health experts believe could save more than 800,000 lives annually. ”

– Nicholas Kristof, *A Free Miracle Food* (2013)

2. The Birth of WABA

In 1991, UNICEF hosted a Non-Governmental Organisation (NGO) planning meeting in New York to follow up on the landmark *Innocenti Declaration* 1990. The Declaration calls on all governments to create an enabling environment for women to practice exclusive breastfeeding, through the protection, promotion and support of breastfeeding. (See: <http://www.unicef.org/programme/breastfeeding/innocenti.htm>)



Photo courtesy of Peggy Koniz Booher

The meeting in 1990 that led to the Innocenti Declaration, Florence, Italy.

The Innocenti Declaration was adopted by 32 governments and 10 UN agencies at the UNICEF/WHO meeting. The meeting was co-sponsored by the United States Agency for International Development (USAID) and the Swedish International Development Cooperation Agency (SIDA) on 1st August 1991 – a date that was later commemorated annually as the start of World Breastfeeding Week (WBW).

Many influential advocates of breastfeeding, global policy and decision-makers recognised that in order to achieve the operational targets set by the , a strategic and coordinated global effort was required. This would need to involve diverse actors at multiple levels to bring about the needed social change. What was apparent was that global social mobilisation was needed.

This recognition gave rise to the birth of the World Alliance for Breastfeeding Action (WABA). WABA was born on 14th February 1991 at the UNICEF headquarters in New York – an umbrella network of organisations and individuals who believe that breastfeeding is the right of children and mothers, and who dedicate themselves to protecting, promoting and supporting these rights.

The key groups that founded WABA included the American Public Health Association (APHA), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), International Organization of Consumers Unions (IOCU, now known as Consumers

WABA Steering Committee,
1993, Penang, Malaysia.





Committee members working on the text of the Innocenti + 15 Declaration; Miriam Labbok, Felicity Savage and Sarah Amin from the WABA delegation.

International), La Leche League International (LLLI) and the World Council of Churches. Among the individual founding members were Professor Derrick and Patrice Jelliffe of the University of California, Dr Michael Latham of Cornell University, Dr Audrey Naylor of Wellstart International, Pat Young of the US World Food Day Secretariat, Dr Felicity Savage of the Institute of Child Health, Dr Penny van Esterik of York University, and Anwar Fazal representing IOCU.

The historic founding meeting of WABA had the full support of UNICEF, in particular the then Executive Director Jim Grant and two key UNICEF advocates, Margaret Kyenkyia and Janet Nelson. This led to an active partnership in the same year, which continued in the years that followed. WABA provided a platform for researchers, mother-to-mother support groups, trainers, healthcare professionals, development workers, leading international experts in infant and young child feeding, policymakers and grassroots activists to form a mega alliance to encourage every sector to commit to protecting, promoting and supporting breastfeeding.

“Nurture and nurturing the future”...



WABA Steering Committee with IBFAN-GIFA friends, Geneva, 1994.

“ Last month I read Adam Fifield’s book on Jim Grant, “A Mighty Purpose: How Jim Grant Sold the World on Saving Children”. In it, he explores how Jim Grant brought people and projects together to solve problems like child malnutrition. As UNICEF geared up its child immunisation, growth monitoring and oral rehydration projects, Grant challenged NGOs to create something that would mobilise global support for breastfeeding. Over lunch, in a New York diner, WABA was born. Through the creation of diverse coalitions with partner groups, WABA continues to work around the edges where the challenges to breastfeeding are greatest: gender equity, father support, human rights, and food security.

I have spent the last few years trying to build on WABA’s phrase, “nurturing the future”. Building on lessons learned from my Southeast Asian colleagues, I have attempted to tease out the meaning of nurture in diverse languages in the region and beyond. Breastfeeding is at the core of ‘nurture’ and without vigilance, we are in danger of losing some of the customs that support nurture under conditions of modernity. I have tried to develop this argument in a recently completed book called the ‘Dance of Nurture’ with my colleague, Richard O’Connor. In it, we use anthropology to unpack the importance of nurturing

practices like breastfeeding and customs that support new mothers. Much of the argument is inspired by my experience working with WABA at local and global events. ”

*– Penny van Esterik, Founding Steering Committee (SC) member,
and former Women and Work Task Force Coordinator*

3. Connecting People, Building Bridges, Linking Movements

“When I first heard that WABA was “a NETWORK of NETWORKS” years ago, I had a light-bulb moment. “Yes, of course!” I thought.

A network can be like a fishing net, strong, with each cord contributing to the strength and flexibility of the whole. The materials are fit for the purpose. The net I see is community-owned by the village or the extended family. No one says, “this is mine,” for it is OURS. When there are a small number of fisher folk working the net, the net is small and, however plentiful the fish in the sea, only those that the net can scoop in will be pulled in to the beach. With more workers, the network is added to and the net is extended. It grows to meet new needs.

If it is damaged, clever fingers work together to repair it. Those with net-making skills weave the strands of fibre together, assisted by those who learn the skills. Others support them with food or materials. Not everyone in the network has the same skills, but all contribute. When a net has been mended many times, some sections are original, some are new, but they are all part of the whole, working together.

Other images or concepts of networks are about telecommunication, computer and social media networks. Whatever type of network we visualize in this extended metaphor, COMMUNICATION between contributors is important, whether non-verbal communication among fisher folk at the seashore, or verbal or electronic communications in this age of mobile devices, Skype, and social media.

It is this network structure that, in my view, is a great strength of WABA. It is how, time after time, WABA makes the seemingly impossible, possible.”

– Virginia Thorley, WABA International Advisory Council (IAC)

From the outset, WABA's goals were to re-establish and maintain a global breastfeeding culture. WABA's mission was to eliminate obstacles to breastfeeding, to promote regional and national cooperation and to advocate for breastfeeding, as well as to link to areas of development, women's rights, environment and human rights.



As a people's movement, WABA has from its inception acted as an open, encompassing and enabling structure. It works on the principle of respecting the independence and autonomy of participating groups and individuals, while fostering strong local, national, regional and international networks and organisations.

WABA plays a multitude of roles and has been aptly described as a hub, incubator, accelerator, multiplier and a catalyst.

Organisations that were part of the inception of WABA and subsequently became Core Partners are:

- International Baby Food Action Network (IBFAN)
- La Leche League International (LLLI)
- International Lactation Consultants Association (ILCA)
- Wellstart International (Wellstart)
- Academy of Breastfeeding Medicine (ABM).



“ Little did I know when Beth Styer (then WABA Steering Committee member) invited me to join the WABA Mother Support Group Task Force (MSTF) in 1992, and to attend a meeting in Penang, that I would still be a participant of this wonderful organisation almost 25 years later! At the time, I only knew that WABA was working with breastfeeding, but I was not very knowledgeable about the overall organisation. I accepted the invitation and it has been an exciting journey of conferences, meetings, friendships, discussion, learning about WABA, travel, new initiatives, fun, and very good times!

Because I have been a member of La Leche League International (LLLI) for 37 years, it might not make sense that I have enjoyed so much participating in another organisation that is working on the same subject. However, I have always felt that WABA is truly a “value added” structure. This idea was presented and discussed at one of the meetings, and I totally agreed then and still do. For some organisations that have similar missions, working as partners is challenging and doesn't always work, but, WABA does succeed in partnering with entities with breastfeeding missions, such as LLLI and ILCA.





Rebecca Magalhaes (left)
with Chris Mulford.

In attempting to describe, in my personal view, how WABA has arrived so successfully at its 25th Anniversary, top on my list would have to be the PEOPLE who have been and still are part of WABA. In the final analysis, it is the people who interact with each other, the people who demonstrate their passion for breastfeeding, the people who work together, who make an organisation. This is particularly true with WABA. When I think of WABA, I think of the many people I have met, worked with, and with whom I have become friends. Thank you, WABA, for all you have done for the world of breastfeeding and also for me. I appreciate very much being part of this organisation. ”

– Rebecca Magalhaes, former MSTF Coordinator and SC member

As a single issue movement, a key strategy for WABA has been to show how breastfeeding is linked to larger development issues, and to connect with other movements. This has over the years helped to broaden the base of actors, and put breastfeeding in other development discourses and agendas.

In order to make these connections within and across movements, WABA developed the **‘Ten Links for Nurturing the Future’**, a conceptual tool of interconnected actions needed to restore a breastfeeding culture, and to ensure the rights of women and children to food security. (See: <http://waba.org.my/resources/tenlinks.htm>)

The Ten Links cover the following areas:

- Human Rights and Responsibilities
- Food Security
- Women’s Empowerment
- Community Participation
- Baby-Friendly Cultures
- Integrity
- The International Code
- Capacity Building
- Advocacy
- Networking

Staffs and volunteers of WABA Secretariat, past and present



4. A Roadmap of Actions and Achievements

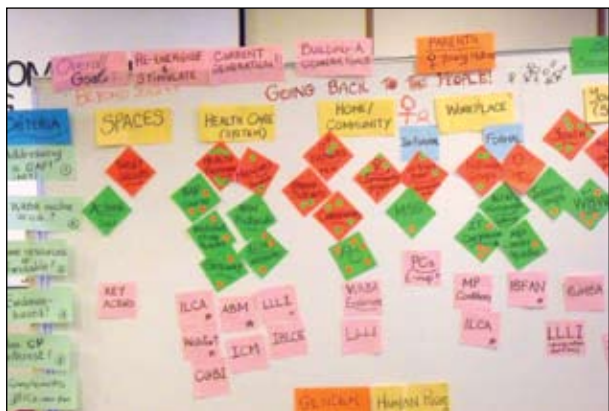


Probably the most meaningful way of charting WABA's journey is through the annual World Breastfeeding Week (WBW), and related activities that build on WBW themes. WBW is celebrated every year from 1st to 7th August in over 170 countries (with some countries celebrating either earlier or later). At the first WABA meeting, Anwar Fazal proposed that WABA have one unique unifying social mobilisation event that can build solidarity and action. He suggested holding a World Breastfeeding Day, but the team at UNICEF New York felt that a full week would be more effective and thus it became a week. What started as an idea to commemorate the Innocenti Declaration in 1991 has turned into an annual campaign which WABA has successfully coordinated and organised annually for the past 24 years. Yet showcasing WABA's WBW journey in itself does not sufficiently capture the organisation's remarkable steps forward, or insightful and courageous ventures. One needs to explore some of the major advocacy efforts and strides made over this period.

Additionally, we draw on the stories and accounts of remarkable people who have walked through WABA's doors and who made an impact. Some stayed for short but meaningful periods, while others continued to offer significant leadership and programmatic action on key issues for decades. Without these individuals, WABA would not have been so rich, dynamic and soulful. Therefore, the voices and experiences of these WABA stalwarts are woven in this book in the form of quotes or anecdotes.



WABA Steering Committee Meeting with UNICEF and IBFAN friends. Janet Nelson is on far right, standing.



Building the WABA Strategic Plan.



WBW 1993, Toronto, organised by Penny Van Esterik.

WABA has helped to shape the global breastfeeding agenda among many actors, and across a range of themes. The theme of each WBW is selected based on consultations and discussions between the WABA Steering Committee, Core Partners, Task Forces and Regional Focal Points. Key writers selected for their expertise or specialisation in specific thematic areas shine the global spotlight on important issues, and develop creative ideas for mass mobilisation. The global community is then encouraged to address these issues, create awareness, and take action.

Over the years, the WBW themes have covered a variety of breastfeeding issues and related contexts relevant for global breastfeeding advocacy. These include healthcare systems, women's employment, women's work, the marketing practices of breastmilk-substitute companies, national laws and practices on the marketing of breastmilk-substitutes, community action, ecology, economy, science, education, communication, youth and human rights.

WBW campaigns increased global awareness and action on specific issues. The campaigns also strengthened and brought cohesion to the global breastfeeding movement. As an annual week-long event, WBW provides a common platform for action and a shared identity among groups and individuals who are otherwise not directly connected. It has provided an opportunity for governments to reach out and engage with national breastfeeding organisations and community groups. WBW is endorsed annually by WHO and UNICEF and, depending on the themes, by FAO, ILO and global health associations such as the International Pediatric Association (IPA) and the International Confederation of Midwives (ICM).

“I observe that one of the things that struck me from the first WBW—and has been confirmed, I think by a truly global experience – is that WBW is truly a bottom up approach to transforming societies through reflection and action, to creating a truly global consciousness about the importance of breastfeeding. WBW is literally a universal opportunity for plain folk to make their voices heard and to help shape a saner global environment.”

– James Akre, formerly of WHO's Nutrition Section



“ I was raised by a breastfeeding mother and grew up thinking that was the only way to feed an infant. Reality hit hard from the moment I became a mother for the first time. Connecting to WABA and the Core Partners was like finding an open window. Over the years I have found supportive information, understanding and most importantly the means to take action. No mother deserves to have to struggle with misinformation or negative pressure.

Moreover World Breastfeeding Week provides an annual blast of informative motivation with options to educate, inform, and most of all “ACTIONS” that have positive impact. Today I am proud and honored to serve on the WABA Steering Committee, as we work toward stronger partnering with our original Core Partners and actively continue to build the strongest breastfeeding alliance possible. ”

– Anne Batterjee, current WABA SC member

World Breastfeeding Week Themes over the years

1992 Baby-Friendly Hospital Initiative (BFHI)
1993 Mother-Friendly Workplace Initiative (MFWI)
1994 Protect Breastfeeding: Making the Code Work
1995 Breastfeeding: Empowering Women
1996 Breastfeeding: A Community Responsibility
1997 Breastfeeding: Nature's Way
1998 Breastfeeding: The Best Investment
1999 Breastfeeding: Education for Life
2000 Breastfeeding: It's Your Right
2001 Breastfeeding in the Information Age
2002 Breastfeeding: Healthy Mothers and Healthy Babies
2003 Breastfeeding in a Globalised World for Peace and Justice
2004 Exclusive Breastfeeding: the Gold Standard – Safe, Sound, Sustainable
2005 Breastfeeding and Family Foods: Loving & Healthy – Feeding Other Foods While Breastfeeding is Continued

2006 Code Watch - 25 Years of Protecting Breastfeeding
2007 Breastfeeding: The 1st Hour – Save ONE million babies!
2008 Mother Support: Going for the Gold Everyone Wins!
2009 Breastfeeding: A Vital Emergency Response
2010 Breastfeeding, Just 10 Steps! – The baby friendly way
2011 Talk To Me! Breastfeeding – A 3D Experience
2012 Understanding the Past – Planning the Future – Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding
2013 Breastfeeding Support: Close to Mothers
2014 Breastfeeding: A Winning Goal for Life!
2015 Breastfeeding & Work: Let's Make it Work
2016 Breastfeeding: A Key to Sustainable Development



5. Transforming Hospitals and Healthcare Practices, Improving Breastfeeding Support

The Baby-Friendly Hospital Initiative (WBW 1992)

Th Baby-Friendly Hospital Initiative is the second operational target of the *Innocenti Declaration* 1990. It calls on all governments to ensure that every facility providing maternity services complies to all of the Ten Steps to Successful Breastfeeding by 1995. 'The Ten Steps' (as it is commonly called) was set in the joint WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity service." The Ten Steps serves as a checklist for maternity services to ensure that they take all the necessary steps to support the early initiation of exclusive breastfeeding. This includes skin to skin contact, no separation of mothers and babies and the provision of ongoing support for mothers after they leave the hospital.



This drawing by Pablo Picasso is used by the Baby-Friendly Hospital Initiative (BFHI).

The very first WBW campaign focused global attention on activities aimed at changing hospital practices to support breastfeeding. For decades, poor hospital practices posed serious obstacles for women to breastfeed. Among other factors, this is primarily due to the separation of mother and baby right after birth, the lack of knowledge and skills by health staff to support women in breastfeeding, and the provision of artificial milks at the onset of a child's birth. At the time of the campaign, globally, most hospital practices hindered rather than supported a mother in breastfeeding.

“ Twenty-five years ago my two children were in their mid-teens. One had been born in Indonesia, and one in the UK, and my experiences of childbirth in both settings had led me deep into the mysteries of breastfeeding. Good as was the care I had received in other ways, anything in regard to breastfeeding was appalling. My mother had breastfed me and my 13-year younger brother, so I was appropriately prepared and determined to feed my own babies that way, but no one around me knew how to help. Somehow I figured it out, and learned what a desperate need there is for mothers to receive help for health professionals to know how to give it and how important it is. In all the settings in which I have been employed, paid or unpaid, and for the last 25 years in and out of WABA, making this happen, and advocating for others to do so, has been an important part of my work. Experience working with mothers and babies constantly reinforces my conviction that skilled help should be available for them all.



The 1970's was the time when we first became aware of the immunological properties of breastmilk, the risks of formula feeding, and the scandalous promotion of breastmilk substitutes by their manufacturers. This was also the time when breastfeeding rates all over the world had dropped drastically. The 1980's was the time when we learned about the mechanism of suckling, how babies remove milk, what can go wrong, and the crucial importance of the first hour after delivery. At the very least it was acknowledged that promotional posters are not effective by themselves, and that women need practical help and social support to enable them to breastfeed. ”

– Felicity Savage, current WABA Chairperson

A whole new approach to maternity services in hospital practices as well as physical and human infrastructure was needed to bring about a culture of support for breastfeeding. This was designed in the form of the Baby-Friendly Hospital Initiative also known as the BFHI. Baby-Friendly Hospitals create an enabling environment that supports women in their desire to breastfeed their babies. The BFHI was launched by UNICEF and WHO in 1991 to encourage hospitals all around the world to revamp and revise their policies and practices to support breastfeeding, and to obtain the 'Baby-Friendly' certification.

To be accredited as a Baby-Friendly maternity service, every facility must meet all of the *Ten Steps to Successful Breastfeeding*. (See: <http://www.unicef.org/newsline/tenstps.htm> and <http://www.tensteps.org/step-2-successful-breastfeeding.shtml>).

Every facility providing maternity services and care for newborn infants should:

1. Train all health care staff in skills necessary to implement this policy.
2. Inform all pregnant women about the benefits and management of breastfeeding.
3. Help mothers initiate breastfeeding within a half-hour of birth.
4. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
5. Give newborn infants no food or drink other than breast milk unless medically indicated.
6. Practice rooming-in, that is, to allow mothers and infants to remain together – 24 hours a day.
7. Encourage breastfeeding on demand.
8. Have a written breastfeeding policy that is routinely communicated to all health care staff.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

“Following the launch of the Baby-Friendly Hospital Initiative in 1991, Wellstart, headed by Dr Audrey Naylor, had arranged courses and trained assessors for the task. The WABA global network was prepared to accept invitations from countries under the auspices of UNICEF and WHO to evaluate a hospital’s Baby Friendliness. One of the first countries to be assessed was Turkey. I had the privilege to be part of the team carrying out BFHI assessment in Turkey. Much had been done in Turkey to improve the maternity care standards to meet the BFHI criteria, and much needed to be improved. Healthcare staff have a major task to improve the quality of maternity care, and the staffs need possibilities for continued education both theoretically and practically. The assessment team in Turkey suggested that refresher courses for staff should be held. Through the WABA network, courses were organised in Ankara with support by UNICEF. Similar activities were organised in St Petersburg, Russia and endorsed by the Russian Ministry of Health authorities.

Being part of WABA also taught me how important a global network can be to mobilise those responsible for health care practices, and early mother infant contact and breastfeeding. Based on a similar concept to the WABA alliance, the African Midwifery Research Network (AMRN) was formed in 1992 in Dar es Salaam, Tanzania. It aimed to mobilise midwives in the African region to learn from each other about both networking and research, and to improve the obstetric and paediatric care in Africa. At that time, UNICEF Zambia supported WABA and a team of healthcare staff at the University Teaching Hospital in Lusaka to evaluate ongoing maternity practices. All the maternity clinics in the Lusaka catchment area were included. After presentation to a group representing different

sectors of Zambian society, the awareness it created led to changes in clinical practices. Maternity routines started to change when more and more healthcare staff became aware of and questioned the maternity routines.

Recently I had the opportunity to ask Dr Margaret Maimbolwa, Zambian nurse-midwife, PhD and Head of Post-Basic nursing and midwifery training in Zambia: What has WABA meant to Zambia? This was her reply: “WABA was instrumental to an evaluation process by using WHO/UNICEF ten steps to successful breastfeeding, and BFHI tools from evidence based knowledge and systematic observations of clinical maternity practices. The findings of this process helped Zambian health care practitioners to be aware that separation of mothers and their newborns was not conducive to the protection, promotion and support of breastfeeding. Referring to previous Zambian studies, separation of mothers and infants caused cold, injury and mortality in the newborn, insufficient milk production, and undermining of maternal confidence. Today, routines have changed and mothers and newborns stay together after birth”. ”

– Anna Berit Ransjo Arvidson, former WABA Health Care Practices Task Force coordinator

The first WBW saw an amazing participation of 70 countries in just one year, many of which focused on reforming their hospitals to become baby-friendly. With parallel moral and financial support from UNICEF national offices and from the global headquarters, the initial momentum for BFHI was noticeable, and many countries started an upward march towards BFHI.

“ The LLLI, as the regional partner for North America, invited me to speak in front of the Lincoln Memorial for World Breastfeeding Week during the first WBW March on Washington. In the early 1990s, Americans still fully associated speaking from these steps with Dr Martin Luther King Jr’s moving “I have a dream” speech of the August 1963 March on Washington.

So, being invited to speak at the Lincoln Memorial was an amazing – and extremely daunting – opportunity. Luckily, the world of breastfeeding action is very supportive and hundreds of folks came out to march to the Lincoln Memorial on the Mall that day in the early 1990s. These marchers cared for and carried the speakers to their best moments. I believe I was invited because I had served as the Technical Secretariat for the Innocenti Meeting that led to the Declaration of 1990, which also served as *raison d’etre* for the founding of WABA. The meeting of NGO’s that followed Innocenti, which led to the birth of WABA on Valentine’s Day (February 14, 1991), was not open to those of us from academia, but we were ecstatic to hear of it. And the invitation to speak at the very first World Breastfeeding Week March in Washington was an experience I will never forget. I was able to remind all present that



civil and economic rights included the right to the best start in life through breastfeeding, but only if women were fully enabled medically, socially and economically to decide to breastfeed and to succeed in that decision.

This was only the first of many WABA-related experiences that were to follow over the next two plus decades. The Baby-Friendly Hospital Initiative (BFHI) was launched in 1990/91 in the US at my place of work, Georgetown University Institute for Reproductive Health, by James Grant, director of UNICEF following the Innocenti Declaration of 1990. The Declaration called for all maternity centers worldwide to practice a set of 10 specific practices– the Ten Steps– by 1995 in order to reduce barriers to breastfeeding initiation, and to enhance women’s achievement of their breastfeeding goals. Today, more than 152 countries worldwide have Baby-friendly Hospitals, and, globally, 28% of hospitals have been designated as Baby-Friendly since 1991.

WABA has played an active role in creating and maintaining this global awareness towards the BFHI, and continues to support the vital changes called for at the Innocenti Centre in Florence, Italy, including the early, extensive, and continuing work to ensure that workplace accommodation and paid maternity leave stays on the global political agenda.

In many ways, I feel that the last two-plus decades of my life’s work have paralleled that of WABA, trying to create a world in which the Innocenti goals are achieved. But what a personal pleasure it has been to work with and be a part of this global organisation, dedicated to enabling women everywhere to have the civil and economic, let alone social and medical support needed to be a breastfeeding mother in today’s world. Thank you WABA for creating the atmosphere that has allowed me to work for all women in this manner. Happy 25th Anniversary! ”

– Miriam Labbok, WABA SC co-chair

A large part of WABA’s on-going promotion of the BFHI and general breastfeeding advocacy among healthcare professionals has been to reach out to professional health and medical associations such as the International Paediatric Association (IPA), International Midwives Confederation (ICM) and many more. Dr Raj Anand, WABA’s former SC co-chair has been one of those stalwarts constantly looking for opportunities to ‘convert’ healthcare professionals and healthcare workers into breastfeeding advocates.

Subsequently, WABA Steering Committee (SC) and various International Advisory Council (IAC) members have followed suit with varying degrees of success. The IPA for example has become more sensitive to ensuring that speakers and content of presentations at their global conferences are free of industry sponsorship and vested interest (albeit not always with success). Meanwhile the ICM has invited WABA to help review and develop their



ethical positions on Code compliance and integrate breastfeeding support principles and guidance in different position papers. Collaboration with ICM has led to including midwives in breastfeeding training programmes through several scholarships. The fact that midwives are frontline healthcare workers dealing with mothers during the antenatal and perinatal period makes it important for WABA to have them as allies and close partners.

“Let Good Unite” – Last month, the ‘Committee on Obstetric Practice’ of the ‘American College of Obstetricians and Gynecologists’ gave its opinion on ‘Optimizing Support for Breastfeeding as Part of Obstetric Practice’. Similarly, the International Academy of Paediatrics (IAP) has an active ‘Committee on Infant and Young Child Feeding’. Let our members join hands with local, national and international organisations, and work more closely with WHO and UNICEF to protect, promote and support breastfeeding.

– Dr Raj Anand, IAC Co-chair

Subsequent WBW campaigns that built on this theme were in 2007 and 2010.

Breastfeeding: The 1st Hour – Save ONE Million Babies (WBW 2007)



Immediate initiation of breastfeeding and exclusive breastfeeding for six months can save the lives of more than one million babies. WABA decided that one way to revive BFHI advocacy was to zero in on the vital message that newborns have to receive breastmilk within the first hour of birth as a life saving measure. An examination of 37 countries, covering 60 per cent of the population in developing countries by the Bellagio Child Survival Group published in The Lancet in 2003 revealed an increase in the rates of exclusive breastfeeding from 34% to only 41% in the first six months of children’s lives. Studies suggest an additional 1.3 million children would be saved annually if this rate were increased to 90%, while neonatal mortality would be reduced by 22% when children are breastfed within an hour of birth.

Skin to skin and initiation of breastfeeding within the first hour of birth.

The 2007 WBW campaign therefore called upon policymakers, health workers, families and community actors to ensure conducive conditions for mothers and babies to start breastfeeding during the first hour of birth.

“In a world where more than 10 million children die before their first birthday due to preventable causes, and where malnutrition is still rampant and associated with over half of all childhood deaths, there is simply no time to waste. Let's start with the first hour.”

– Dr Margaret Chan, Director General of WHO (2007)



The Children for Breastfeeding team who organised and coordinated the Synchronised Breastfeeding Global event.

Synchronised Breastfeeding Worldwide Campaign (WBW 2007)

WABA in partnership with Children for Breastfeeding, Philippines, organised a synchronised breastfeeding event globally in conjunction with WBW 2007. Mothers and babies in 14 countries joined efforts to breastfeed in a global synchronised breastfeeding project on 8th August 2007. The event, carried out at 325 sites in 14 countries at 10 a.m. their local time, attracted 10,103 mother-baby pairs. A total of 9,826 mother-baby pairs successfully latched on for one minute.

This inaugural world attempt saw the participation of breastfeeding groups in Asia, Europe, Africa, North America and Latin America. This feat crossed national boundaries in a collaborative, global effort to promote, protect and support breastfeeding. It also aimed to elevate breastfeeding to a level where it is considered the norm, where mothers and children are proud to breastfeed and do so in public.

The effort for global synchronised breastfeeding also brought the attention of policymakers and communities alike to recognise the importance of initiating breastfeeding within the first hour. The events attracted collaboration from UN agencies, governments, hospitals and other NGOs. The main organising group Children for Breastfeeding, noted that the, “authorities who attended our event were very touched. Many braved storms and continuous rains in Asia to join this historic event. Many mothers and babies were also accompanied by spouses and other family members as a sign of family commitment towards helping mothers to breastfeed successfully”.



Participants from Dominican Republic.



Breastfeeding: Just Ten Steps! The Baby-Friendly Way (WBW 2010)

In 2010, the Baby-Friendly theme was again revisited. It was a theme that was specifically selected to commemorate the 20th Anniversary of the *Innocenti Declaration*. Since the first WBW in 1992, more than 20,000 maternity facilities which is about 28% of all maternities in 152 countries around the world, have fully implemented the Ten Steps, and have been certified by the Baby-Friendly Hospital Initiative (BFHI).

During this time, increased rates of exclusive breastfeeding had contributed to the decline in child mortality from 13 million in 1990 to 8.8 million in 2009. Studies have also shown that when a greater number of the Ten Steps are practiced, more women are likely to achieve their breastfeeding intentions. However, reduced BFHI programming worldwide, inadequate training, and weakened compliance to the Ten Steps in accredited maternities have contributed to stagnant or declining exclusive breastfeeding rates in various settings.

There was therefore an urgent need to revitalise BFHI activities within the health systems, and to ensure that health workers who care for mothers and babies are adequately trained to counsel and support them in optimal infant feeding.

“A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.”

– Grantly Dick-Read, British obstetrician

In early 1992, the Chairman of WABA, Anwar Fazal visited me with Sarah Amin who was the newly appointed WABA Coordinator. At this meeting, we started working on the WBW campaign. The launch of WBW in August 1992 gave us (PPPIM, the first Malaysian breastfeeding group) the initial boost to further national breastfeeding advocacy efforts. This provided a platform for PPPIM to organise more events and subsequently to involve the Ministry of Health in an active way. After the successful first year, the Ministry of Health asked PPPIM to organise the second WBW in order to launch the Baby-Friendly Hospital Initiative in a big way. The Queen was the Guest of Honour and she launched the BFHI in the country's busiest Maternity Hospital. This gave breastfeeding such high visibility and nationwide media attention in the country for the first time.



Siti Norjinh Moin (right), mother of the Malaysian breastfeeding movement, with Tengku Ina.

Since 1993, World Breastfeeding Week and the Baby-Friendly Hospital Initiative have become the focus of breastfeeding efforts in the country. Training was the key component. Then UNICEF Regional's Director Dr Lye Maung appointed PPPIM to provide the '40 Hours WHO/UNICEF Breastfeeding Counselling: A Training Course'. To improve the quality of training in the country, Dr Felicity Savage, then from WHO, was brought in to train five national trainers and we immediately trained others from neighbouring countries, namely, Malaysia, Indonesia and Myanmar. Since then, PPPIM has been providing various training support for healthcare workers, healthcare professionals, as well as breastfeeding mother-to-mother support groups. Currently, we are running training programmes to make more hospitals Baby-Friendly.

Since 1992, PPPIM also sits on the Ministry of Health's various committees: on the Code of Ethics on Infant Formula Products, the Disciplinary Committee of the Code, Codex Alimentarius and on World Breastfeeding Week. The rest is history! There are just too many stories to tell of all the collaborative efforts between PPPIM and WABA over this 25-year period. WABA has brought together the Ministry of Health, Ministry of Defense, other key ministries, local and international agencies and NGOs to enhance PPPIM's work in breastfeeding. This has been instrumental in so many ways as such support from WABA has assisted PPPIM to strengthen and spread breastfeeding awareness from 1992 to the present from the top to the bottom at most levels! Thank you.

– Siti Norjinh Moin, PPPIM President and WABA Local Governance Coordinator



BAP Course Director Dr Felicity Savage conducting a session during the 2012 BAP Course.

WABA Breastfeeding Advocacy and Practice (BAP) Course

Under the BFHI, health care workers in a maternity facility must be trained. Initially, training was done through an 18-hour course developed by WHO/UNICEF. Subsequently, this was revised to the 20-hour course. Standard courses have been developed for health personnel and made available by local BFHI authorities. These courses range from 20 hours to 40 hours.

At WABA, the Training and Education Working Group, together with the Health Care Practices Task Force have, over the years, advocated for a higher level training course/programme that was more advanced for doctors and senior healthcare professionals. This was in order to equip them with more evidence-based knowledge that would enable them to effectively advocate, set policies, develop curriculum and conduct training be it at national, ministerial, hospital or departmental levels.



BAP course participants in a practical session on breastfeeding positioning.

Since 2007, WABA in collaboration with the Infant Feeding Consortium (IFC), London, England, has been conducting a highly popular two week regional Breastfeeding: Advocacy and Practice (BAP) Course. The main aims of the course are to extend and up-date participants' technical knowledge on lactation, and evidence based international policy recommendations on infant and young child feeding. It also aims to develop participants' capacity to implement policies and strategies to improve infant feeding in participating countries. In addition, the course enhances the participants' practical skills for working with mothers and babies, acting as resource personnel or focal points on infant feeding, and training others on breastfeeding.

After leaving WHO in 2001, I returned to WABA as a member of the Steering Committee, and subsequently Chairperson. The Education and Training Working Group was formed, which advocates for strengthening breastfeeding curricula in medical and nursing schools. Wellstart made available through the WABA website their Lactation Management Self-Study Module Level 1, (See: <http://wellstart.org/Self-Study-Module.pdf>) which many medical students find a valuable introduction to the subject. A major project has been the development of the 2-week Breastfeeding Advocacy and Practice (BAP) course, based on the London Breastfeeding Practice and Policy (BFPP) course at the Institute of Child Health, and organised by WABA in Penang in collaboration with the Infant Feeding Consortium (IFC) from the UK. It is aimed at the same target group of resource people as the London course, and although shorter, it has the advantage of access to more mothers and babies for clinical practice. There have now been six BAP courses, and these have led to outreach courses being introduced in a number of other countries, for both medical and nursing colleges, and also community workers

There are now many more training activities for infant and young child feeding all over the world, particularly in-service and community based training using and adapting materials developed by WHO and UNICEF and other organisations, including WABA and its partners. There are more conferences, large and small, and much excellent material available on the internet, including easily accessible videos. But there are still insufficient resource people able to pass on the clinical and practical skills necessary to ensure that the help mothers receive is effective. Videos are a vital training aid, but they are not a substitute for supervised clinical practice to ensure that counsellors and supporters have the necessary competencies and confidence. WABA can play an important role in ensuring that practical training continues, and in advocating for appropriate, consistent training at all levels from university teachers, to healthcare professionals, to peer counsellors and community healthcare workers, and for co-ordinated deployment of these skilled workers. Alumni from the BFPP and BAP courses are encouraged to consider using for

their own on-going training programmes the WHO/UNICEF 'Breastfeeding Counselling: A training course', as it is particularly designed for teaching practical and counselling skills, and for training trainers. I was fortunate that I was involved in the development of this course when I worked with WHO, and subsequently in its update and revision. Every effort is made to ensure that all the courses for healthcare workers are consistent in what they teach, to achieve common understanding and practices of people trained at different levels.

Evidence is now available that with a combination of baby-friendly hospital practices, and coordinated skilled follow-up support from health services and community based workers, exclusive breastfeeding rates can increase substantially. For me it is a privilege to be able to work with an organisation which can contribute meaningfully to such an exciting development.

– Dr Felicity Savage, WABA Chairperson



Felicity Savage with Raj Anand.

How much time friends like Felix, Helen Armstrong, Margaret Kyenkya and others gave to go all over the world to train trainers for counselling mothers for successful breastfeeding. I myself learned so much going along with them.

– Dr Raj Anand, IAC Co-chair

As of November 2015, over 140 healthcare professionals in 26 countries have been trained.

The results have been significant, for example follow up of the Regional BAP Course of 2008 was seen in several Asian countries: Course director and WABA Chair, Dr Felicity Savage, conducted follow-up national trainings in Thailand, the Philippines, and India. Designed to suit national needs, leadership came from national officials previously trained in the WABA BAP course. Potential for promotion of baby-friendly practices and hospital policies were high. Meanwhile specific impacts in Malaysia included: after BAP Courses of 2007 and 2008, Malaysia gained 3 IBCLCs; one being a staff of the WABA secretariat. The head of the Malaysian National Lactation Centre, a senior gynaecologist, developed a new protocol for Caesarian Sections, enabling babies to be immediately put 'skin-to-skin' with their mothers, that facilitates breastfeeding.

The BAP Alumni from Kiribati shared her experience since returning from the 2011 BAP Course:

- “ 1. I have conducted a training on skin-to-skin within the first hour of birth in the obstetric ward and during Cesarean section in the operating theatre, and Kangaroo Mother Care in the intensive neonatal unit, and also in obstetrics ward to born-flat babies;
2. Re-enforcement of the practices: senior nurses in each ward were tasked to develop their own way of recording that the nurses are doing such practices efficiently and effectively;
3. Together with our Integrated Management of Childhood Illness (IMCI) program manager and our national nutritionist, we have conducted an Infant Feeding and Breastfeeding Promotion or Awareness Training for the Island counselors, representatives from NGOs and also to the community members (apart from healthcare professionals) in Abemama (UNICEF CONVERGENCE ISLAND). ”

– Tekaboi Teikake Teriano, Principal Nursing Officer, Kiribati

Alum members of the 2012 and 2013 BAP Course provided updates on their activities, for example:

Indonesia: Modifications to include substantial breastfeeding and IYCF topics in the midwifery syllabus

Thailand: Completed development of Breastfeeding Curriculum and audio-visual materials for nurses (RNs); cooperated with the Nursing Council and Faculty of Nursing in four regions to train nurses dealing with mothers in hospitals and the community (supported by UNICEF).

DPR Korea: Involved in finalisation of national nutrition strategy and 2014-18 action policy document, and IYCF guidelines (endorsed by MOPH in mid-2015) to advocate and promote optimum IYCF practices

The first WABA-ILCA Fellow, Sue Saunders trained the first batch of peer counsellors in Penang.



WABA-ILCA Fellowship: Training on Breastfeeding Support

Another avenue for training both healthcare practitioners and mother-to-mother support groups at WABA has come from several of the ILCA Fellows volunteering at the Secretariat. The WABA-ILCA Fellowship was formally launched in 2007. The first Fellow was Sue Saunders from the UK who participated in the WABA Global Breastfeeding Partners Meeting (GBPM) and subsequently commenced her term at the WABA Secretariat. This programme continues successfully till today, and six more WABA-ILCA Fellows namely Johanna Bergerman (Canada), Denise Fisher (Australia), Nancy Forrest (USA), Eileen Shea (Canada), and Geraldine Cahill and Genevieve Becker both from Ireland have shared their expertise and knowledge.

Denise Fisher – WABA-ILCA Fellow giving a talk on lactation management to health care professionals, students, lecturers, trainers and community health nurses at the Penang Medical College.



The WABA-ILCA Fellowship is now known as the Chris Mulford WABA-ILCA Fellowship in honour of the beloved late Chris Mulford. Chris, a long-standing ILCA member, helped to guide the birth and growth of the International Lactation Consultant as a profession with her gentle spirit and wise leadership. Chris first joined WABA in 1996 at the first WABA Global Forum in Bangkok, Thailand and became a long term volunteer at WABA. She paved the way for the first WABA-ILCA Fellowship in 2007.



Chris Mulford.

In 2010 WABA was invited to the International Lactation Consultant Association (ILCA) Conference in Texas, USA. This event provided opportunities for cross-fertilisation of ideas between WABA and ILCA. WABA was introduced to the International Board of Lactation Consultant Examiners (IBLCE) team at the conference, and the interaction led to WABA becoming a Continuing Education Recognition Points (CERPs) provider. WABA could offer CERPs at its Global Breastfeeding Partners Forum and the 2011 BAP Course. As a result, many International Board Certified Lactation Consultants (IBCLCs) know more about WABA and are participating in WABA events. The long-term goal for both ILCA and WABA is to see more lactation consultants worldwide become involved in international breastfeeding advocacy.



Sallie Paige (centre) with Chris Mulford (left) at WABA Global Forum 2.

Connections – one never knows where connections will lead you. In the late 1980s, I participated in the first Wellstart United States training course under the direction of Dr Audrey Naylor. From there, I became an IBCLC, and integrated lactation management into my Paediatric Nurse Practitioner practice, as well as attempted to encourage my institution to adopt more Baby-Friendly practices. Then, I was tapped to serve as the President of ILCA, and was given opportunities to represent ILCA at WABA workshops related to HIV and infant feeding held first in Tanzania, and then in Zambia. My connections with Dr Naylor and ILCA then led to being named the ILCA liaison to WABA – an amazing three-year experience. Meeting breastfeeding advocates from all over the world: hearing the stories, and seeing the clinics supported by UNICEF and others opened my eyes widely. Seeing the difference that implementation of WHO/UNICEF policies could make for women and their children was far more powerful than reading the compelling reports. WABA's network for advocacy includes amazing women and men working on behalf of the women and children of this world. At times, I am discouraged thinking about all that needs to be done, and then

I'm reminded that we just have to think about one mother and baby at a time, and change will happen, facilitated by members of WABA's extended family network.

– Sallie Page-Goertz, ILCA and former ILCA liaison to WABA



Dr Audrey Naylor

Online Resources for Healthcare Professionals

Led by Dr Audrey Naylor in the earlier decades, Wellstart's Lactation Management courses were among the top two global courses on breastfeeding for healthcare professionals, alongside the London IFE course. As funding declined and the Wellstart central office closed, leadership moved to making training resources available online. Over the years, WABA has promoted Wellstart's 'Lactation Management Self-Study Modules Level 1' intended for use by medical and nursing students as they begin their clinical assignments. Currently in its 4th edition the Self-Study Modules are also available in Spanish and Indonesian. As WABA's Core Partner Wellstart International envisages this tool as a way to help increase general knowledge on lactation, and to promote breastfeeding to health care providers irrespective of their areas of specialisation.

Another set of reliable resources for healthcare professionals come from the Academy of Breastfeeding Medicine (ABM), also a Core Partner of WABA. ABM develops clinical protocols which serve as guidelines in caring for breastfeeding mothers and infants. WABA actively shares and promotes these protocols, which are available online at ABM's website www.bfmed.org. One such Protocol is the Breastfeeding-Friendly Physicians' Offices Protocol, which is an evidence-based guideline with specific recommendations to encourage and guide physicians in this effort. The two most recent ones are Protocol #18 on the *Use of Antidepressants in Nursing Mothers* (2015) and Protocol #26 on *Persistent Pain* (2016).

6. The Gender and Rights Approach – Threads in WABA's Work



Opening of the WABA Global Forum I.

Human rights as a framework and an operating principle came to the forefront of WABA's agenda around its first Global Forum in Bangkok, Thailand, in 1996 with the Forum theme: Children's Rights, Children's Health. For the first time in the history of the breastfeeding movement, the Forum provided a platform for discussions on rights, aiming at ensuring greater understanding of rights for women and children vis-à-vis breastfeeding.

On the whole, WABA Global Forum I did ensure a rich exchange of experiences, knowledge, skills and information on breastfeeding, young child nutrition and children's health. It also introduced new aspects of women's rights and children's rights, as well as the intersectionality and apparent dilemma of both. Where traditionally breastfeeding had been approached mainly from a medical or more scientific angle, the Forum placed breastfeeding and related issues within the social, economic and ethical contexts. Forum 1 was a critical global rallying point to move the IYCF agenda beyond the Innocenti Declaration goals, to integrate its ethical and practical dimensions so that the rights of children and women are highlighted in a significant way.

At this Forum, a number of specialists formulated a statement on infant feeding and human rights that remained instrumental to date, "a major principal in international law is that the best interest of the child must govern all matters relating to children. All children have the right, as have their mothers, to enjoy the highest attainable standard of health, through access to appropriate health services and adequate food".¹

1. The Ten Links for Nurturing the Future –Human Rights & Responsibilities



Ted Greiner.

My first real engagement in WABA came at the first WABA Global Forum in Bangkok in December 1996. My strongest memory from that meeting is of a heated debate on whose right breastfeeding is. Everyone seemed to agree that it was the right of the mother but not the baby. I did not have strong feelings either way but pointed out that this stance was illogical if one stated that everyone has the right to the highest attainable standard of health and that breastfeeding offered the healthier alternative to the baby. Under these two conditions, one was forced by sheer logic to say that breastfeeding was the right of the infant. This made me persona non grata. I was firmly informed that I was not to enter the auditorium during the coming formal discussion of this topic. Years later I had to smile when the same two women who were strongest in attacking me in 1996 switched their views to be identical to mine!

– Ted Greiner, IAC member, Former SC member and Research Task Force Coordinator



A working mother who is breastfeeding her child.

In the following years WABA's Task Force on Human Rights, and key people in the movement working on human rights, helped WABA further develop a clear position on the apparent dilemma between the rights of the child, and the rights of the woman to choose. WABA's view since is that children have the right to mother's milk as the only fully adequate form of child nutrition for the first half-year of life, and as an important supplement to the diet for the first two years of life; and, that mothers and children have a right to enjoy conditions that facilitate breastfeeding.²

This more balanced perspective recognises the symbiotic relationship between mother and child, and calls for protection and support for the mother-child pair. Here, WABA recognises the right of women to adequate information, skilled breastfeeding support and protective maternity legislation as being part of the mother's right to breastfeed in a conducive environment. WABA has therefore also been advocating for women's rights to breastfeed in its broadest sense, and that women should be supported in fulfilling this right. This is especially true in the context of paid and unpaid work where the challenge seems to be the greatest.

According to WABA, in order to re-establish a breastfeeding and family-friendly culture, a woman-centred approach to work that values women's productivity and reproductive rights, which reduces the double burden women carry, is a necessity.



George Kent.



Kamla Bhasin.



With no place to leave her baby, this mother in India works while breastfeeding her baby.

WABA has addressed this issue head on by dedicating several advocacy and social mobilisation campaigns on women's rights to breastfeed, starting with its 1993 WBW campaign on the Mother-Friendly Workplace Initiative.

Mother-Friendly Workplace Initiative (WBW 1993)

The Mother-Friendly Workplace Initiative (MFWI) was launched in 1993 as the second WBW campaign to follow-up on the BFHI. It sought to ensure that breastfeeding practices initiated in the hospitals are sustained after the mother leaves the hospital and returns home, and thereafter to the workplace. It aimed at educating the public in general and women in particular regarding their rights as working women who intend to breastfeed; and to ensure that national legislations are in place and implemented. This theme gave an important global impetus to Target 3 of the *Innocenti Declaration* that calls on national governments to "(enact) imaginative legislation protecting the breastfeeding rights of working women and (establish) means for enforcement".

In just one year, the number of countries participating in WBW had grown to more than 100.



A workplace that is supportive of breastfeeding.

Worldwide the MFWI rallied working women, unions and worker groups, health care workers, environmental and community action groups, women's groups, even employers as well as policy-makers to take on relevant action to promote and support breastfeeding at the workplace. Three essential requirements were highlighted in the MFWI to ensure that every mother can successfully combine breastfeeding and work, regardless of whether she is formally employed or not. These requirements are:

Time: paid maternity leave, flexible working hours and breastfeeding breaks.

Space/Proximity: infant/child care at or near the workplace, private facilities for expressing and storing breastmilk, clean and non-hazardous work environment.

Support: maternity benefits, job security, positive attitude towards breastfeeding in public, network of supportive women in unions and workers' group.

With this initiative, WABA had directly engaged non-traditional partners such as the trade unions, women's organisations and employers in order to make real change. The momentum of the MFWI was kept alive through the activities of WABA's Women and Work Task Force, such as the Seed Grants project, as it continued to champion the rights of women to integrate breastfeeding with productive and reproductive regardless of work setting.



Rukhsana Haider at the Global Breastfeeding Partners Forum, 2010, Penang.

In 1993, appreciating my concerns for the challenges that working women faced during breastfeeding, Professor MQK Talukder, Head of the Bangladesh Breastfeeding Foundation (BBF), entrusted me with the responsibility of setting up a new subcommittee so that we could organise the World Breastfeeding Week that year, the theme being “Mother-Friendly Workplace Initiative”, and then implement relevant activities. We started advocacy for increasing paid maternity leave from 12 weeks to 20 weeks. It took several years, but we were thrilled when Bangladesh got an extension to 16 weeks maternity leave with an option to take an additional four weeks of annual leave after resuming work. Encouragement from the WABA secretariat and members was so important! Colleagues later continued the advocacy for better legislation, and 24 weeks maternity leave was approved in 2011! Unfortunately this is applicable only to government employees, whereas the majority of the female workforce is in the garment factories, the private and informal sectors.

– Rukhsana Haider, current WABA SC co-chair

Over the years, WABA has revisited this theme supporting women's right to breastfeed and work. This was evident in the 1995 WBW campaign theme “Breastfeeding Empowering Women”, in 2000 with the campaign theme “Breastfeeding and Human Rights”, and again in 2015 with the slogan “Breastfeeding and Work: Let's Make it Work”.

The women-at-work issue had heated up by the time of the second WABA Global Forum in 2002. Women from the US, unique in the world for not requiring that employers offer women paid maternity leave, widely considered breastfeeding a burden for mothers and a barricade to career development. Private areas at the workplace where women could pump and store their milk was what they wanted to battle for, feeling that paid maternity leave was a hopeless goal to strive for, often to the bewilderment of women from elsewhere. I attempted to find a way to avoid head-to-head conflict on this issue by pointing out that, like many issues, this one could have both short-term and long-term goals. I presented these ideas with my co-workers from Uppsala University, as well as staff from UNICEF at WABA Global Forum II. See: (<http://www.tedgreiner.info/?p=829>).

– Ted Greiner, former WABA Steering Committee and Research Task Force Coordinator

Indeed Ted Greiner's approach of a long and short term strategy to campaign for stronger maternity protection has been a useful operational framework for WABA. It has been incorporated in various actions and guidance materials offered at national level, since countries are at different stages of legislation. Where they may have the same legislation, the levels of implementation and specific challenges are rather unique. This approach has made WABA's advocacy on MP more relevant, with better country actions and outcomes.

Breastfeeding: Empowering Women (WBW 1995)

In 1995, to coincide with the 4th UN World Conference on Women in Beijing, China, WABA chose the theme Breastfeeding: Empowering Women for the year's WBW focus. This was to situate and propagate the position that breastfeeding is a women's issue in a wider context. This theme also focused on ways in which communities can help empower women to secure their rights.

Most women choose to breastfeed and can do so if they have adequate support, correct information and are free from obstacles. However in reality, many women who breastfeed their babies face a multitude of obstacles such as: lack of maternity leave; inadequate support from family, health workers and employers; inappropriate hospital practices; poor work conditions; misinformation from the infant food industry; and cultural taboos. These result in women being denied their rights: the right to breastfeed, the right to maternity leave, and more.

WABA Seed Grants for Working Women

This project ran as a follow-up to the MFWI, to support on-going efforts by groups that had launched actions to support working women to breastfeed during the WBW 1993 Campaign, or initiated new actions as a result of MFWI advocacy and efforts in empowering women via WBW 1995. The Seed Grant Project ran from 1996 to 2008, and supported 66 projects in 38 countries. Though small in value (USD\$500 – USD\$2,000), the seed grants not only provided seed money to kick start creative projects nationally and at local levels, it also stood as recognition by a global organisation to small groups sincerely wanting to make change. The Project helped several local groups to identify either matching funds, or avail of complementary support.

The Seed Grants Project prioritised the Informal Sector and selected projects on the basis of innovative strategies, involving diverse stakeholders. This included a situation where the group is operating in a particularly difficult situation such as war, conflict; or had the possibility of a successful outcome. An exception was made during the run up to the International Labour Organisation (ILO) Campaign, and immediately after. This was to aid country groups that organised to educate and lobby their Ministries of Labour to take positive action for stronger maternity protection policies at the ILO conferences in 1999 and 2000. As a priority, WABA has often shone the spotlight on the most marginalised groups in need of support, as this section of the population face the toughest challenges vis-à-vis work and breastfeeding.

The Seed Grants Project made a large impact in supporting working women in both the formal and informal sectors, as well as in urban and rural settings. These grants gave theory space to initiate action at the ground level, really reaching the women and children. These seed grants created solutions designed by the communities themselves, to address their specific local conditions and problems (Innovative Initiatives, 2007).

– Lakshmi Menon, former Consultant to WABA on Gender and Working Women issues



A seed grant supported activity in India co-organised by BPNI and WABA.

Breastfeeding: It's Your Right (WBW 2000)

Following the Forum 1 deliberations on human rights, this WBW theme highlighted breastfeeding as a human rights issue: a right for both mother and child. WABA has since been advocating for breastfeeding as a part of fundamental human rights: the right to food, health and care.

The WBW 2000 campaign highlighted that every woman has the right to breastfeed her child. It also highlighted that breastfeeding contributes to every woman's right to health by reducing her risk of breast, uterine and ovarian cancer, diabetes, obesity, and a host of other illnesses. One of the goals of this theme was to stimulate a shift in public thinking so that this right of women is protected, facilitated and fulfilled at household, community and government levels in every country.³ There are a multitude of international instruments that protect the rights of mothers and children that communities, healthcare workers, national breastfeeding support groups, and others can draw from and act on.



Satnam Kaur with her daughter Simran.



I would not have breastfed my children had I not been working at WABA! That is the power of information that is useful, accurate, complete and timely. I had all these from WABA, and that is why I was able to succeed in breastfeeding exclusively and beyond for both my children.

Through my experience, while engaging in full time employment and nurturing my children, I can say that not all working mothers are able to succeed in their breastfeeding journey as they lack the support from their families, employers and society as a whole. Returning to work after three months maternity leave was a challenge, as nurturing a baby with exclusive breastfeeding is a full-time job in itself. But I was able to juggle a full-time job with a caregiver close by looking after my children while I was at work. In this way, I was able to continue to breastfeed them and complement their feeding with nutritious home-cooked meals from local produce.

My colleagues at WABA were able to go through this journey with me. This impacted us all, experiencing the reality of how important and crucial breastfeeding is, and how it is a challenge for a working mother to manage exclusive breastfeeding with full time employment. It strengthened my commitment to support working mothers I met, who are also juggling their nurturing role with their productive role. Working mothers need support from all sectors of society.

When I embarked on my journey for knowledge through the Masters in Public Administration process, for my final project paper I decided on the topic “How effective government policies can support a working mother to achieve work-life balance”. It was crystal clear from the 200 project respondents I reached out to that most of them wanted better maternity entitlements so that they could breastfeed their babies, and that could provide them with the best possible nourishment and care. This is why WABA's work on Maternity Protection is so important, to ensure that mothers are able to balance their productive and reproductive roles.

As I returned this year (2016) from an international conference on women's and girls' issues, I was struck over and over again by the messages emerging from the conference. Two of the most poignant ones that relate to WABA's work are:

- *Building of partnerships that need to be inclusive of men/public/private sector. It has to be a multi-sectorial partnership to be effective. We need to move away from transactional partnerships (where we work on an issue that brings a direct change for each partner) to transformational partnerships, where together we make the change based on a common vision.*
- *In our communication we should not solely target the masses but we should ensure that they understand it. We should move past solely reaching the masses to really look at who we have impacted. Our messaging needs to be organic and crafted by those working on these issues.*

– Satnam Kaur, Director, Partnerships & Network Development

Maternity Protection Campaign

Support maternity protection and work-family policies: despite some progress, globally more than 800 million women workers, or 41 per cent, still don't have adequate maternity protection, and take-up rates among men of parental leave are low. Could we not design maternity protection and work-family policies that are more inclusive, and supportive of gender equality?⁴

– Guy Ryder, ILO Director-General, 2015



MP Coalition meeting with ILO Director-General, Juan Somavia, 1999.

Following the 1993 theme of the Mother-Friendly Workplace Initiative, WABA along with other international NGOs, particularly IBFAN, campaigned at the International Labour Organisation (ILO) for better maternity protection (MP) from 1998 to 2000. Global standards for MP were at risk of deterioration at the hands of a few industrialised governments and the NGOs could not allow this. Industry backed by the milk-manufacturing industrialised countries proposed to make breastfeeding breaks optional, risking all hope of breastfeeding becoming a maternity entitlement. Dr Ted Greiner recalls how this campaign was so significant in halting major backsliding in international standards for breastfeeding and working women.

As part of the process leading up to the Innocenti Meeting, Sida sent me to the ILO to explore their orientation toward maternity protection in 1990, and I presented quite a depressing paper reporting that three of their departments were all opposed to strengthening the existing convention – each for different reasons (See <http://global-breastfeeding.org/pdf/Brasilia.pdf>). A few years later, I put together a website on the issue of women and work. This was incorporated into the WABA website and presented arguments that could be used to counter each of the ILO concerns. Perhaps the achievement of WABA and the MP coalition that is most etched in historical stone is the way it managed to lobby delegates to the ILO meeting in Geneva in 2000, which established the text for the new Maternity Protection Convention 183 and Recommendation 191. Rather than weakening the existing convention (which would have ensured more widespread ratification), WABA managed to get delegates to vote for its strengthening. This helped establish stronger normative goals for which the breastfeeding community could advocate.

*– Ted Greiner, former WABA SC member and
Research Task Force Coordinator*

4. “The future of work must also deal with the future of women at work” Statement by Guy Ryder, ILO Director-General, on the occasion of International Women’s Day, 8 March 2015.

Numerous accounts have been shared about this campaign to save and strengthen the ILO MP Convention, recounted by those who were part of the advocacy team. While it would be too much to list everyone's story, it is noteworthy that members of the team made such an important contribution to change the lives of working women and their chances to breastfeed by ensuring that the highest possible global standard is set at the UN level!



Breastfeeding is beset by hurdles as women pursue work. WABA's realignment of the Women and Work Task Force focus was on the Maternity Protection Campaign, timed for the drafting of the ILO Maternity Protection Convention 183 in 1999. I was a witness to this historical process with UNICEF, WABA and IBFAN forming a coalition to lobby the tripartite groups: employers, trade union and government on labour and employment. What totally moved me was the statement by the woman delegate from Ghana responding in desperation and exasperation to the male delegates – who were defining what a woman is, what work is, what a child is – as they crafted the provisions. She asked: “What if we women of today, declared to the world that we don’t want to have babies anymore? Who will take over the job of sustaining humanity?” There was a deafening silence. Later, it moved the drafting activity faster amidst debate with the aggressive exporting milk-manufacturing countries who voted as one bloc. Breastfeeding provision almost lost if not for the work of lobbyists like Dr Marina Rea from Brazil and I from the Philippines, who were part of the WABA-IBFAN coalition lobby group. The two of us eyed the Arab delegation seated together and pushed for the ‘one vote for all’ strategy. When the Committee Head in the room asked for a final vote for ‘breastfeeding at work’, Marina pushed the hand of the delegate from Jordan and the other eight countries raised up their hands and voted in unison – as I whispered to them, “The Quran recommends two years breastfeeding. Muhammad was wet-nursed too.” Breastfeeding won the YES vote at the 2000 ILO Conference! WHAT A VICTORY!

Another behind-the-scene incident in the making of ILO Maternity Protection 183 involved the delegate from Thailand. I was trying to explain how working women can manage breastfeeding empowerment at the workplace. He claimed that it was impossible for women who work outside the home. I showed him a graphic illustration on how to express breastmilk by hand, involving a bag from the Ivory Coast. It was from Dr Koulibali, a government delegate who was a pro-breastfeeding advocate. The Thai delegate covered his face in shame.

– Ines Fernandez, former WABA Women and Work Task Force co-coordinator



One special moment for me was the ILO review of the Maternity Protection Legislation, when I was a member of the WABA team who worked hard to get better maternity leave provisions and other benefits for working mothers. We were received by the president of the ILO who gave us all his support. The ILO Convention 183 was an important WABA-IBFAN achievement!

– Marina Rea, Health Care Practices Task Force Coordinator

For me, the issue of working women and breastfeeding has been one of the main reasons I continue to work with WABA. The challenge of successfully combining work and breastfeeding is one of the biggest barriers. From a personal level, living in a country (Sweden) that has a generous parental leave policy made me realise the importance of working towards universal maternity and parental leave. During the period of the ILO Campaign, WABA and its partners managed to work concertedly to improve the minimum ILO standard for maternity leave, from 12 weeks to 14 weeks and to retain the right to paid breastfeeding breaks in the new convention. This work required massive investment in terms of capacity-building, networking and outreach, and advocacy at national, regional and global levels, over the span of a couple of years. I remember how we worked within the WABA Women and Work Task Force at the national level in Zambia and Swaziland, moving efforts to reach a consensus to extend maternity leave at the sub-regional level (SADC), then finally at the international level in Geneva after extensive deliberations. WABA has always been about working together with a range of partners, some on a particular issue and others more long-term. We achieved sustainable results that way. Parallel to this work, I started to conduct research in Tanzania and later in India on this topic. Much of the inspiration for this research stemmed from the work I was doing concurrently with WABA.



– Amal Omer-Salim, Co-Executive Director, previously Women and Work Task Force and Research Task Force coordinator

The successful collaboration of the NGOs culminated in the ILO Convention 183 and Recommendation No. 191 on Maternity Protection (MP). This Convention is significant as it recognises breastfeeding as a working woman's right. Without this three-year campaign it is certain that the world would have lost the breastfeeding

entitlement as industry and milk-producing industrialised countries would have relegated breastfeeding to a choice, where governments would not be held equally accountable to support and protect working women.

This collaboration led to the formation of the Maternity Protection Coalition, comprising of:

- Academy of Educational Development (AED) via the LINKAGES project especially in Africa
- International Baby-Food Action Network (IBFAN)
- International Lactation Consultant Association (ILCA)
- La Leche League International (LLLI)
- WABA

The aim of the coalition was to ensure a united front amongst the key international breastfeeding organisations during and after the ILO campaign. It was to advocate for and promote the new ILO Convention and Recommendation globally via various channels and constituencies. It also aimed to encourage more ratification by governments, and support national groups to have a better understanding of the Convention's contents on how to strengthen national advocacy. The key content of the MP provisions included providing equity for childbearing women through job protection, non-discrimination, health benefits, paid maternity leave and breastfeeding breaks.

In 2003, the MPC produced an 'Action Kit for Maternity Protection at Work' for this global advocacy and promotional task. The kit included a web-version that has since been updated and widely disseminated. As part of the MP Coalition, WABA's Women & Work Task Force maintains and updates the *Status of Maternity Protection by Country* chart (updated every two years). It is a key advocacy tool for MP. This comprehensive chart is used as a guide to compare maternity benefits in different countries. It also serves as an advocacy tool when lobbying for better maternity entitlements at national, regional and global levels.

Breastfeeding and Work: Let's Make it Work (WBW 2015)

The 2015 Campaign built on the WBW 1993 theme but took it further. The Seed Grants project, the MP Campaign in particular, and related events had already made much headway in presenting the topic of work and breastfeeding globally. This was done in fairly sophisticated ways, offering clear strategies forward for



strengthening national MP policies and practices. Yet, what was needed was a revitalisation of the MP Campaign. While much had been achieved in the 21 years since the MFWI in 1993, progress made on this front (Innocenti target #4) was still scant in terms of global coverage and the number of working women actually benefiting from improvements in MP policies and practices. Focus therefore was put on taking stock of success stories and lessons learned over the years; and how various countries like Australia, Brazil, Venezuela, El Salvador, Colombia, Philippines, Myanmar, and Bangladesh had made substantive improvements in MP laws and practices. They had established family-friendly practices and mother/baby-friendly workplaces, while other countries like Costa Rica even extended MP coverage to various parts of the informal sector. Practical steps on how countries overcame diverse challenges at home provided strong case examples for others to follow suit. They demonstrated that supporting working women to breastfeed in any context is possible if there is political will, with the cooperation of multiple agencies and actors.

Two decades of experience working on this issue helped WABA clarify and expand on the essential requirements of TIME * SPACE * SUPPORT to take into account more recent realities, and read as follows:

TIME

1. Six months paid maternity leave post-natally to support exclusive breastfeeding and adequate paid leave prenatally. Where leave is shorter, women need the means to extend their leave period so that they can be with their babies, combining fully paid, unpaid or some other form of leave.
2. Additional paid leave for mothers of premature or other vulnerable infants who may need extra time for special care, and to express and provide life-saving human milk for their babies.
3. One or more paid breastfeeding breaks, or a daily reduction of working hours to breastfeed her child.
4. Flexible working hours to breastfeed or to express breastmilk such as part-time work schedules, longer lunch and other breaks, job sharing or any such alternatives.

SUPPORT

1. Information about national maternity laws and benefits as well as maternity provisions at the workplace or sector-wide, which may be better than national laws and practices.
2. Support from employers, management, superiors and co-workers in terms of positive attitudes towards pregnancy, motherhood and breastfeeding in public.

3. Information about women's health during pregnancy and lactation in order to be better able to combine employment with breastfeeding and child care needs.
4. Support from worker's or trade unions either from their own work-sector or the larger national unions.
5. Job security and non-discrimination on the grounds of maternity and breastfeeding.



Where shorter-term strategies are concerned, this revised set of Mother-Baby Friendly Workplace requirements (as mentioned above) have given conscientious employers and national breastfeeding advocates clear guidance on how to formulate advocacy calls, and take practical steps in supporting working women in various work contexts.

WBW 2015 also renewed emphasis on the importance of supporting women in the informal sector. This sector continues to be an invisible terrain needing better understanding, and continued political attention in terms of advocacy and creative action. Also required are partnerships with different agencies and local actors to reach marginalised women, and those not officially covered under any scope of the MP Law.

Stockholm Symposium on Breastfeeding and Work – Contemporary Solutions to an Age-Old Challenge

While the WBW 2015 campaign gave another push to increase the momentum of the global MP campaign at mass level, the Stockholm Symposium that took place in September, 2015 in Sweden following the 6th Nordic Breastfeeding Conference, forged new partnerships with more diverse stakeholders. This helped to broaden the advocacy base of key agents for strengthening MP for working women in all sectors. These new partners included Alive and Thrive, Helen Keller International, Family Health International, MenCare, the 1000 Days campaign, McGill University, as well as government delegates from various Asian countries. A major outcome of the Symposium was the Framework for Action (FFA), endorsed by all participating organisations and individuals. (See: http://waba.org.my/stockholm-symposium/wp-content/uploads/2016/03/stockholm_symposium.pdf)

The Symposium also brought a critical renewal of WABA-UN relations especially UNICEF, WHO and the ILO. WABA collaborated with UNICEF HQ, New York in organising the symposium to galvanise wider and deeper

commitment to the issue. Over the last decade, breastfeeding rates have been relatively stagnant, and given that the challenge of women's work continues to be a major obstacle, it was seen as a high priority. Several major highlights of the Symposium included the recognition among the UN bodies that there is a need for harmonising global policies across UN agencies that affect policies and practices around MP, as well as a call for greater attention to the economic arguments for breastfeeding:

"The Symposium explored and concluded that a mixture of public and private financing of MP is necessary, and that advocacy on this could be assisted through the use of cost-benefit analyses of breastfeeding (and unpaid care work) to companies' balance sheets and to the economy as a whole. In the informal sectors of the economy, some governments have begun services that succeed in reaching out to some women, but this is patchy and focuses less on support for optimal breastfeeding."⁵

Additionally, the Symposium strongly recognised the need for "an enhanced role for men and other partners of breastfeeding mothers. There was support to promote more gender-balance in both MP legislation, and in information and communication messages to encourage partners to be more engaged in enabling optimal breastfeeding practices. Terminology and imagery such as the dyad of mother and child needs to be changed to the triad of mother, partner and child, as well as gender equitable provisions for parental leave that can help to transform social norms into being more contemporary."⁶

WABA's new outreach partner, Men Care, has become a more active participant in breastfeeding advocacy. When one of its key actors was asked the following question: 'What has the experience of breastfeeding been like for you (the highs and lows)?' the response was very reassuring.

For me, participating in breastfeeding gave me an opportunity to bond with my babies and with my partner too. It also taught me other aspects of baby care, such as learning that a father's presence in a newborn child's life helps the baby grow. I've learnt that mothers need our support as men especially during this period. A low point for me is when I see a father who does not know what role to play in the process.'

– Thulani Velebayi, a MenCare Trainer

5. Stockholm Symposium Report, WABA 2016.

6. Stockholm Symposium Report, WABA 2016.

WABA Gender Programme



Breastfeeding is an important part of women's reproduction and benefits women's health. As earlier highlighted, all women have the right to breastfeed as enshrined in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). As with other issues concerning women's health and sexuality, WABA recognises that breastfeeding takes place in a gendered world. Breastfeeding and child rearing are particularly difficult for the majority of the world's women, marginalised by poverty, violence, poor nutrition, job insecurities and gender inequalities.⁷ Thus gender issues need to be addressed in breastfeeding advocacy and promotional work. Since 2002, WABA has increasingly advocated for greater gender sensitivity in its breastfeeding promotional work through gender training workshops, producing gender sensitive materials, various mainstreaming efforts, and engaging its partners in supporting common positions on gender and breastfeeding.



WABA prioritised the Gender Programme for at least two project cycles from 1997 till 2007/2008 to give special impetus to gender sensitisation across the WABA network. After this period, the strategy shifted to greater gender mainstreaming in WABA's general programmes. The WABA Gender programme worked to situate breastfeeding issues within the broader women's agenda and in particular, the women's reproductive health and rights framework. Over the years, WABA has reached out to various feminists and women's groups, nationally and globally, particularly the women's health movement. WABA has participated in several significant women's events and conferences, and sought common positions and shared interest areas. Some of these linkages were successful while others offered milestones in learning more about diverse feminist positions, and how WABA could design campaigns to address issue areas.

7. Mainstreaming Gender in Breastfeeding Programmes.

What's breastfeeding got to do with gender issues? WABA



Vanessa Griffen, former Director of the Gender and Development Programme of the Asian and Pacific Development Centre, a key partner in WABA Gender Programme.



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8. Breastfeeding. A Feminist Issue.
WABA Activity Sheet 4

WABA's Gender Programme formally emerged as a response to the unanimous call made by participants to Global Forum II, in Arusha in 2000. Discussions at Arusha around breastfeeding and related issues, such as Human Rights, Food Security, Women's Rights (Ten Links, 1998), though sometimes mired in controversy, brought to light the links between breastfeeding and the reality of women's lives. These discussions highlighted the need for understanding the challenges women faced in breastfeeding through the lens of gender.

The programme started with gender training workshops for breastfeeding advocates, but soon expanded to include gender training for men. The Gender Programme examined and analysed various situations in which women breastfeed and the challenges posed, and shared these through its 2005 publications such as Reproductive Health & Rights; Grinding Realities; and Against All Odds. As the programme continued to expand, special efforts were made to bring in feminist groups to create a bridge between the breastfeeding movement and the feminist movement. As a result, WABA was invited to participate in several international women's meetings e.g. Association for Women's Rights and Development (AWID), International Women's Health Movement (WHM), and human rights meetings of groups like the Right to Food Network.

The Programme also responded to the threats that globalisation poses to breastfeeding. While on one hand the labour market for women exploded, on the other hand, labour laws in many Asian countries were being dismantled to attract FDI. These posed special challenges which the trainings examined, such as maternity entitlements. Another noteworthy outcome of the programme is the Men's Initiative. This initiative has grown to take on such key issues as violence against women, and the sharing of housework and child care.

– Lakshmi Menon, former Consultant to WABA on gender and women's issues



WABA places breastfeeding in a gender equality framework. The early works of Penny van Esterik, a founding member of WABA and the first Coordinator of WABA's Women and Work Task Force, helped WABA to position breastfeeding within this framework. In such a framework, "gender-equitable division of labour, for example, would recognise the unique care work done by lactating women and would accommodate it by assuring that enabling conditions are available to women in order that they can combine breastfeeding and work."

*"Conditions supportive to successful nurturing, are conditions which reduce gender subordination generally by contradicting negative images of women and emphasising the value of women's reproductive work."*⁸

– Penny van Esterik, Founding SC member, and former Women and Work Task Force Coordinator

A gender equality framework also requires fathers/partners to take responsibility for a larger share of other child care duties.^{9, 10}

Global Initiative for Father Support (GIFS) and the Men's Initiative



WABA Men's Initiative Working Group members presenting at the WABA- LLLI Mother Support Summit 2008.

WABA's Global Initiative for Father Support (GIFS) was formed following the very successful Global Initiative for Mother Support (GIMS) in 2002. The participating men, a few from fathers' groups, were so inspired by the Mother Support Group women that they also wanted to formalise their contribution to the breastfeeding movement in some form. The early initiators were from the Swedish Father's group, and brought their wisdom and experience to GIFS. (See: <http://www.waba.org.my/whatwedo/gims/gims+5.htm>)

However, as the group advanced, it recognised that it was not just fathers that had a role in IYCF, but all men who came into contact with a breastfeeding mother. With this shift in thinking and increased gender sensitisation, the group reconstituted itself. WABA's Men's Initiative was formed in its place in 2006, after a group of men and youth participants of WABA Gender Training decided that there should be an initiative, managed by the Men's Working Group. This group would advocate for an active role in which a father and other men in general can play in relation to infant feeding practices. The main mission of the Men's Initiative is to call for a shift in social roles imposed on women and men, with the goal of encouraging more equal sharing of family responsibilities between men and women.

More specific objectives have been:

- To include fathers in ante-natal, delivery and post natal services, interventions and parental education;
- To develop country profiles which will provide a global snapshot of men's participation in the feeding and care of infants and young children;
- To disseminate specific knowledge about the advantages of fathers' involvement to all parents;
- To improve linkages with related target groups, particularly men's groups, to promote father support;
- To advocate for legislation in support of maximum participation of men in childcare and parenting; and
- To act as a stimulus so that the establishment of Father-Support initiatives are increased globally.

9. WABA International Women's Day Press Release 2010.

10. Breastfeeding. A Feminist Issue. WABA Activity Sheet 4.



It was during the gender training at WABA Secretariat in Penang, Malaysia, that the foundation stone of the Men's Initiative was laid. I, as the coordinator of the Men's Initiative, had experience in writing articles on reproductive health and the importance of breastfeeding, but knew very little about blogs or websites. Yet, with the assistance of the WABA webmaster-consultant, I was able to start up and design the 'Not For Fathers Only Blog', highlighting the value and role of fathers and how fathers can support their partners. The second tool I coordinated together with the Secretariat was the WABA Men's Initiative Newsletter published every six months through the collection of contributions from different regions and country networking groups. Through this vehicle, WABA motivated fathers and men in general to become a strong and more successful team of players in the protection, promotion and support of breastfeeding.

– James Archanyi, Coordinator, a leading breastfeeding advocate in Cameroon

Reaching out to men and men's groups has not been the easiest task for WABA. It requires a gender equality approach which also looks at the broader issues of fatherhood, child care, shared responsibilities, managing sexual needs, violence against women and more. There have been some exceptions, of course, and more enlightened men like James Archanyi, Peter Briefe, and Per Gunnar from the Swedish Fathers Group have made a difference in WABA's Men's outreach work. Some of the activities over the years included the dissemination of specific information about the advantages of men's involvement in breastfeeding protection, promotion and support through conferences, workshops, and media (radio, television, newsprint), and the production of the Men's Initiative e-newsletter. In Cameroon especially, where the MWG coordinator is based, some of the notable activities include the creation of a new website for greater outreach at www.cameroonlink.org; and the improvement of online radio link for urban and rural community outreach and feedback at <http://www.speaker.com/user/8661689/reactions-on-un-sec-gens-address-on-iwd>

More recently, Jay Sharma, the Co-Executive Director of WABA has advocated for stronger engagement of men and men's groups given his own personal experience as a supportive father:

I learnt about 'mother support' from my mother. Going against the prevailing culture, I was encouraged to be involved in caring for my sister, born some ten years after me. It was not just in the fun things, like making her laugh playing peek-a-boo, I was also involved in nappy changing, bathing and later, feeding duties. I learnt that with the delight of a newborn, came the extra work. It did not seem right for mum to have to do it all by herself. Some twenty



odd years later, I became a dad. It was a home birth and there were complications. The midwife passed my newborn daughter to me and said “Keep her warm – put her on your chest.” This was the only way she would settle down for months and months after that.

I was very lucky to have had ‘parental leave’ from work, which when combined with my annual leave, allowed me to spend about six months either away from work, or working reduced hours. Taking ‘parental leave’ seemed even more essential when my son was born some three years later. Both my children required additional care at the early stages. By the time my son was born, my daughter had a toddler’s needs. It was not just about ‘mother support’ any more, but how as parents we could manage our shared responsibilities together.

We were fortunate to live in a tight-knit community. Neighbours had become friends and on a day-to-day level, were more involved in our lives than our respective families who were some distance away. The saying ‘It takes a village to raise a child’ is recognition that there are many factors that contribute to making a world where children are not just born, but can thrive.

As human beings, we don’t always make rational choices about what is best for us. Breastfeeding is one such challenge and I am very happy and proud to be involved in an organisation that is about enabling people, mothers and fathers, families and friends, to be supported in doing what is best. It is a continuing wonder to me that such a seemingly small and intimate act can be the source of such good, and hold the potential for such positive societal change.

– Jay Sharma, Co-Executive Director, WABA

Outreach to Women’s Organisations and Feminist Platforms

Perhaps the most consistent and prolific outreach that WABA has engaged in over its 25 years has been to women’s organisations, whether women’s health networks, the larger women and development movement or just a variety of national women’s groups. WABA’s advocacy with this diverse group of women – from hard core feminists to more mainstream women’s activists, and from global to local allies – all depended on the strategic opportunities available and if potential impact was promising. A key criteria or aim in doing so has been to ensure that breastfeeding would be a visible part of the women’s agenda, that those fighting for women’s rights and well-being would acknowledge breastfeeding as part and parcel of women’s reproductive health, and an essential part of her human rights. Interestingly, the discourse to place breastfeeding as part of the women’s agenda has shifted and become more sophisticated over the years. Yet, the underlying message is that a woman

has the right to decide how best to feed her infant, and if she decides to breastfeed, then 'the whole village' – in our case, the global village—needs to support her in raising and nourishing her child.

Some of the key global outreach efforts worthy of mention have been at:

- The International Conference on Population and Development (ICPD) 1994;
- The Beijing 4th World Conference, and it's regional preparatory meeting in the Philippines in 1993;
- Several sessions of the Committee on the Status of Women (CSW) in New York and their regional preparatory meetings;
- The International Women's Health Meeting (IWHM), Dominican Republic, October 2005; and the 11th IWHM in Belgium, September 2011.
- Association for Women in Development (AWID) conferences in 2005 and 2008.
- Women Deliver Conferences (2010, 2013 and 2016), and
- Many more specific or small national or local women's events, including in North Carolina via the Breastfeeding and Feminism conferences of CGBI.

It is not possible here to describe all the varied advocacy efforts within the many women's advocacy events, yet a few are highlighted to remember and recognise WABA's creativity, uniqueness, courage and success in making a presence, and bringing its messages across.

Beijing Platform for Women, 1995 – WABA's presence in this event was the earliest and one of the most memorable as several joint activities were organised with IBFAN, LLLI, Wellstart, ILCA, the Institute of Reproductive Health, ARUGAAN (community support group in the Philippines), GIFA and the Women and Work Task Force all under the WABA umbrella. At a time when the internet and social media were not prominent, WABA produced numerous publicity materials targeting over 70 international and national women's groups and the media. The Women, Environment and Development Organisation (WEDO) was among the most supportive women's networks and publicised WABA's WBW 1995 theme on Empowering Women in their 180 Days/180 Ways Campaign! At the national level, WABA advocates lobbied their national delegates attending the World Conference. Even at these early years, WABA's creativity shone through especially when the Brazilian Mime Theatre was brought to Beijing. It was the most colourful and dynamic artistic presentation that transcended the language barrier, and attracted many participants to the joint breastfeeding workshops.





The Fourth World Conference was an important achievement as it was the first time in the global history of the women's platform that breastfeeding issues were covered in a number of significant articles including:

- promoting public information on the benefits of breastfeeding, the Code and enabling mothers to breastfeed by providing legal, practical and emotional support;
- protecting women working in conditions of environmental and occupational health hazards, with attention to pregnant and lactating women;
- provision of relevant information and education to women and health workers about HIV, pregnancy and breastfeeding;
- promoting the harmonisation of work and family responsibilities, including breastfeeding; and
- other more general yet relevant and supportive provisions.

“Beijing was worth the effort, the time, the yuan/dollars, the wet clothes, the prep-coms, and whatever else we invested in it over the past two years. We gained useful language in an important international document, respect among women's groups, and a sense of cohesiveness amongst all of the breastfeeding advocates who worked together. Whether it was LLLI or IRH or ILCA or IBFAN or whatever, when we joined forces as “the breastfeeding lobby” or WABA, we set aside our individual objectives, pooled our talents, agreed on our targets, and then made tremendous headway. I was proud of us!”¹¹

– Karlyn Stummer, ACTION, USA

For the 20th Anniversary of the Beijing Platform for Action in 2015, WABA secretariat collaborated with the UN Breastfeeding Action Team (UNBAT) to participate at the 59th Commission on the Status of Women (CSW59)/ Beijing+20. The team produced a Joint Statement and Call for Action to the CSW 59, Supporting Women's Right to Breastfeed. See: <http://waba.org.my/pdf/statement-csw59.pdf>). It called for the meeting and government

11. Amin, Sarah. Nurturing the Future: our first five years. WABA, 1996.

12. The team of UNBAT and other allies consisted of representatives from the Academy of Breastfeeding Medicine (ABM), International Lactation Consultant Association (ILCA), the Carolina Global Breastfeeding Institute (CGBI) and the 1000 Days Campaign group.

delegates to: “re-examine the Beijing Platform for Action and determine the progress made and gaps remaining in areas of critical concern in achieving women’s full equality and empowerment, including the right to optimal health for mothers and children”. This was a significant renewal of presence by WABA delegates and the larger breastfeeding movement in a global women’s platform attended by thousands of leaders of governments and women’s organisations.

WABA also supported the CSW parallel event hosted by UNBAT entitled “Mothers Matter: The Power of Breastfeeding” (See: <http://waba.org.my/pdf/csw2015parallelevent.pdf>). The event raised the profile of breastfeeding as an important measure, which improves the health of women and children by featuring expert speakers such as Margaret Kyenkya-Isebere (formerly UNICEF and IBFAN Africa), David Clark (UNICEF), Lucy Sullivan (1000 Days), Margot Mann (ILCA), and teen mother, Jennifer Telenema. Numerous contacts were made with women’s groups, youth groups, development and rights-based NGOs, trade unions and government delegates, with good outcomes. The contact made with the Philippines Commission on Women, for example, resulted in great involvement and outcome for WBW 2015, and their subsequent involvement in the Stockholm Symposium.



The Association for Women’s Rights and Development (AWID) 2008 Forum in South Africa was one key event that WABA made strides in furthering the links with the women’s movement. The theme of the forum was The Power of Movements. WABA developed a postcard *The Power of Linking Movements*, a play on language, with messages on the common concerns between breastfeeding and women’s movements. It was based on WABA’s gender statement *Towards a Common Advocacy Agenda* that emerged from the WABA Global Forum II. The postcard was a useful advocacy tool and was well received. Significantly, WABA’s presence helped to fill an important knowledge gap, then obvious among the women’s groups, about the latest science and policy guidelines on *HIV and Infant Feeding*. The two-page information leaflet, *What Women Need to Know about HIV and Infant Feeding*, which WABA shared widely, was in high demand. It provided critical and timely information, making WABA’s presence useful, legitimate and mutually beneficial.

Hence, being at AWID really did make an impact! In the exchanges it appeared that quite a few people had already heard of WABA, showing that outreach over the years had left positive impression. Furthermore, many of the feminists welcomed more information and discussions on breastfeeding, which was a good sign of a shift in attitudes and perspective.

Influencing the *Guidelines on Gender Sensitive Disaster Management* prepared by the Asia Pacific Forum on Women, Law and Development (APWLD) group – WABA enhanced links with APWLD when it highlighted the lack of coherency of breastfeeding and IYCF in emergencies in the latter's *Guidelines on Gender Sensitive Disaster Management*. APWLD accepted the offer by WABA and partnered with us to review and integrate relevant changes in the document. This effort also resulted in the work of two other partners, the IFE and the International Code Documentation Centre (ICDC-IBFAN), to be included as key references in the document. This was the second significant connection with APWLD; the first being in the early 1990s when WABA started promoting Article 24 on the “right of the child to the enjoyment of the highest attainable standard of health...” of the Convention on the Rights of the Child (CRC) which was adopted in 1989.

Breastfeeding as a Sexual and Reproductive Health Rights Issue

2011 presented a new opportunity for the breastfeeding movement to present breastfeeding as a sexual and reproductive health and rights issue to the UN agencies, particularly via the Committee on Economic, Social and Cultural Rights (CESCR) mechanism. That year was the first time the CESCR Committee would review breastfeeding as a reproductive right, a considerable achievement at the level of international human rights. No other international instrument had “categorised” breastfeeding as women’s reproductive right as yet, hence this was a ground-breaking venture. WABA and IBFAN-Gifa produced a joint paper on “Breastfeeding as a Sexual and Reproductive Health Rights issue” for the CESCR process, situating breastfeeding clearly as a woman’s reproductive

right, and describing how this right can be supported. This was important as it would be the first time that breastfeeding would be globally and legally recognised as a woman’s reproductive right, if accepted in the Convention. (See: <http://waba.org.my/pdf/cescr-paper.pdf>)

Jill Sheffield who founded
Women Deliver in 2007.



The Women Deliver Conferences – 2010, 2013 and 2016

These Conferences have been another series of very significant advocacy platforms for WABA, as they are some of the largest global gatherings of policymakers, advocates and researchers focused exclusively on women’s health and empowerment to date. The Women Deliver (WD) Conferences have been a challenge as they have largely ignored breastfeeding and the continuum of care

despite focusing on the sexual and reproductive health of women and girls. To address this gap, WABA has in the past made a presence at three conferences, with increasing visibility in the last two.

The 2013 Conference in Kuala Lumpur provided the opportunity for WABA to be present in numbers, and involved a national breastfeeding organisation, the Malaysian Breastfeeding Peer Counsellor Association, to share their work. The startling invisibility of breastfeeding and IYCF issues was so loud that WABA representatives ran a petition-drive stating that WABA and other participants “Declare that breastfeeding is a vital part of Women’s Sexual and Reproductive Health and Rights, and the Continuum of Care for both Mothers and Babies” and appealed for the Women Deliver organisers to include breastfeeding in the programme of future conferences. The petition attracted much attention from participants, many of whom agreed that breastfeeding should not be sidelined. The team collected over 350 signatures from delegates including representatives of various Governments, Ministries of Health and Women’s Affairs, NGOs/CSOs, Midwives and Nurses associations. The petition was subsequently sent to the President of Women Deliver to request for breastfeeding to be included as a topic in future conferences. Although WABA did not get an official response, the petition did have an impact as breastfeeding was widely featured in the 2016 programme.



Breakout group at a WABA session, Women Deliver 2016.

In 2016, WABA and the UNICEF Global Breastfeeding Advocacy (GBAI) partners made yet another significant presence at the Conference. Several side events were organised, such as a media roundtable; concurrent sessions with UNICEF, WABA and ABM; and an information booth. WABA delegates also contributed to the WD statement. The lesson learned here is that positive and consistent advocacy over the years does bring changes in attitudes and perspectives of those we target. Interestingly, the CEO of Women Deliver spoke to WABA’s Chairperson, Dr Felicity Savage, during the conference and reiterated that breastfeeding is central to its ‘Deliver for Good’ targets.

It is also true that WABA and the breastfeeding network will have to be consistently present at women’s platforms to speak and advocate for breastfeeding and child health issues. Milestones have been made over the past 25 years for WABA and breastfeeding issues have been accepted as part of more diverse women’s circles. Yet, the reality of the feminist and women’s movement’s plight and that of the growing agenda of women’s organisations means that the latter may not have space and human resources to take on breastfeeding and IYCF issues. Our presence will often be needed alongside that of feminists to ensure that the child’s needs and breastfeeding are not left out from these major global strategic discussions.



7. Protecting Infant Health

The International Code of Marketing of Breastmilk Substitutes (The Code) was adopted by the World Health Assembly (WHA) in 1981. This was in response to public and professional concern over the decline of breastfeeding due to the unscrupulous and uncontrolled marketing of infant formula, feeding bottles, teats, follow-on formulas and breastmilk substitutes. Aggressive and inappropriate marketing of breastmilk substitutes was identified by the WHA as a significant factor contributing to the alarming decline of breastfeeding rates, and the associated malnutrition and morbidity among young infants worldwide.

“Biological feeding has been the universal method of nurturing infants since the beginning of human existence on this planet. It is only in the past 50 years that processed cow’s milk has been widely used as an alternative to the natural method of feeding the infant.”

– Patrice Jelliffe, a founding member of WABA

Protect Breastfeeding: Making the Code Work (WBW 1994)

The *Innocenti Declaration*’s third operational target calls on all governments to “take action to give effect to the principles and aims of the Articles of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions in their entirety”. The Code is neither a treaty nor a regulation. National governments must translate the Code into national legislation in order to make it binding.

Without adequate protection from aggressive marketing tactics by formula companies, mothers, parents, caregivers and healthcare professionals become targets of misleading information which makes it very difficult for women to make an informed choice on the optimal way to feed their babies.

The International Baby Food Action Network (IBFAN) has championed the Code since 1979. When WABA was formed, Code compliance was identified as one of the eight pillars for action. The International Code

Documentation Centre (ICDC), under the leadership of Annelies Allain, led the WABA Code Compliance Task Force to give impetus to global code awareness and implementation. WABA organised the WBW 1994 theme on the Code.

The WBW 1994 theme focused on and showcased the work of WABA's Core Partner, IBFAN, and set the stage to bring more organisational partners on board to take up code advocacy work. One of the major outcomes was to help La Leche League International (LLLI) – a very large international mother-to-mother support organisation – better understand the need for Code compliance, which then initiated a process for greater internal Code compliance.



When WABA began, I thought our task was fairly simple: remind mothers and others that breastfeeding is the best way to feed an infant, and make visible some of the forces allied against it. I quickly learned that very little about breastfeeding advocacy is simple. We now face challenges in the form of aggressive marketing of new baby foods, attacks on groups accused of trying to force women to breastfeed against their will, and a virulent anti-science stance. Paradoxically, as new research reveals the mechanisms that make human milk critically important for infant development and the risks inherent in using substitutes, mothers who fail to meet their breastfeeding goals could feel even more devastated. Even as WABA meets its responsibility to make research findings available to their audiences, they remain sensitive to the needs of these women. Should WABA put its energy and resources in countering the misinformation about breastfeeding or building even broader coalitions committed to improving conditions for breastfeeding families? WABA continues to opt for the latter, as they have since that New York meeting 25 years ago.

– Penny van Esterik, Founding SC member and former Women and Work Task Force Coordinator

In Sweden today, the prevalence of exclusive breastfeeding has decreased from 81% (1996) to 72%. Pressure from baby food industry increases; media encourages formula-feeding and polarizes the 'breastfeeding – not breastfeeding' issue; the authorities downplay the importance of breastfeeding; people who promote breastfeeding can be threatened; and breastfeeding has a low status. It is more important than ever to strengthen each level of work for breastfeeding, i.e.

global, national, mother-to-mother and research. Each level is dependent on the other levels, and all levels are equally important.

– Elizabeth Kylberg, WABA IAC member

“Inappropriate feeding practices remain the greatest threat to global child health and survival.”

– Innocenti Declaration on Infant and Young Child Feeding 2005



Code Watch – 25 Years of Protecting Breastfeeding (WBW 2006)

“Advertisements imply that nice people with nice houses who want nice babies, bottle feed their babies. Actually, in many instances, placing an infant on a bottle is tantamount to signing the death certificate of the child.”¹³

– Dr Michael Latham, Former WABA SC member and Co-chair of WABA’s IAC and Dr Ted Greiner
Former WABA SC member, Research TF Coordinator, and current member of WABA’s IAC



On the 25th Anniversary of the Code, WABA dedicated 2006 as a year to revisit Code advocacy and to highlight its importance in protecting breastfeeding. This included giving prominence to the subsequent WHA resolutions that clarify and strengthen the Code, and to address new challenges. Examples of key emphasis from the WHA resolutions on infant and young child feeding include:

- That follow-on milks are not necessary;
- That free supplies of subsidised breastmilk substitutes should not be allowed in any part of the healthcare system;
- That all forms of inappropriate promotion of foods for infants and young children should end, and that nutrition and health claims should not be permitted on these foods (i.e. claims about IQ, eyesight or protection from infection).

13. Obituary. Michael Latham, nutritionist who advocated breast-feeding, dies at 82. The Washington Post

Visit IBFAN’s website <http://ibfan.org> for information on other aspects of the WHA resolutions.

WABA's repeated focus on the Code demonstrates that protection of breastfeeding, as part of the three pillars of action, has and continues to be a vital part of the global breastfeeding strategy.¹⁴

Ready to Use Therapeutic Foods (RUTFs): Infant Health and Nutrition in Emergencies

Protection comes in many forms. One area of protection that became an urgent and critical issue – that WABA and its core partners had to confront and find a common position on – concerned the Ready-to-Use Therapeutic Foods (RUTFs) and the commercially-produced ready-to-use foods. These were increasingly being promoted both by well-intentioned segments of the international community including UN agencies, in the face of severe and moderate childhood malnutrition or sudden food shortages during emergencies. The issue first emerged at the *35th Session of the UN Standing Committee on Nutrition (SCN), "Working together to achieve freedom from child hunger and under nutrition,"* in Hanoi, Vietnam, in March 2008. The meeting was attended by WABA IAC co-chairs Michael Latham and Elisabet Helsing, and WABA co-director Susan Siew. Discussions focused on the concern arising from the use of RUTFs beyond emergency situations, and for prevention of moderate malnutrition. These impinge on continued breastfeeding during the six to 24-month period, and local complementary and indigenous foods. Contact was made with the Executive Director of the ACCESS Campaign of Médecins Sans Frontières (MSF/Doctors without Borders), and their Nutrition Adviser to discuss concerns. MSF and the Emergency Nutrition Network (ENN) subsequently became key partners with WABA on this issue and related IYCF concerns around emergencies.

In September 2008, two WABA representatives subsequently participated at the MSF Symposium in New York, *Starved for Attention: The Neglected Crisis of Childhood Malnutrition*, a meeting to spotlight the urgent need to scale-up effective interventions. They raised concerns on the threat of inappropriate marketing of RUTFs and the like (Ready to Use Foods, RUFs), and the need for optimal breastfeeding and young child feeding practices. Following WABA's participation at the UN SCN, and this meeting, WABA saw a need to facilitate a discussion among its Core Partners on these issues.

14. Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IBFAN
Penang, 2011

WABA brought together Core Partners at the *2008 Global Breastfeeding Partners Meeting (GBPM)*. Prior to the GBPM, a 2-day technical workshop on *'Complementary Foods and Feeding (CFF) and Continued Breastfeeding beyond six months'* was held. Together with the key players in this field including MSF and ENN who shared their field experiences, the WABA GBPM involving 56 persons from 21 countries developed a mutually-supportive strategy that advanced the work and goals of the emergency groups, without jeopardising the goal of promoting optimal breastfeeding from 0–24 months. The participants of the Technical Workshop developed a joint statement calling upon everyone involved in improving the health and development of infants and young children to take steps to ensure that continued breastfeeding 6-24+ months is protected, promoted and supported. Twenty steps for action encompassing communication, education, practical support definitions and monitoring were described.

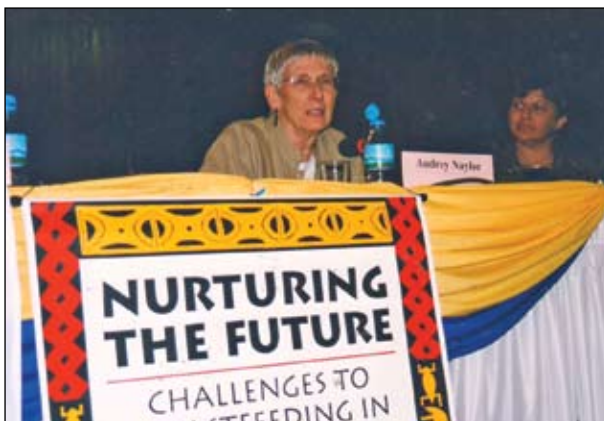
The Technical workshop on CCF was a significant advocacy achievement, considering the impending threat posed by RUTFs being promoted vastly by international organisations, including the UN, as a quick solution to deal with severe childhood malnutrition. While there is a role for RUTFs in cases of severely malnourished children, its success in specific cases has led to campaigns for a wider rollout of such foods even in preventing malnutrition in children under two years of age. WABA and its partners responded in a timely and proactive manner to this impending threat by building a strong alliance with leaders in the emergency network, so that a mutually satisfying global approach and shared protocols would become available to the global community.



Breastfeeding in a safety of a tent after an earthquake in Peru.

Breastfeeding: A Vital Emergency Response (WBW 2009)

At the 2008 GBPM held in Penang, the International Baby Food Action Network and Geneva Infant Feeding Association (IBFAN-GIFA) along with the ENN representing an international collaboration of UN agencies and NGOs petitioned the WABA General Assembly to safeguard the important role of breastfeeding in emergencies. Emergencies can happen anywhere and anytime in the world. Infants and young children are especially vulnerable to malnutrition, illness, and death in these situations. Whatever the nature of the emergency – from earthquakes to conflicts, from floods to the flu pandemic – the message is the same: breastfeeding is a lifeline and a shield that protects infants in emergencies.



Protecting breastfeeding from the influence of inappropriate marketing is an essential component of emergency interventions. International guidance developed by the IFE Group clearly states that donations of breastmilk substitutes, bottles and teats should not be sought nor accepted in emergencies. By making emergencies the focus of WBW 2009, the message driven across the globe was the call to first, actively protect and support breastfeeding during emergencies and second, prevent and refuse donations of breastmilk substitutes, bottles and teats.

When an emergency strikes, simple measures can make all the difference in the world. Emergency preparedness is the key to quick and appropriate action. Mothers need to be

secure and have priority access to food for the family, water, shelter and safe places to breastfeed.¹⁵



Group education session in Hagadera Refugee Camp during WBW.

15. WBW 2009 Action Folder.

The Window of Opportunity program at CARE joined partners around the globe to highlight the critical role of breastfeeding before and during emergencies worldwide

Dadabb, Kenya and Sierra Leone



Road show visit in Dgahaley Refugee Camp near the CARE compound addressing a crowd of onlookers.

CARE USA had implemented an initiative to increase capacity to improve infant and young child feeding in emergency settings. CARE's programme sites include three refugee camps outside the town of Dadaab, in north-eastern Kenya. The camps are home to refugee communities from throughout the region (e.g., Ethiopia, Burundi, the Democratic Republic of Congo and Sudan), with Somalis making up the great majority of the population.

In 2009, CARE partnered with various organisations on World Breastfeeding Week activities that included a travelling road show, infant and young child feeding counselling sessions, and mother-to-mother support group sessions.¹⁶

16. WBW 2009 Report

8. Breastfeeding Support

“Breastfeeding a baby is a community concern, a celebratory occasion. Everyone has a role to make it successful. A breastfeeding friendly environment needs supportive people in every corner.”

– Nageya Sadiq, Sudanese breastfeeding advocate



A dream in 1992 at the birth of WABA, “to connect community based mother support groups around the world to share ideas, stories, lessons learned, in order to learn from other mothers’ expertise and provide the support needed for new mothers to breastfeed exclusively for 6 months and continue breastfeeding for two years.”

A dream “to provide the education and support needed for new parents to understand the day to day realities of breastfeeding and help each mother breastfeed for as long as she chooses”.

A dream “to help accomplish the tenth step of Baby-Friendly Hospitals by enhancing and supporting community support groups to increase the duration of breastfeeding in spite of all the cultural and economic barriers that mothers face.”

25 years later WABA provides the crucial network and framework to help accomplish these dreams for thousands of mother support groups, who with very little financial resources are a beacon of light in communities for new mothers who felt isolated, uncertain about the needs of their newborns and wanted desperately to breastfeed their babies.

– Beth Styer, Former LLLI Board member and former WABA Chairperson



The first few WBW themes shone the spotlight specifically on the various Innocenti targets. By 1996, it was timely for WABA to shift its advocacy attention to a broader aspect of breastfeeding support. These were not recognised as part of the 1990 *Innocenti Declaration* targets but were central to breastfeeding success, as was later seen in the decades that followed. This was support for breastfeeding from the community.



Breastfeeding: A Community Responsibility (WBW 1996)

This theme advocated for a community approach to breastfeeding. Whilst the decision to breastfeed a child lies with the mother, in reality her decision and ability to carry out that decision is influenced by many factors. These include family members, healthcare workers, the media, her community, traditional practices and beliefs, education, peers, religious leaders and more. All these factors can have a bearing on a woman's decision to breastfeed, and her ability to continue breastfeeding.

A woman should be able to count on full support from those around her to enable her to breastfeed her child. In reality this notion is far from ideal. Hence, the call by WABA to each and every sector of the community to look at how they can take steps to create a more conducive environment for women in their community to breastfeed their children.¹⁷ The community includes such spaces as schools and institutions of higher learning, public places like shopping malls, community centres, religious houses, business and workplaces.

About 45 years ago, I was just a mother looking for information and support to nourish my children. I only received information from the paediatrician, who said that it was fine to breastfeed. However, I should complement with baby formula because breastmilk was not enough. So I gave my two first babies both breastmilk and formula until they were about eight or nine months of age. I said to myself I am not a good breastmilk producer!

After a few years, when I got pregnant with my third and fourth children, I found La Leche League (LLL) and they gave me the information and support I needed to do what my intuition as a mother was looking for. Since that time, I realised that mothers around the world need the relationship with other mothers in order to share experiences, and receive information and emotional support to bring up our children. I got involved in LLL as much as I could, to return in kind what I had received and thus started my path as a mother who promotes, supports and protects the art of breastfeeding. On this path I have been serving several organisations including LLLI, IBLCE, LINKAGES Project, MOH in Guatemala, and more recently, WABA.

My last dream as an activist defending women's rights was to become a WABA SC member. Making my dream come true has empowered me to represent an organisation that not only promotes breastfeeding, but also protects the rights of women and families around the world to enjoy their role as parents, and see their babies become healthier and happier people.

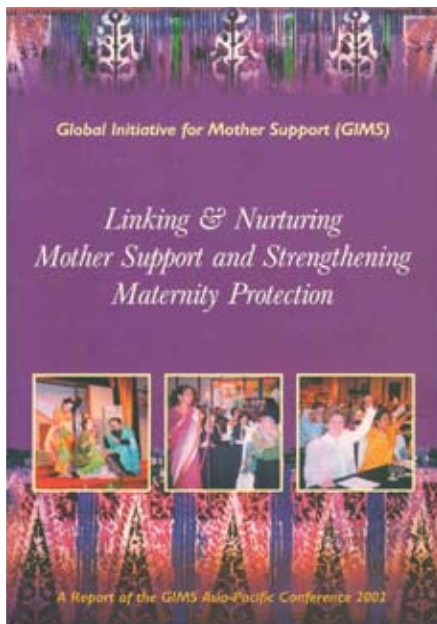
– Mimi de Maza, current WABA SC member

17. WABA WBW 1996 Action Folder

GLOPAR (Global Participatory Action Research) Project

To be proactive about making a community more friendly to breastfeeding, the WBW 1996 Campaign called on WBW actors and advocates to use the Triple A approach at the time: ASSESS * ANALYSE * ACT. By 1996, WABA had developed the GLOPAR TOOLS (Global Participatory Action Research Project) to support national and community actors to take stock of the breastfeeding situation in their country and community. This involved: Assess, then analysing what is working, what is not and what needs changing or improving; then asking why things are the way they are, and finally, strategising on how to make the situation better for women to breastfeed. The tools also encourage groups to look at what resources are available, what actions may be needed and how to go about them.

The GLOPAR Assessment and Reporting tools were developed by Andrew Chetley, senior journalist and advocate on international development and breastfeeding, with assistance from Sarah Amin. Following the WBW 1996 Campaign, the tools were used by many countries to assess their country status on breastfeeding and to gain ideas for more strategic action. The GLOPAR Report Cards eventually became an annual WBW activity by countries to either celebrate progress, or to shame and lobby their governments to expedite more serious actions to improve breastfeeding rates and conditions that impact upon breastfeeding success. Many national breastfeeding advocates may or may not remember that the GLOPAR was indeed the forerunner for what is now the World Breastfeeding Trend Initiative (WBTi) – a successful assessment initiative led by IBFAN-Asia to engage countries to undertake more systematic analysis and reporting of their IYCF status.



Global Initiative for Mother Support (GIMS)

By 2000, as the work around mother and other kinds of support became more prolific, it was strategic for WABA to organise a broader global initiative. It was an initiative that would give visibility to and fuel momentum for the broader vision of support for mothers. Women also needed support from family, health providers, the community and society in general. Support from government is also vital, in the form of labour, health and other regulations, and laws and policies that favour breastfeeding.

WABA thus launched the Global Initiative for Mother Support (GIMS) the same year. This Initiative helped to broaden the mother-to-mother support concept, while promoting positive mother-to-mother support practices globally. The GIMS was led by WABA's Mother Support Task Force, which was already an active force in actualising this work. Two years later, the GIMS Asia-Pacific Network was launched in Kuala Lumpur at the Conference on *Linking and Nurturing Mother Support and Strengthening Maternity Protection* in April 2002, co-organised by WABA MSTF coordinator Siti Norjinhah Moin of PPPIM, Malaysia, and the WABA Secretariat. This event further expanded the breadth and scope of mother support, and brought the wider regional community on board.



WABA's Mother Support E-Newsletter has been the main activity of the GIMS since December 2003. After years of developing and investing in the newsletter as a core activity of the Mother Support Task Force (MSTF), today, the newsletter is published in four languages (English, Spanish, French and Portuguese), while a number of other translations (i.e. Arabic and Chinese) are made possible by volunteers. Working as part of the newsletter team for the past 14 years, many times I feel as though I am participating in a virtual breastfeeding support group, "listening" to the stories and experiences shared by mothers, breastfeeding supporters, fathers, grandparents, children, and advocates. The stories speak of strength, passion and love that cross borders in promoting, protecting and supporting breastfeeding.

When LLL Paraguay first received an email from then coordinator of the MSTF Rebecca Magalhães, about producing a newsletter, Pili Peña and I found ourselves learning the ropes in producing a Global Breastfeeding Support Newsletter. This was possible thanks to our mentor, Rebecca, and the support of the WABA Secretariat and its directors in ensuring that the online newsletter would be a success. The newsletter continues to receive WABA's support. I am also indebted to a large team of contributors and translators worldwide.

Working on this newsletter has indeed been a privilege and a continued learning experience for me. Every story or news shared indicates time, love, passion and the dedication of people who protect and promote breastfeeding. Many provide support under difficult conditions. The prime motivating factor is caring for the health and well-being of another human being. The meaning of support has often been explored in the many issues of the newsletter. The newsletter provides a space and voice to those who might not otherwise be able to share their story, and be supported in the work they do. They are acknowledged and honoured through these stories. The publishing of these stories in the different languages of the newsletter shows that despite the challenges mothers face in breastfeeding their babies, they are able to overcome them to breastfeed successfully. This is only possible when support and information are readily available. The problems

mothers face and their solutions resonate with others around the world. The similarity connects us all. The newsletter literally serves as a connection (through the different languages) between mothers and supporters around the world.

– Pushpa Panadam, Mother Support Task Force co-coordinator



GIMS + 5 being endorsed by Edwina Froehlich, one of the founding mothers of LLLI.

The MSTF newsletter has received contributions from all corners of the world and most of them from volunteers who support mothers. Although it is an online newsletter available to those with access to the internet, stories published in the newsletter have also come from areas where internet access is limited and not easily available. For example, a mother in an informal sector was able to share her story in the newsletter because it was narrated to someone who cared enough to help, support and tell her story.

In 2007, the GIMS was further expanded and was called GIMS+5 to formulate more specific policy, clarify and facilitate an even more holistic approach to support, and to expand the awareness and political base for supporting mothers in breastfeeding. This included reframing support from the perspective of a woman's reproductive cycle, and not just during her breastfeeding period. It had its roots in the emerging discourse of the WBW 2002 theme: *'Healthy Mothers and Healthy Babies'*.

Breastfeeding: Healthy Mothers and Healthy Babies (WBW 2002)



Healthy babies come from healthy mothers! While earlier breastfeeding messages conveyed the fact that even an undernourished woman can breastfeed her child, a human rights approach that respects and supports a woman must ensure that a breastfeeding mother is also healthy and nourished in her own right, and supported throughout her reproductive cycle.

This 2002 theme of *'Healthy Mothers, Healthy Babies'*, therefore underscored the urgent need to protect, promote and support the health and well-being of mothers and children. The act of breastfeeding contributes to healthy growth and psychosocial development for both mother and child.



The WBW 2002 campaign aimed to reinstate breastfeeding as an integral part of women's reproductive cycle and health, and to create awareness of women's right to humane and non-interventive birthing practices. It recognised that women's reproductive continuum includes pregnancy and childbirth, before breastfeeding and care. As such, how a woman is treated at pregnancy and at birth, particularly her birthing experience, has a direct influence on the successful initiation of breastfeeding or not. With the leadership of senior midwife Mary Kroeger at the helm of the Health Care Practices Task Force at the time, and subsequently her Task Force co-coordinator, Rae Davies, WABA carried a strong message about the link between birth practices and breastfeeding.



Labour and birth practices also impact breastfeeding. Solid scientific evidence shows that returning to birth practices that preserve normalcy can accomplish many things: faster, easier births; healthier, more active and alert mothers and newborns; and mother-baby pairs physiologically optimally ready to breastfeed.

Advocate for the mother-baby continuum by taking the stand that breastfeeding cannot be the 'physiologic norm' without including 'physiologic childbirth' and immediate and uninterrupted mother-baby contact.

– The late Mary Kroeger in her book: Impact of Birthing Practices on Breastfeeding



Interventions during childbirth and immediately after birth can interfere with bonding, mothering and optimal initiation of breastfeeding. Prolonged labour, use of instruments during delivery, episiotomies and pain medications are factors associated with breastfeeding difficulties. There is a direct link between birthing practices and breastfeeding. Evidence has shown that interventions during birthing interfere with successful breastfeeding.

– Rae Davies, former Health Care Practices Task Force Co-coordinator

Mary Kroeger's work focused on increasing attention on the mother in the BFHI's *Ten Steps to Successful Breastfeeding*. She specifically discussed how caring for the mother's health and well-being in the Step 4 of the BFHI would contribute to the success of this important step. The work of the health Care Practices Task Force

and the GIMS was an important addition to WABA's advocacy work. Conversely, this WBW 2002 theme also promoted the Global Initiative for Mother Support (GIMS) as one way to strengthen support for mothers well before the breastfeeding period.

The BFHI *10 Steps* stood as the model for the WABA Global Forum II participants to develop a similar *10 steps for the MotherBaby-Friendly Initiative*. This became a cooperative endeavour between the Coalition for Maternity Services (CIMS) and WABA. Eventually, these steps were further developed in September 2006 as follows:

10 Steps of the International Mother/Baby-Friendly Initiative (MBFI)

A Mother/Baby-Friendly maternity service has written policies, implemented in education and practice, requiring that its healthcare providers do the following:

- Step 1 Treat every woman with respect and dignity;
- Step 2 Possess and utilise midwifery knowledge and skills;
- Step 3 Inform the mother of the benefits of continuous support during labour and birth;
- Step 4 Provide non-drug comfort and pain relief measures for labour;
- Step 5 Provide specific evidence-based practices proven to be beneficial;
- Step 6 Avoid potentially harmful procedures and practices that are scientifically unsupported;
- Step 7 Collaborate in mutual respect with other healthcare providers and relevant organisations;
- Step 8 Implement measures that enhance wellness;
- Step 9 Provide access to evidence-based skilled emergency treatment;
- Step 10 Implement the BFHI *10 Steps to Successful Breastfeeding*.



The following two contributions share how important it is to bring the two related issues of birthing and breastfeeding together in the lives of women, and how young women in particular can benefit even before becoming mothers themselves. The health and psychological well-being of women are central in the promotion of optimal breastfeeding.

The first RUMBA 'Guatemala Youth Workshop on Breastfeeding and Humanized Childbirth' was held on December 9, 2006 in Guatemala City. As a representative of WABA and CIMS, I was honoured to present the current draft of the International Mother/Baby Childbirth Initiative. There was an excellent

turn out of many young enthusiastic professionals. Melissa Popp, the workshop coordinator and national coordinator of RUMBA Guatemala, opened the day with a superb detailed account of RUMBA's history and plans for the future. My presentation followed two excellent presentations: Viana Maza, a La Leche League Leader and WABA YOUTH member, and a psychologist who presented the benefits of natural childbirth and breastfeeding from the emotional and physiological point of view. Mariana de Peterson, also a La Leche League Leader and IBCLC, presented on breastfeeding basics and kangaroo care.

Presenting on the IMBCI was timely and important for the participants to confirm that they are addressing key issues in maternal and infant health in Guatemala. The group reported a Caesarean rate of up to 90% in private hospitals. This equates to interventions during childbirth, complications from major abdominal surgery, and care that is not sensitive to the mother and baby dyad which impacts breastfeeding negatively. This young well-educated group learned vital information that will impact decisions they will be making when they begin their own families. Most importantly they are the voice of young people and they will educate their peers.

– Rae Davies, former Health Care Practices Task Force Co-coordinator



It is interesting and heartwarming that the WABA YOUTH, more sensitised about gender issues, see women's empowerment and their right to decide on what's best for themselves and their babies as central to breastfeeding promotion.

Over the years and with the experience of working with mothers, I've been looking at the close relationship between breastfeeding and childbirth. I even think that it goes far beyond that and is related to pregnancy and the awareness that people have about caring for themselves, their relationship with their bodies, and how all this links to their decisions and the way in which they carry out those decisions.

When I started working on maternity issues, I did it mainly from a breastfeeding perspective, supporting breastfeeding mothers as what my mother had done. However, over the years I began to realise the difficulties that mothers face, and that it was not as simple as saying that "breastfeeding is the best". So I entered the world of childbirth and did a Masters in public health where my two passions were integrated – childbirth and psychology. I could approach the lives of women and really see how they feel during childbirth, and how the WHO recommendations for natural birth were experienced on a personal level. I also then immersed myself in the world of doulas to support women during pregnancy, childbirth and postpartum. Here, I began to realise that when women have information, support for their own empowerment

and, especially emotional support, breastfeeding would be seen as part of the physiological continuum. These women would always choose to breastfeed their babies as long as they are provided with the emotional support and the necessary tools to do so. So now in my work with breastfeeding, I first promote the welfare of women and mothers. I believe that most efforts have been focused on the welfare of babies and their nutritional benefit, and not sufficiently on mothers and their emotional states, or their bodies and their decisions.

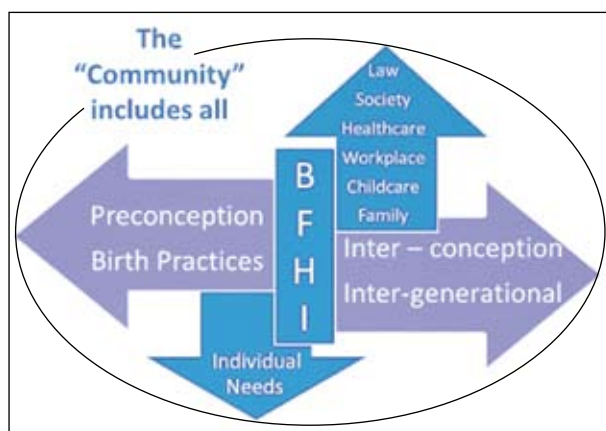
As a breastfeeding activist, I also now focus on supporting better laws and practices that promote and support community activism, women's rights and training opportunities. My work with mothers now is quite different. I respect their decisions, their freedom and right to decide for themselves and their babies. I have chosen to become a midwife because it is not easy to convince healthcare professionals and change the medical system that is dysfunctional. As a midwife I can make small but significant changes by working directly with women, mothers and families.

Most of the work I am doing draws on the 10 Steps of the International Mother/Baby Childbirth Initiative – IMBCI. This tool allows me to support breastfeeding, while treating women with dignity and respect. This means avoiding unnecessary interventions and the use of potentially harmful procedures and practices, while promoting wellness and multidisciplinary care.

Based on what I have learned from WABA, being part of the YOUth Initiative and from the gender training. I now have a strong desire to work for the empowerment of women and girls, so that breastfeeding becomes a women's right to be respected and not to be imposed upon women, as this would disempower them. This is a perspective of gender equality from the new generation.



Illustration developed based on the discussion and original drawing from 2002 WABA meeting in Arusha, Tanzania.



– Viana Maza, member of WABA YOUth Initiative

Expanded Baby-Friendly Hospital Initiative (E-BFHI) or Community-BFHI

The Baby-Friendly Hospital Initiative (BFHI) originated to transform hospital practices to make them more conducive to support optimal breastfeeding, was obviously insufficient from a long-term global perspective, as many mothers do not give birth in hospitals. Even for those that do, the period of staying at the hospital is limited, such that ongoing support from the wider community is essential to ensure a sustained baby-friendly environment. To this end, the Expanded BFHI model was developed by UNICEF and WHO, instigated by pioneers such as Dr Miriam Lobbok.



Dr Labbok, then in UNICEF and subsequently as head of the North Carolina Global Breastfeeding Institute (CGBI), worked to develop models of E-BFHI in her community as part of the larger WABA effort:

In 2005 and 2006, stimulated by discussions at a WABA-hosted international meeting held in Arusha, Tanzania in 2002, UNICEF/WHO decided to update the BFHI guidance, and to offer guidance for expanding BFHI beyond the maternity setting. Initial concepts for a Baby-Friendly Community were offered in the 2010 UNICEF/WHO BFHI revised and expanded BFHI materials, Section 1.1 (See: <http://www.who.int/nutrition/topics/bfhi/en/>)

The creation of these Criteria for Baby-friendly Communities suggested that Step 10 was not sufficient for post-maternity support. It might be improved by including more than just referral to the community, but rather might include a more actively involved community as a whole in support of optimal IYCF. For the community intervention, this should not be limited to expanding breastfeeding support into the community healthcare services alone, but rather should extend beyond the healthcare system.

There are several activities around the world today that call themselves Community BFHI. We were challenged to create a pilot designation approach to serve as a model for the creation of an inclusionary process that would be replicable. The designation would recognise the many actions needed to support women to breastfeed that include, but extend beyond, the healthcare sector within a geo-political area. This was encouraged by representatives from WHO, UNICEF, Baby-Friendly USA and WABA. To this end, we at the Carolina Global Breastfeeding Institute (CGBI) first explored the possible rationales that might provoke a wider positive response to a breastfeeding-support initiative. In discussion we concluded that a positive response was received when it was presented that breastfeeding is associated with overall a better chance for lifelong health and development, as well as better school performance and other achievements. Since the current young workforce is seeking optimal locations to raise their families, they are attracted to open, supportive communities. Given this, a breastfeeding-friendly community is a healthier, more welcoming community for young families of all races and ethnicities. Leadership, therefore, recognises that a breastfeeding family-friendly community contributes to improved public relations through the city's intention to support mothers.

Our process to develop this pilot approach initially involved a group of interested stakeholders, the CGBI, Chapel Hill Rotary, La Leche League and a faith-based organisation. Subsequently, we invited a larger group of potential stakeholders: the Mayors' offices, Chamber of Commerce/Enterprise groups, faith-based groups, the County Health Department, and coordinated with the State Breastfeeding Coalition. After publicly launching the effort, the group continued to identify new stakeholders such as clubs/social groups, education, childcare, funders and others.

The group brainstormed on the components of the EBFHI and developed the following draft of steps.

Ten Steps for a Breastfeeding-Family-friendly City/Community Ten Steps: Beyond Maternity Care

1. The city's elected/appointed leadership has a written policy statement, routinely disseminated, supporting breastfeeding.
2. The city as a whole provides a welcoming atmosphere for breastfeeding families.
3. Optimal breastfeeding is supported by health leadership.
4. All pregnant women are informed about the benefits of breastfeeding, as well as about risks of unnecessary formula use, and where to access support as needed.
5. Healthcare provision is breastfeeding-friendly.
6. Non-health system breastfeeding support groups and services are fully available in the community, including WIC, LLL, IBCLCs, and other skilled breastfeeding support.
7. The business, faith-based and social organisations in the community/city as a whole provide a welcoming atmosphere for breastfeeding in public.
8. Local economic development, as well as businesses and not-for-profit organizations, follow the principles of the Code of Marketing.
9. The WABA Maternity Care or the US Business Case for breastfeeding is distributed and promoted by the government and the Chamber of Commerce.
10. K-12, colleges and universities are encouraged to include breastfeeding-friendly curricula at all levels.

The State of the Art Mother Support Summit (2007)

Five years after the launch of GIMS, WABA, through its Mother Support Task Force, and together with its Core Partner, La Leche League International (LLL) held a Summit on the State of the Art of Mother Support in Chicago, USA in 2007. The Summit drew 50 participants from 23 countries representing 20 organisations.

The goals of the Summit were to expand awareness on the need for mothers to be supported in breastfeeding and to disseminate updated information about support for breastfeeding mothers. It was also to develop global projects, collaborative in nature to promote, expand and address the need for support for the breastfeeding mothers.



One of the calls for Action at the Summit was that a theme for WBW be dedicated to increasing the visibility, support and resources for the issue of mother-to-mother. This was realised the following year.

Mother Support: Going for the Gold – Everyone Wins! (WBW 2008)

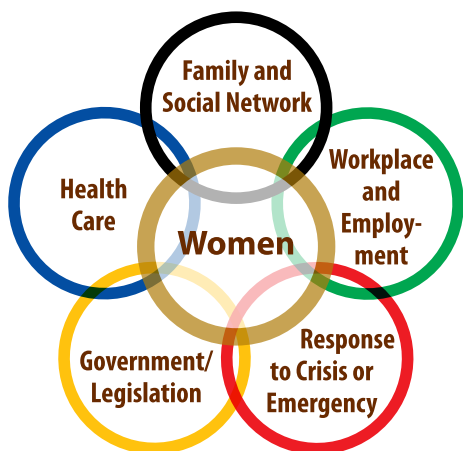
In 2008, WBW coincided with the 2008 Olympic Games in Beijing, China. To gain mileage from the Olympic fever that was gripping the world at that time, WABA incorporated the spirit of the games, capitalising on the symbol of the Olympic rings to convey the message of circles of support and going for the gold. *Going for the Gold* in the breastfeeding context implies the Gold Standard: *to breastfeed babies exclusively for the first six months, and continue breastfeeding with appropriate and adequate complementary foods, up to two years and beyond.*



The WBW
2008 Gold Medal.

The support a mother receives can be as formal as a visit to a healthcare professional, or as informal as a reassuring smile from another mother. Support from professional and lay sources include healthcare professionals, hospital and maternity facility staff and policies, doulas and midwives, lactation consultants, trained peer counsellors, mother-to-mother support groups, friends and family.

WBW 2008 used five coloured CIRCLES to represent the types of support a breastfeeding woman can call upon for help and encouragement. These Circles of support overlap, interact, and strengthen each other, with the centre circle as the focus. In that year, 541 groups reported participating in WBW 2008 celebrations, involving more than 119,000 people in 100 countries. WABA also organised: (i) The WBW 2008 Marathon Celebrations, and (ii) WBW 2008 Global Breastfeeding Wave Event (Mass Breastfeeding), whereby national WBW organisers were awarded with special medals in gold, silver and bronze colour. Over 32 countries won a total of 122 medals.



Support for breastfeeding illustrate the potential influences on a mother's decision to breastfeed and to have a positive breastfeeding experience.

Supporting mothers is an ongoing need and critical for the success of a mother to breastfeed. In the following five years since 2008, research started to emerge on the positive impact of PEER COUNSELLORS (PCs) on breastfeeding rates. Peer counsellors are women and other people who are not professionals, or health workers from the community, who are trained to support breastfeeding regardless of their educational background. WABA chose to focus on Peer Counsellors for the 2013 WBW theme, to expand peer support available worldwide.

Breastfeeding Support: Close to Mothers (WBW 2013)

Even when mothers are able to get off to a good start, all too often, in the weeks or months after delivery, there is a sharp decline in breastfeeding rates and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be offered in a variety of ways. Traditionally, the family provides support. However, as societies change, in particular with urbanisation, support for mothers from a wider circle is needed, whether it comes from trained healthcare workers, lactation consultants, community leaders, friends who are also mothers, and/or from fathers or partners.



A young mother in the Philippines being helped by her mother and mother-in-law to breastfeed her baby.

WBW photo by Joefel Soco-Carreón

A cost-effective way to provide needed support to mothers when professional help is not available is through peer counselling or peer support. Peer Counsellors can be readily available near the mother's home, and they can provide day-to-day help. Peer support may be coupled with occasional attendance by a lactation consultant, or a skilled professional, to complement the ongoing support. It is also very helpful to have women of various parties meet both before and after the baby is born, to learn from each other.



Peer counsellors in action.

WBW 2013 shone the light on peer counselling as one of the most cost-effective and impactful means of increasing breastfeeding rates in countries. Advocating for scaling up peer counselling and for funding and support for the PC programme were key focus areas that year and in the following years.

WABA and Peer Counselling in Malaysia

In 2007 the first WABA-ILCA fellow, Sue Saunders, trained nine mothers in Penang as Peer Counsellors. The breastfeeding mothers successfully formed a group called Mother-to-Mother Peer Support in Penang that remains active to this day. This group, with the support of WABA, has successfully lobbied the Penang State Government to declare Penang as a Breastfeeding-Friendly State, and has organised numerous programmes promoting breastfeeding in Penang since then.

In 2010, with the support of UNICEF Malaysia, WABA facilitated the training of a breastfeeding peer counsellors and administrators course based on La Leche League International's Peer Counsellors training programme. WABA's Mother Support Task Force Coordinator, Pushpa Panadam and La Leche League's late Kathy Baker trained a core group of 19 Malaysian mothers as Peer Counsellor Programme Administrators and Peer Counsellors. This group later formed the Malaysian Breastfeeding Peer Counsellors (MBFPC).



2010 Peer Counselling Administrators and Peer Counselling training by Pushpa Panadam and Kathy Baker.

Like many other women, for me, breastfeeding was a natural choice, and a very personal one. However, not long after I started breastfeeding my first child, I realised that experiencing it all alone was not sufficient. I needed friends and peers to share all the ups and downs of my journey as a mother, especially in this sacred task of breastfeeding my child. I established SusuIbu.com in 2004 as an online support centre, providing a platform for the Malay-speaking community to discuss breastfeeding. From this small establishment, I then realised that my personal experience alone was not sufficient to support other moms. I needed the appropriate skills and knowledge to be able to help more. This was the turning point where my hobby became a profession.



Through my activities in Susulbu.com, I met many wonderful people both locally and internationally—the gurus of breastfeeding—who have guided me in my journey from being involved in mother-to-mother support to becoming a breastfeeding counsellor, and later, as a lactation consultant. My passion in breastfeeding grew every day. The more I got involved in the many different tasks and roles in breastfeeding advocacy and support work, the more I learned that breastfeeding is not just a personal choice, but rather a social responsibility.

WABA and UNICEF have helped me and my team to make this social change happen. In 2010, they supported our training as the first Peer Counselling Programme Administrators (PCPA), and we eventually became the core group of trainers to train peer counsellors in Malaysia. The programme still continues to this day, and our team registered as an Association in 2012. By end of 2015, we trained more than 500 Peer Counsellors nationwide.

At a personal level, WABA has empowered me to become a well-rounded lactivist, sufficiently sensitised to the many aspects and issues surrounding breastfeeding. Through WABA, I am now connected to a wider network of support, so that I can share the passion that was building inside me over the years. Thank you WABA for making this happening.”

– Nor Kamariah, Susulbu, and co-coordinator of WABA's Governance Task Force

Breastfed is best fed, whether the baby is born in Uganda or England, China or Canada.

– Anthony Lake, Executive Director, UNICEF

9. Information, Communication, Education and YOUTH Outreach



Effective communication has always been a cornerstone of WABA's work from the onset. WABA reaches a variety of audiences around the world by providing relevant and timely information through mainstream as well as alternative and creative channels. Several websites, newsletters, publications, and resource materials, and an information gateway are all well-used communication channels. In addition, WABA uses images and an array of art forms to carry its messages. Images have appeared in posters, paintings, promotional items, bags, mugs, t-shirts, keychains, interactive tools, colouring booklets on breastfeeding; while art as communication tools include mobile exhibit booths and performances.

WABA has prioritised being current in its information and communication, both in terms of content as well as in its technology and creative tools for better outreach. Over the years, this has been possible largely because of the regular networking, input and expert updates from many of the global, regional and national organisations, as well as individual experts who are part of WABA's network. A critical element of



WABA's communication has been its impact on widespread networking and advocacy both at international and national levels. Over the past 25 years many national breastfeeding groups and individual participants have found WABA's regular information service significant in national networking and local advocacy work. Below several perspectives from over the years shared by members from Brazil, Sweden and North America.



In the 90s, I started working with mother support groups in the very poor slums of Recife, Northeast of Brazil. These people lived in deep poverty and breastfeeding was extremely important to all mothers and babies, it could be the difference between life and death. Our NGO, Origem had very strong grassroots engagement, but we always wanted to network and reach out to other groups that, like us, promoted, supported and defended breastfeeding all over the world. In 1993, during a national breastfeeding meeting, some people who had been in a WABA meeting in Costa Rica invited us to represent the Alliance in our country. WABA Brazil was then created. In a time when the internet was not easily available to everyone, we used faxes, letters and phone calls to put together people and groups from all 27 Brazilian states. It was an extremely successful initiative. WABA Brazil coordinated the World Breastfeeding Week and started with only two or three cities. In three years we had events celebrating the WBW in more than 3,000 cities. At this time, I started working closely with the WABA Secretariat.



In 1996, during the WABA Global Forum, Cecilia Muxi (Uruguay) and I got a grant from SIDA to make the Forum available online. This was one of the first times NGOs had the opportunity to share, in real time, photos, texts and messages from the speakers, who could then interact with people all over the world, who left messages in our Guestbook. At this Forum, I was invited to coordinate the WBW at an international level, which I had the honour and pleasure to do over the next three years. It was an exciting time, when we would design the WBW materials in Brazil and send them to be printed in Malaysia from where it would be distributed. The construction of these materials was done collaboratively, written and revised by WABA supporters from different countries. At that time we also had regional meetings (Europe, Latin America, North America, Asia) to plan the WBW activities.

During the 90s, besides the WBW, I was involved in many other WABA initiatives, like the 'Breastfeeding, Women and Work Seminar' in the Philippines, where I was responsible for preparing the online report. I was also elected to the WABA Steering Committee where I could present the Latin American perspective and make contributions. In 2003, I left the steering committee as life took me into activism around other issues related to women's rights. But WABA has a very special place in my heart. I have a special love



for the WABA Secretariat, Sarah Amin, Susan Siew and Anwar Fazal. I've learned so much. May you never stop doing this outstanding work, so necessary to men, women, babies and the world.

– Denise Arcoverde, former WBW Coordinator and SC member

I worked with Denise Arcoverde of ORIGEM, Brazil, our enthusiastic and creative national contact, to develop WABA's first webpage and put WABA on the Internet in 1996. During the first WABA Global Forum in Bangkok, Denise and Cecilia Muxi were sending daily Forum activities and programme discussions to their counterpart in Brazil (webmaster of the WABA website), to upload on the WABA Forum website. It enabled many to follow the Forum proceedings worldwide. It was considered very advanced by 1996 standards when not many organisations, especially NGOs, had websites.

– Susan Siew, Former WABA Co-Director

I was privileged to work on breastfeeding in the past 40 years on different levels and perspectives: mother-to-mother support (Amningshjälpen in Sweden), national level, international level, research, and training at the university. When working with Amningshjälpen and communicating with mothers – that is the real world where you recognise the need for knowledge, support, and resources. With this awareness you know what is important to lobby for at the national level. At the global level you get the perspective on what is REALLY important. The global initiatives from WHO and UNICEF, and the information disseminated from WABA and IBFAN give strength to the work at the national level as well to mother-to-mother support, such as the World Breastfeeding Week. This connection to global networks like WABA benefit national-level advocacy and gives credibility to breastfeeding work while encouraging mother-to-mother support activities at very local levels.

– Elizabeth Kylberg, WABA International Advisory Council (IAC)





Around the world, babies are born every minute, and their mothers and fathers continue to need the information and support that the WABA network provides for each baby to receive the gold standard of breastfeeding. As long as there are babies being born, there is a need for the ongoing network to protect, promote, and support breastfeeding. As was once stated in a WBW action folder, “Every woman should be able to count on full support from those around her to enable her to initiate and sustain breastfeeding. It is the responsibility of the entire community to see that the best possible nutrition and health is available to all its members, beginning with the youngest.”

The WABA heart that started beating on Valentine’s Day 25 years ago continues to beat around the world for the well-being of children and their families. My dream is that the WABA network will continue to work together to be the voice of sanity in a world filled with conflicting voices, and that WABA’s united voice will speak out for mothers and their newborn babies to protect, promote and support breastfeeding,

so that one day breastfeeding will be the cultural norm.

– Beth Styer, Ex. LLLI Board member and former WABA Chairperson

The arrival and growth of social media provided WABA with new peer-to-peer tools to improve networking. Lynn Emmanuel managed to ensure that the WABA website appeared on the first page of Google’s search results. This was quite an achievement in the early years as ‘search engine optimisation’ (a term not widely known then) helped to drive searches on breastfeeding to WABA’s website, thus improving our communications. Subsequently Sam, our in-house IT officer, helped to develop interactive resources such as the Mother Support country contact map, the gender training tools and others. Expert guidance on information and web design also came from Nand Wadhwani, a leading global health media consultant, who has considerable experience as a technological innovator. His interest in maternal and infant health greatly improved WABA’s thinking and organisation of its web-based platforms, particularly the WABA Gateway.

There is no dispute about the importance of health and nutrition knowledge, including breastfeeding, as a means of preventing diseases and boosting child survival. Health education has to be one of the most effective ways to reduce maternal and child mortality, those preventable deaths that we never seem to manage to prevent. We need to deliver vital messages and information for mothers, fathers, siblings, caregivers and communities to use in changing

behaviour and practices, messages that can save and protect the lives of children and help them grow and develop to their full potential.

In an age where we have information literally at our fingertips on smartphones and tablets, these deaths occur because families and healthcare providers do not have access to the information they need to make the right decisions and save lives. We can easily save these lives by providing them with a personal video reference library and guide to better health and nutrition, in their language.

The videos would address the main areas of concern and could be viewed online, pre-loaded on popular low-cost models of mobile phones or on a micro SD memory card inserted into their phones. Users would choose what they want to watch and when, wherever they happen to be, without a connection or cost.

This would be a game-changer for capacity building and scaling up. It means we can reach the excluded, the illiterate, all those women, men and children who were only visible in tragic statistics. We can reach families and communities as a whole - something we've never really been able to do before.

– Nand Wadwani, WABA International Advisory Council member



I enjoyed joining hands with certain websites like www.indiaparenting.com and www.theswaddle.com with an objective to protect, promote and support breastfeeding. The latter group's attention to use Breastfeeding as one word has been drawn. Of course, the www.motherchildtrust.org website led by dear Nand, of which I am also a trustee, has been quite active. My book 'Dr R.K. Anand's Guide To Child Care' that deals extensively with breastfeeding is a part of this website, and has been getting a huge number of hits.

– Dr Raj Anand, IAC Co-chair



Breastfeeding: Education for Life (WBW 1999)

How does ongoing information and networking get more entrenched into the knowledge system and practice of those that practice and teach breastfeeding? By getting it into the education system at different levels! That was the aim of the WBW 1999 theme: to increase awareness on the significance of breastfeeding and its connection to the development of a child. With this WBW campaign, WABA



brought a focus on knowledge and skills on infant nutrition and care, that integrates breastfeeding into the instructional process, and in all formal and informal educational settings.

The goals for this WBW was to:

- Encourage the incorporation of education on breastfeeding and appropriate infant feeding practices into all levels of formal and informal education.
- Improve relevant curriculum design with all types of educators and trainers from professional institutions, medical and other teaching schools, health organisations, public and private schools, hospitals and community education centres.
- Involve school children, from pre-school to teenagers, in WBW 1999 activities and provide tools for popular education appropriate for different age groups.
- Encourage the integration of breastfeeding experiences and practices into children's developmental materials and toys.¹⁸

The WBW 1999 campaign was one of the most engaging and colourful events, given the involvement of many young children and teenagers in colouring breastfeeding images as well as creating artwork on breastfeeding-related themes at schools and community-level competitions. These events were visible across the globes. There was also longer-term interest in producing educational materials that would include information on breastfeeding and young child feeding in school curricula.

I also worked with Denise and her team from ORIGEM and Plug Multimedia, Brazil, to develop illustrations for many of the early WBW action folders and two cartoon book. In 1999, WABA launched its first cartoon and colouring books for children, 'Breastfeeding: Nature's Way'. The cartoon book was also produced in CDs, as an interactive learning tool distributed to schoolchildren, and was also placed on the WABA and ORIGEM websites.

Prior to the advent and prolific use of the Internet, it was challenging to produce and obtain breastfeeding images and illustrations. Over the period of two years, I solicited and compiled breastfeeding

18. WBW 1999 Calendar Announcement



images from the network. In May 1999, with support from UNICEF Malaysia, WABA published and launched 'Images of Breastfeeding Worldwide: a Visual Source Book for Community Action.' This source book contained over 450 images from 57 countries, contributions from artists and illustrators from the breastfeeding community and beyond. It celebrates the diverse and rich visual expressions on breastfeeding. It was a much-welcomed aid, a breastfeeding copyright-free black and white clipart book.

– Susan Siew, former WABA Co-director

Breastfeeding in the Information Age (WBW 2001)

At the 10th Anniversary of its founding, WABA focused on the importance of communications in shaping knowledge, attitudes and behaviours surrounding breastfeeding. The main aim of this particular theme was to present core information on breastfeeding, and to highlight various forms and modes of communication and effective ways of using them to protect, promote, and support breastfeeding.

Learning to communicate in the face of adversity is an art and a skill. This theme also facilitated WBW celebrants to share ideas and experiences on how to discuss breastfeeding in the context of challenging issues and threats. Advocating for the Gold Standard in the face of HIV and with toxins in breastmilk, for example, require skillful communication (see more in Chapters 10 and 11). The 2001 WBW campaign helped to provide and stimulate innovative and helpful approaches to supporting breastfeeding mothers in difficult circumstances.



Engaging YOUth: Talk To Me! Breastfeeding – A 3D Experience (WBW 2011)

All social movements need constant renewal and engagement with the next generation to ensure continuity and sustainability of the movement. WABA has therefore been working for over a decade to engage with young people, utilising their ideas and youthful exuberance to keep the programmes and activities of WABA relevant and up-to-date.





Ten years following the 2001 theme on Breastfeeding in the Information Age, and in conjunction with the United Nation's International Year of Youth, WABA commissioned a dedicated group of young people to carry out the United Nation's call to action "to create awareness, mobilise and engage, connect and build bridges across generations, cultures, religions, and civilizations" on breastfeeding. The 2011 WBW engaged and mobilised youth through inter-generational work with a theme that dealt with communication at various levels and between various sectors.¹⁹

This theme was called for and wholly developed by the WABA YOUTH Initiative and its members. The key writer was a young intern from the US named Kathy Houn. It was a campaign for the youth and by the youth. The WABA YOUTH Initiative developed the slogan, wrote the action ideas for the action folder and related materials, and came up with activities that would attract young people to be part of the WABA cause. The theme successfully highlighted the importance of building and sustaining youth interests in breastfeeding. It discussed strategies on how to engage young people in their daily life, and the implications of these collective efforts on the protection, promotion and support of breastfeeding worldwide.

As part of the WBW 2011 activity, WABA created the first WBW global flashmob titled /ital/Feed the Future! Working with a young lyricist and music producer, an original song /ital/Stand Up Everybody was written and steps created by our in-house dance choreographer, Aida Redza. The catchy new song was recorded and dance steps and tutorials uploaded on YouTube to encourage WBW celebrants around the world to organise their own flashmobs during WBW. This was the first of such activities for WBW. In Penang, Malaysia, the WABA Secretariat reached out to youth communities, schools, the Girl Guides association, dance schools, teachers and colleges to organise the flashmob at a popular shopping mall on the island. This first WABA-produced flashmob inspired many other such flashmobs during WBW around the world.

I was the WABA Youth Secretariat Liaison from 2010-2013. It was my goal to find various creative and expressive ways to mobilise the youth to take action, and become more involved in the breastfeeding movement. When working with young people, I observed that youth feel as if breastfeeding does not really affect them, but it does. And it was my role to engage the youth to be more aware that they can make a difference, not only by spreading the word but also by them creating actions and creative-oriented projects. The aim is to reach out to their community to spread the word further on 'Why Breastfeeding Matters' in a more popular, accessible and fun way.



Youth in Action workshop on the theme of Feed the Future organised by WABA.

I am proud to have been involved during my time as a WABA Youth Secretariat liaison, to not only create dance choreography involving young people to support and promote breastfeeding, but also to initiate work with local youth representatives and international youth interns to produce multimedia projects and creative workshops. These activities tapped into the creativity of youth to develop videos and performances that advocate for breastfeeding, which are being shared on social media globally.

I feel privileged to have had the opportunity to contribute my skills and creative efforts to WABA's social mobilisation activities with youth to protect, promote and support breastfeeding worldwide. It was possible because we had an inspiring WABA Secretariat team led by Sarah Amin, and a global network that was dedicated and committed to creating a breastfeeding culture that is creative and expressive. I am blessed to have been part of a creative breastfeeding movement together with the Secretariat to promote WABA's vision towards building a just and healthy society.

– Aida Redza, WABA YOUTH Liaison



For the first time, WABA also made a presence on Facebook. A WBW Facebook page was set up and within the short space of a few months more than 7,000 likes were secured. The page actively administrated by the YOUTH key writer and WABA intern, Kathy HOUNG, had rich discussions around the WBW theme on a daily basis. Kathy subsequently became the WABA YOUTH Working Group coordinator and led several significant youth-related activities even after she successfully completed her internship at the WABA office.

I joined WABA in August 2010 as an intern commissioned by the late Dr Michael Latham, a founder of WABA and my mentor at Cornell University. As a graduating senior, Dr Latham presented me with two exciting opportunities: one stateside in Boston, and the other many miles away in a country I was unfamiliar with. Naturally, I was intrigued by the path less travelled and excited by the opportunity to join a vibrant coalition of individuals who could teach me something new. It soon became clear that my experience in capacity building among young people perfectly aligned with WABA's growing need to make breastfeeding advocacy relatable to a younger audience. My first several months were spent assembling a contingent of youth liaisons for the Global Breastfeeding Partners' Forum in Penang, and creating a short video on empowering youth in breastfeeding advocacy. The "youth" were also tasked with conceptualising the 2011 World Breastfeeding Campaign. I was shocked by the amount of trust the



Secretariat put in our team, and felt an immense pressure to deliver a campaign that could be relatable to communities beyond mothers and babies.

We decided on the theme of communication and titled the campaign, Talk to Me! Breastfeeding, a 3D Experience. Once the campaign launched in early 2011, the global community began to respond. What followed was a whirlwind of media exposure and lecture invitations. I created the WBW 2011 Facebook page, spoke at the GOLD Conference and also at several regional events, and perhaps my favourite contribution to date, creating a 150 person flashmob complete with original choreography by a renowned local choreographer, and lyrics by a local rap artist and music producer. Our flashmob, launched during my last month at WABA and also the week of WBW, was a perfect actualisation of our campaign theme. Participants spanned several generations, identified with different genders, ethnicities, and religions, and came from all corners of Penang to support breastfeeding mothers. The flashmob

created a global response via Youtube, and was even featured by UNICEF Malaysia!

Before I left in August 2011, I wrote the following in my intern journal: “Michael asked me what I hoped to accomplish during my time at WABA. I told him I wanted to learn, not just academically, but how to be a better person, a more effective advocate, a professional woman, and ultimately a “do-er.” There is always something new to learn in life and surrounding yourself with inspiring and positive people helps maintain a consistent level of energy to push through and get the job done. My year at WABA has been all of the above and so much more...”

I still think fondly of my year in Penang and also remember it as one of the most challenging years of my life. It helped launch my career in healthcare, built the character and confidence to live a life as a “do-er”, and made me a believer in the unyielding strength and enthusiasm of young people and communities.

– Kathy Houn, YOUTH Intern at WABA for a year



Perhaps the most active youth cluster that emerged to support breastfeeding and related issues has been RUMBA. It was formed around 2011 by CEFEMINA, a women’s health and rights organisation in Costa Rica that has been acting as WABA’s Regional Focal Point for Latin America and the Caribbean. Youth from 14 countries initially joined RUMBA, stimulated by WABA’s WBW theme and subsequent messages. They have led a range of really meaningful activities focusing on gender equality, natural birth, maternity protection, environment and other topics that resonate with young people. RUMBA members have represented WABA and IBFAN at different platforms over the last five years and continues to be active.

In 2015, WABA YOUth was represented at the Committee on the Status of Women (CSW59)/Beijing+20 to raise awareness and share on breastfeeding, IYCF and Sustainable Development Goals. On this occasion, the WABA secretariat reproduced the WABA YOUth video *WABA YOUth Action for Breastfeeding* (See: <https://www.youtube.com/watch?v=hqJjByNsVcs>), with a new special introduction segment featuring WABA YOUth Engagement and Communications Officer, Nisha Kumaravel, to share a statement from WABA YOUth at the New York event.

Art as a Medium of Communication

Though not a specific WBW theme art, or any creative expression, has always been a key aspect of many of the WBW campaigns. It has also featured in WABA's range of communication mediums to reach people at a different mind and heart spaces. Artists have contributed to the breastfeeding cause in many ways, with their paintings, sketches, artwork and music. WABA has used and drawn inspiration from a wide array of breastfeeding images from around the world. However, the reverse has also been true. WABA has inspired Jennifer Mourin to paint breastfeeding and related mother and child images. This has had the value-added output of Jennifer's paintings enhancing WABA's working posters, as well as in images for books and cards, and as beautiful inspirations on the walls of the WABA office.



Art has always been a huge part of my life. It has fed my soul, kept me sane and filled a void. I have never had any academic training in art or painting, and am essentially self-taught. Years after sidelining this love of art, I returned to my souls' longing in 2008 – significantly it was also the year I became more involved with WABA. For my mind, soul and art this was kismet! As I became more involved with the WABA secretariat and the larger breastfeeding network – learning about the need for Protection, Promotion and Support for Breastfeeding AND the what, how, when, where and why breastfeeding is so vitally important for both baby and mother, and the critical role of fathers in breastfeeding – this became part of my psyche and artistic DNA.

Keeping a check on breastfeeding news, and mothers' stories of the realities they face, I became increasingly aware of how such a nurturing, life-enhancing and loving act as breastfeeding has ironically become a controversial, even 'obscene', act in various societies' cynically-jaundiced eyes. So I reclaimed this aspect in my art, wanting to make breastfeeding

VISIBLE, and revelling in the power of mothers supporting mothers, women supporting women, and more. “A woman has a right to choose whether she wants to breastfeed her child. When she does choose, it is only right that she is supported to breastfeed and nurtures her child whether at home, in the workplace, or in other places she exists as a part of the society that she lives in. And this support should come from her husband, partner, immediate and extended family, her community, and her socio-political leadership” – these aspects are reflected in my work, and in my ‘art speak’ in interviews for magazines and other media locally and abroad.

As I have grown in my art so has my art grown, and is gaining recognition. The influence of WABA is ingrained in my work, and I have become known as the artist who makes “Breastfeeding Paintings” – an accolade I am very proud of. In 2012, I was the only artist from Malaysia to be chosen for the International Museum of Women (IMOW) online exhibition ‘MAMA: Motherhood Around the Globe’. I submitted my breastfeeding-centric painting entitled “Mother Earth – Nourish” (See: <http://bit.ly/1Wlb5u9>).

No matter where my journey in art takes me in the future, because of what I have learned at WABA via the wonderful people I have met and the myriad of information shared and actions taken, I will always be a breastfeeding advocate. To me it was indeed kismet, and all I have to say with love and gratitude is: “Thank You WABA!”

– Jennifer Mourin, self-taught artist

The Global Breastfeeding Quilt making its debut at the Global Breastfeeding Partners Forum in 2010.



WABA Global Breastfeeding Quilt Initiative: A Tapestry of Breastfeeding Action

The WABA Global Breastfeeding Quilt was a meaningful project that involved and included the world’s community. It celebrated and commemorated the wonderful work and actions of the global network in support of breastfeeding, through the sharing of a creative visual process of quilt making. Many national and community groups contributed a piece to the quilt either depicting their logo, their breastfeeding story or a relevant image that marked their presence in the project.

Apart from the physical quilt that is housed at the WABA Secretariat in Penang, Malaysia, an online-virtual quilt was also developed and put together on a website. Online visitors are able to click on the various panels and learn more about the craft of the person, and read about the stories behind the creative designs. (See: <http://globalbreastfeedingquilt.net/>)

This is one of WABA's many creative art forms, seeking to link people from within the network and the collective. The entire quilt is a lovely tapestry of talent, vibrancy, energy and commitment to the cause.



The Breastfeeding Gateway

As social media and the world-wide-web was becoming the new main source of information, WABA had to keep up with the changing world of communications. This was in order to ensure that the WABA network had access to relevant and authentic information, and to bring together key breastfeeding messages in the most effective, creative and cost efficient ways.

Over time breastfeeding information available on the internet multiplied, yet authentic information was not always easily identifiable from the rampant advertising or information put out with vested interest. Any person searching for information on breastfeeding issues may be overwhelmed by the overload of resources, articles, forums, and support services. Given this, WABA developed the Breastfeeding Gateway with the support of its Core Partners to help mediate this information search process. The Gateway would help a person to identify several key resources as a starting point for their navigation process, to minimise the time spent on searching for reliable and evidence based information. The Gateway also serves as a conduit to other information which already exists on the internet, especially tapping into the existing online resources of WABA and its Core Partners.

10. The Big Issues: Environment, Economics, Globalisation and Other Advocacy Strides

“Breastfeeding is not just good health and good nutrition. It is good economics and good ecological practice. It is about food security and it is about human rights. It is also a joy and a force for happiness.”

– Anwar Fazal, Chairperson Emeritus of WABA and Right Livelihood Award Recipient, 1982

Over the years, WABA has developed and launched WBW themes around larger global issues, demonstrating the link between breastfeeding and these broad development concerns. Doing so has further helped WABA to ally with other social movements and their campaigns. The main development issues that were part of WBW campaigns include the environment, economics and globalisation. Other key advocacy issues not highlighted as specific WBW themes but have been central at various periods and during advocacy events include food security and nutrition.

Breastfeeding: Nature's Way (WBW 1997)

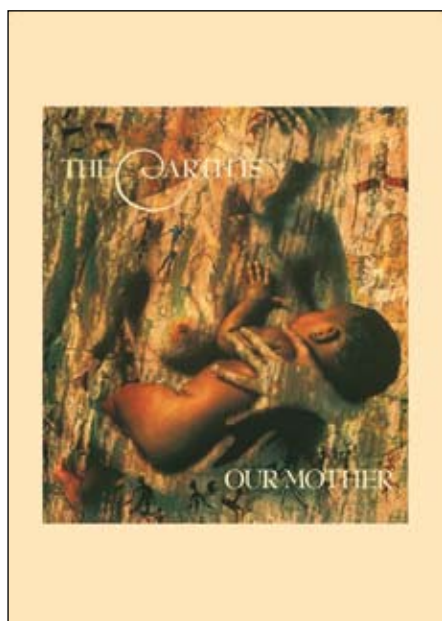
The first WBW campaign that touched on the environment was held in 1997 with the slogan “Breastfeeding: Nature's Way”. WBW 1997 aimed to raise public awareness on the environmental benefits of breastfeeding, and the ecological waste resulting from bottle feeding. It also called for cooperation with environmental groups to ensure that governments and communities worldwide support ecologically sound practices.



A billboard from Australia, celebrating WBW in 2010.

Breastfeeding protects the environment by reducing the demands made on it, and eliminates waste and pollution caused by the consumption of artificial baby milk and processed baby foods. The latter are non-renewable products that cause ecological damage at every stage of their production, distribution and use/disposal. Breastfeeding, on the other hand, it causes no pollution and is the best example of how humanity can sustain itself through provision of the first and most complete food for humans.²⁰

In terms of reaching out to new partners, this theme offered a pathway for breastfeeding advocates to link to the environmental movement. This connection was significant when the issue of environmental toxins in breastmilk became a key concern to both the environment and the breastfeeding movement. In addition, the environment as a theme is particularly attractive to young people as the connection between environmental protection and infant feeding methods are apparent.



Fifteen years later, on the occasion of the United Nations Conference on Sustainable Development 2012 - RIO+20 held in Brazil in 2012, WABA collaborated with IBFAN Brazil to produce and distribute a poster to remind the world of the connection between breastfeeding and the environment. The poster, named *The Earth - Our Mother* – is in crisis! stressed that over 20 years of evidence has shown how infant formula production, packaging and use are adding to this crisis. The poster was shared at the related CSO side-event during the Conference. The poster image is a product of an extremely talented and prolific designer, Chaz Maviyane-Davies, and was initially created for the 1992 Rio Summit which WABA utilised. Twenty years on, it is indeed a shocking indictment of the continuing devastation and pollution of Earth that we find ourselves using this image once again to assert the call for support for breastfeeding as a valuable natural world resource.

“Over the years I have tried to use images and ideas to cut through complacency and apathy while trying to raise consciousness about an array of social issues from discrimination and human rights, to health and the environment,” notes Chaz Maviyane-Davies on his work.

20. WBW 1997 Action Folder

Environmental Toxins and Breastfeeding

Years after WBW 1997, a new and challenging aspect of breastfeeding and the environment emerged: this was the scare of toxins in breastmilk. From the fact that toxins do get lodged in fatty tissues in the human body, and that a woman's breasts being one of the main fatty areas posed an issue for the transmission of toxins via breastfeeding. Opponents of breastfeeding capitalised on this and used the media in its favour. The breastfeeding movement has consequently faced repeated media stories that discourage women from breastfeeding. Most of these media scares happen around WBW to counter positive breastfeeding promotion messages.



WABA worked with several key environmental groups to help reframe the issue and reformulate messages so that the focus was rightly placed on the toxicity in the environment, rather than on the mother and her breastmilk. Once it was clear that blaming the mother as the transmitter of toxins was disempowering to women and detrimental to the work of the breastfeeding movement, the environmental movement agreed to collaborate on new strategies and joint communication. These new messages were accurate and shifted the responsibility to the true sources of pollution rather than victimising mothers. This was a major achievement in forging genuine partnerships with another social movements. The WABA Secretariat facilitated such headway and were supported by the technical knowledge of WABA pioneer, Penny van Esterik and Alison Linnecar of IBFAN/GIFA.

Ever since dioxins contained in the herbicide Agent Orange were measured in breastmilk in the 1980s, media reports focused on the "contamination of breastmilk" and pointed to "The Dangers of Breastfeeding". On the other hand, media titles merely gave a passing mention to 'The Risks of Formula Feeding' – despite conclusive evidence that severe infections caused by contamination of formula by harmful bacteria can cause disease, disabilities and death for vulnerable babies. Alison Linnecar recalls the early steps taken by WABA and subsequently by IBFAN in sharing accurate information and skilful advocacy messages on the subject to help sharpen the responses of the breastfeeding movement when further faced by faulty media scares.

We are in Arusha, Tanzania, for WABA's 2002 Global Forum. Far away in the distance the imposing outline of Mount Kilimanjaro beckons us onwards and upwards, yet reminds us that it is a very tough climb indeed. And in the midst of the HIV/AIDS pandemic it is tough indeed to scale up our work to protect, promote and support



breastfeeding. Breastmilk is under scrutiny, and not just because of transmission of HIV: media reports scream ‘Toxic chemicals in breastmilk transmitted by breastfeeding’. This may seem secondary in comparison to HIV – but is it really a minor issue?

In 2002, WABA had just published Penny van Esterik’s book ‘Risks, Rights and Regulations: Communicating about Risks and Infant Feeding’. The book formed the basis of two workshops in Arusha on the theme of Breastmilk and the Environment. The discussions facilitated by Anwar and Penny led to the collaboration of WABA’s Core Partners on the publication in 2003 of ‘Towards Healthy Environments for Children: Frequently Asked Questions on Breastfeeding in a contaminated environment’. The text was revised in 2005 to include chemicals banned under the then recently adopted Stockholm Convention on Persistent Organic Pollutants, called the POPs Treaty.

WABA’s Core Partners therefore campaigned on two fronts: First, IBFAN’s 2013 “Statement on Chemical Residues and Infant and Young Child Feeding” provided scientific evidence on how breastfeeding mitigates the negative effects of exposures to chemicals in utero. Second, we emphasise the shared responsibility of men and women to press for the elimination of toxic chemicals from our environment. We have moved away from using titles such as ‘Contamination of Breastmilk’ to ‘Chemical Residues in Every Body’, as shown by the articles on IBFAN’s website: <http://ibfan.org/chemical-residues-in-every-body>

However, the mountain still beckons us to go farther and higher – and reminds us that Kilimanjaro is a volcano, even if extinct. The problem of toxic chemicals in human bodies is ready to flare up at any moment and we need to be well prepared. WABA and its Core Partners have successfully campaigned for ILO Convention 183 on Maternity Protection to defend the rights of women workers. We need to campaign in the same way for the implementation of ILO Convention 184 of 2001 on Health and Safety in Agriculture.²¹ This Convention includes Article 18 on protection of women workers and rural women: “Measures shall be taken to ensure that the special needs of women agricultural workers are taken into account in relation to pregnancy, breastfeeding and reproductive health.” Furthermore, Article 17 on Young Workers and Hazardous Work addresses the protection of health and safety of young workers. These are the mothers and fathers of tomorrow and we must work to prevent their exposure to the toxic chemicals used in agriculture, and the effects on their children. As the late Director of UNICEF used to say, we are no longer talking about ‘the farmer and his wife’, but instead about ‘the African farmer and her husband’.

– Alison Linnecar, former Women and Work Task Force Co-Coordinator

21. Few member states have ratified

ILO 184 and WABA should push for wider ratification of this Convention:
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312329



Breastfeeding: The Best Investment (WBW 1998)

The cost-benefit analysis of the 'value' of breastfeeding to nations have often provided strong arguments in favour of supporting financial investments of budgetary prioritisation in governments to support breastfeeding. While research in this area has not been vast, and few governments have actually placed monetary value on breastmilk production in their countries, the little available research data almost always point to longer-term benefits to a society as well as to health systems, individual employers and families.

This theme was thus chosen to highlight the economic value of breastfeeding versus the high cost of bottle feeding and to initiate action to protect, promote and support breastfeeding as one of the best health investments in the future of any country. It demonstrated to the world that breastfeeding brings savings across the board to households, employers, healthcare systems and nations.

This theme was particularly significant at a time when the world was undergoing an economic recession, and most meaningful for the underprivileged and poor in several parts of the world.

In West Africa, the WBW 1998 Action Folder, adapted and translated into French by WBW celebrants in Benin expressed frustration with industrialised nations that were promoting artificial milk-substitutes to poorer countries. It highlighted studies which compared the percentages of monthly wages spent on powdered milk by families in industrialised nations like Germany and New Zealand which spend only 5-6%, to those of Benin families, which spend 91% of their monthly earnings to bottle-feed one baby.²² Such a gap only shows that bottle feeding is totally unsustainable and can wipe out a family's income in no time. As such, it cannot even be considered an option for the majority of the poor nations in the global South!

WABA's on-going work to highlight such economic data to decision-makers and to encourage more countries to conduct cost-benefit analysis on breastfeeding strengthens global advocacy to promote breastfeeding not only as the healthiest, but also the most cost-effective infant feeding option for the majority of women worldwide.

22. Breastfeeding. The Best Investment. A report of WBW 1998 activities around the world. WABA



Breastfeeding in a Globalised World for Peace and Justice (WBW 2003)

Globalisation is a term often used to describe the process of imposing harmonised rules of free trade and free financial flows throughout the world. Powered by large corporations and financial markets, globalisation has become a tool to maximise profits. In such an environment where trade agreements and economic interests of transnational corporations often take precedence over the sovereign rights of nations, the needs of mothers and children are easily jeopardised. Global deregulation and the spreading privatisation of health care put profits before people.

In this environment, breastfeeding-friendly practices can be lost, while the use of breastmilk substitutes increasingly becomes the norm.

However, aspects of globalisation can be used to strengthen breastfeeding cultures, and to protect this fundamental and vital act of nurturing our children. Breastfeeding advocacy works towards creating a better world for mothers and children, the environment and justice and peace with all people.

This theme aimed to bring about recognition of the challenges and opportunities of globalisation on breastfeeding practices. It also maximised the potential of global communications to educate people on the importance of breastfeeding, appropriate complementary feeding and the health risks of artificial feeding.²³ This campaign expanded the breastfeeding agenda, and helped situate its advocacy reach within wider development agendas, and in new circles of action.



One of the major global partners that WABA has networked with and participated in their various events and national processes has been the People's Health Movement (PHM), a conglomeration of local and global groups addressing people's primary health needs and

23. WBW 2001 Action Folder

rights. WABA had a significant presence at the first People's Health Assembly in December 2002 in Bangladesh as well as visibility through workshops, exhibits and mime performance. This connection led to more national cooperation when appropriate with local PHM country partners, including in Malaysia.

“Breastfeeding is about peace and justice. It is the natural, universal and peaceful way of nurturing our children. In a world often wracked by injustice, violence and war, breastfeeding can be a sentinel of peace – inner peace, peace with other people and peace with the environment.”

– Anwar Fazal, Chairperson Emeritus of WABA and Right Livelihood Award Recipient, 1982

Food Security, Nutrition and the Right to Food

A few other major topics where important steps were taken and/or significant progress was made have been in the areas of food security and nutrition, and the Right to Food.

After over 20 years since 1992, WABA once again participated in the International Conference on Nutrition (ICN2) co-organised by FAO and WHO and contributed substantially to the Statement with a Call for Action to position breastfeeding as a crucial part of the nutrition debate. The WABA Statement to ICN2 asserted that the Protection, Promotion and Support of Breastfeeding is a human right, and is a vital component of any concrete response that governments and relevant UN agencies intend to take in tackling the critical problems on nutrition faced by certain countries. (See: <http://www.waba.org.my/pdf/statement-waba-icn2.pdf>)

WABA also advocated at the ICN2 Public Interest Civil Society Organisations (CSO) Meeting and presented its Statement to the Director of WHO's Department of Nutrition for Health and Development and to the Director General of UN FAO. This contributed to and possibly influenced the CSO Statement that was eventually developed and presented at the main ICN2 with the following inclusion: "Breastfeeding is the first act of food sovereignty in all its dimensions. The support of breastfeeding and optimal young child feeding must be an integral part of health care systems and health policies, and free from commercial influence. We call upon Member States to ensure that the Global Strategy on Infant and Young Child Feeding guides policy and programme action. We also call upon Member States to protect children from aggressive and inappropriate marketing of breast-

milk substitutes by adopting the International Code of Marketing of Breast-milk Substitutes and relevant WHO resolutions, and establishing effective monitoring and enforcement mechanisms. Micronutrient interventions and supplementation should not undermine breastfeeding and local bio-diverse culturally appropriate sustainable foods, and be in-line with government nutrition policies”.

On 11 December 2013, WABA attended the Round Table Discussion with Dr Olivier de Shutter, UN Special Rapporteur on the Right to Food during his official visit to Malaysia. WABA facilitated the presence of Kamariah Mohamad Alwi, leader of the Malaysian Breastfeeding Peer Counselling Association, to take the message that “breastfeeding is the right of all children and mothers; and that humankind’s first food, breastmilk is critical to child survival”. It was another achievement for WABA when the Special Rapporteur and his office affirmed their support and promotion of breastfeeding.

Linking Breastfeeding to Human Rights, Right to Food and Social Development

From a human rights approach it was a natural progression for WABA to move from the discourse of breastfeeding as the first food and food security to breastfeeding as part of the Right to Food. From 2009, WABA participated in the Right to Food Network via engagement in the Right to Food and Nutrition Watch Consortium. WABA is one of the 10 partners of the Watch Consortium coordinated by FoodFirst Information and Action Network (FIAN) comprising of food, health, rights and development organisations such as the People’s Health Movement, Dan Church Aid and ICCO. The Consortium produces the annual journal of the same name. Since joining, WABA, with the involvement of IBFAN members, contributed several articles to the Journal on the following topics:

- Complementary Feeding: the Joint Statement on “Protecting, Promoting and Supporting Continued Breastfeeding from 6–24 + Months: Issues, Politics, Policies and Actions (2009);”
- Concerns about the Scaling Up Nutrition (SUN) Network and engagement of Big Food and Big Agricultural companies in policy making forums on people’s nutrition (2013);
- Breastfeeding and Emergencies: support for exclusive and continued breastfeeding is absolutely critical for the health and lives of infants and young children (2014);
- People-Centered Food Sovereignty: how donations and untargeted distribution of breastmilk-substitutes and ready-to-use foods (RUFs), together with the distribution of globally marketed seed varieties discourage breastfeeding by interfering with women’s options to decide on the best manner in which to feed their children, erode local food culture, and undermine food sovereignty (2014);

- *“Nutrition Policies Taken Hostage by Multinationals and Conflicts of Interest: The Obesity and Diabetes Epidemic in Mexico”* – this article highlighted the fact that breastfeeding is one of the most effective ways of preventing obesity, yet it has dramatically decreased. Instead, 85% of babies less than six months old are fed formula with a high level of added sugar; sugar levels are particularly high in formulas used after the first six months of life.

Being part of the WATCH Consortium, WABA has circulated the main Journal that is often launched during World Food Day on 16 October on an annual basis, and has issued press releases highlighting a related IYCF theme. The circulation reached to over 1,000 contacts and more recently, in 2015, to over 10,000 contacts.

In addition, WABA sponsored two representatives to the Global Right to Food and Nutrition Network (GRtFN) Consultation during the 6-year period. In 2011, WABA facilitated the participation of Radha Holla Bhar from IBFAN Asia as the WABA representative at the GRtFN Consultation held in Rome on 6-7 September. This resulted in more dialogue on the food right of infants within the scope of the GRtFN discussions, and sharpening of the politics and the thinking around the public private partnership issue. In 2014, WABA sponsored Dr Marcos Arana’s travel to Rome for the launch of the WATCH 2014 publication on 8 October to participate in the Press Conference and ensuing discussions; and the special Side Event organised by GRtRN during FAO’s commemoration of the 10th Anniversary of the Right to Food Guidelines. Historically, the right to food arena has predominantly focused on agricultural and land rights issues, and did not address the right to food of infants and the politics around it, at the global level. Both the participation in the Journal and having representation at these significant platforms have led to important strides, as WABA helped to open the discourse so that the right to food for the child is not forgotten in this wider food rights circle.



11. International Standards and Policies: Highlights and Successes

WABA and its Core Partners have been a part of many far reaching global policy making processes that have shaped and sculpted international infant feeding policies over the years.

Through the WBW campaigns and the Global Forums over its 25 years of existence, WABA has been able to draw global public attention to new international standards and policies, and to stimulate action in most countries to act on them. More recent WBW campaigns have focused on riding the momentum of the MDGs (Millennium Development Goals) and SDGs (Sustainable Development Goals), so that breastfeeding and young child feeding issues are clearly linked and highlighted in the broader development agendas and action plans.

The Gold Standard

In 2002, WHO and UNICEF jointly launched the Global Strategy for Infant and Young Child Feeding (the Global Strategy) which is based on a human rights approach. It reaffirmed the four *Innocenti* targets set in 1990, and set additional targets. The Global Strategy calls upon all governments and stakeholders: “to ensure that all health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support that they require – in the family, the community and the workplace – to achieve this goal”.²⁴

24. WHO/UNICEF Global Strategy on Infant and Young Child Feeding

Six months of exclusive breastfeeding and continued breastfeeding up to two years of age or beyond IS the gold standard for infant feeding, against which any other alternative should be compared and judged. The Gold Standard idea later led to the Golden Bow Initiative, a joint outreach initiative by UNICEF and WABA.

UNICEF-WABA Golden Bow Initiative

UNICEF and WABA launched the Golden Bow and its educational campaign in 2002 on the 12th anniversary of the Innocenti Declaration at the WABA Global Forum II in Arusha, Tanzania.



Each part of the bow carries a special message: one loop represents the mother; while the other loop represents the child. The ribbon is symmetrical, telling us that mother and child are both vital to successful breastfeeding – neither is to the left nor to the right, signifying neither has precedent, both are needed. The knot is the father, the family and the society. Without the knot, there would be no bow; without support, breastfeeding cannot succeed.



UNICEF-WABA Golden Bow Initiative launched at the WABA Global Forum II in Tanzania.

The ribbons are the future: exclusive breastfeeding for six months, and continued breastfeeding for two years or more with appropriate complementary feeding. The delay of the next birth, preferably for three years or more gives the mother and child time together to recover and to grow respectively, and gives time for the mother to recover and to provide active care for the health, growth and development of this child.

The Golden Bow has been one of the most popular social mobilisation symbols in WABA's breastfeeding promotional work, trickling down to many countries and communities. The continuous high demand for the Golden Bows indicates the efficacy of the symbol and its message.

Exclusive Breastfeeding: the Gold Standard – Safe, Sound, Sustainable (WBW 2004)

Photo by Helman @ WABA WBW 2013



Exclusive breastfeeding for six months.

WBW 2004 aimed to send the message that exclusive breastfeeding is safe, sound and sustainable. As with previous years, the Campaign worked to stimulate activities worldwide to get more people to understand the importance of exclusive breastfeeding, and to develop ways to enable and empower mothers to breastfeed exclusively. The context for this was the new Global Strategy, which many government bodies and organisations were beginning to implement.

The campaign drove home the message that exclusive breastfeeding for six months means that the infant receives only breastmilk, from his or her mother or a wet nurse, and no other foods or drinks with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines during this time. After six months, breastfeeding should continue for two years or more, with complementary foods.

WBW 2004 specifically sought to address the long dilemma and confusion around the duration of optimal breastfeeding, which varied from three months, 3-6 months, 4 months, and 4-6 months. These messages were confusing and not at all in sync with the latest evidence-based recommendation of the Global Strategy, and needed clarification and reinforcement. This clarity was also critical in view of the fact that baby food companies were taking advantage of the confusion to market commercial complementary foods for infants below the six months period.

Breastfeeding and Family Foods: Loving & Healthy – Feeding Other Foods While Breastfeeding is Continued (WBW 2005)

Following on from the WBW 2004 theme of exclusive breastfeeding for six months, the 2005 WBW theme recommended continuing breastfeeding with complementary foods for up to two years and beyond.



This theme sought to raise awareness on the critical period after six months, and to help make the transition from exclusive breastfeeding to breastfeeding and eating with the rest of the family in a loving and caring way. The information disseminated stressed the fact that breastmilk continues to be an important source of nourishment for children after the first six months of life, particularly when mothers continue to practice breastfeeding, whilst feeding other foods. New focus was also given to the role of family foods and child-led feeding. Allowing a child to lead her/his own food intake and timing is part of the child's development process, eating smaller but more frequent meals or when hungry, tasting new foods, appreciating new textures and colours, are all part of learning and growing.

A significant development in terms of increased UN recognition and political support was the endorsement and a letter of support from the Food and Agriculture Organisation (FAO) for WBW.

WABA-UNICEF Colloquium on HIV & Infant Feeding (2002)

HIV, the human immuno-deficiency virus, and AIDS, the acquired immuno-deficiency syndrome caused by HIV, affects mainly sexually active adults. However, babies and children can also be infected through their mother and (indirectly) her sexual partner. HIV can be vertically transmitted to a baby before, during or after delivery, including through breastfeeding. Due to the risks to infant and young child survival posed by artificial feeding, this creates a dilemma for policymakers and healthcare workers in making recommendations

about how HIV-exposed babies should be fed.²⁵ The WABA-UNICEF Colloquium on HIV was the first meeting ever to bring together HIV and breastfeeding communities, where a decade long conflict existed between those who were trying to prevent HIV/AIDs and those who were trying to have the best overall public health outcomes for infant and young children.

The Colloquium delved into the main dilemmas and debates around HIV/AIDS and infant feeding practices. The key themes focused on issues of "if and how to breastfeed", and addressed confusion



25. Understanding International Policy on HIV and Breastfeeding. A comprehensive resource. Section 1. WABA.

over unclear messages about infant feeding practices and guidance. There were also calls to increase access to information, voluntary counselling and testing as well as community involvement, such as getting the perspective of breastfeeding-supportive NGOs. The Colloquium looked at research, monitoring and evaluation priorities and finally presented the knowledge gaps and challenges for the future.²⁶ Dr Miriam Labbok, the then Senior Advisor of Infant and Young Child Feeding and Care, Nutrition Section of UNICEF New York, aptly stated that *“the Colloquium was extremely successful and now we have the structure, with five action areas to take us forward. We can proceed forward together, reducing the spread of HIV/AIDS, while continuing to seek ways to support optimal health outcomes for our children, our future”*.



Even though there was greater clarity in terms of possible pathways for an IYCF policy in the face of HIV, communicating this information clearly and sensitively has still been a task which WABA, and in particular the WABA HIV and Infant Feeding Task Force had to manage and develop skilfully. Here is a sharing by the HIV & Infant Feeding Task Force Co-coordinator, Pamela Morrison:

As an IBCLC working in Zimbabwe, I was introduced to WABA in 2002 when my National Breastfeeding Co-ordinator drew interested parties to form a national multi-sectoral breastfeeding committee to celebrate the first World Breastfeeding Week. Ten years later, as a result of my growing interest in the controversial topic of HIV and breastfeeding, I was thrilled to attend the 2002 WABA-UNICEF Colloquium in Arusha, Tanzania. Following a decade of conflict between those who were trying to prevent the vertical transmission of HIV and those who were trying to promote the best overall health outcomes for infants and young children, this was the first meeting ever to bring together HIV and breastfeeding communities. Thus began a fruitful and stimulating association with the world's biggest alliance of breastfeeding organisations working to foster an understanding of what led to transmission of HIV, and of how breastfed babies could be protected from a lethal virus transmitted through their mother's milk.

In 2005 I joined the WABA team as their HIV and breastfeeding Co-coordinator. It was a long commute from England to Penang but well worthwhile to be energised by contact with people who really cared about women and their infants and to scour the WABA archives for scraps of early research on HIV and breastfeeding. I began a database of documents, abstracts and journal article, and I wrote endless drafts of what would eventually become known as The HIV

26. HIV & Infant Feeding. A Report of WABA-UNICEF Colloquium. UNICEF & WABA.

Kit “Understanding International Policy on HIV and Breastfeeding: a comprehensive resource, (See www.hivbreastfeeding.org). Being such a controversial topic, it may have been unrealistic to expect the path to be smooth. I resigned in 2009, rejoined the team in 2011, and the Kit was finally published in 2012.

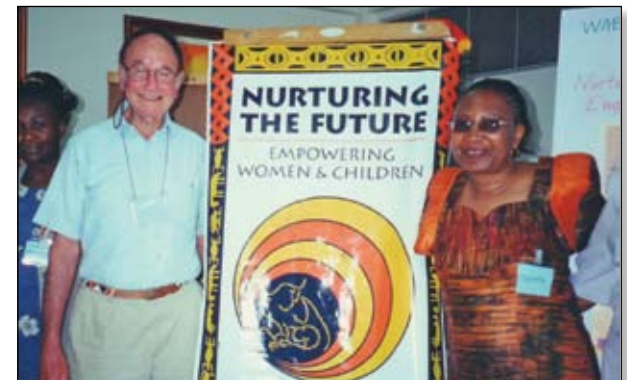
In 2009 I was able to use the background to the HIV Kit to make representations to the British House of Lords who in turn briefed the government. My review went forward to inform the deliberations of the British HIV Association and the Children’s HIV Association as they worked on a 2010 revised HIV and infant feeding policy, designed to serve HIV-positive mothers in the United Kingdom, three-quarters of whom came from sub-Saharan Africa. Thus the United Kingdom became the first industrialised country to issue a revised policy which also includes support for breastfeeding, with the pre-conditions that an HIV-positive mother is fully adherent to her prescribed antiretroviral therapy, has an undetectable viral load and exclusively breastfeeds for the first six months of her babies’ life – all criteria also recommended by the World Health Organization. In 2013 the American Academy of Paediatrics issued a very similar policy.

Without WABA’s support of this work, it is unlikely that we would have been able to protect, promote and support breastfeeding in the context of HIV in the way that we have. It has been a privilege to work with such a dedicated and inspirational group of people.

– Pamela Morrison, former WABA HIV and Breastfeeding Task Force Coordinator

WABA Global Forum II (2002)

The WABA Global Forum II (also known as Forum II) with the theme: “Nurturing the Future, Challenges to Breastfeeding in the 21st Century” was held immediately after the WABA-UNICEF Colloquium on HIV and Infant Feeding in Arusha, Tanzania, six years after the first WABA Global Forum. Forum II provided yet another opportunity for rallying worldwide participation in the movement to protect, promote and support breastfeeding, maternal and child health. Over 300 participants from 70 countries participated in Forum II. The five-day programme covered 18 major themes and ran over 60 workshops which enabled participants to share their experiences, discuss, debate, clarify a range of issues on IYCF and formulate strategies for future action.



TURNING SILVER INTO GOLD



Several key outcomes of the Forum II were:

- The Framework for Action formed by the breastfeeding and HIV issue groups on the AIDS pandemic.
- Revitalisation and expansion of the Baby-Friendly Hospital Initiative.
- Higher profile to be accorded for the International Code of Marketing of Breastmilk Substitutes in light of the globalisation and corporatisation process that has been foreseen to envelope the world; and
- A start-up process for developing a World Breastfeeding Charter as a popular mobilisation tool.

The proceedings of WABA Global Forum II is available as a printed report at the WABA Secretariat. Some inspirational moments from the Forum II coordinator:

A key thing that happened at the second Global Forum was the pre Forum HIV Colloquium. I recall lots of last minute registrations. People were paying full fees and didn't care if it was standing room only and that we had no more background papers to give. It was over-subscribed but a highly successful colloquium. That was when the draft WHO/UNICEF HIV and Infant Feeding Framework policy was being examined and discussed. There was a lot at stake. Stephen Lewis of UNICEF made a very strong speech. It was also at this Forum that Reina from the Dutch Foreign Ministry (DGIS), whom we met for the first time in Arusha, witnessed how WABA worked. She was so impressed that the following year WABA got the 5-year core funding from DGIS!

– Susan Siew, former WABA co-Director



International Policy on HIV and Breastfeeding: A Comprehensive Resource (2012)

Thanks to the collective work of Pamela Morrison and a large team of reviewers and experts in the area of HIV and breastfeeding, WABA had the best human resource team available to produce this kit which was a much needed resource, offering clear guidance in the midst of conflicting messages and confusion due to changing HIV and infant feeding guidance in the past decade. Today, the Kit is a ready handbook for policymakers, breastfeeding advocates, national breastfeeding committees, public health advocates, women's health activists, and for those working in the community. These groups have often faced difficulty accessing accurate information and may struggle with misinformation and misunderstanding.



The kit summarises up-to-date scientific evidence as at the end of 2012. Research emerging between WHO's 2006 and 2010 guidance documents showed conclusively that maternal/infant ARV regimens during pregnancy and breastfeeding greatly reduces vertical transmission of HIV; and that exclusive and continued breastfeeding significantly improves overall HIV-free survival.²⁷ Even when ARVs are not available, WHO recommends that mothers should be counselled to exclusively breastfeed in the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for and supportive of replacement feeding.

The resource kit is available online at: <http://www.waba.org.my/whatwedo/hcp/ihiv.htm#kit>



Global Breastfeeding Partners Forum (GBPF), 2010

The GBPF was organised by WABA with the involvement of its Core Partners to celebrate the 20th anniversary of the *Innocenti Declaration*. Its objectives were twofold: First, to celebrate 20 years of action and achievements post *Innocenti Declaration* and, Second, to review gaps and challenges that still needed attention and strategic responses. Thereafter, a two-day technical meeting on the topic *Enabling Mothering: Keeping Mothers and Babies Together* was held to focus on the Expanded Baby-Friendly Hospital Initiative, as well as Maternity Protection and support for working women. Over 160 participants from over 35 countries participated in the three-day event with sound recommendations.



Steering Committee members of WABA cutting the 20th anniversary cake.

27. Kuhn L, Aldrovandi G. Pendulum Swings in HIV-and Infant Feeding Policies: Now Halfway Back. *Adv Exp Med Biol.* 202;743:273-87. <http://www.ncbi.nlm.nih.gov/pubmed/22454357>



The GBPF identified ways in which WABA and its partners could contribute to revitalising the Expanded Baby-Friendly Hospital Initiative. These include mother-friendly care, birthing practices that help breastfeeding and the continuum of care after delivery to support exclusive breastfeeding for six months as well as continued breastfeeding for two years or more with complementary feeding.

It was also clear from the GBPF that there was an urgent need to improve training in breastfeeding and lactation management for healthcare workers who care for mothers and babies, both pre-service and in-service, at all levels from education of senior resource people to development of peer counselling services.



The objectives of the event were:

- To foster greater collaboration with WABA's Core Partners and other participants to plan and advance the common vision and strategic direction of the breastfeeding movement.
- To share new technical knowledge and programmatic updates in the areas of the expanded BFHI and maternity protection.
- To celebrate the Innocenti 20 years through creative and other means.
- To work towards World Breastfeeding Week (WBW) 2011.

Understanding the Past – Planning the Future: Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding (WBW 2012)

The Global Strategy provided three things: first, a foundation for the development of comprehensive national policies on infant and young child feeding; second, guidance on exclusive breastfeeding for the first six months of a child's life and continued breastfeeding for two years or beyond, and third, advice on complementary feeding from the age of six months. 2012 marked a decade of advocacy following the Global Strategy, which was marked also by the 20th WBW campaign. These shaped the WBW 2012 goals: to identify achievements and lessons from previous WBW campaigns and to assess the worldwide implementation of the Global Strategy.

The 2012 WBW campaign was extremely popular among celebrants. Groups around the world celebrated their successes at all levels while country actors took pride in showcasing their national work. Mass outreach via social media was also effective as the WBW 2012 Facebook page received 7,830 likes and eventually reached out to 2,635,525 unique people from around the world. At the same time, WBW 2012 rallied action to bridge the remaining gaps in policy and programmes on breastfeeding and IYCF through self-assessment and analysis of strengths and weaknesses, and proper planning for future programmes.



Breastfeeding: A Winning Goal for Life! (WBW 2014)

By 2014, implementing the Global Strategy to increase breastfeeding rates was clearly recognised as a means to reduce global malnutrition and poverty as part of reaching the Millennium Development Goal 4 (i.e. reducing under-5 mortality by two-thirds), among other goals. The WBW 2014 theme therefore made strong links with the Millennium Development Goals (MDGs) countdown that was to be in 2015. WABA sought to demonstrate that breastfeeding was linked to all eight of the MDGs set in 1990 by governments and the UN to fight poverty, and promote healthy and sustainable development. This WBW campaign responded to the MDG countdown process by asserting the importance of increasing and sustaining the protection, promotion and support of breastfeeding in the post-2015 agenda and beyond, and by engaging as many groups, and people of various ages as possible on this issue.

WABA and breastfeeding advocates in over 175 countries celebrated the WBW theme “BREASTFEEDING: A Winning Goal – for Life!” highlighting that achieving MDG Goals 4 (to reduce child mortality) and 5 (to improve maternal health) especially requires more early, exclusive and continued breastfeeding. Breastfeeding needed to be protected, promoted and supported, building on the successes while also addressing the shortcomings of the MDG process.

According to WABA Chairperson, Dr Felicity Savage, “by protecting, promoting and supporting breastfeeding we can all contribute to each of the MDGs in a substantial way. Exclusive breastfeeding and adequate appropriate complementary feeding are key interventions for improving child survival, potentially reducing deaths among

children under 5 by about 20%. Early and exclusive breastfeeding improves newborn care and reduces neonatal mortality, which contributes to the majority of infant deaths. Breastfeeding has been shown repeatedly to be the single most effective way to prevent infant death; it plays a major role in children's health and development, and significantly benefits the health of mothers".

From the larger social justice perspective, WABA has been instrumental in demonstrating how breastfeeding also contributes directly to MDG 1, which focuses on eradicating extreme poverty and hunger. According to Amal Omer Salim, key writer of the WBW 2014 action folder, "exclusive breastfeeding and continued breastfeeding for two years and beyond provide high quality nutrients and adequate energy, and can help prevent hunger and malnutrition. Breastfeeding is a natural and low-cost way of feeding babies and children. It is affordable for everyone and does not burden household budgets compared to artificial feeding".²⁹ "Evidence from a variety of countries indicates that marked improvements in exclusive breastfeeding are often associated with effective regulatory frameworks and guidelines, and when comprehensive programmatic approaches are at scale;" in other words, when governments are willing to invest in IYCF programming on a nationwide basis.

UNICEF's report *Tracking Progress on Child and Maternal Nutrition: A survival and development priority* reported that 23 countries recorded gains of 20 percentage points or more in exclusive breastfeeding rates over the past five to ten years when IYCF programming was scaled up. However, there is still unfinished business requiring urgent attention by governments especially if governments wished to achieve healthy and sustainable development in a comprehensive way beyond 2015. For instance, while global poverty has gone down, one in eight people still go to bed hungry. Meanwhile, under-nutrition affects about a quarter of all children globally. While child mortality has decreased by about 40% in the last two decades, still almost seven million children under-5 die each year, mainly from preventable diseases. As the overall rate of under-5 mortality has declined, the proportion of neonatal deaths (during the first month of life) comprises an increasing proportion of all child deaths. In addition, even though maternal mortality globally has declined from 400 per 100,000 live births in 1990 to 210 in 2010, still fewer than half of women deliver in baby-friendly maternities. WABA's WBW materials drew attention to information by the UN's Scientific Committee on Nutrition which illustrated how breastfeeding is linked to each of the Millennium Development Goals and encouraged all WBW participants to continue advocating for optimal IYCF in every sector possible.

29. WBW 2014 Action Folder (See: <http://www.worldbreastfeedingweek.org/downloads.shtml>)

While the involvement of WABA Core Partners was expected and important, the most significant outcome was the independent involvement of allies, interested NGO/CSOs and groups outside of the breastfeeding network. The participation of World Vision (with outreach to 100 million people in World Vision supported communities), Save the Children (who work in 120 countries), and the International Medical Corp (with 5,300 staff worldwide, active in 30 countries on three continents) together underscores WABA leadership via WBW. It also reflects the great potential to reach out to and mobilise with a significant part of the world's population on breastfeeding and IYCF issues. There was also a rich diversity of activities from urban to rural (especially disadvantaged groups); from formal and creative learning forums, as well as regular and social media activism, all undertaken by a range of target groups and WBW celebrants.

Serendipitously, Air Malta officially welcomed breastfeeding on board its flights and launched a policy to coincide with WBW 2014. Air Malta announced that breastfeeding mothers were encouraged to inform the cabin crew during their flight for further assistance. See more here: <http://www.independent.com.mt/articles/2014-07-30/news/air-malta-supports-breastfeeding-on-its-flights-6025183232/>

Breastfeeding: A Key to Sustainable Development (WBW 2016)



In September 2015, the world's leaders committed to 17 goals aimed at ending poverty, protecting the planet and ensuring prosperity. Together, they form the Sustainable Development Goals (SDGs). Sustainable development is essentially about good ecology, just economy and equity at every level. We all have a part to play in achieving these goals by 2030.

The WBW 2016 theme is about how breastfeeding is a key element in getting us to think about how to value our well-being from the start of life, how to respect each other and care for the world we share.³⁰ The WBW 2016 action folder describes how optimal breastfeeding directly contributes to or is linked with each of the 17 SDGs. Here are several of the main ways in which WABA has creatively linked breastfeeding to the key SDGs.

30. <http://worldbreastfeedingweek.org/>



1. **Poverty Reduction:** Breastfeeding is a natural and low-cost way of feeding babies and children. It is affordable for everyone, and does not burden household budgets compared to artificial feeding.
2. **Zero Hunger:** Exclusive breastfeeding and continued breastfeeding for two years and beyond provide high quality nutrients and adequate energy and can help prevent hunger, under-nutrition and obesity. Breastfeeding also means food security for infants.
3. **Good Health and Well-Being:** Breastfeeding significantly improves the health, development and survival of infants and children. It also contributes to improved health and well-being of mothers, both in the short and long term.
5. **Gender Equality:** Breastfeeding is the great equaliser, giving every child – male or female - a fair and best start in life. Breastfeeding is uniquely a right of women and they should be supported by society to breastfeed optimally. The breastfeeding experience can be satisfying and empowering for the mother as she is in control of how she feeds her baby.
8. **Decent Work and Economic Growth:** Breastfeeding women who are supported by their employers are more productive and loyal. Maternity protection and other workplace policies can enable women to combine breastfeeding and work or employment. Decent jobs should cater to the needs of breastfeeding women, especially those in precarious situations.
10. **Reduced Inequalities:** Breastfeeding practices differ across the globe. Breastfeeding needs to be protected, promoted and supported among all, but in particular among poor and vulnerable groups. This will help to reduce inequalities.
12. **Responsible Consumption and Production:** Breastfeeding provides a healthy, viable, non-polluting, non-resource intensive, sustainable and natural source of nutrition and sustenance.

For all 17 ways in which breastfeeding is connected to the SDGs, go to: <http://worldbreastfeedingweek.org/>

As with the 2014 theme on the MDGs, WABA's campaign effort to ride the 'global development wave' with the SDGs is another example of creative strategies to reach out to a wider audience and a larger group of potential allies. The fact that since 2014 UNICEF has made the WABA-coordinated WBW a key component of its Global Breastfeeding Initiative (GBI) and strategy has consolidated and strengthened the campaign, which is anticipated to be even more eventful for 2016. This is especially via the involvement of GBI members (World Vision, Save the Children, Helen Keller International, The Partnership for Maternal, Newborn and Child Health, Alive and Thrive), who now have more direct involvement with WABA and various aspects of WBW – by incorporating WBW into their organisational plans. It is also an indicator of WABA's credibility and leadership in the area of social mobilisation.

It is indeed interesting to note how WABA manoeuvres between specific or micro-level issues like peer counselling, the BFHI and breastfeeding in the first hour of life, to broader based macro-issues such as global poverty, inequality and environmental protection – depending on what is most strategic and timely for the year. The scope of advocacy and social mobilisation issues have also been WABA's strength over the years and a formula for success!

While it is true that some WBW themes lend themselves more easily to social action among the WABA network and the wider constituency, the more challenging (and probably less interesting or engaging) themes push the boundaries for action further to reach out to new players and stakeholders. This is true not just for the WBW campaigns, but also for the more specific advocacy efforts that target newer constituencies and policymakers. WABA's advocacy efforts over the years have been rather specific: from the meetings and global conferences of professional health associations, global nutritional bodies like the UN agencies such as the SCN Standing Committee on Nutrition. Also engaged are platforms of potential allies from other social movements, such as the women and women's health networks, the People's Health Movement, the environment, human rights, social justice, and development movements.



12. Moving Forward: the Next 20 Years

A quarter century of adaptation and growth is something worth celebrating and in the preceding pages you would have found many examples of celebrations. WABA approached this milestone with reflection and review. What are the contemporary opportunities and challenges to the protection, promotion and support of breastfeeding?

We decided to conceptualise the challenge by placing the breastfeeding mother and infant, the dyad, at the centre of our thinking. What are the circles of influence around her that either enable her and allow for her agency, or are constraints? This analytic process stopped us from being observers but envisaging instead what we could do to play our part in ensuring that mother and infant have a successful breastfeeding journey.

As a metaphor, we imagined the concept of ‘spaces’ that surround the breastfeeding mother and her baby – the social, community and regulated spaces, which impact on the life and choices of a breastfeeding mother and infant. There is the home and family space; the healthcare space; the public and civic space; the government space, both local and national; the work space; and the policy-setting and normative space, mostly occupied by UN agencies and their partners.

Our inquiry led to some worrying trends: although early initiation rates appear positive, these are often not sustained. Healthcare systems, when under pressure of patient numbers or diminished resources, struggle to provide the breastfeeding mother the support she needs. The sales of breastmilk substitutes are growing, exponentially in some regions. Women are entering the labour force in record numbers, but they face higher unemployment rates and more precarious labour conditions. Women represent the majority of the world’s working poor and are disproportionality represented in the informal sector. The ratification of the ILO Conventions on Maternity Protection remain disappointingly low. The attitudes, beliefs and expectations of family are a major contributing factor to a woman’s infant feeding decisions. A supportive partner has a positive

impact on the initiation and duration of breastfeeding, and men must take more responsibility for care and domestic work.

Our process of self-evaluation coincided in September 2013 with UNICEF publishing the final report entitled *Breastfeeding on the Worldwide Agenda: Findings from a Landscape Analysis on Political Commitment for Programmes to Protect, Promote and Support Breastfeeding*. The report was to be followed up with a global breastfeeding advocacy initiative with UNICEF and WHO taking the lead, inviting a range of partners to increase attention, investment, and support for breastfeeding and complementary feeding within the critical 1000 days period.

The initiative calls for scaling up of programmes in the following areas: (1) support for mothers by skilled providers in the health system; (2) community based support by peer counsellors and other community workers; (3) culturally sensitive education and communication; and (4) protective laws and policies, including the enforcement of the International Code of Marketing of Breastmilk Substitutes and maternity protection.

What becomes apparent, in this revived global interest in the issue, is the need for WABA to galvanise this broad alliance of individuals and organisations, of networks and activists, to find points of commonality and collaboration. We know that optimal breastfeeding goes far beyond that most intimate experience of mother and infant. WABA's role is to amplify the voice of people and civil society, to work with all those who will make the links and find common cause. We are constantly reminded that WABA is not a single-issue movement and that 'Action' is part of our identity. Action for results.

In the context of a changed landscape and new challenges, the framework provided by the Innocenti Declaration and WABA's underlying intentions in the Working Principles remain valid and a point of reference. Clause 25 of our Working Principles requires WABA to "...invite other global organisations that support WABA's work, including allies from human rights, health, environmental, women's and other such movements" to collaborate.

The Sustainable Development Goals adopted in late 2015 now frame the global development agenda for the next 15 years, almost a generation. The challenge for the breastfeeding movement is to shape our world around how we protect, promote and support the breastfeeding mother and infant, so that we can better organise our societies to engender a sustainable future for all of humanity and the planet.

Appendix

Glossary

ABM	Academy of Breastfeeding Medicine	IFE	Infant and Young Child Feeding in Emergencies
AED	Academy of Educational Development	ILCA	International Lactation Consultant Association
BAP	Breastfeeding and Advocacy Course	ILO	International Labour Organisation
BFHI	Baby-Friendly Hospital Initiative	IMCI	Integrated Management of Childhood Illness
CEDAW	Committee on the Elimination of Discrimination against Women	IPA	International Pediatric Association
CERPs	Continuing Education Recognition Points	IYCF	Infant and Young Child Feeding
Code	The International Code of Breastmilk Substitute	LLLI	La Leche League International
ENN	Emergency Nutrition Network	MDG	Millennium Development Goals
FAO	Food and Agriculture Organization	MBFPC	Malaysian Breastfeeding Peer Counsellor
GIFA	Geneva Infant Feeding Association	MFWI	Mother-Friendly Workplace Initiative
GIMS	Global Initiative for Mother Support	MPC	Maternity Protection Coalition
GBPM	Global Breastfeeding Partners Meeting	Sida	Swedish International Development Cooperation Agency
GSİYCF	Global Strategy for Infant and Young Child Feeding	USAID	US. Agency For International Development
GBPF	Global Breastfeeding Partners Forum	UNICEF	United Nations Children's Fund
IBFAN	International Baby Food Action Network	WABA	World Alliance for Breastfeeding Action
IBLCE	International Board of Lactation Consultant Examiners	Wellstart	Wellstart International
IBCLC	International Board Certified Lactation Consultant	WHA	World Health Assembly
IFC	Infant Feeding Consortium	WHO	World Health Organisation



WABA Mission, Vision and Goal

Vision

A world where breastfeeding is the cultural norm, where mothers and families are enabled to feed and care optimally for their infants and young children thus contributing to a just and healthy society.

Mission

To protect, promote and support breastfeeding worldwide in the framework of the Innocenti Declarations (1990 and 2005) and the Global Strategy for Infant and Young Child Feeding through networking and facilitating collaborative efforts in social mobilisation, advocacy, information dissemination and capacity building.

Goal

To foster a strong and cohesive breastfeeding movement, which will act on the various international instruments to create an enabling environment for mothers, thus contributing to increasing optimal breastfeeding and infant and young child feeding practices.

WABA Funders

WABA would like to thank all our funders and many individuals who have contributed in cash and kind - supporting us since our inception in 1991, without which we would not have been able to carry out our programmes. We are grateful for the generous contributions through the years, which has enabled us to organise World Breastfeeding Week annually thus making it possible for millions of people in over 170 countries across the world to come together and celebrate WBW every year.

Current Funders



Past Funders



THE WBW CYCLE

Through #WBW2016, WABA sets out raise awareness of the links between breastfeeding and the SDGs, whereas WBW 2017 will focus on Goal 17 – partnership building. This method of working is essential for sustainable impact and to initiate collaboration with celebrants.

Beyond 2017, WBW efforts will focus on four themes of clustered Goals (described in the WABA WBW Action Folder), repeated three times over the years that follow. The themes are:

**NUTRITION, FOOD SECURITY
AND POVERTY REDUCTION**



**SURVIVAL, HEALTH,
AND WELLBEING**



**ENVIRONMENT AND
CLIMATE CHANGE**



**WOMEN'S PRODUCTIVITY
AND EMPLOYMENT**



This cyclical pattern of themes would enable all those working on related issues to raise awareness, incentivise action, aggregate data and track progress towards meeting our goals. Actors at all levels could focus on aspects of the clustered Goals that are most relevant to their work and target groups, with opportunities for new partnerships and collaboration. The WBW in 2030 would take stock of progress made on achieving the SDGs, and address challenges faced at that time.



1-7 August 2016

Breastfeeding: A Key to Sustainable Development



SOCIAL MEDIA TOOLKIT

#WBW2016

1

worldbreastfeedingweek.org

How you can participate

Essentials: A Key to Sustainable Development

- the part of electricity

Use this diagram to help plan what you can do (in blue) and how you can involve and engage WAA in your efforts (in purple).



- Use and promote FFW3016 materials

Step 1 visit our [website](#) > downloads > download material

Step 2: Have a look at our [blogs](#), [action links](#), [events](#), [calendar](#), and many other resources for tools to promote breastfeeding and SOGs

Step 2 Use our tools to organise your own event or promote these materials to other individuals/organisations. Do send us your [photos](#) so we can put you in our pledge map!

Our materials are available in different languages, including:



- Visit our [WYWH2014](#) page

Step 1: Visit and Like our Facebook page

Step 2 stay updated on the latest developments and

Step 2 be part of our discussions, or share your own stories or experiences

Step 4: send us pictures of your #FWW2016 event and tell us what you've been up to

Step 3: remember to use the hashtags #WWF2016
#streamfwding #Wtite



- Instagram it

Step 2: visit our [Instagram](#) page and please follow us!

Step 2 Snap away at your own #WEN2016 event or share local/national celebrations in your country

Tag # remember to tag us at #Wine2016

Step 4 share this with the rest of the world by using the hashtags #WWN2016 #threadreading #20cOn



WABA | WORLD BREASTFEEDING WEEK
BREASTFEEDING
A KEY TO SUSTAINABLE DEVELOPMENT

1-7
August
2016

Objectives of WABA | World Breastfeeding Week 2016

- 1 INFORM**
To inform people about the new Sustainable Development Goals (SDGs) and how they relate to breastfeeding and Infant and Young Child Feeding (IYCF).

2 FIRMLY ANCHOR
To firmly anchor breastfeeding as a key component of sustainable development.

3 GALVANISE
To galvanise a variety of actions at all levels on breastfeeding and IYCF in the new era of the SDGs.

4 ENGAGE
To engage and collaborate with a wider range of actors around promotion, protection and support of breastfeeding.

Do you care about people, the planet, prosperity and peace? Join the many who believe in sustainable development — living in a way that does not harm the generations to come.

ENVIRONMENT AND CLIMATE CHANGE

To think about:
What can you say to young people in your community about breastfeeding and the environment?

NUTRITION, FOOD SECURITY
AND POVERTY REDUCTION

To think about:
What role does breastfeeding have in promoting good nutrition and food security in your community?

SURVIVAL, HEALTH,
AND WELLBEING

To think about:
What does breastfeeding look like in your community?
How many hospitals or maternity facilities are Baby-Friendly?

WOMEN'S PRODUCTIVITY
AND EMPLOYMENT

To think about:
What support do women receive for breastfeeding once they return to work in your community?

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