

Inserts with this Issue

- ❑ Celebrating Innocenti 1990 - 2005 Achievements, challenges and future imperatives
- ❑ 1st International Training Course on Infant and Young Child Feeding Counseling - A training course -The 3 in 1 Course
- ❑ Breastfeeding Practice and Policy Course, Centre for International Child Health
- ❑ Anatomy of a Successful Campaign
- ❑ Fighting an Old Battle in a New World - How IBFAN Monitors the Baby Food Market
- ❑ 2005 World Summit Outcome
- ❑ High mortality and malnutrition affect Muslim Children most says UN Children's Agency
- ❑ Mainstreaming Gender in Breastfeeding Programmes (a new updated WABA brochure with new Gender Programme Logo)

WABALink is a current awareness service, with the mission of sharing news and useful key documents with its global network of supporters. The views expressed in the articles, supplements, and other inserts, etc., however, do not necessarily reflect the views, or policies of WABA or its Core Partners.



South Asia Quake : 80,000 feared dead, 1.6 million children left homeless

On 8 October 2005, during the holy month of Ramadhan at approximately 8.50 am local time, a major earthquake measuring 7.6 on the Richter scale, hit Pakistan with the epicentre in the Pakistan administered region of Kashmir. It was the strongest quake to hit South Asia in 100 years and is similar in intensity as the 1906 San Francisco earthquake.

The UN reported that more than 4 million people are directly affected as winter snow starts. Many of them are at risk of dying from cold and the spread of disease.

As in any disaster, it is the children who are affected the most. Half of those killed are likely to be children, and at least 1.6 million children have been left homeless, many of whom live in the most inaccessible and impoverished areas in the region. Most of the affected areas are in mountainous regions and access is impeded by landslides that have blocked the roads.

UNICEF has warned that as many as 10,000 children could die of hunger, hypothermia and disease in the coming weeks. Damaged infrastructure and the onset of winter means access to areas will become even more of a challenge.

This is an appeal from Blue Veins (Women Welfare & Relief Services) one of WABA's Seedgrant recipient from Pakistan:

Blue Veins expresses its concern and solidarity with the victims of this disaster and wishes to highlight the need to protect infant lives through adequate feeding practices. There is an very urgent need to protect infant lives through adequate feeding practices & providing relief to breastfeeding mothers in the effected areas.

Blue Veins is taking an initiative to protect infant lives through adequate feeding practices & providing relief to breastfeeding mothers in the effected areas. We request all friends to join hands & let us know how possibly can they assist & collaborate in this regard.

Qamar Naseem
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Celebrating World Breastfeeding Week Around the World

Breastfeeding and Family Foods

Loving & Healthy

WABA would like to thank each and every individual and group from all over the world who were involved in the World Breastfeeding Week (WBW) 2005 celebrations. The WABA Secretariat is currently compiling all the wonderful stories and reports from around the globe and will publishing a WBW Report for 2004/2005. If you would like to see your celebrations showcased in this publication, hurry, send in your reports and materials now. The closing date for submission is 31 December 2005. In the meantime, here are some of the highlights:

MADAGASCAR

"Mothers, show proof of love. Take good care of your child at birth. Give him breastmilk so he will grow well and be strong," sings the number one female pop star in Madagascar.

To improve breastfeeding practices in Madagascar, the AED project LINKAGES and its local partners invited the pop star to be their national Breastfeeding Ambassador. She recorded 3 songs on breastfeeding that were broadcast nationwide on television and radio. Cassettes of the song were distributed to taxi drivers



AFGHANISTAN

While most Afghan mothers do breastfeed their newborn children, it is common for many mothers to discard the colostrum which is known to contain antibodies and growth agents that are of critical importance in the early days of a child's life. In addition the introduction of inappropriate foods such as tea and breads at too early a stage in an infant's development and the delay in introducing nutritious foods are both known to be the common bad practices in the country.

A special WBW launching ceremony was held and a series of events were organised which includes radio and television broadcasts, round table discussions, school competitions and special teachings during Friday prayers - bringing home the message that breastfeeding is essential to a child's health development and that improved feeding practices are critical to a child's survival.

Below is an excerpt of an article by Karen Dawn who runs the animal media advocacy watch DawnWatch.com in the Los Angeles Times.

Got Milk? You've Got Problems

Dairy cows have overtaken automobiles as the No.1 air polluter in parts of California, according to a Los Angeles Times article. A New York Times editorial discussed "the eye-stinging, nose-burning smell of cattle congestion in rural California," acknowledging that something had to be done. What nobody wants to say, in this land of milk and cookies, is that we shouldn't be drinking cow's milk.

In the last edition of his "Baby and Child Care" bible, Dr. Benjamin Spock made it clear that cow's milk is for baby cows, not for the human child. He wrote that it was "too rich in saturated fats that cause artery blockages" and that it "slows down iron absorption." He suggested that it may cause ear and/or respiratory problems, and may be linked to childhood onset diabetes. He stressed that infants should drink only human breastmilk and older children should try soy and rice milk products.

Dairy industry spends millions of dollars telling us that milk consumption will help us lose weight and would rather we didn't see a study in the Archives of Pediatrics & Adolescent Medicine which found that children who drink

more than three servings of milk daily are prone to becoming overweight even if it is low-fat milk. Neither does the industry advertise the Harvard School of Public Health finding that 15% of whites, 70% of African Americans and 90% of Asians are lactose intolerant.

The industry prefers to scare us with tales of brittle bones, hoping we don't notice studies showing that people in Asia who consume no dairy products have significantly lower hip fractures than people in America. Consistent with those results is Harvard University's 1997 Nurses Health Study which followed 78,000 women over a 12 year period and found that those who consumed the most dairy foods broke the most bones.

A study in August International Journal of Cancer found 13% increase in ovarian cancer risk in women who increased their lactose intake in amounts equivalent to one glass of milk per day.

Source : rense.com 15 Aug 2005

ANNOUNCING THE MOST BOYCOTTED BRANDS ON THE PLANET.....

☒ Nestle ☒ Nike
☒ Coca-Cola ☒ McDonalds

GMIPoll an online opinion poll surveyed 15,500 consumers in 17 countries. Nestle emerged as the most boycotted brand in UK because respondents consider its "unethical use and promotion of formula feed for babies in third world countries. Nestle was boycotted almost twice as many UK consumers than McDonalds, the second most boycotted brand in the UK.

Source : Guardian Unlimited Sept 1, 2005

Mothers exposed to misleading formula milk advertisements

Formula milk manufacturers are confusing mothers with clever marketing that posts misleading messages about formula milk through advertising which exploits a loophole in the UK law.

A survey of 1000 new mothers and pregnant women suggests that manufacturers are finding ways around regulations banning the promotion of infant formula for babies.

According to Andrew Radford, Director of UNICEF UK's Baby Friendly Initiative, "When the advertising ban was introduced, it didn't cover follow-on formula. The manufacturers have since changed the way they package and promote follow-on formulas so that they're almost identical to the regular infant formula. This means that a supposedly legal, TV or magazine advert on a follow-on formula will also promote a company's infant formula".

The researchers found that:

- 60% of the women believed they had seen or heard infant formula advertising even though its been banned for ten years
- 30% said that advertising gave the impression that infant formula milk was "as good as or "better than" breastmilk. This is despite the overwhelming evidence that bottle-feeding carries health risks.
- nearly one in five mothers who used follow-on milk (which is only suitable for infants over six months) said they started before their baby was three months old, even though it's unsuitable for children of this age.

Source: NCT/UNICEF 19 Sept 2005

Fat Content of Breastmilk Increases with Time

The longer a mother breastfeeds, the higher the fat and energy content of her breastmilk.

The researchers said that the study was the first to analyse the fat and energy content of breastmilk of mothers who breastfeed for longer than a year. "There are more and more women who choose to breastfeed for longer time periods and not many studies about the nutritional value of their milk during this prolonged lactation", said Dr Ronit Lubesky, co-author of the study, from the Department of Pediatrics at Dana Children's Hospital in Israel.

"This nicely done study which looked at a question that really needed to be answered," added Dr Ruth Lawrence, a professor of pediatrics at the University of Rochester School of Medicine. "I think, many people's general impression is if you continue to breastfeed beyond a year, probably the nutrient value drops, and this is quite different information and very important".

To determine the energy content of human breastmilk at longer periods, Lubetsky and colleagues sampled the breastmilk of 34 mothers who had been breastfeeding for 12 to 39 months and compared that with milk of 27 mothers who had been breastfeeding for only 2 to 6 months.

They found a startling difference: the fat content in the mothers who had breastfed for longer periods of time was 17.5 percent versus only 5 percent in the short term group.

Source: www.forbes.com/lifestyle/health

Preventing Cancer with Mother's Milk

A team of scientists has found that an ingredient in the milk of humans, cows and rats could be the key to preventing and treating breast cancer.

The team from the Czech Academy of Science and University of Louisville spent the last 10 years experimenting with procathepsin D and its relative cathepsin D which are molecules called peptides, found inside cells and are controlled by hormones.

Their research into controlling the cellular ingredient in procathepsin D could help in the fight into ovarian and prostate cancer.

The research builds on earlier studies which suggested that women who breastfeed and those who were breastfed apparently have a lower risk of developing cancer.

Since procathepsin D is found in mothers milks as well as in the milk of cows and rats, the researchers theorised that it may play a role in naturally immunising a woman against cancer.

Source: The Sun, Aug 15 2005





News from the Secretariat, Penang, Malaysia

Secretariat News, Project Development and Outreach

Aug • Julianna Lim Abdullah and Satnam Kaur attend the Malaysian National Launching of WBW in Kuala Terengganu • Julianna Lim delivers the keynote address at the Complementary Feeding Symposium organised by PPPIM • WABA Secretariat attends the WBW launching by the Penang Hospital, at Tesco Penang in which Julianna Lim delivers a speech on behalf of WABA • Liew Mun Tip participates in WBW celebrations and has dialogues with breastfeeding partners in Caracas, Venezuela • Pamela Morrison gave talks to the Secretariat staff over 3 days on the subject of Mothers Milk and HIV, The Politics of Infant Feeding Choice - transcultural issues and Lactation Management 101 • Susan Siew and Satnam Kaur attend the IAF Annual Conference "The Magic of Facilitation" in Kuala Lumpur • Anwar Fazal, Susan Siew and Koh Kah Ling attend the National Consumer Convention in Kuala Lumpur

Sept • Global Breastfeeding Partners Meeting 4 was organised and held in Lone Pine Hotel in Penang • WABA Steering Committee Meeting was held after the GBPM 4 • Sarah Amin and Liew Mun Tip attend the TMF Monitoring and Management Workshop in Netherlands and also meeting with DGIS • Satnam Kaur and Julianna Lim successfully completes the 18 hour Breastfeeding Course conducted by Penang Hospital • Liew Mun Tip and Felicity Savage in dialogue with Universiti Sains Malaysia (USM), Kubang Kerian, Kelantan on lactation management training and Felicity gave a presentation on Breastmilk as Brainfood at the USM Brain Awareness month • Sarah Amin, Koh Kah Ling and Lakshmi Menon attend IWHM in New Delhi. A WABA booth was set-up and they all took part in Pantomime Mums performance. Informal meetings were held with various women's groups and WABA joins the WGNRR TaskForce on HIV. • Anwar Fazal hands over the directorship of WABA to Sarah Amin and Susan Siew. The Secretariat records its deepest gratitude and thanks him for his wonderful leadership and guidance over the past 2 years. • 2 Gender publications were published; Against all odds - Gendered Challenges to Breastfeeding (Edited by Radha Holla-Bhar) and Breastfeeding - A Reproductive Health and Rights Issue by Lakshmi Menon and Sarah Amin. The Gender brochure was also updated and printed •

Oct • The Secretariat welcomes back Sarah Amin and Susan Siew in their roles as WABA Co-Directors and Liew Mun Tip as Deputy Director • Gender Workshop for IBFAN Africa was conducted in Penang • Sarah Amin and Lakshmi Menon attends the AWID Forum in Bangkok, where a WABA booth was set-up and a Visual Essay was presented • Susan Siew attends the South Asia Breastfeeding Partners Forum 2 in Kathmandu, Nepal • Physical Reorganisation of the WABA Secretariat - all Secretariat staff involved • Update and reprint of HIV and Infant Feeding brochure • Finalise production and printing of French Risks, Rights and Regulations Book • Layout, design and printing of 4 page leaflet - Celebrating Innocenti 1990-2005, Achievements, challenges and future imperatives in English and Italian.

Visitors to the Secretariat

• **August** • Ines Fernandez, Arugaan, Philippines; Pamela Morrison, England • **September** • Audrey Naylor, Wellstart, USA; Beth Styer, USA; Nomajoni Ntombela, Linkages, Zambia; Felicity Savage, ICH, England; Marta Trejos, Cefemina, Costa Rica; Jose Gorin Peralta, ABM, USA; Pauline Kisanga & Ray Maseko, IBFAN, Swaziland; Sallie Page-Goertz, ILCA, USA; Hedy Nuriel and Rebecca Magalhaes, LLLI, USA; Arun Gupta, BPNI, India; Amal Omer-Salim, Uppsala University, Sweden; Ana Parilla, IBFAN, Puerto Rico • **October** • Associate Prof. Dr. Zalina Ismail, Deputy Dean, School of Health Science, University Sains Malaysia, Kelantan, Malaysia

Happenings 2005 & 2006

Aug 1-7 ■ World Breastfeeding Week*

- | | |
|----------------|--|
| Aug 1 | ■ 15th Anniversary of Innocenti Declaration |
| Sept 1-3 | ■ WABA Core Partners Meeting, Penang, Malaysia |
| Sept 5-7 | ■ WABA Steering Committee Meeting, Penang, Malaysia |
| Sept 21 | ■ International Day of Peace* |
| Sept 21-25 | ■ 10th International Women and Health Meeting, New Delhi, India (www.10iwhmindia.org) |
| Sept 28-30 | ■ ABA International Breastfeeding Conference, Hobart, Australia (www.cdesign.com.au/aba2005) |
| Oct 9-14 | ■ IBFAN Africa Gender Training, Penang, Malaysia |
| Oct 12 | ■ IBFAN's 26th Anniversary (www.ibfan.org) |
| Oct 16 | ■ World Food Day* |
| Oct 20-24 | ■ 10th Annual ABM Meeting, Denver, Colorado, USA (www.bfmed.org/abm2005.html) |
| Oct 26-28 | ■ South Asia Breastfeeding Partners Forum-2, Kathmandu, Nepal. |
| Oct 27-30 | ■ 10th AWID International Forum on Women's Rights and Development, Bangkok, Thailand |
| Nov 17-21 | ■ The 3rd Asia-Pacific Conference on Reproductive & Sexual Health, Subang Jaya, Malaysia |
| Nov 15-16 | ■ UNICEF UK Baby-Friendly Initiative - 8th Annual Conference, England |
| Nov 17-20 | ■ WANGO Annual Conference 2005, Santa Domingo, Dominican Republic. |
| Nov 20 | ■ Universal Children's Day |
| Nov 19-21 | ■ 15 years CRC Celebration, Florence, Italy |
| Nov 21-22 | ■ Innocenti Declaration+15 Celebration, Florence, Italy |
| Nov 25-27 | ■ CHOGM Networking the Commonwealth for Development, Valletta, Malta |
| Nov 27-30 | ■ 4th International Congress on Women's Health, New Delhi, India (www.etuc.org/tutb/uk/survey.html) |
| Nov 30 - Dec 3 | ■ 2nd Int. Conf. on Humanisation of Childbirth & Delivery, Rio De Janeiro, Brazil (www.congressorehuna.org.br) |
| Dec 1 | ■ World AIDS Day* |
| Dec 10 | ■ Human Rights Day* |
| Dec 9-10 | ■ Annual National Conf. of BPNI, New Delhi, India |
| Dec 13-14 | ■ Tracking progress in Child Survival- Countdown to 2015, University of London, England |
| Dec 13-18 | ■ 6th WTO Ministerial Conference, Hong Kong |
| 2006 | |
| Jan 15-31 | ■ 1st International Training Course on Infant & Young Child Feeding Counseling - A Training Course The 3 in 1 Course, New Delhi, India |
| Feb 14 | ■ WABA 15th Anniversary |
| Feb 23-25 | ■ CIMS 2006 Inter Birth Practices Forum, Boston, USA |
| Feb 27 | ■ Wellstart 21st Birthday |
| March 13-17 | ■ 33rd Session of the SCN, Nutrition and the Double Burden of Disease : A Global Challenge, Geneva, Switzerland |

[(*) see www.daysofaction.net for links]

2006 Seedgrant Programme for Maternity Protection (MP) & Global Initiative for Father Support (GIFS) is now open

For the application package, write to the WABA Secretariat or download from the WABA website at :

<http://www.waba.org.my/womenwork/seedapply.htm> for MP Seedgrant
<http://www.waba.org.my/fathers/index.html> for GIFS Seedgrant

The closing date is 15 January 2006.



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WABALink is produced and edited by the Secretariat of the World Alliance for Breastfeeding Action (WABA). WABA is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/ UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Action Food Network (IBFAN), La Leche League International (LLLI), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

Announcement

1st International Training Course

*National Level Capacity Building
For developing national trainers*

on

**Infant and Young Child Feeding Counseling - A Training course
The '3 in 1 course'**

(Integrated course on breastfeeding, complementary feeding and infant feeding & HIV)

15th January - 31st January 2006
New Delhi, India



Organised by



BPNI / IBFAN Asia Pacific

In collaboration with

University College of Medical Sciences (UCMS) and GTB Hospital Delhi

Why this course is needed?

Well over two-thirds of 10.9 million under-five child deaths in the world are often associated with inappropriate feeding practices and occur during the first year of life. Yet, only one third of world's infants are optimally fed.

To be successful in breastfeeding, women need practical help and support from all quarters especially health care providers. This means, women need accurate information about optimal infant and young child feeding and timely counseling. Health workers need to build mother's confidence to increase breastmilk flow from the mother to the baby, when she has a 'feeling' of '*not enough milk*', assist her to initiate breastfeeding within one hour, assist her in proper sucking position to allow effective sucking, which will help in preventing breast problems like sore nipples and engorgement, solve problems if they do arise, answer any questions if mothers have, counsel mothers and families on adequate and appropriate complementary feeding, and finally be able to counsel HIV positive mothers about infant feeding options and support their choice.

Unfortunately, most health care providers and frontline workers have barely acquired these 'skills' in counseling and management of breastfeeding. Such a need led to the development of several at least three skill-training courses in breastfeeding, complementary feeding and HIV and Infant Feeding by WHO and UNICEF.

Inadequate knowledge and skills of these workers complicates the situation. Little time is assigned to it in their curricula. Commercial pressures add to this problem in a significant manner. It is imperative to train all care providers to impart skills to counsel mothers on Infant and Young Child Feeding. And with HIV spreading fast, and the knowledge that HIV can be transmitted through breastfeeding, it becomes critical to help women to decide the best possible option for infant feeding.

Recent assessment of several countries led to an observation that they lack National capacity to take forward this skill building component of IYCF counseling.

Objective of the International Course

The course is being organized with the objective of building national capacity to address the skill building of all health care workers for counseling on IYCF in Asia Pacific countries. The course will lead to creating '**national teams**' of trainers who are able to lead training/capacity building initiatives locally. Similarly it could also create teams that could lead initiatives in the States of India.

What is 3 in 1 course?

The WHO and UNICEF have provided following three training courses related to infant and young child feeding; and all these are completed in 11 days.

1. "Breastfeeding Counselling - A Training Course" (Duration: 5 days)
2. "HIV and Infant Feeding Counselling - A Training Course" (Duration: 3 days)
3. "Complementary Feeding Counselling: A Training Course" (Duration: 3 days)

The courses on 'Complementary Feeding' and 'HIV and Infant feeding' require that participants must complete the 5 -day 'Breastfeeding Counseling' course as a prerequisite. The WHO/UNICEF's Global Strategy and UN's Guidelines on HIV and Infant Feeding identify the need for combining these 3 courses. Governments in the region also felt that it is too time consuming and impractical to call health workers three times.

BPNI / IBFAN Asia Pacific organized several courses on the subject and in 2004 took lead in combining 2 courses 'Breastfeeding' and 'HIV and Infant Feeding'. Further in 2004 and 2005 BPNI / IBFAN Asia Pacific in collaboration with UNICEF-India and World Alliance for Breastfeeding Action (WABA) put all the three courses into one leading to development of '**3 in 1**' training course "Infant and Young Child Feeding Counseling: A Training Course". The course is unique and is first effort of its kind by the region and has been successfully tested in two states of India. The course enables health workers to develop clinical and interpersonal skills needed to support breastfeeding mothers.

Developing National Trainers

You need several **core** national level trainers to conduct national level training. It requires 6 days of training for initial preparation of trainers, and it is guided by a **course director**. These trainers then conduct 7- day training course having 43 sessions for 24 participants, thus completing full course for being trainers, lasting for 13 days. During the first six 6 days trainers become familiar with the course materials, and learn how to conduct different kinds of sessions and during next 7 days they actually impart training to health workers. The course is conducted in highly participatory manner conducive to adult learning. It has classroom sessions, lectures, discussions, demonstrations, exercises, role plays, group work and hospital practices etc.

The core trainer requires another 2 additional days after finishing the course to learn how to organise these courses back home.

What is the National Team and criteria for selection?

It consists of five persons, one to be the **Core Trainer**, who arrives earlier. Later four persons come for one week and undergo the course as participants. Back home this team should first make the course available in local language adapting it to local circumstances. The core trainer, then should lead a similar course with the help of six trainers (4 from this course and 2 additional) and this way he/she can act as course director for the country.

Core Trainer: He/she should be a senior level health and nutrition faculty member, who is committed and available future training courses.

Participants: They should be medical officers/ other health professionals who are involved in care of mothers and children

Language: All should be able to communicate in English.

What are the 3 in 1 course materials

The 3 in 1 course has following materials:-

1. Director's Guide
2. Trainer's Guide
3. Participant's Manual
4. Overhead Transparencies
5. Book of Overhead Figures
6. Answer Sheets
7. Forms, List, Checklist and Story cards
8. Counseling guide for infant feeding options in PPTCT programme

This material is also available on CD-ROM however , these are shared with those who complete the training course.

The course content covers the following topics

1. Why optimal infant and young child feeding
2. Local situation of infant and young child feeding
3. How breastfeeding works
4. Assessing a breastfeed
5. Observing a breastfeed
6. Listening & learning
7. Listening and learning exercises
8. Hospital practices and baby friendly hospital initiative
9. Clinical Practice 1
 - o Listening and learning
 - o Assessing breastfeed
10. Positioning baby at the breast
11. Building confidence, giving support and checking understanding
12. Building confidence exercises

13. Clinical Practice 2
 - Building confidence, giving support and checking understanding
 - Positioning baby at the breast
14. Breast conditions
15. Breast condition exercises
16. Refusal to breastfeed and crying
17. Taking a feeding history
18. History practice
19. Overview of infant feeding and HIV
20. Breastmilk feeding options for HIV positive mothers
21. Replacement feeding in the first six months by HIV positive mothers
22. Preparation of milk feeds
23. Counselling HIV positive mothers for feeding options and teaching replacement feeding
24. Practice counseling skills in HIV positive mothers
25. Expressing breastmilk
26. Not enough milk
27. Refusal to breastfeed, crying and not enough milk exercises
28. Breastfeeding low birth weight babies and sick babies
29. Increasing breastmilk and relactation
30. Complementary feeding - foods to fill the nutrient gap
31. Quantity, variety and frequency of complementary feeds
32. Counselling practice (BF & CF)
33. Clinical Practice 3
 - Taking feeding history
34. Feeding techniques, strategies and Food Hygiene
35. Clinical Practice 4
 - Counseling mothers in different situations and Filling dietary recall form
36. Feeding during illness and recovery
37. Sustaining optimal infant and young child feeding
38. Clinical Practice 5
 - Complementary feeding
39. Women nutrition, health and fertility
40. Women and work
41. Commercial promotion of breastmilk substitutes
42. Infant feeding in emergency situation (Additional Sessions)
43. Assessing practices of participants and their future commitments

How to do it?

Those interested in having this course may contact BPNI / IBFAN Asia Pacific, who have the capacity to conduct this world class training course. We encourage National Governments, UNICEF and WHO country offices, and other agencies working on child health and development issues to consider this capacity building initiative to strengthen implementation of the Global Strategy for Infant and Young Child Feeding.

Course Fees

US\$ 2400 for a training 'team' of '5 persons' (includes boarding / lodging and course materials. It does not include travel costs or per diem)

For more information, please contact

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The group behind the news

Founded in 1979, the [International Baby Food Action Network \(IBFAN\)](#) is a world-wide network of grass-roots groups working to protect, promote and support breastfeeding against commercial influences. IBFAN advocates for strong national legislation. The South Asia sub-regional branch of the IBFAN is based in Delhi, India.

Anatomy of a successful campaign

An Indian advocacy group's detailed and extensive campaign against the repeal of a piece of legislation in India produced a positive outcome within only three months.

Background to the campaign

When an element within the Indian government proposed repealing the country's 1992 Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act (popularly called the IMS Act), the result might have been a weakening of a national ban on the commercial promotion of products that compete with breastfeeding. Dr Arun Gupta, Regional Coordinator of the International Baby Food Action Network's (IBFAN) 44 Asian-Pacific countries, organised a campaign—'Save the IMS Act'—to fight the suggested repeal. So successful were these efforts that the subject of a repeal of the IMS Act was dismissed by the Indian government three months later.

The campaign strategy is outlined

The first step in the 'Save the IMS Act' campaign occurred in January 2005, when the other group for which Dr Gupta worked, the [Breastfeeding Promotion Network of India \(BPNI\)](#), sketched out a comprehensive strategy to gather support. The BPNI planned to approach the public, the media, political parties, government departments, key individuals, citizens' rights groups, professional bodies, economists, and NGOs working on public health, women's and children's issues.

A first step—gain the backing of other groups

Detailed attempts to muster support began when Dr Gupta and colleagues approached partner groups in India. Organisations that pledged help included:

- [Association for Consumers' Action on Safety and Health \(ACASH\)](#).
- [India Alliance for Child Rights \(IACR\)](#).
- [Jan Swasthya Abhiyan \(JSA\)](#)—the Indian branch of the [People's Health Movement](#).
- [Voluntary Health Association of India \(VHAI\)](#).

The campaigners contacted Dr Vina Majumdar of the Center for Women Development Studies (CWDS). Her personal involvement and guidance was crucial in getting several other organisations to back the campaign.

Dr Gupta also alerted the global community working on breastfeeding—including the other regional branches of the IBFAN, which offered full backing, and the Malaysia-based [World Alliance for Breastfeeding Action \(WABA\)](#).

Campaigners turn to government departments and official bodies

The campaign moved onto government departments. The subject of the repeal was discussed with the Department of Women and Child Development (the sponsoring Ministry for the original IMS Act). The Department's Secretary wrote a strong letter to the government advising against repeal of the IMS Act. Dr Gupta's group then

met the Minister of Human Resource Development, and briefed him. The Minister, too, wrote to the government, arguing against repeal of the IMS Act. The campaigners also pressed the government department responsible for initiating the planned repeal. The department promised to look into the matter.

Unsatisfied by this response, Dr Gupta appraised Dr Syeda Hameed, a member of the Health Planning Commission of India, and told her of developments within the campaign. She readily agreed to assist. The BPNI communicated with the National Commission for Women and the National Advisory Council as well. Both assured their cooperation.

UNICEF expressed an interest in generating assistance, and wrote on the campaign's behalf to the Minister of Human Resource Development. Dr Gupta made representations to the National Human Rights Commission (NHRC), which immediately took up the case and asked the Minister of Food Processing not to repeal the IMS Act. After receiving a lukewarm response from the government, the NHRC issued a press release to raise the profile of the issue nationally.

Working with the media

On the media front, the BPNI briefed Rahul Dev, a senior journalist with a keen interest in social issues. He was able to furnish the cause with much-needed assistance through his media and political links. The media, in fact, provided unprecedented encouragement, and carried several stories that helped the campaign's issues reach a wider public.

Political encouragement

Opposition political parties (and even politicians in the ruling party) guaranteed to back the campaign right up to Parliamentary level, where the Bill overturning the IMS Act was due to be introduced.

Meetings and a petition

After the campaign had been running for about a month, a meeting entitled 'Coming together to save the IMS Act' was jointly called in February 2005 by the BPNI, the JSA, the IACR, and the VHAI. The meeting was addressed by Dr Hameed of the Health Planning Commission. She expressed her concern about the proposed repeal of the legislation. Meanwhile, a petition organised by the campaigners, entitled 'Save the IMS Act', had been signed by 25 organisations. The petition was sent to the Prime Minister, the President and the government ministers involved in repealing the IMS Act.

A final push

Finally, leading members of the campaign met Sharad Pawar, Minister of Agriculture, who headed the group of eight Ministers overseeing the process of repealing the IMS Act. He listened to the campaigners' arguments and sought some clarifications. After assuring his audience that he understood the issue, he told the campaigners that the IMS Act would not, after all, be repealed.

On April 6th 2005, the campaigners read in the press the happy news that the government had responded positively to the controversy and decided not to repeal the IMS Act. It was, wrote Dr Gupta in a press release of the same date, "a turning point in the history of the breastfeeding movement in India".

<http://www.ibfan-asiapacific.org>

A new issue of **Development Dialogue**

Fighting an Old Battle in a New World

How IBFAN Monitors the Baby Food Market

by Annelies Allain

This issue of Development Dialogue is entirely devoted to the work of the International Baby Food Action Network (IBFAN), which celebrated its 25th anniversary in Oct. 2004. It is written by Annelies Allain who has spent all those years serving the network. Her story is a tribute to not just the survival, but the flourishing of a people's organisation of great importance and expresses a firm belief in the combined strength of ordinary citizens, organised in groups and networks, supporting a common cause.

Annelies Allain gives vivid descriptions of the network's struggles locally, nationally and internationally and insights into the obstacles encountered while trying to move an apathetic international bureaucracy to uphold the spirit of decisions made by its own governing body in the face of persistent corporate lobbying.

The example of IBFAN invites reflections on what NGOs are capable of doing and what governments and international organisations apparently are not capable of, or interested in, doing. The prevailing conventional picture is that NGO's should be part of international negotiations to secure a broad participation but should not be directly involved in decision-making. Thus, NGOs may become hostages rather than full members of the international process.

It is time to fully acknowledge the work of organisations and networks such as IBFAN, the ETC Group or the PCIJ (Philippine Center for Investigative Journalism) - to mention a few examples- and to realise their unique contribution over the past 25 years. It is time to give organisations such as IBFAN the right and the opportunities to make their voices heard in national and international conferences, but just as important to listen to them in their own contexts, whether it be the World Social Forum or the People's Health Assembly or other fora of that kind. Surely they have unique experiences of the world and its people that governments and corporations are not aware of.

The struggle continues. While the outcome is not at all clear, IBFAN provides an excellent example of what an NGO can do and offers hope for the future. It is an inspiration for people's organisations around the world battling for justice and solutions to longstanding problems.

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2005 WORLD SUMMIT

HIGH-LEVEL PLENARY MEETING | 14–16 SEPTEMBER 2005



❖ 2005 WORLD SUMMIT OUTCOME

The world's leaders, meeting at United Nations Headquarters in New York from 14 to 16 September, agreed to take action on a range of global challenges:

DEVELOPMENT

- ❖ Strong and unambiguous commitment by all governments, in donor and developing nations alike, to achieve the Millennium Development Goals by 2015.
- ❖ Additional \$50 billion a year by 2010 for fighting poverty.
- ❖ Commitment by all developing countries to adopt national plans for achieving the Millennium Development Goals by 2006.
- ❖ Agreement to provide immediate support for quick impact initiatives to support anti-malaria efforts, education, and healthcare.
- ❖ Commitment to innovative sources of financing for development, including efforts by groups of countries to implement an International Finance Facility and other initiatives to finance development projects, in particular in the health sector.
- ❖ Agreement to consider additional measures to ensure long-term debt sustainability through increased grant-based financing, cancellation of 100 per cent of the official multilateral and bilateral debt of heavily indebted poor countries (HIPC). Where appropriate, to consider significant debt relief or restructuring for low and middle income developing countries with unsustainable debt burdens that are not part of the HIPC initiative.
- ❖ Commitment to trade liberalization and expeditious work towards implementing the development dimensions of the Doha work programme.

TERRORISM

- ❖ Clear and unqualified condemnation—by all governments, for the first time—of terrorism “in all its forms and manifestations, committed by whomever, wherever and for whatever purposes.”
- ❖ Strong political push for a comprehensive convention against terrorism within a year. Support for early entry into force of the Nuclear Terrorism Convention. All states are encouraged to join and implement it as well as the 12 other antiterrorism conventions.
- ❖ Agreement to fashion a strategy to fight terrorism in a way that makes the international community stronger and terrorists weaker.

PEACEBUILDING, PEACEKEEPING, AND PEACEMAKING

- ❖ Decision to create a Peacebuilding Commission to help countries transition from war to peace, backed by a support office and a standing fund.
- ❖ New standing police capacity for UN peacekeeping operations.
- ❖ Agreement to strengthen the Secretary-General's capacity for mediation and good offices.

RESPONSIBILITY TO PROTECT

- ❖ Clear and unambiguous acceptance by all governments of the collective international responsibility to protect populations from genocide, war crimes, ethnic cleansing and crimes against humanity. Willingness to take timely and decisive collective action for this purpose, through the Security Council, when peaceful means prove inadequate and national authorities are manifestly failing to do it.

HUMAN RIGHTS, DEMOCRACY AND RULE OF LAW

- ❖ Decisive steps to strengthen the UN human rights machinery, backing the action plan and doubling the budget of the High Commissioner.
- ❖ Agreement to establish a UN Human Rights Council during the coming year.
- ❖ Reaffirmation of democracy as a universal value, and welcome for new Democracy Fund which has already received pledges of \$32 million from 13 countries.
- ❖ Commitment to eliminate pervasive gender discrimination, such as inequalities in education and ownership of property, violence against women and girls and to end impunity for such violence.
- ❖ Ratification action taken during the Summit triggered the entry into force of the Convention Against Corruption.

MANAGEMENT REFORM

- ❖ Broad strengthening of the UN's oversight capacity, including the Office of Internal Oversight Services, expanding oversight services to additional agencies, calling for developing an independent oversight advisory committee, and further developing a new ethics office.
- ❖ Update the UN by reviewing all mandates older than five years, so that obsolete ones can be dropped to make room for new priorities.
- ❖ Commitment to overhauling rules and policies on budget, finance and human resources so the Organization can better respond to current needs; and a one-time staff buy-out to ensure that the UN has the appropriate staff for today's challenges.

ENVIRONMENT

- ❖ Recognition of the serious challenge posed by climate change and a commitment to take action through the UN Framework Convention on Climate Change. Assistance will be provided to those most vulnerable, like small island developing states.
- ❖ Agreement to create a worldwide early warning system for all natural hazards.

INTERNATIONAL HEALTH

- ❖ A scaling up of responses to HIV/AIDS, TB, and malaria, through prevention, care, treatment and support, and the mobilization of additional resources from national, bilateral, multilateral and private sources.
- ❖ Commitment to fight infectious diseases, including a commitment to ensure full implementation of the new International Health Regulations, and support for the Global Outbreak Alert and Response Network of the World Health Organization.

HUMANITARIAN ASSISTANCE

- ❖ Improved Central Emergency Revolving Fund to ensure that relief arrives reliably and immediately when disasters happen.
- ❖ Recognition of the Guiding Principles on Internal Displacement as an important international framework for the protection of internally displaced persons.

UPDATING THE UN CHARTER

- ❖ A decision to revise and update the Charter by:
 - Winding up the Trusteeship Council, marking completion of UN's historic decolonisation role;
 - Deleting anachronistic references to "enemy states" in the Charter.

The full text of the document is available on the Summit website: www.un.org/summit2005

HIGH MORTALITY AND MALNUTRITION AFFECT MUSLIM CHILDREN MOST SAYS UN CHILDREN'S AGENCY

New York, Sep 21 2005 1:00PM

Islamic States account for the world's highest child mortality rates, where 60 percent of children who die from disease and malnutrition never make it to their first birthday, according to a joint report released today by the United Nations Children's Fund (UNICEF).

Active partnerships among members to solve the problems affecting children in the Organization of Islamic Conference (OIC) States, and help from the wealthier members "coming to the aid of the poorer," are therefore, desperately needed, it said.

"We are extremely encouraged by the vision and leadership being shown by the OIC and the Islamic Educational, Scientific and Cultural Organization (ISESCO) in mobilising Islamic countries to accelerate progress for children," said <" http://www.unicef.org/media/media_28329.html">UNICEF Executive Director Ann M. Veneman. "UNICEF shares their commitment and stands ready to work with them to ensure that their actions have practical impact and generate concrete results for children," she added.

Over 4.3 million Muslim children worldwide under the age of five die every year, many will never attend primary school, and over one third suffer from persistent malnutrition, said the report, which will serve as a basis for discussions in the upcoming Ministerial meetings regarding Muslim children to be held in Morocco in November. In all, OIC Member States account for a quarter of the world's 2.3 billion children, in Africa, Asia and the Middle East.

Children who live in Islamic sub-Saharan Africa suffer from the most severe deprivations, and child mortality rates in the region are more than double the world average. Many OIC countries have some of the highest maternal mortality rates in the world: in Afghanistan, one in six pregnancies results in death. In African OIC Member States, there is one death for every 15 pregnancies, though globally, the average is one in 74.

Primary school attendance is very low in OIC nations, with more than half the adult population illiterate, and sometimes 70 percent of women unable to read and write.

"Much progress has been made," said Director-General of ISESCO, Dr. Abdulaziz Othman Altwaljri. "Investing in children and putting them at the centre of development strategies are the most effective ways to eliminate poverty and meet global development targets," he added.

2005-09-21

For more details go to UN News Centre at <http://www.un.org/news>