

World Breastfeeding Week 2005:
Breastfeeding and Family Foods:
Loving and Healthy Calendar Announcement in English, French, Spanish and Italian & Action Folder text downloadable at www.waba.org.my

Enclosures with this Issue

- WABALink Readership Survey
- 2005 International Breastfeeding Conference "**Breastfeeding, the natural state**"
- 2005 Progress Report on Breastfeeding (Ten years after Beijing)
- 10th Annual International Meeting of the Academy of Breastfeeding Medicine "**Taking Breastfeeding to New Heights**"
- Creation of a Virtual Resource Map :Database of birthing & breastfeeding organisations around the globe
- Global Day of Mobilisation Against Poverty, War and Unilateralism

WABALink is a current awareness service. The inclusion of inserts is for the purpose of sharing with the breastfeeding community, useful and current materials. 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.

The Tsunami Tragedy



www.npr.org/news/images

On December 26, 2004, a massive earthquake (9.3 on the Richter scale) which unleashed massive tidal waves, wiped out towns and villages, left more than 300,000 people dead, 27,000 missing and some 1.2 million homeless in Indonesia, Sri Lanka, India, Thailand, Malaysia, Myanmar, Maldives, Bangladesh, Seychelles and Somalia. UNICEF estimates that children account for more than one-third of deaths.

3 months later, the Asian Development Bank estimates that the four worst-hit countries still faced a hefty aid shortfall of US\$5.3 billion. And it was also three months later, a powerful underwater earthquake struck again, off the west coast of Indonesia. It was evident that this latest jolt, sent a web of fear that gigantic waves would again hit many of the countries that are still struggling to recover from the December disaster.

The question to ask ourselves is this. Are we going to let this tragedy remain just a tragedy or are we going to learn from this horrifying experience and be prepared for future emergencies. While donations and aid has been pouring in, the message that we need to send out is that donations of baby foods does more harm than good. In emergencies and relief situations, breastfeeding is of critical importance. It saves babies' lives. IBFAN/ICDC in the wake of the tsunami tragedy, produced a wonderful document called "Fact Sheet on Feeding Babies in Emergencies". This document is available in English, French, Spanish and Thai on www.ibfan.org and on www.waba.org.my. The WABA website also carries links to other important resources on breastfeeding in emergency circumstances.

While the world stood still in shock of the events from Dec 26, 2004 and the subsequent mobilisation of funds and aid, let us not forget that providing short-term relief is only one aspect of aid. It is the long term rebuilding of shattered communities that requires constant reminders.

Longer maternity leave significantly reduces infant mortality

A groundbreaking international study has found that a year of paid leave for new mothers not only improves babies' health but significantly reduces infant mortality.

Research examining the effect of maternity policies on child health outcomes in 18 industrialised countries from 1969 - 2000 found that every 10 weeks of extra maternity leave cut the infant mortality rate -deaths of babies up to a year old by 2.6 percent.



The cause of the apparent connection between leave and deaths is unknown but may be due to longer periods of breastfeeding and better healthcare. The study by an academic from Columbia University, published in the Economic Journal concludes "these results support the hypothesis that an extension in the length of leave enhances child health through parental time with the child".

The study examined leave policies in 18 OECD countries including U.K., the US and Japan. A related study based on US data, found that longer leave improved other health outcomes in addition to cutting mortality rates.

Source : *The Guardian*. 16 Mar 2005

C183 Maternity Protection Convention, 2000

Now Ratified by **11** countries

Country	Ratification Date
Albania	24.07.2004
Austria	30.04.2004
Belarus	10.02.2004
Bulgaria	06.12.2001
Cuba	01.06.2004
Cyprus	12.01.2005
Hungary	04.11.2003
Italy	07.02.2001
Lithuania	23.09.2003
Romania	23.10.2002
Slovakia	12.12.2000

Source: 2004 International Labour Organisation (ILO)
<http://www.ilo.org/ilolex/english/convdisp2.htm>

Thank You

WABA thanks the International Confederation of Free Trade Unions (ICFTU) for adopting a resolution that calls for the collaboration with organisations that are committed to working for women's human rights. Read this important resolution at : <http://congress.icftu.org/displaydocument.asp?Index=99122033&Language=EN>. Now is a great time to contact your national ICTFU affiliate to propose working together on Maternity Protection. To find national affiliates, go to : <http://www.icftu.org/addressbook.asp?Language=EN>

- Chris Mulford, Co-coordinator
WABA Women and Work Task Force

STOP PRESS!.... India's IMS Act Saved

On 5th April, 2005, the Government of India decided NOT to repeal the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) as amended in 2003, while clearing the "Food Safety and Standards Bill 2005" for Cabinet approval. This brings a heartening end to a successful campaign to "Save the IMS Act" which started in January 2005, when the Ministry of Food Processing Industry (MOFPI) put up a proposal to repeal the IMS Act under the propose Bill.

The Breastfeeding Promotion Network of India (BPNI) spearheaded the campaign to fight for and save the IMS Act which was a beacon for all countries who sought to improve the the health and development of their children.

BPNI planned out a comprehensive strategy to inform people, media, political parties, key government departments, key individuals, and several NGO's working on public health, women's and children's issues, citizens rights groups, professional bodies, economists and journalists to gather support. WABA and IBFAN came out with overwhelming support and representations were made to UNICEF, who were able to generate support to save the IMS Act through their offices.

Jointly a People's Petition was sent to the Prime Minister, the President and the Ministers concerned.

The media provided unprecedented support and their stories made it an issue of great importance and in the end, history was created by the breastfeeding movement in India in saving the model Act.

-Arun Gupta, National Coordinator, BPNI

Baby Growth Charts- Parents given wrong advice on best weights for infants says WHO latest study

Parents could have created health problems in later life for their babies by overfeeding them because charts used to measure their growth were based on wrong assumptions two decades ago, the World Health Organisation (WHO) said recently.

The growth charts used by baby clinics were drawn up in the US but have now been found to have been based on babies fed mainly on formula milk.

A new seven year study carried out by WHO shows babies who were exclusively breastfed for six months are healthier and leaner than those who hit the norm on the current growth charts.

The WHO study, carried out in collaboration with the United Nations University, shows that recommended weight gain based on breastfed babies would be 7% less. This has led to fears that the old charts could be playing a part in the obesity epidemic.

Now the WHO is to draw up new charts and scrap the old measures, causing potential revolution and possibly a furore among health visitors and paediatricians.

There is growing evidence of a link between a baby's early growth and later development of obesity -related diseases such as a heart problems and diabetes.

The WHO Multicentre Growth Reference Study collected data from 8440 babies in six countries - Brazil, Ghana, India, Norway, Oman and the US - from 1997 to 2004.

Source: *The Guardian*, 5 Feb. 2005

Perchlorate in Breastmilk and Dairy Samples Separating Fact from Mayhem

The recent news about a study which found perchlorate in breastmilk and dairy samples caused confusion and alarm among parents and health care providers in the US by not providing sufficient information about average content of perchlorate in breastmilk, how much is transferred to the infant and what, if any are the adverse effect of such exposure. Breastfeeding remains the best choice in a polluted world. Even though environmental contaminants have been found in human milk, the innumerable benefits for both baby and mother far outweighs the risks. Dr. Jack Newman, MD, FRCPC in his response to the perchlorate issue, "there is no doubt that there are toxins in breastmilk. Why do people imagine that somehow infant formulas are free from toxins? Toxins may interfere with the baby's cognitive and neurological development. Yet breastfed babies do better on cognitive and neurological testing than artificially fed babies in virtually every study ever done. "

Canadian pediatricians suggest new breastfeeding guidelines

The Canadian Pediatric Society has made a new recommendation that women should feed their newborns only through breastfeeding for the first six months, then start adding solids and other liquids .



The new guideline brings the society in line with the World Health Organisation which came to the same conclusion in 2001. The society also said that breastfeeding can continue for up to two years as other foods are added.

The society also warns that cereals marketed for babies are not sterile and may introduce micro-organism into the infant's system before it's equipped to handle them.

Data from the Statistics Canada indicates 85 percent of Canadian mothers start off breastfeeding but only 19 percent continue to do so exclusively at the six-month stage.

Source: *CBC News*, 9 Mar 2005

Editor's Note : *Better late than never!!!!*

FACT ABOUT THE STUDY AND PERCHLORATE

- The study is based on a very small sample size of 36 mothers in 18 states across the USA.
- The said study did not directly measure infant perchlorate exposure.
- Perchlorate is both natural occurring and man-made chemical found in the environment.
- Perchlorate competitively inhibits iodine uptake in the thyroid gland, and its secretion into human milk.
- The only known complication is hypothyroidism which is easily treated with supplements of iodine or in rare cases thyroxine. There has been no evidence or increase incidences of hypothyroidism reported in the USA.
- Impairment of thyroid function in expectant mothers may affect the fetus and newborn, including delayed development and decreased learning capacity.
- Human contamination comes from water and food exposures (includes water, cow's milk and vegetables).

Source: www.breastfeedingtaskforla.org-perchlorate-breastmilk.htm. Feb 25 2005

Are you listed in the WABA-UNICEF Directory of Experts?

WABA in partnership with UNICEF has compiled a Directory of Experts in the field of breastfeeding and appropriate feeding issue.

If you wish to be listed in the Directory, please download the questionnaires from the WABA website < www.waba.org.my/expform.doc > and send to the WABA Secretariat.



News from the Secretariat, Penang, Malaysia

Secretariat News, Project Development and Outreach

January • WABA Secretariat staff planning meeting held at Penang Hill • Koh Kah Ling attended the International Conference on Achieving the Millenium Development Goals in Kuala Lumpur, Malaysia •

February • WABA's Birthday • Design, layout, printing and mailout of the World Breastfeeding Week (WBW) Calendar Announcement in English • Gender Training and Strategy Meeting reports were produced • Seedgrants for Maternity Protection were made available • Gender Case Studies project underway •

March • Family day for WABA Secretariat staff at the Spice Garden in conjunction with the visit by Beth Styer, WABA Steering Committee Chairperson • The Mutiara Sanctuary- WABA's new Meeting Room opened by Beth Styer and preceded by traditional blessings of the room represented by the various cultures of Malaysia • Translation, printing, layout and mailout of the WBW Calendar Announcement in Spanish, French and Chinese • Susan Siew attends the APAN General Assembly and SCN Conference in Brazil • Chris Mulford in Penang to work on Maternity Protection Seedgrants and funder's report • Penny Van Esterik works with WABA on HIV and Infant Feeding, Gender and Innocenti + 15 plans • Production of GBPM 3 report, finalised by Koh Kah Ling and Sarah Amin • Koh Kah Ling attends the South East Asian Women's Training Camp (SEAWIC) in Kuala Lumpur • Lynn Emmanuel and Tini attended the launch of NAV 6 Center of Excellence, at the University Science of Malaysia, Penang • Annual Report to SIDA 2004 completed •

April • Linux Server briefing by Shern Tech to the WABA Secretariat • WABA Global Breastfeeding Partners Meeting III Report printed • Annual Report to DGIS completed • WBW Action Folder text and illustrations, posted on WABA website • Writing, design production of WABALink by Julianna Lim Abdullah

Visitors to the Secretariat

January • Nand Wadhvani, rehydration.org, Costa Rica •

March • Penny Van Esterik & John, York University, Toronto, Canada • Chris Mulford, ILCA, USA • Beth Styer, Chairperson, WABA Steering Committee • **April** • Hideo Ando • Devinder Sharma •

Apply Now!!!!!!

World Breastfeeding Week 2005 Seedgrants

WABA would like to invite groups who are organising WBW 2005 and are in need of funds to translate and produce materials into their local language to apply to WABA for WBW Seedgrants. We have about 5-10 Seedgrants, to be given out, each amounting to US\$500 to US\$1000. Do write to the WBW Coordinator at waba@streamyx.com detailing your organisation's background, plans for celebrating WBW and what materials you intend to produce. **Closing date 10 June 2005.**

Happenings 2005

- | | |
|----------------|---|
| April 7 | ■ World Health Day |
| May 12-15 | ■ NZLCA Conference, Auckland, New Zealand (www.lactcon.org.nz) |
| June 2-3 | ■ 15th Annual National Breastfeeding Seminar, Canada |
| June 13-July 8 | ■ Breastfeeding Practice and Policy Course, London, England (www.cich.ich.ucl.ac.uk/CICH) |
| July 1-5 | ■ 7th ICAAP International Conference on AIDS in Asia & Pacific, Kobe, Japan (www.icaap7.jp) |
| July 2-5 | ■ LLLI 19th International Breastfeeding Conference, Washington, USA (www.lalecheleague.org) |
| July 8-12 | ■ ILCA Annual International Conference & Meeting, Chicago, USA and ILCA's 20th Anniversary (www.ilca.org) |
| July 19-23 | ■ Second People's Health Assembly, Ecuador (info@iphcglobal.org) |
| July 24-27 | ■ 3rd International AIDS Society Conference, Rio de Janeiro, Brazil (www.ias-2005.org) |

Aug 1-7 ■ World Breastfeeding Week

- | | |
|------------|---|
| Sept 1-3 | ■ WABA Core Partners Meeting, Penang, Malaysia |
| Sept 5-7 | ■ WABA Steering Committee Meeting, Penang, Malaysia |
| 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 12 | ■ IBFAN's Anniversary (www.ibfan.org) |
| Oct 20-24 | ■ 10th Annual ABM Meeting, Denver, Colorado, USA (www.bfmed.org/abm2005.html) |
| Oct 27-30 | ■ 10th AWID International Forum on Women's Rights and Development, Bangkok, Thailand |
| Nov 21-25 | ■ 1st International Conference on Childcare in Islam, Kuala Lumpur, Malaysia (www.susuibu.net.my) |
| Nov 27-30 | ■ 4th International Congress on Women's Health, New Delhi, India (www.etuc.org/tutb/uk/survey.html) |

Read more about it at www.waba.org.my

- 1 Towards Healthy Mothers and Children : A Gender and Rights Approach to Breastfeeding Promotion <www.waba.org.my/pdf/Towards_Healthy_Mothers_and_Children.pdf>
- 2 UNICEF UK BFHI - Govt. to strengthen breastfeeding promotion and protection <www.waba.org.my>



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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 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 (LLL), 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).



NEW(S) NEW(S) NEW(S) NEW(S) NEW(S)

Exclusive Breastfeeding May Substantially Reduce Breastfeeding-associated HIV Transmission

by Jean-Pierre Allain
International Advisory Council,
World Alliance for Breastfeeding Action (WABA)

A new and important study suggests that early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. The key elements of the study are:

Objectives

The promotion of exclusive breastfeeding (EBF) to reduce the postnatal transmission (PNT) of HIV is based on limited data. In the context of a trial of postpartum vitamin A supplementation, the study provided education and counseling about infant feeding and HIV, prospectively collected information on infant feeding practices, and measured associated infant infections and deaths.

Design and methods

A total of 14 110 mother–newborn pairs were enrolled, randomly assigned to vitamin A treatment group after delivery, and followed for 2 years. At baseline, 6 weeks and 3 months, mothers were asked whether they were still breastfeeding, and whether any of 22 liquids or foods had been given to the infant. Breastfed infants were classified as exclusive, predominant, or mixed breastfed.

Results

A total of 4495 mothers tested HIV positive at baseline; 2060 of their babies were alive, polymerase chain reaction negative at 6 weeks, and provided complete feeding information. All infants initiated breastfeeding. Overall PNT (defined by a positive HIV test after the 6-week negative test) was 12.1%, 68.2% of which occurred after 6 months. Compared with EBF, early mixed breastfeeding was associated with a 4.03 (95% CI 0.98, 16.61), 3.79 (95% CI 1.40–10.29), and 2.60 (95% CI 1.21–5.55) greater risk of PNT at 6, 12, and 18 months, respectively. Predominant breastfeeding was associated with a 2.63 (95% CI 0.59–11.67), 2.69 (95% CI 0.95–7.63) and 1.61 (95% CI 0.72–3.64) trend towards greater PNT risk at 6, 12, and 18 months, compared with EBF.

Authors

The study was undertaken by Peter J. Iliff^a, Ellen G. Piwoz^b, Naume V. Tavengwa^a, Clare D. Zunguza^c, Edmore T. Marinda^a, Kusum J. Nathoo^d, Lawrence H. Moulton^e, Brian J. Ward^f, the ZVITAMBO study group and Jean H. Humphrey^{a,e}

The study was published in the Journal AIDS 2005 Vol 19 No.7.

From the ^aZVITAMBO Project, Borrowdale, Harare, Zimbabwe, ^bThe SARA Project, Academy for Educational Development, Washington, DC, USA, ^cThe Harare City Health Department, Harare, Zimbabwe, ^dThe University of Zimbabwe College of Health Sciences, Harare, Zimbabwe, ^eThe Johns Hopkins Bloomberg School of Public Health, Department of International Health, Baltimore, MD, USA, and ^fThe Research Institute of the McGill University Health Center, Montreal, Quebec, Canada.

Supplementing the UN Policy Framework

The “Zvitambo” study is a most important supplement to the work of UNICEF and WHO, both of which have called for stronger support for the implementation of the joint United Nations HIV and infant feeding framework. It should be widely circulated.

The UN framework outlines five priority areas that are needed:

- Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
- Implement and enforce the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.
- Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
- Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
- Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

Follow Up

If you wish to connect with this work and support WABA work on Research, Advocacy and Capacity building, link with the WABA Task Force on HIV and Infant Feeding. Email: waba@streamyx.com

For more information, log on to www.waba.org.my

Also included in this issue of WABALink Issue No.36, is the People’s Health Charter on HIV and AIDS by the People’s Health Movement. <www.phmovement.org/hivaidscharter/index.html>



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**AT THE EVE OF THE HEAD OF STATES MEETING AT THE UNITED NATIONS
SEPTEMBER 10TH 2005
GLOBAL DAY OF MOBILISATION AGAINST POVERTY, WAR AND
UNILATERALISM**

We the people, for a new just, peaceful and democratic world order.

We, representatives of global civil society meeting in Porto Alegre at the **5th World Social Forum**, are launching an urgent appeal to democratize and strengthen the United Nations and build a new just, peaceful and democratic world order.

Poverty is growing. Wars and conflicts are constantly occurring. The gap between the rich and poor is increasing. Fundamental human rights and international laws are often ignored. Use of military power is again the basis of international relations. Militarist national security doctrines continue to dominate, despite universal support for human security that encompasses the economic, social and political needs of the people. People do not believe anymore in the capacity of the market to solve social problems, but it continues to be promoted by unaccountable institutions.

The UN that was established sixty years ago to ban war, eradicate poverty and social injustice is now under attack, weakened and marginalised diminishing its historical role for peace, development, social and international justice in world governance. Strong unilateralism and uncontrolled neo-liberal globalisation are sidelining the only "common house" of humanity. The macro-economic functions of the United Nations (UN) have been taken away by the Bretton Woods institutions. A radical change of the International Monetary Fund (IMF), World Bank, World Trade Organisation (WTO) and associated institutions, and their incorporation in the UN system is imperative.

The UN that we want is a UN of Peoples, not a UN of states. Only a comprehensive, radical and transparent reform of the UN will enable this system to fulfil its historical role for peace, development and international democratization. The future of the UN should be everybody's concern. In an increasingly interdependent world we cannot expect to find solutions for our problems that are not global solutions. There are no human rights without international institutions able to enforce them.

A sustained mobilisation including the enforcing of the accountability and transparency of our governments and member states of the UN, is absolutely crucial. This should be a constituent process involving all possible actors in civil society, local authorities and parliaments. Priority must be given to ensure due representation of region, race, class, gender and all social pluralities in this process.

2005 will be a crucial year for the future of international democracy and of the United Nations. On September 14-16 all heads of States of the world will be called to decide on the reform of the UN and to reaffirm and implement their commitments to eradicate poverty and to achieve, at least, the Millennium Development Goals (MDG). This agenda is too important to leave it completely in the hands of governments, themselves mostly responsible for the current critical situation of humanity and for the terrible crisis of the UN.

As a first step, we invite all women and men, all movements, all civil society organisations, to mobilise to resolve this critical situation, and to organise on September 10th 2005 - at the eve of the head of States meeting at the UN - together with the Global Call to Action Against Poverty, a major Global Day of Mobilisation For a New World Order Against Poverty, War and Unilateralism, For Economic and Social Justice, Peace and Democracy.

In order to build an open, just, peaceful and democratic world order we commit ourselves to raise public awareness, to address our governments and to continue networking and promoting an open debate towards the realization of specific common goals.

**World Social Forum - Porto Alegre
28 January, 2005**

This Appeal has been discussed and approved by 140 organisations that attended the “Reclaim Our UN” seminary on January 28 2005 in Porto Alegre during the V World Social Forum

Provisional list (Last Updated 9/2/2005)

Peace Roundtable (Italy), Assembly of the Peoples' UN, Ubuntu, Instituto Ethos (Brasil), IPS - InterPress Service, IBASE - Instituto Brasileiro de Analises Sociais e Economicas (Brasil), WSF Indian Organising Committee (India), IDEAS (Spain), Action for Economic Reforms (Philippines), Africa Peace Point (Kenya), AIDC - Alternative information and Development Center (South Africa), Alianza por un Mundo Responsable y Solidario (Peru), ANND - Arab NGO Network for Development, Articulacion Feminista MARCOSUR, Attac (Brasil), Attac (France), Bangla Praxis (Bangladesh), BGRF - Bulgarian Gender Research Foundation (Bulgaria), CAFOR (Cameroon), Centro de Investigacion para la Paz (Spain), CETRI - Centre Tricontinental (Belgium), CND - Campaign for Nuclear Disarmament (England), Comunidad de Paz San Jose de Apartadó (Colombia), Conseu / CIEMEN - Centre Internacional Escarrè per a Minories ètniques i les Nacions, DAWN - Developing Alternatives for Women, DION - Development Indian Ocean Networkes victimes du terrorisme (Algeria), FAL - Foro de Autoridades Locales de Porto Alegre, FAMSÍ - Fondo Andaluz de Municipios por la solidaridad internacional (Spain), Fríde (Spain), Front SIWA LIMA RMS (The Moluccas), Fundació per la Pau (Spain), Helsinki Process on Globalisation and Democracy, IPB - International Peace Bureau, IPS - Institute for Policies Studies (United States), Japan Network on Dept & Poverty (Japan), Jubileo Perú (Peru), Le Mouvement de la Paix / French Peace Movement (France), Peace Boat, Red Estrategia ACAA - Andina-Centroamericana-Amazónica, REPEM, Rodheci (Democratic Republic of Congo), SID - Society for International Development, Social Watch, Solidar, Transnational Institute, UFPJ - United For Peace and Justice (United States), Umoja As One Kenya (Kenya), Universidad Autonoma di Santo Domingo - Facultad de Ciencias Economicas y Sociales (Republica Dominicana), WCL- World Confederation of Labour, WIDE - Women in Development Europe, World Federalist Movemesing Committee (Argentina), All India Peace & Solidarity Organisation (India), Brazilian Commission Justitia et Pax (Brazil), Citizen for a UN People's Assembly (United States), Citizen Network (France), Citizen's Initiative for the Europe of the Citizens (Germany), Cives - Associação Brasileira de Empresarios pela Cidadania (Brazil), Coalition for a World Parliament and Global Democracy (United States), CGIL (Italy), CIDSE, European Federalist Movement (Italy), FIM - CISL (Italy), FIOM - CGIL (Italy), Jubilee South - South America, MONU - Modelo da Organização das Nações Unidas (Brazil), Movimento dos Trabalhadores Rurais Sem Terra (Brazil), PDHRE - Peoples Movement for Human Rights Learning (United States / India), Peter Hesse Foundation Solidarity in Partnership for One World in Diversity (Germany), Revolutionary Committees Movement - Libyan Jamahiriya (Libya), Tebtebba Foundation (Philippines), Tierra Vida (Perú), Viva la Ciudadania (Colombia)

A lot of other organisations have already announced their support to the appeal. We apologise for any omission or mistakes. The complete list of organisations supporting the appeal will be published and updated on a website we are about to open.

Please contact us to subscribe to this appeal at the following address:

international@peacepoint.org - www.peacepoint.org
Tavola della Pace, Via della Viola,1, 06122 Perugia -Italy
Tel. +39 075 5736890 - fax +39 075 5739337



Save the Date!

10th Annual International Meeting
of the
Academy of Breastfeeding Medicine

“Taking Breastfeeding to New Heights”

October 20-24, 2005

JW Marriott, Denver at Cherry Creek

150 Clayton Lane, Denver, Colorado 80206

Phone: 303-316-2700 Web: jwmarriottdenver.com

October 20, 2005: Physician's breastfeeding course:

“What Every Physician Needs to Know About Breastfeeding”

October 21-23, 2005: Main Physician's Conference

October 23-24, 2005: Health Team Members' Conference

Come learn, network and play in the “Mile High City”. Enjoy a basic breastfeeding course, the main and team members meetings with expert faculty, international colleagues, networking, ABM committee meetings, poster and platform abstracts, a grand banquet and additional special events.

Explore Cherry Creek: A new, exciting community with boutiques, spas, restaurants, galleries and other specialty shops, located in the heart of central Denver.

Additional information available at www.bfmed.org

Program on back.

CMEs and CERPs applied for.

PROGRAM

Thursday, October 20, 2005

8:00am – 5:00 pm: **What Every Physician Needs to Know About Breastfeeding**

Joan Y. Meek, MD, MS, FABM, Course Director. Basic breastfeeding course for physicians.

2:00 – 4:00 pm: **Narratives: Women's Stories About Breastfeeding and How We Use Them**

Robert M. Lawrence, MD & MaryAnn O'Hara, MD, MPH, FABM

6:00-8:00 pm & 8:00-10:00 pm: ABM Committee Meetings

Friday, October 21, 2005 Main Physician's Meeting Begins. Theme: Maternal Issues

Physiology of Lactation: Margaret C. Neville, PhD

Composition of Human Milk: Margaret C. Neville, PhD

Breastfeeding and the Gynecologist: Edward R. Newton, MD, FABM

Contraception and Breastfeeding: Miriam H. Lobbok, MD, MPH, FABM

Obstetric Interventions and Breastfeeding: Edward R. Newton, MD, FABM

Lactation and Maternal Fertility or Infertility: Pamela D. Berens, MD

Poster Reception (all) & Social Activity (optional)

Saturday, October 22, 2005 Theme: Evidence-Based Practice

Evaluating the Evidence in the Breastfeeding Literature: A Mini-Workshop

Thomas B. Newman, MD, MPH, Valerie Flaherman, MD

Physician Breastfeeding Attitudes in Japan: Tomoko Seo, MD

National Monitoring of Breastfeeding and Its Determinants: Laurence M. Grummer-Strawn, PhD

Practical Application of Hyperbilirubinemia Guidelines in the Breastfed Newborn:

Thomas B. Newman, MD, MPH

Lunch (Provided) & Annual Business Meeting

Platform Research Presentations (9): Moderators: Kathleen Marinelli, MD, FABM & Caroline J.

Chantry, MD, FABM

Annual Banquet & Awards

Sunday, October 24, 2004: HEALTH TEAM MEMBERS JOIN

Then and Now: Reflections from 30 Years in Breastfeeding Management: Marianne Neifert, MD

Breastfeeding and Zinc Metabolism: Nancy Krebs, MD, MS

Assessment and Diagnosis of Breast Lumps in Pregnancy and Lactation: Madeline Gartner, MD

Breastfeeding and Obesity: Laurence M. Grummer-Strawn, PhD

Review of Breast Surgery Cases Related to Pregnancy and Lactation: Madeline Gartner, MD

EVALUATION AND CONCLUSION – MAIN PHYSICIANS' MEETING

Lunch: Focus Tables/meet the Expert (Provided for Health Team Meeting Participants)

The Impact of Labor & Delivery Practices on Breastfeeding: Pamela D. Berens, MD

Lactation and Maternal Fertility or Infertility: Pamela D. Berens, MD

Physician Breastfeeding Attitudes in Japan: Tomoko Seo, MD

Monday, October 24, 2005 – HEALTH TEAM MEMBERS' MEETING

Toxins in Human Milk: MaryAnn O'Hara, MD, FABM

What's New in Breastfeeding Research: Anne Montgomery, MD, FABM

Breastfeeding the Near-Term Infant: Nancy Wight, MD, FABM

Postpartum Depression and Its Impact on Lactation: Anne Montgomery, MD, FABM

ADJOURN HEALTH TEAM MEMBERS MEETING

LOCATION:

The programs will be held at the **JW Marriott Denver at Cherry Creek**, 150 Clayton Lane, Denver, Colorado, 80206, USA. Guest rooms have been reserved at a special meeting rate of \$144.00 (single or double) per night plus applicable taxes. For guaranteed availability at the meeting rate, individual reservations must be made **before 5 pm on September 27, 2005**. After this date, rooms will be handled on a space available basis and the conference rate may not apply. Attendees are responsible for making their own reservations. Please call 303-316-2700 or 1-800-372-0064 and mention the Academy of Breastfeeding Medicine Conference to obtain the group rate.

The Second People's Health Assembly

The People's Health Assembly is coming together for the second time! From Savar, Bangladesh the caravan trails are now heading towards Cuenca, Ecuador. The People's Health Movement demands Health for All!



The assembly will be the result of a process of local and national reflection, discussion, debate and exchange of experiences of communities and networks as well as conferences and workshops about aspects that influence the health and well being of everyone. At the same time there will be a joining together of campaigns and mobilisation of organisations and groups of people from all around the world.

Ideas to get involved in the Second Assembly

1. Organize a parallel event in your own country/city. If you have an exciting one day event scheduled in the latter half of the week in which the Cuenca assembly is happening (i.e July 20 onwards) it may be even possible to webcast parts of the event to Cuenca or vice-versa. Send (email or post) photos and reports of your events to the secretariat.
2. Send films and videos from your country, which are relevant to the themes of the Assembly.
3. Send posters, T-shirts and exhibitions which are relevant to the themes of PHA2
4. If you represent an indigenous community organize a public endorsement of the declaration of the indigenous peoples in Cuenca.
5. Organize a large drive for people to endorse the People's Charter for Health
6. The People's Charter for Health has reached its 42nd translation. Help the charter team reach the 80th translation before the Assembly.
7. Mobilize local journalists to write about health issues keeping the Assembly or the Global Health Watch as a point of interest.
8. Have a public launch of the Global Health Watch Report in your region.
9. Raise funds for delegates and media persons from your region to attend the assembly in Cuenca.
10. Contribute material towards the photo essay "**From Savar to Cuenca**" that will be part of the inaugural ceremony.
11. Send translations of the slogans: Health For All! & The Voices of the Earth are Calling You!

Launch of the first Global Health Watch

The GHW will be launched in eight countries around the world on July 20, 2005, including at the second Peoples Health Assembly in Ecuador. A number of countries are launching the report after this date. An advocacy document highlighting the key messages from the Watch will be posted on the GHW website on July 20, 2005. It will be available in Arabic, French, German and Spanish.

For more information: log on to www.phmovement.org

2005 Progress Report on Breastfeeding: Ten Years after Beijing

Breastfeeding is about women, not just about food for babies. Breastfeeding is linked to women's status in society, their health, their economic development, and the realisation of their reproductive and sexual rights.

Internationally, there is clear recognition that breastfeeding plays a significant role in the health and development of women and children. The place of breastfeeding and human milk in the economic affairs of a family, a community, or a nation is also important, and is too often underestimated and undervalued.

Women's right to breastfeed is well protected and supported in many places. In others, the culture of breastfeeding struggles to survive or to regain ground lost because of commercial competition, poor health care knowledge and practices, poverty and the increasing work demands on women (especially in the context of fewer protective labour regulations due to globalization), the HIV pandemic, exploitative attitudes toward women's bodies, or the challenges that war and other emergencies pose to the survival and well-being of women.

Milestones achieved

- In 2002 WHO stated that "*inappropriate [infant and young child] feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction.*" The Global Strategy for Infant and Young Child Feeding, adopted by member states at the WHA in 2002, calls on every nation to develop a comprehensive national policy on infant and young child feeding. In the Global Strategy, thorough, agreed-on, evidence-based guidance for protecting, promoting, and supporting optimal infant and young child feeding¹ is now available to governments, NGOs, and all other sectors of society as a basis for policies, program development, and advocacy.
- Intersectoral national breastfeeding committees have been established in over 80 countries.
- More than 18,000 maternity facilities in 134 countries have been certified as meeting global criteria for breastfeeding support under the UNICEF/WHO Baby-Friendly Hospital Initiative.

¹ *Exclusive breastfeeding*: no other food or drink for the first six months, except for medicines and vitamin/mineral preparations where medically indicated; *complementary feeding*: continued breastfeeding with the addition of appropriate foods (not substitute milks) until the child's second birthday or beyond.

- 120 countries have taken some action on the International Code of Marketing of Breast-milk Substitutes. 27 have implemented the Code fully in law. In 33 more, most provisions are law.
- The International Labour Organization has stated, "*Maternity protection is a precondition of genuine equality of opportunity and treatment for men and women.*" Maternity Protection Convention 2000 #183 (C-183) expanded coverage for workers and established a woman's right to paid breastfeeding breaks in the workplace. In 2001, Convention 184 on Safety and Health in Agriculture (C-184) specifically mentioned the special needs of women concerning pregnancy, breastfeeding and reproductive health. Eleven countries have ratified C-183; five have ratified C-184.
- The Gender Task Force of the World Alliance for Breastfeeding Action has begun to implement gender sensitization and gender mainstreaming activities and training within the breastfeeding movement.

Current challenges

A few issues deserve particular mention.

HIV-AIDS

- Early AIDS research found that breastfeeding was a means of transmitting HIV. This finding has caused a massive diversion of resources away from breastfeeding programs in many countries. A more recent study that carefully defined breastfeeding indicates that HIV transmission in the first 6 months is no higher among infants who are exclusively breastfed than among infants who are artificially fed, while the mortality from other diseases is generally higher in the latter group. Exclusive breastfeeding may be the best option for many HIV-positive mothers where the safety and sustainability of replacement feeding is suboptimal. Further research is needed, using clearly defined infant feeding groups.
- The commonly used term "Mother-to-Child-Transmission" (MTCT), while biologically correct, would seem to lay too much blame on women. Both parents may be involved in transmitting HIV, so PTCT ("Parent to Child Transmission") is a more appropriate term.
- Child survival, exclusive breastfeeding at six months, and HIV-free survival rates should be the indicators for assessing the community impact of programs designed to reduce HIV infection of infants. If such programs result in increased feeding of replacement milks to children who are not at risk of HIV infection, those children may needlessly die from diarrhoea and malnutrition.

Commercial influences that interfere with optimal infant feeding

A woman breastfeeds in her private life, away from the commercial marketplace, yet the marketplace continually threatens to interfere. Implementation and enforcement of the International Code have been slow, and infant food companies still compete to entice families and health workers to use products that displace breastfeeding. When markets open to new trading partners, protection for breastfeeding is seldom in place. Pooled, pasteurized human donor milk has not received the attention it deserves as the best alternative when a child's own mother's milk is not available. Dozens of the unique factors in human milk have been patented, raising the possibility that synthetic milk components might be marketed, by-passing women as the original source. Disruption of breastfeeding by commercial interests should be regarded not only as unethical marketing, but as a violation of the child's right to the highest attainable standard of health.

Biomonitoring the environment by testing human milk

When toxins are found in human milk, it is an indication that everyone in the community is being exposed. Chemical contaminants affect the reproductive functions of men and women before conception. Babies are exposed from the moment they are conceived. When authorities announce results of milk monitoring programs, they should communicate in a way that does not undermine women's confidence in their milk, nor make fathers and health professionals doubt the value of breastfeeding. Nothing else that parents can feed their children aids development and builds the immune system like human milk. By breastfeeding, parents partially offset a baby's inadvertent exposure to toxins in the womb.

Lack of acknowledgement of the economic value of breastfeeding

The lack of recognition of the economic value of breastfeeding reflects the lack of recognition by nations and the international community of women's reproductive, caring, and nurturing work. This work, if counted, would contribute substantially to a nation's GDP. Women's production of human milk in Mali, if assigned the modest value of \$1 US per litre, would equal 5% of the GDP. Human milk banks in Europe charge up to 60 Euros per litre. Only in Norway is women's contribution to the food supply officially acknowledged. It is time nations recognized the value of breastfeeding and banked human donor milk in terms of food, health protection, and prevention.

Forward looking strategies

The Global Strategy on Infant and Young Child Feeding provides an excellent framework for moving ahead with the development of national strategies on infant and young child feeding. From a broader development approach the Millennium Development Goals also provide a framework for strengthening global advocacy to improve the health and well-being of women and children.

Breastfeeding: a cross-cutting issue in the Millennium Development Goals

- Breastfeeding provides a safe and secure food source (MDG#1, *eradicate hunger*).
- Optimal feeding gives the best start in life for infants and young children, both girls and boys (MDG#3, *gender equality*).
- Recently published research shows that achieving optimal infant feeding world-wide would *reduce under-five mortality* (MDG#4) by 19%, far more than any other intervention.
- Breastfeeding plays a major part in safe childbearing and aids in child-spacing. It contributes to women's health by reducing blood loss, anaemia, and the risk of breast and ovarian cancer (MDG#5, *improve maternal health*).
- Breastfeeding helps the child's developing immune system to resist infections such as diarrhoea (MDG#6, *combat disease*).
- Unlike replacement products, breastfeeding is an *environmentally sustainable* source of food for infants and young children (MDG#7).
- The Global Strategy clearly delineates roles for all stakeholders in its implementation (MDG#8, *partnership for development*).

Breastfeeding has a key role in reaching seven of the eight Millennium Development Goals (MDGs). Therefore, we call on international and national programs to monitor the rate of exclusive breastfeeding at six months as an indicator of progress toward the MDGs.

Breastfeeding and Gender Equality

Lactation is the final stage in a woman's cycle of conception, pregnancy, birthing, recovery, and nourishing a child. Therefore, we believe that breastfeeding outcomes can be an indicator of a woman's quality of life throughout childbearing. Does she get adequate food and rest, good health care, maternity protection at work? Is she free from violence and discrimination? Support for breastfeeding demands that we pay attention to the well-being of the woman behind the breasts. Conditions that promote gender equality are also conditions that support women in breastfeeding.

A statement for CSW, March, 2005, from

International Baby Food Action Network (IBFAN), <http://www.ibfan.org/>
International Lactation Consultant Association (ILCA), <http://www.ilca.org/>
La Leche League International (LLL), <http://www.lalecheleague.org/>
National Alliance for Breastfeeding Advocacy--(NABA-REAL), <http://www.naba-breastfeeding.org/>
World Alliance for Breastfeeding Action (WABA), <http://www.waba.org.po.my/>
Wellstart International, <http://www.wellstart.org>