

CONTEMPORARY SOLUTIONS TO AN AGE-OLD CHALLENGE

B&W

BREASTFEEDING AND WORK

Stockholm 26–28 September 2015



Co-organisers



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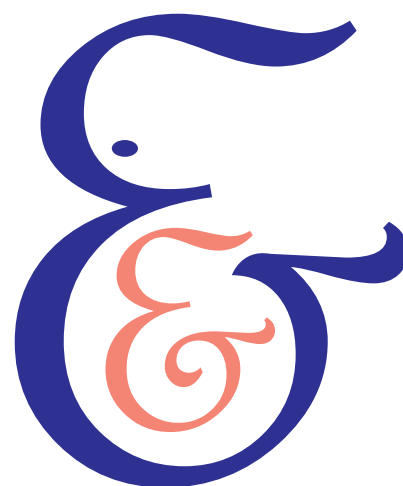
List of Acronyms

ANC	Ante-natal class	MP	Maternity protection
ARROW	Asia-Pacific Research & Resource Centre for Women	NGOs	Non-government organisations
BBPC	Better Business Practices for Children	PNC	Post-natal class
CSOs	Civil Society Organisations	RMG	Ready-made garment
EBF	Exclusive breastfeeding	RoI	Return on Investment
FAO	Food and Agriculture Organisation	SIDA	Swedish International Development Cooperation Agency
FfA	Framework for action	SRHR	Sexual and reproductive health rights
GBAI	Global Breastfeeding Advocacy Initiative	TAHN	Training and Assistance for Health and Nutrition Foundation
IBCLC	International Board Certified Lactation Consultant	UAE	United Arab Emirates
IF	Infant feeding	UN	United Nations
ILO	International Labour Organization	UNICEF	United Nations International Children's Fund
IMF	International Monetary Fund	WABA	World Alliance for Breastfeeding Action
IQ	Intelligence quotient	WBW	World Breastfeeding Week
IYCF	Infant and young child feeding	WBCi	World Breastfeeding Cost Initiative
KEPSA	Kenya Private Sector Alliance	WBTi	World Breastfeeding Trends Initiative
MACHEquity	Maternal and Child Health Equity	WHO	World Health Organization
MCH	Maternal and child health		
MIYCN	Maternal, infant and young child nutrition		

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BACKGROUND

WABA and UNICEF HQ, New York collaborated in a symposium to galvanise wider and deeper commitment to protect, promote and support breastfeeding in the context of women's work. Breastfeeding rates have been relatively stagnant over the last decade. A challenge to optimal breastfeeding practices is the fact that women return to work without adequate maternity protection. Guy Ryder, International Labour Organization (ILO) Director-General, said in 2015, "despite some progress, globally more than 800 million women workers, or 41%, still do not 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?"

This Symposium Report follows the Programme. It includes abstracts of all presentations in the three themed panels and short notes on the subsequent discussions. This is followed by plenary reports from the three themed workshops which followed the panel presentations. Panel four on the discussions to explore how organisations might respond to the proposed actions from the workshops together with an exploration of a coordinated multi-country campaign for policy change follows. This is then summed up in the conclusion which reflects on the objectives of the symposium and the corresponding outcomes achieved. The last section is a summary of the Framework for Action (FFA) document which builds on the main symposium outcomes.

OBJECTIVES OF THE SYMPOSIUM

- Reposition the Maternity Protection Campaign – addressing contemporary challenges regarding implementation of maternity protection and other measures for both formal and informal sectors (a) economics/financing mechanisms; (b) gender equitable measures beyond maternity leave/parental/paternity leave and (c) the inclusion of women working in the informal sector.
- Identify new allies and collaboration partners – including UN Agencies, national governments, Trade Unions, employers, international organisations that target men, campaigns for gender equality, SRHR groups, change-making healthcare professionals and advocates for rights within the informal sector.
- Share lessons learnt in policy implementation and adoption of the ILO Convention 183 on Maternity Protection.
- Share best practices from the Nordic and other countries with positive experiences with maternity protection in general and ILO Convention 183 in particular, to develop

a menu of options to further the Innocenti Declaration operational target 4 and maintain momentum from the WBW theme 2015.

- Revitalise the Innocenti Declaration to address contemporary challenges and offer opportunities for coordinated and concentrated action especially on operational target four.



ANNIVERSARIES AND EVENTS

2015 offered the breastfeeding movement and its allies an unprecedented number of events and significant anniversaries. The symposium highlighted several of these anniversaries and events:

- 25th Anniversary of the Innocenti Declaration
- World Breastfeeding Week 2015
- Breastfeeding Advocacy Initiative
- 6th Nordic Breastfeeding Conference
- Beijing+20
- Post-2015 Sustainable Development Goals (SDGs)

DAY 1: OPENING REMARKS – WABA / UNICEF

Dr. Felicity Savage, Chairperson, World Alliance for Breastfeeding Action (WABA) welcomed participants on behalf of WABA. She noted that work is often a reason for women giving up breastfeeding early, but reminded participants that it is not the only reason, with difficulties with breastfeeding also often a factor. Welcoming breastfeeding's recognition as a human right, she asserted that maternity protection is central to the breastfeeding movement, a key contributor to optimal breastfeeding. Dr. Savage encouraged all participants – selected because of the contribution they can make – to engage actively in the Symposium.

Maaïke Arts, Nutrition Specialist, UNICEF welcomed participants on behalf of UNICEF. She emphasised that this is a human rights issue; duty bearers must provide an enabling environment; and policies must be converted into practice. To achieve this, different types of organisation must work together in new ways. Ms Arts welcomed the opportunity to advance the advocacy effort through this Symposium.

Marie Ottoson, Assistant Director General, the Swedish International Development Cooperation Agency (SIDA) welcomed participants to Sweden. She said Sweden now has a feminist Foreign Policy, reinforcing SIDA's leading work on gender over many years; she cited Sweden's work to ensure a gender-specific SDG and in placing gender at the heart of Financing for Development as examples. Placing breastfeeding in the context of gender empowerment, as a central component of Social Development, she expressed pride at SIDA's role in supporting the breastfeeding movement since the 1990s.

Dato' (Dr.) Anwar Fazal, Chairperson Emeritus, WABA, in a video presentation, reminded participants of the history of WABA and the Innocenti Declaration, and suggested five areas for attention: a new, systematic approach to cooperation between UN agencies and civil society organisations; new ways of celebrating successes; on-line reminders of the history of the breastfeeding movement; more systematic approaches to training in all aspects of protecting, promoting and supporting breastfeeding; and a refreshed mindset in building new alliances.





Werner Schultink, UNICEF, in a video presentation, expressed pride that UNICEF is co-host of the Symposium, emphasising the centrality of maternity protection to improving rates of optimal breastfeeding. He cited examples of UNICEF’s work in tea plantations in Kenya and the garment industry in Bangladesh, and showed that improved maternity protection can significantly increase exclusive breastfeeding.



Alexandra Yuster, Associate Director, Social Inclusion and Policy, UNICEF New York, in a video message asked all the participants to reflect upon the challenges working women face globally in order to balance motherhood and employment. She stressed that Maternity Protection is a universal agenda that should be implemented since it is an important component of social protection. Maternity protection is valuable in not only protecting the health and wellbeing of both women and their children, but is also regarded as one of the primary instruments that recognises women’s economic and reproductive/care-taking roles, and ensures that one does not have to be sacrificed for the other. She added that despite a series of ILO conventions, less than 40 percent of women in employment are covered by law and hopes that the new SDG target 1.3 will result in significant progress in all areas of maternity protection. Ms. Yuster ended her message by citing several examples of successful and innovative social protection programmes undertaken by developing countries.



Dr. Amal Omer-Salim, Co-Executive Director, WABA, said that combining breastfeeding and other forms of work is desirable from both public health and labour productivity perspectives. The aim of her thesis was to gain a deeper understanding of mothers’ perspectives on combining breastfeeding and other work in the urban contexts of Dar es Salaam, Tanzania and New Delhi, India. She found that striving to integrate or segment the competing domains of home and work was a goal of these mothers to reduce conflicts in managing breastfeeding and other work. Mothers engaged in carefully planned actions and tactics to ensure proximity between them and their baby and efficient time managing. This triggered emotions of stress, frustration and guilt, but also satisfaction and joy. Mothers negotiated with family, employers, colleagues and informal networks to gain support for their strategies. Changing family structures and roles highlight the potentially greater supportive role of the partner/husband. Workplaces and maternity protection conditions were generally inadequate. Interventions are required: to strengthen the mother’s own decision making; to provide information to families and communities; to improve regulatory, structural and attitudinal conditions at workplaces, and to strengthen health and social services to adequately support mothers in managing breastfeeding and other work.



Jennifer Mourin, WBW Global Coordinator, WABA gave an overview of the history of World Breastfeeding Week (WBW), and focused on WBW 2015, which carried the theme 'Breastfeeding and Work: Let's Make it Work!' With larger than ever public engagement in activities, WBW 2015 has already resulted in several governments improving policy positions on maternity protection.



DAY 2

PANEL DISCUSSION 1: ECONOMICS & FINANCING

(Powerpoint presentations by these speakers are available at <http://stockholm.waba.org.my/>)




ABSTRACTS

Linking the WHO's IYCF and health recommendations to other relevant UN/ILO conventions and the need to harmonize policies

Laurence M. Grummer-Strawn, PhD, World Health Organisation

The World Health Organization (WHO) recommends that infants should be exclusively breastfed for the first six months of life. However, international labour policy only calls for approximately three months of paid maternity leave, more than half of which may be taken prenatally. As of 2013, nearly half of countries do not guarantee even this



limited amount of paid maternity leave. Only a minority of countries currently ensure that nursing breaks are allowed for the full two years of breastfeeding recommended by WHO. National policies on facilities for nursing largely emphasise the provision of space for the expression of breast milk. While WHO has no clear recommendations on the differences between feeding at the breast and feeding of expressed breast milk, direct breastfeeding may be superior because of concerns that milk storage may allow growth of pathogens or deterioration of the immune properties of the milk, that bottle use may lead to infectious disease or malocclusion, that cyclical changes in milk composition such as fore/hind milk and diurnal variation may have important benefits to the infant, that the lack of suckling at the breast could increase risk of obesity, and that it may be difficult to maintain a milk supply with prolonged reliance on expression. Options for supporting direct feeding at the breast include part-time work, flexible work hours, job sharing, telecommuting, bringing the baby to work, and on-site crèches. However, such options are rarely incorporated into international or national policy since they are highly dependent on the nature of the mother's work.

 **Mothers' Milk, the 'Magic Pudding', and Maternity Protection Money**
 ***Dr. Julie Smith, Australian National University, Australia***

A feminist economic perspective illustrates how the exploitation of women's economically valuable unpaid care work (including breastfeeding) contributes to gender inequity, declining breastfeeding, needless detriment to mother and child health, and avoidable health costs worldwide.

Studies for selected countries demonstrated the economic value of breastfeeding and its contribution to health system sustainability. Australian studies of the time use of 156 new mothers and surveys of 62 workplaces, 302 working mothers, and 178 childcare services identified barriers to breastfeeding. Arguably, mothers are effectively funding maternity protection themselves because of their time investments in breastfeeding and are disadvantaged by the 'motherhood penalty' in earnings which they experience to reconcile paid and unpaid work, including care and breastfeeding of infants and young children.

Most working women and their infants and young children globally are denied their right to be supported to breastfeed optimally: inadequate maternity protection means they are deprived of the time, support and proximity they need to maintain optimal breastfeeding and protect normal health and development. As a result they have less equitable access to the benefits and opportunities arising from economic progress and human development. Lack of maternity protection makes working new mothers vulnerable to unethical marketing of commercial baby foods.

There are various approaches for financing maternity protection, and a new approach prioritising maternity protection for the poorest women, and legislated breastfeeding breaks for all working mothers with infants and young children are called for.

Maternity Protection Benefits in India (current and planned) and Financing Schemes

DR. JP Dadhich, MD, National Coordinator, Breastfeeding Promotion Network of India, India

The Constitution of India includes, “The State shall make provision for securing just and humane conditions of work and for maternity relief.” India has two laws for working women in the organised sector:

The Maternity Benefit Act 1961 provides paid maternity leave of 12 weeks to all establishments employing at least 10 (in some cases 20) workers. During this period women’s wages and jobs are protected allowing a mother to breastfeed. Once the mother returns to work, it provides two nursing breaks per day up to 15 months old. There is provision for pregnant women to request avoidance of arduous work. The act prescribes redress mechanisms and penalties for contraventions. The Government is planning to amend the act to increase maternity leave to 8 months.

The Employees State Insurance Act, 1948 provides 12 weeks of wages with a limit of approximately US\$30 per month. The Act applies to all factories other than seasonal ones.


There are executive measures for a Pay Commission, providing 6 months maternity leave to women and 15 days paternity leave to men in Central Government.

A maternity benefit scheme began in 2010 in 53 selected districts for those not receiving benefits from other mechanisms. In 2012, the scheme was providing conditional cash transfer (approximately US\$100) directly to women during pregnancy and lactation to improve the health and nutrition status of pregnant, lactating women and infants, benefiting nearly 12.5 lakh mothers every year. The National Food Security Act provides maternity benefit for all women not covered by other maternity benefit schemes.

Vietnam experiences of moving towards increased maternity/parental leave and financing mechanisms. Opportunities and challenges at national level

Mai Duc Thien, Ministry of Labor and Social Welfare, Vietnam

Vietnam has had many successes in promoting and advancing maternity protection; the presentation outlined the key successes and major reasons for their achievement. There is maternity leave entitlement of 6 months, paid from social security; a guarantee of lighter work and no night shifts for breastfeeding workers; employment protection and job security; practical support for breastfeeding at work, including breastfeeding breaks; and 5-7 days of paternal or parental leave. Child care support is mentioned in the labour code, but not yet implemented. These successes have been underpinned by State commitment to the rights of women and children; recognition that extending maternity leave is an investment in the country’s future; and evidence that maternity protection increases women’s participation in the labour force, thus increasing tax revenue, and reduces state and company expenditure on healthcare.



Norway's experiences of moving towards increased maternity/parental leave and financing mechanism for these. Opportunities and challenges at national level.

Mette Ness Hansen, Oslo University Hospital, Norway

There has been a gradual increase in the length of maternity leave; in 1909 factory working women were not allowed to work for the first six weeks after delivery, in 1915 an additional four weeks were added before the due date, and the same year the mother got the right to breastfeed her own child at work. In 1993, the parental leave lasted for 42 weeks and the paternal quota was introduced, which could not be transferred to the mother. The paternal quota lasted 12 weeks while the maternal quota lasted only 6 weeks.

In 2015 a woman is eligible for parental benefit if she has been gainfully employed and has had a pensionable income for at least six of the ten months prior to the start of the benefit period. The parental benefit period is divided in three parts: maternal quota and paternal quota of ten weeks each, and a shared period of 26 or 36 weeks long, depending on whether the mother has chosen 100 percent or 80 percent degree of coverage. If the mother is not entitled to receive parental benefit, she may receive a lump-sum grant at birth. The National Budget finances parental benefit.

There has been strong political will to increase parental leave. The main recent discussion is on the length of the maternal/paternal quotas compared to the total length of parental leave.

Norway has not ratified the ILO convention.

QUESTIONS, ANSWERS AND DISCUSSION

Questions were asked about extension of maternity protection (MP) to those outside of the government sector in India; whether increased social security payments for maternity leave results in either increased take-up of formula milk or incentives to have more children (and whether there is statistical evidence for or against this); and whether expression of the cost of MP (\$13bn) could be re-expressed as the value of unpaid work provided by mothers. Laura Adatti (ILO) contributed information that statisticians there are now recognising unpaid work, and collecting/reporting on the data. It was noted that mothers are effectively paying themselves for MP via foregone earnings and compromised wages.

In response, Larry Grummer-Strawn (WHO) advocated for the investment case for public funds being used to support MP, and noted that the WHO staff association is developing a plan for MP. Julie Smith noted that there may be differences between the contribution of expressed milk and that of breastfeeding to IQ; made the case for 'marketing mother's milk' to counter marketing of 'growing-up milks'; and said that Australian data show both increased productivity arising from MP provision, and increased maternity leave costs are balanced by savings in health care costs. She advocated for taxing formula milk to fund MP.

PANEL DISCUSSION 2: A GENDER EQUITABLE MATERNITY PROTECTION

(Powerpoint presentations by these speakers are available at <http://stockholm.waba.org.my/>)

ABSTRACTS

What does gender equity mean in the UAE? How has the UAE addressed it in the context of maternity/paternity/parental protection? What challenges still exist?

Wendy Al Rubaie, Consultant, United Arab Emirates

Women constitute about a quarter of the population of the UAE. They are free to be educated, work, drive and are encouraged to take an active part in the development of the society.

Maternity Leave:

	Working hours	Maternity Provision	Breastfeeding Breaks	Comments
Private sector	48 hours + 9 for the service industry	45 days paid + 15 unpaid	2 half hour breaks in addition to their normal breaks for 18 months.	Domestic workers are not covered by the Labour Law
Civil Service	37.5 hours	2 months paid + 15 unpaid	2 hours break for 4 months	


Many expatriate women leave their infants with their families in their own countries because of the long working hours and expensive child care. Employers fear a loss of productivity if mothers have longer maternity leave or breastfeeding breaks. Breastfeeding Breaks usually mean that mothers go home early but they and their employers are not aware of the necessity of expressing milk frequently and the facilities needed to do this. Paternity leave is far too short for those in the Civil Service and non-existent for the private sector. Men are generally supportive of breastfeeding but have no idea of the needs of mothers and infants. Culturally men and women may hesitate to discuss breastfeeding and therefore these issues are not addressed.

What can be done: Emiratis can lobby their Federal Representative to change laws. International organisations may put pressure upon the Emirati Government. Support groups such as the Breastfeeding Friends and initiatives like the Sharjah Baby Friendly Campaign will raise awareness of the need for all sectors of society to support mothers and their families.

What does gender equity mean in Sweden? How has Sweden addressed it in the context of maternity /paternity/parental protection? What challenges still exist?

Dr. Kristin Svensson, Karolinska Institute, Sweden

There is evidence that involvement of fathers in child care reduces behaviour problems in boys, psychological problems for girls, and criminal behaviour by children, and increases



breastfeeding rates. Sweden is the first country to introduce equal opportunities in parental leave. However, for other reasons incidence of exclusive breastfeeding is declining in Sweden. Fathers are heavily involved in ante-natal classes, maternity and post-partum wards; and actively encouraged to support early skin-to-skin contact.

What role do men have in Sexual and Reproductive Health and Rights (SRHR) and childcare? What are the lessons learned by involving men in this area? What are the challenges in various contexts?

Natko Gereš, Men Care

Promundo engages men and boys in gender equality and violence prevention, working on promoting care work and men's involvement in Maternal and Child Health (MCH). There is strong evidence that when men are involved in MCH, women's lives improve (health, well-being, income, reduced violence); children's lives improve (health, reduced violence, better developmental and education outcomes, girls empowered, boys more gender-equitable); and men's lives (longer, healthier lives; more fulfilling relationships). Engaging men in MCH improves rates and success of breastfeeding: women exhibit more positive breastfeeding practices, the duration of breastfeeding is prolonged and the percentage of women initiating breastfeeding increases. When men are engaged in MCH, women report less pain in labour and delivery, attend more prenatal and postpartum visits and are more likely to have a skilled attendant.

Impact of MP/parental policies on breastfeeding and public health.

Dr. Arijit Nandi, Mc Gill University, Canada

Labour policies, including maternity, parental, and paternal leave policies, as well as policies that allow for paid breastfeeding breaks at work, have the potential to encourage health behaviours, including breastfeeding, and improve child health. However, empirical evidence concerning the effects of these policies is lacking, particularly among low- and middle-income countries. This presentation provides an overview of how policies that facilitate breastfeeding are distributed globally and temporally; summarizes empirical evidence on the effects of these policies on breastfeeding and child health outcomes; and articulates fruitful areas for further research. It draws on recent data and analyses of the Maternal and Child Health Equity (MACHEquity) research program at McGill University. One aim of this initiative is to strengthen the evidence base concerning the effects of work-related policies on breastfeeding and child health.

ILO perspectives on maternity and paternity at work. Opportunities and challenges at country level in implementing the ILO Conventions.

Laura Adatti, International Labour Organisation

Protecting maternity at work is one of the primary concerns of the ILO. Since its foundation in 1919, the ILO has adopted three Conventions on this subject, including the Maternity Protection Convention, 2000 (No. 183). Maternity protection is a universally recognised

set of labour rights including: health protection at the workplace during pregnancy and nursing; paid maternity leave and breastfeeding arrangements; maternal and child health care; protection against discrimination and a guaranteed right to return to the job after maternity leave. Maternity protection is a precondition to the achievement of gender equality and non-discrimination at work and a core component of an ILO integrated framework of international labour standards on equal opportunity and treatment between women and men at work. Recently, the adoption of the ILO Recommendations on National Floors of Social Protection, 2012 (No. 202) and on the transition from the informal to the formal economy, 2015 (No. 204), has marked the universality of the right to maternity protection and calls for its extension to all women. In the framework of these historical developments, the presentation outlines the main challenges in the effective implementation of ILO standards at the country level, in particular the non-conformity of regulations, employer liability in funding maternity leave and work-family measures; the implementation gap; insufficient support for fathers; and the inadequate continuum of support measures to enable parents' return to work. There are a number of opportunities and innovative national approaches to promote effective and inclusive maternity protection and work-family measures. In this context, the role of multiple stakeholders, including governments, workers' and employers' organisations, remains essential.



Impact of breastfeeding on health and wellbeing at various levels. The importance of the circles of support for breastfeeding in the context of women's work. The challenges that remain for breastfeeding rates to increase.

Dr. Felicity Savage who presented on behalf of Dr. Miriam Labbok, WABA

The presentation explored three questions and concepts, including background and action considerations for each. First, why should families risk economic repercussions in order to breastfeed? Due to gender bias, women tend to earn less than men in families, but today, the woman's income is often necessary to meet basic needs or lifestyle expectations. Why would such a couple choose to invest in breastfeeding? The lifetime savings in reduced health risk, improved development and scholastic achievement, and lower health costs far outweigh the income lost for a year or so per child. Second, what support is needed for breastfeeding success? There must be support to guarantee the rights of the child and the right of the mother to be fully supported to enable her to make a fully informed decision to breastfeed, unbiased by societal norms or by misleading commercial information. The circles of support go beyond family to the social structures and workplace, which can be changed to accommodate the time women need for breastfeeding and their rights to professional and career development. Finally, what challenges remain for breastfeeding rates to increase within and beyond the workplace? The confusion between gender and sexuality, between public shaming and acceptance, disease treatment and preventive health, and between the forces that resist real change for breastfeeding women and forces of inertia, lack of creativity, and prejudice that work against them.





QUESTIONS, ANSWERS AND DISCUSSION

Discussion focused on the tension between promoting breastfeeding and promoting men's equal involvement in childcare and domestic work. There is a difficult balance between the two: for example emphasising that leave is for breastfeeding reduces chances of men taking parental leave, but strengthens the link between leave and breastfeeding outcomes. More evidence is needed on the impact of parental leave for men, and maternity leave for women. Ante-natal classes are opportunities to shift perceptions and inform.

PANEL DISCUSSION 3: EXPANDING THE SCOPE OF MATERNITY/ PATERNITY PROTECTION/SUPPORT FOR THE INFORMAL ECONOMY

(Powerpoint presentations by these speakers are available at <http://stockholm.waba.org.my/>)

ABSTRACTS

Experiences and challenges of informal economy workers (needs and organising structures).

Gloria Ndekia, KEPSA, Kenya

Kenya Private Sector Alliance (KEPSA) is the apex body for the private sector in Kenya, with over 90 business management organisations and 200 corporates and 80,000 members. KEPSA acknowledges and promotes basic elements of better business practices for children in partnership with UNICEF Kenya. In 2010, KEPSA carried out the Better Business Practices for Children (BBPC) programme, where 27 companies committed to adhere to the practices. Best practices were documented and are ready to be modelled in other companies. Some plantations have poor worker conditions; unskilled workers tend to receive low wages. Most are casual labourers with periodical breaks resulting in low incomes that hardly support their families. Issues of malnutrition, poor housing and sanitation are prevalent. KEPSA members will continue to lobby and advocate for workplace compliance to labour standards; strengthening of Maternity and Paternity support; provision of minimum basic breastfeeding rooms and functional daycare centres especially within the plantations; develop a workplace guide and code for BBPC; improve knowledge of basic healthcare and the importance of six months exclusive breastfeeding for babies, and companies' compliance.

Reaching multi-diverse populations with health and social services: a Finnish perspective.

Dr. Leena Hannula, Helsinki Metropolia University, Finland

Maternity and child healthcare and breastfeeding advice is provided free of charge by public health nurses in maternity and child health clinics. Breastfeeding counselling is provided in group counselling or in connection with home visits. The WHO 20-hour counsellor training is in the curriculum of new public health nurses but many older

public health nurses lack the training. Public health nurses can provide an interpreter for foreign language speaking clients. More intensive counselling is provided in breastfeeding outpatient clinics, which are usually connected to hospitals or child health clinics. These clinics provide telephone support and individual appointment, as needed. Midwives or public health nurses who work at clinics usually have a trainer for breastfeeding counsellors or IBCLC training. All midwives in Finland have at least WHO 20-hour training.

Voluntary Breastfeeding Support Association "ITU" trains breastfeeding peer supporters, supports a webpage and a telephone helpline and offers peer support groups (some bilingual) for mothers, sometimes in co-operation with local public health nurses. The local healthcare centres (Folkhälsan) have trained 200 *doulas* to give breastfeeding peer support for Swedish speaking Finns. Volunteer organisations give support to single parents, young mothers, intercultural families and rainbow families. Over 200 trainers of breastfeeding counselling who work in hospitals, municipalities or private sector can provide intensive support. There are also 16 IBCLC's who work in public or private sector. An annual public Breastfeeding Day seminar is organised.

Ways of working with informal economy workers. Needs and challenges. Examples of specific SRHR/childcare/breastfeeding programmes.

Emmeline L. Verzosa, Philippines Commission on Women, Philippines

Women are a majority of workers in the informal economy, but social protection, including maternity protection, is needed. They are unorganised, vulnerable to abuse and gender-based violence, and lack access to basic socio-economic services. Good laws like the Philippines' Milk Code and the Expanded Breastfeeding Promotion Act of 2009 ensure that the workplace and public places support and empower women to breastfeed. Mothers should be given a space to breastfeed or express their milk and should be allowed paid breaks for expressing milk. Application of these good provisions is a challenge especially for those whose work conditions and types of enterprises vary. Despite these, there are good practices in local government units such as in Naga City where market vendors themselves established a breastfeeding center in the public market. Shopping malls and airports in different parts of the country have also established special lactation rooms. In an evacuation center in Zambanga City, expressed breastmilk from milk banks was provided for infants.





Opportunities for working with the informal economy for maternity protection – UN programmes at national level.

Laura Kiege, United Nations International Children's Fund, Kenya

Kenya's population is almost 40m, with an estimated annual urban population growth rate of 4.4%. Urban relocated populations secure employment in informal or formal sectors as casual labourers. Their pay is low. Most do not contribute to social security schemes and lack entitlement to maternity/paternity leave. Many urban informal settlements have mushroomed. Sub-optimal maternal, infant and young child nutrition (MIYCN) in this population, in the first 1000 days of life, is common. Low-income women generally return to work earlier after delivery than their higher-income counterparts.

To address the sub-optimal MIYCN, UNICEF provides technical and financial support to the Ministry of Health and KEPSA in advocating for maternity/paternity protection and workplace support for breastfeeding. UNICEF advocates for establishment of workplace breastfeeding support. This intervention is key to support women working in the informal sector to continue breastfeeding. Studies show that mothers who expressed breast milk are less likely to discontinue any breastfeeding before six months.


UNICEF through her partners is working in the informal settlements in capacity building of health workers, communities and households on maternal, neonatal and child health services and in communication for behaviour change. These efforts have yielded commitment in workplace support for breastfeeding and enhanced capacities of health care providers, communities and households on support for breastfeeding. UNICEF in partnership with Bill and Melinda Gates Foundation will model workplace support for breastfeeding in one of Kenya's most valuable industry (tea production).

Peer counselling approach to supporting breastfeeding in the communities: a case of garment factory workers in Bangladesh. Opportunities and challenges.

Dr. Rukhsana Haider, WABA

There are about 4 million workers in the Ready Made Garment (RMG) sector, of whom 80% are women. These women face several problems when they have children, especially when they want to continue breastfeeding. They do not have access to correct infant feeding information or to any organised support system in the community. The Training and Assistance for Health and Nutrition (TAHN) Foundation has been working with community-based peer counsellors since 2000, and is concerned about the problems that women face when they resume employed work after childbirth. This project was undertaken to provide RMG employees with correct information and support for optimal breastfeeding, complementary feeding and infant caring practices.

Women were selected and trained over ten days using simplified adapted versions of the WHO/UNICEF Breastfeeding Counselling Course and National Infant and Young Child Feeding Guidelines. Local supervisors supervise and monitor the peer counsellors' visits from the 5th month of pregnancy until two years old.



**Innovation in approaches to informal economy workers:
opportunities and challenges.**

***Biplabi Shrestha, Asia-Pacific Research and Resource Centre for Women (ARROW),
Malaysia***

Breastfeeding should take place within comprehensive services for maternal and child health (MCH). In developing countries anemia caused by lack of nutrition especially among adolescent girls is disproportionately high, a result of malnutrition due to poverty aggravated by discriminatory cultural practices towards women. This affects health during pregnancy and childbirth, and the ability to breastfeed. Women in the informal economy are further disadvantaged, and have less access to resources, information and services.

Based on evidence from South Asia on women's maternal health, ARROW and its partners call for universal access to rights and context based continuum of quality care for women's reproductive health across women's lifecycle. This can include supplementary nutrition programmes with adequate budget allocations for maternal and child health, including breastfeeding.

ARROW works with national organisations in South East Asia who are working with migrant and other marginalised women through counselling and services for maternal health including breastfeeding. The Migrant Assistance Programme Foundation counsels Burmese migrant women at the Thai border through their Women Exchange on Rights for All on maternal health. The Reproductive Health Association of Cambodia, whose focus is household, seller and farmer women, has produced nutrition education materials to train Village Health Support Groups to promote appropriate food consumption, nutrition and breastfeeding. Early breastfeeding practice and exclusive breastfeeding advice are reinforced through midwives and at ante-natal class and post-natal class (ANC/PNC) counselling services provided at clinics. In all the approaches women's empowerment in making decisions about their lives and health leads to healthier choices and consequences for both herself and her babies.

QUESTIONS, ANSWERS AND DISCUSSION

Discussion focused on the balance between lactation stations encouraging a 'hiding' culture for breastfeeding and women needing a place to go; on the tension between the value of children being close to the workplace and their exposure (and that of breastfeeding mothers) to dangers such as pesticides; and the relationship between union membership in the informal sector, legislation covering the informal sector; and ways of strengthening linkages between the wider women's movement and breastfeeding advocates. A very varied informal sector may have different needs and solutions, but we should aim for the universality of rights and social protection, not linked to the particularities of any employment sector.

3

DAY 3

Participants broke into three workshop groups to explore further and clarify the issues and challenges presented on the three themes of the previous day. Group work also identified actions to address them. What follows below are the reports from these workshop groups.

PLENARY 1: REPORTING BACK FROM BREAK-OUT GROUPS

The three days of this symposium explored the challenges and possible solutions to combining and supporting breastfeeding and work in three themes.

Cross-cutting challenges (raised by more than one theme)

- Implementation of existing ILO conventions and national laws & enforcement - making sure entitlement is protected and not only a provision on paper.
- Invisibility of caring roles and their economic value.
- Support for breastfeeding in all aspects.
- Encourage broad coalition for advocacy.

Reports from the three break-out groups on their three main action points to address the challenges:

Group 1: Economics & Financing

LEVEL	ACTION	HOW	WHO
Global (Harmonisation)	<ul style="list-style-type: none"> • Global forum of UN and bilateral agencies & NGOs on importance of addressing financing gap, in particular to enable 4-6 months of Maternity Protection (MP) • Leadership in own organisations for MP and to support breastfeeding • Others: <ul style="list-style-type: none"> - Global Fund for MP - Rename MP to Maternity & Breastfeeding Provision leave 	<ul style="list-style-type: none"> • Resources needed on economic benefits to mission and costs of not addressing them • Studies of decline in unpaid economy of maternal /child wellbeing in absence of MP • Global call for social mobilisation • Others: <ul style="list-style-type: none"> - Innovate - Involve economists 	<ul style="list-style-type: none"> • WABA + ILO as facilitators of global forum • Member organizations develop resources/data to persuade them of the importance and urgency
	Advocacy		
National/ Legislation (Ratification & Research)	<ul style="list-style-type: none"> • Legislation & implementation of existing legislation • National level assessment on <ul style="list-style-type: none"> - policies & programme - social norms & practice related to maternity - identifying agents of change in Organizations, etc. • Identifying national funding mechanism 	<ul style="list-style-type: none"> • Tailor lobbying efforts to current legislative status of maternity protection – pick your battles • Find allies to do joint lobbying with (e.g.: women empowerment groups in child development, labour unions) • Identify friendly parliamentarians • Others: <ul style="list-style-type: none"> - Share case studies - WBTi - Studies on time/cost of bf/not bf in national/companies - WBCi - Costing RoI - Women’s perspective 	<ul style="list-style-type: none"> • National breastfeeding committee, UNICEF country office, NGOs

Workplace/ Institutional (Bench- marking)	<ul style="list-style-type: none"> Build capacity of employers to commit to support implementation of recommendations & legislation (ILO183 +R191) Regulate, estimate costs and return on investment (RoI) for employers to finance workplace programs 	<ul style="list-style-type: none"> Evidence generation Strategic communication Consensus building partnerships 	Academia/ NGOs/civil society/ UN/ Govt/ All
Attitudinal/ societal norms Engagement & Involvement	<ul style="list-style-type: none"> Develop and implement national campaigns Celebrate champions 	Global campaign National campaign	<ul style="list-style-type: none"> WABA WABA partners provide assistance

Further questions and clarifications on the group's report-back touched upon the need for the state to recognise the value of investing in MP, on the basis not only that it contributes to women's and children's rights, but that it ultimately increases tax income through increased labour participation and reduction in companies' and nations' healthcare costs (due to healthier children). The value of breastfeeding and the costs of not breastfeeding need to be included in economic data. ILO has guidance on the use of social insurance funds as a means of funding MP.

Group 2: Gender Equitable Maternity Protection

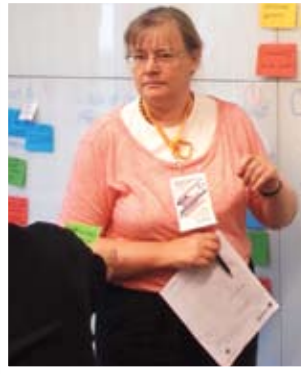
LEVEL	ACTION / WHAT	HOW	WHO
Policy and legislative	<ul style="list-style-type: none"> Gender-neutral paid parental protection policy (triad of mother/partner/child, continuum of care, equity, co-parents) 14/18 weeks – 26 weeks leave Public financing, covering all sectors 	<ul style="list-style-type: none"> National legislation (based on min ILO C 183, six months EBF, one year parental leave, etc.) Incentives and affirmative actions 	ILO Governments CSOs
Work place	<ul style="list-style-type: none"> Provide facilities (creches, lactation spaces) Flexi time policies and reduced working hours Workplace champions Non-discriminatory gender policies – equal pay, other ILO conventions Space to involve men – talk to men Provide evidence of benefits of MP to companies 	<ul style="list-style-type: none"> Child and parent friendly workplaces for employees (health workers too) Incentives and awards Model workplaces which allow men to bring their babies Build evidence on benefits to employers 	Employer associations WHO/UNICEF WABA and CSOs
Social norm	<ul style="list-style-type: none"> Promote gender transformative programmes (men and women, go beyond status quo) New normal (imagery in hospitals, public spaces, language) Start early (ante-natal classes period – reality check, children, schools, adolescents) 	<ul style="list-style-type: none"> Advocacy at all levels (policy makers, implementers, employers, community, religious leaders) Social media/technology (mobile phones) Build and use evidence Professional support, employers 	Role models Champions Employers Health workers Religious and community leaders

Further questions and clarifications on the group's report-back emphasised that men are part of the solution. Social norms in relation to men must change: from negative to positive masculinity norms (e.g., from violence or domination to 'involved fatherhood').

Group 3: Informal sector

LEVEL	ACTION / WHAT	HOW	WHO
All levels for all	Build evidence base and knowledge towards recognition and understanding of the value of work of informal sector women and their needs for MP, to change social norms and national legislation.	<ul style="list-style-type: none"> • Situation analysis/surveys • Economic value of women • Develop indicators that count IF • Existing ILO and other conventions – raise awareness nationally • Define target audience and provide specific “packages”, advocacy briefs, tools • Push for the ratification of relevant conventions and push Government to legislate and report on them 	Global Breastfeeding Advocacy Initiative (GBAI), Trade Unions, Research Institutions, UN Women, statisticians, CSOs, WABA
	Create / strengthen coordination mechanisms at national and local levels to: <ul style="list-style-type: none"> • Advocate for needs and rights of informal sector workers • Ensure consistency of information and services on MP, breastfeeding, IYCF within actors/agencies/sectors 	<ul style="list-style-type: none"> • Strengthen WABA/global coordination • GBAI – WABA role to represent views and disseminate info • Network between health, education, social, labour, women, UN bodies, NGOs, women's networks etc focusing on mother/child/family rather than focus on the agency. • Use existing channels (community leaders, peer groups, community health workers etc) 	government, UNICEF, private sector alliances
	Recognise, value, scale-up and finance effective approaches to support women in informal sectors to practise optimal bf/IYCF while ensuring their own health and livelihoods	<ul style="list-style-type: none"> • Form multi-sectoral national and community level networks of mothers, peer support groups, employers and agencies • Pilot projects funded by tripartite • Community groups and CSOs document the approaches and publicise • Advocate for expansion/scale-up • Fund from national public finance (taxes) 	various agencies and organisations

Further questions and clarifications on the group's report-back touched on the increasing number of those involved in the informal sector who are now, effectively, excluded from formal-sector MP. Casual workers, the growing number of contract workers, migrant labour, home-based piece workers, domestic workers and others are all excluded from MP. ILO Recommendation No. 204 Concerning the Transition from the Informal to the Formal Economy is pertinent. Other relevant comments included the importance of terminology (paid maternity leave; entitlements rather than benefits); the distinction between paid maternity leave and the expected length of exclusive breastfeeding; the importance of distinguishing between provision solely for expressing and the benefits of breastfeeding over breast milk.



PANEL 4: Exploring the possibilities – A Century of MP: 1919–2019

The ILO first agreed a convention on maternity protection in 1919. There are to date, three international conventions on MP, but discussions in earlier sessions have established that there is weak implementation of these conventions at national level. Convention 183 (2000) itself has only been ratified by just over 50 countries. Four years from now, 2019, ILO will be celebrating a century of maternity protection, amidst the reality that most working women around the world still do not enjoy MP, particularly in the informal sectors. It was agreed that more needs to be done on improving maternity protection in the few years leading up to 2019. Within this context, eight panellists from UN agencies and civil society organisations were asked to explore the feasibility of a coordinated multi-country campaign and what its focus could be, and to explore how their own organisations would respond to the proposed actions from the previous session.

The panellists suggested the following focus for coordinated multi-country campaigning for policy change on the issue of breastfeeding and work:

- Securing national ratification and domestic legislation and securing compliance with (or going beyond) ILO Convention 183;
- Establishing the financial case (and the financial gap) for maternity protection and the economic arguments in support of MP; perhaps mobilising regional pressure on national governments;
- Securing commitments towards global financing to bridge national financing gaps for MP;
- Securing consistency of recommendations across UN agencies on breastfeeding standards and MP;
- Scaling up pilot projects of good practice in support of optimal breastfeeding and MP;
- Changing social norms for men towards e.g., involved fatherhood.

Symposium participants responded that generally a campaign on maternity protection is desirable, and each stated how their agency could respond to or assist with the actions highlighted. Participants posted on flipcharts what their organisations are currently doing, and how their agency could respond to the actions proposed.

Participants were asked to brainstorm new partners in a potential campaign; an extensive list resulted. Finally, participants generated a timeline of opportunities that can be used and optimised for coordinated campaigning actions.

Please see Annex 1 for details.

PLENARY 2: STOCKHOLM FRAMEWORK FOR ACTION

Participants considered a draft of a statement from the Symposium, in the form of a Framework for Action. The draft drew on the concerns and issues raised during the Symposium and proposed a series of recommendations and actions to advance the cause of maternity/parental protection and optimal breastfeeding in the context of women's work in the 21st Century. Participants agreed that the draft would continue to be improved, and consulted upon, after the Symposium. This is ongoing and the draft is attached as Annex 2 to this report.

During the period 2016 – 2019, WABA and its partners will continue to explore developing further consensus and actions based on the Framework for Action. Through widening support and involvement in this, WABA will bring together a broad alliance of actors to promote gender equitable social protection measures for all parents and carers, in order to facilitate the better integration of breastfeeding and work.



CLOSING REMARKS

Anne Batterjee, WABA Steering Committee, closed the symposium by reminding participants through visual images of the key messages and metaphors that had driven the debates and discussions on maternity protection. She concluded, on behalf of WABA, by thanking UNICEF, SIDA, WHO, ILO and WABA's core partners for their involvement in planning and participation, all participants for their active engagement, and the WABA Secretariat for the practical organisation.

CONCLUSION

The Symposium succeeded in exploring the contemporary challenges to the implementation of maternity protection for women and their partners in both the formal and informal sectors in countries with optimal MP provisions and those that are building towards it. Ratification of ILO Convention 183 continues to be needed in more countries, and legislation that enables as well as goes beyond the provisions of the Convention to ensure optimal breastfeeding practice (exclusive breastfeeding for the first six months, breastfeeding for up to two years) as per guidance from the World Health Organisation. This is necessary to ensure basic protection of the health and rights of mothers and their infants.

Discussions throughout the panels, plenaries and workshops along the three themes of the Symposium highlighted the weaknesses in implementation of MP legislation in many countries – in both the public and the private formal sectors of the economy. The Symposium explored and concluded that a mixture of public and private financing of MP is necessary, and that advocacy towards 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. There are good efforts from civil society organisations at community level to provide information, advice and support to women in both the formal and informal economies, but by definition, these services are weakly resourced and promoted.

The Symposium also explored and concluded that there needs to be an enhanced role for men and other partners of breastfeeding mothers. *There was support to promote more gender-balance in both MP legislation*, as well as in information and communication messages to encourage partners to be more engaged and supported to be engaged in enabling optimal breastfeeding practice. 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 can help to transform social norms into being more contemporary.

The Symposium identified a host of new allies and collaborators in the promotion of optimal breastfeeding practices for working women. Panellists, discussants and participants provided names of sectors, organisations, professional groups, civil society bodies and individuals who could become actors and champions of breastfeeding and maternity protection. In plenary four, Symposium participants explored how their organisations and the various new actors could be mobilised to act for maternity protection. Outside of the sessions, participants began discussions on joint activities and projects they could advance to support the Symposium's agenda.

Share lessons learnt in policy implementation and adoption of the ILO Convention 183 on Maternity Protection; Share best practices from the Nordic and other countries with positive experiences with maternity protection in general and ILO Convention 183 in particular, to develop a menu of options to further the Innocenti Declaration operational target 4 and maintain momentum from the WBW theme 2015.

The examples presented by panellists and discussants of *implementation and adoption of ILO Convention 183* were the bedrock supporting the Symposium's conclusions and recommendations, covered under Objectives 1&2 above. Amongst these, Nordic examples were particularly inspiring.

Revitalise the Innocenti Declaration to address contemporary challenges and offer opportunities for coordinated and concentrated action especially on operational target 4.

Both plenaries on the last day on the Framework for Action and a campaign explored and supported a range of key actions that could be developed by organisations, from global to local levels over the next few years in the run-up to the centenary of ILO convention on Maternity Protection.



PROGRAMME

DAY 1 – SATURDAY, 26 SEPTEMBER 2015		
12.00-17.00	Registration	
17.30-18.00	Welcome address from organisers and conference themes <ul style="list-style-type: none"> • Dr. Felicity Savage, WABA Chairperson • Introduction: Jay Sharma, Co-Executive Director, WABA • Introduction: Maaïke Arts, Nutrition specialist, UNICEF 	
18.00-18.10	Keynote address <ul style="list-style-type: none"> • Mrs. Marie Ottosson, Assistant Director General, The Swedish International Development Cooperation Agency (Sida) 	
18.10-18.30	Video messages <ul style="list-style-type: none"> • Dato (Dr.) Anwar Fazal, Chairperson Emeritus, WABA • Mr. Werner Schultink, Chief of Nutrition, UNICEF • Alexandra Yuster, Chief of Social Inclusion and Policy, UNICEF 	
18.30-19.15	Conference themes <ul style="list-style-type: none"> • Concepts in breastfeeding and work by Dr. Amal Omer-Salim, Co-Executive Director, WABA • Programme introduction by Dr. Amal Omer-Salim, WABA • World Breastfeeding Week by Jennifer Mourin, WBW Global Coordinator, WABA 	
19.30-21.30	Welcome dinner <ul style="list-style-type: none"> • Master of ceremonies (MC) introduction by Satnam Kaur, WABA • Swedish Folk music • Theatre group Da Capo 	
DAY 2 – SUNDAY, 27 SEPTEMBER 2015		
08.30	Registration continued and practical information from MC	
09.00	PANEL DISCUSSION 1: Economics and financing	
	Moderator: Maaïke Arts Co-Facilitator: Jay Sharma	Objective: To identify the practical challenges regarding financing of maternity protection, explore different financing mechanisms and identify ways of replicating these. Key Questions: <ul style="list-style-type: none"> • What is the real issue? • What can be done?
	Panellists/resource persons: Speakers: <ul style="list-style-type: none"> • Dr. Larry Grummer-Strawn, WHO – Linking IYCF and other health recommendations to relevant UN/ ILO conventions/the need to harmonise policies. • Dr. Julie Smith, Australian National University – Conceptualising the combination of work and breastfeeding/time studies. • Dr. JP Dadhich, IBFAN Asia – The global situation on maternity protection using the WBTi tool. • Mai Duc Thien, Ministry of Labor & Social Welfare, Vietnam – Vietnam experiences of moving towards increased maternity/parental leave and financing mechanisms. Opportunities and challenges at national level. • Dr. Khon Naryth, OSHA, Cambodia – Cambodia experiences of moving towards increased maternity/parental leave and financing mechanisms. Opportunities and challenges at national level. • Dr. Mette Ness Hansen, Oslo University Hospital, Norway – Norway experiences of moving towards increased maternity/parental leave and financing mechanisms. Opportunities and challenges at national level. Discussants: <ul style="list-style-type: none"> • Nor Kamariah Mohamed Alwi – MBFPCA, Peer Counsellors, (Malaysia/Asia) perspectives on combining work and breastfeeding. Challenges faced. 	

11.00	Tea/Coffee break		
11.30	PANEL DISCUSSION 2: A gender equitable maternity protection		
	Moderator: Amal Omer-Salim Co-Facilitator: Nemat Hajeebhoy	Objective: To identify the challenges of gender equitable maternity/parental protection, explore the role of men/fathers in supporting breastfeeding mothers, and identify strategies to promote family-friendly workplaces	Key Questions: <ul style="list-style-type: none"> • What is the real issue? • What can be done?
	Panellists/resource persons: Speakers: <ul style="list-style-type: none"> • Wendy Al Rubaie, Consultant, UAE – What does gender equity mean in the UAE? How has the UAE addressed it in the context of maternity/paternity/parental protection? What challenges still exist? • Dr. Kristin Svensson, Karolinska Institute, Sweden – What does gender equity mean in Sweden? How has Sweden addressed it in the context of maternity/paternity/parental protection? What challenges still exist? • Natko Gereš, Men Care – What role do men have in SRHR and childcare? What are the lessons learned by involving men in this area? What are the challenges in various contexts? • Dr. Arijit Nandi, Mc Gill University, Canada – Impact of MP/parental policies on breastfeeding and Public Health. • Laura Adatti, ILO – ILO perspectives on maternity and paternity at work. Opportunities and challenges at country level in implementing the ILO Conventions. • Dr. Miriam Labbok, WABA – Impact of breastfeeding on health and wellbeing at various levels. The importance of the circles of support for breastfeeding in the context of women’s work. The challenges that remain for breastfeeding rates to increase. Discussants: <ul style="list-style-type: none"> • Serena de Bonnett, ICM – Feminist perspectives on women’s multiple roles, including breastfeeding. Opportunities and challenges for integrating breastfeeding into the women’s agenda. 		
	<ul style="list-style-type: none"> • Anouk Jolin, Amningshjälpen, Sweden – Prenatal and postnatal parents perspectives. • Adrianna Logalbo, 1,000 days – Working with groups in US fighting for paid maternity leave. • Viana Maza and Mimi Maza, LAC, WABA – Latin American perspectives on women, work and breastfeeding. 		
13.00	Lunch break		
14.00	PANEL DISCUSSION 3: Expanding the scope of maternity/paternity protection/support for the Informal economy		
	Moderator: Sarah Amin Co-Facilitator: Belinda Calaguas	Objective: To identify the practical challenges of reaching the informal economy workers with breastfeeding support and identify creative solutions	Key Questions: <ul style="list-style-type: none"> • What is the real issue? • What can be done?
	Panellists/resource persons: Speakers: <ul style="list-style-type: none"> • Gloria Ndekia, KEPSA, Kenya – Experiences and challenges of informal economy workers. Needs and organising structures. • Dr. Leena Hannula, Helsinki Metropolia University, Finland – Reaching multi-diverse populations with health and social services. A Nordic perspective. • Emmeline L Verzosa, Phillipines Commission on Women (PCW) – Ways of working with informal economy workers. Needs and challenges. Examples of specific SRHR/childcare/breastfeeding programmes. • Laura Kiege, UNICEF Kenya – Opportunities for working with the informal economy for maternity protection – UN programs at national level. • Dr. Rukhsana Haider, WABA – Peer counselling approach to supporting breastfeeding in the communities: a case of garment factory workers in Bangladesh. Opportunities and challenges. • Biplabi Sharesta, ARROW – Innovation in approaches to informal economy workers. Opportunities and challenges. 		

15.30	Tea/Coffee break		
16.00	Break-out groups: 1. Economics and financing 2. Gender equity 3. Informal sector		
	Facilitators: 1. Jay Sharma/Maaike Arts 2. Nemat Hajeebhoy/ Amal Omer-Salim 3. Belinda Calaguas/ Sarah Amin	Objective: To identify the next steps in the respective topics areas (what/how/who)	Key question: Next actions (what/how/who)? Identify actions at: 1. National legislation level 2. Workplace/institutional level 3. Attitudinal/societal norms level
17.30	End of Day 2		
DAY 3 – MONDAY, 28 SEPTEMBER 2015			
09.00	Break-out groups: continued discussion		
10.30	Tea/Coffee break		
11.00	PLENARY 1: Reporting back from break-out groups (respective break-out session facilitators)		
	Facilitators: Richard Bennett and Sarah Amin	Objective: To share the three main action recommendations from each group and discuss cross-cutting issues.	
13.00	Lunch break		
14.00	PANEL 4 – Q&A Defining a Campaign – A Century of MP: 1919-2019		
	Moderators: Belinda Calaguas/ Jennifer Mourin	Objective: To identify: a) the main (3) elements of the campaign and b) process for involvement of new partners and c) direct next steps	Key questions: For each element of the campaign: • Objective • Milestones • Theory of change • Obstacles and solutions • Partnerships
	PANEL DISCUSSANTS: to comment briefly on the proposed actions from Plenary 1 • Dr. JP Dadhich, IBFAN Asia (breastfeeding perspective, national and regional, WBTi and WBCi) • Natko Geres, MenCare (gender, engaging men, global) • Emmeline Zervosa, PCW (gender, informal sector, govt perspective) • Nemat Hajeebhoy, FHI (regional, program delivery, partnerships) • Nor Kamariah, MBFPCA (breastfeeding mothers/parents perspective, peer counselling, national CSO) • Dr. Larry Grummer-Strawn, WHO • Laura Adatti, ILO • Maaike Arts, UNICEF • Dr. Miriam Labbok, WABA		
15.30	Tea/Coffee break		

16.00	PLENARY 2: Stockholm Framework for Action/Declaration	
	Facilitators: <ul style="list-style-type: none"> • Jay Sharma • Amal Omer-Salim • Maaik Arts 	Objective: <ul style="list-style-type: none"> • To reach consensus on the need to accelerate action on maternity and paternity at work without compromising breastfeeding, health, job security and gender equity.
		Objective: <ul style="list-style-type: none"> • Gain commitment to the core IYCF international documents from new partners • Identify the main 3 elements of the campaign – A century of MP
17.00	Closing remarks: <ul style="list-style-type: none"> • Amal Omer-Salim • Anne Batterjee, WABA 	
17.30	End of Symposium/departures	

ACKNOWLEDGEMENTS

WABA thanks the various organisations, agencies and individuals who helped to conceptualise and give shape to this Symposium.

We also thank the tireless efforts of those who helped WABA bring together diverse actors, all of whom are concerned with supporting women combine breastfeeding with work.

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- Swedish International Development Cooperation Agency (Sida)
- UNICEF Headquarters, New York and Regional and National Offices
- World Health Organisation (WHO), Geneva
- International Labour Organisation (ILO), Geneva
- FHI 360, Vietnam
- AMNIS, Sweden

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Report Planning and Concept by Dr. Amal Omer-Salim & Satnam Kaur

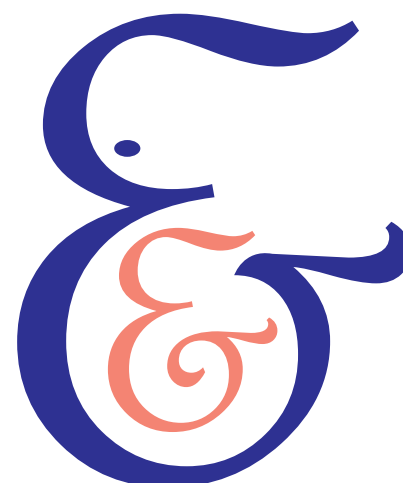
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ANNEX 1

PANEL 4 DISCUSSIONS: EXPLORING THE POSSIBILITIES – A CENTURY OF MP: 1919–2019

Defining a Campaign – A Century of MP: 1919 – 2019

Moderator: Belinda & Jennifer

Introduction:

- Exploring a campaign.
- Participants giving feedback: How would your agencies respond to these actions?

Responses from selected panelists:

JP Dadhich – Recommends a multi-country campaign towards improvement in national legislation.

- IBFAN will be participating in a Global Forum – decision making structure.
- Need to take up/revisit Workplace/National actions to make breastfeeding successful – Maternity Protection (MP) is a core issue.
- Tools that could be used for the campaign include WBTi and WBCi for monitoring and to gather evidence.

Nemat Hajeebhoy:

- FHI will support all actions mentioned from breakout group sessions; but focus is on Cost analysis at the workplace, for which expertise, economic evidence, and workplace tool kit are readily available. They have centered their messaging around the cost of not breastfeeding – and will be happy to share this. Key areas of actions/intervention should include:
 - Policy engagement.
 - Gender equality arguments/messaging.
 - Informing on such strategies.
 - Build alliances with other country.
- Recommends actions via regional and national platforms - Regional with national action.

Laura Adatti:

- Promoting MP has become a major priority for the ILO – especially for vulnerable communities (e.g., informal sector).
- ILO has partnered with FAO, and other UN agencies to prioritise MP and basic health care; has also engaged with World Bank.

- ILO's DG has emphasised MP and the ILO's initiative on women and in the labour/workforce, and gender – tying in with this year's WBW theme, statement provided in support.
- Looking at the framework, ILO is determined that MP entitlements etc get to all women – not missing any one – and hence must take into account financing, costing, care, and breastfeeding.
- In terms of a Campaign, it is imperative to engage with national agencies.
- Recommended a strategy of using regional pressure, focusing on the 'financing' argument.

Dr. Felicity Savage:

What to highlight with a campaign?

- Getting a minimum of six months (24 weeks) maternity leave as part of stronger MP.
- Getting a minimum of two weeks paternity leave for men.
- And flexible arrangement at work to facilitate successful breastfeeding, need to work various possible ways to increase maternity protection keeping in mind other issues.
- There is also a need for standardization of MP related issue between UN agencies and their policies to be more consistent.

Maike Arts (UNICEF):

- At the global level, UNICEF will continue to co-lead the Global Breastfeeding Advocacy Initiative with WHO, which focuses on strategic issues.
- A major focus will be on social protection – work on this is already ongoing
- Another relevant area UNICEF works in is child friendly business principles.
- In terms of communication for development – at the national level, there is uptake by various countries on these three areas noted above, and UNICEF can commit to advocacy at different levels with support of local agencies – but of course it also depends on situation of the governments involved.
- In terms of a Global Campaign – recommends focusing on advocacy on public financing.

Emmeline L. Verzosa, Philippines Commission on Women (PCW):

- PCW has focused on Gender Budgeting – advocating to include breastfeeding facilities to breastfeeding women, and breastfeeding promotion.
- The Philippines Economy Protection Act – the new version aims to extend maternity leave.

- Gender equity is an important priority – changing social norms via mobilising on reproductive health issues.
- Breastfeeding should be part of the movement – There needs to be a broadening of the scope, e.g., via Men’s campaign, and ‘He for She’.
- PCW has undertaken a multi-sectoral agency approach:
 - Anti-poverty programmes where cash incentives are made to encourage breastfeeding.
 - RH law – make sure the law is fully implemented.
- In terms of the informal sector, PCW has reconciled to ILO’s new policy.

Recommendations:

- Scaling up pilot projects noted during break out group discussions e.g., lactation stations for women in the informal sector.
- Increase networking with those in the informal sector.
- Input into work on Micro-credit /entrepreneurs – to put in gender perspective and improve breastfeeding.
- Objective in multi-country network need to be seen clearly.

Larry/ WHO:

- For the WHO, the Global Strategy is key as it prioritizes breastfeeding.
- WHO wants to be part of all activities – and sees a role in supporting policies national or global level.
- In terms of the WHA, there are sanctions via new monitoring frameworks – breastfeeding compliance with ILO’s C183.
- WHO sees policy development at country level as the “voice” of breastfeeding, but at the national level the question is how do we go beyond C183?
- WHO has played a supportive role in promoting breastfeeding, vis-avis the Code, BFHI, sponsoring research, developing tool kits.

Recommendations:

- Undertake a multi-country approach/campaign to get legislation in place.
- Use existing tools to move things forward.
- Proposes a global campaign on C183 – and to extend it to ALL women, and add to the months recommended for breastfeeding.
- The challenge lies in getting local consensus to make the push on C183.

Natko Gereš: MenCare/Promundo: engaging men to support the global issues:

- Undertakes cooperation between networks, and aim to be a support and platform for action.
- The MenCare campaign works at the community level, and undertakes advocacy with men on changing social norms.
- Have developed manuals on working with men and with women – text on breastfeeding is included; making the manuals very useful for training.

Recommendation:

- Change social norms via focusing on men’s role in breastfeeding e.g., via a campaign on breastfeeding among men.
- Building capacity in gender transformation towards equity, and tackling current social norms.

NEW PARTNERS – Who else we want to be here?

- Trade Unions
- Employers
- UN Women
- UNFPA
- Human Resource agencies (Sub-contractor groups, Janitorial agencies and Manpower agencies)
- Service provider – manpower agencies
- Business management organization including corporates (e.g., Kenyan Bankers Association; Tea Plantations/Manufacturers)
- European Alliance for Lactation Consultants
- Regional Alliances – e.g., Asian Rural Women’s Network (ARWN)
- Faith Based Organisations
- Global Elders Group
- Social Security Authorities
- Occupational Health people
- Child Development and Women’s Rights organizations/advocates
- Right to Food Groups
- FIGO/Nurses
- Inter-parliamentary Unions
- Financial Institutions – e.g., World Bank
- Public Health agencies
- LBGT/Disabled
- Service clubs – e.g., Rotary, Lions club
- Ministry of Finance officials
- Youth groups
- Girl Guides/Boy Scouts
- Foundations – e.g., Gates
- Media

STOCKHOLM SYMPOSIUM – OTHER AGENCY RESPONSES

What is your organization currently doing? What do you desire your organisation to do?

Academy of Breastfeeding Medicine (ABM)

- Advocacy with members to stimulate their governments on necessity of MP laws.
- Scientific contribution – real health costs of NOT breastfeeding, and go beyond costs to emphasize mother/father/child/society's well-being with adequate family protection.

AMNIS Breastfeeding Network of Sweden (professionals, volunteers, organisations)

- Will lobby the parliament to act for breastfeeding work at the national level (BFHI, Code etc.).
- Will lobby OBUDSMAN for Children in order to protect and promote breastfeeding.

ARROW

- Can send out information (Framework for Action) to partners that ARROW is working with for endorsements
- Can include maternity protection in advocacy, however this needs to be decided back in the office.
- Link women's SRHR to women's choice of breastfeeding.
- Support evidence generation with studies that ARROW has done in different countries – they are not directly linked to breastfeeding, but will give more perspectives of maternal health and financing.

TAHN Foundation, Bangladesh

- Will support WABA's priorities for MP.

UNICEF-Bangladesh

- Support to strengthen coordination mechanism on IYCF.
- Advocate for adopting implementing and monitoring of BMS Code and MP.
- Support implementation and monitoring of BMS Code and MP.

Metropolia UAS, Finland

- Lobby towards a Finnish breastfeeding coordinator (there is currently none).
- Participate in international research collaboration.

Helen Keller International (for 2016 – 2019)

- (Potentially) Send country staff to regional coordinating events to build momentum for campaign.
- Incorporate MP in messages to global advocacy work at international forums.
- Incorporate MP in messages to broader MIYCN advocacy efforts at the country office level.

Ministry of Women Empowerment and Child Protection, Indonesia

- Undertake national advocacy.
- Undertake national costing analysis.

International Confederation of Midwives (ICM)

- Include “male” midwives during breastfeeding classes.
- Breastfeeding support by midwives for parents pre/per/post-natal.
- Organise Breastfeeding campaigns.
- Share scientific documents with student midwives – education.

International Lactation Consultants Association (ILCA) – WABA Core partner, and Member of UNICEF's GBAI (Global Breastfeeding Advocacy Initiative).

- Can advocate at global level with partners, and disseminate campaign materials to regional and local members (ILCA has 6,000 members worldwide in 82 countries).
- Active and organised social media platforms can further contribute to dissemination of information.
- Also possible advocacy training at ILCA Conference, and web-platforms.
- Possibly a special issue on global breastfeeding and work research in Journal of Human Lactation.

National Commission for Mothers and Children, Laos

- Advocacy campaign on Children's Day and CRC days – involve media and leaders.
- Promote and exchange good practices among local, national and regional levels on mothers and children's issues.

La Leche League International

- Broaden leaders, and leader applications, to encompass more women in the workforce.
- Increase/develop mother-to-mother support networks globally.
- Scale-up peer counselling programmes in partnership with WABA to facilitate partners towards a global campaign to improve breastfeeding protection.

Liewensufank, Luxembourg

- Follow-up on EU draft directive coming up in 2015, and advocate for longest possible paid leave, jobs guarantees etc.
- Inform women about their rights, maternity leave and breastfeeding breaks.

MBFPC (Malaysian Breastfeeding Peer Counselor Association)

- Is currently building up capacity of its members to better understand issues around MP as part of their role as peer counsellors.
- Will engage with local and international allies in improving MP situation in Malaysia – need to know the weakness and strengths of the current policies and status of implementation.

Norwegian National Advisory unit on Breastfeeding

- Ratification of the ILO Convention.
- Mobilise with the department of health.

Philippines

- Department of Labour and Employment (DOLE) - Re-echo salient points from the Stockholm Symposium to tripartite industrial peace councils (employers, unions, workers, and governments).
- Department of Labour to design competition for employers on best practices on Breastfeeding and Work.

Sharjah Baby-Friendly campaign

- Endorse the “campaign” that emerges from the Symposium.
- Disseminate the information and knowledge to put pressure on legislative changes.

VietNam MOLISA

- Do the legislation work.
- Do the implementation work for the legislation.

World Food Programme (WFP), Guatemala

- Is already working on gender issues.
- Will arrange for “working-mother-friendly” spaces in the country.

Wellstart International – Global level advocacy

- Advocate for six months MP, 14 days paternity leave.
- Advocate with stakeholders.
- Support to carry out campaign at national level.

1000 Days

- Build public support to drive political will for MP in the US with US-based partners and champions.
- Collaborate with US partners to push for change in social norms – e.g., imagery, language etc.
- Weave MP financing discussion into Rio-Nutrition for Growth Summit 2016 (through International Coalition for Advocacy on Nutrition).

Kenya, general comments from representative:

- Make the private sector a preferred partner to push the agenda of Better Business practices for children through building their capacity, and vetting the correct/ethical private sector organisation.
- Develop workplace guidelines for modeling Better Business practices for children in other organisations.
- Organise coordination mechanism by formation of a multi-sectoral forum that will include: Ministry of Health (MoH), MoEducation, MoAgriculture, Business Management Organisations, Private Sector Alliances, UNICEF, WHO.
- Registration or formalization of informal workers (women) – from transitioning to formality.
- Partnerships (develop and establish) with country governments leaderships to introduce the lactation stations in the market place.

STOCKHOLM SYMPOSIUM – OPPORTUNITIES FOR ACTION

2016

Country Specific:

Philippines

- National election give opportunity, get commitment from politicians to promote parent-child programs e.g., create breastfeeding stations in public places.
- Legislation on lactation stations an opportunity to:
 - gather best practices on Mother/parent-Baby friendly companies.
 - assess compliance.
- Informal Workers associations registered with DOLE (Department of Labour and Employment) – is an opportunity to advocate for breastfeeding.

Kenya

- Participation in the legislation of family Policy Bill by MoLabour.

Regional:

- Various regional platform meetings e.g., ASEAN Summit every two years.
- APEC – ‘Healthy women, Healthy Economy, Policy Toolkit’, to be implemented on a voluntary basis by any of the 21 economies involved (includes lactation facilities, breaks in workplace etc.).
- IBFAN Africa Regional Meeting.
- Latin American Regional Youth workshop in Guatemala.

Global:

- Inter-Parliamentary Union (IPU) meetings – twice every year.
- Target LANCET to include series of articles on Breastfeeding – Q1-2016 – Jan/Feb deadline.
- Sustainable Development Goals (SDG) related meetings and dialogue sessions:
 - target goals 5 & 8 for regional and in-country (national) advocacy; and be involved in SDG planning of implementation in countries – SDG national planning forums.
- Annual Session of the **Commission on Population and Development** 2016, 2017, 2018, 2019
- **International Day for Maternal Health** – 11 April 2016
- **WHO/World Health Assembly** – May 2016
- **Women Deliver 2016**
- **BFHI Coordinators network meeting in Geneva** – September 2016
- **World Breastfeeding Conference** – December 2016 in South Africa
- **Nutrition for Growth Summit**, Save the Children – August 2016, in Rio, Brazil
- Australian Electoral Commission (AEC)
- National 5-year plans of countries
- Modeling better business practices for children in 10 more Business Management organizations
- **UN General Assembly** and related events.

ICM – Breastfeeding theme for 5 May, International Day of Midwives.

ABM

- Include MP topic in Conferences – both Regional and Global.
- Inform members in articles for Journal of Breastfeeding Medicine.

WABA

- World Breastfeeding Week 2016
- WABA’s 25th Anniversary

UNICEF – use the Global Breastfeeding Advocacy Initiative (GBAI) to coalesce around theme and share resources and materials.

Key commemorative ‘Days’ for media and communication outreach:

- Mother’s Day
- International Women’s Day
- Labour Day
- Fathers’ Day
- Children’s Day

General Comments:

- Media campaign planning
- Action plan – prioritizing actions, and for campaign
- Send our campaign message(s) to Breastfeeding Advocates world-wide – with our message and information.
- Advocacy briefs for different sectors.
- Systematic review of literature – defining core actions.

2017

Country Specific:

- **Kenya** – National elections offer a possibility for politicians to sign-on and commit to baby-friendly programs legislation
- **Sweden** – Cooperation with Julie Smith to find out economic value of breastfeeding
- **Philippines**
 - **ILO/WABA/UNICEF linkage:** opportunity for designing continuing programme specific on breastfeeding, perspectives for employers, male workers and women.
 - Opportunity for monitoring progress on country basis – on breastfeeding.

Global:

- **UN Commission on the Status of Women** – meets in March every year in New York. A member state can sponsor a resolution on maternity protection.
- **WHO/World Health Assembly** – May 2017.

MenCare – MenEngage Symposium

La Leche League International – 60th Anniversary Conference, Spring 2017 – virtual worldwide.

WABA

- World Breastfeeding Week 2017.

Key commemorative ‘Days’ for media and communication outreach:

- Mother’s Day.
- International Women’s Day.
- Labour Day.
- Fathers’ Day.
- Children’s Day.

General Comments:

- Review MP progress.
- Media campaign continues.
- Operationalization of Action Plan.

2018

Country Specific:

Indonesia – Prepare “progress report” for A Century of MP

Global:

- **UN Commission on the Status of Women** – meets in March every year in New York.
- **WHO/World Health Assembly** – May 2018.

WABA

- World Breastfeeding Week 2018.

Key commemorative ‘Days’ for media and communication outreach:

- Mother’s Day.
- International Women’s Day.
- Labour Day.
- Fathers’ Day.
- Children’s Day.

General Comments:

- Identify gaps in progress and take action.
- Evaluate results – publishing this.

2019

Global

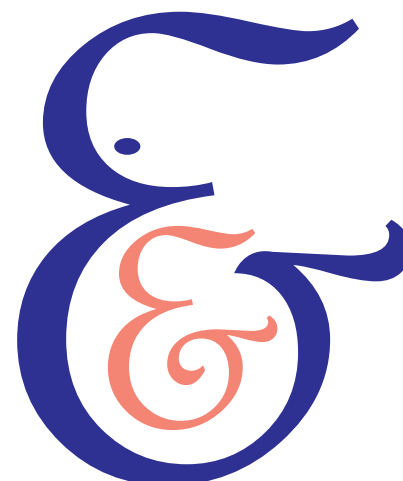
- **ILO Centenary** – Participating in A Century of MP celebration.
- **WHO/World Health Assembly** – May 2019.

Key commemorative ‘Days’ for media and communication outreach:

- Mother’s Day.
- International Women’s Day.
- Labour Day.
- Fathers’ Day.
- Children’s Day.

WABA

- World Breastfeeding Week 2019.



ANNEX 2

Framework for Action on Contemporary Solutions to an Age-Old Challenge: Breastfeeding and Work

Introduction

1. The World Alliance for Breastfeeding Action (WABA), UNICEF and the symposium partners recognise the ten beneficial impacts of sound maternity protection policies as presented in the Research Brief “The Evidence for Maternity Protection”¹. By adequately integrating women's and men's productive and reproductive work and lives, all sectors of society will benefit in terms of productivity, family income and job security, women's and children's health and well-being, employers' long-term profits and a nation's socio-economic health and stability.
2. Today, 28 September 2015, WE the Symposium participants from 24 countries, coming from diverse groups,² agree to work to overcome the challenges facing women and men in integrating work, breastfeeding and family lives. We call for a multi-pronged approach that includes legislative improvements, workplace and institutional improvements, social and behaviour change practices as well as support to mothers. This Framework for Action is based on human rights, gender equity and decent work principles.

Background

3. All women work, whether in the formal or non-formal economy, or in non-market production or unpaid domestic and care work. Over the past decades, more and more women of child-bearing age are encouraged to participate in and are entering formal or informal employment for a livelihood. The triad of mother, child and father or other carer, need and have the right to support and protection for parenthood and caregiving, including breastfeeding. These rights are upheld in the human rights frameworks such as the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and International Labour Organization (ILO) Conventions.
4. Breastfeeding is important for maternal health, protecting post-partum health and reducing illness and premature death from long term diseases including diabetes, breast and ovarian cancers. Breastfeeding provides children with the best possible

start in life and reduces the risk of both infectious and non-communicable diseases. Suboptimal breastfeeding resulted in more than 800,000 deaths among children under five years of age in 2011 (12% of all deaths in this age group).³

5. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that for optimal infant and young child feeding, breastfeeding is initiated immediately after birth, that children are exclusively breastfed for the first six months of life and that breastfeeding is continued, with safe and adequate complementary feeding, up to two years of age or beyond, as set out in the Global Strategy for Infant and Young Child Feeding (GS IYCF), 2003.
6. In 1990, the Innocenti Declaration, as its fourth target, called for governments to enact imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement.
7. The ILO has adopted three Maternity Protection Conventions, the most recent (Convention 183, 2000) stipulates that women should have at least 14 weeks of maternity leave as well as one or more daily breaks or a reduction of hours of work to allow for breastfeeding.
8. The ILO Recommendation 202 (2012) concerning national social protection floors, calls for essential maternity health care and income security related to maternity to be provided to all residents as part of basic social security guarantees. More recently, the ILO Recommendation 204 (2015) on Transition from the Informal to the Formal Economy, explicitly states that Members should “progressively extend, in law and practice, to all workers in the informal economy, social security, maternity protection, decent working conditions...”
9. By 2015, one hundred countries worldwide were providing at least 14 weeks maternity leave in accordance with ILO Convention 183. Additionally, provisions are made in at least 121 countries for breaks, mostly paid, or reductions in daily working hours for breastfeeding mothers. Yet the integration of family and work life is still far from comprehensive in many parts of the world. In fact, the majority of women continue to have to choose between paid employment and child rearing, compromising their economic autonomy and satisfactory mothering role. Globally, around 830 million women workers do not have adequate maternity protection for the early months of exclusive breastfeeding. Most do

1. “The Evidence for Maternity Protection” prepared by Miriam Labbok, MD, MPH1 On behalf of the Global Breastfeeding Advocacy Initiative (GBAI) on August 2015.

2. Including national governments, UN organisations, breastfeeding support and advocacy organisations, health professionals, peoples' organisations and movements, academia, international NGOs, and business networks.

3. Cesar G Victora, Rajiv Bahl, Aluísio J D Barros, Giovanni V A França, Susan Horton, Julia Krusevec, Simon Murch, Mari Jeeva Sankar, Neff Walker, Nigel C Rollins, Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, *The Lancet*, Volume 387, Issue 10017, 30 January–5 February 2016, Pages 475-490.

not experience workplace or childcare arrangements with adequate facilities, attitudes and time flexibility to support optimal breastfeeding. Women working in the informal economy, such as domestic workers, migrants, and refugees are the most disadvantaged – being vulnerable, yet the least protected. In addition, take-up rates of parental leave among men are low. Maternity protection should not be considered in isolation. Many other factors contribute to optimal breastfeeding, such as baby-friendly maternity care and Code-compliant child care services.

10. In 2015, the UN adopted the Sustainable Development Goals (SDGs). Several are directly relevant to infant feeding and women's employment. On one hand, optimal breastfeeding would contribute to Goal 1 (end poverty), Goal 2 (end hunger, achieve food security and improve nutrition), Goal 3 (ensure healthy lives and promote well-being for all at all ages), and Goal 12 (ensure sustainable consumption and production patterns). On the other hand, several goals call for improvements in social protection, which could increase the likelihood of optimal infant feeding. Target 1.3 (under Goal 1) is to implement nationally appropriate social protection systems including minimum standards and by 2030 to achieve substantial coverage of the poor and the vulnerable. Improved maternity and paternity/parental social protection, allowing parents to integrate their productive and reproductive lives is in line with this goal and target. Goal 5 includes targets on gender equality, discrimination such as maternity based discrimination at work, and unpaid care work, are all key for recognising the value of breastfeeding. Goal 8 calls for promotion of inclusive and sustainable economic growth, full and productive employment as well as decent work for all.

Recommendations and specific actions

11. Participants at the Stockholm Symposium recognised the challenges that women and men face in combining productive and paid work with breastfeeding and child care, in all kinds of environments. They make the following recommendations and propose specific actions to help overcome the challenges.

Promote and protect women's rights, family friendly values and equitable social norms and practices at all levels

Recommendations

12. A Human Rights approach should be established. Enabling a mother to breastfeed her child and to work should be recognised as a human right.

13. Breastfeeding needs to be better recognised and valued by society as an essential part of the reproductive cycle and the foundation of a healthy society. Breastfeeding requires time, support and effort, and should be counted as a contribution to the economy, even if not quantified conventionally.

14. Communities, parents and families need appropriate and persuasive health information and education to make them more aware of the value of breastfeeding, including on continuing to breastfeed after returning to work, the time and effort it takes and the support that mothers need.

Specific Actions

15. Clarify the needs and rights of mother and baby as interdependent, to avoid a false hierarchy of rights between them.

16. Advocate for women's right to both breastfeed and receive a living wage.

17. Promote recognition of the value of women's contribution to the economy generally and that women's reproductive work, including breastfeeding, has a value to the individual, employers, communities and society as a whole.

18. Advocate for inclusive family friendly social protection for working parents, particularly where both work outside the home. Ensure that messaging recognises the responsibilities of the care triad of mother, child and father or other carers and the importance of all of them being involved in achieving optimal infant and young child feeding.

Create policy environments that stimulate progressive drivers and removes obstacles

A/Use *policy drivers* to step up progress

Recommendations

19. Greater will of leaders to implement maternity and parental protection policies is needed.

20. Recognition that breastfeeding support needs are integral and relevant to labour force and workplace policies and practices, and are essential to employers and trade unions.

21. Additional evidence should be obtained about the benefits of maternal and paternal protection and entitlements to employers, health services and the state.

22. The demand from families and communities for better maternity and parental social protection needs to be increased.

23. Ways to provide maternity protection as well as health and breastfeeding support to working mothers in the informal economy should be explored.

Specific Actions

24. Establish global/regional platforms of key stakeholders (UNICEF, WHO, ILO, FAO, multilateral development banks and financial institutions, multilateral and bilateral aid agencies, WABA, relevant NGOs, occupational health organisations, workers' and employers' organisations) to discuss mechanisms for addressing the finance gap for maternity protection. The Global Breastfeeding Advocacy Initiative (GBAI) could be an appropriate platform for this.
25. Advocate for recognition of the fact that everyone (including employers, states and the health care system) benefits from maternity and parental protection in the workplace. Direct this advocacy at policy and decision makers, employers, trade unionists, key professionals (especially those in healthcare including occupational health), opinion shapers and leaders.
26. Advocate at all levels and between sectors for the needs and rights to maternity protection of workers in both the formal and informal sectors.
27. Conduct research on the benefits of maternity, parental protection and entitlements to support this advocacy.
28. Provide health education and social mobilisation to families and communities to increase awareness of their entitlements, and to empower them to demand better maternity and parental protection.
29. Monitor relevant policies, develop and implement action plans to include informal workers in maternity protection policies.

B/Remove obstacles to progress in policy setting

Recommendations

30. Laws should be formulated and enforced against all forms of gender discrimination, violence and abuse, to facilitate the successful integration of women's and men's productive and reproductive work.
31. Gender equitable social protection should be promoted rather than just gender equality measures. The latter may not be equitable or conducive to optimal breastfeeding.
32. Aggressive marketing of breastmilk substitutes should be controlled by monitoring and enforcing compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions to protect mothers from inappropriate or unethical marketing of commercial foods for infants and young children.

Specific Actions

33. Develop and implement anti-discriminatory gender policies and other safeguards which improve economic justice for women and protect breastfeeding.

34. Promote gender transformative and equitable education programmes, which include use of appropriate images and language. These should start from childhood, and target boys, girls, women and men alike, to establish a new normal.
35. Monitor and strengthen compliance with the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions and ensure safeguards for Conflicts of Interest.

Improve access to and uptake of maternity and parental entitlements at national level

Recommendations

36. Effective national public financing mechanisms need to be established for the provision of maternity and parental protection entitlements, with a special focus on global assistance to low income countries.
37. Countries' existing maternity and parental protection measures whether laws, regulations or policies, need to be effectively implemented and publicly resourced.
38. Paternity or parental leave benefits and other family-friendly measures should be made available to facilitate the integration of men's family lives into their working lives, so that they can at the same time better support women's reproductive and care responsibilities.
39. Reform of maternity protection and labour laws is needed for the informal economy, in which women are disproportionately employed particularly in low income countries. Some immediate needs of informally employed women need to be addressed in other ways.

Specific Actions

40. Encourage countries to assess the status of their current maternity and parental protection entitlements and to identify gaps in provision, using existing tools such as the World Breastfeeding Trends Initiative (WBTi).
41. Support countries to implement adequate maternity and parental protection through effective monitoring and enforcement of existing laws, and through additional entitlements, labour and workplace regulation where gaps are identified. Encourage them to develop a plan of action with a budget, using budgeting tool, such as the World Breastfeeding Costing Initiative (WBCi).
42. Promote paid parental protection policies that are gender equitable, encompassing the care triad and which support co-parenting and breastfeeding.
43. Scale up and finance effective community-based (and other co-operative approaches) to support women especially in the informal sector to practice optimal infant and young child feeding while ensuring their own health and livelihood.

Promote supportive workplace policies and conditions in both formal and informal work settings

Recommendations

44. Child care and breastfeeding facilities at or close to the workplace, and flexible family-friendly working arrangements are helpful for both women and men. Proximity between mother and baby can avoid long periods of separation, and enable direct breastfeeding which is preferable to over-reliance on expression of breastmilk.
45. Practical ways for working mothers to continue breastfeeding optimally should be devised, promoted and supported.
46. Pregnant and breastfeeding women workers need protection from exposure to toxic and non-hygienic work environments.
47. Additional evidence should be obtained on the effects of supportive workplace conditions in both formal and informal settings to enable effective advocacy for improvements.

Specific Actions

48. Advocate for skilled counselling and support to be accessible equally to employed mothers.
49. Advocate for child care workers and facilities to protect, promote and support breastfeeding according to the Global Strategy on Infant and Young Child Feeding and to comply fully with the WHO International Code.
50. Promote transformation of workplaces to become 'family friendly'. This should involve:
 - a. Provision of accessible crèches which facilitate and support breastfeeding.
 - b. Spaces in or near workplaces with the necessary facilities, privacy and hygiene for mothers to comfortably and safely breastfeed or express and store milk.
 - c. Flexible working arrangements, breastfeeding breaks or reduced working hours, and teleworking.
 - d. Safe and hygienic environments for all workers, and especially for pregnant and lactating mothers, which do not incur employment or wage disadvantages.
51. Devise, promote and teach practical ways for a mother to continue optimal breastfeeding after returning to work, support her efforts to do so, and encourage her partner or other carer to also support her.

52. Conduct research on the cost benefits and the return on investment for employers of investing in breastfeeding support at the workplace (such as: the establishment of crèches, of breastfeeding spaces, flexi-time and teleworking policies, fostering workplace champions, and the involvement of men); and through the measurement of time spent on breastfeeding in time use surveys and other national surveys.
53. Use the evidence as an advocacy tool to make workplace policies and conditions more family friendly and inclusive in both the formal and informal sectors.

Way forward

54. The participants of the Stockholm symposium call on national governments, each relevant organisation, and concerned individual to act upon any or all of the recommendations above.
55. The year 2019 will mark a century since the International Labour Organization first adopted Convention No. 3 on Maternity Protection. This presents an opportunity to:
 - a. identify the challenges that remain, especially for breastfeeding working mothers, despite a hundred years of Maternity Protection;
 - b. identify new challenges that were not apparent in 1919, such as difficulties for mothers commuting to work;
 - c. build a global multi-party and multi-level consensus on valuing unpaid care work and resourcing maternity and parental entitlements;
 - d. develop evidence-based advocacy messages;
 - e. drive more effective implementation of ILO maternity protection, WHO/UNICEF guidance on support for optimal breastfeeding, and the WHO International Code that focused on the situation of working women;
 - f. design and implement new initiatives to protect and support optimal breastfeeding among working mothers in all work sectors.
56. During the period of 2016–2019, WABA and its partners will continue to explore the development of such a consensus and actions based on the Framework for Action. Through widening support and involvement, WABA aims to coordinate a broad alliance of actors to promote gender equitable social protection measures for parents and carers, in order to facilitate the better integration of infant and young child feeding and employment.

Breastfeeding and Work: Let's Make it Work!

KEY STATEMENTS MADE AT THE SYMPOSIUM

Guy Ryder, ILO Director-General, 2015: “despite some progress, globally more than 800 million women workers, or 41% still do not 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?”

Dr. Felicity Savage, WABA: Work is very significant, it's always high up on the list. But importantly it's not the only reason, it's not usually even the first reason why woman have to give up breastfeeding early. Many mothers have difficulties and give up because of other challenges with breastfeeding.

Maaïke Arts, UNICEF: About two decades ago, a colleague from a breastfeeding advocacy group in the Philippines gave me a T-shirt with the slogan: “A worker's right to motherhood; a mother's right to work”. This slogan captures the two issues we are discussing here this weekend: employment and motherhood, and how these can be combined in a way that empowers women to breastfeed their babies.

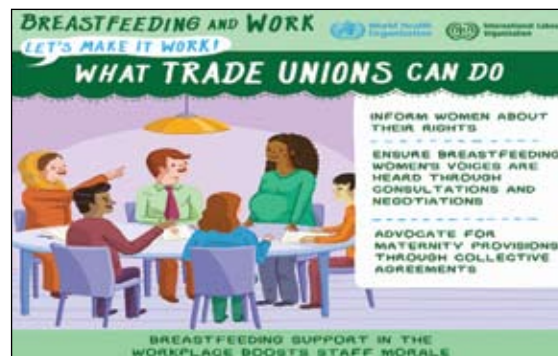
Marie Ottosson, SIDA: Since 2014, we have a Swedish government which has announced clearly that we now have a Feminist Foreign Policy. And being in the Swedish agency, it makes our work easier as we have a government that is supportive of gender – equality for men, women and as well as girls and boys.

Breastfeeding will improve women's empowerment and that will contribute to gender equality. With that we will not only have a better society but we will have an equal society. And we will be able to fight poverty even better.

Dr. Amal Omer-Salim, WABA: In my research work in Dar es Salaam, Tanzania and New Delhi, India, mothers engaged in carefully planned actions and tactics to ensure proximity between themselves and their baby and efficient time management. This triggered emotions of stress, frustration and guilt, but also satisfaction and joy when they managed successfully.

Dr. Larry Grummer Strawn, WHO: Options for supporting direct feeding at the breast include part-time work, flexible work hours, job sharing, telecommuting, bringing the baby to work, and on-site crèches. However, such options are rarely incorporated into international or national policy since they are highly dependent on the nature of the mother's work.

Laura Adatti, ILO:



Nemat Hajebhoy, FHI 360: We have centered our messaging on the cost of not breastfeeding and recommend actions via regional and national platforms.

Natko Geres, MenCare, Promundo: Strong evidence show that when work with men is done right, it brings benefits for women, children and men themselves.

Engaging men in maternal and child healthcare improves rates and success of breastfeeding: women exhibit more positive breastfeeding practices, the duration of breastfeeding is prolonged and the percentage of women initiating breastfeeding is increased.

Julie Smith, Australia National University: *Mother's Milk, the Magic Pudding and Maternity Protection Money*

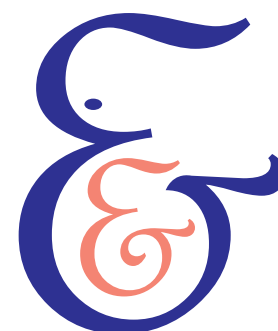
Mother's milk is an important food commodity, but the resource is being eroded by lack of protection from market competition.

We need focussed strategies and goals to urgently shift the effective

burden of funding Maternity Protection away from women and children – “Advocate for taxing formula milk to fund maternity protection”

Anne Batterjee, WABA: Remember the picture of proud fathers holding their infants. Fathers lending strength and stability to the mother, infant, dyad. Perhaps we need the new photos of breastfeeding should be of three – father, mother and infant. Triad benefits for all = the new breastfeeding identity.

Biplabi Shresta, ARROW: It is important to note that women's empowerment in making decisions about her life and health only leads to healthier choices and consequences for both herself and her babies.





The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion & support of breastfeeding worldwide. WABA's action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant and Young Child Feeding. WABA's present Core Partners are also all the main international breastfeeding organisations: Academy for Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLLI), and Wellstart International (WI). WABA is in consultative status with UNICEF, and is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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