



**BABIES NEED
MOM-MADE
NOT MAN-MADE!**

**A GLOBAL
CONSENSUS**

**A report on the
World Breastfeeding
Conference
6-9 December 2012,
New Delhi, India**

Babies Need Mom-Made: Not Man-Made!

A Global Consensus

A report on the World Breastfeeding Conference
6-9, December 2012, New Delhi, India

Published by



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International Baby Food Action Network (IBFAN)-Asia**

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- This report of the conference aims at reflecting the presentations made, and the views expressed by speakers and other participants. The report is to be considered the host's summary and it has not been reviewed by the speakers or other participants prior to its publication. Deviations, if any, in the report from actual expressions made at the conference are incidental and unintentional.
- The report provides the list of participants and speakers. Any error in reporting is not intentional and is regretted.

As a policy, BPNI/IBFAN-Asia does not accept funds of any kind from the companies producing infant milk substitute, feeding bottles, related equipments, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breast-milk-Substitute or from organization/industry having conflict of interest.

The 2012 World Breastfeeding Conference Declaration and Call to Action Babies Need Mom-Made Not Man-Made!

9 December 2012, New Delhi India

Almost 7 million children under five years of age die globally every year mostly in the poor countries, largely from preventable causes. Of these, two thirds die before they reach their first birthday, most from pneumonia, diarrhoea and newborn infections. One third of all under- five deaths are due to undernutrition.

Breastfeeding is a public health imperative. There is no food more nutritious, locally produced, affordable and sustainable than breastmilk. Artificial feeding increases the risk of not only childhood infections, but also of non-communicable diseases (NCDs) such as diabetes, obesity, cardiovascular disease and cancers, which are assuming epidemic proportions. But two out of three infants or 92 million infants of 136 million born - are either artificially or mixed fed.

Initiating breastfeeding within the first hour of birth can reduce neonatal mortality by 20%, but shockingly, more than half the world's newborns are not breastfed within an hour of birth. Globally less than 40% of infants under six months are exclusively breastfed. Infants need continued breastfeeding along with adequate amounts of complementary foods after they are six months old and continued breastfeeding for two years or beyond. Yet, only a minority of children continue breastfeeding until the age of two.

Breastfeeding has enormous benefits for maternal health, and is an important factor in child spacing for the millions of women who have no access to modern forms of contraception.

Optimal breastfeeding and infant and young child feeding rates are low because:

- Women lack support for breastfeeding and for appropriate complementary feeding.
- There is widespread ignorance and lack of awareness of their importance.
- Baby food and feeding products industries continue to mislead parents and market products aggressively.
- The commercial, for-profit sector and their front organizations are unduly influencing national and international decision-making processes, policies and programmes.
- Glaring gaps exist in national policy and programmes as documented by the World Breastfeeding Trends Initiative (WBTi) and others.
- Ready to use or processed foods are being pushed to replace appropriate family foods after six months.

Over the last four decades, the global community has failed to achieve its commitments to improve children's health. The Alma Ata Declaration of Health for All by the Year 2000 has not been realized. The Convention on the Rights of the Child, endorsed by all but two countries of the world, has not yet been fulfilled. Therefore the Millennium Development Goals to reduce poverty, maternal and child mortality significantly by 2015 will be largely unmet.

Today, at the first World Breastfeeding Conference 2012, we, the participants from 83 countries coming from diverse groups including governments, breastfeeding organisations, health providers, peoples organisations and movements, international NGOs and individuals - are all concerned at the continuing inequality in health and nutrition and the subjugation of these concerns to the business objectives of corporations.

We recognize that protection, promotion and support of breastfeeding and optimal infant and young child feeding is a human rights issue and should be entrenched in the public policy and programmes as a necessary condition needing resources.

We call upon all concerned to take the following actions:

1. Adopt a human right-based approach to the protection, promotion and support of breastfeeding and infant and young child feeding at international, national, sub-national and community levels.
2. Establish institutional mechanisms to avoid and manage conflicts of interest in health and nutrition decision-making and programme implementation.
3. Support all women with a comprehensive system of maternity protection at work, including the non-formal sector, with a provision of financing.
4. Ensure appropriate and adequate education and training of all health care professionals and allied health and community workers both in pre-service and in-service, and in all sectors, to counter widespread ignorance.
5. Establish clear budget lines for breastfeeding and infant and young child feeding policy and programme interventions to ensure adequate human and financial resources in order to enhance optimal practices.
6. Invest in the Baby Friendly Hospital Initiative including mother friendly practices and link it to community initiatives. Further this should be rooted in all maternal and neonatal health programmes, and with due attention to low birth weight babies.
7. Publicise widely the multiple risks of artificial feeding, bottles and teats as well as early complementary feeding through all kinds of media campaigns.
8. Ensure universal access to accurate information and counselling on breastfeeding and infant and young child feeding to all mothers, and to do that provide skilled counsellors in the health facilities and in the community so that they are available for any situation.
9. Monitor and track the Global Strategy for Infant and Young Child Feeding in every country using World Breastfeeding Trends Initiative (WBTi) and advocate to bridge the gaps.
10. Protect breastfeeding from commercial sector, by strictly enforcing the International Code of Marketing of Breastmilk Substitutes and subsequent related World Health Assembly Resolutions and prohibit all kinds of promotion of commercial foods for children for two years or beyond.
11. Promote the use of affordable and diverse, locally grown, indigenous foods for timely and appropriate complementary feeding after six- months along with continued breastfeeding.
12. Enhance and support breastfeeding related research with public funding.

CONFERENCE HOSTS AND ORGANISERS



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FOUNDATION**



Save the Children®



वेणु राजामणि
राष्ट्रपति के प्रेस सचिव

Venu Rajamony
Press Secretary to the President



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राष्ट्रपति भवन,
नई दिल्ली - 110004
President's Secretariat,
Rashtrapati Bhavan,
New Delhi - 110004

MESSAGE

The President of India, Shri Pranab Mukherjee, is happy to know that the World Breastfeeding Conference 2012 is being held from December 6-9, 2012 in New Delhi.

The President extends his warm greetings and felicitations to the organisers and the participants and sends his best wishes for the success of the Conference.

Press Secretary to the President



Pankaj Pachauri
Communications Adviser
Tel: 2301 6920



1/3525865/2012

प्रधान मंत्री कार्यालय
नई दिल्ली - 110 011
PRIME MINISTER'S OFFICE
New Delhi - 110 011

MESSAGE

The Prime Minister is happy to know that the 'World Breastfeeding Conference 2012' is being held in New Delhi from 6th to 9th December, 2012.

Breastfeeding promotes health and helps to prevent diseases. Prime Minister hopes that this Conference will provide a platform of exchange to help meet the Millennium Development Goals for improving child survival and maternal health.

The Prime Minister sends his greetings and good wishes for a successful 'World Breastfeeding Conference 2012'.

(Pankaj Pachauri)

December 3, 2012



SHEILA DIKSHIT
CHIEF MINISTER



सत्यमेव जयते

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D.O.NO.: 080/cmi/26074
Dated : 9-11-2012

MESSAGE

It gives me immense pleasure to know that the Global Breastfeeding Initiative for Child Survival (GBICS) is holding World Breastfeeding Conference 2012 from 6-9, December, 2012 at New Delhi and a Souvenir is also being brought out to mark this significant event. The theme of this conference, "Babies Need Mom-Made Not Man-Made" is of quite importance & relevance.

I am sure that the Participants of over 1000 delegates from India and abroad, no doubt, would provide an excellent opportunity to interact on all issues concerning awareness on the need of Breastfeed.

My best wishes for the success of the Conference.

Sheila Dikshit

(SHEILA DIKSHIT)



CHIEF MINISTER
GOA

MESSAGE

I am glad to know that World Breastfeeding Conference is being organized with the support of Ministry of Health and Family Welfare and Ministry of Women and Child Development, Government of India.

It is essential that focus on gaps in Policy and programs is taken up on priority to support women to breastfeed to improve child health and nutrition.

I wish your conference all the very best.

(Manohar Parrikar)
Chief Minister

Dated: 27th September, 2012



Date: 24-09-2012

Message

While India is fighting against Malnutrition – Age old tradition of breastfeeding to a new born baby till six months is a blessing in disguise. Breastfeeding, the very natural source of nutrition to new born, provides antibodies which help establish the baby's immune system. It also provides digestible nutrients essential for healthy growth.

Around 400 experts from over 56 countries are participating in **World Breastfeeding Conference 2012** by **Global Breastfeeding Initiative for child Survival**, jointly implemented by the **International Baby Food Action Network (IBFAN)** and **World Alliance for Breastfeeding Action (WABA)**. I wish all the success to the conference to be held in **New Delhi, India** from **6-9 December 2012**.

I wish and hope the theme “**Let's protect every Feeding Mother**” with the tagline “**Babies Need Mom-Made not Man-Made**” reaches to all lactating mothers through focused approach.

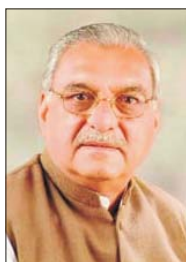


(Narendra Modi)

To,
Dr. Arun Gupta, *Chairman,*
World Breastfeeding Conference 2012,
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Email: wbc2012@ibfanasia.org

Narendra Modi

Chief Minister, Gujarat State



भूपेन्द्र सिंह हुड्डा
BHUPINDER SINGH HOODA



D.O. No. CMH-2012 /

मुख्य मन्त्री, हरियाणा,
चण्डीगढ़।
CHIEF MINISTER, HARYANA,
CHANDIGARH.

Date: 29.11.2012:

Message

It is a matter of pleasure that World Breastfeeding Conference 2012 is being organized by the Global Breastfeeding Initiative for Child Survival in New Delhi from December 6 to 9, 2012 with Union Ministries of Health and Family Welfare as well as Women and Child Development as its key partners.

I appreciate the theme of the conference 'Let's Protect Every Feeding Mother' and its tagline, "Babies Need Mom-made not Man-Made".

It is an opportune time to hold such a conference as it would help in generating awareness about the significance of breastfeeding at such a time when efforts are already being made by various Health Authorities to discourage use of bottled and packaged feeds, directly or indirectly.

I am sure, the deliberations of the conference will prove a step forward in giving boost to the drive to promote breastfeeding and discourage packaged feeds thus ensuring health of the babies.

My best wishes.

(Bhupinder Singh Hooda)



CHIEF MINISTER
Jammu & Kashmir



MESSAGE

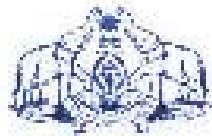
I am delighted to know that the respective Ministries of Health and Family Welfare and the Ministry of Women and Child Development, Government of India(GoI) are jointly hosting the 'World Breastfeeding Conference-2012' in New Delhi from December 6- December 9, 2012 under the aegis of the World Health Organization(W.H.O) and the United Nations International Children's Emergency Fund(UNICEF). The theme of the conference is, 'Babies need Mom-made not man-made'.

The nature of the theme is welcome and timely. The nature and format of the family is changing and this change is impacting the relationship between mother and child of which breastfeeding is an important structural element. This is a natural process while feeding the baby from and through other means is artificial. If the latter is practiced at the expense of the former, this creates and leads to a dissonance which can negatively impact the baby's health-physically and psychologically. As such, artificial and man made approaches should be curtailed.

This can be done both by implementing policy measures and more importantly educating mothers. It is here that the World Breastfeeding Conference by bringing together professionals from a range of back grounds, civil society organizations, international organizations, health professionals and social activists enters the picture. The Conference participants, by brainstorming the issue comprehensively, can come up with creative and practical solutions that integrate theory with practice and offer policy guidelines to obviate the menace of artificial feeding. This is besides the very important and challenging task of educating mothers on the perils of the same practice.

I congratulate the organizers for their efforts in organizing this event and wish them success.


(Omar Abdullah)



OOMMEN CHANDY
CHIEF MINISTER
KERALA



06/10/2012

Message

I am happy to know that World Breastfeeding Conference 2012 would be organized by the Global Breastfeeding Initiative for Child Survival (gBICS) at New Delhi in December 2012.

With the dawn of modern day healthcare remedies and solutions and also owing to changes in lifestyle, mother's milk eventually made way to substitutes arising out of convenience, more than anything else. The nutritious and healthy nature of mother's milk needs to be highlighted, if we are keen to see our children to grow up into healthy adults without impairment to their overall health, triggered by substitutes available in the market.

I hope that the World Breastfeeding Conference 2012 would be a great opportunity for the organizers to popularize the significance of breastfeeding on a global scale and that the participants would come up with effective ways and means to achieve this objective.

Wishing all success.

OOMMEN CHANDY

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Acknowledgements

The World Breastfeeding Conference 2012 was a resounding success due to the efforts and support of numerous organizations and individuals.

At the outset we wish to thank NORAD and Sida for supporting our five year Strategic Plan, of which the Conference was an integral activity. We are grateful to the Ministry of Women and Child Development, India for partnering with us in hosting this Conference, and to the Ministry of Health and Family Welfare for the support given.

Hon'ble Minister of External Affairs, India, Shri Salman Kurshid, Hon'ble Minister of Women and Child Development, India, Smt. Krishna Tirath of India, Dr. Syeda Hameed, Member (Health), Planning Commission of India and Dr. A.F.M Ruhul Haque, Minister of Health and Family Welfare, Bangladesh, took valuable time to attend the Opening and Concluding ceremonies, for which we thank them. Their presence enriched the Conference.

We are thankful for active participation of Mr Eivind S. Homme, Hon'ble Ambassador of Norway to India and Ms.Suzanne Lokrantz, Team Coordinator for Health from Sida in the conference.

Shri Prem Narain, Secretary, Ministry of Women and Child Development, Ms. Anuradha Gupta, Additional Secretary, Ministry of Health & Family Welfare and Mission Director, National Rural Health Mission (NRHM), Dr. Shreerajan, Joint Secretary, Ministry of Women and Child Development and Dr. Ajay Khera, Ministry of Health & Family Welfare, shared the Indian government's perspective on infant and young child feeding, for which we express appreciation.

We recognize the valuable support given by Dr. Francesco Branca, Director of Nutrition for Health and Development, World Health Organization and Dr. Nicholas Alipui, Director of UNICEF Programmes.

We thank Ms. Anne Philpott of DFID India, for introducing us to the South Asia Food and Nutrition Security Initiative (SAFANSI), which contributed to the Conference. DFID and AUSAid contribute towards the SAFANSI Trust Fund, operated by the World Bank. We appreciate the sincerity with which Ms. Ashi Kathuria of World Bank helped us to negotiate this funding.

We acknowledge with appreciation the financial assistance given by USAID and the Marcia Brady Tucker Foundation for the Conference. The South East Asia Regional Office of WHO supported the travel and board of selected participants, for which we are grateful.

The Regional Coordinating Offices of the International Baby Food Organisation and the World Alliance for Breastfeeding Action worked for over a year developing the programme for the Conference and ensuring participation of organizations, country representatives and other individuals. The Conference would not have been such a success without their whole-hearted participation in the planning process as well as the participation of various individuals from IBFAN country offices across the globe.

We are thankful to Ministry of Home Affairs, Ministry of External Affairs, Ministry of Women & Child Development and Delhi Police for providing us necessary permissions to hold the conference.

We are thankful to all partner organisations and members of organising committee for their valuable contribution.

Several governments shared their efforts to enhance optimal IYCF practices. We acknowledge their contribution.

Ms. Nirmala Selvam had the unenviable task of converting the proceedings of the intense four-day conference with eleven plenaries, five interactive sessions, five panel discussions and over 15 technical sessions into a readable report. She took on the challenge effectively. We are extremely grateful to her for creating this report.

The conference saw the participation of over 700 individuals, too many to acknowledge individually. We appreciate the effort put in by them to join us in this historic event. We particularly appreciate the representation of several governments from Asia, Africa and other parts of the globe.

We would like to thank Naren Kaimal for his support in copywriting.

We thank Ms. Vartika Nanda for moderating the inaugural and closing ceremony of the WBC 2012.

We would like to express our appreciation for the management of India Habitat Centre for providing an excellent ambience for the conference.

We would like to put on record our thanks to Attitude Events Pvt Ltd, the event manager for the conference for helping us to organise the event successfully.

Last, but not least, we would like to specially mention the enthusiastic support given to us by student volunteers, who, in addition to distributing material and assisting in rapporteuring, brought out the conference newspaper every day.

IBFAN ASIA Team

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Introduction

Lack of policy on breastfeeding and infant and young child feeding, lack of adequate budgets for implementing it where policy may exist, inadequate maternity protection, and the infant food industry's influence in the market as well as on policy makers, governments, international NGOs, and donor agencies are a great hindrance to optimal infant feeding practices all over the world. The World Breastfeeding Conference, which was organized as part of the five-year Strategic Plan of the Global Breastfeeding Initiative for Child Survival (gBICS), made a collective effort to address these challenges. The conference, which was organized with no conflict of interest in the form of support from industry, also proposed to release a report on the situation of infant feeding policies and practices in at least 51 countries that completed the assessment using the IBFAN's World Breastfeeding Trends Initiative (WBTi) tool.

The proposal drew global support. The Government of India, Norwegian Agency for Development Cooperation (Norad), and the Swedish International Development Cooperation Agency (Sida) supported the World Breastfeeding Conference 2012, held in New Delhi from 6th to 9th December. The UKAid and AusAID through the South Asian Food and Nutrition Security Initiative (SAFANSI) Trust Fund routed through the World Bank, the Marcia Brady Tucker Foundation and Save the Children, India co-sponsored it. The UNICEF, USAID and WHO provided assistance through technical support in the concept and content as well as in bringing in participants from various countries that have programs supported by them.

For the first time in history, a World Conference on Breastfeeding took place, thereby raising the issue to a more prominent level. India, leading the fight in the Asian scene hosted the conference with pride.

The conference facilitated open interaction among people and groups

(at regional and thematic sessions). It was a platform to discuss with UN agencies, governments, people and groups from all over the world and the local people, on an equal basis, to share their thinking, pose open questions, and demand action from policy makers.

Passionate presentations backed by equally substantial evidence to prove their points inspired participants to come together to learn from each other's experiences, collectively address issues and find solutions. Various networks and groups working on infant feeding at national, regional and international levels strengthened their bonds and tightened their resolve to fight the menace of commercial interests that are undermining optimal infant feeding practices and influencing policy and programs in many countries around the world.

The three-day conference carried a very tight schedule of plenary sessions, panel discussions, concurrent technical sessions and interactive sessions covering a wide range of topics as set out in the programme schedule. This report will briefly present the key messages from these sessions. Detailed information on each, including people who presented, is available on www.worldbreastfeedingconference.org.

The conference ended with participants drawing up a Declaration and a Call for Action globally and for every region that they would take forward.

Objectives of the World Conference on Breastfeeding

Provide a platform for networks of organizations, civil societies and individuals to:

- Share status of breastfeeding, infant and young child feeding policies and practices in participating countries from around the world.
- Share their experiences in improving breastfeeding rates, and in fighting the menace of industry's influence on policies and markets.
- Share findings of research undertaken on infant feeding practices.
- Collectively draw strategies to fight the menace and raise rates of optimal infant feeding practices.
- Increase global pressure on countries and on organizations to improve and strengthen optimal infant feeding practices through appropriate measures of protection, support and promotion.

Participants

The conference attracted participation from 83 countries spread across the five continents of the globe. It had an impressive participation of over 700 people that include government representatives, international agencies, donor agencies, specialists, individuals and civil society organizations, non government organizations and networks. Of these, 138 participants were from 49 governments and 26 UN participants from 19 countries. Senior officials

from the headquarters of the WHO, WHA and UNICEF participated in the proceedings lending weight to program support in the partner countries. Senior government officials from many countries made commitments to strengthening IYCF policies and to fighting the menace of industrial influence on infant feeding practices. A list of participants is available at the end of this report.



Inauguration

The World Breastfeeding Conference 2012 was inaugurated on 6th December 2012 at 9 am.

In his address the Chief Guest Shri Salman Khurshid, Honourable Minister for External Affairs, Government of India stated that the theme, “Babies Need Mom Made Not Man Made let’s protect every feeding mother” is apt and topical for the times. Quoting from the UN Special Rapporteur on Right to Food, he reiterated the call for “a clear exit strategy to empower communities to feed themselves. When ecosystems are able to support sustainable diets; nutrition programmes, policies and interventions supporting the use of supplements, RUTF, fortifications, and infant formulas are inappropriate and can lead to malnutrition, and marketing of these food substitutes and related products can contribute to major public health problems.” Highlighting India’s

stand on protecting, supporting and promoting breastfeeding through the IMS Act enacted in 1992 and the subsequent amendment in 2003; he emphasized that man made alternatives to breastfeeding should be restricted and discouraged by policy, legal framework, communication advocacy as well as education. Shri Khurshid urged the conference to deliberate on health system support to women and maternity protection, particularly to women who work in the unorganized sector and who are in poverty. Medical science, he said, has established that breastfeeding reduces the incidence of common diseases like diarrhoea and pneumonia and related deaths, but it has to be supported systemically and on a sustained basis.

Speaking at the inauguration, Smt. Krishna Tirath, Honourable Minister for Women and Child



Lighting the lamp by Hon’ble Union Minister Shri Salman Khurshid and Minister of State for Women and Child Development (IC) Smt. Krishna Tirath



During inauguration Hon'ble Minister of State for Women & Child Development (IC) Smt. Krishna Tirath addressing the participants and Arun Gupta, Dato Anwar Fazal, Andre Nikiema, Louis-Georges Arsenault (on the dias)

Development, Government of India highlighted India's position on breastfeeding and optimal infant feeding practices. She provided an overview of what the government of India had done so far and what it has resolved to do to improve breastfeeding rates. She mentioned that in the new five year plans (2012 to 2017) IYCF counselling and services are being integrated into the system in the Integrated Child Development Scheme (ICDS).

Mr. Louis-Georges Arsenault, UNICEF, said that there are now tremendous opportunities to stimulate effective action to increase breastfeeding globally. Mr. Donald Lu, Deputy Chief of Mission, Embassy of USA, stated that he was happy that the movement included men as they have a role to play in supporting, protecting and promoting breastfeeding in the families.

Dato Anwar Fazal, Chairperson Emeritus World Alliance of Breastfeeding Action (WABA) urged the participants to remember the five petals of the flower of breastfeeding

- breastfeeding gives us medicine;
- breastfeeding gives us nutrition;
- breastfeeding gives us an ecological natural system;

- breastfeeding gives us an economic system that is so sound, so sustainable;
- breastfeeding gives us the magical love of bonding.

Ms. Helen Armstrong, an early IBFANer and one of those who led the breastfeeding training programme in Africa, gave the keynote address. "Breastfeeding is very much a person-to-person activity. Those who work with mother support groups know that it is about communication." Ms. Armstrong explained that while there is yet a lot to be learnt about breastfeeding, evidence has been piling up over the last four decades about its benefits and techniques such as cup feeding and kangaroo care. "At this time, we are swimming upstream against the strong current of commercial influence." Speaking about this, she touched upon the danger of public private partnerships that can confuse public health and nutrition education with insidious commercial messages. "For multinational corporations every child is potentially a customer of manufactured foods that displace traditional home preparations." She stressed that wherever national legislations have been put in place, it is necessary to prosecute violations, country by country, and if possible, simultaneously. Along with continuous code monitoring, it is important to get

training. “Breastmilk is a very undervalued food resource”. The quantum of breastmilk produced over two years should inform public policy planning, not just for its food value, but its value in preventing illnesses, unwanted births, and promoting health and nutrition. She concluded we need to improve the conditions under which mothers care for their babies. “We must continue to collaborate. We have learnt the power of people’s movements when they share common principles and visionary passion.”

The above presentations were followed by the release of the report **“Are Our Babies Falling Through the GAPS? The State of Policies and Programme Implementation of the Global Strategy for Infant and Young Child Feeding in 51 Countries”**. This report is based on the World Breastfeeding Trends Initiative (WBTi).

Following the inaugural whole day was spent in networking, and exhibitions.



Report “Are Our Babies Falling Through the Gaps?” released by Hon’ble Minister for External Affairs Shri Salman Khurshid and Minister for Women and Child development (IC) Smt. Krishna Tirath



Plenary Sessions

There were eleven plenary sessions combined in three days of the conference. These sessions dealt with range of issues including global and a unique consensus on the recommended breastfeeding practices, evidence to support these, policy gaps and inputs required, underlying factors for under and over nutrition, obesity, conflict of interests, legal protection, social protection, maternity entitlements, how to do campaigns and what should it cost to implement actions on breastfeeding and infant and young child feeding.

Message from the UN Special Rapporteur on Right to Food

On Day 2 (7th December), morning opened with a video message by the UN Special Rapporteur on Right to Food, Olivier De Schutter, who urged countries to align their policies and legislations more closely with the Code and to make breastfeeding a human right and thereby make governments accountable to do more to ensure that infants are not deprived of this right and that the mothers are not deprived of their right to breastfeed. He called for a cross sectoral effort involving health, education, social affairs,

employment and industry departments in order to have all these departments to work together in a coordinated fashion to promote adequate breastfeeding practices.

Remembering the Icons

Dato Anwar Fazal and Margaret Kyenkya's made a presentation on the past icons of breastfeeding promotion and what they all left behind as a memorial legacy. Those who were honoured included Andy Chatley, Michael Latham, Chris Mulford, Gandhi Vi Demanya, Viola Lennon, Natividad Clavano and David Morley

The First Session

There were three plenary presentations and intensive discussion that followed was so useful in development of the declaration of the World Breastfeeding Conference 2012.

The first plenary (P1) on the theme **Babies Need Mom Made not Man Made** began with the release of the IBFAN Asia publication, **"Marketing Offenders"**, a compilation of inappropriate promotion of baby foods



Anuradha Gupta, Felicity Savage King, Arun Gupta, Francesco Branca & Nicholas Alipui during first plenary session



Release of book “Marketing Offenders” by Arun Gupta, Francesco Branca, Felicity Savage King, Anuradha Gupta & Nicholas Alipui

and milks from around the world. The challenges put forward by industry undermining breastfeeding and home made complementary foods for children was the reason for this tag line. Providing an overview on the dangers of manmade foods and its long term negative impact on health and nutrition, Dr. Arun

Gupta, IBFAN Asia's Regional Coordinator, and chair of the World Breastfeeding Conference set the tone for the participants to take forward the fight against industry's malpractices that undermine breastfeeding. The need to bring back the focus on Mother Nature and evidence-based correct food for infants was emphasized along with the need to take this campaign forward globally and nationally.



Dr. Francesco Branca, Director, Nutrition, WHO HQ presented the global strategy for infant and young child feeding in the second plenary (P2) on **How to enhance breastfeeding rates globally (Implementing the WHO/UNICEF's Global Strategy for Infant and Young Child Feeding)**. Guidance on implementation of the Global Strategy for Infant and Young Child Feeding, why and how to improve IYCF rates and share targets on exclusive breastfeeding for the first six months in the WHO Plan on Nutrition 2012-2025 was shared. Strengthening support in three key areas through the health system, in the community and in difficult situations would be high priority actions during implementation, he said. Dr Branca explained how following 5 actions (The Pancha Sila) could help achieve the goals of 2025 to increase exclusive breastfeeding rates in the first 6 months up to 50%. Five actions suggested by him were to improve

hospital environment through baby friendly hospital initiative and linking it to women in community, provision of one to one counselling at critical moments, monitoring the International Code of Marketing of Breastmilk Substitutes (Code) and publishing it, maternity leave and other benefits and finally mainstreaming breastfeeding protection promotion and support in national regulations, policy and programmes. He shared an example of Brazil and some more countries, if they scored high on policy and programmes together it is possible to increase breastfeeding rates.

Strong NGO and Civil Society mobilization would be one of the energizing factors stated Dr. Nicholas Alipui, Director of Programmes, UNICEF HQ in his presentation on **Breastfeeding on the Worldwide Agenda: Successes, Challenges and the Way Forward** during the third plenary (P3). He pointed out that in 27 countries exclusive breastfeeding has increased by >20 percentage points, and in around 60% of the 90 developing countries with trend data, exclusive breastfeeding rates are rising. But seven of ten large development countries have not increased their breastfeeding rates and these bring down the global rates. One of the reasons for this is suboptimal implementation of interventions. He called it to be an “Orphan issue” not grounded in a cohesive advocacy community. There are many bottle necks though these can be overcome through ‘Doing all of the right things’ (*comprehensive, evidence-based package of*

interventions, based on assessment of needs and situation), in the right way (applying best practices, using effective strategies, providing appropriate training & supervision, overcoming bottlenecks) at all levels (national, health system, community, communication) for everyone (national scale and ensuring equity) all the time (sustained, ongoing implementation, fully institutionalized).

Second Session

The World Breastfeeding Trends Initiative (WBTi) Gaps, Recommendations and Lessons

This session was devoted to the lessons learnt from the World Breastfeeding Trends Initiative (WBTi) from different regions. After the plenary people participated in regional groups to think and discuss on how best to bridge the gaps and agreed on set of recommendations. (Outputs of the group work is presented later)

In the fourth plenary (P4), Dr. Joyce Chanetsa Regional Coordinator IBFAN Africa, Dr. Marcos Arana, Director, Centre for Education on Economic, Social and Cultural Rights, Mexico, and Dr. J.P. Dadhich, National Coordinator of BPNI, India, presented the **impact of the World Breastfeeding Trends Initiative (WBTi) assessments in the regions of Africa, the Latin American Countries (LAC) and Asia**, emphasizing the importance of having every country in every region do a periodic assessment to track progress on the global



Joyce Chanetsa (Speaker), MA Mannan, Marcos Arana and JP Dadhich on the dias during fourth plenary

strategy for infant and young child feeding. The presentations also showed how the assessments motivated the governments to take notice and act upon the recommendations to fill the gaps. The assessment on IYCF as completed in 2012, and the main gaps and recommendations emerging from it showed that the following gaps were common across the countries assessed: lack of budgets for implementing policy and programmes; lack of inter-sectoral coordination, which leads to ad-hoc actions; inadequate attention in health facilities, like on BFHI; weak implementation of the International Code; women in the unorganized and informal sector are neglected on maternity protection; health workers are inadequately trained in implementation of the International Code; community outreach of support to women to practice optimal IYCF is highly inadequate; women lack full information support on IYCF; HIV and Infant Feeding is not integrated in IYCF policies and programmes; Infant Feeding during Emergencies in their disaster policies or programmes are almost non-existent; and weak monitoring and evaluation.

Third Session

The fifth plenary (P5) was about successful experiences in **Developing National Policy and Programme Support**. A commonality was the need for a unique legislation for both maternity protection and implementing the International Code, a unique policy, especially for hospitals or the Baby Friendly Hospital Initiative and strong consistent communication. Dr. Shreeranjana, Jt. Secretary, Ministry of Women and Child Development in India informed how IYCF was built into the 12th Five-year Plan including a cash transfer scheme for all women as maternity benefit through the 'Indira Gandhi Matritva Sahyog Yojna' (The Maternity Benefit Scheme). Brazil's Prof. Maria Lourdes Magalhaes, Ministry of Health, reported on how they developed their health system strategy and other actions legislative and policy-related action was taken along with training human resources in counselling for breastfeeding and IYCF, creation of breastfeeding support rooms for working women, and monitoring activities were undertaken concurrently, leading to increase rates of optimal IYCF practices. Dr. Anne Baerug of the National Centre for Lactation explained how Norway established a National



Narimah Awin and Shreeranjana during plenary session



Anne Baerug, Homayoun Ludin and Joel Conkle during third plenary session

Resource Centre for Breastfeeding; breastfeeding support at health system, work/care systems; and improved parental leave in the country to mothers and also for fathers, all of which resulted in increased rates of breastfeeding. Dr. Homayoun Ludin, National IYCF and Maternal Nutrition Consultant, Ministry of Public Health told how Afghanistan established its policy framework on IYCF; capacity building of health care providers; and is enacting national legislation to protect breastfeeding. Mr. Joel Conkle presented a paper explain how Cambodia successfully established early initiation and exclusive breastfeeding through a multi pronged strategy including counselling by well trained workers and achieved results quite early. The strategy was based on coordinated action on the policy and legislative front, in health facilities and the community, with a very strong mass media component including multiple exposures to consistent sustained and intense messaging that successfully changed traditional infant feeding practices. This session was a unique one that led to an understanding of the need to have a coordinated approach vs. ad-hoc,



Vinod Paul (Speaker), Elizabet Helsing, Xaviera Alondra Cabada Barron, Urban Jonsson & Joan Younger Meek on the dias during fourth plenary session

comprehensively implemented policy and programme in all areas that require attention, and giving priority to action on breastfeeding in resource allocation.

Fourth Session

The sixth plenary (P6) on 8th December on third day of conference saw Dr. Urban Jonsson, Executive Director, The Owls, Tanzania, presenting on **Underlying Determinants of Child Malnutrition - Both Under and Over** to help the audience understand how to differentiate risk factors and causes; and an examination of how far the current initiatives to reduce child malnutrition address these determinants. It also provided an overview of the concept of causality analysis and the Triple A approach. Food, Health and Care must each be treated as necessary but not sufficient conditions for good child nutrition. However, it appears that very few agencies working on child nutrition have understood the meaning and importance of this relationship and incorporate the same in their programmes. Dr. Jonsson stressed on the need for adopting the Human Rights approach in dealing with malnutrition.

In the seventh plenary (P7), Dr. Vinod Paul, Professor and Head of the Dept. of Paediatrics, All India Institute of Medical Sciences (AIIMS), Delhi, India presented on **The evidence on breastfeeding for child survival and how to enhance breastfeeding rates**. He reiterated that breastfeeding stands out as the key child survival

intervention as well as nutrition intervention amongst all interventions especially for the vulnerable low birth weight babies. Babies who are not breastfed face five times the risk of being overweight. He stressed the need for having a comprehensive breastfeeding policy, of embedding breastfeeding in the health services as well as in the community and of periodic monitoring, and placed counselling, both individual and group counselling, at the centre of any and all success in enhancing breastfeeding rates. The challenge is to embed counselling skills in the health system. He shared experiences on the successful use of the counselling skills in AIIMS, the district of Lalitpur in India with a population larger than some countries, and in Bolivia, Ghana and Madagascar. He concluded that it is possible to make a difference at scale, and that this requires an adequate budget and adequate human resources. Dr. Paul stressed the need to pay special attention to low birth weight babies.

In the eighth plenary (P8) on Infant Feeding and Obesity, a prime interest in today's scenario where the industry is using every trick in the book to influence government policies, Dr. Joan Meek, President of the Florida Breastfeeding Coalition, and Fellow of the American Academy of Paediatrics shared the science and evidence on the subject. One of the key measures that the American Academy of Paediatrics has managed to influence is of ensuring exclusive breastfeeding, including feeding babies with breastmilk even at neonatal intensive care units,

calling it a public health issue and not a lifestyle choice. Studies have shown that obesity is 24% less with any breastfeeding. According to the National Health and Nutrition Examination Survey, 31.9% of children and adolescents are overweight and almost 17% are obese in the USA. Breastfeeding for over 12 months offers the greatest protection against becoming overweight. Behavioural, hormonal and nutritional seem to play a role in explaining the inverse association between breastfeeding and childhood overweight and obesity. Breastfeeding is a modifiable risk factor in overweight and it is also the most cost-effective modifier. The American government has included breastfeeding counselling and support in health insurance - a welcome step in a country that is weak on maternity benefits.

Fifth Session

Babies Need Mom-Made Not Man-Made!

In the ninth plenary (P9), media professionals provided insight and clarified the underlying concept of Babies Need Mom-made Not Man-Made in the session **Developing national campaigns on Babies Need Mom-Made Not Man-Made!**. They provided guidance on developing national campaigns with ideas to adapt,



Nirmala Selvam, Rahul Dev, Abhiroopa & Naren Kaimal during fifth plenary session

translate and use media appropriately. From making use of professionals in the field the team shared processes of development of campaigns. Rahul Dev, a senior journalist and language activist, who chaired the session, gave a stimulating note to involve media to act in public interest for the whole society promising linkages in this venture.

Sixth Session

Overcoming Barriers to optimal IYCF was the subject of the tenth plenary (P10) panel discussion on the third day of the conference. The discussion on **Legislative measures on Maternity Entitlements** was taken forward by Elaine Petitat-Cote of Geneva Infant Feeding Association, who informed that a maternity





Raj Anand, Patti Rundall & Cecile Knai during sixth plenary session

protection package should include seven points as many women as possible should be covered under the package; maternity leave, for as long as is necessary for exclusive breastfeeding; the leave should be paid for in full; there should be health protection at the work place both during pregnancy and during the period of breastfeeding; job security should be ensured; there should be non-discrimination at the work place; women should be entitled to paid breastfeeding breaks; and finally, there should be

breastfeeding facilities, including crèches, at the work place.

Patti Rundall, Policy Director, Baby Milk Action, spoke on **Code implementation - protecting health policy setting**. Emphasizing that the International Code sets the minimum standards that all countries are required to implement, she explained how companies like Nestle attempt to bypass the Code and national legislation in countries. The industry creates new markets by baffling with science, creating fears that foods lack essential nutrients, and attempting to build trust through claiming a history of safe use. IBFAN's monitoring of the Code is extremely important. This is particularly important where conflict of interest is at the heart of policy decision-making.

Cecile Knai, Lecturer in European Health Policy in the faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine spoke on **Avoiding Conflicts of Interests in Health and Nutrition**. The importance and need for conducting a risk analysis was underlined and tips on how to go about that were shared. A very impressive collection of evidence on how industry flouts the Code was shared making it very explicit to the audience that there is a strong and urgent need to examine policies, policy making groups/committees and the implementation of the Code.

Very lively discussion followed this session and groups from all over the world seemed to agree with much





needed support to women at policy level as well as keeping the policy absolutely free from conflict of interests.

Seventh Session

In the last plenary of the conference (P11), Dr. Arun Gupta and Radha Holla presented on **What would it cost to universalize breastfeeding interventions**, and provided examples and guidance on how to build implementation of the Global Strategy for Infant and Young Child Feeding as a key priority in the future agenda of child health and survival; create budget lines for implementing the Global Strategy commensurate with the need and how to dedicate specific budgets and create budget lines to address breastfeeding and IYCF interventions under child

health or nutrition programming. A copy of the document, which is work in progress, was shared for comments from participants. What will it cost to develop and implement policy and programmes, estimation was presented to the participants. While people did agree in principle about dedicated resources required, a tool to assess budgets was a felt need. The financial tool is under development and would be finalised in 2013. This work was also presented to a special session, Meeting with Development Partners.

The website of the World Breastfeeding Conference 2012 , <http://www.worldbreastfeedingconference.org/home> provides copy of conference presentations for those who are interested.



Special Session

What if Would Cost to Scale-up Breastfeeding Interventions? A Meeting with Development Partners



Arun Gupta, Urban Jonsson & Marta Trejos

The special session Meeting with Development Partners was organized on 8th December 2012, as part of the World Breastfeeding Conference 2012.

Objective

The objective of the session was to share with the participants, including the donor community, an estimation of the costs of scaling up breastfeeding/infant and young child feeding interventions, and the strategic plans of gBICS, over the next 10 years to meet the goal of such scaling up.

Participants

The session was attended by delegates from Afghanistan, Australia, Bangladesh, Burkina Faso, Cameroon, Egypt, Eritrea, Finland, Ghana, Kenya, Korea, Malaysia, Mauritius, Nepal, New Zealand, Nicaragua, Sudan, Swaziland, Sweden, Switzerland, Tanzania, and Uganda. Among those present, were representatives of several governments including Kenya and Sudan. Dr Shreerajan, Joint Secretary Ministry of Women and Child Development represented government of India. Other global experts

and development partners included Dr. Francesco Branca, Director of Nutrition for Health and Development, World Health Organisation, Geneva; Dr. Nune Mangasaryan, Senior Nutrition Advisor (Infant and Young Child Nutrition), UNICEF Headquarters, New York; Ms. Ellen Muehlhoff, Food and Agriculture Organisation, Rome; representatives from UNICEF Eritrea and UNICEF Nicaragua, Mr. Billy Stewart of DFID India, Ms. Ashi Kathuria of World Bank-India, Dr. Sanjay Kapoor of USAID-India and Mr. Carl-Gustaf Gutberg, who represented Sida. Representatives of civil society organizations and professional and academic bodies such as the South Asia Infant Feeding Research Network (SAIFRN) also took part.

Presentations and discussions

The special session was chaired by Dr. Urban Jonsson, ex-senior Advisor, Nutrition at UNICEF and currently Executive Director of The Owls, an international consultancy company based in Tanzania, specializing in Human Rights and Development. The session opened with a presentation by Dr. Arun Gupta on why special focus is needed on breastfeeding and infant and young child feeding if global child survival goals and



Delegates from different countries and development partners

reduction in malnutrition have to be achieved. Optimal IYCF, especially exclusive breastfeeding for the first six months and continued breastfeeding for at least two years, is the single biggest contributor to child survival. Dr. Gupta highlighted the lack of policies and guidelines on IYCF in many countries as revealed by the national assessments of policies and programmes conducted by 51 countries as part of the World Breastfeeding Trends Initiative. The assessments revealed particularly the lack of a specific budget for promoting, protecting and supporting optimal infant and young child feeding practices. There is little support to breastfeed optimally for women working in the unorganized sector in the form of maternity benefits as well as during disasters and emergencies. While the International Code for Marketing of Breastmilk Substitutes has been in place for over three decades, it is not being strictly enforced in most countries, many of which have not yet translated it into national legislation.

The next part of the presentation, explained by Radha Holla, focused on the costs of scaling up breastfeeding/IYCF interventions to meet the target set by the UN Secretary General's Global Strategy for Women and Child Health. One of the targets set by the WHO's 'Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition' is to

increase exclusive breastfeeding rates in the first six months of life to at least 50%. Essential interventions included in the estimation included development of policies, guidelines and legislation based on the International Code and maternity protection, promotion of breastfeeding through one-to-one counselling and use of mass media, support to breastfeeding through maternity protection, and protection of breastfeeding through strict implementation of the International Code/national legislation. An imperative is that all the interventions are implemented concurrently. The costs were based on actual expenditures incurred by countries on these interventions, except for maternity protection, and extrapolated to all countries. In the case of maternity protection, the presenters sought a universal payment of US\$ 2.00 per day for 180 days for all women living below the poverty line. Global as well as regional estimates were presented, in the document entitled: Scaling Up Breastfeeding/Infant and Young Child Interventions: What Will It Cost? The presentation highlighted the need for creating special budget heads both by governments and donor agencies to effectively raise rates of optimal IYCF. The draft global estimate of essential expenditure over five years, inclusive of maternity protection to women living below the poverty line, was US\$ 67,355.34 million,

while without maternity protection costs, it came to US\$ 3994.12 million. IBFAN Asia team will be developing a financial tool to help countries estimate more locally what they would need to spend, based on their special requirements, staff salaries, etc.

Marta Trejos, regional coordinator of IBFAN LAC region and managing the global coordinating office for the gBICS project with Norad, concluded the presentation explaining gBICS' strategic plan for transforming policies into action. These actions include supporting governments and the mother-baby dyad through its specialized program action areas:

- Building comprehensive IYCF national policies and programmes and monitoring and evaluating their implementation using the WBTi to accelerate national processes,
- Strengthening legislation on International Code of Marketing of Breastmilk Substitutes (Code), Codex and maternity rights,
- Improving corporate accountability and safeguarding of public interest - democratisation of global public health and nutrition,
- Creating supportive environments for mothers, children and women's health, and
- Encouraging optimal infant and young child feeding practices in difficult circumstances including emergencies and HIV.

This would be done through building national capacity, production of global reports, advocating for annual WHA resolutions, UN policies and Codex Alimentarius Committees agreements that support nations to restrict marketing of baby foods and commercial influence in the development agendas and decision-making processes, and celebrations of the World Breastfeeding Week. gBICS estimates that it would require a budget of US\$ 3 million over the next 10 years to achieve these ends through facilitation and stimulation of national actions where IBFAN and WABA would act as catalysts.

Presentations were followed by discussion. The participants unanimously agreed that the allocation of a specific budget line for IYCF should be promoted during the preparation of national health budgets. The representative from DFID, Mr. Billy Stewart, felt that the exercise presented was good, especially for donors and countries because it helps identify the essential packages for interventions; provides an estimate for possible implementation; can help tracking/monitoring of aid is used by the donor countries and helps countries and donors track progress in meeting goals. Reiterating these points, the representative from the World Bank added that the exercise should help put nutrition high on the agenda; she however cautioned that it is important to look also at the Cross-Agency Budget (different ministries may have a stake in the intervention, so resources may come from their budgets too). Dr. Branca from WHO said that synergies should be considered as well as shared costs; the UNICEF representative highlighted the need to have a tailor-fitted approach that is contextualized. The FAO representative cautioned that access to food should be a component of the programme.

Conclusions

In his concluding remarks, Dr. Jonsson stressed that while it is not yet known how much money is needed, it is clear that all governments, multilateral organizations and donor agencies include a specific budget line for improving breastfeeding rates. The participants endorsed the exercise of attempting to estimate the costs of scaling up breastfeeding/IYCF interventions and unanimously agreed that the exercise needs to be carried forward. Such estimation is essential for both countries to successfully plan and implement policies to improve optimal infant feeding practices, as well as for donor agencies to track where their investments in nutrition are actually being used.

Interactive Sessions



Marina Rea, Elisabeth Kylberg, Iqbal Kabir, Helen Armstrong, MMA Faridi & KP Kushwaha during the interactive session

There were six interactive sessions covering all aspects of how to improve IYCF practices and strengthen the Code.

Interactive session 1

The first interactive session (IS 1), **How to assess national policies and programmes** started with a presentation by Dr Francesco Branca, WHO about 'Why conduct assessment' and concluded that assessments induce accountability in the system apart from fulfilling the following functions: (i) determine progress and gains in the implementation of the Code, (ii) validate strategies that are effective and appropriate for specific country context, (iii) identify common issues, problems and challenges ahead and (iv) identify factors that facilitate or hinder the implementation. After this IBFAN Asia team took the audience through the process of conducting the WBTi assessment, including an oversight into the web portal, and finally, Fiji talked about the impact of conducting the assessment, which included identifying gaps in policy and programmes and developing consensus based recommendations to bridge these gaps. This was followed by an interactive discussion

between the faculty and the audience. Participants from countries where WBTi assessment is yet to be introduced expressed their desire to undertake the process. Participants showered all praise for the WBTi as a benchmarking and action oriented work, recommending each country to take on this exercise and study its trends over the years.

Interactive session 2

The session on Universalizing **skilled counselling services** and building capacities was designed to share examples of universalizing training of skill counselling and to strategize how to universalize skill training, integration in the health systems both at facility and family level, including making resources available. India shared the Lalitpur model, where mother support groups in a population of over one million has led to improved breastfeeding and complementary feeding practices. The model is based on intensive training in counselling skills for family level workers. Bangladesh shared experiences of peer counselling, and how it can be very effective if the counselling is done by people of the same community and includes counselling of the influential persons in the family.

Sweden shared how process-oriented training in breastfeeding alters attitudes to breastfeeding in health professionals, making them more breastfeeding friendly. Mothers who met midwives and nurses who had undergone the process-oriented training experienced a more safe relation with her child. Brazil integrates training with all other policies and programmes that impact breastfeeding in a well - enmeshed gear model, leading to successful increase in rates of exclusive breastfeeding. The session provided recommendations to work towards a comprehensive and coordinated policy environment with a focus on workers counselling skills in the health care system

Interactive session 3

The session, **Ensuring maternity protection at the national level** was a “hands on” exercise, combining with technical explanations and participant contributions. After examining more generally what is meant by maternity protection and what are the direct links with breastfeeding as well as the human rights and gender perspectives, the main elements of strong legislation were studied in detail using the ILO Convention No 183 (2000) as the basis. National laws were compared with the global standards and provisions breastfeeding advocates should be

defending were identified. The group recommended at least six months maternity protection for all women.

Interactive session 4

In the session on **Strengthening Code implementation at national level**, Fiji shared the scope of their law; UNICEF talked of strengthening the Code implementation at national level while Kenya shared the challenges they faced in Code implementation. Vietnam shared its experience in advocacy and how it led to string Code in place. India shared the need to enforce national regulations and that it could be done; and the International Code Documentation Centre in Malaysia shared the findings of recent monitoring of the implementation of the Code. The group witnessed several violations of the International Code of Marketing of Breastmilk Substitutes (Code) and national legislations throughout the session. Discussions led to recommendations that all countries should enforce the World Health Assembly resolutions with a sense of urgency through enactment and or strengthening of national laws.

Interactive session 5

The session on how countries made significant improvements in breastfeeding saw the sharing of experiences from different countries. India shared that





Nune Mangasaryan (Speaker), Ekhlaur Rahman, Gayatri Singh, Rafael Rodezno & Ajay Khera on the dias during the interactive session

it was possible to move away from a vertical approach to an integrated central approach and identified several opportunities such as increased investments in the National Rural Health Mission, and the selection of 850,000 health activists, as well as the development of new Operational Guidelines for IYCF. The six-country review of Bangladesh, Benin, the Philippines, Sri Lanka, Uganda, and Uzbekistan highlighted the need for a comprehensive IYCF national strategy and strong links across all levels. Components of a National Plan of Action for IYCF should, at the policy level, include National Nutrition and IYCF policy, National Code of Marketing of Breastmilk Substitutes, legislation to protect the breastfeeding rights of working women, education systems, use of the Convention of the Rights of the Child as a legal instrument to protect, promote, and support IYCF, and finally, maternity standards/norms (BFHI). At the health services level, it should include strengthening the capacity of health systems and services to support appropriate IYCF, National cadres expertise in IYCF, pre-service education curricula, health centre protocols and

capacity building, and BFHI sustainability. The group felt that way forward is for a country's to bring the issue to a higher priority and implement policy and programmes in all sectors to ensure protection, promotion and support.

Interactive Session 6

The session talked about **supporting supervision to community level and surveillance and reporting**. At the community level, it includes gaining political commitment and support, engaging the community, working with community health workers and other volunteers responsible for promoting health and nutrition interventions, time commitment, incentives, supporting supervision and training community health workers and other volunteers. Effective communication and advocacy cuts across all levels.

Each session provided considerable knowledge in the aforementioned areas. The detailed presentations can be accessed through the links on the WBC website <http://www.worldbreastfeedingconference.org>

Panel Discussions



Ajay Kumar (Speaker), Velvet Escario-Roxas, Alessandro Iellamo, Mike Brady, Innes Fernandez & Kim JaiOk on the dias during panel discussion

There were six panel discussions that were very informative and provided people with opportunities to share, question and learn from other experiences. All these discussions showed common concerns faced across the world including industry's aggressive methods to market their products undermining breastfeeding, mainstreaming breastfeeding interventions, promotion of breastfeeding in hospitals, ensuring corporate accountability, preventing and treating malnutrition with local foods and human milk banking.

Fiji, Hong Kong, Indonesia, UAE, the Ukraine and Thailand presented examples of inappropriate promotion of baby foods in the discussion on **What is “appropriate” and “inappropriate” promotion of baby foods**. Examples of inappropriate promotion ranged from advertising in books, magazines, billboards, distribution of leaflets, free samples, holding special meetings for parents, and internet promotions, seminars for health workers including web-based seminars, and using front organizations such as research institutions and NGOs set up by baby food manufacturers for getting close to health workers and health professionals. The participants felt that all

promotions of baby milks and foods for infants and young children were inappropriate and should not be allowed.

Lao PDR, Afghanistan and Sudan shared experiences of mainstreaming breastfeeding interventions and increasing the EBF rates in the session **Mainstreaming breastfeeding interventions in LDC countries and financial needs**. Lao PDR suggested that a resource base could be built by integrating IYCF in MNCH services. Sudan recommended capacity building and integrated system approach, BFHI strengthening and expansion, promoting access to a minimum package of services including community services, empowerment of midwives and nurses, and the involvement of international agencies & NGOs.

Brazil, USA and Bangladesh shared experiences on **Hospital practices to protect, promote and support breastfeeding**. In Brazil, hospitals start promoting breastfeeding during prenatal visits, arrange courses for pregnant women and for women before being discharged after giving birth, activities for helping women with pre-term babies, activities for children in schools and on holidays, and with giving women assistance in rooming in and advice on lactation

management when women find breastfeeding difficult, including giving pasteurized breastmilk that has been donated in neonatal units. In Bangladesh, the 20-hour BFHI training includes techniques and difficulties of breastfeeding and hospital practices. All the medical colleges and some of the big non-government hospitals were included at first level of training and certification, followed by district hospital and some city clinics, then Upazila health complexes and Mother and Child Welfare Centre (MCWC) are in the process of being trained and certified as well as private hospitals. Today, out of 600 maternity services facilities 499 are Baby Friendly; about 14000 health care providers have been trained and bottle-feeding rate in hospitals is now low. The group recommended to health systems for adopting a universal approach to provide a standard of care based on ten steps to successful breastfeeding. It should include good and skilled training for health workers and specially appointed infant and young child feeding counsellors in the health facility.

India, Indonesia, the UK and the Philippines shared their experiences with **Holding corporations accountable**. India shared the experience of taking Nestle to court for violating the Indian IMS Act. Though 17 years have passed, the trial is yet to begin. The situation in Indonesia is complex, with a lot of license being given to formula companies to assist the health facilities and health professionals in conducting training, research and development, and scientific

conventions, and giving gifts. Going beyond the law, such as promoting or giving infant formula, conducting door-to-door sales or giving samples, invites administrative sanctions. Government regulations allow promotion of baby milks and foods for children over one year of age. It is important that corporations are held accountable at their principal place of business / headquarters / parent company for violations conducted by subsidiaries in other countries. The Nestle Boycott, currently being run by Baby Milk Action, UK, was started in 1977 and was instrumental in the adoption of the International Code. The boycott has been officially launched by groups in 20 countries and is supported in many more. Organisations and prominent individuals have given public support to the boycott, making Nestle the most boycotted corporation in the world. The boycott helps to stop some of the violations, though Nestle continues to violate the Code in many ways throughout the world. Danone is another major violator of the Code. Nestle Boycott provided invaluable support to Philippines in its fight to implement the Code through national legislation.

In the session **Preventing and managing child undernutrition using local foods and diets**, Indonesia, Bangladesh shared their experiences on using local foods for complementary feeding to deal with child undernutrition. Indonesia has been carrying out several studies on the use of different local foods such as soybean, pumpkin, catfish powder, eggs in



Ateca Kama (Speaker), Francesco Branca, Farahdibha Tenrilemba & Yupayong Hangchaovanich on the dias during panel discussion



malnutrition to see their effects. These foods are used to make local porridge. Bangladesh uses rice and protein-based foods -rice pudding, rice with dhal (lentil), rice with dhal and pumpkin, rice with meat or fish, etc. and wheat-based 'halwa' (porridge) to bring children out of malnutrition successfully. An important aspect of the treatment protocol is the follow up visits by health workers and intensive nutrition counselling when the child is being treated in the home. Studies have shown that nutrition education with or without supplementary feeding improves the nutritional status of moderately malnourished children in Bangladesh. FAO's focus has been on increasing dietary diversity in terms of using legumes, vegetables and fruits for complementary feeding in Afghanistan, Cambodia and Malawi. The organization recommends the use of fish/meat, legumes and vegetables and thick consistency of porridge for infants and young children to prevent malnutrition. Foods from each food group should be given to them. Group discussions are an important part of the effort to prevent malnutrition. The session concluded with a Bangladesh presentation of why civil society is against the use of commercial

ready-to-use therapeutic foods, and why they say no to it. The group recommended a sustainable approach for timely and appropriate complementary feeding with use of local and indigenous foods after six months along with continued breastfeeding.

Speakers from Brazil, the World Human Milk Network and India presented experiences of **human milk banking and strategy to address feeding of premature and LBW babies**. Human milk banking can be explained as specialized service responsible for the screening, collection, processing, storage, control of quality and distribution of donated human milk and responsible for the promotion, protection and support of breastfeeding. The first phase of human milk banking in Brazil started in 1943 in Rio de Janeiro, modelled on the French model; human milk was collected and distributed for preterm babies, nutritional disorders and allergies. The 2nd phase, which started in 1985, saw a spurt of growth with the number of banks increasing from 12 in 1985 to 104 in 1998, when the project of National Network of HMB was launched. In 2003, October 1 was established as the national Day of Human Milk Donation. In 2005, at

the 2nd International Conference, the Latin American Network of HMBs was established. In 2011, 188,602 babies had received donated human milk and 1,925,414 women had received breastfeeding assistance. Hallmark of Brazil programme is its linkage and integration within a larger national strategy to protect and promote breastfeeding. The human milk banking experience of a medical college in Mumbai, India began with the need to cut down infant mortality by trying to give human breastmilk to all newborns born in the hospital. The donor population

were mothers in the post- natal care ward, who had breastmilk in excess to their own babies' needs. They were screened for health and good nutritional status, tuberculosis or other infectious diseases, HIV, VDRL, Hep B etc and were willing to donate. The milk was pooled, processed, refrigerated and transferred to the bank and used on a "first in first out" basis. The experience showed that breastmilk bank is a feasible project in India. Participants felt that it could be a national strategy for the health ministry.

Technical Sessions

There were 17 technical sessions in all covering an impressive range of topics. Each presentation had lasting impression on participants sharing a wide range of experience from around the world.

TS1: Risk of formula feeding

Four speakers presented information on the risks of formula feeding covering the consequences of contamination in infant formula; the bacterial contamination of infant feeding bottles; the history of infant formula; and the evidence on dangers of formula feeding. These provided valuable information to strengthen the fight against use of infant formula as well as the feeding-bottle.

Speakers presented information on the Risk of formula feeding. Speaker from Bangladesh shared the history of Infant and young child feeding practices. He highlighted in his presentation that even Bible recognizes that breastfeeding is the best feed for Infants. History of commercial influence had started way back in 1784 wherein a physician from England had recommended Cow's milk as an alternative to breastfeeding.

Mexico findings on the evidence on dangers of formula feeding showed that Mexico and the world is going through a profound epidemiological transition with an alarming increases of chronic diseases like obesity, diabetes and cardiovascular diseases. Sweetness like Sucrose, Glucose, Oligofructose, Maltodextrins etc. available in infant formula, increase the chronic diseases in infants. In Mexico 75% of the hospital beds are occupied by the patients with these diseases. Health System will not be able to handle the situation right now. There is urgent need to educate the mothers about the importance of breastfeeding which can reduce the above mention diseases.

A speaker from France made her presentation on consequences of contamination of Infant Formula. She shared in her presentation that powdered infant formula is not a sterile product. Bacterial pathogens and amount of chemicals, in it may cause the serious illness in newborns. It recommended that we must campaign to reduce the amount of chemicals in infant feeding products and in our environment to protect babies and mothers.

A study from India on bacterial contamination of



infant feeding bottles concluded that odds of milk culture positivity were 3.5 times higher with poor hand hygiene, 77% of the milk samples and 59% of the hand swabs were positive for one or more organisms. Coliform organisms were most common in both milk (86%) and hand swabs (39%) cultures.

TS2: Supporting breastfeeding through maternity entitlement

Bangladesh, India, Philippines, Vietnam and Sweden, all have different ways of supporting breastfeeding through maternity entitlements. There was a primary concern and need for support to women especially in the unorganized sector.

Bangladesh endorse implementation of 6 months maternity leave with full pay for garment workers and create supportive environment at workplace. The research study findings suggested universality is desirable and achievable and not be compromised by adding conditionality. Individual, socio-cultural and workplace factor interact to hinder the process of combining breastfeeding and work.

TS3: Legal issues including implementation of International Code for Breastmilk Substitutes / national legislation

Six speakers from Brazil, India, Kuwait, Vietnam, South Africa and Indonesia presented findings from research papers on various aspects of infant feeding.

Brazil's findings on the *knowledge of health professionals on the Brazilian standard Norm for Commercialization of foods for infants and toddlers* helped strengthen the demand for dissemination of knowledge and understanding of the Code and its implementation, the standards set by the country and need for health professionals to adhere to these norms.

A study on junk foods in India highlighted the fact that they are major problem across the country affecting the nutrition status of children and adults. Marketing of these junk foods can be curbed through strong legislation and concerted enforcement of regulations through monitoring and action. Schools could prohibit junk food in the school. There is need to educate public on nutritious homemade foods for the child's nutrition.

In Kuwait a study showed that the *implementation of the Code* needs strict compliance, monitoring and action on defaulters as the marketers contact mothers and health professionals directly.

In Vietnam *legislation to protect, promote and support breastfeeding* came in 2012. The Advertisement Law approved in June 2012 came with more than 90% votes to ban advertisement of formula, bottles and teats for children up to 24 months. Complementary foods for infants under 6 months are also part of the ban. The law is effective from January 2013.

South Africa shared a *9 year battle to bring in legislation to comply with the International Code*. They struggled with industry's objections and triumphed due to a proactive health minister to finally get a



Vandana Prasad during technical session



Mona AlSumaie, Misnaniarti & Alka Kuthe during technical session



Abilene Gouvea, Truong Q Hung & Dinesh Khosla during technical session

Xavier Alondra Cabada Barron during technical session

legislation that goes beyond the International Code for their country.

The Indonesian experience showed that the policy-making process is very slow and stuttering. The discussion, which began in mid November 2006 led to the legislation being enacted in March 2012. Implementation appeared to be a major issue in the country.

TS4: Research papers on various aspects of infant feeding

Speakers from Vietnam, Bangladesh and India presented their research papers.

A study on early and exclusive breastfeeding in Vietnam revealed that early breastfeeding and exclusive breastfeeding were negatively associated with caesarean delivery, hospital delivery, intention of feeding formula, perceived breastfeeding difficulties, and living in urban areas. But these practices were positively associated with knowledge and being supported by a health worker during pregnancy and after birth.

In Bangladesh a hospital study revealed that while they were successful in initiating and helping mothers to breastfeed in the hospital, they would need to have regular follow up and motivation for all cases to ensure exclusive breastfeeding.

An Indian study from Nagpur covering 321 babies aged 12 to 24 months with *cleft lip* (CL), *cleft palate* (CP) or *cleft lip and palate* (CLP) revealed that 14.6 % were exclusively breastfed with rates being better for those

with only CL. EBF was lower when there was CP and when the defect was bilateral. Institutional delivery and counselling promoted EBF.

A follow up study of children attending a lactation management clinic in Karnataka in India revealed that most mothers discontinue breastfeeding for trivial reasons. Lactation problems are common both in rural /urban areas. One OPD-based counselling followed with telephonic queries, solves lactation problems in 83% of mothers and with need based subsequent follow up the success rate could rise up to 96%.

A study to assess infant and young child feeding practice and their nutritional status in a national nutrition program area in Bangladesh looked at various practices in feeding that impact on the nutrition status and found that in the program area that the practices of feeding and adherence to hygiene were good and the prevalence of malnutrition was low.

An Indian study looking at the *role of chosen female birth attendants in implementing mother friendly hospital initiative to enhance breastfeeding rates in normal delivery* concluded that the trained female birth attendant (FBA) is not only helpful to her daughter/relative but also will become a peer counsellor when she goes back to the community. The FBA not only initiates but also facilitates continuous and sustained BF.

TS5: Hormonal control of breastfeeding

Four speakers from Bangladesh, the UAE, India and

Canada made very interesting presentations in the hormonal control of breastfeeding.

The speaker from Bangladesh concluded her very interesting presentation stating that *gut hormones contribute enormously to maternal nutrition in pregnancy and lactation*; and that breastfeeding should be promoted not just for child survival and nutrition but also for maternal nutrition.

A very interesting and graphically supported presentation revealed that routine hospital practices are unnecessary and harmful while well supported labour without medications actually works better for the woman. The speaker from the UAE concluded that a mother who has had a shorter, less exhausting, less invasive labour & birth, will be more ready and eager to bond & breastfeed her newborn. It was helpful to encourage a family centred maternity care approach by involving the father or close family member during labour and birth.

Elaborating on *Kangaroo Mother Care (KMC)* the speaker from Gujarat in India concluded that KMC satisfies all the five senses of the baby - (smell, vision, sound, touch and taste). KMC is the launch pad of long term physical and emotional well being of mom and the baby and offers the best opportunity for providing “ Mom made milk and not the man made “

Speaking on *Breastfeeding and birth control*, the speaker from Canada concluded that it may be the only method of contraception available to the woman;

She also stated that while it is not possible to eliminate the amenorrhea criterion, It may be possible to relax the full or nearly full breastfeeding criterion; and that it may be possible to extend LAM beyond 6 months postpartum.

TS6: Research papers on trends in IYCF practices

Five speakers one from Indonesia and four from India presented their research papers on trends in IYCF practices

The research on *Determinant of breastfeeding initiation within the first hour of life in Indonesia* concluded that early initiation of breastfeeding within the first hour after birth was associated with low birth weight, mothers who were accompanied by her husband when in labour, age, social economic status, education, place of delivery and the presence of birth attendant. Interestingly it also suggested incorporating breastfeeding knowledge in school curriculum

A study on *Exclusive breastfeeding practices of lactating mothers in Chennai city* (from Tamil Nadu, a State of India) revealed that while 65.3% of the subjects initiated breastfeeding and 91.3% fed colostrum only 14.7% exclusively breastfeed their infants.

A study from Aligarh in U.P. on *Breaking barriers in exclusive breastfeeding- utilizing missed opportunity*



for counselling and support, concluded that mothers need answers to their questions and solutions to their common problems like not enough milk, sore nipple and mastitis. An empathetic and skilled health worker, who is trained and has a positive attitude to build confidence in community, is the need of the hour.

Another study also from Aligarh, Uttar Pradesh on *Exclusive breastfeeding in semi-urban area* revealed that the mothers knew that EBF is beneficial for child health. However, customs and practices from family members in this semi-urban community were barriers to practicing exclusive breastfeeding. Innovative strategies should be made to break these perceived barriers.

A study on *Infant and young child feeding practices in Vadodara* (Maharashtra State of India) revealed that despite 91% of the mothers (covered in the study) are literate and 95% had more than 3 antenatal care visits including hospital delivery early initiation of breastfeeding happened in only 48% of the cases and prelacteal feeds were prevalent in 33%.

TS7: Traditional practices and cultures believes in IYCF

Five papers were presented on Traditional practices and cultural beliefs in IYCF.

A panoramic view of pre-lacteals in India revealed that 91.1% of babies (n=1380) in the two study areas (coastal regions) were given pre-lacteal feeds. This puts a question mark on the exclusive breastfeeding rates.

Insights from a focused *Ethnographic study on normative IYCF practices in rural Bangladesh* concluded that a large variety of foods are fed to young children. There is a wide range of normative ages of introduction; widespread norm of breastmilk substitutes, evidence of firmly embedded patterns of IYCF that include several undesirable traditional practices are normative in these communities (pre-lacteals, breastmilk substitutes, snacks at young ages); households with exposure to the intervention messaging have normative patterns that include program recommended foods.





Ina Verzivolli (Speaker), Patti Rundall & Mira Shiva on the dias during technical session

Breastfeeding with heart - a divine act, advocated a spiritual approach in the education on breastfeeding.

Formative research on food taboos in Timor Tengah Selatan district - East Nusa Tenggara, Indonesia concluded that traditional practices hampered optimal breastfeeding and complementary feeding practices, mothers-in-law should be target for promotion of improved breastfeeding and complementary feeding, the practice of confinement of the mother and baby can be a platform to promote breastfeeding, increase contact with health workers to improve the optimal breastfeeding and complementary feeding practices; and finding “positive deviant” families and asking them to share their personal success stories.

A study on *Exclusive breastfeeding practices in Bangladesh* reported that a lack of confidence and associations of good diet with wealth contribute to poor exclusive breastfeeding practices; Knowledge of exclusive breastfeeding benefits are high, but women lack knowledge about the physiological mechanisms of breastmilk production. They also observed that the actual practice of exclusive breastfeeding almost nonexistent, with most mothers stopping at three months and many introducing alternative foods at as early as one month. Early discontinuation was attributed to a lack of time due to household chores and the belief of mother's inability to produce sufficient breastmilk.

TS8: Understanding breastfeeding

Brazil made a colourful presentation on *How to establish a breastfeeding sympathetic society* through incorporating images of breastfeeding as part of what children see and play in their daily lives. One of the many ways they introduced this was by replacing children's dolls that have feeding bottles with dolls that have a baby suckling on its mother's breast, etc.

TS9: Conflict of interest in policy making

Three eminent persons from India, Switzerland and the UK spoke on Conflicts of interest in policy making. Concept of Conflicts of Interest (Col) and the various ways that this affects institutions' and government operations were explained in detail.

An explicit presentation with examples provided the low down on *Conflict of interests in evidence gathering and policy making*. The speaker concluded with a set of recommendations to be enforced: Public funding of the biomedical research; regulatory system for financial support and publications of research; trial registry; effective code of conduct for guidelines and policy panels; and definitive punitive action for misconduct in research and fraudulent research.

Clarifying concepts of institutional conflicts of interest, the speaker shared various examples of Col and how it has influenced public health and nutrition

programmes across the world. In conclusion the speaker presented the steps to safeguard against Col. The speaker called for international organisations and its initiatives working on IYCF (public health) to insist on disclosure of Col (individual Col) and to maintain transparency of all interactions and partnerships. There is a need to develop for sufficient public scrutiny, ethical Code of Conduct, and practical guidelines on how to assess, prevent, or manage a Col (including BINGOs (Business Interest NGOs)/PINGOs (Public Interest NGOs) distinction).

The presentation on *Conflict of Interest Coalition* served to reinforce the concepts of Col. The speaker highlighted various ways in which organisations and civil society are coming together to combat the conflict of interest menace. She concluded with the principles affirmed at the World Health Assembly - namely that the intergovernmental nature of WHO's decision-making is paramount. Norms and standards must be based on evidence and protected from influence by any form of vested interest. There is a need for consultation with all relevant parties in line with WHO's principles and guidelines. New initiatives must have clear benefits and should add value by enriching policy or increasing national capacity from a public health perspective. The existing mechanisms should take precedence over new forums, meetings or structures.

TS10: Infant feeding in emergencies- panel discussion

Four very interesting presentations on breastfeeding during emergencies provide much needed guidance to ensure babies and mothers are provided the support they require during a disaster whether man-made or natural disaster situation. A combination of both would play a dynamic role in the lives of these disaster victims.

Most of the humanitarian responses are focused on basic material needs of general population.

It is necessary to put babies at the top of the agenda in humanitarian emergencies; pay attention to care practices especially IYCF in emergency to protect child health, development and wellbeing. Malnutrition, early childhood development and survival and mental health should be addressed through a holistic approach. Promote safe mother-child friendly spaces for IYCF promotion/support. On this premise, ACF France uses the baby friendly tent model to help meet the needs of babies, their mothers and pregnant women in disaster relief measures. The Baby Friendly Tents model offers a secure place for pregnant, lactating women and children under 2 during a conflict or after a disaster. Promote IYCF practices, support the parents-infant relationship, adapt child care practices to the new context, and share with others and provide adequate psychosocial or psychological support to the





Khan S (Speaker), Shobha Shukla, Yousouf Jhungroo, Kuntal K. Saha & Anne Sigstad on the dias during technical session

caregivers and/or to the infant.

Breastfeeding is 90% psychological and 10% physical. Arugaan, Philippines, shared very insightful experience on *Ensuring appropriate infant feeding during emergencies*. As an NGO well experienced in supporting mothers to breastfeed, Arugaan shared its rich expertise and resources. Lactation counsellors, wet nurses, human milk bank and lactation massage therapists provided the much needed psychological and physical assistance needed by babies and mothers to breastfeed in emergency situations.

Indonesia shared its experience on support women to breastfeeding during emergency. During earthquakes the consumption of infant formula among the 0-6 month's babies has increased. Diarrhoea rates have increased of those children who consumed infant formula during Earthquakes. During these disasters Infant formula companies took advantages and distributed infant formula at home and health centres, local government logistic camps during disasters. During emergency situations, advocacy efforts should highlight breastfeeding as a lifesaving intervention and make available breastfeeding counsellors rather than push free formula.

Guatemala recommended that the involvement of the community, especially of women, in infant feeding and care, is a cost effective strategy that assures practices and behavioral change to percent malnutrition

TS11: Intervention to Support IYCF

Six Interventions to support IYCF were presented. The interventions used different approaches to improve IYCF. The approaches included targeting and building a strong leadership support, face to face one on one counselling support, using grandmothers, and providing space at the working place.

The *Coalition for Sustainable Nutrition Security* recommended to establish district and block level co-ordination committees; build leadership for coordination and convergence at district and block; capacity building for frontline workers on nutrition counselling and for supervisors on supportive supervision; and Introduction of additional workers at Panchayat level.

In Bangladesh an intervention on improving IYCF concluded *Face-to-face hospital based breastfeeding counselling* followed by subsequent phone counselling in the community has enhanced the impact of 1st hour breastfeeding intervention in hospital on exclusive breastfeeding. Trained birth attendants' training increased the proportion of mothers initiating breastfeeding within one hour, decreased the practice of prelacteal feeding, and increased proportions exclusively breastfeeding during the first.

Another study in Dhaka proved that *TBA training* increased the proportion of mothers initiating breastfeeding within one hour, decreased the practice

of prelacteal feeding, and increased proportions exclusively breastfeeding during the first three months of life.

In Brazil, an *Intervention using grandmothers to support adolescent mothers* found adolescent mothers were susceptible to changes related to healthier feeding practices for their babies. Multiple counselling sessions on infant feeding in the first four months postpartum for adolescent mothers and grandmothers were effective in improving breastfeeding practices, mainly when the mothers did not cohabite with their own mothers.

In the UAE a hospital proved that it is possible to start with whatever little space is available to establish and grow a *User friendly lactation clinic*. This presentation showed pictures of how the private hospital managed to graduate from a lactation counselling room started in a converted bathroom to a fully established well equipped lactation clinic.

Another study in Maharashtra and Uttar Pradesh in India showed how *Foot Soldiers play a critical role in improving breastfeeding practices*. It concluded that Investing in community health workers, who play a critical role in changing deepseated social norms and practices, will lead to sustainable change among the community.

TS12: Climate Change and Infant Feeding

There were four presentations on Climate change and infant feeding .

A simple yet dynamic presentation on the *Ecological*

footprint of formula feeding showed how eco friendly breastfeeding is and yet at risk of being totally ignored. There is need to highlight the damage that formula production causes to the ecology and use the ecological footprint to promote breastfeeding.

The presentation on the *Impact of climate change on food security* recommended research on climate change and food security in regard to breastfeeding, health issues and women and children issues; also recommends more work on research and training on protecting health for women and children from climate change.

The *Breastfeeding in a polluted environment* presentation highlighted the way formula carries harmful pollutants throughout its production and packaging cycle and how damaging the processes are for the ecology too. A list of do-s and don't-s for mothers was presented. It also recommended policy and action to be implemented at the clinic and at the public health levels.

A presentation on *How breastfeeding protects environment* concluded that breastfeeding is the most overlooked means of contributing to the health of the planet. It is waste-free renewable resource with zero carbon and zero water footprints.

TS13: Infant Feeding and HIV

Four presentations on infant feeding and HIV from around the world were made.

A study conducted in Maharashtra on *Association of infant morbidity with infant feeding practices in HIV infected women* showed that exclusively breastfed babies enjoyed far better health than the exclusively





Sailesh Gupta, Aditi Roychowdhury, Kristina Beall & Phuong Nguyen during technical session

top feed fed infants and the mixed feed fed infants.

Infant Feeding and HIV in India - from free formula to exclusive breastfeeding in the PMTCT context and the WHO SEARO presentations reiterated the use of WHO guidelines on HIV and infant feeding, and emphasized on balancing risks for HIV positive women. It recommended the use of the Guidelines on HIV and Infant feeding published in 2010, and the rapid advice guide.

IYCF policy change in South Africa presented the challenges faced and the journey from 2008 to 2012 to enact a national code on breastfeeding, strengthening the mother and baby friendly initiatives, the establishment of human milk banks and the re-engineering the primary health care centres to cater to the need for breastfeeding counselling and support.

Supporting women to practice safe infant feeding-the Kenyan experience concluded stating that there is a need to be in-touch with the current status; a need for policy, research, systems and strategies to support safe infant feeding including support to women to safely breastfeed; and a need for regular monitoring and evaluation.

TS14: Research paper on various aspects of infant feeding

Five research papers on various aspects of infant feeding were presented.

Microbiological assessment of expressed and stored breast milk of lactating mothers in Abia state, Nigeria, concluded that storage of breast milk either at room temperature (30°C) or immersed in a container of water (26°C) was not significantly different and may still be safe for up to 9hrs of storage as far as bacteriological quality is concerned.

A study on *Foods: nutrition, tradition and the price of memory* highlighted the urgent need to ensure access to food as that was the foundation to health.

Presenting on the *Role of communication in Increasing the exclusive breastfeeding rate by COMBI in Lao PDR*, the presenter concluded that multiple channels of communication and strategies effective; strong multi-sectoral partnership is needed and a need to strengthen the National Code of Marketing of Breastmilk Substitutes.

A prospective study on whether the desogestrel mini pill is safe in lactating mother was conducted in India. The study excluded women with a family history or past history of thrombo-embolism and found that the mini pill was safe and effective and had no effect on growth and development of the breastfed baby.

The presentation on *Improving safety and monitoring systems for low-tech human milk banks* reviewed the use of a mobile phone based sensing system for donor milk pasteurization. It recommended its use as a low tech pasteurization system in hospitals and community milk banks.

TS15: Large scale initiatives to improve IYCF practices

India, Guatemala and Vietnam presented their findings on Large-scale initiatives to improve IYCF practices.

Sustainable local solutions for improving early childhood nutrition through low cost locally produced supplementary food, the NGO used a traditional mix of nutritious millets and grain to prepare a product called Nutrimix. The local women in self help groups were taught how to prepare it and mothers and caregivers were taught how to prepare the porridge using that mix to treat severely malnourished children and help them improve their status.

A presentation titled *A shifting focus towards complementary feeding: behaviours and determinants of infant and young child feeding and nutrition within the context of a food security program in Huehuetenango, Guatemala*. This research shows specific problematic infant feeding practices and illustrates the need to shift programming focus in the region from breastfeeding promotion and food rations to a more comprehensive approach which follows the continuum of care through complementary feeding.

Another presentation titled *Designing rigorous evaluations for innovative and large-scale models to improve infant and young child feeding practices: Using the example from Vietnam*, stated that it is important to reflect evaluations in program theory on pathways towards impact, ensure integration in program design and implementation; include simple tools and feedback loops to ensure information is available and used by decision-makers at all levels; and use appropriate mixed methods for data gathering.

TS16: SAIFRN Workshop

There were 'several presentations at the South Asia Infant Feeding Research Network (SAIFRN) Workshop.

A study from India on *Effectiveness of cell phone counselling to improve breastfeeding indicators* shows unprecedented improvement in infant and young child feeding. Trained frontline workers can improve successful implementation of lactation counselling on the cell phone. The study concluded that personalized cell phone counselling showed an unprecedented

improvement in infant and young child feeding indicators in the Indian study population.

Association between lack of exclusive breastfeeding and diarrhoeal morbidity concluded that factors that were associated with lack of exclusive breastfeeding varied across countries; and promotion efforts should be tailored to the context.

Presentation on association between lack of exclusive breastfeeding and diarrheal morbidity concluded that mother's education and gender of the child were most significant factors for children diarrhoea. Risk of diarrhoea was higher in not exclusive breastfeeding children.

An analysis of national data sets from South Asia, revealed that the factors that were associated with lack of exclusive breastfeeding varied across countries and promotion efforts should be tailored to the context. The analysis showed that the most consistent determinants across all countries are lack of maternal education and lower household wealth. Other factors found in more than one country included limited exposure to media, inadequate antenatal care and lack of postnatal contacts.

Trends in breastfeeding indicators in 5 countries (Bangladesh, India, Nepal, Sri Lanka and Pakistan) in South Asia from 1990-2011 revealed breastfeeding practices in South Asian region are still below the expected levels recommended by WHO. The findings from the study would help public health researchers and policy makers to reflect, plan and evaluate actions to support and encourage breastfeeding in these five countries in South Asia.

A study of predominant breastfeeding in Pakistan showed a strong association with home deliveries, poorest quintile and also illiterate and uninformed mothers. Thus to improve exclusive breastfeeding rates, a single behaviour change in 'at risk' mothers is a feasible achievement. Antenatal and post natal counselling can bring the change. that there is potential to increase predominant breastfeeding rates by more than fifty percent in the country by the single behavior change of mother.

Determinants of suboptimal breastfeeding practices in Nepal, found that early initiation of breastfeeding and exclusive breastfeeding are still below WHO

recommendation of 95% coverage. The study recommended targeted interventions to improve breastfeeding practices in Nepal should focus on mothers who reside in Hill and Terai ecological zones and illiterate mothers.

Evidence to strengthen infant and young child feeding (IYCF) in nutrition and child health programmes and policies, in Sri Lanka concluded that appropriate breastfeeding and complementary feeding are among the most effective interventions to promote child health, growth and development. Progress has been made recently in defining standards for complementary feeding. However, the process of translating these standards into specific policies and programmatic actions is less well developed.

TS17: Role of media & communication in IYCF

Four countries presented their experience on the "Role of media & communication in IYCF "

Worldwide mother-to-mother breastfeeding support through the internet, the Norwegian experience showed a positive impact using various forms of media, new media technology and a tasteful way of presenting information to young mothers. They suggest a new way of thinking by use of technology

like free email, telephone service, newsletters for mothers, per counsellors and health care providers, videos blogs and face book to provide updated knowledge. There is a need to provide the package of information in a tasteful way.

Operational model of cell phone counselling- a study based in Nagpur in India shows unprecedented improvement in infant and young child feeding. Trained frontline workers can improve successful implementation of lactation counselling on the cell phone. The study concluded that personalized cell phone counselling showed an unprecedented improvement in infant and young child feeding indicators in the Indian study population.

Engaging journalists to enhance media coverage of infant and young child feeding (IYCF) practices and nutrition: Insights from media research in Bangladesh. The results of the experience support media engagement strategies for increasing coverage and improving quality of reporting on IYCF. It is also important to examine factors that constrain or favour media reporting of IYCF and nutrition issues.

The presentation on *Working with the media in Mauritius* helped the audience to understand how to make the media work for us. This was an educative session for all on working with the media.



The Group Work: Tools and strategies reviewed and refined



There were two group work sessions, and both led to a set of recommendations

In the first day group work, several countries used the World Breastfeeding Trends Initiative (WBTi) tool to assess their policies and practices pertaining to Infant and Young Child Feeding. In the process, the groups also reviewed the tool and suggested a few improvements to refine the tool.

Second group discussion took place when participants were divided into 8 groups according to their regions globally and nationally to prepare campaigns on the theme “Babies Need Mom Made Not Man Made”

Following recommendations emerged from all the 8 sessions.

Recommendations from group work 1

Southern states of India

- Use the State Breastfeeding Trends Initiative (SBTi) tool to undertake block level assessment and analysis of IYCF including the mortality and morbidity indicators
- Make IYCF counselling and skill based training mandatory and update curriculum for all health and nutrition care personnel.

- Revitalize BFHI and with periodic assessment.

Northern states of India

- Formulate uniform state policy along with appropriate budget for all sectors (organized, unorganized and private) with regular meetings of committee to assess gaps in breastfeeding and IYCF programmes.
- Strictly implement and enforce the IMS Act with regular monitoring and reporting system in place.
- Provide universal maternity, paternity and breastfeeding protection law that should be applicable for all sectors and states. (Including minimum maternity leave for 180 days and paternity for 15 days).
- Standardize the module for skill training on breastfeeding and IYCF.
- Monitor and evaluate the IYCF Indicators
- Enforce implementation of the BFHI
- Disaster management module should include infant and young child feeding.

Eastern states of India

- Issue written notification of IYCF policy, backed by funding.
- Enforce the IMS Act 1992 effectively.

Western states of India

- Implement IMS Act effectively.
- Adopt a uniform policy for protecting and supporting breastfeeding for mothers including informal and private sectors.
- Build training programmes based on breastfeeding and infant and young child feeding counselling skills
- Institutionalise regular monitoring of IYCF practices.
- Promote breastfeeding and IYCF in private health facilities with a focus on initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months

South Asia

- Ensure effective implementation of the International Code of Marketing of Breastmilk Substitutes (Code)
- Ensure availability of skilled counselling to all pregnant and lactating women
- Enact legislation on maternity protection,
- Enact legislation to make it mandatory to have a prescription for infant formula

East Asia, South East Asia, Pacific/Oceania

- Conduct and document a bottleneck analysis is required to gather specific issues regionally and locally.
- Strengthen regional breastfeeding advocacy using social media, and grow stronger links internationally between organisations targeting

consumers, men, IBCLCs and other health workers as key vehicles for this message.

Africa, Afrique and Arab World

- Revitalise BFHI all over the world.
- Reinforce community based actions regarding infant and young child feeding
- Enforce International Code of Marketing of Breastmilk Substitutes (Code) through regular monitoring, assessment and raise awareness about it.
- Launch media campaigns
- Prioritise funding for IYCF
- Strengthen co-ordination of IYCF at National level through multi-sectoral approaches
- Conduct WBTi assessment and adopt it as a routine monitoring tool to be used every 3 years.

Latin America, Europe, North America

- Take action to regulate conflicts of interest: stressing that this protects the right of all families to accurate independent information.
- Implement strong measures for the Code and resolutions, and avoiding self-regulation by companies
- Reduce influence of trade agreements on child health and nutrition well being.
- Improve the situation of working women: strengthen the maternity protection laws, workplace conditions.
- Assess the situation of BF and IYCF: implement the WBTi in industrialized countries.





- Appoint independent, coordination committee in each country
- Advocate action by government, based on evidence
- International organisations should make a call to governments to act on recommendations of the World Breastfeeding Conference 2012.

Recommendation from group work 2

Southern states of India

- Create a jingle with a catchy tune using the slogan that will go across all media to the masses.
- Include facts about supremacy of breastmilk to promote breastfeeding Normal, just right, just in time. Dynamic living fluid that changes according to the needs of the infant. Increases immunity, intelligence and emotional stability. Reduces risks of infections, malnutrition, diabetes, night blindness and obesity.
- Let every mother know that she has enough milk for her baby - more suckling makes more milk
- Increase awareness through: schools, colleges, universities, PRIs, NGOs and CBOs, BPNI, IMA, FOGSI, IAP, FNB, SOMI, NRHM

Eastern states of India

- Campaigns must be in local language using the expertise of local NGO's who have been working there.
- Campaigns must include regulation for maternity benefits

Western states of India

- Use breastfeeding ambassadors famous film stars, both men and women
- Advertise at the start of movies in cinema halls
- Get religious leaders and other well known personalities to promote breastfeeding.
- Use all days such as children's day, mother's day, father's day and religious days and holidays to promote breastfeeding

South Asia

- Campaign on babies need mom made and not man made (local translation/adaptation), breastfeeding healthier, cheaper, hygienic. Groups to be involved civil society, religious groups, education system, women, labour, media

East Asia, South East Asia, Pacific/Oceania

Following ideas emerged for campaign

- Breastfeeding - doesn't make your kids fat as an adult
- Breastfeeding - disease and allergy prevention
- Breastfeeding - ecologically and environmentally sound

Africa, Afrique and Arab World

- Appoint Breastfeeding ambassadors entertainment field, media people, sportspersons
- Use Five key facts:
 - Breastmilk protects against many diseases
 - Breastmilk contains enough water to quench the baby's thirst

- Breastmilk is always ready and available
- Breastfeeding is economical and environmental friendly
- Breastmilk is a living substance
- Use World Breastfeeding Week effectively every year
- Link with organizations like UNICEF, Save the Children, Plan International and Action against Hunger

Latin America, Europe and North America

General ideas

- Breastfeeding: you've got what it takes
- Protect breastfeeding breaks.

Europe

- Adapt 'Mum-made not man-made!'
- Change the smashing the bottle image.



Cultural Activities, Poster Presentations and Art Exhibitions

Theatre for a cause

First day evening witnessed a powerful piece of art in the form of oneact play called “I will not cry” directed and scripted by Arvind Gaur, the famous Indian theatre director, known for his work in innovative, socially and politically relevant theatre and performed by Lushin Dubey, a known Indian theatre artist.

“I will not cry” focused on the issue of increasing number of child deaths in our country. The play was an exceptional blend of banter and multimedia, highlighting the issue of child survival, with the help of satire and music excerpts. It brought alive the sad truth of millions of unnecessary deaths of children in India and hopes to evoke our collective responsibility as a nation to act together.

According to Arvind Gaur “Child deaths in India are most alarming and shocking situation. India has unofficially become the world's child death capital. Over 5,000 children die in the country every day due to totally preventable causes like diarrhoea, pneumonia and birth-related complications. Every 15 seconds, a kid is dying and over four lakh newborns die within the first 24 hours of birth every year, which is the highest anywhere in the world.”

According to Lushin Dubey “It's based upon a subject-oriented theory which touches us in our day to day lives. A large fraction of the play is set on satire, related to true case studies and also constitutes a few humorous elements”



Youth Action for Breastfeeding: WABA and Rumba LAC

WABA and Rumba LAC organized a 10-minute session **Youth Action for Breastfeeding** where a special musical track “Everybody Stand Up” was combined with pledges by youth from different countries to take the breastfeeding challenges head on. Youth groups contributed to the Conference through artistic expression for breastfeeding promotion and protection. This space complemented the scientific and epidemiological work of experts. RUMBA contributed a video with individual testimonies by WABA Youth, inviting other youth to participate in the movement. There was video presentation on celebrating 20 years of WBW and the success story of WBW from 1992-2012 by WABA (http://www.youtube.com/watch?v=1d3u9_B7yoA).

Musical parade: Reflections

WABA capitalized on the presence of breastfeeding advocates, groups and celebrants among the participants of the World Breastfeeding Conference, a special video show was organized to reflect on the previous themes, to acknowledge past efforts, and call on more people to take action on breastfeeding via this world recognized campaign. Many participants rushed to the stage to share their involvement in WBW through the years. There was also a feeling of renewed enthusiasm for future World Breastfeeding Weeks to highlight and take more action on breastfeeding issues via this vibrant campaign.



A mime act against baby food industry

The third day also saw Arugaan (Philippines) put on a mime show on child survival and how formula

companies push their products. This was an impressive act depicting how vested interests in baby food companies interfere with breastfeeding undermining children's health.



Breastfeeding support through Visual, Paint, Graphical Art

The students of the College of Art, Delhi University volunteered at the conference and created and displayed an overwhelming range of sculptures, paintings and digital posters on breastfeeding focusing

on the theme 'Babies Need Mom Made Not Man Made'. The exhibition turned out to be the ultimate platform for depicting the value of breastfeeding through art and culture. In total 14 sculptures, 25 paintings and 20 graphical posters were exhibited at the conference for all 3 days. Photographs of the exhibits are available on the conference website.



Exhibition



The Closing



Joyce Chanetsa, Hon'ble Health Minister Bangladesh Dr. AFM Ruhul Haque, Dr. Syeda Hameed, Homme Elvind, Prem Narain, Susanne Lokrantz & Dr. JP Dadhich during closing ceremony

The closing ceremony was chaired by Dr. Syeda Hameed, Member Health, Planning Commission of India. The Minister of Health, Bangladesh, Dr. A. F. M. Ruhul Haque, was Special Guest.

Dr. Arun Gupta listed the key messages from the conference, stressing the need for a budget for breastfeeding.

Ms. Joyce Chanetsa read out the final Declaration and Call for Action, which was then endorsed by all the participants.

The recommendations of group work, and the plenary sessions were incorporated into the Declaration by the working group, which comprised of over 20 persons. The draft Declaration was shared with the participants at a plenary, during the morning of day 3, and comments were invited. These comments were then incorporated into the final Declaration, which was read out and endorsed by the participants at the closing. The Declaration was handed over to the chief guest, Dr. Syeda Hameed, Member Health, Planning Commission, Government of India. The Declaration was also read out to the participants, and all of them

rose to adopt it by unanimous show of hands. (see the document on page no. 51)

The declaration is available at the website: www.worldbreastfeedingconference.org.

Dr. Syeda Hameed applauded the spirit of the conference that was evident by the alertness and enthusiasm of the participants at the end of the intense three days. She stressed that breastfeeding is a public health imperative, that it is time countries exchange good practices. Appreciating the presence of men at the conference, she said that breastfeeding is not a women's issue, it is an issue of humankind. Speaking about the 12th Plan released by the Planning Commission of India, Dr. Hameed said that women, children and nutrition have been mainstreamed into the body of the Plan to enable multisectoral strategies.

Dr. Ruhul Haque said that there is absolute evidence that exclusive breastfeeding in the first six months is the most cost effective, affordable, and realistic child survival solution which "should be treated as a basic right of every mother, every family everywhere." Bangladesh is one of the first few countries to pass the



Arun Gupta, Joyce Chanetsa, Hon'ble Health Minister of Bangladesh Dr. AFM Ruhul Haque & Dr. Syeda Hameed during closing ceremony

Breastmilk Substitutes (BMS) Law to control the marketing behaviour of the formula producing companies. "Having a strong law is not good enough; enforcement is the key" said Minister Haque. He informed that Bangladesh's Prime Minister, Sheikh Hasina, took a personal initiative to make paid maternity leave for six months for the mother for the poorer sections. Women below the poverty line are also given a maternity allowance. The Minister affirmed that he was at the Conference to "revitalize our commitment to ensuring universal exclusive breastfeeding." In the context of treating malnutrition, the Minister exhorted that "for the sake of affordability, feasibility and sustainability, nutrition solutions must come from the family pot and the family garden and not from any packet."

Mr. Eivind S. Homme, Ambassador of Norway said that the World Breastfeeding Conference had succeeded in putting breastfeeding on the global and domestic agendas. In Norway, almost 97% of women breastfeed their babies. Breastfeeding in public is considered normal, women got breastfeeding on the political agenda.

Ms. Suzanne Lokrantz, Team Coordinator for Health, Swedish International Development Cooperation Agency (Sida), urged countries to invest more in bridging the gaps found in the assessment of the Global Strategy for Infant and Young Child Feeding.

There is need for all NGOs, especially IBFAN and WABA to work together using the knowledge and information from the World Breastfeeding Conference to further be able to empower women to practice early and exclusive breastfeeding.

Shri Prem Narain, Secretary, Ministry of Women and Child Development, Government of India said there is need for an enabling environment for women so that they do not have to choose between employment and breastfeeding. There is need for a uniform law of maternity protection for the public, the private and the unorganized informal sectors. Crèches are important to breastfeeding and worksites should have them. Breastfeeding should be protected and supported as women's as well as a child's right. Funds are essential, and the Ministry has provided these funds, and is working on a uniform law for maternity protection.

Token of appreciation were presented to the BPNI/IBFAN Asia team of organisers. Student volunteers composed and sung a song on mothers milk titled "Maa".

Dr. J.P. Dadhich proposed a vote of thanks for all those who contributed to the success of the conference.

The conference provided a much needed platform for breastfeeding advocates, professional bodies in health,



nutrition and social development, governments and development and donor agencies to come together share research findings, tools and curriculum and deliberate on challenges facing child nutrition and health and to share, evaluate and promote strategies to reduce child malnutrition everywhere.

That industry is constantly devising ways to control government policy, infiltrating donor and development partners and professional bodies to push their own agenda of commercial foods is a fact that several speakers underlined in their presentations. The fight for “Babies Need Mom Made Not Man Made” now becomes even more urgent.

The World Breastfeeding Conference 2012 organiser, IBFAN promised to continue to interact closely with participants of the conference in order to build an environment country by country to protect breastfeeding. This continuity would be reflected in the second World Breastfeeding Conference 2016 to be held in Africa, which was announced by IBFAN Africa during the final plenary.

The World Breastfeeding Conference has now become an event that will happen once every four years.

Strengthened with evidence based research findings breastfeeding and home-made complementary food advocates are better equipped to lobby for transparency, to tackle conflicts of interest at policy making level, programme development level and at the implementation level, for strong legislation and implementation to protect, promote and support optimal infant and young child feeding practices. For some countries, the situation is tough as they face challenges from partnerships that drive programmes with their own agenda.

The conference has now opened a new channel for advocacy and for putting pressure on countries individually or regionally and globally. Together the networks of organizations find strength and power to make the necessary changes to improve breastfeeding rates, infant and young child feeding practices and support for lactating women and infants around the world.



COME JOIN THE FIGHT

BABIES NEED MOM-MADE NOT MAN-MADE!

WORLD BREASTFEEDING CONFERENCE 2012

LET'S PROTECT EVERY FEEDING MOTHER

6th-9th December, 2012, New Delhi, India.

CONFERENCE HOSTS & ORGANIZERS



COOPERATION WITH

Arun Gupta

Joyce Chanetsa

A F M Ruhul Haque

Syeda Hameed

Nazma Ehsan

BPNI/IBFAN Asia team with dignitaries on the dias during the closing ceremony



Ma

*Every time a baby cries, mommy knows it why
 Their sweet call for hunger, mommy sees it in their eyes
 She feeds her a dynamic fluid that soothes her child
 Holding her close to her heart with just a perfect smile*

*Its normal, it's just right, it's tender just like silk
 Bottle never does the job, there's always mommy's milk*

*Breast milk, mommy's milk, best for the child
 The only natural food, that's always, always right*

*Immunity, Intelligence, Emotional Stability
 Breast milk gives all of them with an instant availability*

*Infection, Diabetes, Night blindness, Obesity
 Breast milk fights all of them with a gentle humility
 Breast feed without supplements, for the first six months of life*

*Breast milk, mommy's milk, best for the child
 Breast milk, mommy's milk, best for the child
 Breast milk, mommy's milk right of every child*

*©Ahmed Swaleh Lyrics: Ahmed Swaleh;
 Singer: Avi Kabir Guitar: Cyrus John
 Email: devcommmusic@gmail.com*

Key Achievements of the World Breastfeeding Conference 2012

It was first of its kind of international conference on breastfeeding that brought together over 700 participants from 83 countries, including 22 least developed countries. There were 138 participants representing 49 national governments and 26 UN participants from 19 countries.

It drew global support. The Government of India, Norad, and Sida supported the World Breastfeeding Conference 2012, held in New Delhi from 6th to 9th December. The USAID, UNICEF, WHO, UK Aid and AUS Aid through the South Asian Food and Nutrition Security Initiative (SAFANSI) Trust Fund, the World Bank, Marcia Brady Tucker Foundation and Save the Children co-sponsored it.

Inaugurated by the Minister of External Affairs and Minister of Women and Child Development, Government of India, the Indian authorities made a public commitment to protect breastfeeding.

IBFAN decided to have 2nd World Breastfeeding Conference in Africa in 2016, and the IBFAN Africa announced it.

UNICEF and WHO's presence was a significant achievement. The conference facilitated open interaction among people and groups (at regional and thematic sessions), and it was a platform to discuss with UN agencies, governments, people and groups from all the world along with local people, all on an equal basis, to share their thinking, pose open questions, and demand action from policy makers.

It led to positioning IBFAN and WABA as a global leader in breastfeeding issues and assessment of national policies. It saw the launch of a report "Are Our Babies Falling Through the Gaps: The State of Policy and Programme Implementation of the Global Strategy for Infant and Young Child Feeding in 51 Countries" as the key conference document.

IBFAN and WABA captured the interest of donors with

the special meeting on costs of scaling up interventions on breastfeeding and infant and young child feeding. It brought a universal understanding to the need to have a 'budget line' for implementing the Global Strategy for Infant and Young Child Feeding/national plans on IYCF and adequate resources, and it should be promoted/advocated during the preparation of the Health Budget. A new paper, to be finalized in 2013, was introduced with comments. Participants found this a useful exercise to work further towards dedicated financial and related resources globally, regionally and locally. A tool to help take such decisions and track donor funding towards such interventions would be developed. This session was attended by representatives of UKAid, World Bank, USAID, WHO, UNICEF, FAO, and several governments from Africa, Latin America and Asia.

It led to stronger and consolidated global working groups with more people and perspective (like on contaminants and environmental, climate change, HIV, conflicts of interests). It provided a platform for exchange of ideas, sharing of information, re energizing the breastfeeding movement, and creating new partnerships.

It increased awareness in participants of the need to protect breastfeeding from commercial interests and conflicts of interests in policy and programmes. Role of the SUN initiative and concerns people have about its governance, and strategic choices were also discussed. From the need for policy, promotion strategies, what is good and bad in it, was all discussed and presented, all of it is now at the website of the conference. Like e.g. Issues like 'inappropriate promotion of baby foods', were discussed that certainly would help global policy guidance.

The WBC 2012 made critical issues around breastfeeding and infant and young child feeding move forward. Protecting breastfeeding (the Code),

assessment of implementation of Global Strategy using WBTi and supporting women to breastfeed (maternity entitlements) drew quite a bit of attention from the speakers and discussants and made to the declaration. Areas that are fundamental to achieving good nutrition, like the framework for action child malnutrition were analyzed and scientific evidence that favoured action highlighted. Apart from undernutrition that leads in developing countries, emerging obesity problems in developed countries and its underlying causes and how to deal with it also was an attraction. The conference made progress in

discussion on legal action required for protection and support. Each session resulted in a set of recommended actions, as well as call for action in a declaration, which was later adopted.

The website

www.worldbreastfeedingconference.org/home provides all of the presentations and Declaration.

People agreed to move the campaign “Babies need mom made not man made” forward. It was the tag line of campaign used for the conference, and regional discussions revealed it to be a powerful one.

Annexures

The World Breastfeeding Trends Initiative (WBTi)

The value of World Breastfeeding Trends Initiative (WBTi) is in its specific ability to generate action to enhance breastfeeding rates. In this context, the tool is now being recognised as a valid tool to study the impact of implementing the Global Strategy for Infant and Young Child Feeding, especially on exclusive breastfeeding rates. The paper by Chessa Lutter et al is a first global analysis on implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding as measured by trends in exclusive breastfeeding and breastfeeding duration over 20 years across 22 countries in Africa, Asia, Middle East and Latin America. The authors conclude that the global strategy is having important positive effect. It also shows the association between breastfeeding promotion, protection and support and improved exclusive breastfeeding (EBF) are measurable by the WBTi tool. The findings show median annual increase in EBF was 1.0%/y in countries in the upper 50th percentile of WBTi scores, indicating national policies and programs most consistent with WHO/ UNICEF recommendations, whereas the median increase in EBF was only 0.2%/y in countries with the lowest WBTi scores ($P=0.01$). The median annual increase in breastfeeding duration in all countries was $<0.1\%/y$.

The paper by Chessa Lutter et al demonstrates the benefits of implementing comprehensive strategy and compares action in Brazil wherein the median duration of breastfeeding increased from 5.2 month in 1986 to 14.0 month in 2006, whereas exclusive breastfeeding increased from 2.5 to 38.6%, to Mexico, where exclusive breastfeeding decreased by 6.6 percentage points, from 28.8% in 1987-88 to 22.3% in 2006, and breastfeeding duration only increased from 9.5 to 10.4 month over the same period. This remarkable increase in Brazil coincides with a series of policies and programs put into place during the period along with continued refinement and readjustment to strengthen breastfeeding protection.

The WBTi consists of two distinct activities, one to assess the policy and programmes of a country using the WBTi assessment tool, and the second is to use the gaps thus found for advocacy and to call for a change at the national level. The entire process is founded on the philosophy that if people know their problems they tend to fix them. The initiative works on a triple AAA approach- Assessment, Analysis and Action.

The five components of WBTi are:

- A: Action,
- B: Bringing people together,
- C: Consensus building and commitment,
- D: Demonstration of achievements and gaps, and
- E: Efficacy, improving policy and programme.

These components could be further elaborated base on the 51 countries report (<http://www.worldbreastfeedingtrends.org/report/51-country-report.pdf>)

A. Action: It is quite evident from national assessment report that the initiative did lead to much needed action at national level. IBFAN groups at national level coordinated the assessment process, and thus their own capacity in data collection and analysis got enhanced. There is sustainable action for setting up good process in a country. Assessment teams often become more stringent and quality conscious perhaps due to greater understanding of the tool, which is meant to generate action rather than just a score. This is also evident from the second and third assessment scores of the South Asian countries.

B-Bringing together: Participation of 475 partners groups including government representatives, health professional organisation, people's organisations, women's and children's rights groups, development partners, etc., enhanced their capacity to influence infant feeding policies. Governments have been

serious partner in conducting assessments in most countries. The governments led the process at many places such as Afghanistan and Bhutan. This is extremely useful that countries will rely on the views that have come from the government.

C-Consensus building: This has helped to reach a consensus on what actions need to be taken on a priority basis based on which they developed a set of recommendations. The core group, after having done the initial work, lists the gaps and shares it to build consensus.

D: Demonstration of achievement and gaps:

Countries/groups developed the reports and report cards, which were shared and used for advocacy in various meetings and called on governments to take action.

E: Efficacy/improvement of policy and programmes:

Many countries have shown good progress. Some of the impacts noted by almost all countries: the WBTi process **has increased awareness among policy makers on IYCF, generated a sense of pride among the stakeholders that they are participating in a global initiative, improved networking at the national level, and in many cases, developed a national plan of action** for implementation by the government, or for advocacy to the government. One noteworthy feature of the WBTi assessment is that it highlights the **need for taking action on several fronts concurrently,**

so as to get results. Several countries noted this, and have initiated policies and programmes in more than one area. The comparison between their scores for IYCF policies and programmes and scores for IYCF practices indicate that all the countries have improved their scores significantly over the last 8 years.

The World Health Organisation has also recognised the tool for its usefulness in one of their statements issued at the time of the World Breastfeeding Week 2012.

Today, 82 countries are involved in conducting the WBTi assessment, of which 51 have completed the task of assessment and also used the findings for national advocacy to call for change. They include 14 countries from the Latin American and Caribbean region, 14 from Africa, eight from South Asia, five from the Arab World, four each from East Asia and Southeast Asia, and two from Oceania. Of the 51 countries where WBTi analyses has been conducted between 2008 and 2012, five countries in the South Asian region Afghanistan, Bangladesh, Bhutan, India, and Sri Lanka have completed the assessment thrice, in 2005, 2008 and 2012. Two countries in the Latin American and Caribbean region Costa Rica and Dominican Republic have conducted two assessments each, one in 2008 and the other in 2012. The rest have conducted just one assessment, though some of the countries in the African region are in the process of conducting a second assessment.

Programme (Inauguration)

6th December 2012

Time	Programme	Resource Person
9.00 am	Welcome and introduction to the World Breastfeeding Conference 2012	Dr. Arun Gupta Regional Coordinator, IBFAN Asia, Chairperson gBICS/ and the World Breastfeeding Conference 2012
9.10 am	Lamp Lighting	Chief Guest, Guest of Honour and other dignitaries
9. 15 am	Address by International Baby Food Action Network (IBFAN) Regional Coordinator of Francophone Africa	Mr. Andre Nikiema
9.20 am	Address by Chairperson Emeritus World Alliance for Breastfeeding Action (WABA)	Dato Anwar Fazal
9.25 am	Address by the UNICEF Representative for India	Mr.Louis-Georges Arsenaault
9.30 am	Address by Deputy Chief of Mission Embassy of the USA , New Delhi	Mr. Donald Lu
9. 35 am	Keynote address by a stalwart IBFANer	Ms. Helen Armstrong
9. 45 am	Release of the Global 51 country Report on implementation of the Global Strategy for Infant and Young Child Feeding	
9.55 am	Address by Secretary MWCD, Government of India	Mr. Prem Narain
10.00 am	Address by the Guest of Honour	Smt Krishna Tirath Minister of State (Independent Charge), Ministry of Women and Child Development, Government of India
10.10 am	Address by the Chief Guest	Mr. Salman Khurshid, Union Minister of External Affairs, Government of India
10.20 am	Vote of Thanks by the Jt. Secretary MWCD, Government of India	Dr. Shreeranjana

Agenda

7th December 2012

Moderator for the day: Shoba Suri

Time (Hrs)	Type of Session	Subject	Objectives	Resource persons
0900-	Message	Video Message of the UN Special Rapporteur on Right to Food Mr. Olivier De Schutter		Anwar Fazal, Margaret Kyenya
0920	Homage	Homage paid to stalwarts who are not with us anymore		
0920-0930		Introduction to the Conference, Objectives and Programme		JP Dadhich IBFAN Asia, WBC2012 Organizing Secretary
0930-1030	Plenary Chairs: Felicity Savage King, WABA Ms Anuradha Gupta, MOH, Government of India	P1- Babies Need Mom-Made Not Man-Made	Why babies need Mom-made Not Man-made, challenges put forward by industry, why this tagline to bring back the focus on mother nature and evidence-based correct food for infants, and how to take forward this campaign globally and nationally (10 min)	Arun Gupta, IBFAN Asia
		P2-How to Enhance Breastfeeding Rates Globally (Implementing the WHO/ UNICEF's Global Strategy for Infant and Young Child Feeding)	To share why and how to achieve high rates of breastfeeding and IYCF practices, guidance on implementation of Global Strategy for Infant and Young Child Feeding, share targets on exclusive breastfeeding for the first six months in the WHO Plan on Nutrition 2012-2025 (20 min)	Francesco Branca, Director Nutrition, WHO HQ
		P3- Breastfeeding on the Worldwide Agenda: Successes, Challenges and the Way Forward	To inspire the audience for universalizing breastfeeding interventions and share what can be done to keep it on global agenda (20 min)	Nicholas Alipui, Director Programs UNICEF HQ
1030-1100	TEA			
1100-1130	Plenary Chair: MA Mannan, Bangladesh	P4- Global Report on Policy Assessment of Global Strategy for Infant and Young Child Feeding	To share the findings of the WBTi policy assessment on IYCF as completed in 2012, and share the main gaps and recommendations emerging from it. (15 min)	Joyce Chanetsa, IBFAN Africa
			Impact of assessment on policy and programmes (5 min each)	LAC -Marcos Arana Asia - JP Dadhich Africa - Joyce Chanetsa
1130-1300	Group Work - 4 Indian Groups, 4 Global Groups Coordination: JP Dadhich/Shoba Suri/ Nirmala Selvam	GW1- Regional Groups LAC, Africa, Asia, Arab, Europe & North America, Indian States.	Based on assessments of policy and programs of regions, the group work identifies obstacles, barriers and highlight gaps. Discuss and formulate a way forward for specific actions. Groups provide at least 2 recommendations for action/ and one key point for 'Draft Declaration' and make charts for sharing on day 3, P14: group presentations.	GW Briefing: Shoba Suri/ Nirmala Selvam
1300-1400	Lunch / Poster Walk			
1400-1600	Plenary Chair: Narimah Awin/ (WHO SEARO)	P5-Successful Experiences in Developing National Policy and Programme Support	To share development of national policy, plans of action and strategies, along with specific actions taken by countries, and key challenges being faced.	Brazil: Maria Lourdes Magalhaes, Ministry of Health (15 minutes) India: Shreeranjan, Joint Secretary, MoWCD (15 minutes) Norway: Anne Baerug, National Centre for Lactation (15 minutes) Afghanistan: Homayoun Ludin, Ministry of public Health, Afghanistan (15 minutes) Cambodia: Joel Conkle presented the paper in lieu of Prak Sophonneary (15 minutes)
			Brazil: Health system strategy and other actions	
			India: Building 12th Plan focus on breastfeeding /infant and young child feeding	
			Norway: Breastfeeding Support at health system, work/care systems.	
			Afghanistan: Establishing policy framework on IYCF, Capacity building of health care providers, Enacting National legislation to protect breastfeeding	
Cambodia: Early Initiation and Exclusive Breastfeeding: A Decade of Change				
1600-1630	TEA			
1630-1800	Concurrent technical sessions, and paper presentations			
1800-1900	Free Time			
1900-2000	"I will not Cry" Play on Child Survival Conceived by Lushin Dubey and Arvind Gaur Directed and Scripted by Arvind Gaur			
2000	Dinner at India Habitat Centre Lawns			

Moderator for the day: Nirmala Selvam

Time (Hrs)	Type of Session	Subject	Objectives	Resource persons
0900-0930	Recap (10 min)			
	20 years of World Breastfeeding Week (20 min)	To share with the people about 20 years of WABA's social mobilization efforts		WABA
0930-1100	Plenary Chairs: Elizabet Helsing, Norway Xavier Alondra Cabada Barron, Mexico	P6- Underlying Determinants of Child Malnutrition both Under and Over	To identify the social determinants of double burden of child malnutrition and examine how far the current initiatives to reduce child malnutrition address these determinants (20 min)	Urban Jonsson, Tanzania
		P7 - The Evidence on Breastfeeding for Child Survival and How to Enhance Breastfeeding Rates	To share importance of breastfeeding on child survival, child undernutrition, and how breastfeeding rates can be enhanced with policy support? (20 min)	Vinod Paul, All India Institute of Medical Sciences, New Delhi, India
		P8- Infant Feeding and Childhood Obesity	To share the links of infant feeding practices with childhood obesity and what are the ways forward to tackle obesity (20 min)	Joan Younger Meek, USA, American Academy of Pediatrics (AAP)
1100-1130	TEA			
1100-1130	Concurrent Interactive Symposia			
		IS1- How to Assess National Policy and Programmes Facilitators: JP Dadhich/ Shoba Suri	To inform participants particularly from countries where WBTi assessment is yet to happen about the why and how of conducting WBTi the processes involved in conducting policy assessments and documenting it as well as how to use the findings for bringing change at national level, with examples from countries which have successfully used the assessments for making policy and programmatic changes	Why conduct assessments: Francesco Branca, WHO (10 min) How - tools and methods: JP Dadhich, Shoba Suri WBTi (the interactive web portal): Beena Bhatt Impact of WBTi in countries: Percy Chiopera- Swaziland, Patricia Ip, Hong Kong SAR Marcia Annandale- New Zealand (on behalf of Ateca Kama, Fiji)
		IS2 - Developing a national plan of action Facilitators: Neelam Bhatia/ Andre Nikiema	Workshop to develop plan of action and the budgetary provisions for the plan.	
		IS3- Universalizing Skilled Counselling Services and Building Capacities Chair: MMA Faridi and Helen Armstrong	To share examples of universalizing training of skill counseling and to strategize how to universalize skill training, integration in the health systems both at facility and family level, including making resources available.	Infant and Young Child Feeding Counseling - from Clinic to Community: Iqbal Kabir, Bangladesh (15 min) Relevance and process of providing training to health professionals to support breastfeeding: Elisabeth Kylberg, Sweden (15 min) Ensuring skilled counseling on Infant and Young Child Feeding - Lalitpur experience: KP Kushwaha, India (15 min) Interventions for Infant and Young Child Feeding - An experience from Brazil: Marina Rea, Brazil (15 min)
		IS4- Ensuring Maternity Protection at National Level Facilitators: Sarah Amin and Elaine Cote	To assist participants to <ul style="list-style-type: none"> understand the links between human rights, gender, MP and breastfeeding learn the basic components of a comprehensive MP law compare national laws with the ILO Convention No 183, 2000 on MP Identify action points for strengthening MP provisions at national level 	

8th December 2012

Time (Hrs)	Type of Session	Subject	Objectives	Resource persons
		<p>IS5- Strengthening Code Implementation at National level</p> <p>Facilitators: Yeong Joo Kean and David Clark</p>	<p>To inform participants of successful actions taken by countries to strengthen the enforcement of the Code and subsequent WHA resolutions, including making and enforcing national legislations, share in country experiences from different regions taking measures to meet new types of violations.</p>	<p>Introduction: David Clark, Nutrition Specialist, (Legal), UNICEF, New York, USA (10 min)</p> <p>The scope of the Fiji Law: Ateca Kama - National Food and Nutrition Centre, Ministry of Health Fiji (10 min)</p> <p>The need to enforce national regulations: Suresh Dalpath, Deputy Director (Child Health), Directorate of Health Services, Government of Haryana. India (10 min)</p> <p>Challenges from development partners: Terry Wefwafwa, Head, Division of Nutrition, Ministry of Public Health and Sanitation, Kenya (10 min)</p> <p>How to advocate for strengthened Code regulation Truong Quoc Hung, Deputy Director Department for General Affairs, Vietnam (10 min)</p> <p>Discussion to identify key challenges and ways to overcome them: Facilitated by Joo Kean Yeong and David Clark (45 min)</p> <p>Conclusions including brief overview of what recent monitoring reveals Joo Kean Yeong, Legal Adviser, International Code Documentation Center, Malaysia</p>
		<p>IS6 - How countries made significant improvement in breastfeeding</p> <p>Objectives: To share experiences of countries with successful programmes and important lessons learned</p> <p>Facilitators: Nune Mangasaryan, Senior Adviser, UNICEF/HQ; Ekhlalur Rahman, Director, Institute of Public Health Nutrition, Bangladesh</p>	<p>Topics discussed/ presented</p> <p>Introduction to the session: 5min</p> <p>Bangladesh: Breakthroughs in breastfeeding improvement : 10 min + 5 min Q/A</p> <p>India: <ul style="list-style-type: none"> Breastfeeding in India: From Vertical to Central. (10 min+ 5 min Q/A) Operational Guidelines for IYCF implementation in India (10 min +5 min Q/A) </p> <p>Nicaragua: Lessons learned from multiple strategies. 10 min + 5 min Q/A</p> <p>Niger: Stepping up exclusive breastfeeding: challenges in emergency context" 10 min + 5 min Q/A</p> <p>Bangladesh, Benin, the Philippines, Sri Lanka, Uganda, and Uzbekistan: Review of six country programmes. 10 min + 5 min Q/A</p> <p>Discussion and Conclusions- 25-30 min</p>	<p>Speakers:</p> <p>Bangladesh: Ekhlalur Rahman, Director, IPHN; Linedirector NNS, Govt of Bangladesh</p> <p>India: Gayatri Singh/Kajali Paintal UNICEF Ajay Khera, Deputy Commissioner (child health and immunization), Government of India</p> <p>Nicaragua: Rafael Amador Rodezno, UNICEF</p> <p>Six country review:</p>
1330-1430	Lunch / Poster Walk			
1430-1500	Plenary Chair: Nirmala Selvam and Rahul Dev	P9 - Developing national campaigns on "Babies Need Mom -Made not Man Made!"	To clarify the underlying concept and provide guidance to countries on the campaign with ideas to adapt, translate, use media etc.	"RabbitHole" Team
1500-1600	Group Work	GW2- Regional Group Work on Campaign Babies Need Mom-Made, Not Man Made.	Groups (LAC, Africa, East Asia, Southeast Asia, South Asia, US-Europe) will work on regional and national plans on flip charts to be shared on day 3.	Group Work briefing: Shoba Suri/ Nirmala Selvam Group Coordinators as in GW 1
1600-1630	TEA			
1630-1800	Concurrent technical sessions, and paper presentations			
1830-2030	Meeting with Development Partners/Donors (For invited participants and organizations including: Sida, Norad, DFID, USAID, SAFANSI Fund, World Bank, AUSAid and others) Chair: Arun Gupta (IBFAN Asia) Marta Trejos (IBFAN LAC) Urban Jonsson (Tanzania)		To share the gBICS (joint IBFAN WABA initiative) roadmap and plans for 5-10 years To share a paper on what resources would be needed and how much would it cost to the world if it were to increase breastfeeding rates, for inputs and comments. To discuss what kind of mechanisms can deal with it. Participants: IBFAN RCOs, WABA, Nicholas Alipui UNICEF HQ, Francesco Branca, WHO HQ, gBICS Core group, Governments and other development partners.	

Moderator for the day: Shoba Suri and Ines Fernandez

Time (Hrs)	Type of Session	Subject	Objectives	Resource persons
0900-0930	Youth Event (10 min) Mime by Philippine Group.(Babies Need Mom -made Not Man -made. (10 min) Recap (10 min)			RUMBA Latin America and WABA ARUGAAN Philippines
0930-1030	Panel Discussion Moderator: Raj Anand, India	P10- Overcoming Barriers to optimal IYCF -Legislative measures on Maternity Entitlements, Code implementation, Regulating Markets and Avoiding Conflicts of Interests in Policy Making	To share and discuss barriers to optimal breastfeeding, and delineate the minimum actions that need to be taken to protect, promote and support breastfeeding and optimal IYCF practices	Maternity Wnrirlements: Elaine Petitat-Cote (15 min) Code Implementation: Patti Rundall (15 min) Conflicts of Interest in policy making in food and Nutrition and how to prevent/ manage: Cecile Knai (15 min)
1030-1100	Plenary Chair: Ashi Kathuria, World Bank, India	P11- What would it cost to universalize breastfeeding interventions	To share budgetary requirements for protection, promotion and support, the 3 key elements of breastfeeding, globally and nationally, what can a country do, and report from the special session.	Arun Gupta Radha Holla JP Dadhich
1100-1130	TEA			
1130-1200	Plenary Chair: Felicity Savage, Arun Gupta	P12- The World Declaration on breastfeeding and infant and young child feeding	To share the draft version prepared by the Drafting committee and invite comments	Joyce Chanetsa, IBFAN Africa JP Dadhich, IBFAN Asia
1200-1330	Concurrent Panel Discussions			
		PD1- What is "Appropriate" and "Inappropriate" Promotion of Baby Foods Chair: Radha Holla	To discuss "appropriate" vs. "inappropriate" promotion of baby foods including follow on milks, cereal based baby foods and provide a definition, share the Atlas on this issue from countries around the world.	Panel: Ateca Kama, Fiji Farahdibha Tenrilemba, Indonesia Yulia Savelyeva, Ukraine Yupayong Hangchaovanich, Thailand Christine Lam, Hong Kong SAR Gabriela Shaat, UAE
		PD2- Mainstreaming breastfeeding interventions in LDC countries and financial needs Chair: Andre Nikiema, IBFAN Afrique, Burkina Faso /Rajiv Tandon (PMNCH)	To arrive at a possible understanding of the need for LDCs for increasing exclusive breastfeeding rates, share and discuss problems currently being faced, how to build resource base	Panel: Homayoun Ludin, Afghanistan Wafa Shegdi, Sudan Khamseng Philavong, Lao PDR
		PD3- Hospital Practices to Protect, Promote and Support Breastfeeding Chairs: S. Aneja, India / Dr. Dinesh Paul, India	To discuss importance of appropriate hospital practices to support pregnant and breastfeeding women and interventions to establish support services in hospitals	A multi-country analysis showing the impact of BFHI: Miriam Labbok, USA (15 min) Revitalization of BFHI Training: Soofia Khatoon, Bangladesh (15 min) Experience of a child friendly maternity in Rio De Janeiro in promoting and encouraging breastfeeding: Abilene Gouvea, Brazil (12 min)
		PD4- Holding Corporations Accountable Chairs: Innes Fernandez, IBFAN SE Asia, Philippines, JaiOk Kim Republic of Korea	To share actions taken and discuss what is the way forward	Panelists: Ajay Kumar - India (15 min) Mike Brady- UK (15 min) Mia Sutanto Indonesia (15 min) Velvet Escario-Roxas - Philippines (15 min)

Time (Hrs)	Type of Session	Subject	Objectives	Resource persons
		<p>PD5- Preventing and managing child undernutrition using local foods and diets. (15 minutes each speaker)</p> <p>Chair: Elisabeth Sterken, Infact Canada</p>	To share models of using complementary foods based on local foods/diets for prevention and managing undernutrition	<p>Local and indigenous home foods as an essential contribution to children's nutrition FAO's experience: Ellen Muehlhoff, FAO, Rome (15 min)</p> <p>Dealing with child undernutrition using local foods: experience from Bangladesh: SK Roy- Bangladesh (15 min)</p> <p>Why we say 'No' to RUTF: MQK Talukder, Bangladesh (15 min)</p> <p>Provision of complementary feeding for undernutrition children based on local foods: Indonesian Experience - Ms. Asmaripa Ainy, Indonesia (10 min)</p>
		<p>PD6- Human milk banking, strategy to address feeding of premature and LBW babies.</p> <p>Chairs: Dr. Rakesh Kumar, Joint Secretary (RCH), MoHFW, Government of India Mr. Subhash Chandra Sarker, Jt. Sec. MOHFW, Bangladesh</p>	To share how Brazil used human milk banking national strategy to promote breastfeeding, challenges and solutions for feeding of pre-term and LBW babies, and an Indian experience of setting a human milk bank.	<p>João Aprígio (Elsa Guiliiani - Interpretation) - Brazil (20 min)</p> <p>Armida Fernandes -India (20 min)</p> <p>Praveen Kumar-India (20 min)</p>
1330-1430	Lunch			
1430-1600	Plenary	<p>P13: Group presentations</p> <p>Presentations by the regional group representatives on GW1, 2, and future planning</p>		Group Facilitators/ Rapporteurs
1600-1630	TEA			
1630-1800	Plenary	Closing Session	Final session of the World Breastfeeding Conference 2012 in which Declaration was once again adopted and recommendations shared, partners made commitments, awards given etc.	

Programme (Closing Ceremony)

9th December 2012

Time	Programme	Speaker
4.30 pm	Welcome and introduction	Arun Gupta
4.40 pm	Presentation of the Declaration, and key recommendations Adoption by the audience	IBFAN Global council
4.50 pm	Address by Ambassador, Royal Norwegian Embassy	Mr. Homme Eivind
4.55 pm	Address by Team Coordinator for Health Swedish International Development Cooperation Agency (SIDA)	Ms. Susanne Lokrantz
5.00 pm	Address by Secretary, Ministry fo Women and Child Development, Government of India	Mr Prem Narain
5.10 pm	Address by Special Guest Minister of Health, Peoples Republic of Bangladesh.	Prof. Dr. A.F.M Ruhul Haque
5.20 pm	Awards/recognitions	Organising Committee
5.25 pm	Address by the Guest of Honour	Dr. Syeda Hameed, Member Health Planning Commission
5.45pm	Vote of thanks	JP Dadhich Organising Secretary

Technical Sessions

7th December 2012

Coordinator: Neelima Thakur

Technical Session		Titles/Topics	Speakers	Country	Time
Technical Session-1					
Risks of Formula Feeding					
Chair: Pardeep Khanna, Sanjay Kapur	1	History of formula feeding	MQK Talukder	Bangladesh	15 min
	2	Evidence on dangers of formula feeding	Xaviera Alondra Cabada Barron	Mexico	15 min
	3	Consequences of contamination of Infant formula	Alison Linnecar	France	15 min
	4	Lessons from Melamine Scandal	Shuyi Zhang	China	15 min
	5	Bacterial contamination of infant feeding bottles: Implication for public health	Karan Singh, Bhavneet Bharti, Gagandeep Singh, Manisha Biswal, Puneet Kumar Gupta, Neelam Taneja	India	8-10 min
Technical Session-2					
Supporting Breastfeeding through Maternity Entitlement					
Chair: Savitri Ray, Shoba Suri	1	IYCF practices and malnutrition in children of garments workers in Bangladesh	Farhana Sharmin, Khurshid Talukder, Iftia Jerin, M. Q-K. Talukder	Bangladesh	8-10 min
	2	Mobile Crèches for migrant construction workers - community initiatives in breastfeeding practices	Harshika Sahni	India	12 min
	3	Setting up of Crèches -The Arugaan experience	Ines Fernandez	Philippines	12 min
	4	Need of wage compensation/ nutritional assistance for women working in the unorganised sector	Vandana Prasad	India	12 min
	5	Creating an enabling environment for working women: Expanding paid maternity leave from 4 to 6 months and instituting workplace support activities in Vietnam	Ms. Pham ThiThanh Hong, Dr. Nguyen Mai Huong, Ms. Nemat Hajeebhoy, Mr. Roger Mathisen, Ms. Phan Thi Hong Linh	Vietnam	8-10 min
	6	"Having to attach and detach simultaneously": A qualitative interview study on combining breastfeeding and paid work in India	Omer-Salim A, Suri S, Dadhich JP, Faridi MMA, Olsson P	Sweden/ India	8-10 min
Technical Session-3					
Legal issues including Implementation of International code on Breastmilk Substitutes / National legislation					
Chair: Dinesh Khosla	1	International Code of Marketing of breastmilk substitutes implementation and monitoring process in Kuwait	Mona A. Alsumaie	Kuwait	8-10 min
	2	Legislating the International Code in South Africa	Ms. Lynn Moeng	South Africa	8-10 min
	3	The process for policy change: Strengthening Viet Nam's regulations on marketing of breastmilk substitutes	Mr. Duong Trung Quoc, Mr. Trung Quoc Hung, Ms. Do Hong Phuong, d. Dr. Nguyen Huy Quang, Ms. Vu Thi Thu Ha	Vietnam	8-10 min
	4	Knowledge of health professionals on the Brazilian standard norm for commercialization of foods for infants and toddlers (NBCAL)	Abilene Gouvêa, Helder Leite, Ana Lúcia F. Lopes, Elizete L. G. Pinto, Priscilla Pires Silva, Viviane Pedro da Silva, Renata Arantes Santos, Carla Daniella Cescatto Navarrete	Brazil	8-10 min
	5	Legal issues in junk food	Alka Kuthe	India	8-10 min
	6	Policy implementation challenges and obstacles - the Indonesian government regulation number 33 year 2012 Granting of the exclusive breastmilk	Misnaniarti	Indonesia	8-10 min
Technical Session-4					
Research papers on various aspects of Infant Feeding					
Chair: Dr Rajender Gulati	1	Early and exclusive breastfeeding in Vietnam – determinants & recommendations	Tuan Nguyen, Phuong Nguyen, Nemat Hajeebhoy	Vietnam	8-10 min
	2	Excellence of Breast Feeding in United Hospital, Neonatology Department, Dhaka.	Nagis Ara Bgum, Khorshed Alam, Shanaj Parvin, Abdur Rahman, Mizanur Rahman, Debarati, Elora, Rehana, Tarnnum, Nasim Mahmud.	Bangladesh	8-10 min
	3	Challenges in breast feeding babies born in rural areas with cleft lip/palate	Quazi Syed Zahiruddin, Archana Patel, Ms. Nikhita Jain, Abhay M Gaidhane	India	8-10 min
	4	Follow up study of children attending lactation management clinic	Salma Shaziya, Yashodha S, Chandramma UM, Rathnamala TS and Banapurmath CR	India	8-10 min
	5	Infant young child feeding practice and their nutritional status in a national nutrition program area	Sharmin Sultana, Dr. Md. Asirul Hoque and Farzana Saleh	Bangladesh	8-10 min

Technical Sessions

7th December 2012

Technical Session		Titles/Topics	Speakers	Country	Time
	6	Role of chosen female birth attendants in implementing mother friendly hospital initiative to enhance breastfeeding rates in normal delivery.	Asha Benakappa, Vishwanath Gowda	India	8-10 min
Technical Session-5					
Hormonal Control of Breastfeeding					
Chair: Mia Sutanto	1	Gut hormones in breastfeeding and reproduction	Khurshid Talukder	Bangladesh	15 min
	2	Secrets of unmedicated Labour unfolded!	Kamini Naik	UAE	10 min
	3	Role of hormones in KMC and breastfeeding	Shashi Vani	India	15 min
	4	Breastfeeding and birth control - role of hormones	Ms. Johanna Bergerman	Canada	15 min
Technical Session-6					
Research papers on trends in IYCF Practices					
Chair: Shyam Kumar Laishram HB Mallikarjuna	1	Determinant Of Breastfeeding Initiation Within The First Hour Of Life In Indonesia	Rini Mutahar	Indonesia	8-10 min
	2	A study on exclusive Breastfeeding practices of lactating mothers in Chennai city	Irudaya Veni Mary	India	8-10 min
	3	Breaking barriers in exclusive breastfeeding : Utilizing missed opportunity for counselling and support	Mehnaz Saira, Abedi Ali Jafer., Ansari Mohammad Athar , Khan Zulfia, Kumar Prakrati.	India	8-10 min
	4	'My Milk alone is not enough for my Baby'- A qualitative study on Exclusive breastfeeding in Peri Urban Aligarh	Ali Jafar Abedi	India	8-10 min
	5	Infant and Young Child Feeding Practices in Vadodara – Changes over the Last Ten Years.	Arun Phatak and Prof. MM Gandotra	India	8-10 min
Technical Session-7					
Traditional Practices and Cultural Beliefs in IYCF					
Chair: Parbati Sengupta Anurag Singh	1	Prelacteals – A panoramic view	Dr.N.Ganga, Dr.B.Sudharsan	India	8-10 min
	2	Normative IYCF Practices in rural Bangladesh: Insights from a focused ethnographic study	Ms. Purnima Menon, Amanda Zongrone, Kavita Singh, Mahbulul Islam Bhuiyan	Bangladesh	8-10 min
	3	Breastfeeding with heart – a divine act! the spiritual approach in the education on breastfeeding	Mrs. Roos Nabben	Netherlands	8-10 min
	4	Formative research on food taboos in Timor Tengah selatan district - East Nusa Tenggara, Indonesia	Mardewi, Emily Hillenbrand, Ardhiani Dyah Priamsari, Prateek Gupta and Silvana Faillace	Indonesia	8-10 min
	5	There is nothing in the world better than mother's milk": Exploring traditional beliefs about breast-milk in Bangladesh	Ms. Shirin Afroz	Bangladesh	8-10 min
Technical Session-8					
Understanding Breastfeeding					
	2	PLEC Workshops - more than 15 years promoting breastfeeding concepts	Coordinator: Maria Lúcia Futuro Mühlbauer	Brazil	
Special Session Developing a National Training programme on IYCF Facilitators : Felicity Savage & Raj Anand Speaker: MMA Faridi, KP Ksuhwaha, Sailesh Gupta, Satish Tiwari, Felicity Savage					

Technical Session		Titles/Topics	Speakers	Country	Time
Technical Session-9					
Conflict of Interest in Policy Making					
Chair: Mira Shiva, Chander Uday Singh	1	Institutional conflict of interest in UN	Ina Verzivoli	Switzerland	20 min
	2	Conflict of interest in evidence gathering & policy making	JP Dadhich	India	20 min
	4	Conflict of interest coalition	Patti Rundall	United Kingdom	20 min
Technical Session-10					
Infant Feeding in Emergencies – Panel discussion					
Chair: CR Banapurmath	1	Supporting women to breastfeed during Emergencies - An experience from Indonesia	Mrs.Rahma Housniati	Indonesia	15 min
	2	Ensuring appropriate infant feeding during emergencies - An experience from Philippines	Ines Fernandez	Philippines	15 min
	3	Taking into consideration babies' needs in humanitarian contexts	Cécile Bizouerne, Francesca Corna	France	10 min
	4	Mothers act wisely with their children, especially in emergencies"	Mimi Maza	Guatemala	8-10 min
Technical Session-11					
Interventions to Support IYCF					
Chair: Kaiser Ahmed, KC Aggarwal	1	Improving breastfeeding practices among adolescent mothers in Brazil: a successful experience involving grandmothers	Elsa R. J. Giugliani, Lilian C. Espírito Santo, Luciana D. Oliveira, Leandro M. Nunes, Olga C. Bicca	Brazil	8-10 min
	2	Foot Soldiers play a critical role in improving breastfeeding practices: Study of Sure Start Project in Uttar Pradesh and Maharashtra	W. Sita Shankar, Lysander M. Menezes, and Kriti Khurana	India	8-10 min
	3	Cost and Effectiveness of Training and Supervision of Frontline Workers on Early Breastfeeding Practices in Bangladesh	Shamim Hayder Talukder	Bangladesh	8-10 min
	4	A journey from a bathroom to baby friendly	Jasmine Sneyd & Gabriela Shaat	UAE	8-10 min
	5	Generating operational evidence at scale for equitable access to nutrition services	Dr Laxmikant Palo and Dr Rajiv Tandon	India	8-10 min
	6	Increasing exclusive breastfeeding rate in the community after hospital delivery	K. Talukder, I. Jerin, M. Q-K. Talukder, F. Sharmin, M.A. Rahman	Bangladesh	8-10 min
Technical Session-12					
Climate Change and Infant Feeding					
Chair: JaiOk Kim	1	Impact of climate change on food security	Dr. Vokyung Song	Rep. of Korea	15 min
	2	The Ecological Footprint of Formula Feeding	Alison Linnecar	France	15 min
	3	How breastfeeding protects environment	Velvet C. Escario-Roxas	Philippines	15 min
	4	Breastfeeding in a polluted environment	Sunita Katyayan	India	15 min
Technical Session-13					
Infant Feeding and HIV					
Chair: Praveen Kumar	1	WHO guidelines on HIV and Infant feeding	Razia Pendse	WHO SEARO	15 min
	2	IYCF policy change in South Africa: from free formula to exclusive breastfeeding in the PMTCT context – case Study	Lenore Spies	South Africa	8-10 min
	3	Supporting women to practice safe infant feeding : the African experience	Ruth Nduati	Kenya	15 min
	4	Association of infant morbidity with infant feeding practices in HIV infected women - Pune experience	Dr Megha S Mamulwar, Dr Rujuta Hadaye	India	8-10 min
Technical Session-14					
Research papers on various aspects of Infant Feeding					
Chair: Arun Kumar Thakur, K.Kesavulu	1	Foods: nutrition, tradition and the price of memory -	Aravinda Pillalamarri	India	8-10 min
	2	Desogestrel mini pill: Is this safe in lactating mother-A prospective Study	Dr Dilip Kumar Dutta	India	8-10 min
	3	Increasing the exclusive Breastfeeding rate by COMBI in Lao PDR	Dr.Khamseng Philavong	Lao PDR	8-10 min

Technical Session		Titles/Topics	Speakers	Country	Time
	4	Microbiological assessment of expressed and stored breast milk of lactating mothers in Abia state, Nigeria	Ukegbu PO Uwaegbute AC, Ijeh, II, Ukegbu AU	Nigeria	8-10 min
	5	Fone Astra: Improving safety and monitoring systems for low-tech human milk banks	Lysander Menezes, Rohit Chaudhri, Anna Coutoudis, Penny Reimers, Darivanh Vlachos, Maya Newman, Kimberly Amundson, Noah Perin, Kiersten Israel-Ballard	India	8-10 min
Technical Session-15		Large scale initiatives to improve IYCF practices			
Chair: Sailesh Gupta	1	Sustainable local solutions for improving early childhood nutrition through low cost locally produced supplementary food, CINI Nutrimix, in Rural West Bengal, India	Aditi Roychowdhury, Jayanta Choudhury and Samir Chaudhuri	India	8-10 min
	2	A Shifting focus towards complementary feeding: behaviours and determinants of infant and young child feeding and nutrition within the context of a food security program in Huehuetenango, Guatemala	Kristina Beall, Dr. Tilly Gurman and Dr. Uriyoan Colon-Ramos	USA	8-10 min
	3	Designing rigorous evaluations for innovative and large-scale models to improve infant and young child feeding practices: An example from Vietnam	Phuong Nguyen, Purnima Menon, Nemat Hajeebhoy, Tuan Nguyen, Rawat Rahul	Vietnam	8-10 min
Technical Session-16		SAIFRN Workshop			
Chair: Dr. Iqbal Kabir	1	The South Asia Infant Feeding Research Network	Michael J Dibley	Australia	5 min
	2	Association between lack of exclusive breastfeeding and diarrhoeal morbidity: An analysis of national data sets from South Asia	Seema Mhrshahi	Australia	0 min
	3	Trends in breastfeeding indicators in 5 countries in South Asia from 1990-2011	Kingsley Agho	Australiaa	10 min
	4	Determinants of Suboptimal breastfeeding practices in Nepal	Nira Joshi	Nepal	10 min
	5	Predominant breastfeeding in Pakistan	DS Akram	Pakistan	10 min
	6	Effectiveness of cell phone counseling to improve breastfeeding indicators	Archana Patel	India	10 min
	7	Effects of Peer counseling on IYCF	Iqbal Kabir	Bangladesh	10 min
	8	Evidence to strengthen Infant and Young Child Feeding (IYCF) in Nutrition and Child Health Programmes and Policies	Upul Senarath	Sri Lanka	10 min
			Discussion	Panel: SK Roy, Arun Gupta/Dr. Faridi, WHO rep	
Technical Session-17		Role of Media & Communication in IYCF			
Chair: Shobha Shukla	1	Working with the media	Yousouf Jhugroo	Mauritius	8-10 min
	2	Engaging journalists to enhance media coverage of Infant and Young Child Feeding (IYCF) practices and nutrition: Insights from media research in Bangladesh	Kuntal K. Saha, Adiba Khaled, Yasmin Siddiqua, Purnima Menon	Bangladesh	8-10 min
	3	Operational model of cell phone counseling –Process, challenges and solution	Patel AB, Dhande LA, Pusdekar Y, Khan S, Kuhite PN, Puranik A	India	8-10 min
	4	World wide mother -to- mother breastfeeding support through the internet	Anne Sigstad	Norway	8-10 min

List of Abstracts for Poster Display

S. No	Title of paper	Author	Affiliations	Country
1	Evolution of breastfeeding practices in Brazil measured through national surveys on the vaccination campaign days	Elsa Regina Justo Giugliani; Sonia Isoyama Venancio; Maria Mercedes Loureiro Escuder; Sílvia Regina Dias Médici Saldiva.	Universidade Federal do Rio Grande do Sul – Porto Alegre, RS, Brasil	Brazil
2	Maternal Factors Associated With Exclusive Breastfeeding Practice In Umuahia Urban Abia State, Nigeria.	Ukegbu P.O. , Uwaegbute, A.C and Ijeh, I.I ,Ukegbu, A.U	Dept of Human Nutrition and Dietetics, Michael Okpara University of agriculture, Umudike, Abia State, Nigeria	Nigeria
3	Early start of Maternity Breastfeeding in a High Risk Maternity Hospital In Rio De Janeiro / Brazil	Abilene Gouvêa, Helder Leite, Ana Lúcia F. Lopes, Elizete L. G. Pinto	UERJ/BRAZIL	Brazil
4	Improving Complementary Feeding and Hygiene Behavior through integrated intervention in Rural Bangladesh.	Sumitro Roy, Tina G. Sanghvi1, Debashish Biswas, Fosiul Alam Nizame, Sayedur Siddiquee, Leanne Unicomb2 and Steve Luby.	Alive & Thrive initiative-FHI 360 and 2ICDDR, Dhaka, Bangladesh	Bangladesh
5	Assessing present behavior of mother's towards IYCF practices and commitments of the health workers on nutrition, sustainable development in northern rural part Bangladesh	Dina Farhana	Eminence	Bangladesh
6	Scaling up IYCF in through MNCH platforms	Dr. Morseda Chowdhury	Improving Maternal Neonatal and Child Survival Project, BRAC Health Program, Dhaka, Bangladesh	Brazil
7	Formative research on handwashing linked to child feeding; informing an integrated child feeding and handwashing intervention for Bangladesh	Fosiul A. Nizame Nuruzzaman, Tania Jahir, Syeda L. Famida Rezwana Hossain, Sumitro Roy, Tina Sanghvi, Stephen P. Luby, Leanne Unicomb	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), Dhaka, Bangladesh. Alive and Thrive, Dhaka, Bangladesh.	Bangladesh
8	Legal & Ethical issues in Infant Feeding	Dr Satish Tiwari	Founder President, Indian Med-legal & Ethics association. Founder Secretary, IYCF chapter of IAP	India
9	The definitions and measurement of breastfeeding at hospital discharge in Australia	Ava Walsh	Practice Manager / Researcher PhD Beulah Road General Practice / The University of Adelaide	Australia
10	Impact of baby friendly hospital initiative in rural Tamilnadu	Dr. Pakkiyanatha Chandra	Executive Director, D.Arul Selvi Community Based Rehabilitation, Brindavanam, Tirupattur, Vellore Dist – 635901, Tamilnadu.	India
11	Breastfeeding pattern in BFHI hospital	Dr. Vikas, Dr. Vineeta Pande, Dr. Renuka Jadhav, Dr. Shiji Chalipat, Dr. S.R. Agarkhedkar		India
12	Breastfeeding And Complementary Feeding Practices In Surat: An Insight	Sheetal Chhaya	BPNI	India
13	Mainstreaming Infant and Young Child Feeding (IYCF) in Bangladesh's National Nutrition Services	Mustafizur Rahman, Eklastr Rahman1, Rubena Haque, Nasreen Khan and the NNS Team of IPHN	Institute for Public Health Nutrition (IPHN), Directorate General of Health services (DGHS), Ministry of Health and Family Welfare (MOHFW), Dhaka, Bangladesh	Bangladesh
14	Complementary feeding - practices and food beliefs amongst Middle Income Group in Indore city	Shivani Lodha, Dr Vandana Bharti	*PhD scholar, Department of Home Science, Government Maharani Laxmibai Post Graduate Girls College, Indore, M.P., India *Assistant Professor, Department of Home Science, Government Maharani Laxmibai Post Graduate Girls College, Indore, M.P., India	India
15	Mainstreaming Infant and Young Child Feeding (IYCF) in Bangladesh's National Nutrition Services	Kumudha Aruldas, M E Khan and Avishek Hazra	Population Council	India
16	Determinants and reasons for non compliance to exclusive breastfeeding in women attending antenatal & postnatal clinics in Central India	Patel AB, Dhande LA , Kuhite PN, Khan SB, Puranik AS, Pusdekar YV, Borkar JA	Lata Medical Research Foundation, Nagpur, India Indira Gandhi Government Medical College, Nagpur, India	India
17	Prevalence and determinants of giving prelacteal feeds at 24 hours of delivery and delayed initiation of breastfeeding.	Patel AB, Dhande LA, Borkar J, Pusdekar Y ,Kuhite P, Khan S, Puranik A	Indira Gandhi government medical college, Nagpur Lata Medical Research foundation, Nagpur	India
18	Mother's milk insufficiency and psychological sufferings in Afghanistan	Cécile Bizouerne, Francesca Corna	Action contre la Faim	France

S. No	Title of paper	Author	Affiliations	Country
19	Working in refugee camps with pregnant women to prevent child feeding and care problems.	Francesca Corna, Elaine Joyce Daumann	Mental Health and Care Practices Advisor, Action contre la Faim	France
20	Breast feeding practices in the city of the Ghaziabad and correlation with counselling	Dr. Alka Agrawal, Dr. Viplove Verma	Prof & HOD , Deptt. of Pediatrics, Santosh medical College, Ghaziabad* Post-graduate student, Santosh medical College, Ghaziabad	India
21	WHO Growth Standards	Saada Mohammed Al Mamari, Senior Staff Nurse, BFHI Nurse	Ministry of Health Nutrition Department, Directorate General of Health Affairs (DGHA) , Sultanate of Oman, Muscat ,BFHI centre Member of WBTI and IBFAN	Oman
22	Fostering collaboration to achieve nutrition security in India	Dr Rajiv Tandon and Dr Laxmikant Palo	*Senior Advisor (Maternal, Newborn, Child Health & Nutrition), Save the Children, India. **Senior Advisor-Nutrition, Save the children , India	India
23	Maternal Medication & Breastfeeding	Dr. Alka Kuthe	Consultant Obstetrician & Gynecologist, Amravati (Maharashtra, India)	India
24	Therapeutic Ultrasound - Thermal v/s Nonthermal mode in treating symptomatic postpartum breast engorgement	Ms Poornima P S. MPT(CBR), IYCFCS	Asst Professor SDM College of Physiotherapy Sattur, Dharwad (Karnataka)	India
25	Evolution of the respect of the Code in the province of Quebec, Canada	Suzanne Dionne and Daniel Jolin	Suzanne Dionne MD Ministère de la Santé et des Services sociaux Direction générale de santé publique 1071 chemin Sainte-Foy, 12e étage Québec (Québec) Canada G1S	Canada
26	Extended breastfeeding beyond two years: Ethnographic study of the lactating mothers: BhavneetBharti, (India)	Bhavneet Bharti, Suman Gautam	Department of Paediatrics, Advanced Pediatric Centre, Postgraduate Institute of Medical Education and Research, Chandigarh	India
27	Knowledge attitude and practice of breastfeeding of mothers attending preventive clinic in Darbhanga Medical College, Darbhanga.	Dr. Sunil Kumar, Dr. prof. C. Roy, Dr. Veena Roy, Dr. Ravindra Prasad	M.D. PSM (stu) DMCH, Darbhanga, Bihar	India
28	Unstoppable Lactation Training Movement in UAE	Dr Kamini Naik, Dr Reem Zayed, Dr Walaa Sabih	Obstetrician Gynecologist and Lactation Consultant Trainer Assessor Baby Friendly Hospital Initiative , President, Emirates Medical Association Lactation Consultant Society	UAE
29	LOOK FOR IT AND SNIP IT	Dr Kamini Naik, Dr Evelyn- Ruf	Obstetrician Gynecologist and Lactation Consultant Trainer Assessor Baby Friendly Hospital Initiative President, Emirates Medical Association Lactation Consultant Society	UAE
30	The partnership between the Human Milk Bank core perinatal and the basic unit network health in promotion, support and encouragement of breastfeeding in RIO DE JANEIRO/BRAZIL	Abilene Gouvêa, Helder Leite, Ana Lúcia F. Lopes, Elizete L. G. Pinto, Priscilla Pires Silva, Viviane Pedro da Silva5, Renata Arantes Santos.	UERJ/BRAZIL	Brazil
31	Survey on antenatal breast feeding information in Indian pregnant women	Dr Monika B Nagpal, Dr SStrivedi	Dept. of Obs & Gynae, LHMC, New Delhi	India
32	Case control study of Diarrhoea morbidity among children attending Paediatrics OPD of DMCH.	Dr. Vijay Kr. Chaudhary, Dr. Veena Roy, Dr. S.D Singh, Dr. C. Roy	Department of Community Medicine, Darbhanga Medical College, Darbhanga.	India
33	To evaluate the implementation of Global Strategy for Infant and Young Child Feeding (IYCF) in Ecuador	Caicedo Rocio, Enriquez Ana María and Mena Alexandra	Ministry of Public Health of Ecuador and IBFAN-Ecuador	Ecuador
34	Breast feeding rate in tertiary level maternal & child unit. Does supplementary feeding during first week hampers the successful breast feeding rate at 6 weeks & 6 months?	Abhay B Mahindre, Dr R. Kishore Kumar, Mir Dilshad Ali, Dr S.V. Girish, Dr Nandini Nagar, Dr Syed Tejamul.	Neonatal Department, Cloudnine Hospital, Jayanagar, BANGALORE. 1533, 9th Main, 3rd Block Jayanagar, Bangalore – 560011, INDIA.	India
35	Survey of client satisfaction and Self competency of health care provider with the Breastfeeding Education in health care facilities in Faridabad district, Haryana, India	Kharya P.	All India institute of medical sciences, New Delhi	India

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36	Trends in breastfeeding and weaning practices in upper Egypt	Gihan Fouad Ahmad, Wafaa Fahmy, May Matter, Sahar Khiary, Gulsen Saleh	Consultant of pediatrics/IBCLC, National Nutrition Institute in Cairo	Egypt
37	Evaluation of an educational intervention to improve the knowledge of pregnant women about breastfeeding	Silvia Marina Anaruma	Department of Education - UNESP – UNVI ESTADUAL PAULISTA – SÃO PAULO STATE - BRAZIL	Brazil
38	Trial for improved practices (TIPS) in Infant and young child feeding: A formative research in rural India.	Fahmina Anwar, Ratan.K.Srivastava, S.P.Singh	Research scholar, 2 & 3 Professor. Department of Community Medicine, Institute of Medical Sciences, B.H.U.	India
39	Unilateral Breast Feeding: An Unusual Practice that Might be the Reason for Future Development of Contra-lateral Breast Disease	Arwa A. Ashoor, Muna M. Baslaim, Shefaa A. Al-Amoudi,	Muna M. Baslaim, MD Consultant Surgeon and Head of Breast Unit, King Fahd General Hospital, P. O. Box: 51652, Jeddah 21553, Saudi Arabia	Saudi Arabia
40	A study of the factors responsible for early cessation of exclusive breastfeeding in the upper middle class urban population in Delhi.	Dr Shacchee Baweja	MBBS, D-Ch, Lactation consultant (B L Kapur Memorial hospital) Member BPNI.	India
41	Breast-feeding education in schools: Is it feasible and effective?	Bhavneet Bharti, Ajith Brabhu Kumar C, Karan Singh, Suman Gautam	Department of Paediatrics, PGIMER, Chandigarh	India
42	Determinants of EBF at 1st immunisation visit in infants in Nagpur, India.	Patel AB, Dhande LA, Borkar JA, Kaletwad A.	Lata Medical Research Foundation, Nagpur. Indira Gandhi Government Medical College, Nagpur. Resident, Indira Gandhi Government Medical College, Nagpur.	India
43	Creating National Commission for Breastfeeding as one of Alternative Solution to Enforce Breastfeeding Laws at the Workplaces in Indonesia	Ahmad Fauzi & Desy Sulistiyorini	Undergraduate student of Faculty of Public Health University of Indonesia	Indonesia
44	Mental health disorder and its effect on breast feeding in women from rural area	Dr Afroz Khatib, Dr Quazi Syed Zahiruddin, Dr Abhay M Gaidhane	Datta Meghe Institute of Medical Sciences (Deemed University), Wardha	India
45	Cultural changes in breastfeeding in an industrial city : A report of WBW experience of 3 years	Dr. Omesh Khurana	Director In- Charge (Medical & Health Services), Durgapur Steel Plant, SAIL President, IMA, Durgapur Branch	India
46	To study the effect of mother's diet on nutritional status of her child during Exclusive breast feeding and complementary feeding period in Ahmedabad district, Gujarat, India."	Shah A G, Parikh S B, Bala D V	Smt. NHL Municipal Medical College, Ahmedabad	India
47	Cross sectional study to assess barriers and facilitators of infant and young child feeding practices in Ahmedabad district, Gujarat, India	Patel P G, Bala D V	Smt.NHL Municipal Medical College, Ahmedabad	India
48	A cross sectional study to assess infant and young child feeding (IYCF) practices and its impact on nutritional status of infant and young children in the age group of 0-36 months in Ahmedabad district, Gujarat, India	Vaghela S D, Parikh S B, Bala D V	Smt. NHL Municipal Medical College, Ahmedabad	India
49	Cross sectional study to know the association between birthing techniques and initiation of breast feeding in Ahmedabad	Jani Y K, Shukla A A, Bala D V	Smt. NHL Municipal Medical College, Ahmedabad	India
50	Factors influencing exclusive breastfeeding in the village of Bukit Indah, South Sumatera	Anita Rahmiwati	Sriwijaya University, Indonesia	Indonesia
51	Dietary Behavior and Nutritional Status of the Selected Adolescent Girls in Dhaka City	Kakali Das Poddar, Suma Irin and Prof. Dr. Md. Aminul Haque Bhuyan	Food and Nutrition Department, Bangladesh Home Economics College under University of Dhaka, Bangladesh, 3 Director, Institute of Nutrition and Food Science, University of Dhaka, Bangladesh.	Bangladesh
52	Frenotomy: Management of Tongue Tie Infants with Breastfeeding Problem	Asti Praborini, Hani Purnamasari, Agusnawati	Lactation Clinic Kemang Medical Care Mother and Child Hospital Jakarta	Indonesia
53	Awareness about breast feeding practices and vitamin A deficiency among mothers in Srikakulam district of Andhra Pradesh, South India	Sannapaneni Krishnaiah, Vasantha Rao Sappati, Suneetha Sapur, Catherine Suttle	Allen Foster Community Eye Health Research Centre, International Centre for Advancement of Rural Eye Care, L V Prasad Eye Institute, Hyderabad, India; 2 School of Optometry and Vision Science, University of New South Wales, Sydney, Australia.	India

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54	ASHA : The only HOPE for Successful implementation of Breast feeding .	Dr Rishabh Kumar Rana, Dr Veena Rai , Dr Chitaranjan Roy		India
55	Need to revisit national guidelines and re-emphasize adherence to age-appropriate infant and young child feeding in the context of in-patient management of severe acute malnutrition	Gargi Wable, Dr.Ranu Dhillon	Columbia Global Center, South Asia	India
56	Initiation of breastfeeding practice during Confinement Period in Timor Tengah Selatan District, Indonesia	Mardewi, Emily Hillenbrand, Ardiani Dyah Priamsari, Prateek Gupta and Silvana Faillace	Helen Keller International Indonesia and Asia Pacific Regional Office (APRO)	Indonesia
57	Awareness Regarding Infant Milk Substitution Act of the Infant Food, Feeding Bottle and the Infant Milk Substitute Sellers in the Patiala City, Punjab.	Dr.Paramjeet Kaur, Dr.Amanjot K.Singh	MD Professor & Head Community Medicine Government Medical College Patiala Punjab	India
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59	Effects of stress on lactation among working and non-working Malaysian mothers: The crucial role of family support during postpartum.	N Raihan Mohamed	Prof Lam Sau Kuen & Dr Kyaimon Myint, Department of Physiology, University of Malaya	Malaysia
60	A Mother's Dream: The Journey from Breast Refusal to Successful Breastfeeding	Aneyamma Sam Mottackal	Senior Lactation Consultant, Al Corniche Hospital, Abu Dhabi.	Abu Dhab
61	Contributions of Maternal Anemia Towards Low Birth Weight (LBW)	Rini Mutahar	Sriwijaya University, Indonesia	Indonesia
62	Association of exclusive breast feeding practices and weight gain in Infants	Suneetha sapur, Girija Vadalamudi, Kathiresan.C,Sethu Sheeladevi	Akkshaya Foundation, Hyderabad, India, Center for Development of Advanced Computing (C-DAC), Ministry of Communications and Information Technology, Government of India. L.V. Prasad Eye Institute, Hyderabad, India.	Bangladesh
63	Study of causes of Lactation Failure and the Effect of Intervention	Dr Kanika Jindal, Dr B Rath , Dr Bhawna	Dr Kanika Jindal-MBBS, LHMC, Delhi,Dr B Rath, Dir-Prof, LHMC, Delhi, Dr Bhawna, Associate Professor, LHMC, Delhi	India
64	Association of Infant and Young Child Feeding Practices and Undernutrition among children below two in Semi Tribal ICDS Blocks of a selected district in Gujarat.	Ms. Purvi Karkar Parikh and Dr. Kavita Sharma	The Dept. of Foods & Nutrition, Faculty of Family and Community Sciences, The M S University of Baroda, Gujarat, India	India
65	Infant and young child feeding practices in Semi Tribal ICDS Blocks of a selected District in Gujarat	Ms. Purvi Karkar Parikh and Dr. Kavita Sharma	The Dept. of Foods & Nutrition, Faculty of Family and Community Sciences, The M S University of Baroda, Gujarat, India	India
66	Participatory Rural Appraisal Approach for Exploring Reasons for not Practising Exclusive Breastfeeding – A Study in Urban Slums of Delhi	Mrs Vandana Sabharwal, Dr. S J Passi	Associate Professor, Institute of Home Economics, F-4 Hauz Khas, New Delhi ,Director, Institute of Home Economics, F-4 Hauz Khas, New Delhi	India
67	Breastfeeding practices and perceptions – Three observations from Pondicherry, India	Dr.B.Adhisivam	Assistant Professor Dept. of Pediatrics, JIPMER, Pondicherry 605 006	Indonesia
68	Assessment on progress of breastfeeding policies as per BPNI and IBFAN guidelines in PCMC area ,Pune	Dr Supriya Malik, Dr Geeta Karambelkar, Dr Shailaja Mane, Dr S R Agarkhedkar	Dpt. Of Paediatrics , Dr D Y Patil Medical college and hospital, Pune, Maharashtra.	India
69	Capacity Building of ICDS Functionaries on Infant and Young Child Feeding Practices: Impact on IYCF practices and Nutritional Status of Children Below Two years	Dr Supriya Malik, Dr Geeta Karambelkar, Dr Shailaja Mane, Dr S R Agarkhedkar	Dpt. Of Paediatrics , Dr D Y Patil Medical college and hospital, Pune, Maharashtra.	India
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71	Effectiveness of cell phone counseling to improve breastfeeding indicators	Patel AB, Dhande LA, Kuhite PN, Pusdekar YV, Khan SB, Puranik AS, Borkar JA	Lata Medical Research Foundation, Nagpur, Indira Gandhi, Government Medical College, Nagpur, India	Viet Nam
72	The experience of a child-friendly maternity in Rio De Janeiro / Brazil in promoting and encouraging the support breastfeeding.	Abilene Gouvêa, Helder Leite, Ana Lúcia F. Lopes, Elizete L. G. Pinto	UERJ/BRAZIL	Brazil

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73	Which Mothers in Rural Communities Don't Exclusively Breast Feed ? A Study in 5 Low Income Countries	Archana Patel , Sherri Bucher, Fabian Esamai Shivaprasad Goudar, Elwyn Chomba, Ana Garces 6, Omrana Pasha, Edward Liechty, Richard Derman, Waldemar Carlo, Michael Hambidge, Robert Goldenberg, Janet Moore, Elizabeth McClure, .Marion Koso-Thomas, Linda L. Wright, Patricia Hibberd	Lata Medical Research Foundation and Indira Gandhi Medical college, Nagpur, Indiana University School of Medicine, Indianapolis, Indiana, Moi University, Eldoret, Kenya, Jawaharlal Nehru Medical College, Belgaum, India, University of Zambia, Lusaka, Zambia, San Carlos University, Guatemala City, Guatemala, Aga Khan University, Karachi, Pakistan, Indiana University, Indianapolis, Indiana, Christiana Health Care, Newark, Delaware, University of Alabama at Birmingham, Birmingham, Alabama, University of Colorado Health Sciences Center, Denver, Colorado, Columbia University, New York, New York, Research Triangle Institute, Durham, North Carolina, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, Maryland, Massachusetts General Hospital for Children, Boston, Massachusetts	India
74	Factors Associated with Lack of Timely Initiation of Breast Feeding in 6 Low-Middle Income Countries: A Rural Community Based Study	Archana Patel, Sherri Bucher, Fabian Esamai, Shivaprasad Goudar, Elwyn Chomba, Ana Garces, Omrana Pasha, Edward Liechty, Richard Derman, Waldemar Carlo, Michael Hambidge, Robert Goldenberg, Janet Moore, Elizabeth McClure, Marion Koso-Thomas, Linda L. Wright, Patricia Hibberd, Pierre Buekens, Fernando Althabe	Lata Medical Research Foundation and Indira Gandhi Medical college, Nagpur, Indiana University School of Medicine, Indianapolis, Indiana, Moi University, Eldoret, Kenya, Jawaharlal Nehru Medical College, Belgaum, India, University of Zambia, Lusaka, Zambia, San Carlos University, Guatemala City, Guatemala, Aga Khan University, Karachi, Pakistan, Indiana University, Indianapolis, Indiana, Christiana Health Care, Newark, Delaware, University of Alabama at Birmingham, Birmingham, Alabama, University of Colorado Health Sciences Center, Denver, Colorado, Columbia University, New York, New York, Research Triangle Institute, Durham, North Carolina, Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, Maryland, Massachusetts General Hospital for Children, Boston, Massachusetts	India
75	Scaling up community interventions to improve infant and young child feeding practices	Dr. Mohammad Raisul Haque	Senior Program Manager, BRAC Health Program (Alive & Thrive)	Bangladesh
76	KAP Study of the mothers regarding Breastfeeding , attennding NRC Darbhanga (Bihar) with SAM children	Dr. Abhay Kumar, Mrs Suchi Kumari, Dr. S.D.Singh , Dr.(Prof) C. Roy,	DMCH Darbhanga	India
77	The Concept of Baby Friendly Community Initiative in Bondo District, Nyanza Province, Kenya	Matiri E, Kimiywe J, Isreal- Ballard K, Galloway R.	Maternal and Child Health Integrated Programme, Kenya; Programme for Appropriate Technology in Health (path)	Kenya
78	Is C-section delivery a barrier to early initiation of breastfeeding ?	Sandeep R; Sarayu B B; Chandravva H Guruprasad G; Banapurmath C R,	Dept. of Pediatrics, J.J.M. Medical College & Bapuji Child health Institute, Davangere	India
79	Infant and young child feeding practices in Urban slum pre-school children in Davangere	Kavan Deshpande, Manjula MR, Madhu Pujar S, Banapurmath CR	Dept. of Pediatrics, J.J.M. Medical College & Bapuji Child health Institute, Davangere	India

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209	Rafael Amador-Rodezno	United Nations Children's Fund
Niger		
210	Asmaou Ibrahim Issa	Groupe d'Action pour la Promotion de l'Alimentation Infantile Au Niger (GAPAIN)
Nigeria		
211	Ada Ezeogu	United Nations Children's Fund
212	Dauda Abioye	Federal Ministry of Health, Nigeria
213	Fatima Akande Bamidele	Federal Ministry of Health, Nigeria
214	Patricia Ukegbu	Dep. Of Human Nutrition & Dietetics,
215	Tinuola Adebola Taylor	Federal Ministry of Health, Nigeria
Norway		
216	Anne Baerug	National Centre for Lactation
217	Anne Sigstad	Ammehjelpen
218	Elisabet Helsing	International Baby Food Action Network World Alliance for Breastfeeding Action
219	Heidi Linnerud	Ammehjelpen
Oman		
220	Saada Al Mamari	Ministry of Health
Pakistan		
221	Ali Nasir Bugti	Nutrition Cell, Provincial Health Directorate Balochistan
222	Dure Samin Akram	Health Education & Literacy Programme
223	Ghazanfar Ali Sheikh	Ali Children Clinic
224	Majid Latif	Punjab Healthcare Commission
225	Muhammad Asif	Planning & Development Division
226	Muhammad Shafique	Shafique Muhammad & Company
227	Qazi Mujtaba	National Aids Control Program
Peru		
228	Ana Vázquez Gardini	Center of Social Studies and Publications (CESIP)
Philippines		
229	Alessandro Iellamo	Independent Consultant
230	Velvet Roxas	Arugaan
231	Ines Fernandez	Arugaan
Qatar		
232	Mohammed Ilyas Khan	Hamad Medical Corporation, Doha, Qatar
Rwanda		
233	Jeanne d'Arc Nyirajyambere	CHF International/Save The Children International-USAID Ejo Heza
Saudi Arabia		
234	Abd Almajeed Batterjee	Al Bidayah Breastfeeding Resource Center and LLLI
235	Ahmed Elnagib Ahmed	P.H.C. Dept. General Directorate Of Health Affairs, Ar'Ar, Northern Borders, K.S.A.
236	Anne Batterjee	IBFAN Arab World Advisory Board, WABA Mother Support Task Force, Llli Board Of Directors
237	Nora Alkharji	King AbdAlaziz Medical City (KAMC)
238	Rana Baterjee	American Hospital, Dubai.

S.No.	Name	Organisation
239	Razaz Wali	King Abdul Aziz Medical City
240	Samah Soliman	Dr. Soliman Fakeeh Hospital
Senegal		
241	Frederick Grant	Helen Keller International
Seychelles		
242	Anne-Marie Bibi	Ministry of Health Seychelles
243	Georgianna Marie	Ministry of Health Seychelles
Singapore		
244	Cynthia Pang	Association for Breastfeeding Advocacy
245	Sharon Lee	Association for Breastfeeding Advocacy
Solomon Islands		
246	Rosemary lilu Kafa	Ministry of Health & Medical Services
South Africa		
247	Carl Gutberg	Ernst & Young/ Sida
248	Chantell Witten	United Nations Children's Fund, South Africa
249	Lenore Spies	Department Of Health: Kwazulu Natal
250	Mbali Mapholi	Tshwane District Hospital
251	Tshimi Lynn Moeng Mahlangu	National Department Of Health
South Korea		
252	Gu gyung Lee	Sobija (Consumer) Report
253	Jaiok Kim	Consumers Korea
254	Vokyung Song	Sobija (Consumer) Report
255	Yun Hee Kim	Consumers Korea
Sri Lanka		
256	Achini Priyangika Mahawattage Weerasinghe	Nutrition secretariat Under Presidential Secretariat Sri Lanka
257	Chandrika De Zoysa	Srilanka Freedom Party Women Organisation
258	Chandrika Kanthi Raluwe Dona Francisku	Sarvodaya, IBFAN-Sri Lanka
259	Damayanthi Sujatha Wijetilleke	Sarvodaya Women's Movement
260	Deepika Attygalle	United Nations Children's Fund
261	Deepthi Perera	Ministry of Health
262	Dhammica Rowel	Family Health Bureau, Ministry of Health
263	Hiranya S. Jayawickrama	Family Health Bureau of Ministry of Health
264	Lalith Chandradasa	National Nutrition Secretariat
265	Nawagamuwage Damayanthi Perera	Srilanka Freedom Party Women Organisation
266	Ranatunga Wimalawathie	IBFAN -Sarvodaya Womens Movement
267	Ravindra Ariyawickrama	Lanka Jathika Sarvodaya Shramadana Sangamaya
268	Renuka Jayatissa	Medical Research Institute
269	Sanjeeva Godakandage	Family Health Bureau of Ministry of Health
270	T.Kanthi	Health Education Bureau, Colombo, Sri Lanka
271	Udagamage Dona Gunawardena	Medical Research Institute
272	Upul Senarath	Faculty of Medicine, University of Colombo
Sudan		
273	Amani Abdelrazig	Federal Ministry of Health
274	Amira Almunier	Ministry of Health / National Nutrition Program

S.No.	Name	Organisation
275	Amira Suliman Ali	Federal Ministry of Health
276	Elamin Sayed Ahmed	International Baby Food Action Network - Schipo
277	Fatima Ibrahim	Ministry of Health \North Darfur \Sudan
278	Fatima Mohammed Osman	Federal Ministry of Health
279	Talal Faroug Mahgoub	United Nations Children's Fund
280	Wafa Taha Shegdi	Ministry of Health
Swaziland		
281	Armanda Gani	International Baby Food Action Network , Africa Regional Office
282	Joyce Chanetsa	International Baby Food Action Network , Africa
283	Percy Chipepera	Swaziland Infant Nutrition Action Network
284	Raynald Maseko	International Baby Food Action Network , Africa
Sweden		
285	Amal Omer-Salim	IMCH/ Uppsala University & WABA
286	Ann-Margret Yngve	International Baby Food Action Network - Nafia
287	Anouk Jolin	Sensus
288	Birgitta Jacks	Åbo Akademi
289	Christina Gislekog	International Baby Food Action Network - Karolinska University Hospital
290	Elisabeth Kylberg Lundström	University of Skövde
291	Gerd Brandell	Nafia
292	Gunilla Kristiansson	Barnmorskemottagningen, Rosengård, Malmö, Sweden
293	Jeanette Engebjär	Nafia
Switzerland		
294	Elaine Petitat-Côté	International Baby Food Action Network
295	Francesco Brance	World Health Organization (WHO), HQ
296	Ina Verzivolli	International Baby Food Action Network Geneva Infant Feeding Association
297	Vilma Tyler	United Nations Children's Fund
Taiwan		
298	Leh-Chii Chwang	Chinese Women Consumers Association
Tanzania		
299	Olivia Yambi	Independent Consultant
300	Urban Jonsson	The Owls
Thailand		
301	France Begin	United Nations Children's Fund
302	Kannika Bangsainoi	Thai Breastfeeding Center Foundation
303	Kusuma Chusilp	Khon Kaen University, Ministry Of Education, Thailand.
304	Yupayong Hangchaovanich	Thai Breastfeeding Center Foundation
Timor-Leste		
305	Angelina Fernandes	International Baby Food Action Network - The Alola Foundation
Togo		
306	Abdou Rahmane D.Agbere	d'Action pour l'Alimentation Infantile au Togo (GAAIN-TOGO)
Turkey		
307	Bal Aissata Ep. Sall Mouritanienne	-

S.No.	Name	Organisation
Uganda		
308	Albert Lule	Ministry of Health
309	Jesca Nsungwa	Ministry of Health
310	John Musisi	International Baby Food Action Network, Uganda
311	Margaret Kyenkya	SPRING Uganda/IBFANer
312	Sarah Nglombi	Ministry of Health
Ukraine		
313	Yulia Savelyeva	International Baby Food Action Network-Sumy Group, Sumy State University
United Arab Emirates		
314	Jasmine Sneyd	Corniche Hospital
315	Gabriela Shaat	Corniche Hospital
United Kingdom		
316	Annette Sawatzki	Private Lactation Consultant.
317	Cecile Knai	London School Of Hygiene & Tropical Medicine
318	Clare Meynell	Honeysuckle Cafe
319	Felicity Savage	World Alliance for Breastfeeding Action
320	Fiona Duby	Baby Milk Action
321	Frances Mason	Save the Children
322	Jill Dye	Lactation Consultants Of Great Britain
323	Kathryn Rawe	Save the Children
324	Patti Rundall	Baby Milk Action
USA		
325	David Clark	United Nations Children's Fund (UNICEF)
326	Elizabeth Zehner	Hellen Keller International
327	Helen Armstrong	International Baby Food Action Network
328	Joan Younger Meek	American Academy Of Pediatrics
329	Kristina Beall	SPRING
330	Nicholas Alipui	United Nations Children's Fund, HQ
331	Nune Mangasaryan	United Nations Children's Fund (UNICEF)
332	Paige Smith	Center For Women's Health And Wellness, Unc Greensboro
333	Rachel Pickel	United Nations Children's Fund
334	Ranvir Dhillon	Earth Institute, Columbia University
335	Susan Martinelli	Marin County Wic Program
336	Swaran Gupta	Womans Hospital
Vietnam		
337	Ann-Charlotte Sylwander	United Nations Children's Fund
338	Ha Vu	Alive And Thrive Project
339	Hung Nguyen Tuan	Save The Children
340	Hung Truong	Institute of Legislative Studies Of Viet National Assembly
341	Huong Nguyen	Maternal And Child Care Dept. - Ministry Of Health Of Vietnam
342	Linh Phan	Family Health International/Alive & Thrive Vietnam Project
343	Nguyen Huong	The Center For Public Health And Community Development
344	Nguyen Thi Bich Van	The Center for Public Health and Community Development

S.No.	Name	Organisation
345	Phuong Do Hong	United Nations Children's Fund
346	Phuong Nguyen	International Food Policy Research Institute
347	Quang Nguyen	Legislation Department - Ministry Of Health Of Vietnam
348	Quoc Duong	Viet Nam National Assembly
349	Roger Mathisen	United Nations Children's Fund
350	Thuy Dinh	Ministry of Health
351	Tram Luong	International Baby Food Action Network), South East Asia
352	Tuan Nguyen	Alive & Thrive, Fhi360
Yemen		
353	Khaled Al-Sakkaf	Faculty Of Medicine, Aden University
Zambia		
354	Martha Chokani	Ministry of Health
355	Richard S. Mulwanda	Ministry Of Gender & Child Development
356	Tina Nyirenda	Zambia Integrated Systems Strengthening Program (ZISSP)
Zimbabwe		
357	Charity Zvandaziva	United Nations Children's Fund
358	Miriam Banda	Ministry of Health and Child Welfare
359	Nyasha Gwamanda	Ministry of Health and Child Welfare
360	Rufaro Charity Madzima	Nutrition Plus Pvt Ltd
India		
361	AB Patel	Lata Medical Research Foundation
362	Abhay Kumar	Darbhanga Medical College, Darbhanga
363	Abhay Mahindre	Kids Clinic India Pvt Ltd
364	Abhijeet Sangma	Christian Medical Association Of India
365	Abhiroopa	Rabbithole
366	Abhishek Singh	Aga Khan Foundation
367	Adhisivam B	Jawaharlal Institute Of Post Graduate Medical Education & Research (Jipmer)
368	Aditi Roychowdhury	Child In Need Institute
369	Aditi Singh	Subharti Medical College
370	Ahmed Swaleh	Jamia Millia Islamia
371	Aishat Sumayya	Nocer India
372	Ajay Khera	Ministry of Health and Family Welfare (MoHFW), Child Health & Immunization
373	Ajay Kumar	Legal Adisor, BPNI
374	Ajith Brabhu kumar C	Post Graduate Institute Of Medical Education And Research, Chandigarh
375	Ajoy Ravi	Anm Medical College, Gaya, Bihar
376	Akhshay Sethi	-
377	Aleyamma Mathew	-
378	Ali Jafar Abedi	Community Medicine, Jn Medical College, AMU, Aligarh
379	Alisha Syedian	Jamia Millia Islamia
380	Alka Agrawal	Santosh Medical College And Hospital, Ghaziabad
381	Alka Kuthe	Breastfeeding Promotion Network of India (BPNI)
382	Amanjot Singh	Government Medical College, Patiala, Punjab

S.No.	Name	Organisation
383	Amit Dahiya	Breastfeeding Promotion Network of India (BPNI)
384	Amrita Misra	Norway-India Partnership Initiative-UNOPS
385	Amrita Puranik	Lata Medical Research Foundation
386	Anand Shah	NHL Municipal Medical College
387	Anchita Patil	Aga Khan Foundation
388	Aneyamma Mottackal	Al Corniche Hospital
389	Anil Kumar Sajjan	Bapuji Child Health Institute
390	Anita Gupta	University College of Medical Sciences (UCMS)
391	Anita Malhotra	Lakshmibai College (University Of Delhi)
392	Anita Sharma	Fortis Le Femme
393	Anjana Chaubey	PHC Birdha, Lalitpur
394	Ankita Kankaria	All India Institute Of Medical Sciences
395	Ankur Aggarwal	Randstad-UNICEF
396	Anna Motupalli	World Vision India
397	Anna Ssps	-
398	Annamma Raju	Latifa Hospital
399	Anoop Kumar	Scorpia India Medicare Pvt. Ltd.
400	Ansuya Patel	State Institute of Health & Family Welfare (SIHFW)
401	Anupama	-
402	Anuradha Gupta	Ministry of Health & Family Welfare
403	Anurag Singh	Dr S N Medical College Jodhpur
404	Anusha Bansal	Save the Children, India
405	Aravinda Pillalamarri	Association For India's Development
406	Armida Fernandez	Sion Hospital
407	Arnika Sharma	Breastfeeding Promotion Network of India
408	Arti Verma	-
409	Arun Gupta	BPNI/IBFAN Asia
410	Arun Kumar Handa	Health & Family Welfare Punjab
411	Arun kumar Thakur	Dept. Of Pediatrics, Nalanda Medical College Hospital, Patna
412	Arun Phatak	KGP Children Hospital, Vadodra
413	Asa Heijne	Sweden Embassy
414	Asha Anand	ACASH, BPNI, WABA
415	Asha Benakappa	Breastfeeding Promotion Network of India
416	Ashi Kohli Kathuria	World Bank
417	Ashifa Mufti	BFCHI Project, Lalitpur
418	Ashish Ann	DHA
419	Ashok Kumar	Breastfeeding Promotion Network of India
420	Atiya Bano	-
421	Atul Dubey	BFCHI Project, Lalitpur
422	Avni Thakur	-
423	B. Bharat Kumar	-
424	Babita Singh	World Vision India
425	Babu H.S.	Social Justice Department, Govt. of Kerala
426	Bachchu Gupta	State Government Employee (Govt Of UP)

S.No.	Name	Organisation
427	Balbir Singh	Ministry of Women and Child Development (MWCD)
428	Baljeet Maini	Mmimsr Ambala
429	Balraj Yadav	Haryana Health Dept.
430	Beena Bhatt	Breastfeeding Promotion Network of India
431	Bhagyashree Nilkanth	Asha Clinic, Pune
432	Bharti Tiwari	-
433	Bhavneet Bharti	Advanced Pediatrics Center, PGIMER, Chandigarh
434	Bishnu Adhikary	National Rural Health Mission (NRHM), ASSAM
435	Camilla Conti Gill	Myyum
436	Chanamma Harihar	Bapuji Child Health Institute & Research Centre
437	Chanchal Dadhwal	Women and Child Development Department, Haryana
438	Chanda Kumari Shrestha Borah	Oil India Limited, Duliajan, Assam
439	Chandravesh Sisodia	Department of Women & Child Development, Chhattisgarh
440	Charu Chopra	Aga Khan Foundation
441	Charu Singh	-
442	Charulatha Banerjee	Terre Des Hommes Foundation
443	Chetan Negi	-
444	Chhavi Kiran Gupta	Subharti Medical College, Meerut
445	Chouthmal Chhajer	Breastfeeding Promotion Network of India
446	CR Banupurmath	Bapuji Child Health Institute & Research Centre
447	Deepak Sharma	Deep Health Care Centre, Haryana
448	Deepanker Pramanik	-
449	Deepika Shrivastava	Planning Commission of India
450	Deepti Aggarwal	Ministry of Health and Family Welfare
451	Dinesh Khosla	Breastfeeding Promotion Network of India
452	Dinesh Paul	National Institute of Public Cooperation and Child Development
453	Dipa Sinha	-
454	Divya Yadav	-
455	Dr Shreeranjana	Ministry of Women and Child Development
456	Elina Soren	World Vision India
457	Evelyn P. Kannan	Trained Nurses Association of India
458	Fahmina Anwar	Institute of Medical Sciences, Banaras Hindu University, UP
459	Fariha Siddiqui	Breastfeeding Promotion Network of India
460	Ganapathy Murugan	Public Health Resource Network, Delhi
461	Ganga Narayanasamy	Vinayaka Mission Medical College, Tamil Nadu
462	Gargi Wable	Columbia Global Center, South Asia
463	Gargie Sharma	Jamia Millia Islamia, Delhi
464	Gayatri Singh	UNICEF
465	Geetanjali Goindi	All India Institute of Medical Sciences
466	Geetha Nair	KLCS, Kannur
467	Gita Jain	Adhar Mahila, Bihar
468	Gunasingh Dorairaj	-
469	H.S. Babu	Social Justice Department, Government of Kerala
470	H.S. Nanda	Ministry of Women and Child Development

S.No.	Name	Organisation
471	Harshika Sahni	-
472	Heena Rustgi	-
473	Himabindu Singh	Niloufer Hospital Osmania Medical College, Hyderabad
474	I M Ojha	BFCHI Project, Lalitpur
475	Indira Sarma	Oil India Limited, Duliajan, Assam
476	Indrani Sarkar	Save the Children
477	Irudaya Veni Mary	Loyola Institute of Business Administration, Loyola College, Chennai
478	Ishita Adhikary	Ministry of Women and Child Development
479	J P Dadhich	Breastfeeding Promotion Network of India
480	J.H. Panwal	Ministry of Women and Child Development
481	J.N. Singh	Awake India Foundation, Delhi
482	Jessica Mondal	Compassion East India, West Bengal
483	Jitendra Srivastava	-
484	Juhi Gautam	Randstad India Ltd.
485	July Thankachan	Ruwais Hospital, Abudhabi National Oil Company.
486	K. Kesavulu	BPNI/ District Hospital Hindupur
487	K. P. Kushwaha	BPNI/BRD Medical College
488	K. V. Raghunath Karnam	Madhavi Mother and Child Clinic, Adoni, Andhra Pradesh
489	K.N. Ahuja	Ministry of Women and Child Development
490	Kailash Aggarwal	Safdarjung Hospital, New Delhi
491	Kaisar Ahmed	Government Medical College, Srinagar
492	Kalpana Vishvkarma	PHC Birdha, Lalitpur
493	Kamini Naik	Ganu Naik Medical Centre
494	Kamlesh Rana	Women and Child Development Department, Panchkula, Haryana
495	Kaneez Muneeza	Aga Khan Foundation
496	Kanika Jindal	Lady Harding Medical College
497	Kanika Singh	Save The Children
498	Karan Singh	Post Graduate Institute Of Medical Education And Research Centre Chandigarh
499	Kashif Khan	Breastfeeding Promotion Network of India
500	Keneinguzo Dzuwichu	Directorate of Health & Family Welfare, Nagaland
501	Kiran Garg	Subharti Medical College, Meerut
502	Krishna	-
503	Krishnaiah Sannapaneni	L V Prasad Eye Institute
504	Kriti Khurana	Path
505	Kuldeep Shorya	-
506	Kum Kum Marwah	Ministry of Women and Child Development
507	Kumar Naman	-
508	Kumari Manisha	-
509	Kumudha Aruldas	Population Council
510	Kunal Bagchi	World Health Organization, SEARO
511	Kuntal Biswas	Medical College & Hospitals, Kolkata
512	L.R. Gupta	Breastfeeding Promotion Network of India
513	Laishram Meetei	Regional Institute Of Medical Sciences, Manipur
514	Lalita Verma	Lady Irwin College, University of Delhi, New Delhi

S.No.	Name	Organisation
515	Laxmikant Palo	Save the Children
516	Louis Georges Arsenaault	UNICEF India chief
517	Lubna Abdullah	Breastfeeding Promotion Network of India
518	Lysander Menezes	PATH
519	M. M. A. Faridi	University College of Medical Sciences & GTB Hospital, Delhi
520	M.C. Longai Phom	Directorate of Health & Family Welfare, Nagaland
521	Mallikarjuna.H.B. Honnalibannajji	M.S. Ramaiah Medical College, Bangalore
522	Malvika Saxena	National Institute of Public Cooperation and Child Development
523	Manish Kumar	Breastfeeding Promotion Network of India
524	Manisha Choudhury	National Rural Health Mission (NRHM), Assam
525	Manoj Kumar	-
526	Manpreet Singh	Ministry of Health and Family Welfare
527	Manveer Singh	-
528	Mathura Mahato	School Of Medical Sciences&Research and Sharda Hospital, Greater Noida, Uttar Pradesh
529	Meenakshi Jha	National Institute of Public Cooperation and Child Development
530	Meenakshi Jha	-
531	Meera Verma	Bihar Health Services, Patna
532	Megha Mamulwar	Padmashree Dr. D. Y. Patil Medical College, Pune
533	Minakshi Saxena	Paras Hospitals, Delhi
534	Mini Joseph	Al Gharbia Hospital, Abudhabi
535	Mira Shiva	Initiative for Health Equity & Society (IHES), Delhi
536	Mitaii Palodhi	Ministry of Women and Child Development
537	Mohammad Amir	Ministry Of Health
538	Mohd. Nauman	Ministry of Women and Child Development
539	Mohinder Singh	Breastfeeding Promotion Network of India
540	Monika Puri	Lady Hardinge Medical College, New Delhi
541	Monika Varshney	Government Medical College, Aligarh
542	Mridula Bajaj	Mobile Creches
543	Mudita Singh	-
544	Muneshwar Jain	Adhar Mahila, Patna
545	Murugan Venkatesan	Sri Manakula Vinayagar Medical College And Research Centre
546	N.N. Tiwari	Ministry of Women and Child Development
547	Namisha Singh	-
548	Naren Kaimal	Rabbithole
549	Narimah Awin	WHO SEARO
550	Nazia Khan	Jamia Millia Islamia, New Delhi
551	Neelam Bhatia	National Institute of Public Cooperation and Child Development
552	Neelima Thakur	Breastfeeding Promotion Network of India
553	Neha Kantharia	Department of Foods And Nutrition
554	Neha Singh	Jamia Millia Islamia, New Delhi
555	Neha Verma	-
556	Nikhil Kharod	Pramukhswami Medical College
557	Nirmala Selvam	Breastfeeding Promotion Network of India
558	Nitin	College of Arts, Delhi

S.No.	Name	Organisation
559	Nocer Sumayya	Nocer-India
560	Nupur Bidla	Breastfeeding Promotion Network Of India
561	Nutan Pandit	Natural Childbirth Center, New Delhi
562	Omesh Khurana	SAIL-Durgapur Steel Plant, West Bengal
563	P. K. Sudhir	Breastfeeding Promotion Network Of India
564	Pakyanathan Chandra	D. Arul Selvi Community Based Rehabilitation
565	Pankaj Sharma	-
566	Pankaj Somani	-
567	Parag Dagli	Aap Pediatric Health Care Pvt Ltd
568	Paramjeet Kaur	Dept Of Community Medicine, Government Medical College, Patiala
569	Parbati Sengupta	-
570	Pardeep Khanna	Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak
571	Parimal Chandra	Aga Khan Foundation
572	Pawan Garg	CanSupport
573	Pawan Parashar	Subharti Medical College, Meerut
574	Pooja Gaur	-
575	Pooja Jain	Daulat Ram College, New Delhi
576	Prabha Sinha	Bihar Health Services, Patna
577	Prabhath S	Ministry of Women and Child Development
578	Prachi Singh	Subharti Medical College, Merrut
579	Pradeep Sihare	Children Hospital, Bilaspur
580	Pradip Kharya	All India Institute Of Medical Sciences, New Delhi
581	Pragati Bhalla	-
582	Pragti Chhabra	University College of Medical Sciences, Delhi
583	Pragya Vats	Save the Children
584	Pramila Jha	BFCHI Project, Lalitpur
585	Praveen Dubey	BFCHI Project, Lalitpur (Dept Of Pediatrics, Brd Medical College, Gorakhpur)
586	Praveen Kumar	Post Graduate Institute of Medical Education and Research
587	Praveen Kumar	Lady Hardinge Medical College, New Delhi
588	Praveen Sharma	Save The Children
589	Preeti Rai	-
590	Priscilla Scariah	World Vision India
591	Priti Gupta	All India Institute Of Medical Sciences
592	Priyanka Kuhite	Lata Medical Research Foundation, Nagpur
593	Punit Patel	NHL Municipal Medical College, Ahmedabad
594	Purnima Sankanagoudar	SDM College of Physiotherapy, Dharwad, Karnataka
595	Purvi Parikh	The MS University of Baroda
596	Quazi Syed Zahiruddin	Datta Meghe Institute Of Medical Sciences, Wardha, Maharashtra
597	R. N. Panda	NRHM Bhubaneswar, Odisha
598	Rachita Gupta	Institute of Home Economics, University of Delhi
599	Radha Holla	Breastfeeding Promotion Network of India
600	Radhanath Satpathy	Breastfeeding Promotion Network of India
601	Radhika Sood	Lady Irwin College, New Delhi
602	Raj Anand	ACASH, BPNI, WABA

S.No.	Name	Organisation
603	Rajendra Malviya	BFCHI Project, Lalitpur
604	Rajendra Prasad Yadav	Ministry of Women and Child Development
605	Rajendra Singh	Ministry of Women and Child Development
606	Rajinder Gulati	Punjab Civil Medical Services, Ludhiana
607	Rajiv Tandon	Save the Children
608	Rajni Khanna	World Bank
609	Rajni Yadav	BFCHI Project, Lalitpur
610	Rakesh Kumar	Ministry of Health & Family Welfare, Government of India
611	Rana Ray	Women & Child Development & Social Welfare Department, Govt. of West Bengal
612	Ranvir Singh	Ministry of Women and Child Development
613	Ravish Sharma	Radstad India-UNICEF
614	Rewati Jain	-
615	Richa Jaiswal	ESI
616	Rinku	-
617	Rishabh Rana	DMCH
618	Rita Gupta	Asthma Centre, Pitampura, Delhi
619	Rita Patnaik	National Institute of Public Cooperation & Child Development
620	Rohini Mukherjee	Naandi Foundation
621	Rohini Saran	National Institute of Public Cooperation and Child Development
622	Rohit Taitwal	-
623	Rosamma Williams	Latifa Hospital
624	Ruchika Arora	Ministry of Health and Family Welfare
625	S K Yadav	National Empowerment of Women, MWCD
627	S. Aneja	Lady Hardinge Medical College, New Delhi
628	S. Jagadeeswari	Govt of Tamil Nadu
629	S. Malarvizhi	Ministry of Women and Child Development
630	S. Premi Devi	Ministry of Women and Child Development
631	S.K. Mehta	-
632	S.R. Choudhury	-
633	Saadya Hamdani	International Labour Organization
634	Sailaja Yanamandra	District Women Development & Child Welfare, Medak Dist. Andhra Pradesh
635	Sailesh Gupta	Indian Academy of Pediatrics
636	Saira Mehnaz	Jawaharlal Nehru Medical College, Aligarh Muslim University
637	Salma Shaziya	JJM Medical College, Davangere
638	Sanghamitra Ghosh	Ordnance Factory Hospital, Ishapore
639	Sangita Dave	Regional Director Office
640	Sanjay Kapur	United States Agency for International Development (USAID)
641	Sanjiv Kumar	Breastfeeding Promotion Network of India
642	Sarah Amin	World Alliance for Breastfeeding Action
643	Satish Tiwari	Indian Medico-Legal & Ethics Association
644	Satyadev Pandey	ACASH
645	Savitri Ray	Forces- Centre For Women's Development Studies
646	Seema Puri	Institute Of Home Economics, University Of Delhi

S.No.	Name	Organisation
647	Selvan Rathinasamy	Lotus Hospital, Erode
648	Senthilkumar Puliappagounder	-
649	Shacchee Baweja	B L Kapur Memorial Hospital, New Delhi
650	Shalinta Tyagi	Moms Paradise, Gurgaon, Haryana
651	Shanta Gopalakrishnan	National Institute Of Public Cooperation And Child Development
652	Sharad Singh	Ministry of Health and Family Welfare
653	Shashi Vani	Self
654	Shayam Kumar Laishram	-
655	Sheetal Chhaya	SBKS Medical Institute And Research Centre, Vadodra
656	Shivalkar Reddy Vancha	Dept. of Women Development & Child Welfare, Govt of AP
657	Shivani Lodha	Government Maharani Laxmibai Girls Pg College, Indore
658	Shivani Sharma	Housewife
659	Shoba Banapurmath	Bapuji Child Health Institute & Research Centre, Davangere
660	Shoba Suri	Breastfeeding Promotion Network of India
661	Shobha Shukla	-
662	Shreya Bathrinath	-
663	Shyla Sajumon	Al-Adan Hospital, Kuwait
664	Sila Deb	Ministry of Health and Family Welfare
665	Simran Sethi	-
666	Sindhu Surendran	-
667	Sivanya SN	Social Justice Department, Govt. of Kerala
668	Snehal Vaghela	NHL Municipal Medical College
669	Soma Sen	Public Health Resource Network, New Delhi
670	Somasekar Ramasamy	-
671	Sonu Sihare	Sihare Children Hospital, Chhattisgarh
672	Srilekha Chouhan	World Vision India
673	Sudarshan Kumari	Sunderlal Jain Hospital, Ashok Vihar, Delhi
674	Sudharsan Balasubramanian	Vinayaka Mission Medical College, Pondicherry
675	Suma Pradeep	IBCLC
676	Suman Gautam	Post Graduate Institute of Medical Education And Research, Chandigarh
677	Suneet Kaur	Sgrdimsar
678	Suneetha Sapur	Akkshaya Foundation, Hyderabad
679	Sunil Dutt Kaushik	Meena Wati Shishu Clinic, Delhi
680	Sunil Kumar	Darbhanga Medical College, Bihar
681	Sunita Katyayan	Breastfeeding Promotion Network of India
682	Supriya Malik	Dr D. Y Patil Medical College, Pune
683	Surekha Sama	Indian Nursing Council
684	Surendra Singh	Ministry of Women and Child Development
685	Suresh Dalpath	Deputy Director, DHS, Government of Haryana
686	Suresh Kumar	Breastfeeding Promotion Network of India
687	Sutapa Mukherji	Ministry of Women and Child Development
688	Swati Sajwan	-
689	Sweta Jain	Mayo University, Delhi
690	Sylvia Fernanadez Rao	-
691	Tejinder Kaur	National Institute of Public Cooperation and Child Development

S.No.	Name	Organisation
692	Usman Siddiqui	Jamia Millia Islamia, Delhi
693	Utsav Prakash	-
694	Uzma Hanif	-
695	Vandan Prasad	Member, National Commission for Protection of Child Right
696	Vandana Bharti	Devi Ahilya Vishwa Vidyalaya, Indore
697	Vandana Sabharwal	Institute Of Home Economics, Delhi
698	Vandana Siwal	National Institute of Public Cooperation and Child Development
699	Vani Sethi	UNICEF
700	Varinder Singh	-
701	Vartika Nanda	
702	Vartika Saxena	Himalayan Institute of Medical Sciences (HIMS) HIHT University, Dehradun
703	Vasundhara Bijalwan	-
704	Vasundhara Singh	All India Institute Of Medical Sciences, New Delhi
705	Veena Rawat	Breastfeeding Promotion Network of India
706	Vijay Chaudhary	Darbhang Medical College, Bihar
707	Vijay Jaiswal	LLRM Medical College, Meerut
708	Vijay Pal	Breastfeeding Promotion Network of India
709	Vikas Chaudhary	Pad. Dr. D.Y. Patil Medical College, Pune
710	Vimla Devi	PHC Birdha, Lalitpur
711	Vinay Kumar	Breastfeeding Promotion Network of India
712	Vinod Paul	All India Institute of Medical Sciences, New Delhi
713	Viplove Verma	Santosh Medical College, Ghaziabad
714	Vishesh Kumar	Haryana Health Dept.
715	Vishnu M Nair	BFA III YEAR, Applied Art
716	Viswanathan Palanisamy	Sri Ram Clinic, Coimbatore
717	W. Sita Shankar	PATH
718	Yagnavalkya Jani	Nhl Municipal Medical College
719	Yashoda S	Bapuji Child Health Institute & Research Centre, Davangere
720	Yasmin Zaveri	Sweden Embassy, New Delhi
721	Yogini Mishra	Association for Consumer Action on Safety & Health

What people felt about the Conference

Prof. Xaviera Cabada, Mexico - I thought it was really interesting that so many people from so many countries have united at one place to discuss this really important issue that should be discussed in all the countries and all the governments in every sector, every subject, and every health subject. It should be a subject that should be in just everybody's mouth, mind, every body's heart and every organization should be pushing it, driving it one way or another because this is the very essence of the survival of life.

Dr. Anwar Fazal, Malaysia - This conference was a great inspiration, and I think the greatest thing about this conference was the way young people showed their creativity, their passion, they are the future. And, we have created space for that future in that conference.

Dr. Hussaindad Ahmadi, Afghanistan - This World Breast Feeding Conference is really useful for us and my colleagues and our family in Afghanistan. This is the first time I have participated in this conference and also I wish it continues every year, because now we catch more knowledge, and more experience. When we go to our country we can share with our minister of public health and NGO's.

Daniel Jolin, Canada - Fantastic experience, very generous people, very determined people and a lot of diversity, fantastic conference. I learned so many things, so much documentation on the conflict of interest which applies to all the nations in the world. Kids die because some persons have the interest of their pocket before the health of children.

Dr. Patricia Ukegbu, Nigeria - The experience is interesting, delighted to be a part of it. I have really learned a lot of things, which I really didn't know before. I think it's very refreshing experience. Coming from my own country down here, to meet people from all the over the world, discussing breast feeding and breast milk. I think breast milk is the best.



putting child nutrition
at the forefront
of social change



defending breastfeeding

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