Regional Consultation to Protect, Promote and Support Breastfeeding with a Focus on Baby Friendly Hospital Practices

WHO/SEARO, New Delhi, India, 4-6 December 2017
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1. Background and Objectives

Exclusive breastfeeding in the first 6 months of life with appropriate and timely complementary feeding promotes good nutrition, making breastfeeding an early protective step in the reduction of neonatal and child mortality and risk of noncommunicable diseases. Breastfeeding is directly linked to Sustainable Development Goals 2 and 3, and impacts other goals related to environment and climate change, work productivity, empowerment and social protection. Increasing the prevalence of 6 months exclusive breastfeeding is a global nutrition target, and a focus of the Global Strategy for Women’s, Children’s and Adolescent’s health. (2016-2030).

Promoting, protecting and supporting breastfeeding consists of community-based strategies, strengthening and institutionalizing baby friendly practices in maternity care facilities through initiatives such as the Baby Friendly Hospital Initiative (BFHI) and similar programmes, and critical regulatory policy processes, i.e. the International Code of Marketing of Breast Milk Substitutes (the Code) and maternity protection laws.

The BFHI provides guidance for maternity facilities to adhere to the Ten Steps to Successful Breastfeeding to ensure appropriate breastfeeding care during the facility stay and success with future breastfeeding outcomes. Despite the achievements of BFHI, difficulties in implementing and sustaining the programme have prevented its widespread scale-up. The 2017 report on national implementation of the Baby-friendly Hospital Initiative by WHO states that, in South-East Asia Region (SEAR) only 5% of births occur in facilities that are currently designated as baby-friendly. The report identified many challenges in implementing standard BFHI programmes; sustainability, difficulties with the formal designation process for accreditation and lack of adequate knowledge and skills of health staff.

Notwithstanding the standard BFHI process, some maternity facilities in this Region do protect, promote and support breastfeeding. For the steps to breastfeeding to become the standard of care for all maternity facilities and for all babies, countries need guidance in integrating breastfeeding into national policies and standards with a more streamlined process that is manageable within existing resources. There are examples of innovative actions that can provide learning for neighbouring countries.

Therefore, in December 2017, a three day Member State (MS) consultation on promotion, protection and support for breastfeeding, with a focus on BFHI, was held in WHO Regional Office for South-East Asia. This was a collaborative effort between WHO HQ and the Regional Office Nutrition and Health for Development Units, with technical contributions from UNICEF, IBFAN Asia, Alive & Thrive and experts. Twenty four national programme managers of nutrition and maternal and child health from 10 countries – Bangladesh, Bhutan, Democratic People’s
Republic of Korea, India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand - participated. (list of attendees annexed).

The workshop objective was to strengthen breastfeeding practices in MS and provide technical support to implement the revised baby friendly hospital programme. Leveraging the experiences of countries, regional and international experts and development partners, the workshop focused on the following:

- Examining the current situation on breastfeeding programmes in countries, including BFHI, and identifying challenges and barriers to successful implementation.
- Updating programme managers on the new guidelines, recommendations and operational guidance to implement BFH programmes through experiences of experts who shared successful country examples.
- Promoting learning and adaptation of best practices between countries.
- Prioritizing actions to develop national capacity of health staff with regard to supporting facility-based and community programmes.
- Country group work to identify short and long term policies and actions to support breastfeeding, especially in maternity facilities.

The consultation also provided a platform to advocate on legislating the International Code of Marketing of Breast Milk Substitutes (BMS) and the monitoring of implementation and on maternity benefits. Updates were provided on NetCode, WHO/UNICEF’s new monitoring framework, and on the new WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. Throughout the workshop, country teams participated in group work sessions to identify strategies and prioritize actions for improving breastfeeding programmes.

The Regional Consultation was inaugurated by Dr Poonam Khetrapal Singh, Regional Director of WHO South-East Asia Region. In her speech, the Regional Director reiterated the importance of breastfeeding and its impact on child mortality and benefits to both mother and child. She also stated the central role of breastfeeding in the 2030 sustainable development agenda and its links to goals beyond health and nutrition, including poverty, education and sustainable consumption.
2. Summary of Sessions

The technical discussions were initiated with a brief update of the current situation of breastfeeding across the Region and data from a multi-country analysis on predictors of breastfeeding practices. Participants were then introduced to the Global Breastfeeding Collective by a panel of three speakers (WHO, UNICEF and IBFAN Asia). The Collective envisions a world in which all mothers have the technical, financial, emotional and public support they need to start breastfeeding within an hour of a child’s birth, breastfeed exclusively for six months, and to continue breastfeeding—with complementary foods for two years or beyond. The target of the breastfeeding collective is to reach an increased global rate of exclusive breastfeeding to 50% or higher by 2025. The strategic goals of the breastfeeding collective and the call to action were presented with emphasis on the investment case for breastfeeding and the importance of tracking progress of breastfeeding policies and programmes.

Strategic Goals for the Collective:

- Foster leadership and alliances
- Effectively integrate and communicate breastfeeding messages
- Mobilize resources and promote accountability
- Build knowledge and evidence to enhance breastfeeding policies, policies, programs, financing and communication

The technical sessions on Day 1 and part of Day 2 focused on breastfeeding in facilities providing maternity and newborn services, beginning with an introduction to the revised Ten Steps and BFHI Operational Guidance. Plenary presentations around the main areas of the new operational guidance followed. The country presentations were superimposed throughout the meeting, with MS providing information on one of three areas: BFHI implementation, community support for breastfeeding and the Code of marketing of breastmilk substitutes. Experts provided a five minute commentary regarding the key points of interest from the country presentations. Country team discussions on the relevant topic followed after each plenary presentation, with country teams using information from the plenaries, prior data which had been obtained through a country questionnaire and other programme information to guide their discussions.
3. Main messages from plenaries and country presentations

The protection, promotion and support of breastfeeding in facilities providing maternity and newborn services.

<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Key messages/content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the revised Ten Steps and BFHI Operational Guidance</td>
<td>Laurence M. Grummer-Strawn, WHO HQ</td>
<td>• Information regarding the BFHI global status report and the process of updating the guidance on BFHI was given.</td>
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<tr>
<td></td>
<td></td>
<td>• The new guidance, consisting of 6 clinical practices and 4 management steps and main changes from the previous guidance were detailed.</td>
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<tr>
<td></td>
<td></td>
<td>• The key responsibilities of a national BFHI programme were highlighted with an overview on each item. Previously, national and facility-level implementation often depended on committed individuals or “champions” and less on building and strengthening sustainable systems. However, for sustainability of the process, integration within health systems is vital, along with a country budget and less dependence on donors.</td>
</tr>
</tbody>
</table>

BFHI implementation and challenges, next steps

| Bangladesh (country presentation) | Current status of BFHI, best practices, monitoring mechanisms, challenges and future plans for the country were presented. |

Ten Steps to Successful Breastfeeding *

<table>
<thead>
<tr>
<th>Key clinical practices</th>
<th>Critical management procedures</th>
<th>Key changes from previous ten steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care</td>
<td>Breastfeeding policy</td>
<td>Specific mention of the Code of Marketing of Breast-milk Substitutes and addition of internal monitoring.</td>
</tr>
<tr>
<td>Early skin-to-skin and breastfeeding initiation</td>
<td>Code of marketing</td>
<td>Removed prohibition on use of bottles, nipples, and pacifiers</td>
</tr>
<tr>
<td>Practical support with breastfeeding</td>
<td>Competency assessment</td>
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<tr>
<td>No supplements unless medically indicated</td>
<td>Internal monitoring</td>
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<tr>
<td>Rooming-in</td>
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<tr>
<td>Post-discharge support and care</td>
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</table>
Responsibilities of a national BFHI programme

- Create and maintain a national BFHI coordination body.
- Integrate the Ten Steps into relevant national policy documents and professional standards of care.
- Ensure the competency of health professionals and managers in implementation of the Ten Steps.
- Develop external assessment systems to regularly evaluate the adherence to the Ten Steps.
- Develop incentives for compliance and/or sanctions for non-compliance with the Ten Steps.
- Scale up application of the Ten Steps to all facilities.
- Monitor implementation of the initiative.
- Advocate for the BFHI to relevant audiences.
- Ensure the ongoing funding of the initiative.

Figure 1. Main responsibilities of a national coordinating body
## Thematic presentations on the core aspects of a National BFHI programme

<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Key messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>National leadership and coordination</td>
<td>Thailand (country presentation)</td>
<td>Every country should establish an active national coordination body responsible for breastfeeding. Its functions can be added to those of an existing governmental department / institution or NGO. In Thailand, the Department of Health, Ministry of Public Health, is the National Governing body and coordinates BF programmes. The national standards for maternal and child health programs at hospitals, which are focused on improving the quality of MCH-related services and community participation through breastfeeding promotion, were described. Strategies to develop the capacity of providers to comply with the standard of care were also provided.</td>
</tr>
<tr>
<td>Integration of BFHI strategies within health systems for sustainability</td>
<td>Anoma Jayathilaka MO Maternal and Reproductive Health, WHO SEARO</td>
<td>• Breastfeeding is a cost effective, high impact intervention for child health. • Data was presented on early initiation and exclusive breastfeeding, highlighting missed opportunities within the health system, when coverage of maternal and reproductive health interventions is high and breastfeeding rates are low. • Leveraging ANC visits and other programme contact points (e.g. immunisation, well baby clinics, postnatal care and family planning) to promote and support breastfeeding is essential to improve BF rates. • Enabling the health system to provide a continuum of care through better integration and delivery of quality BF care was emphasized. There are mutual benefits in promoting breastfeeding in several MCH programmes (e.g. BF is a high impact intervention that can reduce infant and child mortality; BF contributes to birth spacing through Lactational Amenorrhea Method (LAM), spacing of pregnancy contributes to longer duration of BF). • The pitfalls of a vertical approach to promote breastfeeding in facilities were also presented.</td>
</tr>
</tbody>
</table>
Figure 2. Missed health system opportunities to promote and support breastfeeding

![Graph showing missed health system opportunities](graph1.png)

- **Coverage & Equity Gap**
- **Quality & Service delivery Gap**

<table>
<thead>
<tr>
<th></th>
<th>ANC 1</th>
<th>ANC 4+</th>
<th>Institutional Delivery</th>
<th>SBA</th>
<th>Early Initiation of breastfeeding (1 hour)</th>
<th>Exclusive breastfeeding until 6 months (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care coverage at least 1 visit (%)</td>
<td>85</td>
<td>74</td>
<td>70</td>
<td>76</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>Skilled birth attendance</td>
<td></td>
<td></td>
<td>57</td>
<td>62</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Breast Feeding</td>
<td></td>
<td></td>
<td>57</td>
<td>62</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: Regional Average based on the latest available DHS/ANCs for each country

Figure 3. Maternal and Reproductive Health interventions and Exclusive Breastfeeding

![Graph showing linkage of BF with known MRH interventions low](graph2.png)

- Antenatal care coverage 4+visit (%)
- Delivery in a health facility (%)
- Early initiation of breast feeding within 1 hour (%)
- Exclusive breastfeeding until 6 months (%)

**These services should converge for protection, promotion, and support of breastfeeding in facilities providing maternity and newborn services**

Source: Regional Average based on the latest available DHS/ANCs for each country
<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Key messages/content</th>
</tr>
</thead>
<tbody>
<tr>
<td>National capacity building for protection and support of breastfeeding</td>
<td>Prof San San Myint, Temporary adviser</td>
<td>• Health professionals across the health care system need to have adequate knowledge, skills and competencies to implement globally recommended practices and procedures for the protection, promotion and support of breastfeeding in facilities.</td>
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<td>• Countries must review, restructure and operationalize pre-service and in-service trainings on BF to successfully implement and sustain BFH.</td>
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<td>• On-the-job refresher training sessions are needed regularly. National curricula on BF need to include clinical and administrative practices related to the protection, promotion and support of breastfeeding, as well as health-worker responsibilities under the International Code of Marketing of Breast-milk Substitutes.</td>
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<td></td>
<td></td>
<td>• Facility managers also need a good understanding of BF, so that they can guide and oversee BFHI implementation at facility level.</td>
</tr>
<tr>
<td>Policies and professional standards of care</td>
<td>Dr Yupayong Hangchaovanich</td>
<td>• The protection, promotion and support of breastfeeding in facilities needs to be integrated in all relevant policies and plans.</td>
</tr>
<tr>
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<td>• The strongest incentive for maternity and newborn facilities is often a governmental mandate. Through legislation, regulation, accreditation or certification, governments can require health-care facilities to adhere to specific policies and processes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The clinical practices of the Ten Steps to Successful Breastfeeding should be written into the standards of care for professional bodies; e.g. family medicine, obstetrics, paediatrics, neonatology and nursing</td>
</tr>
<tr>
<td>Quality of care and support and promotion of breastfeeding</td>
<td>Dr. Rajesh Mehta RA CAH</td>
<td>• Quality improvement is a management approach that health workers can use to reorganize patient care to ensure that patients receive good quality care.</td>
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<td></td>
<td>• Reproductive, Maternal and Child health standards for improving quality of maternal and newborn care in health facilities includes supporting and promoting breastfeeding Empowering healthcare teams to continuously improve quality of care and to locally address quality gaps through systematic and targeted actions yields benefits.</td>
</tr>
<tr>
<td>Plenary topic</td>
<td>Presenter</td>
<td>Key messages/content</td>
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<td><strong>Point of Care Quality Improvement (POCQI)</strong> is one such approach. The four steps of POCQI are:</td>
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<td>Step 1: Identifying a problem, forming a team and writing an aim statement</td>
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<tr>
<td>Step 2: Analyzing the problem and measuring quality of care</td>
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<td>Step 3: Developing and testing changes</td>
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<td>Step 4: Sustaining improvement</td>
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**Scaling up the Breastfeeding Programme including BFHI to national level**

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<tr>
<th>Dr. Dhammica Rowell</th>
<th>The following are essential for effective scale up of breastfeeding programmes:</th>
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<tbody>
<tr>
<td>National leadership and coordination, integration of BFHI strategies within health systems for sustainability;</td>
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<tr>
<td>National level capacity building for promotion protection and support of breastfeeding;</td>
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<tr>
<td>BF embedded in policies and professional standards of care;</td>
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<tr>
<td>Provision of quality support and promotion of breastfeeding.</td>
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Scaling up can be stepwise or geographical.

**External assessment of BFHI**

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<thead>
<tr>
<th>Dr Utami Roesli</th>
<th>Facilities must have internal monitoring mechanisms to ensure adherence to quality standards.</th>
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<tbody>
<tr>
<td>External assessment process, perhaps integrated with other quality assurance processes such as facility accreditation. Incorporation of the BFHI clinical standards into facility certification procedures would help to institutionalize them.</td>
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<tr>
<td>External assessment is also important to give technical assistance and correct inappropriate practices.</td>
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<tr>
<td>Countries can maintain an external assessment process, perhaps integrated with other quality assurance processes such as facility accreditation. Incorporation of the BFHI clinical standards into facility certification procedures would help to institutionalize them.</td>
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<td>Pre-decided indicators should be used for assessment and countries can design their own assessment procedures.</td>
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**Integrating BFHI into hospital quality**

<p>| Dr Duong Huy Luong, Ministry of Health, Vietnam | All levels of hospitals in Vietnam have quality standards applied to them and are graded accordingly. |</p>
<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Key messages/content</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment system in Vietnam</td>
<td></td>
<td>• Policies have been developed to classify levels of hospital based on quality assessments.</td>
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<td>• A mechanism that links quality of services with reimbursement from health insurance payments is in place, incentivizing hospitals to aspire to higher quality levels.</td>
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<td>• The Dept. of Health of each province conducts external assessments to verify quality standards are in place and uses results for encouraging hospitals to adhere to set quality standards (including breastfeeding). This is an innovative method that Vietnam has used to improve quality of care, including breastfeeding support, in facilities.</td>
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<td>Bridging session; between BFHI and community care</td>
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<tr>
<td>Continuum of care for breastfeeding success:</td>
<td>Dr Ari Maria</td>
<td>• Presented results from the implementation of family centred care (FCC) for sick newborns in health facilities in India.</td>
</tr>
<tr>
<td>bridging the gap between facility based care and</td>
<td></td>
<td>• Continuum of care and family centred care (FCC) practices found to be essential for promoting and sustaining breastfeeding.</td>
</tr>
<tr>
<td>home care</td>
<td></td>
<td>• FCC also creates the opportunity for community networks and peer groups not only in hospital but also after discharge into their respective spheres of influence</td>
</tr>
<tr>
<td>Country presentations on continuum of care;</td>
<td>Democratic People’s</td>
<td>Examples of connectivity between institutional BF promotion, protection and support and community support in the following countries were described:</td>
</tr>
<tr>
<td>bridging the gap</td>
<td>Republic of Korea,</td>
<td>• DPR Korea: Nation-wide Household Doctor System supporting BF; training of health workers through telemedicine; Maternity leave and workplace support.</td>
</tr>
<tr>
<td></td>
<td>Maldives &amp; Sri Lanka</td>
<td>• Maldives: BF support and promotion at service delivery points via institutionalized programs.</td>
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<tr>
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<td></td>
<td>• Sri Lanka: Organised and continued MCH care and incorporation of BF into MCH care and contact points including key BF supportive practices in institutions.</td>
</tr>
</tbody>
</table>
Figure 3. Optimising breastfeeding support through service delivery channels

Service delivery channels; Operationalizing contact points

Examples of breastfeeding supportive practices in institutions

- **Standard** – All mothers should receive skilled practical help with early and exclusive breastfeeding.
- Lactation Management Centres where feeding problems of infants are attended to play a vital role in achieving this objective.
- Mother and baby kept skin-to-skin until first breastfeed is complete.
- Breastfeeding starts after Caesarean Section when the baby is ready – in theatre or recovery.
- Having a female companion of choice during labour and delivery.
- Mother newborn pair discharged from hospital only when breastfeeding is established.
- Mother Baby Centres allow mothers and babies to be together at times of illness/hospital admission.

Community support for breastfeeding promotion, protection and support

<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Focus areas</th>
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</thead>
<tbody>
<tr>
<td>Community support of breastfeeding</td>
<td>Dr Rukhsana Haider</td>
<td>• Community initiatives and support systems can assist success in BFHI.</td>
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<td>• Programs built on shoulders of existing programs and/or integrated into accepted interventions perform better.</td>
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</table>
• Those emerging from community needs and with active involvement of the community have greater impact.

• Content and quality of training on breastfeeding practices and supervision of community workers makes a significant difference to success of programmes and hence, national capacity building is important.

• Community support and social support have significant impact on BF. Country examples were provided.

<table>
<thead>
<tr>
<th>Country presentations and Panel discussion (moderated by UNICEF)</th>
<th>Rukhsana Haider; Zivai Murira; Country representatives from India, Bhutan</th>
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<tbody>
<tr>
<td></td>
<td>• Strategies employed by India’s MAA (Mother’s absolute affection) Programme, a nationwide Programme with dedicated budget for promotion of breastfeeding, presented.</td>
</tr>
<tr>
<td></td>
<td>• Bhutan: National policies that support BF and work of village health volunteers who link communities with the health system.</td>
</tr>
</tbody>
</table>

Panel discussion

|                                                               | • Essential to link community and facility based BF support for best results. |
|                                                               | • Predictable, scheduled, includes ongoing visits with trained health professionals/trained volunteers is also useful. |

**Figure 4.** Objectives in India’s MAA programme.
Legislative support for protection of breastfeeding; The International Code

<table>
<thead>
<tr>
<th>Plenary topic</th>
<th>Presenter</th>
<th>Focus areas</th>
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</thead>
<tbody>
<tr>
<td>Overview of current legal status of the Code and update on code monitoring in the Region</td>
<td>Dr Arun Gupta</td>
<td>• Described the countries with full and many provisions in law in the region and gaps in information availability on formal monitoring of the BMS code.</td>
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<td>• The work done by ICDC in the region was described. The IBFAN code monitoring kit including the mobile application was described.</td>
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<td>• Recommendations were made to strengthen national legal measures, sensitize policymakers, and implement regular monitoring at country level.</td>
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</table>

| Status of monitoring code implementation | Indonesia, Myanmar, Nepal (country representatives) | Indonesia: many national breastfeeding policies and government regulations have been made to support breastfeeding. However, there is no regular monitoring mechanism in place. The available study data (UNICEF, RECFON 2015) indicate that women are routinely exposed to BMS marketing (free samples, promotional materials, etc.) and labelling violations are common. Many challenges remain, including a lack of an appointed agency to monitor implementation of the BMS Code. |
| | | Myanmar: Myanmar has a Technical Working Group (TWG), chaired by the FDA and the National Nutrition Centre (NNC) that is tasked with monitoring and enforcement of the BMS Code. FDA monitors labelling violations and promotion at points of sale while NNC monitors violations in the health system. However, action has been taken against violators to date. FDA has set up surveillance teams at the state/regional level. Awareness of the BMS Code has been raised among the public and health staff and orientation of milk companies to the legislation is on-going. |
| | | Nepal: Though there is a breastfeeding protection and promotion committee, monitoring for violations of the Code are inadequate. |
Common challenges in monitoring the Code of Marketing of Breast Milk Substitutes

- Inadequate political will
- Interference from manufacturers and distributors of BMS products
- Lack of awareness of health staff regarding the code and its obligations.
- Weak coordination and monitoring of code violations- inadequate system in place
- Sanctions are often not severe enough
- Limited resources for legislation, monitoring and enforcement- Active surveillance does not often take place.
- Multiple methods/new media for marketing- internet, mobile applications

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<thead>
<tr>
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<th>Focus areas</th>
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</thead>
<tbody>
<tr>
<td>New developments in relation to the international code: Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children</td>
<td>Larry Grummer Strawn</td>
<td>• The objective of the guidance is to protect breastfeeding, prevent obesity and NCDs and promote a healthy diet with clear and accurate information on feeding.</td>
</tr>
<tr>
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<td></td>
<td>• Key concerns are that follow on formulas, growing up milks and toddler milks interfere with breastfeeding. There is also cross promotion through complementary food products. Consumption of commercial baby foods varies across countries and some foods contain high sugar, saturated and trans fats and salt.</td>
</tr>
<tr>
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<td></td>
<td>• The recommendations clarifies scope of Code to include follow-up formulas and growing up milks (6-36 months), calls for end to cross-branding and sets criteria for breastfeeding messages in promotion of complementary foods. An implementation manual is now available.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The goal of NetCode is to strengthen MS and civil society capacity to monitor the code. Periodic assessments include quantitative assessment of compliance with Code measures and are used to measure trends in compliance over time and to identify priority areas of Code implementation and enforcement work.</td>
</tr>
<tr>
<td>NetCode: Ongoing Monitoring Systems</td>
<td>Marcus Stahlhofer</td>
<td>• Goals and advantages of ongoing monitoring: regularly monitors and activates enforcement mechanisms to stop violations and deter future violations.</td>
</tr>
<tr>
<td></td>
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<td>• Ongoing monitoring requires active government</td>
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</tbody>
</table>
involvement at the onset as, by default, it must be embedded within existing systems related to the control and regulation of customs, food and advertising, among others.

- Ongoing monitoring may improve compliance with the Code and national laws by manufacturers, distributors and the health sector as they become aware of its existence.

- A step by step description of the process of setting up a monitoring system was provided.

Figure 5. NetCode: steps for ongoing monitoring
4. Conclusions and Recommendations

Key messages from the Regional Consultation:

- The exclusive breastfeeding rate in the region is about 50 %, with upward trends being reported by most countries.
- The 2017 report on national implementation of BFHI states that, in South-East Asia Region (SEAR) only 5% of births occur in facilities that are currently designated as baby-friendly according to the standard criteria. However, many maternity facilities do implement the 10 steps to breastfeeding, or practice some of the steps, while not adhering to the standard criteria for BFHI. Such partial implementation is not reflected in the 2017 BFHI report.
- Examples of practical management and operational processes that enable sustainable implementation of BFHI are available across the Region.
- MS face common issues in implementing BFHI programmes, including sustainability, funding, motivation of staff, difficulties with the formal designation process for accreditation and updating knowledge and skills of health staff.
- The crucial outcome for all MS would be for appropriate care to protect, promote, and support breastfeeding to be practiced in every facility providing maternity and newborn services and to achieve linkages with community-based breastfeeding support services that mothers can access after discharge.

In order to revitalize and scale up a revised, sustainable BFHI process, specific measures are needed.

- National breastfeeding, IYCF or nutrition authority/coordinating body with government endorsement: The preliminary step is to set up/revitalize a National breastfeeding Committee, which can be either standalone or a sub-committee in a larger coordinating body for nutrition, health, or related field. Its terms of reference should include the responsibility to plan and coordinate the main functions of the national breastfeeding programme including BFHI and the Code, providing technical oversight, setting national targets and monitoring of programme activities and outcomes. It may be necessary to identify sub national focal persons and/or committees.
- Situational analysis to understand the status of breastfeeding and BFHI. An initial understanding of the breastfeeding landscape is essential and should include political, economic, legal, regulatory, technological and social conditions and a needs assessment of facilities and communities.
- Inclusion of breastfeeding in relevant national policies and establishing national standards for breastfeeding. The protection, promotion and support
of breastfeeding in facilities providing maternity and newborn services have
to be integrated in all relevant policy and planning documents, such as the
national nutrition policy and action plans for maternal, newborn and child
health. Having national standards will facilitate the integration of service
delivery and budgetary allocations.

- Development of regulations or legislations on supporting breastfeeding in
  healthcare facilities. Regulations will support better adherence to policies and
  procedures to support breastfeeding.

- Standards of care/practice for professional bodies: Incorporation of important
  clinical practices of the revised Ten Steps to Successful Breastfeeding into the
  standards of care/practice for professional bodies such as family medicine,
obstetrics, paediatrics. This will ensure more awareness and support for
  breastfeeding in facilities among medical professionals.

- Integrate for sustainability. Facility based support measures for breastfeeding
  are best integrated with other initiatives for health-care improvement, health-
systems strengthening and quality assurance. A less vertical management
  and implementation structure, requiring fewer resources dedicated specifically
to the initiative will improve sustainability of the process. Incorporating BF
  promotion through existing programmes is mutually beneficial.

- The designation of “Baby-friendly” is not essential. The new guidance
  emphasizes that achieving sustainable improvement in breastfeeding support
  in facilities is not contingent upon designation of ‘baby friendly’ status.
  Countries can opt to provide protection, promotion and support for
  breastfeeding in all facilities providing maternity and newborn services without
  the standard designation process. However, if a country is successfully
  implementing BFHI along with the standard trainings and designation process,
  they should continue as before.

- Capacity at national level: In order to provide breastfeeding promotion, support
  and protection in facilities, enhanced national capacity is a must. All relevant
categories of staff need to have skills and competencies to implement globally
recommended practices and procedures for the protection, promotion and
  support of breastfeeding. Pre-service and in-service trainings are both
  important. Pre-service trainings with continued, mandatory in service trainings
  for updates and refreshment of skills is necessary. In-service training can be
  part of a training package such as essential newborn care and should include
  coaching, supportive supervision and monitoring.

- Internal and external monitoring: Monitoring, both internal and external, is a
  crucial element of both quality improvement and ongoing quality assurance.
  Internal assessments should be incorporated into quality assessments of
  facilities. External assessments can be as part of hospital accreditation
  systems. If breastfeeding care and support should be an essential element for
  accreditation, it would be a driving factor for improved BF support in facilities.
While external assessment is important for validating the quality of maternity and newborn services, it has to be sufficiently streamlined to be manageable within existing resources.

- **Scale-up approach**: Scaling up must focus on sustainable programme development, including both capacity and availability of financial resources. A country can start with implementing a few steps of the revised BFHI clinical practices in all institutions and scale up to include more steps. Or, they can implement the ten steps in identified facilities such as one facility in each district/area.

**Issues regarding the International Code of Marketing of Breast-milk Substitutes**

- **Developing strong legislation against BMS is only the initial step.** An organised, funded plan for monitoring and enforcement is equally critical. Lack of political will, interference from manufacturers and distributors – in law making and implementation, absence of coordination among key actors, lack of sufficient data and expertise and limited resources for legislation, monitoring and enforcement are common challenges in all MS.

- **The WHO-UNICEF NetCode protocol.** Offers tools and guidance on monitoring frameworks to monitor the BMS Code at periodic intervals and also through regular monitoring. There are also other frameworks and protocols available which support monitoring of the Code. e.g. IBFAN framework.

- **Cross border promotions of BMS and violations.** Are an important challenge and that there is a need to examine the ways of preventing cross border violations and their monitoring.

- **There is a need to ensure consistency in the BFHI ten steps and the national legislation covering the BMS CODE** e.g issues around prohibition on use of bottles, nipples, and pacifiers which could be built into national standards of care.

**WHO Regional Office, together with HQ and country offices and other partners (UNICEF, IBFAN Asia, Alive & Thrive) will**

- Follow up with respective countries regarding the action plans that were identified by country teams during the group work sessions.

- Provide technical support to MS to implement the above actions and consider ways of supporting resource mobilization.
5. **Country Action Plans to Protect, Promote and Support Breast Feeding Resulting from Group Work**

**Bangladesh**

<table>
<thead>
<tr>
<th>Proposed activities</th>
<th>Responsible units/body</th>
<th>Support expected from development partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term (within 1 year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biennial Coordination and Follow up meeting with Maternal Neonatal Child and Adolescent Health MNC&amp;AH, Directorate General of Family Planning DGFP, Bangladesh Pediatric Association BPA, Obstetrical and Gynecological Society of Bangladesh OGSB, Bangladesh Pediatric Society BPS, Bangladesh Neonatal Forum BNF, Bangladesh Breastfeeding Foundation (BBF) and Civil Society CS.</td>
<td>Institute of Public Health Nutrition (IPHN)/NNS</td>
<td>Technical Support</td>
</tr>
<tr>
<td>Military/ Defence/law and order and Private hospital/ clinics to be included -Dialogue initiated</td>
<td>Ministry/IPHN/NNS</td>
<td>Technical and financial support</td>
</tr>
<tr>
<td>Hospital BFHI committee, CC will ensure monthly monitoring report to DHIS2 (continuous process)</td>
<td>Director General Health services (DGHS) /IPHN/NNS</td>
<td>Technical Support</td>
</tr>
<tr>
<td><strong>Long term (2-3 years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Accreditation process to include BFHI criteria</td>
<td>Ministry of Health/IPHN/NNS/BMDC/DGHS</td>
<td>Technical Support from development partners (DPs)</td>
</tr>
<tr>
<td>Capacity building of Sanitary and Health inspectors</td>
<td>Ministry/IPHN/NNS/BBF/Unicef</td>
<td></td>
</tr>
<tr>
<td>Development of Meena cartoon on BMS for public awareness</td>
<td>Ministry/IPHN/NNS/BBF/Unicef</td>
<td>Technical and financial support from DPs</td>
</tr>
<tr>
<td>Monitoring, assessment and action (dissemination, legal action) by indicators of NetCode</td>
<td>Ministry/IPHN/NNS/BBF/Unicef/ WHO</td>
<td>Technical and financial support from DPs</td>
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</table>
**Bhutan**

<table>
<thead>
<tr>
<th>Proposed activities (short term - within the next 1 year)</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
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</thead>
<tbody>
<tr>
<td>Formulate the National Nutrition Task force as the coordination body and to include BFHI as a regular agenda item for discussion Mother and Baby friendly hospital initiative (MBFHI).</td>
<td>Nutrition Programme, DOPH, MOH</td>
<td>UNICEF and WHO presence in the coordination body</td>
</tr>
<tr>
<td>Review and revise the Maternal and baby friendly implementation (MBFHI) guidelines to include 2017 updates</td>
<td>Nutrition Programme, DOPH, MOH</td>
<td>Technical support from UNICEF and WHO</td>
</tr>
<tr>
<td>Country monitoring of marketing of BMS using the IBFAN monitoring tool</td>
<td>Nutrition Programme, DOPH, MOH</td>
<td>IBFAN, UNICEF and WHO for technical support</td>
</tr>
</tbody>
</table>

**Long term (within 2-3 years)**

<table>
<thead>
<tr>
<th>Proposed activities</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase wise scale up implementation of MBFHI at the hospitals and BHUs (within 5 years)</td>
<td>Nutrition Programme, DOPH, MOH</td>
<td>Technical and fund support from UNICEF</td>
</tr>
<tr>
<td>Incorporate key provisions of the BMS Code in the National Health Bill</td>
<td>Nutrition Programme, DOPH, MOH</td>
<td>Technical and fund support from UNICEF and WHO</td>
</tr>
</tbody>
</table>

**DPR Korea Action Plan**

- National leadership and coordination regarding to new operational guidelines
- Integration of BFHI strategies within health system for sustainability
- National capacity building
- Policies and professional standards of care:
  - Quality of care and support and promotion of breastfeeding
- Constraints: Early breastfeeding rate within 1 hour is relatively low compared to exclusive breastfeeding rate due to Lack of knowledges and skill among mothers and healthcare providers for early breastfeeding practices.

**Work plan:** Regular training and support practices in compliance with the standard and the requirements of the guidelines

- Scaling-up BFHI (National Plan has been developed in 2017) - MoPH requires technical and financial support from WHO.
- External assessment and regular internal monitoring

**Constraints:** Quality of data related to nutrition **Approach:** To develop the guideline and organize training

- Continuum of care for breastfeeding success

**Constraints:** Regular monitoring and evaluation; insufficient advocacy on importance of breastfeeding
**Work plan:** Adaptation of previous guidelines
inclusion of nutrition on the curriculum of the medical university
improvement of the quality of training for the health workers

- Community promotion, protection and support

**Constraints:** Post-partum visits

**Work plan:** HHD and experienced women support

- Legislative support for protection of breastfeeding:

**Constraints:** International code of marketing of breastmilk substitutes

**Work plan:** research for receiving the international code of marketing

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**India**

<table>
<thead>
<tr>
<th>Proposed activities (short term- within the next 1 year)</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
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</thead>
</table>
| Constitution of National Coordination Committee under chair of MoHFW for  
  a. BFHI implementation  
  b. IMS Act implementation and monitoring under health system | Ministry of Family Health and Welfare (MoHFW) / Ministry of women and child development (MoWCD) | Line Ministries & DPs |
| Establishment of National Resource Centre (NRC) for IYCF | MoHFW | UNICEF supported |
| Development of national programme of action and facilitate States to develop their POA on implementation of MAA programme with clear objectives and outputs | MoHFW | WHO, UNICEF, BPNI & NRC |
| Including key monitorable indicators in the standard checklist of national programme of action for  
  State Quality Assurance Committee  
  District Quality Assurance Committee | MoHFW | NHSRC |

<table>
<thead>
<tr>
<th>Proposed activities (long term- within the next 2-3 years)</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
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</thead>
<tbody>
<tr>
<td>Awareness generation on the Code/ IMS Act and BFHI at district level in phased manner</td>
<td>MoHFW/ MoWCD</td>
<td>WHO, UNICEF, BPNI &amp; NRC</td>
</tr>
<tr>
<td>Development of Quality Standards for breastfeeding practices for public and private HFs</td>
<td>MoHFW</td>
<td>WHO, UNICEF, BPNI, NRC, NHSRC &amp; Health professional associations</td>
</tr>
<tr>
<td>Revision of medical (UG &amp; PG) and nursing curriculum to include IYCF components and IMS act appropriately</td>
<td>MoHFW (Medical Education and Nursing Division) &amp; MHRD</td>
<td>WHO, UNICEF, BPNI, NRC, NHSRC</td>
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</tbody>
</table>
### Indonesia

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Responsible units/ body</th>
<th>Support expected from agencies</th>
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</thead>
<tbody>
<tr>
<td>Report to the Director General on the result of the Regional Workshop for follow up action</td>
<td>Directorate of Community Nutrition and Directorate of Family Health</td>
<td>Indonesian delegation of BFHI 2017</td>
</tr>
<tr>
<td>Advocacy to the internal MoH due to the result of the Regional Workshop for follow up action particularly for focal point</td>
<td>Directorate of Referal Health Care - DG. Health Service.</td>
<td>Global report and recommendation support by WHO, UNICEF, related NGO</td>
</tr>
<tr>
<td>Inserting the revised of the 10 steps into the new guideline of the Essential Newborn care and Mother and baby Friendly Hospital</td>
<td>Directorate of the Family Health ; Directorate of Referal Health Care</td>
<td>Development of academic paper support by WHO and UNICEF</td>
</tr>
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</table>

**Long term**

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Responsible units/ body</th>
<th>Support expected from agencies</th>
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</thead>
<tbody>
<tr>
<td>Harmonize the accreditation criteria of the Hospital and Health Center with the revised guideline (Essential Newborn care and Mother and baby Friendly Hospital)</td>
<td>Directorate of Quality Accreditation – DG. Health Service</td>
<td>Development of Academic Paper support by WHO and UNICEF</td>
</tr>
<tr>
<td>Advocacy to the multi-sectors related to 10 steps to success breastfeeding</td>
<td>Directorate of Referal Health Care – DG. Health Service</td>
<td>National Workshop supported by WHO and UNICEF, SELASI, AIMI, related NGO</td>
</tr>
<tr>
<td>Inserting BFHI into Strategic Planning of MoH</td>
<td>Coordinator Ministry of Human Development and Culture ; Ministry of Planning Development; Dit. Referal DG. Health Service</td>
<td>Development of Academic Paper support by WHO, UNICEF.</td>
</tr>
<tr>
<td>Advocacy to the National Food and Drug Control Agency related to monitoring of the implementation of International Code of BMS</td>
<td>Directorate of Community Nutrition and DG of Pharmaceutical and Health Device</td>
<td>WHO dan UNICEF, SELASI, AIMI and others related NGO</td>
</tr>
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</table>

### Maldives

<table>
<thead>
<tr>
<th>Proposed activities</th>
<th>Responsible body</th>
<th>Partners</th>
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<tbody>
<tr>
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<tr>
<td>Proposed activities</td>
<td>Responsible body</td>
<td>Partners</td>
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<tr>
<td><strong>Short term</strong></td>
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</tr>
<tr>
<td>Orientation meeting with relevant stakeholders on promoting breastfeeding (BFHI Code, Quality Standards improvement)</td>
<td>Health Promotion Agency (HPA), Ministry of Health (MoH)</td>
<td>MOH, MCH, NUT, MFDA, Hospitals, Quality Assurance Division in MoH, Myanmar National University, NGOs</td>
</tr>
<tr>
<td>Establish National Coordination Body (there is an existing body - National advisory board on BMS whose aim is breastfeeding promotion but functions as a committee overseeing the implementation of BMS regulation).</td>
<td>HPA, MoH</td>
<td>HPA, Maldives Food and Drug Authority (MFDA)</td>
</tr>
<tr>
<td>Advocacy, training for hospital managers, civil society <em>(positioning as an economic case, SDGs)</em> --Breastfeeding Counselling training for health care providers and BFHI training for health facility managers and maternity and child health staff.</td>
<td>HPA, MoH</td>
<td>HPA, RAHSD, MFDA, UNICEF, WHO</td>
</tr>
<tr>
<td>Integration breastfeeding support and promotion in relevant guidelines (incorporating into current guidelines in pipeline and updating others-- Relevant MCH Guidelines and Action Plans. E.g. Family Planning Guideline (undergoing revision at present). Eg: National NCD campaign is recently launched along with the NCD Action Plan and a campaign plan development is initiated at present;</td>
<td>HPA, MoH</td>
<td>HPA, Quality Assurance Division</td>
</tr>
<tr>
<td><strong>Long term</strong></td>
<td></td>
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<tr>
<td>High Level Advocacy on BMS code regulation to be enacted into a Law</td>
<td>HPA, MoH</td>
<td>HPA, MFDA</td>
</tr>
<tr>
<td>Establish Code code monitoring mechanism</td>
<td></td>
<td>HPA, MFDA</td>
</tr>
<tr>
<td>Re-assessment of BFHI, training all relevant parties on BFHI (using available BFHI courses), integrate into quality standards</td>
<td>HPA, MoH</td>
<td>HPA (coordination body)</td>
</tr>
</tbody>
</table>
**Myanmar**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Person</th>
<th>Supporting Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Leadership &amp; Coordination</td>
<td>NNC, Dept of Public Health (DOPH)</td>
<td>UNICEF and Others</td>
</tr>
<tr>
<td>- No separate BFHI coordination committee</td>
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<tr>
<td>- Coordinate through IYCF working group under National Nutrition Committee (NNC)</td>
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<tr>
<td>Integration of BFHI strategies within health system for sustainability</td>
<td>NNC, Medical Service, MMC</td>
<td>UNICEF and Others</td>
</tr>
<tr>
<td>- Hospital Accreditation</td>
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<tr>
<td>- Includes all hospitals; public, private and military</td>
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<tr>
<td>National Capacity Building (Knowledge and Skill)</td>
<td>NNC, DHRH, Myanmar Medical Association (MMA)</td>
<td>UNICEF and others</td>
</tr>
<tr>
<td>- Pre-service &amp; Post graduate curriculum Medical Universities including DSMA Midwifery and Nursing, LHV schools; University of Community Health, University of Public Health</td>
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<tr>
<td>- In service BHS, Paediatric, Ob/Gyn, Anesthetics</td>
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<td>- MMA and related societies</td>
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<tr>
<td>Monitoring and Taken Action</td>
<td>NNC, DOPH FDA, Ministry of Commerce, Union Attorney General’s Office</td>
<td>UNICEF and Others</td>
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<tr>
<td>- Focus more on internal monitoring</td>
<td></td>
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<tr>
<td>- Enforcement (taken action)</td>
<td></td>
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<tr>
<td>Scaling up BFHI to National level</td>
<td>NNC, Medical Service, MMC</td>
<td>UNICEF and others</td>
</tr>
<tr>
<td>Linking cIYCF and BFHI BFHI in all hospitals who have maternity facilities step by step (Initiate in one State and scale up to others)</td>
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</tr>
<tr>
<td>Continuum of care for breastfeeding success</td>
<td>NNC, DOPH</td>
<td>UNICEF, others</td>
</tr>
<tr>
<td>- Develop referral and care system</td>
<td></td>
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<tr>
<td>- Family centered care</td>
<td></td>
<td></td>
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<tr>
<td>- Community Support Group</td>
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**Nepal**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible entity</th>
<th>Support needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce breastfeeding initiatives under the multisector action plan: MoH; Ministry of Finance; Ministry of Home; Ministry of Local Development</td>
<td>Ministry of Health (MoH)</td>
<td></td>
</tr>
<tr>
<td>Ministry of Agriculture; UNICEF; WHO; SUAHARA Breast feeding Foundation; Civil societies</td>
<td></td>
<td></td>
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<tr>
<td>Strengthening and Monitoring Breastfeeding Code</td>
<td>MoH</td>
<td></td>
</tr>
<tr>
<td>Introducing the Budget line for breast feeding</td>
<td>MoH</td>
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<tr>
<td>- Extending maternity leave</td>
<td></td>
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<tr>
<td>- Importance of breast feeding and awareness</td>
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</tbody>
</table>
regarding breast feeding substitute act involving professional organizations

- Breast feeding corners or nursery rooms
- Expression of breast milk

Sensitizing federal state and local government on breast feeding issues and the Act and importance of monitoring systems (internal and external assessment)

**Sri Lanka**

<table>
<thead>
<tr>
<th>Proposed activities (short term- within the next 1 year)</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop TOR for national breast feeding coordination body including roles and responsibilities and monitoring mechanisms</td>
<td>Family Health Bureau (FHB) Ministry of Health, Nutrition and Indigenous Medicine</td>
<td>-</td>
</tr>
<tr>
<td>Develop a national guidance document on BF across life cycle</td>
<td>FHB</td>
<td>WHO/UNICEF</td>
</tr>
<tr>
<td>Introduce BFHI criteria as a hospital accreditation standard</td>
<td>FHB</td>
<td></td>
</tr>
<tr>
<td>Advocacy to enhance to process of converting BF code into an ACT of the parliament through higher level advocacy</td>
<td>FHB/MoH</td>
<td></td>
</tr>
<tr>
<td>Assessment of code implementation using netcode periodic monitoring tools</td>
<td>FHB</td>
<td>WHO/UNICEF</td>
</tr>
<tr>
<td>Develop standards, guidelines and training package to support BF at work places</td>
<td>FHB</td>
<td>WHO/UNICEF</td>
</tr>
</tbody>
</table>

Proposed activities (within the next 2-3 year)

- Revisit and reorganize the training courses on BF
- Evaluation on BF counseling competencies of health workers
- Introduce software to report and monitor code violations

**Thailand**

<table>
<thead>
<tr>
<th>Proposed activities (short term- within the next 1 year)</th>
<th>Responsible units/body</th>
<th>Support expected from agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) High-level meeting for policy advocacy and participatory from multi-sectoral coordination and partnership</td>
<td>Ministry of Public Health; Dept. of Health, Food and Drug authority, Committee</td>
<td>WHO, UNICEF (technical support, advocacy, and funding)</td>
</tr>
<tr>
<td>Proposed activities (long term - within the next 2-3 year)</td>
<td>of BMS CODE Act</td>
<td></td>
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<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>1) Periodic monitoring - assess enforcement of BMS CODE Act (in 2020)</td>
<td>Thailand Breastfeeding Center</td>
<td>WHO, UNICEF (technical support) Alive and Thrive (Technical and funding)</td>
</tr>
<tr>
<td>2) On-going monitoring of BMS CODE Act</td>
<td>Dept. of Health</td>
<td>WHO, UNICEF (technical support) Alive and Thrive (Technical support and funding)</td>
</tr>
<tr>
<td>• Building capacity – TOT</td>
<td></td>
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<tr>
<td>• Monitoring and enforcement</td>
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</tr>
</tbody>
</table>
Annex 1

Agenda

(1) Inaugural session
(2) Overview of breastfeeding, trends and programmes in MS.
(3) Community promotion of breastfeeding
(4) New guidelines, recommendations and operational guidance on implementing the ten steps to breastfeeding
(5) Regional experiences of best practices on breastfeeding promotion.
(6) Improving national capacities on protecting, promoting, and supporting breastfeeding.
(7) Group work on country action plans to implement/scaling up the BFHI practice and procedures in maternity and other relevant facilities.
(8) Advocacy on BMS code legislation and monitoring, and updates on inappropriate promotion of foods for Infants and Young Children
(9) Closing session.
Annex 2

List of participants

**Bangladesh**
Dr A B M Muzharul Islam
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Thimphu

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Non-Communicable Disease Division
Department of Public Health
Ministry of Health
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Medical Science Academy
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Dr Pang Sol Ran
Interpreter

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Directorate of Community Nutrition
Ministry of Health
Jakarta

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Directorate of Family Health
Ministry of Health
Jakarta

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Ministry of Health
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Health Protection Agency
Ministry of Health
Male

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Women and Children Hospital
Mawlamyaing

Dr Win Win Htay
Medical Superintendent
Monywa General Hospital
Sagaing
Nepal

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