



BPNI BULLETIN

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From the Desk of the National Coordinator

Kudos Government of India !

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003; puts India on top of the world, taking lead in implementing the World Health Assembly Resolution on Infant and Young Child Nutrition (WHA 55.25) that was adopted at the 55th World Health Assembly in Geneva in May 2002. Delegates from 38 countries spoke in the debate at WHA, the large majority of speakers from the developing world, calling for amendments to stress the critical importance of exclusive breastfeeding for the first six months and to ensure that infant feeding programmes are not funded by the baby food industry. For this India has received world wide appreciation (see page 4).

The Government of India made its intentions clear at the World Health Assembly in May 2002, when The Indian delegate said: *“Commercial enterprises by definition are profit driven entities. It is neither appropriate nor realistic for the WHO to expect that commercial groups will work along with governments and other groups to protect, promote and support breastfeeding”*. The delegate from Palau appealed to W.H.O. *“to protect Member States from undue and unwanted influence by industries and manipulation by them”*.

While companies go unethical and undermine breastfeeding putting infant health at risk, the Indian Parliament has taken a historic step and set example for other nations in protecting lives of infants and young children from the commercial practices. The new IMS Amendment Act 2003 includes among other provisions, that baby food manufacturers can no longer advertise or promote any of their products intended to be consumed by babies less than two years; and manufacturers cannot fund health workers or their associations in any manner what so ever.

The International Code for Marketing of Breast-milk Substitutes (The Code) was adopted at the World Health Assembly (WHA) in 1981 with an aim to protect infant health by controlling marketing practices of manufacturers of breastmilk substitutes. The Code received overwhelming support from the then Prime Minister of India Mrs. Indira Gandhi. In 1992, India was 8th country to enact legislation as a follow-up to the Code. Deservingly, the Government of India in 1998 was awarded the UK Food Group “Hopeful Baby Award”.

The passage of this new law received support from all cutting across party lines, however, strong support of Parliamentarians like Mr. Ram Naik, Mr. Arjun Singh, Mrs. Sushma Swaraj, Mrs. Sumitra Mahajan, and Mr. Rangnath Misra is highly appreciated. The Secretary, Department of Women and Child Development deserves special recognition for this step forward. Another significant happening in India is the setting up of a National Nutrition Mission headed by the Prime Minister to review National Nutrition Policy and Plan of Action on Nutrition. This recognizes infant and young child feeding as a significant component by including National Coordinator of BPNI as its expert member among other. Another feather in the cap! Government of India, KUDOS!!

Arun Gupta MD FIAP
National Coordinator, BPNI

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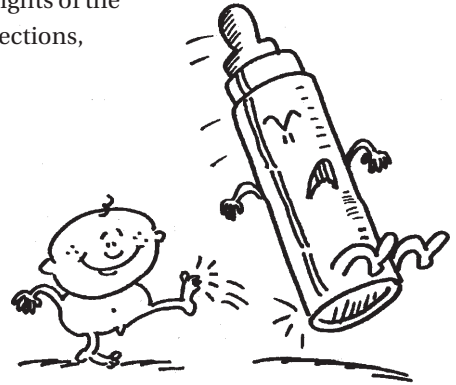
The Amended IMS Act 2003

Protecting Mothers and Children - A Law to Protect, Promote and Support Breastfeeding

Vandana Sabharwal, BPNI

Breastfeeding provides the best possible start to life, a foundation for fulfilling the rights of the child. Breastfeeding provides ideal nutrition to the babies, protects them against infections, allergies and asthma. Exclusive breastfeeding during first six months and continued breastfeeding for two years or beyond along with adequate and appropriate complementary feeding promotes physical, psychological, motor, mental and psychosocial growth and development. Breastfeeding contributes to enhancement of cognitive development and better visual acuity. Breastfeeding gives a head start and prepares babies for better learning.

In India, for about 27 million children born each year, about 1.9 million die before they see their first birthday and around 2.5 million die by the time they are five years. India has the highest number of under-five child deaths in the world (*Lancet*, V 361, 28 June, 2003). According to the new estimates and modeling exercises, interventions that is exclusive breastfeeding during first six months and continued breastfeeding during next 6 months, contribute to highest percentage reduction of under five child deaths than any other intervention can offer.



Every fourth baby born in India is low birth weight baby, risk of death increases further in such babies if they are not exclusively breastfed. Two-thirds of infant deaths i.e. about 1.20 million infants die during first two months. It is now known that many of these deaths are attributed to inappropriate feeding practices. WHO and UNICEF estimate that 1.5 million infant lives could be saved in each year through increased breastfeeding.

The link of inappropriate feeding practices and malnutrition has been long recognized and is a matter of serious concern. In 1992, while introducing the *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act)* in the Parliament, the then Minister of Human Resource Development, Sh. Arjun Singh, made statement of Objects and Reasons of the Bill,

“..... Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death.....”



In order to control the marketing practices of baby food manufacturers, the Government of India enacted a law in 1992 that was further strengthened in June 2003. This is known as the *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003*. The new Amended Act define “promotion” as *means to employ directly or indirectly any method of encouraging any person to purchase or use infant milk substitute, feeding bottle or infant food*. The IMS Act prohibits all types of promotion and marketing (see page 6 and 7)

Products under the scope of IMS Act

The law controls marketing and promotion of following products:

1. **Infant Milk Substitutes** which means any milk food for children which totally or partially replaces mother's milk during first two years of life such as *Lactogen-I, Lactogen-II, Nestogen-I, Nestogen-II, Lactodex-I, Lactodex-II, Amul Spray, Zerolac, Dexolac, ProSoyal, Simyl- MCT, Similac Neosure* or any other such infant formula.
2. **Feeding Bottles** of any brand like *Bonny Baby, Hello Baby, Wipro* or any other brand.
3. **Infant Foods** which means any food for consumption of children after the age of six months and up to the age of two years such as *Nestum, Cerelac, Farex, Weano, Veelac, Infacare, First Food, Dextrice, Easum, Junior Horlicks, Growing up milk, health drinks* and any other food products promoted for consumption of babies under the age two.

Banned now



Promotion to health workers



Advertisements of infant food



Pictures of infants or mothers or graphics on the label of infant foods or feeding bottles



Promotion to public

What can you do?

- ✓ Disseminate the provisions of the IMS Amendment Act to your friends, family members, colleagues, and media as wide as possible.
- ✓ Prepare a press release and share this information with television, newspaper and any other form of media in your region.
- ✓ Hold seminars for public to make them aware of the hazards of using Infant Milk Substitutes, Feeding Bottles and Infant Foods.

Resources

The Law to protect and promote breastfeeding - The book provides very simply the details of the IMS Act, 1992 and Amendment Act 2003. Rs. 60.00 (Updated Edition 2003). Edited by Dr. Arun Gupta, Dr. Tarsem Jindal & Dr. J.P. Dadhich

Complete Section wise analysis of the IMS Act, after amendment in 2003- Electronic copy available on request

For more information, please contact at bpni@bpni.org

Global Appreciation of India Action

As you may know, The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act [The IMS Act] 1992, has been amended in May 2003 which has

been passed by Lok Sabha and Rajya Sabha and also got the President's consent. It is heartening to see the appreciation from various parts of the world!!

Carol Bellamy, UNICEF HQ, New York

"Very impressive....congratulations!!"
"In doing so, India became one of the first countries to harmonise its legislation with the new WHO/UNICEF global Infant and Young Feeding Strategy, approved by the 55th World Health Assembly in May 2002. Translating these policy guidelines into practice in families and communities will help assure that children get the best possible start in life."

Margot Mann IBCLC, USA

"This is a wonderful model. The rest of the world can sit up and take note of what India has done to protect its infants and young children. Congratulations to you and BPNI!"

Pauline Sykes, UK

"Many congratulations on the Bill! If only the UK government had the same amount of sense."

Prakash S. Shrestha, Nepal

"It's a great pleasure for me to know that the Bill on prohibition on advertisement of Breast milk Substitute has been passed by the Indian Parliament. All credit goes to you for your tire less effort on Breast Feeding. Let me congratulate you for your success. Please keep it up. Thanking you"

Naomi Baumslag, Norway

"Congratulations! Would it were the case here or elsewhere somehow you have more committed doctors and a govt. that can be persuaded to care."

Ines Fernandez, Philippines

"Congratulations for the great news! Another big laurel to your labour of love for breastfeeding issue. This will be a global role model especially the next biggest country in the world leading a good example for other countries to follow."

Helen Armstrong, USA

"Warmest congratulations to all in India who have contributed to this pioneering and very much needed measure."

Elizabeth Sterken, Canada

"Congratulations to Arun and all your colleagues for this excellent work!!"

Patti Rundall, UK

"It happened! A MILLION CONGRATULATIONS TO EVERYONE AT BPNI and all the groups involved in India. This is fantastic news. Much love from us all at Baby milk Action."

Marta Trejos, Costa Rica

"CONGRATULATIONS. You are an example of what can be achieved with your everyday struggle! All our warm regards for each one of you in BPNI!"

Rukhsana Haider, WHO SEARO

"Fabulous news! Congratulations!!!! Keep it up! I have just shared with colleagues here and will use the info for advocacy with other governments."

David Clark, UNICEF New York

"Congratulations to all of you. Your hard work has come through and you provide us all with the inspiration to continue. Would it be possible to get a copy of the Amendment Bill for my files? I also believe that it would be very useful for you to document your battle and success to provide others with an idea of how to successfully campaign for legal change."

J Jauer Steichen, LLL France

"How wonderful! My deepest congratulations to you all at BPNI - your inspirational & visionary actions have had incredible results. Bravo !!"

Fernando Vallone, Argentina

"Congratulations my friend!!"

Joo Kean, ICDC, Penang, Malaysia

"Congratulations on your success - the amendments do look pretty comprehensive from the press release. In due course, could you please send us the electronic copy of the amended law for our review as well as for our archives?"

Mag. Christian F. Freisleben-Teutscher, Journalist & Trainer

"I received your message about "Government of India puts Health before Profits" - is there a Web-Link to this document? I'm responsible for the web-Site of the Austrian Organisation of Lactation Consultants www.stillen.at "

Sailesh Gupta, Maharashtra BPNI

"THIS IS GREAT NEWS. KUDOS TO ALL THOSE WHO WORKED TO ACHIEVE THIS."

Yogini Mishra, ACASH Mumbai

"Congratulations to the entire team who were involved in pursuing the Bill. Could we have a copy of the Amendment Bill."

Dr. Ajay Gaur, BPNI Coordinator Gwalior

"Congratulations. One more battle against the Infant milk substitute manufacturer has been won by BPNI activists. You and your team deserve it."

Dr. Rajinder Gulati, BPNI Coordinator Ludhiana

"CONGRATULATIONS ! to you and your team of BPNI."

Yupayong, IBFAN Thailand

"Congratulations. How does it work?"

Anwar Fazal, Founder of WABA & IBFAN, Malaysia

"Congratulations! It is an inspiration to all of us in the breastfeeding movement. Perhaps you should think of a book - "promoting, protecting and supporting breastfeeding - The Indian Experience " for launch in December?"

Dr. Roumjana Modeva, Mariela Todorova and all members of IBFAN in Bulgaria

"We hope that this letter will find you doing well. We'd like to congratulate BPNI, and all your colleagues for the great success that "Baby food manufacturers will no longer be permitted to "promote" their products like infant formula, infant foods(complementary/cereal foods), and other packaged foods for consumption below the age of two." This is really a big step towards the protection of infant's health and a good example for all of us in the network. We'll be grateful to receive more information from you for the process of ratification and the implementation of this decision in the practice. This is will be important experience for us in our work in Bulgaria."

Amitava Sen, Kolkata

"Congratulations for The IMS Amemdment Bill, 2003"

Tracey Wanger-Rizvi, Pakistan

"Congratulations to BPNI and IBFAN in India for this great success after many years of hard work!"



Importance of Community Support in Breastfeeding Promotion

Even though world wide promotion of breastfeeding has been recommended as the most powerful infant survival tool and various steps for promoting, protecting and supporting optimal infant feeding practices have been undertaken, the infant feeding practices are far from satisfactory.¹ There is often a sharp decline in breastfeeding particularly exclusive breastfeeding in the weeks or months after delivery, even in the babies delivered in a Baby Friendly Hospital. Community support for breastfeeding has helped to increase the exclusivity and duration of breastfeeding.² Community based peer counsellors can have a significant effect over the infant feeding patterns due to their easy accessibility and geographical proximity to the mothers.³

In this study 20 self help mother groups (SHG), who were educated up to high school were selected from 20 villages 20-60 km from Gorakhpur headquarters. They were trained for 3 days on various aspects of breastfeeding and complementary feeding in local language. Topics were selected from the "Breastfeeding Counseling and Complementary Feeding a training course (WHO)". The trainers had already taken a 40 hr training course in the Breastfeeding and Complementary Feeding training course (WHO)". These SHGs were selected to work as mother support for breastfeeding in their respective villages.

A baseline survey was carried out in January 1999 by these SHGs under the supervision of an expert. Mothers with babies up to the age of 6 months were interviewed for feeding practices since birth. The survey was recorded on a proforma and the results were analyzed. After 3 years of working in the villages, supporting mothers to breastfeed, managing mothers with breastfeeding difficulties, advocating and promoting the advantages and breastfeeding and giving knowledge about the dangers of artificial feeding, a repeat sample survey was done during October 2002. This survey was conducted by the residents of the Department of Pediatrics, BRD Medical College, Gorakhpur. In each village 5 mothers were randomly selected and the feeding history was recorded. The result of this repeat survey were also analyzed.

Out of the 514 women interviewed in the baseline survey only 3.89% (n=20) had practiced exclusive breastfeeding 4.09% (n=21) initiated breastfeeding within first hour of delivery and 95.91% (n=493) had given prelacteal feeds to the babies. When asked about their plans for the length of breastfeeding 29.66% (n=154) said that they would breastfeed up to 6 months and 70.04% (n=360) would breastfeed up to one year. Post intervention sample survey revealed a significant change in the attitude

of women towards breastfeeding. Out of the 100 women interviewed 23% (n=23) had practiced exclusive breastfeeding. Impact of intervention was also noted on early initiation of breastfeeding (24%) and mother's plans for the length of breastfeeding where 92% (n=92) said that they would feed their babies up to one year. Practices involving introduction of prelacteal feeds had considerably reduced to 62% (n=62).

These results reveal that a community based counsellor can bring about a significant change in the attitude of women towards breastfeeding. Studies from different parts of the world also showed similar results.^{4,5} Although there is no comparative data we believe that female counsellors can be more effective as they can communicate better and have a better insight into the problems of the target population.

There is an urgent need to explore the potential of community groups and counsellors especially female counsellors. They may be more able than formal health services to provide the frequent one-to-one help that mothers need to build their confidence and to overcome difficulties. The mother's immediate family especially her male partner⁶, her mother-in-law and close friends should be involved as they can also have an important influence on breastfeeding practices.

Possibly a combination of day-to-day support from the community backed up by more specialized help from health services when the need arises could be more effective than either alone.

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What is PROHIBITED and WHAT is Not as the IMS Act 1992 is Amended?

Following table provides in quickly understandable terms of what is the Amended Act 2003!!

Section	Promotional and marketing activities of baby food manufactures	Infant Milk Substitutes such as Lactogen-I, Lactogen-II, Nestogen-I, Nestogen-II, Lactodex-I, Lactodex-II, Amul Spray, Zerolac, Dexolac, ProSoyal, Simyl- MCT, Similac Neosure		Infant Foods such as Nestum, Cerelac, Farex, Weano, Veelac, Infacare, First Food, Dexrice, Easum, Junior Horlicks and other food products for consumption under two years of age.		Feeding Bottles any brand like Bonny Baby, Hello Baby, Wipro	
		PROHIBITED	NOT PROHIBITED	PROHIBITED	NOT PROHIBITED	PROHIBITED	NOT PROHIBITED
Section 3	Advertisements by any means including any notice, circular, label, wrapper, audio or visual transmission such as through television, radio, internet etc.	✓	✗	✓	✗	✓	✗
	Promotion for infants less than two years of age by any person	✓	✗	✓	✗	✓	✗
	Creating impression that a product is equivalent to better than mother's milk	✓	✗	✓	✗	✓	✗
	Encouraging the use and purchase of product by any person	✓	✗	✓	✗	✓	✗
Section 4	Distributing or supply samples by any person	✓	✗	✓	✗	✓	✗
	Contacting any pregnant or mother of an infant	✓	✗	✓	✗	✓	✗
Section 5	Offering benefits of any kind its promotion	✓	✗	✓	✗	✓	✗
	Donation and distribution of the product or any informational or educational material related to the product	✓	✗	✓	✗	✓	✗
Section 6 (2B)	Improper labeling of container and having pictures of infant or a women or both or a graphic on the label of the product	✓	✗	✓	✗	✓	✗
Section 7	Use of educational material to promote products.	✓	✗	✓	✗	✓	✗
Section 8	Promotion through a health care system like hospital, clinic, private practitioners, association of health workers, pharmacy, chemist shop.	✓	✗	✓	✗	✓	✗
	Use of health care system for display of play cards or posters or distribution of material related to product	✓	✗	✓	✗	✓	✗
	Making payment to a person working in a healthcare system for promoting the use of the product	✓	✗	✓	✗	✓	✗
	Demonstration of method of feeding of the product to a mother of an infant or any member of her family.	✓	✗	✓	✗	✓	✗
Section 9	Offering benefits or giving gifts to a health worker or to any member of his family	✓	✗	✓	✗	✓	✗
	Contributing or giving pecuniary benefits to a health worker or any association of health workers	✓	✗	✓	✗	✓	✗
	Other provisions of the Act						
Section 10	Fixing remuneration or commission to company's employ on the basis of the volume of sale of the product	✓	✗	✓	✗	✓	✗
Section 11-19	Set out steps for quality control and enforcement of the Act.						
Section 20	Attaches penalties to violations						
Section 21-23	Refers of power of prosecution						
Section 24	Refers that no suit prosecution or legal proceeding shall lie against Central Government, State Government and voluntary organisations.						
Section 25	States that provisions of Prevention of Food Adulteration Act, 1954, or rules made under the Act shall not be barred.						
Section 26	Authorises Government to make rules.						

This analysis and information with inputs made by BPNI Legal cell

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Evaluation of Role of Exclusive Breastfeeding in Prevention of Bronchial Asthma in Children of Atopic Families

Since the earliest observations made by Rowe¹ in 1931 the association of Allergy with Cow's Milk has been well documented in literature. With the wide spread use of Antibiotics and Immunization, the incidence of allergic chronic cough has increased in past decades. Glaser² has described this increasing incidence of atopic diseases especially allergic asthma to the decreasing prevalence of exclusive breastfeeding.

The role of hereditary in development of Asthma is well known since the 12th century. It is generally agreed that hereditary plays a very important role. Hamburger³ showed that children with both parents atopic had 47% chance of developing atopic disease while with one parent having atopy the chance was 29%.

Glaser & Johnstone² in 1953 did pioneering work in prophylaxis of asthma by the control of diet & allergen avoidance by mothers. Subsequently a host of studies wherein the avoidance of known allergens like Cow's milk/ Soya milk were done and exclusive breastfeeding was given to evaluate the effect on prophylaxis of atopic asthma. The benefits of prolonged breastfeeding are well documented⁴⁻⁷ but prevention of atopic diseases by postponement of solid food/exclusive breastfeeding/allergen avoidance regimen is controversial.

Chandra⁸ in 1979, Saarinent⁵ et al 1979, Hamburger⁹ in 1981, Kanfman & Friks¹⁰ in 1981, Hide and Guyer¹¹ 1981, Businco et al¹² in 1983 demonstrated that exclusive breastfeeding for a period of at least 6 months was beneficial for the prophylaxis of Bronchial Asthma.

On the other hand several studies¹³⁻¹⁴ have shown that exclusive breastfeeding was associated with increased incidence of atopy.

The present study was undertaken to analyse the protective effect of exclusive breastfeeding on the prevalence of atopy especially atopic bronchial asthma.

Material and Methods

The subjects were 134 children whose family history was positive for atopic diseases- Bronchial asthma/Allergic Rhinitis/Atopic dermatitis attending the paediatric OPD at a big tertiary care hospital, Patiala, during 2001. Children were divided into two groups - exclusive breast fed for 6 months minimum & bottle/ top fed group.

Children who were exclusively breastfed for at least 6 months without any cow's milk were kept in group A. Cow's milk/buffalo's milk was added to breastfeed after 6 months of age.

Children who were given exclusively top feed or cow's milk or were given partial breastfeeding for the initial 6

month were kept in group B.

The prevalence of Bronchial Asthma in both groups was studied. Statistical analysis using unpaired t-test was done to compare the number of attacks and the age of onset of Bronchial Asthma in the two groups.

Observations

No. of subjects in group A (Exclusively Breastfed) were 84 while in Group B (partially Breastfed) were 50.

The Age distribution of patients at the time of study are shown in Table I.

Table - I

Age	n	%
< 1 year	28	21
1-2 years	30	22
2-5 years	45	34
> 5 years	31	23

The parental history of Atopy was present in form of Atopic Asthma (28%), Allergic Rhinitis (70%) and Atopic dermatitis (22%) of cases.

The sex distribution of patients is shown in Table II.

Table - II

Sex	Group A		Group B	
	n	%	n	%
Male	54	(64)	31	(62)
Femlae	30	(36)	19	(38)

The age of onset of Bronchial Asthma is shown in Table III. While Table IV shows the comparison of the number of asthmatic episodes/year.

Table - III

Age of Onset of Bronchial Asthma (In months)

Group A	Group B	p
15 (5.3 SD)	8 (3 SD)	0.01

Table - IV

Number of Asthmatic Episodes (per year)

Group A	Group B	p
5.1 (1.2 SD)	7.6 (2.0 SD)	0.01

Results and Discussion

The present study indicates that though exclusive breastfeeding for a period of 6 months does not prevent the development of Bronchial Asthma in children of atopic families, it does delay the age of onset and the number of asthmatic episodes per year. Due to its preventive role in Bronchial Asthma, Exclusive breastfeeding should be strongly advised to all infants and particularly in those born into atopic families.

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National Nutrition Mission (NNM) Set Up

The Government of India set up a National Nutrition Mission (NNM) to be headed by Prime Minister (PM) to give policy direction and coordinate its nutrition programmes.

The NNM will function under the Human Resource Development (HRD) ministry and will aim at providing subsidised foodgrain to adolescent girls and expectant and nursing mothers belonging to BPL (below poverty line) families. It would also review and revise the goals set out in the National Nutrition Policy, 1993, and the National Plan of Action on Nutrition, 1995, keeping in view the present nutrition profile of the country.

Apart from the PM the NNM comprises the Deputy Chairman of the Planning Commission and the Ministers of HRD, finance, health, consumer affairs, science and technology, agriculture, social justice and tribal affairs ministers. It also comprises an executive committee which will identify the nutritionally backward regions.

NNM includes 8 experts, which include the National Coordinator of Breastfeeding Promotion Network of India (BPNI), Dr. C Gopalan, Dr. Shanti Ghosh, Dr. H.P. Sachdev, Dr. K. Ramachandran, Dr. B.S. Narasinga Rao, Dr. M.S. Swaminathan, Prof. Tara Gopal Das and the President of Indian Council for Child Welfare.

Dear Friends

We have the biggest opportunity to express our views for the National Nutrition Policy and the National Plan of Action on Nutrition. For this purpose, **kindly send your views, comments, suggestions on Nutrition related issues, to the National Coordinator, BPNI, at the earliest.** (Email: agupta@bpni.org or bpni@bpni.org)

Dr. Arun Gupta
National Coordinator



UN Agencies Urge Governments to take key actions to encourage appropriate feeding practices for All Infants and Young Children

Five priority actions being promoted to help all women adopt good infant feeding practices, while giving special support to HIV-positive mothers to make the best feeding choices for themselves and their babies.

NAIROBI, September 25, 2003 –

With the achievement of broad consensus on the appropriate ways to feed infants and young children in the context of HIV/AIDS, four UN agencies today urged governments to immediately scale up action in five priority areas to save lives and ensure the growth, health, development and well-being of all children.

UNICEF, WHO, UNFPA, UNAIDS and five other agencies are promoting a five-step framework to help reduce child mortality and HIV transmission, while enhancing support for breastfeeding among the general population and promoting achievement of other health-related goals. This approach, which has been widely endorsed among UN agencies and child feeding experts, is intended to help governments, in particular in high HIV-prevalence areas, to rapidly scale-up their infant and child feeding programmes and outreach.

“The HIV and Infant Feeding Framework will help enormously in creating and sustaining environments that encourage appropriate feeding practices for all infants and young children, while scaling-up interventions to reduce transmission of HIV,” said UNICEF Executive Director Carol Bellamy. **“The evidence tells us what we need to do to keep children as healthy**

as possible in the context of a world with HIV. We need to make sure we do it.”

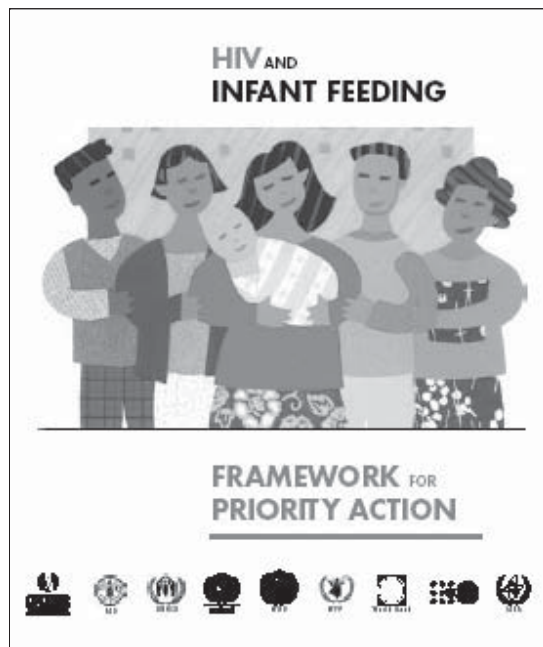
The five-step framework aims to significantly help reduce transmission of HIV through breastfeeding, while at the same time drawing attention to actions needed to reduce child mortality caused by –poor infant feeding practices by HIV-negative mothers and mothers of unknown HIV-status. It calls for the adoption of a combination of measures that help to reduce the risk of HIV transmission to infants while

minimizing the risk of morbidity and mortality caused by other infections.

“AIDS threatens child survival and welfare,” said Dr. Peter Piot, UNAIDS Executive Director. **“Good infant feeding practices must be widely promoted to help women, be they HIV-positive or negative, make informed choices to reduce child mortality.”**

The Framework outlines five priority areas for national action:

1. Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
2. Implement and enforce the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.



3. Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
4. Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
5. Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

The Framework has been developed in response to the need for more clarity on infant feeding in the context of HIV/AIDS. It's meant to provide guidance to national policy makers, programme managers, regional advisory bodies, public health authorities, UN staff, professional bodies, NGOs and other interested stakeholders, including the community.

UNFPA Executive Director Thoraya Ahmed Obaid said "the Framework strives to enable women who are HIV positive to make informed decisions on the best feeding options for their babies. It further challenges policy makers and stakeholders to make this a reality to ensure the means for women to exercise their decisions."

Dr. Joy Phumaphi, the WHO Assistant Director General for Family and Community Health, said "the Framework is meant to guide policy-makers and other stake-holders in planning and implementing activities. The aim is ultimately to help mothers to make the most appropriate infant feeding decisions in an HIV-related environment."

The Framework responds to the issues specific to countries hard-hit by HIV/AIDS. An estimated 3.2 million children under 15 years were living with HIV in 2002. A total of 800,000 were newly infected and 610,000 had died. The overwhelming source of HIV infection in young children is mother-to-child transmission. About 15-30% of the infections occur during pregnancy or delivery, and about 5-20% through breastfeeding. It is estimated that in countries with an

HIV-prevalence above 35% in pregnant women, HIV/AIDS contributes up to 42% of under-five mortality.

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HIV and Infant Feeding - Framework for Priority Action is available on http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_Framework.pdf

IMPORTANT DATES

Infant Feeding and HIV-A Regional Colloquium for the Asia Pacific Region

Theme: Minimizing infant mortality related to infant feeding choices in the context of HIV

November 28 - November 29, 2003

India Habitat Centre, Lodi Road, New Delhi, India

Asia Pacific Conference on Breastfeeding

Theme: Infant and Young Child Feeding - From Policy to Practice

November 30 - December 3, 2003

India Habitat Centre, New Delhi, India

BPNI Meeting

December 1, 2003 (Time: 6.00 - 8.00 PM)

Indian Social Institute (ISI), Auditorium (Ground Floor), Lodi Road, New Delhi

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BPNI

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Resources

Website

- **www.bpni.org:** This is designed for parents, public, professionals, media and any other person interested in infant feeding issues to get information about various aspects of breastfeeding including technical information. It also gives information about the organisation, its areas of work and resources available. It also links with various other International Organisations working on infant feeding.

Books & Booklets

- **Breastfeeding and Complementary Feeding: Guidelines for Doctors:** This book is prepared for doctors, the first line health professionals, to enable them to promote optimal infant feeding practices and dispel beliefs regarding infant feeding in the communities. They can use this book to update their knowledge and teach young students or counsel mothers. **Rs 150**
- **Breastfeeding & Complementary Feeding-Guidelines for Nutrition professionals:** This book is specially prepared for nutrition professionals to help them counsel mothers and teach students on optimal infant feeding practices. It helps to update their knowledge about infant feeding issues. **Rs 150**
- **Breastfeeding & Complementary Feeding-Guidelines for Nurses:** This book is specially prepared for nurses, to enable them to self learn and use this as a teaching tool about infant feeding. This will also help them to promote optimal infant feeding practices and dispel false beliefs of mothers regarding infant feeding. **Rs 150**
- **Breastfeeding and Complementary Feeding: A Guide for parents.** **Rs 25**
- **The Science of Infant Feeding:** A book of breastfeeding and infant feeding with

scientific advances of 20th century (Published by Jaypee Brothers.) **Rs 450**

- **The Law to Protect and Promote Breastfeeding:** A book of BPNI that explains the provisions of the IMS Act in a simple manner. **Rs 60 (Updated edition 2003)**
- **Maternity Home Practices & Breastfeeding** an ACASH (Mumbai) publication (English) **Rs 75**
- **Helping Mothers to Breastfeed** an ACASH (Mumbai) publication (in English) **Rs 125**

Video Cassette

- **Maa Ka Pyar- Sishu Ahar:** This BPNI video covers early initiation, exclusive breastfeeding, how to breastfeed and complementary feeding, **Rs 250**

Video CD

- **Maa Ka Pyar –Sishu Ahar:** This BPNI CDs covers early initiation, exclusive breastfeeding how to breastfeed and complementary feeding, **Rs 100 (Reduced Price)**

Information Sheets

- **Information Sheet 1 – Guidelines for Breastfeeding and Complementary Feeding: (ALL STATE SPECIFIC INDIAN LANGUAGES)** This four page document provides accurate information on infant feeding for people, women in particular, especially pregnant women and breastfeeding mothers, **Rs 3 (Minimum ORDER 100 COPIES)**

Posters

- **Breastfeeding Posters:** 12” X 18” (Art Paper, four colour, sticker tape (in English and Hindi) **Rs 5**
- **Closeness and Warmth:** 15” X 20” Breastfeeding a Bliss. **Rs 10**

- Note:**
1. Please make payment towards the purchase by Demand Draft only payable to “BPNI Delhi”
 2. Please add 10% to the total value of your order for postage, packing and handling charges.

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