

# The 2012 World Breastfeeding Conference Declaration and Call to Action

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

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



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*9 December 2012, New Delhi India*

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

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

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

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

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

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

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

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

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

## **We call upon all concerned to take the following actions:**

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

The International Baby Food Action Network (IBFAN) and World Alliance for Breastfeeding Action (WABA) jointly organised the World Breastfeeding Conference 2012 as a part of the Global Breastfeeding Initiative for Child Survival (gBICS), a worldwide civil society driven initiative to accelerate progress in achieving the MDGs through protection, promotion and support of breastfeeding.

The Conference was organised as a part of gBICS plan 2008-2012. gBICS has been jointly supported by the Norwegian Agency for Development Cooperation (Norad) and the Swedish International Development Cooperation Agency (Sida).

The Conference in which more than 700 participants from 83 countries took part, was hosted in Delhi by BPNI/IBFAN Asia in partnership with the Government of India. On the final day, the participants adopted this 'Declaration'; it does not necessarily reflect the views of the organisations they belong to.

### CONFERENCE HOSTS & THE ORGANISERS



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WORLD BREASTFEEDING CONFERENCE 2012  
LET'S PROTECT EVERY FEEDING MOMMA  
6th-9th December, 2012, New Delhi, India

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