



Cairo Declaration **on the Protection of Infant and Young Child Feeding** **12 December 2006**

The second regional meeting of the International Baby-Food Action Network (IBFAN), Arab World, was held in Cairo, Egypt, on 10–12 December 2006 jointly with the WHO Regional Office for the Eastern Mediterranean. More than 40 participants from 12 Arab countries¹ attended the meeting, representing governments, professional bodies, academic institutions and nongovernmental organizations. The regional meeting, organized under the theme “Babies before Business: 25 years of the International Code”, aimed to probe the factors that negatively affect the prevalence of exclusive breastfeeding in the region and to find ways to overcome these obstacles.

The regional meeting recalled key global commitments:

- United Nations Convention on the Rights of the Child (CRC) and the Convention on Elimination of all Forms of Discrimination against Women (CEDAW).
- Millennium Development Goals with special reference to the Millennium Development Goal 4, to reduce child mortality.
- International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
- WHO Global Strategy for Infant and Young Child Feeding (2002).
- Innocenti Declaration on Infant and Young Child Feeding (2005).
- With special attention to the Kabul Declaration on Infant and Young Child Feeding, November 2006.

As an outcome of the discussions and activities of the meeting, the participants recognize the following facts:

- Exclusive breastfeeding is the best food for infants up to 6 months and protects them from serious illnesses and chronic diseases in later life.
- Introduction of appropriate complementary food drawn from indigenous foodstuffs and local foods at 6 months of age with continuation of breastfeeding up to 2 years or beyond is crucial for a healthy growth for children and contributes to good health in adulthood.
- Artificial feeding is hazardous for the health of infants and young children and is significantly implicated in infant morbidity and mortality.
- The promotional practices of the baby food industry play a significant role in reduction of breastfeeding prevalence and duration.

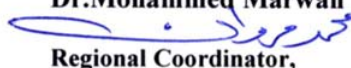
¹ Five participants from two countries (Iraq and Palestine-Gaza strip) were unable to attend due to travel and visa restrictions

- Many factors have an impact on the breastfeeding situation in our countries, among which are physicians' knowledge and practices, quality of pre-service education and social culture and beliefs.
- The health and welfare of mothers and babies can be supported through legislations and national laws concerning the duration of maternity leave and breastfeeding breaks and provision of baby-friendly workplaces.
- Practical and useful guidelines on breastfeeding and complementary feeding were already developed by WHO/UNICEF
- Many sincere efforts were made to promote breastfeeding and optimal complementary feeding practices, yet more work is still needed to be done, with the involvement of all concerned partners at all levels, to achieve the desired goals.

The participants highlighted the need for countries to intensify and coordinate efforts to remove barriers to implementing global recommendations. They called upon all concerned parties, including governments and other agencies, to support and act upon the following 10 Points.

1. Adopt effective national policies on optimal infant and young child feeding practices: “exclusive breastfeeding for the first six months of life followed by the introduction of nutritionally adequate and safe complementary feeding and continued breastfeeding for up to the age of two years and beyond”.
2. Promote breastfeeding related ethical values and supportive supervision to health care professionals in order to ensure their strong commitment to protecting, promoting and supporting breastfeeding.
3. Integrate WHO/UNICEF guidelines on breastfeeding management and counseling, into the pre-service teaching curriculum and in-service training for health care providers, including continuing professional education programmes.
4. Revitalize and broaden the concept of the Baby-Friendly Hospital Initiative to become Baby & Mother Friendly and to include not only hospitals but also all health facilities providing care for mothers and infants.
5. Incorporate the International Code and relevant WHA resolutions into national legislations and the proposed common “Arab League Code”, in order to limit commercial promotional practices.
6. Increase coordination and networking among individuals and groups working in the region to scale up existing activities to protect, promote and support breastfeeding, and to empower each other by sharing information, knowledge and experience.
7. Promote and support breastfeeding as a basic human right of every baby and mother.
8. Build the capacity of a core group of breastfeeding management consultants, to ensure their availability in maternal and neonatal care facilities and in the community.
9. Ensure that health professionals, parents and care-givers are informed that powdered infant formula may contain pathogenic microorganisms and ensure that this information is conveyed through an explicit warning on packaging, in accordance with resolution WHA 58.32 (2005).
10. Ensure that health and nutrition claims are not permitted for breastmilk substitutes, in order that product users receive correct information that is not based on misleading or unsubstantiated information, in accordance with resolution WHA 58.32 (2005),.

All participants pledge to support and act on this Ten Point Plan.

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