

Summary report on the

Training workshop on the Baby Friendly Hospital Initiative for policy-makers in the Eastern Mediterranean Region

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Amman, Jordan
15–17 December 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Next steps.....	4

1. Introduction

A training workshop on the Baby Friendly Hospital Initiative for policy-makers and decision-makers was organized by the WHO Regional Office for the Eastern Mediterranean in Amman, Jordan from 15 to 17 December 2015. The main goal of the training was to further support implementation of the Baby Friendly Hospital Initiative (BFHI), a global effort to implement practices that protect, promote and support breastfeeding, through training of policy- and decision-makers from ministries of health in countries the Region. The training was facilitated by a team of regional and international experts. The participants were policy-makers in nutrition and child health from 15 countries of the Region (Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Syrian Arab Republic, Tunisia and Yemen) and representatives of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Children's Fund (UNICEF) and WHO.

The specific objectives of the training were:

- to train the BFHI focal points on the WHO/UNICEF guidelines and training tools;
- to increase knowledge of public health policy and programme planners across the Region on the BFHI;
- to train policy-makers in the efficient ways to implement BFHI at national level;
- to help countries to set up national criteria and guidelines for BFHI;
- to assist countries to develop national action plans for implementing the BFHI; and
- to develop a regional road map for scaling up BFHI.

In the opening session Dr Ayoub Al-Jawaldeh, Regional Adviser Nutrition, WHO Regional Office for the Eastern Mediterranean, delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. Dr Moazzam Hussein, Regional Chief of Child Survival and Development, UNICEF, also addressed the workshop, along with a representative from the Ministry of Health in Jordan. The speakers highlighted the low progress in attainment of the six nutrition global targets, in particular exclusive breastfeeding which was 29.3% in the Region. The situation in countries with complex emergencies was of particular concern. Only 5% of the hospitals in the Region had been designated as baby-friendly, affecting the exclusive breastfeeding rates.

The WHO/UNICEF standards course was delivered in the first two days of the training, and on the third day the national action plans and regional roadmap were developed.

2. Summary of discussions

Participants were briefed on the BFHI in relation to the global maternal infant and young child nutrition strategy and the six global nutrition targets (reduction of stunting by 40%, increasing exclusive breastfeeding by 50%, reducing wasting to less than 5%, reducing low birth weight by 30%, no increase in childhood obesity, reducing anaemia among women of reproductive age by 50%). Efforts by UNICEF and WHO to revitalize BFHI implementation include systematic review and development of new guidelines, provision of new guidance, development of country case studies and planning for a BFHI summit in 2016.

There is need to activate civil society and high level champions to support legislation on BFHI, with health professionals assisting to

push it forward. Reinforcing maternity protection laws, especially with regard to the private sector, is key to increasing exclusive breastfeeding among Member States.

Countries were urged to ensure they promote exclusive breastfeeding in order to achieve the breastfeeding related indicators of SDGs 3 and on the global monitoring framework. There is need for countries to exercise vigilance in advocacy and monitoring systems with support of good policies on maternity protection and marketing of breast-milk substitutes in order to have successful BFHI implementation.

Countries need to carry out self-assessments on the efforts they make to step up implementation of BFHI. Peer-to-peer learning needs to be promoted at different levels of ministries of health as the best means to enhance implementation of BFHI among hospitals. As a means to promote peer-to-peer learning, case studies from Egypt, Kuwait, Palestine, Saudi Arabia and United Arab Emirates were shared with other countries during the workshop.

Some of the key actions for successful implementation of the BFHI reported among countries included national initiation of BFHI (through ministerial decrees, national policies and strategies), extending BFHI beyond maternity into the community, having a clear certification process and full implementation of the International Code of Marketing of Breast-milk Substitutes.

The importance of integration of BFHI into existing health systems and programmes to enhance its sustainability was also emphasized. Among the linkages reported were programmes for noncommunicable diseases, primary health care, antenatal care, maternal and child health and family planning and global movements to scale up nutrition such as the SUN (Scaling up nutrition) initiative, already under way in

Pakistan, Somalia, Sudan and Yemen, and REACH (Renewed efforts against child hunger and under-nutrition). Different factors among countries affect breastfeeding practices and should be taken into account.

Findings of a regional situation analysis of BFHI showed a number of challenges faced by Member States which hinder progress in BFHI implementation. National policies and strategies to support the implementation of the BFHI do not exist, are inadequate or are not reinforced. There is a shortage of technical experts on BFHI, especially national assessors, in most countries. Although most countries have adopted the Code of Marketing of Breast-milk Substitutes, they still have very low implementation rates and legal adherence. The BFHI has not been streamlined within core Ministry of Health activities or budget, contributing to its low implementation. As well, inadequate or unreliable data hinder the proper tracking and measuring of the impact of this initiative.

A draft BFHI policy statement has been developed. It will be reviewed by facilitators and finalized by the Regional Office with approval by the Regional Director. The final statement is expected by end January. It was agreed that participants would discuss their plans of action in their countries and send drafts to the Regional Office for feedback and finalization. The revised plans are expected by mid-January.

3. Next steps

Member States

1. Re-activate or establish a national intersectoral committee on infant and young child feeding which includes the BFHI and International Code of Marketing of Breast-Milk Substitutes.

2. Review, activate and enforce the policy and legal documents supporting the BFHI and the Code of Marketing of Breast-Milk Substitutes.
3. Build the capacity of health workers and policy-makers on BFHI, including the following:
 - refining job descriptions and making sure capacity is included in them
 - integrating training materials into different levels
 - including managers and high-level policy-makers in capacity-building activities
 - on-the-job training at primary health care level
 - training of trainers for health workers on infant and young child feeding counselling.
4. Set up a monitoring and evaluation system and database for the BFHI and the Code.

WHO and UNICEF

5. Finalize the draft regional road map on BFHI to guide Member States in implementation of BFHI.
6. Review the draft national action plans for scaling up BFHI which will be refined and sent to the Regional Office by the third week of January 2016.
7. Provide technical and financial support to ministries of health with a focus on building capacity to enable countries to develop a core team to lead and monitor the initiative.
8. Update BFHI materials and translate them into Arabic.



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