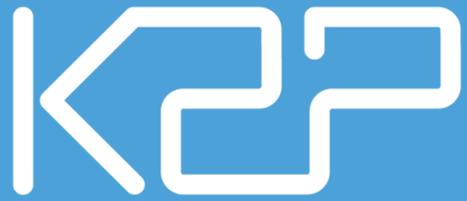


# Briefing Note

Protecting Breastfeeding in  
Lebanon

K2P Briefing Notes quickly and effectively advise policymakers and stakeholders about a pressing public issue by bringing together global research evidence and local evidence. K2P Briefing Notes are prepared to aid policymakers and other stakeholders in managing urgent public health issues. K2P Briefing Notes describe priority issues, synthesize context-specific evidence, and offer recommendations for action.



# Briefing Note

## + Included



Description of a priority issue



Synthesis of contextualized evidence



Recommendations for addressing the issue

## × Not Included



Does not conduct a comprehensive review of the literature but relies on a quick assessment of databases



**Faculty of Health Sciences**  
Knowledge to Policy | K2P | Center

## **K2P Briefing Note**

# Protecting Breastfeeding in Lebanon

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# Speaking Notes

# Speaking Notes

- In March 2015, the Lebanese Ministry of Public Health referred a hospital and a company that manufactures baby bottles and other accessories, to public prosecution for violating law 47/2008 for “Organizing the Marketing of Infant and Young Child Feeding Products and Tools.” The law protects breastfeeding by regulating the marketing of breast milk substitutes. This incident received wide media coverage and support from breastfeeding advocates.
- Breastfeeding practices in Lebanon fall short of international recommendations: rates of exclusive breastfeeding are 40% in 1 month old infants and only 2% in 4-5 months old infants (CAS and UNICEF, 2010) while recommendations are to exclusively breastfeed for the first 6 months of life.
- Breastfeeding is the ideal nutrition for infants and children up to two years of age and beyond. Suboptimal breastfeeding practices have been associated with higher risks of infection-related mortality and morbidity in developing and developed countries.
- The distribution of free infant formula to mothers, and contracts between hospitals and pediatricians and breast milk substitute companies in exchange for cash, equipment or other incentives contribute, among other factors, to the decline in optimal breastfeeding practices.
- The following actions could be considered in order to further support the implementation, enforcement and monitoring of law 47/2008:
  - Parallel implementation of the National Programme for Promoting and Supporting Infant and Young Child Feeding.
  - Development of the implementation decrees of law 47/2008 and their issuing in the Official Gazette.
  - Engagement of a wider range of stakeholders to build further commitment to the National Programme and implementation of law 47/2008 and keep them on the national health agenda.
  - Strengthening of collaborative efforts with the civil society for monitoring violations of law 47/2008. Inclusion of the Baby-Friendly Hospital Initiative Ten Steps for Successful Breastfeeding in national hospital accreditation standards, complemented by capacity building and continuous medical education of health professionals for its implementation.
  - Conducting a national breastfeeding awareness campaign to sensitize and empower women to increase their demand for appropriate breastfeeding practices and baby-friendly practices within health services and the community.

# Content

## Purpose

The purpose of this Briefing Note is to shed light on current breastfeeding practices in Lebanon and the implementation of law 47/2008 entitled “Organizing the Marketing of Infant and Young Child Feeding Products and Tools”, as well as to clarify problems and offer recommendations.

## Issue

On March 31st, 2015, the Ministry of Public Health referred Bellevue Medical Center and Philips Avent to public prosecution following a violation of law 47/2008 that regulates the marketing of breast milk substitutes. The issue received extensive coverage in the most widely read newspapers (The Daily Star, 2015, An-nahar, 2015c, An-nahar, 2015a, An-nahar, 2015b, ALJoumhouriyah, 2015a, ALJoumhouriyah, 2015b, Al-Safir, 2015a, Al-Safir, 2015b, Al-Mustaqbal, 2015b, Al-Mustaqbal, 2015a, Al-Akhbar, 2015) as well as television channels (LBCI, 2015). Furthermore, breastfeeding advocates including mothers, supportive health professionals and non-governmental organizations welcomed the Minister’s action, as breaches to the law were not uncommon in Lebanon. LACTICA, an association of Lebanese parents aiming to normalize breastfeeding and empower mothers to make informed choices in regard to their infant feeding, has compiled evidence on violations of law 47/2008 taking place in 20 Lebanese hospitals (LACTICA, 2015). Contracts for hospitals with infant formula companies to promote specific brands in delivery wards and distribution of free samples of infant formula upon hospital discharge were listed among the many breaches. These recurrent violations of law 47/2008 contribute, among other factors, to the decline in optimal breastfeeding practices that are key to optimal growth and development of individuals and populations.

## Background to Briefing Note

*A K2P Briefing Note quickly and effectively advises policymakers and stakeholders about a pressing public issue by bringing together global research evidence and local evidence.*

*A K2P Briefing Note is prepared to aid policymakers and other stakeholders in managing urgent public health issues.*

*A K2P Briefing Note describes priority issues, synthesizes context-specific evidence, and offers recommendations for action.*

### **The preparation of the briefing note involved six steps:**

- 1) *Identifying and selecting a relevant topic according to K2P criteria*
- 2) *Appraising and synthesizing relevant research evidence*
- 3) *Drafting the Briefing Note in such a way as to present concisely and in accessible language the global and local research evidence;*
- 4) *Undergoing merit review*
- 5) *Finalizing the Briefing Note based on the input of merit reviewers.*
- 6) *Submitting finalized Briefing Note for translation into Arabic, validating translation and disseminating through policy dialogues and other mechanisms.*

# Current Situation

## **International and local evidence on the public health importance of breastfeeding**

There is strong evidence that breast milk is the best source of nourishment for optimal infant growth and development (Kramer and Kakuma, 2012). The right nutrition in the thousand days from conception to 24 months is critical and can have both short and long-term consequences on health (Victora et al., 2010).

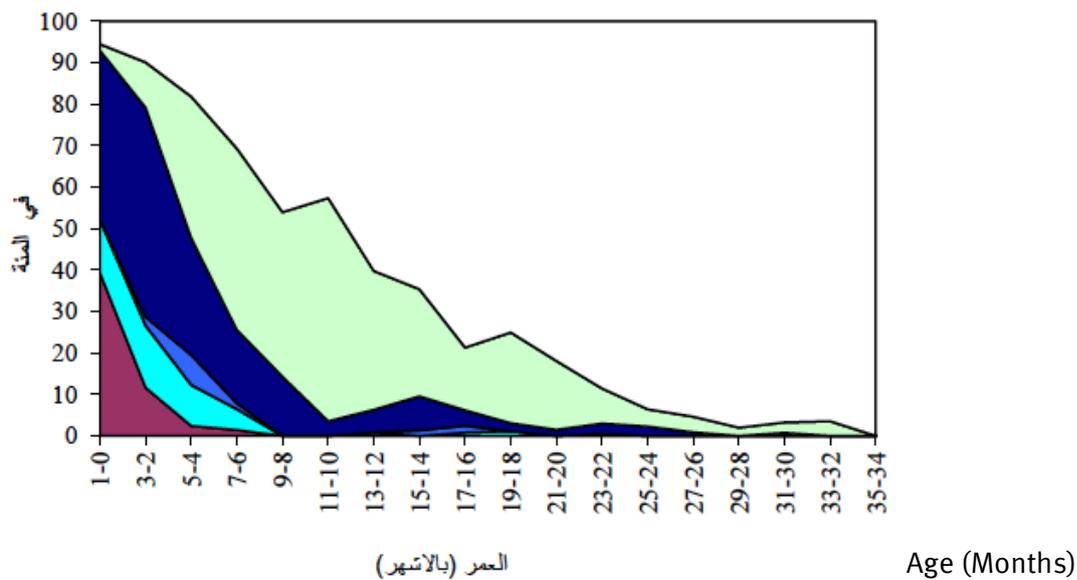
In addition to providing essential macro- and micronutrients, breast milk is rich in immunological factors that play a role in protecting from infections (Kramer and Kakuma, 2012). The World Health Organization (WHO) recommends exclusive breastfeeding<sup>1</sup> from the first hour of life until 6 months of age, followed by introduction of complementary food with continued breastfeeding up to 2 years and beyond (World Health Organization and United Nations Children's Fund, 2003).

Breastfeeding practices in Lebanon fall short of these recommendations with 40% of infants 1 month of age and 2% of 4-5 month olds exclusively breastfed (Figure 1). In fact, over 40% of Lebanese infants are given infant formula in addition to breast milk in the first month of life (CAS and UNICEF, 2010).

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1 Exclusive breastfeeding is defined as excluding any other fluids or solids except for medicinal supplements (World Health Organization 1998. Complementary feeding of young children in developing countries: a review of current scientific knowledge.

Percentage (%)



	Exclusively breastfed		Breastfed and plain water only
	Breast milk and non-milk liquids		Breast milk and other milk/formula
	Breast milk and complementary foods		Not receiving any breast milk

Figure 1 **Infant feeding practices by age**: Percentage of children under 3 years by feeding type and age, Lebanon 2009 (CAS and UNICEF, 2010)

Suboptimal breastfeeding practices have been associated with higher risks of infection-related mortality and morbidity in developing as well as developed countries. A review of 18 studies from the developing world found that non-breastfed infants i.e. feeding on breast milk substitutes and/or animal milks only, had 14.4 times higher mortality, and were 10.5 times more likely to die from diarrhea during the first 5 months of life . Whereas partially breastfed infants had a 2.8 times higher mortality and were 4.6 times more likely to die of diarrhea (Lamberti et al., 2011).

Moreover, there is evidence from both developing and developed countries on the reduction in risks of gastrointestinal and respiratory infections as well as hospital admissions for infants exclusively breastfed for six months (Kramer and Kakuma, 2012, Chantry et al., 2006, Ladomenou et al., 2010, Paricio Talayero et al., 2006, Quigley et al., 2007, Quigley et al., 2009). A British study revealed that 53% and 27% of diarrheal and lower respiratory tract infections hospitalizations could have been prevented each month by exclusive breastfeeding respectively (Quigley et al., 2007). Thus, adoption of recommended breastfeeding practices would translate into lower infant mortality and reduced health care costs for governments. A cost analysis of

suboptimal breastfeeding in the United States revealed that if 90% of families could comply with recommendations to breastfeed exclusively for six months, 13 billion dollars could be saved. The biggest costs (74%) are for premature deaths. Costs of otitis media, atopic dermatitis, and childhood obesity also are substantial. Of the 13 billion dollars, 17% are direct medical costs and 9% are indirect costs (Bartick and Reinhold, 2010). In Italy, infants exclusively or predominantly breastfed at three months had a lower cost of health care compared to infants not breastfeeding or given complementary foods: €34.69 versus 54.59 per infant/year for ambulatory care and €133.53 versus 254.03 per infant/year for hospital care (Cattaneo et al., 2006).

In the Lebanese context, the evidence on causes of morbidity and mortality among infants is limited due to the quasi-absence of routine hospital data collection on causes of hospital admissions and infant feeding practices. Yet, five percent and 11% of deaths among children under 5 reported in 2013 were due to diarrheal diseases and lower acute respiratory infections respectively (World Health Organization, 2015).. Although data are not available to assume a direct association, it is likely that suboptimal breastfeeding practices contribute to morbidity and mortality among young infants in Lebanon.

There is also increasing evidence for associations between nutrition in the first one thousand days of life and risk factors for chronic diseases in later life (Horta and Victora, 2013). With the high burden of nutrition-related non-communicable diseases in Lebanon (Rahim et al., 2014), such evidence reinforces the need to tackle early nutrition and feeding practices.

### **Breastfeeding determinants in Lebanon**

Breastfeeding practices are affected by factors related to the mother and infant, as well as by environments in which the mother and infant find themselves such as hospitals and health services, the workplace, home and the community; all of which can be modified by the public policy environment. Societal factors also influence the acceptability and expectations about breastfeeding and provide the context in which feeding practices occur (Hector et al., 2005). Infant feeding practices in Lebanon are very soon hampered after birth, and a wide range of factors have been associated with these suboptimal practices (Table 1). Health services play a significant role in early breastfeeding practices, particularly as barriers to optimal practices can be triggered by different stakeholders and are encountered early in pregnancy and continue throughout infancy (Akik, 2014). A key barrier is the apparent distribution of free infant formula to mothers. This appears to have been facilitated by contracts between hospitals and pediatricians and breast milk substitute companies, in exchange for cash or equipment or other incentives

before and after enactment of law 47/2008 (Akik, 2014, Lebanese Association for Early Childhood Development et al., 2012 , LACTICA, 2015). Practices such as commercial hospital discharge packs including infant formula or promotional materials have been shown to have detrimental effects on breastfeeding exclusivity (Renfrew et al., 2005).

Table 1 **Breastfeeding determinants in Lebanon - review of the literature**

<b>Level of Determinant</b>	<b>Determinants</b>
Mother-infant dyad	<p>Living in rural areas and lower education (positive effect on EBF) (Batal and Boulghaurjian, 2005)</p> <p>Profession – teachers and executives (positive effect on BF duration) (Saadé et al., 2010)</p> <p>Beliefs regarding quantity and quality of milk. (Osman et al., 2009)</p> <p>Maternal determination (Nabulsi et al., 2014)</p>
Home/family	<p>Family perceptions of breastfeeding (Nabulsi et al., 2014)</p>
Work	<p>Early return to work (barrier to BF duration) (Saadé et al., 2010)</p> <p>Inadequate work schedule (barrier for BF initiation and duration) (Saadé et al., 2010)</p>
Community	<p>Media (influential in BF decision) (Batal et al., 2006)</p>
Hospital & health services	<p>Hospital practices not always conducive to breastfeeding:</p> <p>Having the baby stay with the mother during hospital stay (rooming-in) and putting the baby on mother’s breast soon after birth (skin-to-skin) are not routine in hospitals</p> <p>Infant formula given to infants during hospital stay for various reasons including insufficient breast milk and potential drop in infant’s blood sugar level.</p> <p>Health professionals may themselves not be supportive of breastfeeding.</p>

Level of Determinant	Determinants
	<p>Numerous violations of the International Code of Marketing of Breast Milk Substitutes (ICMBS):</p> <ul style="list-style-type: none"> <li>Hospitals receive donations or have exclusive contracts with infant formula companies</li> <li>Paediatricians receive breast milk substitute samples, equipment for clinics, and funding for attending international conferences or free subscriptions to scientific journals (Akik, 2014, Kabakian-Khasholian et al., 2000, Khayat and Campbell, 2000, El-Zein, 2006)</li> </ul>
Policy	<p>At the time of the World Breastfeeding Trends Initiative assessment in 2010, there were:</p> <ul style="list-style-type: none"> <li>No development of National Action Plan</li> <li>No implementation of the BFHI or law 47/2008</li> <li>No ratification of the International Labour Organization maternity protection legislation C.183</li> <li>Gaps in the health and nutrition care systems such as care providers’ skills training, their pre-service education curriculum and lack of support for mother and breastfeeding birth practices.</li> <li>Inadequate mother support and community outreach systems, or monitoring and evaluation</li> <li>Information, education and communication strategies not adequately implemented (IBFAN Asia, 2010)</li> </ul>
Social	<p>Women’s beliefs of breastfeeding are highly influenced by culture: mothers’ misconceptions (such as insufficient milk, or worrying about quality of milk in case they had cracked or bleeding nipples, or continued breastfeeding while sick or taking drugs (Nabulsi et al., 2014, Osman et al., 2009)) and negative perceptions (such as breastfeeding being out of fashion (Akik, 2014)) are likely the mirror of a context that is depreciative of breastfeeding.</p>

**Law 47/2008 for “Organizing the Marketing of Infant and Young Child Feeding Products and Tools”**

Lebanon enacted this law in 2008 following a legislative decree first issued in 1983, thus becoming one of seven countries only in the Eastern Mediterranean Region to have adopted all provisions of the International Code for Marketing of Breast Milk Substitutes (also known as the Code), issued by the WHO to regulate the marketing of breast milk substitutes (World Health Organization, 2013). Law 47/2008 is even considered to be stricter than the Code itself (Darjani and Berbari, 2015) given that the marketing is banned for products targeted to infants and young children between 0 and 3 years compared to up to 2 years of age in the Code (Personal communication with Ms. Berbari, 13/07/2015).

## Summary of the Articles of the WHO International Code of Marketing Breast Milk Substitutes<sup>1</sup> (taken from the (World Health Organization, 1981))

- No advertising to the public
- No free samples or gifts to mothers
- No promotion of products in healthcare facilities
- No contact of mothers by company representatives
- No gifts or samples to health workers
- No baby pictures idealizing formula
- No unsuitable products such as sweetened condensed milk to be promoted for babies
- Information to health workers to be scientific
- All information to be objective and to explain the benefits and superiority of breastfeeding
- Health professionals to disclose to their institution any fellowships, research grants, or conferences provided by baby food manufacturers
- Manufacturers and distributors to comply with above even if country has not implemented the Code
- Professional groups, non-governmental organizations and individuals to inform manufacturers, distributors and governments of activities violating the Code

<sup>1</sup>The Code covers the marketing of all breast milk substitutes, foods and products such as bottles and teats.  
(Source: Brady, 2012)

### **Evidence for the effectiveness of implementation of the Code on breastfeeding levels**

No population-based studies have assessed the effectiveness of the Code solely as most countries have introduced all or some provisions of the Code as part of wider national breastfeeding programmes. In fact, the Code is one of the several policies and programmes of the Global Strategy for Infant and Young Child Feeding (GSIYCF), developed by WHO and United Nations Children's Fund (UNICEF) to protect, promote and support breastfeeding (Annex

1). Implementation of the GSIYCF has recently been shown to be effective in improving exclusive breastfeeding rates based on an analysis of data from 22 countries in Asia and the Middle East, Africa and Latin America. Using a tool that uses a set of 15 indicators addressing the GSIYCF policies and programs as well as feeding practices, countries with higher scores had higher increases in national exclusive breastfeeding rates (Lutter and Morrow, 2013).

### **Implementation of the GSIYCF in Lebanon**

Lebanon endorsed the GSIYCF in 2002; however, an assessment of the extent of implementation of its policies and programmes in Lebanon in 2010 revealed gaps in all of its components including the absence of a national action plan and funding for it as well as poor monitoring and enforcement of law 47/2008 (IBFAN Asia, 2010). In 2011, a National Committee for Ensuring Proper Nutrition for Infants and Young Children – headed by the MoPH’s general director – was created and it developed the National Programme for Promoting and Supporting Infant and Young Child Feeding. This programme is inclusive of all the GSIYCF policies and programmes but excludes the implementation of the law 47/2008. Given its limited institutional capacity, the MoPH plays an overseeing role while national and international non-governmental organizations – some of them being funders – implement the programme activities under its umbrella (Akik, 2014). However, concerns were soon raised about the sustainability of the programme once international funding ends as earmarked funds allocated to this programme by the government had not been disbursed. Breastfeeding did not seem to rank high on the list of policy priorities as compared to the burden posed on the MoPH, by the need to cater to the health needs of Syrian refugees (Akik, 2014). Programme implementation is also hindered by the weak engagement of international organizations and professional associations and the financial incentives for hospitals resulting in weakening of the implementation of the Baby-Friendly Hospital Initiative (Akik, 2014).

### **Implementation of the Code**

Countries have succeeded in implementing the Code to different extents. Monitoring compliance with the Code revealed continuous violations by breast milk substitute companies through donations to hospitals and health professionals in countries such as Pakistan and Burkina Faso (Aguayo et al., 2003, Salasibew et al., 2008). In Ghana, on the other hand, strong regulations have cancelled all direct advertisement of designated products to the generic public and limited the promotion of these products to health care facilities basically to the provision of technical informational materials to health professionals (Alabi et al., 2007). Evidence on the challenges impeding the implementation of the Code and successful strategies are presented below.

# What we know from Evidence

→ What are the factors impeding the implementation of the Code and what are potential counter-strategies?

Barriers	Counterstrategies
<b>Legislative provisions</b>	
<p>Legislative provisions not meeting all requirements of the Code (World Health Organization, 2013, Edwards, 2012). Many countries adapted few, some or many provisions of the Code but not necessarily all of them.</p>	<p>Governments need to adopt all provisions of the Code (Cattaneo and Garofolo, 2008). The Lebanese Law 47/2008 is inclusive of all provisions of the Code.</p>
<b>Political will for Code implementation and monitoring</b>	
<p>Lack of political will for regulation and monitoring of the Code by governments (Forsyth, 2013)</p>	<p>Need for a comprehensive strategy for breastfeeding promotion. A review of six country programmes revealed that piecemeal approaches and ad hoc activities lead to major barriers being unaddressed and a failure to reach critical populations (Mangasaryan et al., 2012)</p>
<p>Lack in leadership to provide the adequate resources for Code implementation and sustaining resource levels for visible impact, as well as the technical support on Code implementation, despite the Federal Ministry of Health in Nigeria having provided leadership for Code issues by formulating the required policies (Edwards, 2012).</p>	<p>Governments can request the cooperation of the WHO and UNICEF for Code implementation and monitoring (Forsyth, 2012)</p>
<p>Suboptimal government commitment towards law 47/2008 and the National Programme for Promoting and Supporting Infant and Young Child Feeding compounded by weak support from professional associations and international organizations in Lebanon (Akik, 2014)</p>	<p>Leadership and support by health professionals are essential to endorse and enforce national legislation on the marketing of breast milk substitutes as learnt from implementation of the Code in West and Central Africa (Sokol et al., 2008).</p>
<p>Implementation decrees of law 47/2008 not published in the Official Gazette (as of 07/08/2015)</p>	<p>The commitment and activities of breastfeeding advocacy groups by championing the Code and advocating and engaging stakeholders are key for keeping the Code issues on the national agenda as in Ghana (Edwards, 2012)</p>

Barriers	Counterstrategies
<p><b>Institutional capacity for Code monitoring</b></p> <p>Inadequate funding to the regulatory agency and inadequate human resources (both in numbers and capacity) for Code monitoring are major setbacks for Code implementation, as in Nigeria where the agency juggles several regulatory activities given limited funds (Edwards, 2012).</p> <p>Limited institutional capacity – both human and financial – within the Lebanese Ministry of Public Health for monitoring and enforcement of the law (Akik, 2014)</p> <p>The National Advisory Committee for the Promotion and Protection of Breastfeeding, responsible for monitoring the implementation of the law in Lebanon, was also reported not to be fully functional (Akik, 2014)</p>	<p>The national legislative framework for marketing of breast milk substitutes needs to include provisions to monitor compliance (Sokol et al., 2008). One of the lessons learnt is from Ghana where an independent monitoring body—the National Breastfeeding Promotion Regulations Coordinating Committee— was established. It submits its findings and recommendations to a government enforcement agency (Sokol et al., 2008).</p> <p>Independent Code monitoring by non-governmental organizations fills the vacuum created by governments when Code monitoring is not prioritized (Alabi et al., 2007) or in order to shift the cost burden away from the regulatory/implementing authority as suggested for Nigeria where funding and human resources are limited (Edwards, 2012). In Europe, governments generally have not taken the responsibility for enforcement and monitoring of the Code. Non-governmental organizations and consumer associations have mainly undertaken the monitoring for compliance with the Code (Cattaneo et al., 2005).</p> <p>Monitoring must be transparent, scientifically valid and adequately funded (Lutter, 2013).</p> <p>Monitoring needs to be independently evaluated and underpinned by an effective improvement framework (Forsyth, 2012).</p>
<p><b>Training for Code implementation</b></p> <p>Inadequate numbers of Code-trained personnel and mismatch between professional competencies of regulators and assigned tasks impeded Code implementation in Nigeria (Edwards, 2012)</p>	<p>Training of governmental and non-governmental staff on the Code’s implementation is instrumental to its national implementation (Sokol et al., 2008). UNICEF and WHO have previously supported capacity-building including in</p>

Barriers	Counterstrategies
No or poor knowledge of law 47/2008 by public officials, health professionals or the media in Lebanon (Akik, 2014)	Lebanon.
<b>Code violations</b>	
Continuing evidence of breaches of self-regulation by the infant formula industry (Akik, 2014, Lebanese Association for Early Childhood Development et al., 2012, Forsyth, 2013, LACTICA, 2015, Brady, 2012) despite clear instructions in the Code on the need for breast milk substitute companies to monitor their marketing steps and ensure that their conduct conforms to the Code, independently of any other measures taken for implementation (World Health Organization, 1981).	<p>Detailing of penalties that will be imposed for law violations. Penalties must be clearly defined and severe enough to deter violations such as in Nigeria where product (the breast milk substitute) registration is suspended if needed (Sokol et al., 2008).</p> <p>Documenting violations by breast milk substitutes' companies in reports are more likely to be effective than economic sanctions by affecting their public image negatively. Publication of results of well designed monitoring evaluations in well-respected peer-reviewed journals and reported on in the media is likely to be critical for motivating compliance (Lutter, 2013).</p>
<b>Baby-Friendly Hospital Initiative</b>	
Slow global implementation of the Baby-Friendly Hospital Initiative (BFHI) Ten Steps for Successful Breastfeeding (Annex 2) – which also requires banning of any breast milk substitutes or related promotional material – (Semenic et al., 2012) and in the Lebanese context as well (Akik, 2014) despite evidence for its effectiveness in improving breastfeeding outcomes (Beake et al., 2012, Hannula et al., 2008, Renfrew et al., 2005).	Inclusion of the BFHI Ten Steps for Successful Breastfeeding in the national hospital accreditation standards (Semenic et al., 2012).

# Recommendations

# Recommendations

## → Implement law 47/2008 in conjunction with the National Programme for Promoting and Supporting Infant and Young Child Feeding

Implement law 47/2008 in conjunction with the National Programme for Promoting and Supporting Infant and Young Child Feeding as evidence revealed that piecemeal approaches and ad hoc activities lead to major barriers being unaddressed; and this is particularly relevant to the Lebanese context where barriers to breastfeeding are not solely related to the marketing of breast milk substitutes but have been identified in various settings encountered by the mother and infant.

## → Develop the implementation decrees of law 47/2008 and issue them in the Official Gazette

In order to activate the implementation and enforcement of law 47/2008, implementation decrees of the law need to be developed and issued in the Official Gazette. The MoPH should lead this action in collaboration with members of the National Advisory Committee for the Promotion and Protection of Breastfeeding, responsible for monitoring the implementation of the law in Lebanon.

## → Engage a wider range of stakeholders

Engage a wider range of stakeholders to build further commitment to the National Programme and implementation of law 47/2008 and keep them on the national health agenda. Stakeholders can include health professionals supportive of the cause; professional organizations given their influential role in the health policy arena, and breastfeeding advocates (such as the Lebanese Association for Early Childhood Development, LACTICA, La Leche League, World Vision Lebanon and the International Orthodox Christian Charities). Engage UNICEF and WHO as well and ask for their potential contribution in building institutional capacity within the Ministry of Public Health.

## → Strengthen collaborative efforts with the civil society for law 47/2008 monitoring and regulation

Strengthen collaborative efforts with the civil society for monitoring violations of law 47/2008 in the media, community and health services. This is recommended given the international evidence for adoption of the monitoring

role by non-governmental organizations and the limited governmental capacity to fulfill this role. Make the monitoring reports available in the public domain and disseminate reports through the media, as getting featured is likely to negatively affect the public image of breast milk substitute companies. Involve academics to facilitate the dissemination of this information in peer-reviewed articles.

➤ **Include the BFHI Ten Steps for Successful Breastfeeding in the national hospital accreditation standards**

Include the BFHI Ten Steps for Successful Breastfeeding in the national hospital accreditation standards as the Lebanese Ministry of Public Health is interested in revamping all accreditation standards. Given the financial incentives for hospitals to meet all accreditation standards, inclusion of the Ten Steps would facilitate the adoption of the law 47/2008 by public and private hospitals. In parallel, offer the BFHI 40 hours training of trainers' course to hospitals' staff. To pre-empt violations, include guidelines for breastfeeding management in curricula of medical and nursing students and offer continuous medical education courses on breastfeeding and the BFHI in association with the Lebanese Society of Obstetricians and Gynecologists and the Lebanese Pediatrics Society.

➤ **Conduct a national awareness campaign**

Conduct a national awareness campaign to sensitize women and empower them to increase their demand for appropriate breastfeeding practices and baby-friendly practices within health services and the community in collaboration with national and international non-governmental organizations already engaged in infant and young child feeding promotion as well as health professionals who are supportive of the breastfeeding cause.

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# Annexes

# Annexes

## Annex I. The Global Strategy for Infant and Young Child Feeding (WHO/UNICEF 2003).

		<b>Policies and programmes</b>
<b>Protection</b>		International Code of Marketing of Breast-milk Substitutes
		International Labour Organisation maternity protection legislation C.183
<b>Promotion</b>		Information, Education and Communication programmes
<b>Support</b>	<b>Through the health care system</b>	Provision of skilled counselling (pre-service and in-service training of health workers)
		The Baby-Friendly Hospital Initiative Ten Steps to Successful Breastfeeding
		Increasing access to antenatal care, education about breastfeeding and delivery practices
	<b>In the community</b>	Community-based support networks (mother-to-mother support groups and peer or lay counsellors)

## **Annex 2: The Baby-Friendly Hospital Initiative Ten Steps to Successful Breastfeeding**

### **Ten steps to successful breastfeeding**

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

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