

THE TSHWANE DECLARATION OF SUPPORT FOR BREASTFEEDING IN SOUTH AFRICA

We, the participants of the National Breastfeeding Consultative Meeting, including Minister of Health, Deputy Minister of Health, MEC'S, DG's, HOD's, health managers and workers, experts, academics, traditional leaders and traditional health practitioners, NGOs, civil society, UNICEF and WHO, held at the St George Hotel, Gauteng on the 22nd and 23rd of August 2011,

Concerned that:

- Infant and child mortality rates in South Africa remain unacceptably high and the Millennium Development Goals (MDGs) target of reducing the rate of under five mortality by 2/3s may not be achieved;
- Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low;
- Breastfeeding practices have been undermined by aggressive promotion and marketing of formula feeds, social and cultural perceptions and the distribution of formula milk in the past to prevent Mother To Child Transmission (MTCT) of HIV;
- Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhoea, pneumonia and malnutrition;

And noting that:

- Reducing child mortality is a priority of the Government of South Africa;
- Promoting, protecting and supporting breastfeeding will reduce child mortality and improve the health and development of young children and their mothers;
- Overwhelming scientific evidence demonstrates the benefits of exclusive breastfeeding and continued breastfeeding for all children, including those that are HIV exposed and HIV positive;
- WHO and other international agencies acknowledge the research evidence that anti-retroviral drugs very significantly reduce the risk of HIV transmission through breastfeeding and improve HIV free survival of HIV exposed infants. These data transform the landscape for decision making about infant feeding practices in the context of HIV;
- Promotion, protection and support of breastfeeding requires commitment and action from all stakeholders including government and legislators, community leaders, traditional leaders and traditional healers, civil society, health care workers and managers, researchers, private sector, employers, women's sector the media and every citizen;
- Government initiatives aim to achieve universal coverage of essential health services, including maternal, newborn and child health, through initiatives such as the introduction of the National Health Insurance System;
- The Primary Health Care Re-engineering initiative by government, provides an excellent opportunity to support breastfeeding through strengthening of the District Health System, the re-introduction of a school health programme, establishment of ward based health teams and experts;

And therefore commit ourselves and call on all stake-holders to support and strengthen efforts to promote breastfeeding. We specifically resolve:

- South Africa to declare itself as a country that actively promotes, protects and supports exclusive breastfeeding, and takes actions to demonstrate this commitment. This includes further mainstreaming of breastfeeding in all relevant policies, legislation, strategies and protocols;
- South Africa to adopt the 2010 WHO guidelines on HIV and Infant feeding and to recommend that all HIV infected mothers should breastfeed their infants and receive anti-retroviral drugs to prevent HIV transmission. Anti-retroviral drugs to prevent HIV through breastfeeding and to improve the health and survival of HIV infected mothers should be scaled up and sustained;
- National regulations on the Code on Marketing of Breast milk substitutes to be finalised, adopted into legislation within twelve months, fully implemented and outcomes monitored;
- Resources to be committed by government and other relevant bilaterals, partners and funders, but excluding the formula industry, to promote, protect and support breastfeeding including updated guidelines on HIV and infant feeding;
- Legislation regarding maternity among working mothers to be reviewed in order to protect and extend maternity leave, and for measures to be implemented to ensure that all workers, including domestic and farm workers benefit from maternity protection, including enabling work place;
- Comprehensive services are provided to ensure that all mothers are supported to exclusively breastfeed their infants for six months and thereafter to give appropriate complimentary foods and continue breastfeeding up to two years of age and beyond. Mothers with HIV should breastfeed for twelve months according to National guidelines. This will require skilled support by health workers at all levels of the public and private health services including hospitals, primary health care facilities and community based services;
- Human milk banks to be promoted and supported as an effective approach, especially in post natal wards and neonatal intensive care units, to reduce early neonatal and postnatal morbidity and mortality for babies who cannot breastfeed;
- Implementation of Baby Friendly Health Initiative (BFHI) and Kangaroo Mother Care (KMC) to be mandated such that:
 - All public hospitals and health facilities are BFHI accredited by 2015,
 - All private hospitals and health facilities are partnered to be BFHI accredited by 2015,
 - Communities are supported to be 'Baby Friendly';
- Community based interventions and support are implemented as part of the continuum of care with facility based services to promote, protect and support breastfeeding;
- Continued research, monitoring and evaluation should inform policy development and strengthen implementation;
- Formula feeds will no longer be provided at public health facilities with the following exceptions:
 - Nutritional supplements including formula feeds will be available on prescription by appropriate healthcare professionals for mothers, infants and children with approved medical conditions.