



WORKSHOP REPORT

Advocacy for Infant and Young Child Feeding:
Strategy Updates in Selected Countries in the ASEAN Region and Beyond

Bangkok, Thailand

28-29 April, 2016

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Workshop Overview and Objectives

In April 2014, more than 60 participants from Cambodia, Indonesia, Laos, Myanmar, Timor Leste, Thailand, and Viet Nam gathered in Bangkok, Thailand for a regional advocacy workshop: “Developing Roadmaps for Infant and Young Child Feeding Policies in selected countries in the Association of Southeast Asian Nations (ASEAN) Region and Beyond.” The workshop was the launch of a multi-year advocacy effort to support Infant and Young Child Feeding (IYCF) policy changes throughout the region by building the capacity to implement a proven four-step process (shown at right). The process was developed by Alive & Thrive (A&T) based on Viet Nam’s 2012 policy successes: extending paid maternity leave from four to six months and tightening restrictions on the inaccurate marketing of breastmilk substitutes through 24 months of age.



In April 2016, nearly 90 participants from Cambodia, Indonesia, Laos, Myanmar, Timor Leste, Thailand, Papua New Guinea, the Philippines, and Viet Nam again gathered in Bangkok for a follow-up workshop, “Advocacy for Infant and Young Child Feeding: Strategy Updates in Selected Countries in the ASEAN Region and Beyond.” Since the original workshop in 2014, country teams had created advocacy work plans, conducted research, developed messages and materials, and organized meetings and workshops to build consensus on key IYCF policy changes. This year’s workshop was an opportunity to share lessons learned, provide updates on the latest evidence base in support of IYCF and related policy changes, refresh advocacy strategies, and maintain momentum for continued policy change work throughout the region.

The 2016 workshop also included two new country delegations: the Philippines, which undertook several successful advocacy efforts over the past two years, and Papua New Guinea, which is currently looking to improve IYCF advocacy efforts in their country.

Leveraging the experiences and perspectives of country teams and international experts, the workshop focused on discussing:

- Latest evidence and best practices (from the ASEAN region and beyond) in advocacy for:
 - Maternity protection, including maternity leave and baby-friendly workplaces.
 - Strengthening the regulation of the marketing of breastmilk substitutes, including implementation of the International Code for the Marketing of Breast-milk Substitutes and subsequent World Health Assembly (WHA) resolutions into national regulations and enforcement.
 - Strengthening nutrition delivery in health systems, including policies and practices in health facilities, data for health systems strengthening, and financing health systems.

- Updates to the global and regional evidence base in support of IYCF policy change (including *The Lancet Breastfeeding Series*, and the Cost of Not Breastfeeding).
- How to build more effective partnerships, including multi-sectoral collaboration and outreach to medical associations.
- Developing effective research at the country and regional level, with a focus on opinion leader research and media monitoring.
- Best practices for engaging parliamentarians.
- Country team group work and discussion to develop short- and long-term policy goals with concrete actions.

Throughout the workshop, group work focused on identifying opportunities to sharpen and accelerate advocacy action in support of key policy changes, and culminated with country teams reporting to the larger group on key strategies and actions that they identified and had committed to moving forward during their group work.

Summary of Workshop Sessions

To kick off the two-day workshop, representatives from Alive & Thrive (Nemat Hajeebhoy), Irish Aid (Fiona Quinn), and UNICEF (Christiane Rudert) provided historical context – highlighting the region-wide effort that began two years ago – and an overview of recent developments in the global landscape for IYCF policies and programs. These include the Sustainable Development Goals and the Global Nutrition Targets; recent evidence including the 2016 *Lancet Breastfeeding Series*; donor developments and commitments to nutrition; and the role of civil society organizations in positioning and keeping nutrition on the development agenda. Presenters underscored the ongoing need to elevate the importance of IYCF among decision makers, and to position breastfeeding as a 21st century agenda item for governments across the region.



Workshop organizers welcoming participants, discussing recent developments in IYCF

Following the opening session, **day 1** focused largely on a deeper exploration of three main policy areas – maternity entitlements, the International Code for the Marketing of Breast-milk Substitutes (the Code), and health systems strengthening. Presentations were given from international experts, as well as interactive panels with country teams that have experienced success.

Session	Presenter/Panelist	Topics Discussed
<u>Session 1A (Presentations):</u> Latest evidence and best practices in advocacy for maternity protections	Arijit Nandi, McGill University	Presented research, “The Impact of Paid Maternity Leave on Infant Mortality in Low- and Middle-Income Countries.”
	David Clark, UNICEF HQ	Presented, “Latest Evidence and Best Practices in Advocacy for Maternity (and Paternity) Protections,” including a review of global standards, practices, gaps, and opportunities for action.
	Revathi Ramachandran, WABA	Presented, “Advancing Social Protection for Breastfeeding at Work.”
<u>Session 1B (Panel):</u> Advances in maternity protections in the ASEAN region and beyond	Anthony Calibo, Program Manager, Newborn Care and Infant and Young Child Feeding, Department of Health, Philippines Maria Evelyn Carpio, Nutrition Specialist, UNICEF Philippines	Discussed recent progress the Philippines has made advancing a maternity leave bill through the Senate, including questions raised by parliamentarians about the risks and benefits of the new law.
	Nisachol Cetthakrikul, International Health Program and Policy, Thailand	Discussed factors that have contributed to success in creating space for lactation in workplaces in Thailand, including direct CSR efforts with companies.
	Ha Dinh Bon, Director General, Ministry of Labor, Invalids and Social Affairs, Viet Nam	Discussed new advancements in maternity protections in Viet Nam following the 2012 adoption of six months paid maternity leave.
<u>Session 2A (Panel):</u> Advances in regulating the marketing of breastmilk substitutes in the ASEAN region and beyond	Hnin Nandar Kyaw, Ministry of Health, Myanmar Kyaw Win Sein, Nutrition Specialist, UNICEF Myanmar	Discussed Myanmar’s experience two years after passing new BMS Code legislation in 2014.
	Mary Chea, Deputy Manager, National Nutrition Program, Ministry of Health, Cambodia	Discussed Cambodia’s establishment of an oversight board for the implementation and monitoring of the BMS

		Code, including how it was creative and how it coordinates with other government agencies.
	Dinh Thi Thu Thuy, Legislation Department, Ministry of Health, Viet Nam Do Hong Phuong, UNICEF Viet Nam	Discussed Viet Nam's experience monitoring and implementing the Code since it was revised in 2012, including challenges presented by the technical naming and labeling of specific child feeding products.
	Chompoonut Topothai, Bureau of Health Promotion, Department of Health, Ministry of Public Health Thailand Napat Phisanbut, C4D Officer, UNICEF Thailand	Discussed objections that Thailand advocates for a stronger BMS Code have faced from business and health professional organizations.
Session 2B (Presentations): Need to know: Latest advances in Code monitoring, implementation, and enforcement	David Clark, UNICEF HQ	Presented, "Latest Advancement in Code Monitoring, Implementation, and Enforcement."
	Katrin Engelhardt, World Health Organization WPRO	Presented on the global NetCode monitoring framework, including its scope and expected outcomes.
Session 3A (Panel): Advances in health systems strengthening in the ASEAN region and beyond	Duong Huy Luong, Ministry of Health, Viet Nam	Presented, "Standardizing breastfeeding and clinic nutrition in the Viet Nam Hospital Quality Criteria."
	Dinh Anh Tuan, Ministry of Health, Viet Nam	Presented Early Essential Newborn Care (EENC) application and scaling up in Viet Nam.
	Anung Sugihantono, Ministry of Health, Indonesia	Presented, "Routine IYCF Data as Part of Health Systems Strengthening."
Session 3B (Trade Show): Regional and global updates in health systems strengthening (participants rotated through mini-presentations delivered by each expert)	Katrin Engelhardt, WHO WPRO Angela De Silva – WHO SEARO	Discussed policies and practices in health facilities (e.g. EENC).
	Christiane Rudert, UNICEF EAPRO	Discussed data for health system strengthening.
	Anthony Calibo, Department of Health, Philippines	Discussed financing health systems.
Session 4A (Panel): Enhancing partnerships:	Enda Ginting, Assistant Deputy, Office of the President, Indonesia	Discussed how the President's office views and currently

<ul style="list-style-type: none"> • Multi-sectoral action – identifying new areas of collaboration between ministries • Engaging medical associations – building effective partnerships 	Sakoun Inthavong, Department of Hygiene and Health Promotion, Ministry of Health, Lao PDR	supports multi-sectoral collaboration on nutrition.
	Hou Kroeun, Deputy Director, HKI Cambodia	Discussed Cambodia's new Council for Agricultural and Rural Development and its role as a coordinating body for nutrition.
	Nguyen Thi Minh Ngoc, Deputy Director, Socio-Cultural Department, Government Office of Viet Nam	Discussed the role of the Prime Minister's office in coordinating nutrition stakeholders in Viet Nam.

During **Session 4B**, the panel discussion was followed by group work designed to identify who in each of the countries should be the target of more sustained partnership work – and more specifically, how they should be engaged. The results of the group work are available later in this report.

During **Session 5**, representatives from three different country-level research agencies working in the region shared the process and results from their opinion leader research – Sengchanh Kounnavon (National Institute of Public Health, Lao PDR), Rika K Dewi (SMERU Research Institute, Indonesia), and Daniel Lindgren (Rapid Asia, Thailand). Presentations focused on the methodology, results, lessons learned, and best application of the research in each country. An additional presentation was delivered by Kristine Hansen Vinje, a graduate student from Oslo and Akershus University College of Applied Science in Norway, on a region-wide media scan of breastmilk substitutes and breastfeeding that was used to inform the prevalence of formula advertising relative to breastfeeding promotion. The scan found that violations of the International Code of Marketing of Breast-milk Substitutes are prevalent throughout the region, and that violations are particularly common in digital and social marketing.

Day 2 of the workshop kicked off with **Session 6**, a review of the regional and global evidence base to support IYCF advocacy efforts. Nemat Hajeebhoy (Alive & Thrive) presented findings from the recent *Lancet* Breastfeeding Series; Dylan Walters (University of Toronto) presented on the Cost of Not Breastfeeding study and the WHA nutrition target costing and analysis; and Adiatma Siregar (Padjadjaran University) presented the research on the Cost of Not Breastfeeding in Indonesia.

During **Session 7**, panelists from Lao PDR, the Philippines, and Viet Nam shared their experiences in engaging parliamentarians: Bounfeng Phoummalaysith (Deputy Director General, Cabinet, Ministry of Health, Lao PDR) discussed the importance of engaging parliamentarians in Lao PDR; Madame An, a member of the National Assembly in Viet Nam, discussed the successes and challenges of championing child nutrition issues as a policymaker; Truong Quoc Hung, from the Institute of Legislative Studies in Viet Nam, discussed some of the most effective strategies that were used to engage parliamentarians towards achieving paid maternity leave and monitoring the Code.

Following these sessions, participants began group work exercises designed to generate ideas to advance advocacy efforts across the region and to help country teams develop actionable strategies

over the next six months and beyond. The results of these activities are documented in the pages that follow.

Key Takeaways from Workshop Presentations and Panel Discussions

During this two-day workshop, a number of key recommendations and lessons learned emerged:

Best practices in designing and implementing advocacy efforts

- **Designate a facilitator for the advocacy process.** Multiple country teams emphasized the importance of having a central point person for advocacy efforts, especially those focused on legislative policy advocacy. The facilitator could be a credible individual, an organization, or both. In Viet Nam, the Institute of Legislative Studies (ILS) is housed within the National Assembly and is responsible for reviewing, researching, and making recommendations to legislators on policy. Throughout the process of adopting Viet Nam's new expanded maternity leave law and Code policy, ILS played a critical role in convening roundtable discussions, presenting research, and advising on questions from legislators.
- **Develop a coordinated strategy among partners that maximizes visibility and consistency for the effort.** Workshop participants cited a number of challenges that arise during the advocacy process, including the involvement of the private sector at public and legislative hearings. Panelists agreed that the best way to work with opposition is to have a well-coordinated effort that delivers compelling information through surveys, workshops, and other information dissemination opportunities.
- **Achieving multi-sectoral impact requires a committed, formal multi-sectoral working group to drive action.** A single strategy process that includes relevant sectors and actors in government and civil society is key to developing an integrated set of nutrition priorities for national policies, plans, and budgets. As one country delegation highlighted, true multi-sectoral coordination, planning, and programming at both national and subnational levels requires dedicated staff with strategic and operational capacity across sectors, including implementation, monitoring, advocacy, and communications. It also requires accountability mechanisms - funding allocation should require programs to demonstrate multi-sectoral collaboration and priority-setting.

Best practices in advocating for stronger maternity protections

- **Advocacy and behavior change efforts can and should be complementary.** Participants spoke about the importance of changing behavior alongside changing policies. For example, if a longer maternity leave law is passed but mothers don't use that opportunity to breastfeed more, the law will not have its desired impact; mothers should also be counseled on breastfeeding. It is critical to look for opportunities to combine advocacy and behavior change efforts to maximize impact.
- **Many types of evidence are needed to make the case for expanding paid maternity leave.** It was shared that policymakers want to understand employer and employee demand for these policies. Policymakers need to understand how it will be financed, including demonstrating the ability of the government to afford the policy (economic evidence), and they need evidence that show breastfeeding improves health (scientific evidence).
- **Both an implementation and enforcement plan is needed for new policies.** In Viet Nam, the new maternity leave policy was supported by government labor inspections at all levels of

employment to make sure the new law was being followed. Penalties are instituted for companies that don't follow the law.

- **Comprehensive maternity protection should include making workplaces more breastfeeding friendly.** Successful breastfeeding in the workplace requires the direct support of employers to create lactation rooms and kindergartens, and to provide breastfeeding breaks. Many companies expressed interest in becoming more breastfeeding friendly, but there is limited support from NGOs and others to help make the necessary transition. Soliciting the support from company executives is key to success.

Best practices in advocating for stronger regulations, implementation, and enforcement of the International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent WHA resolutions

- **Comprehensive Code policy, with clear product definitions, is preferred over a step-by-step approach.** Country teams working on stronger Code legislation asked whether it was better to pursue it step by step, or comprehensively at the beginning. Delegations that had already strengthened their Code legislation supported a more comprehensive approach from the outset because BMS producing/distributing companies find ways around weak legislation, thereby defeating its intent. For example, BMS companies in the region have tried to re-define follow-up formulas as "complementary food" or "nutrition products" to avoid falling within the provisions of the Code and national legislation.
- **Marketing of breastmilk substitutes should be regulated up until a minimum of 24 months of age.** There was consensus that 24 months should be a minimum standard, which corresponds to the first 1,000 days window of opportunity for improving child nutrition. Some participants felt this could and should also be established as an ASEAN regional standard. It was noted that the WHA Resolution 69 on ending the inappropriate promotion of foods for infants and young children refers to 36 months.
- **Working with medical associations is critical.** Medical professionals continue to be some of the biggest promoters of breastmilk substitutes and need to be prioritized in our efforts. They can become powerful roadblocks when not engaged. Although the International Pediatric Association doesn't accept support from companies, they don't have power with national associations. However, there is increasing awareness of the importance of BMS Code implementation and enforcement at the country level, including with medical associations, and advocates need to step up engagement to ensure strong compliance at all levels.
- **Anticipate strong opposition and prepare accordingly.** In addition to lobbying from BMS companies, other actors are often asked to block stronger Code legislation. In Viet Nam, communication was sent to the Prime Minister's office and the National Assembly from the Vietnamese Embassy in the U.S., the U.S. Embassy in Viet Nam, and the U.S. Chamber of Commerce in Viet Nam – all recommending against stronger provisions. The advocacy team in Viet Nam was vigilant and prepared to provide information and evidence related to every point that was raised by the opposition, including questions about potential impacts on industry and trade.
- **Passing a strong law is just the first step – strong monitoring and enforcement is the second.** Countries agreed that developing strong legislation against BMS is not enough. A funded plan for monitoring and enforcement is equally critical. BMS companies are constantly finding ways around the law, including trying to advertise products in health facilities and through social media. One approach is to link hospital reimbursements to standards that include

Code/legislation compliance; if they do not meet the standard, they do not receive 100% reimbursement.

Best practices in advocating for health systems strengthening

- **Implementing Early Essential Newborn Care (EENC) requires a top-down approach.** It is critical to define technical guidelines for EENC, and to establish them at the national ministry level and disseminate to local health facilities. If the central level doesn't practice EENC, other levels won't either. Training and supervision for both pre- and in-service workforce is critical. Essential elements of the Baby Friendly Hospital Initiative (BFHI) – such as hospital practices relating to skin to skin contact, rooming in and feeding on demand, and ensuring sufficient capacity in skilled lactation management – could be integrated with EENC efforts, rather than having separate, parallel tracks for EENC and the BFHI.
- **Sustainable approaches to institutionalizing IYCF interventions in the health system need to be developed and documented.** The traditional approach to the BFHI has not achieved high coverage and sustained compliance in most countries, including those in Southeast Asia. Initiatives such as the breastfeeding criteria for maternity services as part of quality criteria for all hospitals in Viet Nam provide an excellent example for other countries to tailor to their context, and need to be well documented to demonstrate the impact. Similarly, for IYCF counseling in primary health care services, efforts on training are often not accompanied by fully integrating counseling within job descriptions and work structures, supervision, monitoring and reporting tools and requirements, pre-service curricula, and government budgets. More focus on mainstreaming IYCF in health services is needed within different contexts, including the financing arrangements of the different countries. Nutrition counseling should be an integral component of Universal Health Coverage (UHC), for example, and considered for reimbursement under health insurance schemes.
- **Routine data on IYCF services in the health system is essential.** The Alive & Thrive project in Viet Nam has modeled an approach to "counting counseling," which should be documented further to show whether sustained coverage is achieved and for other countries to adapt, model, and adopt. (Some documentation of this can be accessed here: <http://www.tandfonline.com/doi/abs/10.1080/17441692.2014.980836>)

It is hypothesized that one of the reasons why IYCF counseling services are often inadequately provided, or not provided at all, is that health workers are never required to report on counseling, and that a MOH requirement to do so may lead to greater value being given to counseling. It can also provide indicative data on performance of the services in terms of coverage of caregivers. Such data would always need to be triangulated through representative surveys, and countries are encouraged to include questions on receipt of counseling in national surveys or other studies.

Conclusion

The two-day workshop closed with remarks and reflections from the three organizing partners: UNICEF (Christiane Rudert), Alive & Thrive (Roger Mathisen), and Irish Aid (Fiona Quinn). All three mentioned the strong commitment, creativity, and strategic thinking that delegations brought to the workshop, including in their group work to map out strategic actions and priorities moving forward. Specific reflections included:

- With the recent adoption and global momentum behind the Sustainable Development Goals (SDGs), it is critical to clearly translate breastfeeding into country SDG frameworks and accountability plans. Both breastfeeding and stunting should be included as indicators.
- Developing a comprehensive set of policy change goals that are responsive to each country's unique IYCF landscape is essential. The Code and maternity entitlements are clear policy targets, but it's also essential to not neglect the importance of inserting IYCF into the strengthening of health systems, including financing, hospital criteria, human resource development, and monitoring.
- Behavior change, social norms change, and policy change go hand-in-hand. Policies must change to create a more enabling environment for mothers and families to adopt optimal feeding practices, but if countries don't take advantage of extended maternity leave to breastfeed, the opportunity will be lost.
- Advocacy goals should be specific and detailed—and they should be determined at the outset of the effort. If advocates are having a difficult time determining specific "policy asks," more work is needed to understand the advocacy landscape and areas of greatest opportunity to deliver impact.
- The stakeholder groups involved in IYCF policy change have grown over the past few years. Where advocacy coalitions used to be focused on work with the Ministry of Health, they are now working with ministries of labor, women and children, and others. Partnerships must also include medical associations, academia, and others to utilize the resources, insight, and capacity that policy change requires.
- Evidence-based programming is essential – but this work isn't just about generating the evidence. Decision-makers need to have the evidence translated and packaged in compelling messages and materials that speak to them – to be reminded that breastfeeding is a child's right, and that if countries have signed onto international recommendations and commitments, they must follow through.
- Identifying the right champion to communicate messages and evidence is critical. It is not always best to have a technical person speaking to a policymaker - champions (e.g. individual parliamentarians) to speak from within decision-making bodies (e.g. parliaments) are even more powerful.
- To truly build consensus, advocates must speak with one voice. The more often decision-makers hear a consistent message – from the right people, at the right time – the more likely we are to succeed.

Fiona Quinn concluded with the following quote from Theodore Roosevelt, "*Far and away, the best prize that life has to offer is the chance to work hard at work worth doing.*" Over the course of two days, the workshop reflected this truth in both the lessons learned from the past two years of advocacy work throughout the region, and in the planning of much more good work to come.

Annex 1: Brainstorming the Process for Policy Change

During a session titled, "Maximizing Advocacy Opportunities, Minimizing Barriers," the workshop was divided into four groups that rotated through four different stations. Each station was set up to brainstorm new and different ideas on how to more effectively engage the four steps outlined in the Process for Policy Change: Establish and Sustain Partnerships; Generate the Evidence Base; Develop

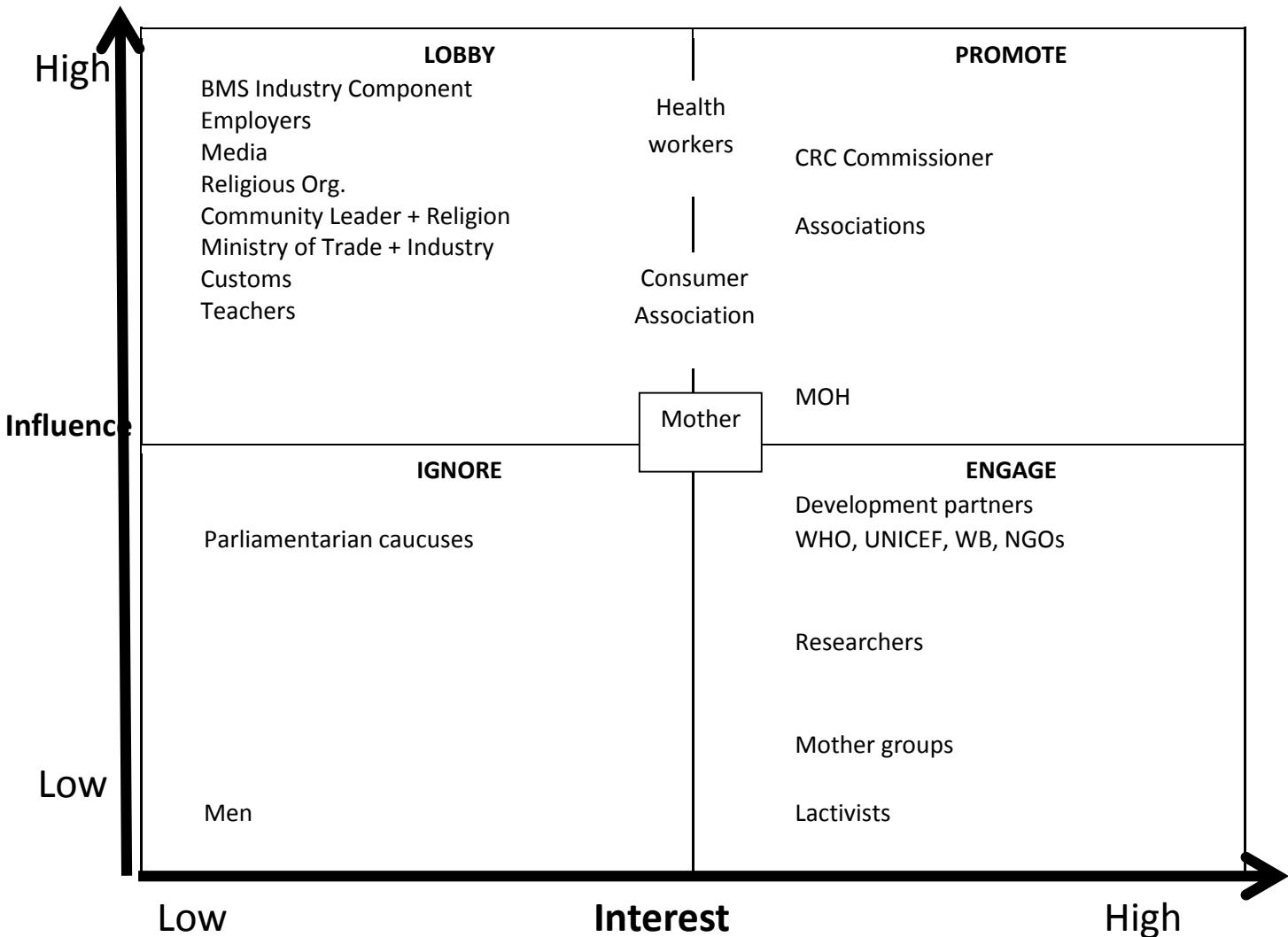
Compelling Messages and Materials; and Build Consensus. The results of those collective brainstorming sessions follow here.

1. ESTABLISH AND SUSTAIN PARTNERSHIPS

- Media – especially social media
- Development Partners
- Celebrities
- NGOs
- Religious organizations
- Religious organizations
- MOH, Ministry of Information, WASH, Ministry of Finance, Labor, Agriculture, Planning, Women Empowerment, Education
- Men, mother, siblings, mother-in-law
- DFAT, DFIT, IA, Norwegian
- CSOs
- Attorney General's Office
- Milk (Diary) associations
- Theater groups
- Employers
- Private sector
- Professional associations (Pediatric, OBGYN, midwives, nurses)
- Researchers, academic institutions
- Trade unions
- Community leaders
- Youth network
- Mother and child committee
- Chamber of Commerce
- National Assembly members
- CRC Commissioners
- Health professionals
- Prime Minister
- Political parties
- UN agencies
- Sex workers
- ASEAN
- School, training institutions
- WB, ADB
- Consumer associations
- Health inspectors
- Intellectual property
- Lawyer Associations
- Lactivists



Example: BMS Code



2. GENERATE THE EVIDENCE BASE

A. Maternity Protection

- Cost – Benefit: Worker outcome -> employers. HR Retention (Cost)
- Cost – Benefit: Individuals (Human interest) -> Mothers
- Formative Research around demand
- Informal sector -> Known for MP for this group, can be done
- Impact of lactation spaces on BF
- Statistic on women: formal and informal -> reproductive age and health
- Existing nutrition issues
- Cost to government, employers, employee on extended leave
- Alternative solutions

- How to enforce MP -> best practices

B. BMS Regulations

- Perception of mothers on advertisement, cross promotion -> self-efficacy in mothers that milk is sufficient
- Influence of advertisement -> channels of engagement with mother/ media monitoring -> esp. social media
- Violations and changes in outcome
- Language and labeling: messages (risks)
- Standard monitoring tool and mechanism for violations: reported, used - M&E

- Benefits of regulations
- Other country examples: Best practices – Law, monitored, enforced
- Code does not restrict information
- Understanding of health workers of the Code -> Where and How. Motivate people to report
- Penalties – what should these be and How
- Impact of Code violation in emergencies and impact resilience on mortality

C. Health System Strengthening

- Diseases prevalence: collected, used, how? Optimal practices at national and sub-national levels
- Current investment in IYCF: gap or need investment -> cost per individual. To what extent is IYCF covered in health insurance

- Effectiveness of interventions: Best practices from global and national and what not to do
- Economic impact studies -> relate to outcomes -> cost of not intervention
- Capacity of HR/health worker on IYCF -> how to motivate/retain trained health staff

3. DEVELOP COMPELLING MESSAGES AND MATERIALS

- Review existing materials first
- Messages: more focus on risks of formula use (b/c breastfeeding is free and not a commodity)
- Messages: Develop around sustainability, environment (Paris Declaration)
- Align evidence with government priorities thru messages
- Develop policy briefs that compare international standards with country policies – different materials for different audiences
- Develop public message around anti BMS -> not just pro BMS, but also finance and health impact
- More use of journalists to package info/messages (+ economists)
- Train and work with more champions on messages delivery

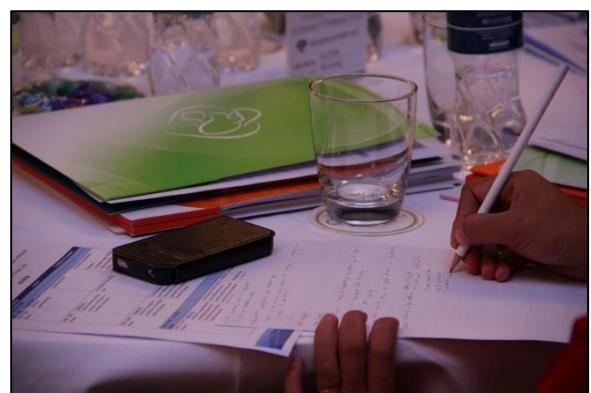
- Work with creative agencies to develop compelling materials/tools
- Messages on obesity / double-burden of malnutrition
- Greater use of social media – hotlines, connect with teens, employers
- Find moments to NAME & SHAME
- Comms materials that speak the language of the private sector -> target private sector
- More historical context: How did we get here?
- Audience Analysis – Policymakers need social economic impact at system level
- Message: More inclusive: Father – Community – Employer – Nation
- Tailored to audiences (e.g. young mothers)
- Develop keychain for associations – size of stomach of baby

- Inspirational video addressing social perceptions through champions
- Orientation kit on Conflict of Interest for health practitioners and parliamentarians
- Social media trainings for advocates
- Tools for hospitals
- Alternative solutions for mothers who can't breastfeed (e.g. human milk banking)
- Survey data from moms
- Address social conservatism for public breastfeeding; infrastructure development for lactating moms in public places, branding breastfeeding spaces, etc.)
- Create retail shops for breastfeeding mothers – not retail shops for BMS
- Resource lists for moms (counsellors hotlines)
- More work with big global media outlets
- Breastfeeding apps for phones
- Publicize the Code violators!!!
- Materials on how to enforce effectively – solutions
- BCC materials for public
- Collect civil society voices – citizen actions!

4. CONSENSUS BUILDING

- Identify effective moderator/broker
- Among all stakeholders at national and sub-national levels:
 - Government
 - Parliamentarians (all parties)
 - Health managers
 - Employers
 - Among ourselves
 - Opposition? Industry?
 - Civil society, religious + community leaders, ethnic leaders
 - Professional org.
 - Trade unions
 - Academies
 - Legal org
- Find common interests as starting point
- Agree objective/agenda: key messages, demonstrate results and best practices
- Identify problems and disagreement -> address thru research
- Agree to disagree; identify non-negotiable issues
- Audience specific communication (give relevant information), e.g. tools for champions
- Channels:
 - workshop, policy forum, site visits with decision makers, link to specific policy objectives

- Media and social media
- One to one meeting
- Networking and relations
- Joint statement
- Regional platforms (ASEAN)
- Identify champions with clear role and responsibilities
- Leverage comparative advantages
- Strategic use of formative research to better understand norms, enabling environment
- Conflict of interest -> identifying where it exists in all areas
- Understanding of political economy: pre-election time is window of opportunity
- Set aspirational goals
- Pooling of interest -> confidence reassuring



- Establish as a priority or linked to a priority to sustain
- Additional partners to engage in the consensus building process may include:
 - Parliamentarians
 - Lawyers (MOH, MOL, Att. General Office)
 - Regulators
 - Blogger/ Social media
 - Executive Branch (Prime Minister, President, First Lady)
 - Women's Organizations
 - Trade Unions
 - CSOs
 - Sub-national leaders
 - Community leaders/religious leaders
 - Censor Board
 - Professional ass.
 - Theatre groups
 - Academic institutions
 - Celeb (not just women)– share values, respected (local, sports celeb)



- Pro-children companies -> promoting maternity practices
- Entrepreneurs -> grassroots
- Mainstream media -> advertising agencies
- Child champion
- Child right for a
- Youth groups/Non-political youth groups
- Husband/Men org.
- Need strategy – clear objectives. Who can deliver our messages in credible way

In addition, on **Day 1** of the workshop, participants were asked to identify advocacy actions that they think they should “stop doing,” “start doing” or “keep doing” depending on their experience. The results are as follows:

A. STOP DOING

- Too many compromises (Indonesia)
- Giving excuses (Malaysia)
- Collaborating with industry (all countries)
- Delaying proper adoption and implementation of the Code (Malaysia)
- Undermining facets of Code that weaken it (Malaysia)

- Involving formula companies in policy making process (Indonesia)
- Allowing partnership between formula companies and health workers/facilities (Indonesia)
- Health professional receive sponsorship from formula companies
- Advertising of products covered by the Code

B. START DOING

- Regulating BMS (Bangladesh)
- Canada should enforce limiting BMS marketing at hospital maternity wards

- Sell infant formula by prescription only, currently it's out of control and public buys formula not fit for age (PNG)

- Finalization of BMS Code and approval (PNG)
- Advocacy in the relevant institutions and political levels (Timor Leste)
- Banning all types of advertising BMS and telling everyone that BM is good for children's brain, bones and immunization system (Viet Nam)
- Developing and putting in place a national code monitoring and enforcement mechanism now that the national BMS Code TWG is set up (Myanmar)
- Reinforcing BFHI in both public and private hospitals (Myanmar)
- Raising awareness of the Code among health workers, BMS companies, politicians, opinion leaders and mothers (Myanmar)
- Open discussion about conflict of interest among health professionals at all level (Thailand)
- Employer assessment study (Thailand)
- Strict regulations of media ads that promote the use of BMS (Philippines)
- Strengthening milk code monitoring and reporting of violations (Philippines)
- Upgrade current legislation to be a law with strict stipulations (Lao)
- Cambodia should be a member of Netcode
- Implementing strong law enforcement (Indonesia)
- Stricter enforcement (Indonesia)
- Law enforcement of the BF decree/policy (Indonesia)
- Making stronger law for Code with strong monitoring and enforcement with deterrent sanction for violators (Indonesia)
- Increasing maternity protection (Indonesia)
- Promoting EBF to women and employers
- Code monitoring
- Strictly monitoring the violations of the Code
- Establishing lactation station everywhere – public areas and working spaces
- A monitoring mechanism – effective monitoring process to ensure enforcement of law
- Penalizing the violators of the milk code
- Revising the Code
- Revising the Code to the International Code
- Changing Decree to Regulation or higher legislation
- Making the Code to a Law as soon as possible

C. KEEP DOING

- Expanding definition of scope to cover all BMS products up to 36 months (all countries)
- Enforcement of Government regulations to support BF and ensure implementation of the monitoring system (Indonesia)
- Law enforcement – must be committed to stakeholders about the Code (Indonesia)
- Enforcing PP 33/2013 to implementing and monitoring system (Indonesia)
- Enacting BMS marketing bill (Thailand)
- Building breastfeeding champions in central MOH (Thailand)
- Monitoring the Code (Cambodia)
- Strengthening law enforcement (Cambodia)
- Monitoring the BMS Code
- Policy socialization to workplaces (Indonesia)
- Improve awareness of local government to prioritize IYCF (Indonesia)
- No commercial promotion on any kind/means of broadcasting
- Supporting BF at the workplace
- Advocacy on IYCF (Lao)

- BMS Order enforcement (Myanmar)
- Strengthening policy to monitor (Indonesia)
- Continuing involvement of all countries responsible for enforcing the Code (Cambodia)
- Promoting BF
- Monitor the Code (Lao)
- Revising the national code to closer to the Int'l Code
- Passing law on BMS (Thailand)
- Continuing implementing the milk code but more strict also more “noise” on what being done (Philippines)
- Supporting mother to have the real good start on BF. Accomplishment can lead to success.
- Enforcement of the Sub-decree and national and sub-national levels (Cambodia)
- Strengthening monitoring and surveillance system on BMS (Myanmar)
- Communicating to all stakeholders – business, government agencies, especially mother and family members
- Getting the BMS Code approved ASAP (Timor Leste)
- Enforcement of the legislation of ban of advertisement of BMS should integrated in the health monitoring system -> routine monitoring system
- Continuing to advocate for strengthening national codes to ban promotion of BMS up to at least 24 months (all countries)
- Garnering support, continuing dialogue with stakeholders especially medical associations for BMS legislation (Thailand)
- Improving knowledge of mothers about benefits of BF (Thailand)
- Concentrating the enforcement on BMS
- Educating Code to multi stakeholder at national and subnational levels (Indonesia)
- Law enforcement (Indonesia)
- Implementing the Code (Malaysia)
- Enforcing the BMS Code (Myanmar)
- Enforcing laws (Myanmar)

Annex 2: County-level Strategy and Planning

A number of group work session were designed more specifically to support countries in developing actionable advocacy plans. The results of those activities are included below:

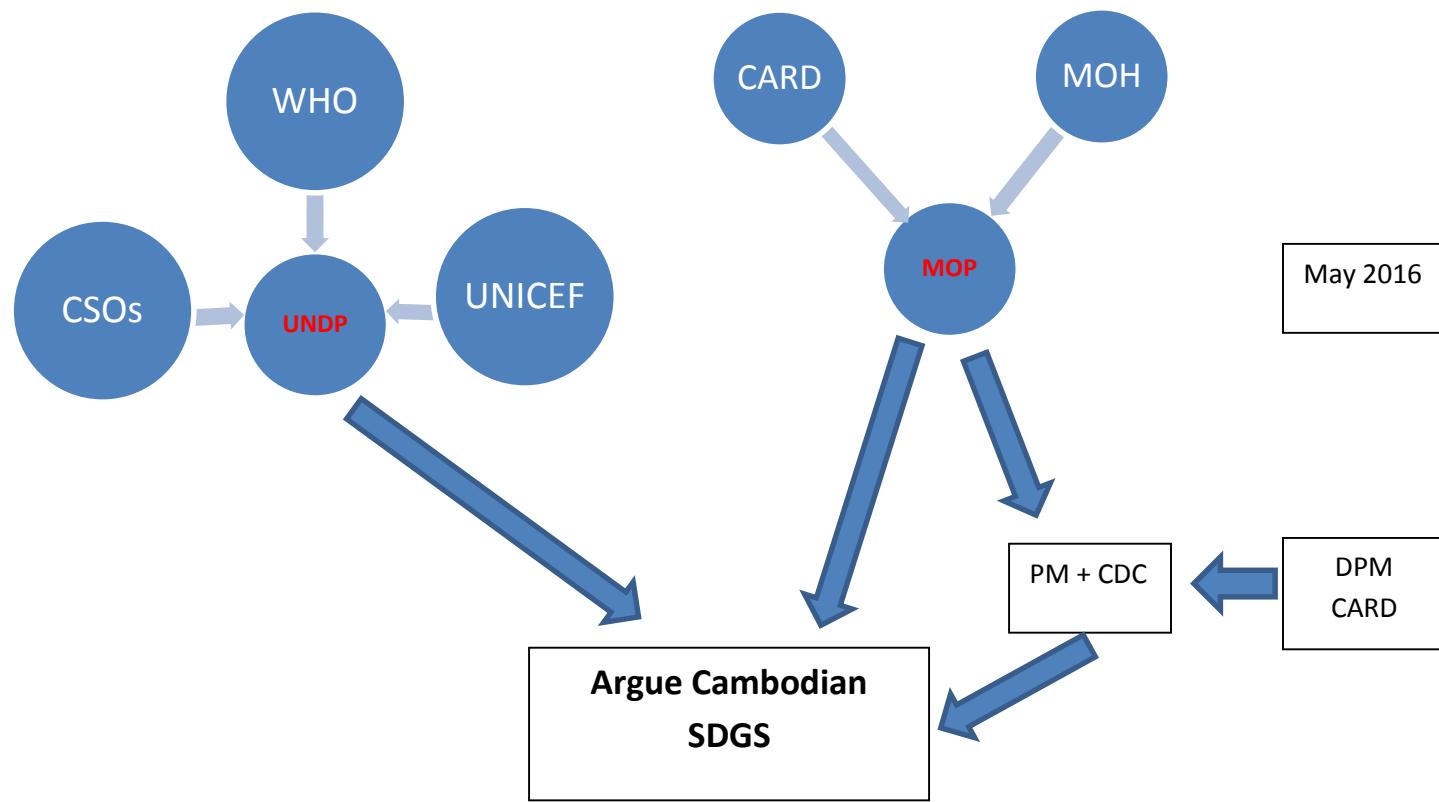
CAMBODIA

GROUP WORK 1	Identify approaches to stronger partnerships
Who are we going to partner with?	How are we going to partner with them?
<ul style="list-style-type: none"> • Media 	Training including how to write content relating to nutrition to increase media coverage
<ul style="list-style-type: none"> • Pediatric Association • Midwife Association • OBGYN Association 	Via Executive Committee to improve monitoring IYCF practices
GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?

Who: MOP, UNDP

Timeframe: May, June, September

Critical Stakeholders:



GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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Strategy 1. Enforcement of Sub-Decree 113

- **ACTIONS and TIMING**
 - Draft monitoring tools (Mid-2016)
 - Training of monitoring offices (MOH, MOC, MOIH, MOI) (Mid-June 2016)
 - Pilot monitoring tools (Q3+4 2016)
 - Finalize monitoring tools (2016)
 - Roll out monitoring tools (2017)
 - Educate ministries on the new enforcement of Sub decree 133 (2017)
 - Monthly meeting of Executive Working Group and report to the Oversight Board (OB) (Jan 2017 onward)
 - Ensure OB meeting and operating in Q1 to Q4 (2017 onward)
 - Advocate for every 6 months on decisions made by OB

Strategy 2. Promotion of Breastfeeding and Complementary Feeding

- **ACTIONS and TIMING**
 - Ensure Government budget is available (2016-2017)
 - Establish committee to analyze the different findings and provide recommendations (2016-2017)
 - Assess social norms (urban, rural) that impact IYCF practices (2016)
 - Develop 5 year IYCF strategy (2016-2017)
 - Develop new commercial strategies and materials (2016-2017)
 - Assess quality of ANC and PNC services for nutrition (2016)
 - Educate and engage youth and university students on the cause (2016)
 - Community score the health center performance (2016)
 - Community counselling with care takers (2016)
 - Health center outreach (2016-2017)
 - Community outreach through CSOs (2016-2017)

Strategy 3. Resources Mobilization for Nutrition

- **ACTIONS and TIMING**
 - Provide argument for ministries to build the case (2016-2017):
 - Example of neighboring countries
 - Develop health financing system for 1000 days: Evidence, Costing, Advocacy (2016-2017)
 - Develop policy briefs (2016)
 - Create evidence on cost-benefit of nutrition specific activities (2016)
 - Support line ministries for better program budget (2016-2017):
 - Promote findings of cost of HSP3 to MOF (2016)
 - Educate Dept. of Planning and Financing of MOH and MOC, MOI, MOIH on costing evidence from HSP3 (2016-2017)
 - Finding champions (in Council of Ministers, Parliament) (2017)
 - Ensure appropriate use of development partners and CSOs funds to key nutrition interventions
 - Develop national work of development partner spending (2016-2017)

INDONESIA

GROUP WORK 1	Identify approaches to stronger partnerships
Who are we going to partner with?	How are we going to partner with them?
<ul style="list-style-type: none">● MOH (Policy)● Ministry of Trade (Policy, facility)● Ministry of Industry (Policy, facility)● Ministry of State-Owned Enterprises (facility)● Ministry of Transport (Policy, facility)● Ministry of Labor (Maternity Protection Policy)	<ul style="list-style-type: none">● Map the issue<ul style="list-style-type: none">○ What are the subsets?○ Who leads the work in each subset of the problem● Where are the investment and management missing, lacking and excelling?

<ul style="list-style-type: none"> • Ministry of Home Affairs (facility -> SDG) • Regional Rep. Office (Facilitates policy) • Parliament (Facilitates policy) • Ministry of Women Empowerment and Children Protection (Policy) • Food and Drug Association • Health Professional organizations • NGOs, INGOs • President's Office • General Attorney • Ministry of Personnel • Consumer Protection, CSOs • Ministry of Justice • Commission on Public Information 	<ul style="list-style-type: none"> • Map which sub-national government is investing in MP and the Code <p>→ Prepare the case! 14 weeks or 6 months? → same effort required</p>
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GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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Strategy 1. BMS Code Implementation

- Review policy and law to identify loopholes and gaps
- To have a unifying term for law and regulations to control products for IYCF
- To extend Government's regulation on labelling and advertisement to cover BMS up to the age of two years
- Restrict sponsorship from PP33
- Strengthen monitoring and enforcement of the Code (incl. health facilities)
- To amend the law that infant formula sales for children under 6 months need to be prescribed
- Develop monitoring tools and mechanism on Code implementation

Strategy 2. Maternity Protection

- Review all related law and map adherence
- To have study on the take up of maternity and paternity leave (barriers), financing
- Strengthen adherence to 3 months maternity leave policy by all companies
- Strengthen adherence to PP 33/2012 on the need to have lactation room in workplace and public places (incl. monitoring and enforcement)

Strategy 3. Health Systems

- Strengthen community education aimed at behavior change (esp. maternal nutrition and IYCF)
- Mapping and conduct training of BF counsellors
- Promote BF in workplaces and in communities by health workers
- Institutionalize BFHI
- Insert IYCF competencies in pre-service education and training to health professionals

LAO PDR

GROUP WORK 1	Identify approaches to stronger partnerships
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Who are we going to partner with?	How are we going to partner with them?
<ul style="list-style-type: none"> • National Nutrition Committee • National Commission for Mother and Children • National Assembly • Ministry of Industry and Commerce • Lao Federation of Trade Union • Office of Prime Minister 	<ul style="list-style-type: none"> • Improve/update Code of BMS Marketing (ISMS(?)) • Create monitoring mechanism and enforcement • Health system strengthening • Generate demand for BF • Maternity protection and lactation support at workplace

GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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- Communication products:
 - Data of health care cost – reduction of morbidity and mortality thanks to BF
- Channels:
 - Meetings
- Who are focal points:
 - WHO: focal point
 - MOFA
 - MPI (Statistics Dept.)
- Key Stakeholders -> Cabinet of MOH -> NCCN
 - Brainstorming meeting – DHHP needs to be convened the 1st nutrition and health promotion division
- Timeframe:
 - In process – must be submitted by September 2016
- Consensus Building:
 - In relevant line – ministries, parliament, government

GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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Strategy 1. Promote IYCF

- **ACTIONS and TIMING**
 - Health system strengthening at central level: (2016)
 - Pre and in-service training (EENC, counselling)
 - Provide lactation counseling and support
 - Extend to provincial and district (2017+) (in-service in selected sites by SCI)
 - SBCC – social and behavior change

- Produce strategic action plan – DPs (2016)
- Deliver SBCC to households (1000 days – SCI) (2017)
- Target schools
- Produce and air media communications
- Assess behavior change (2018)

Strategy 2. Strengthen Policies to Support BF

- **ACTIONS and TIMING**
- Revise BMS Code to align with Int'l Code (2016):
 - Assess barriers to implementation
 - Build consensus
- Establish and implement enforcement and monitoring system (2017)
- Advocacy and raise awareness of Code + monitor violations (2018)

Strategy 3. Improve maternity protection

- **ACTIONS and TIMING**
- Pilot workplace lactation support program (public and private) – support from A&T and UNICEF (2016)
- Ensure BF breaks are given (2017)
- Extend paid maternity leave – 6 months – review social security fund (2018)

MYANMAR

GROUP WORK 1	Identify approaches to stronger partnerships
Who are we going to partner with? <ul style="list-style-type: none"> ● Ministries – Inter-ministerial <ul style="list-style-type: none"> ● MOH (NNC, FDA), MOL, AGO, MOE ● MOC, MOIC, MOSW, MOP&F, MO Industry ● President Office ● Policy makers <ul style="list-style-type: none"> ● Health Committee ● Woman and Child Committee ● CSOs, CBOs <ul style="list-style-type: none"> ● MMCWA, Labor organizations ● UMFCCI ● Professional Associations <ul style="list-style-type: none"> ● MMMS/ MMA ● MMAS/ MMHA ● MMW&NA ● MMCWA ● Institutes ● Private Sectors: SMEs 	How are we going to partner with them? <ul style="list-style-type: none"> ● TWG: Targeted Advocacy package and workshops -> different packages for different audience (policy makers, etc.) ● Based on SUN – MSP ● Media relation -> different channels ● M. Health -> SMS message to mobile phone ● Celebrities' demonstration to increase awareness of community ● Regional IYCF forum

<ul style="list-style-type: none"> • Celebrities • Media • UN Agencies and development partners <ul style="list-style-type: none"> • WHO • UNICEF • A&T • WB • WVI • Donors 	
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GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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<p>Who: NNC (DOPH/MOH), AGO, MOL (DOL), MOP&N (for development of SDG framework)</p> <p>When: ASAP May to July 2016: to submit to Minister of Health</p>	<p>What: EBF (0-5 months)</p> <p>How: Strategic communication products <ul style="list-style-type: none"> • Translating existing information to Myanmar languages (minimum package for advocacy tool) Engaging – consensus building <ul style="list-style-type: none"> • Workshop link to SUN – MSP & high level • Critical stakeholders: Ministries <ul style="list-style-type: none"> ▪ Development partners (UNICEF, WHO, UNDP, WB, ASEAN) ▪ CSOs ▪ Parliamentarians (Presidents of Health Committee and of Woman and Child Committee) ▪ Champions ▪ MMA (esp. Pediatric Association) SEAMEO RECFON </p>
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GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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Strategy 1. Enforcement of BMS Code (2016)

- **ACTIONS and TIMING**
 - Develop monitoring mechanism and surveillance system of BMS Code
 - Supporting resources to surveillance team (MOH – Food and Advisory Committee)
 - Report surveillance data to TWG

- Information shared among all stakeholders
- Awareness raising to all targeted groups
- Taking actions to those violating BMS Code (companies, wholesalers, retailers).

Strategy 2. Include provisions of nursing breaks and nursing rooms in public and private sectors (2016-2017)

- **ACTIONS and TIMING**
 - Private sector
 - Inter-ministerial meeting to issue order or notification regarding to provide nursing room, nursing break under related law
 - Public Sector
 - Negotiate with authorized person of government departments of organizations to provide nursing room, nursing break
 - Monitoring in private sector and taking action to employers or delegated persons (who not comply regulations)
 - Warning
 - Fine
 - Suspend license
 - Revoke license.

Strategy 3. Increase coverage and quality of IYCF promotion in health facilities and community

- **ACTIONS and TIMING**
 - BFHI Training Assessment & Accreditation in all tertiary hospitals by 2017
 - Roll out of IYCF national guideline (including training, supervision and monitoring)
 - 100% coverage in 3 states/regions by 2017
 - 2018 and beyond: scale up coverage to nationwide
 - Ensure monitoring of IYCF counselling indicators in routine nutrition programs implemented by Government, NGOs, development partners
 - Develop IYCF BCC strategy and communication materials to address barriers, gaps identified thru formative research
 - Train HWs on interpersonal communications (IPC) using BCC materials
 - National workshop to disseminate best practices on IYCF to medical professionals

Papua New Guinea

GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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- Focal Point: UNDP and Planning (Ministry)
- Stakeholders: Donors, UN agencies, government departments, NGOs, churches, CSOs, Industry, media
- Time frame: 5 years 2016 -2020
- Need for strategic communication products: Initially, include in the national nutrition strategic plan (SAP) that's being finalized
- Engaging in consensus building: during the finalization of the SAP, actions on how this will be done can be spelled out
- BF contributing to SDGs:
 - Goal 1, 8, 10:P EBF

- Goal 2, 3: Review Baby Feeds and Supplies Act by including the Code
- Goal 4: From ELC to universities – include IYCF, maternity protection, BFHI and EENC tailored content
- Goal 5: Maternity protection but include informal sector. Baby adoption review as most malnourished children have not lived with their mothers

GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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Strategy 1. Implement the health component of national IYCF policy thru system approach

- **ACTIONS and TIMING**
 - Update, revise, develop IYCF implementation tools, job aids, guidelines, protocols (2016)
 - Orientation, training, capacity building on coordination, monitoring and reporting (2016)
 - Develop and implement IYCF Communication strategy/Action plan
 - Establish, implement community based approaches to promote IYCF
 - Strengthen BFHI in health facilities (EENC).

Strategy 2. Review and update BFSA 1977 incorporating the int'l standard of BMS Code

- **ACTIONS and TIMING**
 - Prepare notes of institution
 - Consult and negotiate with Stat Solicitor's Office to obtain the Certificate of Justification to revise the Act
 - Revise, draft the BFSA 1977 on consultation of relevant stakeholders
 - Submit the new bill/revised bill to the Legislative Council for endorsement
 - Legislative Council submit the revised Act to the Parliament for approval

PHILIPPINES

GROUP WORK 1	Identify approaches to stronger partnerships
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Who are we going to partner with?	How are we going to partner with them?
CSO	<ul style="list-style-type: none"> ● Through Philippines Coalition of Advocates on Nutrition ● Milk Code monitoring report ● Community mobilization ● Legislative advocacy (PLCPD)
Local government units	<ul style="list-style-type: none"> ● League of councilors ● League of budget officers
Associations:	<ul style="list-style-type: none"> ● Provincial health offices ● Municipal health offices ● PN, PSND, IMAP, MCNAP, PLGPM
Media	<ul style="list-style-type: none"> ● Organize IYCF TWG SG on communications <ul style="list-style-type: none"> ○ Develop comm. plan/strategy ○ Tap PIA, PNA, (meeting, MOA)

	<ul style="list-style-type: none"> ○ Ad standards council/KBP ○ NNC Nutriskwela
Other development partners	<ul style="list-style-type: none"> ● UNICEF: PCA with PhilCAN and PLCPD – deliverables to be agreed with government <ul style="list-style-type: none"> ○ ULAP in NNC Technical Comm. ○ EU, JICA: through DOH, BIHC

GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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In SDG 2, 3, 4, 5, 12, 15:

- NEDA
- DOH:
 - HPDPB -> in NOH
 - FHO
- NNC -> in PPAN
- Labor sector plan:
 - BWSC
 - Planning Service
- Women's/Gender plan – PCW
 - Access to BF resources
- Enroll BF interventions as a climate change interventions: with DENR climate change – NPDDB
- NAPC – poverty reduction plan
- BF Month – celeb
- Before end of 2016
- Develop policy brief/ppt/key messages for new sec.

GROUP WORK 4	Charting the path forward with concrete strategies and activities to achieve them
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GOAL: Formulate and implement IYCF strategic plan (2017-2022)

Strategy 1. Strengthen implementation of the Milk Code

- **ACTIONS and TIMING**
 - Promote the use of web page on MC violations and actions on complaints (2016)
 - Hiring a Legal Officer to provide technical assistance (2016)
 - Establish a national monitoring team (2016)
 - Expand network of CSOs for monitoring the Code (2016)
 - Strengthen monitoring of:
 - Media
 - Convention sponsorship of milk companies
 - Points of sale
 - Conduct regular advocacy forum with members of the Advertisement Standards Council and members of inter-agency committee (2016 - 2017)

Strategy 2. Strengthen community based IYCF interventions

- **ACTIONS and TIMING**
 - Inventory of human resources capacity (where are those trained, what are they doing, how well are they doing it?) (2016)
 - Adapt modules on supportive supervision and mentoring of MNH to IYCF and to include the UNICEF-developed scheme (2017 – 2018)
 - Develop/update appropriate training modules on IYCF based on expected tasks and strengthen link with EINC; also with workplace – Pre and In-service (2017 – 2018)
 - Develop and implement roll out plan (training, monitoring, SSM of trainees) (2017 – 2022)

Strategy 3. Strengthen maternity protection

- **ACTIONS and TIMING**
 - Work for the passage of law on Extended Maternity Leave (2016 – 2017)
 - Expansion of coverage of lactation stations in workplace (formal – informal) and in public places (2016 onward)
 - Conduct research/ impact assessment of extended maternity leave on workforce productivity and cost to government and financing options (2016)

THAILAND

GROUP WORK 1	Identify approaches to stronger partnerships		
National policies <ul style="list-style-type: none"> • Child support grant: MSDHS • National ECD Plan: Office of Education Council • National Child and Youth development plan: MSDH • National Economic and Social Development Plan: NESDB 	Knowledge generation and management <ul style="list-style-type: none"> • Medical Schools • Medical Association • Academic 	Maternity Protection <ul style="list-style-type: none"> • Lactation facility at workplace: <ul style="list-style-type: none"> ○ Trade union ○ Labor union ○ ILO • Maternity Leave <ul style="list-style-type: none"> ○ MOL ○ Women's Groups/NGOs ○ Academic ○ Child development experts ○ ILO 	
Breastfeeding support services <ul style="list-style-type: none"> • National Health Security Office • MOPH *** • Private hospitals • Local authorities 	Code <ul style="list-style-type: none"> • Members of National Legislation Assembly 	Social Norms/Community <ul style="list-style-type: none"> • Communities • Media • Influencers • Groups on social media • Thai Health Promotion Foundation 	

GROUP WORK 2

How can breastfeeding be included in your national indicator framework for the SDGs?

Steps:

- Confirm who is the SDG focal point within MOPH on SDG (that connect to MFA) -> Bureau of Int'l Cooperation
- Find out the members of SDG Committee from each ministry
- What are the current proposed indicators by MOPH? By other ministries (MOL) -> See what is missing/complementary
- Produce materials on BF and SDG for advocacy with other ministries/stakeholders and for public (use during WBW)

GROUP WORK 4

Charting the path forward with concrete strategies and activities to achieve them

Strategy 1. Scale up lactation support in workplace

- Capacity development
 - Employer training on benefits of BF by experts
- Communications
 - Generate, collect data on benefits of BF support in workplace (financial, HR, etc.) for companies
 - Policy research to support maternity leave
 - Assessment of employers and working mothers to fully understand maternity leave in practice
 - Clear communication on evidence benefits of lactation support in workplace
 - Promote advice on BF corner
- Policy
 - Incentives for employers having BF corner -> Government provide such as tax, subsidy, benefits to workplace

Strategy 2. BMS Code Legislation and Enforcement

- Capacity development
 - Training of trainers of BMS Code
 - Train health workers on Code and Code monitoring
- Communications
 - Communicate to parents/ parents forum on BMS Code
 - Research with mothers on usage and percentage of BMS
- Policy
 - Garner support from Royal College of OBGYN
 - Meet with members of National Legislation Assembly
- Ensure that all hospitals follow the Code -> Policy from hospital directors.

Strategy 3. IYCF Support at hospitals and communities

- Capacity development
 - Apps on IYCF support for health worker

- Training of BF counsellors
- Standardize training for nurses and doctors (in-service training)
- Communications
 - Engage with media and celebrities for comm. and public advocacy
 - Revise “Pink Book” (comm. tool for mothers)
 - Expand parenting education and information session
 - Re-brand BF -> make it attractive for millennials: based on BF market research and comm. strategy
- Policy
 - Explore about incorporating BFHI as part of hospital accreditation.

TIMOR LESTE

GROUP WORK 1	Identify approaches to stronger partnerships
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Who are we going to partner with?	How are we going to partner with them?
<ul style="list-style-type: none"> ● Ministry of Health (MOH) ● Commission of Public Function ● Ministry of Commerce ● Industry and Environment (MCIE) ● Ministry of Social Solidarity (MOSS) ● Secretary of State for Women and Children (SSWC) ● Secretary of State for Social Communication ● Parliament - Commission F ● UN agencies ● Women Network Organization ● Ministry of Justice (MOJ) ● Ministry of Finance (MOF) ● Religion-based organizations ● National Nutrition Council 	<ul style="list-style-type: none"> ● Create a brief for Minister of Health ● Hire a lawyer

GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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- **Focal Point:** Prime Minister Office
- **Critical Stakeholders:** MOH, MOF, Ministry of Agriculture, Ministry of Education, Ministry of Women Empowerment, MCIE, MOSS, MOPWD, KONSSANTIL
- **Time frame:** End of May 2016
- **Strategic Communication product:** Policy Brief
- **Consensus building:** (through) NNS, ZERO Hunger Plan, SDG with critical Stakeholders
- **How we will complete our goals:** Result based budgeting and nutrition results in key sectors (MOH, MOE, MOA, MCIE, MSS and MOPWD)

- **Indicators for national SDGs:**
 - EBF, Min Acceptable Diet, Stunting in Goal 1, 8 and 10
 - Code Endorsement + Enforcement, Dietary Diversity, LBW, Wasting in Goal 2 and 3
 - Nutrition and IYCF in education curriculum in Goal 4
 - Maternity protection, anemia, underweight in Goal 5

GROUP WORK 3

Maximizing advocacy opportunities, minimizing barriers

Sectors investing currently: MOH, MOA, MOE, MOSS (social protection), public works (WASH), President Office

Potential sectors: Ministry of State Administration, Ministry of Strategic Planning and investment (Infrastructure fund, Human Capital fund)

- Nutrition expenditure survey in multiple relevant sectors of current expenditure (funded by MOF) including major donor funded projects
- Move to program-based budgeting from 2017 to enable annual tracking for all relevant sectors

Budget: Define process for tracking budget attached to nutrition/nutrition-related indicators and interventions to guide program-based budgeting and tracking (link to SDGs)

Nutrition expenditure survey: move to program-based budgeting and define process for tracking budget including assign weight to agreed nutrition sensitive and specific indicators

Usefulness of the exercise:

- Understanding gaps on nutrition budgeting, financing and expenditure tracking
- Understanding key steps for filling the gaps and budget and finance tracking
- Linking the action and budget to intended results

GROUP WORK 4

Charting the path forward with concrete strategies and activities to achieve them

Strategy1. Nutrition Budget in the National Plan for achieving SDGs

- **ACTIONS and TIMING:**
 - Consensus Building* on how nutrition and IYCF will be included in result-based plans of relevant sectors
 - END MAY 2016
 - Key actors: PM Secretariat, KONSSANTIL, MOF, MOH, MOA, MOE, MSS, MPW, MCIE, SEM, SECOM
 - What we will include in the result-based budgeting
 - EBF, Min Acceptable Diet, Stunting in Goal 1, 8 and 10
 - Code Endorsement + Enforcement, Dietary Diversity, LBW, Wasting in Goal 2 and 3
 - Nutrition and IYCF in education curriculum in Goal 4
 - Maternity protection, anemia, Underweight in Goal 5.

Strategy 2. BMS Code Endorsement and Maternity Protection (extension of maternity leave to 6 months and BF at workplace)

- **ACTIONS and TIMING:**

- Hire a lawyer to review, update and advocate the Code and MP from legal + economic perspective (June 2016)
- Identify 3 champions (from CRC, Parliament and jurisdiction) (June 2016)
- Advocacy for Code endorsement and MP with COD, KONSSANTIL, MOJ, MCIE, Commission F and Parliament – August-September 2016
- Proposal to COM Secretariat to put in agenda for COM endorsement and Parliament endorsement - OCT 2016.

Strategy 3. Breastfeeding and Complementary Feeding Campaign nationwide with theme "Perfect Food for Smart Babies"

- **ACTIONS and TIMING:**

- Consensus on the theme and action plan (Early June 2016)
- Enroll and engage partners/stakeholders* (Early June 2016)
- Develop detailed action plan (Mid-June 2016)
- Develop materials (Mid July 2016)
- Orient municipality and suku level campaign organizers in collaboration with TLMA and Red Cross volunteers and every suku nationwide (Mid July 2016)
- Partners: KONSSANTIL, MOSS, PM Office, Secretary of State Social Communication, President cabinet, TLMA, TLNA and TL Mid. A.

VIET NAM

GROUP WORK 1	Identify approaches to stronger partnerships
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Who are we going to partner with?	How are we going to partner with them?
<ul style="list-style-type: none"> • National Assembly: functional committees, NA members/champions, ILS, Culture, Youth and Children's Committee • Government: National/ Sub-national • Line ministries: MOH, MPI, MOLISA, MARD, Ministry of Education, Ministry of Information • Mass organizations (politic, social, civil): Women's Union, Ethnic Minority Committee, Youth Union, GCL, Associations (Medical, OBGYN, Pediatric, Midwives Ass., Milk, etc.) • Private sector • NGOs 	<ul style="list-style-type: none"> • Promulgate laws + oversight implementation • Develop Decrees/Guidelines in details to implement laws • Enforcement: Inspect, monitor implementation • Prime Minister: <ul style="list-style-type: none"> ○ Assign duties/responsibilities to relevant ministries ○ Issue guidelines to coordinate ministries/stakeholders ○ Identify the key person in charge (MOH) -> to coordinate with other partners/stakeholders (MOH: MCH Dept., Food Safety, Inspection, NIN, etc.)

	<ul style="list-style-type: none"> • To develop multi-sector cooperation platform/mechanism: draft TOR for the committee
+ Raising awareness + Vocal/Voice up on the issue + Making decision + Consulting policy makers + Monitoring implementation/ enforcement + Handling violations	

GROUP WORK 2	How can breastfeeding be included in your national indicator framework for the SDGs?
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MPI (overall) MOH: focal point for nutrition/ health Government: coordinate key stakeholders	<ul style="list-style-type: none"> • Goals • Indicators • Framework • Data/ Evidence • Reporting
<u>Primary</u>	<u>Secondary</u>
<ul style="list-style-type: none"> • MOH • MPI/Gov./NA • MOLISA 	<ul style="list-style-type: none"> • GCL, Women's Union • Socio-political organizations • Associations (pediatric, midwives) • Education, Agriculture • NGOs

MATERIAL NEEDS	
National/ Local	International
• MICS/ Nutrition surveillance	• Lancet
• Formative Research	• WHO/WHA Recommendations
• Reports (economic, gender)	• Academic Institutions
↓	
Tailored in advocacy tools/materials	

BUILDING CONSENSUS	
<ul style="list-style-type: none"> • Benefits: CR is non-negotiable -> CR is at most • Citing evidences through materials/ events/ media • Champion: identified 	

TIMELINE

OCTOBER 2016

GROUP WORK 4

Charting the path forward with concrete strategies and activities to achieve them

Strategy 1. Policy - Strengthen the enforcement of existing laws/legislations

- Identify the relevant legal documents on IYCF in order to make sure the consistency of legal framework/system
- Advocate for stronger legislations (revise/update/amend)
- Get approval
- Disseminate newly approved laws
- Implement/monitor the implementation
- Handle the violations -> identify loopholes/ gaps

Strategy 2.

- BF Support: BFHI, EENC, SBA, Decree 100
- Reduce C-section rate

-> classify hospitals/ health facilities

- Intergrade/strengthen IYCF interventions/ counselling in health system/services:
 - ANC, PNC packages
 - EENC package
 - Child health regular check-up
- Set up human milk ban
- Report line for Decree 100 violations

Strategy 3. Communications

- Concerned stakeholders/channels:
 - Mainstream mass media
 - Social media
 - Health system
 - CSOs: Trade Union, Women's Union
 - Elected representatives
- Forms:
 - Campaigns (WBW, Children's day, EENC Campaign)
 - Counselling/ Interpersonal Comm. (hospitals, home visits by village health workers)
 - TV, radio clips
 - Website/ Fan page
 - Outdoor ads

Annex 3: Workshop Agenda

Advocacy for Infant and Young Child Feeding: Strategy Updates in Selected Countries in the ASEAN Region and Beyond

Bangkok, Thailand – 28-29 April, 2016

AGENDA

Time	Content	Format	Facilitator / Presenters
DAY 1: April 28, 2016			
8:00 – 8:30	Registration		
8:30 – 8:50 15 min	Welcome Agenda Setting	Opening remarks	Facilitator: Jane Badham Presenters: 1. Christiane Rudert, UNICEF 2. Nemat Hajeebhoy, Alive & Thrive 3. Fiona Quinn, Irish Aid
8:50 – 9:35 45 min	<u>Session 1A:</u> Latest evidence and best practices in advocacy for maternity protections	Presentations followed by Q&A	Facilitator: Jane Badham Presenters: 1. David Clark, UNICEF 2. Arijit Nandi, McGill University 3. Revathi Ramachandran, WABA
9:35 – 10:20 45 min	<u>Session 1B:</u> Advances in maternity protections in the ASEAN region and beyond	Panel discussion with country teams addressing 3 key barriers and how they were overcome; 3 key enabling factors for change	Facilitator: Jane Badham Panelists from: 1. Philippines 2. Viet Nam 3. Thailand
10:20 – 10:50 30 min	Tea Break		
10.50 – 11.35 45 min	<u>Session 2A:</u> Advances in regulating the marketing of breastmilk substitutes in	Panel discussion with country teams addressing 3 key barriers and how they were overcome; 3 key enabling factors for change	Facilitator: Jane Badham Panelists from: 1. Myanmar 2. Cambodia

	the ASEAN region and beyond		3. Viet Nam 4. Thailand
11:35 – 12:20 45 min	<u>Session 2B:</u> Need to know: Latest advances in Code monitoring, implementation and enforcement	Presentation followed by Q&A	Facilitator: Jane Badham Presenters: 1. David Clark, UNICEF 2. Katrin Engelhardt, World Health Organization
12:20 – 13:30 1 hour	Lunch		
13:20 – 14:00 40 min	<u>Session 3A:</u> Advances in health systems strengthening in the ASEAN region and beyond	Presentations followed by Q&A	Facilitator: Jane Badham Presenters: 1. Duong Huy Luong, Ministry of Health, Viet Nam 2. Dinh Anh Tuan, Ministry of Health, Viet Nam 3. Anung Sugihantono, Ministry of Health, Indonesia
14:00 – 15:00 60 min	<u>Session 3B:</u> Regional and global updates in health systems strengthening: ① Policies and practices in health facilities (e.g. EENC) ② Data for health system strengthening ③ Financing health systems	Trade show: Topics are presented in small groups, with groups rotating every 15 minutes	Facilitator: Jane Badham Presenters: 1. Katrin Engelhardt, WHO 2. Christiane Rudert, UNICEF 3. Anthony Calibo, Department of Health, Philippines
15:00 – 15:30 30 min	Tea Break		
15:30 – 16:00 30 min	<u>Session 4A:</u> Enhancing partnerships: • Multi-sectoral action – identifying new areas of collaboration between ministries	Panel followed by Q&A	Facilitator: Jane Badham Panelists: 1. Indonesia 2. Lao PDR 3. Cambodia

	<ul style="list-style-type: none"> Engaging medical associations – building effective partnerships 		4. Viet Nam
16:00 - 16:30 30 min	<u>Session 4B:</u> Identifying approaches to stronger partnerships	Group work in country teams	Facilitator: Jane Badham
16:30 – 17:15 45 min	<u>Session 5:</u> Country-level research: Learnings from opinion leader research and media monitoring activities	Presentations followed by Q&A	Facilitator: Jane Badham Presenters: 1. Sengchanh Kounnavong, National Institute of Public Health, Lao PDR 2. Rika K Dewi , SMERU Research Institute, Indonesia 3. Kristine Hansen Vinje, Oslo and Akershus University College of Applied Science
17:15 – 17:30 15 min	Wrap Up of Day 1	Discussion and reflection	Facilitator: Jane Badham
DAY 2: April 29, 2016			
8:30 – 9:30 1 hour	<u>Session 6:</u> Review of the regional and global evidence base and best practices for using it in advocacy efforts: <ul style="list-style-type: none"> • <i>The Lancet</i> • Cost of Not Breastfeeding • WHA nutrition target costing and financing analysis 	Presentations followed by Q&A	Facilitator: Jane Badham Presenters: 1. Nemat Hajeebhoy, Alive & Thrive 2. Dylan Walters, University of Toronto 3. Adiatma Siregar, Padjadjaran University
9:30 – 10:15 45 min	<u>Session 7:</u> Best practices for engaging parliamentarians	Video and brief presentations followed by discussion	Facilitator: Jane Badham Panelists: 1. Lao PDR 2. Viet Nam 3. Philippines

10:15 – 10:45 30 min	Tea Break		
10:45 – 11:30 1 hour	<u>Session 8:</u> Maximizing advocacy opportunities, minimizing barriers	Working group activity and documentation	Facilitator: Jane Badham
11:30 – 12:00 30 min	<u>Session 9:</u> Country and regional priorities: Breastfeeding and the SDGs	Working group activity and documentation	Facilitator: Jane Badham
12:00 – 13:00 1 hour	Lunch		
13:00 – 14:30 90 min	<u>Session 10:</u> Charting the path forward with concrete strategies and activities to achieve them	Working session for country teams	Facilitator: Jane Badham
14:30 – 15:00 30 min	Tea Break		
15:00 – 16:30 90 min	<u>Session 11:</u> Report back from country teams	Country teams report out	Facilitator: Jane Badham
16:30 – 16:45	Thanks & Close		



Annex 4: Workshop Participant List

Workshop on Infant and Young Child Feeding (IYCF) Policy Change

28-29 April 2016, Grande Center Point Hotel Terminal 21, Bangkok, Thailand

LIST OF PARTICIPANTS

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