EXECUTIVE SUMMARY

BREASTFEEDING ON THE WORLDWIDE AGENDA

Findings from a landscape analysis on political commitment for programmes to protect, promote and support breastfeeding
commitment for breastfeeding globally and in selected countries. A small group reviewed the findings in February 2013 and made recommendations for action. UNICEF’s analysis is being released at a time of unprecedented global attention for maternal and child nutrition. Momentum is building to position this at the core of the post-2015 sustainable development agenda. The 2013 Lancet Series further strengthens the case for nutrition as crucial to both individual and national development. In June 2013, donors pledged $4.15 billion to tackle maternal and child undernutrition at the London Nutrition Growth Summit1.

Can breastfeeding advocates and their allies capitalize on this historic opportunity? UNICEF’s landscape analysis on political commitment for breastfeeding aims to contribute to this essential discussion, and to serve as a resource that drives debate and action forward.

Why has strong scientific evidence about the benefits of breastfeeding not translated into political and donor commitments at the global level and in high burden countries? What can the breastfeeding community do to augment attention and commitment to this priority? Seeking answers to these questions, UNICEF’s Nutrition Section conducted a landscape analysis in 2012 to assess political

### FIGURE 1

Ten large countries have around two-thirds (over 21 million) of the 34 million non-exclusively breastfed children in all developing countries

- **Bangladesh**
- **Ethiopia**
- **Vietnam**
- **Philippines**
- **DR Congo**
- **Pakistan**
- **Indonesia**
- **Nigeria**
- **China**
- **India**

Data sources: most recent exclusive breastfeeding data point from UNICEF database and population figures in The State of the World’s Children 2012

### FIGURE 2

Since 1990, there has been negligible progress to raise the global rate of exclusive breastfeeding

Exclusive breastfeeding rates among children less than 6 months since 1990 plotted against timeline of key events to promote breastfeeding during the same time period

- **Prevent Declaration**
- **Baby Friendly Hospital Initiative**
- **World Breastfeeding Week first celebrated**
- **Millennium Development Goals**
- **ILO Maternity Protection Convention**
- **UN Millennium Development Goals**
- **Global Strategy for Infant & Young Child Feeding**
- **Expanded Innocenti Declaration**
- **Lancet Undernutrition Series**
- **UN Global Strategy on Infant & Young Child Feeding**
- ** Millennium Development Goals**
- **Global Strategy on Infant & Young Child Feeding**
- **Expanded Innocenti Declaration**

Note: The red line shows the rate of exclusive breastfeeding, which has increased from 32 to 40 percent between 1995 and 2011, based on available trend data from a subset of 77 countries. Comparable global data is not available for each of the years plotted in the chart, nor for the baseline year of 1990. Source: UNICEF

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1. “Breastmilk substitutes” include any milk product used to substitute the breastmilk part of the child’s diet up to the age of two years, such as infant formula, follow-on formula or growing up milks
METHODOLOGY
Political commitment is defined as the degree to which leaders of international organizations and national political systems actively pay attention to an issue and provide resources commensurate with the issue’s importance. UNICEF’s landscape analysis has two major components—a desk review summarizing the state of evidence and policy/strategic frameworks, and a structured questionnaire. The 44 respondents to the questionnaire (from UNICEF, WHO & PAHO, the World Bank, donor agencies, academics, NGOs, civil society organizations and consultants) represent a wide cross-section of actors in the global policy community for breastfeeding. Their deep experience and commitment to advance breastfeeding protection, promotion and support were evident throughout the consultation process.

The survey results are heavily indebted to a framework developed by Professor Jeremy Shiffman to understand why some global health initiatives have generated political commitment and funding while others are neglected, when severity of disease burden is not the deciding factor. Shiffman’s framework defines four main categories influencing issue attention for global health: actor power, issue characteristics, ideas and political contexts. These categories are useful because they reveal underlying factors enabling—or hindering—priority for breastfeeding programmes. In particular, they help us understand the dynamics at play within the breastfeeding policy community and broader development context, and their resulting impact on prioritization of breastfeeding.

A global policy community is more likely to generate political support for its concern if it is cohesive, well-led, guided by strong institutions, and backed by mobilised civil societies; if it agrees on solutions to the problem and has developed frames for the issue that resonate with political leaders; if it takes advantage of policy windows and is situated in a sector with a strong global governance structure; and if it addresses an issue that is easily measured, is high in severity, and has effective interventions available.


FIGURE 3 Political priority for breastfeeding: “relative to its importance, it’s just undervalued”
Stakeholder ranking of political commitment for breastfeeding relative to its potential impact to save lives

Policy community cohesion: Brings networks together; connects different types of organizations.

Advocates for breastfeeding lack a common agenda with a shared vision of change, constraining their ability to influence policy makers and raise resources.

When asked to rank current political priority for breastfeeding, survey respondents described it as average to low (see Figure 3). Stakeholders said the rise of child undernutrition and stunting on the global agenda has not translated into greater visibility for breastfeeding. “Relative to its importance, it’s just undervalued” said one respondent.

Others characterized breastfeeding as an “orphan issue”, not grounded in a cohesive advocacy community. Civil society and NGO stakeholders are polarized in particular over whether and how to engage with the food industry to improve infant and young child feeding practices—it’s “the elephant in the room”, as one respondent noted.

The debate has gained urgency as UN agencies, the World Bank and other global actors increasingly engage in public-private partnerships perceived by some as crucial to achieving development goals. Some stakeholders said it was essential to collaborate with food companies to reduce stunting. On the other hand, civil society advocates warned that private gains benefiting shareholders should not be confused with public health goals. They called for strong conflict of interest policies to be put in place in the SUN and other venues. This lack of cohesion has taken its toll, hampering advocacy efforts.

Respondents also emphasized siloing of health and nutrition programmes in UN organizations, donor governments and developing countries as a constraint, along with fragmentation in the nutrition community.
Leadership: The presence of individuals capable of uniting the policy community and recognized as particularly strong champions for breastfeeding.

Guiding Institutions: The effectiveness of organizations, or coordinating mechanisms, with a mandate to reduce maternal and child undernutrition.

Respondents were united in calling for strong leadership to advance political priority for breastfeeding practices. Stakeholders voiced a common call for leadership, both individual and organizational, calling this the single most important ingredient for successful advocacy.

Most interviewees gave WHO and UNICEF barely passing marks for political leadership on breastfeeding in recent years, saying the issue has “fallen off the map.”

Respondents testified that limited funding was severely restricting their ability to advocate for breastfeeding globally and at the regional and country level.

“There are virtually no resources at the international and national levels for breastfeeding support, despite the abundance of compelling evidence of its impact.”

Several women respondents made a connection between ambivalent attitudes towards breastfeeding in donor countries and levels of funding and political support:

“We are fighting an uphill battle if we fail to change attitudes and practices in the West/developed countries.”

A lot of donors are very Western. They see breastfeeding as a choice for mothers to make. Some donors basically said ‘my family formula fed, and are you saying I did the wrong thing for my child?’ It’s a huge, loaded issue because people become very defensive about what they could and couldn’t do.”

NGOs and civil society organizations have played a vital role to protect, promote and support breastfeeding practices. Several respondents noted the contribution IBFAN (International Baby Food Action Network) and other watchdog groups have made but other felt their message was too negative:

“For a long time, breastfeeding has been about anti-formula as opposed to being about breastfeeding. That’s perhaps a harsh judgment but sometimes I see a lot of reaction and not much pro-action.”

The World Breastfeeding Alliance (WABA) hosts World Breastfeeding Week each August with support from WHO, UNICEF and other partners. Most assessments were critical, saying that it didn’t provide “value for money” and couldn’t compete with sophisticated marketing campaigns by formula companies.

Many respondents said advocacy needs to be continuous and expressed a strong need for global, regional and country advocacy plans to guide and unify action.

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ISSUES

Importance relative to other issues.
Extent to which the problem is perceived to be surmountable.
Degree to which the issue incites opposition.
Attractiveness of the issue to those who might want to address it.

The need to protect breastfeeding is becoming more urgent as breastmilk substitute companies’ influence grows in emerging economies.

Nothing worried stakeholders more than the threat BMS companies pose to breastfeeding practices. They signaled strong concern over the companies’ growing success to position artificial feeding as the desirable, modern choice of families in emerging economies. The multi-billion dollar BMS industry is poised to grow by 37 per cent between 2008 and 2013—almost two-thirds of this in Asia-Pacific. Stakeholders reaffirmed the need for a revitalized strategy to protect breastfeeding rights:

“We need to restart a campaign that reveals what formula companies do. It’s simple math: if they sell more formula, less women breastfeed. We have to reveal that fact to the world—come out in front of the curtain and be louder about it.”

FIGURE 4 These are the words most used by stakeholders to describe the threat that formula companies pose to breastfeeding practices.
IDEAS—INTERNAL FRAME

Common policy community understanding of problems and solutions related to breastfeeding programmes.

While the rationale for investing in breastfeeding as a best buy in global health is not in doubt, stakeholders must work towards consensus on how to do it.

These are the top issues stakeholders said needed further debate and consensus:

Policy community cohesion—can we develop a common agenda?

Breastfeeding stakeholders must reach a common understanding on private sector engagement in order to position their issue in a manner that resonates with decision makers.

“Ideology is distracting us from coming together to address the problem of breastfeeding with common purpose and an understanding of each other’s strengths.”

Some respondents pleaded for “big picture” thinking:

“Formula and infant feeding companies will grow bigger all over the world. We have a major role to play, engaging with governments so strong policies and laws are enforced. We must also bring the private sector on board, letting them know that not abiding by laws in the country is not an option. This is why those who care about infant and young child feeding need to be together. We cannot afford disjointed messaging or disagreement. We need to focus on the bigger picture.”

FIGURE 5 25 countries with increases in exclusive breastfeeding in children < 6mo of ~20 percentage points over an approximately 10-year period

Consensus on interventions and scaling up

Respondents shared differing views regarding the strength of the current evidence base for interventions to improve breastfeeding.

While some perceived practices can’t be changed, the data clearly shows this is not the case, as shown in Figure 6.

Stakeholders placed a high priority on strengthening the IYCF investment case, to communicate its economic benefits.

Tracking—how good is our measurement

National breastfeeding rates are tracked through surveys, but there is rarely any monitoring of interventions to improve breastfeeding practices, such as health or community based counseling and support services.

“We know about vitamin A supplementation. We know about iron supplementation. But do we know whether mothers are counseled, which is necessary for improving feeding practices? Do we know anything about the quality of that counseling? Suddenly we realize there is no data about that.”

Global consensus is needed on a harmonized, comprehensive set of indicators to measure the performance of IYCF programmes, including geographic and population coverage.

Accountability to report on their status annually would contribute to increasing commitment and priority for breastfeeding and complementary feeding.

FIGURE 6 UNICEF media coverage confirms undernutrition is rising on the global agenda, but breastfeeding is much less visible

Leading child survival topics: share of traditional media coverage January 2010–May 2012

IDEAS—EXTERNAL FRAME

Public positioning of breastfeeding programmes that inspires external audiences to act.

The breastfeeding community must do a better job of telling its story.

Stakeholders pointed to an urgent need to recast breastfeeding advocacy and communication for a 21st century world of globalization, rapid urbanization, increasing numbers of working and migrant mothers and new communication technologies.

They had two messages:

1. Breastfeeding advocacy must be integrated into the nutrition agenda, including messaging on the 1,000 Days window of opportunity, as well as the child survival agenda.

2. There now is a simultaneous need for vertical advocacy to address low levels of breastfeeding in many countries, and promote it as the social norm and preferred feeding option for mother and child.

Respondents recommended a diagonal advocacy approach “where breastfeeding is presented as a key building block of feeding in the first two years of life—and supporting mothers who do so. It should be very strong, evidence-based, aspirational advocacy.”

While stakeholders were enthusiastic about the attention nutrition is now receiving globally, they noted that breastfeeding has not benefited from the same attention. UNICEF media monitoring substantiates these perceptions (see Figure 6).

Respondents acknowledged the breastfeeding community must build on the 1,000 Days message platform and develop a resonating frame for breastfeeding that can generate buy-in from government leaders and other influencers.

Some respondents said it was sometimes difficult to communicate “what the problem is”:

“Probably ‘optimal practices’ are not very clear in the minds of policy makers. Even with donors, there is a lack of understanding of what it is.”

An updated advocacy case for breastfeeding needs to address these perceptions, and explore metaphors and non-technical language which resonates with decision makers:

“Nothing was more powerful for Bill Gates than to be told by a woman in India that breastmilk was her baby’s first immunization. He said, ‘Okay, I’m a vaccine guy, and that’s your first immunization’. That captivated him.”
Accountability for breastfeeding should be shared by the health and nutrition sectors, requiring an integrated advocacy approach and strategy. In addition to the SUN platform, stakeholders emphasized the importance of engaging with the advocacy communities who have coalesced around the UN Secretary General’s Every Woman, Every Child10, Saving Newborn Lives13, the Partnership for Maternal, Newborn and Child Health14 and the Countdown to 2015 tracking initiative15. Respondents also called for a social movement for breastfeeding that taps into families’ aspirations and uses the potential of new communication technologies: “How do we make breastfeeding and nutrition aspirational to mothers, families, communities, policy makers and public opinion at large? How do we link optimal breastfeeding practices to brain development, school performance and success in life? If we hit that one, all the rest—legislation, practices from social change campaigns, consumer education and private marketing, including community building online.

FIGURE 7 Stakeholders agreed the rise of nutrition on the global development agenda is an encouraging trend, including increased awareness by government leaders of countries with large numbers of non-exclusively breastfed children such as India.

THE WAY FORWARD

A significant scaling up of continuous advocacy, communication and social mobilization is needed to increase investment in optimum breastfeeding in the developing world, said respondents to UNICEF’s landscape analysis. More of the same will not produce results, they added. Stakeholders called for effective leadership, notably from guiding institutions, to address the scale of the issue. These recommendations aim to promote dialogue and action:

RECAST THE NARRATIVE

Define a shared advocacy and communication vision and agenda for breastfeeding and complementary feeding, reframing the narrative for the 21st century. Make the case for optimal IYCF aspirational, while also considering the barriers women face, and promoting policies to create an enabling environment.

Strengthen the investment case for breastfeeding, building on research highlighting its benefits and cost savings for governments. Asia-based stakeholders called for an updated case for breastfeeding in emerging economies where child mortality has declined, and government leaders are focused on human capital and competitiveness.

ADVOCATE AND INFLUENCE

Integrate the IYCF agenda into existing global advocacy initiatives — notably Scaling Up Nutrition and A Promise Renewed, and build linkages with related advocacy communities. Engage global and national champions, to promote the message. Apply best practices from social change campaigns, consumer education and private marketing, including community building online.

ENSURE A UNIFIED VOICE

Focus on building consensus and a unified voice that all actors can rally around. Create a space for policy dialogue where outstanding issues of disagreement can be debated. Support civil society organizations and NGOs to nurture a social movement repositioning breastfeeding as the optimum feeding choice for the modern woman and child.

PROVIDE STRONG LEADERSHIP FOR COHESIVE ACTION AND RESULTS

Provide leadership and backbone support to guide a unified advocacy leadership initiative.

MOBILIZE RESOURCES, ACTION AND ACCOUNTABILITY

Increase resourcing for IYCF and breastfeeding and mobilize new commitments to achieve full coverage. Monitor progress. Develop and promote a global standard scorecard for performance of IYCF programmes, policy and intervention coverage. Transform the token attention breastfeeding often receives into a non-negotiable commitment to deliver a comprehensive package of health and nutrition interventions at scale.
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The small stakeholder consultation in February 2013 reviewed the analysis and developed recommendations included around 15 experts from UN agencies, NGOs and foundations.

Ruth Landy, principal consultant for Strategic Communication for Social Impact, conducted the stakeholder survey, prepared the report and draft presentation, as well as the Executive Summary. The grey literature search was conducted with assistance from two researchers—Megan Mccaughan and Daniela Serrina. Design is by Susanne Weihl, founder of folio2 design and brand communication studio.

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