



**ADVOCACY STRATEGY**

# Breastfeeding Advocacy Initiative

For the best start in life

# INTRODUCTION

## BREASTFEEDING GIVES CHILDREN THE BEST START IN LIFE.

**Breastfeeding is a cornerstone of children’s survival, nutrition and early development.**

Breastfeeding not only provides children with the best start in life, it also benefits maternal health, protects against non-communicable diseases and contributes to environmental sustainability.

Despite impressive gains in a number of countries over the last decade, global breastfeeding rates have seen only slow progress since 1995. Improvements in breastfeeding rates are critical to the attainment of the Millennium Development Goals and Post-2015 Sustainable Development Goals.

Breastfeeding is of critical importance, and evidence for this continues to grow:

- From the first hour of a baby’s life through age two or later, **breastfeeding protects against illness and death**—whether the child is born in a high-income or low-income country, to a rich family or a poor one. Suboptimal breastfeeding practices resulted in more than 800,000 deaths among children under five years of age in 2011.<sup>1</sup> Immediate skin to skin contact and breastfeeding within the first hour of life significantly reduces newborn mortality.<sup>2,3</sup>
- Breastfeeding is essential for **early childhood development**. It supports **healthy brain development, increased I.Q. scores, and better school performance.**<sup>4,5</sup>

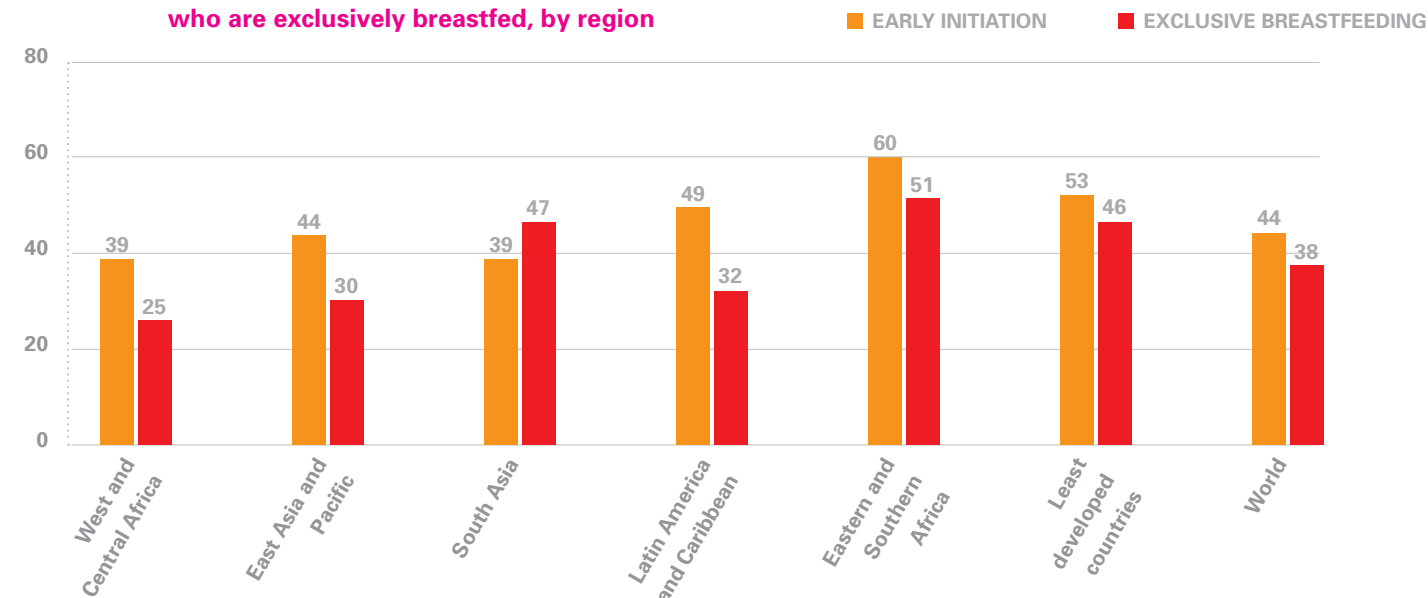
- Breastfeeding **benefits maternal health** by improving birth spacing and reducing the risk of post-partum haemorrhage.<sup>6</sup> Women who breastfeed have a decreased risk of breast and ovarian cancers<sup>7,8</sup> and of some cardiovascular diseases.<sup>9</sup>
- Breastfeeding **decreases the risk of non-communicable diseases**, including childhood asthma, obesity, and diabetes and heart disease later in life.<sup>10,11,12</sup>
- Breastfeeding **provides a natural, renewable food** that needs no packaging, transportation, storage, or cooking, making it environmentally friendly.<sup>13,14</sup>
- When a population with limited access to health systems and infrastructure relies on breastfeeding, **it mitigates inequities in access to health services.**<sup>15</sup>
- Breastfeeding is explicitly recognized by the International Convention on the Rights of the Child as a key component of every child’s **human right** to the highest attainable standard of health.<sup>16</sup> [See Annex 1 for more on importance of breastfeeding.]

**Yet, only 44 per cent of the world’s newborns are put to the breast within one hour of birth. Even fewer infants under six months of age are exclusively breastfed. See Figure 1. Globally, less than 40 per cent of children under six months of age are fed only breastmilk with no additional foods or liquids, including water. This figure has remained relatively unchanged for nearly two decades.**



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**FIGURE 1 Percentage of newborns who are breastfed within one hour and children under 6 months of age who are exclusively breastfed, by region**



Source: UNICEF global databases, 2015, based on MICS, DHS and other nationally representative surveys

### WOMEN FACE MANY BARRIERS TO BREASTFEED

Low political commitment and inadequate financial investment have limited the adoption of strong laws and policies, as well as implementation of comprehensive programmes, to protect, promote and support breastfeeding. Women also face many barriers and challenges to breastfeeding, which encompass varied social, cultural, political, economic, commercial and educational factors.<sup>17</sup> One important issue, given the increasing participation of women in the labour force, is adequate maternity protection and the necessary time, support and accommodation to enable them to continue breastfeeding once they return to work.

### RAPID PROGRESS IS POSSIBLE

While global trends in breastfeeding rates<sup>18</sup> remain stagnant, mainly due to little change in the world’s most populous

countries, rapid progress in raising national breastfeeding rates is possible. Significant improvements have been achieved<sup>19,20,21</sup> and sustained<sup>22</sup> in a wide range of countries in diverse regions with varying levels of development. Twenty countries have increased their exclusive breastfeeding rates by 15 percentage points or more and/or maintained high levels of exclusive breastfeeding in the preceding five years.

The progress was a result of strategic programmatic efforts that included strong national leadership and adequate funding to support breastfeeding. In addition, several of these countries provided counseling and support for mothers in health facilities and through peer support networks, approving protective laws and policies while leveraging mass communications to promote breastfeeding in culturally appropriate and relevant ways. [See Annex 2 for more on comprehensive breastfeeding programmes.]

# BREASTFEEDING ADVOCACY INITIATIVE

**This document sets out a strategic framework to galvanize global, regional and national stakeholder advocacy for breastfeeding.**

Breastfeeding practices have improved rapidly in countries that have implemented comprehensive laws, policies and programmes. Such encouraging gains raise a question: Why are we not seeing systematic progress in all countries? Seeking answers, UNICEF conducted a landscape analysis in 2012 to assess political commitment and priority for breastfeeding interventions globally and in selected countries. Diverse stakeholders uniformly agreed that breastfeeding has not benefited from political and donor commitments commensurate with its potential to save lives and promote children's welfare and national development, resulting in a stagnant global breastfeeding rate.<sup>23</sup>

They pointed to a number of reasons contributing to the low profile breastfeeding has received on the development agenda, including insufficient global leadership, the lack of a common agenda and unified voice, the failure to frame and communicate clearly the importance of breastfeeding and risks of not breastfeeding and the influence of and aggressive marketing by breastmilk substitute companies.

Stakeholders voiced the need for several urgent actions:

- Strengthen global leadership and cultivate champions;

- Bring attention to the scale of the problem and spotlight solutions through effective advocacy and communication to various audiences;
- Garner sufficient resources to expand breastfeeding programme to scale; and
- Work across sectors and relevant initiatives to develop a more integrated approach to improving breastfeeding practices.

In 2013, experts and advocates convened by UNICEF reviewed the findings of the landscape report and recommended leveraging the current political momentum around nutrition and newborn survival efforts to raise visibility for the importance of breastfeeding. As a global discussion and negotiations are underway to shape the future of global development goals, the time is right.

There is thus an urgent need to promote the value of breastfeeding globally, nationally and at the community level, underscoring the crucial link between breastfeeding and achieving the MDGs and the future Post-2015 Sustainable Development Goals. Advocating for breastfeeding can also reinforce the work of other sectors such as health, HIV/AIDS, water, sanitation and hygiene, early childhood development, food security, the environment and women's and children's rights.

**UNICEF and WHO, along with a range of other partners, have formed a global advocacy initiative to increase political commitment to and investment for breastfeeding as the cornerstone of child nutrition, health and development.**

This advocacy strategy reflects a shared vision in which stakeholders commit to accelerate progress towards the ultimate goal of creating an environment enabling mothers everywhere to breastfeed.

A phased approach was agreed on, as were initial advocacy efforts focused on galvanizing attention around the World Health Assembly (WHA) global target calling on governments to increase exclusive breastfeeding rates for children under six months of age to at least 50 per cent by 2025.<sup>23</sup> Advocacy efforts will also aim both to increase early initiation of breastfeeding for newborns as a foundation to optimal practices and to promote continued breastfeeding for up to two years or beyond, with appropriate complementary foods.<sup>24,25</sup>

## VISION

A world where all mothers and families are empowered, enabled and supported to optimally breastfeed their children, and where early initiation, exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods, become the social norm that helps children survive and develop to their full potential.

## MISSION

To galvanize political, financial and social support to scale up breastfeeding programmes and to encourage adoption of supportive legal instruments and policies at the global, regional and country levels within the broader development, humanitarian and human rights agendas, thus accelerating progress to meet or exceed the WHA global target calling for an increase in the rate of exclusive breastfeeding to at least 50 per cent by 2025.

## STRATEGIC GOALS

The advocacy initiative has three strategic goals for the next three years:

1. Foster leadership and alliances and effectively integrate and communicate breastfeeding messages;
2. Mobilize resources and promote accountability; and
3. Build knowledge and evidence to enhance breastfeeding policies, programmes, financing and communication.

## 1. LEADERSHIP, ALLIANCE BUILDING AND COMMUNICATION

Strong leadership for action and results is critical to galvanizing support for breastfeeding. Success in elevating the visibility of and the commitment to breastfeeding also requires working in coalitions, building alliances, supporting relevant global advocacy initiatives and ensuring that effective communication reaches strategic target audiences.

### Leadership

- Catalyze and support leadership for breastfeeding by key government stakeholders; employers; civil society; medical, nursing, midwifery and other professional associations; media entities; religious communities and celebrities.
- Develop a cadre of breastfeeding champions, and use its leadership capacity to garner support for breastfeeding policies and programmes at the global, regional and country levels and within partner agencies.
- Increase visibility of breastfeeding as a high-priority issue in international and national policy, development and human rights forums.

### Alliance Building

- Support relevant global initiatives and integrate advocacy to protect, promote and support breastfeeding within the Scaling Up Nutrition Movement; A Promise Renewed; Every Woman Every Child; Every Newborn; 1,000 Days Partnership; Partnership for Maternal, Newborn and Child Health; The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea; the Post-2015 Sustainable Development Goals (including calling for an ambitious breastfeeding target) and other initiatives.
- Cultivate alliances and integrate advocacy and programming for breastfeeding across related sectors including Maternal, Newborn and Child Health; Early Childhood Development; Water, Sanitation and Hygiene; Child Protection; Social Policy; and Food Security, Human Rights and Humanitarian Response.
- Facilitate and align partners' advocacy work, linking action to strategic policy moments to increase visibility for breastfeeding as a priority and foundational issue in international and national policy and development forums.
- Ultimately, contribute to building a social movement in which breastfeeding is the social norm and seen as the feeding option of choice for woman and child.



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## Communication

- Reframe the public narrative on early, exclusive and continued breastfeeding to be persuasive and resonant, conveying that it is a simple and smart way to give children the best start in life. See Figure 2.
- Develop and implement an integrated communication and media plan to reposition breastfeeding and to promote investment in scaling up programmes and strengthening laws and policies.

## 2. RESOURCE MOBILIZATION AND ACCOUNTABILITY

Expanding breastfeeding programmes requires collective efforts to increase the relevant human and financial resources and promote accountability for resources and results.

- Develop an investment case for breastfeeding.
- Help countries estimate the costs of comprehensive breastfeeding programmes.
- Advocate for increased national investment in breastfeeding.
- Identify and mobilize new resource commitments, free of commercial interest, to strengthen breastfeeding policies and expand programmes at scale.
- Support resource mobilization by related health, nutrition and development constituencies.
- Assist countries as they appeal to donors to invest in breastfeeding.
- Promote accountability for resources and results, and explore tracking of how resource commitments for nutrition are allocated in practice.

## 3. KNOWLEDGE AND EVIDENCE BUILDING

Swaying those in a position to invest in breastfeeding can only happen when convincing evidence is close at hand. It is also necessary to inform and align communication efforts among advocates across related sectors.

- Identify, compile and share factors that have served to promote, protect and support breastfeeding and have raised breastfeeding rates.
- Develop and promote new evidence through research, documentation and other means to make the scientific and programmatic case for breastfeeding, including demonstration of the cost-effectiveness of interventions for breastfeeding protection, promotion and support, as well as the cost of breastmilk substitute use and failure to breastfeed.
- Promote and support innovations, where applicable, to address barriers to breastfeeding, enhance breastfeeding policies, service delivery, communications and financing mechanisms.
- Support briefing and training opportunities to enhance leadership for breastfeeding by various stakeholders such as parliamentarians, members of the public, religious leaders, youth groups and other advocates.

## TIMELINE

It is envisaged that the strategy and a result-oriented action plan will initially have a three-year time frame. Progress against benchmarks will be reviewed periodically, and the need to revise or update the strategy will be assessed at the end of 2017.

# ANNEX 1 THE CASE FOR BREASTFEEDING

Evidence of breastfeeding's extraordinary importance continues to grow, as described in the introduction (see page 2). Protecting and promoting breastfeeding at the national level and supporting mothers to breastfeed contribute to the achievement of the Millennium Development Goals—reducing by half the proportion of people who suffer from hunger, reducing maternal and child mortality and enabling women and children to realize their right to the highest attainable standard of health.

## Optimal breastfeeding practices consist of (1) early initiation of breastfeeding within the first hour of life; (2) exclusive breastfeeding for the first 6 months and (3) continued breastfeeding for 2 years or beyond.

Looking forward, breastfeeding will also play a critical role in advancing the proposed Post-2015 Sustainable Development Goals. Contributions will include gains for child survival and development, benefits for maternal health, protection from non-communicable diseases and contributions to environmental sustainability.

## RISKS OF NOT BREASTFEEDING

### Risks of not breastfeeding for newborn and child health and survival

Colostrum, the first milk, provides a baby's first immunization by carrying vital antibodies and growth factors from mother to child, preventing early death and protecting the newborn against infectious diseases. Immediate skin to skin contact and early initiation of breastfeeding within the first hour of life could significantly reduce neonatal mortality.<sup>27 28 29</sup> Suboptimal breastfeeding practices result in almost 12 per cent of all deaths among children under five years of age, or about 800,000 deaths in 2011.<sup>30</sup>

Even in populations with low infant mortality, there are health risks associated with not breastfeeding including acute ear infections, respiratory and gastrointestinal infections,<sup>31</sup> asthma,<sup>32</sup> type 2 diabetes and childhood obesity.<sup>33 34 35 36</sup> In addition, where there are no antiretroviral medicines available, an exclusive reliance on breastfeeding greatly reduces mother-to-child transmission of HIV.

Breastfeeding is a life-saving practice in emergencies, when lack of clean water and sanitation renders attempts to use breastmilk substitutes potentially lethal. Breastfeeding provides an essential

means of food security and high-quality nutrition for infants and protects them from the increased risks of disease and death in emergency situations.

### Risks of not breastfeeding to growth and development

Breastmilk continues to provide a significant proportion of the nutrients and immunological factors that a growing child needs even after six months when complementary feeding should begin. Optimal breastfeeding therefore promotes optimal growth by contributing to the reduction of stunting,<sup>37</sup> wasting<sup>38 39</sup> and the risks of obesity.<sup>40</sup>

### Risks of not breastfeeding for vulnerable infants

Premature babies, those with low birth weight and sick newborns survive and thrive at a significantly higher rate when they are exclusively breastfed. The use of donor milk is vital in these situations, and merits further programmatic expansion.<sup>41 42</sup>

### Risks of not breastfeeding for long-term health

Not breastfeeding may increase the risk of chronic conditions later in life compared to infants who are breastfed. These conditions include asthma, obesity,<sup>43</sup> diabetes,<sup>44</sup> heart disease and cardiac risk factors<sup>45</sup> such as hypertension and high cholesterol levels.<sup>46</sup> Breastfeeding may also reduce the risk of cancers such as childhood leukemia<sup>47</sup> and breast cancer.<sup>48</sup>

### Risks for learning

Not breastfeeding is associated with a three-point reduction in children's IQ.<sup>49</sup> Breastfeeding thus results in better school performance and academic outcomes.<sup>50</sup> A longitudinal study recently showed that longer duration of breastfeeding was associated with better educational achievement at age five, suggesting that breastfeeding contributes to school readiness.<sup>51</sup>

### Breastfeeding is also important for mothers

Mothers who start breastfeeding immediately after they deliver reduce the risk of haemorrhage and recover more quickly. Women who breastfeed have a reduced risk of post-partum depression; they also experience reduced fertility temporarily, helping to space their pregnancies.<sup>52</sup> Those who continue to breastfeed also lose weight gained during pregnancy more quickly and have reduced risk of diabetes, breast and ovarian cancers,<sup>53 54</sup> cardiovascular disease and osteoporosis later in life.<sup>55</sup>

### Not breastfeeding has economic costs

Breastfeeding can save health care systems significant resources due to reduced illness among breastfed babies—even moderate

FIGURE 2 Words that stakeholders used to describe focus and tone for new breastfeeding advocacy efforts

new  
school bright success  
engage excitement  
evidence hard-hitting  
women-focused social  
celebrities contemporary  
creative aspirational  
consumer intelligence

increases in breastfeeding in the UK could save the health service millions of pounds annually.<sup>56</sup> In the US, \$13 billion could be saved in paediatric health care and other costs if exclusive breastfeeding rates increased.<sup>57</sup> Another \$17 million could be saved related to maternal health care and other costs.<sup>58</sup> Infant formula and other breastmilk substitutes are expensive, including the cost of utensils and the fuel to boil water and sterilize them. Families also bear greater costs for health care and time away from work because non-breastfed babies are sick more often. As mothers who breastfeed have children who are sick less often than non-breastfed children, they are less likely to miss work, thereby saving their employers money.

### Not breastfeeding has environmental costs

Not breastfeeding creates an additional burden on the environment. For every 1 million formula-fed babies, 150 million containers of formula are consumed, many of which end up in landfills.<sup>59</sup> Industrial processing and transport of breastmilk substitutes produce greenhouse gas emissions, while processing and preparation use water and energy resources.<sup>60</sup>



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## ANNEX 2 FRAMEWORK FOR COMPREHENSIVE BREASTFEEDING PROGRAMMES

Experience shows that comprehensive national programmes can increase breastfeeding rates. Comprehensive programmes, as set forth in the Global Strategy on Infant and Young Child Feeding<sup>61</sup> involve the following actions:

**NATIONAL ACTIONS** are necessary to create an enabling environment to promote, protect and support breastfeeding. Such actions include: (1) adoption of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions (the “Code”) through national laws in order to regulate the marketing of breastmilk substitutes, bottles and teats. The Code includes provisions to prohibit all forms of promotion of these products to the general public or through the health care system. National regulations require effective monitoring and enforcement provisions, including adequate sanctions in the event of non-compliance; (2) laws providing adequate maternity protection based on the International Labour Organization’s Maternity Protection Convention and Recommendation,<sup>62</sup> as a minimum standard, covering workplace policies such as paid maternity leave, allocated time for breastfeeding and nursing facilities and/or breastfeeding rooms in the workplace; (3) prioritization and adequate financing of breastfeeding programmes in nutrition and health policies, strategies and plans, including economic plans; (4) implementation of support for breastfeeding in emergency situations as outlined in guidance for humanitarian support.<sup>63</sup>

In addition, a well-designed **ADVOCACY AND COMMUNICATION STRATEGY** is a key component of a breastfeeding programme. Such a strategy needs to reach various audiences through social mobilization, social marketing, mass communication, interpersonal communication and/or social media.

A well-designed communication plan needs to be implemented through a participatory process involving listening to women and families; it must be built on locally relevant strategies, messages and activities to promote breastfeeding as the normative behaviour.

The **HEALTH SYSTEM** is crucial to support optimal breastfeeding. Implementing the Baby-Friendly Hospital Initiative in maternity facilities has been shown to increase breastfeeding rates as well as the duration of breastfeeding and should be a core component of breastfeeding programmes.<sup>64</sup>

Within the health system, actions of special urgency include: (1) increasing the capacity of health care providers for breastfeeding management and support, and conveying their obligations under the Code as part of their initial and in-service training; (2) prioritizing mother and baby-friendly policies and practices in maternity facilities; (3) institutionalizing skilled practical help and counselling as part of the standard of care in both maternity facilities and primary health care; (4) providing education, counselling and skilled practical help for mothers at key contact points before, during and after delivery; (5) supervising and monitoring the quality of such care; and (6) including knowledge of and skills for breastfeeding counselling and practical support in pre-service and in-service training curricula.

**COMMUNITIES AND FAMILIES** are indispensable in promoting and supporting breastfeeding. Breastfeeding-friendly community approaches have been successfully introduced in both developing and industrialized countries<sup>65</sup> and have resulted in increased exclusive breastfeeding rates. These approaches include counselling, practical help and communication on optimal breastfeeding practices by trained peer counsellors, mother support groups and other community health providers. Community health workers can personalize messages, teach and demonstrate skills and provide ongoing encouragement to mothers to build their confidence during home visits and informal encounters in the community.<sup>66</sup>

Family members and experienced mothers can be encouraged and guided to provide support to breastfeeding mothers. Community leaders, groups and networks, NGOs and other groups and individuals may also play a part in the promotion and support of breastfeeding and in establishing linkages with the health system. Community-centred programmes are most effective when coordinated with health systems that provide skilled help and supportive supervision.

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