



Meeting with Development Partners

8th December, 2012, India
Habitat Centre, New Delhi

World Breastfeeding Conference
6-9 Dec. 2012



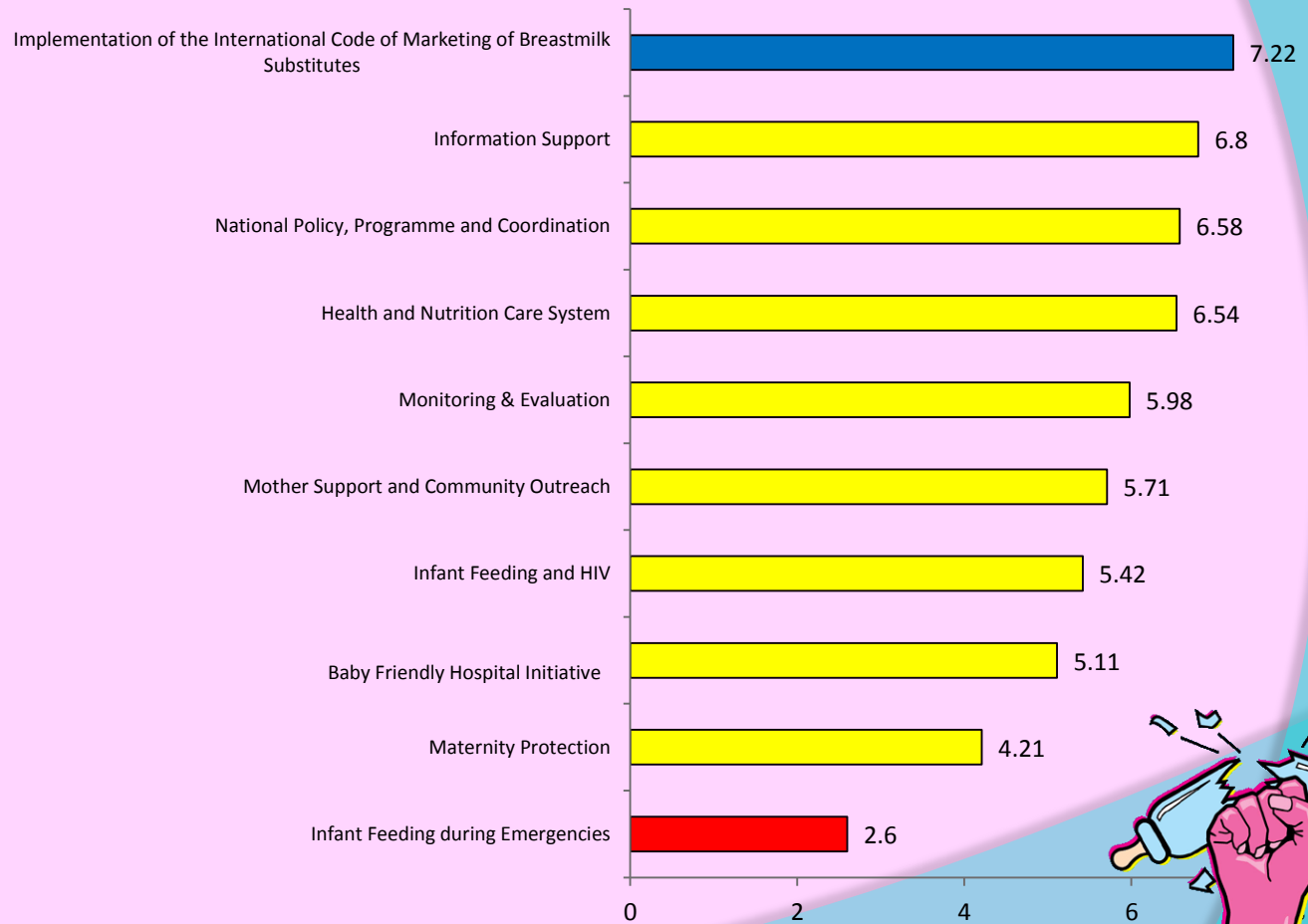
**BABIES NEED
MOM-MADE
NOT MAN-MADE!**

ARE OUR BABIES FALLING THROUGH THE GAPS?

The State of Policies and Programme Implementation of the
Global Strategy for Infant and Young Child Feeding in 31 Countries

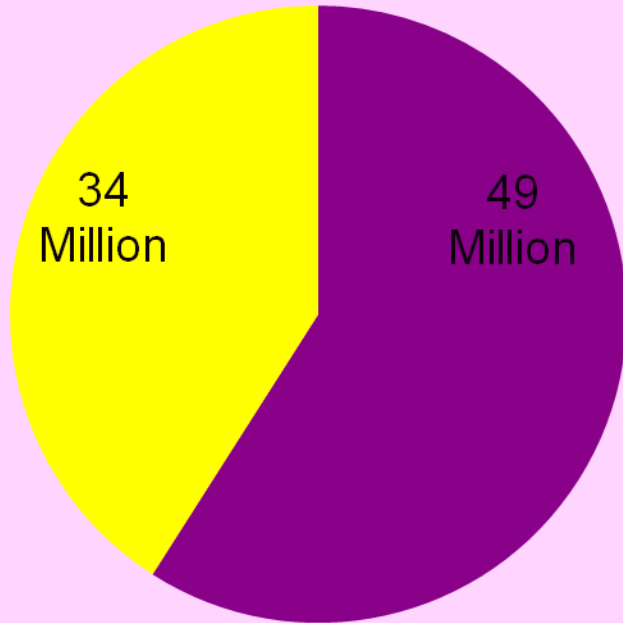


Average scores for indicators 1-10

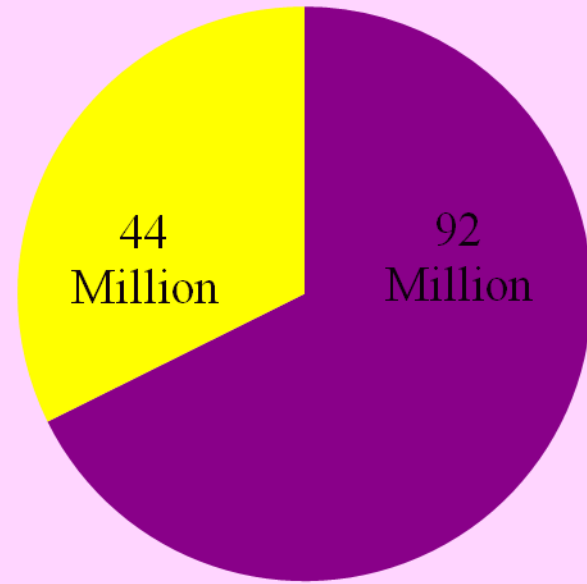


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- Not exclusively breastfed
- Exclusive Breastfeeding (WBTi 2012)



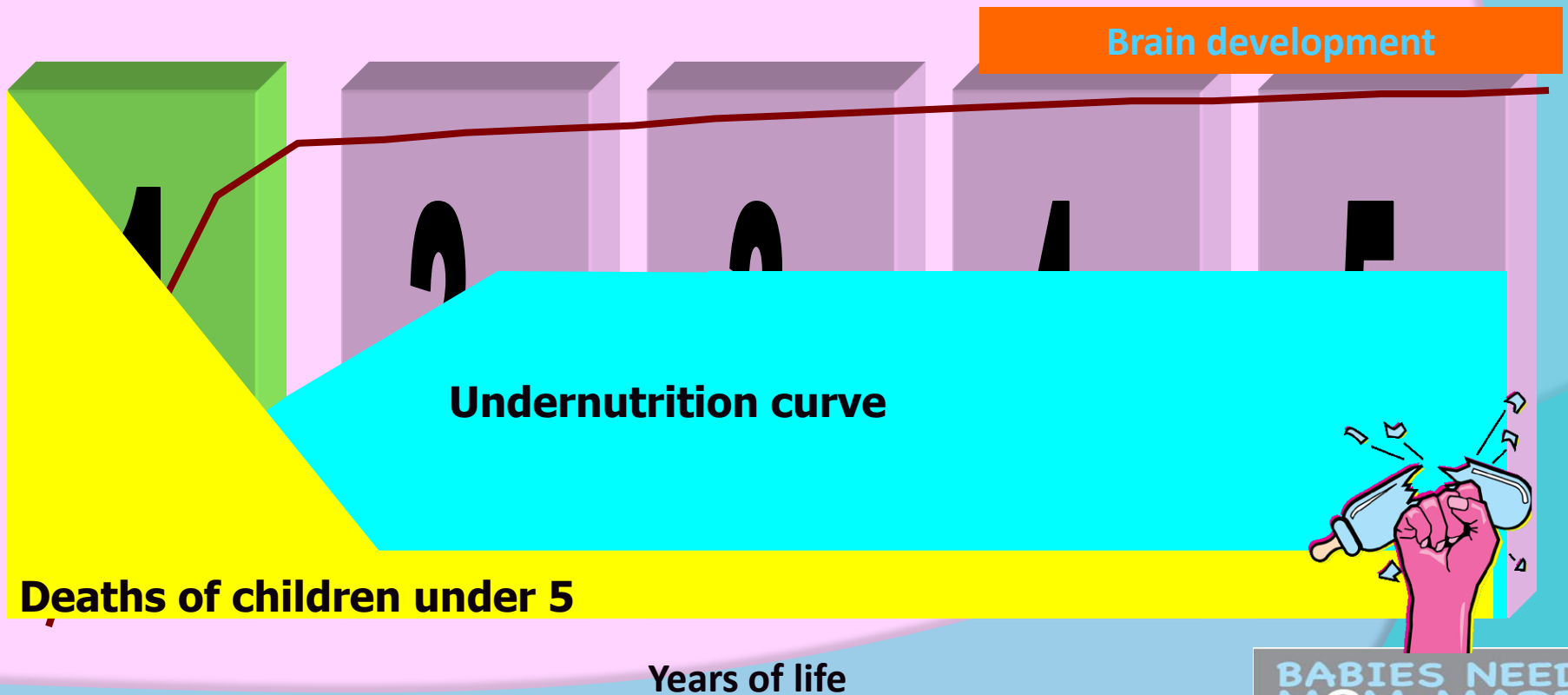
- Not exclusively breastfed
- Exclusive Breastfeeding



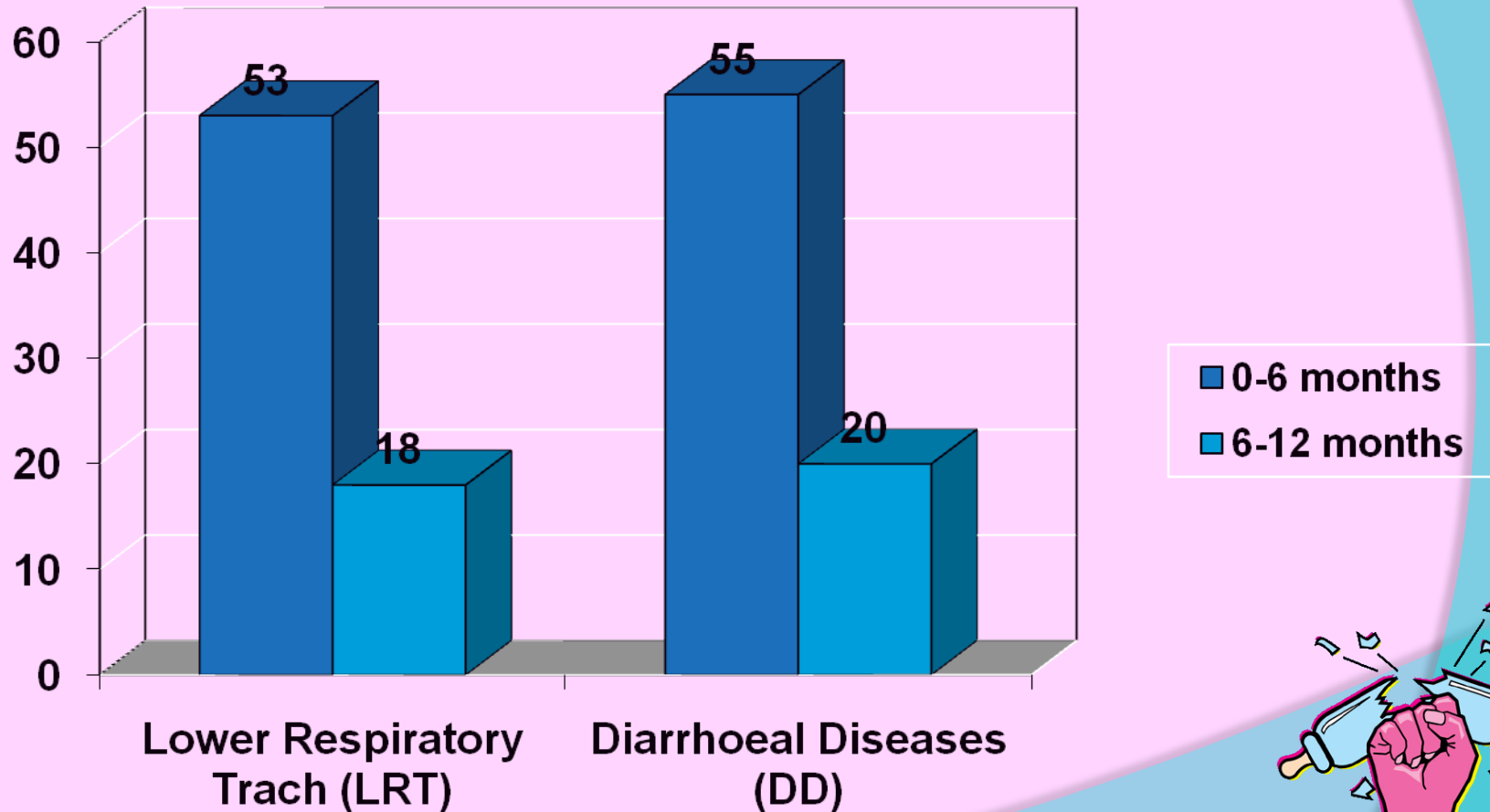
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First year is critical!

Undernutrition strikes the most during infancy



Deaths attributed to sub-optimal breastfeeding among children



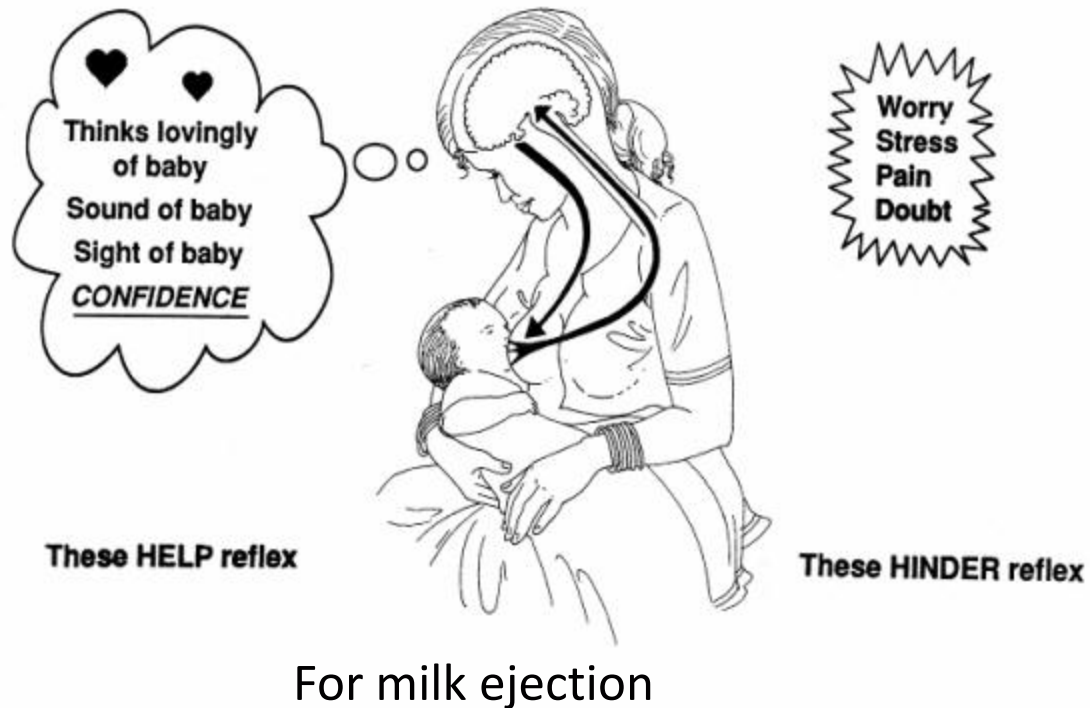
Public Health Nutr. 2006 Sep; 9(6): 673-85

Maternity Protection



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What is so critical in Health System?



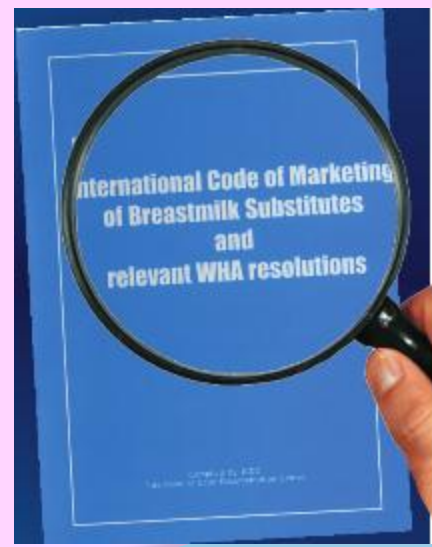


MARKETING OFFENDERS

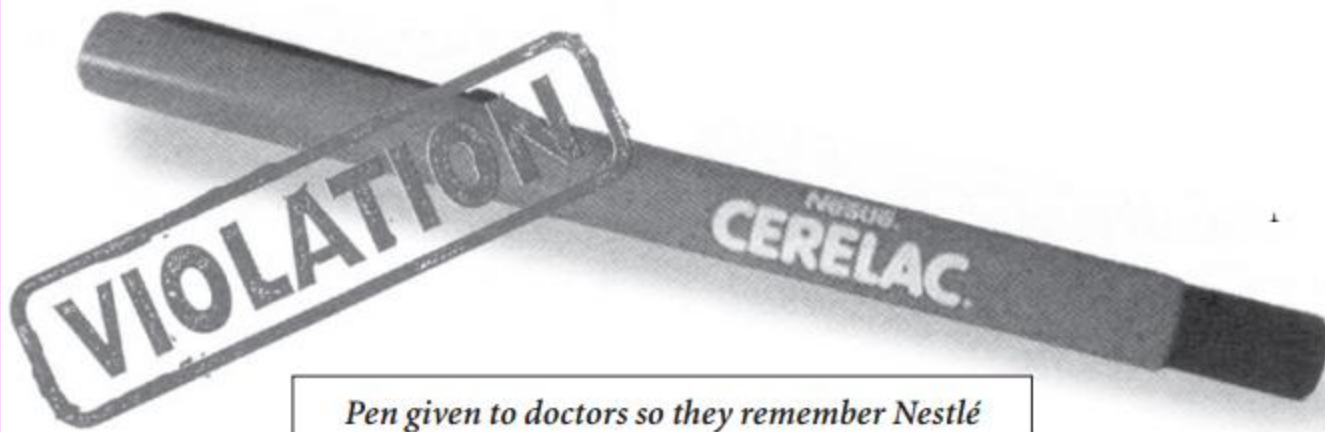
Examples of inappropriate baby food promotion from around the world



December 2012



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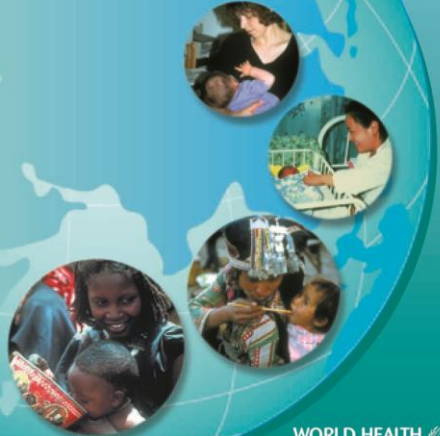


Pen given to doctors so they remember Nestlé



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Global Strategy for Infant and Young Child Feeding



WORLD HEALTH ORGANIZATION
 unicef

The 8 Millennium Development Goals

<p>1 ERADICATE EXTREME POVERTY AND HUNGER</p>	<p>2 ACHIEVE UNIVERSAL PRIMARY EDUCATION</p>
<p>3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</p>	<p>4 REDUCE CHILD MORTALITY</p>
<p>5 IMPROVE MATERNAL HEALTH</p>	<p>6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</p>
<p>7 ENSURE ENVIRONMENTAL SUSTAINABILITY</p>	<p>8 GLOBAL PARTNERSHIP FOR DEVELOPMENT</p>

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH



United Nations Secretary-General Ban Ki-moon



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SCALING UP BREASTFEEDING/INFANT AND YOUNG CHILD FEEDING INTERVENTIONS -

What will it cost?



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Objectives

- To identify evidence-based interventions that are essential to scale up breastfeeding rates
- To work out an indicative figure of what this would cost
- To develop a tool that countries can use to calculate the financial and human resources they would need for scaling up breastfeeding rates



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Selected interventions

- Development of policies, plans of action, legislation related to maternity protection and International Code, and setting up a multi-sectoral coordinating system with a National Breastfeeding/IYCF coordinator.
- Providing universal one-to-one skilled counseling services in health facilities and in the community.
- Effectively enforcing the International Code and subsequent relevant WHA resolutions.
- Developing and implementing an effective IEC plan of action.
- Providing financial assistance to women below the poverty line for six months after birth as maternity benefit.
- Assessing the implementation of the national IYCF plan of action twice every five years.



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Constraints and limitations

- Lack of effective evidence-based research in some areas.
- Lack of adequate data about budgetary estimates.
- Wide divergence between staff responsibilities, salaries, transport costs among nations – we have therefore not included these in our estimates.
- Lack of information regarding existence of written national IYCF policies in countries-therefore we have estimated this expenditure for all countries.
- Lack of data on expenditure on providing maternity protection including to women working in the unorganized/informal sector and homemakers below the poverty line.
- Wide variance in laws related to implementing the International Code and budgetary estimates of taking action.

These constraints and limitations will be addressed in the financial tool being developed by IBFAN Asia



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Some assumptions

Expenditure

- We assume that certain estimates such as that of creating and implementing policies and legislation will be basically similar in countries irrespective of the number of births.

Coverage

- Our basic premise is that every woman who gives birth requires support at the hour of birth to initiate breastfeeding. We have thus assumed that once an adequately trained workforce is in place, every woman will be able to get this support.

Delivery platforms

We have assumed that the delivery platforms for counseling to be

- Health facilities
- Community health and nutrition programmes
- For Code Monitoring, and provision of maternity benefits, we have assumed that the health and nutrition system and other relevant departments will provide the services; in addition the general public will monitor the implementation of the laws.



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How did we estimate the expenditure?

We based our calculations on the following:

- unit costs where available and which are globally accepted (eg., US\$ 7.50 per child for breastfeeding promotion with one-to-one counselling^[1], US\$ 5.00 for mass media campaigns^[2]);
- where no globally accepted estimates were available, unit costs per activity or per child based on actual program costs in countries from which we had information, and extrapolated them to other countries (eg., unit costs per for conducting refresher courses in human lactation, conducting training workshops on code monitoring, etc.)
- a flat rate of US \$ 2 as financial assistance under maternity protection to women below the poverty line.

^[1] Mason, J. B., J. Hunt, D. Parker, and U. Jonsson. 1999. "Investing in Child Nutrition in Asia." *Asian Development Review* 17 (1, 2): 1–32.

^[2] Horton S. (1992) Unit Costs, Cost-Effectiveness, and Financing of Nutrition Interventions. Population and Human Resources Dept. World Bank. WPS 952



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Unit costs for developing policies, legislation and coordination

Some examples:

- Afghanistan – One time expenditure of US\$ 155,000 including hiring of national and international consultants, organizing workshops, printing and dissemination
- Fiji – US\$ 5,000 for technical support for developing IYCF policy
- Vietnam – US\$ 28,800 (approx) - Annual expenditure for reviewing policy and carrying out impact assessment
- China – US\$ 55,397 for developing national legislation based on the International Code

We have used the budgetary estimates from Afghanistan as the one-time cost for developing policies and legislation.

We have also included a separate one-time cost for updating policies in 2013, as well as indicative financial resources needed for operationalizing activities of a National Breastfeeding/Infant and Young Child Feeding Committee, and monitoring of policies and programmes in the context of the Global Strategy, twice every five years.



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Unit cost for training in skilled counseling

Some examples

- Australia – US\$ 1,830,420 (spread over 4 years) for training and promotion
- Egypt – US\$ 82,313,120 (spread over 5 years)
- Mongolia – US\$ 5000 for training 30 counselors

cost o

We have used Mason's estimate of US \$ 7.50 per child ,[\[1\]](#) as a one-time expenditure for training in IYCF promotion as calculated by which has also been used by Horton et al in *Scaling Up Nutrition – What will it cost?* This includes home visits, as well as training staff in public sector hospitals and health clinics.

We have further included a unit cost of US\$ 0.20 per live birth, based on actual expenses incurred by the BCFHI Project in Lalitpur, India, for subsequent years as the cost of conducting refresher courses.

We have not taken into account the expenses involved in setting up other mechanisms of counseling such as toll-free help lines, lactation management clinics in the community, and so on. We are assuming that the entire cadre will be trained fully in the first year, and that only refresher courses will be held in the next 4 years.

[\[1\]](#) Mason, J. B., J. Hunt, D. Parker, and U. Jonsson. 1999. "Investing in Child Nutrition in Asia." *Asian Development Review* 17 (1, 2): 1–32.



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Unit costs for mass media promotion of optimal IYCF practices

- Vietnam – US\$ 71,910 (approx) – annual expenditure
- Afghanistan – US\$ 1,634,000 – annual expenditure, including costs of celebrating World Breastfeeding Week

We have used the figure of US\$ 5.00 per child as recommended by Horton in 1992^[1], without taking inflation into account, for conducting mass media nutrition education campaigns and the promotion of breastfeeding, as well as campaigns to raise public awareness about the International Code and Maternity legislation.

^[1] Horton S. (1992) Unit Costs, Cost-Effectiveness, and Financing of Nutrition Interventions. Population and Human Resources Dept. World Bank. WPS 9



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Unit costs for Code Implementation

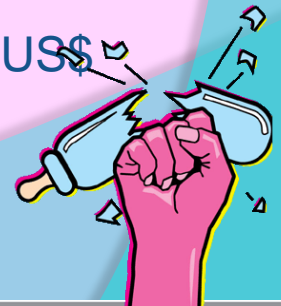
- Philippines - An online system for reporting Code violations has been created at US\$ 25,000 for leveraging the community's support for implementation of the Code. The cost of maintaining it in the coming years is currently estimated to cost about US\$500-700 per year.^[1]

We could not find any financial estimates for training in Code Monitoring or for implementing the Code.

We have based the cost of training through 10 two-day workshops of 60 government officials each, at US\$ 23,160 – the cost in India. These workshops will be spread over five years,

Our costs for monitoring are also based on projections in India – US\$ 1,188,000 for a district, or just US \$ 0.05 per birth.

^[1] See DOH / FDA website: <http://www.milkcodephilippines.org/>.



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Financial assistance to women below the poverty line as maternity protection

While several countries are providing maternity protection to working women, we found only two instances where all women – working or not – were being offered some kind of financial assistance to support them in exclusive breastfeeding.

- Mongolia – US\$ 360 per birth for each pregnant woman, covering the period from 20 weeks of pregnancy to six months after birth.
- India – US\$ 80 per birth – applicable to all women but with conditions attached.

Given the increasing feminization of labour particularly in developing countries and especially in the informal sector, where no labour laws or maternity protection laws apply, we have taken a flat rate of US\$ 2.00 per day or US\$ 360 for 180 days as a minimum financial assistance to be provided to women below the poverty line, to support them in exclusive breastfeeding.



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What are the budgetary implications?

Regions	Policies and Planning	Counseling	Mass Media Campaigns	Implementing International Code	ME	Total Excluding MP	Total Including MP	Average expenditure annual Excd. MP	Incl. MP
Afro D 6.19	114.56	371.96	9.74	11650..31	502.43	12152.75	110.49	2430.55	
Afro E 4.76	123.60	401.30	8.64	12511.75	538.30	13050.05	107.66	2610.01	
Amro A	0.71	36.93	119.90	1.90	0	159.43	159.43	31.886	31.886
Amro B	6.19	67.04	217.66	8.20	808.63	299.08	1107.71	59.816	221.542
Amro D	1.43	15.61	50.68	1.90	603.74	69.62	673.36	13.924	134.672
Emro B	2.86	23.90	77.58	3.55	72.03	107.88	179.92	21.576	35.984
Emro D	2.14	85.54	277.74	4.86	2452.18	370.28	2882.46	74.056	576.492
Euro A 6.43	36.22	117.59	7.43	0	167.66	167.66	33.532	33.532	
Euro B 3.81	26.96	87.52	4.58	729.91	122.87	852.77	24.574	170.554	
Euro C 2.14	18.49	60	2.68	2332.29	83.30	2416	16.66	483.2	
Searo B	0.71	43.03	139.71	2.09	1708.83	185.55	1894.38	37.11	378.876
Searo D	32.37	247.69	804.20	9.89	24023.34	1094.16	25117.50	218.832	5023.5
Wpro A	1.19	11.53	37.43	1.53	0	51.68	51.68	10.336	10.336
Wpro B	5.24	170.47	55.49	10.63	6468.21	739.83	7208.03	147.966	1441.506
Total	76.17	1021.57	2818.76	77.62	51710.91	4492.07	67913.7	908.42	



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Or as expenditure for each intervention

- Developing policies, legislation and planning: **US\$ 76.17 million**
- Provision of skilled counseling in IYCF practices: **US\$ 1,021.57 million**
- Mass media campaigns: **US\$ 2818.76 million**
- Implementing the International Code: **US\$ 77.62 million**
- Providing financial assistance to women below the poverty line as maternity benefit: **US\$ 51,710.91 million**
- **Total estimate for protecting, promoting and supporting breastfeeding (including provision of financial assistance to women below poverty line): US\$ 67,913.70 million**
- **Total estimate of protecting, promoting and supporting breastfeeding (excluding provision of financial assistance to women below poverty line): US\$ 4,492.07 million**



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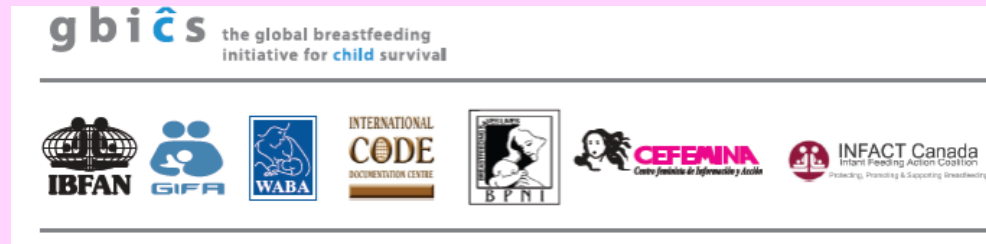
We recommend

- ⦿ Build implementation of the Global Strategy for Infant and Young Child Feeding as a key priority in the future agenda of child health and survival.
- ⦿ Create budget lines for implementing the Global strategy commensurate with the need.
- ⦿ Dedicate specific budgets and create budget lines to address breastfeeding and IYCF interventions under child health or nutrition programming.



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The global Breastfeeding Initiative for Child Survival – gBICS



Bringing all 10 partners under one umbrella, integrating and harmonizing the action of ***International Baby Food Action Network (IBFAN)*** 33 years network, its 273 groups with their governments in 168 countries and the ***World Alliance for Breastfeeding Action (WABA)*** proved social mobilization skills.

Set to act with the success of past 4 years in hand to understand gaps and support action in policy framework of the “***WHO/UNICEF’s Global Strategy for Infant and Young Child Feeding***” and the “***UN Secretary General’s Global Strategy for Women’s and Children’s Health***”



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Overall Goal

To contribute to infant and young child survival, health and development and maternal health through the improvement of infant and young child feeding policies, programmes and practices.

Programme Goal

To position the global Breastfeeding Initiative for Child Survival (gBICS) as an essential component of the Global Campaign for the Health Millennium Development Goals and post 2015 develop agendas

Impact

- Scaling up of breastfeeding and IYCF interventions to reduce child mortality and undernutrition and to improve child growth and development as well as maternal health, through the protection, promotion and support of optimal feeding practices (early initiation and exclusive breastfeeding for six months followed by safe and adequate complementary feeding with continued breastfeeding for 2 years or beyond).

Indicators of achievement: improved attention to IYCF policies and programmes at national level; improved rates of initiation, duration and continuation of breastfeeding ...



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Results delivered based on the networks diverse expertise

- ◉ *Monitoring and documentation*
- ◉ *Advocacy*
- ◉ *Capacity building and training*
- ◉ *Technical support and Legal advisory*
- ◉ *Information dissemination*
- ◉ *Research*
- ◉ *Networking*
- ◉ *Alliance building*
- ◉ *Awareness raising*
- ◉ *Social mobilization*



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Scaling up Breastfeeding and infant and young child feeding interventions worldwide – gBICS in Action: Transforming Policies to Practice (2013-2022)

thus also making a contribution to efforts aimed at addressing climate change and gender inequality in the framework of defending human rights.



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Turning its mission into action

- supporting governments and the dyad mother-baby through its specialized program action areas:
- building, comprehensive IYCF national policies and Programmes monitoring and evaluating their implementation using the WBTi to accelerate national processes-
- Strengthening Legislation on International Code of Marketing of Breastmilk Substitutes (Code), Codex and Maternity Rights,
- Improving Corporate Accountability and Safeguarding of Public Interest - Democratisation of Global Public Health and Nutrition,
- Creating Supportive Environments for Mothers, Children and Women's Health,
- Encouraging Optimal Infant and Young Child Feeding Practices in Difficult Circumstances including emergencies and HIV contexts...



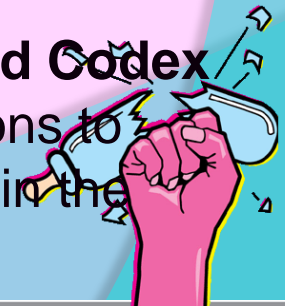
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gBICS has a Comprehensible Strategy for the next 10 years with a global budget of 3 million dollars/year to achieve stated outcomes and results, with clear deliverables that include:

- **Developing national teams and capacities** to double in the next 3 years the actual achievement of 82 WBT*i* countries involved in WBT*i* processes and 51 that have completed the national assessments; doubling in numbers the actual involvement of the 475 partners;
- Committed to achieve that 50% of countries will develop national plans of action based on WBT*i* assessments.



- **Production of Global Reports** on WBTi results and impact; Code compliance and monitoring results, public exposition of Code violations with periodical “look What They are Doing”, state of the Code by countries and by companies; Research on Marketing trends; Status of Maternity Protection in the world; BFHI situation; Conflict of interests and policy development; infant feeding in difficult circumstances including emergencies and HIV contexts.
- Strengthening of the **World Breastfeeding Week** celebrated today involving today in 175 countries with mobilization tools adapted to 26 languages and different cultures.
- Advocating for **annual WHA resolutions, UN policies and Codex Alimentarius Committees agreements** that support nations to restrict marketing of baby foods and commercial influence in the development agendas and decision making processes.



- Developing **Annual trainings** in Code drafting and Code and monitoring in at least 2 regions;
- Periodical updates and increase in at least a third in the next 2 years of the actual number of 2,000 people trained worldwide in IYCF, 700 middle level trainers and 8,500 frontline workers; 7,000 community leaders and peer counselors.
- Development of **World Breastfeeding Conference** every 5 years to reflect on difficulties, achievements, and lessons learned and strategies for the future, supporting national accountability mechanisms.





Thank you



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