



## EXECUTIVE SUMMARY

# BREASTFEEDING ON THE WORLDWIDE AGENDA

Findings from a landscape analysis on political commitment  
for programmes to protect, promote and support breastfeeding

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## CONTEXT

**Undernutrition accounts for 45% of all deaths of children under five, according to the 2013 *Lancet* series on Maternal and Child Nutrition<sup>1</sup>. An increase in breastfeeding rates could prevent 800,000 of those deaths annually. Yet there has been negligible progress to raise the global rate of exclusive breastfeeding since 1990.**

Breastfeeding is one of the best values among investments in child survival, nutrition and development, and evidence of its wide-ranging benefits is compelling. From the first hour of the baby's life through age two years, breastfeeding protects against deadly infectious diseases and malnutrition, including stunting (low height for age). Stunting traps people into a lifelong cycle of poor nutrition, illness, impaired learning and earning abilities. It affects 165 million children under five years old—one out of every four<sup>2</sup>. Increasingly, stunting goes hand in hand with obesity, creating a “double burden” with enormous costs to developing nations. Breastfeeding can also make an important contribution to prevent this growing crisis.

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 global breastfeeding policy community do to augment attention and commitment to this priority?

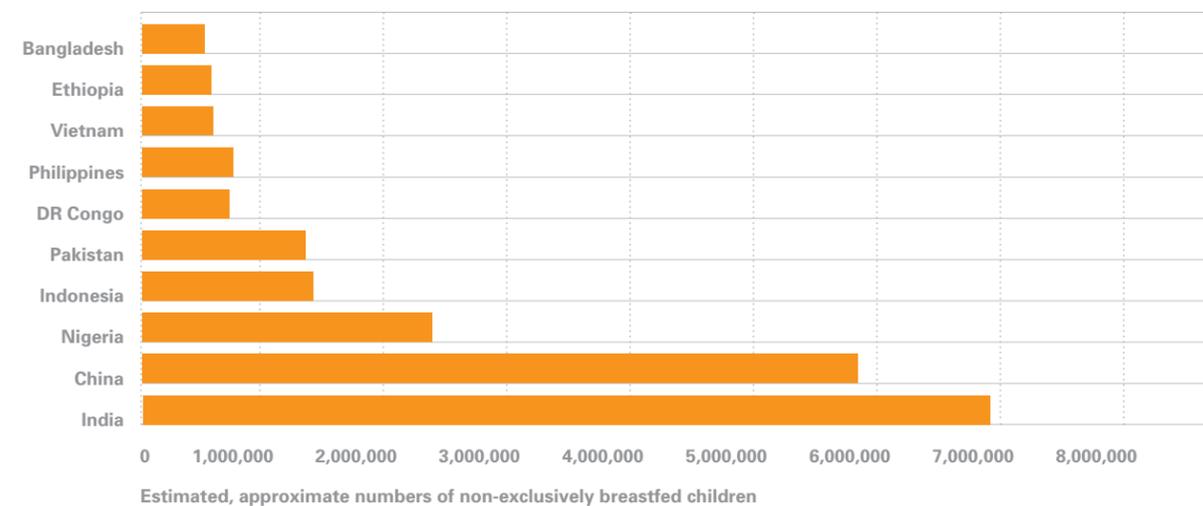
Seeking answers to these questions, UNICEF's Nutrition Section conducted a landscape analysis in 2012 to assess political

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 for Growth Summit<sup>3</sup>.

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.

**FIGURE 1** Ten large countries have around two-thirds (over 21 million) of the 34 million non-exclusively breastfed children in all developing countries



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

## KEY FINDINGS

### Actors & Issues

- Advocates for breastfeeding lack a common agenda with a shared vision of change, constraining their ability to influence policy makers and raise resources.
- Breastfeeding features more strongly in policy and strategy frameworks than in actual programmes—an overall environment that is “policy-rich” and “implementation-poor”.
- Compelling evidence for breastfeeding has not been effectively framed in a strong and contemporary investment case. It needs to be recast for a 21st century world.
- Respondents were united in calling for stronger leadership to advance political priority for breastfeeding programmes.
- The global policy community is polarized, in particular, over engagement with the private sector.
- The need to protect breastfeeding is becoming more urgent as the influence and sales ambitions of breastmilk substitute<sup>i</sup> (BMS) companies grow in emerging economies.

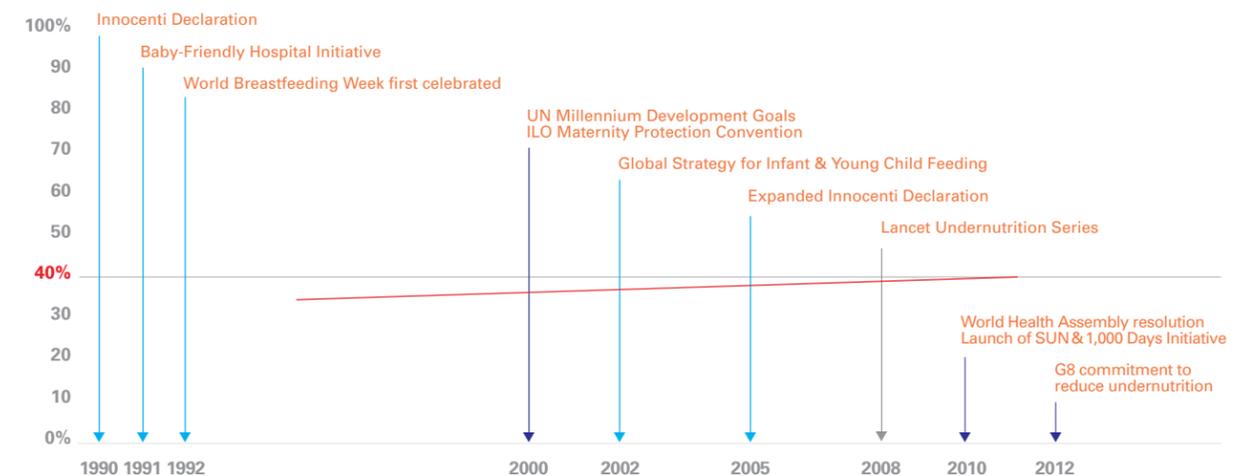
### Framing & Political Context

- The rise of nutrition on the global development agenda is an encouraging trend, and stakeholders are heartened the “1,000 days window of opportunity”<sup>4</sup> advocacy message is resonating with political leaders.

- While the nutrition community has made huge progress to align behind a package of cost-effective interventions, it must now reach a technical and policy consensus on scaling up breastfeeding programmes as the foundation of a shared advocacy agenda. Further clarity is needed on the package of interventions, cost to health systems, returns on investment and the price tag for inaction.
- Policy documents for Infant and Young Child Feeding (IYCF) focus predominantly on breastfeeding “promotion” as a behavioural intervention. This reflects an underinvestment in health systems required to deliver professional breastfeeding support and counseling, as well as routine monitoring.
- Exclusive breastfeeding in the first six months is the breastfeeding practice most commonly reflected across partnerships, agencies and country frameworks. This neglects the important role of continued breastfeeding till two years.
- Respondents recommended a vertical advocacy drive for breastfeeding, integrated within existing partnerships, notably the Scaling Up Nutrition (SUN) movement and A Promise Renewed (APR) initiative.
- Stakeholders are hopeful a policy window now exists to recast the narrative for IYCF. They called for a social movement that taps into families' aspirations, uses the potential of new communication technologies and makes common cause with other advocacy constituencies.

**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



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

<sup>i</sup> “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



Women must often overcome many barriers to breastfeed their infants optimally.

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Roger LeMoynes

## 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<sup>5</sup>.**

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.*

Jeremy Shiffman, 'Generation of political priority for global health initiatives: a framework and case study of maternal mortality', *Lancet*, October 13, 2007

## ACTORS

**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.

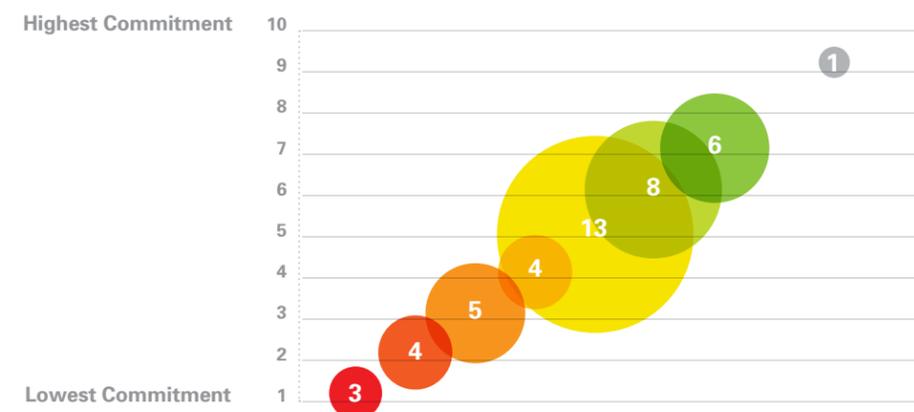
The debate has gained urgency as UN agencies, the World Bank and other global actors increasingly engage in public-private partnerships perceived by some as crucial to achieving development goals. Some stakeholders said it was essential to collaborate with food companies to reduce stunting. On the other 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.

**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



The coloured circles represent stakeholders' ranking of political commitment for breastfeeding on a scale of 1 (lowest commitment) to 10 (highest commitment). Forty-four respondents provided ratings.



## 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?

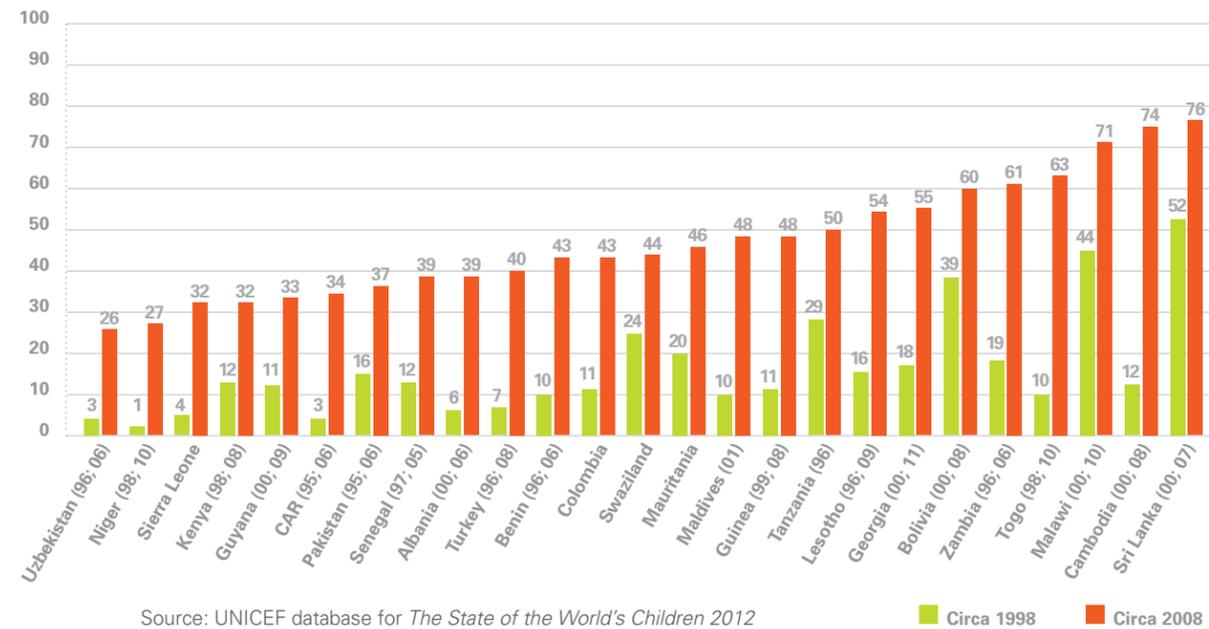
Breastfeeding stakeholders must reach a common understanding on private sector engagement in order to position their issue in a manner that resonates with decision makers.

*“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**



Source: UNICEF database for *The State of the World's Children 2012*

### 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 5.

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

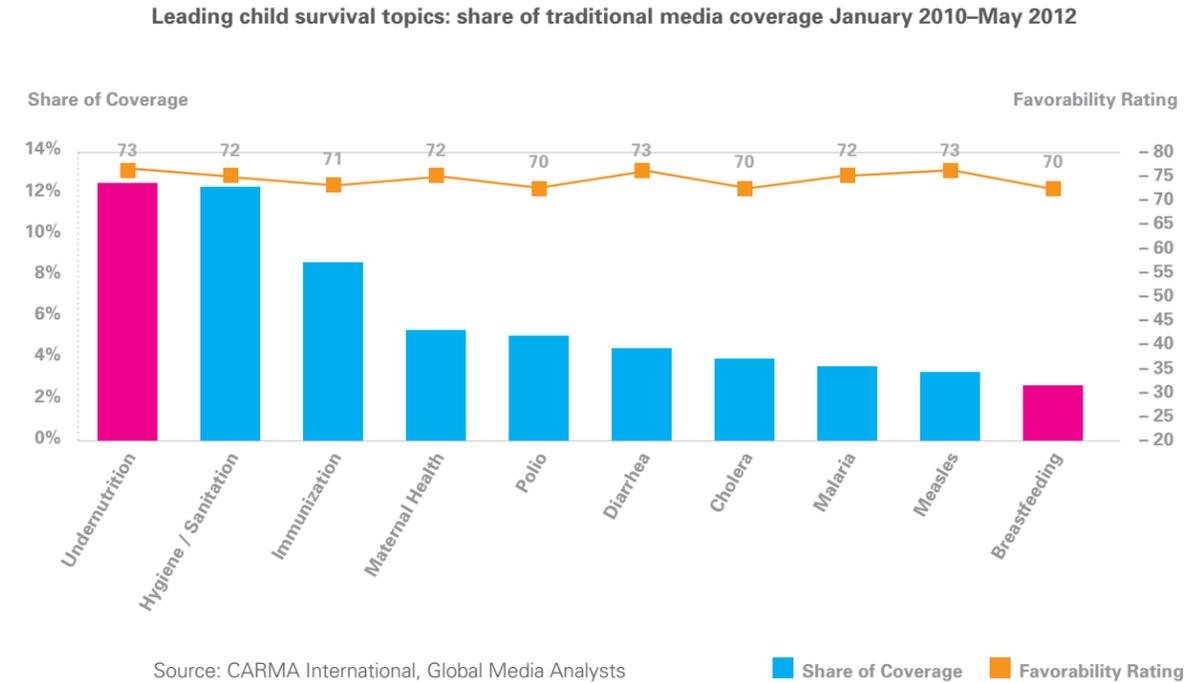
### Tracking—how good is our measurement

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**



Source: CARMA International, Global Media Analysts

## 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 globalizing markets, 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 influentials.

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.”*

## POLITICAL CONTEXT

Moments in time when conditions align favorably for an issue.

**The current level of political priority to reduce maternal and child undernutrition is unprecedented at the global level.**

Issues long neglected can return to center stage with the right combination of leadership, timing, resources and civil society mobilization. Stakeholders acknowledged the current window of political attention for nutrition must not be missed.

They suggested the SUN platform be used to re-position breastfeeding as the “cornerstone” for improving child nutrition during the 1,000 days and the “central intervention that anchors everything else”. This opportunity must be capitalized on with urgency at the global level, to spur country action:

*“Country agendas are heavily influenced by global action, or lack of it. If there is global attention, there is a push for accountability. This hasn’t been the case for breastfeeding in recent years.”*

Country nutrition data can provide a powerful advocacy opportunity. Stunting reduction is an indicator and frame that resonates with Ministers of Finance, since it communicates the loss of individual and national potential. Leaders of high burden countries such as India are now signaling a new resolve to address the problem with a high-level, inter-sectoral response.

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 Women, Every Child*<sup>7</sup>, *A Promise Renewed*<sup>8</sup>, *Saving Newborn Lives*<sup>9</sup>, the *Partnership for Maternal, Newborn and Child Health*<sup>10</sup> and the *Countdown to 2015 tracking initiative*<sup>11</sup>.

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, monitoring the private sector and so forth—will come into line.”*

**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**



Source: Screen grab, INDIATODAY.in

## 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 programme, 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.

**FIGURE 8 These are some of the words stakeholders used to describe the focus and tone for future breastfeeding advocacy initiatives**



## ACKNOWLEDGEMENTS

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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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Appreciation goes to all the stakeholders who were generous with their time and insights.

Cover Photo © UNICEF Indonesia Communication Unit

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