## **Report of the**

# Policy Dialogue on Scaling Up Breastfeeding and IYCF Rates –What Will it Cost?"

## 7-8 October 2013, India International Centre, New Delhi India

BPNI/IBFAN Asia organised the **Policy Dialogue on Scaling Up Breastfeeding and Infant and Young Child Feeding Rates –What Will it Cost?''** at New Delhi on 7<sup>th</sup> and 8<sup>th</sup> October 2013. Participants included Dr. Chessa Lutter – PAHO/WHO, Urban Jonsson (Tanzania), Julie P Smith (Australia), Judith Galtry (New Zealand), Muztafizur Rahman (Bangladesh government), Vicenta Borja (Philippines government), Homayoun Ludin (Afghanistan government), Vandana Prasad (National Commission for Protection of Child Rights, India), UNICEF India, Save the Children (India), Mobile Creches (India). Purnima Menon represented International Food Policy Research Institute and Jay Sharma represented World Alliance for Breastfeeding Action. Veena Sethi and Seema Puri of Delhi University represented academia. IBFANers attending the Policy Dialogue included Ray Maseko, Thulani Maphosa, Ines Fernandes, Ghada Sayed, S.K. Roy, Prakash Shreshta, Marcus Arana, Patti Rundall, Maryse Arendt, Rebecca Norton, Elizabeth Sterken and representatives of IBFAN Asia.

IBFAN Asia shared the results of their exercise to estimate indicative global costs for the protection, promotion and support of breastfeeding as part of the World Breastfeeding Costing Initiative (WBC*i*). The WBC*i* comprises of an advocacy document for investing in comprehensively implementing the *Global Strategy* and an excel-based web tool for assisting in preparing and budgeting work plans for this. This tool ideally should be used together with the World Breastfeeding Trends Initiative (WBT*i*) tool for assessing gaps in the implementation of the *Global Strategy*.

The Policy Dialogue was made possible through funding from South Asia Food and Nutrition Security Initiative (a trust fund created by DFID and AusAID, and managed by the World Bank).

The paper will be finalised by IBFAN Asia as *The Need to Invest in Babies* and will incorporate all the suggestions and comments made by the participants at the Policy Dialogue held on7th and 8<sup>th</sup> October.

## Background

The WHO-UNICEF *Global Strategy for Infant and Young Child Feeding* calls for environments to enable women to practise optimal infant and young child feeding practices. In spite of having knowledge of the myriad benefits of optimal breastfeeding practices, the rates are low in both developing and developed countries.

Improving breastfeeding rates is a multi-sectoral challenge that involves group and one-to-one counselling for women, strict enforcement of the International Code of Marketing of Breastmilk Substitutes, the creation of breastfeeding friendly workplaces and communities and mass media promotion. These actions have to be taken concurrently to be effective. However, few countries have any budget for this, let alone for implementing all the needed interventions; as the IBFAN Asia Report *Are Our Babies Falling through the GAPs*, of the 51 countries that did the WBT*i* assessment in the

period 2008-2012, only 14 had a limited budget for implementing selected areas of the *Global Strategy*. Nutrition aid also does not take these interventions into account. While the World Bank's estimate of US\$ 2.9 billion for promotion of good practices (breastfeeding, complementary feeding, hand washing and sanitation) has been globally accepted as the budgetary norm for breastfeeding, it is grossly inadequate. The 2013 UNICEF report *Breastfeeding on the Worldwide Agenda – findings from a landscape analysis on political commitment for programmes to protect, promote and support breastfeeding –* details that interventions ignored by the World Bank figure, and concludes, "The costing therefore does not reflect the full set of interventions needed to improve breastfeeding."

IBFAN Asia took up the exercise of trying to estimate the investment needed for multi-sectoral action to enhance breastfeeding rates. The results were shared at a Special Session on 8th December 2012 at the World Breastfeeding Conference with country representatives, partner and donor agencies as well as UN organisations, where it was decided to refine the indicative costing and create a tool that would help countries and donors prioritise interventions and work out more accurate budgets.

## Presentations and discussions

A main theme of the presentations was related to the advocacy component of the WBCi – the advocacy document *The Need to Invest in Babies*. Experts gave their views on the need for investment in a comprehensive set of interventions for universalising protection, promotion and support of breastfeeding, as outlined in the *Global Strategy*.

#### Why invest

Dr. Chessa Lutter of PAHO/WHO highlighted the need to both identify the financing needs of the interventions as well as track where nutrition aid money is going. There is a big imbalance among the various nutrition interventions being funded, which needs to be communicated to key ministries in all governments. Ambitious but realistic targets should be set, and tools like the WBT*i* used to measure implementation. Relevant stakeholders including the UN agencies should be held accountable. In addition, she added that the WHO needs to do much more on the International Code.

Dr. Arun Gupta of IBFAN Asia explained how regular use of the WBT*i* tool by countries had highlighted the lack of any information on how to budget interventions. This prompted IBFAN Asia to develop an indicative global budget to universalise interventions that result in enhancing breastfeeding rates.

Explaining the need to invest in breastfeeding, Dr. Julie Smith stressed on the immense contribution of women in breastfeeding – both breastfeeding mothers and volunteers, which is not taken into any national accounting system. Because breastmilk is not viewed as a "good" produced by women and consumed by babies, such accounting also ignores the value of breastmilk production, and the skewed results are reflected in the lack of policies and budgets for protecting, promoting and supporting breastfeeding. In today's economic scenario, the truth is that if breastfeeding rates go up and expenditure on health and formula reduce, and GDP goes down. And GDP is taken as a measure of a country's development. "We are mammals – we will breastfeed, unless society gets in the way", she said, explaining why commercial promotion of infant formula needs to be countered aggressively.

#### How much to invest in what

Radha Holla shared the results of IBFAN Asia's costing exercise. The world needs to invest U\$15.5 billion every year to protect promote and support optimal breastfeeding. This is the minimum expenditure involved in implementing policies, rejuvenating the Baby Friendly Hospital Initiative, maintaining a cadre of health workers and volunteers for one-to-one skilled counselling, mass media promotion, implementation of the International Code and providing a flat sum of US\$2 per day for 180 days to breastfeeding women who live below the poverty line. A further sum of US\$ 2.05 billion would need to be invested one-time to develop policies and legislation, provide basic training in skill counselling for health workers and community workers, and training in Code monitoring.

## Discussions

Discussions centred on breastfeeding as Human Rights issue, and placing the State as a primary duty bearer in its promotion, protection and support. There is need to contextualise the situation, and thus it is important that any costing tool be used along with measurement of the implementation of the *Global Strategy*. Women's contribution to breastfeeding must also be reflected in the indicative costs. Maternity protection should be costed for at least nine months. It is also essential to work out the finances required for universalising child-care facilities, as well as provision of drinking water and sanitation facilities.

## The Planning and Budgeting tool of the World Breastfeeding Costing Initiative (WBCi)

Alessandro Illeamo showed a video presentation on the planning and budgeting tool component of WBC*i*, which was made pro bono for IBFAN Asia by MVE System, Philippines. The video explained the processes involved in using the excel-based tool to budget protection, promotion and support activities. The areas of action covered by the tool are based on the *Global Strategy* and the tool is best used in conjunction with the WBT*i*, which identifies the gaps in implementation, and makes action-oriented recommendations for bridging them.

Vicenta Borja from the Philippines Ministry of Health attempted to use the tool, and shared her experience. First she presented parts of IYCF action plan 2013-16 with key intervention settings and services, framework of 5 strategies, action points with intervention focus and goals. Then, she explained how she had used the tool to develop an action plan and budget for a two-year period, with special focus on BFHI, lactation training, training in milk banking and milk storage, and training for assessors.

Homayoun Ludin from the Afghanistan Ministry explained how he was first unable to use the tool. However, after some experimentation, he and his team succeeded in not merely making an accurate budget for the implementation of selected interventions, but by also involving donor agencies and UN bodies in the exercise, they succeeded getting these bodies to commit funds for some of the interventions.

Shoba Suri of India stressed the use of the tool as a planning tool. She showed how BPNI's attempt to use the tool for three indicators – maternity protection, health and nutrition services and community outreach – forced them to actually work out a detailed action plan that could be budgeted.

## Discussions

Discussions on the tool highlighted its potential use for multiple purposes, especially macro and micro planning and working out actual budgets, whether at the national, or at the sub-national level, and prioritising action. The tool can also be used by civil society and other organisations to build proposals and projects.

The tool needs to be made more user-friendly; there needs to be instructions embedded in the tool itself, along with a detailed user manual. More flexibility needs to be built into it, including space for material and staff, allowing users to better estimate the costs of the intervention; there should also have additional space for estimating the costs of other interventions that may not be covered by the tool. The tool should be accompanied instructions on how to calculate the unit cost for any intervention, and by examples of unit costs in some countries. Countries should have the opportunity to have their models in spreadsheets, which then can be incorporated into the mainsheet. In the context of maternity protection, which invariably costs the most, there is need to reflect the voluntary contribution of women, to give a rationale for the multiplying effects of financial investment by governments and donor agencies. A special day's training is required for using the tool effectively.

## The way forward

The participants divided themselves into four groups to discuss how to take the WBC*i* planning and budgeting tool and the advocacy for more financial investment in breastfeeding forward. The following actions emerged from the discussions:

- The tool can be used by
  - o Government, including planning departments and different ministries
  - o NGOs
  - Programme managers
  - UN agencies
  - Development partners
  - Civil society organisations
  - IYCF committees
- The tool can be used to
  - facilitate discussions by stakeholders and build consensus to get IYCF issues included in national/sub-national level budgets
  - o negotiate budgets with donors
  - o fine tune, revise and adapt the Plan of Action
  - o Help to ensure sustainability of funding
- The tool needs to be used along with the WBTi tool. It can also be linked to tools like ProPAN
- Governments can use the tool to

- Define the activities to be prioritised for MDGs
- Help to propose actions to donor and UN agencies
- Help to report to donor and UN agencies
- For dissemination and awareness of good feeding practices at country level and the costs of implementing protection, promotion and support of optimal breastfeeding practices
- WHO and other UN agencies can
  - o Facilitate open access to country-specific unit cost data for any/all interventions
  - Publish results
  - Host regional workshops to build capacity and share experiences
  - SCN can promote the tool reframe the approach regarding the SUN
  - Link it to the web portal of GINA
  - UNICEF can accept it with project proposals
- IBFAN can
  - Hold meetings with governments to explain it to them
  - Hold training workshops, preferably in conjunction with WBT*i* training workshops
- WABA can
  - o encourage their core partners to start using the tool
  - promote the tool in BAP courses
- IBFAN Asia will
  - Finalise the paper as *The Need to Invest in Babies*.
  - Introduce the tool at the One Asia Breastfeeding Partners Forum in Lao PDR
  - Have a multi-country launch of the tool, on the World Human Rights Day, 10
    December 2013, including having the advocacy document translated into French and Spanish, preparing brochures and generic presentations
  - Presentation during Executive Board meeting of WHO and the World Health on Assembly
  - Publish articles about WBC*i* in journals
  - o Disseminate widely, including through web and social media

Participants at the Policy Dialogue on Scaling Up Breastfeeding and Infant and Young Child Feeding What Will It Cost, held at New Delhi, 7-8 October 2013

| S.No. | Name                    | Designation & Organization  |
|-------|-------------------------|---|
| 1.    | Dr. Mustafizur Rahman   | Program Manager<br>Institute of Public Health and Nutrition<br>Government of Bangladesh   |
| 2.    | Dr. Rajni Bagga         | Head Dept. of Management Sciences<br>National Institute of Health and family Welfare<br>Munirka, New.Delhi  |
| 3.    | Dr. Homayoun Ludin      | National Nutrition (IYCF) Consultant<br>MOPH Government of Afghanistan  |
| 4.    | Vicenta Borja           | Family Health Office<br>Women, Children and Family Health Cluster,<br>Department of Health<br>San Lazaro Compound, Sta Cruz Manila<br>Government of Philippines |
| 5.    | Dr. Vandana Prasad      | Member<br>National Commission for Protection of Child Rights<br>(NCPCR)   |
| 6.    | Ms. Ashi Kohli Kathuria | Senior Nutrition Specialist<br>World Bank, South Asia New Delhi.  |
| 7.    | Chessa Lutter           | PAHO's Regional Advisor for Food & Nutrition<br>Washington DC   |
| 8.    | Urban Jonsson           | Executive Director of The Owls,<br>Former RD. UNICEF<br>Dar es Salaam, Tanzania   |
| 9.    | Judith Galtry           | Economist, Researcher and Policy Consultant, Callister & Associates, Wellington, New Zealand  |
| 10.   | Alessandro Iellamo      | Consultant<br>Makati, Manila, Philippines   |

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| 15. | Jay Sharma         | Deputy Executive Director<br>WABA   |
| 16. | Christine Mcdanald | Economist, Consultant<br>International Food Policy Research Institute (IFPRI)   |
| 17. | Purnima Menon      | Senior Research Fellow<br>International Food Policy Research Institute (IFPRI)  |
| 18. | Patti Rundall      | Policy Director<br>Baby Milk Action, IBFAN UK   |
| 19. | Ines Fernandez     | Executive Director<br>ARUGAAN, Philippines IBFAN Rep. SEA Region  |
| 20. | Elisabeth Sterken  | Ex-Director-Infact Canada<br>IBFAN North America  |
| 21. | Marcos Arana       | Co-Regional Coordinator<br>IBFAN –Latin America Policy Council  |
| 22. | Ray Maseko         | Administrator<br>IBFAN Africa, Swaziland  |

| 23. | Thulani Maphosa   | Chief Programmes Manager<br>IBFAN Africa   |
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| 24. | Rebecca Norton    | Technical Program Officer<br>IBFAN- <i>GIFA,</i> Geneva  |
| 25. | Maryse Arendt     | Laktationsberaterin IBCLC, Geburtsvorbereiterin GfG bei<br>Initiativ Liewensufank, IBFAN Luxemberg |
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| 31. | Devika Singh      | Mobile Creches Delhi   |
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