

Breastfeeding Seminar

*Protecting, Promoting, and Supporting
Breastfeeding in the Field*

May 9-11, 2017
Washington, DC

DAY I: Tuesday, May 9th, 2017

NOTES FROM PANEL DISCUSSION: Reflections on Breastfeeding-focused USAID Projects

Mary Ann Anderson: Reflections on USAID assistance for protecting, promoting and supporting breastfeeding

- History starting in the 1980's – 1990's
- May 1981: International Code of Marketing of Breast Milk Substitutes was adopted at the World Health Assembly with USA the only country voting against
- 1982: Child Survival revolution initiated by UNICEF; USAID adopted also with increased funding from the US Congress.
 - Heavy focus at that time on the Twin Engines: ORS and Immunization
- 1986: USAID (Marty Forman) and SIDA (Ted Greiner) with WHO and UNICEF formed an ad hoc interagency group to promote the “neglected” topic of optimal breastfeeding (eventually contributing towards the Innocenti Declaration)
- 1990: WHO/UNICEF hosted a policymakers’ meeting on breastfeeding with support from USAID and SIDA at the Innocenti Research Center in Florence, Italy; 31 countries contributed to the Innocenti Declaration, endorsed in 1992 at the World Health Assembly and by UNICEF’s Executive Board.
 - At that time, Mary Ann worked in USAID/Washington’s Health Office managing USAID’s first Safe Motherhood project, known as MotherCare. Her boss, Anne Tinker, noticed her nutrition skills and suggested she help bring greater focus on breastfeeding in child survival programs.
 - Mary Ann represented USAID on the ad hoc Interagency Action Group that planned the Innocenti meeting
- In 1990 the US Congress asked USAID: Why is only less than 1 % of Child Survival Programming focused on breastfeeding?
 - They requested a report from USAID and a commitment to expanding focus on breastfeeding
 - Mary Ann worked with Linda Sanei and others to write the report to Congress and to develop a Breastfeeding for Child Survival Strategy (NOTE both of these documents can still be found on the DEC today – great that these documents were scanned in!)
- What was most historic about the Innocenti Declaration:

- It was the first widely accepted, evidence-based statement defining optimal breastfeeding practices and served as a global public health goal
- It featured the concept AND the benefits of exclusive breastfeeding
- The declaration unveiled the Ten Steps to Successful Breastfeeding
- Contributing to the success was the interagency collaboration to plan the Innocenti meeting and the collaboration within USAID of the health, population and nutrition sectors
- 1991: UNICEF launches the Baby Friendly Hospital Initiative based on the Ten Steps to Successful Breastfeeding

Chloe O’Gara: Reflections on Wellstart International’s Lactation Management Education and Expanded Promotion of Breastfeeding Programs

- USAID began its pioneering work on breastfeeding in the late 70s-early 80s.
- USAID Washington Office of Nutrition funded 4 country studies on breastfeeding. The Honduras USAID health officer forwarded a concept paper that Chloe shared with them proposing to study breastfeeding practices using ethnographies and surveys. Tina Sanghvi in Washington noted the methodology was similar to the other 4 studies and funded Honduras as a 5th study site.
- Local expertise in Honduras was strong, led by Judy Canahuati and Dr. Manuel Calderon on the coast, Dr. Argentina Chavez and the diarrheal disease control crowd in the capital. They weighed in on some of the research, and developed the *Proalma Project* to advance breastfeeding in Honduras. It was funded by the USAID mission 1980-1984.
- The need to train medical personnel around the world was increasingly clear. Dr. Audrey Naylor at UCSD launched Lactation Management Education. USAID Washington supported that program through the International Communication Nutrition Service at EDC.
- Over time, Dr. Naylor left UCSD and, with USAID support, launched Wellstart to concentrate on Lactation Management Education and promote cascade training of medical teams in teaching hospitals.
- With the Expanded Promotion of Breastfeeding project, USAID broadened its focus on health institutions to the community level. Chessa Lutter and others in this room were members of that remarkable initial team. Approaches continued to evolve, adapt and diversify as new regions came on board; household, market, and labor patterns changed; and infant feeding practices changed too.
- USAID nutrition and health officers had the knowledge and vision to support breastfeeding. But it is important to note that breastfeeding contributes more to young children’s wellbeing. Cognitive and social-emotional benefits are as significant as nutrition and health benefits.

Mary Ann Anderson: Reflections on Georgetown Institute of Reproductive Health (IRH) for Miriam Labbok

The focus of the IRH for the past three decades has been to test and promote natural family planning methods, including breastfeeding, with funding from USAID's Office of Population and Reproductive Health.

1987-1996: Miriam Labbok worked to promote breastfeeding and the lactational amenorrhea method of family planning at the IRH. In the early years the IRH was the secretariat for the ad hoc Interagency Group for Action on Breastfeeding that planned the 1990 Innocenti meeting.

Focus on Lactational Amenorrhea (LAM)

- LAM became accepted as a highly effective family planning method through research that proved its efficacy.
- IRH defined three conditions/criteria for LAM to be effective: 1) no menses, 2) fully or nearly fully breastfeeding, and 3) infant under 6 months of age.
- In 1988 at a Bellagio meeting on lactational infertility, scientists agreed that LAM was more than 98% effective in preventing pregnancy. Their consensus statement was published in the Lancet.
- IRH coordinated with USAID/Population, Health and Nutrition units to prepare guidelines and training materials on exclusive breastfeeding more broadly. Jim Shelton in USAID's Office of Population was a big ally for breastfeeding. They made clear that breastfeeding needs family planning to lengthen the birth interval and prevent premature cessation of breastfeeding due to pregnancy. Furthermore, family planning needs optimal breastfeeding because of the effect of exclusive breastfeeding and LAM in postponing return of fertility and, thus, lengthening the birth interval.

Nadra Franklin (for Jean Baker): Reflections on LINKAGES Project

- LINKAGES had a funding period from 1996 to 2006 (extension), with Nadra joining in 1999; noted the work of Victoria Quinn who joined LINKAGES just prior to Nadra.
- LINKAGES is recognized for its significant contributions in achieving **comprehensive behavior change at scale in multiple countries and in a cost-effective, measured and monitored way**.
- Implementation occurred at the COMMUNITY level.
- Funded by two USAID Offices in the Bureau for Global Health – the Office of Health, Infectious Diseases and Nutrition, and the Office of Population and Reproductive Health:
 - 1996 to 2001: Focus on exclusive EBF and LAM with additional focus on Complementary Feeding and Maternal Nutrition
 - 2001 to 2006: Additional new focus on HIV/AIDS
- Behavior Change Communication
 - Training of Trainers cascade approach for individual lactation counseling skills
 - Mother to Mother Group counselling training
 - Focus on other “influencers” of mothers’ behavior
- Feedback led them to reduce scientific language of training and also focus in on small doable actions feasible for mothers
- Incorporated mass media in the approach, along with national campaigns and Champions

- Addressing the mother within the social and community context
- LINKAGES had a strong component for monitoring, including performance monitoring of providers and annual evaluations of the community programs (which included control sites).
- Key challenge: Sustainability of community-level breastfeeding programs.

Rae Galloway: Reflections on the Infant and Young Child Nutrition Project

- Breastfeeding indicators started to be collected in national surveys starting in about 1990 thanks to Mary Ann Anderson who was instrumental in getting interagency work to define IYCF indicators and get them incorporated into the standard DHS questionnaire.
- The IYCN Project built on the all the IYCF work of LINKAGES Project, including feeding HIV-exposed children.
- By the time the IYCN Project started in 2006, there was increased interest from USAID Missions and funding from PEPFAR, with leadership from Tim Quick, to scale-up knowledge, along with W.H.O recommendations on PMTCT including feeding HIV-exposed children.
- The Zambia Exclusive Breastfeeding Study (ZEBS) and studies from South Africa were instrumental in showing that, in terms of mortality risk, breast was still best for HIV-exposed babies.
- Because of the interest in the Prevention of Mother To Child Transmission (PMTCT), IYCN worked in 15 countries and PMTCT was the focus in at least 7 countries; in a few countries the work also included Nutrition, Assessment, Counselling and Support (NACS) and nutrition for Orphans and Vulnerable Children (OVCs).
- There were a few challenges with working on PMTCT for all of breastfeeding. Wider support for the Baby Friendly Hospital Initiative, which made gains under the Wellstart and LINKAGES projects, decreased so that integrating PMTCT as part of BFHI was not institutionalized in most countries.
- IYCN also worked in other countries to conduct formative research, increase capacity, and develop SBC tools and materials. In one case, formative research led to funding for a national nutrition program.
- In Malawi, IYCN, in partnership with the World Bank, conducted formative research on IYCF which identified current practices, the reasons for them, and barriers and facilitating factors to optimal practices. Thanks to COR Frances Davidson, USAID core funding was used to provide technical assistance to design and implement the study. Bunda Agricultural College assisted with conducting and analyzing the results of the study.
- Prior to the study in Malawi, there were no studies with in-depth information on breastfeeding practices. The study found that while half of mothers exclusively breastfed, breastfeeding practices were sub-optimal in many mothers. A major reason mothers introduced food to babies before six months was because they felt their breastmilk was “insufficient”. Mothers and health workers alike did not know how to increase breastmilk production to meet the nutritional requirements of growing babies.

- This experience is an example of how USAID funding can be used to leverage commitment to and funding for nutrition and quality of programming. Because of the study and the World Bank's ownership of it, the World Bank set aside over \$50 million in funding for a nutrition project in Malawi. Bunda Agricultural College was hired to develop national nutrition messages for the project and, as a result, the SBC materials were evidence-based. Messages to support practices to make exclusive breastfeeding to six months of age successful were incorporated into the national messages for the project and are being disseminated through Care Groups.

Question and Answer Period

- Comment about some news reports about a backlash against BFHI in some US institutions that could set a bad example internationally.
- A request to “not make mothers feel guilty” and stigmatize them if for whatever reason they do no breastfeed.
- Question to panel as to what factors are critical for sustainability:
 - Community norms need to change
 - There must be political will and institutionalization
 - Need multi-faceted funding streams and flexibility between accounts (in the past USAID and other donors were all contributing). In recent years, for example, there has been little funding for promoting breastfeeding in general beyond the context of HIV.
 - Need a platform with full country ownership (Ministry of Health does not equal country ownership)
- Questions about importance of BFHI in USA and specifically issues related to immigrants
- Gender and labor issues are critical to protecting, promoting and supporting breastfeeding
- LINKAGES noted the importance of secondary sources of information and conducting formative research where gaps identified
- It was noted and appreciated by Mary Ann that there are useful and still relevant documents from the past that have been scanned into the Development Experience Clearinghouse. It was suggested the food security and nutrition community should access and share these. Note that The TOPS Program located a good number by searching for <breastfeeding for child survival>. Attached are links to two documents mentioned during the panel presentation:
 - Breastfeeding for Child Survival Strategy, AID, 1990:
http://pdf.usaid.gov/pdf_docs/pnabg518.pdf
 - The A.I.D. Child Spacing for Child Survival Strategy, 1987:
http://pdf.usaid.gov/pdf_docs/pdabp018.pdf