How to get decision-makers involved? Expected benefits from the BBF economic perspective

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Breastfeeding Is the Best Source of Nutrition for Infants

Breastfeeding reduces health risks and lowers medical costs

Baby
- Ear and respiratory infections
- Gastrointestinal infections
- Sudden infant death syndrome (SIDS)
- Asthma
- Obesity

Mother
- High blood pressure
- Type 2 diabetes
- Breast cancer
- Ovarian cancer

WHO and AAP recommend that babies are fed only breast milk for about 6 months and as complementary foods are introduced, continue breastfeeding to at least age 1 year (AAP) or 2 years (WHO).

- www.who.int/nutrition/publications/infantfeeding/9241562218
The world loses US$1 billion EVERY DAY because of lack of investments in improving BF outcomes

Waters et al, 2019; Lancet BF Series, 2016; Bartick et al., Matern Child Nutr, 2017
Three Areas Where Investments Can Have An Impact

**Baby Friendly Hospital Initiative**

**Breastfeeding Counseling**

**Maternity Protection Policies**
BBF Vision

• Empower countries to:
  • Assess their current readiness for scale-up
    • Unbiased multisectoral stakeholders consensus process
  • Identify key areas for improvement
  • Act upon them using an evidence-informed approach
  • Monitor progress of scaling-up breastfeeding protection, promotion and support programmes
  • Assess the cost of implementation
• Knowledge sharing across countries

http://www.globalnewlightofmyanmar.com/mohs-takes-steps-to-boost-breastfeeding-rate/
BBF leading to high level advocacy action – Ghana

• First Lady become a strong political figure for promoting maternal and child health including breastfeeding
  • Opened World Breastfeeding Week
  • Promoting extension of maternity leave
  • Central figure launching MCH initiatives (i.e. Maternal/Child Health Record book)
• Nutrition champion for Ghana Health Services

Engaging & Empowering Decision Makers

- BBF Stakeholders & Process Mapping
  Net-Map (Schiffer 2007)

Need for systematic and unbiased approaches to identify all key stakeholders who should seat around the table of decisions.
Engaging & Empowering Decision Makers

Development and pretesting of “Becoming Breastfeeding Friendly”: Empowering governments for global scaling up of breastfeeding programmes

Matern Child Nutr. 2018;e12659.

Amber J. Hromi-Fiedler | Gabriela dos Santos Buccini | Muriel Bauermann Gubert | Katie Doucet | Rafael Pérez-Escamilla

MOHS takes steps to boost breastfeeding rate

http://www.globalnewlightofmyanmar.com/mohs-takes-steps-to-boost-breastfeeding-rate/
Translation of policy to practice requires costing studies

Can “Becoming Breastfeeding Friendly” Impact Breastfeeding Protection, Promotion, and Support in Mexico? A Qualitative Study

Cara Safon, MPH¹, Gabriela Buccini, PhD, MPH, IBCLC¹, Isabel Ferré, MPH², Teresita González de Cosio, PhD, MS², and Rafael Pérez-Escamilla, PhD, MS¹

Factors influencing the implementation of the Becoming Breastfeeding Friendly initiative in Ghana

Grace Carroll¹, Afua Atuobi-Yeboah², Amber Hromi-Fiedler³, Richmond Aryeetey², Cara Safon¹, Rafael Pérez-Escamilla¹

Perspective: What Will It Cost to Scale-up Breastfeeding Programs? A Comparison of Current Global Costing Methodologies

Adv Nutr 2018;9:572–580

Grace J. Carroll, Gabriela S. Buccini, and Rafael Pérez-Escamilla
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Costing a Maternity Leave Cash Transfer to Support Breastfeeding Among Informally Employed Mexican Women

Mireya Vilar-Compte, PhD¹, Graciela Teruel, PhD¹, Diana Flores, MSc1, Grace J. Carroll, MPH², Gabriela S. Buccini, PhD², and Rafael Pérez-Escamilla, PhD²
Conclusion: BBF engaging and empowering decision makers

- BBF applies systems thinking, implementation science principles
- Cost of inaction well understood and accepted
- Key to develop user friendly tools for countries to figure out how much it will cost to implement key BF policies and programs
  - Maternity benefits (formal & informal sector)
  - Baby Friendly Hospital Initiative
  - Breastfeeding counseling at community level