LactaHub Symposium on Infant and Young Child Feeding
An Innovative Method for Effective Campaign Planning
Welcome to our LactaHub Symposium!

- Breastfeeding is the single most effective intervention to improve a baby’s health and chance for a better life.

- Breastfeeding rates are still low: millions of women and families don’t have the support they need to provide breastmilk to their children.

- The Family Larsson-Rosenquist Foundation (FLRF) helps to build innovative and efficient pathways to a world where every child has an optimum start in life through the benefits of breastmilk.

- FLRF funded research projects contribute to the international quest of achieving the WHO Global Targets 2025 and the UN Sustainable Development Goals.

WHO global nutrition targets 2025 on breastfeeding

“Exclusive breastfeeding is a cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child’s growth and development.”

(1) https://www.who.int/publications/i/item/WHO-NMH-NHD-14.7
LactaHub offers free, evidence-based breastfeeding knowledge and resources to healthcare practitioners, researchers and decisionmakers worldwide

- Key area of FLRF’s strategy: breastfeeding knowledge platform LactaHub
- Partnership project of The Global Health Network (University of Oxford) and the Family Larsson-Rosenquist Foundation
- The first view of LactaHub was launched in May 2020
- LactaHub offers evidence-based breastfeeding knowledge in a practice-orientated manner and is continuously curated by experts

Access LactaHub: www.LactaHub.org
Keynote: Identification and classification of interventions that promote, protect and support breastfeeding

Professor Richmond Aryeetey
University of Ghana

R Akparibo¹, F Gyimah², F Agbozo³
¹Univ of Sheffield; ²Univ. of Ghana; ³Univ. of Health & Allied Sciences
2017

Advocacy 2.25
Research and Evaluation 1.3
Coordination, Goals and Monitoring 2.7
Political Will 2.3
Legislation and Policy 2.3
Promotion 2.0
Training and Program Delivery 1.94
Funding and Resources 1.25

2018

Advocacy 1.3
Research & Evaluation 1.6
Political Will 2.0
Coordination, Goals & Monitoring 0.7
Legislation & Policies 1.9
Promotion 1.3
Training & Program Delivery 1.9
Funding & Resources 2.0
Decision tree

Ready for BBF* → Ready for BFL** = Ready for Scale up

- Persona Creation
- Barriers & Drivers
- Best Practice Intervention Module
- Ethical Consideration Module

Not ready for BFL

Preliminary actions: required improvements to operationalize breastfeeding policy

Not ready for BBF

Preliminary actions: required improvements to launch BBF

Initial Transparency

BBF = Becoming Breastfeeding Friendly
BFL = Breastmilk for Life project
Best practice intervention study

• Breastfeeding is globally recognized as a critical intervention for child survival

• Breastfeeding practice remains sub-optimal, below global targets

• Evidence-based research is necessary to inform effective policy and program implementation in breastfeeding

• Low-income countries (LICs) lack resources for generating empirical evidence; can benefit from existing evidence
Best practice intervention study

- To create and curate a living **database** and **framework** of existing research evidence (interventions)
- Aims to make it easier for program managers at country level to find appropriate evidence
- Improve access to existing effective interventions and best practices
- Limits burden and cost of accessing evidence
Methods

• Used a Scoping Review approach

• Formulated a research question

• Constructed a search strategy based on PEO framework

• Searched journal articles indexed in Medline, Cochrane Central, CINAHL, SCOPUS, EMBASE, Index Medicus. Google Scholar and WHO ELENA

• Published in English language
Best practice intervention study

Research question

Across all societal targets (including mothers/caregivers, families, communities, institutions, health care providers, and other key actors involved with maternal care) (P), which interventions/Exposure (E) have been successfully implemented to promote, protect, and support breastfeeding practice (O) during the first 24 months of life, in low-, middle-, and high-income countries?
Criteria

Inclusion criteria

- Human studies (mothers/caregivers, families)
- Studies of communities, health care providers, health systems, etc
- Studies that evaluated interventions aimed at promoting, protecting, and/or supporting breastfeeding
- Studies published since 1970 to Nov, 2021
- Available in full texts version online
- Published in English

Exclusion criteria

- Non-human studies
- Non-biological mothers
- Studies involving twins or other multiple births
Outcomes of interest

Primary outcomes

- Initiation of breastfeeding (within 30 minutes or an hour of delivery)
- Exclusive breastfeeding under/for 6 months
- Continued breastfeeding between 1 and 2 years
- Continued breastfeeding until 12 months
- Responsive breastfeeding - breastfeeding on demand

Secondary outcomes

- Knowledge and awareness of breastfeeding
- Attitudes and perceptions about breastfeeding
- Policies, legislation, and programs to promote breastfeeding
- Political economy and financing for breastfeeding
- Promotion and advocacy for breastfeeding
- Coordination of breastfeeding programs
Best practice intervention study – Classification of Papers

Implementation considerations (ongoing)

- Clarity of outcomes
- Theory of change
- Consideration of bias
- Resource intensiveness
- Cost framework
- Availability of SOPs
- Adaptability
- Benefit-cost-ratio
Findings

Documents review process

- Across the databases, search yielded 61,863 citations
- After de-duplication, title and abstract screening, and exclusion of ineligible studies, 3036 citations were retained for full text screening and extraction
- Excluded reviews, non-English language,
- 1408 citations were included in the final classification

Characteristics of the documents included

- Study country
  - 26.8% -USA; UK-4.9%; Brazil-4.8%; India-4.8; Australia-4.3%
- Study Design
  - 32% were RCTs
  - 15.3% were Quasi experiments
  - 22.9% were cross-sectional studies
- Period of included studies
  - 7.2% of the documents were before year 2000
  - 17.7% between 2000 and 2010
  - 75.1% after 2010
  - >50% were published after 2014
Types of interventions

- Breastfeeding promotion
- BF Counselling
- BFHI
- Peer Support
- Training H Staff
- Information Resources
- Mother-friendly facilities
- Breast pump
- Male involvement
- Legislation and policy
- Advocacy
- Health setting restructuring
- Countermarketing (BMS)
- Communication (hotlines)
- BM Banking
- Training peer support

% of documents
**Woman’s Journey**

<table>
<thead>
<tr>
<th>Journey Stage</th>
<th>Number of papers</th>
<th>%</th>
<th>Illustrative examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menarche</td>
<td>18</td>
<td>1.3</td>
<td>To determine effectiveness of positive deviance intervention for increasing EBF. Women received counselling and social support from women identified as positive deviants within their community. <em>Siraneh et al, 2021</em></td>
</tr>
<tr>
<td>Conception</td>
<td>13</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>386</td>
<td>27.4</td>
<td></td>
</tr>
<tr>
<td>Birth</td>
<td>407</td>
<td>28.9</td>
<td>A community randomized trial to promote EBF and appropriate CF &lt;2 yr olds involved training of HCW to counsel mothers at multiple times on EBF for 6 months and thereafter. <em>Bhandari et al, 2005</em></td>
</tr>
<tr>
<td>Initiation</td>
<td>478</td>
<td>33.9</td>
<td></td>
</tr>
<tr>
<td>First 6 mo</td>
<td>565</td>
<td>40.1</td>
<td></td>
</tr>
<tr>
<td>Back to work</td>
<td>57</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>First 2 years</td>
<td>129</td>
<td>9.2</td>
<td></td>
</tr>
</tbody>
</table>
This study explored utilization of an existing pro-breastfeeding Facebook group and how utilization influences breastfeeding-related knowledge, attitudes, and behaviors. *Skelton et al, 2020*

This study evaluated the piloting of a forum theatre production in increasing awareness of breastfeeding. *Whelan and Kearney, 2010*
This study analyzed the effects of the SATUPAS program on breastmilk production, the frequency of breastmilk expression, and partial breastfeeding of LBW infants. *Natalia et al, 2021*

To develop evidence-based advocacy strategies in Bangladesh, Ethiopia, and Vietnam to enable policy change and to increase investments in and ensure scale-up and sustainability of IYCF programs. *Hajeebhoy et al, 2013*
Communication channels

- Audio messages
- Social media photo
- Video with subtext
- Booklet
- Telephone
- Home visits, F2F
Specific search on formula-related interventions

UNICEF (617), WHO (372), PubMed (828), CINHAL (1,343), Scopus (909), Google scholar (4,378)
Earlier search (1,079) = 8,447

Articles for abstract screening: 149
Duplicate articles removed from title screening: 83
Articles for full-text screening: 14

Titles included:
PubMed (14), CINHAL (27), Scopus (64), Google scholar (99), and Earlier search (28) = 232
Conclusions and next steps

• Identified almost 1,500 documents on breastfeeding interventions

• Classified the documents based on characteristics

• Next steps:
  • Finalize classification and database creation
  • Update with new documents
  • Ensure ethical implications of the interventions
Project information

- Acknowledge funding from the Family Larsson-Rosenquist Foundation

- Team of review assistants:
  - R. Akparibo
  - F. Agbozo
  - F. Gyimah
Infant and Young Child Feeding – Developing an Innovative Method for Effective Campaign Planning

Dr. Chantell Witten & Dr. Nazeeia Sayed
University of the Western Cape
Centre of Excellence in Food Security
Despite global evidence for the life-long benefits of breastfeeding\(^1\), and a progressive health policy environment\(^2\), South Africa is challenged with sub-optimal breastfeeding rates\(^3\).

Evidence – published in a WHO and UNICEF Report in 2022 – highlights the “negative” impact of the “manipulative”\(^4\) and “insidious”\(^5\) marketing strategies of the infant formula industry.

Without accelerated and concerted efforts to build a pro-breastfeeding environment, countries will not realize the health and economic benefits of improved breastfeeding\(^6\) resulting in negative health and development of future generations\(^7\).
Research project aims to operationalize WHO and UNICEF findings

- The research project *Novel and Innovative Approaches to Infant and Young Child Feeding Advocacy* aims to operationalize WHO findings to help create an enabling environment in South Africa, where women's breastfeeding choices are not influenced by the marketing of infant formula.

- It is aligned with the strategic initiatives of the WHO to work with South Africa to strengthen the legislation and the monitoring and enforcement of Regulations, R991.

The key deliverable of the project will be a comprehensive multi-year plan for an advocacy campaign to mitigate the effects of “unethical” and “inappropriate” marketing of infant formula⁴,⁵
The Department of Science and Technology and the National Research Centre of Excellence in Food Security is co-hosted by the University of the Western Cape (UWC) and the University of Pretoria (UP).

A coalition of like-minded organizations provide technical guidance towards the realization of women and children’s health rights, as the Technical Working Group and with oversight and governance from a Steering Committee.

The UWC team consists of a full time Project Lead supported on a buy-in of skills from a team of experienced consultants.

Project is guided by a coalition of like-minded organizations.
Process for development of the advocacy campaign is based on 4 steps

- Based on prior work of the FLRF a systematic process is being applied to plan an Infant and Young Child Feeding advocacy campaign
- Primary data collection is under way to complete the TRANSPARENCY PHASE
- 9-10 months testing and implementation of advocacy interventions
- This systematic approach allows for evidence-informed decision-making and tailored audience-specific interventions/actions
- This approach lends itself to Assess-Analyse-Action-Advocate
Infant feeding profile for South Africa

<table>
<thead>
<tr>
<th>Breastfeeding Practices</th>
<th>SADHS 1998</th>
<th>SADHS&lt;sup&gt;15&lt;/sup&gt; 2003</th>
<th>HSRC 2008</th>
<th>SANHANES&lt;sup&gt;16&lt;/sup&gt; 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 3 months</td>
<td>10,4%</td>
<td>11,9%</td>
<td></td>
<td>7,4%</td>
</tr>
<tr>
<td>4 – 6- months</td>
<td>1%</td>
<td>1,5%</td>
<td>8%</td>
<td>25.7%</td>
</tr>
<tr>
<td>0 – 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation of Breastfeeding</td>
<td></td>
<td>80%</td>
<td></td>
<td>92,6%</td>
</tr>
<tr>
<td>Never Breastfed</td>
<td>16,6%</td>
<td>20,1%</td>
<td>22,5%</td>
<td>17,5%</td>
</tr>
<tr>
<td>Average duration of breastfeeding</td>
<td></td>
<td>16,6 months</td>
<td>5,9 months</td>
<td></td>
</tr>
<tr>
<td>Mixed Feeding*</td>
<td>70%</td>
<td>Not reported</td>
<td>51.3%</td>
<td>75,1%</td>
</tr>
</tbody>
</table>

*Breastfeeding and introducing inappropriate complementary foods at ≤6 months

**UN Nutrition Target is 50% by 2025**

SADHS 2016: 36%

SADHS 2016: 32%

SADHS 2016: 75%

Not reported*

Not reported

17.6%

*0-5 months -25% Not breastfeeding at all and 68% sub-optimal feeding
Projected infant formula sales

South African Baby Food Market
Market forecast to grow at a CAGR of 4.9%

USD 619 million

USD 864.5 million

2020
2027

https://www.researchandmarkets.com/reports/338658/baby_foods_and_infant_formula_global_market
Government efforts to regulate marketing and promotion

**Government Notice**

**DEPARTMENT OF HEALTH**

No. 991 6 December 2012

**FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 54 OF 1972)**

**REGULATIONS RELATING TO FOODSTUFFS FOR INFANTS AND YOUNG CHILDREN**

The Minister of Health has, under section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), made the regulations set out in the Schedule hereto.
Qualitative study published in 2022

BMJ Open

They push their products through me: health professionals’ perspectives on and exposure to marketing of commercial milk formula in Cape Town and Johannesburg, South Africa – a qualitative study

Tanya Doherty, Catherine Jane Pereira-Kotze, Silondile Luthuli, Lyn Haskins, Gillian Kingston, Sithembile Dlamini-Nqeketo, Gilbert Tshitaudzi, Christiane Horwood
Addressing conflict of interest and industry influence in academia

Interaction of the infant formula industry with the academic community

George M Owen, MD

ABSTRACT The infant formula industry and the academic community have developed and maintained significant educational and research interactions over the past four decades. A third partner in the enterprise is government. These cooperative efforts have led to the development of quality formula products to meet the needs of healthy infants and the special needs of infants with various medical disorders. *Am J Clin Nutr* 1987;46:221–5.

KEY WORDS

1 From the Nutritional Research and Development Division, Bristol-Myers International Group, New York, NY.

2 Address reprint requests to George M Owen, MD, Nutritional Research and Development, Bristol-Myers International Group, 345 Park Avenue, Room 18-06, New York, NY 10154.
Conceptual framework of the main influences on a mothers’ decision to formula feed in South Africa (Ref: WHO 2021, 2022, project launch workshop)

Marketing and influencing tactics of formula feeding companies targeting various channels and influencers

- Traditional media: Retail, magazines (events competitions), newspapers, advertorials, positive PR pieces by journalists
- Social media: Influencers, mum’s club, mums/parents advice forums, company web pages, blogs
- Health care settings / Health Professional Organizations: Private health care settings, Public health care settings
- Academic/research settings: Partnerships, funding, strategic alliances
- Healthcare professionals: Nurses, dietitians, paediatrics, gynaecologists, GPs - rep visits, gifts, promotional material

Directly to mums and via partners, family members, friends, co-workers, social spaces, workplaces

Regulations since 2012 (R991)
Formative research process

Identification of Influences on a Mother’s Feeding Decisions in South Africa (Project team, Technical Working Group)

Confirmation of Research Instruments (Project team, Technical Working Group)

Review and Appointment of Research Agency for Data Collection

Report and Discussion of Key Findings with Technical Working Group

Data Collection

Research Findings Will Inform Key Messaging and Action Plan for Advocacy Campaign Brief in 2023

Research Findings Will Inform Key Messaging and Action Plan for Advocacy Campaign Brief in 2023
Data collection process

- Ethics approval from the University of the Western Cape, Faculty of Economic and Management Sciences - HS22/7/18

- Data collection for academia and the formula industry was outsourced to an independent research psychologist

- Data collection for the social media influencers was outsourced to an independent registered dietitian with a journalistic training and expertise

- Data collection for all other sectors were outsourced to a market research company

- Data was collected via audio recording and captured in a pre-designed template

- Two researchers listened and coded independently to research consensus on coding
Participants response

Number of responses: Stakeholder groups

Number of responses: Substakeholder group healthcare professionals
Preliminary findings of formative research

<table>
<thead>
<tr>
<th>Industry strategies of engagement</th>
<th>Paeds (7)</th>
<th>Hospital nurses (4)</th>
<th>Retail nurses (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rep visits</td>
<td>Product updates /Info</td>
<td>Rep visits</td>
</tr>
<tr>
<td></td>
<td>CPD activities</td>
<td>Rep visits</td>
<td>Information</td>
</tr>
<tr>
<td></td>
<td>Useful materials (pocket book, calendar, charts)</td>
<td>Visits/communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training/CPD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value add of the formula industry</th>
<th>Paeds (7)</th>
<th>Hospital nurses (4)</th>
<th>Retail nurses (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up-to-date information</td>
<td>Product information</td>
<td>Client support</td>
</tr>
<tr>
<td></td>
<td>(Reliable) product</td>
<td>Support from reps</td>
<td><strong>Product information</strong></td>
</tr>
<tr>
<td></td>
<td>CPD activities</td>
<td>Wide product range</td>
<td>Training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanisms to regulate engagement with the formula industry</th>
<th>Paeds (7)</th>
<th>Hospital nurses (4)</th>
<th>Retail nurses (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No mechanisms to regulate</td>
<td>No mechanisms to regulate</td>
<td>Policies (No specified)</td>
</tr>
<tr>
<td></td>
<td>Engagement is necessary</td>
<td>Personal commitment to BF</td>
<td>Professional Ethics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need to engage</td>
<td></td>
</tr>
</tbody>
</table>

• Rep visits
• CPD activities
• Useful materials (pocket book, calendar, charts)
• Product updates /Info
• Rep visits
• Visits/communication
• Training/CPD
• Rep visits
• Information
• Client support
• **Product information**
• Training
• Policies (No specified)
• Professional Ethics
• Need to engage
## Preliminary findings

<table>
<thead>
<tr>
<th>Industry strategies of engagement</th>
<th>Academia (4)</th>
<th>Professional Orgs (2)</th>
<th>Industry (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Conferences</td>
<td>• Conferences</td>
<td>• Conferences</td>
</tr>
<tr>
<td></td>
<td>• Sponsored events</td>
<td>• Sponsorship</td>
<td>• Training / CPD</td>
</tr>
<tr>
<td></td>
<td>• Health colleagues</td>
<td></td>
<td>• Research funding</td>
</tr>
<tr>
<td>Value add of the formula industry</td>
<td>• Up-to-date information</td>
<td>• Funding</td>
<td>• Credibility</td>
</tr>
<tr>
<td></td>
<td>• Cutting edge research</td>
<td>• Latest information / scientific updates</td>
<td>• Research capacity</td>
</tr>
<tr>
<td></td>
<td>• Funding</td>
<td></td>
<td>• Writing skills / expertise &amp; experience</td>
</tr>
<tr>
<td>Mechanisms to regulate engagement with the formula industry</td>
<td>• No mechanisms to regulate</td>
<td>• No mechanisms to regulate</td>
<td>• Regulations R991</td>
</tr>
<tr>
<td></td>
<td>• Engagement is necessary</td>
<td>• Personal commitment to BF</td>
<td>• Professional Ethics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Need to engage with academia / health sector</td>
</tr>
</tbody>
</table>
Conclusions

1. General positive disposition towards the industry

2. No / low awareness of Regulations, R991

3. No recognition of “industry influence” or conflict of interest

4. No recognition of reciprocity / “No free lunch!”

5. Generally, breastfeeding is best, but formula feeding is the norm
Next steps for the project

- Use the analysis of data to inform the advocacy plan/strategy as per selected targeted sector
- Develop a monitoring & evaluation plan for process evaluation and expected outcomes of the implementation phase
- Build partnerships for fundraising for longer-term implementation 3-5 year

- Document and report on the novel approach and outputs in a peer-reviewed journal
- Develop a step-by-step handbook for implementation else where
References


2: https://www.wits.ac.za/coe-human/research/coe-research-and-advocacy-on-breastfeeding/breastfeeding-policy-review/

3: South Africa Demographic and Health Survey 2016: Report, National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF


Thank you very much for joining our LactaHub Symposium!

Would you like to keep current on this topic and other related news? **Sign up for our LactaNews letter:**

www.LactaHub.org/LactaNews

LactaHub – A Resource for Evidence-based Breastfeeding Intelligence
contact@lactahub.org
www.LactaHub.org

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Dr. Chantell Witten
cbwitten@uwc.ac.za

Dr. Nazeeia Sayed
nasayed@uwc.ac.za

Professor Richmond Aryeetey
raryeetey@ug.edu.gh
Thank you very much and see you soon!