



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

(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



**UNIVERSITY
OF GHANA**



The
University
Of
Sheffield.



**UNIVERSITY OF HEALTH
AND ALLIED SCIENCES**

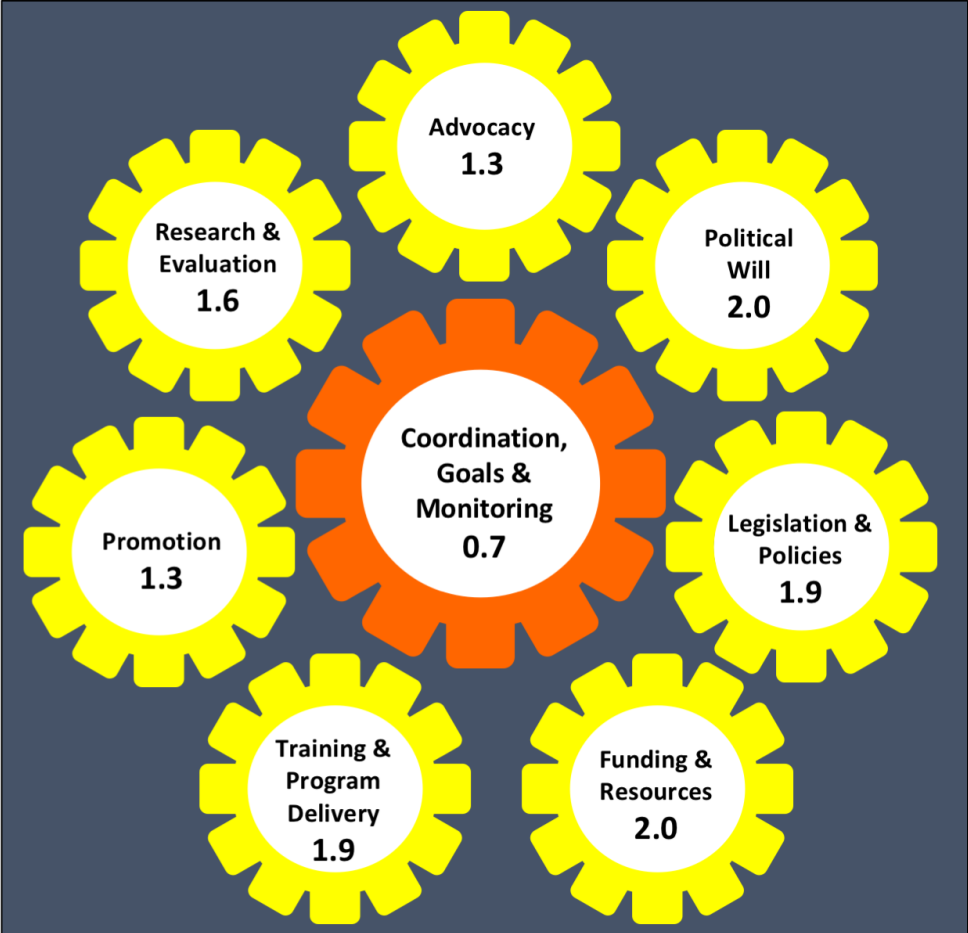
Becoming Breastfeeding Friendly



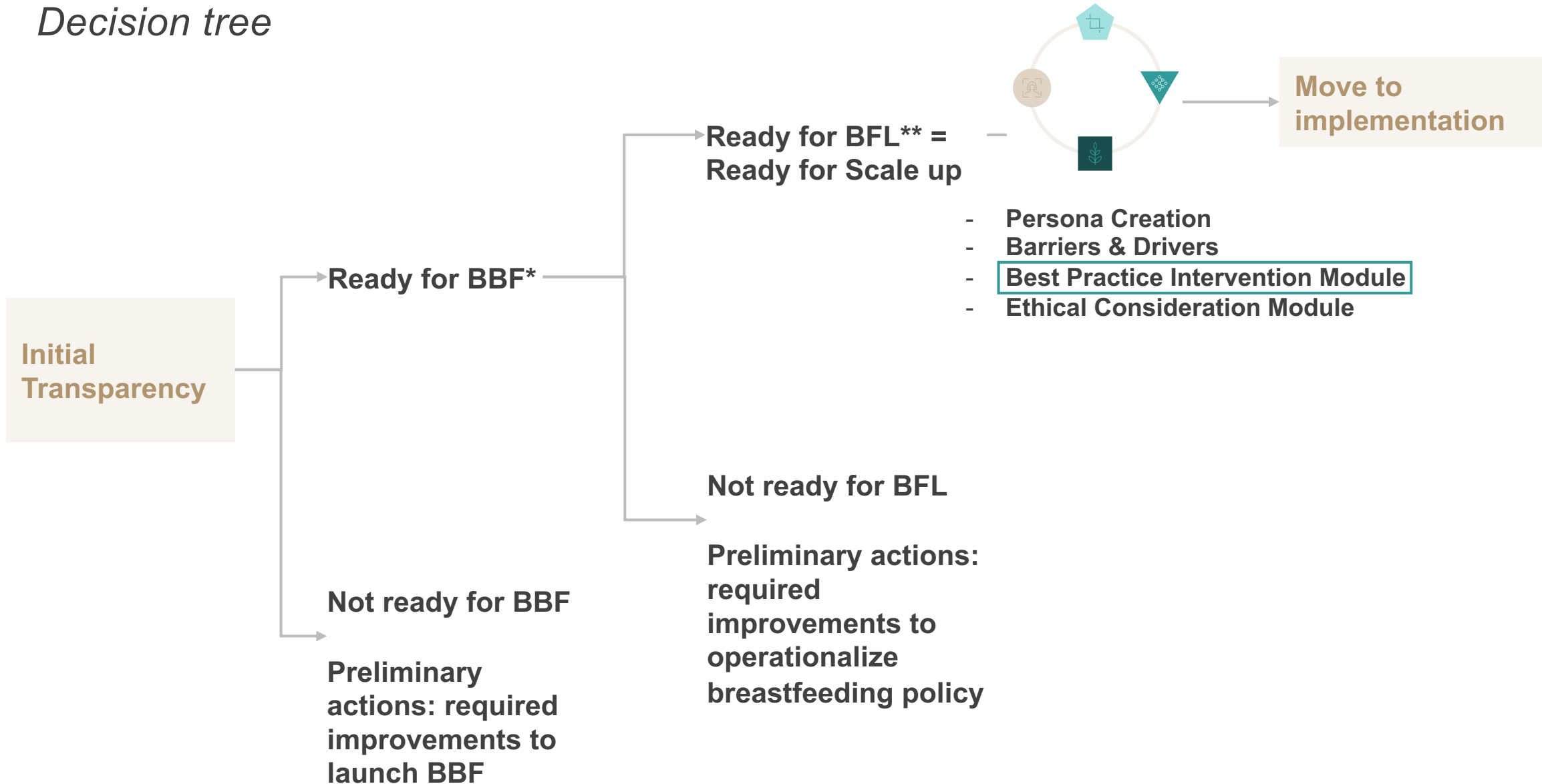
2017



2018



Decision tree



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

Best practice intervention study

Methods

- Used a Scoping Review approach
- Formulated a research question
- Constructed a search strategy based on 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

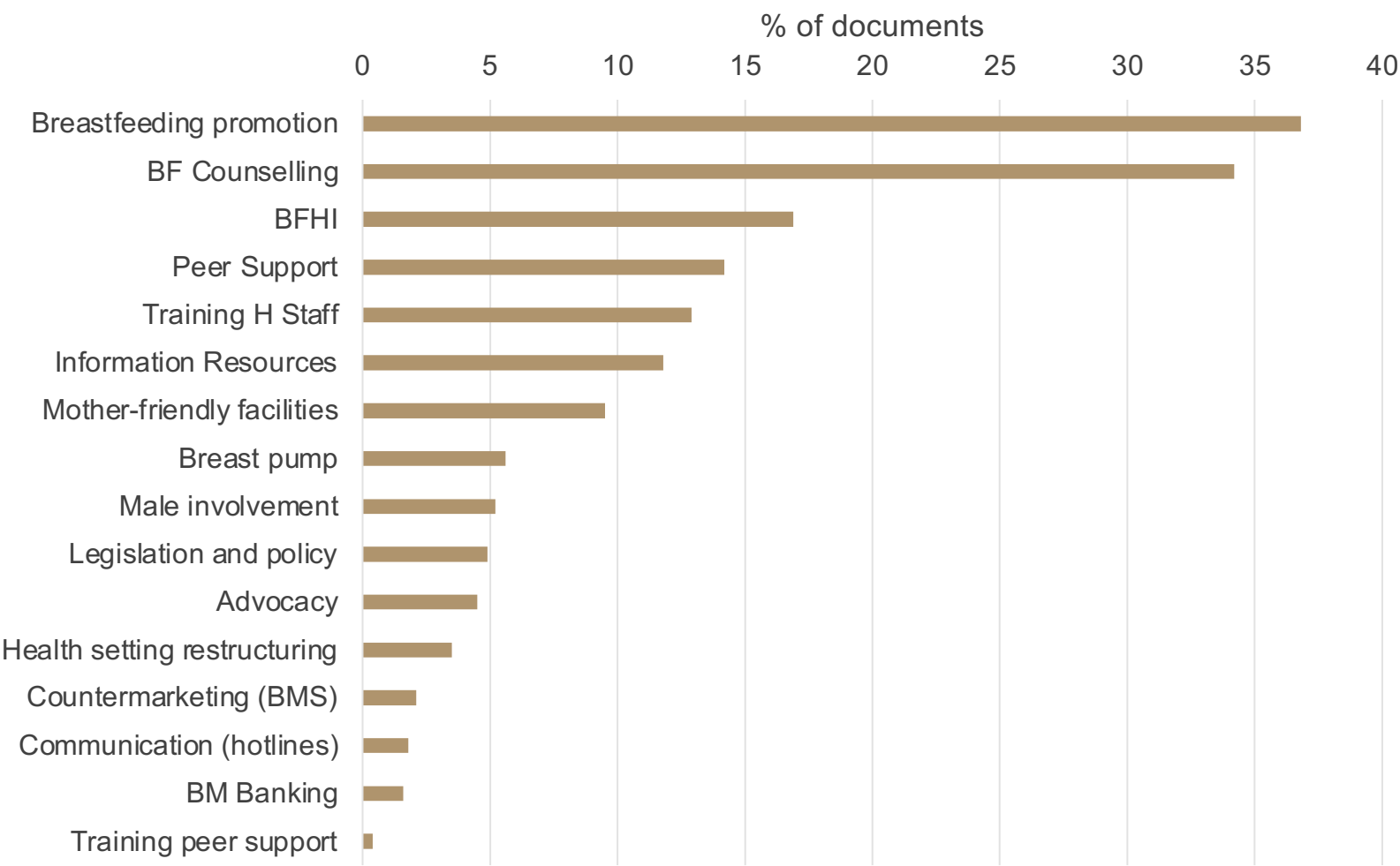
Documents review process

- 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



Woman's Journey

Journey Stage	Number of papers	%	Illustrative examples
Menarche	18	1.3	
Conception	13	0.9	
Pregnancy	386	27.4	
Birth	407	28.9	
Initiation	478	33.9	
First 6 mo	565	40.1	
Back to work	57	4.0	
First 2 years	129	9.2	

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. ***Siraneh et al, 2021***

A community randomized trial to promote EBF and appropriate CF <2 yr olds involved training of HCW to counsel mothers at multiple times on EBF for [6 months](#) and thereafter. ***Bhandari et al, 2005***

Ecosystem

Category	Number of papers	%	Illustrative examples
----------	------------------	---	-----------------------

Classification category	Number of papers	%
Society	57	4
Community	480	34.1
Healthcare	917	65.1
Education	40	2.8
Self	167	11.9
BMS	3	0.2
Employment	52	3.7
Influencers	6	0.4

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***

Activity cluster

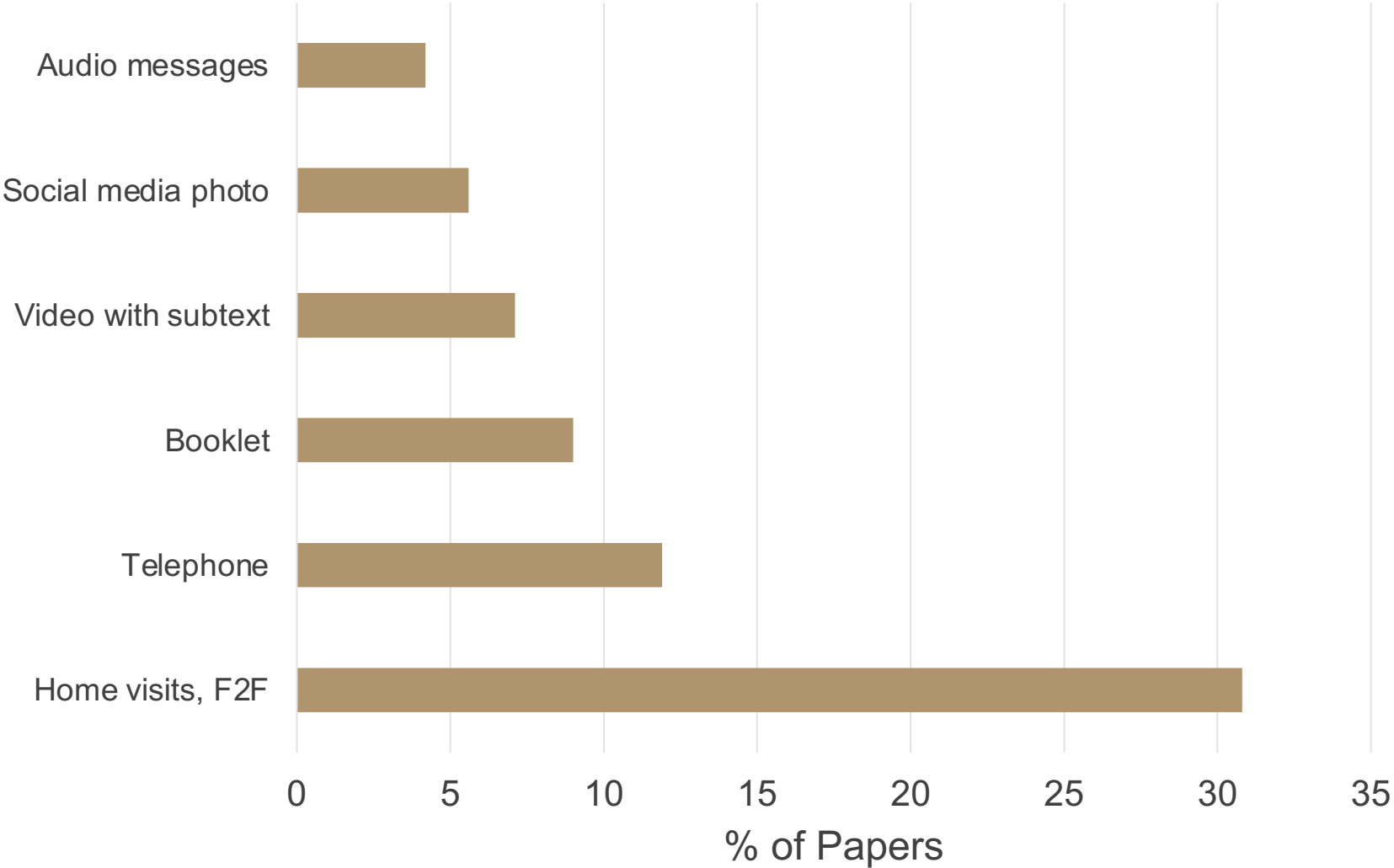
Category	Number of papers	%	Illustrative examples
----------	------------------	---	-----------------------

Class category	Number of papers	%
Attitudes	333	23.7
Knowledge	850	60.4
Maternal health	63	4.5
Infant health	80	5.7
Legal/policy	168	11.9
Resources	230	16.3
Common practices	251	17.8

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



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

Titles included:

PubMed (14), CINHAL (27), Scopus (64), Google scholar (99), and Earlier search (28) = 232

Articles for abstract screening: 149

Duplicate articles removed from title screening: 83

Articles for full-text screening: 14

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



Infant and Young Child Feeding – Developing An Innovative Method for Effective Campaign Planning in Support of Strategic WHO and UNICEF Goals

- Despite global evidence for the life-long benefits of breastfeeding¹, and a progressive health policy environment², South Africa is challenged with sub-optimal breastfeeding rates³.
- 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 breastfeeding⁶ resulting in negative health and development of future generations⁷.

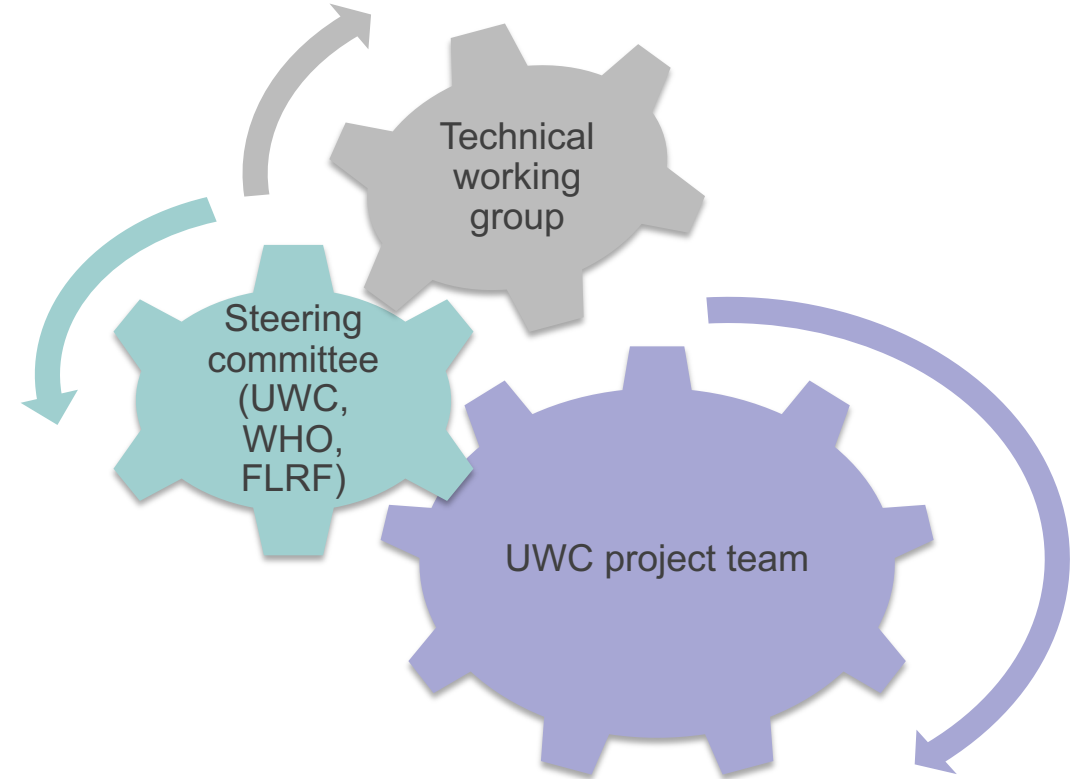
Research project aims to operationalize WHO and UNICEF findings

- 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 formula^{4, 5}

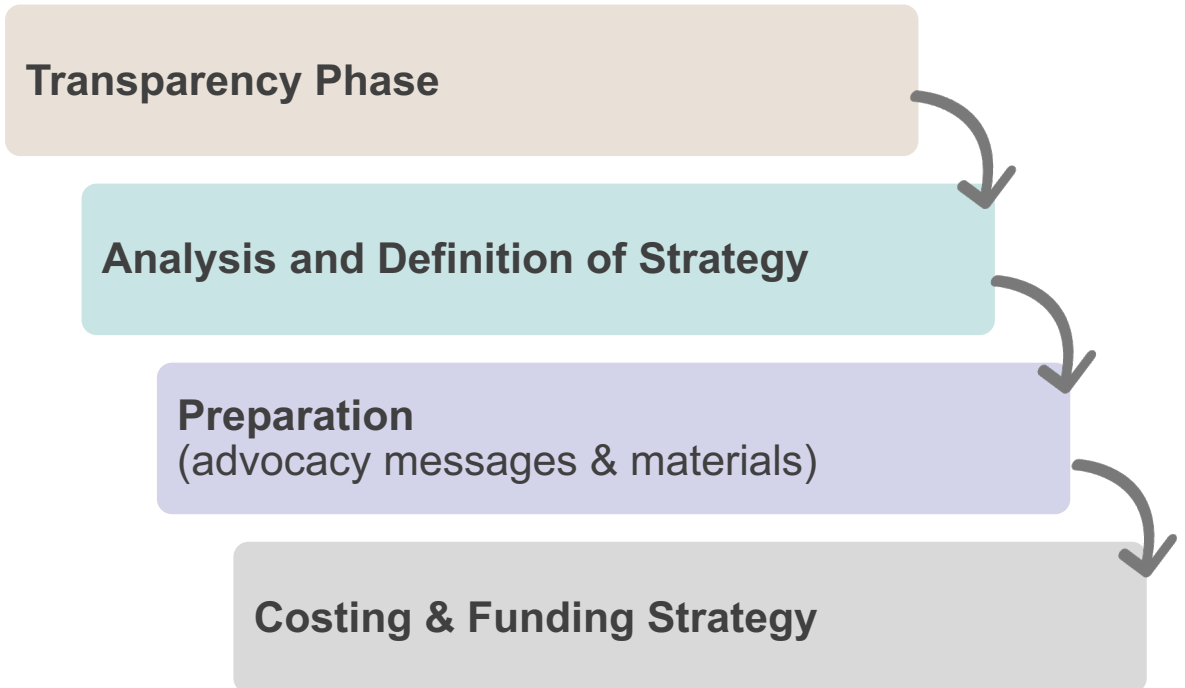
Project is guided by a coalition of like-minded organizations

- 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



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

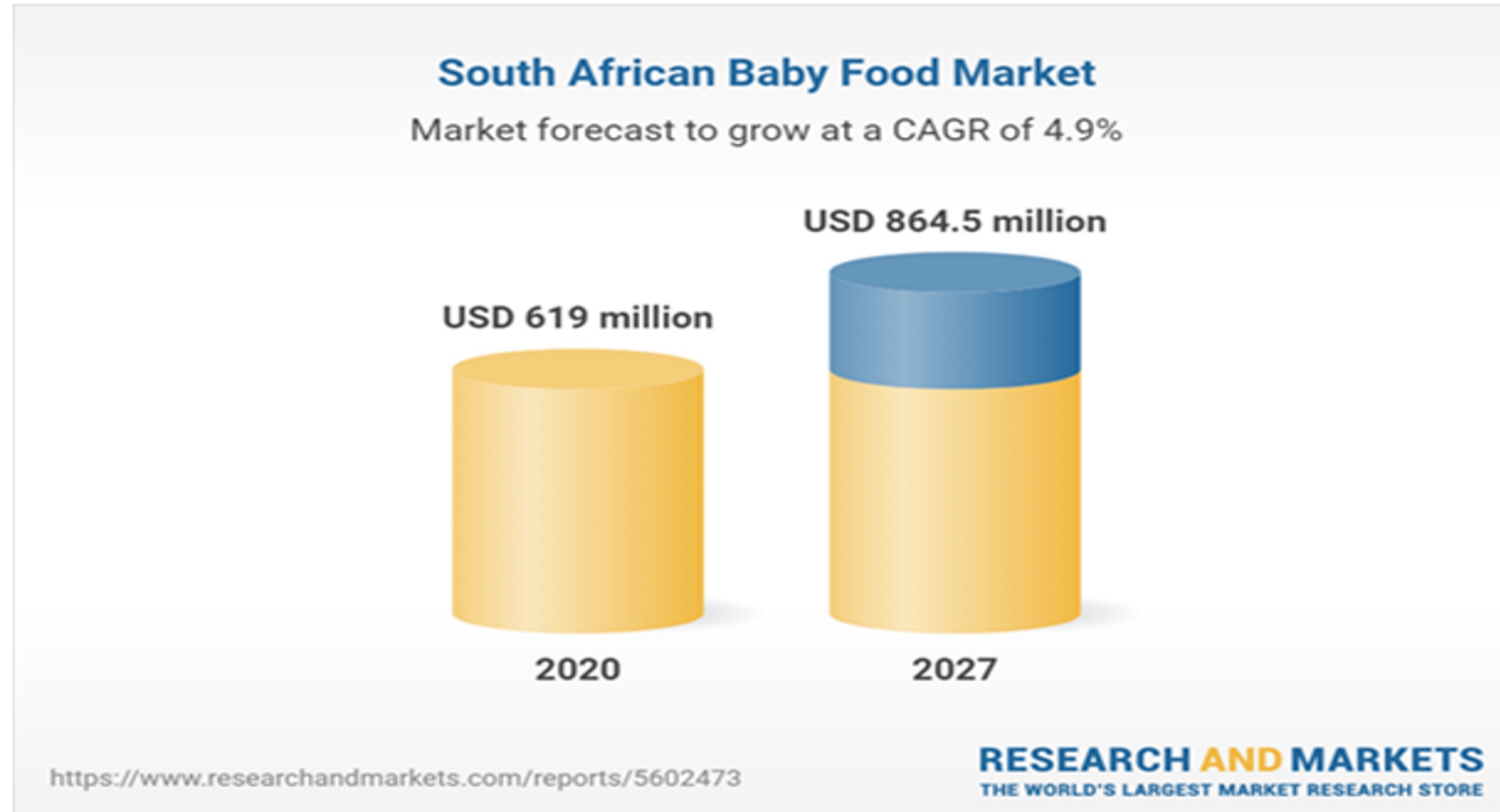
Breastfeeding Practices	SADHS 1998	SADHS ¹⁵ 2003	HSRC 2008	SANHANES ¹⁶ 2012	SADHS 2016
Exclusive breastfeeding:					
0 – 3 months	10,4%	11,9%			36%
4 – 6- months	1%	1,5%	8%	7,4%	
0 – 6 months			25.7%		32%
Initiation of Breastfeeding		80%		92,6%	75%
Never Breastfed	16,6%	20,1%	22,5%	17,5%	Not reported*
Average duration of breastfeeding		16,6 months		5,9 months	Not reported
Mixed Feeding*	70%	Not reported	51.3%	75,1%	17.6%
*Breastfeeding and introducing inappropriate complementary foods at <6 months					



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

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

Projected infant formula sales



Government efforts to regulate marketing and promotion

STAATSKOERANT, 6 DESEMBER 2012

No. 35941 3

GOVERNMENT NOTICE GOEWERMENTSKENNISGEWING

DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID

No. R. 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

Open access

Original research

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 ^{1,2,3} Catherine Jane Pereira-Kotze ² Silondile Luthuli ⁴
Lyn Haskins,⁴ Gillian Kingston,⁵ Sithembile Dlamini-Nqeketo,⁶ Gilbert Tshitauzi,⁷
Christiane Horwood⁴

Addressing conflict of interest and industry influence in academia

Interaction of the infant formula industry with the academic community^{1,2}

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

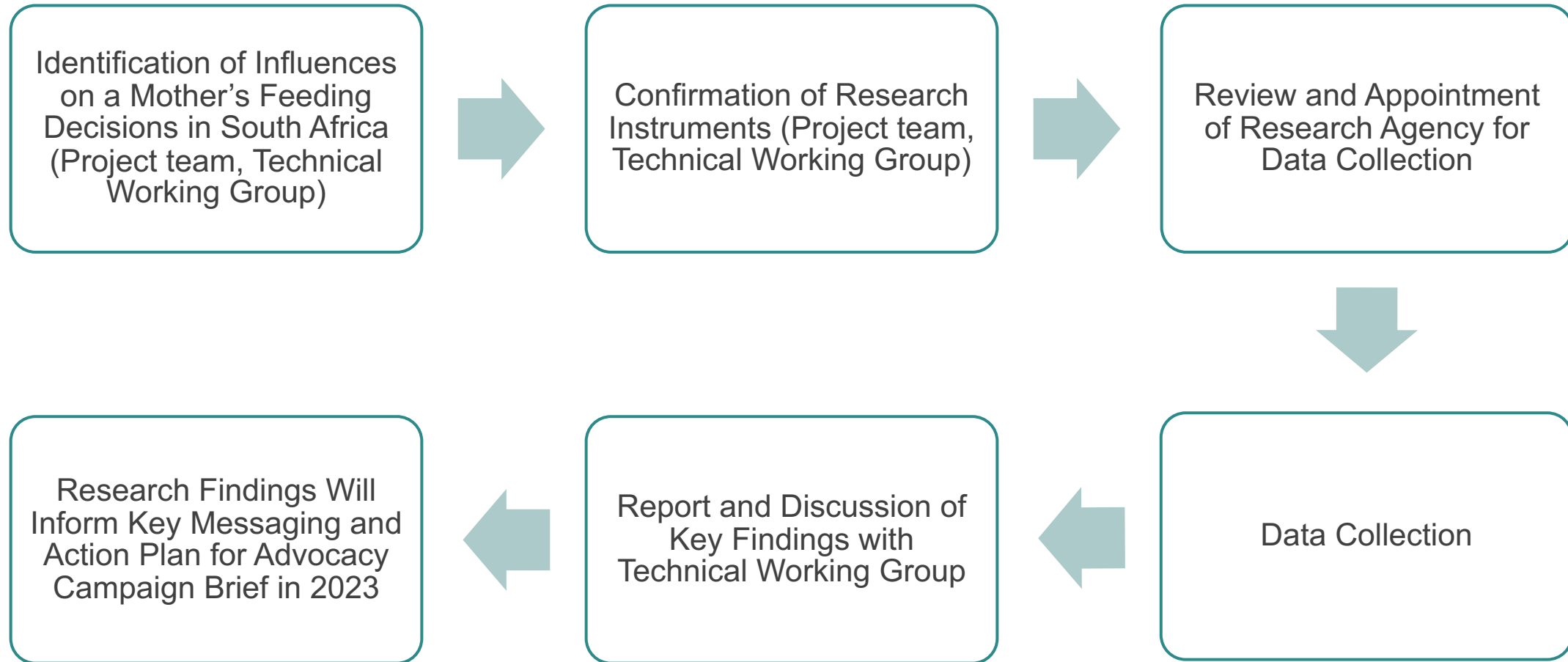
¹ From the Nutritional Research and Development Division, Bristol-Myers International Group, New York, NY.

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)



Formative research process

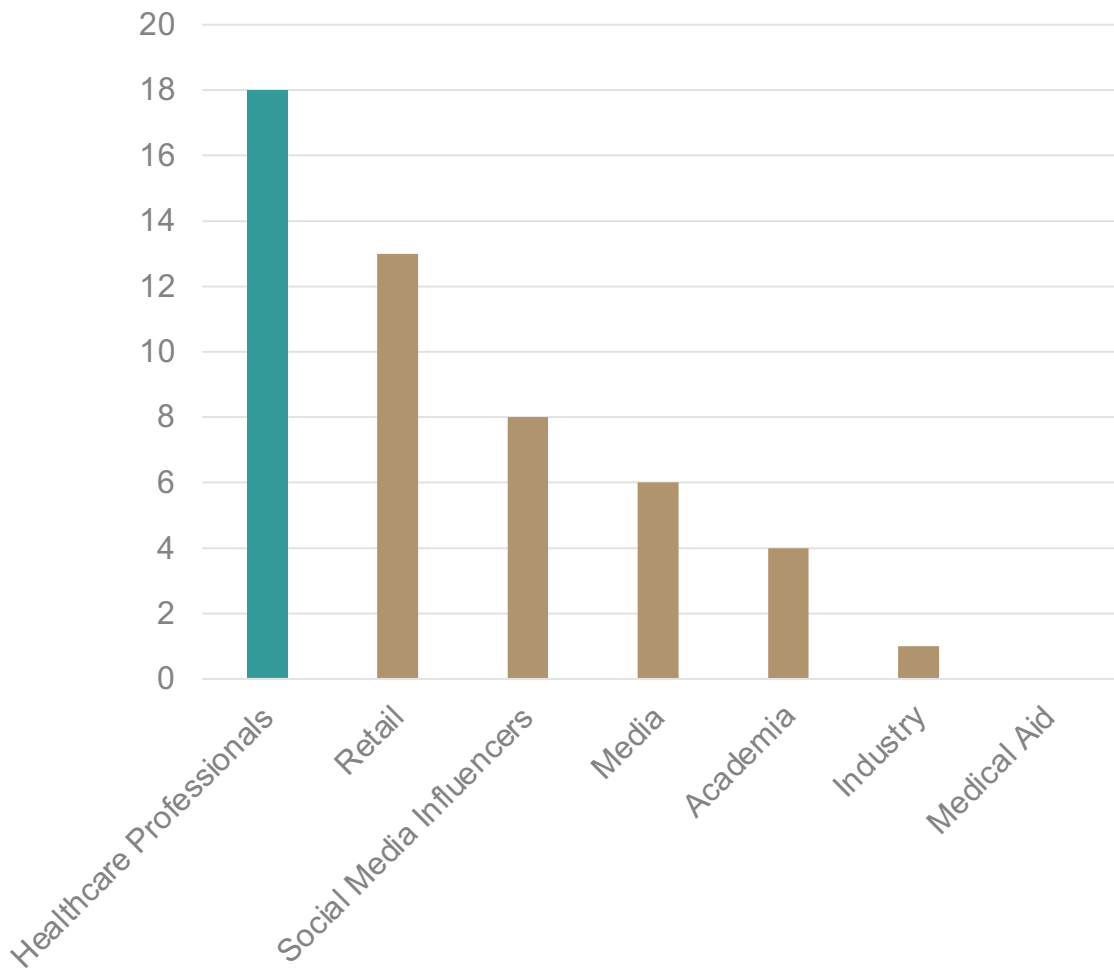


Data collection process

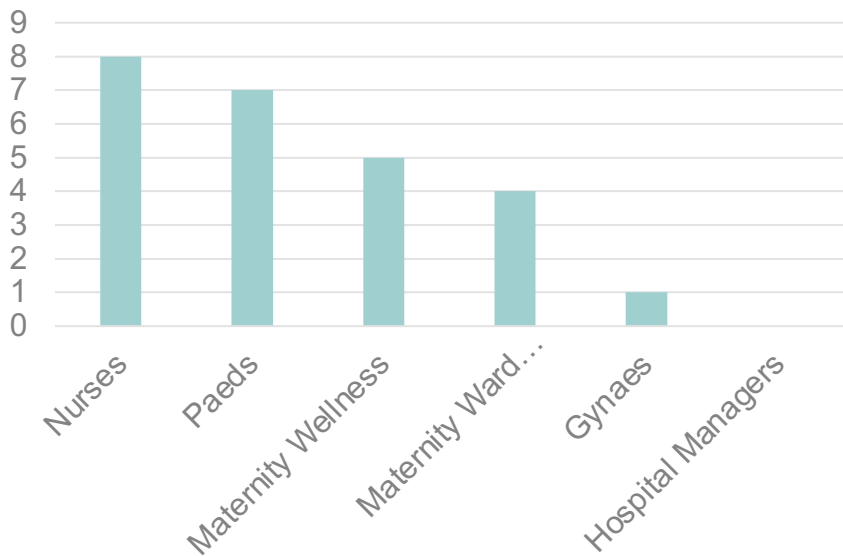
- **Ethics approval from the University of the Western Cape, Faculty of Economic and Management Sciences - HS22/7/18**
- Data collection for academia and the formula industry was outsourced to an independent research psychologist
- Data collection for the social media influencers was outsourced to an 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

	Paeds (7)	Hospital nurses (4)	Retail nurses (8)
Industry strategies of engagement	<ul style="list-style-type: none"> • Rep visits • CPD activities • Useful materials (pocket book, calendar, charts) 	<ul style="list-style-type: none"> • Product updates /Info • Rep visits • Visits/communication • Training/CPD 	<ul style="list-style-type: none"> • Rep visits • Information •
Value add of the formula industry	<ul style="list-style-type: none"> • Up-to-date information • (Reliable) product • CPD activities 	<ul style="list-style-type: none"> • Product information • Support from reps • Wide product range 	<ul style="list-style-type: none"> • Client support • Product information • Training
Mechanisms to regulate engagement with the formula industry	<ul style="list-style-type: none"> • No mechanisms to regulate • Engagement is necessary 	<ul style="list-style-type: none"> • No mechanisms to regulate • Personal commitment to BF 	<ul style="list-style-type: none"> • Policies (No specified) • Professional Ethics • Need to engage

Preliminary findings

	Academia (4)	Professional Orgs (2)	Industry (1)
Industry strategies of engagement	<ul style="list-style-type: none"> • Conferences • Sponsored events • Health colleagues 	<ul style="list-style-type: none"> • Conferences • Sponsorship 	<ul style="list-style-type: none"> • Conferences • Training / CPD • Research funding
Value add of the formula industry	<ul style="list-style-type: none"> • Up-to-date information • Cutting edge research • Funding 	<ul style="list-style-type: none"> • Funding • Latest information / scientific updates 	<ul style="list-style-type: none"> • Credibility • Research capacity • Writing skills / expertise & experience
Mechanisms to regulate engagement with the formula industry	<ul style="list-style-type: none"> • No mechanisms to regulate • Engagement is necessary 	<ul style="list-style-type: none"> • No mechanisms to regulate • Personal commitment to BF 	<ul style="list-style-type: none"> • Regulations R991 • Professional Ethics • Need to engage with academia / health sector

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

- 1: Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC; Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016 Jan 30;387(10017):475-90. doi: 10.1016/S0140-6736(15)01024-7.
- 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
- 4: How the marketing of formula milk influences our decisions on infant feeding. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022. Licence: CC BY-NC-SA 3.0 IGO.
- 5: <https://news.un.org/en/story/2022/04/1117252>
- 6: Bhattacharjee, N.V., Schaeffer, L.E., Marczak, L.B. et al. Mapping exclusive breastfeeding in Africa between 2000 and 2017. *Nat Med* 25, 1205–1212 (2019). <https://doi.org/10.1038/s41591-019-0525-0>
- 7: Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG; Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016 Jan 30;387(10017):491-504. doi: 10.1016/S0140-6736(15)01044-2. PMID: 26869576.

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

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!**