ENGAGING MEDICAL ASSOCIATIONS TO SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING:

Lessons Learned From Alive & Thrive

The Bangladesh Minister of Health signs a pledge to support child feeding and nutrition issues.
This publication was produced by Alive & Thrive (A&T) and GMMB based on best practices and lessons learned from developing and implementing 5-year infant and young child feeding (IYCF) advocacy campaigns in Bangladesh, Ethiopia, and Viet Nam. A&T is an initiative to improve IYCF practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. A&T aims to reach more than 16 million children under two years old through various delivery models. Learnings are shared widely to inform policies and programs throughout the world. A&T is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, IFPRI, Save the Children, UC Davis, and World Vision.
Overview and Introduction

Medical communities around the world play an important role in educating families about early child nutrition. Creating an enabling environment for mothers and families to adopt optimal breastfeeding and complementary feeding practices is dependent upon medical practitioners who are committed to implementing evidence-based best practices in their own work. Protection, promotion, and support of breastfeeding begins with the leadership of health practitioners at all levels:

• **Protection** – including compliance with international recommendations on the promotion of breastmilk substitutes (International Code of Marketing of Breastmilk Substitutes) to ensure mothers and families receive the most accurate information about optimal child feeding.

• **Promotion** – including promoting early initiation of breastfeeding within one hour of birth as the first and best choice for feeding a newborn, exclusive breastfeeding for 6 months, and continued breastfeeding with complementary feeding to 2 years and beyond—in all hospitals and healthcare settings.

• **Support** – including providing mothers and families with early and ongoing counseling they need to be successful at exclusively breastfeeding for the first 6 months, with continued breastfeeding and complementary feeding up to 24 months.

Medical associations can have a positive impact on IYCF practices by setting recommendations for doctor best practices at the community level, while also advocating to national ministries and legislative bodies from a respected position and informed point of view. Despite the clear imperative for medical practitioners to adopt best practices, experience shows that many from developing countries are not doing so. Moreover, many medical practitioners report confusion about IYCF guidelines and best practices, and do not feel adequately prepared to counsel mothers on infant and young child feeding.
One reason for this is because once medical practitioners leave school, there is often little opportunity for continuing medical education.

In addition, it is common for medical associations to be approached by formula companies with sponsorships and other incentives, in clear violation of the International Code of Marketing of Breastmilk Substitutes. Associations have a clear role to play in combatting these industry advances.

Working from these insights and assumptions, Alive & Thrive advocacy set out to develop meaningful and impactful partnerships with medical associations in both Viet Nam and Bangladesh.

**Partnership Goals and Activities**

While opportunities exist to elevate the voices of medical practitioners in support of IYCF and related policies, strategies to reach medical associations should be tailored to the country context and the capacity of the partner association. To extend reach along the entire continuum of care, targeted medical associations can include pediatric, obstetrics and gynecology, midwifery, nursing, and nutrition associations. In working with these associations across three different country contexts, Alive & Thrive set out with the following broad goals:

- **Elevate the voices of key association leadership** and spokespeople in support of IYCF and related policies, with both the media and with policy-makers.

- **Ensure strong and visible association commitment** to promote optimal IYCF—and especially exclusive breastfeeding—and to not promote breastmilk substitutes unless medically necessary.

- **Leverage association networks** to support adoption and implementation of national IYCF policies.

Examples of engagement tactics undertaken by Alive & Thrive include:

- **Develop tailored advocacy materials** designed to fit the medical association’s existing communications platforms with its membership, including:
  - Specific IYCF recommendations that associations can adopt and publish; this could include a simple overview of recommended practices, or a detailed guide for medical practitioners based on global IYCF materials.
  - Editorial articles, highlights, and research updates that can be featured in association communications platforms (newsletter, website, etc.).
  - Paid advertisements in association magazines.
  - IYCF web content to be featured on the association’s website; request space on their home page for the launch of major events such as World Breastfeeding Week.
• **Cultivate medical association champions** to be spokespeople and advocates for IYCF, by:
  - Conducting a champion training to provide association leadership with practical tools for speaking with the media, giving speeches at key events, and raising their voice publicly in support of IYCF.
  - Creating opportunities for champions to speak with the media by using them as spokespeople around the release of new research and other major announcements.
  - Inviting high-profile champions to lend their name and voice to the issue by authoring an op-ed calling for greater commitment to IYCF and child nutrition.

• **Issue an IYCF pledge for members of medical associations**, demonstrating broad-based medical community support for IYCF. The pledge can be deployed across multiple communications channels, including posting pledge boards at major events, conducting informal pledges at an event, or hosting an online pledge form on an association’s website.

CASE STUDY: IYCF Doctors Pledge to Promote Best Practices

In collaboration with the Institute of Public Health Nutrition (IPHN) and the Bangladesh Pediatric Association (BPA), Alive & Thrive invited medical professionals and key health and government leaders in Bangladesh to sign a pledge to promote optimal IYCF practices with mothers, and not recommend breastmilk substitutes over breastmilk unless medically necessary. The IYCF pledge was tailored for multiple platforms and promoted at the Bangladesh Pediatric Association’s international conference, on the IPHN’s and BPA’s websites, and at the World Breastfeeding Week’s inaugural ceremony. Several hundred individuals signed the pledge, including the Health Minister, State Minister of Health and Family Welfare, Director General of Health, Director General of Family Planning, IPHN Director, BPA President, and a respected professor emeritus.

• **Host workshops for the medical community** to ensure practitioners are aware of the evidence base that informs IYCF recommendations. Although many practitioners are familiar with the global IYCF recommendations from WHO and UNICEF, they are not familiar with the evidence base that informed those recommendations. One specific option is to host a scientific workshop led by international experts and tailored to the experience level and interest of doctors and leaders in the medical community.
Challenges and Lessons Learned

Despite the clear imperative of working directly with medical associations, engaging them can present unique opportunities, as well as challenges.

- **Medical associations continue to be the direct target—and sometimes willing partner—of formula companies** – Medical associations frequently receive event sponsorships and other incentives from formula companies, which may ultimately limit their commitment to taking a proactive public stance on IYCF. Over the course of Alive & Thrive’s engagement, several partner medical associations were visible—even in the media—as collaborating or accepting sponsorships from formula companies. When associations partner with, or receive benefits from formula companies, they may also have a higher level of expectation about what can be offered (financially and otherwise) by IYCF advocates. If an association does not demonstrate independence from outside interests, the partnership may

**CASE STUDY: Scientific Workshops on IYCF in Viet Nam**

In collaboration with UNICEF, the World Health Organization, and the Viet Nam Ministry of Health, Alive & Thrive co-hosted two scientific workshops in 2012 in Hanoi and Ho Chi Minh City to raise awareness among medical leaders about the research that informs WHO’s global recommendations on optimal infant and young child feeding. The workshops directly addressed the evidence base for IYCF, and focused on gaps in both knowledge and practices among the nation’s leading medical and health experts. Dr. Michael Kramer, an international breastfeeding expert from McGill University, and Dr. Kim Fleischer Michaelsen, an international complementary feeding expert from the University of Copenhagen, were invited by Alive & Thrive to present on IYCF and its impact on stunting and other health outcomes. The workshops were attended by more than 450 doctors representing national and sub-national hospitals, the ObGyn Association, the Pediatric Association, the Midwives Association, the Nutrition Association, and the Women’s Union. Both events were covered in national print and broadcast media.
present a liability. This warrants careful research early in the partnership process to understand the political implications of the potential partnership.

- **The active members of medical associations are often not current practitioners** – Depending on the location and association, the most active members of medical associations are often retired doctors. This can limit both the association’s reach and influence with the practicing medical community, and hinder the association’s capacity to engage in innovative strategies—like online or digital outreach to membership—even if members of the practicing medical community demonstrate or verbalize commitment.

- **Formalizing the relationship through a Letter of Agreement can help solidify the partnership** – Because it can be difficult to anticipate an organization’s level of commitment at the start of a collaboration, developing a clear concept note for the shared work can help clarify activities, roles, responsibilities, and any related budget needs. The Letter of Agreement should be used to measure progress at regular intervals, with clear terms for any exchange of funds.

- **Issue-champions within association leadership is a decisive factor for success** – Having true issue-champions within organization leadership is key to ensuring that recommendations and policies are adopted, with the support of a collaborative advocacy strategy. When collaboration comes from a sense of obligation or the opportunity for outside funding, the output can be jeopardized. Association leaders also make important decisions about priorities and partnerships—including formula companies. One Alive & Thrive collaboration spanned the tenure of two different association presidents: the first was more supportive of breastfeeding and the second was influenced by formula companies—and therefore less of a champion for breastfeeding. In the Alive & Thrive experience, when the association leadership was weak, the partnership was weak.

A good indication of issue-champions is their demonstrated involvement and commitment to other similar efforts. For example, medical association leaders who actively participated in the Baby-Friendly Hospital Initiative tended to remain pro-breastfeeding.
**Medical associations typically require outside funding for any engagement activity** – Medical associations are not likely to contribute their own resources to develop an IYCF initiative, even when the financials are minimal. Even with a formal partnership established, activities like placing advertising in their magazines and making content updates to their websites will likely come with a cost.

**Recommendations for Action**

Effective engagement of medical associations requires attainable goals, a strategic approach, and insights that are tailored to the specific country and association context. With support from IYCF advocates, medical associations should leverage their voice, visibility, and influence to:

- **Adopt global IYCF recommendations.** Each association should be responsible for clearly supporting IYCF best practices as established by the global evidence base and IYCF recommendations by WHO and UNICEF. Generating consensus on these practices is a good starting place for engagement; if an association cannot commit to these recommendations, it likely indicates limited potential for collaboration.

- **Actively promote the International Code of Marketing of Breastmilk Substitutes and any national provisions that address the Code.** Provide clear leadership on specific country-level guidelines for the role of medical practitioners and facilities, which include providing support for breastfeeding counseling, lactation management for breastfeeding mothers, etc. Associations should be aware of tactics by infant formula companies that violate the Code—especially the provisions that pertain to gifts and sponsorships of materials and workshops.

- **Advocate for stronger IYCF policies at the national level to support employed mothers.** This includes advocating for policies like longer paid maternity leave for all—including government and non-government employees.

**Engaging Medical Associations:**

**A Step-by-Step Approach**

1. Identify target associations for partnership and conduct initial outreach.
2. Assess association’s level of commitment and set realistic partnership goals.
3. Develop a Letter of Agreement or similar document outlining the terms of the partnership.
4. Execute activities according to the responsibilities and budget outlined in the Letter of Agreement.
5. Conduct an evaluation and final meeting to formally close the partnership.
• **Support appropriate government agencies to adequately fund and implement IYCF services at all levels of the health system.** Policy- and decision-makers rely on professional associations to provide technical and scientific evidence and recommendations for action.

Comprehensive strategies should consider opportunities beyond advocacy—to include direct education with medical communities. For example, outreach could expand to include direct engagement with medical faculties, schools of public health, and public and private training institutions for health workers, including midwives, nurses, nutritionists, and dieticians. These bodies have a clear responsibility to students and members to:

• **Ensure basic training and education** on topics such as lactation physiology, exclusive and continued breastfeeding, complementary feeding, feeding in difficult circumstances, meeting the nutritional needs of infants who receive breastmilk substitutes, and the International Code of Marketing of Breastmilk Substitutes.

• **Train on how to provide skilled support** for exclusive and continued breastfeeding, and appropriate complementary feeding in antenatal, delivery, neonatal, pediatric, reproductive health, nutritional, and community health services.

• **Revise pre-service curricula** to provide appropriate information and advice on IYCF.

These responsibilities can be met through general and specialty pre-service curriculum, in-service training and capacity building, and ongoing certification and accreditation programs (e.g. lactation counselors).

### Pre-Service Curriculum

**Steps taken by Bangladesh’s OB/GYN Society to Strengthen Medical and Nursing Curricula**

1. Conduct gap analysis.
2. Hold national advocacy meeting.
3. Engage national medical and nursing teaching faculties to recommend revisions.
4. Propose revised curricula for pediatrics, OB/GYN, community medicine, and nursing to the medical education authorities.
5. Prepare teaching tools and recommend examination questions on IYCF.
6. Initiate strengthened curricula in leading medical and nursing schools in all regions.
7. Scale-up nationally.
Conclusion

Medical associations represent an opportunity for IYCF advocates to create champions for stronger breastfeeding and complementary feeding policies and programs at the country level. However, results from association partnerships can vary greatly according to a variety of factors, including commitment on the part of association leadership, and current affiliation with formula companies. Engagement strategies for medical associations should be specific and attainable, and based on the demonstrated success and commitment of each association. When leveraged successfully, individual associations and medical practitioners can become powerful and visible champions for IYCF in the media, and beyond.

For more information on Alive & Thrive advocacy activities, including practical tools to support advocacy for IYCF policies and programs, please visit www.aliveandthrive.org/resources/advocacy.