

Policy Dialogue



October 2006

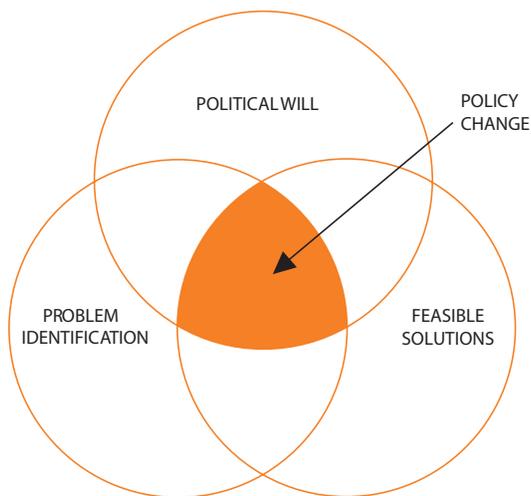
International health experts consistently draw attention to the potential for improved infant and young child feeding (IYCF) to reduce child deaths.¹ Although reducing child mortality is a central goal of public policy, policy makers continue to neglect improved IYCF as a strategy for achieving their goal. This gap between policy goals and relevant actions reveals the need for policy dialogue.

This issue of *Experience LINKAGES* describes the use of policy dialogue and advocacy to 1) raise awareness among policy makers of the potential benefits of improved infant and young child feeding, 2) increase financial and human resources for promotion and protection of optimal feeding practices, and 3) create an environment that supports these practices. The publication describes the conceptual framework for policy change, identifies the main policy issues related to IYCF, discusses LINKAGES strategies to address policy dialogue challenges, and summarizes lessons learned.

Conceptual Framework for Policy Change

Policy dialogue takes many forms and is as varied as the issues it confronts. Policy dialogue is possible only when proposed solutions address recognized problems. Policy reform occurs when decision makers recognize a feasible solution to a significant problem and demonstrate the political will to make change, as illustrated in figure 1.²

Figure 1. Conceptual Framework for Policy Change



Experience LINKAGES is a series of publications on the strategies, tools, and materials used by the LINKAGES Project to achieve results.

Challenges and LINKAGES Response

The following discussion identifies six challenges to policy dialogue on the IYCF issues listed on page 5 and highlights a few LINKAGES activities to address them. More details on country policy activities can be found in *World LINKAGES* and final country reports at www.linkagesproject.org.

Challenge: Raising awareness of the magnitude of the problem and the solutions

Policy makers need to be convinced of the problem and confident of the solution. Policy makers and their constituents and political supporters are much less aware of the problem of sub-optimal infant and young child feeding and the effectiveness of affordable solutions than they are of other key interventions to improve child health and survival such as immunization or oral rehydration.

In many countries malnutrition and sub-optimal feeding are underlying causes of most child mortality,³ even though they are rarely recorded as causes of death. Beyond survival, sub-optimal feeding and malnutrition profoundly affect child health, intelligence, and educability, with important—and similarly unappreciated—effects on national growth, development, and prosperity. These relationships are neither easily understood nor readily quantified, even by experts.

- 1 Analyses published in *The Lancet* suggest that improvements in breastfeeding and complementary feeding together would avoid 19 percent of deaths among children <5 years old (Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS. How many child deaths can we prevent this year? *Lancet* 2003; 362:65–71).
- 2 Adapted from Porter RW. Knowledge Utilization and the Process of Policy Formation: Toward a Framework for Africa. Washington, DC: SARA Project, Academy for Educational Development, 1995.
- 3 Caulfield LE, de Onis M, Blössner M, Black RE. Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria and measles. *Am J Clin Nutr* 2004; 80:193–8.

Response: Quantifying the consequences of malnutrition and the benefits of essential nutrition actions

In 1993 the Academy for Educational Development, under a previous USAID-funded nutrition project, developed the PROFILES nutrition policy analysis and advocacy process to quantify and explain the relationship between malnutrition and other national indicators.⁴ PROFILES uses computer-based simulation models to demonstrate the contribution of improved nutrition to human and economic development in a given situation. Initially PROFILES focused on underweight, stunting, and deficiencies of vitamin A, iodine, and iron. In 1997 LINKAGES designed a simulation model called the Benefits of Breastfeeding (BOB) to include in the process. The BOB model estimates the following:

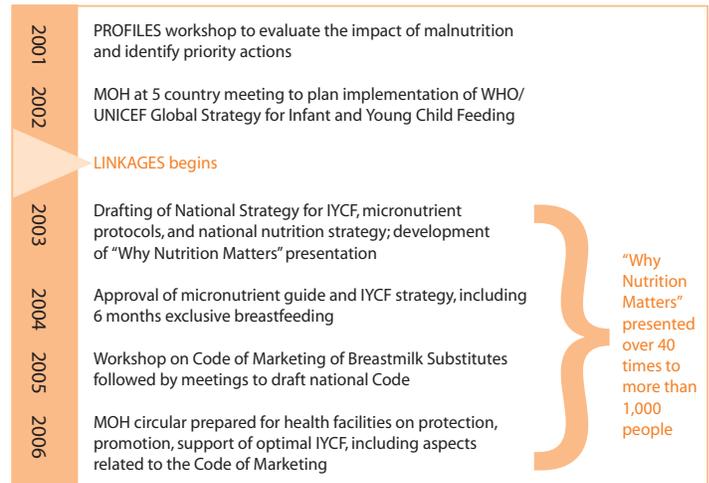
- The value of breastmilk produced
- The health, survival, and child spacing benefits of current breastfeeding practices
- The economic benefits of breastfeeding for households and health care systems
- The consequences of sub-optimal breastfeeding (value lost from reduced breastmilk production and deaths and health care costs from diarrhea and lower respiratory infections)

PROFILES models, including BOB, are typically used in an interactive and multidisciplinary process designed to influence policy makers’ thinking about public health nutrition issues and investment in nutrition programs. With support from LINKAGES and its partners, PROFILES and BOB have been used to promote IYCF in 19 countries.⁵ In Bolivia, Ethiopia, Ghana, and Madagascar, policy dialogue helped build support for new nutrition programs and policy initiatives and increased the capacity of local champions to advocate for IYCF and other essential nutrition actions.

Because of a long history of food shortfalls and famine emergencies in Ethiopia, planners in government agencies and the donor community have often viewed malnutrition solely as a food issue. A 2001 PROFILES workshop in Addis Ababa supported by the USAID-funded FANTA Project drew attention to underlying determinants of malnutrition, including inappropriate child feeding practices. When LINKAGES began activities in Ethiopia in 2003, the project built on the PROFILES work and created an advocacy presentation titled “Why Nutrition Matters,” shown more than 40 times in meetings of donors, government agencies, NGOs, and

university instructors from 2003 to 2006. This presentation helped create a supportive environment for the development and adoption of a national IYCF strategy and related initiatives (figure 2). Documentation of a growing number of successful and cost-effective interventions to improve IYCF has increased decision makers’ confidence in the solutions.⁶

Figure 2. LINKAGES advocacy and policy initiatives in Ethiopia



Another way to raise awareness of IYCF is to undertake a comprehensive situation analysis. LINKAGES and the World Health Organization developed *Infant and Young Child Feeding: A Tool for Assessing National Practices, Policies and Programs* to identify national IYCF strengths and weaknesses. The results of the assessments, including recommendations for action, can be presented to decision makers.

Challenge: Building a broad base of support

Good information placed in the hands of decision makers can lead to good decisions, but often good information is not enough. Some policy makers may be motivated by special or personal interests rather than by the general good. In such cases it is important to understand their true motivations for decision making so that the general good becomes—or at least coincides with—these motivations. This can sometimes be accomplished by appealing to the decision maker’s political supporters or, in a democracy, to the public. Creating a groundswell of support for policy change and encouraging broad participation in policy development can stimulate action. The more people who deliver the same message, the more difficult it is to ignore.

4 Burkhalter BR, Abel E, Aguayo V, Diene S, Parlato MB, Ross JS. Nutrition advocacy and national development: The PROFILES program and its application in Asia and Africa. *Bulletin of the World Health Organization* 1999; 77:407–15.

5 Bolivia, Burkina Faso, Côte d’Ivoire, Ethiopia (funded by the FANTA Project), Ghana, Guatemala, Guinea, India, Indonesia, Kenya, Madagascar, Mali, Niger, Swaziland, Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

6 See *Experience LINKAGES: Behavior Change Communication and Experience LINKAGES: Cost and Effectiveness*.

Response: Creating an Intersectoral Nutrition Action Group in Madagascar

In 1997 LINKAGES and UNICEF supported the establishment of the *Groupe d'Action Intersectoriel pour la Nutrition*, or GAIN (Intersectoral Nutrition Action Group) in Madagascar, chaired by the Nutrition Division of the Ministry of Health. The GAIN served as the focal point for nutrition policy and strategy development. From 30 representatives of more than 20 governmental agencies, the group expanded to more than 75 representatives from 50 organizations, including government ministries (health, finance, education, agriculture, trade, and population) and representatives from the donor community and nongovernmental organizations. Subsequently, four regional GAINs were organized.

The objectives of the national and regional GAINs were to develop and harmonize nutrition messages and actions, facilitate exchange among partners, and update members on new programmatic and scientific knowledge. This critical mass of nutrition champions helped move Madagascar's nutrition agenda forward at national, regional, district, and community levels. Journalists who participated in technical updates and workshops kept issues before the public through extensive newspaper and radio coverage.

The GAIN used PROFILES to raise nutrition awareness and support among key stakeholders through presentations and videotapes. National and regional meetings and workshops were held to support the development of a national nutrition policy and a national community nutrition policy. GAIN members also reached consensus on nutrition messages and micronutrient protocols for vitamin A, iron, and iodine.

Challenge: Clarifying the risks associated with breastfeeding and HIV transmission

Incomplete or inaccurate information on breastfeeding and HIV is a significant barrier to informed personal choice and sound public policies. The issue is complex, emotional, and controversial. Early on in the debate, many promoted replacement feeding from birth for HIV-positive mothers, failing to consider the risks of illness and death associated with not breastfeeding.

In LINKAGES' first year a mathematical simulation model was developed to quantify and compare the risk of HIV transmission through breastfeeding with the risk of death due to replacement feeding. The model estimates this balance of risks under various scenarios, helping policy makers identify the infant feeding strategy most likely to maximize HIV-free survival under different conditions. Using coefficients from the epidemiological literature, the simulation model showed that under conditions common in countries with high HIV prevalence, replacement feeding by HIV-infected mothers should not be generally encouraged until after the infant is approximately six months old.⁷

In addition to publication of these findings in peer reviewed journals, presentations were prepared on demand for policy dialogue in about a dozen countries. This helped policy makers appreciate the need to support breastfeeding in the early months among some HIV-positive mothers, despite the risk of transmission. In at least one case, a proposed policy that actively discouraged HIV-positive mothers from breastfeeding was reconsidered. LINKAGES also prepared and disseminated several state-of-the-art publications on HIV and infant feeding,⁸ including more than 34,000 copies in four languages of *Breastfeeding and HIV/AIDS - Frequently Asked Questions*.



Challenge: Adapting global recommendations on HIV and infant feeding for specific contexts

Global strategies, frameworks, and guidelines to protect and promote appropriate infant and young child nutrition are the result of extensive review of the evidence and broad participation of many stakeholders. The challenge is to translate their objectives and operational targets into national strategies, policies, and action plans.

7 Ross JS, Labbok MH. Modeling the effects of different infant feeding strategies on young child survival and mother-to-child transmission of HIV. *Am J Pub Health* 2004; 94:1174-1180.

8 LINKAGES publications on HIV and infant feeding include *Breastfeeding and HIV/AIDS - Frequently Asked Questions*, *HIV and Infant Feeding: A Chronology of Research and Policy Advances and Their Implications for Programs*, *Infant Feeding Options in the Context of HIV*, *Prevention of Mother-to-Child Transmission of HIV in Asia: Practical Guidance for Programs*, *Experience LINKAGES: Infant Feeding Assessments for PMTCT Program Design*, *Spotlight on PMTCT: Reducing Mother-to-Child Transmission of HIV among Women Who Breastfeed*, and *Spotlight on Replacement Feeding: Transition to Replacement Feeding by HIV-Positive Women Who Breastfeed*.

Response: Testing international guidelines on HIV and infant feeding in Zambia

In Zambia LINKAGES was involved in a 4-year process that ultimately led to the development of a National Nutrition Policy. This process began in 1999 with a series of technical consultations to address the uncertainty about how to counsel HIV-positive mothers on what to feed their babies. At that time Zambia had a breastfeeding policy that referred to the risk of transmission of HIV through breastfeeding but did not provide clear guidance on this issue. International guidelines recommended that policies should aim “to promote and protect breastfeeding for the majority of women while offering as much choice as possible to women who are HIV positive, enabling them to decide what is most appropriate for their circumstances and supporting them in their choice.”⁹ These are sensible principles but left Zambian decision makers and health workers unsure what choices to offer, how to enable mothers to decide among available options, or how to support them in their choice.

This led to the suggestion that a demonstration project be established, offering voluntary HIV counseling and testing as well as infant feeding counseling to all mothers attending antenatal clinics in a single health district in Zambia’s Copperbelt Province. The Ndola Demonstration Project, implemented by LINKAGES and its partners, became a key part of the policy development process.

The Ndola example illustrates an important lesson in policy dialogue: the process is not always linear. In this case a major program was implemented as part of rather than as a result of the policy development process. Later formulation and approval of the infant and young child feeding policy as part of the National Food and Nutrition Policy and the national expansion and international replication of the Ndola Demonstration Project proved the effectiveness and relevance of this process.

Challenge: Facing opposition

Policy dialogue can be adversarial when alternative but mutually exclusive policies compete for acceptance. A classic example is the struggle to regulate unethical, and in many countries illegal, aggressive marketing of breastmilk substitutes by the formula industry.

Response: Remaining vigilant and taking appropriate action

LINKAGES conducted a survey of enforcement of the International Code of Marketing of Breastmilk Substitutes in 16 sites in Togo and Burkina Faso and used the results to expose violations of the Code. An article by the investigators in the *British Medical Journal*¹⁰ drew attention to the need for stronger regulation and enforcement, and major news services picked up the survey findings.

In Cambodia LINKAGES helped draft structures, roles, and responsibilities for a committee under the Ministry of Health that will be responsible for enforcing a Sub-decree for the Marketing of Infant and Young Child Feeding Products approved in November 2005. The 2006 theme for World Breastfeeding Week was the Code of Marketing of Breastmilk Substitutes. The sub-decree was disseminated during the week in Cambodia through print and electronic media, training of media and press personnel, airing of round table TV spots and talk shows, radio call-in programs, and other special events.

Challenge: Going beyond policy formation to actual implementation

Allocating resources, mobilizing personnel, and providing institutional support to implement a policy usually require stronger commitment than formulating or approving a policy. Celebration of the adoption of a policy must quickly be followed by steps to ensure its implementation.

Response: Strengthening capacity for policy implementation

LINKAGES considers policy dialogue successful if the proposed solution is planned, funded, staffed, and fully implemented as intended. This rigorous standard for policy change helps keep the policy dialogue process moving until follow-up resources and other support are provided for full implementation. One of the first steps after a policy, strategy, or guideline is adopted is raising awareness among health providers and helping them in implementation. In Ethiopia LINKAGES printed and disseminated 4,000 copies of the national IYCF strategy and incorporated key elements of the strategy in pre-service nutrition curricula, in-service training, strategic planning workshops, and health education materials such as job aids, posters, counseling cards, and family health booklets.

9 WHO/UNAIDS/UNICEF. HIV and infant feeding: Guidelines for decision-makers. WHO/FRH/NUT/CHD/98.1. Geneva: World Health Organization, 1998.

10 Aguayo VM, Ross JS, Kanon S, Ouedraogo AN. Monitoring compliance with the International Code of Marketing of Breastmilk Substitutes in West Africa: Findings from a survey in Togo and Burkina Faso. *British Medical Journal* 2003; 326:127–130.

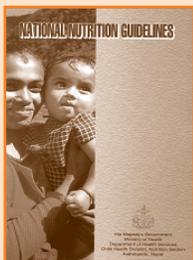
Issues addressed by LINKAGES through policy dialogue

LINKAGES identified policy issues through consultations and analyses with policy partners and donors. The Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding and the Global Strategy for Infant and Young Child Feeding helped frame the issues and outline priority action areas. At the national level, LINKAGES provided technical input into developing and reviewing policies, guidelines, and action plans and facilitated stakeholder consultations and meetings of working groups for dialogue and consensus building. Policy issues addressed by LINKAGES in various countries are listed below.

Problem identification

to initiate or continue dialogue using PROFILES

Countries: 14 in Africa, 2 in Asia, and 2 in Latin American



IYCF guidelines to standardize practices for improved child health

Countries: Ethiopia, Iraq, Lesotho, Malawi, Mozambique, Nepal, Nigeria, Tanzania, Swaziland, Zambia

HIV and infant feeding guidelines

to protect particularly vulnerable groups

Countries: Ethiopia, Haiti, Malawi, Swaziland, Zambia

National Code of Marketing of Breastmilk Substitutes to ensure that mothers receive objective and accurate information to make feeding choices without commercial pressure

Countries: Bolivia, Cambodia, Ethiopia, Malawi, Mozambique, Swaziland, Tanzania, Zambia

Maternity legislation to support breastfeeding in the workplace

Country: Zambia

Baby-Friendly Hospital Initiative protocols to ensure quality care of mothers and infants and adequate feeding support

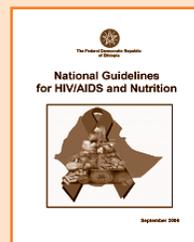
Countries: Ghana, Ethiopia, Madagascar, Malawi, South Africa, Tanzania, Zambia

National nutrition policy to present the government's position on nutrition and the role of nutrition in national economic development

Countries: Ethiopia, Madagascar, Zambia

Maternal nutrition guidelines to help health workers give consistent messages during counseling

Country: South Africa



Guidelines on Nutrition and HIV and AIDS to identify nutritional interventions as part of comprehensive care and support for people with HIV and AIDS

Country: Ethiopia

Micronutrient guidelines to ensure standardized protocols in national programs

Countries: Ethiopia, Madagascar

LESSONS LEARNED

Major lessons from LINKAGES' experience in policy work in 25 countries are summarized below.

- **Improving infant and young child feeding requires government commitment, funding, awareness at every level, and close collaboration among many partners.** Each of these requirements further demands effective policy dialogue—communicating relevant information on the magnitude of the problem and the effectiveness of feasible solutions to decision makers.
- **Analytical tools can be used to transform data into information useful for policy development.** Computer-based tools based on sound and credible research such as PROFILES, BOB, and risk models are helpful for turning complex data into information that can be used to formulate better policies that result in more effective solutions.
- **Policy communication is more credible when based on comprehensive analyses.** In deciding between competing priorities, decision makers sometimes have difficulty distinguishing objective information from biased interpretation. A comprehensive approach to policy dialogue is needed to allocate limited resources efficiently. Analytical tools that compare the effectiveness of a broad range of alternative investment strategies (including IYCF policies and programs) have been used recently to seek consensus from health policy analysts.¹¹ Emphasizing the importance of improved IYCF for overall economic and human development can elevate the policy debate from competition over a small pot of limited health resources to a consideration of optimal allocation of the larger pool of national resources.
- **Policy work requires long-term commitment.** Policy dialogue may involve a situation analysis, a literature review, consensus building, ministry of health approval, presentations to the cabinet and other relevant ministries, and revision of draft policies. Consensus building is critical but time consuming. Turnover in government personnel and others involved in policy dialogue can delay the process. As new and better information becomes available, policies need to be re-examined and updated.
- **Policy dialogue is needed at multiple levels.** Decisions typically are made at the national level (where formal policies and regulations determine what is possible), the district level (where budgets are allocated), and the community level (where support for implementation is needed).
- **Leadership is needed to move from awareness to action.** Continuity often requires an organized advocacy group with inspired leadership and a decision-oriented mission. Without strong leadership, the policy dialogue process can easily stall before the ultimate policy goal is realized. Groups of committed individuals and organizations such as the Infant Baby Food Action Network (IBFAN) in Ghana, GAIN in Madagascar, and the Kenya Coalition for Action in Nutrition have provided stability and effective support and leadership for policy dialogue for improved nutrition.
- **Policy development is not always linear.** The route from awareness of a problem to full implementation of a solution does not always follow the same logical sequence of steps. When formal approval of a policy is delayed, draft guidelines can fill the gap temporarily. These guidelines might reflect health workers' attempts to cope with a policy vacuum. Policy dialogue should be able to support many activities at the same time, regardless of their logical order.
- **Formal approval of a policy is only one step in the process.** Formulation and formal approval of policy directives are often necessary but not ultimate goals of policy dialogue. Ensuring resources for implementation and winning support for policies by implementers at all levels are also necessary and usually more difficult.

For more information on LINKAGES' policy activities and country programs, please visit www.linkagesproject.org.

¹¹ Examples include the analyses of the WHO Burden of Disease Project (Ezzati M, Lopez A, Rodgers A, Murray CJL, eds. Comparative quantification of health risks: global and regional burden of disease attributable to selected major risk factors. Geneva: WHO, 2004) and the Bellagio Study Group on Child Survival (see footnote 1).

