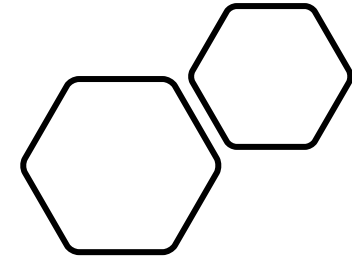


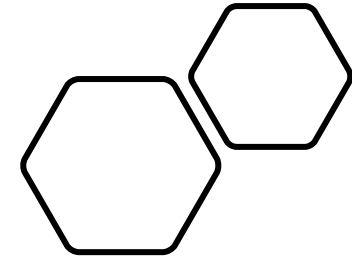
# USING A GENDER ANALYSIS OF THE WBTI TO PRIORITIZE ADVOCACY WORK: THE CASE OF AUSTRALIA

An initiative of the International Baby Food Action Network



# SOCIALS AND HASHTAGS

#WBTiAUS #humanrights  
#infantfeeding #IBFAN #womensrights



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WORLD BREASTFEEDING  
TRENDS- AUSTRALIA



BLOG -  
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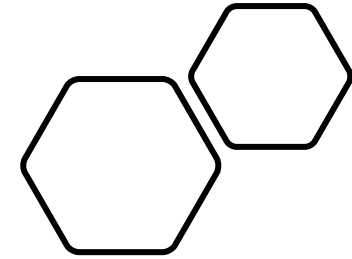
# WHAT IS THE WBTi?

The World Breastfeeding Trends Initiative (WBTi) is a unique tool created by IBFAN, which tracks 10 indicators of policy and programmes that support women to be successful in breastfeeding. It helps a country to assess and report gaps as well as launch a 'Call to Action' for the Governments to bridge the gaps.

WBTi encourages re-assessment every 3 to 5 years to study trends. (WBTi Guide Book 2018)

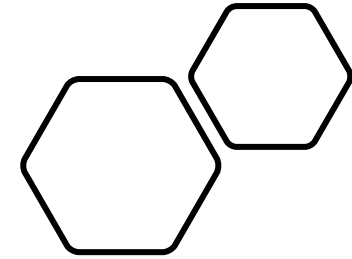


Photo credit Renee Trubai



# PURPOSE

"To provide critical information to governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices and to use various WBTi tools to galvanize action at country level." (WBTi Guide Book 2018)



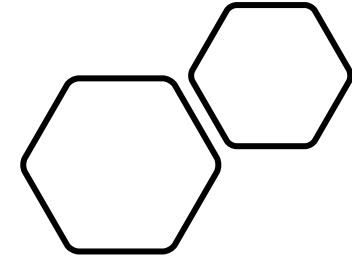
# THE TIMING WAS RIGHT

Visit [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org)  
for access to all country reports

97 countries around the world had already completed this assessment of which 35 have repeated the process. Given the expiry of the Australian National Breastfeeding Strategy 2010-2015, and the drafting of the Enduring National Breastfeeding Strategy, it was the perfect time to benchmark the status of infant feeding programs and policies in Australia.



# AUSTRALIA'S TURN

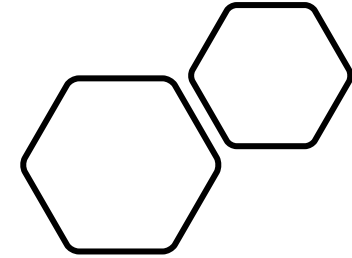


- Gender Budgeting and Breastfeeding Seminar ANU Sept 2017
- Dr Shoba Suri (IBFAN) provided WBTi training
- Core group formed
- Invitations sent to relevant NGOs and individuals
- Reference group formed
- Assessment completed
- consultation with reference group
- Report finalised
- Distribution

# THE TEAM

Naomi Hull  
Julie Smith  
Jen Hocking  
Mary Peterson  
Libby Salmon  
Dale Hansson  
Susan Tawia  
Decalie Brown  
Karleen Gribble  
Helen Adams  
Tracey Foster  
Janelle Maree  
Dawn Sheridan

- LCA NZ
- ABA



# 15 INDICATORS

<b>Part-I deals with policy and programmes (indicator 1-10)</b>	<b>Part –II deals with infant feeding practices (indicator 11-15)</b>
<ol style="list-style-type: none"><li>1. National Policy, Programme and Coordination</li><li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li><li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li><li>4. Maternity Protection</li><li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li><li>6. Mother Support and Community Outreach</li><li>7. Information Support</li><li>8. Infant Feeding and HIV</li><li>9. Infant Feeding during Emergencies</li><li>10. Mechanisms of Monitoring and Evaluation System</li></ol>	<ol style="list-style-type: none"><li>11. Early Initiation of Breastfeeding</li><li>12. Exclusive breastfeeding</li><li>13. Median duration of breastfeeding</li><li>14. Bottle feeding</li><li>15. Complementary feeding</li></ol>



# AUSTRALIA'S SCORE

<b>1. National policy, program and coordination</b> <i>Concerns national policy, plan of action, funding and coordination issues.</i>	0
<b>2. Baby Friendly Hospital Initiative (in Australia: Baby Friendly Health Initiative, BFHI)</b> <i>Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.</i>	5.5
<b>3. Implementation of the International Code of Marketing of Breastmilk Substitutes (WHO Code) and all subsequent World Health Assembly (WHA) Resolutions</b> <i>Concerns implementation of the Code as law, monitored and enforced.</i>	1.5
<b>4. Maternity protection</b> <i>Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging workplace accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.</i>	6
<b>5. Health and nutrition care systems</b> <i>Concerns health provider schools and pre-service education programs, standards and guidelines for mother-friendly childbirth procedures and in-service training programs.</i>	2.5

# AUSTRALIA'S SCORE

**6. Mother support and community outreach: community-based support for the pregnant and breastfeeding mother**  
*Concerns the availability of and women's access to skilled counselling services on infant and young child feeding during pregnancy and after childbirth.*

5

**7. Information support**  
*Concerns public education and communication strategy for improving infant and young child feeding that is actively implemented at local levels.*

0

**8. Infant and young child feeding (IYCF) and HIV**  
*Concerns policy and programs to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.*

3.5

**9. Infant and young child feeding during emergencies (IYCF-E)**  
*Concerns policy and program on IYCF-E and material on IYCF-E integrated into pre-service and in-service training for emergency management.*

0.5

**10. Mechanisms of monitoring and evaluation system**  
*Concerns monitoring, management and information systems as part of the planning and management process.*

1

# AUSTRALIA'S SCORE

## Feeding practices: Indicators 11–15

Requires national data that is no more than five years old and meets the WHO Indicators for assessing IYCF practices.

	Data	Score out of 10
Early initiation of breastfeeding within 1 hour of birth	No available data	0/10
Mean percentage of babies 1–<6 months exclusively breastfed	No available data	0/10
Median duration of breastfeeding	No available data	0/10
Bottle-feeding: percentage of babies 0–12 months fed with a bottle	No available data	0/10
Complementary feeding: percentage of babies receiving solids by 8 months	No available data	0/10
Subtotal		0/50

**Total score = 25.5/150**



World Breastfeeding Trends Initiative (WBTi)

AUSTRALIA

# WBTiAUS recommendations

- That the Australian Government enact, adequately fund and effectively communicate a national breastfeeding and IYCF policy and associated guidelines to adopt global recommendations for exclusive breastfeeding, adequate maternity leave, and international recommendations on breastfeeding and HIV/AIDs and IYCF-E policies.

# WBTiAUS recommendations

- That the Australian Government establish a national breastfeeding and IYCF advisory committee to include government and non-government stakeholders free from conflict of interest and tasked with coordinating programs, influencing legislation and ensuring community education of breastfeeding and current IYCF practices.

# WBTiAUS recommendations

- That the Australian Government support the integration of breastfeeding and IYCF services between the health care system and community through establishment and funding of an independent, WHO Code-compliant body to administer, monitor and expand BFHI, and ongoing adequate funding of trained peer-to-peer breastfeeding counselling services.

# WBTiAUS Recommendations

- That the Australian Government enact and enforce legislation or other effective measures to implement and enforce the WHO Code and all subsequent WHA resolutions.

# WBTiAUS Recommendations

- That all health professionals who can be reasonably expected to care for women and/or infants and young children be required to complete pre-service and continuing education on breastfeeding and IYCF.



# WBTiAUS Recommendations

- That the breastfeeding and IYCF advisory committee be tasked with working with relevant agencies to establish a sustainable and standardised national data collection system that uses current global breastfeeding indicators and includes timely reporting, and to establish a mechanism to measure the unpaid care work of mothers.

# SO FAR IN AUSTRALIA.....

- Many conference presentations to various audiences
- Face to face meetings with most State Health Ministers to discuss Australia's results and recommendations.
- submission the drafting of new ANBS and our report card included in the final Enduring ANBS 2019.
- Submissions to various stakeholder consultations including National Women's Health Strategy.
- Collaborations with other organisations

## Clinical

# The World Breastfeeding Trends Initiative in Australia: Our First National Scorecard

Jen Hocking, ACM BFHI Advisory Committee and Naomi Hull, Coordinator of the World Breastfeeding Trends Initiative assessment of Australia

### Failing to meet global targets for breastfeeding

There is consensus from leading health authorities that breastfeeding is important for optimal public health and economic outcomes (Renfrew, McCormick, Wade, Quinn & Dowswell, 2012). Australia has high breastfeeding initiation rates but exclusive breastfeeding rates begin to decrease almost immediately to the point where less than 20 percent of babies are exclusively breastfed by six months, and close to 50 percent receiving any breastmilk (AIHW, 2011).

This pattern is reflected across most western industrialised countries where there is also a tendency towards ambivalence at government level regarding the importance of breastfeeding to population health (Palmer, 2009; Rollins et al., 2016). Nevertheless, the Global Strategy for Infant and Young Child Feeding was published by the World Health Organisation in 2003 to give guidance for nations on how to raise awareness about problems with infant

feeding practices, identify strategies to improve practices, and provide a framework of appropriate interventions (WHO, 2003). The overarching plan was to promote optimal feeding practices for infants and young children. The global goal for breastfeeding is 50 percent of babies to be exclusively breastfed to six months, when family foods may start to be introduced as breastfeeding continues for two years and beyond.

### World Breastfeeding Trends initiative (WBTI) assessment tool

One global initiative designed to raise the profile of breastfeeding at a policy level is the World Breastfeeding Trends initiative assessment tool which is ratified by the International Baby Food Action Network (IBFAN) (IBFAN, 2014). 84 countries have already completed the WBTI assessment ahead of Australia, with many of these repeating assessments after three to five years in order to track the impact of changes and interventions. The assessment tool is made up of 15 indicators in total. Each core group member has taken responsibility to research

## Commentary



Naomi Hull  
Julie Smith  
Mary Peterson  
Jennifer Hocking

## Putting Australia to the test – the World Breastfeeding Trends Initiative

**Keywords:** *breastfeeding, breastmilk feeding, breast pumps, contamination, industrial relations*

*Breastfeeding Review 2018; 26(2), 7–15*



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### Save **Opposition to Breast-Feeding Resolution by U.S. Stuns World Health Officials**



The New York Times headline that galvanised international reaction

## Never mind the Trump Administration, Australia's record on breastfeeding doesn't rate so highly

Editor: [Melissa Sweet](#) Author: [Jen Hocking](#), [Julie Smith](#), [Naomi Hull](#), and [Mary Peterson](#) on: July 11, 2018  
In: global health, public health, Public health and population health

intouch

## Australian breastfeeding policies and programs - how do they measure up globally?

Naomi Hull RN, IBCLC, MPH (Nutrition), PHAA Member

There is consensus from leading authorities, particularly health authorities, that breastfeeding is important for optimal health and economic outcomes. However, there is a lack of political will to protect, promote and support breastfeeding, especially in high-income countries.

In September 2017 a group of passionate advocates, health professionals, academics and NGO representatives, including the PHAA, gathered together for a '[Gender Responsive Budgeting and Breastfeeding](#)' workshop at the Australian National University. They were joined by Dr. Shoba Suri from the International Baby Food Action Network (IBFAN) Asia and Breastfeeding Promotion Network India (BPNI), who presented the World Breastfeeding Trends initiative (WBTI) assessment tool information.



Pictured: Some of the WBTI team

There was much enthusiasm and concern as to why this assessment tool has been carried out in 84 countries but not

The assessment is then used to highlight gaps, and to



# LOOKING TO THE FUTURE

