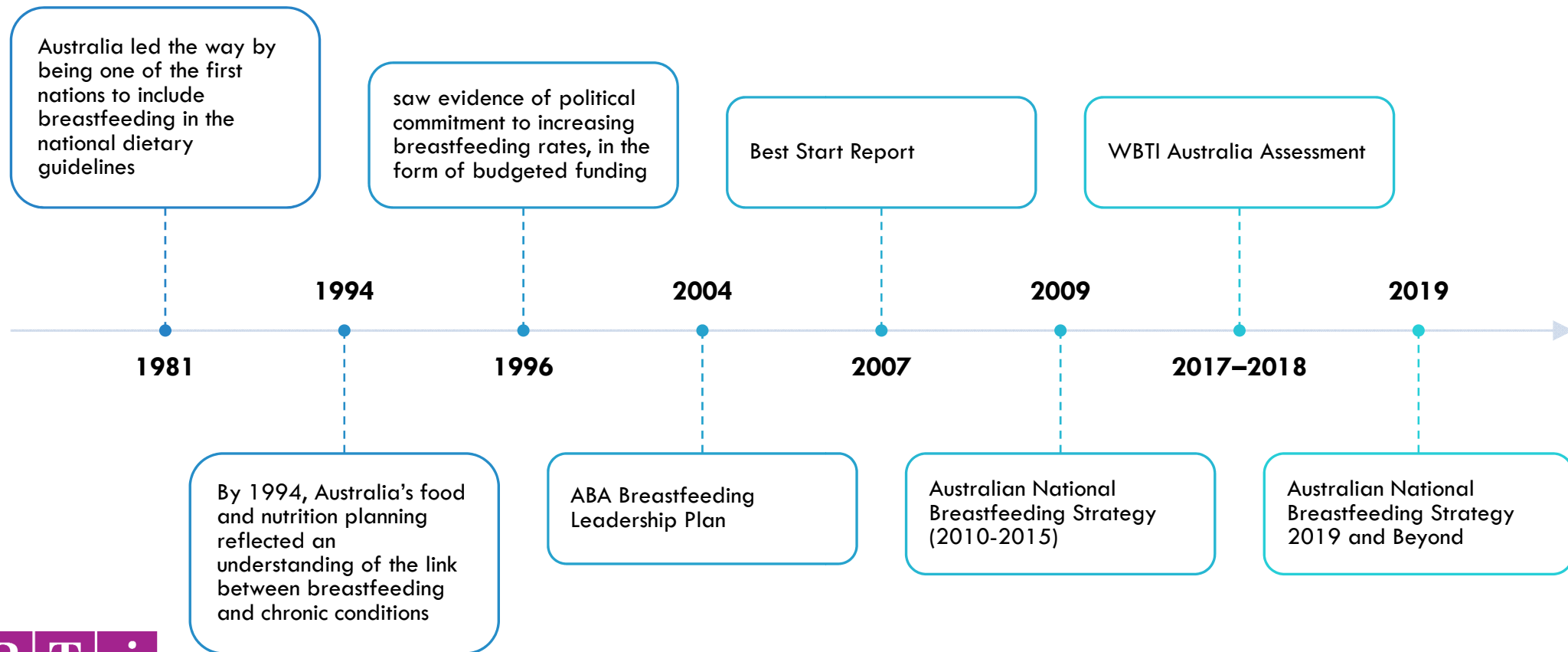


USING A GENDER ANALYSIS OF THE WBTI TO PRIORITIZE ADVOCACY WORK: THE CASE OF AUSTRALIA

An initiative of the International Baby Food Action Network

AUSTRALIA — HISTORICAL CONTEXT



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Australia: Report Card 2018

The assessment of implementation of policies and programs from the World Health Organization's Global Strategy for Infant and Young Child Feeding (GSIYCF).

25.5



Overall gaps

Australia has no national policy, national committee or nationally-coordinated programs that protect, promote and support breastfeeding in line with global recommendations for exclusive breastfeeding, adequate maternity leave or guidelines that refer to the current research for breastfeeding, including for HIV/AIDS and IYCF-E.

The integration of breastfeeding support between health care systems and the community through BFHI accreditation and peer-to-peer support for breastfeeding and IYCF is not currently recognised, adequately funded or prioritised.

The current Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF) fails to meet Australia's responsibilities to enact, monitor and enforce the WHO Code and all subsequent WHA resolutions regarding health and nutrition claims for foods for infants and young children (0–36 months).

There is no current pre-service training requirement for breastfeeding and IYCF skills and knowledge for all health professionals who can reasonably be expected to care for women and/or infants in their professional role.

There is no routine collection of nationally representative data measuring breastfeeding and IYCF practices that align with the global indicators to provide guidance that can be used for monitoring and evaluation of breastfeeding and IYCF practices, nor is the value of women's care work, such as breastfeeding included in official statistics.

Australia: Report Card 2018

The assessment of implementation of policies and programs from the World Health Organization's Global Strategy for Infant and Young Child Feeding (GSIYCF).

25.5



Overall 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.

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.

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.

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

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.

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.

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July 2018

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HOME > GLOBAL HEALTH AND CLIMATE CHANGE > GLOBAL HEALTH > NEVER MIND THE TRUMP ADMINISTRATION, AUSTRALIA'S RECORD ON BREASTFEEDING DOESN'T RATE SO HIGHLY

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

ACM News June 2018

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



Commentary

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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

Breastfeeding Review August 2018

PHAA InTouch Feb 2018 Australian breastfeeding policies and programs - how do they measure up globally?

intouch

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.

There was much enthusiasm and concern as to why this assessment has been needed, and in 84 countries has not



Pictured: Some of the WBTi team

The assessment is then used to highlight gaps, and to



Australian
National
University

Welcome: Informing the development of a position paper of the World Breastfeeding Trends Initiatives Infant and Young Child Feeding in Emergencies

Workshop co-facilitators

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ANU CRAWFORD SCHOOL NEWS AND EVENTS:
<https://taxpolicy.crawford.anu.edu.au/news-events/events/16383/gender-responsive-budgeting-and-progressing-breastfeeding-policy-2020-and?#tab>



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