Report: Gender responsive budgeting and breastfeeding policies: insights from the Asia-Pacific region

‘Resourcing breastfeeding’. Photo by Catherine Constable

Tax and Transfer Policy Institute, Crawford School of Public Policy, The Australian National University, Canberra
11-13 September 2017
Gender responsive budgeting and breastfeeding policies: insights from the Asia-Pacific region

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Gender Responsive Budgeting and Breastfeeding Policy: insights from the Asia-Pacific Region

Tax and Transfer Policy Institute, Crawford School of Public Policy, The Australian National University, Canberra
11-13 September 2017
Convened by Associate Professor Julie Smith, Dr Monica Costa and Professor Miranda Stewart, assisted by Naomi Hull, MPH/IBCLC

The aim of this research project was to develop, trial and deliver a gender budgeting framework for breastfeeding that can be used to assess, monitor and evaluate government policies on breastfeeding that will advance material and child health and gender equality, within established WHO public health goals. The gender budgeting framework will be trialled in a research workshop that aims to develop capability-building and training materials for in-country use.

The first Asia-Pacific regional workshop on ‘Gender Responsive Budgeting for Breastfeeding’ investigated how gender budgeting might be applied to enhance gender equity through improved implementation of national policies on breastfeeding. The objective of the workshop was to develop capacity and trial training materials for in-country use by applying the concepts and tools of gender budgeting analysis to breastfeeding policy assessment and costing. The event was supported by the ANU Gender Institute, the Tax and Transfer Policy Institute and RegNet, including by an APIP grant from the ANU College of Asia and the Pacific and a grant from the ANU Gender Institute.

Global progress in improving infant and young child feeding practices is hindered by lack of funding in support of national breastfeeding policies, and there are renewed calls at the international level to address funding gaps. The World Breastfeeding Trends Initiative (WBTi) tracks country progress in implementing the WHO/UNICEF Global Strategy on Infant and Young Child Feeding, and is supported by a costing tool launched in 2013 to help advocacy and budgeting at the national level. Gender-Responsive Budgeting (GRB) strategies to link gender equality commitments and economic and fiscal policy could enhance these efforts. Some thirty countries across the Asia-Pacific region have adopted elements of GRB.

The event brought together experts in breastfeeding, health and fiscal policy to draw on their experience from India, Philippines, Korea and Australia to introduce key concepts of gender-responsive budgeting (GRB), economics of breastfeeding, and important new global tools for evaluating national breastfeeding policies and their funding.

The seminar and workshop had goals of developing new understanding of how breastfeeding policies link to gender responsive budgeting for reproductive health rights; supporting Asia Pacific regional efforts to improve the gender sensitivity of breastfeeding policies; and contributing new insights on effective advocacy.
for funding breastfeeding support in national budgets including through introducing gender perspectives to existing policy evaluation and financial planning/costing tools. The WBTi meeting brought together interested participants for further training and planning the implementation of a gender responsive WBTi assessment of Australia using the WBTi and WBCi tools.

The Seminar, Workshop and WBTi meeting covered two key themes drawing on examples and experience from Korea, India, the Philippines and Australia:

1. The potential of gender impact analysis and gender responsive budgeting to address key gaps in IYCF policy implementation including funding;
2. How gender perspectives can enhance the assessment, monitoring and evaluation of IYCF policies using the WBTi and WBCi tools

**Seminar and workshop presenters**
Lyndall Strazdins, Miranda Stewart, Rhonda Sharp, Julie Smith, Shoba Suri, Alessandro Iellemo, Jaiok Kim, Monica Costa, Naomi Hull, Marie Coleman, Vokyung Song.

The event comprised a morning seminar with a panel of speakers introducing and applying gender analysis to breastfeeding policies and the Global Strategy on IYCF. This was followed by a workshop on gender
responsive budgeting for breastfeeding, and a half day meeting of participants interested in following up and applying the WBTi/WBCi costing tools using the innovative ‘gender sensitive’ approach explored during the previous 2 days.

Around 45 people attended the public seminar, while there were 30 workshop attendees. The WBTi meeting was attended by 25 people.

The Workshop was attended by researchers, health care practitioners (including GPs, midwives, nurses and lactation consultants, breastfeeding counsellors and community educators), and current policy-makers, from Western Australia, Queensland, South Australia, New South Wales and the ACT, including from the Australian Department of Health, the National Foundation for Australia Women, and the ACT Department of Health. Represented organizationally were the Lactation Consultants Association of Australia and New Zealand (LCANZ), the Australian Breastfeeding Association (ABA), and the Public Health Association of Australia (PHAA).

The workshop provided opportunities for network building and corridor discussions between presenters and health care practitioners and leaders, both over lunch and at the conference dinner and gatherings at University House on Monday and Tuesday evening.
Gender budgeting for breastfeeding: A framework for analysis

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<th>Session Purpose</th>
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<td>This session was open to the public and was intended to introduce gender analysis of breastfeeding policy to a broad audience in government, academia, women’s health, advocacy and breastfeeding support organisations. Attendees included members of the public, NGO representatives, Commonwealth and ACT government officials, journalists, academics and health professionals. Draw on experience from India, Philippines, Korea and Australia to introduce key concepts of gender budgeting, economics of breastfeeding, and important new global tools for evaluating national breastfeeding policies and their funding.</td>
<td>Recognise of how time and work hours interact with care work to affect women’s health and well being and economic position. Understand what gender budgeting is, why it is needed, and what it can achieve. Learn about gender budgeting initiatives in Australia and internationally, the extent of their influence and their relationship to human rights and capabilities approaches to gender equality. Recognise breastfeeding as an example of the care economy, and understand how breastfeeding practices and women’s economic security are affected by government policies and economic incentives, such as paid maternity leave, consumer protection, BFHI and women’s NGOs. Recognise how gender budgeting...</td>
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**About time, Professor Lyndall Strazdins ARC Future Fellow, National Centre for Epidemiology and Population Health, College of Health and Medicine, ANU**

Lyndall Strazdins opened the seminar with a presentation ‘about time’ in which she stressed how lack of attention to gender differences in time use and its relation to unpaid work hours resulted in an ‘hour glass ceiling’ as well as excessive work stresses and poorer health for women in Australia. To conclude her presentation Lyndall posed a question for our workshop – “How will work time need to be addressed to make gender responsive policy a reality?”

**An introduction to gender impact analysis, Professor Miranda Stewart, Tax and Transfers Policy Institute, ANU, Australia**

Miranda Stewart introduced gender impact analysis and its potential application to breastfeeding policy, highlighting the importance of substantive equality approach, and the important contributions that can be made by gender analysis to improve policy transparency, administration, effectiveness and economic
efficiency, as well as gender equity. She described how gender responsive budgeting involves gender analysis of policies and their programs and funding for their differential impact on men and women, leading to changes to decision-making so that gender equality is furthered. Outlining the 3 analytical categories of budgeting expenditures, she presented examples of how ‘mainstream’ policies such as workplace policies, commercial, advertising, pricing and consumer protection policies and market regulation as well as health and nutrition policies can affect breastfeeding. She presented data showing the different situation of men and women during the life course, and how this interacts with policy to differentially affect women’s economic security and well-being in ways that are not evident without applying a gender perspective to economic or financial data. Formal equality is not enough to ensure women are able to enjoy the same rights as men.

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<th>Budgeting for money and time, Professor Rhonda Sharp, University of South Australia, Australia</th>
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<td><strong>Rhonda Sharp</strong> described how budgets are not neutral in their effects on men and women. This is because women and men occupy different economic positions, undertake different social roles, face different barriers, and make different choices. Government budgets focus on the paid economy and often ignore the unpaid economy. She introduced the ‘cake with icing’ metaphor to illustrate how lack of attention to the less visible foundational structure of the economy can result in inefficient policy. Policies focused on improving efficiency in the paid economy can simply transfer costs to the unpaid economy if only the market economic is taken into account. Gender responsive budgeting ‘unpacks’ gender differentiated impacts of policies and budgets and engages with decision-making and priority setting better policy and introduce key approaches and tools for gender budgeting analysis.</td>
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<td>Outline how applying gender budgeting to breastfeeding can advance gender equality and women’s and children’s health through more effective implementation of the WHO/UNICEF Global Strategy on Infant and Young Child Feeding.</td>
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<td>Demonstrate the importance of valuing time in gender analysis, though recognising hidden unpaid work contributions by women and their impact on women’s and families’ economic security and wellbeing, as well as on child health.</td>
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<td>Illustrate the significance of the care economy, show how economic costs and benefits can influence the incentives for breastfeeding and lactation work, and summarise evidence on its importance for public policies and health budgets.</td>
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<td>Introduce the WHO/UNICEF Global Strategy on Infant and Young Child Feeding (WBTi) and IBFAN’s practical tools for assessing and costing breastfeeding policy implementation at the national level.</td>
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<td>Demonstrate how the WBTi and WBCi tools have been applied successfully to influence policy and programs and funding, in the diverse circumstances of Korea, India and The Philippines, as well as during emergencies situations, furthering implementation of the GSIYCF and relevant World Health Assembly Resolutions.</td>
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<td>concepts and tools might be applied to advance maternal and child health and gender equality, using examples from Korea, India, Philippines and Australia also during emergencies.</td>
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<td>Learn about the key elements of the WBTi policy assessment tool, and how it has been applied globally.</td>
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<td>Recognise how the program of global WBTi assessments has identified key challenges and opportunities for gender equality and more effective breastfeeding policy implementation.</td>
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<td>Learn about the WBCi financial planning tool, and how it is being applied globally to advocate for funding for effective breastfeeding policy implementation in diverse settings and policy gap situations.</td>
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<td>Learn how important Korean breastfeeding policy challenges were identified and policy changes implemented, through gaining knowledge of Korea’s policy oriented history of consumer advocacy on the WHO International Code, BFHI and WBTi assessment through networked advocacy.</td>
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processes to bring about changes which promote gender equality. Paid parental leave and maternal health services were examples of GRB and care activities that highlighted both analysis and politics.

**Economic aspects in national breastfeeding strategies,**  
Associate Professor Julie Smith, Menzies Centre for Health Policy, ANU, Australia

**Julie Smith** outlined the importance of making household care work including breastfeeding visible in measures of the economy, and described the contemporary policy context for breastfeeding. The 2014 Global Breastfeeding Initiative aims to address the low profile of breastfeeding and to secure new financial resources for national policies. She drew attention to the UNBAT call in 2008 for a dialogue between gender budget analysts and breastfeeding advocates, and for including breastfeeding in discussions on care work. UNBAT also called for breastfeeding to be included in GDP, for national breastfeeding rates to be seen as an indicator of women’s empowerment, and for the GSIYCF including the WHO International Code to be implemented worldwide. The UN OHCHR recently reinforced the human rights of women and children to adequate food and health through increased efforts to promote, support and protect breastfeeding, including via WHO International Code implementation. Global agencies are calling for countries to make greater investments in breastfeeding. She emphasised the importance of gender perspectives, as women already make huge but uncounted investments, through the time commitment involved. On the other hand, government budgets benefit enormously from unpaid and invisible preventative health-and child-care provided by mothers breastfeeding and caring for IYC. She quoted industry reports highlighting how the markets for breastmilk substitutes depends on policy, such as whether the Australian government increases or reduces paid maternity leave, and illustrating industry analysis of how government policies (WHAs)

**Show how the WBCi tool can be used to calculate the costs of implementing breastfeeding policies with examples of how it has been used to successfully to advocate for more adequate funding of policy implementation in the Philippines**

**Demonstrate the use of WBTi and WBCi tools to address implementation gaps for IYCF in emergencies in a range of countries in the Asia Pacific and other regions**

**Illustrate the diverse approaches to breastfeeding policy implementation and the centrality of policy and budget-focused consumer advocacy in Korea to improving financial incentives for more breastfeeding friendly hospital practices**
impacted breastfeeding in Korea, Philippines and India.

**Global breastfeeding policies and its funding: Challenges and opportunities from an Indian perspective, Dr Shoba Suri, IBFAN Asia, India**

Shoba Suri spoke about the GSIYCF and the WBTi, and detailed the membership and focus of the recently formed Global Initiative/Global Breastfeeding Collective. Seven key action areas have been identified by the GBC. The first is increasing funding. Also a focus is implementing the WHO International Code, family leave and workplace policies, Ten Steps to Successful Breastfeeding in maternity facilities, improved access to skilled lactation counselling in health facilities, and strengthened links between health facilities and communities to support breastfeeding. Monitoring progress of policies, programs and funding is the final key action area. She described the 15 WBTi indicators, ten on policies and five on breastfeeding practice indicators. She then presented summary data on the state of IYCF policy and programmes in 84 countries which had conducted a WBTi assessment, and details on which policy indicators were least well implemented by this measure. She also detailed India’s experience having done 2 assessments, the most recent in 2015. This provided the momentum for launch of a new nationwide breastfeeding promotion program in India in 2016. A key recent initiative is a nationwide conditional maternity benefit program commencing in 2017. Lessons learned from India’s experience include having a policy, a plan of action, with a specific budget and monitoring of implementation, conducting regular monitoring and acting to bridge gaps in specific indicators.

**Budgets and breastfeeding in The Philippines and in emergency contexts, Alessandro Iellamo, Infant and Young Child Feeding**
**Alessandro Iellamo** introduced the IYCN situation in the Philippines. Wasting remains a problem though progress has been made between 1990 and 2001 on child undernutrition regarding the high rates of stunting and underweight. Half of babies initiate early exclusive breastfeeding, only a third exclusively breastfeed to six months. Continued breastfeeding to 2 years is 34%. These rates are lower end of scale compared with other countries in East Asia and the Pacific, such as Samoa, though better than in China. Studies show a heavy financial burden of buying milk formula in Philippines. This is one of the 17 countries in SEA and Pacific with a national IYCF policy (2016). Key intervention settings are health facilities, family/community, working places, industry and schools. He outlined progress in implementing the GSIYCF in Philippines. WBTi data shows low (<1% of births) BFHI accreditation, though Philippines is one of the few countries where the WHO International Code is fully implemented into law. More than $100 million was spent on advertising BMS in Philippines in 6 months during 2006, illustrating the profitability of the formula industry. He outlined progress documented in a 2013 review of the Philippines’ national IYCF program, noting vulnerability to emergencies (formula donations are always offered) and short (<12 weeks) paid maternity leave. Paid breastfeeding breaks are now legislated however, and Mother Baby Friendly Workplaces and breastfeeding stations established. He also showed how the World Breastfeeding Costing initiative (WBCi) tool was used to estimate funding gaps for key elements of the 2011-2016 IYCF Strategic Plan of Action, and to leverage funding for IYCF activities which a WHO review identified as increasing from around $30,000 to nearly $3 million between 2011 and 2013. On convincing arguments to support breastfeeding in emergencies, he presented statistics for South Sudan (the youngest country, 2011), and described MIYCN strategies including how the WBCi was used to negotiate funding with the donor community. The Syria conflict has severely disrupted life-saving IYCF practices, with
dramatic declines in breastfeeding in the past 5-10 years; many online campaigns offer formula donations, reflecting widespread maternal perceptions of inadequate milk supply. Strategies have been developed to protect, promote and support optimal breastfeeding alongside other interventions on complementary feeding and micronutrient supplementation. IYCF counselling for acutely malnourished children, as well as to improve intrasectoral and intersectoral integration of relief activities. These IYCF-E examples illustrate the benefits of using the WBCI tool for helping governments, partners, donors and communities improve breastfeeding policies and practices in all circumstances.

**Linking policy with budgets: Korean experience in consumer advocacy for breastfeeding,** Kim Jai-Ok, E. Consumer, Korea

**Kim Jaiok**’s presentation described Korean experience in consumer advocacy for breastfeeding. This originated during the 1980s in raising awareness on the WHO International Code, and involved a focus on policy rather than individual behaviors. Committee work evolved into a Korea Breastfeeding Network, involving 13 organizations, and culminated in 2017 measures to increase the budget such as for parental leave. Bans on public advertisements of infant formula and bottles and teats in the 1990s were accompanied by other policy activism which resulted in ‘breastmilk maintenance fees’ introduced to counterbalance the incentives provided to hospitals for formula feeding from medical insurance. It involved linking identified gaps with budgets to address perverse incentives against breastfeeding. This levelled the playing field with financial incentives for formula use and was accompanied by rising rates of breastfeeding initiation and duration. A successful lawsuit was conducted against Enfamil in 2009. Another successful strategy has been WBW ceremonies involving 13 different organizations including medical associations and consumer groups and media, gaining high level support at public events from ministers and directors of
government including the minister for health and welfare, and appointing KBN ambassadors each year to encourage breastfeeding by employed mothers. Most recently WBW advocacy focused on the 17 SDGs.

Women and gender in breastfeeding policy analysis

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<td>How WBTi measures the implementation of the WHO/UNICEF global strategy for infant and young child feeding, Dr Shoba Suri, IBFAN Asia, India</td>
<td>Incorporating basic understanding of gender impact and budgeting approaches and tools, explore how to assess and advocate for IYCF policy and programs and funding, within the framework of the WHO/UNICEF Global Strategy on IYCF, incorporating participatory methods and processes and advocacy networks and coalitions</td>
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<td>Understand the potential significance for gender analysis of using accessible tools and participatory processes developed by the IBFAN international NGO networks</td>
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<td>Recognise the importance of engagement with key stakeholders in effective IYCF policy and program assessment and evaluation</td>
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<td>Learn key steps in conducting gap assessments of IYCF policies</td>
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<td>Understand the uses of costing tools such as the WBCi in planning and</td>
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Shoba Suri described the history of global IYCF policy and how IBFAN’s WBTi measures the implementation of the WHO/UNICEF global strategy. It identified 10 key components for evaluating country strategies. She also explained the process for a WBTi national assessment.

IBFAN’s WBTi tool emerged from the WHO 2004 Tool for National Assessment of the GSIYCF, which was little used due to its complexity. This was combined with IBFAN’s 2003 APPAR participator tool for assessing monitoring and evaluating IYCF programs, to create the WBTi. Notably, the Innocenti Declaration in 2005 included a call for identifying and allocating resources.

1 The antecedents to the GSIYCF were the Innocenti Declaration of 1990, which called for the appointment of national level committees and national coordinators, ensuring maternity facilities followed the Ten Steps for Successful Breastfeeding, giving effect to the International Code and adopting national legislation and enacting maternity protection legislation to protect the rights of working women. The GSIYCF set additional targets for countries, notably developing, implementing, monitoring and evaluating a policy on infant and young child feeding, protecting, promoting and supporting exclusive breastfeeding for the first six months, ensuring continued breastfeeding for two years with appropriate and timely complementary feeding, developing guidelines for infant feeding during HIV and during emergencies, supporting women’s care and nutrition and initiating communications and advocacy for these issues.
sufficient resources to fully implement the GSIYCF actions.

The objectives of the WBTi were (paraphrased),

- to provide critical information to bridge gaps in policy, programs, and practice;
- to provide evidence for advocacy for greater effort and investment for optimal breastfeeding;
- and to contribute to reducing child malnutrition and death and improve women’s health through breastfeeding and complementary feeding

The toolkit is Web-based, which helps in data entry and transforms into scoring and color rating of countries. It also can generate graphics and reports for use in World format and to help quick analysis of status and progress.

She outlined that the WBTi works by being Action oriented, Bringing together, Consensus and commitment building, Demonstrating achievement and gaps, and Efficacy improving. Its conceptual framework is akin to the AAA (Assessment-Analysis-Action-reassessment) framework. Reassessments help study trends in optimal breastfeeding and GSIYCF policy implementation, and can aid tracking of impacts of specific interventions over time. It differs from a databank on IYCF policies and programs because it does more; it is action oriented and consensus building, is uniquely assessable, and it can study trends in policies, programs and feeding practices and impacts of interventions. It is included as a linked data source in the WHO Global database on the Implementation of Nutrition Action (GINA), and used as evidence in the most recent *Status Report on Country Implementation of the International Code*. It is increasingly useful to researchers, now introduced in 117 countries with 87 completed assessments. Impacts on GSIYCF are also documented for a range of Asian and Pacific countries (e.g India, Bangladesh, Hong Kong, Philippines, Vietnam and Timor Leste). Overall, it

**advocacy for IYCF implementation and funding**

**Gain familiarity with using the WBCi tools for financial planning, program management and advocacy**
documents the involvement of 750 partners in 84 countries; government agencies, breastfeeding advocacy groups, civil society groups, professional organisations/academicians, UN agencies, Media, and others.

**Perspectives of key stakeholders and experts in infant feeding on the implementation of the Australian National Breastfeeding Strategy 2010-15, Naomi Hull, Registered Nurse, International Board Certified Lactation Consultant, Australia**

**Naomi Hull** reported on her study of Breastfeeding Policy in Australia which described key stakeholder feedback on the Australian National Breastfeeding Strategy 2010-2015 (ANBS 2010-2015) and the important gaps including funding which were identified. She drew attention to the historical context of Australian policy, with this country a leader in including breastfeeding in national dietary guidelines as early as 1981, food and nutrition planning reflecting understanding links between not breastfeeding and chronic conditions in the 1990s, and a funded, national breastfeeding strategy during the late 1990s. Since then however, community leadership rather than government policy initiatives have been most evident. There has been no national IYCF policy in place since the late 1990s through to 2010, despite urgings such as the ABA’s 2004 Breastfeeding Leadership Plan, and the huge public input into the 2007 Best Start parliamentary inquiry. She listed the main action areas for the ANBS, and described the method, strengths and limitations of her research study on stakeholder perceptions of its implementation. While initial reactions to the Strategy had been hopeful, it had not been a driver of action. Barrier to action included formula industry marketing, lack of political priority and lack of dedicated funding. Lessons learned included the need for an independent, committed and well informed breastfeeding coalition, the importance of adequate political support, funding and leadership, and the need for evaluation including measuring breastfeeding goals and
targets. She concluded that WBTi provides a suitable framework, methodology and defined process for future action, is evidence based, participatory and respected, and demonstrably useful to researchers and governments.

**Conducting a national assessment of the implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding, using the WBTi, Dr Shoba Suri, IBFAN Asia, India**

**Shoba Suri** described the objectives of a WBTi assessment and the process for conducting it. As well as assessing each country’s situation regarding GSIYCF implementation, objectives of an assessment include advocacy on specific interventions, report and report card publication, and building and expanding the web database on country status and trends. Assessment includes data collection on feeding practices as well as GSIYCF implementation. First steps are national actions to identify the national IYCF assessment coordinator, plan the process identify a core group of 4-5 persons, avoiding conflict of interest and if possible including government, NGO and other professional organisations as well as WHO and UNICEF. After fixing responsibilities on each of the 1-15 indicators, the core group prepares a draft report, which is then presented to a wider audience for review and comment and consensus building. Finally, the report is revised and report cards generated and shared, eg with governments and other targets for BF support. Media can also be utilised. Human and financial resources are needed to support the WBTi process. She described aspects of scoring policies and practices, with examples from the 2015 Indian WBTi assessment. The final stages of assessment and preparing the report and generating a report card, involving analysis and verification, were also described and illustrated in detail. The culmination of each WBTi assessment process is a ‘Call to Action’ event, to publicly share and highlight the gaps
Applying the World Breastfeeding Costing Initiative (WBCi),
Alessandro Iellamo, Infant and Young Child Feeding specialist,
The Philippines

**Alessandro Iellamo** demonstrated the use of the WBCi tool to help gain funding for GSIYCF implementation, and conducted an exercise for participants to gain familiarity and skill with using the tool. The WBCi consists of an advocacy document, *The Need to Invest in Babies*, and a financial planning tool. While “The Need to Invest in Babies” provides estimates, the financial tool provides for hands-on’ budgeting. All elements of GSIYCF strategies are included in the WBCi tool. Participants formed teams to gain familiarity with using the WBCi tool, through a focus on costing an element of the GSIYCF based on a case study provided. The tool also includes a monitoring element, of relevance particularly to funding bodies interested in whether funds for a GSIYCF element have been drawn on and which components are most utilised. The tool can be used flexibly to plan and budget for whole GSIYCF elements or just single programs or interventions. The importance of incorporating the WBCi tool into WBTi assessments was emphasised. Such costing can be used to carry forward actions identified in the country assessment, and assist advocacy for adequate funding to address identified gaps in policies and programs. Gender analysis can also be applied by discussing women’s unpaid time contributions within the WBCi framework, as was done in the ‘Investing in Breastfeeding’ *IBJ* publication by the IBFAN/ANU team in 2015.
## Gender responsive budgeting and breastfeeding

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<tr>
<td>Explore how gender impact analysis may integrate with monitoring, evaluation and planning of breastfeeding policies.</td>
<td>Learn about the tools of gender analysis as a strategy for mainstreaming GSlYCF policies on breastfeeding and its resourcing.</td>
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<td>Learn how gender analysis can assist WBTi assessments to promote gender equality women’s empowerment.</td>
<td>Know the main elements of government budget processes and understand key intervention points.</td>
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<td>Recognise the importance of politics in budgeting, and the use of coalition building strategies to maximise influence.</td>
<td>Develop familiarity with processes and government machinery and institutions important to budget formulation, enactment, implementation, audit and evaluation.</td>
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<td>Acquire basic skills in identifying potentially beneficial coalitions or networks, and advocacy opportunities, and in formulating budget related strategies to support advocacy for breastfeeding.</td>
<td>Learn from the experience of gender budgeting in Australia and other countries about influential budget advocacy to promote the human rights of women and children including breastfeeding, nutrition programs and gender related violence, informed by gender analysis.</td>
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**Gender responsive budgeting: Analysis and Politics, Professor Rhonda Sharp, University of South Australia and Dr Monica Costa, TTPI**

Rhonda Sharp spoke of GRB as a strategy for mainstreaming gender into economic and other policies with the aim of promoting gender equality and women’s empowerment. It involves analysis of the gender-differentiated impacts of policies and budgets, a process of changing budgetary decision making and priorities and a value system recognising the different ways men and women contribute to society with their unpaid labour in bearing, rearing and caring as well as through their participation in the paid economy. A range of terminologies are used interchangeably such as ‘Gender Responsive Budgeting’, ‘Gender Budgeting’, ‘Women’s Budgets’ etc. She outlined the history of GRB including the 2016 GRB status report for the Asia Pacific Region, and noted examples of tokenism. She also explained the five step approach of gender budget analysis pioneered by Budlander such as in Malaysia in 2005 analysis – describe the situation, assess policy, scrutinise resourcing, monitor trends, evaluate results. The five steps paralleled budget team activities documenting ‘needs/analysis’, policy/program, inputs, outputs and impacts/outcomes. GRB has added value to gender analysis through its focus on how budgets are used. She summarised the tools of analysis, which include gender disaggregated policy appraisal, beneficiary assessment, tax incidence analysis, impact of the budget on time use, medium term expenditure framework, as well as Gender budget statements and costing assessments. She
described different analysis formats such as GRB budget submissions within government, GB statements, and civil society assessments. She also outlined the budget cycle and noted the importance of knowing the key intervention points. She emphasised the use of these tools as part of political strategies to bring about change, and the importance of understanding the values and interests and networks of political actors. Different types of data can be more or less influential, and legitimacy in this space may not be recognised, with resistance to be expected.

Rhonda Sharp and Monica Costa summarised approaches to the politics of budgets drawing on the examples of East Timor, and the Milk Project in Peru. This highlighted the mapping of the wide range of actors engaged in mobilising resources for implementation, understanding policy machinery including involving women’s networks, and women’s parliamentary caucus. Also, this emphasised the need to acknowledge and analyse the full range of women’s unpaid contributions, and identify their own experiences of government funded nutrition programs. The experience of East Timor shows that rather than being an afterthought, accountability and policy impact is greatest if gender responsive policies are built into the budget processes.

Role play presentation to a budget committee: Considering the arguments and the politics around the budget, Professor Rhonda Sharp, University of South Australia and Dr Monica Costa, TTPI

Rhonda Sharp and Monica Costa led a group learning exercise in which participants engaged in a role play presentation to a budget committee to build new understanding and skills for presenting the arguments and addressing the politics around the budget. For key resources used see Appendix.
**Civil society organisations and GRB: Lessons from the NFAW for breastfeeding and women’s rights advocacy, Marie Coleman, National Foundation for Australian Women, Australia**

Marie Coleman outlined the history of gender budgeting in Australia, and the experience and process of NFAW preparing a gender analysis of the Commonwealth budget since 2014. GRB is no longer explicitly conducted by the Commonwealth government during preparation of the budget. The GRB report is instead a gender analysis of proposed spending, which is produced by volunteers involved in an NGO, the NFAW. The report has been identified as a valuable and timely resource by journalists analysing the Commonwealth Budget, and its data has underpinned significant policy critiques and modification of budget policies after the event. The NFAW report uses the framework pioneered by Sharp, which includes a gender analysis of ‘mainstream’ policies, as well as funding of equal opportunity initiatives and programs which specifically target women. Resources constrained coverage and analysis however. While the process of preparing the NFAW report is participatory, it is not action oriented, in that it is mainly a reliable database for gender analysis of the Commonwealth Budget rather than a systematic analysis of fiscal policies affect men and women differently.

**Application of the WBTi and WBCi in Korea, Kim Jai-Ok and Dr Song Vokyung, E. Consumer, Korea**

Kim Jao-Ok and Dr Song Vokyung shared their experience in advocacy for budget funding for important innovations in breastfeeding support in Korea. They presented data on Korea, noting the low birth rate, and births of around 400k a year (compared to 300k in Australia) in a population of over 50
million people (population around 25 million). Trends in breastfeeding were for near universal (90%) breastfeeding in the 1970s, to only 10% by the 1990s. Recovery since the 2000s has taken breastfeeding rates to around 35%. Early initiation rates are less than 29%, and duration is short (below 6 months). Half of mothers bottle feed. They described the WBTi assessments in Korea in 2008, 2012, and 2016. Initially there had been an improvement but most recently some regression. Korea scored particularly low on BFHI, but particularly well on WHO International Code implementation and health and nutrition care system education and training, and Mother Support and Community Outreach. Maternity Protection and Information Support, Infant feeding and HIV, and Monitoring and Evaluation is barely adequate, while emergency preparedness regarding infant feeding is almost totally lacking. Budgeting for breastfeeding in Korea needs to provide resources for NGO activity. $44 million a year is budgeted by government to fund hospitals for ‘breastmilk maintenance fee’. KBN’s greatest achievement for IYCF campaign. For a 3 day hospitalisation, facilities receive about $100 per birth. New budget provision for maternity leave is being considered for 80% pay maintenance up from 40%, and improved paternity leave and payment, as well as free medical care for pregnant and new mothers up to 2 months postpartum. NGO’s own budgeting for IYCF includes policy development, education and training, events, and survey work such as WBTi. Case studies were presented on these activities with indicative cost of $8000 for WBW event under ‘IYCF communication for behaviour and social change and information’.

The WBTi assessment for Korea identified BFHI and WHO International Code gaps, with fewer BFHI hospitals, and lack of compliance or penalties for Code violations. The need for supplementing private provision of paid maternity leave with institutional supplementation is also identified for female employees who are breastfeeding, along with the policy gap for HIV and infant feeding.
**Economic costs of breastfeeding, Associate Professor Julie Smith, Menzies Centre for Health Policy**

Julie Smith spoke about the economic costs of breastfeeding in relation to its savings for health budgets and society, reflecting on the importance of visibility of the unpaid care economy, including for advocacy for paid maternity leave. Investment in breastfeeding is placed within a human rights framework, as illustrated in the recent UN OHCHR joint statement regarding the Right to Food, the Right to Health, Discrimination against Women, and the Rights of the Child. This emphasized that states should do more to promote, support and protect breastfeeding and end inappropriate marketing of breastmilk substitutes.  

Human rights require governments to allocate resources for their realisation. Gender equity and economic efficiency go together because resourcing breastfeeding such as through paid maternity leave and reducing formula use increases valuable (unpaid household) production of nutrition and health care and reduces household and government health treatment costs, and providing greater economic recognition and financial security for women. She presented data from Australia on the time involved in meeting health recommendations for 6 months of exclusive breastfeeding which imposes economic costs on women. She highlighted that while women disproportionately bear the economic opportunity costs of breastfeeding through lower earnings and retirement incomes and wealth, government budgets...

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and the wider economy benefited from these investments, through lower health costs, and a more productive and healthier workforce. She drew attention to Australia’s paid maternity leave scheme which provides evidence that the publicly funded scheme increased both breastfeeding duration and therefore child health, and maternal mental health. She noted how the five step approach of gender budget analysis – describe the situation, assess policy, scrutinise resourcing, monitor trends, evaluate results - aligned with the WBTi approach. She showed how the WBCi had been used to identify the global cost of GSIYCF implementation in the ‘Investing in Breastfeeding’ study, which identified maternity entitlement as the main cost element. Calculating the costs while drawing attention to the magnitude of women’s own investments in breastfeeding has added to global efforts for better sharing of this economic burden, through more government and societal investment in breastfeeding.

<table>
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<tr>
<th>Session Purpose</th>
<th>Objectives</th>
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<tr>
<td>Presenters were asked to share what they learned about gender impact and budgetary analysis and breastfeeding policy and their thoughts on how each aspect could be improved by drawing on the other.</td>
<td>Share newly acquired understandings, knowledge, and skills on gender analysis and breastfeeding policy</td>
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<tr>
<td>Understand how concepts and tools of gender impact and budgeting analysis might be applied to assessing breastfeeding policies</td>
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<tr>
<td>Understand how breastfeeding can be an exemplar for gender impact and budgeting analysis</td>
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Where next?

Each presenter provided feedback on what they took from the workshop about how gender responsive budgeting and breastfeeding policy were linked, and how each could be enhanced by greater integration. The discussion highlighted
- the need to incorporate CEDAW aspects and policy impacts on gender equity in WBTi assessment and

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3 The report advocated an approach which ‘acknowledges the real economic costs and time constraints of optimal breastfeeding to households and to women in particular, if appropriate support for lactation is not available in work environments and childcare services.’ The report had noted the limitations of not accounting for ‘personal or household costs of breastfeeding which may include foregone maternal earnings, career opportunities, or other maternal constraints.’ It also drew attention to the wider benefits of maternity entitlements for maternal and child health and well-being, as well as in addressing poverty among women.
reporting,

- financial and economic planning and costing should include counterpart costs such as women’s time costs (eg in the WBCi tool) to ensure financial analyses recognised and valued women’s unpaid time and other contributions alongside government cash contributions, and to provide a new perspective to help advocacy on who is investing in breastfeeding.

Much was learned from the experiences of other Korea, the Philippines and India as well as other countries where WBTi assessments have been conducted and the WBCi tool applied. A focus on monetary incentives in BFHI, the need for high profile role models of breastfeeding career women, adequate paid maternity leave entitlements and workplace accommodations, and the lack of political commitment and funding for implementation of breastfeeding policies emerged from reporting on this experience, as well as cases where using WBTi and WCTi tools elicited greater commitment and funding.

It was agreed among participants that continuing NGO, health services and academic analysis of breastfeeding policy and implementation of the GSIYCF from a gender perspective, based on new data and information gathering and evidence of policy gaps and impacts, is essential, and needs to incorporate women’s human rights, economic productivity and experiences, in its purview.

Australia has fallen behind in implementation and funding of breastfeeding policy, and research analysis on gender can strengthen evaluation and new implementation of these policies. Participants were invited to attend a meeting to discuss conducting a WBTi assessment in Australia.

On the morning following the ‘Gender responsive budgeting and breastfeeding policies’ workshop, a meeting was held, led by Naomi Hull and resourced by Shoba Suri and Alex Iellamo to discuss possibilities for a WBTi assessment in Australia.
To further Australia’s implementation of gender responsive breastfeeding policies and budgets, the participants agreed to use the skills and knowledge from the workshop to conduct a WBTi assessment of Australia and use it to identify gaps and funding needs for a new ANBS. A national coordinator was appointed and teams formed to gather information on WBTi indicators.

A WBTi Australia group involving researchers, NGO, health services and government representatives was established at the meeting to conduct this gender responsive breastfeeding policy assessment over the coming months. A Google group was set up to facilitate communication, and a share Dropbox folder created for sharing of relevant documents and resources. Minutes of the first meeting of the team, WBTi Australia, are provided as an Appendix to this report.
Decalie Brown (immediate past President, International Lactation Consultants Association) and Dr Shoba Suri (BPNI/IBFAN Asia)

Sally Eldridge, Jen Hocking,
Helen Adams, Naomi Hull, Decalie Brown
Conclusion

Gender budgeting for breastfeeding: A framework for analysis

Gender budgeting and IBFAN’s global breastfeeding policy assessment and costing initiatives have common objectives of contributing to the practical realisation of human rights of women and children through analysis and advocacy.

Men and women are placed differently in society and the economy, hence policies and budgets have differential effects.

Gender budgeting is increasingly widely implemented throughout the world, and Australia’s pioneering role has been forfeited in recent years. In the Asia Pacific region a number of countries have implemented gender budgeting in various forms, including Australia, India, South Korea, and The Philippines. Gender impact and budgetary analysis can improve the effectiveness and efficiency of policy, as well as contribute to better administration, transparency and political accountability for policy, programs and the allocation of fiscal resources. It highlights how the different situation of women and men in the economy means policies, programs and budgets can have differential effects, and brings attention to the importance of the unpaid economy, as well as the market economy. Policy and budgeting commonly ignore the unpaid economy, potentially reducing policy effectiveness and equity, and shifting costs to the unpaid economy, which is disproportionately the realm of women. Gender analysis brings attention to the invisibility and lack of social and economic recognition given to women’s work, to its contribution to the smooth functioning of the market economy and society as a whole, to the costs and harms from policy and budgeting which ignores the unpaid economy and women’s work in it, and to the gains to government budgets, economic efficiency and gender equity from incorporating gender analysis into fiscal decision-making and priority setting processes, arrangements and institutions. To date however, gender responsive budgeting has paid little attention to breastfeeding policy and its funding, even in the sphere of reproductive health rights.

Women and gender in breastfeeding policy analysis

Breastfeeding is archetypal of the unpaid economy and of how gender analysis can improve public policy and budgeting. It is a biological behaviour that also contributes importantly to the allocation of gender roles in ways which can expose women to economic insecurity and inequity. It is also the biological norm for human beings, hence of crucial importance to human health, particular women’s reproductive health, child spacing, and as early nutrition that is central to protecting children from infectious illness and ensuring appropriate immune system and child mental development. Women’s uniquely valuable provision of nutrition and care to infants and young children through breastfeeding is however, invisible in national economic statistics despite its significant economic value and its important contributions to human nutrition, health care of infants and young children, government and family health budget cost minimisation, and labour force productivity. The WBTi has generated the most important global database on breastfeeding policies, now covering at least 84 countries, including major developed countries such as the United Kingdom and the United States, as well as many developing countries in Asia and the Pacific, including India, South Korea, and The Philippines. As it has expanded, this has allowing for assessment and monitoring of governments implementation of human rights obligations in relation to breastfeeding, and maternal and child nutrition and health. Development and application of the WBTi has also allowed the identification of gaps in policy implementation and funding, both in relation to overall policies, and in relation to country’s implementation of specific elements of the WHO/UNICEF Global Strategy on Infant and Young Child Feeding. To date, analysis of breastfeeding policies such as through the WBTi and
implementation of the Global Strategy has not given explicit consideration to gender aspects of policy and how this might contribute to its low profile and inadequate funding in government budgets around the world.

**Gender responsive budgeting and breastfeeding policy assessment and planning**

The workshop explored how gender responsive budgeting approaches might be used to improve WBTi and WBCi tools. It found that these tools might be enhanced, by the WBTi assessment process and reporting giving explicit attention to how breastfeeding policy implementation furthers women’s human rights, and improves gender equity. It also found a need for gender responsive budgeting to give greater attention to the impact and implementation of policies for the protection, promotion and support of breastfeeding in the realisation of women’s health and economic rights.

A gender budgeting lens further highlights that the WBCi tool might usefully incorporate women’s unpaid contributions of time, skill and knowledge to breastfeeding. Measuring the economic value of women’s unpaid time invested in breastfeeding would illustrate that this investment far exceeds any financial investments by governments and society, as well as highlighting that the success of policies, programs and investments in improving IYCN depends on successfully engaging and resourcing women to participate including reducing and redistributing their other paid and unpaid work responsibilities.

**Julie Smith**
Associate Professor
Menzies Centre for Health Policy,
Regnet, ANU

**Monica Costa**
Research Officer,
Crawford School,
ANU

**Miranda Stewart**
Professor and Director
Tax and Transfer Policy Institute
Crawford School, ANU

**Naomi Hull**
Lactation Consultant &
Research Assistant
Menzies Centre for Health Policy,
RegNet, ANU
Gender responsive budgeting for breastfeeding workshop

Monday 11 September, 11.15am to 5.00pm
Tuesday 12 September, 9.30am to 4.30pm

Lennox Room, Level 1 JG Crawford Building, Lennox Crossing, ANU

The first Asia-Pacific regional workshop on ‘Gender Responsive Budgeting for Breastfeeding’ will be hosted by the Tax and Transfer Policy Institute and School of Regulation and Global Governance on 11 and 12 September 2017. The two day regional workshop aims to support efforts to improve breastfeeding policies and its funding in national budgets.

Experts in breastfeeding, health and fiscal policy will draw on their experience from India, Philippines, Korea and Australia to introduce key concepts of gender-responsive budgeting (GRB), economics of breastfeeding, and important new global tools for evaluating national breastfeeding policies and their funding.

Global progress in improving infant and young child feeding practices is hindered by lack of funding in support of national breastfeeding policies, and there are renewed calls at the international level to address funding gaps. The World Breastfeeding Trends Initiative (WBTI) tracks country progress in implementing the WHO/UNICEF Global Strategy on Infant and Young Child Feeding, and is supported by a costing tool launched in 2013 to help advocacy and budgeting at the national level. Gender-Responsive Budgeting (GRB) strategies to link gender equality commitments and economic and fiscal policy could enhance these efforts. Some thirty countries across the Asia-Pacific region have adopted elements of GRB.

Join us to learn about the potential of these strategies and tools, and the synergies between them, to improve gender equality and health and economic outcomes for children, women and men.

This workshop will be held at the Crawford School of Public Policy, Australian National University and is supported by the College of Asia and the Pacific, the Gender Institute and the Australian Research Council.

Registration for the workshop is limited. Please email monica.costa@anu.edu.au to express your interest to attend.

NOTE: A public seminar Gender responsive budgeting and breastfeeding policies: Insights from the Asia-Pacific region, will be held on Monday 11 September 2017 from 9.15-11am in the Weston Theatre, JG Crawford Building. Registration for this event is available here.

Contact
Diane Paul
Crawford School of Public Policy
J G Crawford Building 132
The Australian National University
Email: diane.paul@anu.edu.au
## PUBLIC SEMINAR - Weston Theatre, JG Crawford Building

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>9.15 - 9.20 am</td>
<td><strong>Welcoming remarks</strong>, Professor Lyndall Strazdine, College of Health and Medicine, ANU, Australia</td>
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<tr>
<td>9.20 – 11.15 am</td>
<td><strong>An introduction to gender impact analysis</strong>, Professor Miranda Stewart, Tax and Transfers Policy Institute, ANU, Australia</td>
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<td><strong>Budgeting for money and time</strong>, Professor Rhonda Sharp, University of South Australia, Australia</td>
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<td><strong>Economic aspects in national breastfeeding strategies</strong>, Dr Julie Smith, Menzies Centre for Health Policy, ANU, Australia</td>
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<td><strong>Global breastfeeding policies and its funding: Challenges and opportunities from an Indian perspective</strong>, Dr Shoba Suri, IBFAN Asia, India</td>
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<td><strong>Budgets and breastfeeding in The Philippines and in emergency contexts</strong>, Alessandro Iellamo, Infant and Young Child Feeding specialist, The Philippines</td>
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<td><strong>Linking policy with budgets: Korean experience in consumer advocacy for breastfeeding</strong>, Kim Iai-Ok, F. Consumer, Korea</td>
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<tr>
<td>11.15 – 11.30 am</td>
<td>Morning tea</td>
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<td><strong>Book Launch</strong>, Remarks by Emeritus Professor Marian Sawyer, College of Arts and Social Sciences, ANU Australia</td>
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<tr>
<td>11.30 - 12.45 pm</td>
<td><strong>WORKSHOP PROGRAM – Lennox Room, JG Crawford Building</strong></td>
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<td><strong>How WBTi measures the implementation of the WHO/UNICEF global strategy for infant and young child feeding</strong>, Dr Shoba Suri, IBFAN Asia, India</td>
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<tr>
<td>12.45 – 1.45 pm</td>
<td>Lunch</td>
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<tr>
<td>1.45 – 3.00 pm</td>
<td><strong>Perspectives of key stakeholders and experts in infant feeding on the implementation of the Australian National Breastfeeding Strategy 2010-15</strong>, Naomi Hull, Registered Nurse, International Board Certified Lactation Consultant, Australia</td>
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<td><strong>Conducting a national assessment of the implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding, using the WBTi</strong>, Dr Shoba Suri, IBFAN Asia, India</td>
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<tr>
<td>3.00 – 3.15 pm</td>
<td>Afternoon tea</td>
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<tr>
<td>3.15 – 5.00 pm</td>
<td><strong>Applying the World Breastfeeding Costing Initiative (WBCI)</strong>, Alessandro Iellamo, Infant and Young Child Feeding specialist, The Philippines</td>
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<td>Time</td>
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<tr>
<td>9.30 - 10.30 am</td>
<td>Gender responsive budgeting: Analysis and Politics, Professor Rhonda Sharp, University of South Australia and Dr Monica Costa, TTPI</td>
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<tr>
<td>10.30 – 10.45 am: Morning Tea</td>
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<tr>
<td>10.45 – 12.15 pm</td>
<td>Role play presentation to a budget committee: Considering the arguments and the politics around the budget, Professor Rhonda Sharp, University of South Australia and Dr Monica Costa, TTPI</td>
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<tr>
<td>12.15 - 1.15 pm: Lunch</td>
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<tr>
<td>1.15 – 2.30 pm</td>
<td>Civil society organisations and GRB: Lessons from the NFAW for breastfeeding and women’s rights advocacy, Marie Coleman, National Foundation for Australian Women, Australia</td>
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<td>Application of the WBTi and WBCi in Korea, Kim Jai-Ok and Dr Song Vokyung, E. Consumer, Korea</td>
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<tr>
<td>2.30 – 3.15 pm</td>
<td>Economic costs of breastfeeding, Dr Julie Smith, Menzies Centre for Health Policy</td>
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<tr>
<td>3.15 – 3.30 pm: Afternoon Tea</td>
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<tr>
<td>3.30 – 4.30 pm</td>
<td>Future directions: Using a gender responsive budgeting framework to enhance implementation of national breastfeeding policies, Dr Julie Smith and Professor Rhonda Sharp</td>
</tr>
<tr>
<td>4.30 – 5.30 pm</td>
<td>Drinks, Fellows Bar and Cafe, University House</td>
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Gender responsive budgeting for breastfeeding workshop

Associate Professor Julie Smith is an ARC Future Fellow at the School of Regulation and Global Governance (RegNet), Australian National University, and a Fellow of the Tax and Transfer Policy Institute at the ANU Crawford School of Public Policy. Her research focusses on gender analysis, taxation policy, and economic aspects of breastfeeding, with 45 peer reviewed articles, book chapters and books. She has been an expert advisor to the World Health Organisation and the US Department of Health and Human Services, and to international NGOs including UNICEF UK, IBFAN, and WABA. Previously, she was a senior economist in the Australian and New Zealand treasuries and at the Parliamentary Research Service.

Professor Miranda Stewart is Director of the Tax and Transfer Policy Institute at the Crawford School of Public Policy, Australian National University in Canberra and is a Professor at the University of Melbourne Law School. Miranda researches tax law and policy, design and development. Professor Stewart has published widely including on business tax law and policy, tax co-operation and globalization, avoidance and sham, institutions and processes of tax reform. She has previously worked at New York University School of Law in the United States, in major Australian law firms and at the Australian Taxation Office and has consulted for government on various tax and transfer policy issues.

Dr Monica Costa is gender and development researcher with a particular focus on the application of Gender Responsive Budgeting. She has published widely in leading journals and has worked on gender issues in Portugal, Timor Leste, Solomon Islands, and Indonesia. She has worked with a range of partners including the Australian aid program, UN agencies, and international NGOs. In 2008 she was an adviser to the Timor Leste Secretary of State for the Promotion of Equality, and from 2009-11 she convened an ANU Women in Politics course with participants from across Asia-Pacific region.

Professor Rhonda Sharp is an adjunct at the University of South Australia and former Professor of Economics. Her work has focussed on the integration of a gender perspective into policies and government budgets through research, writing and advising governments, NGOs and international organizations. She co-authored one of the earliest books on gender and economics- Shortchanged: Women and Economic Policies. She was a founding member and later President of the International Association for Feminist Economics. She was a member of the UN Expert Group and its report, Financing Gender Equality and Women’s Empowerment. In 2012 Professor Sharp was awarded an AM in the Australia Day Honours for her services as an academic and a researcher and to the study of economics and women.

Alex Iellamo is an Infant and Young Child Feeding specialist and currently an IYCF in emergencies adviser for the Tech RRT team with extensive training and experience on Infant and Young Child Feeding and Infant and Young Child Feeding in emergencies, Public Health (MCH and Immunization) and Programme Management. He mastered key relevant areas related to participatory strategy, plan and policy development on IYCF, IYCF-E and Maternal, Infant and Young Child Feeding, all within the larger contexts of health and nutrition and cross-sectoral interventions. For more than 15 years he has been supporting governments, international organizations, civil society at the national and sub-national levels in strengthening their support to improve IYCF and MIYCN practices (development and emergencies context). He has extensive experience of supporting countries in Middle East, Africa, South and South East Asia as well as in the Pacific. Recently he has been provided in country and remote support to the whole of Syria response, South Sudan, Jordan support to refugees the North East Nigeria and the Philippines.

Dr. Shoba Suri is a nutritionist with more than 20 years of experience in community and clinical research, based in Delhi, with Doctorate in Nutrition & Physiology from Bharatiar University, Coimbatore. She has more than 40 research publications in scientific journals and books. Since 2011 she has been with BPNI as a Policy
and Programme Coordinator, handling independent projects and doing advocacy on Breastfeeding and Infant and Young child Feeding. She is a trained IYCF Counseling Specialist.

**Kim Jiak** is the president of E Consumer, president of the Korea Climate and Environment Network and Co Chair of the Korea Breastfeeding Network. Also she is a member of the Committee on Green Growth and board member of the National Medical Center. On the international scene, Kim is IBFAN East Asia Representative and steering committee member of the Pesticide Action Network (PANAP). She also served as vice-president of Consumers International and chair of the ISO’s Committee on Consumer Policy (ISO COPOLCO), a former member of the National Economic Advisory Council, a consultative body for the president, and the Regulatory Reform Committee. Kim was awarded the Order of Civil Merit Moran Medal and Seongnyu Medal for her contribution to the consumer movement in Korea. Kim Jiak was born in Seoul, Korea, studied sociology at Ewha Women’s University and its graduate school. She was a president of Consumers Korea, propelled the organization’s development into an important force in Korean society and initiated Breastfeeding campaign since 1983.

**Dr. Song Vokyung** is head of E Consumer’s Energy Watch team, emeritus professor of Seoul Women’s University, honorary member of the Anti Corruption and Civil Rights Commission. She served the first chair of the Blind Trust Committee, and she was member of the Presidential Committee on Judicial Reform, the Regulatory Reform Committee, Korea CSD committee and the Government Public Ethic Committee. She was vice president of Consumer International. Dr. Song is founding member of Consumers Korea and Consumer Report and served as President of CK and Consumer Report. She actively participate Korea Breastfeeding campaign since 1983. For her contribution to the consumer movement in Korea, Song was awarded the Order of Civil Merit Dongbaek Medal. Song was born in Seoul, Korea, studied sociology at Seoul Women’s University and the University of the Philippines.

Kim and Song published twelve books including Cooperative Society for the Benefit of Consumers, The Sociology of Consumption, The Consumer Movement: changing the marketplace for a safer life for all, etc.

**Naomi Hull** is a Registered Nurse, an International Board Certified Lactation Consultant (IBCLC) and a volunteer Breastfeeding Counsellor. This year she completed a Masters of Public Health (Nutrition) by dissertation at the University of Queensland. Her research was a qualitative study of the Australian National Breastfeeding Strategy (2010-2015). Naomi is driven by the desire to make breastfeeding sustainable for families by affecting policy change in Australia. She has a small private lactation practice in Brisbane and is the Qld Branch President of the Australian Breastfeeding Association.

**Marie Coleman** was the first woman to head a Commonwealth Government statutory agency, and the first woman to hold the powers of Permanent Head under the Public Service Act. She was founding Secretary of the National Foundation for Australian Women, one of the National Foundation of Australian Women (NFAW) Board of Directors who worked to establish the Australian Women’s Archives Project (AWAP), and remains active in community organisations and public life in her retirement. She was awarded the Public Service Medal in 1989 for contributions to public administration. In 2001 she was awarded the Centenary Medal. In 2011 she was appointed Officer of the Order of Australia. Marie has held a leading role in the NFAW’s gender analysis of Australia’s federal budget.
List of workshop resources and/or links

**WBTi and WBCi**

- Shoba Suri: handouts, list and links
- Alex Iellamo: WBCi tool and copies of handouts

**Gender budgeting**

- Rhonda Sharp and Monica Costa: handouts for gender budgeting role play
List of key resources on WBTi and Gender Budgeting

Key References


Chakrabarty, L (2016) Asia: A Survey of Gender Budgeting Efforts, WP/16/150, IMF.


Euromonitor Passport (2016) Baby Food in Australia.

Euromonitor Passport (2016) Baby Food in South Korea.

Euromonitor Passport (2016) Baby Food in India.


IBFAN (2014). WBTI Assessment Tool, IBFAN, India.


Kanwar, S (2016) Gender responsive budgeting in the Asia Pacific Region-A status report, UN Women.


The Economist (2017) Tax is a feminist issue, Why national budgets need to take gender into account, Designing fiscal policies to support gender equality is good for growth.


WBTi Australia Core Team Members

Naomi Hull (Co-ordinator)
Libby Salmon
Dale Nigro
Tracey Foster
Dr Julie Smith
Jen Hocking
Janelle Maree
Dawn Sheridan (LCANZ)
Helen Adams (LCANZ)
Decalie Brown
Carey Wood
Mary Peterson

WBTi Australia: Minutes of first meeting

World Breastfeeding Trends Initiative Australia
Inaugural Group Meeting
Wednesday 13th September 2017
JG Crawford Building
Australian National University, Canberra, Australia

PRESENT:
Naomi Hull* [IBCLC ABA Queensland Branch President]
Julie Smith* [ANU; ABA]
Shebha Sari [IBPAN]
Joy Heads [IBCLC]
Ingrid Johnston* [Public Health Association of Australia]
Decalie Brown* [Child and Family Health Nurse, IBCLC; Former LCA president]
Alex lidamo [Save the Children, WHO]
Megan Fox [ABA – A.C.T.]
Susan Twigg* [Manager Breastfeeding Information and Research ABA]
Megan Elliott-Rudder [GP PhD ABA]
Mary Peterson [BA; NT ABA Branch President]
Janelle Maree* [IBCLC; private practice]
Dawn Sheridan* [LCANZ – shared care group role with Helen Adams]
Karen Gillimse [ABA]
Jen Hocking* [IBCLC PhD student]
Dale Hameson* [IBCLC ABA (BFH)]
Libby Salmon [IBCLC PhD student]
Tracey Foster* [IBCLC; private practice]

APOLOGIES:
Debra Hector
Jina MacNab [LCA, LLL]
Jenna Richards
Karineen Grubb
Marjorie Archer [ACM]
Mark Ernaska [LCA]
Nicole Periman [BFHE - ACM]
Nina Berry
Rachel McDonald
Sally Elridge
Simone Breathwaite
Virginia Therley

MINUTES taken by Jen Hocking
WELCOME by Naomi Hull – country co-ordinator for WBTi Australia
Introductions and ice-breaker -
- Why am I here?
- What does Australia do well with respect to breastfeeding?

Timeline for WBTi AUS:
- submit assessment by April 2018
- launch World Breastfeeding Week 2018 [August]
- possibility of submitting a report to Commonwealth DOH by November 2017 to coincide with their work on the National Breastfeeding Strategy.

Selection of the core group for WBTi project in Australia:
A number of those present elected to join the reference group: Karin, Joy, Megan + Megan, Mary
Core group members with * on list of those present above
Responsibility for indicators by core group members and selected support people:
- 1. National Policy, Programme and Co-ordination: Libby + Julie
- 2. Baby Friendly Health Initiative: Diane
- 4. Maternal Protection: Julie + Sally Edridge
- 5. Health and Nutrition Care System for support of breastfeeding and IYCF-C: Jim
- 6. Mother Support and Community Outreach — community-based support for the pregnant and breastfeeding women: Penny + Dawn
- 7. Information support: Jane and Deirdre + Joy Hands
- 8. Infant feeding and HIV: Ingrid + Julie
- 9. Infant feeding during contraception: Deirdre + Julie
- 10. Mechanism of Monitoring and Evaluation Systems: Dawn with Helen Adams

Preliminary work proceeded here on indicators with questions for the research people.

Shobha – gave a review of the report template:
- Need to include full name of resources and link for verification
- Gaps listed – deficiencies, absences
- Possible recommendations to overcome the gaps
- Conclusion – summary of these
- Look at international reports for guidance.

Julie Smith reminded the group to keep the principles of gender analysis in mind when analysing indicators as per the Gender Responsive Budgeting workshop.

As a result, Australia’s contribution to WIFTI reporting could include a new item, which is a summary gender analysis consisted with The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), as well as Convention on the Rights of the Child (CRC) (see India’s report card: http://www.snom.sawp.besthealthnews.org/GeneralReports/WIFTI/India_Report_2614.pdf)

After discussion it was agreed that we would form three WIFTI Australia groups:
- 1. core group – with individuals taking responsibility for indicators
- 2. reference group – support and feedback as required for the core group

3. Community Interest Group – a more peripheral group which may contain interested/relevant organisations that are not code compliant.

We notified them of our intentions with WIFTI as a courtesy given their contact or authority with breastfeeding mothers, babies or families.

*This third group are not part of the consensus process.

A list of organisations to involve/notify of the WIFTI process was quickly brainstormed to be a part of this “third” group:
- MCHA/N = Child and family health nursing N/C
- MCH Association (Maternal and Child Health)
- Dietitians association – not code compliant
- Australian Paediatric Society
- Royal Australian College of Physicians
- Association of Childbirth Educators
- AMA n/c
- Tasmanian Breastfeeding Coalition
- RACGP n/c
- RANZCOG n/c
- Human Milk for Human Babies
- Breastfeeders in Australia
- Playgroup Association
- Karitane and Tresillian
- La Leche League
- Childcare associations
- ACCC
- Early Childhood Associations
- PHA2N N/C
- Neonatal nurses network
- Red Cross bloodbank and general (ICRC and Red Cross Australia)
- UNICEF Australia
- Save the Children
- World Vision
- SEQ breastfeeding coalition
- RCO
- APNA (Aunt Practice Nurses Assoc)
- ANMF
- ACTU
- SES
- WEL Women’s Electoral Lobby
- CWA
- National Federation of Australian Women
- Uni Byd – Marion Harlow (Julie will fill the gaps here)
- Western Sydney Uni School of Nursing and Midwifery

- Judith Lumley Centre – La Trobe Uni
- WHO Collaborative research centres – nutrition link for this
- NACCHO
- VACCHO – each state
- CATANAM
- NHMRC

Discussion about communication within our group was led by Naomi:
- Decision for email a dedicated google group will allow for ease of sharing of documents between members of the core group. The email address for the group will be wifti-australia@googlegroups.com
- Service coordinator has been set up for Naomi to use for all WIFTI work.

Social media profile for WIFTI AUS – Mary volunteered to head this up.

Support from Naomi, Jen and phone resources from Deirdre [and her selfe “s Goldberg”]

Funding for the project – ideas needed for grants or other small pockets of money. Mainly needed for printing of report and launch and some travel costs.

Actions:
- ABA – Susan to check with CEO. LCANZ – Dawn will ask treasurer.
- How to manage this?
- IFAN only requires deliverables. MOU between the country co-ordinator – Julie has model from previous links with IFAN – terms and conditions. Also mentioned that Save the Children would require partnering with an institution... ABA, LCANZ?

"IFAN Australia" will be the name on our bank account and the name of our group once approved by ShobhaRani after discussion with IFAN office. Await confirmation of this.

- Sheet introduction to IFAN given by ShobhaRani. Has MOU observer status with WHO. See more here: http://www.ifanaustralia.org/about.html

Suggestions for further information about WIFTI:
- Helen Gray presentation on UK WIFTI at ILCA.

- Aruna Gupta presentations also: www.lica.org conferences page: LC 1703; LC 1716; LC 1729

Decide to try to organise access for this via ILCA.

Letters to organisations who are on the third layer of involvement.

To approach Sally Edridge. Naomi to action this.

Next meeting: Tuesday 3rd October 6pm via Zoom

Invitation to the meeting will arrive via email. Follow instructions there. Download the "zoom" app to your preferred device prior to the meeting. You can access via mobile phone, ipad, android etc... There is capacity to record the meeting if group members are unable to attend.

- Report on work done so far on own indicator
- Other business arising
- Naomi to finalize agenda prior

<12:30 meeting ends>