

# Making human milk banking a priority in South Africa

## THE BIG PICTURE

In South Africa, more than two dozen facilities called human milk banks provide safe and lifesaving donor breast milk to the country's many newborn babies whose mothers cannot provide it. The banks are especially crucial for vulnerable babies—those who are premature, underweight at birth, severely malnourished, or orphaned and who face a high risk of illness and death. Despite the milk banks' success in providing essential nutrients and antibodies to these infants, in the late 2000s champions for human milk banking were concerned that the intervention was not yet a clear national or provincial-level policy and programmatic priority. As part of a broader programmatic effort, champions conducted policy advocacy to provide government policymakers with the evidence and support necessary to fully implement a national milk banking program.

In 2011, advocates saw their first success when human milk banks featured prominently in the Tshwane Declaration, the country's new national policy on breastfeeding. Since that time, South Africa's Ministry of Health has established new national guidelines indicating that the intervention is now a true government priority. And as of early 2015, several provincial governments have prioritized developing their own policy frameworks, adopting new technologies, and setting up milk banks to meet local needs.

## IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

Human milk is critical to newborn and child survival, and human milk banks have been shown to be an essential way to provide nutrition to infants who cannot breastfeed for reasons such as prematurity, low birth weight, maternal illness, or being orphaned. While independent milk banks have been operating across the country for many years in South Africa, staffing and political support for milk banks within the government has historically been scarce due to limited resources, competing priorities, and human milk banking's precarious position at the intersection of nutrition and



PATH/Wendy Stone

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newborn health. For these reasons, the intervention was not fully integrated into national nutrition or newborn health programming, and the issue often slipped through the cracks during policy and budget discussions.

In the late 2000s, civil society organizations in the country including PATH, the Human Milk Banking Association of South Africa (HMBASA), South African Breastmilk Reserve, and Milk Matters were actively searching for opportunities to work with the government to increase its attention to milk banks as part of a comprehensive approach to newborn health. During that time, a policy window for human milk banking opened when the issue of breastfeeding emerged as a national priority. Due to rising child mortality rates, the Ministry of Health announced it would revise its newborn health policies to promote exclusive breastfeeding for infants instead of formula. In a country where high teen pregnancy rates and confusion about HIV transmission meant that only eight percent of new mothers were exclusively breastfeeding, this policy change garnered attention and high-profile support.

PATH and partners decided to use this opportunity as a policy pathway to demonstrate how human milk banks could provide a solution for infants without access to their mothers' breast milk. Due to its global expertise in human milk banking and long history of programmatic work in South Africa, PATH was already a trusted partner with government officials working in newborn health and nutrition. Because of this track record and the strong work of milk banks across the country, PATH and other advocates believed they could influence the government to increase commitment to human milk banking policies and programs.

### IMPLEMENTING THE STRATEGY

In 2010, PATH and its partners conducted a gap analysis in South Africa to demonstrate the current needs and potential impact of increasing attention to milk banking. They then worked with the government to form a national Technical Advisory Group that included experts from across the country — such as members of HMBASA, neonatologists, and hospital managers. This group was responsible for keeping the issue of human milk banking in the spotlight during the lead up to and aftermath of the Tshwane Declaration.

The group's activities included hosting a series of stakeholder meetings and providing guidance to decision-makers. PATH developed a dossier of informational briefs to communicate the importance of human milk banking to South African policymakers and also gave a presentation to the government on human milk banking during a series of deliberative meetings regarding the development of the Tshwane Declaration. At the same time, PATH and its partners continued their programmatic and technical efforts to establish additional milk banks and demonstrate how new technologies could make milk banking more efficient and effective.

In 2011, human milk banking advocates saw their first policy success when the Minister of Health signed the Tshwane Declaration, South Africa's new national policy on breastfeeding, which declared the country's support for exclusive breastfeeding and included human milk banking in the national strategy.



Imperial College Healthcare NHS/Gillian Weaver

PATH and partners used the emergence of breastfeeding as a national policy priority to demonstrate how human milk banks could provide a safe and effective solution for infants without access to their mothers' breast milk.

Next, advocates set their sights on further implementation and integration of the declaration. PATH formed a Global Technical Advisory Group, which drafted and distributed a set of global guidelines for governments and private groups interested in setting up milk banks, called *Strengthening Human Milk Banking: A Global Implementation Framework*, in 2014. As the South African Ministry of Health was deliberating on how to best implement their commitment to milk banks, the group offered support, evidence, and technical assistance on how South Africa might adapt the global framework to its needs.

In addition to the national government's prioritization, provincial governments became increasingly interested in milk banks as a result of the growing evidence supporting the intervention and the work of milk banking advocates to bring the intervention to light. As of early 2015, PATH and its partners are collaborating with provincial governments that aim to prioritize the issue through local policies and programs.

### ACHIEVING THE POLICY GOAL

Since 2011, when the Tshwane Declaration was issued, human milk banking has gained political currency in the country due to increased government investment and the work of advocates. In 2014, the South African Ministry of Health released its national guidelines, which are based on the global framework and standards, called the *Conceptual Framework on Human Milk Banking Networks in South Africa*. Civil society groups are continuing to work with national stakeholders to pilot new technologies and approaches to expand and increase the effectiveness of milk banks in the country.

And the policy achievements have not been limited to the national level. KwaZulu-Natal Province developed a set of provincial guidelines in 2014 that are aligned with national standards and has committed to setting up a central bank in hospitals in each of the province's 11 districts. The provincial government is equipping the hospitals, ensuring that they make budget provisions for the needs of the bank and training existing personnel to provide support.

Other provinces have taken notice and are considering their own policies and programs. As of early 2015, PATH and its partners have sponsored advocacy workshops in Northern Cape Province to explore increased milk banking efforts there, and Gauteng Province has held advocacy meetings with its hospital staff.



### PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you'll measure success

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>

## FACTORS FOR SUCCESS

- **Identifying broader issues as a policy pathway for your issue can be an effective strategy.** Advocates were able to leverage the broader issue and dialogue of breastfeeding to introduce and gain visibility for human milk banking.
- **Providing technical expertise can help to accelerate policy advocacy.** Although the government of South Africa was already interested in prioritizing human milk banking, the expertise offered by advocates helped to accelerate the process and ensure that national guidelines were based on the most recent evidence and data.
- **Subnational advocacy can lead to important health policy and programmatic changes.** At the same time that the national government was developing its strategies and guidelines, advocacy at the provincial levels was an important factor in spurring local governments to act on the issue.



The Tshwane Declaration, South Africa's 2011 national policy on breastfeeding, declared the country's support for exclusive breastfeeding and helped make human milk banking a national priority.



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PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health. Learn more at [www.path.org](http://www.path.org).

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