



**JA PreventNCD**

Joint Action Prevent Non-Communicable Diseases

# WP6

## In-person Task 6.5 Meeting - Rome

**10-11<sup>th</sup> October 2024**



Co-Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor HADEA can be held responsible for them.



**JA PreventNCD**

Joint Action Prevent Non-Communicable Diseases



# Pre-implementation Key points

## Italy

Angela Giusti

Italian National Institute of Health, National Center for Disease Prevention  
and Health Promotion (CNaPPs), Italy

**Task 6.5 Meeting in Rome, 10-11<sup>th</sup> October 2024**



Co-funded by  
the European Union

# Disclosures

## Health Industry Interests Relevant to Presentation

### Angela Giusti, and the ISS T6.5 Team

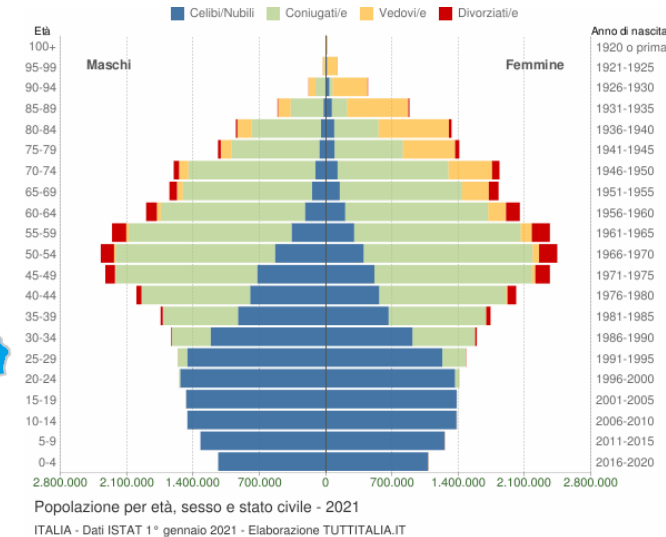
- |  |    |
|--|----|
| 1 – Patent holder/Shareholder or member or employee of a health industry   | NO |
| 2 – Consultant or member of a scientific council of a health industry  | NO |
| 3 – Consultant or member of a scientific council of a health industry  | NO |
| 4 – Payment of travel expenses, lodging, or conference/event registration by a health industry                                       | NO |
| 5 – Principal Investigator or co-investigator of a research or clinical study for a health industry                                  | NO |
| 6 – Activities that fall under the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions | NO |

# The Italian Healthcare System

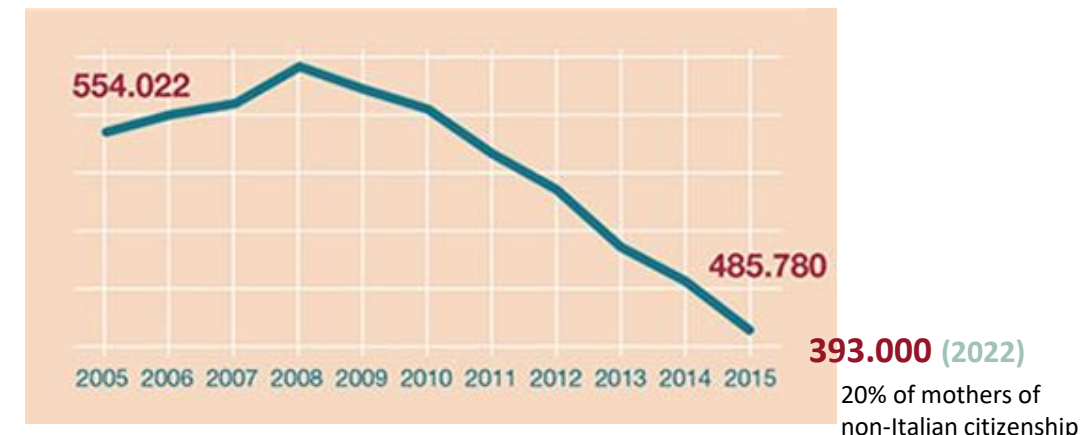
- Universal healthcare system, provided to all citizens and residents,
- organized under the Ministry of Health, administered on a Regional basis,
- in ordinary living and during emergencies
- The implementation of **differentiated autonomy** in Italy (by end 2024) has the potential to significantly impact regional health systems
  - **Potential positive effects:** increased efficiency, tailored services, innovation and experimentation
  - **Potential challenges:** exacerbate existing inequalities, fragmentation of the national healthcare system, funding issues



Distribution by age



Births per year



# Barriers and facilitators for the implementation of the Baby-Friendly Standard in the community health services/ services after discharge from the maternity ward



JA PreventNCD

## Barriers

- Issues related to the WHO Code
- Lack of national breastfeeding policy
- The community health services don't see value of designation
- Staff resistance
- Lack of funding
- Hospitals are not Baby-Friendly

## Facilitators

- Local “champions”
- Personnel or Management/Leadership with a strong motivation
- Regional/Local policies and funding
- Community stakeholder highly motivated and supportive
- Advocacy actions at Community level

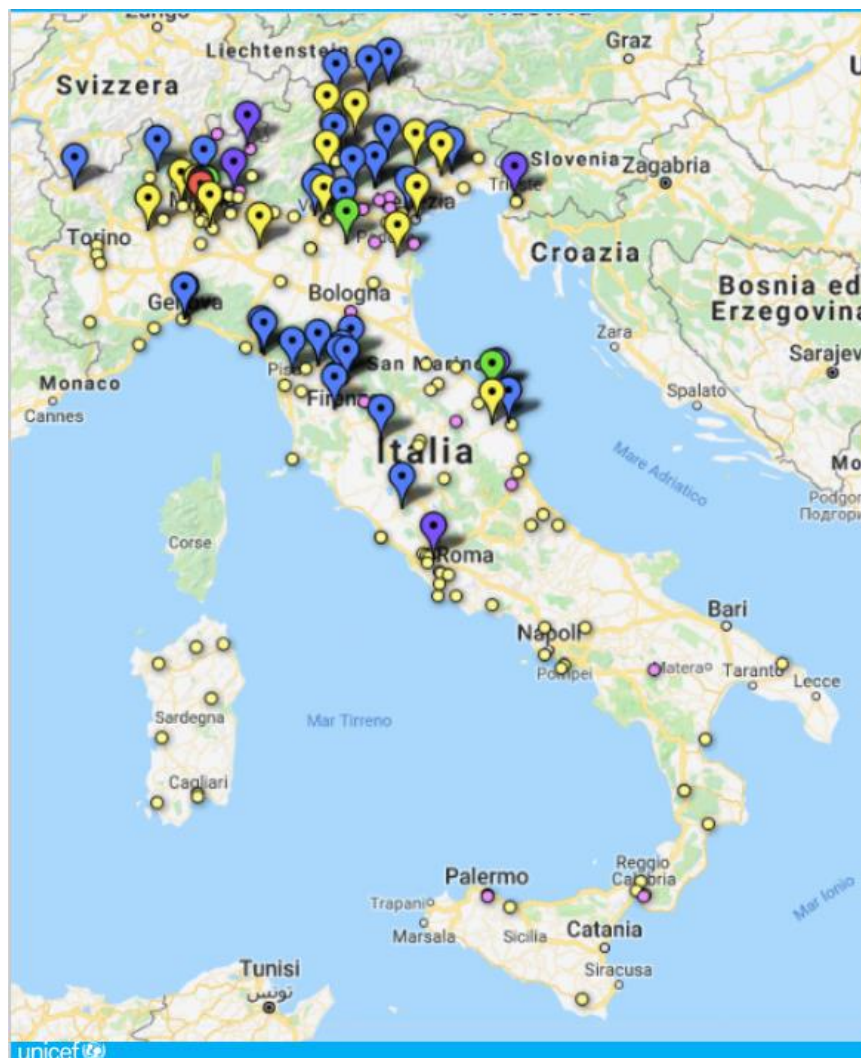


Co-funded by  
The European Union

# Distribution of the BFI in Italy (2019)



JA PreventNCD



## La Rete

**Ospedale Amico (28)**

*attualmente, dei 34 riconosciuti dal 2001*



**Comunità Amica (7)**



**Corso di Laurea Amico (3)**



**Superata Fase 2 (4)**



**Superata Fase 1 (17)**



**Assegnazione tutor (25)**



**Indicazione interesse (93)**

*negli ultimi 4 anni, su 165 mai date*



unicef



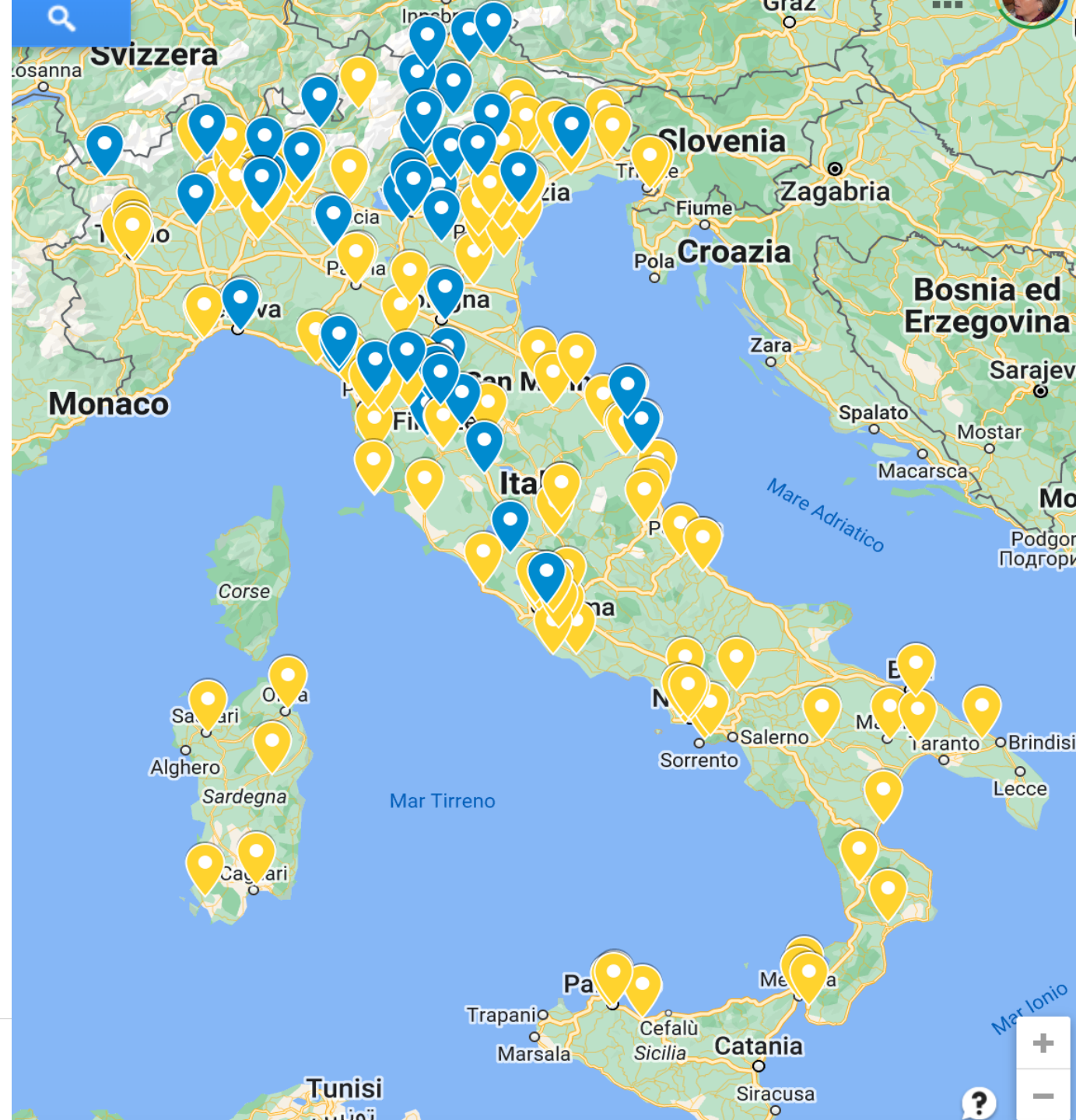
Co-funded by  
The European Union



## Distribution of the BFI in Italy (2024)

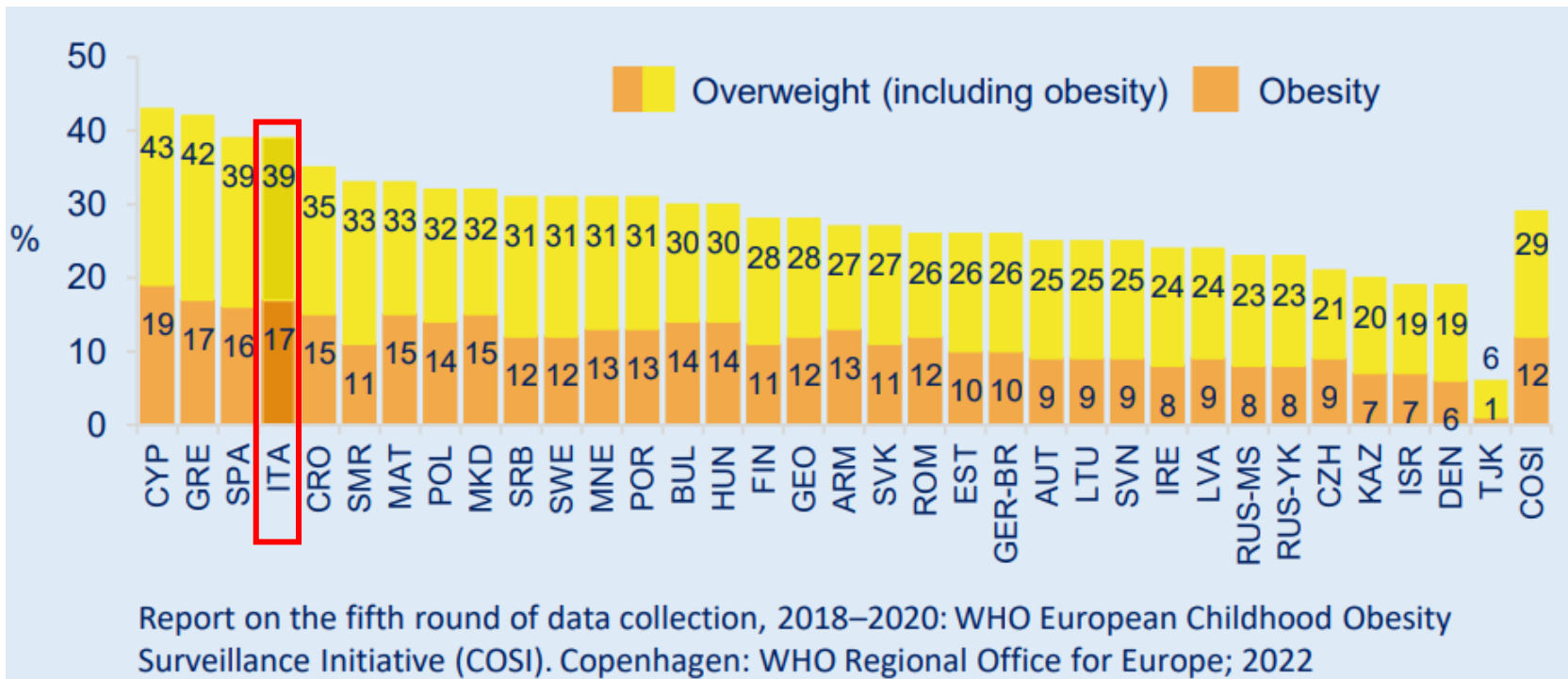
**Blue** → designated Hospitals,  
Communities and University  
Degrees

**Yellow** → expression of interest or  
in the designation process

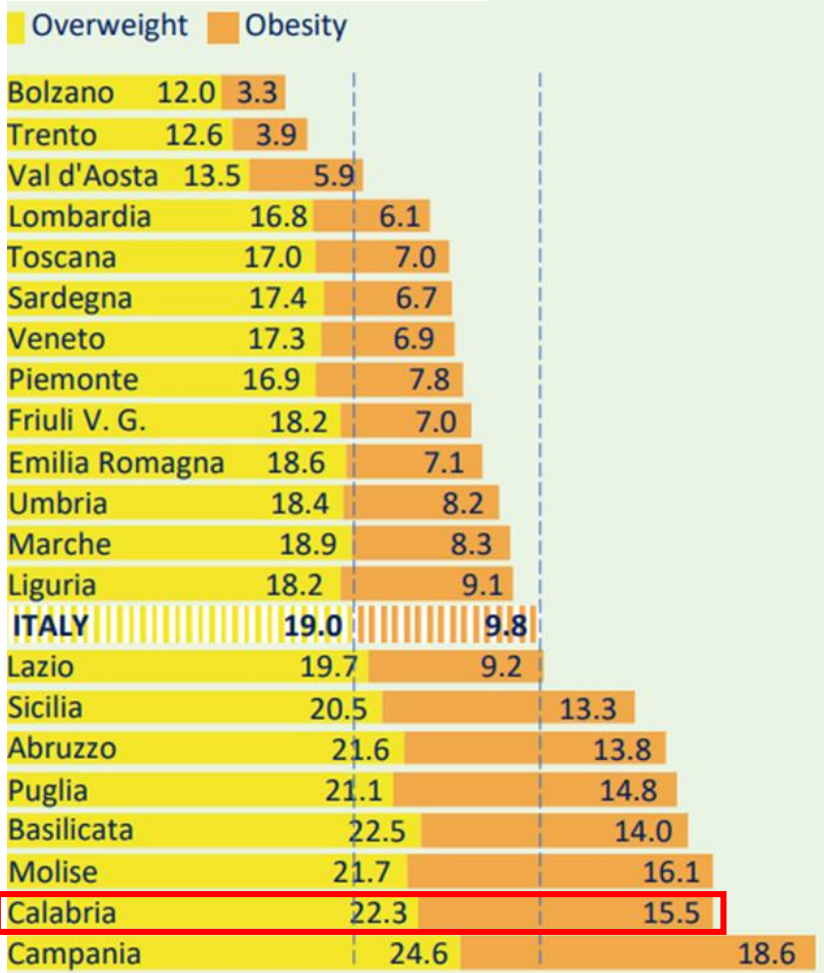


# Choice of the implementation site in Calabria Region

## Rationale



### Overweight, obesity and severe obesity



Source: Report on the fifth round of data collection, 2018–2020: WHO European Childhood Obesity Surveillance Initiative (COSI).2022

Source: OKkio alla SALUTE 2022.

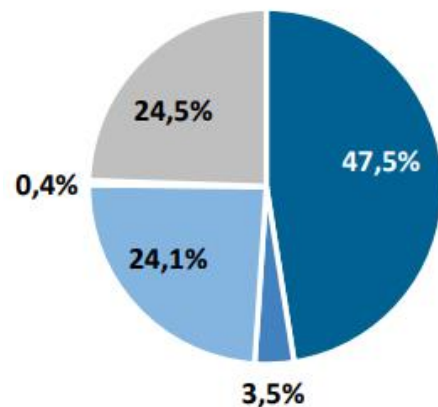




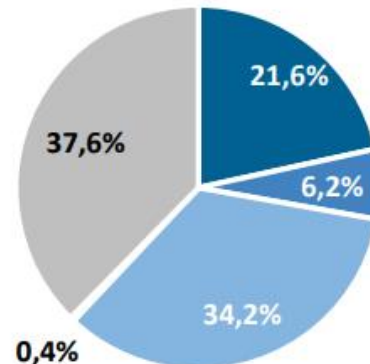
JA PreventNCD

## Allattamento

### Bambini/e di 2-3 mesi



### Bambini/e di 4-5 mesi



■ esclusivo ■ predominante ■ complementare  
■ non classificato ■ non riceve latte materno

L'alimentazione esclusiva con latte materno riguarda quasi la metà dei/delle bambini/e di 2-3 mesi di età e poco più di un quinto di quelli/e di 4-5 mesi.

## Allattamento continuato

### Latte materno nella fascia 12-15 mesi



Il 26,2% dei/delle bambini/e continua a ricevere latte materno a 12-15 mesi.

## Allattamento esclusivo

### Bambini/e di 2-3 mesi



### Bambini/e di 4-5 mesi



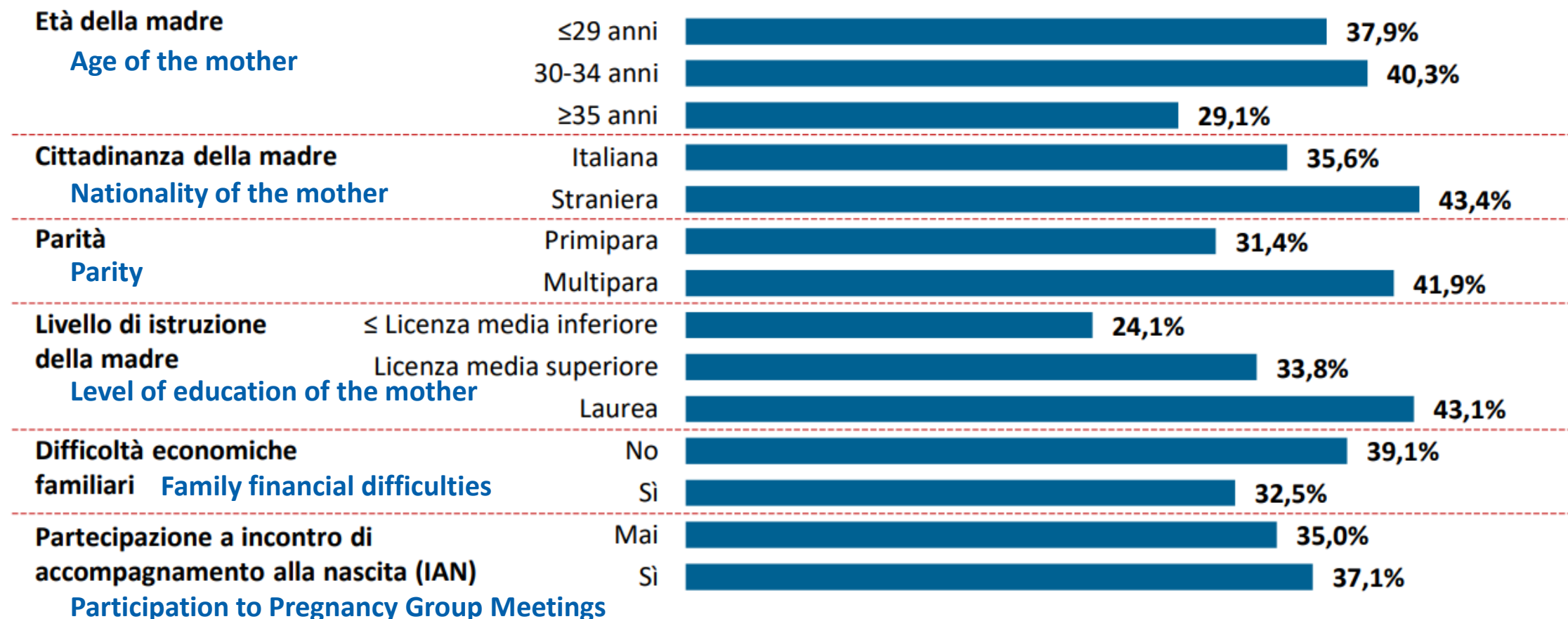
● peggiore del valore medio  
● simile al valore medio  
● migliore del valore medio

## Calabria



## Allattamento esclusivo nella fascia d'età 2-5 mesi per caratteristiche socio-economiche

Considerando il totale dei/delle bambini/e di 2-5 mesi, il 35,7% risulta allattato in maniera esclusiva.



*Multivariate analysis shows that EBF is significantly less frequent among mothers with lower levels of education, those over 35 years old, and first-time mothers.*

# Choice of the implementation site

## Context description

### CALABRIA REGION → 2 milion residents



Health District	Municip.	Inhab.	Birth/Year (6,8%.)	Hospital	Community Health Services	Family Pediatr.
Trebisacce	17	50.883	346,0	0	3	5
Corigliano	5	80.238	545,6	1 Spoke	1	5
Rossano	7	19.793	134,6	0	1	5
Total	29	150.914	1.026	1	5	15

# Different settings of implementation



Task 6.5 – IMPLEMENTATION			
	CALABRIA REGION	NATION (ITALY)	EUROPE
<b>COUNTIES, MUNICIPALITIES, NEIGHBOURHOODS</b>			
-Peer-to peer mother and father breastfeeding support groups	✓	✓	
-Infant feeding in emergencies (i.e. Civil Protection, Red Cross, NGOs, Local associations)	✓	✓	
-Family-friendly spaces (baby pit-stop)	✓		
<b>EDUCATIONAL SETTINGS</b>			
<b>DAY CARE, KINDERGARTENS AND SCHOOLS</b>			
-Present breastfeeding as the natural way of feeding babies	✓	✓	
-policies to promote and support breastfeeding of children in daycare and for breastmilk storage and administration	✓	✓	
<b>UNIVERSITY/COLLEGE</b>			
-Develop a European digital e-learning for pre-service training of health personnel offering lactation counselling	✓	?	
<b>WORKPLACE</b>			
-Provide recommendation at EU level to align WHO/UNICEF recommendations on exclusive BF and EU Maternity/parenting protection, and workplace interventions to support breastfeeding		✓	✓
-Promote breastfeeding (by time, by place, promote day care in the companies)	✓	?	
<b>DIGITAL ENVIRONMENT</b> (under definition)			
-Provision of evidence-based information to parents on breastfeeding (link to JA Health4EUKids)	✓	✓	✓



# Barriers and facilitators at local level

## Barriers

- Issues related to the WHO Code
- Lack of national breastfeeding policy
- The community health services don't see value of designation
- Staff resistance
- Hospitals are not Baby-Friendly (low EBF rates at hospital discharge)
- Low socio-educational level of the target population (high risk of inequity and St Matthew's effect)

## Facilitators

- Local "champions"
- Personnel or Management/Leadership with a strong motivation
- Regional/Local policies and funding
- Community stakeholder highly motivated and supportive (e.g. peer support mothers' groups)
- Advocacy actions at Community level (i.e. the Mayor is on board)
- Some personnel highly motivated and competent



## Planned activities for the next 6 months (October 2024 – March 2025)

- Collection of new manifestation of interest (4 at present)
- Implementation Guidance adaptation to the Italian context
- Local context analysis
- Stakeholder information according to different levels of involvement
- Designation of Multisectoral working groups
- National/local Kick off Meeting (jan-mar 2025)

# Stakeholder list

Name of entity	Type of stakeholder	Level	Involvement in implementation
Municipalities	Public system	Local	High
Health services	Public/Private system	Local	High
Scientific societies	Private	Local	Medium
Professional bodies	Public	Local	Medium
Associations related to 0-2 years	Private	Local	High
NGOs	Private	Local	High
Emergency Coordination Networks	Public	Local	Medium
Media (papers, radio, TV, networks)	Private	Local	Medium
Corporate sector	Private	Local	Low





**JA PreventNCD**

# Thank you!



Co-Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor HADEA can be held responsible for them.