WHY INVEST, AND WHAT WILL IT TAKE TO IMPROVE BREASTFEEDING PRACTICES IN EUROPE

38th Congresso Nazionale ACP
05 November 2026

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Disclosures

1990 – 1991	Doctoral research: Nutrition and iodine deficiencies in Tanzanian pre-school children
1994 – 2008	King Edward VIII hospital and the University of KwaZulu-Natal, Durban, South Africa
2008 – 2024	Scientist, World Health Organization: Maternal, Newborn and Child health and Ageing
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<u>Disclosures</u>

- I received funding for technical support to …
  - King Faisal Hospital Foundation, Rwanda. An implementation research project to reduce stunting in children
  - Northern Ireland Public Health Agency. To assist drafting of an Action Plan to support breastfeeding
  - Norwegian Directorate of Health. To developing a teaching module on the Determinants of breastfeeding

Views expressed are personal and do not necessarily represent the policies or position of institutions or organizations with which I am, or have been affiliated

Acknowledgments: authors of Lancet 2016 and 2023 breastfeeding series



Series

Breastfeeding 1

Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect

*Cesar G Victora, Rajiv Bahl, Aluísio J D Barros, Giovanny V A França, Susan Horton, Julia Krasevec, Simon Murch, Mari Jeeva Sankar, Neff Walker, Nigel C Rollins, for The Lancet Breastfeeding Series Group**

The importance of breastfeeding in low-income
exists about its importance in high-income co
children younger than 6 months of age are ex
shorter in high-income countries than in those
child infections and malocclusion, increases in
did not find associations with allergic disorders
an increase in tooth decay with longer periods
against breast cancer and it improved birth sp
diabetes. The scaling up of breastfeeding to a
younger than 5 years and 20 000 annual deaths
from during the past decade expand on the kno
are rich or poor.

Series

Breastfeeding 2

Why invest, and what it will take to improve breastfeeding practices?

*Nigel C Rollins, Nita Bhandari, Nemat Hajeebhoy, Susan Horton, Chessa K Lutter, Jose C Martines, Ellen G Piwoz, Linda M Richter, Cesar G Victora, on behalf of The Lancet Breastfeeding Series Group**

Despite its established benefits, breastfeeding is no longer a norm in many communities. Multifactorial determinants of breastfeeding need supportive measures at many levels, from legal and policy directives to social attitudes and values, women's work and employment conditions, and health-care services to enable women to breastfeed. When relevant interventions are delivered adequately, breastfeeding practices are responsive and can improve rapidly. The best outcomes are achieved when interventions are implemented concurrently through several channels. The marketing of breastmilk substitutes negatively affects breastfeeding: global sales in 2014 of US$44·8 billion show the industry's large, competitive claim on infant feeding. Not breastfeeding is associated with lower intelligence and economic losses of about $302 billion annually or 0·49% of world gross national income. Breastfeeding provides short-term and long-term health and economic and environmental advantages to children, women, and society. To realise these gains, political support and financial investment are needed to protect, promote, and support breastfeeding.

Lancet 2016; 387: 491–504
This is the second in a Series of two papers about breastfeeding
*Members listed at the end of the paper
Department of Maternal, Newborn, Child and Adolescent Health (MCA) (N C Rollins MD), and Department of Noncommunicable Diseases and Mental Health (C K Lutter PhD), WHO, Geneva,

2023 Lancet Series on Breastfeeding

The Launch



The 2023 *Lancet* Series on Breastfeeding

"The marketing of commercial milk formula for use in the first 3 years of life has negatively altered the infant and young child feeding ecosystem"

Why invest, and what will it take to improve breastfeeding practices in Europe?

~~Why invest, and what will it take to improve breastfeeding practices in Europe?~~

Why do we – health professionals, professional association, national authorities and governments – **not** invest in breastfeeding?

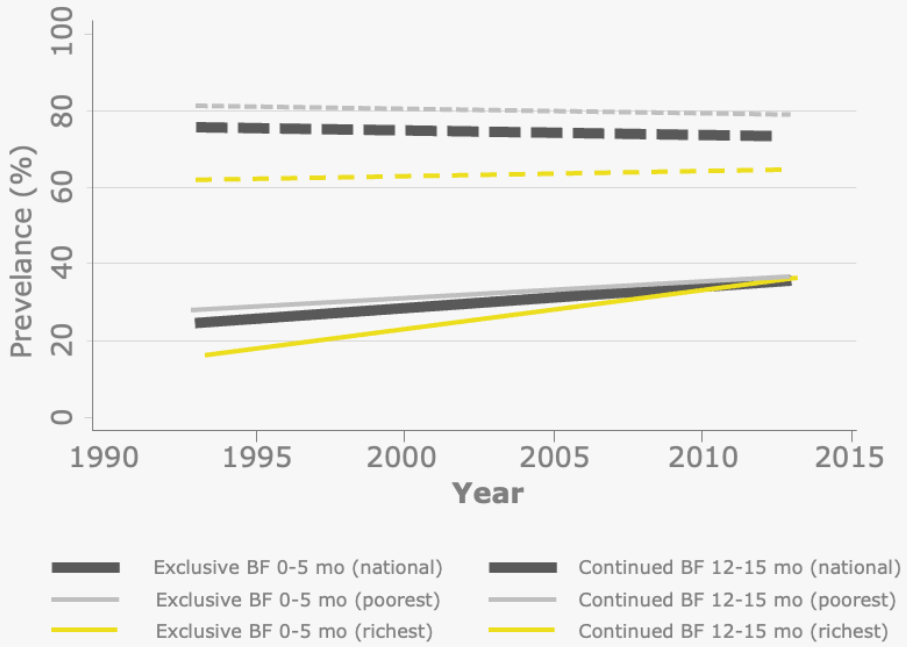
Paradigm shift …







Breastfeeding trends

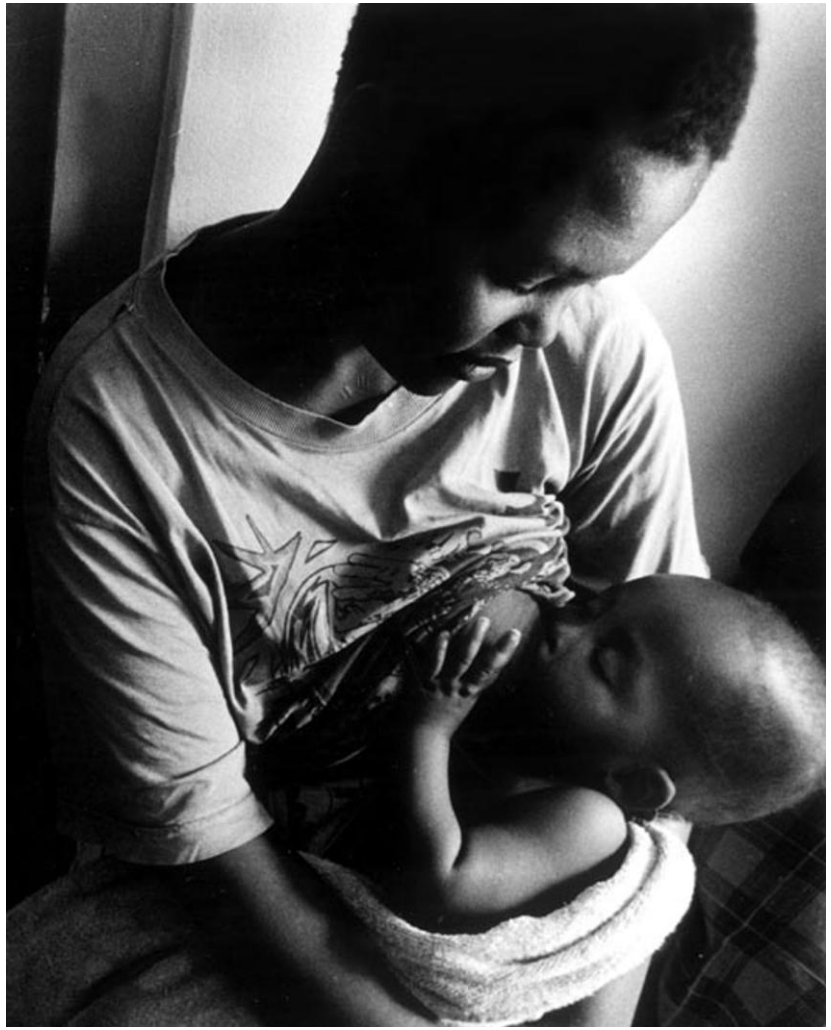


Lancet 2016

Data largely from low and low-middle income countries because quality data are not consistently available in high income countries

= value placed on breastfeeding

Breastfeeding in all settings





The importance of breastfeeding and human milk in high economic settings



- 47% risk reduction of necrotising enterocolitis (Risk Ratio 0.53; *95%CI 0.37 to 0.76*) among very preterm or very low birth weight given donor human milk compared with formula milk

Early initiation of breastfeeding and neonatal mortality



Articles

Breastfeeding and post-perinatal infant deaths in the United States, A national prospective cohort analysis

Ruowei Li,[a*] Julie Ware,[b] Aimin Chen,[c] Jennifer M. Nelson,[a,h] Jennifer M. Kmet,[d] Sharyn E. Parks,[e,h] Ardythe L. Morrow,[f,g] Jian Chen,[a] and Cria G. Perrine,[a,h]

Lancet Americas 2022

Reported post-perinatal mortality 7d-365 days among 3.2 million births in 2017

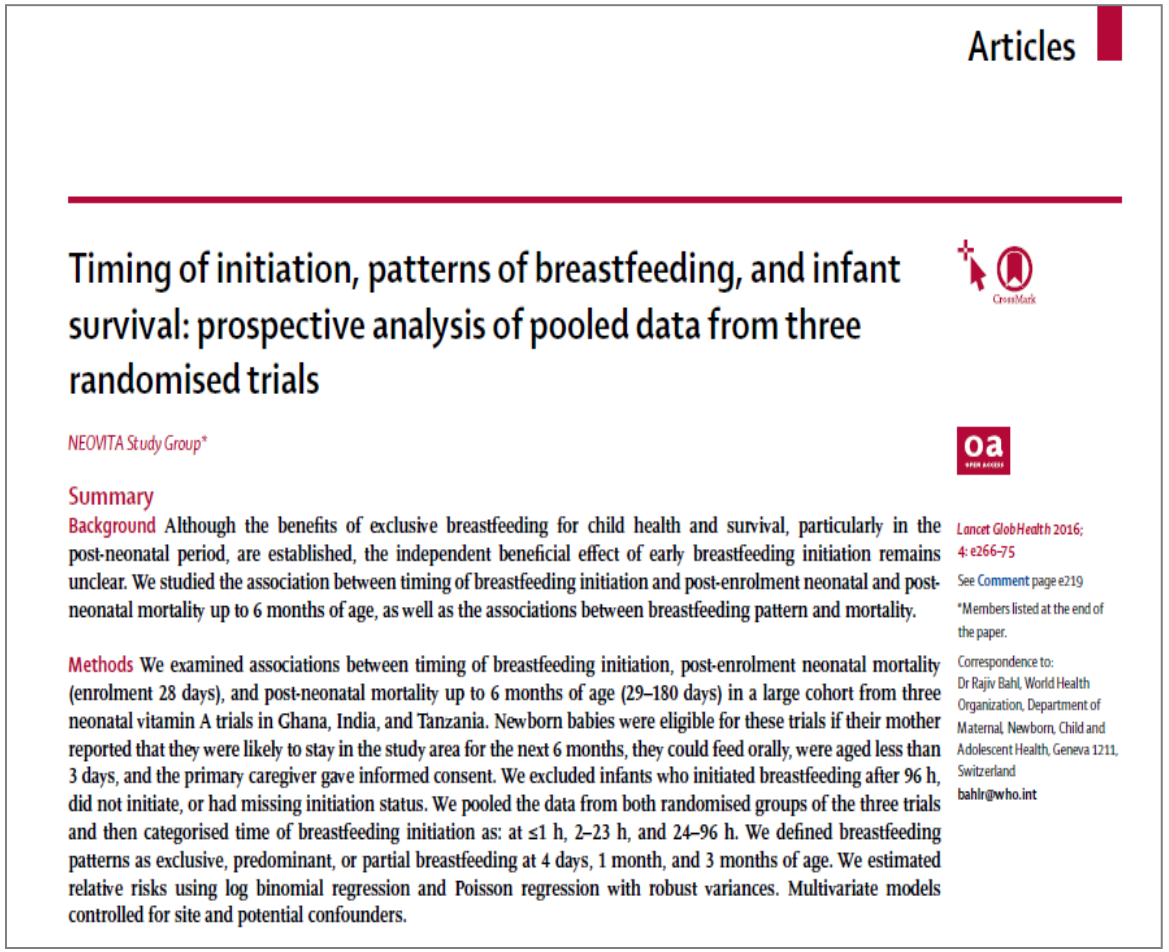
Findings We observed an adjusted reduced odds ratio (AOR)=0·74 with 95% confidence intervals (CI)=0·70–0·79 for the association of breastfeeding initiation with overall infant deaths (7–364 days), AOR=0·60 (0·54–0·67) for late-neonatal deaths, and AOR=0·81 (0·76–0·87) for post-neonatal deaths. In race/ethnicity-stratified analysis, sig-

Early initiation of breastfeeding and neonatal mortality

99,938 infants enrolled } Ghana, India
56,981 initiated <1hr } & Tanzania

Compared with <1hr, mortality 0-28d
- 2-23hr: Adj Rel Risk **1.41** (1.24-1.62)
- 24-96hr: Adj Rel Risk **1.79** (1.39-2.30)

Similar associations when deaths in first 4 days excluded and when controlled for EBF



Articles

Timing of initiation, patterns of breastfeeding, and infant survival: prospective analysis of pooled data from three randomised trials

NEOVITA Study Group*

Summary

Background Although the benefits of exclusive breastfeeding for child health and survival, particularly in the post-neonatal period, are established, the independent beneficial effect of early breastfeeding initiation remains unclear. We studied the association between timing of breastfeeding initiation and post-enrolment neonatal and post-neonatal mortality up to 6 months of age, as well as the associations between breastfeeding pattern and mortality.

Methods We examined associations between timing of breastfeeding initiation, post-enrolment neonatal mortality (enrolment 28 days), and post-neonatal mortality up to 6 months of age (29–180 days) in a large cohort from three neonatal vitamin A trials in Ghana, India, and Tanzania. Newborn babies were eligible for these trials if their mother reported that they were likely to stay in the study area for the next 6 months, they could feed orally, were aged less than 3 days, and the primary caregiver gave informed consent. We excluded infants who initiated breastfeeding after 96 h, did not initiate, or had missing initiation status. We pooled the data from both randomised groups of the three trials and then categorised time of breastfeeding initiation as: at ≤1 h, 2–23 h, and 24–96 h. We defined breastfeeding patterns as exclusive, predominant, or partial breastfeeding at 4 days, 1 month, and 3 months of age. We estimated relative risks using log binomial regression and Poisson regression with robust variances. Multivariate models controlled for site and potential confounders.

Lancet Glob Health 2016; 4: e266–75

See Comment page e219

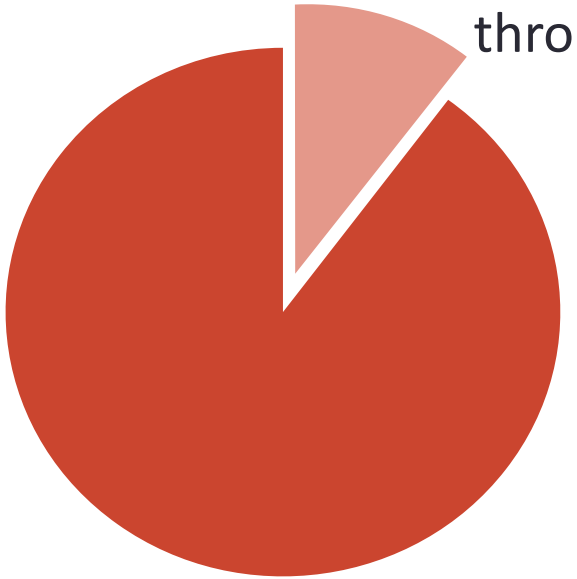
*Members listed at the end of the paper.

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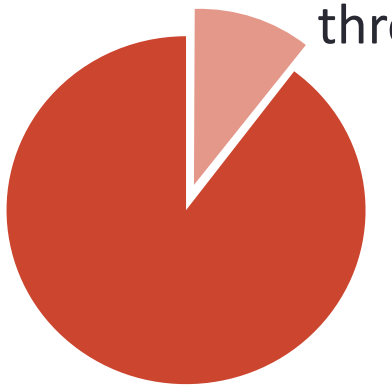
Lancet Global Health 2016

The protective effect of breastfeeding is the same in low and high resource settings …

% deaths that can be averted through breastfeeding



% deaths that can be averted through breastfeeding



<u>Especially …</u>

- Necrotising enterocolitis
- High risk babies e.g. congenital heart disease
- Early sepsis

Breastfeeding and non-communicable diseases in children

Child ----------> Adults	If breastfed …
Childhood overweight / obesity	Systematic reviews (2015 and 2023) 13% risk reduction (pooled OR 0.87. 95% CI: 0.76; 0.99) – high quality studies 26% risk reduction (pooled OR 0.74. 95% CI: 0.7; 0.78) – all estimates
Diabetes mellitus type 2	Systematic reviews 35% risk reduction (pooled OR 0.65. 95% CI: 0.49; 0.86)
Cardiovascular disease	Retrospective cohort study (2023. 320,249 participants - adjusted for socio-demographics, lifestyle and early life confounders) 3% reduction in any cardiovascular disease (HR 0.97, 95% CI 0.94–1.00) 9% reduction in cardiovascular disease related deaths (HR 0.91, 95% CI 0.84–0.98) 7% reduction in myocardial infarctions (HR 0.93, 95% CI 0.87–0.99) 19% reduction in myocardial infarction related deaths (HR 0.81, 95% CI 0.67–0.98)
Blood pressure / cholesterol levels	No effect

Breastfeeding and non-communicable diseases in mothers

Mothers	If breastfeed …
Breast cancer*	Systematic reviews 8% risk reduction (pooled OR 0.87. 95% CI: 0.76; 0.99) – high quality studies 22% risk reduction (pooled OR 0.78. 95% CI: 0.74; 0.82) – all estimates
Ovarian cancer	30% risk reduction (OR 0.70, 95% CI 0.64–0.77)
After pregnancy …	Systematic reviews (2021. 2025)
Diabetes mellitus type 2 (all)*	27% risk reduction (RR 0.73, 95% CI 0.65, 0.83)
*DM T2 if GDM during pregnancy**	*34% risk reduction (RR 0.66, 95% CI 0.52, 0.85) / 36% risk reduction (95% CI 0.47, 0.89)*
Cardiovascular disease*	Systematic reviews (2022. 1,192,700 parous women) 11% risk reduction for all cardiovascular disease (HR 0.89. 95% CI, 0.83–0.95) 14% risk reduction for coronary heart disease (HR 0.86. 95% CI, 0.78–0.95) 12% risk reduction for stroke (HR 0.88. 95% CI, 0.79–0.99) 17% risk reduction for fatal cardiovascular disease (HR 0.83. 95% CI, 0.76–0.92)
Osteoporosis	No effect

*Dose-related effect i.e. longer breastfeeding ➔ lower risk

The economic case for investing in breastfeeding

Improved health and child development through breastfeeding

Economic gains:
US$ 302 billion/year
(0.47% of global GNI)

Through greater productivity and reduced health-related costs

	Estimated percentage loss in gross national income	Estimated loss in 2012 US$
Eastern and southern Africa	0·04%	$0·1 billion
West and central Africa	0·06%	$0·3 billion
Middle East and north Africa	0·97%	$11·8 billion
South Asia	0·05%	$1·0 billion
East Asia and Pacific	0·31%	$28·1 billion
Latin America and the Caribbean	0·39%	$12·1 billion
Eastern Europe and central Asia	0·75%	$17·6 billion
Subtotal (low-income and middle-income countries)	0·39%	$70·9 billion
High-income countries	0·53%	$231·4 billion
World	0·49%*	$302·0 billion (total estimated loss)

Estimates are based on data for 96 countries (of 197 countries in the UNICEF's 2014 database)[91]. For details about data and included countries, and country-level results, see appendix pp 115–16. *Global average, weighted by gross national income.

Table 2: Estimated economic losses from cognitive deficits associated with regional infant feeding practices compared with every infant breastfeeding until at least 6 months of age.

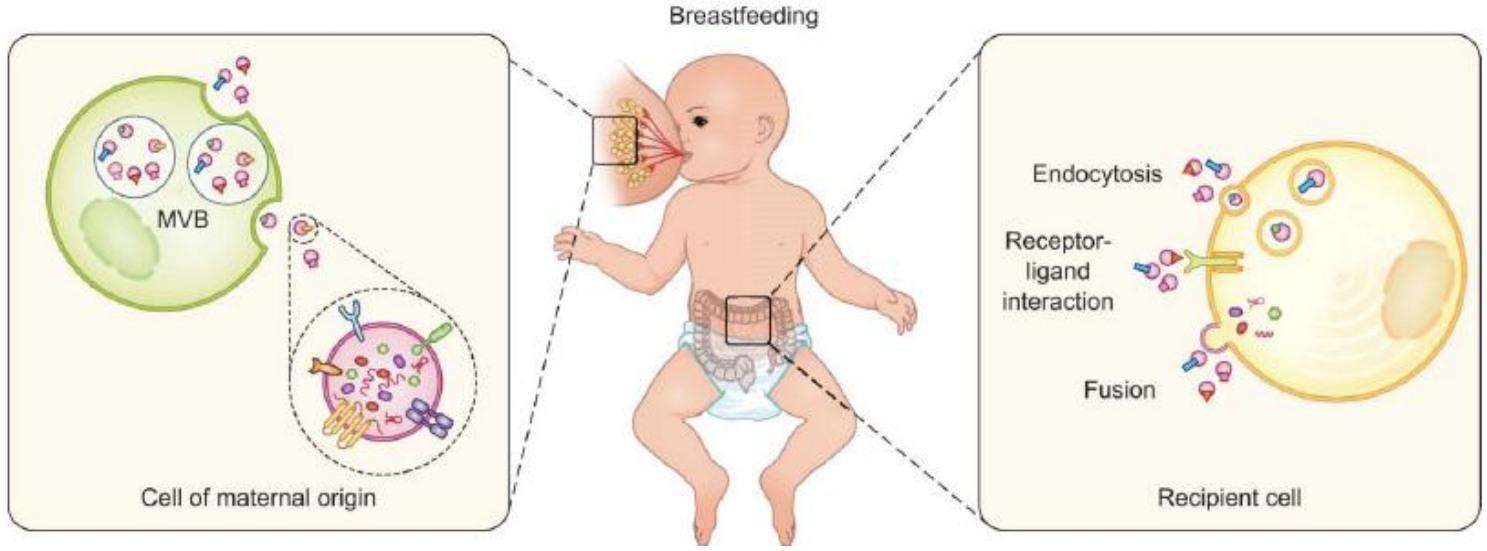
Is it possible that one intervention could have such an impact on human health and development?

In addition to all we know about optimal nutrition, science is starting to explain the impact of individual components of breastmilk on systems biology

Is it possible that one intervention could have such an impact on human health and development?

In addition to all we know about optimal nutrition, science is starting to explain the impact of individual components of breastmilk on systems biology

- Carbohydrates (HMOs) that shape the baby's microbiome
- Bacteria from the mother's gut microbiome
- Immune cells primed in the mother's intestine
- Small RNA's that control genes in the baby
- Microvesicles (exosomes) that control genes in the baby
- Free and total amino acids and regulation of growth and development
- Human milk composition and biological variations
- And more …



Is it possible that one intervention could have such an impact on human health and development?

In addition to all we know about optimal nutrition, evolving science is starting to explain the impact of individualised components of breastmilk on systems biology

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- And more …

Human milk is much, much more than the combination of synthetic ingredients

Breastfeeding is very, very special

Why should high-income countries invest in breastfeeding?

- Reduced NEC and neonatal mortality
- Reduced postnatal mortality
- Reduced societal cost due to reduced morbidity
- Protection against maternal cancer, type 2 diabetes and cardiovascular mortality
- Improved child development **and equity**

Supporting breastfeeding and women who want to breastfeed reduces inequity

- In Ireland and the UK (and many countries) breastfeeding practices are lower in communities experiencing socio-economic disadvantage, deprivation and health inequality
- Women and children who do not breastfeed are less likely to enjoy good health and development and families experience greater costs …. time-off work, medications and reduced earnings
- By not effectively supporting breastfeeding, we reinforce health and societal inequities

The right to choose ….

- Supporting and promoting breastfeeding is not about forcing women to breastfeed or removing support for safe formula feeding

BUT as health professionals

- We don’t effectively share information and consistently support breastfeeding

The right to choose ….

- Supporting and promoting breastfeeding is not about forcing women to breastfeed or removing support for safe formula feeding

BUT as health professionals

- We don't effectively share information and consistently support breastfeeding

- **Compared with powerful and constant promotion of commercial milk formula**

It is not a level playing field for women and parents to make informed decisions and to exercise their preference

Paradox

- A statement or situation that is difficult to understand because it seems contains two opposite facts or characteristics

Paradox

- If the evidence is true, why is breastfeeding is not valued, protected, promoted and supported in ways that reflect its contribution to survival, health and development

Why do health workers and professional associations not consistently support breastfeeding?

Why do medical and nursing schools not invest more time in breastfeeding training?

Why do women, families and communities not demand better support?

Why do national authorities not invest more in breastfeeding promotion and support?

Why do governments not limit the power and marketing practices of formula milk companies?

Why some women want to breastfeed

- How we are made …. human biology
- High quality evidence that breastfeeding …
  - Has a profound impact on human systems biology
  - Supports and optimises early health, growth, development and provides lifelong protection against non-communicable diseases
  - Improves the health of women including cancer reduction
- Increases bonding
- Emblematic of motherhood
- Safer, more convenient and more enjoyable than formula milk



Why some women want to breastfeed and others do not

Why some women want to breastfeed

- How we are made …. human biology
- The evidence
- Increases bonding
- Emblematic of motherhood
- Safer, more convenient and more enjoyable than giving formula milk

Why some women do not want to breastfeed

- It can be hard, tiring and messy
- Difficult experience with previous child
- No-one in the family has breastfed
- Woman carries all the responsibility
- Embarrassed to breastfeed in public
- Want/need to return to work or school
- Don’t believe the differences with commercial milk formula are significant
- Concerns about physical figure
- Other

Why some women want to breastfeed and others do not

Why some women want to breastfeed

Partner and family support }
Lactation and community support }
Health system support }

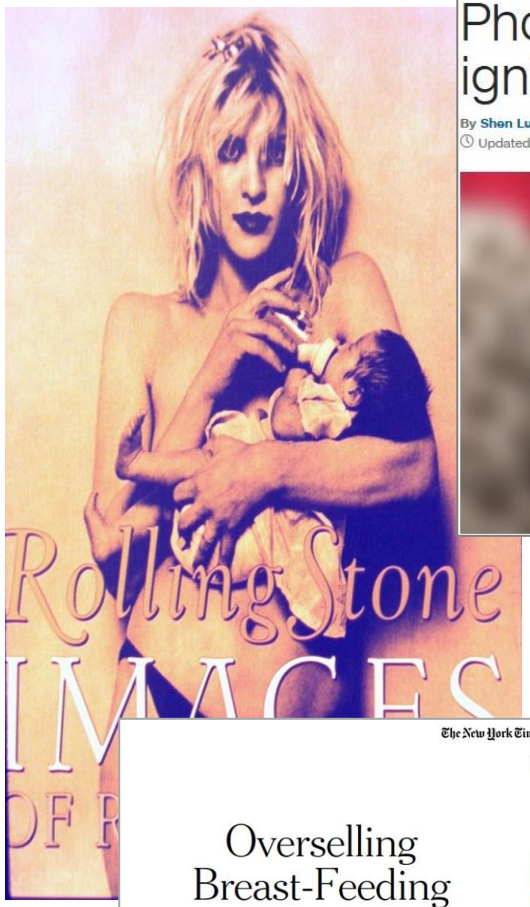
Societal values and trends }
Family, community, societal expectations }
Gender stereotyping / sexualisation }

Maternity and workplace protection }
Commercial milk formula marketing suggesting equivalence }

Why some women do not want to breastfeed

- It can be hard, tiring and messy
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- Other

The environment in which mothers/families make and exercise choices



CNN Regions » U.S. | Africa | Americas | Asia | China | Europe | Middle East | Opinion International Edition +

Photo of breastfeeding mom in public ignites online storm in China

By Shen Lu and Katie Hunt, CNN
Updated 0528 GMT (1328 HKT) December 1, 2015



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Asia-Pacific

New Indonesia breastfeeding law stokes controversy

theguardian Search

theguardian.com has a new look coming soon preview it now find out more

Would you mind if I breastfeed?

This week a mother was asked by police to stop breastfeeding on a street bench in Watton, Norfolk. So where is it OK to feed your baby? Aida Edemariam found out

The Guardian, Wednesday 23 November 2005



Aid workers say the Ci has one of the highest

stacked up against the walls.



The New York Times

Overselling Breast-Feeding

All too often, advocates cross the line from supporting a woman in her decision to breast-feed into compelling a woman to do so.

By COURTNEY JUNG OCT. 16, 2015



Eleanor Davis

UK world sport football opinion culture business

home › lifestyle › women home & garden food health & fitness love & sex family

Breastfeeding

Third of women feel embarrassed breastfeeding in public, survey finds

Public Heath England reveals one in five women believe others do not want them to breastfeed in public

Haroon Siddique

Monday 2 November 2015 00.01 GMT

Comments 220

Save for later



Most popular

Many reasons why women do not breastfeed

- Work constraints
- Inadequate maternity protection
- Perceived milk insufficiency
- Societal norms
- Poor healthcare support
- Preference …. womens' choice
- More …



Marketing of Commercial milk formula products

Marketing strategies

- Identifies and responds to the ‘lived experiences’ of the customer
- Suggests or creates a sense of need and positions its product as the solution
- Appeals to the ‘highest order emotional benefit’ e.g. aspiration, fears, image
- Normalises the product, brand and company



The Emotional Mind



The Rational Mind

Understanding normal infant behaviour

- Human babies are born in an immature state
- Takes time and support to learn to feed, settle and sleep
- Normal sleep patterns of infants are not the same as adult sleep patterns
- Newborns express their discomfort through crying, signalling the need for help and care
- Crying is adaptive and communicates many needs



Lancet series 2023

Misreading the cues – crying and regurgitation



Systematic review: reports from 22 countries and different income levels

- Distressing for parents
  - 50% of healthy infants 0-3 months have at least one episode of regurgitation/day
  - Mean time fussing or crying 2hrs/day
- Undermines parental self-efficacy

Lancet series 2023

Marketing suggests or creates a sense of need

- Suggests normal maturing behaviours e.g. crying or regurgitation means ‘something is wrong’ or that mothers are inadequate
  - ”If you are not sure whether you have enough milk…”
  - “If your infant has a rash or cries or possets or is unsettled… maybe they have an allergy”
- Then offer products as **solutions**
  - Selling peace of mind … “certainty” of quantity of milk consumed



Marketing strategy … “first time mothers are the holy grail”

“[company name] is always on a quest to find ways to identify women who are pregnant for the first time … right when they find out they are pregnant or early in their pregnancy because … how a woman feeds her first baby is how she is likely to feed her subsequent babies … **first time mothers are the holy grail.**”

Selling second best: how infant formula marketing works
Hastings G, Angus K, Eadie D, Hunt K. Globalization and Health.
2020 doi.org/10.1186/s12992-020-00597-w

Normalising the product, brand and company: *Paediatric professionals and conferences*

- Product and brand visibility at professional gatherings
- **Buying legitimacy**





Sponsorship

- Conferences
- Training
- Core costs

Normalising the product, brand and company: *Paediatric professionals, conferences and Associations*

In 2019

- 60% of paediatric associations with a website documented receipt of some kind of financial support from breast-milk substitute companies

Creating 'Conficts of Interest' = a marketing strategy



Digital marketing of commercial milk formula

- Digital marketing is the dominant approach for all marketing today and will grow and become more sophisticated in the future

CMF industry spends $2.5 – 3.5 billion each year on marketing

The power to market; the power of marketing

- Can buy the 'best of the best' marketing skills
- Can buy the most targeted data
- Can sustain strategies over time
- Can influence political and business environments
- Can fund lobby and action groups to represent interests

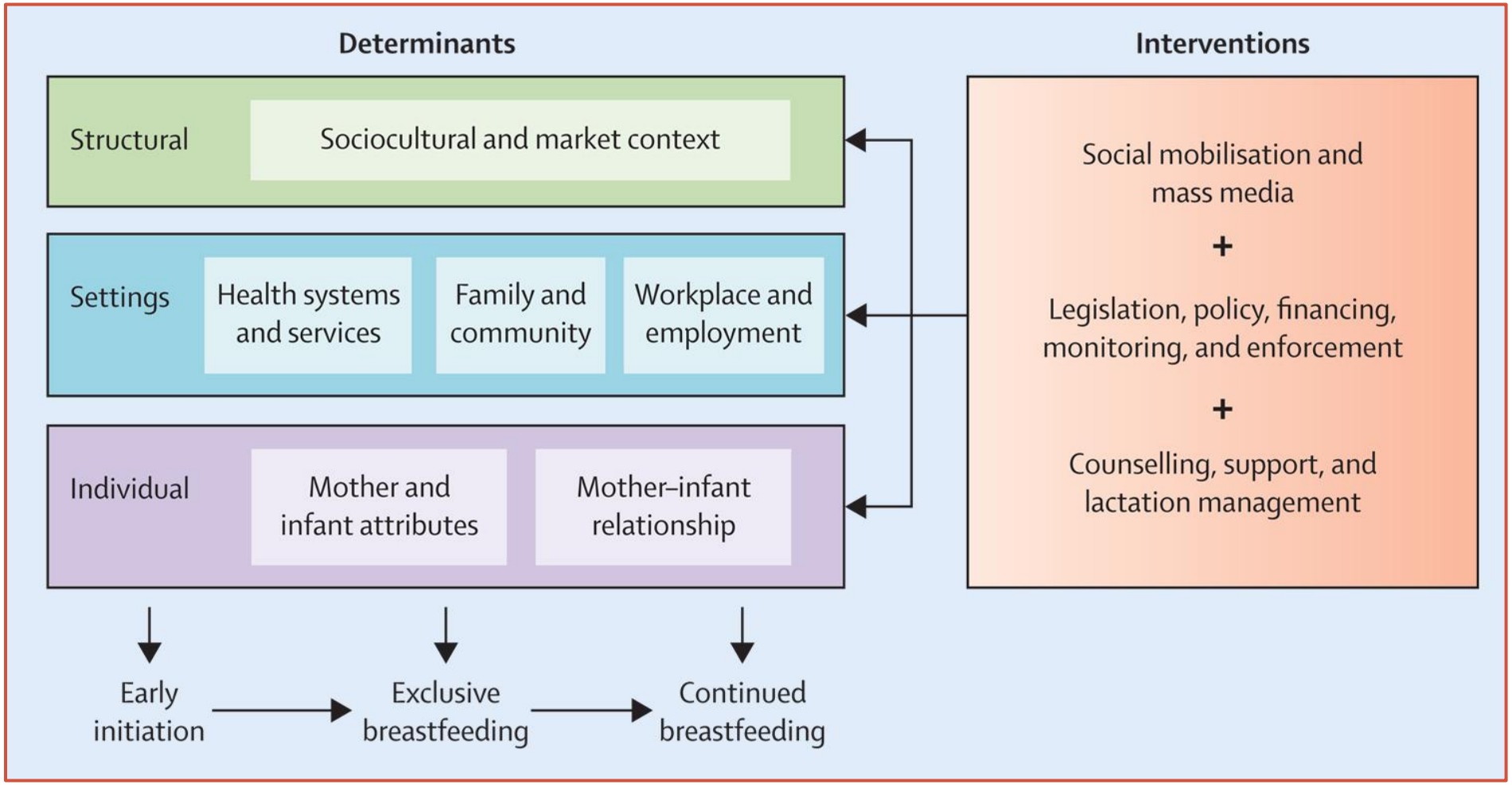
In brief, ….

- Many … even most … women want to breastfeed

- When support is available in the home, community and health system, breastfeeding is very possible ---- even if there are complications
- If support is not available or the environment is antagonistic, then breastfeeding is difficult and easy for women to become isolated
- Societal and macroeconomic environments exert major influences on the acceptability and feasibility of breastfeeding

- Women assume the responsibility and feel guilty for not breastfeeding

What is needed … an enabling environment for breastfeeding



Lancet 2016

Signs of a supportive environment for women to breastfeed

Individuals and communities believe and
are confident in the value of breastfeeding

Health workers and health systems
give consistent messages and
provide effective support across
the continuum of care

Where we need to work

Legislation protects, promotes and
supports breastfeeding
… the influence of milk formula companies

Community and workplace environments
– our societal structures – support
women who want to breastfeed

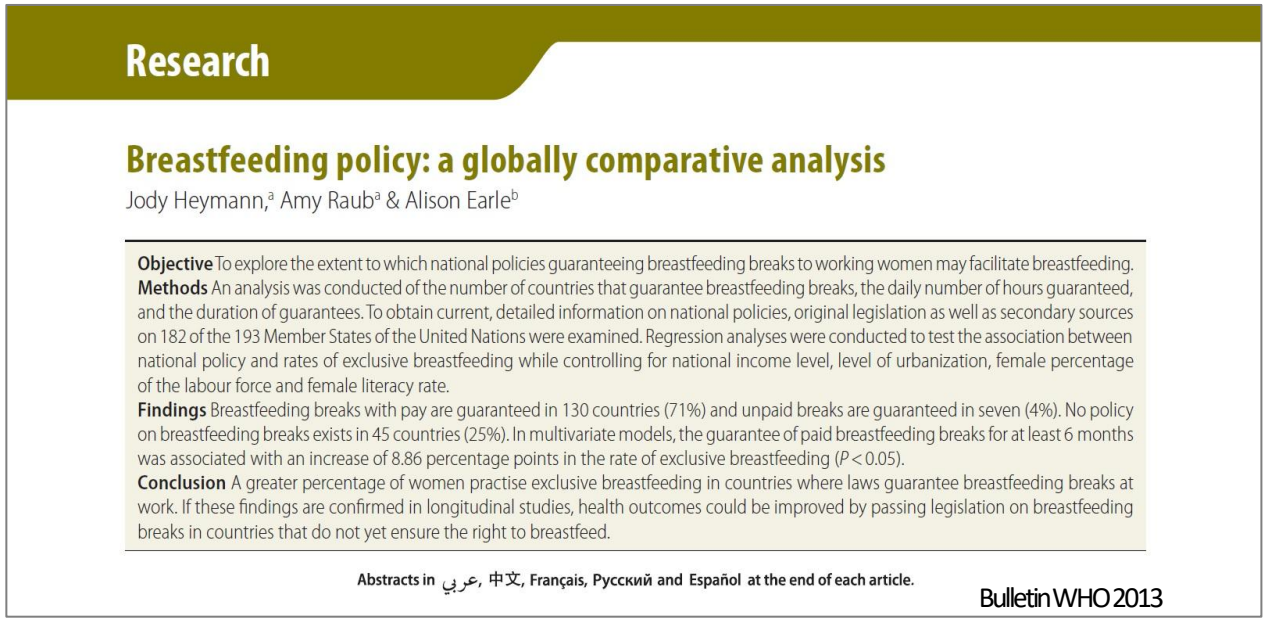
The evidence is strong … interventions to support breastfeeding work … and the more implemented … the greater the response

Meta-analyses (20,000+ papers screened and 300 studies):

- **Breastfeeding practices are highly responsive to interventions in health systems, communities and home**
- **Health system and community interventions can increase exclusive breastfeeding by x2.5**
- Maternity leave and work-place interventions also beneficial (studies generally limited to HICs)
- Largest effects when interventions delivered in combination
- Interventions needed may vary by setting and breastfeeding trends



The work place – paid breastfeeding breaks



Research

Breastfeeding policy: a globally comparative analysis

Jody Heymann,[a] Amy Raub[a] & Alison Earle[b]

Objective To explore the extent to which national policies guaranteeing breastfeeding breaks to working women may facilitate breastfeeding.
Methods An analysis was conducted of the number of countries that guarantee breastfeeding breaks, the daily number of hours guaranteed, and the duration of guarantees. To obtain current, detailed information on national policies, original legislation as well as secondary sources on 182 of the 193 Member States of the United Nations were examined. Regression analyses were conducted to test the association between national policy and rates of exclusive breastfeeding while controlling for national income level, level of urbanization, female percentage of the labour force and female literacy rate.
Findings Breastfeeding breaks with pay are guaranteed in 130 countries (71%) and unpaid breaks are guaranteed in seven (4%). No policy on breastfeeding breaks exists in 45 countries (25%). In multivariate models, the guarantee of paid breastfeeding breaks for at least 6 months was associated with an increase of 8.86 percentage points in the rate of exclusive breastfeeding ($P < 0.05$).
Conclusion A greater percentage of women practise exclusive breastfeeding in countries where laws guarantee breastfeeding breaks at work. If these findings are confirmed in longitudinal studies, health outcomes could be improved by passing legislation on breastfeeding breaks in countries that do not yet ensure the right to breastfeed.

Abstracts in عربي, 中文, Français, Русский and Español at the end of each article.

Bulletin WHO 2013

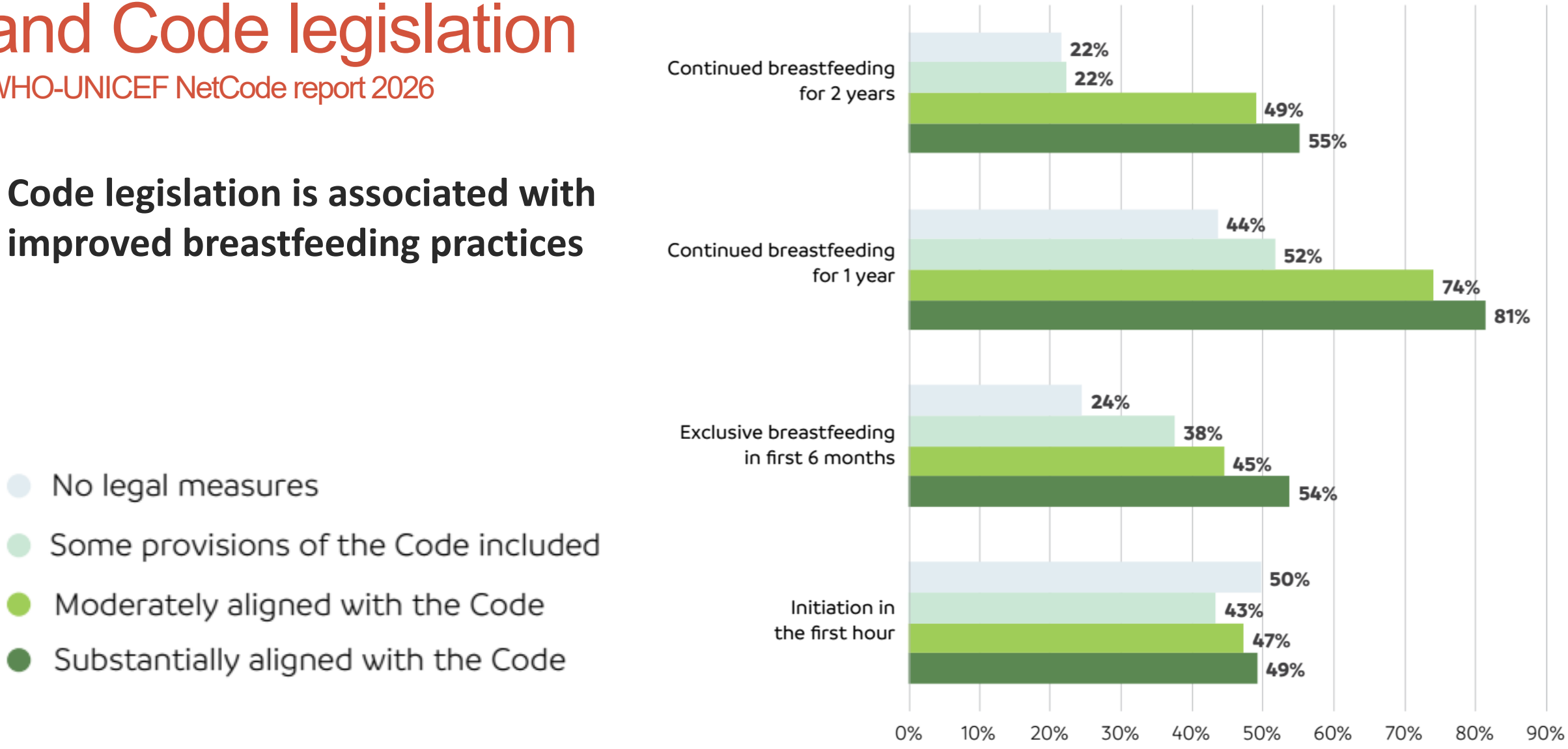
- Breastfeeding breaks with pay are guaranteed in 130 countries; unpaid in 7 countries
- No policy on 45 countries

- **Multivariate models: guarantee of paid breaks increased exclusive BF by 8.9% points**

Breastfeeding practices and Code legislation

WHO-UNICEF NetCode report 2026

- **Code legislation is associated with improved breastfeeding practices**



What can we do … when it feels like David vs. Goliath?

- Individually
- Collectively e.g. through professional associations
- Local vs. National
- Through political representatives and processes



What can we do …?

- **Individually**
- Collectively e.g. through professional associations
- National - International

- **Be competent and caring** in support of women
- Be knowledgeable about properties of breastmilk and breastfeeding **and practice communicating**
- **Correct marketing messages** and misinformation
- Recognise ‘we’ (health workers) are **high-value targets** for formula milk marketing and guard against conflicts of interest

What can we do …?

- Individually
- **Collectively e.g. through professional associations**
- National - International

- **Advocate for** greater Breastfeeding content and hands-on training in Undergraduate curricula and Postgraduate training
- **Demand our Associations** to
  - Adopt strict ‘Sponsorship and Conflicts of Interest’ policies
  - Protect members from influence of formula companies e.g. No sponsorship of conferences or Journals
  - Provide training on Conflicts of Interest

What can we do …?

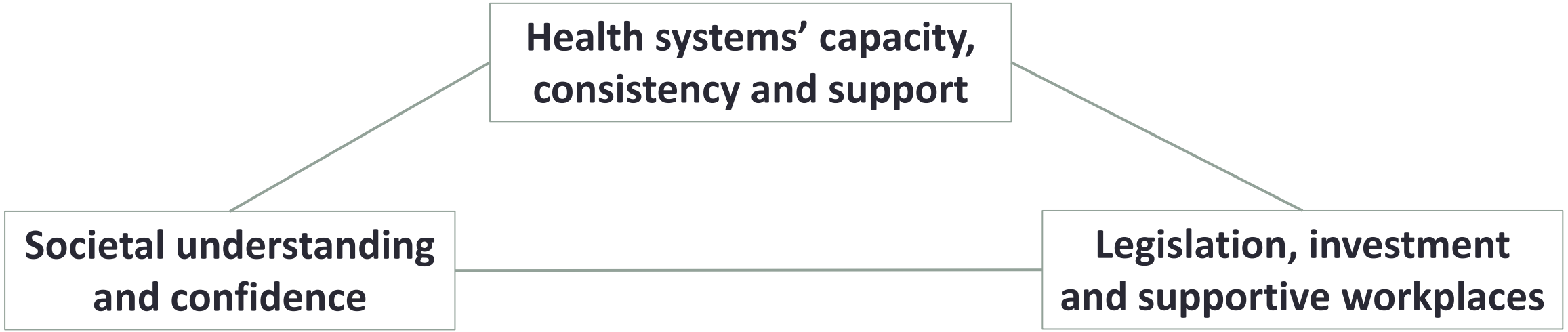
- Individually
- **Collectively e.g. through professional associations**
- **National - International**

- **<u>Denormalise conflicts of interest</u>**
- Ensure that processes and evidence used for deciding clinical guidelines **<u>are free from influence</u>** of commercial milk formula companies
- Health journals should **<u>reject sponsorship</u>** from formula milk companies and highlight research that is funded by formula industry

Supporting breastfeeding in our communities today …

“Success in breastfeeding is not the sole responsibility of a woman—the promotion of breastfeeding is a collective societal responsibility”

Lancet Breastfeeding series, 2016



And build ….

“A society where breastfeeding is the norm and women are empowered and supported to breastfeed”



What can we do …?

- Individually
- Collectively e.g. through professional associations
- National - International
- **Through political representatives and processes**

- **Understand how political decision-making happens**
  - Evidence does not guarantee decisions/action
  - Trade and finance commonly seen as more important than health = ‘short-term’ view
  - We need to be more strategic
- **Supply and Demand model - Political representatives …**
  - Respond to demands of a wide range of voters not only ‘niche’ group
  - Need to know their ‘backs are covered’ by public opinion - therefore build alliances
  - Evidence must speak to high value ‘political’ outcomes and the finances make sense
  - Need to know there is a realistic pathway to change