1. Background

UNICEF and WHO, along with a range of other partners, have formed a global advocacy initiative known as the Global Breastfeeding Collective (GBC) to increase political commitment to and investment for breastfeeding as the cornerstone of child nutrition, health and development.

The vision of the advocacy initiative is a world where all mothers and families are empowered, enabled and supported to optimally breastfeed their children, and where early initiation, exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods, become the social norm that helps children survive and develop to their full potential.

Its mission is to galvanize political, financial and social support to scale up breastfeeding programmes and to encourage adoption of supportive legal instruments and policies at the global, regional and country levels within the broader development, humanitarian and human rights agendas, thus accelerating progress to meet or exceed the WHA global target calling for an increase in the rate of exclusive breastfeeding to at least 50 per cent by 2025.

The initiative’s advocacy strategy\(^1\) reflects a shared vision in which stakeholders commit to accelerate progress towards the ultimate goal of creating an environment enabling mothers everywhere to breastfeed. The three **strategic goals of the advocacy initiative are to:**

1. Foster leadership and alliances and effectively integrate and communicate breastfeeding messages;
2. Mobilize resources and promote accountability;
3. Build knowledge and evidence to enhance breastfeeding policies, programmes, financing and communication.

A roadmap with key milestones will guide the shared global advocacy objectives. Task oriented working groups will be established to carry out specific time bound activities to reach the key milestones outlined in the roadmap.

2. Role of the Coordination Committee

Overall the Coordination Committee (CC) will:

➢ Guide, oversee and monitor the implementation of the road map, including progress of the task groups’ activities.
➢ Function as the decision-making body of the advocacy initiative and discuss and reach consensus\(^2\) on key priorities and issues related to task group activities, outputs, integration of activities, GBC membership as per agreed upon criteria, etc.
➢ Periodically communicate to the GBC members decisions that have been taken by the CC
➢ Review and revise key documents produced for the GBC, including advocacy briefs, statements, letters and technical documents.

3. Composition

➢ Representatives from UNICEF and WHO will be permanent members of the CC.
➢ The CC will periodically have new members and seeks to include representatives from organizational members of the GBC with a diversity of expertise and geographic representation.
➢ The CC will be comprised of at most 8 members.
➢ Members of the GBC may nominate new CC members when necessary, including self nomination. Nomination of new members should be seconded by one GBC member.
➢ The members of the CC are expected to serve for a minimum of 1 year and for a maximum of three years, subject to the discretion of UNICEF and WHO.

4. CC calls/meetings

- Calls (45-60 min) the week before each monthly GBC call with the larger group of partners. Calls will be chaired by UNICEF or WHO.
- Face to face meetings when the opportunity arises but at least once a year.
- Minutes from CC calls to be shared with the larger group when relevant.
- When applicable, CC will communicate decisions to the GBC partners during the calls with the larger group of partners and this will be recorded in the minutes.

5. Time Commitment

A monthly time commitment of at least 5 hours is expected for calls, to provide feedback on activities and/or to review documents. Depending upon upcoming activities or events, a longer time commitment would be expected.

\(^2\) In case consensus cannot be reached, UNICEF in consultation with WHO, will make the final decision