



GLOBAL BREASTFEEDING SCORECARD 2021

PROTECTING BREASTFEEDING THROUGH BOLD NATIONAL ACTIONS DURING THE COVID-19 PANDEMIC AND BEYOND

Breastfeeding is one of the most effective ways to ensure child health and survival. Breastmilk contains antibodies that help protect against many common childhood illnesses. Breastfed children perform better on intelligence tests and are less likely to be overweight or obese later in life.¹ Women who breastfeed also have a reduced risk of cancer and type II diabetes.² It is estimated that inadequate breastfeeding is responsible for 16% of child deaths each year.^{3,4}

The Global Breastfeeding Collective has identified seven policy priorities for countries to protect, promote and support breastfeeding. The COVID-19 pandemic has highlighted the urgency of implementing these policy priorities but has also created new challenges for their implementation. The Global Nutrition Summit in December 2021 will draw worldwide attention on the extent to which countries are ready to boldly commit to the health and nutrition of their mothers and children. Committing to significant action in support of breastfeeding will be critical.

The Global Breastfeeding Scorecard examines national performance on key indicators of the seven policy priorities. The Scorecard is designed to encourage and document progress on the promotion, protection and support of breastfeeding.⁵

CALL TO ACTION PRIORITIES

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROMOTE, PROTECT AND SUPPORT BREASTFEEDING. Funding breastfeeding programmes and policies is critical to supporting breastfeeding. Data are not currently available on government investment in breastfeeding, but the Scorecard tracks donor funding for breastfeeding. The World Bank estimates that an investment of \$4.70 per newborn is needed to reach the World Health Assembly's (WHA) global target of at least 50% exclusive breastfeeding by 2025.⁶ Only 6% of countries that receive international aid receive at least US \$5 per birth to support breastfeeding programmes. Most countries receive < US \$1 per birth. The Collective aims to increase the percentage of countries receiving at least US \$5 per birth to 25% by 2030.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. The aggressive marketing of Breast-Milk Substitutes (BMS) affects families' ability to make informed decisions regarding their child's feeding.⁷ The International Code of Marketing of Breast-Milk Substitutes

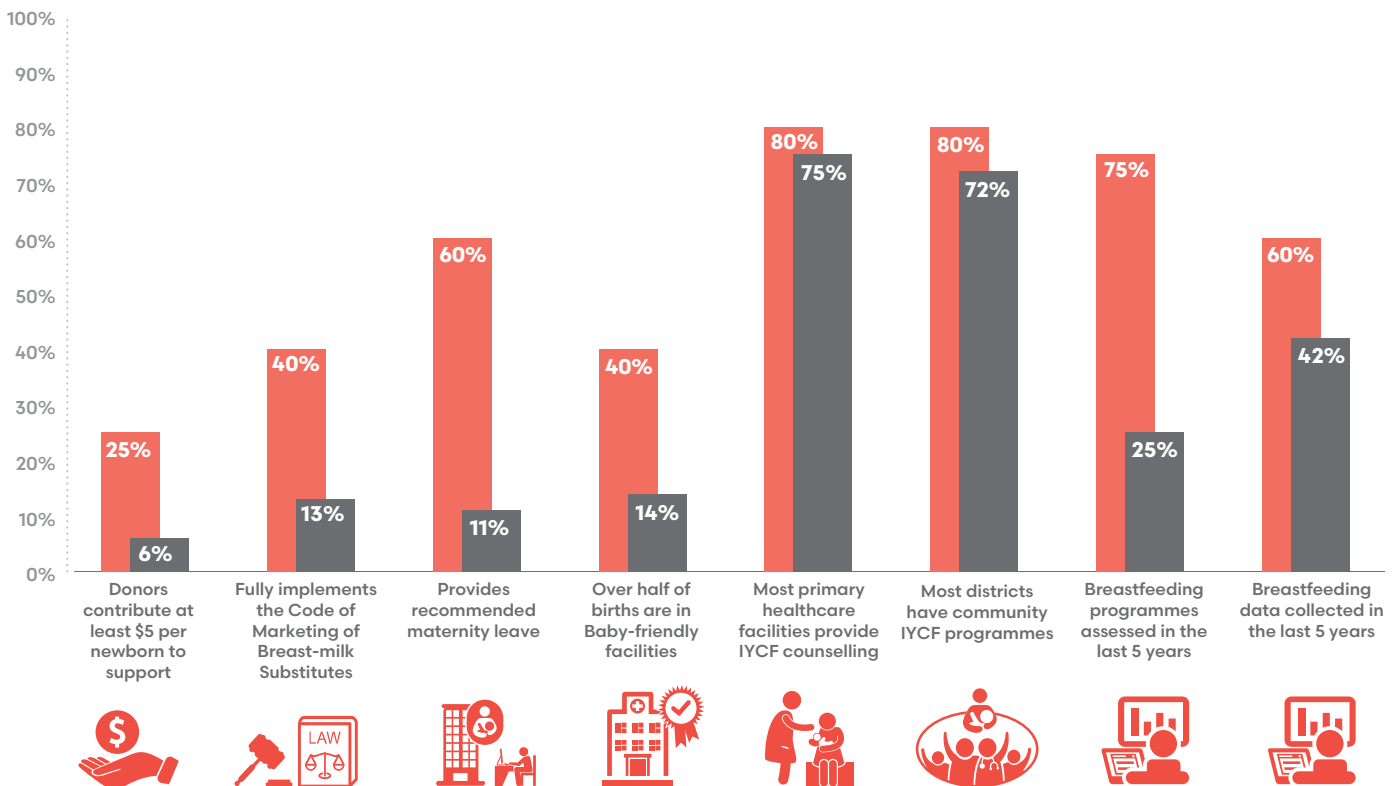
defines appropriate restrictions on the promotion of BMS in order to protect breastfeeding. Governments must enact and enforce legislation covering all provisions of the Code. The Global Breastfeeding Scorecard measures the extent of Code implementation. Globally, only 13% of countries have enacted legislation that is substantially aligned with the Code. The Collective has set a target of 40% by 2030.

MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. To support breastfeeding and early child development, new mothers need time away from work. The International Labor Organization's (ILO) Convention C183 gives women the right to 14 weeks of paid maternity leave along with work breaks and appropriate nursing space upon their return to work.^{8,9} ILO further recommends that countries enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds.^{9,10} Currently, only 11% of countries meet this recommended standard. The Collective target for 2030 is to have at least 25% of countries following the ILO recommendation. The ILO target should be considered a minimum. Preferably, mothers should have paid leave for a period of 6 months after birth.

Current rates and targets of indicators

Each indicator represents percentage of countries



BABY-FRIENDLY HOSPITAL INITIATIVE

IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES. The Baby-Friendly Hospital Initiative (BFHI), based on the “Ten Steps to Successful Breastfeeding,” describes the unique role of maternity facilities in protecting, promoting and supporting breastfeeding. In 2018, the BFHI was updated to emphasize the need for integrating the Ten Steps as the standard of care across all maternity care facilities.¹¹ Currently, only 14% of countries report that a majority of births occur in Baby-friendly facilities, well below the Collective target of at least 40% by 2030. These targets should be considered a minimum and preferably, mothers should have paid leave for a period of 6 months after birth.

BREASTFEEDING COUNSELLING AND TRAINING

IMPROVE ACCESS TO SKILLED BREASTFEEDING COUNSELLING IN HEALTHCARE FACILITIES. Providing counselling on Infant and Young Child Feeding (IYCF) by skilled health care practitioners increases women’s practical knowledge and confidence to breastfeed.¹² Counselling allows families to make informed decisions regarding their infant feeding practices and builds skills to address barriers they may encounter with breastfeeding.¹² Based on UNICEF programme data for 103 countries, 75% of countries have incorporated IYCF counselling into at least three-quarters of their primary healthcare facilities. It is important to note that this indicator does not represent programme coverage. This indicator falls a little under the 80% global target to be met by 2030.

COMMUNITY SUPPORT PROGRAMMES

ENCOURAGE NETWORKS THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING. Community programmes play a crucial role in improving breastfeeding practices. They support women in maintaining breastfeeding and overcoming challenges throughout their breastfeeding journey. UNICEF data from 102 countries indicate that 72% of countries have community programmes that include IYCF counselling in three-quarters of districts. Information on the number of women reached through these programmes and on the quality of services provided is lacking. While the reach is increasing, the Collective target for this indicator is 80% by 2030.

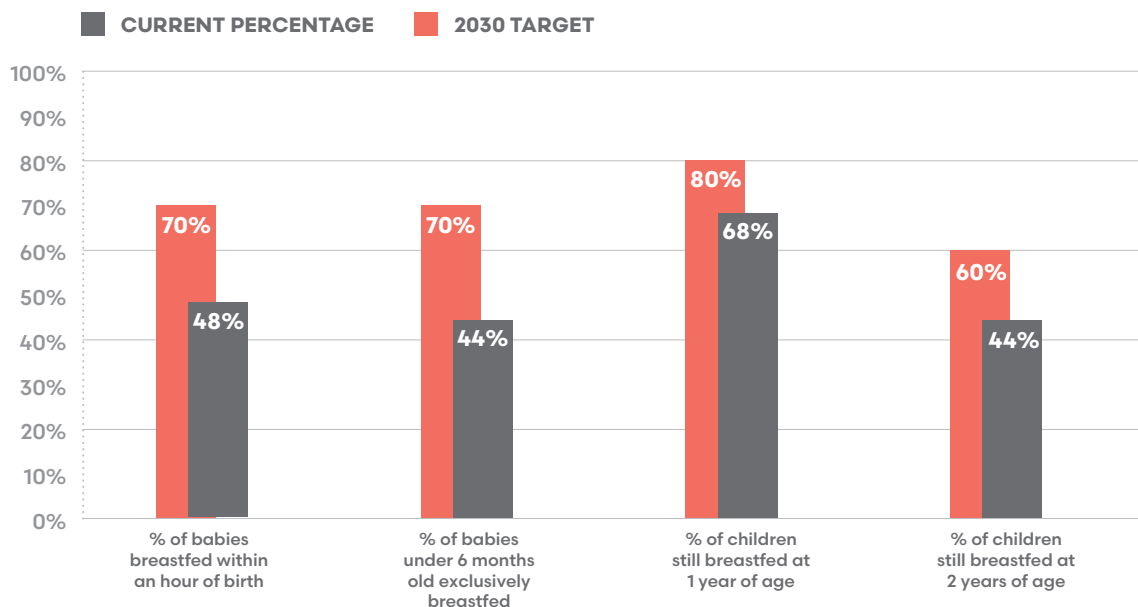
MONITORING SYSTEMS

TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING. Continuous tracking and evaluation of progress on breastfeeding policies, programmes, and practices is an important step that allows countries to learn about the effectiveness of their efforts. The World Breastfeeding Trends Initiative (WBTi) helps countries to assess their breastfeeding programmes and policies and create an action plan to address any gaps. Only 25% of countries have completed a WBTi assessment in the last five years, indicating inadequate programme evaluation worldwide. Similarly, only 42% of countries have collected data on exclusive breastfeeding in the last five years. By 2030, the Collective aims to increase these percentages to 75%.

BREASTFEEDING RATES

Globally, the rates of breastfeeding remain lower than what is required to protect the health of women and children.

Current rates and targets of breastfeeding practices



In 2013-2018, 48% of newborns initiate breastfeeding within one hour of birth. Only 44% of infants under six months of age are exclusively breastfed. While 68% of women continue to breastfeed their infant for at least one year, by two years of age, breastfeeding rates declines to 44%. The Collective targets for these global rates in 2030 are 70% for initiation in the first hour, 70% for exclusive breastfeeding, 80% at one year, and 60% at two years. Therefore, countries' efforts towards meeting the target rates of breastfeeding must be amplified.

IMPACTS OF COVID-19

While it is too early to fully assess how COVID-19 has impacted breastfeeding rates, there are a number of reasons to expect that supports for breastfeeding have been impaired. Extrapolating from social distancing recommendations in the general population, some hospitals started routinely separating mothers and newborns early in the pandemic, despite WHO recommendations for continued skin-to-skin care and rooming-in.¹³ Social distancing and diversion of health care staff have also interrupted routine provision of breastfeeding counselling services and limited opportunities for mother-to-mother support, peer counselling, and other community support initiatives. Misconceptions about breastfeeding in the context of COVID-19 has also resulted in negative impacts as some mothers with COVID-19 have chosen not to breastfeed their babies due to fear of COVID-19 transmission.¹⁴ Manufacturers of BMS in some countries have capitalized on the pandemic to promote their brands and products, such as through distribution of free supplies of BMS, brochures positioning the manufacturer as an expert on COVID-19, and videos that advise against breastfeeding among affected women. Community data collection on breastfeeding as well as assessment of breastfeeding programmes has been suspended in most countries. The impacts of the pandemic on nutrition¹⁵ demonstrate that breastfeeding is more important than ever, and yet the policies and programmes to support breastfeeding are deficient.

CONCLUSION

The policy priorities highlighted in this scorecard represent key steps in creating the enabling environments that families need to optimally feed their children. The Global Nutrition Summit presents a unique opportunity for countries to announce bold commitments on the protection, promotion, and support of breastfeeding. The time to act is now.

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breastfeeding@unicef.org
unicef.org/breastfeeding

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World Health Organization (WHO)
Avenue Appia 20
1202 Geneva, Switzerland
www.who.int/en

United Nations Children's Fund (UNICEF) 3 United Nations Plaza
New York, NY 10017, USA
www.unicef.org

unicef.org/breastfeeding

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