World Breastfeeding Week 2021

# Protect Breastfeeding: A Shared Responsibility




## SETTING THE SCENE

The COVID-19 pandemic poses enormous challenges for the global community. Ensuring survival, health and wellbeing for all is more important than ever. Breastfeeding is the foundation of life and contributes to short- and long-term health, good nutrition and food security in non-emergency and emergency situations.

> Breastfeeding is also a human right that needs to be respected, protected and fulfilled.

A public health approach to breastfeeding, where governments and other stakeholders work together to create a breastfeeding-friendly environment, is a vital part of protecting and supporting breastfeeding. It recognises breastfeeding as a shared responsibility and implements evidence-based policy on what we know works to support breastfeeding. Appropriate changes to policy and practice can make a critical difference to the everyday lives of parents of breastfeeding children. Requirements include investing in health services so that personnel are well-trained and have the time and expertise to deliver high-quality support and care. Legislation must be enacted and upheld to protect mothers and other parents and their right to enhanced maternity and parental leave. Another requirement is the full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (the Code). Evidence shows that a multisectoral public health strategy improves breastfeeding practices. These strategies must be adopted more widely and equitably.

During the COVID-19 pandemic, breastfeeding has been affected in positive and negative ways. Due to lockdowns and movement restrictions by most governments, parents have had time to be at home and focus on caring for and nurturing their babies. On the other hand, the separation of mothers and babies due to perceived risks of transmission of the coronavirus is practised in several countries. WHO recommends keeping them together because breastfeeding is not only safe, but also prevents excessive neonatal mortality.

The impact of separation on breastfeeding initiation and continuation can be devastating. Access to breastfeeding counselling and support is also limited by overburdened health systems and social distancing requirements. With vaccination plans underway, we need to protect those who are breastfeeding from discrimination by ensuring evidence-based policies and programmes are in place. WHO and other authorities (CDC, ACOG, NHS) have issued guidance on this matter.

Mass media and digital marketing are on the rise. A particularly serious challenge to breastfeeding is exploitation by the breastmilk substitutes (BMS) industry through widespread promotion and unethical marketing. These practices are covered by the Code and should be regulated by national legislation. This year is the 40th anniversary of the Code. Although there has been encouraging progress in a number of countries, in many, the Code is poorly monitored and enforced.

A public health approach will include multisectoral collaborative actions to protect and support breastfeeding throughout the continuum of care.

WABA's Warm Chain of Support for Breastfeeding (Warm Chain) campaign places the breastfeeding dyad at the core and follows the first 1,000 days timeline. It strives to link actors at different points to provide a coordinated continuum of care. Each actor or link in the Warm Chain may already be part of an existing initiative such as the Baby-Friendly Hospital Initiative (BFHI) or a community health programme. With consistent messages and effective referral systems throughout the Warm Chain, the breastfeeding dyad will receive ongoing support and breastfeeding counselling. An enabling environment where breastfeeding is protected and supported will ultimately shield parents and families against the influence of the BMS industry.

Suboptimal breastfeeding practices are a public health issue, requiring effort and investment at the societal level. During this World Breastfeeding Week, we are reminded that protecting breastfeeding is a shared responsibility. It is time for all of us to inform, anchor, engage and galvanise action to protect and support breastfeeding. This will help ensure survival, health and wellbeing for children and their families, and is key to achieving the Sustainable Development Goals, leaving no one behind.

The 2021 action folder examines challenges to breastfeeding protection and support at different levels: national, health system, workplace and community. It also outlines solutions to the challenges at each level and includes specific actions that need to be taken to protect and support breastfeeding.

## OBJECTIVES OF #WBW2021

**Inform**
people about the importance of protecting breastfeeding

**Anchor**
breastfeeding support as a vital public health responsibility

**Engage**
with individuals and organisations for greater impact

**Galvanise**
action on protecting breastfeeding to improve public health

# NATIONAL LEVEL

## Challenges

Globally, the vast majority of women are choosing to breastfeed their newborns, but unfortunately many cannot breastfeed for as long as they want. There are major barriers to breastfeeding-friendly environments. A lack of political will and long-term investment in breastfeeding protection and support at the national level are the root causes.

Implementation of the Code is essential. Although there has been progress with 136 countries adopting some legal measures, only 25 and 42 are substantially and moderately aligned with the Code respectively. Even though countries may have some legislation, issues regarding the scope of products, labelling, health claims, points of sale and cross-promotion remain a growing concern. Effective monitoring and enforcement are generally lacking.

Lack of legislation for publicly-funded maternity and parental social protection aligned with the minimum international standards outlined in the International Labour Organization (ILO) Convention is also a barrier, with more than 800 million women workers currently not covered. Additional barriers at the national level, including lack of intersectoral coordination, poor implementation of the Baby-Friendly Hospital Initiative (BFHI) and effects of the ongoing COVID-19 pandemic and other crises, leave many who want to breastfeed without the enabling environment they need. This is a global issue.

## Facts and Figures


The global breastfeeding rates remain low with only **43% of newborns** initiating breastfeeding within one hour of birth and **41% of infants under six months** of age exclusively breastfed. Although **70% of women continue to breastfeed for at least one year**, the breastfeeding rates decline to **45% at two years of age**.

Disparities in breastfeeding rates exist across and within countries. For example in the United States, there is a difference in breastfeeding initiation and duration among the different racial groups due to socio-economic background.


Reaching the global nutrition target of **increasing exclusive breastfeeding to 50% by 2025** will require an additional investment of $5.7 billion over 10 years, or $4.70 per newborn, for all low- and middle-income countries.

## Solutions

These barriers can be overcome when priority is given to breastfeeding and maternal and infant health. Evidence-based approaches at the public health level can make a substantial difference in breastfeeding rates and practices in communities. Investments must be sustainable and long-term, supported by political will and leadership. We have both the evidence of the health and social benefits of breastfeeding and how to protect, promote and support it.

The key elements that national programmes need to have in place to improve breastfeeding for all have been identified, such as in the Breastfeeding Gear Model (BFGM). These include evidence-based advocacy, political will, policies and legislation, continuous training of the workforce, implementation of evidence-based practices in health facilities (e.g. the BFHI) and community-based programmes (e.g. breastfeeding peer counselling and support). Also important are behaviour change communication campaigns, implementation of research and evaluation, as well as efficient multi-level coordination involving a highly active national breastfeeding entity that facilitates timely decision-making from the local to the national level.

The key to equitable social protection that empowers parents and ensures their rights includes legislation, supportive workplace policies and positive attitudinal change. This includes parental social protection policies and legislation such as public-funded paid leave. Parent-friendly workplaces in both formal and informal sectors also help to create a breastfeeding-friendly environment. National policies and programmes should emphasise the need for workers in both the formal and informal sectors to have access to paid maternity, paternity and parental leave as per ILO recommendations. Women should be provided a minimum of 18 weeks and preferably up to six months of paid maternity leave. Improving the coverage and quality of worksite-based breastfeeding support provisions including lactation rooms and breaks during the workday are also essential.

Regulation and monitoring of BMS marketing are vital as the BMS industry has been shown to violate the Code across world regions, especially during the COVID-19 pandemic. The surge in mass media and digital marketing highlights the need to engage with various stakeholders, particularly social media companies, to alert them to relevant regulations applicable to their platforms. It is time for international health bodies and governments to explore how digital marketing of BMS through social media platforms can be regulated and companies held accountable. All the elements of protection and support for breastfeeding require the engagement of multiple sectors of society and government in a public health approach with shared responsibility that is free of conflicts of interest (COI).

## Actions for governments and national actors

- Strengthen protection of breastfeeding and infant and young child feeding (IYCF) by implementing, monitoring and enforcing the Code.
- Increase funding to improve breastfeeding rates from birth through to two years and beyond.
- Strengthen monitoring systems to track the progress of policies and practices towards reaching national and global breastfeeding targets.
- Advocate at World Health Assembly to identify effective ways to control digital marketing strategies of BMS companies.
- Systematically assess and identify policies and programmes that could improve and enable the health, economic, social and cultural environments for breastfeeding using evidence-based policy toolkits.
- Implement maternity and parental social protection legislation and workplace breastfeeding support in both the formal and informal work sectors.
- Provide national guidelines on appropriate and timely support for breastfeeding in line with WHO guidance in the context of COVID-19 and other emergencies.
- Encourage a multisectoral approach in examining the costs of not breastfeeding to emphasise the shared responsibility in protecting, promoting and supporting breastfeeding at all levels of society.

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World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations dedicated to the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC). WABA coordinates the annual World Breastfeeding Week campaign.

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# HEALTH SYSTEMS LEVEL

## Challenges

Many health systems are currently unable to provide effective information and support for breastfeeding along the continuum of care, leaving families with breastfeeding babies vulnerable to being influenced by the BMS industry. Low uptake and poor implementation of BFHI means that healthcare systems are not providing adequate support and protection for breastfeeding. Inconsistent messaging across the health system, lack of adequate training of health workers relating to both skilled breastfeeding help and their responsibilities under the Code, as well as heavy workloads and poor resource allocation, affect the quantity and quality of the care given.

From the time the first commercial BMS was developed in the late 19th century, manufacturers turned to health workers to help them introduce their products to new mothers and their babies. The 2020 Code Status Report found that very few countries have introduced the robust measures necessary to reduce the promotion of products in the health system. Periodic monitoring reports published by the International Baby Food Action Network-International Code Documentation Centre (IBFAN-ICDC) have documented continued violation of the Code provisions by the BMS industry. Furthermore, COI within the health system remains a matter of great concern, for example, health workers being paid to distribute formula samples or receiving gifts from BMS manufacturers.

The COVID-19 pandemic is hindering the provision and use of child and maternal services. The effects of the pandemic on marginalised populations are even greater and a widening divide has been observed. The pandemic has led to the diversion of health systems resources from the support of breastfeeding. The situation has been further compounded by Code violations occuring at the health systems level. WHO has been clear in its guidance, recommending that mothers with suspected or confirmed COVID-19 be encouraged to initiate and continue to breastfeed and enable them to remain with their infant and practice skin-to-skin contact. However, some governments have implemented contradictory guidelines within their health systems.

## Facts and Figures

WHO Guidance on ending inappropriate promotion of foods for infants and young children includes a recommendation that BMS manufacturers should not create COI among health systems personnel. Health systems, health professional associations and non-governmental organisations should likewise avoid such COI.

WHO new implementation guidance to protect, promote and support breastfeeding in health facilities globally under the BFHI has included full compliance with the Code as one of the ten steps.

Of the 136 countries having legal measures on the Code in place, only 79 have an overall prohibition on the use of health facilities for promotion and only 30 have measures that call for a full prohibition of all gifts or incentives for health workers.

## Solutions

When health systems implement the BFHI Ten Steps, there is a positive impact on breastfeeding outcomes. Evidence shows that the more BFHI steps that are put in place, the greater the chance that breastfeeding will improve. Breastfeeding education and training of health workers improve knowledge, attitudes and compliance with BFHI. Breastfeeding counselling, practical and emotional support from both professional and lay people with appropriate training, is essential to increase both duration and exclusivity of breastfeeding. A Warm Chain across the continuum of care will provide consistent messages and good referral systems so that any family with a breastfeeding baby receives the ongoing support they need in a timely fashion.

Investment in human resources and training and retention of health workers at all levels of the health system, including community health workers, are needed to improve their capacity to provide breastfeeding counselling and support. 2021 is the International Year of Health and Care Workers and provides an opportunity to advocate for increased investment and protection of health workers, including for those involved in breastfeeding support.

The Code outlines specific responsibilities for health workers, so all personnel should be sensitised and educated on the provisions of the Code and the need to avoid COI. Investment in large scale implementation of the BFHI and community-based breastfeeding counselling will help to protect and support breastfeeding, as Code compliance is included in the revised BFHI. Systematic monitoring, reporting and enforcement of the Code and COI requirements in health facilities will protect health systems from BMS industry influence.

Governments and health systems have a responsibility to ensure that BFHI is implemented in both the public and private health care sectors. This is especially important during the ongoing COVID-19 pandemic and beyond. Countries need to track the impact of the pandemic on breastfeeding, investigate the needs of families with breastfeeding babies, especially marginalised groups, and develop effective ways to help them fulfil their breastfeeding goals. This can best be done through engagement and coordination of all actors within the health system and beyond. Essentially, this means creating a Warm Chain that emphasises each actor's roles and shared responsibility to support and protect breastfeeding.

## Actions for decision-makers in the health system and health workers

- ✔ Scale up the implementation of the Ten steps of the revised BFHI in all parts of the health system targeting maternal and child health.
- ✔ Invest in breastfeeding counselling and Code training for all health workers who provide maternal and child health services.
- ✔ Allocate funding to cover breastfeeding support in primary health care.
- ✔ Ensure systematic and regular monitoring of the Code within all parts of the health system.
- ✔ Avoid COI among healthcare providers by following the WHO Guidance on ending the inappropriate promotion of foods for infants and young children.
- ✔ Advocate with national health professional associations to stop receiving support or sponsorship from the BMS industry.
- ✔ Establish a Warm Chain by promoting interprofessional teamwork within the health system and community to provide a continuum of care.
- ✔ Integrate breastfeeding knowledge and skills into health worker pre-service and continuing education curriculum using the Infant and Young Child Feeding: Model Chapter.

# WORKPLACE LEVEL

## Challenges

In many parts of the world, employed parents lack adequate social protection, including public-funded paid leave policies, parent-friendly workplace policies, breastfeeding space/breastmilk expressing facilities, paid breastfeeding breaks and flexible working arrangements to support breastfeeding. Many employed women and parents also face inadequate maternity and parental protection to enable them to achieve their breastfeeding goals.

Women often have to return to work after a short period of maternity leave and do not have the support to continue breastfeeding at the workplace. Employers lack the understanding about how supporting breastfeeding can be beneficial for businesses, as well as for workers and their families. Many employers also do not have a clear understanding of what an employee who breastfeeds needs to make the transition back to work from maternity leave successful. Another barrier is that different types of workplaces may have varying resources and conditions to implement support programmes, for example, a multinational corporation is likely to have more facilities than a small- or medium-sized enterprise.

More than half (61.2%) of the global workforce make a living in the informal economy and are not covered by social protection policies. Workers in the informal economy are usually not represented by a formal union and face many barriers to breastfeeding such as living far from their place of employment, working long hours without breaks and dangerous working environments. These factors make breastfeeding more challenging.

The lack of support for breastfeeding at the workplace opens the door for targeted marketing by the BMS industry, which in addition to its health risks, adds to the household's economic burden. The COVID-19 pandemic has affected women's breastfeeding experiences at work in diverse ways, often worsening the situation for workers. They may have little time and face restrictions such as social distancing, making it difficult to express their breastmilk.

## Facts and Figures

Only 39 countries have ratified the ILO Maternity Protection Convention, 2000 (No. 183). Out of 185 countries, 99 meet or exceed the minimal 14 weeks of paid maternity leave, 57 countries provide 14-17 weeks of leave, and just 42 countries meet or exceed 18 weeks leave. Few reach the six months recommended by WHO for exclusive breastfeeding. Paternity and parental leave are only available in 100 and 66 countries respectively.

Recent evidence from 38 low- and middle-income countries shows that the extension of maternity leave has the potential to reduce barriers to breastfeeding for working women.

90% of workers in developing countries, 67% in upper- and lower-middle countries and 18% in high-income countries work in the informal sector. Working women in the informal economy do not have adequate maternity and workplace entitlements to be able to work and continue breastfeeding.

## Solutions

The ILO Maternity Protection Convention C183 protects women in both the formal and informal economy from economic losses, gender discrimination and health risks related to maternity. Specific measures include paid maternity leave, maternal and child health care, employment protection and non-discrimination, health protection at the workplace for pregnant and breast-feeding women and breastfeeding arrangements at work. In addition to that, parental social protection measures that provide paid public-funded leave for both parents, and flexible workplace policies also support breastfeeding and gender-equitable parenting.

Creating work environments with the time, space and support is necessary for employees to successfully combine breastfeeding and paid work. This includes the provision of comfortable breastfeeding spaces as well as facilities for breastfeeding and storing expressed breastmilk, flexible work hours and paid breastfeeding breaks and supportive workplace policies. Work policies should also ensure that parental and paternity leave does not compromise existing maternity leave benefits. These policies should enable fathers or partners to prioritise family-related responsibilities and work with their partners to shape a parenting and breastfeeding team, while meeting work demands.

Parental social protection can be achieved through an effective partnership between the tripartite stakeholders consisting of governments, employers and trade unions working together with civil society organisations and communities. These stakeholders can collectively identify suitable solutions for maternity and parental protection as well as support for workers in both the formal and informal economy. In times of pandemics and health emergencies such as COVID-19, the conditions of work change and require targeted interventions to accommodate the varying needs of workers who are breastfeeding.

## Actions for employers, trade unions and workers

- Engage with various stakeholders on implementing breastfeeding-friendly workplaces that provide support such as breastfeeding facilities, paid breastfeeding breaks and flexible working arrangements.
- Advocate for public-funded paid parental leave that enables exclusive breastfeeding and that promotes involvement of fathers or partners in childcare and domestic work.
- Develop, implement and monitor relevant policies to include informal workers in maternity and social protection arrangements.
- Advocate for placement of appropriately trained and skilled personnel at workplaces to counsel parents about breastfeeding, such as peer counsellors, health professionals and lactation consultants.
- Work with governments and employers to review and improve national laws that cover maternity and parental social protection for all workers.
- Establish breastfeeding-friendly workplaces that are in compliance with the Code. This includes avoiding sponsorships from companies manufacturing, distributing or marketing breastmilk substitutes.

# COMMUNITY LEVEL

## Challenges

All the barriers at the national, health system and workplace levels ultimately affect communities and individuals. Social norms and traditional practices in the community often impede optimal breastfeeding. When breastfeeding rates are low, a 'bottle-feeding' or 'mixed feeding' culture may prevail. Decision-making relating to infant feeding is influenced by partners and the extended family, as well as the wider community. Furthermore, the lack of breastfeeding support systems at the community level makes breastfeeding protection, promotion and support interventions more challenging.

Companies are now using new methods for their promotional activities such as using industry-sponsored organisations posing as grassroots including non-governmental organisations, co-opting public health campaigns, using unfounded health claims, cross-promotion of baby foods, using mass and social media, digital marketing and influencers. Industries use celebrities, community influencers and even health workers to either overtly or covertly promote their products, thereby undermining optimal breastfeeding.

Communities and individuals are especially vulnerable to general promotion and donations by the BMS industry in times of emergencies and disasters, which violate both national laws and the Code. BMS companies have been found profiting off the confusion and fears surrounding breastfeeding during the COVID-19 pandemic, actively promoting their products as "safer alternatives", hence violating the Code.

## Facts and Figures

BMS companies use digital marketing to promote their product to mothers through schemes like "mombassador" in Indonesia, violating provisions of national regulations.

BMS donations and exploitation during the COVID-19 pandemic have been reported in many countries including Canada, India, Italy, Pakistan, the Philippines and the United Kingdom.

A study in 2020 shows that BMS companies have developed an understanding of vulnerable new parents including working parents' needs, and are delivering to them individually targeted communications promoting a readily available range of BMS.

## Solutions

Different levels of the community have a shared responsibility for protecting and supporting families with babies in several ways. Families, peers and social network groups, community leaders, civil society organisations, advocates and media can all play important roles. Immediate and extended families can play a vital part in providing daily support and protection by working together as a team.

Physical and virtual community groups can provide valuable support for the breastfeeding dyad and protect breastfeeding by being vigilant about industry promotion and marketing. Strategic and innovative behaviour-change messages that target all members of the family and the community are needed to reinforce support for families with breastfeeding babies. Socio-culturally appropriate and consistent communications need to be broadcast through both mainstream and social media platforms, with help from community leaders and influencers.

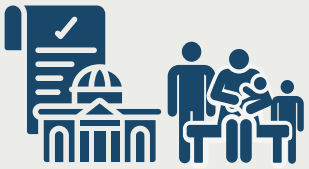
Greater public awareness of the Code and the importance of protecting the rights of the breastfeeding dyad is needed. Civil society advocates also need to be vigilant and identify BMS digital marketing that violates the Code and explore how to regulate the practice. The mainstream media can protect and support breastfeeding by working with experts to relay unbiased and correct information.

Dialogue among the different stakeholders at the local community level and reaching consensus on how to create a breastfeeding-friendly community that is valued as a social norm, Code-compliant and COI-free is essential. This will help to ensure that protecting and supporting breastfeeding is a shared responsibility in the whole community.

## Actions for community members, organisations and families

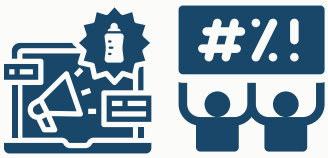
- ✔ Advocate to the government to implement, monitor and strengthen enforcement of the national Code legislation using the 2020 Code Status Report.
- ✔ Create a user-friendly effective system to report Code violations and encourage the local community to report violations.
- ✔ Build capacity of community breastfeeding groups that can provide ongoing support for families with breastfeeding babies through both face-to-face and digital platforms.
- ✔ Consult local breastfeeding counsellors, peer supporters, lactation consultants or health professionals if you have any breastfeeding challenges.
- ✔ Ensure continuity in support for breastfeeding mothers and families by linking community breastfeeding groups with the health system.
- ✔ Encourage breastfeeding experts to be present on social media to provide correct information and support.
- ✔ Engage communities through leaders, women's associations, men's groups and other existing community structures to support a dialogue about breastfeeding using WBW as a platform.

# KEY MESSAGES



A public health approach to breastfeeding, where governments and other stakeholders collaborate to create a multisectoral breastfeeding-friendly environment, is a vital part of protecting and supporting breastfeeding.

This requires investment in and implementation of evidence-based policy on what we know works to protect and support breastfeeding.



Breastmilk substitute (BMS) companies are exploiting digital platforms to market their products to the public, a practice that has become apparent during the COVID-19 pandemic.

We must all be more vigilant against digital marketing strategies of BMS companies and explore ways to curb them.

The International Code of Marketing of Breastmilk Substitutes is as important today as it was 40 years ago to protect families from unethical marketing and all promotion.

Countries need to enact, monitor and enforce national legislation in line with the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (the Code).

All health workers who provide maternal and child health services must be trained in breastfeeding counselling, the Code and conflicts of interest.

Promoting interprofessional teamwork within the health system and linking to community health workers and groups will help create a warm chain of support for families with breastfeeding babies across the 1000 days.

Social protection for all parents in the formal and informal sector, including paid parental leave and workplace support, protects their breastfeeding rights.

This can be achieved through partnerships between governments, employers, trade unions, civil society organisations and communities.

Unsupportive social norms, traditional feeding practices and aggressive BMS marketing at the community level often impede optimal breastfeeding.

Cooperation among different community actors can help to protect and support breastfeeding for all families.