



**MOM,
YOU'RE
AMAZING**

**Exclusive
breastfeeding:
celebrating
successes and
accelerating
progress by 2030**



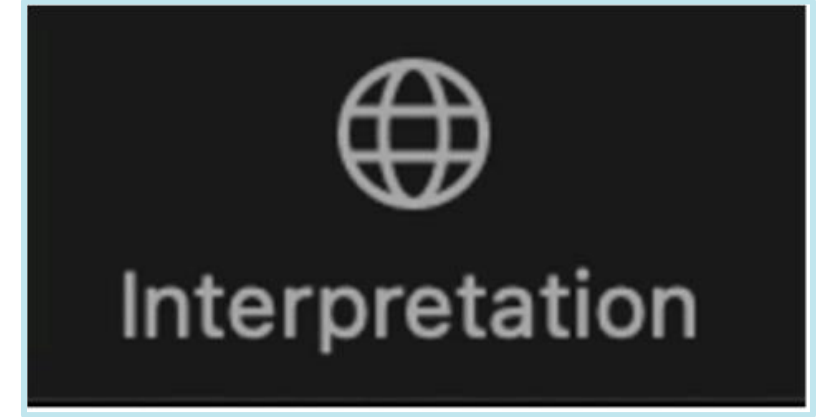
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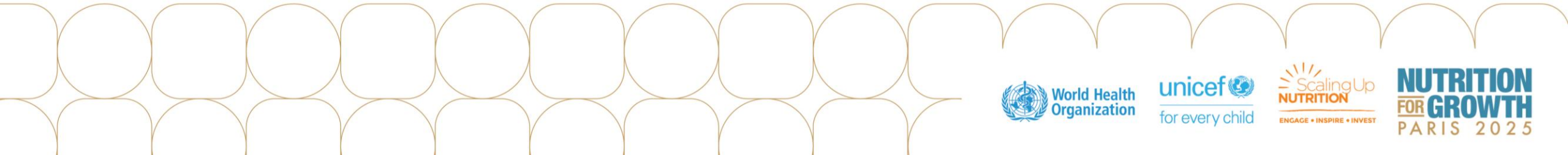
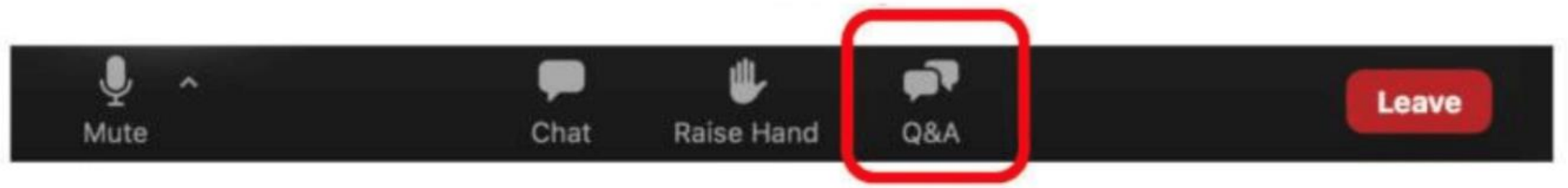
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Why protection and support for breastfeeding is a major global priority



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Why protect and support for breastfeeding as the biological norm?

Nearly 600,000 child deaths every year from inadequate breastfeeding

JOURNAL ARTICLE

The cost of inaction: a global tool to inform nutrition policy and investment decisions on global nutrition targets 

Sakshi Jain, Sameen Ahsan, Zachary Robb, Brett Crowley, Dylan Walters 





Why protect and support for breastfeeding as the biological norm?

Breastfeeding is a **human right** for infants and mothers

- Prevents **50% of all diarrhoeal diseases** and 33 of all respiratory infections
- Reduces risk of **childhood obesity by 26%**
- Improves **IQ by 3-4 points**
- **Increased adult earnings**; with 72% of the effect of breastfeeding on income explained by the increase in IQ.
- Reduces the risk of **20,000 breast cancer** deaths every year

THE LANCET

Volume 357 Number 91027 Pages 401-524 January 20-February 5, 2015 www.thelancet.com

"Success in breastfeeding is not the sole responsibility of a woman—the promotion of breastfeeding is a collective societal responsibility."

See feature page 405

Editorial	Articles	Articles	Articles	Series
India's legacy of deficits and their global lessons See page 401	Effects of intensive blood glucose lowering on cardiovascular and renal outcomes See page 405	Intervallate delivery compared with sustained management after parturition in labour: a randomised controlled trial See page 411	Technical efficacy of percutaneous coronary intervention with adjunct of intracoronary balloon dilatation in patients with coronary artery disease See page 417	Breastfeeding 1 and 2 See page 417 and 418

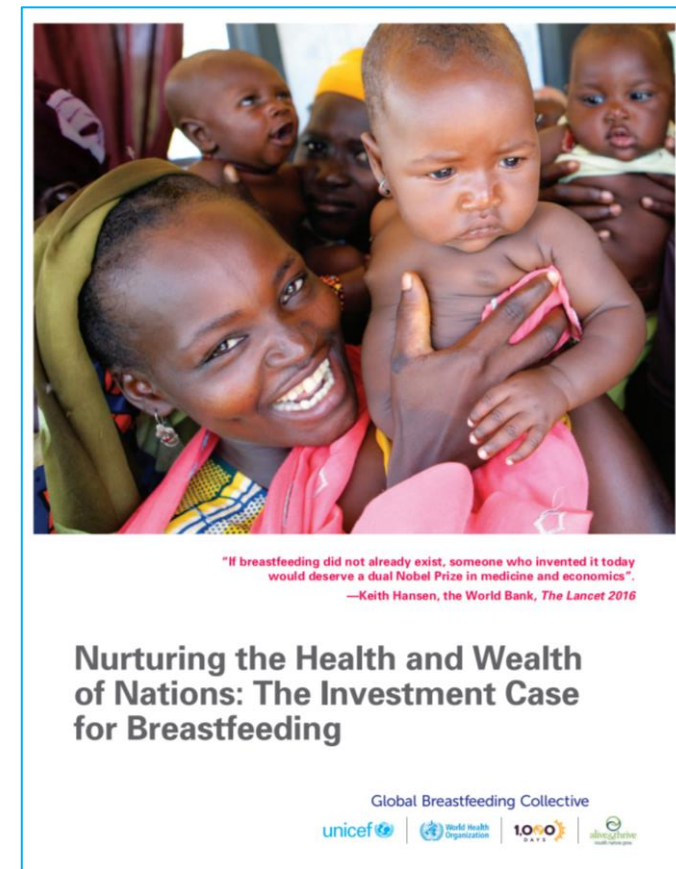
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Investing in breastfeeding makes economic sense

- Spurs significant **economic savings**
- Every **\$1 invested** in breastfeeding generates **\$35 in economic returns**.
- Generate **\$300 billion** in economic productivity (0.49% of GDP)

Source: Walters, Phan & Mathisen 2019; Bhutta, Das, Rizvi 2013





Investing in breastfeeding is good for the environment

- Investments in breastfeeding is a carbon offset
- Feeding an infant BMS only for four months is estimated to contribute to:
 - **Global warming, acidification of soils, marine water pollution**
- Carbon footprint from BMS is estimated at 11–14 kg of carbon dioxide per Kg sold
- Climate mitigation financing for nutrition
 - **Reorientation of toward breastfeeding**
- Meeting the global targets for BF will result in larger decreases in GHG emissions

Source: Walters, Phan & Mathisen 2019; Bhutta, Das, Rizvi 2013





Investing in breastfeeding drives SDGs

1 

Breastfeeding is a natural and low-cost way of feeding babies and children. It is affordable for everyone and does not burden household budgets compared to artificial feeding. Breastfeeding contributes to poverty reduction.

8 

Breastfeeding women who are supported by their employers are more productive and loyal. Maternity protection and other workplace policies can enable women to combine breastfeeding and their other work or employment. Decent jobs should cater to the needs of breastfeeding women, especially those in precarious situations.

10 

Breastfeeding practices differ across the globe. Breastfeeding needs to be protected, promoted and supported among all, but in particular among poor and vulnerable groups. This will help reduce inequalities.

5 

Breastfeeding is the great equaliser, giving every child a fair and best start in life. Breastfeeding is uniquely a right of women and they should be supported by society to breastfeed optimally. The breastfeeding experience can be satisfying and empowering for the mother as she is in control of how she feeds her baby.

- **Goals 1, 8 and 10** focus on ending poverty, promoting economic growth and reducing inequalities.
- **Goal 5 centres on gender equality.** Breastfeeding is linked to critical equality issues including birth spacing and workplace rights.



Investing in breastfeeding drives SDGs

2 

Exclusive breastfeeding and continued breastfeeding for two years and beyond provide high quality nutrients and adequate energy and can help prevent hunger, undernutrition and obesity. Breastfeeding also means food security for infants.

3 

Breastfeeding significantly improves the health, development and survival of infants and children. It also contributes to improved health and wellbeing of mothers, both in the short and long term.

4 

Breastfeeding and adequate complementary feeding are fundamentals for readiness to learn. Breastfeeding and good quality complementary foods significantly contribute to mental and cognitive development and thus promote learning.

12 

Breastfeeding provides a healthy, viable, non-polluting, non-resource intensive, sustainable and natural source of nutrition and sustenance.

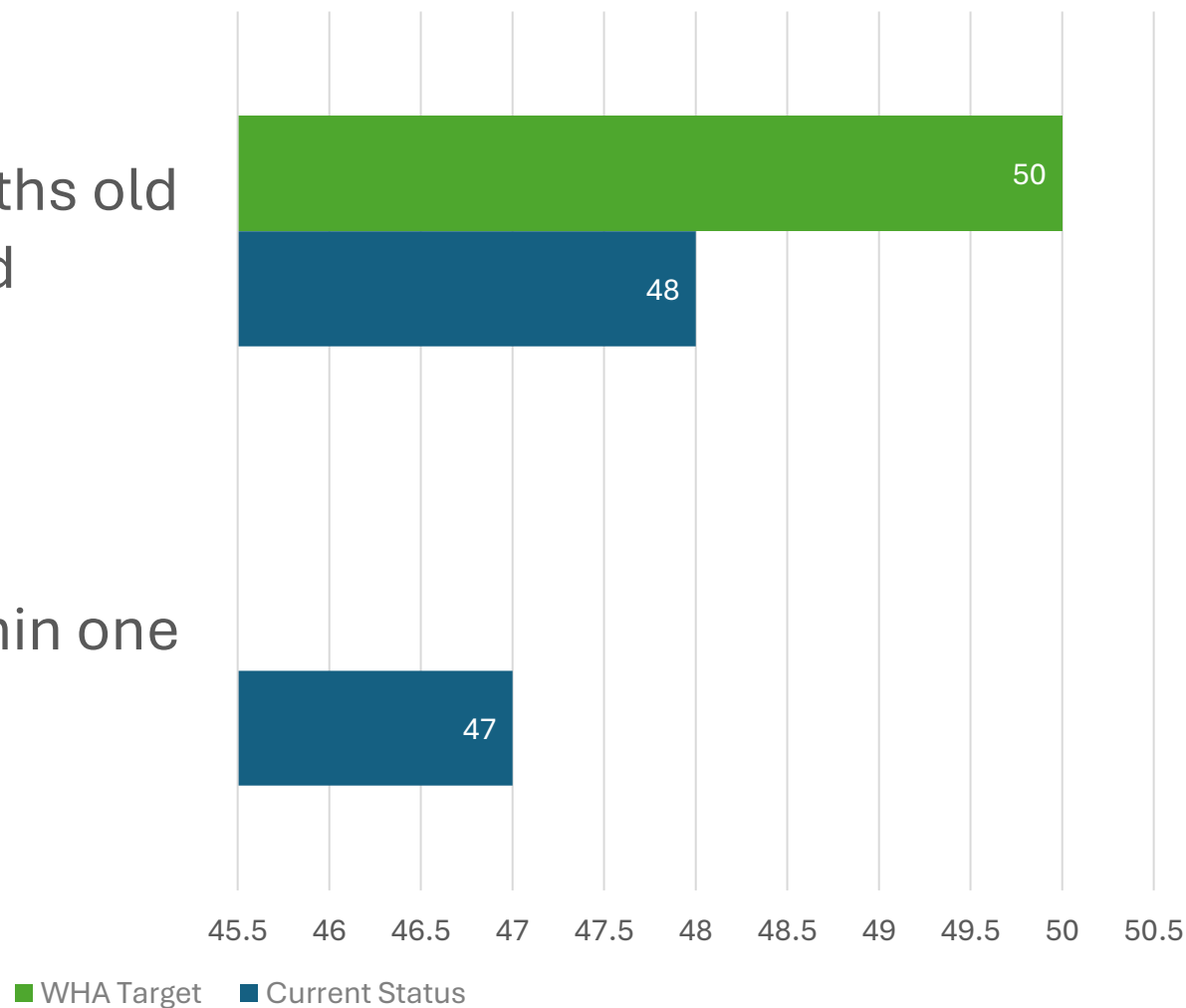
- **Goals 2 and 3** : Hunger, health and well-being. breastfeeding is a vital source of nutrition, save children's lives and contribute to improved health outcomes
- **Goal 4 is about education**. The association between breastfeeding and higher IQs and educational attainment can contribute to efforts to achieving global learning targets.
- **Goal 12 tackles sustainable consumption**. Breastmilk does not require industry for production and is created and consumed with a minimal carbon footprint.



Where are we today?

% of babies under six months old
exclusively breastfed

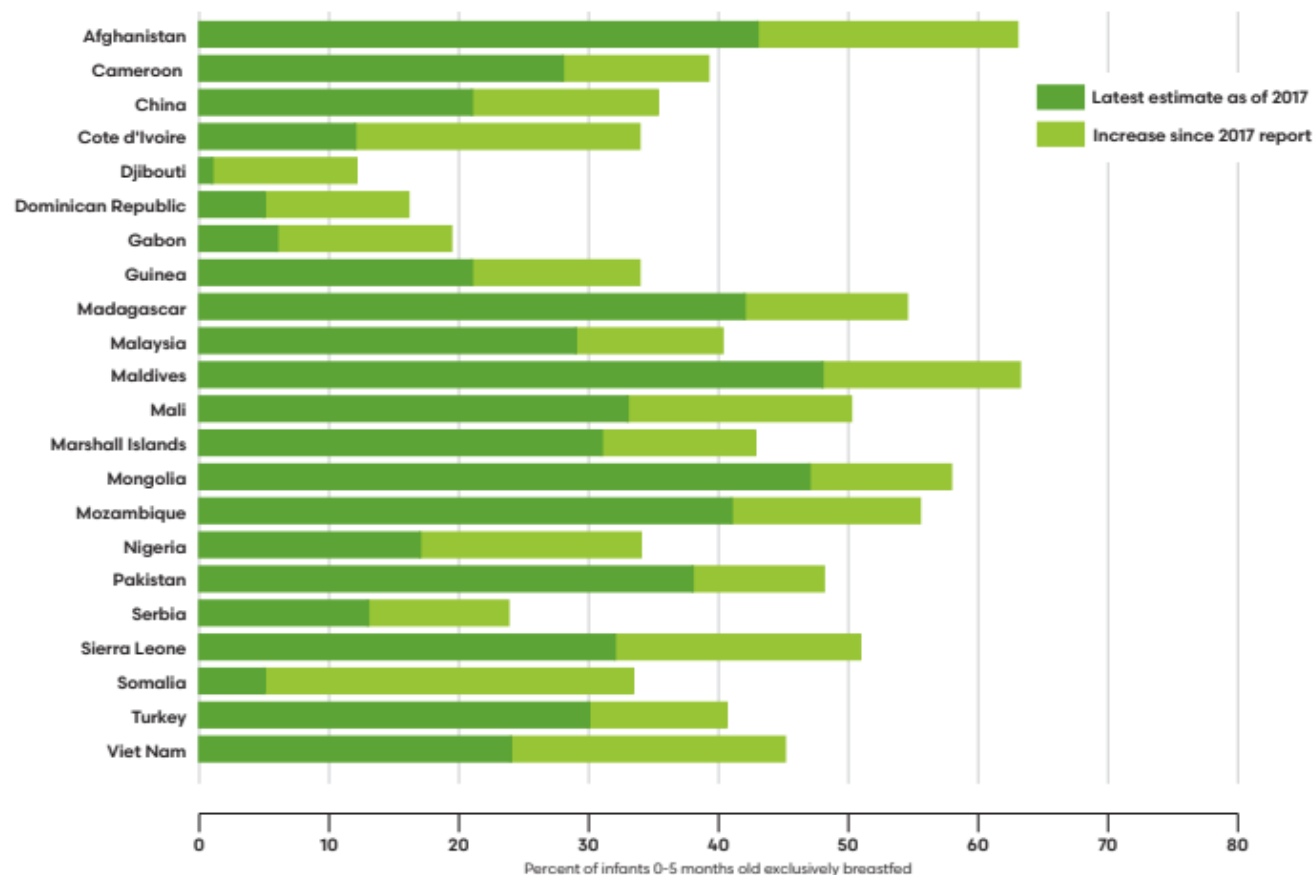
% of babies breastfed within one
hour of birth





Dramatic success is possible

Figure 3b. Change in rates of exclusive breastfeeding between 2017 and 2023 reports, among countries with at least a 10 percentage point increase





The aggressive marketing of BMS is a major barrier to breastfeeding

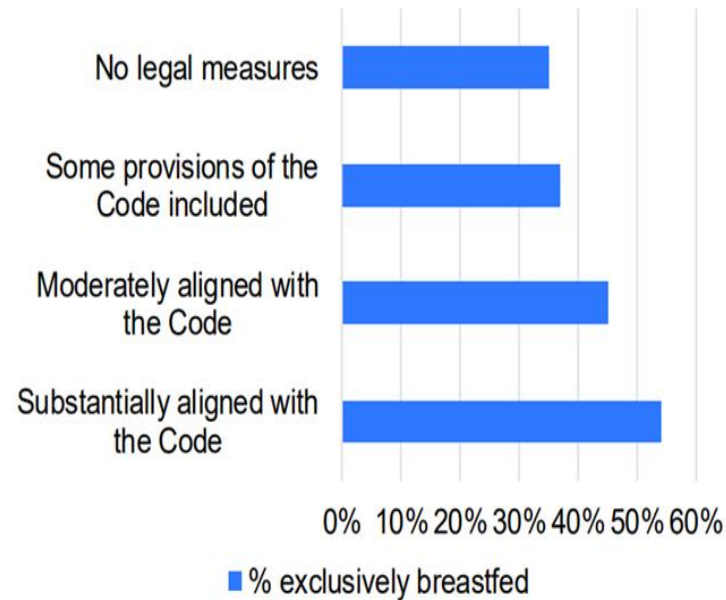
- Formula milk marketing is pervasive, personalized, and powerful.
- Formula milk companies use manipulative marketing tactics that exploit parents' anxieties and aspirations
- Formula milk companies distort science and medicine to legitimize their claims and push their product
- Industry systematically targets health professionals – whose recommendations are influential
- Formula milk marketing undermines parents' confidence in breastfeeding



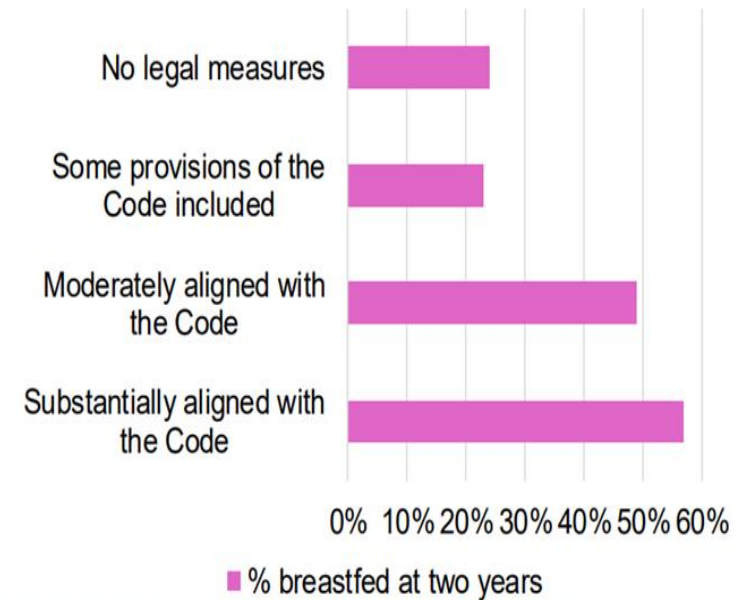


Countries with laws aligned with the Code have higher breastfeeding rates

Percent of infants 0-6 months old exclusively breastfed by Code status



Percent of children 20-23 months old breastfed by Code status





Absent, inadequate, or poorly enforced maternity protection policies

- Legally guaranteed **maternity leave** is essential
- **ILO Convention No. 183** : 14 weeks, and **ILO Recommendation No. 191** at least 18 weeks.
 - Enables new mothers to take time off work while retaining economic and job security
- Mandatory **workplace support** including **breastfeeding breaks and facilities**
- Employment protections **guarantees jobs and protecting them against discrimination**



ADVOCACY BRIEF BREASTFEEDING AND FAMILY-FRIENDLY POLICIES



ADVOCACY BRIEF MEASURES TO PROTECT, PROMOTE AND SUPPORT BREASTFEEDING FOR WORKING WOMEN

Breastfeeding is a core child survival intervention.
It protects babies from common infectious diseases and boosts children's immune systems, providing the key nutrients they need to grow and develop to their full potential.

- Babies who are not breastfed are 14 times more likely to die before their first birthday than babies who are exclusively breastfed for the first six months of life.¹
- Optimal breastfeeding is so critical that it could save the lives of more than 820,000 children under 5 years of age each year.²

To improve child survival and promote healthy growth and development, UNICEF and the World Health Organization (WHO) recommend exclusive breastfeeding for the first six months of a baby's life, followed by the introduction of complementary foods alongside continued breastfeeding until at least 2 years of age or beyond.³

- In the last decade, the global prevalence of exclusive breastfeeding has increased by a remarkable 10 percentage points, showing that progress to improve breastfeeding rates is possible when this life-saving practice is protected, promoted and supported.⁴
- Still, fewer than half of infants are exclusively breastfed for the first six months of life.⁵
- To reach the 2030 global target – that 70 percent of infants are exclusively breastfed for the first six months of life⁶ – government action is needed to support women in overcoming social, political and economic barriers to achieving their breastfeeding goals.⁷

Legally guaranteed maternity leave is essential for supporting breastfeeding. It enables new mothers to take time off work while retaining economic and job security.

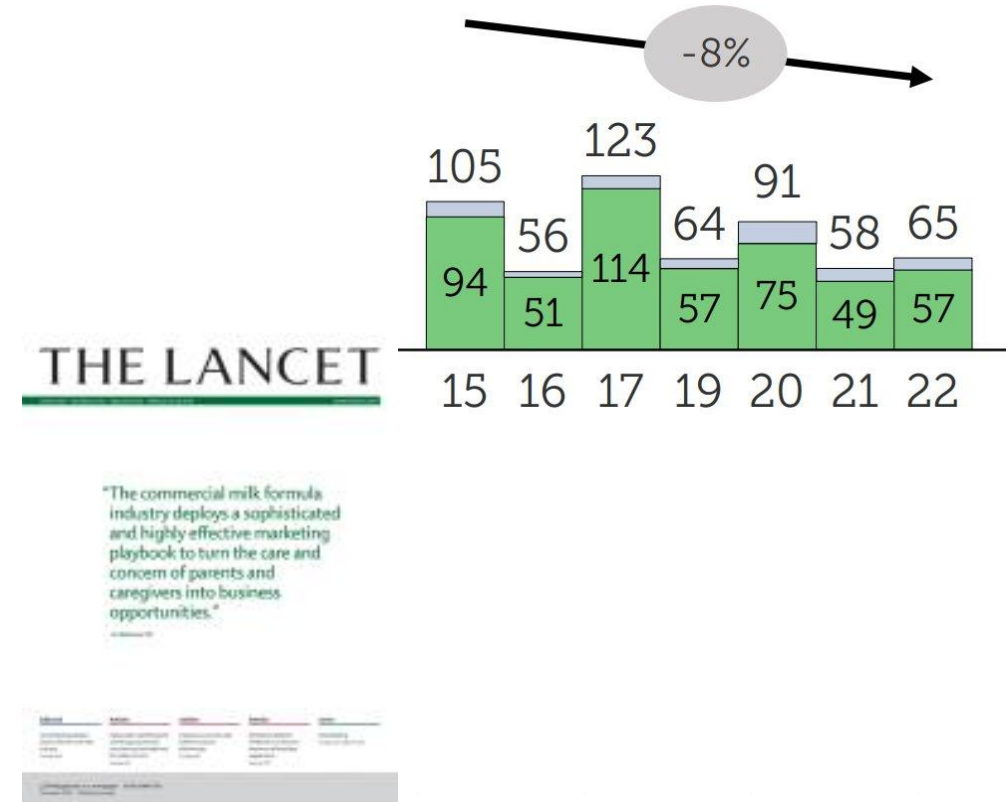
GLOBAL BREASTFEEDING COLLECTIVE | |



Other barriers

- **Investments remains minimal** (donors and national governments)
- Limited integration **of 10 Steps into maternity and newborn services**
- Inadequate resourcing for **skilled breastfeeding counselling**
 - Health care professionals and paraprofessionals not adequately trained
 - Substandard, inconsistent and ineffective support
- Social and behavioral factors (**perception of insufficient milk**)

Overseas development assistance disbursements for breastfeeding, 2015-2022 (USD millions)





Actions to drive progress



Funding



Code



Workplace



Ten Steps



Counselling Access



Community Links



Monitoring

GLOBAL BREASTFEEDING COLLECTIVE A CALL TO ACTION

Breastfeeding gives all children the healthiest start in life.

Breastmilk acts as a baby's first vaccine, stimulates brain development, and protects a woman's health. When mothers breastfeed, everyone benefits. Breastfeeding leads to lower health care costs, healthier families, and a smarter workforce.

Yet, only 44 percent of children under six months of age are fed only breastmilk. UNICEF and WHO are leading a Global Breastfeeding Collective to increase political commitment for breastfeeding—one of the smartest investments a country can make. The initiative aims to increase 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.



We call upon implementers and donors from governments, philanthropies, international organizations, civil society to:



1 Increase funding to raise breastfeeding rates from birth through two years.



2 Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.



3 Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.



4 Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns.



5 Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities.



6 Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding.



7 Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

GLOBAL BREASTFEEDING
COLLECTIVE

unicef

World Health
Organization



The time to act is NOW





Dr Laurence Grummer-Strawn

Unit Head

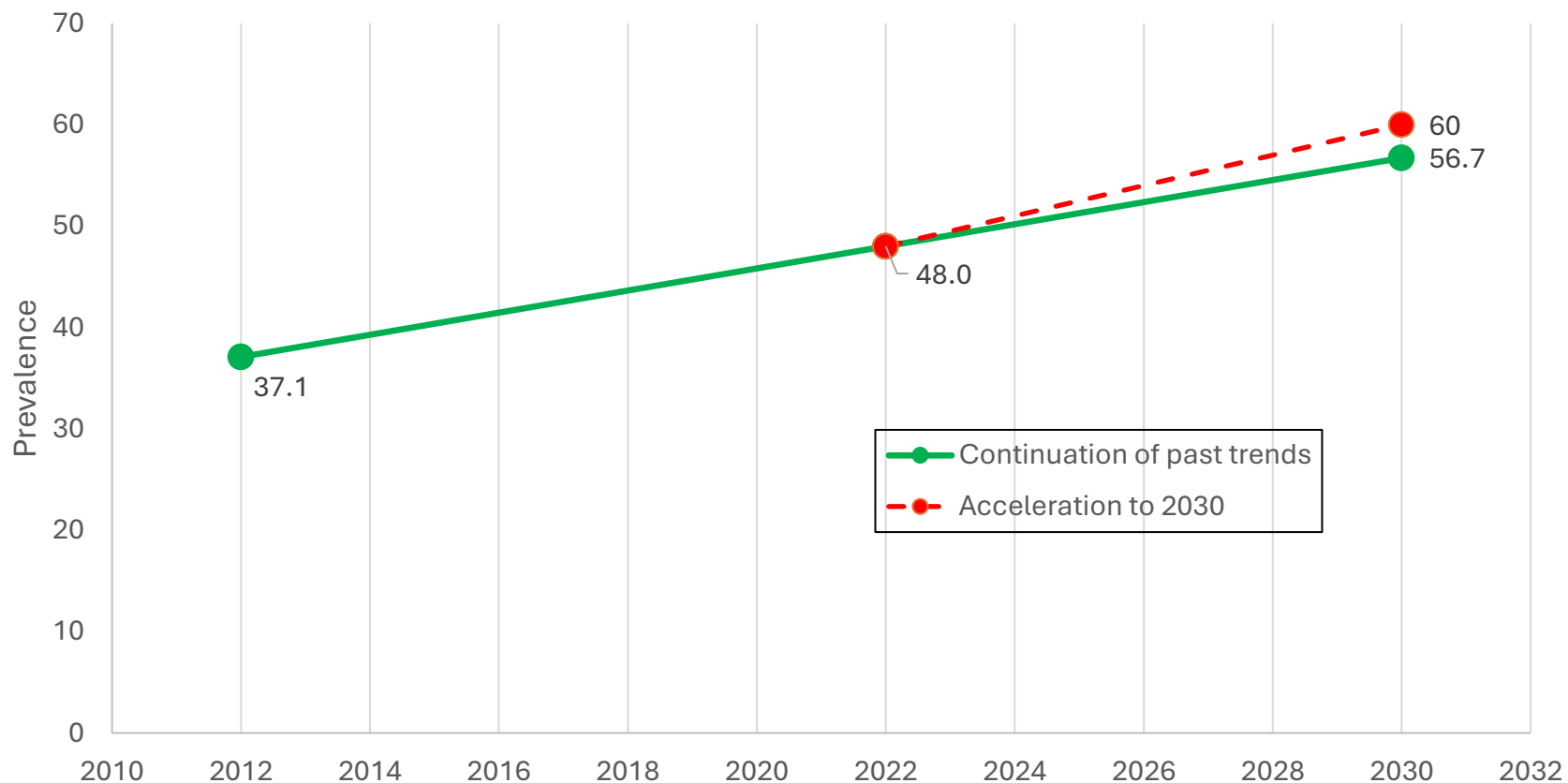
Nutrition and Food Safety Department
World Health Organization





2030 target requires acceleration

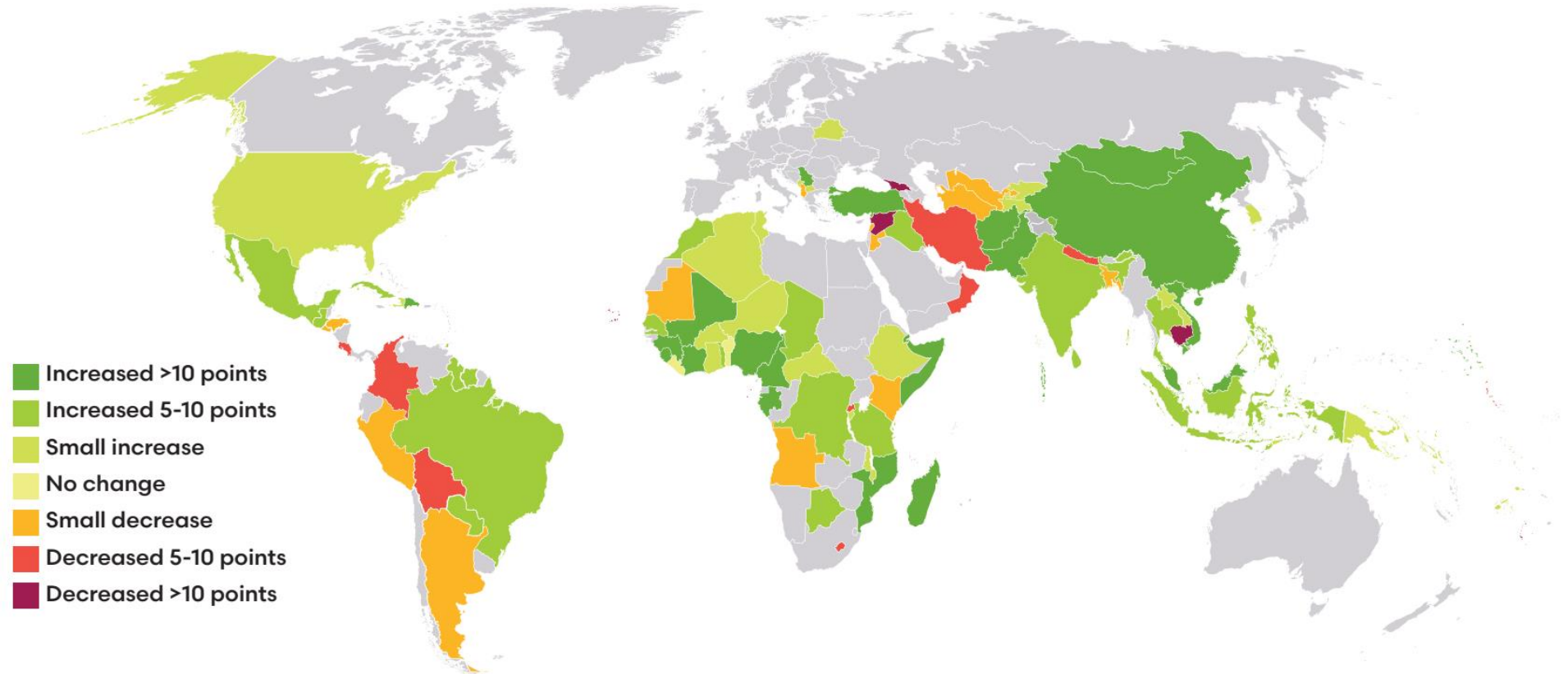
Percent of infants 0-6 months of age exclusively breastfed





Rapid improvement is possible

Change in rates of exclusive breastfeeding between 2017 and 2023





Policy priorities

GLOBAL BREASTFEEDING
COLLECTIVE



1 
Increase funding

7 
Strengthen monitoring systems

2 
Fully implement the International Code of
Marketing of Breastmilk Substitutes

6 
Strengthen links between health
facilities and communities

3 
Enact paid family leave and workplace
breastfeeding policies

5 
Improve access to skilled
breastfeeding counselling

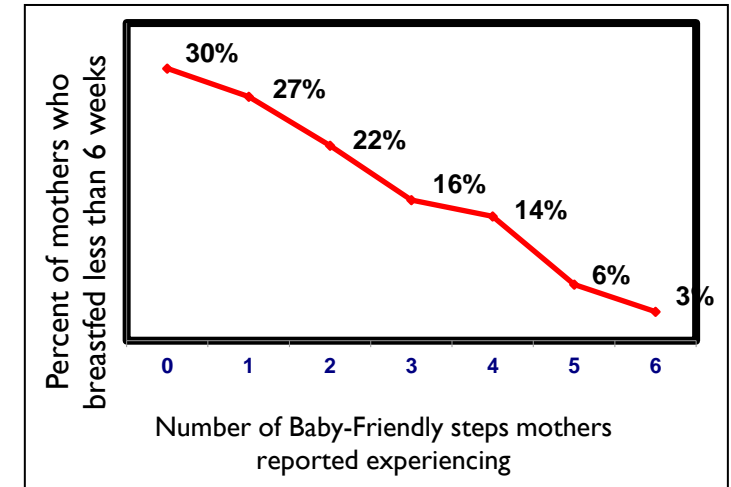
4 
Implement the Ten Steps to
Successful Breastfeeding in
maternity facilities





Ten Steps to Successful Breastfeeding

- The Ten Steps are evidence-based care
- Sustainable scaling up of BFHI designation has proven challenging
- 10% of births in “Baby-friendly” facilities
- WHO/UNICEF guidance calls for universal coverage



Priority actions:

- Integrate the Ten Steps as the standard of care in all maternity facilities
- Ensure competency of healthcare professionals who provide care to women and children
- Provide technical assistance on continuous quality improvement in maternity facilities.





Skilled breastfeeding support

- Breastfeeding counselling increases exclusive breastfeeding
- 39% of caregivers of children <2 receive IYCF counselling
- 14% of countries have pre-service curriculum on breastfeeding for nurses and physicians
- WHO recommends every mother receives IYCF counselling ≥ 6 times (antenatal and postnatal), by trained professional and lay/peer counsellors

Priority Interventions:

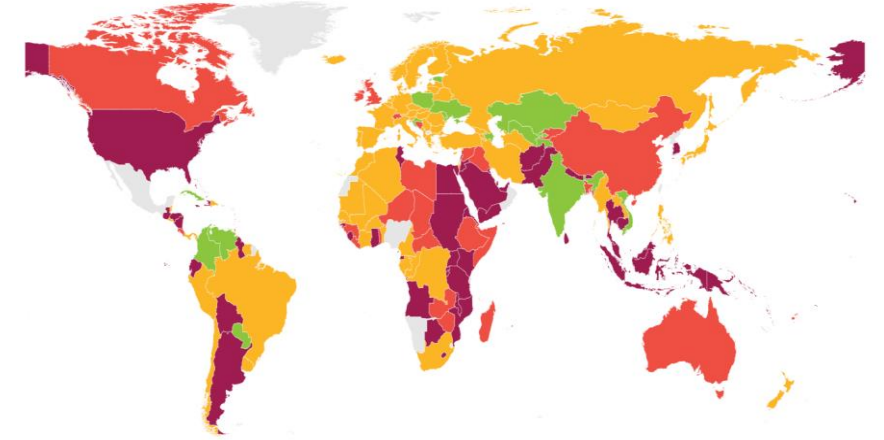
- Scale up skilled breastfeeding counselling during antenatal care and up to 2 years
- Develop comprehensive pre-service curricula on breastfeeding
- Implement community programmes for breastfeeding support and peer-to-peer sharing





Maternity protection

- Employment conditions often a barrier to breastfeeding
- ILO recommends 18 weeks of fully paid maternity leave covered by public funds
- 10% of countries meet this standard
- 20% of countries mandate paid breaks and facilities for breastfeeding



Priority Interventions:

- Enact paid maternity leave and family-friendly workplace policies
- Align maternity leave provisions with ILO recommendations
- Ensure mothers are entitled to paid breaks and on-site facilities for breastfeeding or expressing their milk when they return to work



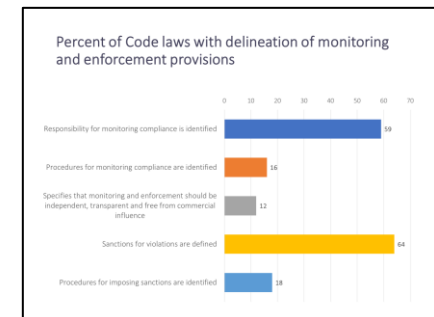
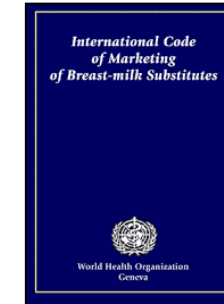


Marketing of breast-milk substitutes

- Promotion of commercial milk formulas undermines confidence in breastfeeding, creates demand for formula, & increases purchases
- WHA repeatedly calls on countries to implement the *Code of Marketing of Breast-milk Substitutes* “in its entirety”
- Although 113 countries have partially implemented the Code, only 33 have legislation substantially aligned
- Less than half of countries with Code laws delineate monitoring and enforcement mechanisms

Priority Interventions:

- Enact or amend legislation to fully align with the Code
- Monitor and enforce legislation with sanctions strong enough to deter violations
- Ensure that legislation is applied in digital environments





Monitoring

- Data on breastfeeding behaviours are not timely and cannot be disaggregated at local level
- Data are sparse for high-income countries
- No information on domestic investment in breastfeeding
- Data are available on national policies, but very limited on how these policies are implemented
- Limited situation analysis assessments



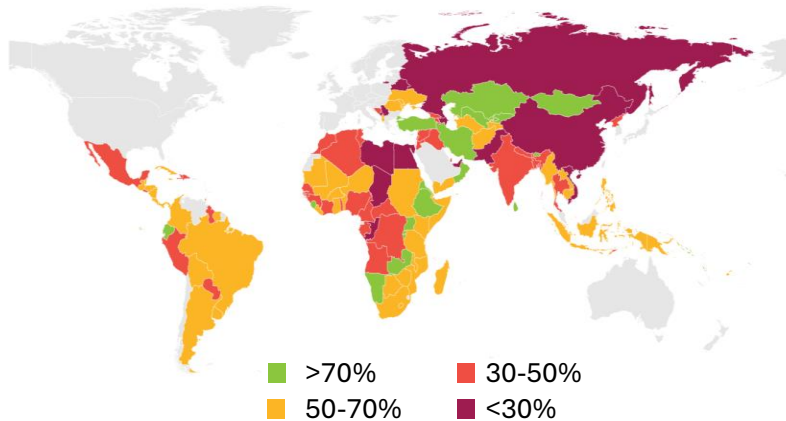


Operational targets for 2025-2030

1. % of newborns put to the breast in the first hour after birth

Baseline: 46% (UNICEF IYCF database)

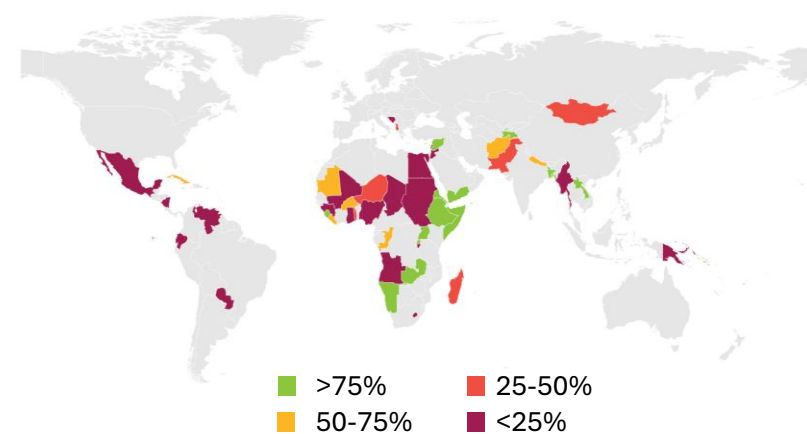
Target: Increase by 25%



2. % of caregivers counselled on infant and young child feeding

Baseline: 39% (UNICEF Nutridash reports)

Target: Increase by 65%





Example N4G commitments

Example	Main stakeholder
By 2027, amend professional standards for nursing, midwifery, obstetrics, neonatology, and paediatrics to align with the Ten Steps to Successful Breastfeeding.	Government with healthcare professional associations
By 2028, develop a mandatory, comprehensive, pre-service curriculum for medical schools and nursing programmes on breastfeeding.	Government department of education
Over the next 5 years, invest US\$5 million of Overseas Development Assistance per year to support the scale-up of breastfeeding counselling programmes	Donor
By 2030, amend national labour legislation to mandate the provision of 18 weeks of fully paid maternity leave covered by public funds.	Parliament
By 2028, conduct a national assessment of breastfeeding policies and programmes using the WBTi toolkit and develop a plan of action to address deficiencies identified.	National Breastfeeding Committee



Thank you!





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