GLOBAL BREASTFEEDING SCORECARD, 2017

Tracking Progress for Breastfeeding Policies and Programmes

Global Breastfeeding Collective

BREASTFEEDING IS ONE OF THE MOST EFFECTIVE INVESTMENTS A COUNTRY CAN MAKE TO ENSURE A SMARTER, HEALTHIER POPULATION.[1] It protects children from a myriad of illnesses, increases IQ, and promotes a strong bond between mother and infant. It also plays a role in decreasing mothers' risk for breast cancer and lowers healthcare costs for families and societies. Breastfeeding has huge implications for a country's future prosperity. Unfortunately, countries are not adequately protecting, promoting, and supporting breastfeeding through funding or policies. As a result, a majority of children in the world are not breastfed as recommended, missing out on the vital benefits breastfeeding offers. Although every mother decides how to feed her infant, this decision is strongly influenced by economic, environmental, social, and political factors, such as inadequate healthcare support, marketing of baby foods, and workplace support to women. Countries have a responsibility to improve their funding, legislation, and health programmes to support breastfeeding.

The Global Breastfeeding Scorecard documents key indicators on the policies and programmes that impact breastfeeding rates and provides information on current rates of breastfeeding around the world. It is intended to encourage progress, increase accountability, and document change for all countries as they take the necessary steps to protect, promote, and support breastfeeding.

WHY DOES BREASTFEEDING MATTER?

- **Scaling up breastfeeding could save 823,000 lives per year among children ages five years old and younger.**[2]
- **Breastfeeding reduces the risk of non-communicable diseases and decreases the prevalence of overweight and/or obesity later in life.**
- **Nearly half of all diarrhoea episodes and one-third of respiratory infections would be prevented with improved breastfeeding practices in low-and middle-income countries.**
- **Breastfeeding also brings benefits to women, including prevention of breast and ovarian cancer and diabetes.**
- **Longer breastfeeding durations are associated with higher scores on intelligence tests—that translates into stronger economic success through improved academic performance, higher earning potential and productivity.**
- **Countries lose more than $300 billion annually because of low rates of breastfeeding (0.49 percent of GNI).**[3]

BACKGROUND

Strong evidence indicates that breastfeeding is the best practice for child health, development and nutrition. WHO and UNICEF recommend that breastfeeding be initiated within one hour of birth, that it continue with no other foods or liquids for the first six months of life, and be continued with complementary feeding (breastfeeding with other age-appropriate foods) until at least 24 months of age.

In recognition of this, the World Health Assembly has set a goal of increasing the rate of exclusive breastfeeding to at least 50% by 2025.[4] The Global Breastfeeding Collective (Collective), a partnership of non-governmental organisations, academic institutions, and donors, led by UNICEF and WHO, was formed to accelerate progress towards this goal as well as towards improving rates of breastfeeding initiation and continuation for two years.[5] This initiative aims to look beyond the WHA target to 2030, in alignment with the timeline of the Sustainable Development Goals, and to add explicit targets for the other critical aspects of breastfeeding.

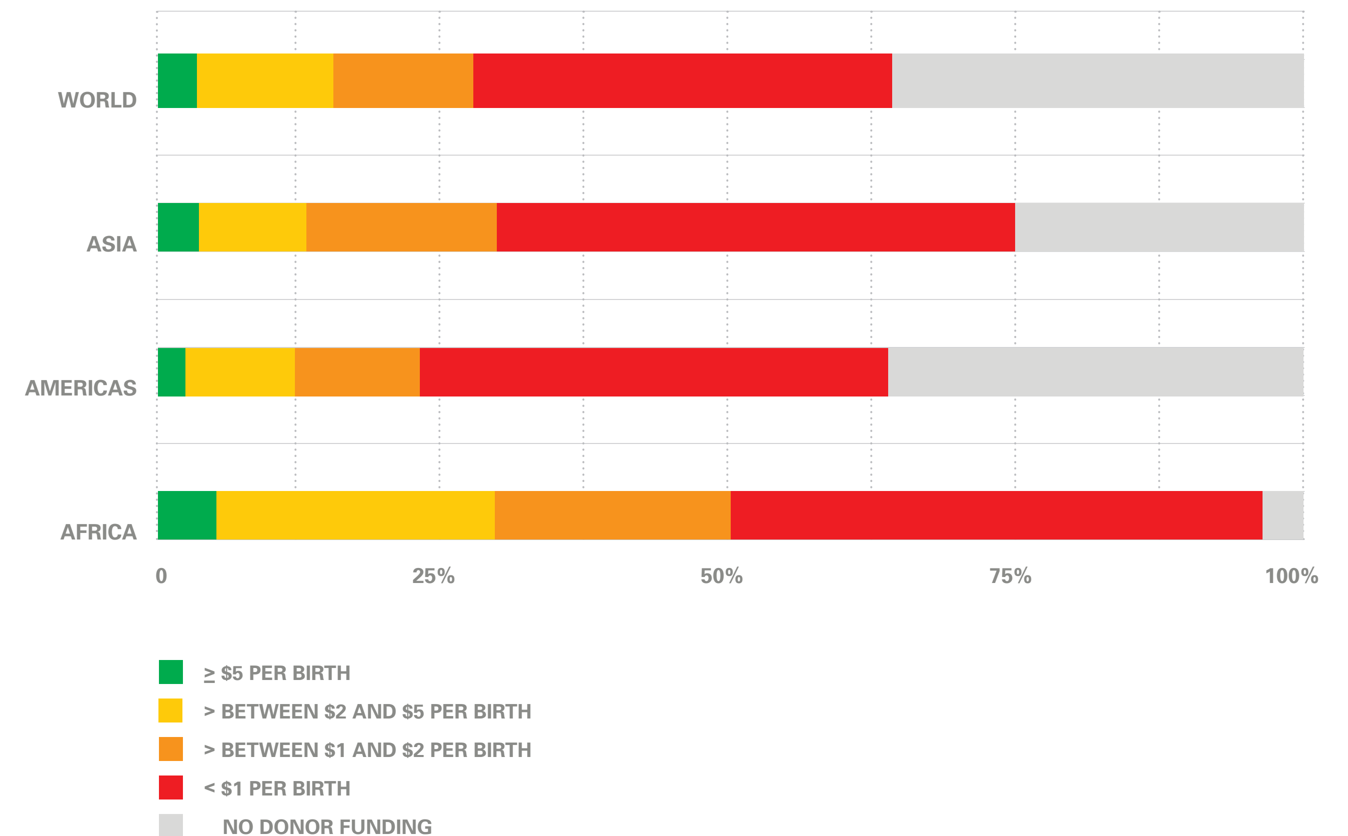
The Collective's Call to Action emphasizes seven priorities to improve national support for breastfeeding.[6] These priorities, described in the Table below, highlight the need for funding of breastfeeding programmes, ending the promotion of breast-milk substitutes, protecting the rights of employed women, providing appropriate health care services, ensuring community support for breastfeeding, and developing monitoring systems to track and improve programmes.

SCORECARD INDICATORS

The Collective has identified at least one indicator for each of the seven priorities for action and has set a target to be achieved by the year 2030. Indicators were selected based on their relevance to the priority and on the availability of data. For some indicators, limited data exist, particularly from high-income countries.

The Global Breastfeeding Scorecard compiles data from countries throughout the world on the current status of each of these indicators. The current status of the country is categorized into four levels. The top level, colour coded as green, indicates that a recommended level of performance has been achieved. It should be noted that many of the standards set by these indicators are minimum recommendations. Therefore, even countries that have a high score for a given indicator should carefully evaluate what they can do to further improve or maintain their breastfeeding practices. Lower levels of performance are graded into three levels, colour coded as yellow, orange, and red, with red indicating the lowest level of support. (Methodological notes available at www.unicef.org/breastfeeding

PERCENT OF COUNTRIES BY AMOUNT OF FUNDING ALLOCATED TO BREASTFEEDING SUPPORT PROGRAMMES, BY REGION



WHAT THE DATA TELL US

Currently, no countries score highly on all eight policy and programme indicators. In fact, only six countries were classified as achieving a recommended performance level in more than half of the indicators.

FUNDING

Funding plays a vital role in the creation and maintenance of programmes that support infants, mothers, and health workers. For the Global Breastfeeding Scorecard, information on donor funding that was allocated to breastfeeding support in 2013 was used.[7] The World Bank and Research for Development (R4D) made these estimates based on an analysis of all budget items related to nutrition, allocating expenditures to the outcomes they were intended to impact. The donor funding per country was divided by the number of newborns in the country, to allow comparison across countries. The minimum level of funding was set at US$5 per birth per year. Data regarding government expenditures on breastfeeding by country have not yet been collected in a systematic way.[8]

Only seven countries globally receive at least US$5 per birth to support breastfeeding programmes. The majority of countries that receive donor funding receive less than $1 per birth to be spent on breastfeeding support. The Collective aims to increase the percent of countries receiving at least $5 per birth to support breastfeeding to at least 25% by 2030, while at the same time advocating for governments to also invest more.

REGULATION OF MARKETING OF BREAST-MILK SUBSTITUTES

The widespread promotion of breast-milk substitutes dissuades many mothers from breastfeeding and weakens their confidence in their ability to breastfeed. It also creates societal norms that regard breastfeeding as unimportant and not worthy of protection. Recognizing the harms that marketing of breast-milk substitutes can have on the health of children, the World Health Assembly adopted an International Code of Marketing of Breast-Milk Substitutes in 1981 and called upon all countries of the world to implement legislation putting the provisions of the Code into force.[9] Subsequent resolutions have clarified or extended the provisions of the Code and reiterated the importance of its enactment. The Global Breastfeeding Scorecard reports the extent to which the Code has been written into legislation, based on a report of the WHO, UNICEF, and the International Baby Food Action Network.[10]

Only 39 out of 194 countries have enacted legislation that covers all the provisions of the Code. An additional 96 countries have included at least some of the Code provisions in law, but in a majority of these, only a few of the provisions are included. The Collective has set a target to double the number of countries with full implementation of the Code.

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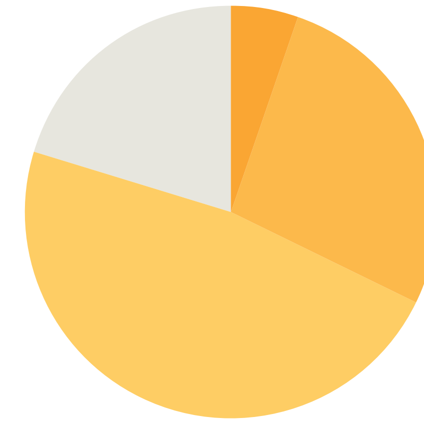
COUNTRY COMPLIANCE WITH CODE, MATERNITY PROTECTION, AND BFHI RECOMMENDATIONS



Implementation of the Code, Maternity Protection, and the Baby-friendly Hospital Initiative are high priority policies for the WHO and UNICEF.

Examining these three priorities together, it can be seen that no countries are fully implementing all three policies that are so important for protecting breastfeeding. In fact, only 14 countries have met the minimum standard for two of the priorities.

- THREE OF THE THREE INDICATORS MET
- TWO OF THE THREE INDICATORS MET
- ONE OF THE THREE INDICATORS MET
- NO INDICATORS MET
- INCOMPLETE DATA

PAID MATERNITY LEAVE

A key reason that women do not breastfeed or stop breastfeeding early is the need to return to work away from their babies. Nearly 100 years ago, the International Labour Organization (ILO) established as one of its first conventions the Maternity Protection Convention, indicating that a woman should have the right to paid maternity leave as well as breaks during the work day for nursing her baby.[11] The Convention was subsequently updated in 2000 (C183) and an accompanying recommendation (R191) said that countries should endeavour to extend the duration of leave to 18 weeks and provide 100% of her salary paid from public funds.[11,12] Without these provisions in place, women are unable to maintain breastfeeding as they are forced to return to work too soon after giving birth, either out of fear of losing their jobs or out of financial need. The Scorecard assesses whether current legislation meets the maternity leave provisions of R191 using analyses conducted by the ILO.[13]

Just over 10% of countries currently provide maternity protection to women that ensures at least 18 weeks of maternity leave and guarantees continuation of previous earnings paid out of compulsory social insurance or public funds. For employed women, adherence to the recommendation to exclusively breastfeed for six months would be difficult without such protection. Even the lower thresholds established in Convention 183 are only met by an additional 35 countries. Eighty-one countries do not even ensure 14 weeks of leave, regardless of the other provisions. With concerted attention to this issue, it should be possible for at least a quarter of countries to adhere to the ILO recommendations for maternity leave by 2030.

TEN STEPS TO SUCCESSFUL BREASTFEEDING

In 1991, the WHO and UNICEF launched the Baby-friendly Hospital Initiative, with the goal of improving maternity facilities' environments to better support and promote breastfeeding.[14] In order for a maternity facility to be designated as "Baby-friendly," the "Ten Steps to Successful Breastfeeding" must be implemented. These include informing all new mothers about the benefits of exclusive breastfeeding, assisting mothers in initiating breastfeeding within a half hour of an infant's birth, providing skilled help to establish breastfeeding, offering supplemental feeds only when medically necessary, and allowing mothers and infants to stay in the same room during their stay in the facility. The Global Breastfeeding Scorecard assesses the percent of births in the country that occur in facilities that have been designated or reassessed as "Baby-friendly" within the last five years based on a WHO report in 2017.[15]

While the vast majority of countries have implemented the Baby-friendly Hospital Initiative, few have been able to sustain a high level of coverage. In only 24 countries has the initiative reached a majority of births. Sixty-four countries have not assessed or reassessed any facilities in the last five years, indicating that the initiative has become dormant. In an additional 56 countries, assessments have continued, but coverage is less than 20%. The Collective aims to increase the percent of countries with a majority of births occurring in Baby-friendly facilities to at least 40% by 2030.

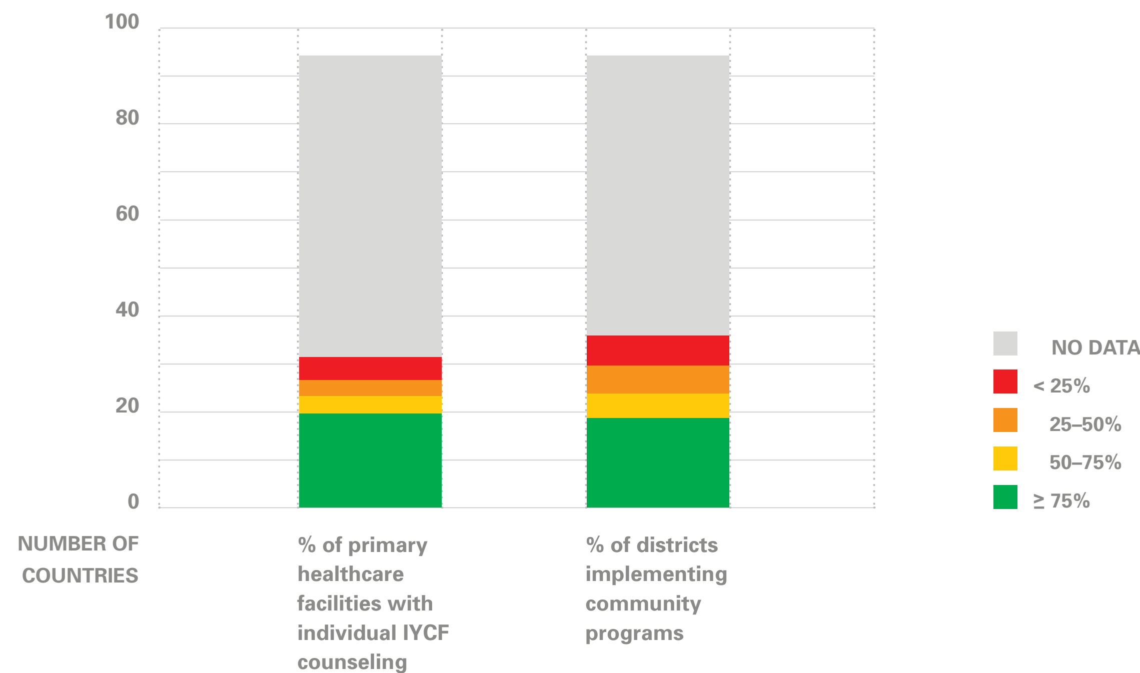
BREASTFEEDING COUNSELLING

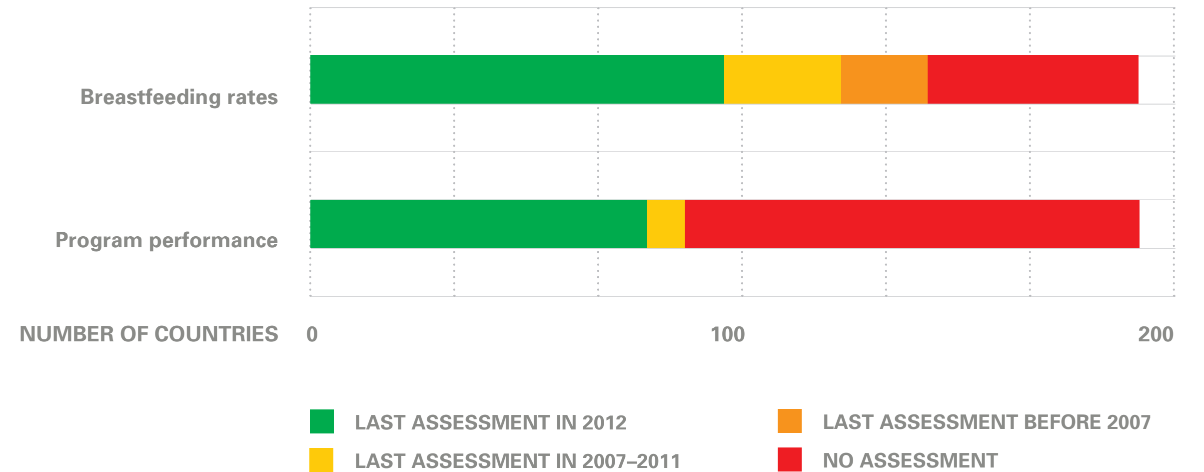
New mothers may lack confidence or practical knowledge regarding breastfeeding. Health workers can play an important role by providing skilled guidance on feeding practices and helping to resolve difficulties as they arise.[16] The Scorecard examines the percentage of primary health care facilities that provide individual counselling on infant and young child feeding, as reported in UNICEF's Nutridash monitoring platform for its programme countries in 2015.[17]

Data on this indicator are only available for 57 countries. Among the countries reporting on this indicator, a majority have incorporated IYCF counselling into their primary health care facility services at a high level (at least 75% of the facilities). It is important to note that the data do not indicate how many women receive counselling, so this indicator should not be interpreted as representing programme coverage. Ten countries reported that less than a quarter of their primary health care facilities offer counselling on infant and young child feeding.

COMMUNITY SUPPORT PROGRAMMES

Community-level support can help improve infant and young child feeding (IYCF) practices in vulnerable communities, particularly those in which the existing health system is weak.[17] This support can help women to sustain appropriate breastfeeding practices, overcome difficulties that arise, and prevent new problems from occurring. The same UNICEF source cited above was used to report the percentage of districts with community programmes that include infant and young child feeding counselling.





A total of 64 countries reported data on community breastfeeding support programmes. Of these, half indicated that the programmes existed in over 75% of the districts in the country. As with individual counselling, there is no information on how many women are reached with these programmes or on the quality of services provided.

NATIONAL ASSESSMENT OF BREASTFEEDING POLICIES AND PROGRAMMES

It is critical that countries periodically track the performance of their policies and programmes to support breastfeeding. The World Breastfeeding Trends Initiative (WBT*i*) was launched in 2004, with a goal of assisting countries to assess their policies, programmes, and practices regarding breastfeeding in a standard way and generate action to bridge the gaps thus found.[18] This assessment provides a snapshot of how well a country is implementing the WHO Global Strategy for Infant and Young Child Feeding. It is important that countries undertake an assessment at least every five years. The Scorecard documents whether a country has completed a WBT*i* assessment and how recently the last assessment was done.

Only 77 countries have completed an assessment of their breastfeeding policies and programmes using the WBT*i* tools in the past five years. Over 100 countries have never conducted such an assessment. While alternative tools could be used to track breastfeeding programmes, the low number of countries ever conducting a WBT*i* assessment indicates that regular programme monitoring and evaluation is inadequate throughout the world. At least three-quarters of the countries of the world should be able to conduct a WBT*i* assessment every five years by 2030.

NATIONAL MONITORING OF BREASTFEEDING RATES

Countries also need to monitor rates of breastfeeding to detect adverse trends and direct resources to the most critical issues. Subnational data are important for programme planning. The Global Breastfeeding Scorecard assesses how recently a country collected globally comparable data on exclusive breastfeeding in the first six months of life, based on reports in the UNICEF Infant and Young Child Feeding Database.[19]

Data on exclusive breastfeeding collected since 2012 are available for 93 countries worldwide. An additional 27 countries have data available from 2007–2011. Fifty-five countries, mostly in high-income countries, have no data on exclusive breastfeeding that have been collected according to international standards. The Collective has set a target for 75% of countries to be reporting on exclusive breastfeeding at least every five years by 2030.

CURRENT RATES OF BREASTFEEDING

Globally, 44% of newborns are put to the breast within the first hour after birth.[19] However, this average masks dramatic disparities in breastfeeding rates across countries. The Collective aims to improve rates of early breastfeeding initiation to 70%. Of the 129 countries with data available, only 22 currently meet this target.

The overall rate of exclusive breastfeeding for infants under six months of age is 40%. Only 23 countries have achieved at least 60% of infants less than six months being exclusively breastfed. This problem is particularly seen in the Americas, where only 6 percent of the countries have an exclusive breastfeeding rate above 60%. The Collective has established a target to increase the rate of exclusive breastfeeding to at least 60% by 2030.

Overall, rates of continued breastfeeding are much higher (74%) at one year. Nearly 40% of the countries with data have rates above 80%. In Africa, nearly 70% of countries have high rates of continued breastfeeding at one year, but in the Americas, only four countries have such high rates. At two years of age, rates of continued breastfeeding drop off dramatically to 45%. No country in the Americas observes a high rate of continued breastfeeding at two years. The Collective targets for continued breastfeeding at one and two years are 80% and 60%.

PERCENT OF COUNTRIES BY PREVALENCE OF BREASTFEEDING OUTCOME INDICATORS, BY REGION

LIMITATIONS

This report synthesizes information from a number of data sources to describe national policies and programmes in support of breastfeeding. However, a large amount of data are missing for a number of indicators, signifying a need for more wide-scale data collection and monitoring systems. For example, information regarding primary healthcare facilities that offer individual IYCF counselling and districts that offer community-level breastfeeding programmes is only available for less than a third of countries.

In some cases, the indicators selected do not tell the full story of what is actually occurring in breastfeeding support. For example, further information is needed about the monitoring and enforcement of existing Code legislation, as simply having a Code in place is insufficient if violations continue unchecked. Likewise, more information is needed about the coverage and quality of counselling provided to new mothers in primary healthcare facilities. It is vital that policy makers have sufficient information regarding all of these indicators, in order to have a comprehensive understanding of what changes are needed within their countries.

BREASTFEEDING RATES GO UP WHEN COUNTRIES INVEST IN SUPPORTIVE POLICIES AND PROGRAMMES

The policies and programmes highlighted in this Scorecard are important for breastfeeding. Countries that have invested in breastfeeding protection, promotion, and support are able to maintain high rates (see box on Nepal for an example). Looking across all countries, we find that there is a significant correlation between the amount of donor funding a country receives for breastfeeding programmes and the rates of breastfeeding. For example, for each additional dollar in donor funding per birth, there is on average a 2.9 percentage point increase in the rate of exclusive breastfeeding in the first six months. The rate of continued breastfeeding at one year of age goes up by 3.3 percentage points for each additional dollar spent. Clearly donor support plays an important role but governments need to invest more in breastfeeding to get the improvement they have committed to.

PROTECTING, PROMOTING, AND SUPPORTING BREASTFEEDING IN NEPAL

Nepal is one country that has taken on seriously the challenges of protecting breastfeeding on a national scale. The country fully implemented the Code of Marketing of Breast-milk Substitutes in 1992. UNICEF reports that all primary health care facilities provide individual counseling on infant and young child feeding and that all districts implement community-based nutrition, health, or other programs with IYCF counseling. Data on breastfeeding rates have been collected every five years consistently since the 1990s and the WBTi assessment has been completed four times since 2005. Even during the devastating earthquake that shook Nepal in 2015, government and partners worked to protect against the untargeted distribution of infant formula and provided breastfeeding counselling and support to affected mothers. It is estimated that $2.9 million of funding from external donors is being spent on breastfeeding support, which translates to just over $5 per birth. This commitment to addressing breastfeeding as a critical public health issue is reflected in high breastfeeding rates. Sixty-six percent of infants under 6 months of age are exclusively breastfed and at two years, 89% are still breastfeeding.

But Nepal also faces challenges with providing mothers with the support they need. Maternity leave is too short, the Baby-friendly Hospital Initiative has become dormant, monitoring for violations of the Code is weak, and quality improvements for counseling services are needed. According to Dr. Prakash Sunder Shrestha, President of the Nepal Breastfeeding Promotion Forum, "The persistent failure of governments to invest significantly in breastfeeding is hard to comprehend. Many thousands of babies die each year because they did not enjoy the benefit of breastfeeding and multiple thousands more grow up deprived of the many wonders of this special gift of god of nature and of the mother."

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CONCLUSION

The Collective recognizes the importance of having the data in one place to help track progress against the seven priorities for action and get a better sense of the global scope of the problem.

The Global Breastfeeding Scorecard on tracking progress for breastfeeding policies and programmes makes several issues apparent. There are no countries that are highly compliant on all indicators. Worldwide, there is a great deal of low compliance or non-compliance. This emphasizes the fact that there is work to be done in all countries. Even countries that are in high compliance with a given indicator should carefully evaluate what they can do to improve. It is clear that substantial progress on all fronts is needed to meet the established targets.

Only 23 countries currently have met the 2030 global goal for exclusive breastfeeding at six months. This should stand as an urgent call to action for policy makers worldwide. Many people understand the importance of breastfeeding, yet too often the responsibility for it is placed entirely on the mother, without any consideration of the political, social, and environmental factors that shape breastfeeding. However, these factors can act as a facilitator or a barrier to individual practices.

Hundreds of thousands of lives could be saved if countries committed to changing their policies and providing greater funding to support breastfeeding.[2] Breastfeeding is one of the smartest investments to build children's future and prosperity.[1] Lack of political support and funding is a worldwide problem, and one that must be tackled with great urgency.

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