

NUT Team



Let's protect breastfeeding through further investment and conducive policies.

Rationale

Malnutrition is associated with an estimated 2.7 million child deaths each year, or 45% of all child deaths worldwide. Infant and young child feeding is a key area for improving child survival and promoting healthy growth and development. The first two years of a child's life are particularly important, as optimal nutrition during this period reduces morbidity and mortality, reduces the risk of chronic disease, and promotes overall development. However, many infants and children are not receiving optimal nutrition. For example, only about 44% of infants aged 0-6 months worldwide were exclusively breastfed in 2015-2020. This fact sheet provides key information on breastfeeding trends in the African Region.

Key messages

- In 2015-2021, 53% of newborns were initiated on breastfeeding within one hour of birth, against a target of 70%.
- During this period, the proportion of infants under six months of age exclusively breastfed reached 45%. The global target is to reach 70% by 2030.
- In addition, 67% of women continue to breastfeed their infants for at least one year. The global target is to reach 80% by 2030.
- 38 out of 47 countries (81%) have completed a World Breastfeeding Trends initiative assessment in the last five years, indicating adequate programme evaluation in the Region.
- Improving child development and reducing health costs through breastfeeding results in economic gains for individual families and at the national level.
- UNICEF and WHO created the Global Breastfeeding Collective to rally political, legal, financial, and public support for breastfeeding. The Collective brings together implementers and donors from governments, philanthropies, international organizations, and civil society. The Collective's vision is a world where all mothers have the technical, financial, emotional, and public support they need to breastfeed.
- In addition, WHO and UNICEF have developed courses for training health workers to provide skilled support to breastfeeding mothers, help them overcome problems, and monitor children's growth so they can identify early the risk of undernutrition or overweight/obesity.

1. Breastfeeding



Breastfeeding is essential for child survival and health. Breast milk is a safe, natural, nutritious, and sustainable baby food. Breast milk contains antibodies that help protect against many common childhood illnesses, such as diarrhea and respiratory diseases. Exclusive breastfeeding for six months has many benefits for infants and mothers. Early breastfeeding initiation, within 1 hour of birth, protects the newborn against infection and reduces neonatal mortality. The risk of death from diarrhea and other infections may be increased in infants who are either partially breastfed or not breastfed at all.

1.1 Breastfeeding rates

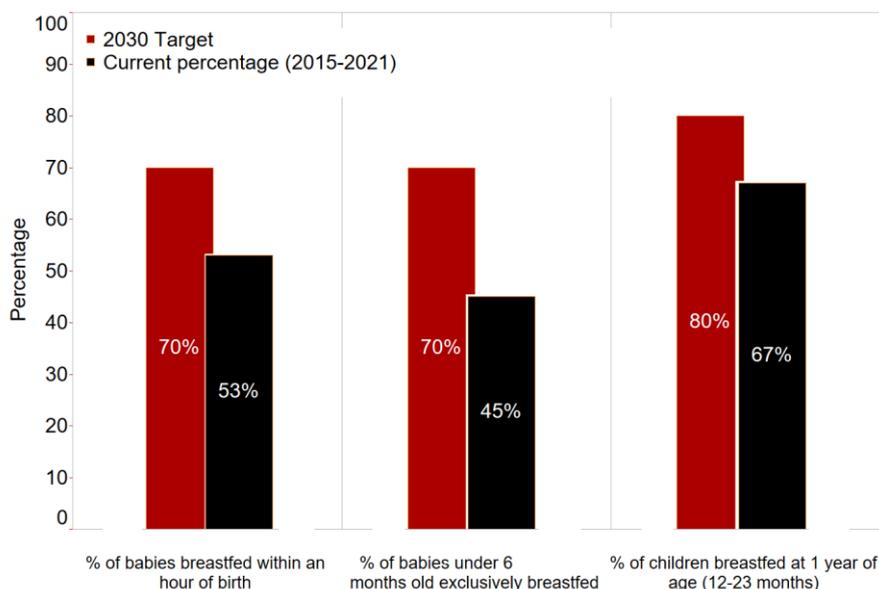


Figure 1: Current prevalence of breastfeeding and 2030 targets in the African Region (Source: UNICEF)

- In the African Region, breastfeeding rates fall short of the target needed to protect the health of women and children. In 2015-2021, 53% of newborns were initiated breastfeeding within one hour of birth, against a target of 70% (Figure 1).
- During this period, the proportion of infants under six months of age exclusively breastfed reached 45%, close to the World Health Assembly (WHA) target of 50% by 2025, demonstrating that significant progress is possible and happening on a large scale.
- However, the global target is to reach 70% by 2030. In addition, 67% of women continue to breastfeed their infants for at least one year. National efforts to support continued breastfeeding, therefore, need to be strengthened to meet the 2030 targets.

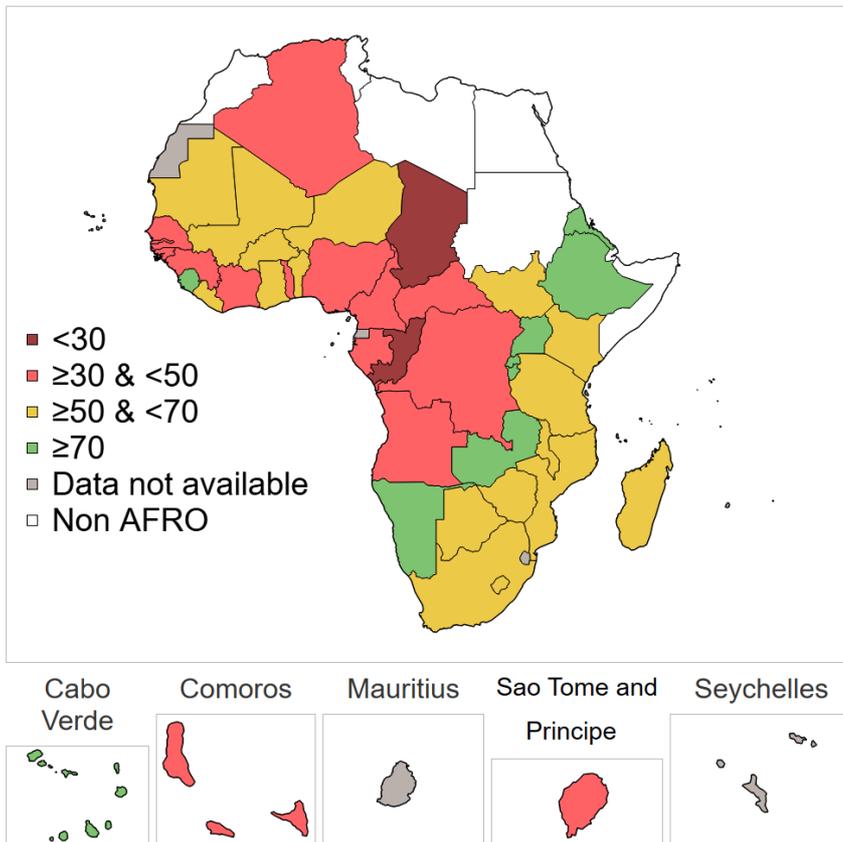


Figure 2: Current percentage of babies breastfed within an hour of birth in the African Region, 2015-2021 (Source: UNICEF)

- Breastfeeding practices vary widely across countries in the African Region – some countries face greater challenges than others. Only 9 out of 47 countries (19.15%) in the Region classified as meeting the 2030 breastfeeding within one hour target (Cabo Verde, Burundi, Eritrea, Ethiopia, Namibia, Rwanda, Sierra Leone, Uganda and Zambia).
- In Chad and Congo, less than 30% of babies were breastfed within an hour of birth in 2015-2021 (Figure 2).
- Otherwise, only 2 out of 47 countries (4.25%) in the African Region were classified as meeting the 2030 target for exclusive breastfeeding under six months (Rwanda and Burundi).

1.2 Call for action on breastfeeding priorities

Funding: increase investment in programmes and policies that promote, protect and support breastfeeding

The World Bank estimates that an investment of US\$ 4.70 per newborn is needed to achieve the World Health Assembly's (WHA) global target for exclusive breastfeeding. Only 4 out of 47 countries (9%) in the African Region (Burkina Faso, Central African Republic, Malawi and Madagascar) receive at least US\$ 5 per birth to support breastfeeding programmes (Figure 3). The benefits of investing in breastfeeding are significant, but the funding gap remains large. No baby should be left behind. The Collective aims to increase the percentage of countries receiving at least US\$5 per birth to 25% by 2030.

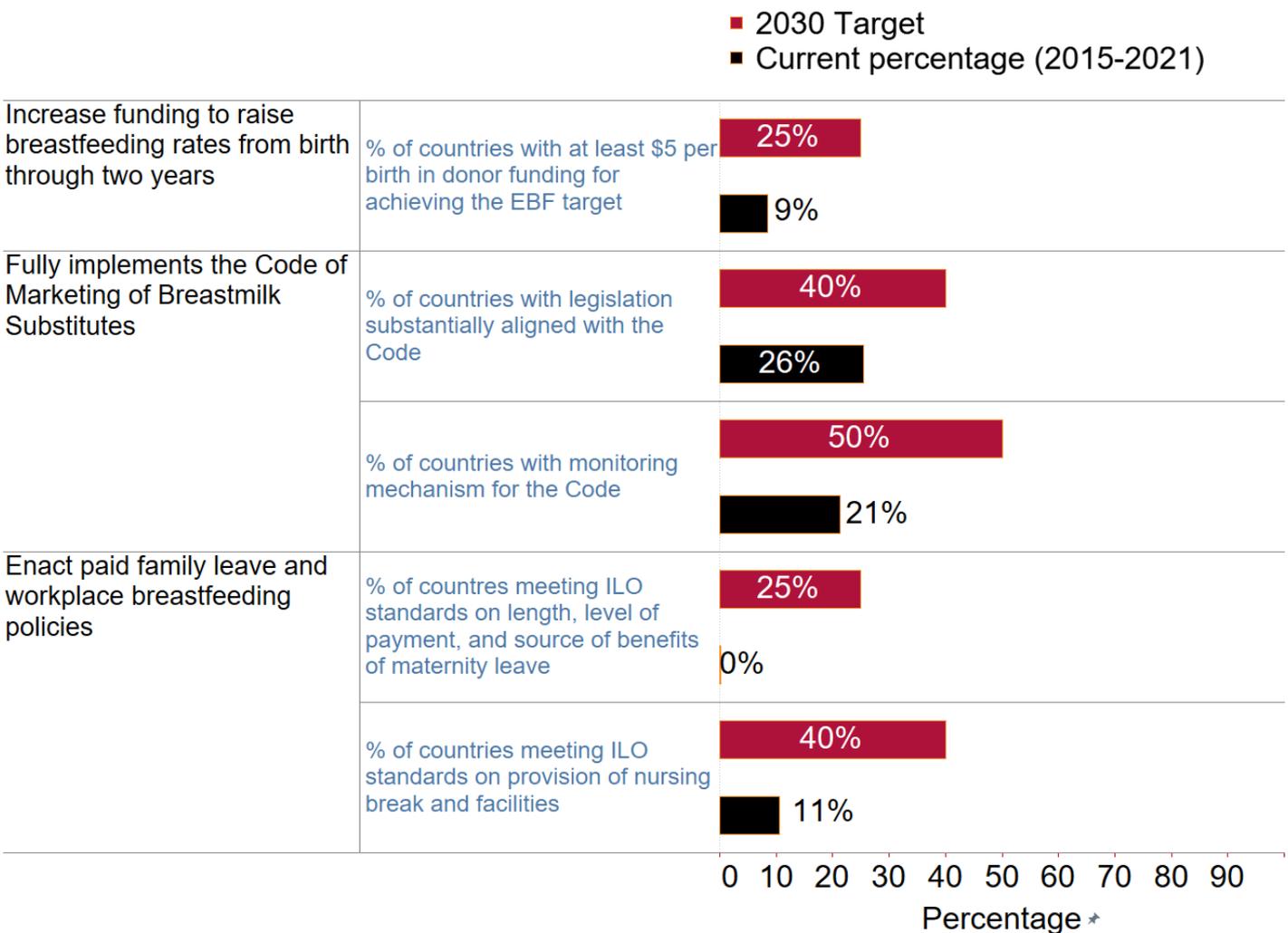


Figure 3: Percentage of countries with recommended policies on funding, marketing coding, paid family leave and workplace breastfeeding in the African Region, 2022 (Source: UNICEF, WHO)

EBF: Evidence-based Funding
ILO: International Labour Organization

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) is harmful, discouraging women from breastfeeding their babies and undermining their health, growth, and development. The International Code of Marketing of Breast-Milk Substitutes defines appropriate restrictions on promoting BMS to protect breastfeeding.

In 2022, a round of 12 out of 47 countries (26%) in the African Region have enacted legislation that is substantially aligned with the Code (South Africa, Mozambique, Zimbabwe, United Republic of Tanzania, Burundi, Uganda, Kenya, Ethiopia, Nigeria, Ghana, Sierra Leone and Mauritania). The Collective has set a target of 40% of countries substantially aligned with the Code by 2030.

In addition, under a quarter of countries (10) in the African Region have monitoring mechanisms for the Code in their legislation. More bold commitments are required from all Member States to ensure that effective, objective and independent monitoring systems are in place to enforce the Code's standards and recommendations and end inappropriate marketing of BMS.

GOVERNMENTS SHOULD ENFORCE LAWS SO THAT PARENTS ARE NOT TARGETED WITH AGGRESSIVE AND MISLEADING MARKETING FOR FORMULA MILK



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 after a baby is born. The International Labour Organization's (ILO) Convention C183 indicates that women should have the right to 14 weeks of paid maternity leave. ILO recommends that countries enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds (R191).

In 2022, no countries in the African Region meet ILO standards on length, level of payment, and source of benefits of maternity leave (Figure 3). The Collective target for 2030 is to have at least 25% of countries following the ILO recommendation. Preferably, mothers should have paid leave for six months after birth.

Upon their return to work, mothers also need work breaks and appropriate nursing facilities for continued breastfeeding. This helps mothers continuously breastfeed after maternity leave. 5 out of 47 countries (11%) in the African Region (Madagascar, Central African Republic, Cameroon, Niger and Senegal) meet ILO standards on the provision of nursing breaks and facilities (Figure 3). The Collective has set a target of 40% of countries mandating these accommodations by 2030.

WOMEN EVERYWHERE NEED PAID MATERNITY LEAVE

All women should have

At least 18 weeks, preferably 6 months+, paid maternity leave

Paid time off for breastfeeding or expressing milk upon returning to work.



World Health Organization

Maternity protections improve women and children's health and well-being after birth, and are critical for breastfeeding.

Baby-friendly hospital initiative (BFHI): implement the ten steps to successful breastfeeding in maternity facilities.

The Baby-Friendly Hospital Initiative encourages the integration of the “Ten Steps to Successful Breastfeeding” as the standard of care across all maternity care facilities for protecting, promoting and supporting breastfeeding. In 2022, no countries in the African Region reported that more than 50% of births occur in Baby-friendly facilities (Figure 4), well below the Collective target of at least 40% by 2030.

In 2022, only 2 (South Africa and Burundi) out of 47 countries (4%) in the African Region reported that most babies (three-quarters) were observed breastfeeding following birth (Figure 4). The Collective has set a target of 40% of countries meeting this milestone by 2030.

- 2030 Target
- Current percentage (2015-2021)

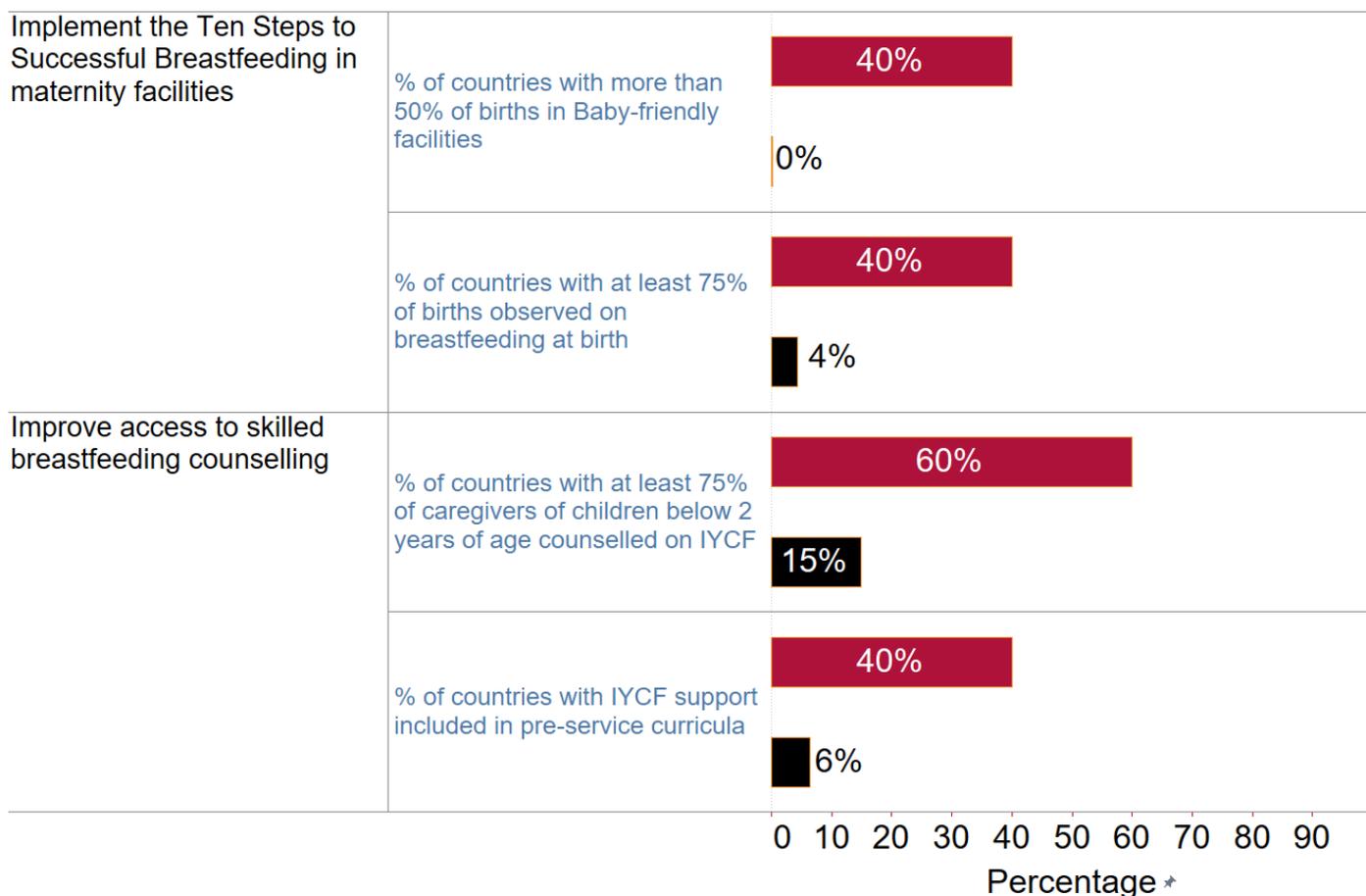


Figure 4: Percentage of countries with recommended policies to implement the Ten Steps to Successful Breastfeeding in maternity facilities and improve access to skilled breastfeeding counselling in the African Region, 2022 (Source: UNICEF, WHO)

IYCF: Inclusion of infant and young Child Feeding

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 is critical to empower women to breastfeed with practical knowledge and confidence. In 2021, 7 out of 47 (15%) countries in the African Region (Namibia, Zambia, Rwanda, Uganda, Ethiopia, Eritrea and Sierra Leone) reported that at least three-quarters of caregivers of children below two years of age were counselled on IYCF (Figure 4). The Collective has set a target of 60% by 2030.

Counselling requires skills from health professionals such as doctors, nurses, and midwives who often deliver nutrition services to beneficiaries. 16 Pre-service curricula are essential training opportunities to ensure the proper skills among health professionals. Only 3 out of 47 (6%) countries (South Sudan, Burkina Faso and Mauritania) reported that the pre-service curriculum adequately covers IYCF topics for both medical doctors and nurses or other professionals (Figure 4). The Collective aims to increase this to 40% of countries by 2030.

- 2030 Target
- Current percentage (2015-2021)

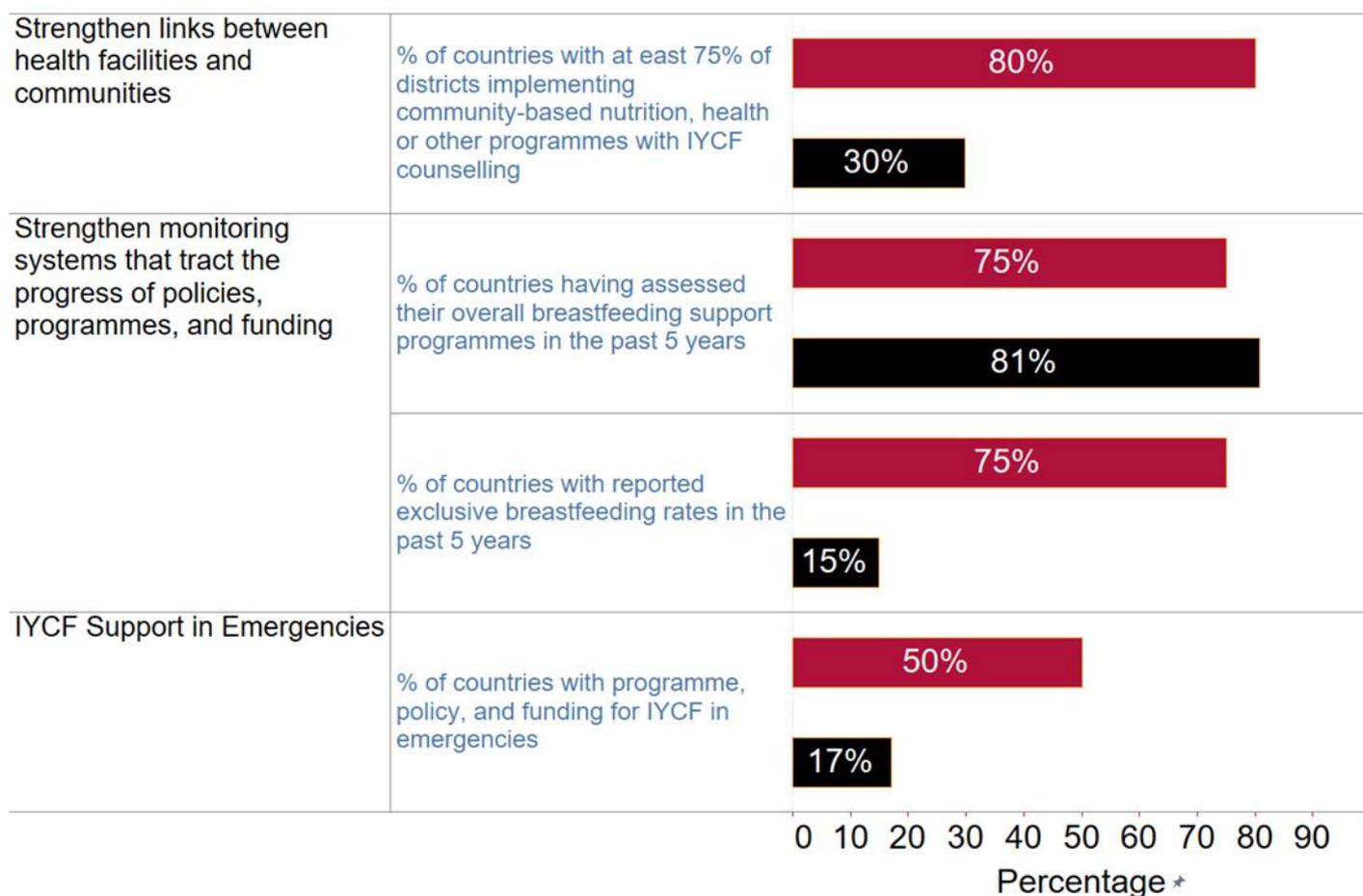


Figure 5: Percentage of countries with recommended policies to strengthen health facilities and communities, monitoring systems and IYCF support in emergencies in the African Region, 2022 (Source: UNICEF, WHO)

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. From available data in the African Region, 14 (around 30%) countries (Madagascar, Lesotho, Botswana, Zimbabwe, Zambia, Malawi, United Republic of Tanzania, Uganda, Kenya, Ethiopia, Eritrea, Central African Republic, Chad and Cote d'Ivoire) have community programmes that include IYCF counselling in three-quarters of districts (Figure 5). Information on the number of women reached through these programmes and the quality of services provided is lacking. The Collective target for this indicator is 80% by 2030.

Monitoring systems: track progress on policies, programmes and funding.

Monitoring and evaluation are essential to help countries learn about the effectiveness of their breastfeeding policies and programmes and progress in practice to inform decision-making and mobilize resources. The World Breastfeeding Trends initiative (WBTi) helps countries assess their breastfeeding programmes and policies and develop an action plan to address gaps. In the African Region, 38 out of 47 countries (81%) have completed a WBTi assessment in the last five years, indicating adequate programme evaluation (Figure 5). On contrary, only 15% of countries (South Africa, Gabon, Equatorial Guinea, Uganda, Nigeria, Niger and Burkina Faso) have collected data on exclusive breastfeeding in the last five years. The Collective aims to increase this to 75% by 2030.

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HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



Not promoting
infant formula,
bottles or teats

Making
breastfeeding care
standard practice

Keeping track
of support for
breastfeeding



World Health
Organization



Infant and young child feeding support in emergencies: invest in policies and programmes to ensure continued breastfeeding during emergencies.

Investing in IYCF in humanitarian settings supports mothers to breastfeed their babies. Lack of space and privacy and poor sanitation are critical issues, coupled with the emotional distress experienced by mothers in emergency settings. Support is needed for the most vulnerable populations. By 2021, only 17% of countries in the African Region (Mozambique, Madagascar, United Republic of Tanzania, Rwanda, Uganda, Nigeria, Burkina Faso and Mauritania) will have all three support elements for IYCF in emergencies (Figure 5). The Collective's goal is for 50% of countries to support IYCF in emergencies through these three elements by 2030.

2. Complementary feeding

At around 6 months of age, an infant's energy and nutrient needs begin to exceed what is provided by breast milk, and complementary foods are needed to meet these needs. An infant at this age is also developmentally ready for other foods. If complementary foods are not introduced at around 6 months, or if they are introduced inappropriately, an infant's growth may be stunted. Guiding principles for appropriate complementary feeding are:

- continue frequent, on-demand breastfeeding until 2 years of age or beyond.
- practice responsive feeding (for example, feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact).
- practice good hygiene and proper food handling.
- start at 6 months with small amounts of food and increase gradually as the child gets older.
- gradually increase food consistency and variety.
- increase the number of times the child is fed: 2–3 meals per day for infants 6–8 months of age and 3–4 meals per day for infants 9–23 months, with 1–2 additional snacks as required.
- use fortified complementary foods or vitamin-mineral supplements as needed; and
- during illness, increase fluid intake, breastfeed more, and offer soft, favorite foods.



3. Feeding in exceptionally difficult circumstances

Families and children in difficult circumstances require special attention and practical support. Wherever possible, mothers and babies should remain together and get the support they need to exercise the most appropriate feeding option. Breastfeeding remains the preferred mode of infant feeding in almost all difficult situations, for instance:

- low-birthweight or premature infants.
- mothers living with HIV in settings where mortality due to diarrhea, pneumonia and malnutrition remain prevalent.
- adolescent mothers.
- infants and young children who are malnourished; and
- families suffering the consequences of complex emergencies.

SUPPORT MUMS TO BREASTFEED ANYTIME, ANYWHERE



4. HIV and infant feeding

Breastfeeding, especially early and exclusive breastfeeding, is one of the most important ways to improve infant survival. While HIV can be transmitted from mother to child during pregnancy, labor and delivery and through breast milk, evidence on HIV and infant feeding shows that antiretroviral treatment (ART) of mothers living with HIV significantly reduces the risk of transmission through breastfeeding and improves their health. WHO now recommends that all people living with HIV, including pregnant women and breastfeeding mothers living with HIV, receive lifelong ART from the time they first learn their infection status.

5. WHO response

WHO is committed to supporting countries with monitoring the "Comprehensive implementation plan on maternal, infant and young child nutrition", endorsed by Member States in May 2012. The plan includes 6 targets, one of which is to increase, by 2025, the rate of exclusive breastfeeding for the first 6 months up to at least 50%. Activities that will help to achieve this include those outlined in the "Global strategy for infant and young child feeding", which aims to protect, promote and support appropriate infant and young child feeding.

UNICEF and WHO created the Global Breastfeeding Collective to rally political, legal, financial, and public support for breastfeeding. The Collective brings together implementers and donors from governments, philanthropies, international organizations, and civil society. The Collective's vision is a world where all mothers have the technical, financial, emotional, and public support they need to breastfeed.

WHO has formed the Network for Global Monitoring and Support for Implementing the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions, also known as NetCode. The goal of NetCode is to protect and promote breastfeeding by ensuring that breastmilk substitutes are not marketed inappropriately. Specifically, NetCode is building the capacity of Member States and civil society to strengthen national Code legislation, continuously monitor adherence to the Code, and take action to stop all violations.

In addition, WHO and UNICEF have developed courses for training health workers to provide skilled support to breastfeeding mothers, help them overcome problems, and monitor children's growth so they can identify early the risk of undernutrition or overweight/obesity.

WHO provides simple, coherent and feasible guidance to countries for promoting and supporting improved infant feeding by HIV-infected mothers to prevent mother-to-child transmission, provide good nutrition for the baby, and protect the health of the mother.

