



World Breastfeeding Week 2021

Protect Breastfeeding: A Shared Responsibility



World Breastfeeding Week (#WBW2021)

1 - 7 AUGUST 2021

coordinated by the World Alliance for Breastfeeding Action (WABA)



The World Alliance for Breastfeeding Action (WABA) was formed in 1991. WABA is a global network of individuals & organisations dedicated to the protection, promotion & support of breastfeeding worldwide.

WABA coordinates the global World Breastfeeding Week (WBW) campaign that aims to inform, anchor, engage & galvanise action on breastfeeding & related issues.



Since 2016, we have aligned our WBW campaign to United Nation's Sustainable Development Goals (SDGs). We call this the WBW-SDGs Campaign.

World Breastfeeding Week 2021 (WBW2021) reminds us that protecting breastfeeding is a shared responsibility.

#WBW2021



Suboptimal breastfeeding practices are a public health issue, requiring effort & investment at the societal level. A public health approach will include multisectoral collaborative actions to protect & support breastfeeding throughout the continuum of care.

- Governments & other stakeholders working together to create a breastfeeding-friendly environment is a vital part of protecting & supporting breastfeeding
- A warm chain of support will help build an enabling environment for breastfeeding & protect parents & families against BMS industry influence.

Appropriate changes to policy & practice can make a critical difference to the everyday lives of parents of breastfeeding children.

- We need to invest in health services so that personnel are well-trained & have the time & expertise to deliver high-quality support & care.
- Legislation must be enacted & upheld to protect mothers & other parents & their right to enhanced maternity & parental leave.
- We need to continue advocating for full implementation of the International Code of Marketing of Breastmilk Substitutes & subsequent WHA resolutions (the Code).

Objectives Of WBW 2021



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

Challenges at National Level



Globally, the vast majority of women are choosing to breastfeed their newborns, but unfortunately, many cannot breastfeed for as long as they want, due to:

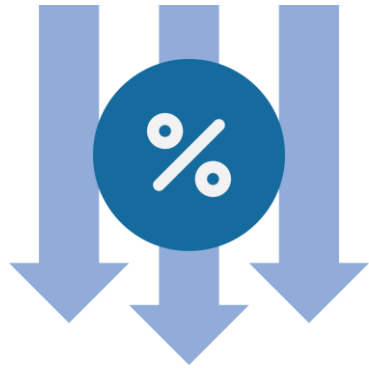
A lack of political will & long-term investment in breastfeeding protection & support at the national level

Effective monitoring of BMS marketing is generally lacking

Lack of legislation for publicly-funded maternity & parental social protection

Lack of intersectoral coordination, poor implementation of the BFHI & effects of the ongoing COVID-19 pandemic & other crises

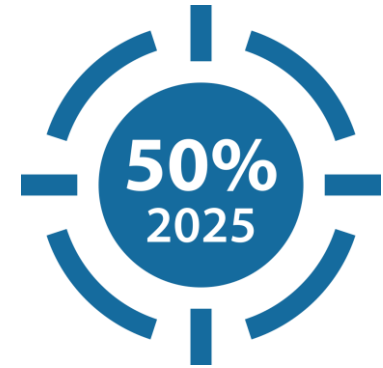
Facts and figures



The global breastfeeding rates remain low with only 43% of newborns initiating breastfeeding within one hour of birth & 41% of infants under six months of age exclusively breastfed



Disparities in breastfeeding rates exist across & within countries



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



These barriers can be overcome when priority is given to breastfeeding & maternal & infant health.

Evidence-based approaches at the public health level can make a substantial difference in breastfeeding rates & practices in communities.

Investments must be sustainable & long-term, supported by political will & leadership.



Solutions & Actions for Governments & National Actors

10

National programmes that involve a highly active national breastfeeding entity that facilitates timely decision-making from the local to the national level is important to improve breastfeeding. Governments & national actors have a shared responsibility to:

- Increase funding to improve breastfeeding rates from birth through to two years & beyond
- Strengthen monitoring systems to track the progress of policies & practices
- Systematically assess & identify policies & programmes using evidence-based policy toolkits
- Provide national guidelines on appropriate & timely support for breastfeeding in line with WHO guidance in the context of COVID-19 & other emergencies
- Encourage a multisectoral approach in examining the costs of not breastfeeding



Solutions & Actions for Governments & National Actors

02

National policies & programmes should emphasise the need for workers in both the formal & informal sectors to have access to paid maternity, paternity & parental leave as per ILO recommendations. Governments & national actors have a shared responsibility to:

- Implement maternity & parental social protection legislation & workplace breastfeeding support in both the formal & informal work sectors



Solutions & Actions for Governments & National Actors

03

Regulation & 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. Governments & national actors have a shared responsibility to:

- Strengthen protection of breastfeeding & infant & young child feeding (IYCF) by implementing, monitoring & enforcing the Code
- Advocate at the World Health Assembly to identify effective ways to control digital marketing strategies of BMS companies

Challenges at Health Systems Level



Many health systems are currently unable to provide effective information & support along the continuum of care, leaving families with breastfeeding babies vulnerable to being influenced by the BMS industry & other challenges such as:

Low uptake & poor implementation of BFHI

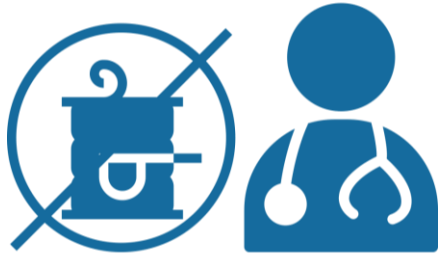
Inconsistent messaging across the health system

Code violations due to lack of adequate training of health workers relating to both skilled breastfeeding help & their responsibilities under the Code

The COVID-19 pandemic hindering the provision & use of child & maternal services

Implementation of contradictory guidelines (COVID-19 breastfeeding & newborn care guidelines) within their health systems

Facts and figures



WHO Guidance on ending inappropriate promotion of foods for infants & young children includes a recommendation that BMS manufacturers should not create COI among health system personnel



WHO new implementation guidance to protect, promote & 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 & only 30 have measures that call for a full prohibition of all gifts or incentives for health workers



Governments & health systems have a responsibility to ensure that BFHI is implemented in both the public & private health care sectors.

Systematic monitoring, reporting & enforcement of the Code & COI requirements in health facilities will protect health systems from BMS industry influence.



Solutions & Actions for Decision-makers in the Health System & Health Workers

10

When health systems implement the BFHI Ten Steps, there is a positive impact on breastfeeding outcomes. Decision-makers & health workers have a shared responsibility to:

- Scale up the implementation of the Ten steps of the revised BFHI in all parts of the health system
- Advocate with national health professional associations to stop receiving support or sponsorship from the BMS industry
- Ensure systematic & 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 & young children



Solutions & Actions for Decision-makers in the Health System & Health Workers

02

Investment in human resources, training & 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 & support. Decision-makers & health workers have a shared responsibility to:

- Integrate breastfeeding knowledge & skills into health worker pre-service & continuing education curriculum using the Infant & Young Child Feeding: Model Chapter
- Invest in breastfeeding counselling & Code training for all health workers who provide maternal & child health services



Solutions & Actions for Decision-makers in the Health System & Health Workers

03

A Warm Chain across the continuum of care will provide consistent messages & good referral systems so that any family with a breastfeeding baby receives the ongoing support they need in a timely fashion. Decision-makers & health workers have a shared responsibility to:

- Establish a Warm Chain by promoting interprofessional teamwork within the health system & community
- Allocate funding to cover breastfeeding support in primary health care

Challenges at Workplace Level



Many employed women & parents face inadequate maternity & parental protection to enable them to achieve their breastfeeding goals. The lack of support for breastfeeding at the workplace opens the door for targeted marketing by the BMS industry & adds to the household's economic burden. These factors make breastfeeding more challenging:

Short period of maternity leave & unavailability of 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 & their families

Different types of workplaces may have varying resources & conditions to implement support programmes

Workers in the informal economy are usually not represented by a formal union & face many barriers to breastfeeding

The COVID-19 pandemic has affected women's breastfeeding experiences at work in diverse ways, often worsening the situation for workers

Facts and figures



Only 39 countries have ratified the ILO Maternity Protection Convention, 2000 (No. 183). Out of 185 countries, few reach the six months recommended by WHO for exclusive breastfeeding. Paternity & parental leave are only available in 100 & 66 countries respectively



Recent evidence from 38 low- & middle-income countries shows that the extension of maternity leave has the potential to reduce barriers to breastfeeding



90% of workers in developing countries, 67% in upper- & lower-middle countries & 18% in high-income countries work in the informal sector

A woman is breastfeeding a baby at a desk in an office. In the background, a man is working at a computer. The scene is overlaid with a blue tint and text.

Work policies should also ensure that parental & paternity leave does not compromise existing maternity leave benefits.

These policies should enable fathers or partners to prioritise family-related responsibilities & work with their partners to shape a parenting & breastfeeding team, while meeting work demands.



Solutions & Actions for Employers, Trade Unions & Workers

To

The ILO Maternity Protection Convention C183 protects women in both the formal & informal economy from economic losses, gender discrimination & health risks related to maternity. Employers, trade unions & workers have a shared responsibility to:

- Develop, implement & monitor relevant policies to include informal workers in maternity & social protection arrangements
- Advocate for public-funded paid parental leave that promotes involvement of fathers or partners in childcare & domestic work



Solutions & Actions for Employers, Trade Unions & Workers

02

Parental social protection can be achieved through an effective partnership between the tripartite stakeholders consisting of governments, employers & trade unions working together with civil society organisations & communities. Employers, trade unions & workers have a shared responsibility to:

- Engage with various stakeholders on implementing breastfeeding-friendly workplaces that provide support such as breastfeeding facilities, paid breastfeeding breaks & flexible working arrangements
- Work with governments & employers to review & improve national laws that cover maternity & parental social protection for all workers



Solutions & Actions for Employers, Trade Unions & Workers

03

Creating work environments with the time, space & support is necessary for employees to successfully combine breastfeeding & paid work. Employers, trade unions & workers have a shared responsibility to:

- Establish breastfeeding-friendly workplaces that are in compliance with the Code
- Advocate for placement of appropriately trained & skilled personnel at workplaces to counsel parents about breastfeeding

Challenges at Community Level



All the barriers at the national, health system & workplace levels ultimately affect communities & individuals. Social norms & traditional practices in the community often impede optimal breastfeeding. The lack of breastfeeding support systems at the community level makes breastfeeding protection, promotion & support interventions more challenging, due to:

Companies are using new methods for their promotional activities

Industries use celebrities, community influencers & even health workers to either overtly or covertly promote their products

Communities & individuals are especially vulnerable to general promotion & donations by the BMS industry in times of emergencies & disasters

BMS companies profit off the confusion & fears surrounding breastfeeding during the COVID-19 pandemic, actively promoting their products as “safer alternatives”

Facts and figures



BMS companies use digital marketing to promote their products, violating provisions of national regulations



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



BMS companies use targeted communications promoting a readily available range of BMS to vulnerable new parents including working parents



Strategic & innovative behaviour-change messages that target all members of the family & the community are needed to reinforce support for families with breastfeeding babies.

Socio-culturally appropriate & consistent communications need to be broadcast through both mainstream & social media platforms, with help from community leaders & influencers.



Solutions & Actions for Community Members, Organisations & Families

To

There should be greater public awareness of the Code & the importance of protecting the rights of the breastfeeding dyad. Civil society advocates also need to be vigilant & identify BMS digital marketing that violates the Code. Community members, organisations & families have a shared responsibility to:

- Advocate to the government to implement, monitor & strengthen enforcement of the national Code legislation using the 2020 Code Status Report
- Create a user-friendly effective system to report Code violations



Solutions & Actions for Community Members, Organisations & Families

02

Physical & virtual community groups can provide valuable support for the breastfeeding dyad & protect breastfeeding by being vigilant about industry promotion & marketing. Community members, organisations & families have a shared responsibility to:

- Build capacity of community breastfeeding groups to provide ongoing support for families through both face-to-face & digital platforms
- Consult local breastfeeding counsellors, peer supporters, lactation consultants or health professionals if you have any breastfeeding challenges



Solutions & Actions for Community Members, Organisations & Families

03

Dialogue among the different stakeholders at the local community level & reaching consensus on how to create a breastfeeding-friendly community that is valued as a social norm, Code-compliant & COI-free is essential. Community members, organisations & families have a shared responsibility to:

- Ensure continuity in support for breastfeeding mothers & families by linking community breastfeeding groups with the health system
- Encourage breastfeeding experts to be present on social media to provide correct information & support
- Engage communities through leaders, women's associations, men's groups & other existing community structures to support a dialogue about breastfeeding using WBW as a platform

The COVID-19 pandemic poses enormous challenges for the global community.

Ensuring survival, health & wellbeing for all is more important than ever.

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

4 WAYS TO CELEBRATE #WBW2021

1. Share on our social media platforms:
 - your breastfeeding experiences & support needed during the COVID-19 pandemic
 - your thoughts about the links between breastfeeding & survival/health/wellbeing
2. [Pledge](#) & Report your #WBW2021 activities (physical and/or virtual)
3. Participate in the #WBW2021 Ask Me Anything (AMA)
4. Follow the [WBW website](#) & social media platforms ([Facebook](#), [Twitter](#) & [Instagram](#)) for more activity ideas & updates