ADVOCACY BRIEF

Nutrition for Growth Year of Action: Nine SMART breastfeeding pledges

This advocacy brief is organized into two separate papers. The first half acts as a standalone briefing that highlights the importance of the Nutrition for Growth (N4G) Year of Action, positions breastfeeding within its universal health coverage pillar and organizes the SMART breastfeeding recommendations into their corresponding N4G commitment types. The latter half provides the rationale for each of the pledges and signposts towards helpful resources, including official guidance notes and case studies, to support country implementation.

The N4G Year of action isn't a year-long global movement but a roadmap of key events throughout 2021, culminating in the UN FSS in September and the Tokyo N4G Summit. More than ever, this year requires urgent action to curb the wave of global malnutrition arising from the impact of the COVID-19 pandemic, which is taking the greatest toll on the most vulnerable communities.

Governments, donors, civil society, and the private sector all have an opportunity to step up and make SMART (specific, measurable, achievable, relevant, and time-bound) nutrition-inclusive commitments to tackle the global malnutrition crisis. There are two key commitment-making opportunities this year: the United Nations Food Systems Summit in September and the Tokyo N4G Summit hosted by the Government of Japan in December 2021.

We are calling on governments to make evidence-based, economically proven commitments towards the full and effective protection, promotion and support of breastfeeding.

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In accordance with the World Health Organization's *Nutrition in Universal Health Coverage Commitments report* [1], a key focus of the N4G 2021 Summit is the integration and mainstreaming of essential nutrition services into national health plans and universal health coverage roadmaps. Nutrition is foundational to meeting people's health needs and to achieving the Sustainable Development Goals (SDGs). The United Nations Food Systems Summit will launch bold new actions, solutions and strategies to deliver progress on all 17 SDGs, each of which relies on healthier, more sustainable and equitable food systems.

For women and children, families and communities to realize the full benefits of health and development, governments should commit to each of the breastfeeding-related actions outlined in the *WHO Commitments report*.[2] Breastfeeding is life-saving, cost-effective and fundamental to building a healthier world. Each commitment is interdependent and interrelated, contributing towards the overall health and well-being of people. Protection, promotion and support for breastfeeding helps fulfil every child's right to health, survival and development[3] and the right of women to have access to appropriate services[4] and special protection "before and after childbirth, including paid leave or leave with adequate social security benefits".[5]

We are calling on governments to make evidence-based, economically proven commitments towards the full and effective protection, promotion and support of breastfeeding. All N4G Year of Action commitments must be aligned with the N4G Principles of Engagement and be registered online. The Government of Japan has identified the following commitment types as integral to ending malnutrition:

POLITICAL AND GOVERNANCE COMMITMENTS

Ensure the protection, promotion and support of exclusive breastfeeding from birth to 6 months and continued breastfeeding until 2 years of age and beyond.

- Widely disseminate evidence on the importance of breastfeeding and the risks of infant formula feeding.
- Provide breastfeeding counselling training for health care providers to support an enabling environment for breastfeeding.

POLICY COMMITMENTS

Enact, monitor and enforce legislation covering all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (the Code).

- Ensure that information on infant and young child feeding practices received by mothers and carers is *evidence-based*, impartial and free from commercial interests.

Enact legislation providing at least 18 weeks of maternity leave with 100 per cent pay, covered by public funds, including provisions for the informal sector.

FINANCIAL COMMITMENTS

Increase funding to improve breastfeeding rates in children from birth through two years of age.

OPERATIONAL COMMITMENTS

Provide quality counselling on infant and young child feeding by skilled health care practitioners (ensuring a minimum of six antenatal, perinatal and postpartum contact points between practitioner and mother).

- Strengthen health workers' knowledge, skills and competencies in breastfeeding counselling.
- Incorporate breastfeeding counselling within health system protocols, policies, norms and practices.

Integrate the Ten Steps to Successful Breastfeeding as the standard of care across all maternity care facilities, including providing breastmilk for newborns that are sick and/or vulnerable.

Provide community programmes that support women in initiating and maintaining breastfeeding.

- Include breastfeeding counselling and competencies in community health worker training.
- Establish breastfeeding support groups, facilitated by a health worker with breastfeeding counselling and competencies, to build capacity at the community level.
- Integrate breastfeeding support within existing community structures to sustainably link health facilities and communities.

MONITORING, REPORTING AND RESEARCH COMMITMENTS

Monitor, track and report on the progress of policies, programmes and funding towards achieving national and global breastfeeding targets.

- Include and track infant and young child feeding in emergency preparedness and response policies and plans.
- Health, nutrition, and community workers should be trained according to the World Health Assembly-endorsed Operational Guidance on Infant and Young Child Feeding in Emergencies.
- Trained breastfeeding counsellors should be part of emergency response and support affected women and children.
- Donations of breastmilk substitutes, commercial complementary foods and related products such as bottles and teats should be avoided and never included in relief distribution efforts.

NINE SMART BREASTFEEDING COMMITMENTS: WHAT THIS ENTAILS FOR GOVERNMENTS

1/ Governments should ensure the protection, promotion and support of exclusive breastfeeding from birth to 6 months and continued breastfeeding until 2 years of age and beyond.

Breastfeeding saves lives and is fundamental to a child's health, growth and development. Breastmilk promotes cognitive development and acts as a baby's first vaccine, providing critical protection from disease and death. Infants between 6 months and two years of age who are not breastfed are more likely to die and have a higher risk of diarrhoea,[6] particularly in low-income countries. If mothers were supported to breastfeed, nearly 50 per cent of diarrhoea episodes and a third of respiratory infections would be avoided.[7]

Despite the compelling evidence, breastfeeding rates are far too low in many countries. Globally, only 44 per cent of infants are exclusively breastfed in the first six months, which falls far short of the 2030 global target of 70 per cent; and less than half of newborn babies are breastfed in the first hour of life.[8] By investing in the protection, promotion and support of breastfeeding, countries will be investing in their greatest asset: human capital. Breastfeeding can reduce the burden of childhood and maternal illness, lower health care costs, create healthier families and strengthen the development of nations.[9]

Below are some helpful resources on policies and programmes to protect, promote, and support breastfeeding:

- World Health Organization. *Global Nutrition Targets 2025 Breastfeeding Policy Brief*:

  http://apps.who.int/iris/bitstream/handle/10665/149022/WHO_NMH_NHD_14.7_eng.pdf?ua=1

- Global Breastfeeding Collective. *Our seven policy asks*:

  https://www.globalbreastfeedingcollective.org/documents/our-seven-policy-asks.

2/ Governments should enact, monitor, and enforce legislation covering all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions.

Aggressive marketing of breastmilk substitutes undermines breastfeeding and reduces global breastfeeding rates, putting the health of mothers and children at risk. The Code protects children and families from aggressive marketing tactics by prohibiting all advertising and promotion of breastmilk substitutes, bottles and teats to the public and in health care systems. This promotes breastfeeding and ensures an environment that enables mothers and caregivers to make the best possible feeding choice, based on impartial information and free from commercial influences. Governments must counter the marketing practices of the breastmilk substitutes industry by enacting legislation and policies that implement, monitor and enforce the Code.

Below are some helpful resources and guidance for supporting national implementation of the Code:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — International Code of Marketing of Breast-milk Substitutes*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-code

- Global Breastfeeding Collective. *Breastfeeding and the International Code of Marketing of Breast-milk Substitutes — Advocacy brief*:

  https://www.globalbreastfeedingcollective.org/reports/breastfeeding-and-international-code-marketing-breastmilk-substitutes

- *The International Code of Marketing of Breast-milk Substitutes and subsequent resolutions*:

  https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/

- World Health Organization. *The International Code of Marketing of Breast-milk Substitutes — Frequently asked Questions*:

  https://www.who.int/nutrition/publications/infantfeeding/breastmilk-substitutes-FAQ2017/en/

In Kenya, national exclusive breastfeeding rates increased dramatically — from 32% in 2008 to 61% in 2014.[1] The Government achieved this success in part by enacting a suite of strong policy and legislative instruments. These include the Constitution of Kenya 2010, which guarantees every child the right to basic nutrition and health; the Breast Milk Substitutes Act 2012 to regulate and control the marketing and distribution of breastmilk substitutes; a Maternal Infant and Young Child Nutrition policy and strategy; and the Health Act 2017, which requires all employers to establish lactation stations at the workplace.

[1] Kenya National Bureau of Statistics 2008 and Kenya National Bureau of Statistics 2014

- World Health Organization. *Guidance on Ending Inappropriate Foods for Infants and Young Children — Implementation Manual*:

  https://www.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/

3/ Governments should enact legislation providing at least 18 weeks of maternity leave with 100 per cent pay, covered by public funds, including provisions for the informal sector.

Studies indicate that one of the most common reasons for a woman stopping breastfeeding early is her return to work and unsupportive job conditions.[10] Adequate breastfeeding accommodations at work are associated with increased breastfeeding duration and exclusivity, which are both critical for optimal infant health and well-being.[11] Family-friendly policies, of which maternity leave is a cornerstone, are a worthwhile investment for businesses and employers. Numerous studies have documented the benefits of these policies, such as i) the retention of skilled staff;[12] ii) cost savings for employers;[13] iii) improved employee morale and productivity;[14] iv) enhanced corporate reputations;[15] and v) health benefits, which are of paramount importance for employees and their families.[16] Family-friendly workplace policies are critical for helping women continue to breastfeed and are a low-cost intervention that can save businesses money. In fact, paid leave results in more productive and loyal employees, and paid maternity leave in particular provides numerous health benefits for both mother and child, which in turn benefit families and employers.

Breastfeeding and family-friendly policies contribute to the health and well-being of mothers and their babies, and thus to the achievement of the SDGs. Below are helpful resources on maternity leave legislation to support breastfeeding, including examples of governments that have strengthened maternity protection:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — Paid leave & Workplace Policies*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-paid-leave-workplace-policies

- Global Breastfeeding Collective. *Breastfeeding and family-friendly policies — Advocacy brief*:

  https://www.who.int/nutrition/publications/infantfeeding/breastmilk-substitutes-FAQ2017/en/

- Alive & Thrive, Ministry of Health of Viet Nam and United Nations Children's Fund. *Expanding Viet Nam's Maternity Leave Policy to Six Months: An Investment Today in a Stronger, Healthier Tomorrow*:

  https://www.aliveandthrive.org/sites/default/files/attachments/Policy-Brief-on-Maternity-Leave_April-2012-English.pdf

- Global Breastfeeding Collective. Maternity leave legislation in support of breastfeeding: case studies around the world:

  https://www.who.int/publications/i/item/WHO-NMH-NHD-19.25

4/ Governments should increase funding to improve breastfeeding rates from birth through 2 years of age.

Breastfeeding investments are cost-effective. Every US$1 investment in breastfeeding yields a return of US$35.[17] If breastfeeding were adopted at close to universal levels, 823,000 child deaths in low- and middle-income countries could be prevented each year. This would generate global savings of US$300 billion per year by enhancing human capital, increasing intelligence and boosting adult earning potential.[18] Put simply, the world cannot afford the cost of not

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Violations are fewer when the Code is enshrined in law and enforcement is effective.[1] In 1992, the Government of India passed the Infant Milk Substitutes Act. This act is backed by tough enforcement, including prosecution when companies break the law. A 2016 study by Access to Nutrition Foundation[2] found that advertising of breastmilk substitutes was "virtually non-existent" in Greater Mumbai where a survey was carried out. The high levels of compliance were "a credit to the strength of the Infant Milk Substitutes Act, and to diligent application by health care workers and vigilant monitoring," the report found. Although sales of milk formula have been increasing in recent years, the rates of breastfeeding of the 26 million babies born each year in India have increased and are now higher than the global average.[3]

[1, 2] Access to Nutrition Index, 2016, India BMS 2016. https://accesstonutrition.org/app/uploads/2020/02/Spotlight_Index_India-Index_BMS_Chapter_2016.pdf

[3] *Save the Children, Don't Push It. Why the formula milk industry must clean up its act*, 2018, https://www.savethechildren.org.uk/what-we-do/policy-and-practice/our-featured-reports/dont-push-it

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breastfeeding. The World Bank estimates that an investment of US$4.70 per newborn is needed to reach the World Health Assembly's global target of 50 per cent exclusive breastfeeding by 2025.[19] At the same time, strong legislative frameworks and political leadership are required to unlock the economic potential of breastfeeding.

Below are some helpful resources and guidance on the need for funding to support breastfeeding:

- Global Breastfeeding Collective. *Advocacy Guidance Brief on Funding*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-funding

- Global Breastfeeding Collective. *Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/nurturing-health-and-wealth-nations-investment-case-breastfeeding

- World Bank Group. *An Investment Framework for Nutrition Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting*:

  https://openknowledge.worldbank.org/bitstream/handle/10986/26069/9781464810107.pdf?sequence=22&isAllowed=y

5/ Governments should provide quality counselling on infant and young child feeding by a skilled health care practitioner (ensuring a minimum of six antenatal, perinatal and postpartum contact points between practitioner and mother).

Investment in breastfeeding counselling is critical to improving breastfeeding rates, boosting human capital and strengthening economies around the world. Up-to-date information and ongoing skilled support will empower mothers to make informed decisions about how to feed their infants, while also ensuring their ability to navigate the new complexities and realities created by the COVID-19 pandemic. To improve national progress on exclusive breastfeeding, mothers should be sensitized to the benefits of early initiation of breastfeeding (within the first hour of life) and sustained exclusive breastfeeding through the first six months of life.[20] Unfortunately, many health facilities and professionals are not delivering optimal counselling on breastfeeding practices to support mothers in their breastfeeding journeys. Governments, civil society, health professional associations, and all stakeholders must work together to strengthen health provider skills in breastfeeding counselling.[21]

Below are helpful resources on breastfeeding counselling:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — Skilled Breastfeeding Counselling*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-skilled-breastfeeding-counselling

- Global Breastfeeding Collective. *Skilled breastfeeding counselling — Advocacy brief*:

  https://www.globalbreastfeedingcollective.org/reports/skilled-breastfeeding-counselling

- World Health Organization. *Guideline: Counselling of women to improve breastfeeding practices*:

  https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf?ua=1

- World Health Organization and United Nations Children's Fund. *Breastfeeding counselling: a training course*

  https://apps.who.int/iris/handle/10665/63428

6/ Governments should integrate the Ten Steps to Successful Breastfeeding as the standard of care across all maternity care facilities, including providing breastmilk for newborns that are sick and/or vulnerable.

Facilities that provide maternity and newborn services have a unique role in providing new mothers and babies with timely and appropriate support and encouragement to breastfeed successfully, saving lives while also saving government money. Based on the Ten Steps to Successful Breastfeeding, the Baby-friendly Hospital Initiative (BFHI) focuses on providing optimal clinical care for new mothers and their infants. The Ten Steps outline the institutional procedures necessary to ensure that care is delivered consistently; they also provide individual care standards for mothers and infants. BFHI has helped to motivate facilities providing maternity and newborn services worldwide to better support breastfeeding.

A systematic review of 58 studies from 19 countries published in 2016 concluded that when maternity facilities follow the Ten Steps, this leads to increased breastfeeding rates (any breastfeeding, early initiation immediately after birth, exclusive breastfeeding and continued breastfeeding). The review found that the likelihood of breastfeeding is higher when mothers and newborns are exposed to more of the Ten Steps.[22] Additionally, strong social mobilization for breastfeeding works in synergy with the BFHI to create a demand for breastfeeding support in maternity facilities and ensure sustainability of breastfeeding outcomes in communities.

Below are helpful resources on the implementation of the Ten Steps, including guidance notes and case studies:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — Baby-friendly Hospital Initiative*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/

- World Health Organization and United Nations Children's Fund. *Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative*:

  https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/

- World Health Organization and United Nations Children's Fund. *Baby-friendly Hospital Initiative training course for maternity staff: director's guide*:

  https://apps.who.int/iris/bitstream/handle/10665/333674/9789240008939-eng.pdf?sequence=1&isAllowed=y

- World Health Organization and United Nations Children's Fund. *Compendium of case studies of the Baby-friendly Hospital Initiative*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/compendium-case-studies-baby-friendly-hospital-initiative

- World Health Organization and United Nations Children's Fund. *Competency verification toolkit ensuring competency of direct care providers to implement the Baby-friendly Hospital Initiative*:

  https://apps.who.int/iris/handle/10665/333691

- World Health Organization and United Nations Children's Fund. *Baby-friendly Hospital Initiative for small, sick and premature infants*:

  https://www.who.int/publications/i/item/9789240005648

7/ Governments should provide community programmes that support women in initiating and maintaining breastfeeding.

Community-based programmes can accelerate progress in support of national infant and young child feeding goals. Interventions such as individual counselling or group education, immediate breastfeeding support at delivery, and lactation management have been found to increase rates of early initiation of breastfeeding.[23] Community health workers (CHWs) represent an important resource helping bridge the gap between health care providers and vulnerable populations. CHWs typically serve the communities they are from, giving them a unique role in reaching individuals where they live, eat, play, work and worship.[24] When counselling is provided at the community level, often by CHWs, breastfeeding women are better equipped to anticipate and overcome barriers to breastfeeding. To achieve this, breastfeeding education must be incorporated into trainings for CHWs, breastfeeding support groups should be established at the community level and breastfeeding counselling must be integrated within existing community structures to sustainably link health facilities and communities. Helping mothers to gain this support at the community level requires coordinated action from governments, civil society and community-based organizations.

Below is a helpful resource on community programmes to support breastfeeding:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — Health Facilities & Community Linkages*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-health-facility-community-linkages

8/ Governments should monitor, track and report on the progress of policies, programmes and funding towards achieving national and global breastfeeding targets.

Robust monitoring systems tracking the progress of breastfeeding policies and programmes are essential to assess declines or improvements in early, exclusive and continued breastfeeding practices at the national and subnational level. Monitoring outcomes against both national and subnational targets and the WHO global nutrition target for exclusive breastfeeding helps determine the impact of the efforts being made.[25] Monitoring — including financial tracking — is critical to assess the quality and coverage of services, to determine the need for training and scale-up of programmes, and to allow priorities to be set for future resource allocation. This information is essential for communities, health staff and policymakers to understand the success or failure of policies and programmes. Making data from monitoring efforts publicly available facilitates research at a national, regional and global level on the effectiveness of interventions.[26, 27]

Below are helpful resources to track and report on the progress of policies, programmes, and funding programmes to support breastfeeding:

- Global Breastfeeding Collective. *Advocacy Guidance Brief — Monitoring*:

  https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-monitoring

- World Health Organization and United Nations Children's Fund. *Indicators for assessing infant and young child*

feeding practices — Definitions and measurement methods:

https://www.who.int/publications/i/item/9789240018389

- Demographic and Health Survey Program. *The DHS Program User Forum: Core questionnaire: Nutrition, Counselling About Breastfeeding at Early Critical Time Points*

  https://userforum.dhsprogram.com/index.php?t=tree&goto=16773&#msg_16773

9/ Governments should include and track infant and young child feeding in emergency policies, preparedness and response plans.

Appropriate and timely support for infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, while also benefiting mothers.[28] Thus, emergency preparedness is critical to timely, efficient and appropriate infant and young child feeding in emergencies. Protection and support of infants in emergencies involves actively protecting and supporting breastfeeding, ensuring that non-breastfed babies are fed in the safest way possible, enabling access to appropriate complementary foods, preventing donations and uncontrolled distributions of breastmilk substitutes and supporting the well-being of mothers.

Below are helpful resources on breastfeeding in emergency situations:

- Global Breastfeeding Collective. *Breastfeeding in emergency situations — Advocacy brief*:

  https://www.globalbreastfeedingcollective.org/reports/breastfeeding-emergency-situations

- *Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers*:

  https://www.ennonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf

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2. Idem 1
3. United Nations Office of the High Commissioner on the Rights of the Child. *Convention on the Rights of the Child*. 1989, art. 21 & 24
4. *Convention on the Elimination of All Forms of Discrimination against Women*, art. 12.1
5. *International Covenant on Economic, Social and Cultural Rights*, art. 10 (2)
6. Black et al, 'Maternal and child undernutrition: global and regional exposures and health consequences', *The Lancet*, 19 January 2008, vol. 371, pp. 9608.
7. Victora, CG et al., 'Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect', *The Lancet*, 30 January 2016, vol. 387, pp. 467.
8. Food and Agriculture Organization, *State of Food Security and Nutrition in the World*, FAO, 2020, https://www.unicef.org/sites/default/files/2020-07/SOFI-2020-fullreport.pdf
9. World Health Organization and United Nations Children's Fund, *Global breastfeeding Collective Advocacy Brief: Breastfeeding and family-Friendly Policies*, 2019, https://apps.who.int/iris/bitstream/handle/10665/326099/WHO-NMH-NHD-19.23-eng.pdf?ua=1
10. United Nations Children's Fund, *Paid Parental Leave and Family-Friendly Policies. An evidence brief*, 2019.
11. United Nations Children's Fund, *Breastfeeding and Family-Friendly Policies. An evidence brief*, 2019.
12. Houser, L. and Thomas P. Vartanian, *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*, New Brunswick, NJ: The Center for Women and Work, 2012, http://smlr.rutgers.edu/paymatterscwwreport-january2012
13. *The Economic Benefits of Paid Leave: Fact Sheet*, 2015, Joint Economic Committee. https://www.jec.senate.gov/public/_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf

Recent monitoring data from Syria reveals that donations of breastmilk substitutes are frequent during displacements, often comprised of no more than a tin of formula handed out on an ad hoc basis. In many cases, the product is expired or soon to be expired and is widely distributed to all mothers with young children regardless of their breastfeeding status. Such distributions harm both breastfed and non-breastfed infants.[1] It is essential to monitor the impact of humanitarian actions and inaction on infant and young child feeding practices, child nutrition and health; to consult with the affected population in planning and implementation; and to document experiences to inform preparedness and future response.

[1] Save the Children, Hidden Hunger in Syria: A look at malnutrition across Syria, with a focus on under-twos, 2020, Save the Children, https://resourcecentre.savethechildren.net/node/18284/pdf/hidden_hunger_in_syria-cc-2020.pdf

[14] McGovern, P. et al. 'Time off work and the postpartum health of employed women', *Med Care*, 1997, vol. 35, no. 5, pps. 507–21.

[15] Council of Economic Advisers, T*he Economics of Paid and Unpaid Leave*, June 2014.

[16] Chai, Y., Nandi, A., Heymann, J., 'Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries', *BMJ Global Health*, October 2018, vol. 3, no. 5.

[17] World Health Organization and United Nations Children's Fund, Global breastfeeding scorecard, 2019: increasing commitment to breastfeeding through funding and improved policies and programmes, 2019, World Health Organization, https://apps.who.int/iris/handle/10665/326049

[18] Save the Children, *Nutrition Critical: Why we must act now to tackle child malnutrition*, 2020, Save the Children, https://resourcecentre.savethechildren.net/node/18600/pdf/nutrition_critical_africa_version.pdf

[19] World Health Organization and United Nations Children's Fund, *Global breastfeeding scorecard, 2019: increasing commitment to breastfeeding through funding and improved policies and programmes*, 2019, World Health Organization.

[20] *World health Organization, Early initiation of breastfeeding to promote exclusive breastfeeding*, https://www.who.int/elena/titles/early_breastfeeding/en/

[21] *World Health Organization, Guideline: Counselling of women to improve breastfeeding practices,* https://www.who.int/nutrition/publications/guidelines/counselling-women-improve-bf-practices-executive-summary.pdf?ua=1

[22] Pérez-Escamilla, R., Martinez, J., and Segura-Pérez, S., 'Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review', *Maternal & Child Nutrition*, July 2016, vol. 12, no.3, pps. 402–417.

[23] Rollins, et al., Why invest, and what it will take to improve breastfeeding practices?', *The Lancet*, 30 January 2016, vol. 387, no.10017, pps. 491-504, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01044-2/fulltext#seccestitle200

[24] National Heart, Lung and Blood Institute (NHIBI), *Role of Community Health Workers*, June 2104, https://www.nhlbi.nih.gov/health/educational/healthdisp/role-of-community-health-workers.htm

[25] World Health Organization, *Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025, World Health Organization*, 2017

[26] World Health Organization and United Nations Children's Fund, *Global Breastfeeding Scorecard, 2019*: increasing commitment to breastfeeding through funding and improved policies and programmes. World Health Organization, 2019. https://apps.who.int/iris/handle/10665/326049

[27] World Health Organization and United Nations Children's Fund, *Global Breastfeeding Collective, Advocacy Guidance Brief — Monitoring, 2019*, https://toolkits.knowledgesuccess.org/toolkits/breastfeeding-advocacy-toolkit/advocacy-guidance-brief-monitoring

[28] IFE Core Group, *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*, Version 3.0, October 2012, IFE Core Group, https://www.ennonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf

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