

# IBFAN News Brief: Africa and Breastfeeding Protection

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The International Baby Food Action Network (IBFAN) Africa was established in 1981 with headquarters in Pretoria, South Africa (Anglophone), and in Ouagadougou, Burkina Faso (Francophone). Breastfeeding protection is critical for the African continent. With estimated death rates of over 300,000 annually linked to insufficient breastfeeding, breastfeeding supports are vital. Exclusive breastfeeding rates ranged from a low of 5.3% in Somalia to a high of 72% in Zambia when reported in 2019, with none of the southern and east African countries on course to meet targets addressing the double burden of nutrition—stunting and wasting, and obesity (United Nations International Children’s Fund’s, 2019; World Health Organization, 1981).

IBFAN Africa, working on the *International Code of Marketing of Breastmilk Substitutes* (IC, 1981) implementation with governments, notes a key contributing factor to be the misleading promotion of human milk substitutes, undermining breastfeeding, and creating confusion and insecurity regarding normal breastfeeding and family food-based complementary feeding.

Recent monitoring of compliance with the IC and World Health Assembly (WHA) resolutions demonstrate systematic violations of its provisions. Examples include using false claims (e.g., “help baby make brilliant progress”; cross promotions of formulas, baby drinks, and cereal; foods labelled in foreign languages and a lack of safe preparation instructions; promotional brochures and special in-store promotions; and social media to reach parents). The COVID-19 pandemic has created yet another means for the baby foods industry to target parents and health care workers with “informational” seminars.

Of the 22 countries in east and southern Africa, only one third have met the exclusive breastfeeding target of 50% or more. According to the latest *Code Report* (2020) by the World Health Organization, the United Nations International Children’s Fund, and IBFAN, five of these countries have enacted national laws, which are substantially aligned to the IC and its subsequent WHA Resolutions (WHO, UNICEF, IBFAN, 2020). Eight of the countries are moderately aligned, whilst two have some regulations, and seven have no regulations at all. Further analysis of the regulations showed a trend of increase in exclusive breastfeeding rates (EBR) following the legislation of national laws limiting the promotion of human milk substitutes in a review of three countries. Malawi legislated the national law in 2004. At that time, the EBR was 50%. By 2006, it had increased to 58%, and in 2010, it was 70%. In South Africa in 2012, when the regulation was legislated, the EBR increased from 8% to 32% in 2016. Similarly, in Kenya, when the regulations were enacted in 2012, the EBR was 30%. It had increased to 61% by the end of 2016. These regulations are launched by politicians and senior management at government levels, with a lot of media coverage and health care systems involved in promoting the law and breastfeeding, and hence the increase in breastfeeding rates.

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