NATIONAL IMPLEMENTATION OF THE BABY-FRIENDLY HOSPITAL INITIATIVE 2017

World Health Organization

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We extend our thanks to all individuals and organizations involved in the preparation of this report.

Photographs from the cover back page are courtesy of UNICEF.

ABBREVIATIONS

BFHI	Baby-friendly Hospital Initiative
GNPR	Global Nutrition Policy Review
IBFAN	International Baby Food Action Network
MCA	Department of Maternal, Newborn, Child, and Adolescent Health
NGO	Non-governmental Organization
NHD	Department of Nutrition for Health and Development
PAHO	Pan American Health Organization
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

THE Baby-friendly Hospital Initiative (BFHI) was launched in 1991 as a global programme to incentivize maternity facilities throughout the world to adhere to the Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast-milk Substitutes. This report provides an analysis of the current status of the BFHI in countries around the world. Based on the 2nd Global Nutrition Policy Review, implemented by WHO in 2016-2017, the report presents the implementation of the initiative 25 years after its launch. The report describes programme coverage, the current designation process, reasons for termination in places where the programme has been discontinued, integration of the Ten Steps into other standards and policies, and overall lessons learned. In addition, the report provides qualitative information on some of the challenges countries have faced in implementing the BFHI.

METHODOLOGY

The 2nd Global Nutrition Policy Review (GNPR2) was distributed to all 194 WHO Member States in the second half of 2016. GNPR2 asked countries about implementation of a number of nutrition policies and programmes. A series of questions on the implementation of the Baby-friendly Hospital Initiative was included in the questionnaire. Responses were received between August 2016 and January 2017. A total of 117 countries provided responses to the BFHI module. This report is primarily based on the responses to this questionnaire.

To gain a more complete global picture of the coverage of BFHI programmes worldwide, WHO also obtained data from additional sources for countries that did not respond or provided no coverage information in the GNPR2. These data sources included the 2016 BFHI Network for Industrialized Countries, the 2014 Pan American Health Organization survey on BFHI implementation in Latin America and the Caribbean, the 2013 UNICEF Nutridash survey, and IBFAN's World Breastfeeding Trends Initiative (WBTi) database. For countries that had more than one data source available, the most recent report was utilized.

To supplement the quantitative information from the GNPR2 with a more in-depth qualitative assessment of the BFHI, WHO also carried out a series of interviews with national leaders in breastfeeding programmes and the BFHI. Respondents were selected based on playing a key role in BFHI implementation in the country. In total, breastfeeding/BFHI leaders in 22 countries from all six WHO regions were interviewed. The questionnaire focused on challenges encountered with implementing the BFHI, barriers faced by facilities, and changes that the leaders would recommend to improve the BFHI and increase its coverage.

RESULTS

Of the countries responding to the questionnaire, the vast majority (86%) reported that they had implemented the Baby-friendly Hospital Initiative (including implementing it currently or having implemented it in the past). Overall, 71% reported that they had an operational BFHI programme as of 2016-17. However, only one in five countries had ever designated more than half of their facilities as Baby-friendly.

Coverage of BFHI is defined as the percentage of births occurring in facilities that are currently designated as Baby-friendly. Since WHO/UNICEF guidance indicates that all BFHI facilities should be re-assessed at least every three to five years, only facilities that have been designated or re-assessed within the last five years are counted as "currently designated". Based on data compiled from 168 countries, overall coverage of the BFHI is estimated to be 10% as of 2016. This percentage varies widely by region, with a coverage rate of over 35% in the European region but less than 5% in Africa and Southeast Asia.

BFHI is overseen by the national government in just over half of responding countries. NGOs and national committees are also common entities to oversee the programme. The majority of governments in Africa, Eastern Mediterranean, Southeast Asia and Western Pacific regions contribute to the funding of BFHI, but in the Americas and Europe, the majority of governments do not contribute funding. Although WHO/UNICEF guidance is that facilities need to be reassessed approximately every three years to ensure that they continue to adhere to the criteria only half of countries with an active BFHI programme have put in place a reassessment process and the majority of these report that reassessment occurs less often than every five years.

For the Ten Steps to become the standard of care for all maternity facilities and for all babies, it is important that they become integrated into national policies and standards. Only 43% of the countries reported that at least some of the Ten Steps had been incorporated into national quality standards for maternal, newborn and child healthcare.

CHALLENGES

The initiative faces numerous challenges in terms of sustainability, funding, and competing priorities. Many countries have not been able to establish effective reassessment procedures. Since most facilities do not have internal monitoring systems to ensure that staff continue to adhere to standards, baby-friendly practices are not maintained over time. Funding constraints are felt at both the national level and the facility level. The lack of funding was closely linked to other barriers reported, such as the assessment and designation process or maintaining levels of training for facility staff. For many countries, decision makers are very supportive of the BFHI, but for others, lack of buy-in seemed to be related to a general apathy about the importance of breastfeeding. Poor implementation of the International Code of Marketing of Breast-milk Substitutes at the national level has also proven to be a problem for BFHI.

NATIONAL IMPLEMENTATION OF THE **BABY-FRIENDLY** HOSPITAL INITIATIVE 2017

Courtesy of United Nations

INTRODUCTION

IT has been estimated that the deaths of 823,000 children each year could be averted by increasing breastfeeding rates to universal levels[1]. Nearly half of all diarrhoea episodes and one-third of respiratory infections would be prevented with breastfeeding in low- and middle-income countries. It reduces the risk of non-communicable diseases and decreases the prevalence of overweight and/or obesity later in life. Longer breastfeeding durations are associated with higher scores on intelligence tests, which translates into stronger economic success through improved academic performance, higher earning potential and productivity. Breastfeeding also brings benefits to women, with reductions in ovarian cancer, breast cancer, and diabetes. About 20,000 breast cancer deaths are attributable to lack of breastfeeding annually. Countries lose more than $300 billion annually because of low rates of breastfeeding (0.49 percent of GNI)[2].

Despite the obvious health and economic benefits, worldwide, only 43 percent of children under six months of age are exclusively breastfed[3]. The majority of newborns (55%) do not initiate breastfeeding in the first hour of life, as recommended by WHO. Clearly, more needs to be done to protect, promote, and support breastfeeding. One of the key strategies crucial in this regard is the implementation of the Ten Steps to Successful Breastfeeding and the Baby-friendly Hospital Initiative.

In 1989, WHO and UNICEF described the important role that birthing facilities play in helping new mothers to successfully breastfeed. In the publication, "Protecting, promoting and supporting breast-feeding- The special role of maternity services," they summarized ten key activities that are crucial in protecting against barriers to breastfeeding[4]. The Ten Steps to Successful Breastfeeding, as these were summarized, became a globally recognized standard for appropriate care of all newborns. The Ten Steps address facility-level issues, such as having a policy on breastfeeding, staff training, and outreach into the community, as well as mother/baby-level issues on the actual care that new dyads receive.

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1 Victora CG et al. 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet. 387:475-490.

2 Ibid.

3 From the first hour of life: Making the case for improved infant and young child feeding everywhere. 2016. https://data.unicef.org/wp-content/uploads/2016/10/From-the-first-hour-of-life-1.pdf

4 WHO, UNICEF. Protecting, promoting and supporting breast-feeding- The special role of maternity services, 1989. http://www.who.int/nutrition/publications/infantfeeding/9241561300/en/

THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. HAVE A WRITTEN BREASTFEEDING POLICY THAT IS ROUTINELY COMMUNICATED TO ALL HEALTHCARE STAFF.
2. TRAIN ALL HEALTHCARE STAFF IN SKILLS NECESSARY TO IMPLEMENT THIS POLICY.
3. INFORM ALL PREGNANT WOMEN ABOUT THE BENEFITS AND MANAGEMENT OF BREASTFEEDING.
4. HELP MOTHERS INITIATE BREASTFEEDING WITHIN ONE HALF-HOUR OF BIRTH.
5. SHOW MOTHERS HOW TO BREASTFEED AND MAINTAIN LACTATION, EVEN IF THEY SHOULD BE SEPARATED FROM THEIR INFANTS.
6. GIVE NEWBORN INFANTS NO FOOD OR DRINK OTHER THAN BREASTMILK, UNLESS MEDICALLY INDICATED.
7. PRACTICE ROOMING IN - THAT IS, ALLOW MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HOURS A DAY.
8. ENCOURAGE BREASTFEEDING ON DEMAND.
9. GIVE NO ARTIFICIAL TEATS OR PACIFIERS (ALSO CALLED DUMMIES OR SOOTHERS) TO BREASTFEEDING INFANTS.
10. FOSTER THE ESTABLISHMENT OF BREASTFEEDING SUPPORT GROUPS AND REFER MOTHERS TO THEM ON DISCHARGE FROM THE HOSPITAL OR CLINIC.

While the Ten Steps were initially developed based on clinical experience and good public health practice, evidence has accumulated over time on the impact of each step individually as well as on steps implemented as a package of quality improvement. In 1998, WHO published a literature review examining the evidence for each step[5]. A systematic review published in 2016 found a dose–response relationship between the number of steps women are exposed to and the likelihood of improved breastfeeding outcomes, including early breastfeeding initiation, exclusive breastfeeding at hospital discharge, and the duration of any or exclusive breastfeeding[6].

To incentivize maternity facilities to adopt the Ten Steps and recognize those that do, the Baby-friendly Hospital Initiative (BFHI) was launched in 1991 as a global programme. Hospital and other maternity facilities that demonstrate adherence to each of the Ten Steps as well as compliance with the International Code of Marketing of Breast-milk Substitutes can be designated as a "Baby-friendly Hospital." WHO and UNICEF have established a clear assessment procedure to evaluate the performance of each facility, with tools for sampling, interviewing mothers and staff, direct observations, and document reviews. The assessment tools provide much more detail on the specific application of each of the Ten Steps.

Numerous high-level policy documents have reiterated the importance of implementing the Ten Steps and the BFHI. In 1992, the World Health Assembly (WHA 45.34) called upon all Member States "to encourage and support all public and private health facilities providing maternity services so that they become 'baby-friendly'". The 2002 Global Strategy on Infant and Young Child Feeding reiterated the Innocenti Declaration call for countries the "ensure that every facility providing maternity services fully practices all the Ten steps to successful breastfeeding." More recently, the Second International Conference on Nutrition in 2014 recommended that countries "Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative." An indicator on the coverage of baby-friendly hospitals is included in the Global Nutrition Monitoring Framework adopted by the 2015 World Health Assembly. Thus, the global health community continues to emphasize the importance of implementing the Ten Steps.

[5] WHO, Evidence for the Ten Steps to Successful Breastfeeding, 1998. http://www.who.int/maternal_child_adolescent/documents/9241591544/en/

[6] Pérez-Escamilla R, Martinez JL, Segura-Pérez S. Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal & Child Nutrition (2016), 12, pp. 402–417.

This report provides an analysis of the current status of the BFHI in countries around the world. Based on the 2nd Global Nutrition Policy Review, implemented by WHO in 2016-2017, the report presents the implementation of the initiative 25 years after its launch. The report describes programme coverage, the current designation process, reasons for termination in places where the programme has been discontinued, integration of the Ten Steps into other standards and policies, and overall lessons learned. In addition, the report provides qualitative information on some of the challenges countries have faced in implementing the BFHI.

BASED ON THE 2ND GLOBAL NUTRITION POLICY REVIEW, IMPLEMENTED BY WHO IN 2016-2017, THE REPORT PRESENTS THE IMPLEMENTATION OF THE INITIATIVE 25 YEARS AFTER ITS LAUNCH

METHODOLOGY

SOURCES OF QUANTITATIVE INFORMATION

IN anticipation of the 25th anniversary of the BFHI in 2016, WHO developed a questionnaire for countries on BFHI implementation (see Appendix 1). The questionnaire was incorporated as a series of questions in a module on maternal, infant, and young child nutrition in the 2nd Global Nutrition Policy Review (GNPR2) in the summer of 2016. The GNPR2 was distributed through WHO regional offices to all WHO Member States, using the organization's focal point in the Ministry of Health as primary respondent. The primary respondent was encouraged to have the person in the Ministry of Health most familiar with the specific module (e.g. BFHI) complete that module. A total of 121 countries responded to the GNPR2 between August 2016 and January 2017, of whom 117 completed the BFHI module.

To gain a more complete global picture of the coverage of BFHI programmes, WHO obtained data from additional sources for countries that did not respond or provided no coverage information in the GNPR2. These data sources included the 2016 BFHI Network for Industrialized Countries, the 2014 Pan American Health Organization survey on BFHI implementation in Latin America and the Caribbean, the 2013 UNICEF Nutridash survey, and IBFAN's World Breastfeeding Trends Initiative (WBTi) database. Each of these data sources included information on either the percent of facilities designated as Baby-friendly or the percent of births in such facilities. For countries that had more than one data source available, the most recent report was utilized. In total, coverage data were available for 168 countries.

Coverage of BFHI is defined in the Global Nutrition Monitoring Framework as the percentage of births occurring in facilities that are currently designated as Baby-friendly. To estimate this percentage, the survey asked countries how many birthing facilities have been designated or re-assessed within the last five years, and how many births occur per year in these facilities. Since WHO/UNICEF guidance indicates that all BFHI facilities should be re-assessed at least every three to five years, it is assumed that facilities that have not been re-assessed within the last five years should not be considered to be "currently designated". The number of births in the country was obtained from the UN Population Division

for 2016[7]. The percentage was then calculated as the number of births in currently designated facilities divided by the total number of births in the country.

For countries that were unable to provide the number of births in designated facilities, the percent of facilities that had been designated was used. This percentage was multiplied by the percent of births that occur in institutions, as reported in the UNICEF delivery care database (updated December 2016)[8]. This proxy would underestimate the true percent of births if larger facilities are more likely to be designated and would overestimate the true percent of births if smaller facilities are more likely to be designated.

DATA WERE AVAILABLE IN COUNTRIES ACCOUNTING FOR 94% OF GLOBAL ANNUAL BIRTHS, WITH EACH REGION HAVING DATA FOR AT LEAST 83% OF ANNUAL BIRTHS.

To calculate global and regional averages of BFHI coverage, we computed a weighted average of the percent of births in designated facilities using the number of annual births as the weights. Data were available in countries accounting for 94% of global annual births, with each region having data for at least 83% of annual births.

For countries that reported to have an active BFHI programme, the questionnaire asked about the process of designating hospitals, including who coordinates the programme, who designates baby-friendly facilities, how the designation is funded, the criteria used for designation, and how often reassessments are conducted. For countries that had a BFHI programme previously and are not currently implementing it, the questionnaire asked about when it was discontinued and why.

All countries were asked about incorporation of the Ten Steps into national quality standards for maternity facilities and into national policies. They were also given an opportunity to report on lessons learned and provide additional comments about the BFHI.

[7] United Nations, Population Division. The World Population Prospects - the 2015 revision. New York, 2015.

[8] UNICEF. Global Database on Institutional Deliveries. http://data.unicef.org/topic/maternal-health/delivery-care/. Accessed 31 March 2017.

BREASTFEEDING/BFHI LEADER INTERVIEWS

To supplement the quantitative information from the GNPR2 with a more in-depth qualitative assessment of the BFHI, WHO also carried out a series of interviews with national leaders in breastfeeding programme and the BFHI. The interviews were conducted by members of the BFHI External Review Group, which was convened by WHO and UNICEF to update the guidance on implementation of the initiative. Respondents were selected based on playing a key role as national BFHI coordinator, chair of the national breastfeeding committee, or holding a key government position in infant and young child feeding. In total, national leaders in 22 countries[9] from all six WHO regions were interviewed (three in Africa, five in the Americas, three in Eastern Mediterranean, six in Europe, three in Southeast Asia, and two in the Western Pacific). All but three of the respondents were female.

The questionnaire for the key informant interviews focused on challenges encountered with implementing the BFHI, barriers faced by facilities, and changes that the leaders would recommend to improve the BFHI and increase its coverage. While all questions were open-ended to facilitate more in-depth responses, interviewers probed for more information about political buy-in, funding, training, the assessment process, application of International Code, and monitoring and evaluation. Interviews were conducted in the respondents' native language and detailed notes on each interview were prepared in English by the interviewers. These notes were entered into Excel and the text was parsed into themes. The key themes that emerged from the interviews are summarized in "Spotlight" boxes interspersed throughout this report.

[9] Armenia, Bangladesh, Canada, Egypt, France, Gambia, Guatemala, Guyana, Indonesia, Italy, Jamaica, Lebanon, Mexico, Nigeria, Papua New Guinea, Romania, Singapore, Sri Lanka, Ukraine, United Arab Emirates, United Kingdom, and Zimbabwe.

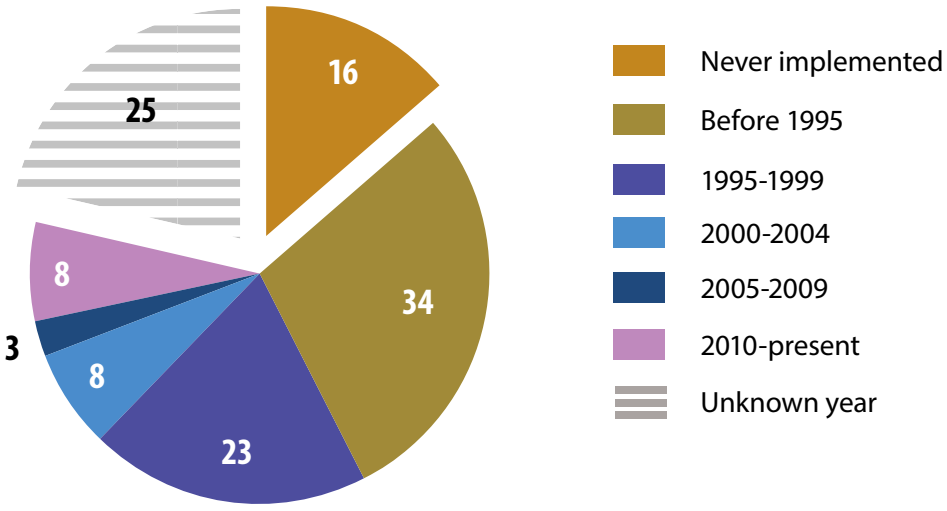
RESULTS

PROGRAMME COVERAGE

THE aim of the Baby-friendly Hospital Initiative is to ensure that all babies born in maternity facilities and their mothers are fully supported in breastfeeding. Facilities that do not adhere to the Ten Steps create barriers to successful breastfeeding for mothers and babies. Thus, in the ideal world, the Baby-friendly hospital initiative would be implemented in every country, in every facility, and every mother and baby would benefit from adherence to the Ten Steps.

Of the 117 countries responding to the BFHI module of the Global Nutrition Policy Review, 16 (14%) reported that they had never implemented the initiative and 101 (86%) had implemented it (either currently or previously) (Figure 1). Roughly 90% of the countries in Africa, Europe, and Southeast Asia had implemented BFHI, compared to roughly 80% of the countries in the Americas, Eastern Mediterranean, and Western Pacific regions. The greatest number of countries introduced BFHI in the early 1990s, soon after it was launched globally. While introduction of BFHI clearly diminished over time, it is worth noting that eight countries only began implementing BFHI since 2010, three of these in the Eastern Mediterranean.

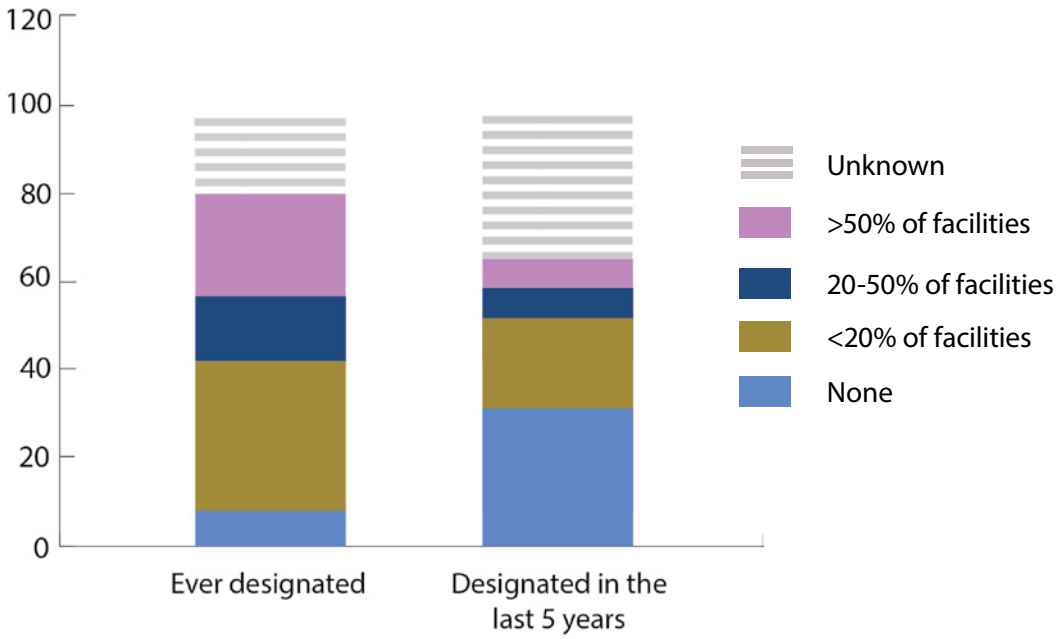
Figure 1. **Number of countries implementing the Baby-friendly Hospital Initiative by year of initiation**



For countries that did not respond to the GNPR2 questionnaire, a shorter "top-line" questionnaire was distributed in January 2017, with one question on whether the BFHI was currently being implemented in the country. An additional 38 countries provided an answer to this question, 32 of whom indicated that they were implementing BFHI. Of the 117 countries in the main survey, 78 reported that the BFHI programme was still operational in 2016. Combining these data sources together, we find that 110 (71%) of the 155 countries included had an operational BFHI programme as of 2016-17.

Among the 101 countries that had implemented the BFHI, 10 had never designated any facilities and an additional 31 had designated less than 20% of facilities (Figure 2). A further 22 could not report how many facilities had been designated. Only 22 (22%) countries had ever designated a majority of maternity facilities as Baby-friendly.

Figure 2. **Number of countries reporting having ever designated facilities as Baby-friendly and having designated facilities in the last 5 years**



The WHO/UNICEF guidance on implementation of the BFHI recommends that facilities that have been designated need to be reassessed every three to five years to demonstrate continued adherence to the Ten Steps and the Code. Facilities that do not pass the reassessment should lose their designation. For the purposes of this report, we consider only facilities that have been designated within the last five years or have been reassessed in the last five years as being "currently" designated.

One-third of the countries implementing BFHI (33 countries) had not designated or reassessed any facilities in the past five years and 36 did not know how many (Figure 2). Only six countries reported that BFHI designation was covering a majority of facilities. These six countries were spread around the globe, with one each in Africa, Eastern Mediterranean, Southeast Asia, and Western Pacific and two in Europe.

BOX 1. SPOTLIGHT ON DESIGNATION *National Leader Perspectives*

About half of the countries interviewed described significant problems with the process used to assess and designate facilities as Baby-friendly. Some hospitals complain that the criteria for BFHI designation are too stringent or that there is a lot of paperwork and bureaucracy associated with obtaining the Baby-friendly designation. Some suggested that the BFHI questionnaires should be streamlined and have fewer questions. Hospitals report that ongoing technical assistance in making the necessary changes in practices would be more helpful than being left to work towards designation on their own.

Issues were also raised about the structure of the teams that conduct the designation process. There is a need for dedicated personnel to conduct the designations on an ongoing basis. Some programmes reported using volunteer assessors to cut costs, but this has led to high turnover rates. Capacity building for BFHI assessors was also described as a problem, particularly if funding is limited.

One country commented that the reliance on facilities voluntarily participating in implementation, assessment and reassessment negatively affects the sustainability of the BFHI programme.

Many of these problems related to the maintenance of the practices after designation was achieved. Most facilities do not have internal monitoring systems to ensure that staff continue to adhere to standards but instead wait for external assessments to identify problems. When reassessments are conducted, many facilities fail to qualify for designation. Many countries have not been able to establish effective reassessment procedures, partly due to lack of funding and partly due to a focus on trying to get more facilities designated for the first time.

By supplementing the GNPR2 with information from alternative surveys, we were able to estimate BFHI coverage in 168 countries. The data sources used are shown in Table 1. While the GNPR2 was the primary data source, individual country reports cited in the World Breastfeeding Trends Initiative 2016 report was the second largest contributor of data to the estimates included here.

Table 1. **Data sources used to estimate percent of births occurring in facilities currently designated as Baby-friendly**

Survey name	Number of countries
2nd Global Nutrition Policy Review 2016-2017	98
World Breastfeeding Trends Initiative report 2016	24
UNICEF Nutridash Survey 2014	16
BFHI Network Survey 2016	9
Pan American Health Organization report 2015	9
Global Nutrition Policy Review 2011	6
EMRO BFHI survey 2016	4
BFHI Network Survey 2014	2
Total	**168**

Overall coverage of the BFHI is estimated to be 10% as of 2016 (Figure 3). This percentage varies widely by region, with a coverage rate of 36% in the European region but less than 5% in Africa and Southeast Asia. These overall percentages mask significant variability within the regions. For example, in Europe, 13 countries report that over half of births occur in designated facilities, whereas 12 countries have no designated facilities at all (Table 2). Similarly, the relatively higher coverage in Eastern Mediterranean is largely driven by a few countries with large populations.

Figure 3. Percent of births occurring in facilities currently designated as Baby-friendly

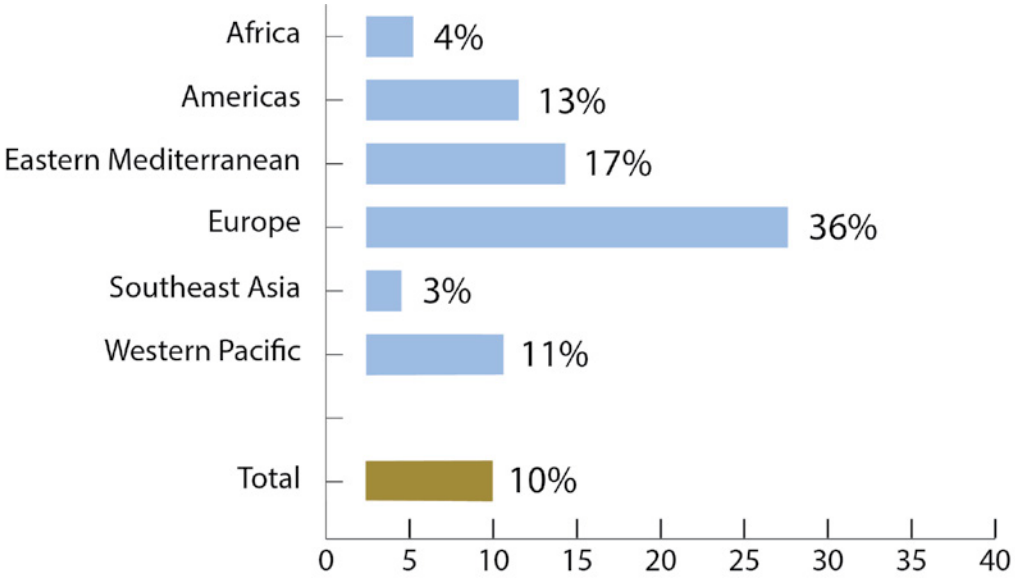
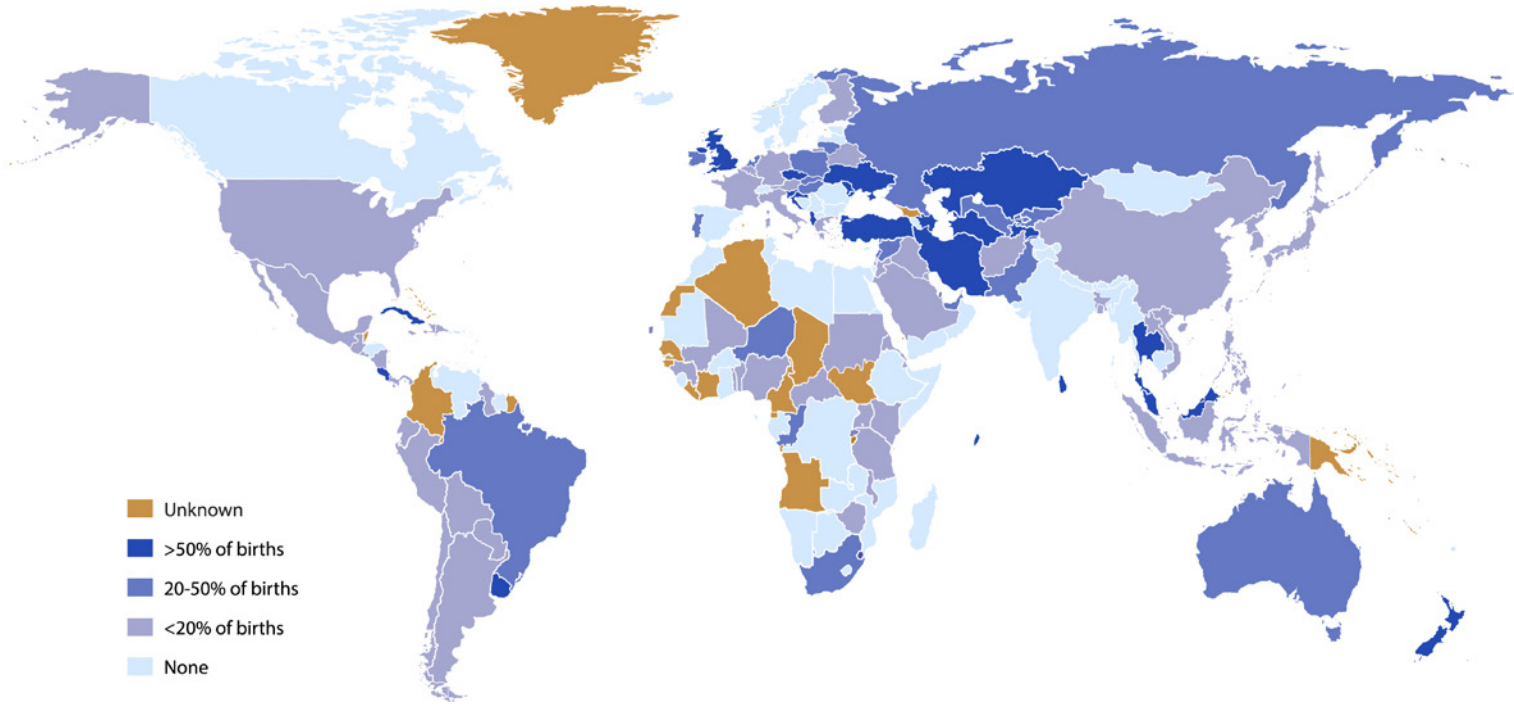


Table 2. Percent of births occurring in facilities designated as Baby-friendly, by WHO region (number of countries)

	None	< 20%	20-50%	>50%	Total
Africa	15	13	5	2	35
Americas	10	16	1	3	30
Eastern Mediterranean	8	8	4	1	21
Europe	16	9	10	12	47
Southeast Asia	5	4	0	2	11
Western Pacific	9	7	4	4	24
Total	**63**	**57**	**24**	**24**	**168**

Map of percent of births in facilities designated as Baby-friendly, by country



A KEY FOCUS OF THE BABY-FRIENDLY HOSPITAL INITIATIVE IS THE DESIGNATION OF FACILITIES THAT DEMONSTRATE ADHERENCE TO THE BFHI CRITERIA

DESIGNATION PROCESS

A key focus of the Baby-friendly Hospital Initiative is the designation of facilities that demonstrate adherence to the BFHI criteria. WHO and UNICEF have developed a number of tools to assess facilities and have issued guidance to countries on how to organize the designation process. However, each country must adapt the tools to its own situation and develop an organizational structure that fits the national context. The 78 countries with an active BFHI programme that completed the GNPR2 questionnaire were asked about the processes that they use to designate facilities.

Countries were asked to report on the entities that oversee the designation process and that designate the facilities. Multiple responses were allowed. In most countries, a national government agency oversees the BFHI designation process (Table 3). This response was given by a majority of countries in every region except Europe, where national committees and NGOs more often play this role. Similarly, the national government is most often responsible for facility designation, although in the Americas and Europe, NGOs and national committees are typically charged with this function.

Table 3. Entity that oversees the BFHI designation process or designates the facilities (number of countries reporting, multiple responses allowed)

	Oversees designation	Designates facilities
National government agency	48	36
State or provincial government	8	2
NGO (including UNICEF)	14	14
National committee	15	16
Other	2	5
Total	**78**	**78**

Most countries (61, or 78%) reported using the global BFHI criteria in the designation process and 16 (21%) reported using national BFHI criteria. These categories were not mutually exclusive, as some countries indicated using both and others reporting neither. Six countries reported using the Mother-baby-friendly criteria and six reported using the Baby-friendly Neonatal Intensive Care Unit criteria in the designation process. Only two countries indicated using the WHO/UNICEF assessment criteria for high-HIV prevalence settings.

BOX 2. SPOTLIGHT ON FUNDING *National Leader Perspectives*

With the exception of a few fortunate countries that have sustainable funding in place, nearly all the national leaders reported that funding was a major barrier to the implementation of the BFHI. Whether due to a change in national leadership, tight allocation, or shifting priorities, many of them described a situation in which the initiative had received implementation funds when there was excitement about introducing the initiative, but that these funds were no longer available. The term "Baby-Friendly fatigue" was used to describe the waning interest in funding BFHI.

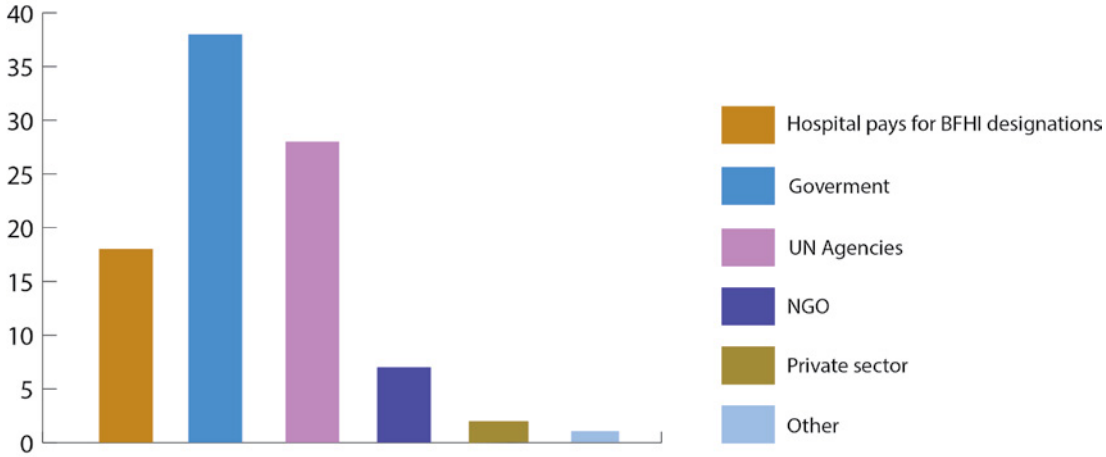
The funding constraints were felt at both the national level and the facility level. It was reported that facilities are happy to participate in BFHI if the government supports it financially. But the facilities have a difficult time justifying the direct financial expenditures, the time commitment of the staff and leadership, and the recurring cost of re-assessment.

In some countries, particularly higher income countries, the costs of BFHI are largely borne by facilities that choose to participate. Facilities are charged fees for assessments and other services and materials to cover the direct and indirect costs of operating the programme. This makes the assessments seem expensive. One country reported that this tends to be less of an issue for facilities working towards accreditation in the first instance, but facilities are reluctant to pay for reassessments.

The lack of funding was closely linked to other barriers reported, such as the assessment and designation process or maintaining levels of training for facility staff. Adequate financial resources allow for increased buy-in from facilities if they have little or no financial costs associated with assessment, for paid assessors and coordinators, or for a consistent monitoring system. Funding is not the solution to all the issues the BFHI faces, but it certainly has a wide-ranging effect on many other barriers.

Nearly half of countries (38) reported using government funds for the BFHI programme or activities (Figure 4). The majority of governments in Africa, Eastern Mediterranean, Southeast Asia and Western Pacific regions contribute to the funding of BFHI. In the Americas and Europe, the majority of governments do not contribute funding. UN agencies contribute to implementation of the BFHI in a majority of the African countries with a programme but play a minority role in all other regions.

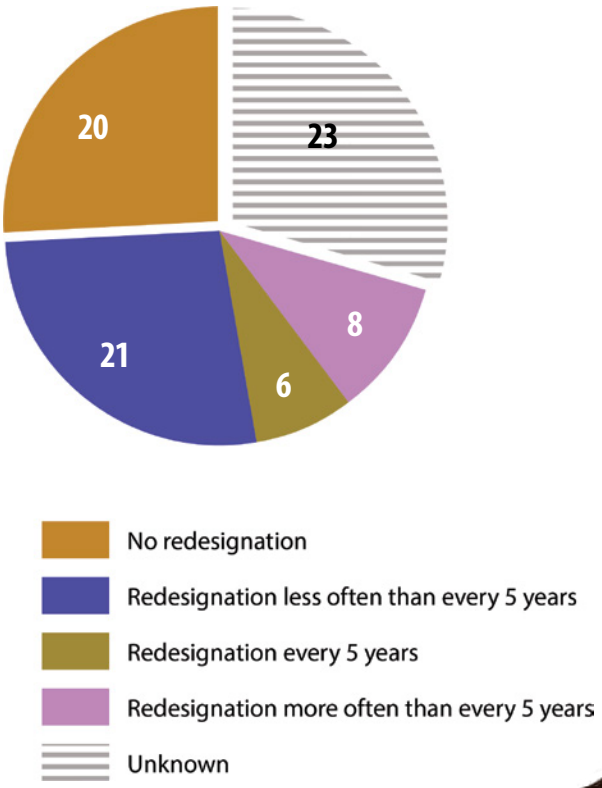
Figure 4. **Funding sources of the BFHI programme or activities (number of countries reporting)**



Reliance on hospital contributions to fund the designation process is rare in all regions except Europe. In those countries where hospitals pay for designation, the cost of designation varies widely, from the equivalent of US$300 to US$15 000.

A key recommendation made in the 2009 WHO/UNICEF BFHI guidance is that facilities need to be reassessed approximately every three to five years to ensure that they continue to adhere to the criteria. However, of the 78 countries with an active BFHI programme, only half (39 countries) have put in place a reassessment process. Of these, 21 countries reported that reassessment occurs less often than every five years (Figure 5). Only 14 countries reported that they reassess facilities at least every five years. Among the countries that have a reassessment process, the vast majority (33 countries) include a site visit as part of the process. For those countries that charge hospitals for designation, the cost of reassessment is typically lower than the cost of the original designation, ranging from the equivalent of US$50 to US$9000.

Figure 5. **Frequency of redesignation among countries still implementing BFHI (number of countries)**



Courtesy of UNICEF/Schembrucker

PROGRAMMES THAT HAVE TERMINATED

While the majority of countries continue to operate a BFHI programme, 23 reported that the BFHI is no longer implemented. Among these, eight countries have not implemented the BFHI since 2005, seven countries stopped implementation in 2006-2010, and five countries stopped operations within the last five years.

BOX 3. SPOTLIGHT ON POLITICAL WILL *National Leader Perspectives*

For many countries, the national leaders reported that decision makers at national and facility level were very supportive of BFHI and the Ten Steps. Indeed, successes with BFHI implementation were often attributed to a strong leader who pushed for the initiative. But in about half of the countries represented in the interviews, lack of political will or buy-in from senior managers was reported as a significant barrier to BFHI implementation.

In some cases, the lack of buy-in seemed to be related to a general apathy about the importance of breastfeeding. Cultural norms on breastfeeding don't only affect the general public; they also affect policy makers, facility directors, and health workers. Pre-existing ideas about breastfeeding and its value appear to greatly affect buy-in to the Ten Steps among healthcare professionals. Respondents noted that if health professionals do not believe in the importance of breastfeeding, they are very unlikely to follow through on implementation and may 'skip' the Ten Steps when they are inconvenient.

While there was support for BFHI overall, objections were being raised about the application of specific steps of the Ten Steps. For example, staff did not want to encourage skin-to-skin care because they believed the baby should not be exposed to the cold, because they felt it interfered with other procedures that need to be done, or because there was a risk of accidents if supervision was inadequate. Rooming-in was described as a challenge because of lack of space for an infant crib. Cup feeding was seen as taking more time and being more difficult. Standards for high rates of exclusive breastfeeding were seen as unrealistic. Challenges were encountered in applying the Ten Steps in NICUs and following caesarean section deliveries. In one country, the Ten Steps were perceived as "nice to do" or "icing on the cake," but not an essential component of routine service.

Several countries linked the lack of support for BFHI to individual relationships between decision makers and breast-milk substitute companies. It was reported that health professionals do not want to stop receiving gifts from infant formula companies. Problems with lack of buy-in seemed to be greatest among older generations. One respondent noted that "it might just be a matter of waiting for the senior staff to retire." Nurses also tend to be more receptive than physicians to implementing BFHI with real sincerity.

The most common reason given for stopping the BFHI programme was the termination of external funding (12 countries). Seven countries cited lack of human resources and eight cited lack of political interest. Termination of government funding was cited by five countries and resistance from hospitals or the healthcare system by five countries. Other reasons given included merging with other programmes, lack of advocacy, lack of monitoring, and non-adherence to the International Code of Marketing of Breast-milk Substitutes.

PROGRAMME INTEGRATION

For the Ten Steps to become the standard of care for all maternity facilities and for all mothers and babies, it is important that they become integrated into national policies and standards for quality of care. The 2009 WHO/UNICEF guidance recommended that countries "develop, legislate and regulate standards for health facilities that include the components of BFHI" or "incorporate Baby-friendly assessment criteria into national health facility credentialing board procedures that are national standards for all hospitals and maternities." These strategies are effective ways to improve the sustainability and cost-effectiveness of BFHI.

Courtesy of Nancy Palus/IRIN

BOX 4. SPOTLIGHT ON INTEGRATION *National Leader Perspectives*

The most frequently mentioned solution for implementing the Ten Steps in every maternity facility was to integrate BFHI standards into national policy. This strategy was mentioned nearly twice as often as any other solution. BFHI is currently seen as a vertical programme. Some national leaders described how BFHI should be more closely linked with other public health strategies on nutrition, reproductive health, antenatal care, child survival, paediatrics, or community health.

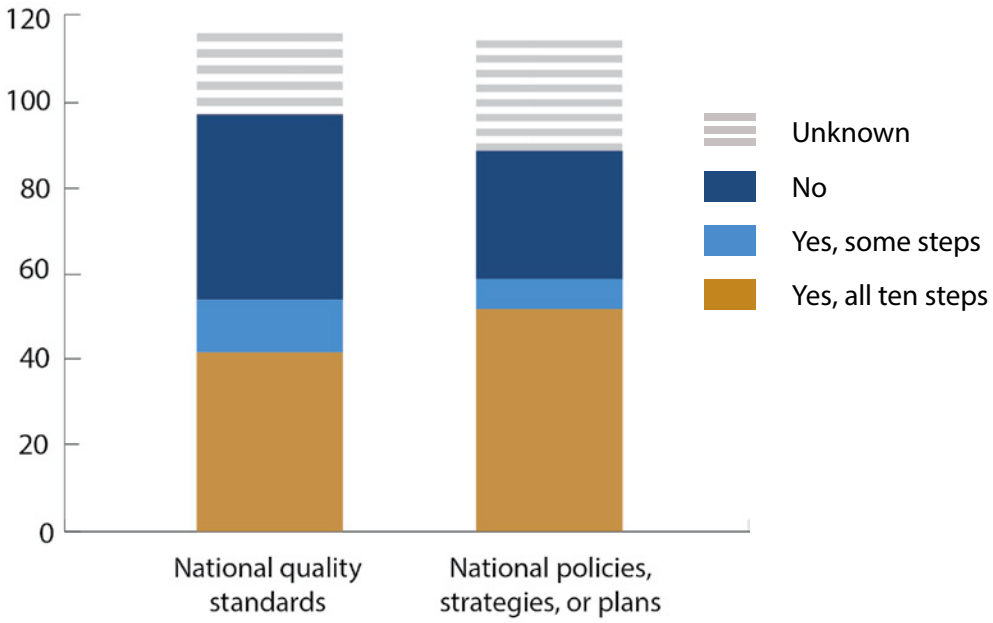
Making the Ten Steps a national requirement or part of a national policy is a streamlined way to integrate them into most or all hospitals. Many of the respondents described ways that the Ten Steps could be made mandatory by including them under other mandatory policies, such as on reproductive health, labour and postnatal care, or nutrition. However, it was noted that such integration would require significant support from government leaders and would require technical work to accomplish.

The idea of integrating the Ten Steps into hospital accreditation criteria was proposed a number of times. It was suggested that this could alleviate part of the bureaucratic burden of BFHI by having facilities only participate in one quality assessment process. It would also help to move BFHI from being a "programme basically managed by passionate people" into a requirement.

Some countries mentioned the value of incorporating BFHI into broader Quality Assurance programmes. Many hospitals now have quality improvement departments, although those departments do not necessarily work on breastfeeding issues currently. Linkage of BFHI to other quality assurance processes in the facility may be helpful. Others described how monitoring and evaluation would be more effective if it were integrated into existing monitoring systems.

In the GNPR2, all countries, regardless of whether they had an active BFHI programme, were asked whether the Ten Steps were incorporated into national quality standards for maternity facilities. Fifty (43%) of the 117 countries reported that at least some of the Ten Steps had been incorporated into national quality standards, with 41 of them indicating that all ten had been (Figure 6). Forty-eight countries reported that the steps had not been incorporated into other national quality standards and 19 did not provide an answer. Countries that had ever implemented the BFHI were more likely to report having incorporated the Ten Steps into other national standards.

Figure 6. **Number of countries reporting having incorporated the Ten Steps into national quality standards and national policies, strategies, or plans**



Countries were also asked whether the Ten Steps had been incorporated into national policies, strategies or plans. Countries were more likely to answer this question affirmatively, with 64 countries reporting that the Steps had been incorporated. Again, countries that had ever implemented BFHI were more likely to report having incorporated the Ten Steps into national policies, strategies, or plans.

LESSONS LEARNED

Countries that had ever implemented the BFHI were asked whether any work had been done or was being planned to evaluate the overall effectiveness of the BFHI, including, impact studies, process evaluation, or cost effectiveness analysis. Thirty-two (32%) of the 101 countries indicated that they had done an evaluation.

All countries were invited to report on lessons learned about the BFHI. Some respondents described how the BFHI had made a significant impact on health of mothers and newborns as well as on improving the quality of services in maternity facilities. It was stated that the BFHI revolutionized infant feeding practices and the provision of care. BFHI was seen as empowering women and contributing to community resilience.

BOX 5. SPOTLIGHT ON THE INTERNATIONAL CODE *National Leader Perspectives*

The national BFHI leaders reported that poor implementation of the International Code of Marketing of Breast-milk Substitutes in their country was a major problem for BFHI. Countries either had very weak legislation on the Code or were not enforcing it appropriately. Lack of Code implementation appears to affect BFHI indirectly by discounting the importance of breastfeeding making breastmilk substitutes appear equal to breastfeeding in quality. The effect that the industry has on public opinion enables the continuation of healthcare practices that are unfriendly towards breastfeeding, and it influences healthcare providers to promote practices that undermine the Ten Steps. Adherence to the Code in maternity facilities would be much easier if it were enforced across the board in the country.

Lack of application of the Code was also seen as a problem for the maternity facilities themselves. While much emphasis has been placed on receipt of free or reduced-price infant formula samples, other donations from industry are also common. Some countries reported industry trying to offer gifts or support for mothers such as "Baby-friendly boxes" or "breastfeeding boxes", and also "guidebooks" for parents. Hospitals sometimes accept donations of breast milk substitutes for HIV+ mothers, baby feeding bottles, or free workshops on breast milk substitute products. Conflicts of interest between healthcare leaders and industry were reported to undermine participation in BFHI.

Violations of the International Code were described as particularly prevalent in the privately operated health facilities. National implementation of the Code with an independent monitoring system and strong sanctions was seen as the best strategy to reduce the impact of marketing in private facilities.

Respondents pointed out that regular monitoring and assessment help to maintain the quality and standards of all Baby-friendly hospitals. Several respondents mentioned the need for continuous training of staff. The necessity to strengthen advocacy with decision makers for the mobilization of human and financial resources was a key theme raised in several comments. The importance of close supportive supervision was emphasized. One respondent mentioned the importance of including the private sector in the initiative. It was suggested that decentralization of the BFHI monitoring process is one way to ease the burden of BFHI on the central government. Some stated that strong government support is required for the successful implementation of BFHI. Strong legislation and enforcement of the Code of Marketing of Breast-milk Substitutes was seen as a way to help hospitals to become designated as Baby-friendly.

STRONG LEGISLATION AND ENFORCEMENT OF THE CODE OF MARKETING OF BREAST-MILK SUBSTITUTES WAS SEEN AS A WAY TO HELP HOSPITALS TO BECOME DESIGNATED AS BABY-FRIENDLY

DISCUSSION

THIS report demonstrates that, as a global initiative, the BFHI has had widespread reach, with 86% of countries reporting that the initiative has been implemented. Countries generally view the initiative very favourably as a way to improve child health and enhance the quality of maternity facility services. Some countries have achieved universal or near universal coverage of the initiative, designating or reassessing nearly 100% of facilities in the past five years.

However, even after 25 years of implementation, the percent of facilities that have been designated as Baby-friendly remains quite low. Globally, only 10% of births occur in facilities that are still designated as Baby-friendly. This percentage varies widely across the WHO regions and across countries. Coverage of BFHI designation is less than 5% in Africa and Southeast Asia, but is over 35% in the European region. A large number of countries have not been able to designate any facilities in the past 5 years.

The initiative faces numerous challenges in terms of sustainability, funding, and competing priorities. For many countries, the number of facilities that were once designated but have not been reassessed in the last five years is quite large, indicating that the national programme has been unable to continue the assessment process over time. Only 14 countries reported that they reassess facilities at least every five years. Without continued advocacy and funding, the BFHI programme is difficult to maintain.

COVERAGE OF BFHI DESIGNATION IS LESS THAN 5% IN AFRICA AND SOUTHEAST ASIA, BUT IS OVER 35% IN THE EUROPEAN REGION

Courtesy of UNICEF/Ayene

BOX 6. SPOTLIGHT ON CAPACITY BUILDING *National Leader Perspectives*

Challenges with capacity building of facility staff were cited as significant challenges in nearly all countries. This was typically related to maintenance of the skill level of staff working in maternity care facilities. The costs of ongoing training were seen as very high, particularly due to high staff turnover in maternity care facilities, such that there are always new staff who need training. Shortage of health workers contributes to the problem as employees are too busy to take time for training and are resistant to new policies that may take additional time. In several countries, physicians were resistant to participating in trainings.

Some countries described a situation in which BFHI trainings occur only when an international organization provides funds for it. It was suggested that the model for training needs to be shifted to emphasize pre-service training and integration of the Ten Steps into broader in-service training on other topics. The expectation of a concentrated focus on a single 20-hour course was described as unrealistic.

Training may be less of an issue when a facility is first seeking BFHI designation as there is a willingness to commit the necessary resources and staff time. However, it is more challenging for staff to maintain knowledge and skills when the excitement of designation wanes away. One country described a problem of relying on a subset of staff to provide breastfeeding support, because this leaves the rest of the staff without skills.

Sustainable funding of the BFHI is a problem for many countries. Only half of countries reported using government funds for the BFHI programme or activities. There has been a high reliance on external funding, particularly from UN organizations and NGOs, to support the initiative. This reliance creates a challenge for maintaining the programme when the priorities of donors shift to other initiatives. A few countries have had hospitals pay for designation, which could improve the sustainability of the programme. However, this creates a disincentive for the hospital to become designated and may stand in the way of achieving high coverage.

Some countries have been able to embed the Ten Steps into national quality standards as a way to integrate optimal care for lactation with other quality of care standards. This strategy should help to improve the uptake of the Ten Steps into the standards of care of all babies and their mothers, even if it does not lead to facility designation. However, it is still a minority of countries that have accomplished this integration. Furthermore, the level of compliance with these national quality standards is unknown. Systems of quality assurance and external assessment are still needed to ensure that the integration of the Ten Steps into national standards leads to effective and sustained practice change.

CONCLUSION

THE BFHI has the potential to significantly improve the health of mothers and babies by protecting, promoting, and supporting breastfeeding at the beginning of life. The vast majority of countries have recognized this potential and have created national programmes to ensure that maternity facilities implement the Ten Steps to Successful Breastfeeding and adhere to the International Code of Marketing of Breast-milk Substitutes.

However, attention to the initiative has waned over time. Many programmes have become inactive and facilities that were once designated as Baby-friendly have reverted to practices that are less supportive of breastfeeding. The initiative needs to be revitalized. But it also needs to be reformed in a way that leads to coverage of all maternity facilities, integrates it with other quality assurance processes, and ensures the sustainability of these changes over time. Every mother and baby deserve the chance to be supported with the best care for breastfeeding.


Courtesy of UNICEF/d'Aki

APPENDIX 1

GLOBAL NUTRITION POLICY REVIEW MODULE ON THE BABY-FRIENDLY HOSPITAL INITIATIVE

Is the Baby-friendly Hospital Initiative (BFHI) being implemented? (*Yes, currently implemented / Previously implemented but not currently / Never implemented)*

- If "yes, currently implemented"
  - How many healthcare facilities (public and private) provide maternity services (hospitals, clinics, maternities) in your country?
    - What is the total number of births per year in these healthcare facilities?
  - How many healthcare facilities (public and private) have ever been designated Baby-friendly?
    - How many of these have been designated or re-assessed as Baby-friendly in the past 5 years?
    - What is the total number of births per year in the facilities that were designated or re-assessed as Baby-friendly in the past 5 years?
  - What year was the BFHI introduced?
  - Are BFHI-designated healthcare facilities ever re-assessed? (*Yes/No)*
    - If "yes":
      - How frequently are healthcare facilities re-assessed for designation? *(Less often than every 5 years / Every 5 years / More often than every 5 years)*
      - Does the re-assessment include at least one on-site visit? *(Yes/No)*
      - Which criteria are included in the designation process in yourcountry? Multiple responses may apply. *(WHO/UNICEF Global BFHI criteria / National BFHI criteria / Baby-friendly Neonatal Intensive Care Unit (NICU) / WHO / UNICEF assessment criteria for high-HIV prevalence settings / Mother-baby-friendly criteria / Community health services (e.g. Baby-friendly Community Initiative).*
        - If "National BFHI criteria":
          - Please describe the national BFHI criteria.
          - Please provide document or upload PDF of the national BFHI criteria.

        - If "Mother-baby-friendly criteria":
            - Please describe the mother-baby-friendly criteria.
        - If "Community health services (e.g. Baby-friendly Community Initiative)":
            - Please describe the community health services.
- Who oversees the BFHI in the country? *(National government agency / State or provincial governmen / NGO / National committee / Other (please specify))*
- Who designates Baby-friendly hospitals in the country? *(National government agency / State or provincial government / NGO / National committee / Other (please specify))*
- What are the funding sources of the BFHI programme or activities? Multiple responses may apply. *(Hospital pays for BFHI designations / Government / UN Agencies / NGO / Private sector / Other (please specify))*
    - If "Hospital pays for BFHI designations"
        - How much does it cost each healthcare facility to be designated as baby-friendly? (USD)
        - How much does it cost each healthcare facility to be re-assessed? (USD)
- Are the Ten Steps incorporated into national (quality) standards for maternity facilities? *(Yes, all Ten Steps / Yes, some steps / No)*
    - If "Yes, all Ten Steps" or "Yes, some steps":
        - Please provide reference, URL and file upload (including document title and year of publication).
    - If "Yes, some steps":
        - Please provide details regarding which steps are incorporated
- Are the Ten Steps incorporated into national policies, strategies or plans? *(Yes, all Ten Steps / Yes, some steps / No)*
    - If "Yes, all Ten Steps" or "Yes, some steps":
        - Please provide reference, URL and file upload (including document title, start year, end year (if any), publishing institution, year of publication).

- If "Yes, some steps":
  - Please provide details regarding which steps are incorporated
- Has any work been done or is being planned to evaluate the overall effectiveness of the BFHI? E.g., impact studies, process evaluation or cost effectiveness analysis. *(Yes / No)*.
  - If yes, please describe and provide reference.
- Are there any best practices or lessons learnt that would be helpful for other countries wanting to implement BFHI? *(Yes/No)*.
  - If yes, please describe.
- Please provide URL of government website which describes the BFHI programme in your country, if existing
- Any other comments

- If "Previously implemented but not currently"
  - How many healthcare facilities (public and private) provide maternity (hospitals, clinics, maternities) in your country?
    - What is the number of births per year in these healthcare facilities?
  - How many healthcare facilities (public and private) have ever been designated Baby-friendly?
    - How many of these have been designated or re-assessed as Baby-friendly in the past 5 years?
    - What is the number of births per year in the facilities that were designated or re-assessed as Baby-friendly in the past 5 years?
  - What year was the BFHI introduced?
  - What year was the BFHI last operational?
  - Why was the programme ended? Multiple responses may apply. *(Termination of government funding / Termination of external funding / Lack of human resources / Merging with other programmes / Resistance from hospitals or healthcare system / Lack of political interest / Other (please specify))*
  - Are the Ten Steps incorporated into national (quality) standards for maternity facilities? *(Yes, all Ten Steps / Yes, some steps / No)*

- If "Yes, all Ten Steps" or "Yes, some steps":
  - Please provide reference, URL and file upload (including document title, start year, end year (if any), publishing institution, year of publication).
- If "Yes, some steps":
  - Please provide details regarding which steps are incorporated

- Are the Ten Steps incorporated into national policies, strategies or plans? *(Yes, all Ten Steps / Yes, some steps / No)*
  - If "Yes, all Ten Steps" or "Yes, some steps":
    - Please provide reference, URL and file upload (including document title, start year, end year (if any), publishing institution, year of publication).
  - If "Yes, some steps":
    - Please provide details regarding which steps are incorporated
- Has any work been done or is being planned to evaluate the overall effectiveness of the BFHI? E.g., impact studies, process evaluation or cost effectiveness analysis. *(Yes / No)*.
  - If yes, please describ and provide reference
- Are there any best practices or lessons learnt that would be helpful for other countries wanting to implement BFHI? *(Yes / No)*.
  - If yes, please describe.
- Please provide URL of government website which describes the BFHI programme in your country, if existing
- Any other comments

- If "Never implemented"
  - How many healthcare facilities (public and private) provide maternity services and care for new born infants (hospitals, clinics, maternities) in your country?
  - What is the number of births per year in these healthcare facilities?
  - Are the Ten Steps incorporated into national (quality) standards for maternity facilities? *(Yes, all Ten Steps / Yes, some steps / No)*

- If "Yes, all Ten Steps" or "Yes, some steps":
  - Please provide reference, URL and file upload (including document title, start year, end year (if any), publishing institution, year of publication)
- If "Yes, some steps"
  - Please provide details regarding which steps are incorporated

- Are the Ten Steps incorporated into national policies, strategies or plans? *(Yes, all Ten Steps / Yes, some steps / No)*
  - If "Yes, all Ten Steps" or "Yes, some steps":
    - Please provide reference, URL and file upload (including document title, start year, end year (if any), publishing institution, year of publication).
  - If "Yes, some steps"
    - Please provide details regarding which steps are incorporated
- Any other comments

APPENDIX 2

PERCENT OF BIRTHS IN FACILITIES DESIGNATED AS BABY-FRIENDLY, BY COUNTRY

WHO region	Country	Reported % of designated hospitals and maternities	Calculated* % of births in designated hospitals and maternities	Reported % of births in designated hospitals and maternities	Year of estimate	Data Source†
EMRO	Afghanistan			0.1	2016	GNPR2 2016/17
EURO	Albania			80.4	2014	Nutridash 2014
AMRO	Antigua and Barbuda			0.0	2016	GNPR2 2016/17
AMRO	Argentina			3.5	2016	GNPR2 2016/17
EURO	Armenia	0.0	0.0		2015	WBTi 2016
WPRO	Australia			20.0	2016	BFHI Network 2016
EURO	Austria			15.0	2014	BFHI Network 2014
EURO	Azerbaijan	87.0	81.0		2014	Nutridash 2014
EMRO	Bahrain			0.0	2016	GNPR2 2016/17
SEARO	Bangladesh	1.5	0.6		2016	GNPR2 2016/17
AMRO	Barbados			0.0	2016	GNPR2 2016/17
EURO	Belarus			3.9	2016	GNPR2 2016/17
EURO	Belgium			9.4	2016	GNPR2 2016/17
AFRO	Benin	3.9	3.4		2014	Nutridash 2014
SEARO	Bhutan	0.0	0.0		2016	WBTi 2016
AMRO	Bolivia (Plurinational State of)			9.8	2016	GNPR2 2016/17
EURO	Bosnia and Herzegovina			0.0	2016	GNPR2 2016/17
AFRO	Botswana	0.0	0.0		2011	WBTi 2016
AMRO	Brazil			23.4	2016	GNPR2 2016/17
WPRO	Brunei Darussalam			0.0	2016	GNPR2 2016/17
EURO	Bulgaria			0.0	2016	GNPR2 2016/17
AFRO	Burkina Faso	0.0	0.0		2016	WBTi 2016
AFRO	Cabo Verde			30.0	2016	GNPR2 2016/17
WPRO	Cambodia			0.0	2016	GNPR2 2016/17
AMRO	Canada			0.0	2016	GNPR2 2016/17
AFRO	Central African Republic	2.1	1.1		2014	Nutridash 2014
AMRO	Chile			1.7	2015	PAHO 2014
WPRO	China	12.0	12.0		2013	WBTi 2016
AFRO	Comoros			0.0	2016	GNPR2 2016/17

WHO region	Country	Reported % of designated hospitals and maternities	Calculated* % of births in designated hospitals and maternities	Reported % of births in designated hospitals and maternities	Year of estimate	Data Source†
AFRO	Congo	23.8	21.8		2016	GNPR2 2016/17
WPRO	Cook Islands			0.0	2016	GNPR2 2016/17
AMRO	Costa Rica			53.0	2016	GNPR2 2016/17
EURO	Croatia			94.6	2016	GNPR2 2016/17
AMRO	Cuba			100.0	2016	GNPR2 2016/17
EURO	Cyprus			0.0	2016	GNPR2 2016/17
EURO	Czechia	66.0	65.9		2016	GNPR2 2016/17
SEARO	Democratic People´s Republic of Korea	3.2	3.2		2014	Nutridash 2014
AFRO	Democratic Republic of the Congo			0.0	2016	GNPR2 2016/17
EMRO	Djibouti			1.2	2014	Nutridash 2014
AMRO	Dominican Republic			12.3	2016	GNPR2 2016/17
AMRO	Ecuador			5.4	2015	PAHO 2014
EMRO	Egypt			0.0	2017	GNPR2 2016/17
AMRO	El Salvador			12.5	2015	PAHO 2014
AFRO	Eritrea	16.2	5.4		2016	GNPR2 2016/17
EURO	Estonia			0.0	2016	GNPR2 2016/17
AFRO	Ethiopia	0.0	0.0		2013	WBTi 2016
WPRO	Fiji	100.0	98.7		2012	WBTi 2016
EURO	Finland			8.2	2016	GNPR2 2016/17
EURO	France			5.0	2016	BFHI Network 2016
AFRO	Gabon			0.0	2016	GNPR2 2016/17
AFRO	Gambia			0.0	2016	GNPR2 2016/17
EURO	Germany			19.6	2016	BFHI Network 2016
AFRO	Ghana			0.0	2016	GNPR2 2016/17
EURO	Greece	4.7	4.7		2016	GNPR2 2016/17
AMRO	Grenada			0.0	2016	GNPR2 2016/17
AMRO	Guatemala			1.2	2016	GNPR2 2016/17
AFRO	Guinea	4.4	1.8		2017	GNPR2 2016/17
AMRO	Guyana			14.3	2014	Nutridash 2014
AMRO	Haiti			9.5	2016	GNPR2 2016/17
AMRO	Honduras			0.0	2016	GNPR2 2016/17
EURO	Hungary			22.1	2011	GNPR 2011
EURO	Iceland			0.0	2016	GNPR2 2016/17
SEARO	India			0.0	2016	GNPR2 2016/17
SEARO	Indonesia			5.4	2016	GNPR2 2016/17

WHO region	Country	Reported % of designated hospitals and maternities	Calculated* % of births in designated hospitals and maternities	Reported % of births in designated hospitals and maternities	Year of estimate	Data Source†
EMRO	Iran (Islamic Republic of)	65.9	62.8		2016	GNPR2 2016/17
EMRO	Iraq			4.2	2017	GNPR2 2016/17
EURO	Ireland			43.0	2016	BFHI Network 2016
EURO	Italy			5.7	2016	BFHI Network 2016
AMRO	Jamaica			2.3	2016	GNPR2 2016/17
WPRO	Japan			3.8	2016	GNPR2 2016/17
EMRO	Jordan	3.0	3.0		2016	WBTi 2016
EURO	Kazakhstan			64.5	2014	Nutridash 2014
AFRO	Kenya	5.7	3.5		2012	WBTi 2016
WPRO	Kiribati	12.0	7.9		2012	WBTi 2016
EMRO	Kuwait			10.6	2016	GNPR2 2016/17
EURO	Kyrgyzstan			45.2	2016	GNPR2 2016/17
WPRO	Lao People's Democratic Republic	1.9	0.7		2014	Nutridash 2014
EURO	Latvia			0.0	2016	GNPR2 2016/17
EMRO	Lebanon	10.0	10.0		2016	GNPR2 2016/17
AFRO	Lesotho	0.0	0.0		2012	WBTi 2016
EMRO	Libya			0.0	2016	GNPR2 2016/17
EURO	Lithuania			40.4	2016	GNPR2 2016/17
EURO	Luxembourg			16.0	2016	BFHI Network 2016
AFRO	Madagascar			0.0	2017	GNPR2 2016/17
AFRO	Malawi	4.3	3.9		2014	Nutridash 2014
WPRO	Malaysia			75.3	2016	GNPR2 2016/17
SEARO	Maldives			0.0	2016	GNPR2 2016/17
AFRO	Mali	3.7	2.4		2014	Nutridash 2014
EURO	Malta			0.0	2016	GNPR2 2016/17
WPRO	Marshall Islands			0.0	2016	GNPR2 2016/17
AFRO	Mauritania			0.0	2016	GNPR2 2016/17
AMRO	Mexico			3.5	2016	GNPR2 2016/17
WPRO	Micronesia (Federal States of)	50.0	43.5		2016	GNPR2 2016/17
WPRO	Mongolia			0.0	2016	GNPR2 2016/17
EURO	Montenegro			0.0	2016	GNPR2 2016/17
EMRO	Morocco			0.0	2016	GNPR2 2016/17
AFRO	Mozambique	0.0	0.0		2013	WBTi 2016
SEARO	Myanmar			0.0	2016	GNPR2 2016/17
AFRO	Namibia			0.0	2016	GNPR2 2016/17

WHO region	Country	Reported % of designated hospitals and maternities	Calculated* % of births in designated hospitals and maternities	Reported % of births in designated hospitals and maternities	Year of estimate	Data Source†
SEARO	Nepal	0.0	0.0		2016	WBTi 2016
EURO	Netherlands			39.5	2016	GNPR2 2016/17
WPRO	New Zealand			99.6	2016	GNPR2 2016/17
AMRO	Nicaragua			10.4	2015	PAHO 2014
AFRO	Niger	36.1	21.2		2016	WBTi 2016
AFRO	Nigeria	0.4	0.1		2016	WBTi 2016
WPRO	Niue			0.0	2016	GNPR2 2016/17
EURO	Norway			0.0	2016	GNPR2 2016/17
EMRO	Oman			0.0	2016	GNPR2 2016/17
EMRO	Pakistan	65.0	31.3		2016	EMRO 2016
WPRO	Palau	0.0	0.0		2015	WBTi 2016
AMRO	Panama	2.5	2.3		2015	WBTi 2016
AMRO	Paraguay			1.9	2015	PAHO 2014
AMRO	Peru			3.0	2015	PAHO 2014
WPRO	Philippines	1.4	0.9		2015	WBTi 2016
EURO	Poland	20.6	20.6		2017	GNPR2 2016/17
EURO	Portugal	28.6	28.3		2015	WBTi 2016
EMRO	Qatar	50.0	49.5		2016	EMRO 2016
WPRO	Republic of Korea			5.0	2014	BFHI Network 2014
EURO	Republic of Moldova			61.7	2016	GNPR2 2016/17
EURO	Romania			0.0	2016	GNPR2 2016/17
EURO	Russian Federation			21.0	2016	BFHI Network 2016
AFRO	Rwanda	31.5	28.5		2014	Nutridash 2014
AMRO	Saint Lucia			0.0	2016	GNPR2 2016/17
AMRO	Saint Vincent and the Grenadines			0.0	2015	PAHO 2014
WPRO	Samoa			0.0	2016	GNPR2 2016/17
AFRO	São Tome and Principe	0.0	0.0		2012	WBTi 2016
EMRO	Saudi Arabia	0.8	0.8		2017	GNPR2 2016/17
EURO	Serbia			0.0	2016	GNPR2 2016/17
AFRO	Seychelles			94.2	2016	GNPR2 2016/17
AFRO	Sierra Leone			0.0	2016	GNPR2 2016/17
WPRO	Singapore			32.3	2016	GNPR2 2016/17
EURO	Slovakia	40.3	40.3		2011	GNPR 2011
EURO	Slovenia			84.3	2016	GNPR2 2016/17
WPRO	Solomon Islands	0.0	0.0		2011	GNPR 2011
EMRO	Somalia			0.0	2016	GNPR2 2016/17

WHO region	Country	Reported % of designated hospitals and maternities	Calculated* % of births in designated hospitals and maternities	Reported % of births in designated hospitals and maternities	Year of estimate	Data Source†
AFRO	South Africa			47.0	2011	GNPR 2011
EURO	Spain			0.0	2016	GNPR2 2016/17
SEARO	Sri Lanka			100.0	2016	GNPR2 2016/17
EMRO	Sudan	21.4	5.9		2017	GNPR2 2016/17
AMRO	Suriname			0.0	2016	GNPR2 2016/17
AFRO	Swaziland	59.0	51.7		2010	WBTi 2016
EURO	Sweden			0.0	2016	GNPR2 2016/17
EURO	Switzerland			0.0	2016	GNPR2 2016/17
EMRO	Syrian Arab Republic	35.0	27.4		2016	EMRO 2016
EURO	Tajikistan	70.3	53.8		2014	Nutridash 2014
SEARO	Thailand	61.3	61.0		2016	GNPR2 2016/17
EURO	The former Yugoslav Republic of Macedonia			0.0	2016	GNPR2 2016/17
SEARO	Timor-Leste			10.9	2016	GNPR2 2016/17
AFRO	Togo	2.4	1.7		2011	GNPR 2011
AMRO	Trinidad and Tobago			0.0	2015	PAHO 2014
EMRO	Tunisia			0.0	2016	GNPR2 2016/17
EURO	Turkey	93.0	90.4		2015	WBTi 2016
EURO	Turkmenistan	87.3	86.9		2014	Nutridash 2014
WPRO	Tuvalu			95.1	2011	GNPR 2011
AFRO	Uganda	0.1	0.1		2016	WBTi 2016
EURO	Ukraine			75.2	2016	BFHI Network 2016
EMRO	United Arab Emirates			28.7	2016	GNPR2 2016/17
EURO	United Kingdom	58.9	58.9		2016	BFHI Network 2016
AFRO	United Republic of Tanzania			1.5	2016	GNPR2 2016/17
AMRO	United States of America			18.0	2016	GNPR2 2016/17
AMRO	Uruguay			75.8	2015	PAHO 2014
EURO	Uzbekistan	23.0	22.3		2014	Nutridash 2014
WPRO	Vanuatu			40.6	2016	GNPR2 2016/17
AMRO	Venezuela (Bolivarian State of)			0.0	2016	GNPR2 2016/17
WPRO	Viet Nam	0.4	0.4		2015	WBTi 2016
EMRO	Yemen	0.0	0.0		2016	EMRO 2016
AFRO	Zambia			0.0	2016	GNPR2 2016/17
AFRO	Zimbabwe	1.6	1.3		2014	Nutridash 2014

* Calculated from the reported percent of designated hospitals and maternities times the percent of institutional births in the country

† GNPR=Global Nutrition Policy Review, PAHO=Pan American Health Organization, WBTi =World Breastfeeding Trends Initiative report, Nutridash=UNICEF Nutridash Survey, EMRO=EMRO BFHI survey

APPENDIX 3

STATUS OF BFHI IMPLEMENTATION, BY COUNTRY, GNPR2 SURVEY

WHO region	Country	Implementation of BFHI	Year started	Ten Steps integrated into national quality standards	Ten Steps integrated into national policies, strategies, plans	% of facilities ever designated	% of facilities designated in last 5 years	BFHI evaluated
EMRO	Afghanistan	Currently	2016	No	All steps	68	7	No
AMRO	Antigua and Barbuda	Never	n/a	No	No	0	0	n/a
AMRO	Argentina	Currently				7		
WPRO	Australia	Currently	1992	No	All steps			No
EURO	Austria	Currently	1996	No				
EMRO	Bahrain	Previously	1993	All steps	All steps	25	0	Yes
SEARO	Bangladesh	Currently	1992	No	All steps	3	2	Yes
AMRO	Barbados	Currently				0	0	Yes
EURO	Belarus	Previously	1996	All steps	All steps	34	1	No
EURO	Belgium	Currently			No	26		
SEARO	Bhutan	Previously		No	No			No
AMRO	Bolivia (Plurinational State of)	Currently		No	All steps	10		Yes
EURO	Bosnia and Herzegovina	Currently				78	0	
AMRO	Brazil	Currently		No		10		
WPRO	Brunei Darussalam	Currently	1992	All steps	All steps	0	0	Yes
EURO	Bulgaria	Currently	2005	All steps	All steps	0	0	No
AFRO	Burkina Faso	Previously	1992	All steps	All steps			
AFRO	Burundi	Currently		Some steps				No
WPRO	Cambodia	Currently	2000	All steps	All steps	3	0	No
AMRO	Canada	Currently				2	0	
AFRO	Cape Verde	Currently	1996	All steps	All steps	50	50	Yes
AFRO	Chad	Currently	1995	All steps	All steps			No
AFRO	Comoros	Previously	1994	No	Some steps	17	0	No
AFRO	Congo	Currently	2000	No	All steps	24	24	Yes
WPRO	Cook Islands	Never	n/a			0	0	n/a
AMRO	Costa Rica	Currently	1994	No	All steps	44		No
EURO	Croatia	Currently	1993	No	All steps	100	97	Yes
AMRO	Cuba	Currently				100		

WHO region	Country	Implementation of BFHI	Year started	Ten Steps integrated into national quality standards	Ten Steps integrated into national policies, strategies, plans	% of facilities ever designated	% of facilities designated in last 5 years	BFHI evaluated
EURO	Cyprus	Currently	2015	No	All steps	0	0	No
EURO	Czechia	Currently	1992	No	No	66		Yes
AFRO	Democratic Republic of the Congo	Previously	1998	All steps	All steps	0	0	No
EURO	Denmark	Previously		No	No			No
AMRO	Dominican Republic	Currently	1993	All steps	All steps	7		No
EMRO	Egypt	Currently	2014	No	All steps		0	No
AFRO	Eritrea	Currently	1996	All steps	All steps	16	16	No
EURO	Estonia	Previously	2000	No	No	14	0	No
EURO	Finland	Currently				19		
EURO	France	Currently						
AFRO	Gabon	Previously	1993	All steps	All steps	0	0	No
AFRO	Gambia	Currently	1992	Some steps	Some steps	0	0	Yes
AFRO	Ghana	Currently	1993	All steps	All steps	36	0	Yes
EURO	Greece	Currently	2011	No	No	5	5	No
AMRO	Grenada	Never	n/a	All steps	All steps	0	0	n/a
AMRO	Guatemala	Currently	1993	No	All steps	5	2	Yes
AFRO	Guinea	Currently	2000	All steps	All steps	4	4	Yes
AMRO	Haiti	Currently	2000	No	All steps	4	4	No
AMRO	Honduras	Never	n/a	Some steps	Some steps	0	0	n/a
EURO	Iceland	Never	n/a	No	No	0	0	n/a
SEARO	India	Never	n/a	All steps	All steps	0	0	n/a
SEARO	Indonesia	Currently	1994	All steps	All steps	12	12	Yes
EMRO	Iran (Islamic Republic of)	Currently	1992	All steps	All steps	66	66	No
EMRO	Iraq	Currently	1993	No	All steps	55	18	Yes
AMRO	Jamaica	Currently	1993	All steps	All steps	37	4	Yes
WPRO	Japan	Currently	1991	Some steps	Some steps	3	3	No
AFRO	Kenya	Currently		No	All steps			No
EMRO	Kuwait	Currently	1998	No	All steps	13	7	No
EURO	Kyrgyzstan	Currently	2000	All steps	All steps	35	25	No
EURO	Latvia	Previously				6	0	No
EMRO	Lebanon	Previously	1993	Some steps	Some steps	18	10	No
AFRO	Lesotho	Currently		All steps	All steps			No
EMRO	Libya	Never	n/a	No	No	0	0	n/a
EURO	Lithuania	Currently	2004	No	No	29		Yes

WHO region	Country	Implementation of BFHI	Year started	Ten Steps integrated into national quality standards	Ten Steps integrated into national policies, strategies, plans	% of facilities ever designated	% of facilities designated in last 5 years	BFHI evaluated
AFRO	Madagascar	Previously	1995	No	No	88	7	No
WPRO	Malaysia	Currently	1992	No	All steps	48	43	Yes
SEARO	Maldives	Previously	1995	Some steps	All steps	5	0	Yes
EURO	Malta	Never	n/a	All steps		0	0	n/a
WPRO	Marshall Islands	Never	n/a			0	0	n/a
AFRO	Mauritania	Never	n/a	No	No	0	0	n/a
AMRO	Mexico	Currently				3		
WPRO	Micronesia (Federated States of)	Currently		No	No	50		No
WPRO	Mongolia	Previously	1992	All steps	No	52	0	Yes
EURO	Montenegro	Currently	1996	All steps		64	0	Yes
EMRO	Morocco	Previously	1992	No	Some steps		0	No
AFRO	Mozambique	Currently	1991	Some steps				
SEARO	Myanmar	Currently	1998	No	All steps	40	0	No
AFRO	Namibia	Currently	1991	No	All steps	100	0	No
EURO	Netherlands	Currently	1996	No	No	43	35	Yes
WPRO	New Zealand	Currently	late 1990s	All steps	No	100	100	No
WPRO	Niue	Never	n/a	No	No	0	0	n/a
EURO	Norway	Currently	1993	All steps	All steps	93	0	Yes
EMRO	Oman	Never	n/a	No	No	0	0	n/a
EMRO	Pakistan	Previously	1995	All steps	Some steps			No
EURO	Poland	Currently	1992	Some steps		21		
EMRO	Qatar	Currently						
EURO	Republic of Moldova	Currently	1995	All steps	All steps	66		Yes
EURO	Romania	Previously	1995	No	Some steps	16	5	Yes
AMRO	Saint Kitts and Nevis	Previously	2010	No	No	0	0	No
AMRO	Saint Lucia	Never	n/a			0	0	n/a
WPRO	Samoa	Currently	2008	No	All steps	0	0	Yes
EMRO	Saudi Arabia	Currently	1992	No	No	2	1	Yes
AFRO	Senegal	Previously						
EURO	Serbia	Currently	1994	Some steps	No	84	0	Yes
AFRO	Seychelles	Currently	2015	All steps	All steps	33	33	No
AFRO	Sierra Leone	Never	n/a	No	All steps	0	0	n/a
WPRO	Singapore	Currently	2012	No	All steps	33	33	Yes

WHO region	Country	Implementation of BFHI	Year started	Ten Steps integrated into national quality standards	Ten Steps integrated into national policies, strategies, plans	% of facilities ever designated	% of facilities designated in last 5 years	BFHI evaluated
EURO	Slovenia	Currently	1998	No	No	86	86	No
EMRO	Somalia	Never	n/a	No	Some steps	0	0	n/a
EURO	Spain	Currently	1995	All steps	No	5	0	No
SEARO	Sri Lanka	Currently	1992	All steps	All steps	1		Yes
EMRO	Sudan	Previously	1996	All steps	All steps	71	21	No
AMRO	Suriname	Previously	1993	No	No	0	0	No
EURO	Sweden	Currently				73	0	
EURO	Switzerland	Currently				0	0	
EMRO	Syrian Arab Republic	Currently	2016	All steps	No			No
SEARO	Thailand	Currently	1992	All steps	All steps	65	61	Yes
EURO	The former Yugoslav Republic of Macedonia	Previously	1997	All steps	All steps	86	0	No
SEARO	Timor-Leste	Currently	2009	All steps	All steps	2		No
EMRO	Tunisia	Never	n/a			0	0	n/a
EURO	Turkey	Currently	1991					
AFRO	Uganda	Currently		All steps	All steps			No
EMRO	United Arab Emirates	Currently	1997	All steps	All steps			No
AFRO	United Republic of Tanzania	Currently		All steps	All steps			No
AMRO	United States of America	Currently		No	No	12	5	No
WPRO	Vanuatu	Currently	1995	All steps	All steps	33	17	No
AMRO	Venezuela (Bolivarian Republic of)	Currently	2002	No	No	11	0	No
WPRO	Viet Nam	Currently	1992	All steps	All steps			Yes
AFRO	Zambia	Previously	1998	No	No	3	0	No

APPENDIX 4

DESIGNATION PROCESS FOR COUNTRIES THAT CURRENTLY IMPLEMENT BFHI, BY COUNTRY, GNPR2 SURVEY

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
EMRO	Afghanistan	✔	✔	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	×	×	✔	×	×	no		
AMRO	Argentina	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
WPRO	Australia	×	×	✔	×	×	×	×	✔	×	×	✔	×	×	×	×	✔	×	×	✔	×	×	yes	Less often	Yes
EURO	Austria	×	×	✔	×	×	×	×	✔	×	×	✔	×	×	×	×	✔	×	×	×	×	×	yes	Every 5 years	Yes
SEARO	Bangladesh	✔	×	✔	×	✔	✔	×	×	×	×	✔	✔	×	×	×	×	✔	✔	×	×	✔	yes	Less often	Yes
AMRO	Barbados	✔	×	×	×	×	×	×	×	×	×	✔	×	×	×	×	×	×	×	×	×	×	no		

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
EURO	Belgium	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
AMRO	Bolivia (Plurinational State of)	✔	✔	×	×	×	×	×	×	×	×	✔	×	×	×	×	×	✔	×	×	×	×			
EURO	Bosnia and Herzegovina	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
AMRO	Brazil	✔	×	×	×	×	✔	×	✔	×	×	✔	✔	×	×	×	×	×	×	×	×	×			
WPRO	Brunei Darussalam	✔	×	×	×	×	×	×	×	×	✔	✔	×	×	×	×	×	✔	×	×	×	×	no		
EURO	Bulgaria	×	×	×	✔	×	×	×	×	✔	×	✔	×	×	×	×	✔	×	×	×	×	×	no		
AFRO	Burundi	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
WPRO	Cambodia	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	×	×	×			
AMRO	Canada	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
AFRO	Cape Verde	✔	×	×	×	×	✔	×	✔	×	✔	✔	✔	×	×	×	×	✔	✔	×	×	×	yes	Less often	Yes
AFRO	Chad	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	✔	✔	✔	×	×	×	no		
AFRO	Congo	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	×	×	×	yes	Less often	Yes
AMRO	Costa Rica	✔	×	×	×	×	×	×	×	×	×	✔	×	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes
EURO	Croatia	✔	×	✔	✔	×	×	×	✔	✔	×	✔	×	×	×	×	×	✔	✔	×	×	×	yes	Less often	Yes
AMRO	Cuba	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
EURO	Cyprus	×	×	×	✔	×	×	×	×	×	×	×	×	×	×	×	✔	×	×	×	×	×			

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
EURO	Czechia	×	×	✔	✔	×	×	×	✔	✔	×	✔	×	✔	×	×	×	×	×	✔	×	×	no		
AMRO	Dominican Republic	×	×	×	✔	×	×	×	×	✔	×	✔	×	×	×	×	×	×	✔	×	×	×	no		
EMRO	Egypt	✔	×	×	×	×	×	×	×	✔	×	✔	×	×	×	×	×	×	✔	×	×	×	no		
AFRO	Eritrea	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
EURO	Finland	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
EURO	France	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
AFRO	Gambia	×	×	×	×	×	×	×	×	✔	×	✔	×	×	×	×	×	✔	✔	×	×	×	no		
AFRO	Ghana	✔	×	×	✔	×	✔	×	×	✔	×	✔	×	×	×	×	×	✔	✔	×	×	×	yes	Every 5 years	Yes
EURO	Greece	✔	×	×	✔	×	✔	×	×	✔	×	✔	×	×	×	×	✔	✔	×	×	×	×	yes		
AMRO	Guatemala	✔	×	×	×	×	×	×	✔	×	×	✔	✔	×	×	×	×	×	✔	×	×	×	yes	More often	Yes
AFRO	Guinea	✔	×	×	×	×	✔	×	✔	×	✔	✔	×	×	×	×	×	✔	✔	×	×	×	yes	Every 5 years	Yes
AMRO	Haiti	✔	×	✔	×	✔	×	×	×	✔	×	✔	×	×	×	×	×	×	✔	×	×	×	yes	Less often	Yes
SEARO	Indonesia	✔	✔	×	×	×	✔	×	×	×	×	✔	✔	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
EMRO	Iran (Islamic Republic of)	×	✔	×	×	×	✔	×	×	×	×	✔	✔	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes
EMRO	Iraq	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	✔	✔	✔	×	×	×	yes	Less often	Yes
AMRO	Jamaica	✔	×	×	✔	×	×	×	×	✔	×	✔	×	×	×	×	×	✔	✔	×	×	×	yes	Less often	Yes
WPRO	Japan	×	×	✔	×	✔	×	×	✔	×	×	✔	✔	×	×	✔	✔	×	×	×	✔	×	yes	Less often	No
AFRO	Kenya	✔	×	×	✔	×	✔	×	×	✔	×	✔	✔	×	×	×	×	✔	✔	×	×	×	yes	Every 5 years	Yes
EMRO	Kuwait	✔	×	×	×	×	✔	×	×	×	×	✔	×	✔	×	×	×	✔	×	×	×	×	yes	Less often	Yes
EURO	Kyrgyzstan	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	×	✔	×	×	×	yes	More often	Yes
AFRO	Lesotho	✔	×	×	×	×	×	×	×	✔	×	✔	×	×	×	×	×	×	✔	×	×	×	no		
EURO	Lithuania	✔	×	×	✔	×	✔	×	×	✔	×	✔	×	×	×	×	✔	✔	×	×	×	×	yes	Less often	Yes
WPRO	Malaysia	✔	✔	×	✔	×	✔	×	×	×	×	✔	×	×	✔	×	✔	✔	✔	×	✔	×	yes	More often	Yes
AMRO	Mexico	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
WPRO	Micronesia (Federated States of)	✔	✔	×	×	×	×	✔	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	no		
EURO	Montenegro	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	yes		Yes
AFRO	Mozambique	×	×	×	×	×	×	×	×	×	×	✔	×	×	×	×	×	×	×	×	×	×	no		
SEARO	Myanmar	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	×	✔	×	×	×	no		
AFRO	Namibia	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	×	×	×	no		

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
EURO	Netherlands	×	×	✔	×	×	×	×	✔	×	×	✔	×	✔	×	✔	✔	×	×	×	×	×	yes	More often	Yes
WPRO	New Zealand	✔	×	✔	×	×	✔	×	✔	×	×	✔	✔	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes
EURO	Norway	✔	×	×	×	×	✔	×	×	×	×	✔	✔	✔	×	×	×	✔	×	×	×	×	yes	More often	No
EURO	Poland	×	×	×	✔	×	×	×	✔	×	×	✔	✔	×	×	×	✔	×	×	×	×	×	yes	Less often	Yes
EMRO	Qatar	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	✔	×	×	×	×			
EURO	Republic of Moldova	✔	×	×	×	×	✔	×	×	×	×	✔	×	✔	×	✔	×	✔	✔	×	×	×	no		
WPRO	Samoa	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	×	×	×	no		
EMRO	Saudi Arabia	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	✔	✔	×	×	×	×	×	yes	Less often	Yes
EURO	Serbia	×	×	×	×	✔	×	×	×	×	✔	✔	×	×	×	×	×	×	×	×	×	×	yes	Less often	
AFRO	Seychelles	✔	×	×	×	×	×	×	×	×	✔	✔	×	✔	×	✔	✔	×	×	×	×	×	no		
WPRO	Singapore	✔	×	✔	✔	×	×	×	×	✔	×	×	✔	×	×	×	×	✔	×	×	×	×	no		
EURO	Slovenia	×	×	×	✔	×	×	×	×	✔	×	✔	×	×	×	×	✔	×	×	×	×	×	yes	Every 5 years	Yes
EURO	Spain	×	×	✔	×	×	×	×	✔	×	×	✔	✔	×	×	×	✔	×	×	×	×	×	yes	Less often	Yes

		Oversight of the BFHI					Who designates Baby-friendly hospitals					Criteria used for designation					Funding sources						Reassessment		
WHO region	Country	National government	Provincial/state government	NGO	National Committee	Other	National government	Provincial/state government	NGO	National Committee	Other	Global WHO/UNICEF criteria	National criteria	Baby-friendly NICU criteria	Criteria for high-HIV prevalence settings	Mother-baby-friendly criteria	Hospital pays for designation	Government	UN Agencies	NGO	Private sector	Other	Facilities are reassessed	How often (compared to every 5 years)	Reassessment includes site visit
SEARO	Sri Lanka	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	×	×	×	×	no		
EURO	Sweden	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
EURO	Switzerland	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×			
EMRO	Syrian Arab Republic	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	×	×	×	no		
SEARO	Thailand	✔	✔	✔	×	×	✔	✔	×	×	×	✔	✔	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes
SEARO	Timor-Leste	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	✔	✔	×	✔	✔	×	×	×	yes	More often	Yes
EURO	Turkey	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	yes		
AFRO	Uganda	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	✔	×	×	no		
EMRO	United Arab Emirates	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	×	×	×	×	yes	Less often	Yes
AFRO	United Republic of Tanzania	✔	✔	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	✔	✔	✔	×	×	yes	More often	Yes
AMRO	United States of America	×	×	✔	×	×	×	×	✔	×	×	×	✔	×	×	×	✔	✔	×	✔	×	×	yes	Every 5 years	Yes
WPRO	Vanuatu	✔	✔	✔	✔	×	✔	×	×	✔	×	✔	✔	×	×	×	×	✔	✔	✔	×	×	yes	More often	Yes
AMRO	Venezuela (Bolivarian Republic of)	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	×	✔	×	×	×	no		
WPRO	Viet Nam	✔	×	×	×	×	✔	×	×	×	×	✔	×	×	×	×	×	×	×	×	×	×	yes		

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