

GOOD PRACTICE GUIDE: CAMBODIA SHOWCASING SUCCESS IN NUTRITION ADVOCACY



Evidence shows that exclusive breastfeeding—giving an infant only breast milk for the first six months of life—has the single largest potential impact on child mortality of any preventive intervention.ⁱ However, comprehensive nutrition services must be available and accessible to enable exclusive breastfeeding, including breastfeeding counselling, support for infant and young child feeding, maternity and parental leave, [Baby-Friendly Hospitals](#) or health centres, and importantly, limitations on the marketing of breast-milk substitutes (BMS). Universal coverage of these health services is the core of advocacy for comprehensive implementation of the [Essential Nutrition Actions](#).

Within World Vision’s [ENOUGH global campaign](#) to end hunger and malnutrition, we are focusing our advocacy strength on these core areas. This Good Practice Guide will showcase World Vision’s support to the Cambodian government to monitor implementation of the [International Code of Marketing of Breast-milk Substitutes](#) (the Code) and their successful implementation of Baby-Friendly Health Centres to reach rural populations.

REACHING THE MOST VULNERABLE THROUGH BABY-FRIENDLY HEALTH CENTRES

The World Health Organization’s (WHO’s) Baby-Friendly Hospital Initiative has been implemented in Cambodia since 2002. However, most women served by World Vision live very far from a hospital and depend on rural, decentralised health centres for primary healthcare. World Vision started a unique initiative focused on (1) making health centres more baby friendly in response to the limited availability of prenatal care, (2) advocating for Code implementation, and (3) encouraging the availability of nutrition services to support exclusive breastfeeding in the areas where World Vision works.

World Vision partnered with Alive & Thrive/FHI 360 to pilot Baby-Friendly Health Centres (BFHC) in eight health centres in Siem Reap (2022–2023). They saw rapid success in promoting exclusive breastfeeding in BFHCs with 100% of women receiving counselling on the importance of breastfeeding during antenatal care visits and after birth; 100% of women receiving breastfeeding support within six hours of birth, increasing from 56% at baseline; and 98% of newborns being breastfed within one hour of birth, increasing from 82% at baseline.ⁱⁱ Building on these successes, the programme was expanded to an additional 26 health centres in two rural Cambodian provinces to reach the most vulnerable (2023–2026).¹ Through education and training for health workers, World Vision has seen that BFHCs are countering the harmful yet growing influence of breastmilk substitute marketing and ensuring compliance to the Code.

World Vision and partners from the Scaling Up Nutrition (SUN) Civil Society Alliance (CSA)² advocated with the government to scale up the programme to 45 BFHCs. Along with the SUN CSA, they provided evidence to the government of the programme’s success, drafted guidelines to standardise the programme, and requested funding from provincial health authorities to maintain the programme and health staff trainings. World Vision also hosted a dissemination workshop in February 2024 to advocate with the Cambodian government to cost and budget staff training for Baby Friendly Health Centres.

¹ World Vision International in Cambodia is partnering with the Ministry of Health, the National Nutrition Programme, and the National Maternal Child Health Centre, with financial support from Else Kröner-Fresenius-Stiftung through World Vision Germany and approval from the health ministry.

² Cambodia’s SUN Civil Society Alliance includes World Vision, Alive & Thrive/FHI 360, Helen Keller International, Plan International, and UNICEF.



THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

The [International Code of Marketing of Breast-milk Substitutes](#) (the Code) was adopted in 1981 by the World Health Assembly, and a series of subsequent resolutions have kept it up to date. It provides governments with recommendations to stop the aggressive and inappropriate marketing of BMS, with a goal of protecting and supporting breastfeeding. Implementing the Code into national legislation is a legal obligation for all countries that have ratified the Convention on the Rights of the Child, which currently includes every country in the world except one.ⁱⁱⁱ

In Cambodia, the Code is not well-enforced or monitored, largely due to a lack of financing and oversight. Without enforcement of the Code or policy to support education about the benefits of early and exclusive breastfeeding, more mothers and babies are put at risk of undernutrition and correlated health conditions. As a result of increased misleading BMS marketing and poor maternity benefits in Cambodia, exclusive breastfeeding in the first six months of life has declined from 74% to 50% over the past decade. In addition, rates of early breastfeeding (meaning breastmilk is given within one hour of birth) have dropped from 66% to 54%.^{iv} There is a concerning increase in BMS promotion via digital platforms. In a [2022 study](#), World Vision identified some of the most prevalent forms of misleading and inappropriate digital marketing practices for the promotion of BMS in Cambodia.

In response to these challenges, World Vision has done extensive advocacy with the Cambodian government. In collaboration with the SUN CSA, World Vision piloted an [online reporting tool for citizens to capture Code violations](#). The tool generates monthly reports detailing online site violations, including screenshots and links, but the Board overseeing Code enforcement unfortunately has not met for more than three years. With the SUN CSA, World Vision continues advocating for the committee to meet so this programme can be sustained and institutionalised, but for now the programme relies on non-governmental organisations (NGOs).

World Vision and the SUN CSA also presented [a report with multiple case studies](#) to the Cambodian government on violations in online platforms, and requested a prohibition on influencers' promotions of BMS to be included in existing policy. Further, the SUN CSA and World Vision hosted a [journalism competition for articles written about breastfeeding challenges](#), to enable support for breastfeeding within households and the workplace, and to raise awareness of challenges that breastfeeding mothers face. Nineteen articles were published and reviewed by the SUN CSA to avoid bias.

In addition to the Baby-Friendly Health Centres in Cambodia, World Vision also implements the [Grandmother-Inclusive Approach](#) to reduce reliance on BMS for working mothers and to improve infant and young child feeding practices. This programme promotes the active involvement of grandmothers and other family members in child nutrition, particularly those caring for children whose mothers are working, often with a long commute to other cities or provinces.

JOINT ADVOCACY WITH SUN CSA

World Vision works closely with partners through the SUN CSA to jointly advocate with the government to close policy gaps. Policy gaps are directly harming working mothers' ability to initiate and continue breastfeeding, particularly upon their return to work. In Cambodia, women are only eligible for 90 days of half-paid maternal leave, and those working in the informal sector have no access to paid maternal leave. Women who commute or work long hours cannot keep their children with them, resulting in a reliance on BMS. These policy gaps create many hardships for new mothers and harm their ability to balance work and caretaking, a key gender equality issue that World Vision and the SUN CSA are seeking to address. Together, a joint statement with WHO was released when breastfeeding rates dropped to 50%, and through the SUN CSA, an application was submitted to extend the maternity leave policy.

The SUN CSA in Cambodia faces many challenges, as the Ministry of Health budget is limited, delivery of nutrition services depends on donor aid, and training, monitoring, and supervision is all managed by NGOs with limited government participation. These factors mean that both sustainability and institutionalisation take a very long time. While World Vision and the SUN CSA have done excellent advocacy work, waiting for government action is an ongoing pursuit.



NEXT STEPS

To achieve greater and more widespread gender equality and improved infant nutrition, provincial health departments must take a more active role in policy implementation. Breastfeeding programmes continue to be built upon and piloted to not only help infants, women, and families, but also draw the attention of the government to the impacts of health centres in rural areas, and the benefits of exclusive breastfeeding for human capital growth.

World Vision continues to focus on baby-friendly programming in 34 health centres and to advocate for provincial funding, national guidelines, and endorsement alongside the SUN CSA. Due to World Vision's field presence in Cambodia, we are focusing on health centres while other partners focus on hospitals. Now World Vision's main focus is advocating for financial and technical assistance for healthcare workers in villages, given their crucial role in promoting nutrition at the community level and streamlining referrals to health centres. In collaboration with the SUN CSA, World Vision continues to pursue policy change and government action for Code implementation and enforcement.

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For additional information, please contact World Vision's Health and Nutrition Team at health@wvi.org.

ⁱWHO. [Essential nutrition actions: mainstreaming nutrition through the life-course](#), 2019.

ⁱⁱWorld Vision. [Promotion of Baby-friendly health centres: Mixed methods prospective pilot study summary report](#), 2024.

ⁱⁱⁱUNICEF. [Countering Industry Arguments against Code Implementation: Evidence and Rights-Based Responses](#), 2024.

^{iv}UNICEF Press Release. [UNICEF and WVI urge immediate action to reverse the alarming decline in breastfeeding rates in Cambodia](#), 25 August 2023.

