



GLOBAL BREASTFEEDING SCORECARD 2024

MEETING THE GLOBAL TARGET FOR BREASTFEEDING REQUIRES BOLD COMMITMENTS AND ACCELERATED ACTION BY GOVERNMENTS AND DONORS

Breastfeeding promotes better health for mothers and children. It acts as a baby's 'first vaccine' by providing protection against diseases such as diarrhoea and pneumonia, which helps prevent nearly 600,000 child deaths each year. Breastfeeding also benefits the mother, reducing her future risk of breast and ovarian cancers and non-communicable diseases.^{1,2,3} Improving breastfeeding practices is a key driver in achieving the Sustainable Development Goals.⁴

With the renewed targets for early initiation of breastfeeding and exclusive breastfeeding proposed for endorsement by the 2025 World Health Assembly, the 2025 Paris Nutrition for Growth Summit offers a unique opportunity for governments to prioritize commitments for the protection, promotion and support of breastfeeding to achieve these targets. Accelerated progress is critical to achieving the new global target of having 60 per cent of infants under 6 months of age exclusively breastfed by 2030.

The Global Breastfeeding Collective is a partnership of prominent international agencies calling on donors, policymakers and civil society to increase investment in breastfeeding worldwide. The Global Breastfeeding Scorecard evaluates national efforts and tracks changes in key breastfeeding practices, as well as the programmes and policies that drive action to protect and support breastfeeding for the well-being of future generations.⁵

**GLOBAL BREASTFEEDING
COLLECTIVE**

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Highlights for the 2024 Scorecard

- In the last 12 years, the global rate of exclusive breastfeeding among infants under 6 months of age has increased by over 10 percentage points.
- Countries in Africa, Asia, Europe and Oceania have achieved significant improvements, with 23 countries reporting gains exceeding 10 percentage points.
- Experiences from **China, Nigeria, Somalia, Timor-Leste and Uganda** demonstrate significant progress in breastfeeding programmes and policies.
- Donor funding for breastfeeding support remains insufficient and most countries fail to ensure an enabling workplace that provides paid maternity leave, breastfeeding breaks, and breastfeeding facilities.

BREASTFEEDING PRACTICES

Globally, the percentage of exclusively breastfed infants under 6 months of age has sustained its increased rate at 48 per cent, close to achieving the World Health Assembly target of 50 per cent by 2025, (Figure 1). This rate is more than 10 percentage points higher than in 2012, showing significant progress at scale. The Collective has set a target of 70 per cent by 2030 for this indicator.

Of the national survey data collected between 2017 and 2023, 46 per cent of newborns were put to the breast within one hour of birth, against a target of 70 per cent (Figure 2). While 72 per cent of women continue to breastfeed their infant for at least one year, by 2 years of age, breastfeeding rates decline to 46 per cent. The Global Breastfeeding Collective aims to achieve rates of 80 per cent and 60 per cent respectively for these two indicators.

Of the 106 countries that have updated their data on exclusive breastfeeding since 2017 when the Global Breastfeeding Scorecard was first published, 75 countries reported an increase in breastfeeding rates. Notably, 23 of these countries saw an increase of more than 10 percentage points. While this progress is commendable, 29 countries experienced declines in breastfeeding rates during this time, with six of them recording decreases of over 10 percentage points. (Figure 3)

Meeting these targets requires acceleration of efforts by national governments to increase investments in programmes and policies to support and protect breastfeeding.

Figure 1. Trends in the global prevalence of exclusive breastfeeding at 0–5 months of age.

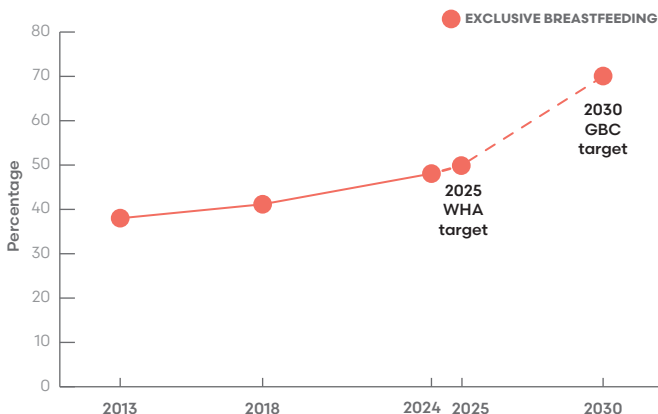


Figure 2. Current rates of breastfeeding against global targets

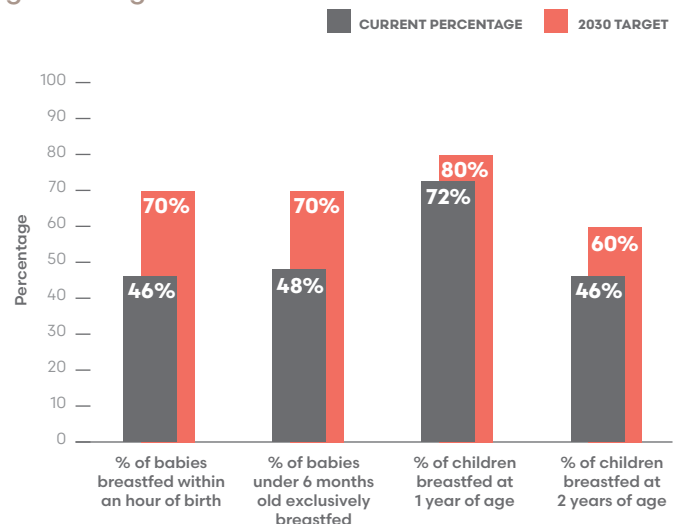


Figure 3. Map showing change in rates of exclusive breastfeeding between 2017 and 2024 reports

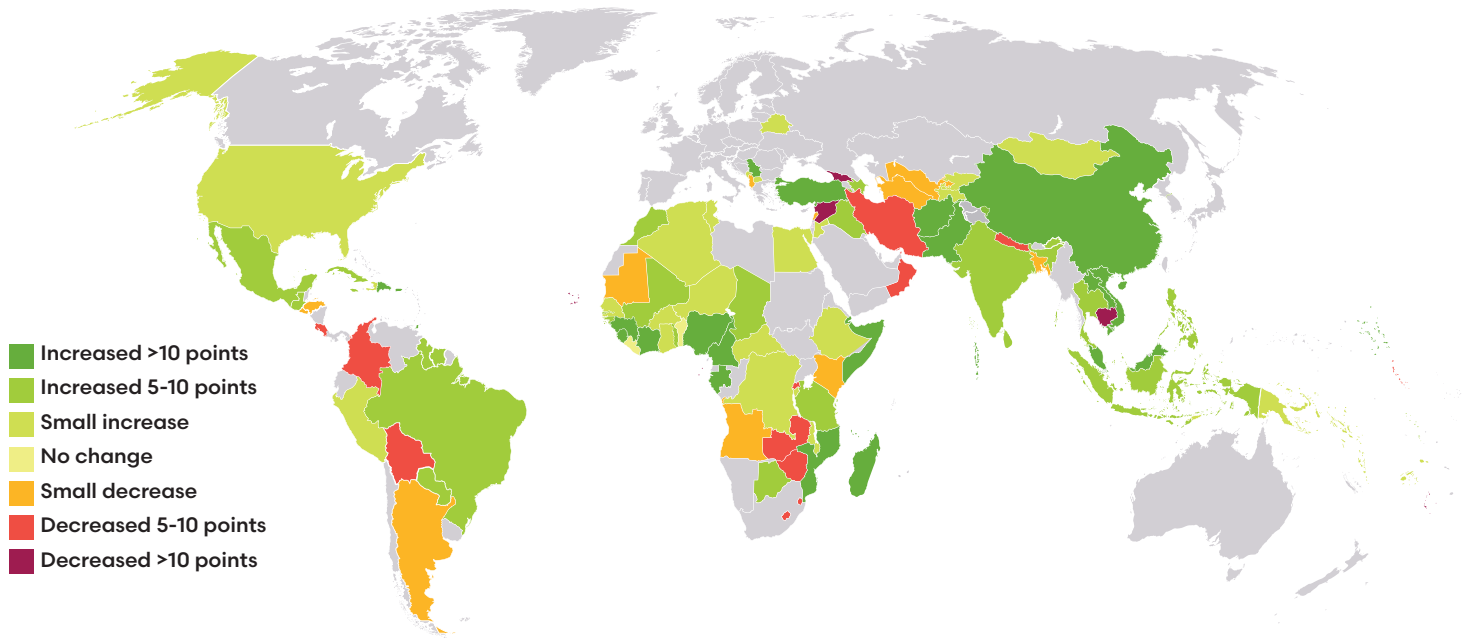


Figure 4. Change in rates of exclusive breastfeeding between 2017 and 2024 reports, among countries with at least a 10 percentage point increase

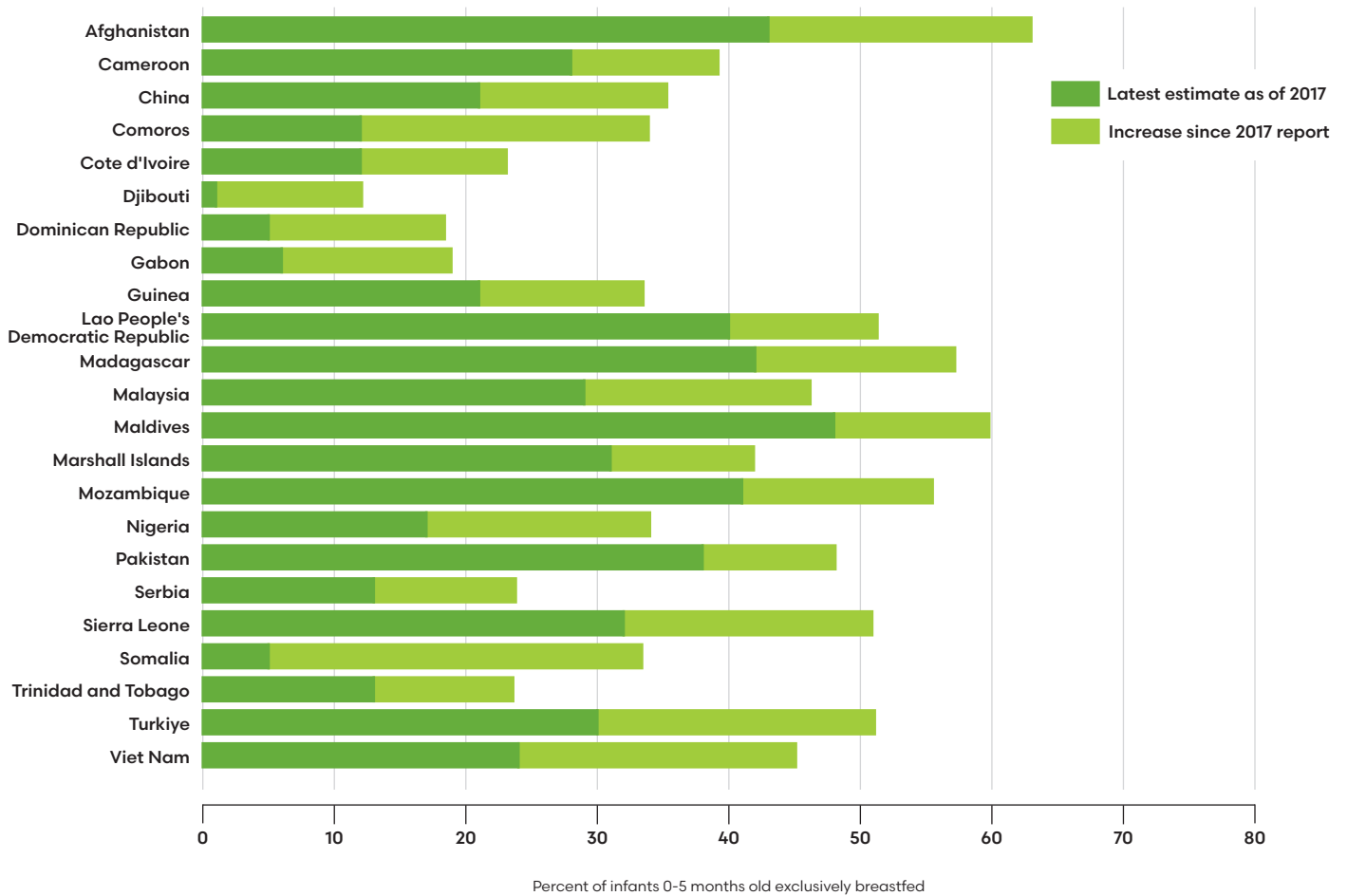
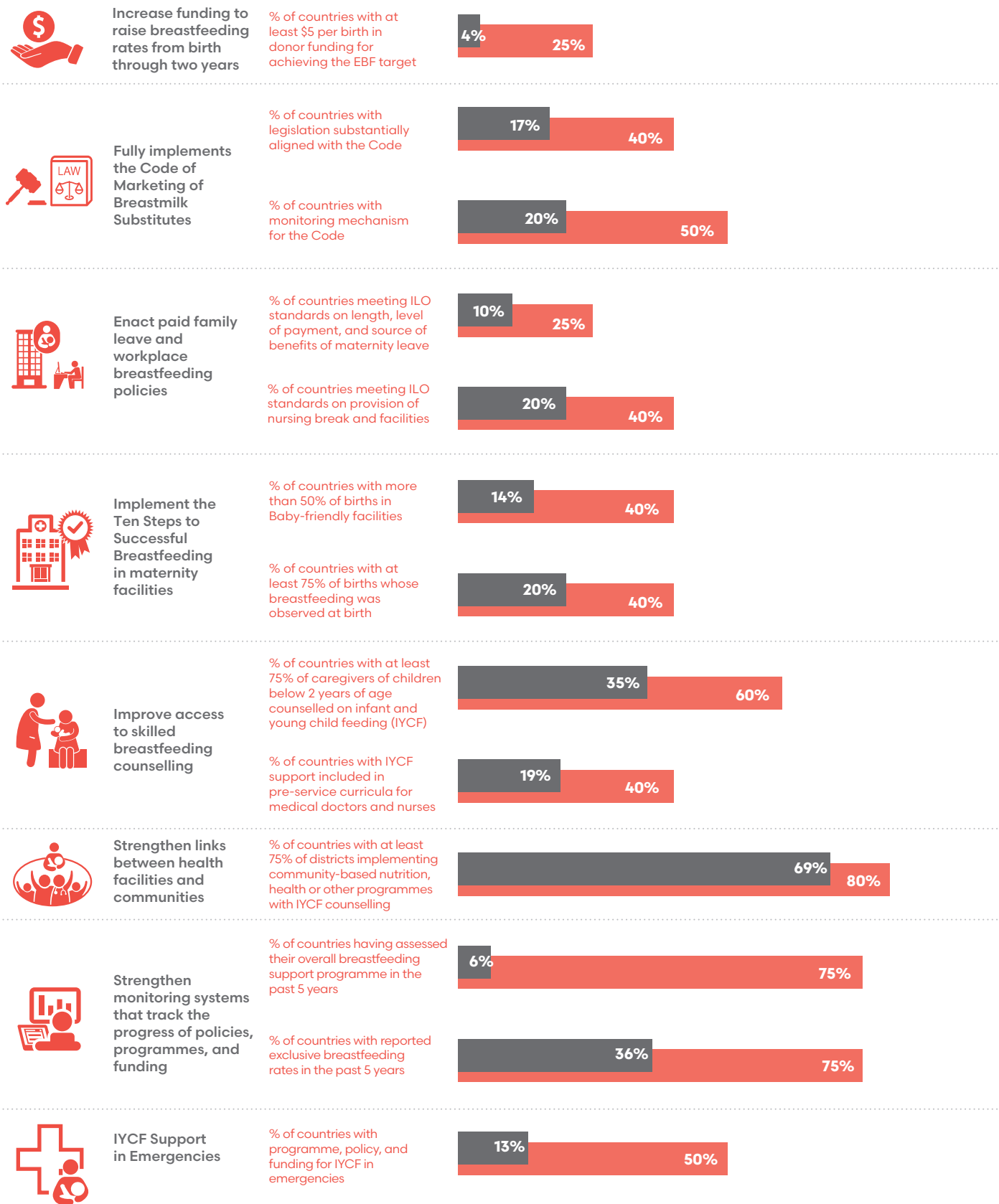


Figure 5. Percent of countries with recommended policies to protect, promote, and support breastfeeding

■ CURRENT PERCENTAGE ■ 2030 TARGET



CALL TO ACTION PRIORITIES

The Global Breastfeeding Collective has identified key priorities for action to accelerate national progress on exclusive breastfeeding.⁶

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING. Investment in breastfeeding makes economic sense: every US\$1 invested in breastfeeding generates US\$35 in economic returns.⁷ Recent estimates show that funding for breastfeeding received from development assistance disbursements (*Figure 5*) has remained low over the years.⁸ Donor funding for breastfeeding tracked from the Scorecard is updated for 2021.

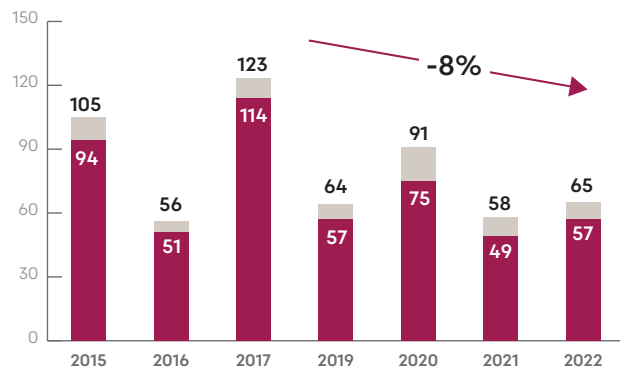


Figure 6: Overseas development assistance disbursements for breastfeeding, 2015–2022 (in 2015 USD millions)

Only 4 per cent of countries receive at least US\$5 per birth to support breastfeeding programmes – the minimum amount needed to reach the World Health Assembly’s (WHA) global target for exclusive

breastfeeding (*Figure 5*). Investing in breastfeeding offers immense benefits and should be prioritized by national governments and the global health community. This is essential for making progress toward the Global Breastfeeding Collective’s goal of increasing the percentage of countries that receive at least US\$5 per birth to 25 per cent by 2030.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES (THE CODE)

FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. The International Code of Marketing of Breast-Milk Substitutes aims to prevent aggressive marketing that unduly influences infant feeding decisions. Milk formula companies frequently engage in exploitative marketing practices, undermining the international measures designed to protect infant nutrition, health and development.⁹

The Global Breastfeeding Scorecard measures the extent to which national legislation implements the provisions of the Code. Countries with laws that are significantly aligned with the Code and subsequent World Health Assembly resolutions report high rates of exclusive and continued breastfeeding compared with countries with no Code in place or only a few of its provisions adopted (*Figure 7 and 8*).

As of 2024, 33 countries have measures in place that are substantially aligned with the Code, eight more than in 2020.¹⁰ This represents only 17 per cent of countries globally (*Figure 5*). The Collective has set a target of 40 per cent of countries by 2030 so current

Figure 7. Percent of infants 0–5 months old exclusively breastfed by status of national Code legislation

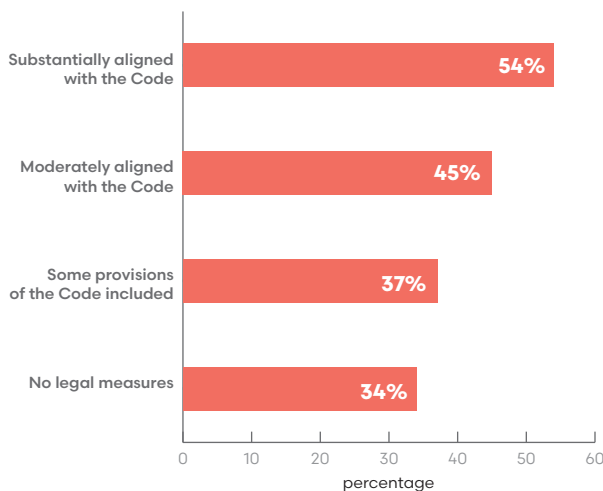
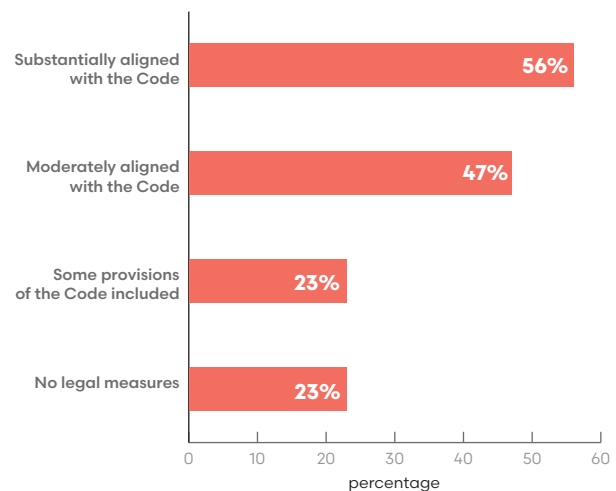


Figure 8. Percent of children 20–23 months old breastfed by status of national Code legislation



progress is well below what is needed to further improve breastfeeding rates. Developing laws restricting the marketing of breastmilk substitutes, including via digital marketing practices, is essential for strong national Code implementation.

Governments have primary responsibility for monitoring and enforcement of the Code – independently and free of commercial interests. Enforcement is important to routinely sanction Code violators. Only 20 per cent of countries have clearly defined governmental authorities responsible for monitoring or enforcing the Code and have continuous monitoring systems in place. The Collective aims to have 50 per cent of countries routinely monitoring the Code by 2030.

MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. Maternity leave allows employed women to take a protected leave of absence around childbirth. This leave is associated with longer durations of breastfeeding and a higher likelihood of exclusive breastfeeding.^{11,12}

The International Labour Organization (ILO) Convention C183 specifies that women should be granted a paid leave period of at least 14 weeks to support health, nutrition and development during this critical time.¹⁶ Furthermore, the ILO recommends an extended maternity leave of at least 18 weeks at 100 per cent pay, funded by public resources (R191).¹⁷ As of 2022, only 10 per cent of countries met this recommended standard (R191) (*Figure 5*). The Global Breastfeeding Collective’s target for 2030 is for at least 25 per cent of countries to adhere to the ILO recommendation. The Collective advocates for a maternity leave of six months or more to enable mothers to exclusively breastfeed.

Workplace breastfeeding facilities and nursing breaks are low-cost interventions that can improve breastfeeding rates, job performance and employee retention.^{18,19,20} Only 20 per cent of countries legislate mandatory provision of both paid breaks and nursing facilities (*Figure 5*). The Collective has set a target of 50 per cent of countries mandating these accommodations by 2030. Government and employer action is needed to robustly implement maternity leave provisions and workplace support for working mothers to help achieve their breastfeeding goals.

Box 1: Timor-Leste enacts national legislation that is significantly aligned with the Code

Timor-Leste is making significant progress in strengthening its breastfeeding policies. In 2023, the Government enacted a law to enforce the Code and establish a strong regulatory framework to protect breastfeeding. Efforts are ongoing to implement this law effectively, demonstrating the Government’s commitment to public health and nutrition policies. Additionally, exclusive breastfeeding rates for infants aged 0 to 5 months increased from 50.2 per cent in 2016 to 65 per cent in 2020, exceeding the World Health Assembly’s target of 50 per cent by 2025.

Box 2: China extends paid maternity leave from 12 to 14 weeks with breastfeeding breaks

China has seen progress in exclusive breastfeeding rates, which increased from 20.8 per cent in 2013 to 35.1 per cent in 2017.¹³ This progress coincided with updates to the national maternity leave policy, which extended leave from 12 to 14 weeks nationally,¹⁴ with some provinces offering up to 178 days. Employers must also provide paid one-hour breastfeeding breaks and nursing facilities. The Law on Maternal and Infant Health Care mandates that health care providers support breastfeeding for the first six months and provide guidance to mothers. Additionally, in 2016, 10 Ministries, including the former National Health and Family Planning Commission, issued the “Guiding Opinions on Accelerating the Construction of Maternal and Child Facilities”, which requires 80 per cent of targeted public places to offer breastfeeding rooms.¹⁵ These actions continue to support the improvement of breastfeeding rates in China



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BABY-FRIENDLY HOSPITAL INITIATIVE

IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES.

The Baby-Friendly Hospital Initiative recommends integrating the Ten Steps to Successful Breastfeeding more fully in the health care system to ensure universal coverage and sustainability over time.²¹²² Currently, only 14 per cent of countries report that a majority of births occur in baby-friendly facilities (*Figure 5*), well below the Collective target of at least 40 per cent by 2030.

A vital part of the Ten Steps to Successful Breastfeeding is having trained health workers observe breastfeeding right after birth. This observation process supports mothers to breastfeed effectively and equips them with the skills needed to continue breastfeeding after hospital discharge. Among the 71 countries with data on this indicator, only 20 per cent report that most babies (three-quarters or more) were observed breastfeeding following the birth (*Figure 5*). The Collective has set a target of 40 per cent of countries meeting this milestone by 2030.

BREASTFEEDING COUNSELLING AND TRAINING

IMPROVE ACCESS TO SKILLED BREASTFEEDING COUNSELLING IN HEALTH CARE FACILITIES.

WHO recommends providing breastfeeding counselling to all pregnant women and mothers during both the antenatal and postnatal periods as an essential element of support to women in meeting their breastfeeding goals. In 2023, out of the countries with data, 35 per cent of countries reported that at least three-quarters of caregivers of children under 2 years of age were counselled on appropriate infant and young child feeding (IYCF) practices (*Figure 5*). The Collective has set a target of 60 per cent by 2030.

Breastfeeding counselling programmes should deliver quality, people-centred breastfeeding counselling services, delivered by skilled health professionals such as doctors, nurses and midwives, as well as paraprofessionals, such as community workers, to provide practical guidance and support. UNICEF and WHO also encourage programmes to develop or update pre-service curricula to provide sufficient practical experiences that develop the competencies of breastfeeding counsellors.²³ Only 19 per cent of countries report that the pre-service curriculum adequately covers IYCF topics for both medical doctors and nurses or other professionals (*Figure 5*). The Collective aims to increase this to 40 per cent of countries by 2030.

Box 3: Nigeria takes steps to integrate the Ten Steps to Successful Breastfeeding as a standard of health care

In Nigeria, 29 per cent of infants under 6 months were exclusively breastfed in 2024, a significant increase from 17 per cent in 2013. To support an increase in breastfeeding rates, Nigeria revised and adapted the 2018 WHO Baby-Friendly Hospital Initiative (BFHI) guidelines to create a comprehensive baby-friendly initiative that spans from hospitals to community settings. In June 2018, following the World Health Assembly resolution to reinvigorate the BFHI with integration into maternal, newborn and child health services, Nigeria passed a resolution to implement culturally appropriate policies that promote optimal breastfeeding practices. The revised BFHI guidelines developed by the Federal Ministry of Health were officially adopted in 2021. The “Ten Steps to Successful Breastfeeding” were integrated into training for service providers, job aids and antenatal services. Advocacy efforts continue to support the integration of these Ten Steps as a standard of care for facilities providing maternal and newborn services.

Box 4: Somalia strengthens and scales up skilled breastfeeding counselling at facility and community level

Somalia has made significant progress in improving its exclusive breastfeeding rates, from 5.3 per cent in 2009 to 33.7 per cent in 2019. With support from the Government and UNICEF, quality community- and health-facility-based IYCF programmes have been integrated and scaled up to cover 69 out of 74 districts. This has increased access to skilled support, reaching nearly 2.5 million pregnant and lactating women with children under two years of age in 2023. Furthermore, Somalia has trained numerous IYCF counsellors and developed counselling materials to enhance programme quality. In 2019, the Government of Somalia also supported the harmonization of the community health worker curriculum, which includes IYCF counselling for training national community health workers. Somalia is currently adapting counselling materials from the updated Community IYCF Counselling Package for 2024.²⁴ Additionally, Somalia has made progress in strengthening policy advocacy to support IYCF. The costed National Nutrition Strategy 2020-2025 and Somalia Nutrition Action Plan 2024-2026 have focused on scaling up breastfeeding coverage, even among hard-to-reach populations.

Box 5: Periodic monitoring in Uganda to support the development of breastfeeding policies and programmes

Uganda has one of the highest rates of exclusive breastfeeding in Eastern Africa, with rates increasing from 60 per cent in 2006 to 66 per cent in 2016. To support this increase, between 2008 and 2015, Uganda trained 32 individuals as part of the core team of WBTi assessors, including staff from the Ministry of Health, non-governmental organizations and universities. The periodic assessments using the WBTi tool

have contributed to improvements in policies and programmes for breastfeeding initiatives. Findings from these assessments played a crucial role in drafting various strategies and guidelines, including the Maternal, Infant and Young Child Feeding Guidelines, as well as the establishment of an IYCF technical working group. A multisectoral nutrition action plan was also developed, prioritizing breastfeeding

as a cost-effective intervention. Additionally, the WBTi assessment findings identify significant gaps in regulations on the marketing of breastmilk substitutes and call for amendments to address existing loopholes. Key breastfeeding indicators were incorporated into national data collection systems, such as the health management information system and other sector reports.

COMMUNITY SUPPORT PROGRAMMES

ENCOURAGE NETWORKS THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING.

Community programmes play a vital role in enhancing breastfeeding practices. According to UNICEF data from 113 countries, 69 per cent of these countries have community programmes that offer IYCF counselling in at least three-quarters of their districts. Countries are offering programmes to support women in overcoming breastfeeding challenges by providing both emotional and practical assistance throughout their breastfeeding journey. While there is a lack of information regarding the number of women reached by these programmes and the quality of services provided, the Collective's target for this indicator is to reach 80 per cent by 2030.

MONITORING SYSTEMS

TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING.

Monitoring and evaluating the effectiveness of breastfeeding programmes and policies is essential for tracking progress toward achieving both national and global breastfeeding targets. The **World Breastfeeding Trends Initiative** (WBTi) allows countries to assess their breastfeeding programmes and policies while developing plans to address any identified gaps. As of 2024, only 6 per cent of countries had completed a WBTi assessment in the past five years, indicating a significant lack of programme evaluation worldwide. Furthermore,

only 36 per cent of countries collected data on exclusive breastfeeding during the same period. The goal is to increase both the percentage of countries completing a WBTi and the percentage collecting data on exclusive breastfeeding to 75 per cent by 2030.

INFANT AND YOUNG CHILD FEEDING SUPPORT IN EMERGENCIES

INVEST IN POLICIES AND PROGRAMMES TO ENSURE CONTINUED BREASTFEEDING DURING EMERGENCY SITUATIONS.

During emergencies, the life-saving protection of breastfeeding is of great importance. Across all emergency contexts, infants and young children are particularly vulnerable, especially regarding their feeding and nutrition. Investing in policies and programmes that protect, promote and support breastfeeding is a crucial element of emergency preparedness. Communities with strong breastfeeding practices and knowledge are better prepared to maintain nutrition security for infants during emergencies. This indicator assesses whether countries work on programmes, have policies and provide government funding to support appropriate IYCF practices during emergency situations. As of 2021, 23 per cent of countries had all three aspects met for IYCF in emergencies (*Figure 5*). The Collective aims to achieve 50 per cent of countries supporting IYCF in emergencies through these three aspects by 2030.

CONCLUSION

While progress has been maintained in protecting and supporting breastfeeding, many women face barriers, such as harmful marketing practices, lack of access to quality health care, and weak family-friendly policies, when making infant feeding decisions. These barriers must be addressed. The 2025 Nutrition for Growth Summit offers an opportunity for governments and donors to make bold commitments to invest in evidence-based programmes and policies that protect and support breastfeeding in all contexts.

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