

From **Assessment** to **Action**



Implementing WBTi to Strengthen National Breastfeeding Policies

Webinar | 3 July 2025

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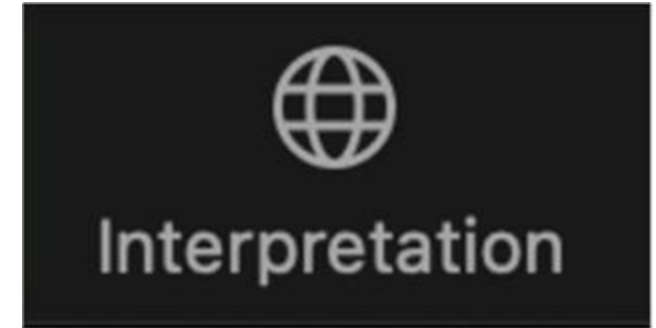
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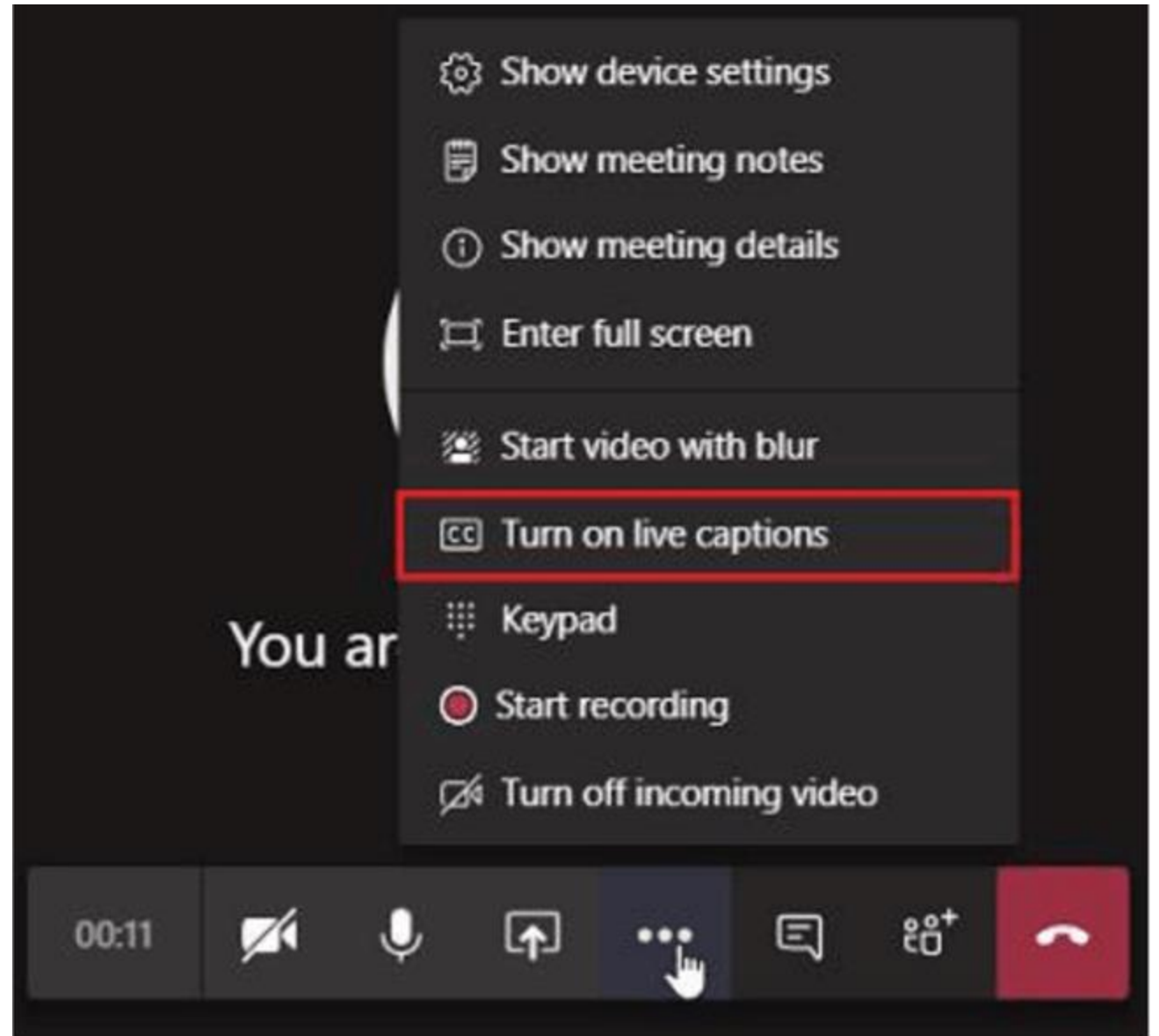
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Closed captioning is available for delegates using the Zoom app on a computer



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Today's Agenda

Welcome and Opening Remarks

How “Monitoring Makes Breastfeeding Matter”

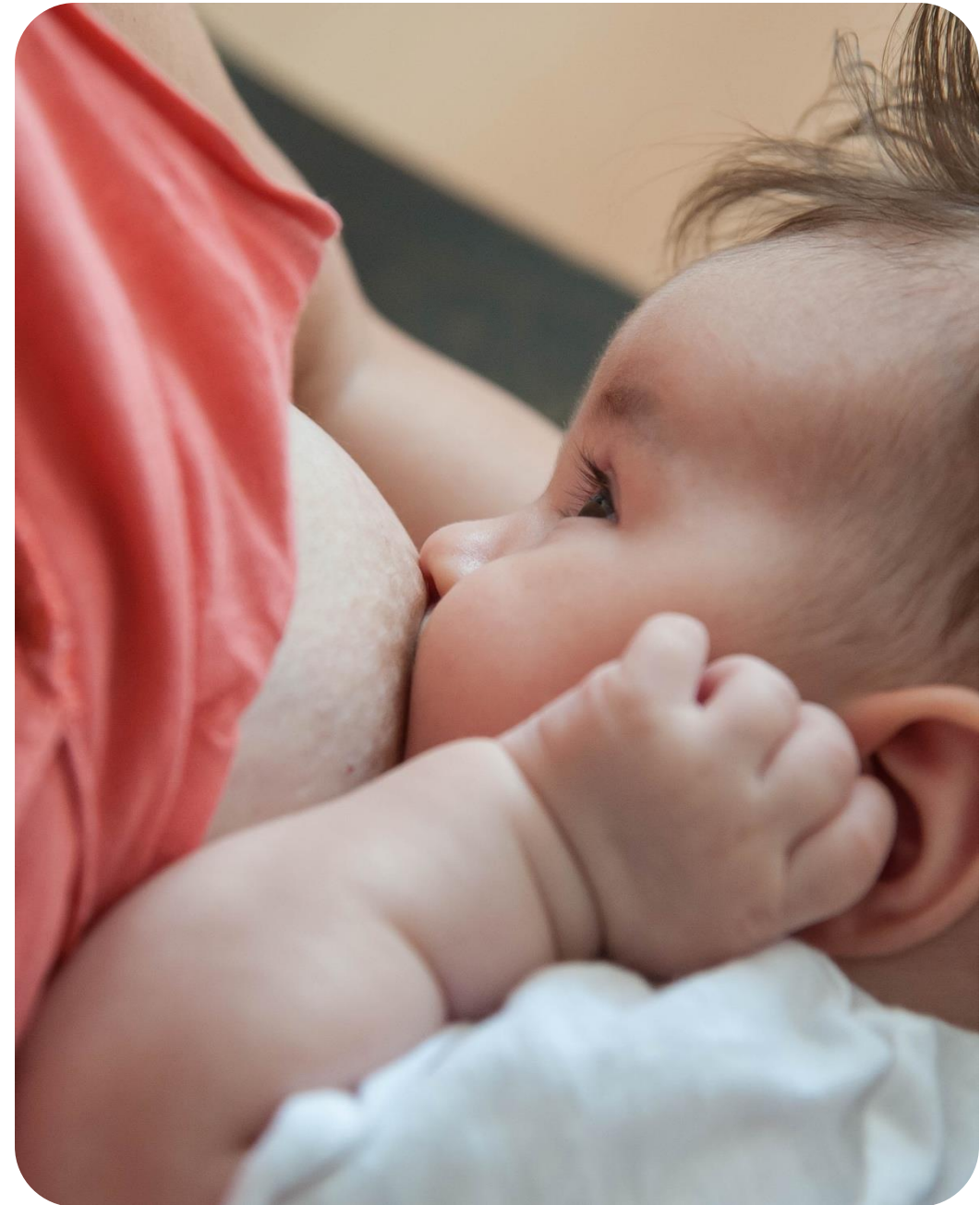
Global Breastfeeding Collective Scorecard 2025

WBTi: Processes and Methodology

Panel Discussion: Experiences at the Country Level

Q&A

Closing Remarks



Welcome and Opening Remarks





Monitoring Makes Breastfeeding Matter



Laurence Grummer-Strawn, PhD

Unit Head, Food and Nutrition Actions in Health Systems, Department of Nutrition and Food Safety (WHO)

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Global agenda for breastfeeding




1 Increase funding 


2 International Code of Marketing of Breastmilk Substitutes 

3 Paid family leave and workplace breastfeeding policies 

4 Ten Steps to Successful Breastfeeding in maternity facilities 

5 Access to skilled breastfeeding counselling 

6 Community networks 

7 Monitoring systems of policies, programmes, and funding 

Monitoring implementation globally

Periodic reports on legislation

- Maternity leave
- Workplace accommodations
- Marketing of breast-milk substitutes

Provision of support services

- Baby-friendly designation
- Breastfeeding observations
- Counselling on infant & young child feeding
- National curricula

Donor funding to low-income countries

Breastfeeding rates

- Early initiation
- Exclusive breastfeeding
- Continued at 1 & 2 years



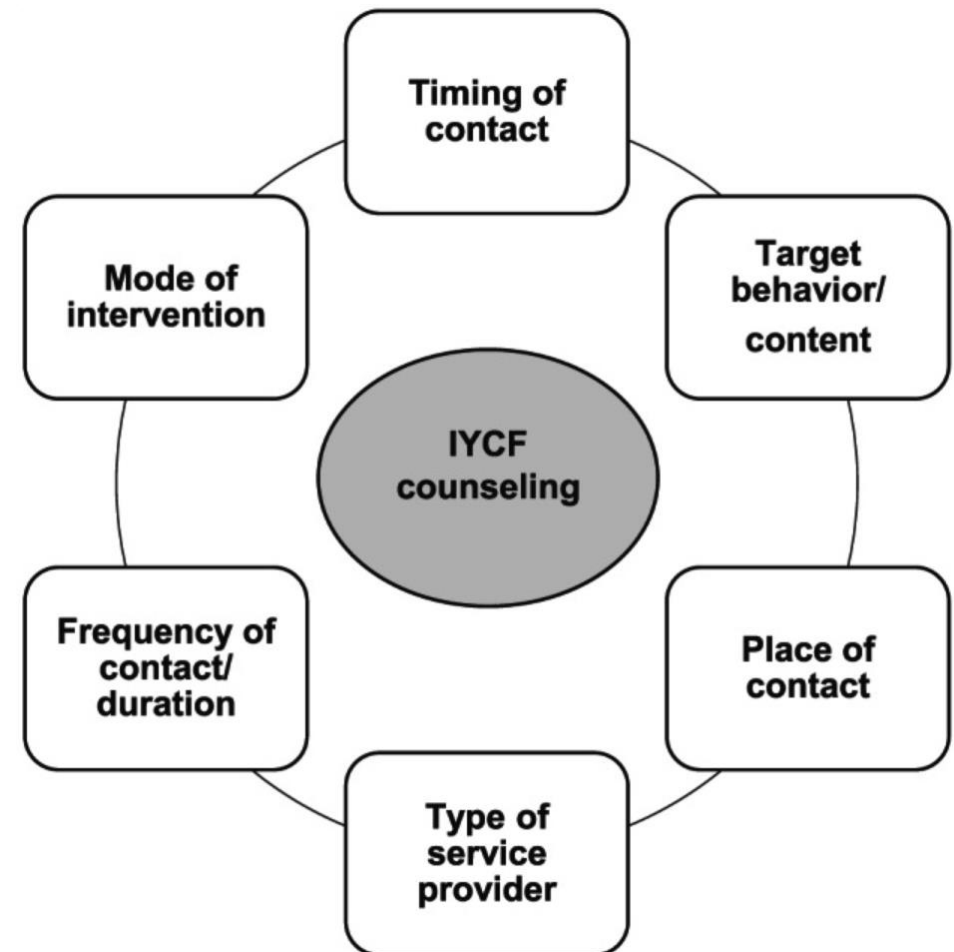
Key monitoring gaps



- Data are sparse for high-income countries
- No information on domestic investment in breastfeeding
- Data are available on national policies, but very limited on how these policies are implemented
- Limited situation analysis assessments
- Data on breastfeeding behaviours are not very timely and cannot be disaggregated at local level

Tools to assist national monitoring

- NetCode toolkit for monitoring Code violations and study marketing activities
- BFHI monitoring manual
- Choufani et al. (2020) framework for harmonized measurement of IYCF counselling coverage
- IYCF indicators manual



Tools to assist national monitoring

NETCODE TOOLKIT

MONITORING THE MARKETING OF
BREAST-MILK SUBSTITUTES:
**PROTOCOL FOR PERIODIC
ASSESSMENT**



MONITORING MANUAL

Protecting, promoting and supporting
breastfeeding in facilities providing
maternity and newborn services

**The Baby-friendly
Hospital Initiative**



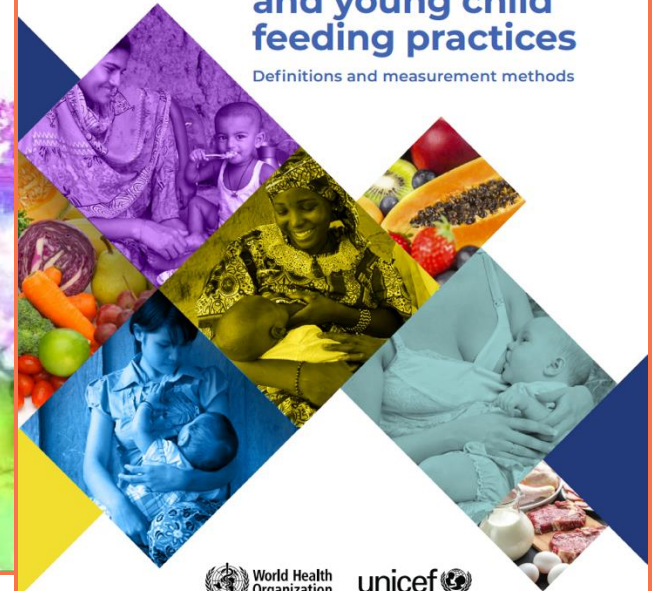
NETCODE TOOLKIT

MONITORING THE MARKETING OF
BREAST-MILK SUBSTITUTES:
**PROTOCOL FOR ONGOING
MONITORING SYSTEMS**



**Indicators for
assessing infant
and young child
feeding practices**

Definitions and measurement methods



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Assessing national programme performance

World Breastfeeding Trends Initiative (WBTi)


- Based on the components of the Global Strategy for Infant and Young Child Feeding
- Country-led process of self-evaluation
- Identifies strengths and weaknesses of current status of breastfeeding protection, promotion, and support
- Establishes priorities for policy and programme improvement





Thank you!

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unicef 

 World Health
Organization



Global Breastfeeding Scorecard



Fatmata Fatima Sesay, MPH

Nutrition Specialist, Infant Feeding
Child Nutrition and Development, UNICEF

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Priorities of the Global Breastfeeding Collective



Workplace



Ten Steps



Funding



Code



Community Links



Monitoring



Counselling Access

GLOBAL BREASTFEEDING COLLECTIVE A CALL TO ACTION

Breastfeeding gives all children the healthiest start in life.

Breastmilk acts as a baby's first vaccine, stimulates brain development, and protects a woman's health. When mothers breastfeed, everyone benefits. Breastfeeding leads to lower health care costs, healthier families, and a smarter workforce.

Yet, only 44 percent of children under six months of age are fed only breastmilk. UNICEF and WHO are leading a Global Breastfeeding Collective to increase political commitment for breastfeeding—one of the smartest investments a country can make. The initiative aims to increase early initiation, exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods.



We call upon implementers and donors from governments, philanthropies, international organizations, civil society to:

- 1 Increase funding to raise breastfeeding rates from birth through two years.
- 2 Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.
- 3 Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
- 4 Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns.
- 5 Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities.
- 6 Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding.
- 7 Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

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World Health
Organization

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unicef World Health Organization

Global Breastfeeding Scorecard

- Aims to advocate for progress, increase accountability, and document change on top priorities
- **Indicators on:**
 - GBC policy priorities (1-2 each)
 - IYCF in emergencies
 - Breastfeeding rates (EIBF, ExBF, 1yr, 2yr)
- Colour-coding on level of performance
- Sets 2030 targets
- Published annually since 2017
- **Online dashboard:**
(<https://www.globalbreastfeedingcollective.org/global-breastfeeding-scorecard>)
 - Maps
 - Country-specific data for 194 countries



Policy & Programme Indicators



	Theme/Policy Ask	Indicator	2030 Target	Data Source
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Funding

Donor Funding (USD) Per Live Birth

25% of countries with at least \$5 per birth in donor funding for achieving the EBF target (6% baseline)

2022 R4D report: Tracking aid for the WHA nutrition targets



Code

Legal Status of the Code

40% of countries with legislation substantially aligned with the Code (21% baseline)

2024 Code Status Report

Monitoring of the Code

50% of countries with monitoring mechanism for the Code and continuous monitoring (25% baseline)

Nutridash 2023



Maternity protection

Standards on Maternity Leave

25% of countries meeting ILO standards on length, level of payment, and source of benefits of maternity leave (12% baseline)

2022 ILO report: Care at Work

Standards on Workplace Accommodations

40% of countries meeting ILO standards on provision of nursing breaks and facilities (20% baseline)

2022 ILO Care at Work report



BFHI

Ten Step Compliance

40% of countries with more than 50% of births in Baby-friendly facilities (14% baseline)

BFHI Status Report 2017

Breastfeeding Observation at Birth

40% of countries with at least 75% of births observed on breastfeeding at birth (15% baseline)

Demographic and Health Survey

Policy & Programme Indicators



Theme/Policy Ask

Indicator

2030 Target

Data Source



Counseling

IYCF Counselling Coverage

60% of countries with at least 75% of caregivers of children below 2 years of age counselled on IYCF (28% baseline)

Nutridash 2023

Inclusion of IYCF Support in Pre-Service Curricula

40% of countries with IYCF support included in pre-service curricula for medical doctors and nurses (17% baseline)

Nutridash 2023



Monitoring

Most Recent Exclusive BF Report

75% of countries with reported exclusive breastfeeding rates in the past 5 years (48% baseline)

UNICEF IYCF database

Most Recent WBTi BF Programme Assessment

75% of countries having assessed their overall breastfeeding support programme in the past 5 years (40% baseline)

IBFAN/BPNI reporting



IYCF in emergencies

IYCF Support in Emergencies

50% of countries with programme, policy, and funding for IYCF in emergencies (23% baseline)

Nutridash 2023

Progress in Breastfeeding Rates

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

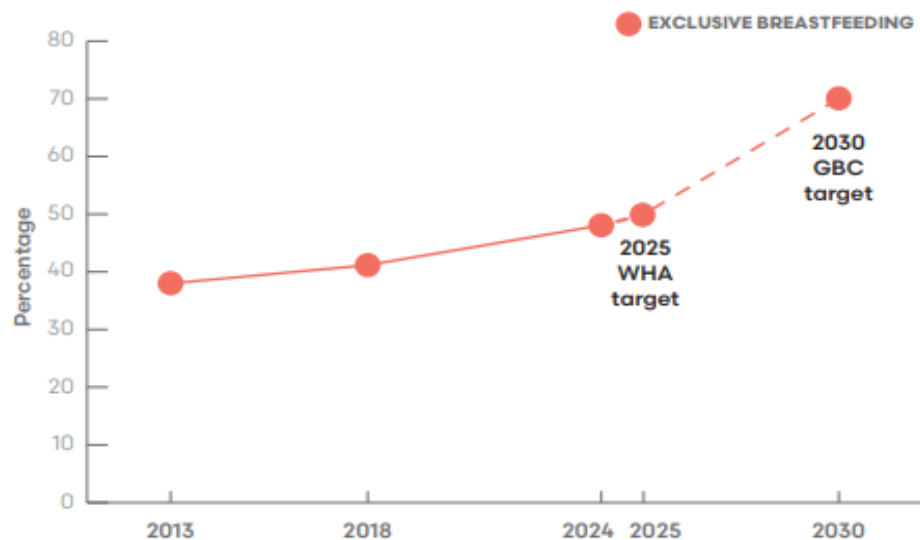
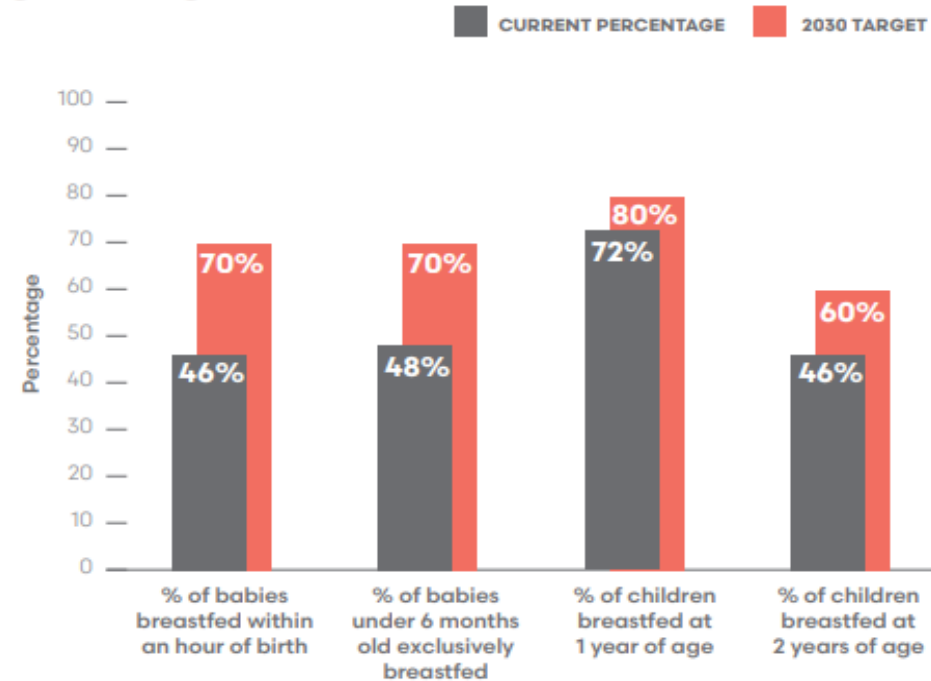
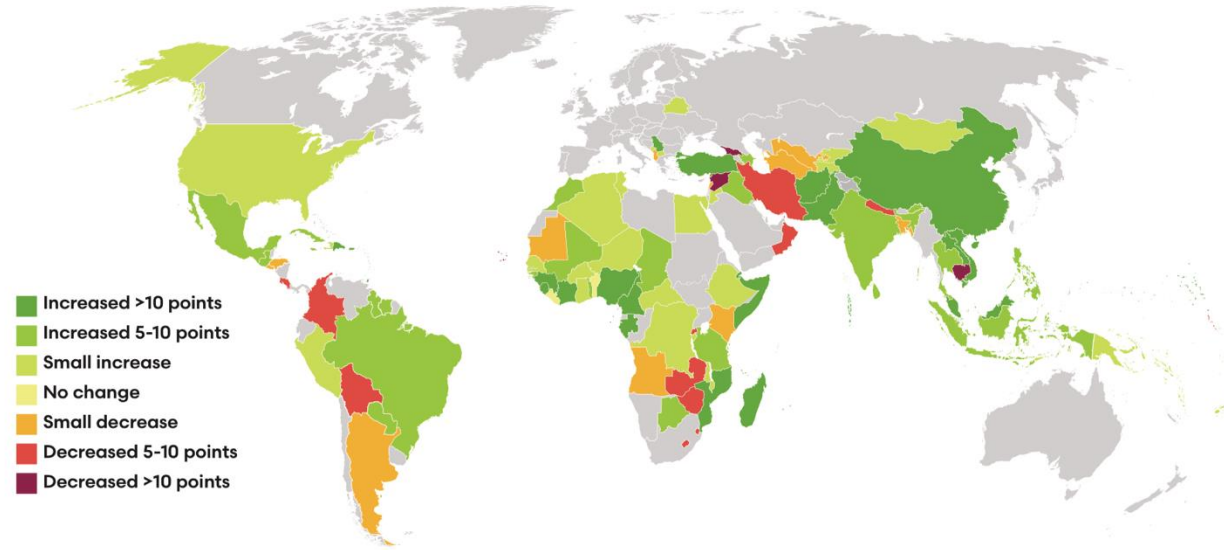
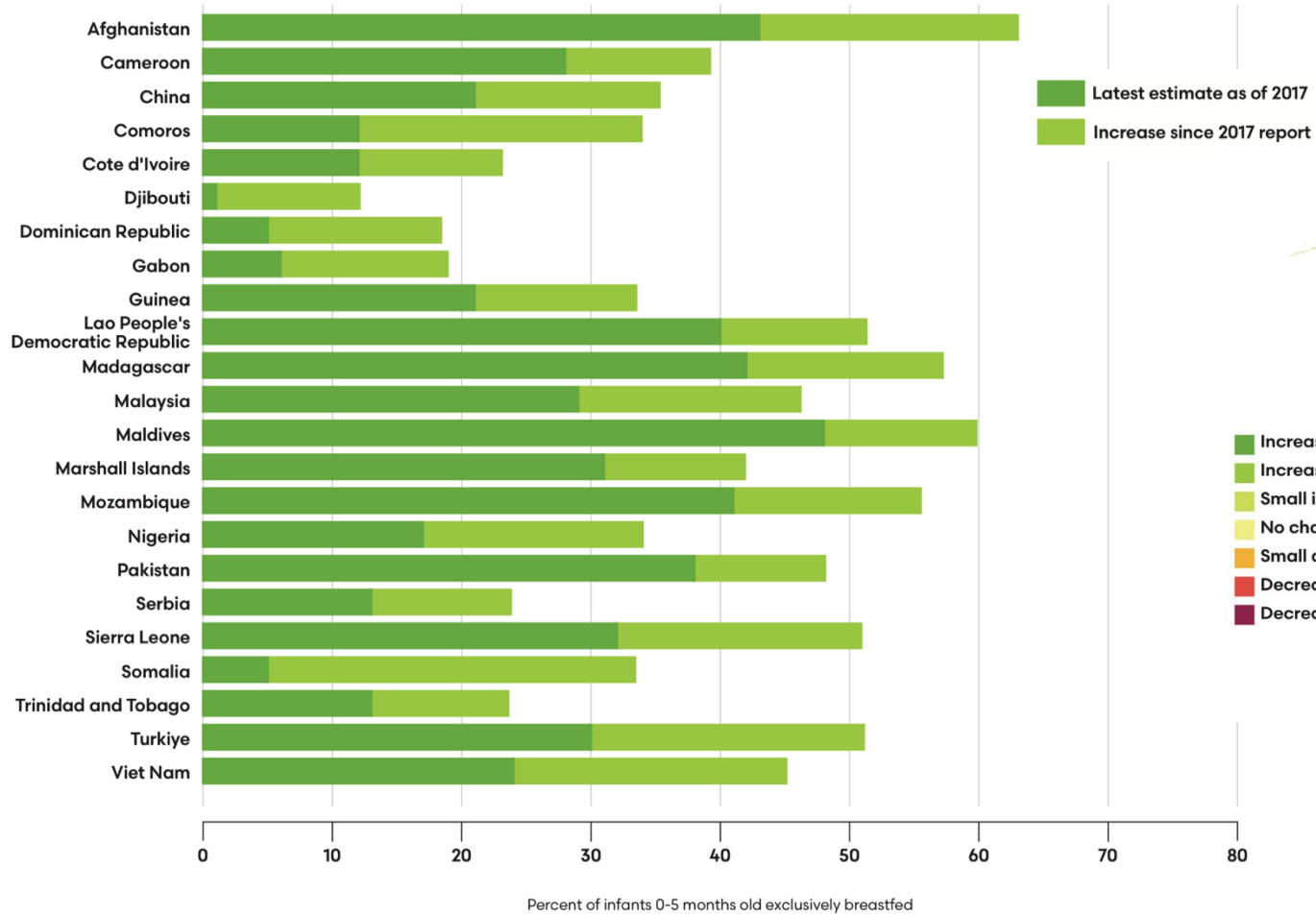


Figure 2. Current rates of breastfeeding against global targets



Country Progress in Exclusive Breastfeeding



2024 Program and Policy Results

- Updated data on donor funding shows little improvement.
- Progress on Code legislation countries with new legislation substantially aligned with the Code.
- Few countries have functioning mechanisms to monitor compliance with the Code.
- Analysis of legislation on maternity leave shows little progress.
- Most countries do not guarantee breastfeeding facilities and paid break times for working mothers.



Increase funding to raise breastfeeding rates from birth through two years

% of countries with at least \$5 per birth in donor funding for achieving the EBF target



Fully implements the Code of Marketing of Breastmilk Substitutes

% of countries with legislation substantially aligned with the Code



% of countries with monitoring mechanism for the Code



Enact paid family leave and workplace breastfeeding policies

% of countries meeting ILO standards on length, level of payment, and source of benefits of maternity leave



% of countries meeting ILO standards on provision of nursing break and facilities



Implement the Ten Steps to Successful Breastfeeding in maternity facilities

% of countries with more than 50% of births in Baby-friendly facilities



% of countries with at least 75% of births whose breastfeeding was observed at birth



2024 Program and Policy Results

- Few countries include training on IYCF in pre-service curricula.
- Only a few countries (6%) have done a WBTi assessment in the last 5 years.
- IYCF support for IYCF is not routinely built into emergency planning.



Improve access to skilled breastfeeding counselling

% of countries with at least 75% of caregivers of children below 2 years of age counselled on infant and young child feeding (IYCF)



% of countries with IYCF support included in pre-service curricula for medical doctors and nurses



Strengthen links between health facilities and communities

% of countries with at least 75% of districts implementing community-based nutrition, health or other programmes with IYCF counselling



Strengthen monitoring systems that track the progress of policies, programmes, and funding

% of countries having assessed their overall breastfeeding support programme in the past 5 years



% of countries with reported exclusive breastfeeding rates in the past 5 years



IYCF Support in Emergencies

% of countries with programme, policy, and funding for IYCF in emergencies



Thank you!

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Mentimeter #1





WBTi: Processes and Methodology



Arun Gupta, MD

Founder and Chief Coordinator Breastfeeding Promotion Network of India (BPNI)/Coordinator WBTi Global Secretariat

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Partnership Project

Partnership Project: January 2025 to Sept 2027

BPNI-IBFAN's partnership with UNICEF and WHO to Strengthen the World Breastfeeding Trends Initiative (WBTi) Globally and provide technical assistance to countries

What is WBTi?



- Reliable tool for measuring and monitoring policies and programs on BF/IYCF
- Catalyst to improve policies and breastfeeding rates
- Participatory process
- Simple action research (secondary data)
- Local people assess, analyze and act

4 Components

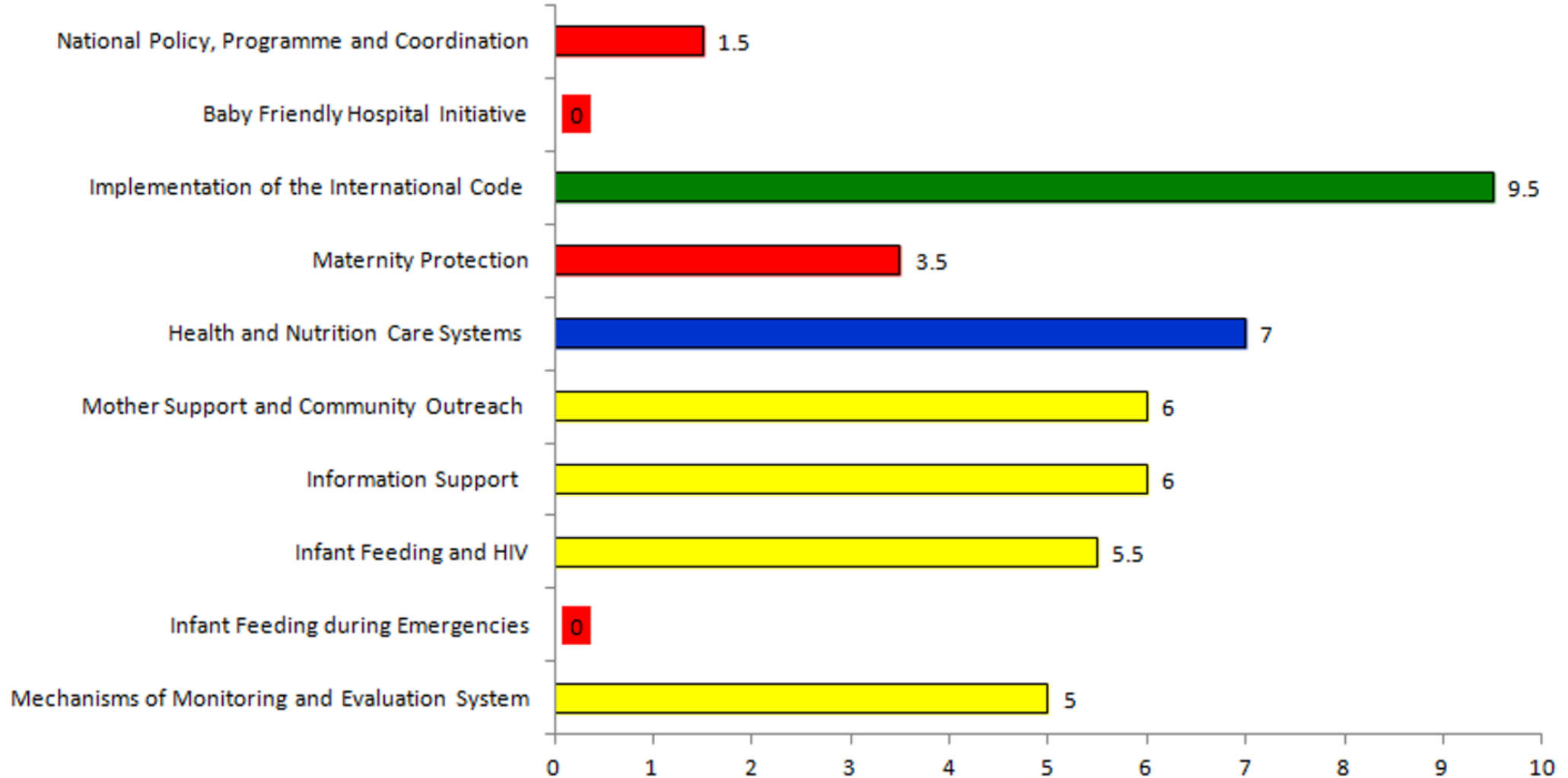
1. A process of national assessment of policy and programmes.

2. A process for generating country reports on the gaps.

3. A web- based tool for colour coding and objective scoring of indicators, as well as a data bank on policy & programmes.

4. A built in process to use the findings for advocacy and launch a 'Call to Action'.

Example from India 2015



Objectives

- To evaluate national policy and programmes
- Identify areas that need improvement
- Provide important information to governments.
- To create a unique global repository of policy and programmes

<https://www.worldbreastfeedingtrends.org/wbti-countries.php>



The Tools



PURPOSE

- To provide critical information to governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices and to use the WBTi tools to galvanise action at country level.
- To maintain a global data repository of information on policies in programmes related to breastfeeding and IYCF.

MISSION

WBTi's mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

ETHICAL POLICY

The WBTi works on 7 principles of IBFAN and does not seek or accept funds, donations, grants or sponsorship from manufacturers or distributors and the local organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or from any organization that has conflicts of interest.

VISION

The WBTi envisions that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBTi agrees to be a "neutral leader" to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBTi continues to serve as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe.

Reach us at:
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 Breastfeeding, Promotion Division of Global Health, WHO
 20, Avenue Appia, 1120 GENEVA
 Tel: +41 22 7919000
 www.worldbreastfeedingtrends.org
 @WBIGlobalSec

October 2016

WBTi Assessment Tool (French) –
March 2024 (Version 4)

Download Now

WBTi Assessment Tool (English) –
Version 4, March 2024

WBTi Assessment Tool (Arabic) –
March 2024 (Version 4)

Download Now

WBTi Assessment Tool (Russian)-
May 2019

WBTi Assessment Tool (Spanish)
– March 2024 (Version 4)

Download Now

WBTi Indicators and their Possible
Source of Information

Based on the WHO UNICEF's Global Strategy 2002 and tools for National assessment 2003.

Tools in English, French, Spanish and Arab

Indicators Policy and Programs (1-10)

1. National Policy, Governance and Funding
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding
3. Implementation of the International Code of Marketing of Breastmilk Substitutes
4. Maternity Protection
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)
6. Counselling services for the pregnant and breastfeeding mothers
7. Accurate and Unbiased Information Support
8. Infant Feeding and HIV
9. Infant and Young Child Feeding during Emergencies
10. Monitoring and Evaluation

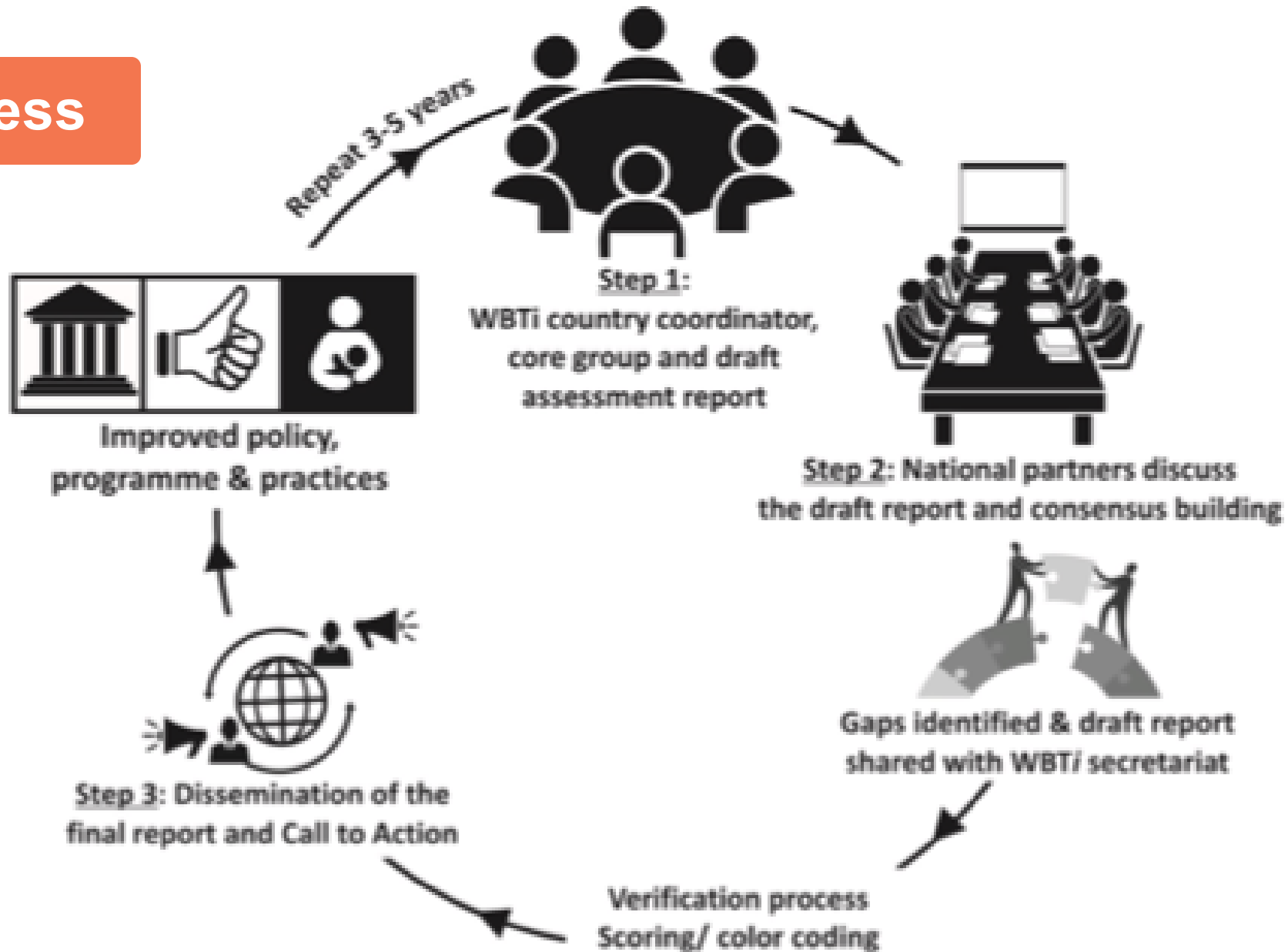
Indicators

Practices 11-15 (based on WHO Tool)

- Initiation of Breastfeeding within 1 hour
- Exclusive Breastfeeding (0-6 months)
- Median Duration of Breastfeeding
- Bottle-feeding (0-12 months)
- Complimentary feeding (6-8 m)



The Process



The WBTi assessment processes

Resources Needed



- 6- hour online training by WBTi Secretariat
- Online technical support as follow up
- Local Expenses Approx. 5000 USD, for communication/meetings
- Opportunity for fund raising and partnership with local UNICEF and WHO, and others
- Duration: 6-12 months

Country Reports

Templates available for
Report and Report Cards

<https://www.worldbreastfeedingtrends.org/resources/reporting-templates>





Impact



Impact



- Proven impact as evaluation of 51 countries showed
- Improvement in policy and practices in countries that repeated assessments
- 51 countries participated
- Showed improved policy and programmes and practice in countries that repeatedly did WBTi 3-5 years.

Gains



Country Examples of Improved Policy/Programmes



Afghanistan



IFE



Bhutan



Dominican Republic



IFE

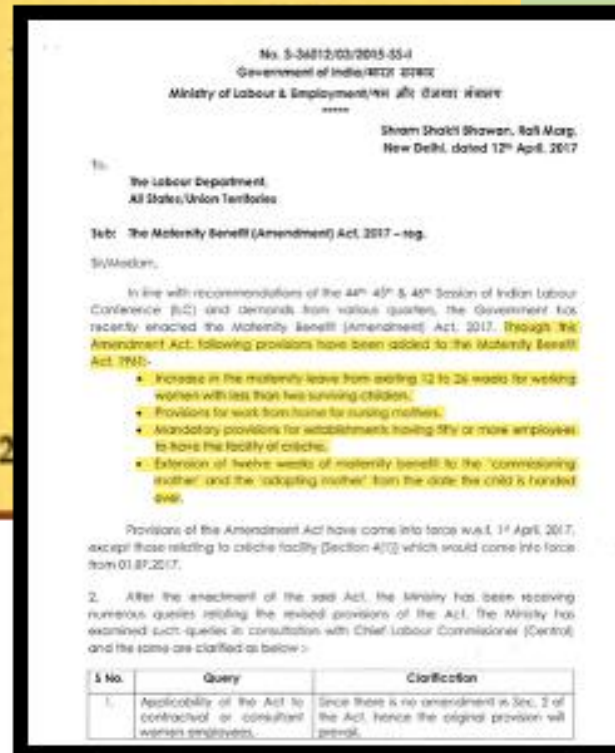
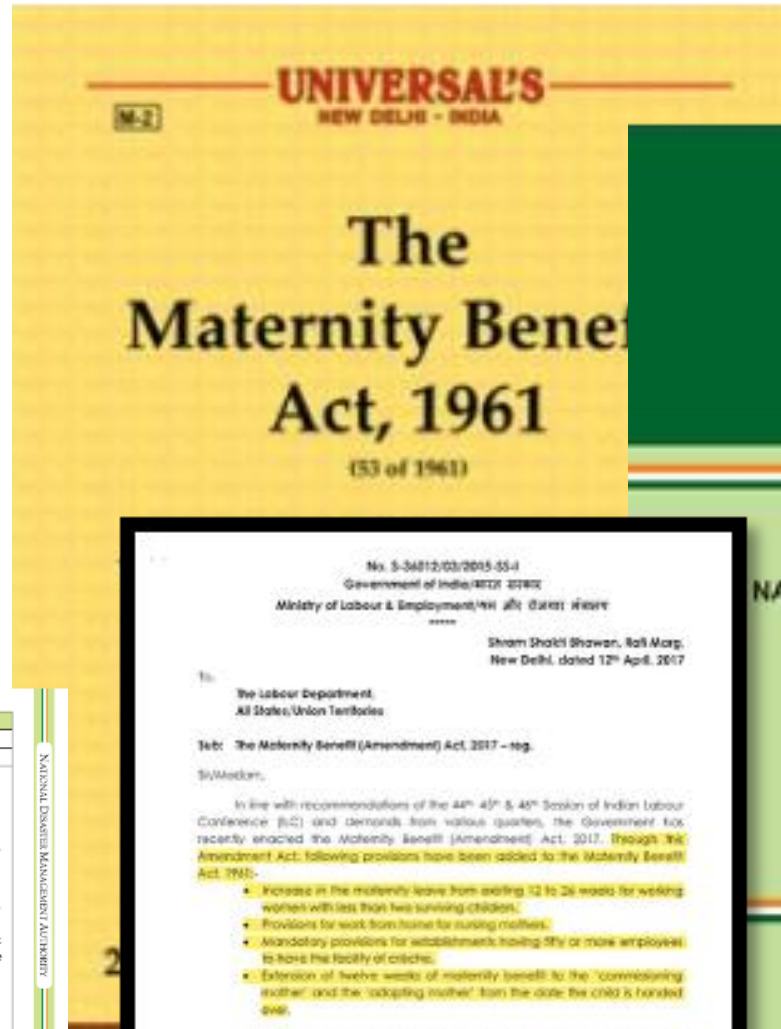


El Salvador



IFE

How change looks like in India?



Preparedness and Response					
SN	Emergency Function*	Central/ State Ministries/ Departments and their Responsibilities			
		Centre	Responsibility – Centre	State	Responsibility – State
		Supporting Agencies: MRTH, MOCI, MOR, MSJE, MHA, FCI	<ul style="list-style-type: none"> MOU with suppliers to provide required quantities of family packs of essential food provisions Supply of provisions to meet the needs of infants/ small children Counselling for lactating mothers Prepare FCI storage facilities to supply required food grains as per requirement of disaster affected areas 	Supporting Agencies: State/UT, SDMA, RD, DMD ⁵ , SEOC, DDMA, CDEF, all other relevant Depts.	<ul style="list-style-type: none"> cooked food/ meals, family packs of essential food provisions Agreements/MoUs with organisations, trusts, and firms for setting up community kitchens in the affected areas Depending upon the requirement, coordinate with the relevant Central Ministry to make sure that the supplies reach the site on time Deploy a dedicated team at the local level to receive the supplies, maintain log (manual or computerized), and distribute them at required locations Ensure food storage facilities have sufficient stocks and are located in relatively risk-free locations Supply of provisions to meet the needs of infants/ small children Counselling for lactating mothers



Thank you!

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Panelists



**Ms. Ana Josefa
Blanco Noyola**

**Directora Ejecutiva,
CALMA-EI Salvador**

Country Panelist
(El Salvador)



Mr. Bakary Jallow

Country Panelist
(The Gambia)



Dr. S.K. Roy

**Chairperson, Bangladesh
Breastfeeding Foundation
(BBF)**

Country Panelist
(Bangladesh)



**Dr. Irena Zakarija-
Grković**

**WBTi Regional
Coordinator for Europe
(Croatia)**

Regional Panelist
(Croatia)

Mentimeter #2



Thank you!

Wema Adere, CARE

Mona Alsumaie, IBFAN

Nupur Bidla, IBFAN

Judy Canahuati, La Leche League
International

Nina Chad, WHO

Mariana Colmenares Castaño, Academy of
Breastfeeding Medicine

Maria Ximena Escobar, Nutrition
International

Zoe Faulkner, ILCA

Jørgen Johnsen, WHO

Juanita Jauer Steichen, La Leche League
International

Loria Kulathungam, World Vision

Sara Lake, IBLCE

Lisa Mandell, ILCA

Jeanette McCulloch, UNICEF

Jennifer Nielsen, Helen Keller International

Fatmata Fatima Sesay, UNICEF

Take Action for Breastfeeding Families

- Use QR code to express interest and learn more about WBTi
- Access the online Global Breastfeeding Scorecard to learn more about how your country is doing





qr.link/JXVQAY



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Organization