

GLOBAL BREASTFEEDING SCORECARD, 2025

BREASTFEEDING RATES ARE INCREASING BUT IMPROVED SUPPORT IS NEEDED

Breastfeeding is an essential investment that promotes better health for mothers and children. It is a child's first line of defense, a natural vaccine that protects against diseases such as diarrhoea and pneumonia and prevents nearly 600,000 child deaths each year. For mothers, breastfeeding reduces the risk of breast and ovarian cancers and helps prevent chronic illnesses.[1,2,3] Improving breastfeeding is a critical step towards achieving the Sustainable Development Goals, including good health for all and an end to malnutrition in all its forms.

In 2025, the World Health Assembly set an ambitious global target: for at least 60 per cent of infants under 6 months of age to be exclusively breastfed by 2030. To accelerate progress, the Assembly also called for a 25 per cent relative increase in early initiation of breastfeeding and a 65 per cent increase in the proportion of caregivers receiving counselling on infant and young child feeding. At the Paris Nutrition for Growth (N4G) Summit in March, countries stepped up with concrete commitments to scale up breastfeeding support and drive transformative change. These actions marked a critical opportunity to protect child health, empower mothers and advance global nutrition goals.

The Global Breastfeeding Collective brings together leading international agencies with one clear mission: to make breastfeeding a global priority. The Collective calls on donors, policymakers and civil society to increase investment in breastfeeding worldwide. The Global Breastfeeding Scorecard tracks progress on key breastfeeding practices and the policies and programmes that protect and support mothers and babies.[4]

GLOBAL BREASTFEEDING COLLECTIVE | unicef | World Health Organization

Highlights for the 2025 Scorecard

- **In the last five years, the global rate of continued breastfeeding for a duration of one and two years has increased by roughly 10 percentage points.**
- **Nearly half of infants under 6 months of age are exclusively breastfed, an increase of 8 percentage points compared to 2020.**
- **Donor support for breastfeeding programmes has declined and remains far below what is needed to meet global targets.**
- **Most countries still fail to guarantee workplace accommodations, such as breastfeeding facilities and paid breaks.**
- **Only 40 per cent of countries have collected exclusive breastfeeding data in the past five years – a figure that is likely to worsen as international aid for maternal and child health data declines.**
- **Three-quarters of countries lack systems to protect breastfeeding during crises, including formal policies, controls on infant formula donations and direct support for breastfeeding mothers.**

BREASTFEEDING PRACTICES

Globally, an estimated 47 per cent of infants under 6 months of age are exclusively breastfed (*Figure 1*). This figure is based on data collected over the past seven years, plus China's 2016–2017 survey. If only data from the past five years are considered, the estimate rises to 51 per cent, surpassing the World Health Assembly's 2025 target of 50 per cent. The World Health Assembly target for 2030 is even more ambitious at 60 per cent.

Early initiation of breastfeeding remains a challenge. Based on national surveys conducted between 2018 and 2024, only 48 per cent of newborns were breastfed within one hour of birth – far below the 70 per cent target (*Figure 1*). Alarmingly, this percentage has declined over the past five years.

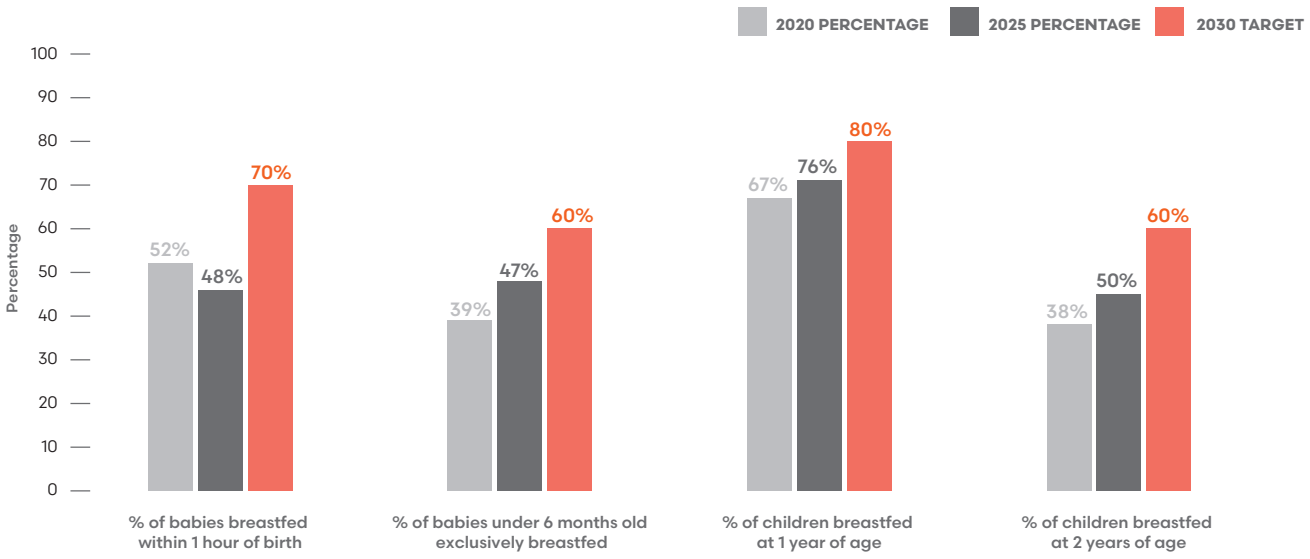
On a positive note, continued breastfeeding has improved significantly. The prevalence of breastfeeding for at least one year increased from 67 per cent in 2020 to 76 per cent in 2025, while breastfeeding for a duration of two years rose from 38 per cent to 50 per cent over the same period. The Global Breastfeeding Collective aims to push these achievements further to 80 per cent and 60 per cent, respectively, by 2030. Meeting these targets requires accelerated efforts by national governments to increase investment in programmes and policies to support and protect breastfeeding.

Data from 15 countries (*Figure 2*) demonstrate improvements in exclusive breastfeeding (EBF) rates of at least five percentage points between 2015–2019 and 2020–2024. Notably, Bhutan, Burundi, and Timor-Leste achieved gains of more than 14 percentage points. Six countries now report EBF rates above 60 per cent: Burundi, Bhutan, Timor-Leste, United Republic of Tanzania, India, and Afghanistan.

These findings reflect broad-based progress, with some countries achieving or consolidating high EBF rates (≥60%) and others surpassing key thresholds (≥50%). However, countries starting from very low baselines still require targeted investments and support to reach recommended coverage levels.

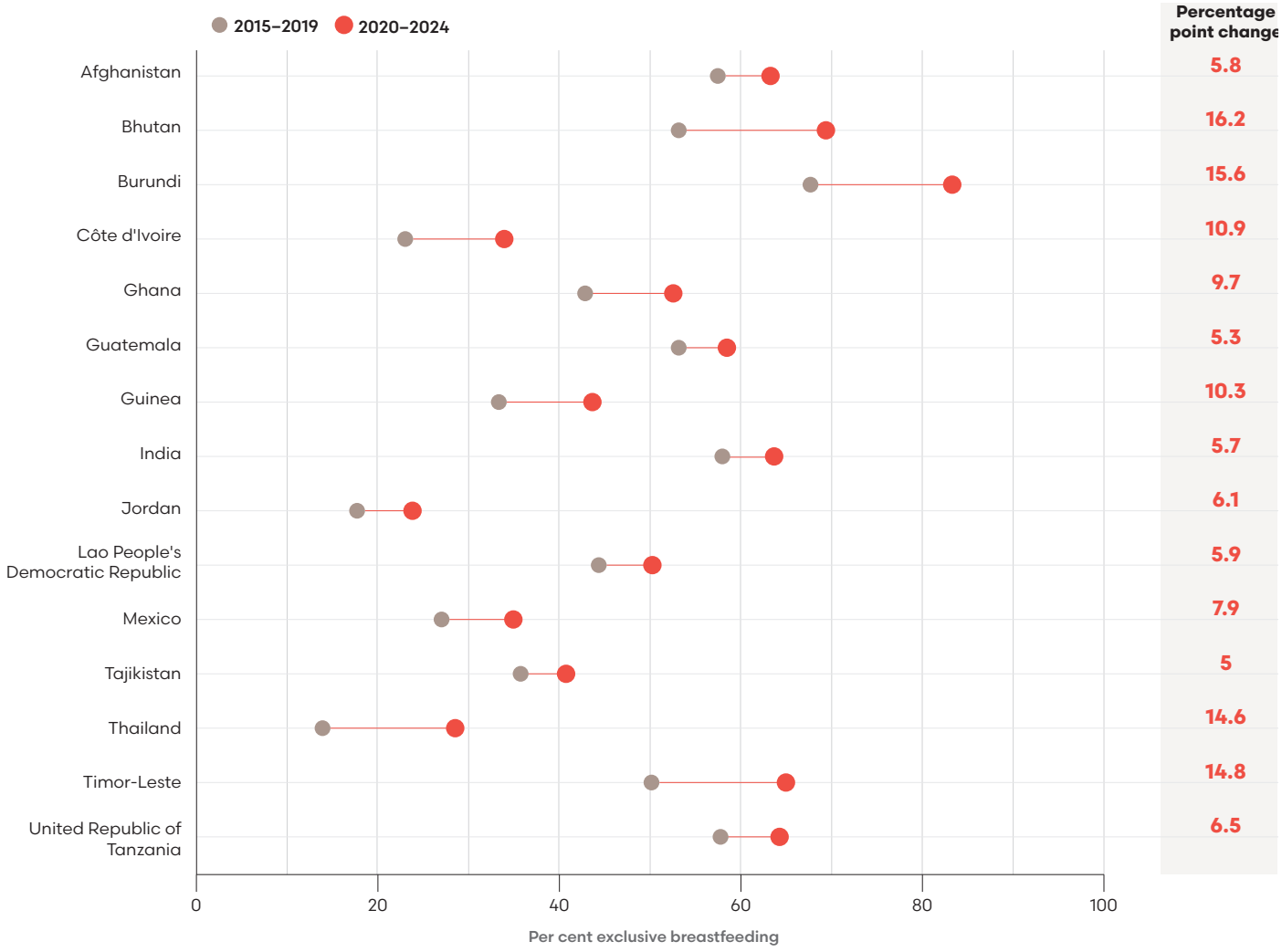
In 2025, the World Health Assembly set an ambitious global target: for at least 60 per cent of infants under 6 months of age to be exclusively breastfed by 2030. To accelerate progress, the Assembly also called for a 25 per cent relative increase in early initiation of breastfeeding and a 65 per cent increase in the proportion of caregivers receiving counselling on infant and young child feeding. At the Paris Nutrition for Growth (N4G) Summit in March 2025, 24 out of 61 countries stepped up with concrete commitments to scale up breastfeeding support and drive transformative change. These actions mark a critical opportunity to protect child health, empower mothers and advance global nutrition goals.

Figure 1. **2020 and 2025 rates of breastfeeding against 2030 global targets**



Note: Estimates are based on data collected over the previous seven years. Thus, the 2025 estimate uses the most recent national data collected from 2018–2025 (plus China's 2016–17 survey) and the 2020 estimate uses the most recent national data collected from 2013–2020.

Figure 2: **15 countries with >5 percentage point increase in exclusive breastfeeding**



CALL TO ACTION PRIORITIES

The Global Breastfeeding Collective has identified key priorities for action to accelerate national progress on exclusive breastfeeding.[5]

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROMOTE, PROTECT AND SUPPORT BREASTFEEDING. Investing in breastfeeding is one of the smartest economic decisions a country can make. Recent analyses by the World Bank show a benefit-cost ratio of 44:1 due to reduced health care costs and increased productivity, underscoring the value of this investment.[6]

To scale up interventions that promote breastfeeding globally, the estimated 10-year financing need is US$7.2 billion. Of this, 91 per cent is required for expanding infant and young child nutrition counselling, the cornerstone of effective breastfeeding support. Financing needs are greatest in sub-Saharan Africa (36 per cent) and Latin America and the Caribbean (27 per cent) (*Figure* 3a). By income level, 44 per cent of the required investment is in lower-middle-income countries, followed by 40 per cent in upper-middle-income countries (*Figure* 3b).[6]

Donor contributions tracked in the Global Breastfeeding Scorecard for 2022 reveal a stark gap: only 4 per cent of countries receive at least US$5 per birth to support breastfeeding programmes (*Figure* 4).

Prioritizing breastfeeding investment is essential not only for child survival and maternal health but also for achieving the Collective's goal of increasing the share of countries receiving at least $5 per birth to 25 per cent by 2030.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. The International Code of Marketing of Breast-Milk Substitutes was established to prevent aggressive marketing practices that unduly influence infant feeding decisions. Yet, formula companies continue to exploit loopholes and engage in tactics that undermine global efforts to protect infant nutrition, health and development.

The Global Breastfeeding Scorecard tracks how well countries implement the Code through national legislation. As of 2025, only 33 countries have measures substantially aligned with the Code – just 17 per cent globally – despite an increase of eight countries since 2020 (*Figure* 4). This falls far short of the Collective's target of 40 per cent by 2030. Stronger laws are urgently needed to restrict the marketing of breastmilk substitutes, including digital marketing, to ensure full compliance.

Governments bear the primary responsibility for monitoring and enforcing the Code independently and free from commercial influence. Enforcement matters: violations must be routinely sanctioned. Yet, only 19 per cent of countries have clearly designated authorities and continuous monitoring systems in place. The Collective aims to raise this figure to 50 per cent by 2030. Without decisive action, progress in breastfeeding rates will remain stalled.

Figure 3a: **Financing needs by region**

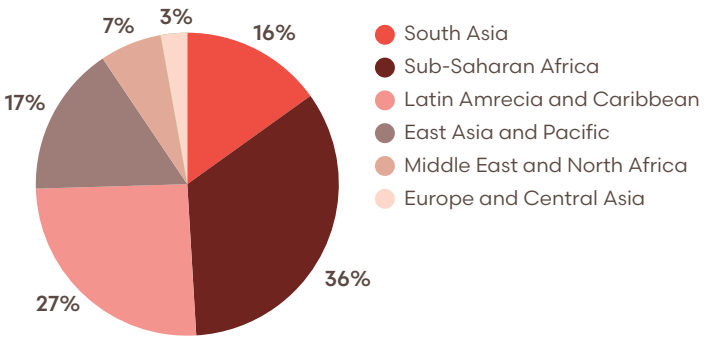


Figure 3b: **Financing needs by income status**

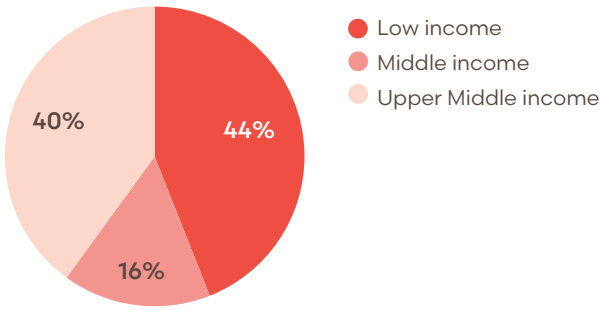
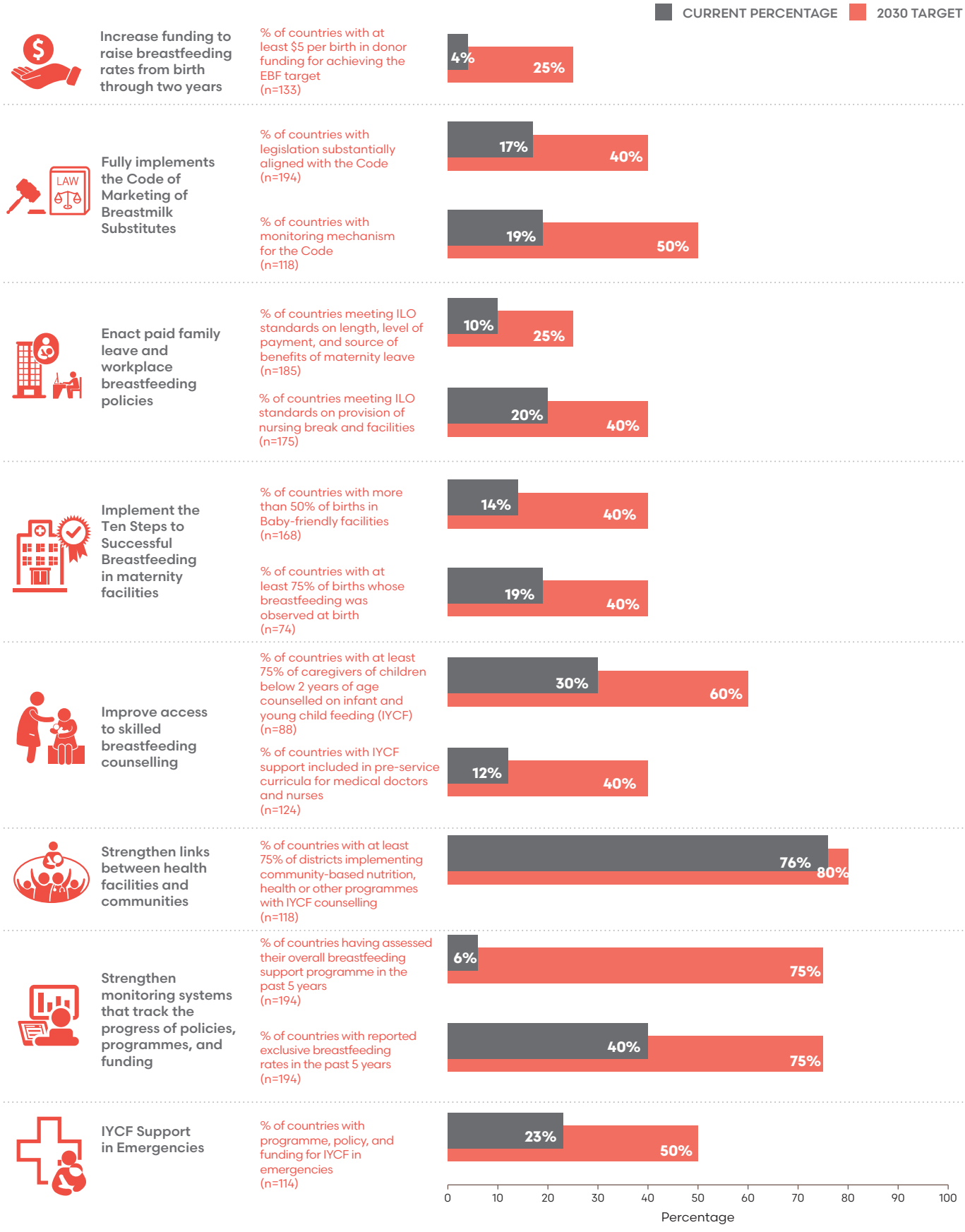


Figure 4. **Percent of countries with recommended policies to protect, promote, and support breastfeeding**
(Latest available data from 2022–2025, see methodology for details)



MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. Maternity leave provides employed women with protected time off around childbirth – a critical measure linked to longer breastfeeding duration and higher rates of exclusive breastfeeding.[7,8] The International Labour Organization (ILO) Convention C183 mandates a minimum of 14 weeks of paid leave to safeguard maternal and child health, nutrition and development. Furthermore, ILO Recommendation R191 calls for at least 18 weeks of fully paid leave, funded by public resources.[9,10] Yet, as of 2022, only 10 per cent of countries meet this recommended standard (*Figure* 4). The Collective's 2030 target is for at least 25 per cent of countries to comply, while advocating for six months or more of maternity leave to enable exclusive breastfeeding.

Workplace support is equally vital. Low-cost interventions, such as breastfeeding facilities and paid nursing breaks improve breastfeeding rates, job performance and employee retention. However, only 20 per cent of countries mandate both paid breaks and nursing facilities (*Figure* 4). The Collective aims to raise this figure to 50 per cent by 2030. Governments and employers must act decisively to implement robust maternity leave policies and workplace accommodations, ensuring that working mothers can achieve their breastfeeding goals.

BABY-FRIENDLY HOSPITAL INITIATIVE

IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES. The Baby-friendly Hospital Initiative recommends fully integrating the Ten Steps to Successful Breastfeeding into health systems to ensure universal coverage and long-term sustainability.[11] Yet, progress remains slow: only 14 per cent of countries report that a majority of births occur in baby-friendly facilities (*Figure* 4) – far below the Collective's target of 40 per cent by 2030.

A critical component of the Ten Steps is having trained health workers observe mothers and babies breastfeeding immediately after birth. This practice ensures effective breastfeeding and equips mothers with the skills needed to continue after discharge. However, among 74 countries with available data, only 19 per cent report that most babies (three-quarters or more) were observed while breastfeeding following birth (*Figure* 4). The Collective aims to raise this to 40 per cent 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 goal.[12] In 2025, out of the 88 countries with data, 30 per cent reported that at least three-quarters of caregivers of children under 2 years of age were counselled on appropriate infant and young child feeding (*Figure* 4). The Collective has set a target of 60 per cent by 2030.

Counselling quality matters. Breastfeeding counselling programmes should deliver people-centred services provided by skilled health professionals, such as doctors, nurses, midwives and trained paraprofessionals, including community health workers. UNICEF and WHO also urge countries to strengthen pre-service curricula to ensure practical experience and competency development for breastfeeding counsellors.[13] However, only 12 per cent of countries report that their pre-service curricula adequately cover infant and young child feeding topics for both medical doctors and nurses or other professionals (*Figure* 4). The Collective's target is to increase this to 40 per cent by 2030.

COMMUNITY SUPPORT PROGRAMMES

ENCOURAGE NETWORKS THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING. Community programmes play a critical role in improving breastfeeding practices. UNICEF data from 118 countries show that 76 per cent have community programmes providing infant and young child feeding counselling in at least three-quarters of their districts (*Figure* 4). These programmes help women overcome breastfeeding challenges by offering both emotional and practical support throughout their breastfeeding journey.

However, significant gaps remain. There is limited information on the number of women reached and the quality of services delivered. Strengthening monitoring and accountability is essential to ensure impact. The Collective's target is ambitious: by 2030, at least 80 per cent of countries should have community programmes delivering high-quality counselling on a scale. Achieving this goal will require sustained investment and commitment from governments and partners.

MONITORING SYSTEMS

TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING. Monitoring and evaluating breastfeeding programmes and policies is essential for tracking progress towards national and global targets. The World Breastfeeding Trends Initiative (WBT*i*) enables countries to assess their programmes, identify gaps and develop action plans. Yet, progress is alarmingly low: as of 2025, only 6 per cent of countries had completed a WBT*i* assessment in the past five years, signalling a major gap in programme evaluation worldwide.

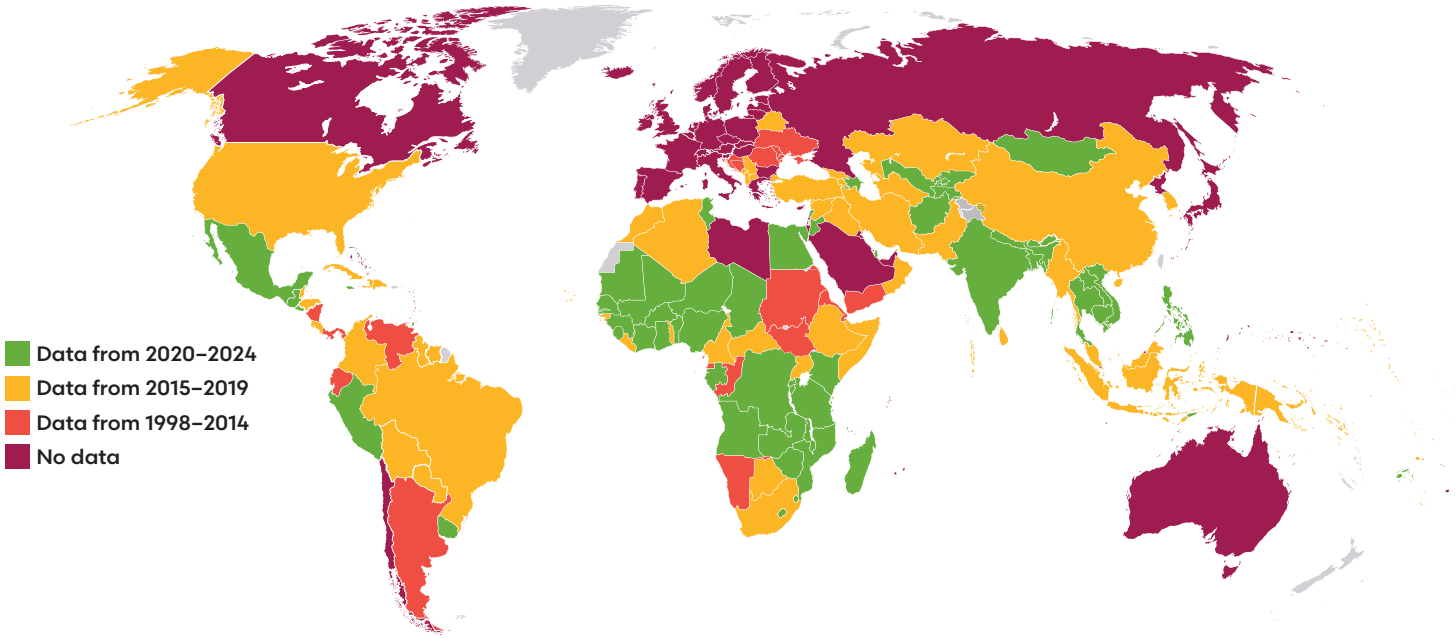
Data collection is equally weak. Only 40 per cent of countries have gathered data on exclusive breastfeeding during the same period (*Figure 4*). Data on exclusive breastfeeding are generally unavailable for high-income countries, particularly across Europe (*Figure 5*). With reductions in international aid for maternal and child health and nutrition data systems, ongoing monitoring of breastfeeding rates is at risk. The Collective's goal is clear: by 2030, at least 75 per cent of countries should routinely evaluate programmes and collect breastfeeding data. Without this, accountability and progress will stall.

INFANT AND YOUNG CHILD FEEDING SUPPORT IN EMERGENCIES

INVEST IN POLICIES AND PROGRAMMES TO ENSURE CONTINUED BREASTFEEDING DURING EMERGENCY SITUATIONS. During emergencies, breastfeeding provides life-saving protection for infants and young children, who are among the most vulnerable in crisis situations. Ensuring safe and adequate feeding during emergencies is critical for survival, nutrition and development. Investing in policies and programmes that protect, promote and support breastfeeding must be a core component of emergency preparedness, especially as crises become more frequent and severe worldwide.

This indicator assesses whether countries have systems in place to support infant and young child feeding during emergencies, including: (a) formal policies, (b) controls on formula donations, and (c) direct support for breastfeeding mothers. As of 2025, only 23 per cent of countries meet all three criteria (*Figure 4*). The Collective aims to increase this figure to 50 per cent by 2030. Achieving this goal is essential to safeguard child health and resilience in times of crisis.

Figure 5. **Most recent data report on exclusive breastfeeding, by country**



CONCLUSION

Despite progress in protecting and supporting breastfeeding, millions of women still face systemic barriers that undermine their ability to make informed infant feeding decisions. Aggressive marketing of breastmilk substitutes, limited access to quality health care, and inadequate family-friendly policies continue to erode breastfeeding rates and compromise child health. These barriers are not just individual challenges; they represent structural gaps that demand urgent action.

Governments, donors and the global health community must prioritize strong legislation to curb harmful marketing, invest in health systems that deliver skilled breastfeeding support and implement workplace and social policies that enable mothers to breastfeed. Addressing these barriers is essential to uphold women's rights, protect child survival and achieve global nutrition targets.



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