

GLOBAL BREASTFEEDING SCORECARD, 2025

BREASTFEEDING RATES ARE INCREASING BUT IMPROVED SUPPORT IS NEEDED

NOTES ON METHODOLOGY

The Global Breastfeeding Scorecard is produced by the Global Breastfeeding Collective, which is a partnership led by the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) that comprises over 20 prominent international agencies calling on donors, policymakers and civil society to increase investment in breastfeeding worldwide.¹ The Collective developed a Call to Action in 2017 to highlight seven priorities for action to accelerate national progress on breastfeeding practices.² These priorities were selected based on a series of meetings and drafts until consensus was reached among all Collective members.

The Scorecard was created to generate accountability for these priorities by compiling comparable national data across multiple sources. Members of the Collective regularly review the data to consider alternative sources and potential additions to or subtractions from the database.

The Scorecard also includes annually updated statistics on the prevalence of various breastfeeding practice indicators based on nationally representative household surveys. For each country, the most recent survey estimates are included. Global estimates are calculated as a weighted average of estimates from the most recent survey in each country that collected data in the past seven years. China and India are included, even if surveys were not conducted during the past seven years, because they represent such a significant proportion of the world population. The weights are the number of births in the country.

INDICATOR	COLOR CODES	DATA SOURCE	COMMENTS
Donor funding (USD) per live birth	Green:	At least \$5 in donor funding per birth	This indicator was calculated by dividing the amount of donor funding earmarked for exclusive breastfeeding by the number of live births in a country. All numbers are in 2015 USD. The numbers of births for 2022 were retrieved from United Nations portal.
	Yellow:	\$2–5 in funding per birth	
	Orange:	\$1–2 in funding per birth	
	Red:	<\$1 in funding per birth	
		Tracking aid for the World Health Assembly global nutrition targets (2024) ³	
		United Nations Population Division Data Portal ⁴	

INDICATOR	COLOR CODES		DATA SOURCE	COMMENTS
Legal status of the International Code of Marketing of Breast-milk Substitutes (the Code)	Green:	Substantially aligned with the Code: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the Code (score of 75–100)	Marketing of breastmilk substitutes: National implementation of the International Code: Status Report 2024 ⁵	
	Yellow:	Moderately aligned with the Code: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a majority of provisions of the Code (score of 50–<75)		
	Orange:	Some provisions of the Code included: countries have enacted legislation or adopted regulations, decrees or other legally binding measures covering less than half of the provisions of the Code (score of <50)		
	Red:	No legal measures: countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it)		
Monitoring of the Code	Green:	Government is responsible and monitoring is continuously performed	2024 UNICEF NutriDash Internal Database ⁶	
	Yellow:	Government is responsible for monitoring and some monitoring occurred in 2024		
	Orange:	Government was responsible for monitoring but no monitoring occurred in 2024		
	Red:	Government is not responsible for monitoring		

INDICATOR	COLOR CODES	DATA SOURCE	COMMENTS
Standards on maternity leave	Green:	Meets recommended provisions of International Labour Organization (ILO) Recommendation R191 (at least 18 weeks of maternity leave and 100% of previous earnings paid for by a social programme)	<p>Care at work: Investing in care leave and services for a more gender equal world of work (2022)⁷</p> <p>This indicator was calculated based on three aspects of C183 and R191: length of maternity leave, amount of previous earnings paid during leave, and source of funding.</p> <ul style="list-style-type: none"> All updates were made based on the 2022 ILO report⁷ (Table B.5), using footnotes to clarify coverage of paid leave. Duration in days and months as stated in the national legislation were converted into weeks, based on a seven-day week and a 30-day month. Where legislation was in terms of “working days,” conversion was based on a five-day week. Parental leave was counted as maternity leave unless it was explicitly mandated to be taken by the father. Paid leave prior to delivery was excluded from the length of paid maternity leave. Where legislation specified a payment of at least 66.7% of salary up to a ceiling, payment was noted as “Meets 183” and not as “the R191 standards” since the application of the ceiling would prevent many mothers from receiving 100% of salary but they are likely to receive more than 66.7% (R183, article 6.5).
	Yellow:	Meets basic provisions of ILO Convention C183 (at least 14 weeks of maternity leave and at least 66.7% of previous earnings paid for by a social programme without a ceiling)	
	Orange:	Meets the leave length requirement of ILO Convention C183 (14 weeks) but not all other indicators – OR the data are unclear (this includes countries with variable amounts paid)	
	Red:	Does not meet the leave length requirement of ILO Convention C183	
Standards on workplace accommodations	Green:	Legislation mandates provision of both paid breaks and facilities for nursing	<p>Care at work: Investing in care leave and services for a more gender equal world of work (2022).⁷</p> <ul style="list-style-type: none"> This indicator was calculated based on two aspects of C183 and R191: Provision of paid nursing breaks and nursing facilities, Where the legislation specifies the number of workers/female workers, provision of facilities was noted as “Meets 191.”
	Yellow:	Legislation mandates only provision of paid breaks	
	Orange:	Legislation mandates only provision of facilities for nursing	
	Red:	There is no legal measure to mandate paid nursing breaks or facilities for nursing	

INDICATOR	COLOR CODES	DATA SOURCE	COMMENTS	
% of births in baby-friendly hospitals and maternities	Green:	>50% of births occur in hospitals and maternities designated as “baby-friendly”	National Implementation of the Baby-Friendly Hospital Initiative 2017 ⁸	The term “baby-friendly facility” means that the facility has been designated as baby-friendly using an approved assessment process. Additional facilities may be implementing the Ten Steps to Successful Breastfeeding, but systems are not in place for a comprehensive evaluation.
	Yellow:	20–50% of births occur in hospitals and maternities designated as “baby-friendly”		
	Orange:	0.1–20% of births occur in hospitals and maternities designated as “baby-friendly”		
	Red:	No births occur in hospitals and maternities designated as “baby-friendly”		
% of births where breastfeeding was observed at birth	Green:	Breastfeeding was observed at birth in >75% of recent live births	Demographic and Health Surveys ⁹	
	Yellow:	Breastfeeding was observed at birth in 50–75% of recent live births	Multiple Indicator Cluster Surveys ¹⁰	
	Orange:	Breastfeeding was observed at birth in 25–50% of recent live births		
	Red:	Breastfeeding was observed at birth in <25% of recent live births		
% of caregivers counselled on infant and young child feeding (IYCF)	Green:	>75% of caregivers of children aged 0–23 months received IYCF counselling in health facilities	2024 UNICEF NutriDash internal database ⁶	This indicator was calculated by dividing the number of caregivers of children aged 0–23 months who received counselling as reported in NutriDash by the number of children less than 2 years of age in the country. Where 2024 data were missing, the most recent report from NutriDash 2021–2023 was used. The numbers of births for 2022 were retrieved from United Nations portal.
	Yellow:	50–75% of caregivers of children aged 0–23 months received IYCF counselling in health facilities	UN Population Division Data Portal ⁴	
	Orange:	25–50% of caregivers of children aged 0–23 months received IYCF counselling in health facilities		
	Red:	<25% of caregivers of children aged 0–23 months received IYCF counselling in health facilities		

INDICATOR	COLOR CODES		DATA SOURCE	COMMENTS
Inclusion of IYCF support in pre-service curricula	Green:	IYCF counselling and support are included comprehensively in pre-service curricula for both medical doctors and nurses or other health professionals.	2024 UNICEF NutriDash internal database ⁶	Where 2024 data were missing, the report from NutriDash 2022–2023 was used.
	Yellow:	IYCF counselling and support are included comprehensively in pre-service curricula only for nurses or other health professionals.		
	Orange:	IYCF counselling and support are included comprehensively in pre-service curricula only for medical doctors.		
	Red:	IYCF counselling and support are not included comprehensively in pre-service curricula for any health professionals.		
% of districts implementing community breastfeeding programmes	Green:	>75% of districts implement community breastfeeding programmes	2024 UNICEF NutriDash internal database ⁶	Where 2024 data were missing, the most recent report from NutriDash 2014–2023 was used.
	Yellow:	50–75% of districts implement community breastfeeding programmes		
	Orange:	25–50% of districts implement community breastfeeding programmes		
	Red:	<25% of districts implement community breastfeeding programmes		
Most recent World Breastfeeding Trends Initiative (WBTi) breastfeeding programme assessment	Green:	Assessment conducted since 2020	World Breastfeeding Trends Initiative ¹¹	
	Yellow:	Last assessment conducted between 2015 and 2019		
	Orange:	Last assessment conducted before 2015		
	Red:	No assessment conducted		
Most recent exclusive breastfeeding report	Green:	Data collected since 2020	UNICEF Infant and Young Child Feeding Database ¹²	
	Yellow:	Data last collected between 2015 and 2019		
	Orange:	Data last collected before 2015		
	Red:	No data collected		

INDICATOR	COLOR CODES	DATA SOURCE	COMMENTS	
IYCF support in emergencies	Green:	Country has comprehensive support for IYCF in emergencies that includes: <ul style="list-style-type: none"> • a policy, strategy or plan of action; • controls on formula donations (including prohibitions, monitoring, or management of donations); AND • provides support directly to breastfeeding mothers (including baby-friendly spaces, psychosocial support, relactation services or facilitation of wet nursing) 	2024 UNICEF NutriDash internal database ⁶	<ul style="list-style-type: none"> • This indicator does not indicate whether the policies are in line with the Operational Guidance on Infant and Young Child Feeding in Emergencies. • Where 2023 data were missing, the report from NutriDash 2021 was used. • A policy may include strategies or action plans.
	Yellow:	Country has partial support for IYCF in emergencies that includes two of the elements listed above		
	Orange:	Country has minimal support for IYCF in emergencies that includes one of the elements listed above		
	Red:	Country has no policies or interventions to support IYCF in emergencies listed above		
% of newborns breastfed within an hour of birth	Green:	>70% of infants initiate breastfeeding within the first hour	UNICEF Infant and Young Child Feeding Database ¹²	Most recent estimate used.
	Yellow:	50–70% of infants initiate breastfeeding within the first hour		
	Orange:	30–50% of infants initiate breastfeeding within the first hour		
	Red:	<30% of infants initiate breastfeeding within the first hour		
% of infants <6 months of age breastfed exclusively	Green:	>60% of infants are exclusively breastfed for six months	UNICEF Infant and Young Child Feeding Database ¹²	Most recent estimate used.
	Yellow:	50–60% of infants are exclusively breastfed for six months		
	Orange:	30–50% of infants are exclusively breastfed for six months		
	Red:	<30% of infants are exclusively breastfed for six months		

INDICATOR	COLOR CODES		DATA SOURCE	COMMENTS
% breastfed at 1 year of age	Green:	>80% of infants continue breastfeeding until 1 year of age	UNICEF Infant and Young Child Feeding Database ¹²	Most recent estimate used.
	Yellow:	60–80% of infants continue breastfeeding until 1 year of age		
	Orange:	40–60% of infants continue breastfeeding until 1 year of age		
	Red:	<40% of infants continue breastfeeding until 1 year of age		
% breastfed at 2 years of age	Green:	>60% of infants continue breastfeeding until 2 years of age	UNICEF Infant and Young Child Feeding Database ¹²	Most recent estimate used.
	Yellow:	40–60% of infants continue breastfeeding until 2 years of age		
	Orange:	20–40% of infants continue breastfeeding until 2 years of age		
	Red:	<20% of infants continue breastfeeding until 2 years of age		

NOTES ON TARGET SETTING

The Global Breastfeeding Scorecard was first published in 2017. At that time, the Global Breastfeeding Collective committed to advocating for countries to achieve the highest level of performance on each of the policy/programme indicators (i.e., those highlighted above in green). Targets were established to increase the number of countries reaching this level of performance by the year 2030. The Collective aimed to set targets that would be ambitious but also realistic over a 13 year period. As a rule of thumb, the targets were set to roughly double the number of countries meeting the “green” standard. More modest targets were agreed upon for indicators that already had a high number of countries meeting the standard (for example, half of countries already reported that most districts had community IYCF programmes, so it would be impossible to double the number of countries). On the other hand, for indicators that had a very low number of countries meeting the “green” standard, more than doubling was considered to be realistic (for example, only 6 per cent of countries were receiving donor funding of at least US\$5 per birth for breastfeeding support, so the target was set at 25 per cent of countries).

In 2020, WHO/UNICEF/International Baby Food Action Network (IBFAN) changed the methodology for classifying legislation on the International Code of Marketing of Breast-milk Substitutes and redefined categories based on “substantial alignment” with the Code rather than “full implementation”. While this change did reduce the number of countries in green (from 21 per cent in 2017 to 13 per cent), it was decided not to revise the 2030 target. New indicators were added to the Scorecard in 2022. A similar logic was applied as above to set 2030 targets for these new indicators. The targets for the original indicators were not changed.

For breastfeeding rates, targets were set at the global level for 2030. For exclusive breastfeeding among infants <6 months of age, a target of 60 per cent was established to extend the timeframe from the World Health Assembly 2025 target of 50 per cent. Based on a somewhat higher baseline and greater feasibility of changing feeding practices at the time of birth, a somewhat higher target for early initiation of breastfeeding (70 per cent) was set. Global rates of continued breastfeeding at 1 and 2 years of age were higher to begin with and were considered more difficult to change, so more modest improvements were expected on these two indicators.

INDICATOR	BASELINE (YEAR)	2030 TARGET
% of countries with at least US\$5 per birth in donor funding for achieving the exclusive breastfeeding target	6% (2017)	25%
% of countries with legislation substantially aligned with the Code	21% (2017)	40%
% of countries with a monitoring mechanism for the Code	25% (2022)	50%
% of countries meeting ILO standards on length, level of payment and source of benefits of maternity leave	12% (2017)	25%
% of countries meeting ILO standards on provision of nursing breaks and facilities	20% (2022)	40%
% of countries with more than 50% of births in baby-friendly facilities	14% (2017)	40%
% of countries where breastfeeding was observed at birth in at least 75% of births	15% (2022)	40%
% of countries with at least 75% of caregivers of children below 2 years of age counselled on IYCF	28% (2022)	60%
% of countries with IYCF support included in pre-service curricula	17% (2022)	40%
% of countries with at least 75% of districts implementing community-based nutrition, health or other programmes with IYCF counselling	50% (2017)	80%
% of countries that have assessed their overall breastfeeding support programme in the past five years	40% (2017)	75%
% of countries with reported exclusive breastfeeding rates in the past five years	40% (2017)	75%
% of countries with comprehensive breastfeeding support for IYCF in emergencies	23% (2024)	50%
% of babies breastfed within an hour of birth	44% (2017)	70%
% of babies exclusively breastfed for the first six months	40% (2017)	60%
% of children still breastfed at 1 year of age	74% (2017)	80%
% of children still breastfed at 2 years of age	45% (2017)	60%

REFERENCES:

1. Global Breastfeeding Collective. <https://www.globalbreastfeedingcollective.org/>
2. Global Breastfeeding Collective. Global Breastfeeding Collective: a call to action. New York, Geneva: UNICEF, WHO, 2020. <https://www.globalbreastfeedingcollective.org/media/551/file>
3. R4D. (2024). Tracking aid for the WHA nutrition targets: Progress toward the global nutrition goals between 2015-2022. Washington DC: Results for Development (<https://r4d.org/resources/tracking-aid-wha-nutrition-targets-global-spending-roadmap-better-data/>).
4. United Nations Population Division Data Portal. <https://population.un.org/dataportal/home>.
5. WHO, UNICEF, & IBFAN. (2024). Marketing of Breast-Milk Substitutes: National Implementation of the International Code: Status Report 2024. Geneva: World Health Organization (<https://www.who.int/publications/i/item/9789240094482>).
6. 2024 UNICEF's NutriDash Internal Database. <http://www.unicef.org/>
7. ILO. (2022). Care at work: Investing in care leave and services for a more gender equal world of work. Geneva: International Labour Organization (https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf).
8. WHO. (2017). National Implementation of the Baby-Friendly Hospital Initiative 2017. Geneva: World Health Organization (<https://www.who.int/publications/i/item/9789241512381>).
9. USAID. (2025). The Demographic and Health Surveys. <https://dhsprogram.com/>
10. UNICEF. (2025). Multiple Indicator Cluster Surveys. <https://mics.unicef.org/>
11. World Breastfeeding Trends Initiative. (2024). <http://worldbreastfeedingtrends.org>.
12. UNICEF. (2025). Infant and young child feeding: Global Database. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding>

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