ADVOCACY BRIEF

INVESTING IN BREASTFEEDING SAVES LIVES AND MONEY

Investments in breastfeeding support yield some of the highest returns on human capital. Proven, evidence-based interventions exist to improve breastfeeding rates – including breastfeeding counselling, implementation of the Baby-Friendly Hospital Initiative, maternity protection, mass media campaigns, and enforcement of the International Code of Marketing of Breast-milk Substitutes. But these solutions are not being implemented at the scale required.

The costs of not breastfeeding are substantial. Poor breastfeeding practices contribute to preventable child deaths and significant losses in cognitive potential, educational attainment and economic productivity. Faster scale-up of evidence-based interventions is needed to reach the target of 60 per cent exclusive breastfeeding by 2030 and enable more children to benefit from improved health and development.

As development financing becomes more constrained, countries must prioritize high-impact investments that deliver the greatest returns for human capital. At the same time, food systems transformation, aggressive commercial marketing of breast-milk substitutes, the rising burden of childhood overweight and obesity, and increasing climate-related shocks make scaling up breastfeeding support more urgent than ever.

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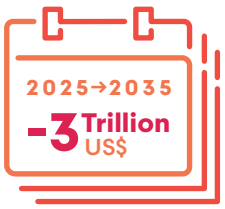
KEY MESSAGES

- **Key interventions to protect and support breastfeeding** have been proven to be effective at increasing rates of exclusive breastfeeding.
- **Closing the implementation gap is critical.** Many countries have adopted supportive policies, but insufficient financing, accountability, and enforcement continue to constrain impact and slow progress.
- **Investing in breastfeeding delivers exceptional value for money.** Scaling up evidence based health system support for breastfeeding, including facility- and community-based IYCF counselling and implementation of the Ten Steps to Successful Breastfeeding would generate returns of $59 for every $1 invested, with impacts driven largely by improvements in cognitive development, education outcomes, and lifetime productivity.
- **Further investment** in national mass media campaigns, enforcement of the International Code of Marketing of Breast-milk Substitutes, paid maternity leave and work place support for breastfeeding would save the lives of 263,000 children and would generate US$357 billion in economic gains over the next 10 years in the 88 high-burden countries studied.
- **All modeled intervention packages generate benefits** that substantially exceed their costs, making breastfeeding one of the most cost-effective investments in health and development.

THE COST OF UNDERFUNDING BREASTFEEDING INTERVENTIONS

Failure to invest in breastfeeding comes at a high cost. The cost of underfunding breastfeeding programmes is estimated to result in global economic losses of US$339 billion each year, equivalent to 0.32 percent of global gross national income. These losses are driven by reduced cognitive development, diminished productivity and increased health care costs from preventable illness.

Each year, not breastfeeding according to global recommendations is associated with approximately 383,000 avoidable child deaths, 138,000 avoidable maternal deaths, 58 million lost years of education, and 168 million unrealized IQ points.



Without stronger investment and improved support for breastfeeding, **cumulative economic losses are projected to exceed US$3 trillion over 10 years.**

WE KNOW WHAT WORKS

There is strong evidence that key interventions can significantly improve breastfeeding outcomes across diverse settings:

SKILLED INFANT AND YOUNG CHILD FEEDING COUNSELLING SUPPORT: Counselling and support services at health facilities and in communities can substantially increase exclusive breastfeeding rates. A systematic review that pooled estimates across 38 studies found that counselling and education increased exclusive breastfeeding rates by 58 per cent.[1]

IMPLEMENTATION OF THE 10 STEPS TO SUCCESSFUL BREASTFEEDING THROUGH THE BABY-FRIENDLY HOSPITAL INITIATIVE: The 10 Steps lay out essential components of optimal clinical care for new mothers and their infants. Effectiveness studies involving 15,059 newborns found that implementation of the initiative leads to a 45 per cent increase in exclusive breastfeeding rates at 6 months.[2]

NATIONAL BREASTFEEDING PROMOTION CAMPAIGNS THROUGH MASS MEDIA: National breastfeeding promotion can occur via social media, local events, campaigns and community activities. A systematic review of five studies, including from low- and middle-income countries, found that media interventions integrated with counselling and community mobilization increased exclusive breastfeeding rates by 17 per cent.[1]

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES: Countries with legislation substantially aligned with the Code report exclusive breastfeeding rates of 54 per cent on average, compared with only 24 per cent in countries with no legal measures. Similarly, 81 per cent of children benefit from continued breastfeeding at 1 year of age in countries substantially aligned with the Code but only 44 per cent benefit in countries without legislation.[3]

PAID MATERNITY LEAVE: Paid maternity leave supports sustained mother-baby bonding and longer breastfeeding after hospital discharge. A systematic review found that paid maternity leave was associated with a 52 per cent increase in exclusive breastfeeding.[1] In addition, paid maternity leave provides other benefits, including improved maternal well-being and greater gender equality and retention in the labour force.[4, 5]

WORKPLACE BREASTFEEDING SUPPORT AND POLICIES: Upon returning to work after birth, workplace support facilities and policies are critical to support exclusive breastfeeding and allow women to express and store breastmilk for their babies. In a systematic review, workplace breastfeeding support policies and programmes were found to increase breastfeeding by 8 per cent.[1]

The benefits of breastfeeding include...

- Improved health and development for children
- Improved health for women

- Cognitive development
- Higher education
- Increased productivity
- Stronger economies
- Lower healthcare costs

MODELLING THE COSTS AND IMPACTS OF INVESTING IN BREASTFEEDING INTERVENTIONS

This investment case uses the Cost of Not Breastfeeding Tool, a globally recognized modelling approach, to estimate the costs and benefits of scaling up proven breastfeeding interventions. The model combines health, demographic and economic data to assess how investments in breastfeeding counselling, maternity protection, implementation of the Baby-Friendly Hospital Initiative, and protection from inappropriate marketing of breastmilk substitutes can improve breastfeeding rates, health outcomes and economic productivity. It then compares the investment required with the projected health and economic gains to demonstrate the return on investment and the cost of inaction.

The updated global investment case for improved breastfeeding identifies three progressive packages to scale breastfeeding – from core health system support (counselling and Baby-Friendly Hospital implementation), to broader policy and behaviour change (mass media and Code enforcement), and finally, to full system support, including maternity protection and workplace policies.

CORE HEALTH SYSTEM SUPPORT

Focuses on strengthening breastfeeding support through the health system:

- Baby-Friendly Hospital Initiative
- Breastfeeding counselling through health services

ADDITIONAL POLICY AND BEHAVIOUR CHANGE COMMUNICATIONS

Builds on the core health system support package to also include:

- Mass media and social behaviour change campaigns
- Full implementation of International Code of Marketing of Breast-milk Substitutes

FULL SYSTEM SUPPORT, INCLUDING MATERNITY PROTECTION

Builds on the package above to also include:

- Paid maternity leave
- Breastfeeding-friendly workplace policies

THE RETURN ON INVESTMENT

Scaling up this bundle of breastfeeding interventions to 75 per cent coverage in high-burden countries could deliver transformative gains over the next decade, including 224,000–263,000 child deaths averted and US$276–357 billion in economic benefits. These interventions are among the most cost-effective available, generating returns of up to $59 for every $1 invested, with impacts driven largely by improvements in cognitive development, education outcomes and lifetime productivity. Beyond health, these benefits translate into stronger economies, enhanced human capital, and more inclusive, sustainable growth.

While the core and policy/communications packages offer the highest returns per dollar invested, the full system package delivers the greatest overall impact, supporting women across health systems, communities and workplaces.

TABLE 1: **The return on investment across three packages**

	Investment (USD $ billions)	Increase in exclusive breastfeeding 2025-2035	Child deaths averted (thousands)	Economic gains (US$ billions)	Return on investment for every $1 invested
Core healthcare system support package	**4.6**	**27%**	**224**	**276**	**$59**
Additional policy and behaviour change communications	**6.3**	**29%**	**254**	**324**	**$52**
Full system support including maternity protection	**13.3**	**30%**	**263**	**357**	**$27**

CALL TO ACTION

SIX PRIORITIES TO ACCELERATE BREASTFEEDING AT SCALE

1. PROTECT
Strengthen policies and legislation that enable breastfeeding by fully implementing and enforcing the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions, including regulation of digital marketing and cross-promotion. Expand maternity protection and create breastfeeding-friendly workplaces, including for women in the informal sector, supported by robust monitoring and accountability mechanisms.

2. DELIVER
Strengthen health systems to provide high-quality breastfeeding support through Baby-Friendly Hospitals, skilled infant and young child feeding counselling across the continuum of care, and trained health workers at all levels. Ensure continuity of care and follow-up support from pregnancy through the critical early years of a child's life.

3. ENABLE
Create supportive family and community environments by investing in community-based counselling, peer support networks, integrated media campaigns and social behaviour change initiatives while countering misinformation. Engage fathers, families and communities to support breastfeeding and address the barriers faced by adolescents, working mothers and other vulnerable groups.

4. FINANCE
Increase investment in breastfeeding as one of the smartest investments in human capital and sustainable development. Governments and development partners should mobilize predictable and sustained financing for comprehensive breastfeeding programmes, integrate breastfeeding into national development, health and nutrition plans, and align investments with education, workforce productivity and economic growth agendas. Priority should be given to high-burden countries and underserved populations, where increased investment can deliver the greatest health, social and economic returns.

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5. SCALE
Move beyond isolated interventions by investing in comprehensive national breastfeeding support packages. Governments and donors should scale proven interventions to achieve ambitious coverage targets, recognizing that greater investment delivers greater impact through lives saved, stronger human capital, improved productivity and long-term economic returns.

6. PARTNER
Build stronger partnerships for greater impact. Governments, donors, international organizations, civil society, academia and other partners must work together to align efforts, mobilize resources, strengthen accountability and accelerate the scale-up of proven breastfeeding interventions. No single actor can close the breastfeeding investment gap alone.

Protecting, promoting and supporting breastfeeding is not only a health imperative, but one of the smartest investments countries can make in human capital and sustainable development. The interventions are proven, the economic returns are exceptional and the potential is clear. Our task now is to rise to the challenge and invest at scale.

ENDNOTES

1 Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., Piwoz, E. G., Richter, L. M., & Victora, C. G. (2016). *Why invest, and what it will take to improve breastfeeding practices.* The Lancet, 387(10017), 491–504. **https://doi.org/10.1016/S0140-6736(15)01044-2**

2 Habte, M. B., Abdulahi, M., Plusquin, M., & Cosemans, C. (2025). *Effectiveness of Baby-Friendly Hospital Initiative on early initiation and exclusive breastfeeding practice: a systematic review and meta-analysis.Nutrients, 17(14), 2283.https://doi.org/10.3390/nu17142283*

3 World Health Organization, UNICEF & IBFAN. (2026). *Marketing of breast-milk substitutes: National implementation of the International Code, status report 2026.*Geneva: WHO.

4 Chai, Y., Nandi, A., & Heymann, J. (2018).*Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low- and middle-income countries.* BMJ Global Health, 3:e001032

5 Wicklund, L., Epstein, A., Szugye, H., Schleicher, M., & Lam, S. K. (2024). *Association between length of maternity leave and breastfeeding duration in the United States: a systematic review.* Obstetrics & Gynecology, 143(4), e107–e124. https://doi.org/10.1097/AOG.0000000000005502

FOR MORE INFORMATION AND TO JOIN THE COLLECTIVE

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