2026 · WORLD BREASTFEEDING WEEK

Strengthening what works: new evidence to accelerate investment in breastfeeding

The investment case for breastfeeding — the numbers governments and donors need to act.

GLOBAL BREASTFEEDING COLLECTIVE

unicef | World Health Organization



5 AUGUST 2026

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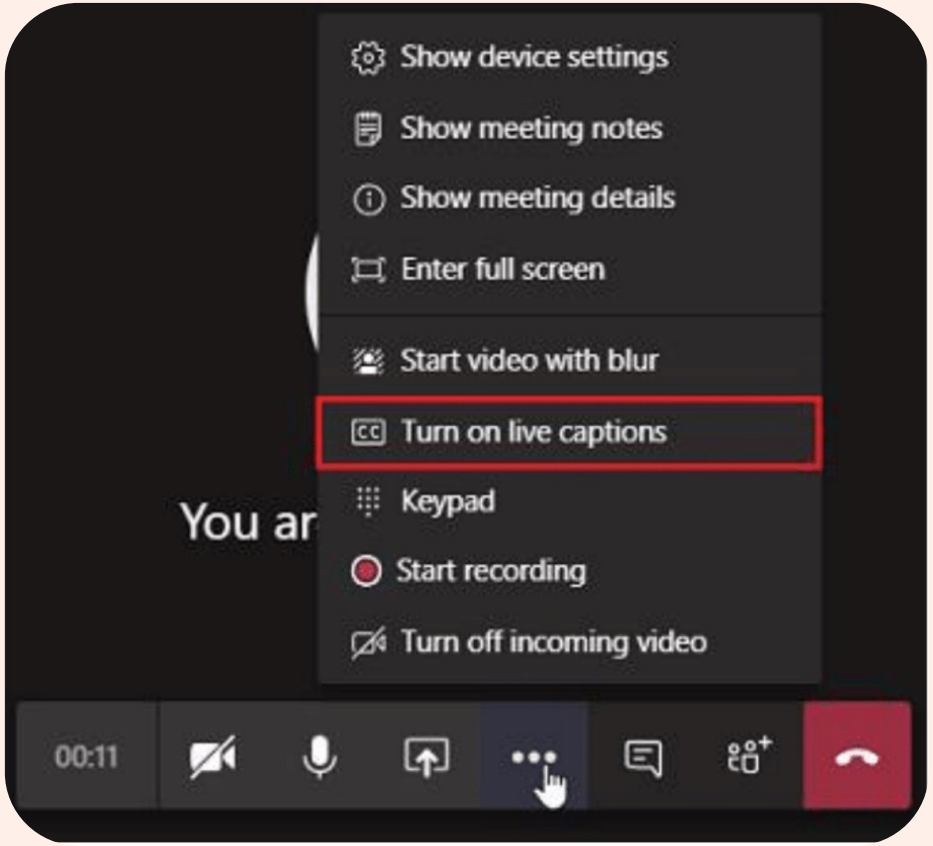
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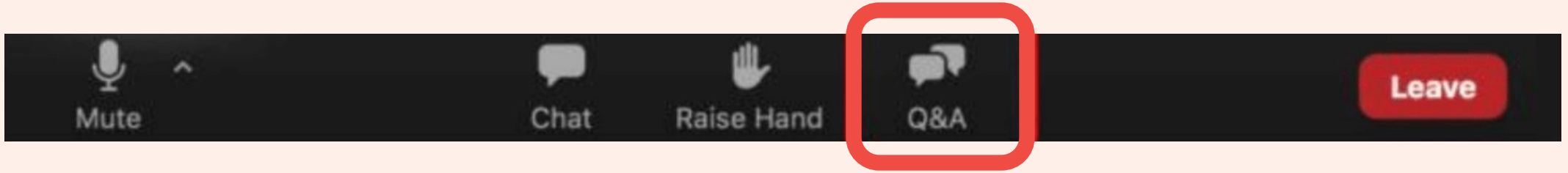


Interpretation

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WEBINAR

Today's agenda

- Welcome & opening remarks
- Welcome from WHO & UNICEF
- Voices of Mothers video
- Setting the stage: the Scorecard
- We know what works
- Investment case findings
- Donor perspective
- Country perspectives panel
- Call to action, Q&A & close



WORLD BREASTFEEDING WEEK

Dr Luz Maria De Regil

Director of the Department
of Nutrition and Food Safety

WORLD HEALTH ORGANIZATION

VOICES OF MOTHERS





WORLD BREASTFEEDING WEEK

Fatmata Fatima Sesay, MPH

Nutrition Specialist, Infant Feeding

UNICEF Headquarters, New York

UNICEF

GLOBAL BREASTFEEDING SCORECARD, 2025

Breastfeeding rates are increasing but improved support is needed



Fatmata Fatima Sesay, MSc, MPH

Nutrition Specialist, ECN

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WORLD BREASTFEEDING WEEK 2026

Priorities of the Global Breastfeeding Collective

- Workplace
- Ten Steps
- Funding
- Code
- Community Links
- Monitoring
- Counselling Access

Targets set

Indicators measured



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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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Published annually since 2017

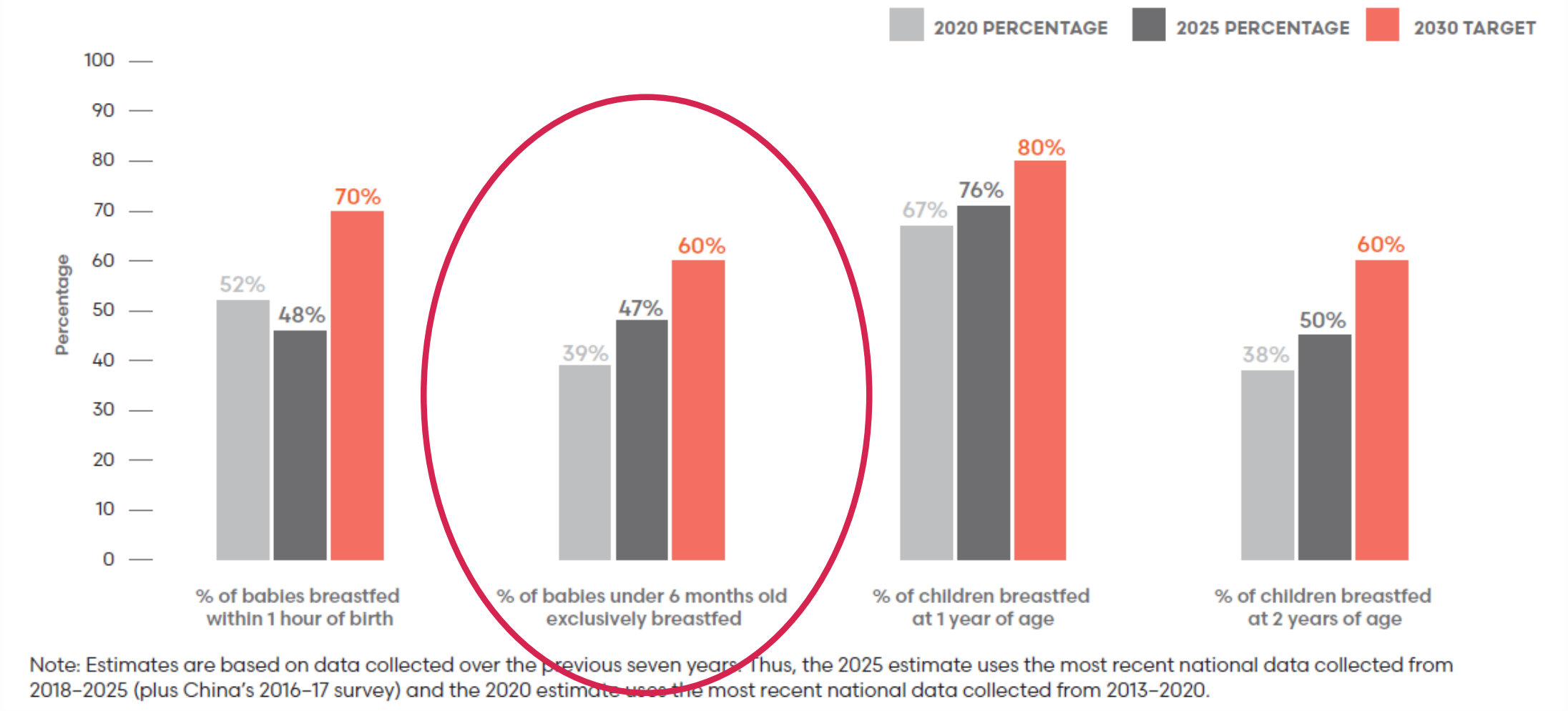
Global Breastfeeding Scorecard

- Aims to advocate for progress, increase accountability, and document change on top priorities.
- **Indicators on:**
  - GBC policy priorities (1–2 indicators 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**
- Maps
  - Country-specific data for 194 countries



FIGURE 1

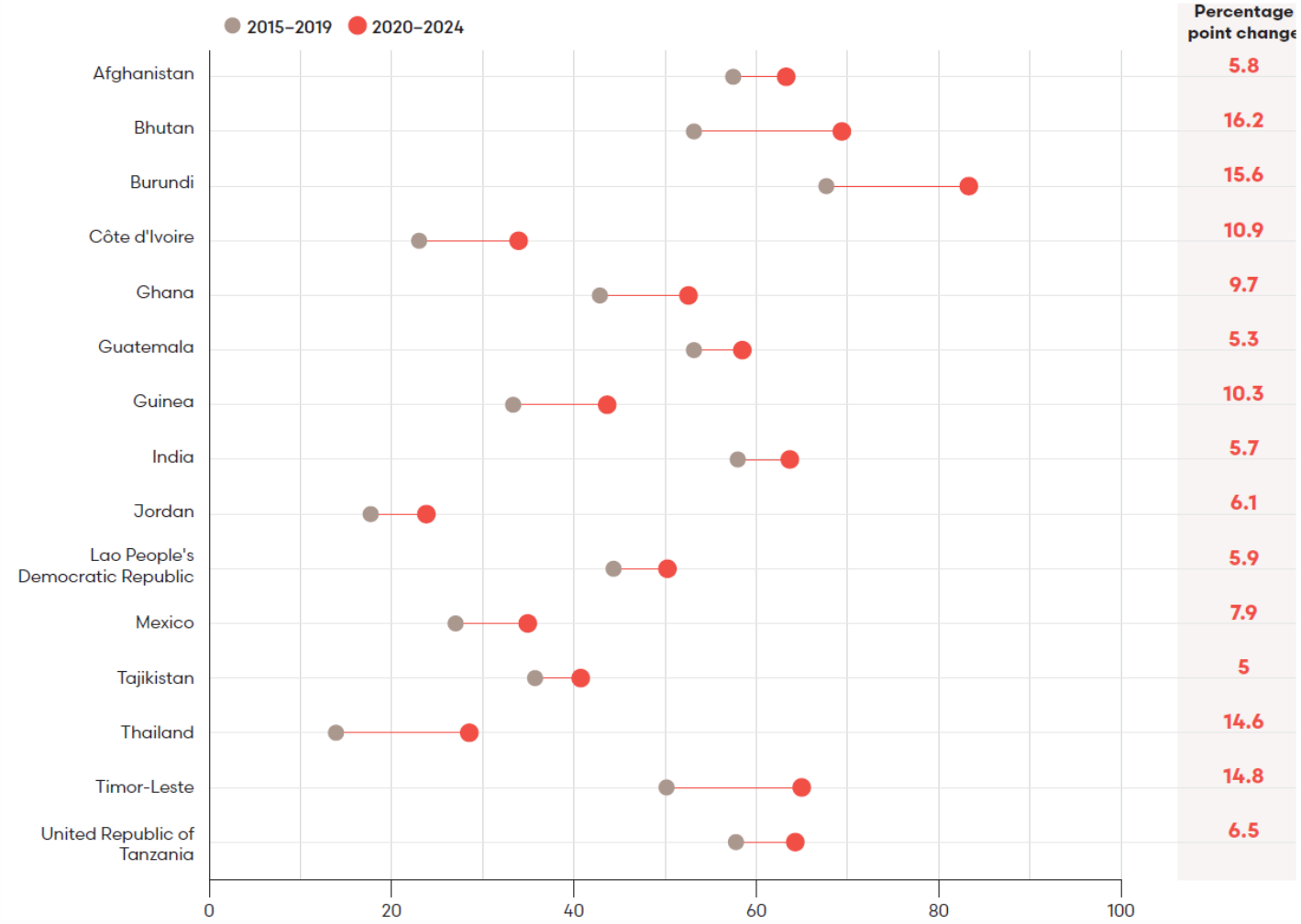
2020 and 2025 rates of breastfeeding against 2030 global targets



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



Policy & programme indicators

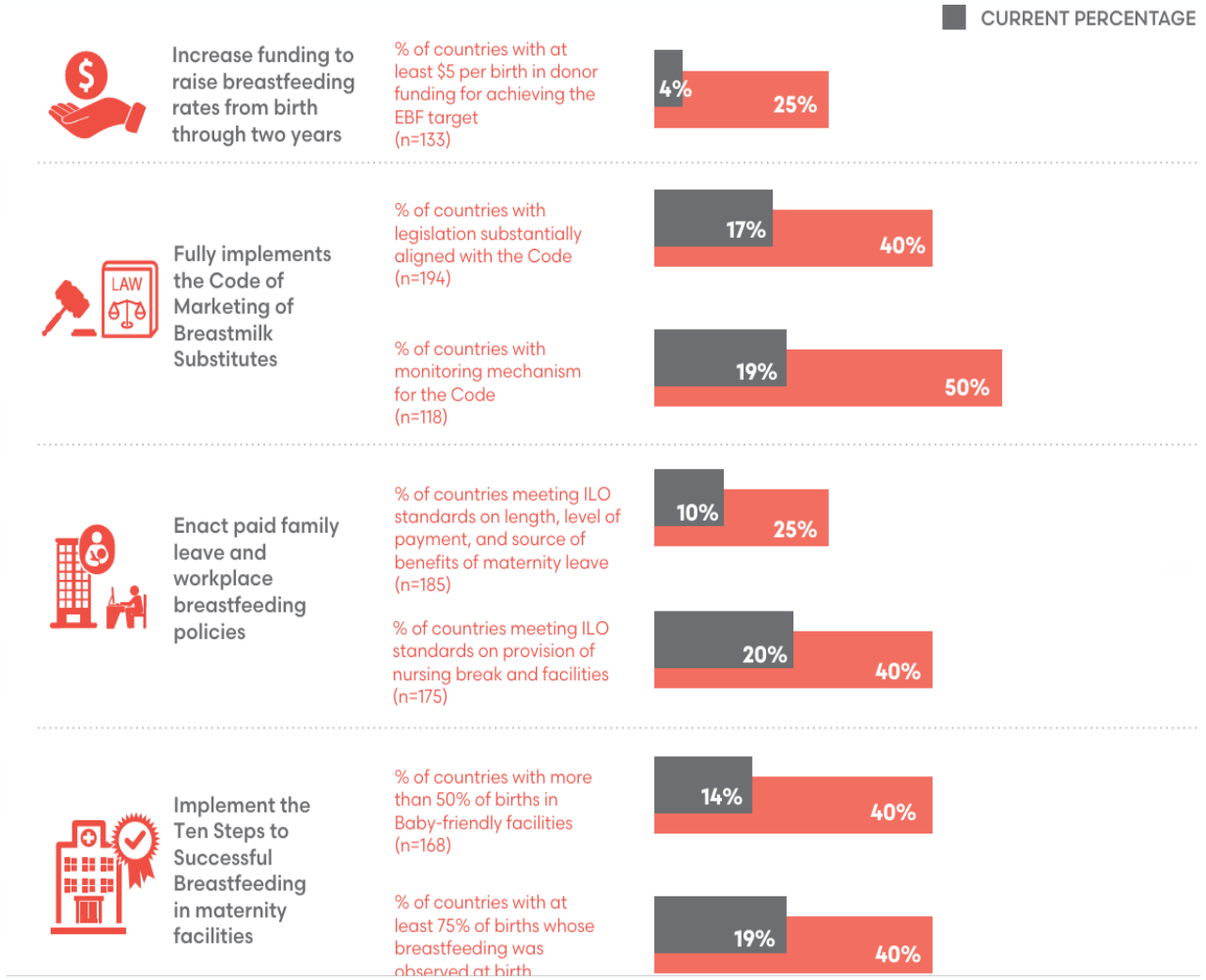
THEME/POLICY ASK	INDICATOR	2030 TARGET	DATA SOURCE
Counseling	IYCF Counselling Coverage	60% of countries with at least 75% of caregivers of children below 2 years of age counselled on IYCF (28% baseline)	Nutridash 2024
	Inclusion of IYCF Support in Pre-Service Curricula	40% of countries with IYCF support included in pre-service curricula for medical doctors and nurses (17% baseline)	Nutridash 2024
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 2024

Policy & programme indicators

THEME/ POLICY ASK	INDICATOR	2030 TARGET	DATA SOURCE
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 2024
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

2025 Program & Policy Results

- Donor funding remains insufficient with little progress.
- More countries have strengthened Code legislation but enforcement remains weak.
- Only 19% of countries have continuous Code monitoring systems for complaince.
- Analysis of legislation on maternity leave shows little progress.
- Most countries do not guarantee breastfeeding facilities and paid break times for working mothers.



Financing needs are concentrated in low- and middle-income countries

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

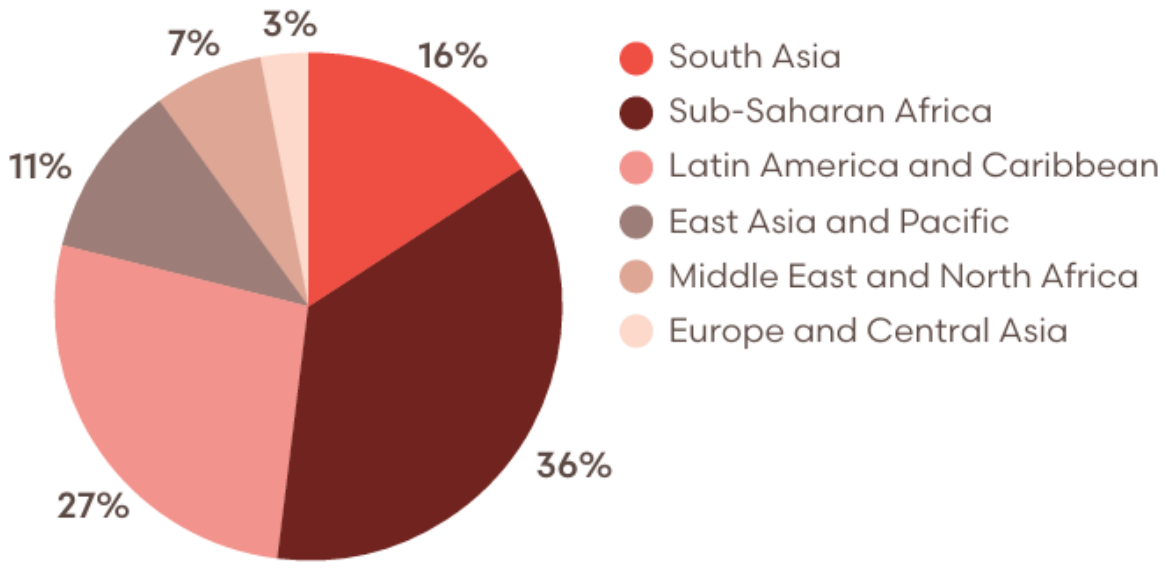
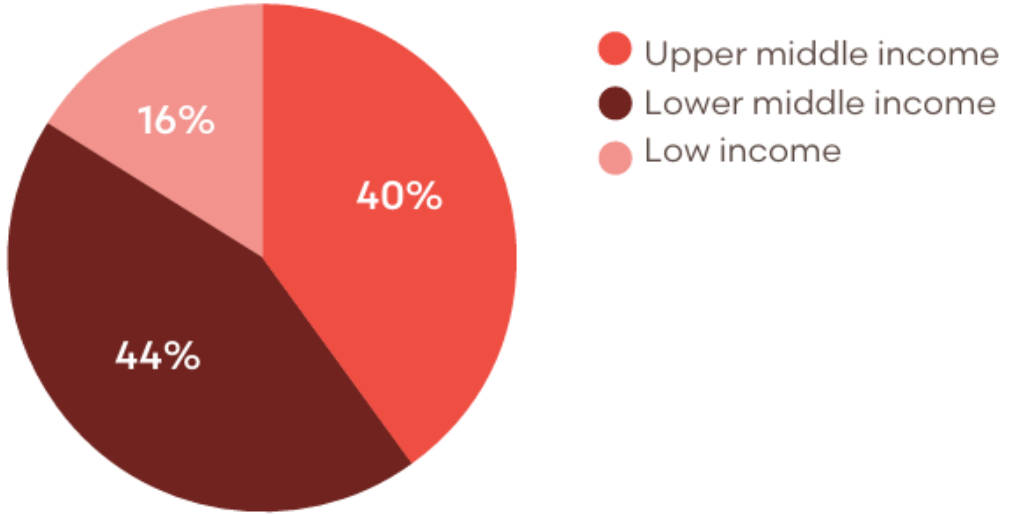


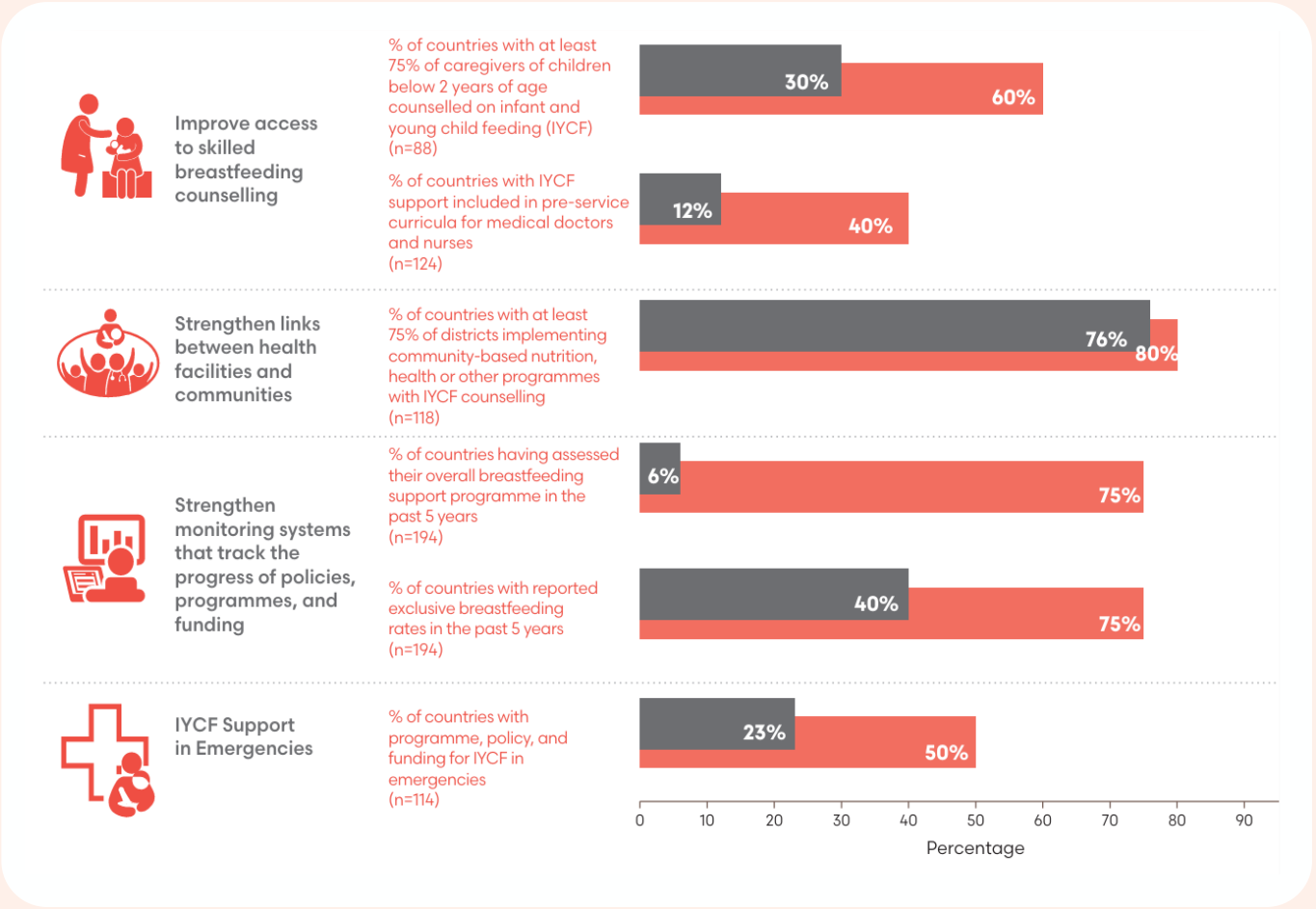
Figure 3b: **Financing needs by income status**



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2025 Program & Policy Results

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



Key messages for advocacy

- Progress is real. Exclusive breastfeeding is up 8 percentage points since 2020; continued breastfeeding is up 10 percentage points over five years.

- Governments and donors must match the momentum by increasing investments in breastfeeding and scaling up the policies and programs proven to improve breastfeeding outcomes



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]

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Thank you
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Amir Yarparvar, PhD

Senior Advisor
Early Childhood Nutrition and Development
Child Nutrition and Development Global Practice

UNICEF

What works and how well

HEALTH SYSTEM SUPPORT

1. Skilled IYCF counselling and education in combined health facilities and community settings
2. BFHI: 10 steps to breastfeeding in maternity facilities

COMMUNICATIONS

3. National mass media promotion campaign
4. Implement and enforce nationally the WHO Code on Marketing of BMS

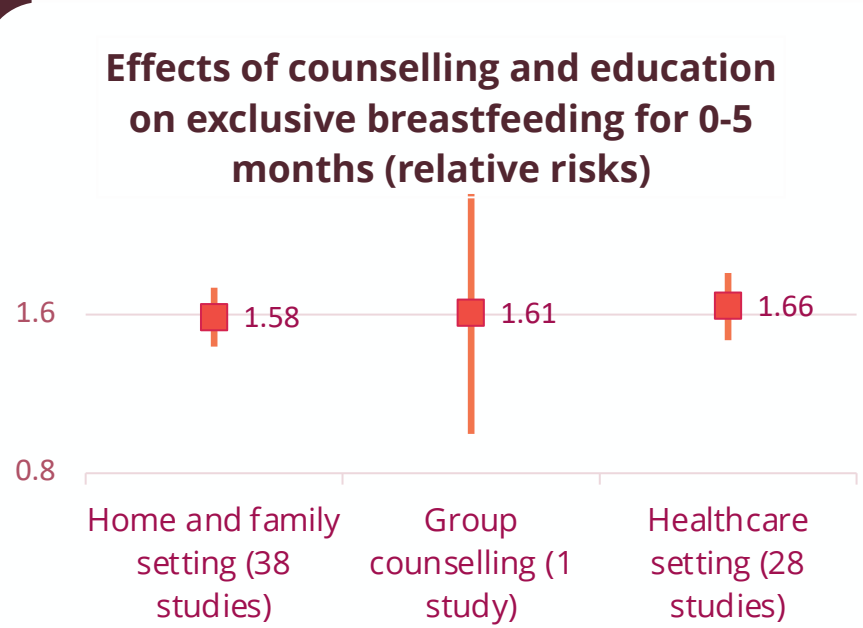
EMPLOYMENT SUPPORT

5. Paid maternity leave
6. Workplace breastfeeding policies

1 - Breastfeeding counselling & education (health facility) 1/2

- Global Strategy on Infant and Young Child Feeding called for skilled counselling at
  - well-baby clinics
  - immunization
  - in- and out-patient services for sick children
  - nutrition services
  - reproductive health
  - maternity services
- WHO recommends a minimum of 6 breastfeeding counselling contacts during pregnancy and postpartum



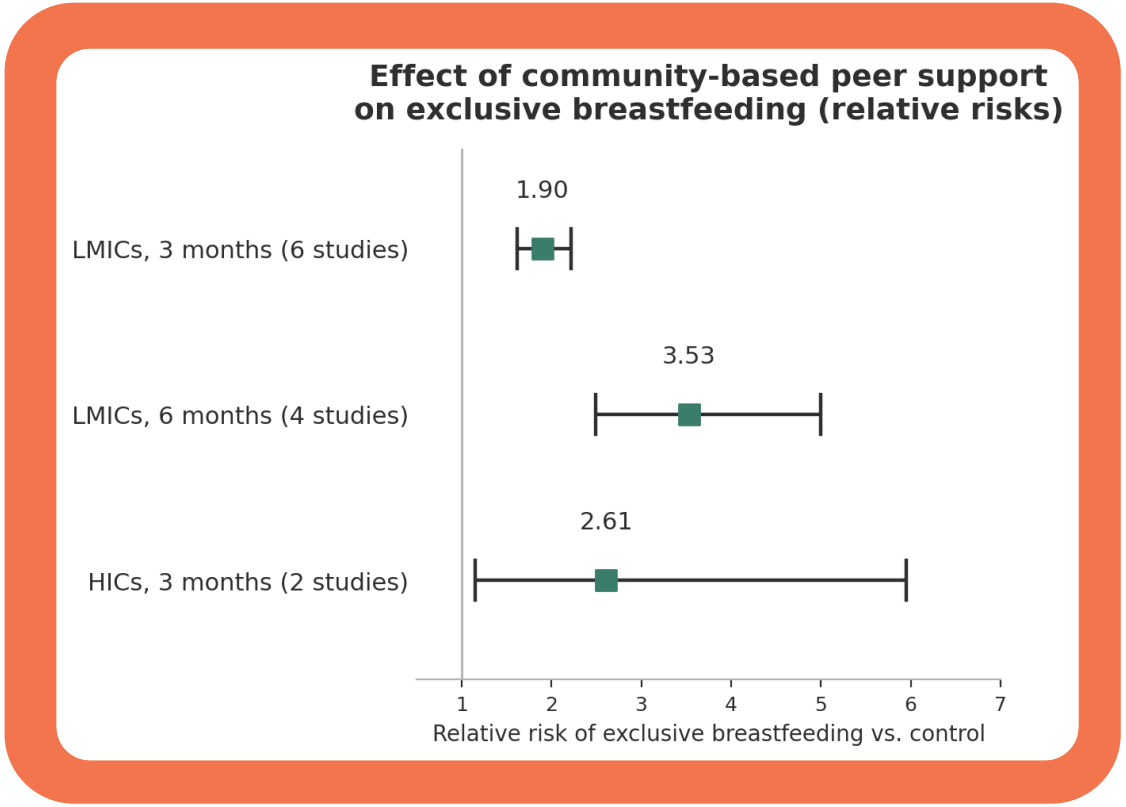


Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491-504. https://doi.org/10.1016/S0140-6736(15)01044-2

1 - Breastfeeding counselling & education (community) 2/2

- **Community-based peer counselling and mother-support groups** reduce the risk of stopping exclusive breastfeeding by 29% in low- and middle-income countries

- **Community-based peer support** nearly doubles exclusive breastfeeding at 3 months (RR 1.90) and more than triples it by 6 months (RR 3.53) in low- and middle-income countries



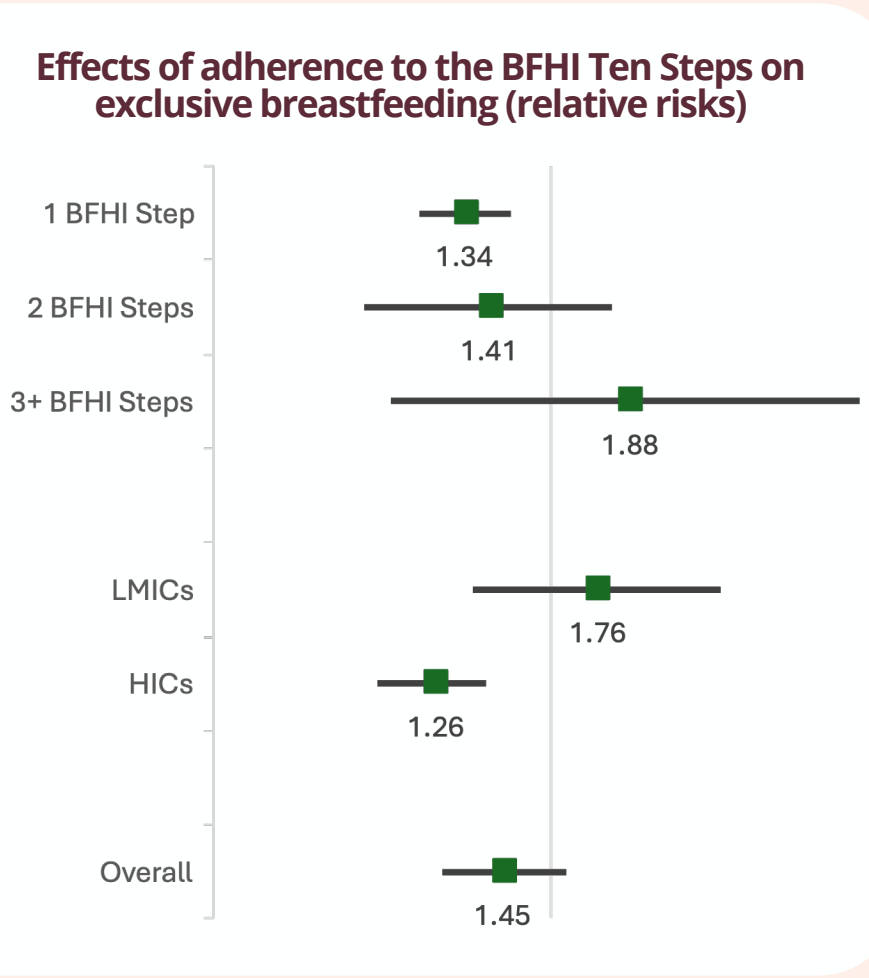
Shakya P, Kunieda MK, Koyama M, Rai SS, Miyaguchi M, Dhakal S, Sandy S, Sunguya BF, Jimba M. "Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis." PLoS ONE. 2017;12(5):e0177434. https://doi.org/10.1371/journal.pone.0177434

Sudfeld CR, Fawzi WW, Lahariya C. *Peer Support and Exclusive Breastfeeding Duration in Low and Middle-Income Countries: A Systematic Review and Meta-Analysis.* PLoS ONE. 2012;7(9):e45143.

2 - Ten steps to successful breastfeeding (BFHI)

- Recommended practices in maternity facilities since 1989
- 2018 WHO/UNICEF guidance calls for scaling up to universal coverage



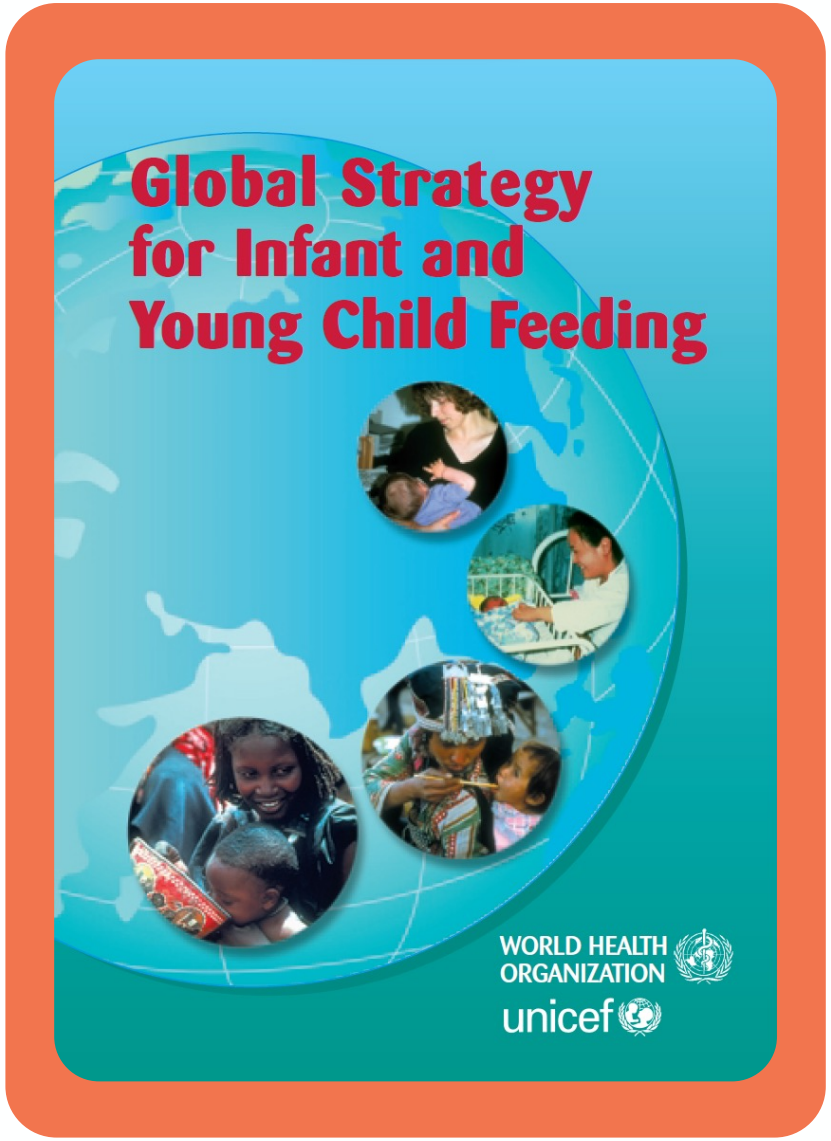


Habte MB, Abdulahi M, Plusquin M, Cosemans C. Effectiveness of Baby-Friendly hospital initiative on early initiation and exclusive breastfeeding practice: systematic review and meta-analysis. *Nutrients*. 2025;17(14):2283.

3 - National mass media breastfeeding promotion campaign

- The Global strategy on infant and young child feeding calls on international organizations to support “social-mobilization activities, for example using the mass media to promote appropriate infant feeding practices.”

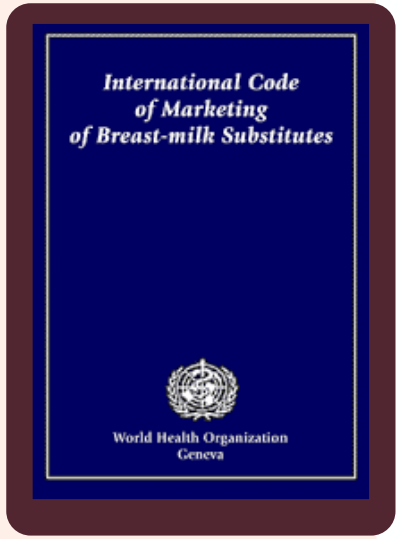
- Media intervention integrated with counselling and community mobilization are associated with a 17% increase in exclusive breastfeeding based on 5 studies.

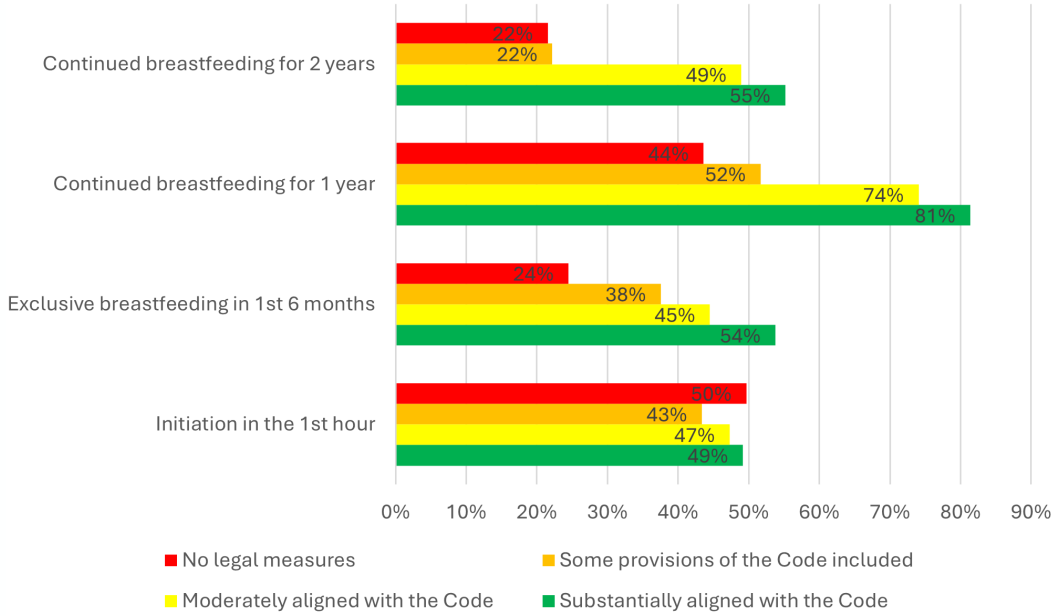


Sinha B, Chowdhury R, Sankar MJ, et al. Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis. *Acta Paediatrica*. 2015;104:114-134. https://doi.org/10.1111/apa.13127

4 - International Code of Marketing of Breast-milk Substitutes

- World Health Assembly has called for restrictions on marketing since 1981
- 21 subsequent resolutions have reiterated the Code and clarified or extended its provisions





World Health Organization, UNICEF, IBFAN. Marketing of Breast-milk Substitutes: National Implementation of the International Code, Status Report 2026. https://iris.who.int/handle/10665/385847

5 - Paid maternity leave

- ILO recommends fully paid leave for minimum of 18 wks (R191).
- Global Breastfeeding Collective calls for 6 months or longer leave.
- Women less likely to take leave if it is not paid.
- <6 weeks increases the odds of not breastfeeding fourfold.
- Maternity leave is associated with a 52% increase in exclusive breastfeeding.



Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491-504. https://doi.org/10.1016/S0140-6736(15)01044-2

6 - Workplace breastfeeding support and policies

- Access to quality childcare, breastfeeding breaks and dedicated nursing spaces are critical workplace policies for protecting and supporting breastfeeding.
- ILO recommends at least one daily nursing break and facilities for nursing (R191).
- Provision of workplace breastfeeding support and policies is associated with 8% higher rates of exclusive breastfeeding.

Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491-504. https://doi.org/10.1016/S0140-6736(15)01044-2





What strengthens the impact

- Mass media campaigns coupled with counselling and community mobilization, have better impact
- Adopting the WHO Code and enforcement systems together
- Banning formula samples and commercial hospital discharge packs to prevent reduction in exclusive breastfeeding
- Monitoring drives accountability and sustained impact



Donnelly A, et al. Commercial hospital discharge packs for breastfeeding women. Cochrane Database Syst Rev. 2000;(2):CD002075. Rollins NC, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491-504.

Thank You



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Dylan Walters

Sr. Global Portfolio Director

NUTRITION INTERNATIONAL

WORLD BREASTFEEDING WEEK
AUGUST 4 & 5, 2026

Global investment case for improved breastfeeding

Technical investment case analysis

Commissioned by the WHO & UNICEF



Dylan Walters, Sr. Global Portfolio Director
Michael Nnachebe Onah, Consultant
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Sakshi Jain, Sr. Research Analyst

Health Economics and Nutrition Financing,
Nutrition International

NUTRITION INTERNATIONAL
Nourish Life

World Health Organization

unicef
for every child

Objectives of the global investment case for breastfeeding

1. Why invest in breastfeeding?

- Estimate the current health, human capital and economic benefits of investing in exclusive breastfeeding for first 6 months (EBF)

2. How to invest in nutrition given scarce resources?

- Align the economic narrative with advocacy priorities under the GBC Roadmap, which emphasizes counselling, Code implementation, BFHI, community programs, maternity leave and workplace support.
- Estimate the investment needs (i.e. costs) of various intervention packages required to achieve global breastfeeding targets (e.g. WHA target of 60% EBF by 2030, a higher level of 70% EBF by 2035, and other scenarios).

3. Generate data for advocacy and decision-making

- Produce data for advocacy and decision-making for high-level dissemination through the stakeholders' communication channels (in particular, GBC stakeholders).

Analytical approach

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Analytical approach

Step 1: Rapid review of literature to identify:

a. Interventions

b. Effect sizes

c. Cost data

Step 2: Cost of Not Breastfeeding

a. Updated data in the CONBF tool

b. Estimate the health, human capital and economic costs

Step 3: Scenario development

a. Investment packages of interventions

b. Country sample

c. Target coverage/outcome

Step 4: Impact and Cost Modelling

a. Health impact of scaling interventions for each package

b. Cost of packages

Step 5: Cost-benefit analysis

a. Economic benefits

b. Benefit-cost ratios

Investment case assumptions

Country selection:

- The analysis included 88 countries with EBF prevalence below 50%, plus countries with large absolute non-EBF numbers (Bangladesh, India, and Indonesia).

Key assumptions:

- Baseline EBF rate: 43% (average of the 88 high-burden countries) applied — not global EBF rate
- Annual adjustment of EBF based on historical trends (accounts for impact of current programs)
- Inclusion of annual population growth rate (accounts for annual population changes over time)
- Costing and economic impact factored in 5% discount rate and inflation adjustments

Scenarios:

- Primary scale-up scenario: intervention coverage to reach 75% over 10-year timeframe
- Alternative scenario in the sensitivity analysis: intervention coverage to reach 95%

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Intervention packages

INTERVENTION	Core health system support	Core plus policy and BCC package	Full system support package
1. Breastfeeding counselling and education: community- and facility-based	✓	✓	✓
2. Baby-Friendly Hospital Initiative: 10 steps to successful breastfeeding	✓	✓	✓
3. National mass media breastfeeding promotion campaign		✓	✓
4. International Code of Marketing of BMS: implementation and enforcement		✓	✓
5. Paid maternity leave			✓
6. Workplace breastfeeding support and policies			✓

Key findings

The global cost of not breastfeeding

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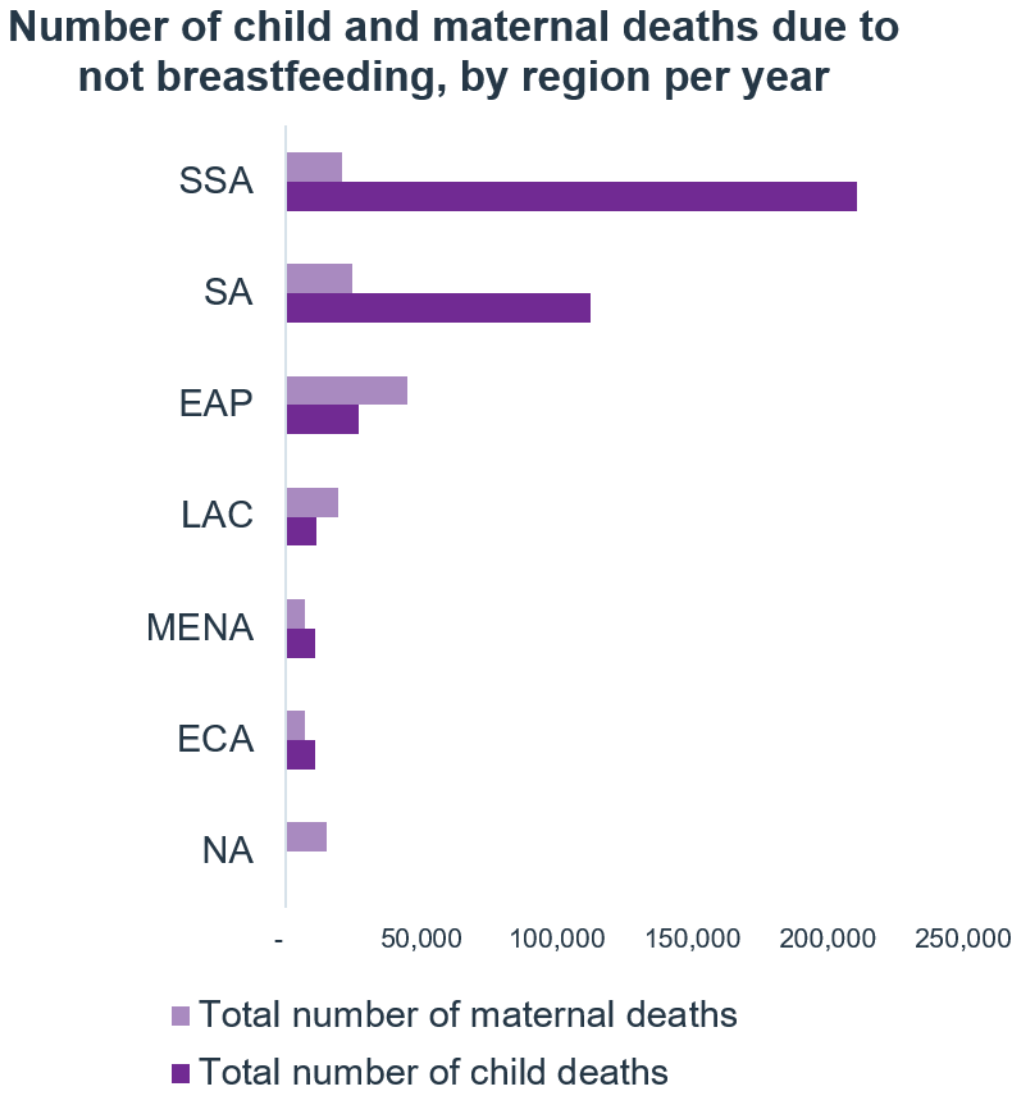
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The global cost of not breastfeeding (updated in 2025)

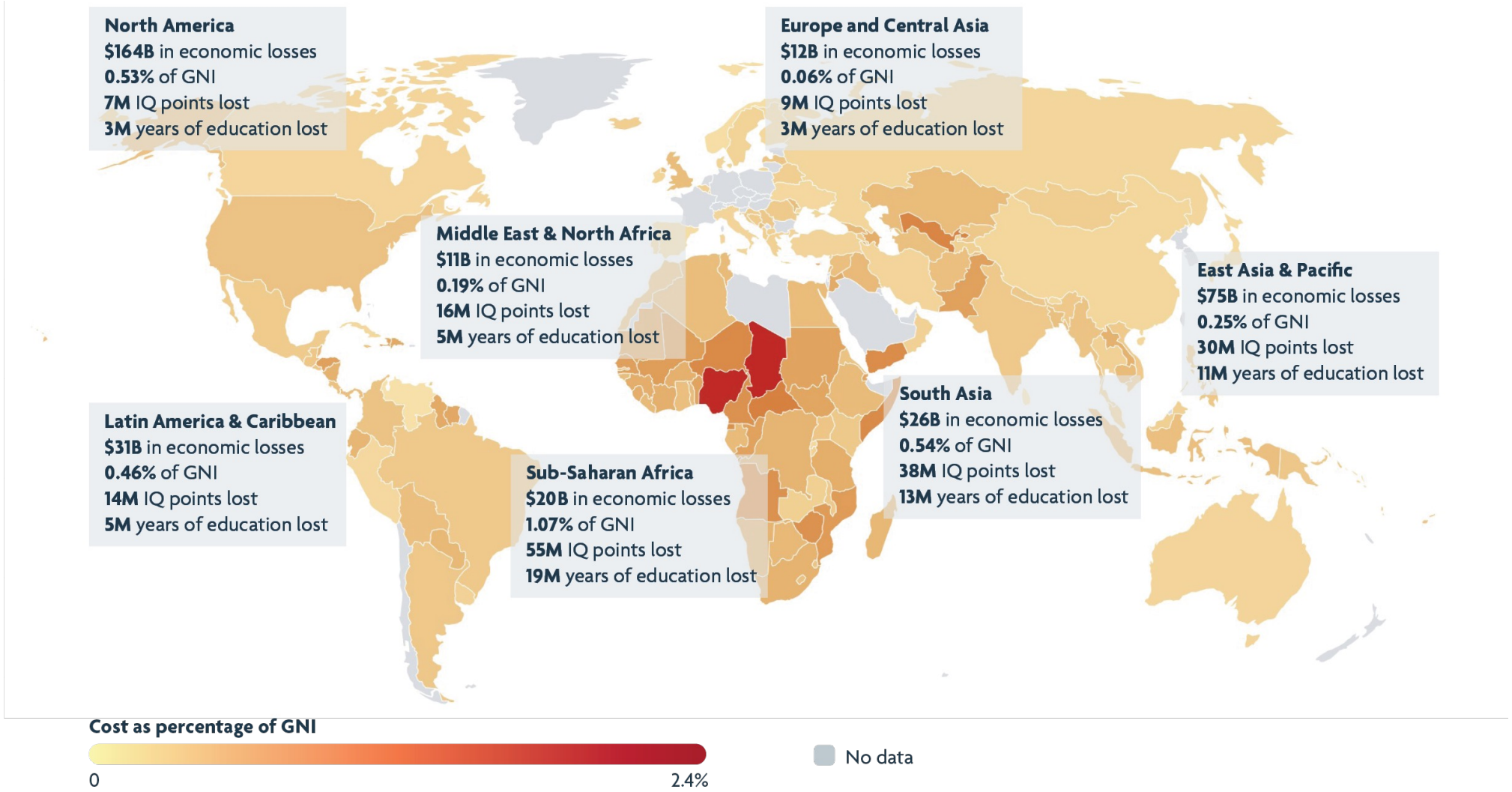
We estimated the cost of not breastfeeding using the updated NI and A&T CONBF Tool.

Each year, suboptimal breastfeeding costs:

- **$339 billion in economic losses**
- $1.82 billion in health system costs
- 167.6 million IQ points lost
- 1.06 million child obesity cases
- 383,397 child deaths
- 137,640 maternal deaths



Annual costs of not breastfeeding as a percentage of GNI



Key findings

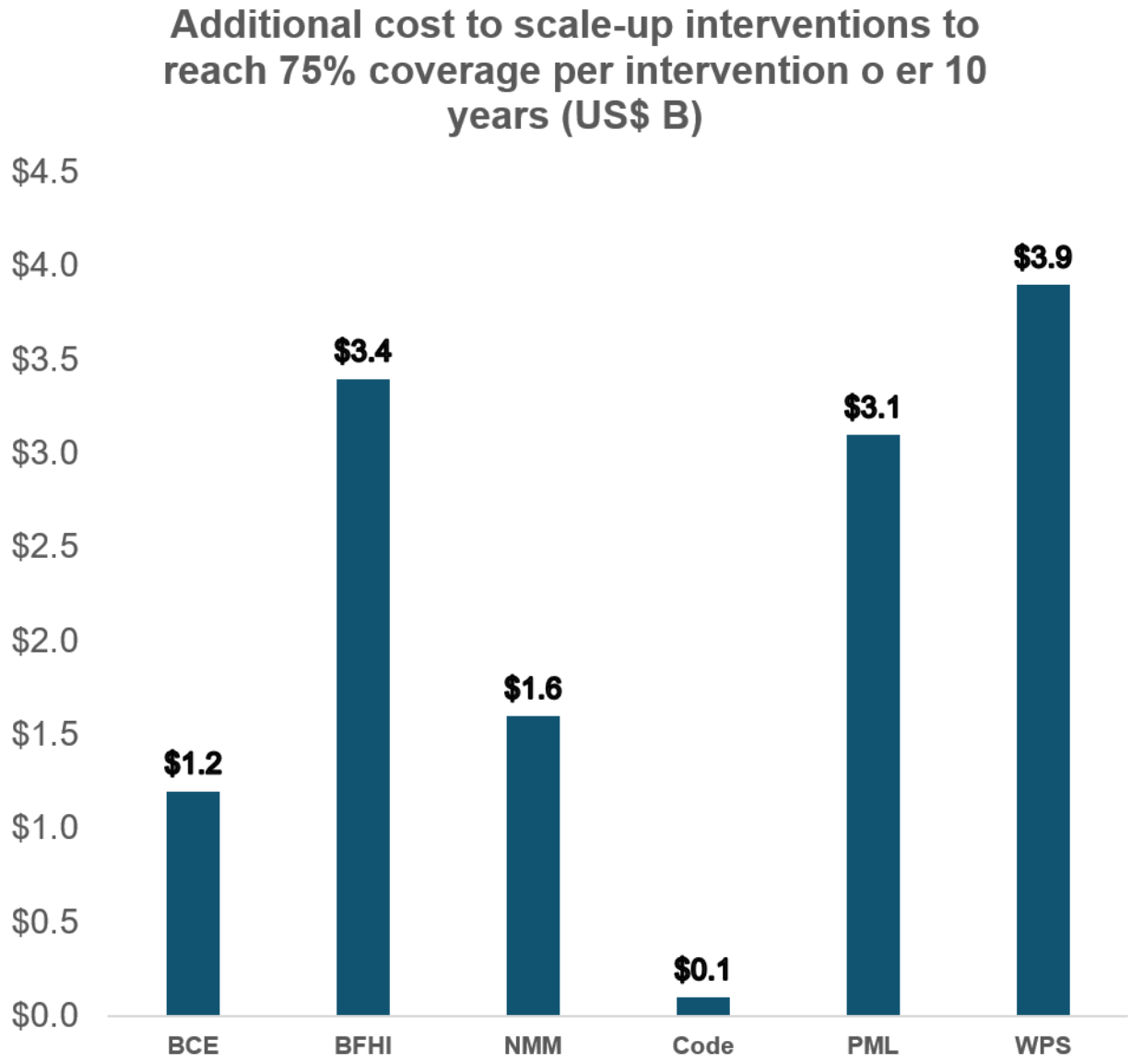
The investment case for breastfeeding

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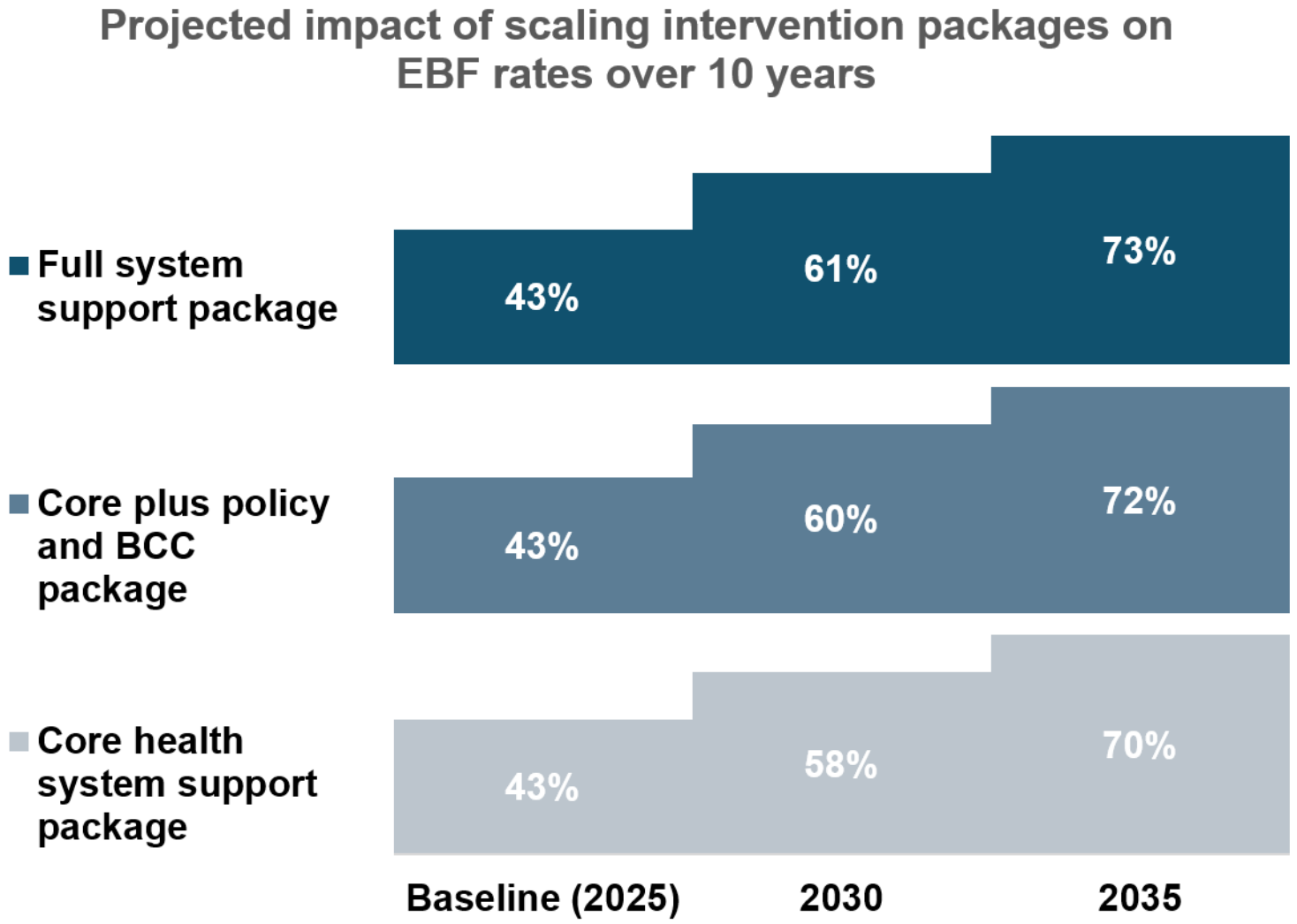
Investment needs to reach 75% scale-up coverage of intervention packages

Package			Intervention	10 years (2026–2035) additional scale up investment
Full system support	Core plus policy and BCC	Core health system support	**1.** Breastfeeding counselling & education: community- and facility-based (BCE)	**$4.6 billion**
			2. Baby-Friendly Hospital Initiative (BFHI)	
			3. National mass media breastfeeding promotion campaign (NMM)	**$6.3 billion**
			4. Code of Marketing of BMS: implementation and enforcement (Code)	
			5. Paid maternity leave (Paid ML)	**$13.3 billion**
			6. Workplace breastfeeding support and policies (WSP)	



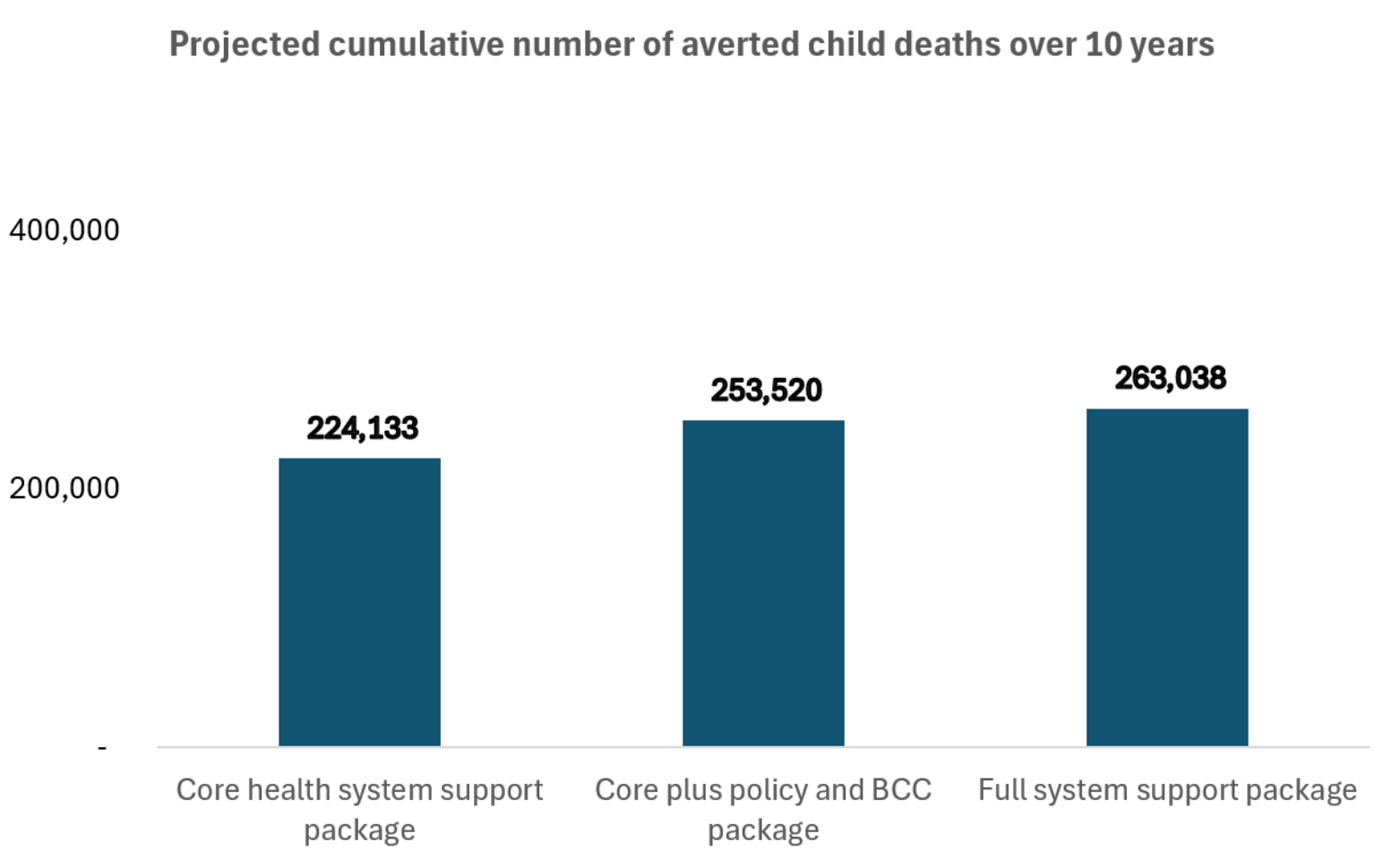
Impact of scaling intervention packages on EBF rates

- Scaling up breastfeeding protection, support and promotion interventions to 75% coverage can result in significant increases in the global EBF rate.
- The WHA target for 60% EBF rate could be achieved by 2030 by scaling the Core plus policy and BCC package
- The target could plausibly be exceeded by 2035 for all packages.



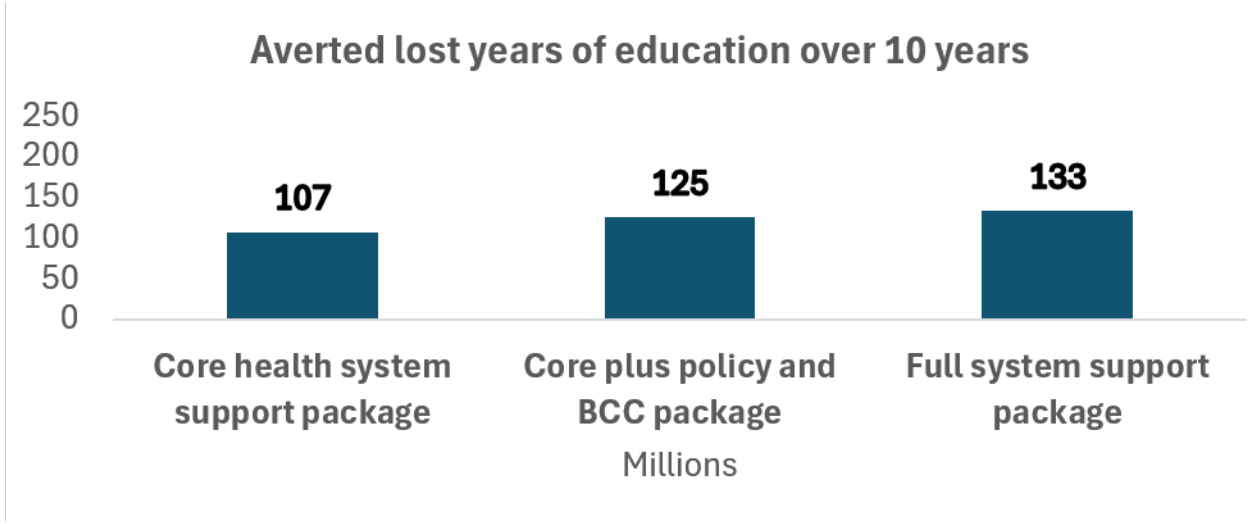
Health impact of scaling intervention packages

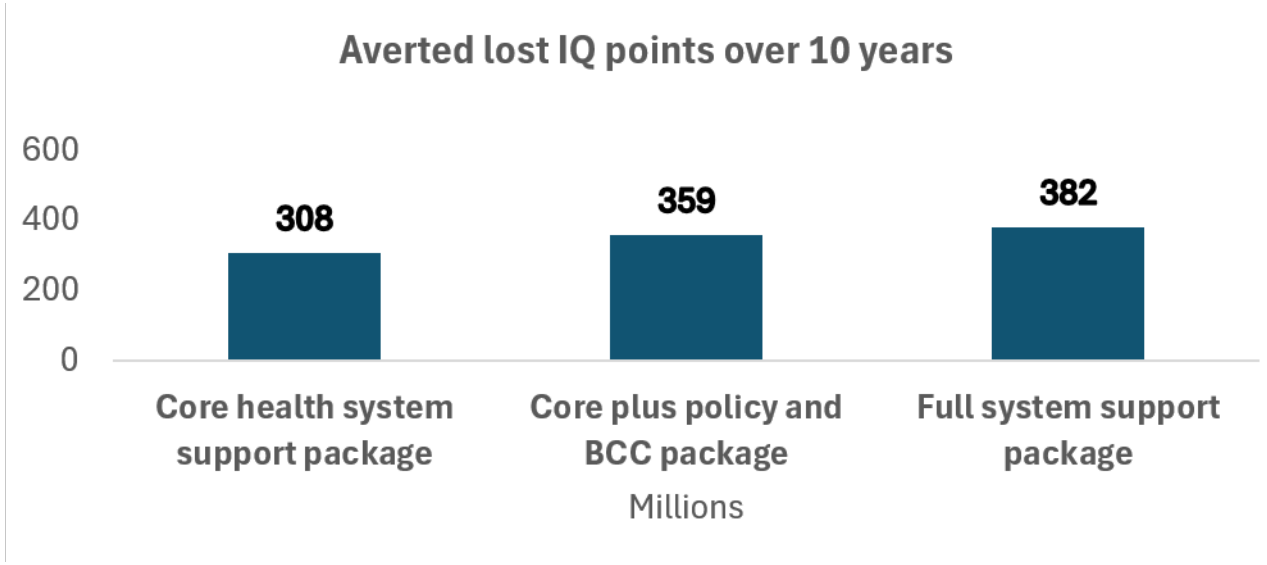
- Scaling up breastfeeding interventions to 75% coverage in over the next decade could lead to between 224-263,000 child deaths averted globally.
- Each of the three packages is also projected to avert approximately 160,000 maternal deaths over the 10-year period
- These investments demonstrate massive potential to improve child survival and prevent premature maternal deaths.



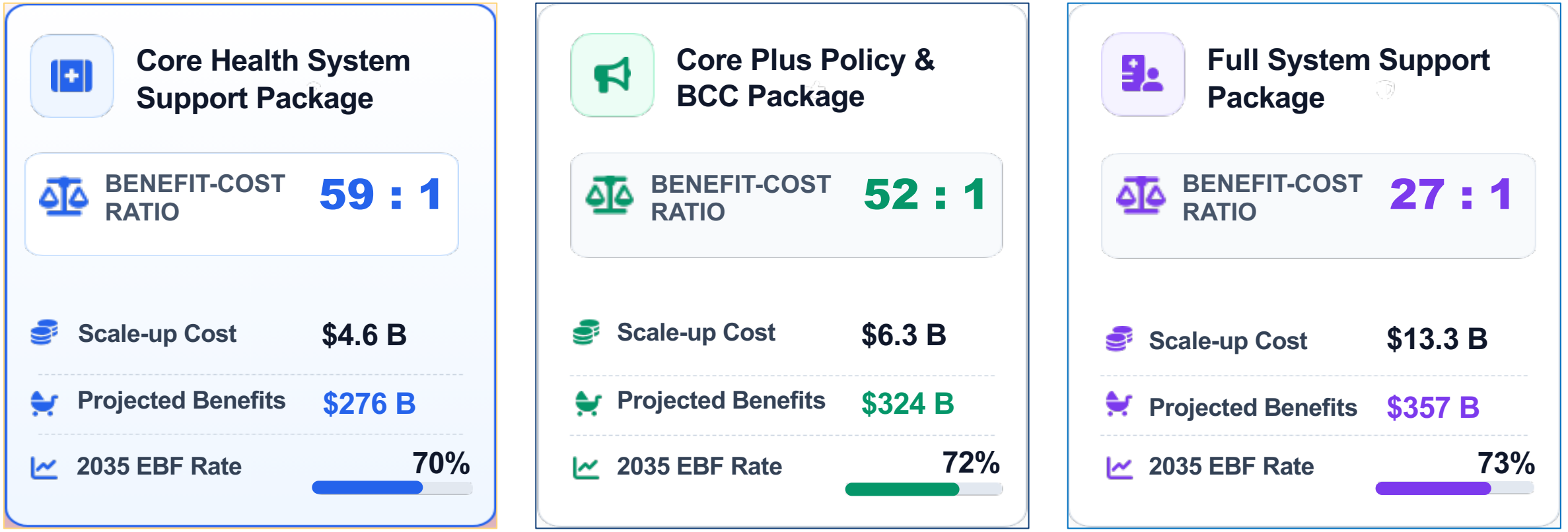
Human capital impact of scaling intervention packages

- Scaling up breastfeeding interventions to 75% coverage in high-burden countries over the next decade could lead to up to **133 million lost years** of education averted and **382 million lost IQ averted** globally.
- Breastfeeding is a tremendous opportunity to advance early childhood development.





Economic impact and value for money



Scaling up breastfeeding interventions to 75% coverage in high-burden countries could generate up to **$357 billion** in economic benefits globally over the next decade through improve cognitive gains, preventing mortality and reduced health system costs, generating **benefit-cost ratios of 27:1 to 59:1.**

Conclusion

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Implications for policymakers, donors, and advocates

- Prioritizing breastfeeding interventions in MNCH + Nutrition plans, policies and budgets = good value for money.
- Country-level economic analysis on breastfeeding is important developing plans and attracting investment.
- Recommend developing government-led nutrition financing strategies for resource mobilization for breastfeeding interventions from a mix of domestic public, development, and philanthropic financing for long-term sustainability.
- Utilizing CONBF and investment case data has shown to be effective for advocacy at all levels.



Summary of findings

- Scaling coverage of Core plus policy and BCC package (BCE, BFHI, Code and NMM) to 75% is ideal for meeting the WHA target of 60% EBF rate by 2030
- Further scaling coverage of all packages to 75% coverage by 2035 will allow for achievement of greater than 70% EBF rate
- Projected benefit-cost ratios continue to suggest that investing in the protection, support and promotion of breastfeeding is excellent value for money, with a high and positive return on investment.
- Please see the full *Global investment case for improved breastfeeding* report for more details and visit the NI website to access the updated CONBF tool. https://nutritionintl.org/learning-resource/the-cost-of-not-breastfeeding-tool/

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Thank you for the financial and technical support:

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Questions/comments?
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WORLD BREASTFEEDING WEEK

Olusola Sotunde

Senior Food Systems and Nutrition Advisor

GAC

OLUSOLA SOTUNDE, GAC



COUNTRY PERSPECTIVES

Panel Discussion



Dr. Ashutosh Sarwa

National Program Manager,
Nutrition International
India



Gifty Ampah

Head, Maternal, Infant and Young Child Nutrition Programme
Ghana

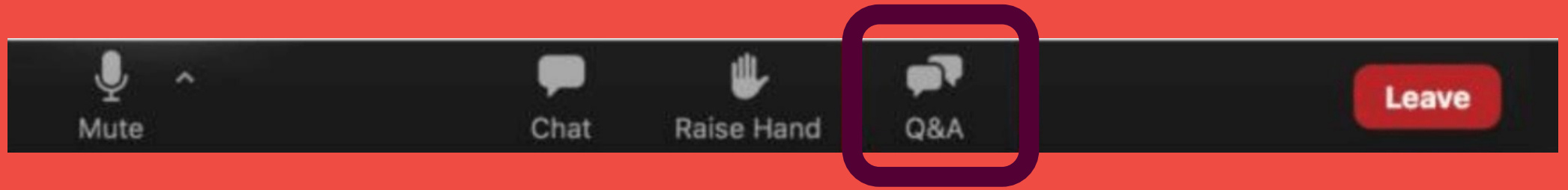


Dr. Mishel Unar Munguía

Head, Department of Maternal, Child and Adolescent Nutrition,
National Institute of Public Health
Mexico

Q&A

Click on this button to ask questions



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WORLD BREASTFEEDING WEEK 2026

CALL TO ACTION

What we ask of governments and donors

01

Invest in the comprehensive package — Code, BFHI, community and workplace support

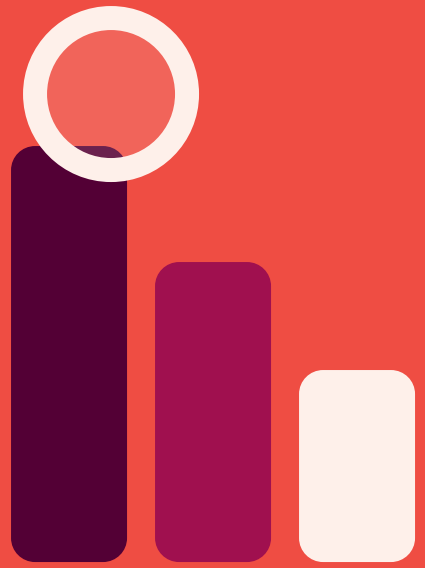
02

Close the financing gap with scaled domestic and international funding

03

Align new investment with the GB Collective Call to Action

Thank You



Strengthening what works — because no one breastfeeds alone.

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