



GLOBAL BREASTFEEDING SCORECARD 2023

RATES OF BREASTFEEDING INCREASE AROUND THE WORLD THROUGH IMPROVED PROTECTION AND SUPPORT

Breastfeeding is essential for child survival and health. Breast milk is a safe, natural, nutritious, and sustainable food for babies. Breast milk contains antibodies that help protect against many common childhood illnesses such as diarrhoea and respiratory diseases.¹ It is estimated that inadequate breastfeeding is responsible for 16% of child deaths each year.^{1,2} Breastfed children perform better on intelligence tests and are less likely to be overweight or obese later in life.³ Women who breastfeed also have a reduced risk of cancer and type II diabetes.⁴

The Global Breastfeeding Scorecard examines current breastfeeding practices around the world, considering the timing of initiation, exclusivity in the first six months of life, and continuation up to two years of age. In addition, it documents national performance on key indicators of how breastfeeding is protected and supported.⁵ The 2023 Scorecard documents progress and challenges in improving breastfeeding. The report highlights success stories in several countries that have strengthened their breastfeeding policies and programmes.

Highlights for the 2023 Scorecard

- Globally rates of exclusive breastfeeding in the first six months of life have increased by 10 percentage points over the past decade and are at 48% for 2023, close to the World Health Assembly target of 50% by 2025.
- Progress is happening across different regions where numerous countries in Africa, Asia Europe and Oceania have documented large increases in exclusive breastfeeding with increases of more than ten percentage points in 22 countries since 2017.
- Case studies in Kenya, Pakistan, Serbia, Sierra Leone, and Viet Nam illustrate major policy and programmatic advances in protecting and supporting breastfeeding.
- Implementation of the Code of Marketing of Breast-milk Substitutes is strongly associated with higher rates of breastfeeding.
- Donor funding for breastfeeding protection and support remains minimal.
- Most countries do not guarantee working mothers the right to facilities and paid break times for breastfeeding.

BREASTFEEDING PRACTICES

Globally, the percent of infants under six months of age exclusively breastfed has reached 48%, close to achieving the World Health Assembly 2025 target of 50% (Figure 1).⁶ The rate of exclusive breastfeeding is ten percentage points higher than a decade earlier,⁷ showing that significant progress is possible and has occurred across regions and countries. The Global Breastfeeding Collective has set a target to reach 70% by 2030.

Based on survey data collected in 2016-22, 46% of newborns initiated breastfeeding within one hour of birth against the target of 70% (Figure 2). While 71% of women continue to breastfeed their infant for at

least one year, by two years of age, breastfeeding rates decline to 45%. The Collective aims to achieve 80% and 60% respectively. Therefore, national efforts towards supporting continued breastfeeding must be amplified.

Out of 100 countries that have updated their data on exclusive breastfeeding since the Global Breastfeeding Scorecard was first published in 2017, 70 documented an increase. Of these, 22 countries documented an increase of more than ten percentage points. Figure 3 shows the amount of change.

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

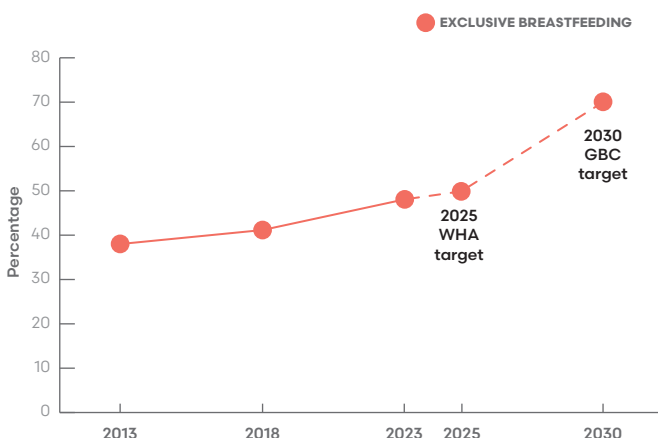


Figure 2. Current rates of breastfeeding against global targets

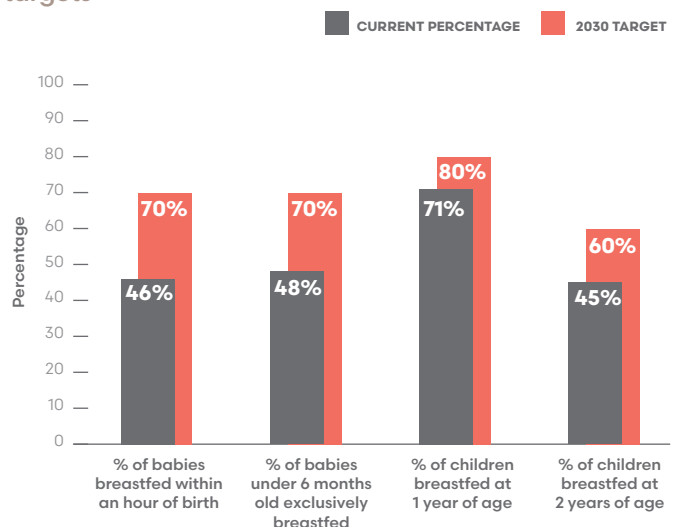


Figure 3a. Map showing change in rates of exclusive breastfeeding between 2017 and 2023 reports

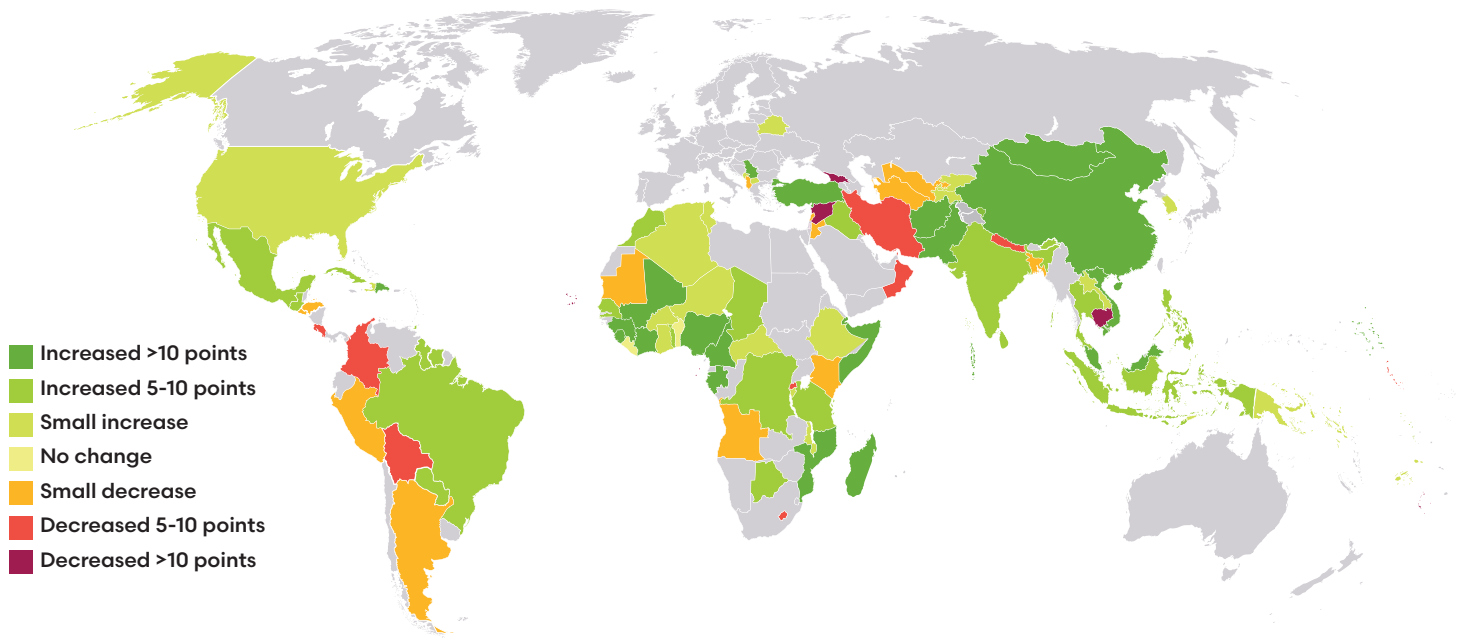
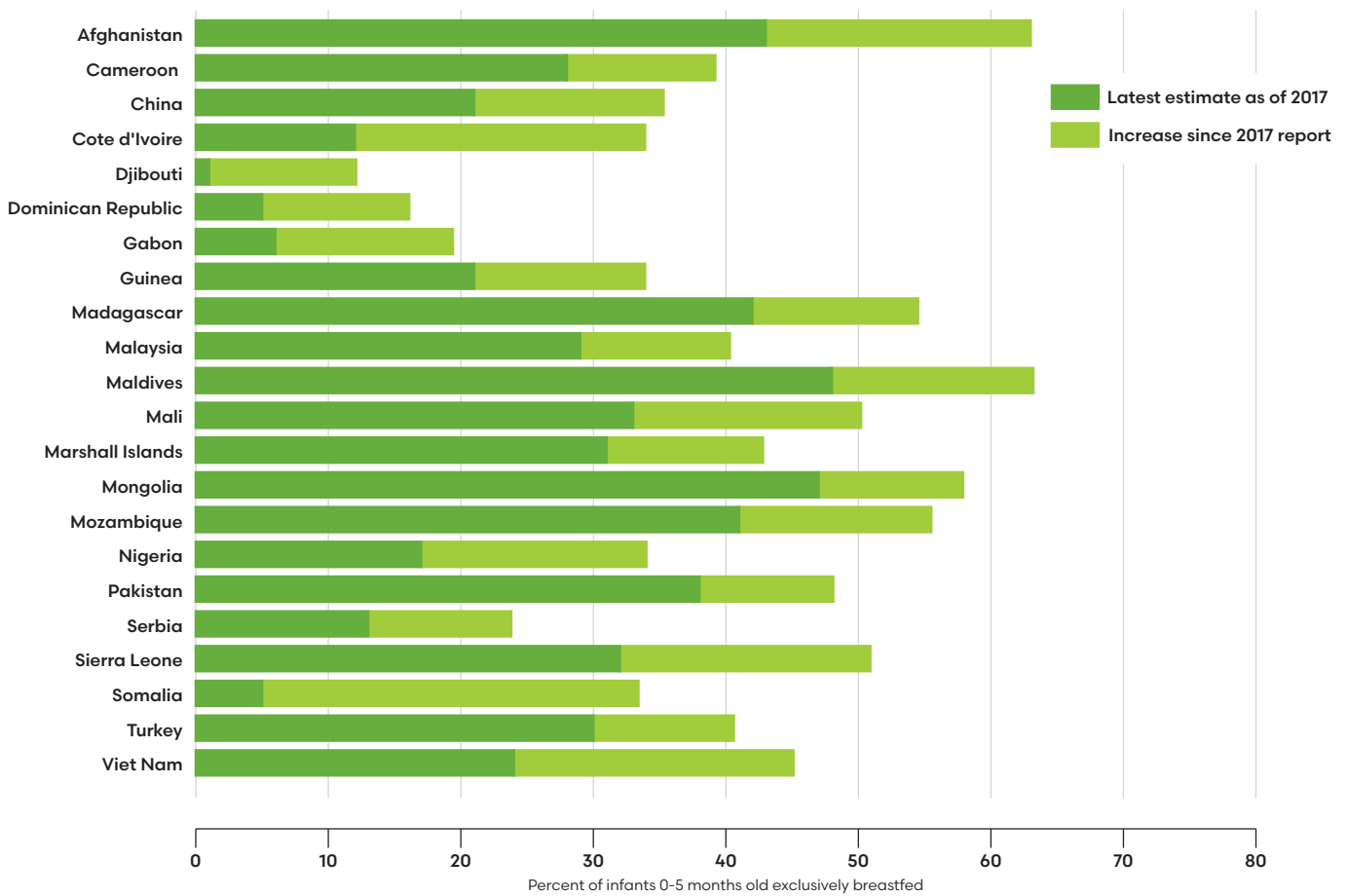


Figure 3b. Change in rates of exclusive breastfeeding between 2017 and 2023 reports, among countries with at least a 10 percentage point increase



CALL TO ACTION PRIORITIES

The Global Breastfeeding Collective has identified seven policy priorities for countries to protect and support breastfeeding.⁸ The Global Nutrition Summit (Nutrition for Growth) of 2021 announced bold commitments from governments and stakeholders to improve nutrition, particularly through exclusive breastfeeding. Further investments and actions are required to support mothers to breastfeed their babies.

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROMOTE, PROTECT AND SUPPORT BREASTFEEDING. The World Bank estimates that an investment of \$4.70 per newborn is needed to reach the World Health Assembly's (WHA) global target for exclusive breastfeeding.⁹ Data are not currently available on government investment in breastfeeding, but the Scorecard tracks donor funding for breastfeeding. Data are updated for 2021. Only 2% of countries, only in Africa and Asia, receive at least US \$5 per birth to support breastfeeding programmes (Figure 4). Over 85% of countries receive < US \$1 per birth. Benefits of the investments in breastfeeding are significant,¹⁰ yet the funding gap remains large. No baby should be left behind, wherever they are born. The Collective aims to increase the percentage of countries receiving at least US \$5 per birth to 25% by 2030.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. The aggressive marketing of breast-milk substitutes (BMS) is harmful, discouraging women from breastfeeding their babies and undermining health, growth, and development.^{11,12} The International Code of Marketing of Breast-Milk Substitutes defines appropriate restrictions on the promotion of BMS in order to protect breastfeeding.

The Global Breastfeeding Scorecard measures the extent to which national legislation implements the provisions of the Code. The rates of exclusive breastfeeding and continued breastfeeding are considerably higher in countries that have enacted legislation that is substantially aligned with the Code compared to countries that have not implemented the Code or have only adopted a few of its provisions (Figures 5 & 6).

As of 2022, a total of 32 countries have enacted legislation that is substantially aligned with the Code, seven more than in 2020. This only represents 16% of countries globally (Figure 4). The Collective has set a

target of 40% of countries by 2030 so current progress is well below what is needed.

Monitoring and enforcement mechanisms are key to ensure Code implementation. Only 25% of countries have clearly defined governmental authorities responsible for monitoring the Code and have continuous monitoring systems in place. Enforcement is important in case of any violation. The Collective aims to have 50% of countries routinely monitoring the Code by 2030 again highlighting the need for acceleration in progress on monitoring and enforcement.

Sierra Leone adopts a national decree on the Code of marketing of breastmilk substitutes

Sierra Leone has made dramatic improvements in breastfeeding, increasing the rate of exclusive breastfeeding from 32% in 2013 to 51% in 2021. In response to rampant marketing of formula, the country passed the Breastmilk Substitutes Act in 2021 to protect breastfeeding and support the gains made in increasing breastfeeding rates. The Act is closely aligned with the Code, including virtually all its provisions.

More bold commitments are required from all Member States to ensure that effective, objective and independent monitoring systems are in place to enforce the Code's standards and recommendations and end inappropriate marketing of BMS.

MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. To support breastfeeding and early child development, new mothers need time away from work after a baby is born. The International Labour Organization's (ILO) Convention C183 indicates that women should have the right to a minimum of 14 weeks of paid maternity leave.^{13,14} ILO further recommends that countries enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds (R191).^{13,15}

Viet Nam extends paid maternity leave from four to six months

In 2012, Vietnam's National Assembly amended its Labour Code to extend paid maternity leave from four to six months. It decided that public funds would be allocated to cover the cost to reduce the possibility that women would face discrimination in recruitment because of the longer paid leave period. Vietnam's exclusive breastfeeding rates increased from 24% in 2014 to 45% in 2020.

Figure 4. Percent of countries with recommended policies to protect, promote, and support breastfeeding

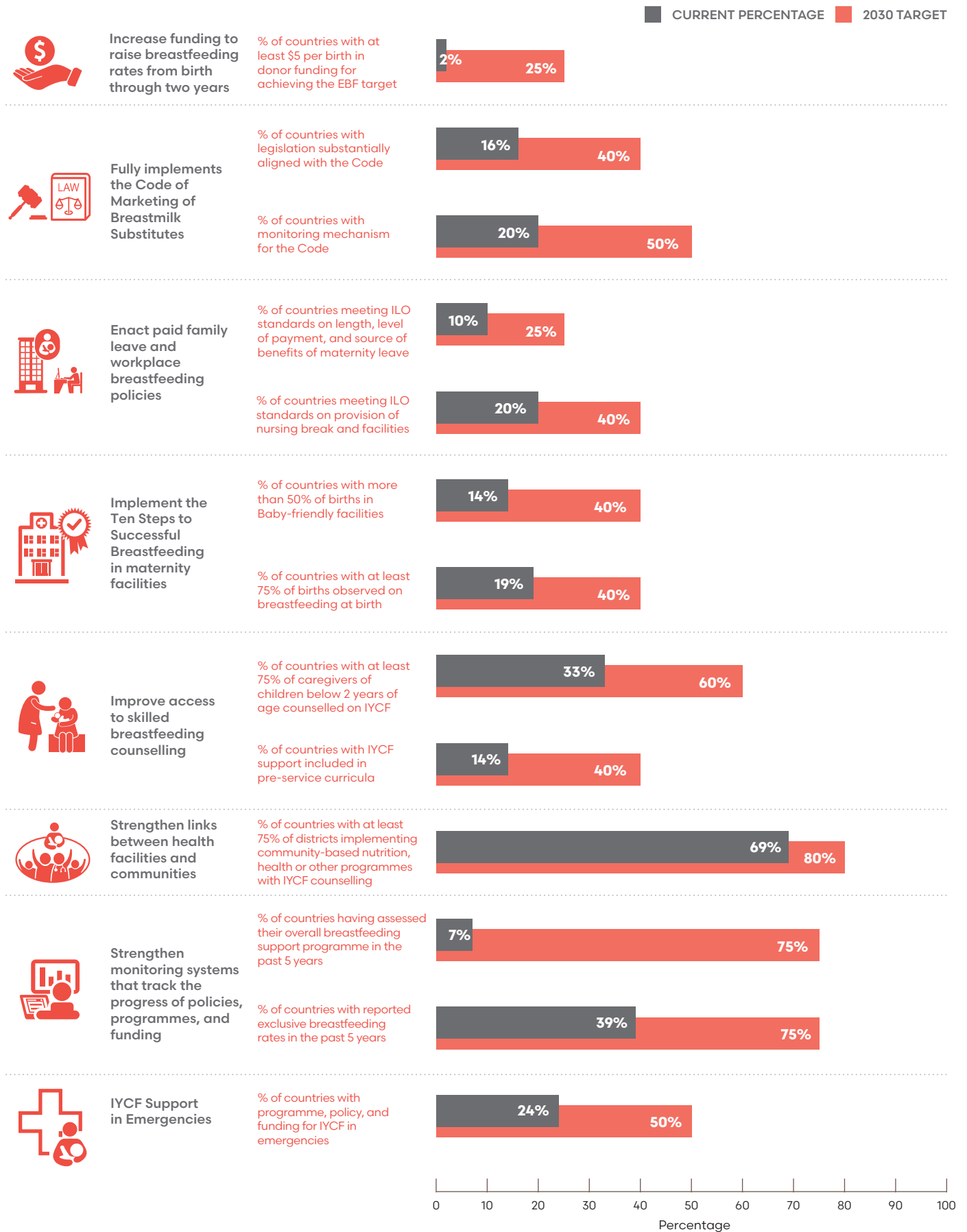
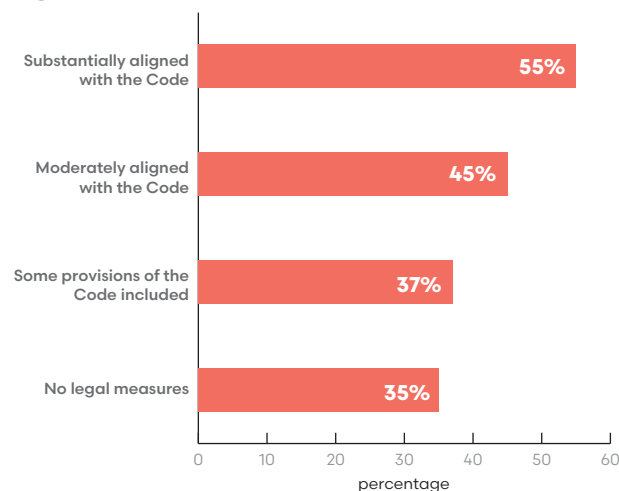


Figure 5. Percent of infants 0–5 months old exclusively breastfed by status of national Code legislation



In 2022, only 10% of countries meet the recommended standard of R191 (Figure 4). No countries in Africa or Oceania meet this standard (Figure 7). This percentage has hardly changed over the past eight years. However, the number of countries meeting the basic standards of Convention 183 has increased from 72 in 2014 to 83. The Collective target for 2030 is to have at least 25% of countries following the ILO recommendation. Preferably, mothers should have paid leave for a period of 6 months or more after birth.

Kenya guarantees breastfeeding breaks at the workplace

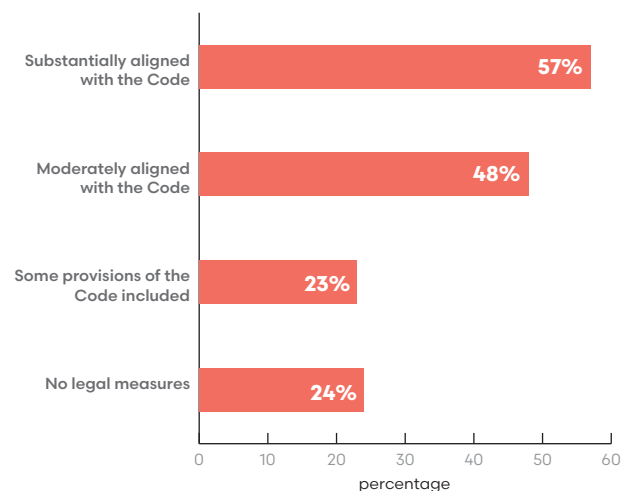
In 2017, the Kenya Parliament passed the Health Act 2017, which advanced the breastfeeding rights of Kenyan mothers in the workplace. It requires that all employers with a minimum of 30 staff:

- Establish breastfeeding stations with the necessary equipment and facilities
- Strictly prohibit promotion, marketing, or selling of breastmilk substitutes in the breastfeeding stations
- Grant breastfeeding employees paid breaks for meals, breastfeeding, or breastmilk expression for up to one hour of every eight-hour working period.

Kenya’s rate of exclusive breastfeeding jumped from 32% in 2008 to 60% in 2022.

Upon their return to work, mothers also need work breaks and appropriate facilities for breastfeeding or expressing and storing breastmilk.^{13–15} This helps mothers continuously breastfeed after maternity leave. Only 20% of countries legislates mandatory provision of both paid breaks and nursing facilities (Figure 4). The regional data shows that 31% of countries in Americas meet the ILO recommendation (Figure 8). No countries in Oceania have legislation on the recommended workplace policies

Figure 6. Percent of children 20-23 months old breastfed by status of national Code legislation



to support breastfeeding mothers. The Collective has set a target of 50% of countries mandating these accommodations by 2030.

BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)

IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES. The Baby-Friendly Hospital Initiative encourages the integration of the “Ten Steps to Successful Breastfeeding,” as the standard of care across all maternity care facilities for protecting, promoting and supporting breastfeeding.¹⁶ Currently, only 14% of countries report that a majority of births occur in facilities that have been designated as “Baby-friendly” (Figure 4), well below the Collective target of at least 40% by 2030.

Direct observation of breastfeeding in the hours after birth is a critical part of the Ten Steps to ensure that the mother has the knowledge and skills to continue breastfeeding after she leaves the birthing facility. Among the 67 countries with data on this indicator, only 13% report that most babies (three-quarters or more?) were observed breastfeeding following the birth (Figure 4). The Collective has set a target of 40% of countries meeting this milestone by 2030.

Serbia reinforces health systems implementing the Ten Steps

Exclusive breastfeeding rates in Serbia increased from 13% in 2014 to 24% in 2019. The Government of Serbia passed a decree in 2018 to encourage all maternity wards, specialized institutions, and hospital departments of health institutions to have a breastfeeding policy that supports the integration of the Ten Steps to Successful Breastfeeding as a standard of care.

Figure 7. Status of national requirements for paid maternity leave as stipulated by the International Labour Organization, by UN region

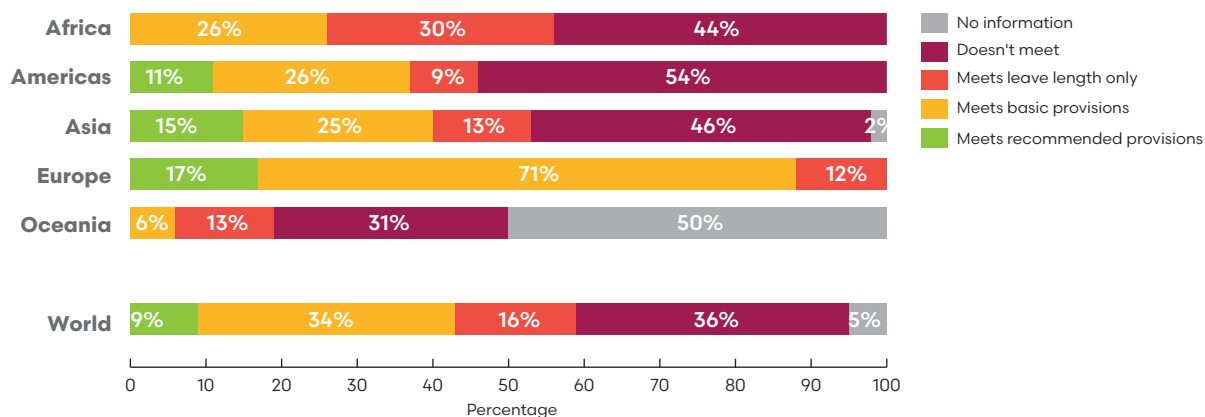
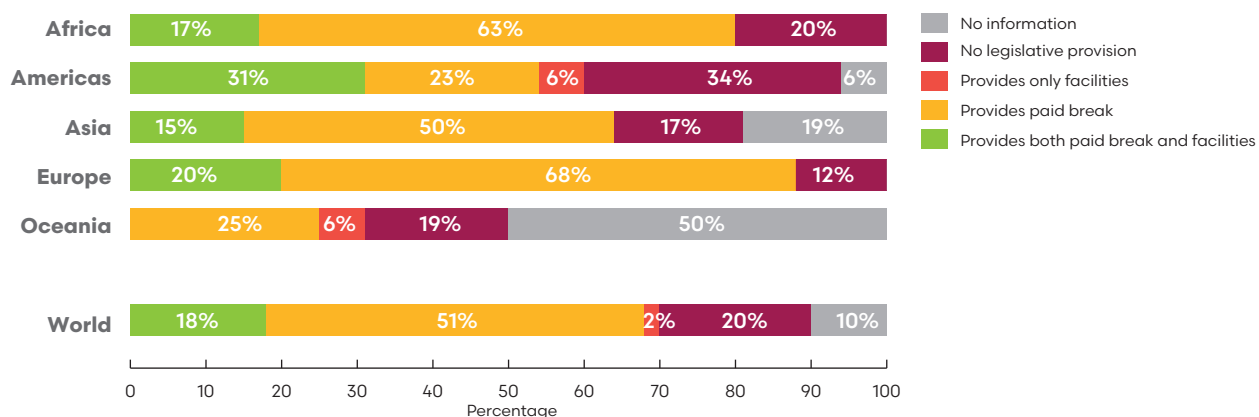


Figure 8. Status of national legislation on provision of nursing breaks and facilities for breastfeeding as stipulated by the International Labour Organization, by UN region



BREASTFEEDING COUNSELLING AND TRAINING

IMPROVE ACCESS TO SKILLED BREASTFEEDING COUNSELLING IN HEALTHCARE FACILITIES. Providing counselling on Infant and Young Child Feeding (IYCF) by skilled health care practitioners is critical to empower women to breastfeed with practical knowledge and confidence.¹⁷ In 2022, 22% of countries reported that at least three-quarters of caregivers of children below two years of age were counselled on appropriate IYCF (Figure 4). The Collective has set a target of 60% by 2030.

Counselling requires skills by health professionals such as doctors, nurses, and midwives who often deliver nutrition services to caregivers.¹⁸ Pre-service curricula are essential training opportunities to ensure the proper skills among health professionals. Only 14% of countries report that the pre-service curriculum adequately covers IYCF topics for both medical doctors and nurses or other professionals

(Figure 4). The Collective aims to increase this to 40% of countries by 2030.

Pakistan scales up skilled breastfeeding counselling

In Pakistan, IYCF counselling services rebounded, following significant disruptions in 2020 due to the COVID-19 pandemic. In 2021, 7.8 million mothers and caregivers received IYCF counselling through health facilities and in communities – a more than five-fold increase from 1.4 million in 2020. More than 10,720 healthcare providers built their capacity to provide IYCF counselling via the UNICEF comprehensive training package. Some 7,735 community-led peer support groups were established as well. Pakistan has seen an increase in exclusive breastfeeding rates from 38% in 2013 to 48% in 2018.

COMMUNITY SUPPORT PROGRAMMES

ENCOURAGE NETWORKS THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING.

Community programmes play a crucial role in improving breastfeeding practices. They support women in maintaining breastfeeding and overcoming challenges throughout their breastfeeding journey. UNICEF data from 109 countries indicate that 69% of countries have community programmes that include IYCF counselling in at least three-quarters of districts (*Figure 4*). Information on the number of women reached through these programmes and on the quality of services provided is lacking. While the reach is increasing, the Collective target for this indicator is 80% by 2030.

MONITORING SYSTEMS

TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING.

Monitoring and evaluation are fundamental to help countries learn the effectiveness of their breastfeeding policies and programmes and the progress on practices to inform decision making and mobilize funds. The World Breastfeeding Trends Initiative (WBTi) helps countries to assess their breastfeeding programmes and policies and create an action plan to address any gaps. Only 7% of countries have completed a WBTi assessment in the last five years, indicating inadequate programme evaluation worldwide (*Figure 4*). Similarly, 39% of countries have collected data on exclusive breastfeeding in the last five years. By 2030, the Collective aims to increase these percentages to 75%.

INFANT AND YOUNG CHILD FEEDING SUPPORT IN EMERGENCIES

INVEST IN POLICIES AND PROGRAMMES TO ENSURE CONTINUED BREASTFEEDING DURING SITUATIONS.

Investment in IYCF in humanitarian situations supports mothers with breastfeeding their babies.¹⁹ However a lack of space and privacy, and poor sanitation are critical issues, coupled with the emotional distress experienced by mothers in emergency settings. Appropriate and targeted support is therefore needed for the most vulnerable populations. The new indicator examines whether countries work on programmes, have policies, and provide government funding to support appropriate IYCF practices during humanitarian situations. As of 2021, 23% of countries had all three aspects met for IYCF in emergencies (*Figure 4*). The Collective aims to achieve 50% of countries supporting IYCF in emergencies through these three aspects by 2030.

CONCLUSION

The Scorecard demonstrates that progress is being made on protecting and supporting breastfeeding. But, significant challenges continue in implementing the seven priority policy actions to support mothers in optimal feeding. Further investment and bold policy actions are required to enhance the enabling environments to protect, promote, and support breastfeeding.

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