Breastfeeding promotes better health for mothers and children alike. Breastfeeding decreases the risk of mothers developing breast cancer, ovarian cancer, type 2 diabetes, and heart disease.\(^1\) It is estimated that increased breastfeeding could avert 20,000 maternal deaths each year due to breast cancer.\(^2\) Breastfeeding also aids in birth spacing.\(^1\)

It is the role of governments to protect women’s and children’s health and nutrition by developing appropriate policies and programmes that support breastfeeding. The Global Breastfeeding Collective, led by UNICEF and WHO, has identified seven actions needed to enable women to breastfeed, including funding of breastfeeding programmes, regulation of marketing of breast-milk substitutes, maternity protection in the workplace, compliance with the Baby-Friendly Hospital Initiative, access to breastfeeding counselling and training, availability of community support programmes, and consistent monitoring.

The Global Breastfeeding Scorecard periodically reviews national progress on implementing these seven actions. The goal of the Scorecard is to encourage progress, increase accountability, and document change for all countries as they take the necessary steps to protect, promote, and support breastfeeding.\(^3\)
CALL TO ACTION PRIORITIES

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROMOTE, PROTECT AND SUPPORT BREASTFEEDING. Adequate funding is essential to ensure that all women are supported in their breastfeeding efforts. The World Bank estimates that it will cost an additional $5.7 billion to reach the World Health Assembly’s global target of at least 50% exclusive breastfeeding by 2025. This equates to just under $5 per newborn to provide women the support they need. With this funding, countries can implement appropriate breastfeeding programmes and policies such as those recommended by the Collective.

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. When breast-milk substitute companies aggressively market their products, they undermine a woman’s ability to choose how to best feed her child. Governments have an obligation to ensure that women’s rights are protected from harmful interference by the business sector. The International Code of Marketing of Breast-milk Substitutes (BMS) describes the restrictions on marketing activities needed to protect, promote, and support breastfeeding and end the inappropriate promotion of BMS. Policy-makers and legislators should enact and enforce legislation to cover all provisions of the Code in order to enable women to make an informed decision about breastfeeding.

MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. It is challenging for women to return to work and continue breastfeeding. Employed women should not have to decide between breastfeeding and working. The International Labour Organization recommends that countries should enact legislation giving women the right to 18 weeks of paid maternity leave and ensure they have time and space for continuing breastfeeding when they return to work.

Current rates and targets of indicators

Each indicator represents percentage of countries

- **6%** Donors contribute at least $5 per newborn to support breastfeeding.
  - **2030 Target:** 25%
- **18%** Fully implements the Code of Marketing of Breast-milk Substitutes.
  - **2030 Target:** 40%
- **12%** Provides recommended maternity leave.
  - **2030 Target:** 25%
- **14%** Over half of births are in Baby-friendly facilities.
  - **2030 Target:** 40%
- **58%** Most primary healthcare facilities provide IYCF counselling.
  - **2030 Target:** 80%
- **54%** Most districts have community IYCF programmes.
  - **2030 Target:** 80%
- **43%** Breastfeeding programmes assessed in the last 5 years.
  - **2030 Target:** 75%
- **40%** Breastfeeding data collected in the last 5 years.
  - **2030 Target:** 75%

*The Global Breastfeeding Scorecard 2018 documents funding provided to countries by international donors for breastfeeding. Data on government allocations for breastfeeding programmes and policies are currently unavailable.*
Such legislation is needed at a minimum to allow women to breastfeed without suffering financial consequences.

**BABY-FRIENDLY HOSPITAL INITIATIVE**  
**IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES.** The Ten Steps to Successful Breastfeeding outline the ways that birthing facilities should support women with their breastfeeding efforts. Facilities that are Baby-friendly provide the support necessary for women to breastfeed but also assist women who cannot or choose not to breastfeed to utilize donor human milk or feed safely with formula. In 2018, WHO and UNICEF published updated guidance on the Baby-friendly Hospital Initiative that calls upon countries to integrate the steps across all maternity care facilities to ensure women and children have access to the best standards of quality of care. (6)

**BREASTFEEDING COUNSELLING AND TRAINING**  
**IMPROVE ACCESS TO SKILLED BREASTFEEDING COUNSELLING IN HEALTHCARE FACILITIES.** Support from skilled health care providers through breastfeeding counselling allows women to make a well-informed decision on whether to breastfeed and to feel confident in her abilities if she does decide to breastfeed. Breastfeeding counselling also improves mothers’ skills and helps to solve difficulties that may arise. (7) Countries that work to ensure that infant and young child feeding counselling is available in healthcare facilities are upholding a woman’s right to information and health.

**COMMUNITY SUPPORT PROGRAMMES**  
**ENCourage NETWORKS THAT PROTECT, PROMOTE AND SUPPORT BREASTFEEDING.** Social support from members of the woman’s community is also important. The interaction between a mother and peer counsellors or community health workers can help her anticipate any problems she may have and problem solve when difficulties arise. Women need to feel that their feeding decisions are accepted in their community including in the workplace and public spaces. Countries should work to ensure that community programs provide the support and care women need.

**MONITORING SYSTEMS**  
**TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING.** Assessing progress on breastfeeding policies, programmes, and outcomes is essential to set priorities for action and learn what is working. Monitoring progress in reaching breastfeeding targets allows countries to evaluate how their efforts have impacted behaviours. Programme and policy assessments can help identify gaps in support and focus energy on areas that need improvement.
BREASTFEEDING RATES

Globally, rates of breastfeeding are far lower than is needed to optimally protect the health of women and their children. Less than half of newborns begin breastfeeding in the first hour after birth. 41% of infants less than 6 months of age are exclusively breastfed, far short of the 2030 global target of 70%.* While over two-thirds of mothers continue breastfeeding for at least one year, by two years of age, breastfeeding rates drop to 45%.

CONCLUSION

Countries have an opportunity to enact change that will enable women in their country to make the best decisions about feeding their children. But all countries are falling short of doing all they can to support mothers. While there are countries that have made significant progress, there is no single country that has met all the recommendations described in this report. Globally, the percent of countries carrying out the recommended actions is far too low.

Supporting women to breastfeed is everyone’s responsibility, including governments, donors, international organisations and civil society alike. Legislators and policy makers need to create an enabling environment that allows women to be informed of her options and supported throughout the entire breastfeeding experience, starting from the first hour of a newborn’s life. When governments enact policies that protect, promote, and support breastfeeding, women will be enabled to make an informed decision on feeding their children and the health of women and children everywhere will be improved.

*The World Health Assembly (WHA) has set a target to increase the global rate of exclusive breastfeeding to at least 50% by 2025. To coincide with the timeline of the Sustainable Development Goals, WHO has extended the targets for maternal, infant and child nutrition to 2030. Based on evidence of improving exclusive breastfeeding rates in many countries improving, it was determined that a goal of 70% by 2030 could be achieved and this new target was noted by the 2018 WHA.

REFERENCES


FOR MORE INFORMATION AND TO JOIN THE COLLECTIVE:
breastfeeding@unicef.org
unicef.org/breastfeeding
