



GLOBAL BREASTFEEDING SCORECARD 2022

PROTECTING BREASTFEEDING THROUGH FURTHER INVESTMENTS AND POLICY ACTIONS

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 Collective has identified seven policy priorities for countries to protect, promote and support breastfeeding. The Nutrition for Growth Summit of 2021 announced a number of bold commitments from governments, development partners, UN agencies and civil society partners amongst others to improve nutrition, particularly through increased investments in exclusive breastfeeding.⁵ Further investments and actions are required to support mothers to breastfeed their babies.

The Global Breastfeeding Scorecard examines national performance on key indicators of the seven policy priorities identified by the Global Breastfeeding Collective.⁶ The 2022 Scorecard documents progress and challenges in improving infant and young child feeding (IYCF) against these priorities. Details on the indicators used in this Scorecard are available in a separate methodology document.⁷

Highlights for the 2022 Scorecard

The 2022 Scorecard introduces five new indicators on the seven policy priorities:

- Monitoring mechanisms for the implementation of the Breast Milk Substitutes Code
- Legislation on provision of nursing breaks and facilities for breastfeeding
- Observation of breastfeeding at birth
- Inclusion of Infant and Young Child Feeding (IYCF) in training curricula for health professionals
- Provision of IYCF counselling to caregivers

The 2022 Scorecard also adds an indicator on how countries are addressing IYCF in emergencies through policies, programmes, and funding.

Key results:

- Updated data on donor funding shows little improvement.
- Progress has been made on the implementation of the Code, with seven new countries having legislation substantially aligned with the Code.
- Only one in four countries have functioning mechanisms to monitor compliance with the Code.
- New analyses of legislation on maternity leave show little progress.
- Most countries do not guarantee working mothers the right to facilities and paid break times for breastfeeding.

CALL TO ACTION PRIORITIES

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.⁸ Data are not currently available on government investment in breastfeeding, but the Scorecard tracks donor funding for breastfeeding. Data are updated for 2020. Only 7% of countries, only in Africa and Asia, receive at least US \$5 per birth to support breastfeeding programmes (Figure 1). Over 70% of countries receive < US \$1 per birth. Benefits of the investments in breastfeeding are significant,⁹ yet the funding gap remains large. No baby should be left behind. 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 their health, growth, and development.^{10,11} The International Code of Marketing of Breast-Milk Substitutes defines appropriate restrictions on the promotion of BMS in order to protect breastfeeding. Monitoring and enforcement mechanisms are key to ensure Code implementation. The Global Breastfeeding Scorecard measures the extent of Code implementation and monitoring mechanisms in place.

In 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 2). In Africa and Asia, over a quarter of countries have covered most provisions of the Code in their legislation. Europe and the Americas, on the other hand, have been much less likely to fully implement the Code. The Collective has set a target of 40% of countries substantially aligned with the Code by 2030.

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.

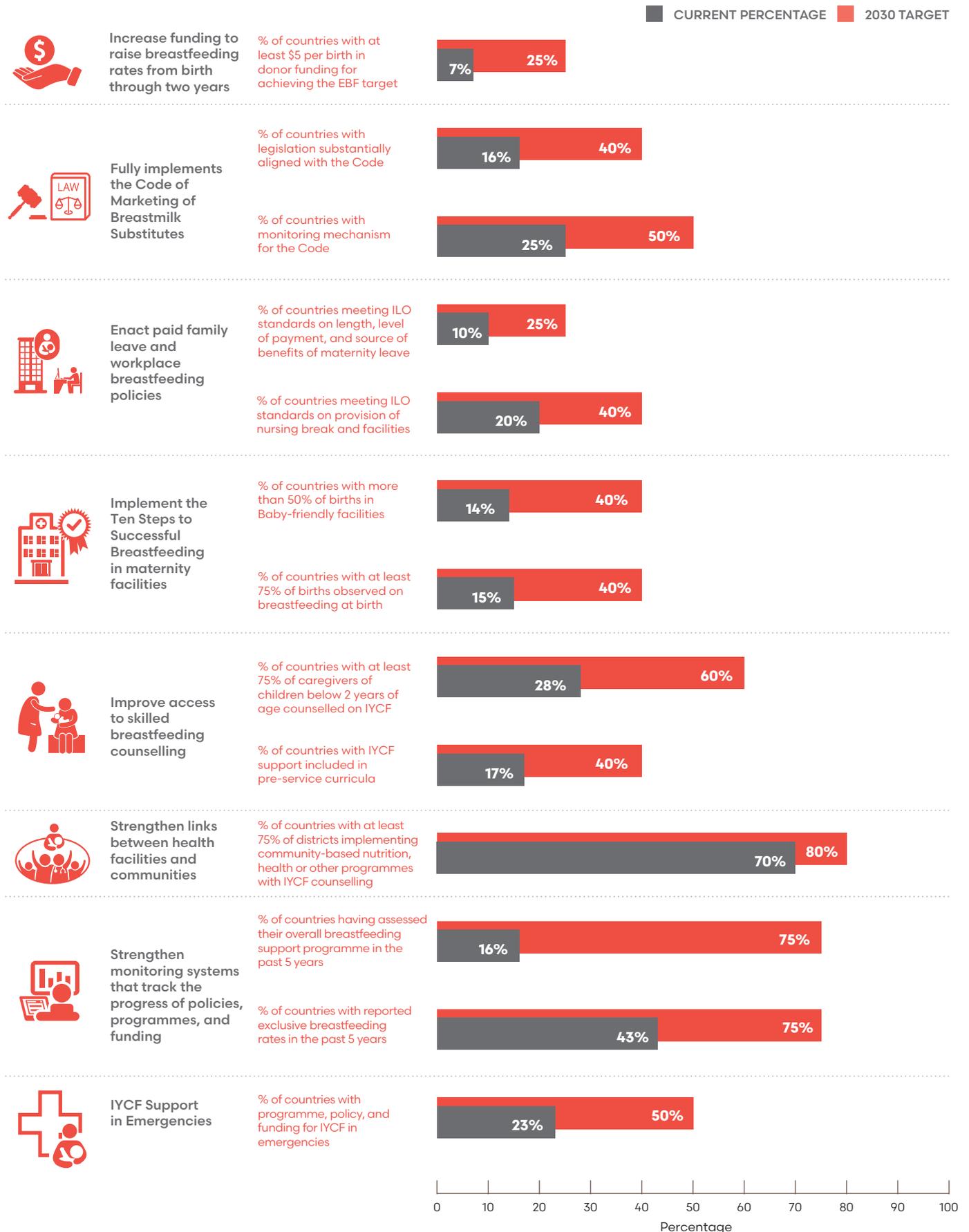
More bold commitments are required from all Member States to ensure that effective, objective and independent monitoring systems are in place to enforce the Code's standards and recommendations and end inappropriate marketing of BMS.

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 14 weeks of paid maternity leave.^{12,13} ILO further recommends that countries enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds (R191).^{12,14}

Figure 1. Percent of countries with recommended policies to protect, promote, and support breastfeeding



In 2022, only 10% of countries meet the recommended standard of R191 (Figure 1). No countries in Africa or Oceania meet this standard (Figure 3). 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 after birth.

Upon their return to work, mothers also need work breaks and appropriate nursing facilities for continued breastfeeding.^{12,13,14} This helps mothers continuously breastfeed after maternity leave. Only 20% of countries legislate mandatory provision of both paid breaks and nursing facilities (Figure 1). The regional data shows that 31% of countries in Americas meet the ILO recommendation (Figure 4). No countries in Oceania have legislation on the recommended workplace policies to support breastfeeding mothers. The Collective has set a target of 40% 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.¹⁵ Currently, only 14% of countries report that a majority of births occur in Baby-friendly facilities (Figure 1), 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 34 countries with data on this indicator, only 15% report that most babies (three-quarters) were observed on breastfeeding following the birth (Figure 1). The Collective has set a target of 40% of countries meeting this milestone by 2030.

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.¹³ In 2021, 28% of countries reported that at least three-quarters of caregivers of children below two years of age were counselled on IYCF (Figure 1). 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 beneficiaries.¹⁶ Pre-service curricula are essential training opportunities to ensure the proper skills among health professionals. Only 17% of countries report that the pre-service curriculum adequately covers IYCF topics for both medical doctors and nurses or other professionals (Figure 1). The Collective aims to increase this to 40% of countries by 2030.

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 105 countries indicate that 70% of countries have community programmes that include IYCF counselling in three-quarters of districts (Figure 1). 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 16% of countries have completed a WBTi assessment in the last five years, indicating inadequate programme evaluation worldwide (Figure 1). Similarly, 43% 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 EMERGENCY SITUATIONS. Investment in IYCF in humanitarian situations supports mothers with breastfeeding their babies.¹⁷ Lack of space and privacy, and poor sanitation are critical issues, coupled with emotional distress experienced by mothers in emergency settings. Supports are needed for 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 supportive elements met for IYCF in emergencies (Figure 1). The Collective aims to achieve 50% of countries supporting IYCF in emergencies through these three elements by 2030.

Figure 2. Alignment of national legislation with the International Code of Marketing of Breast-milk Substitutes, by UN region

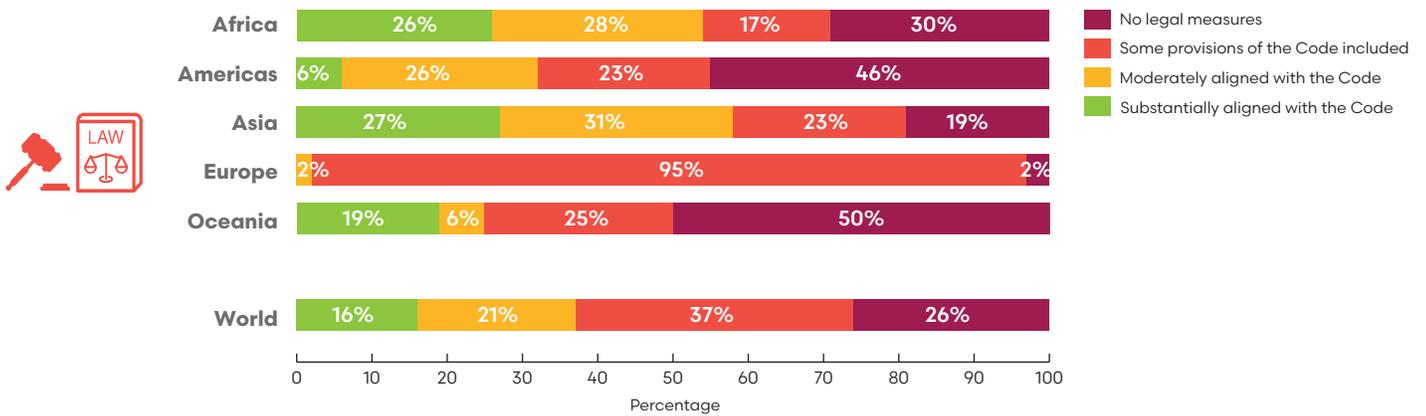


Figure 3. National requirements for paid maternity leave as stipulated by the International Labour Organization, by UN region

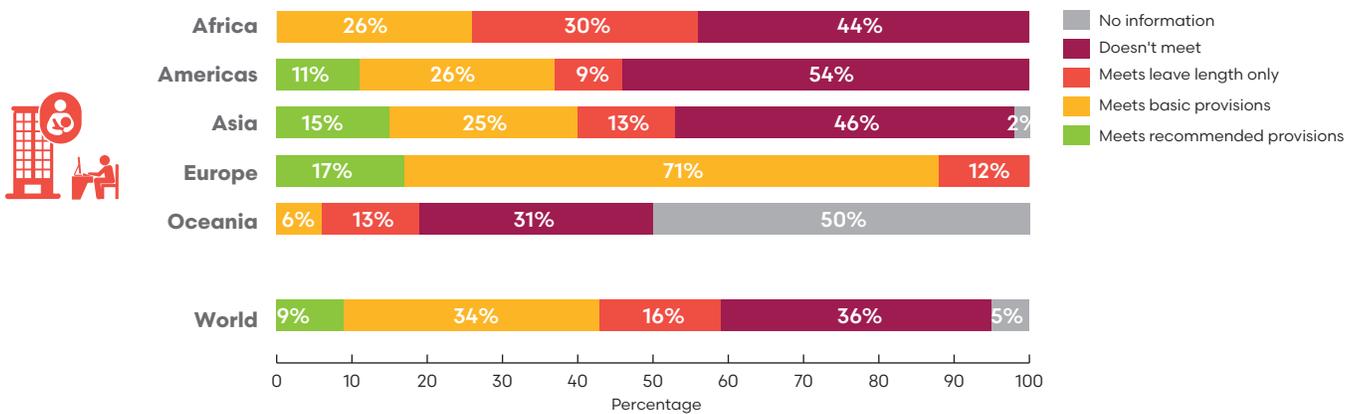
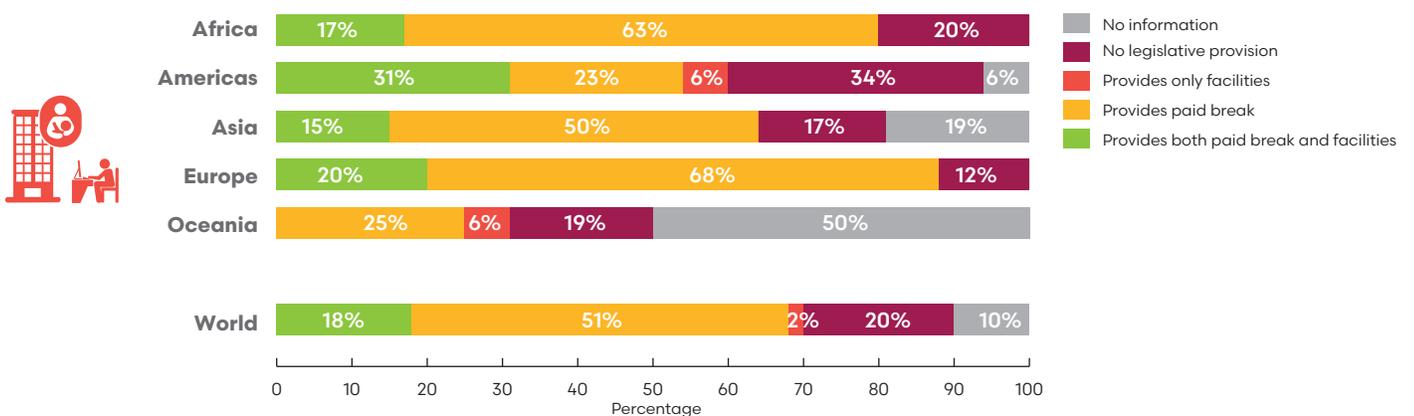


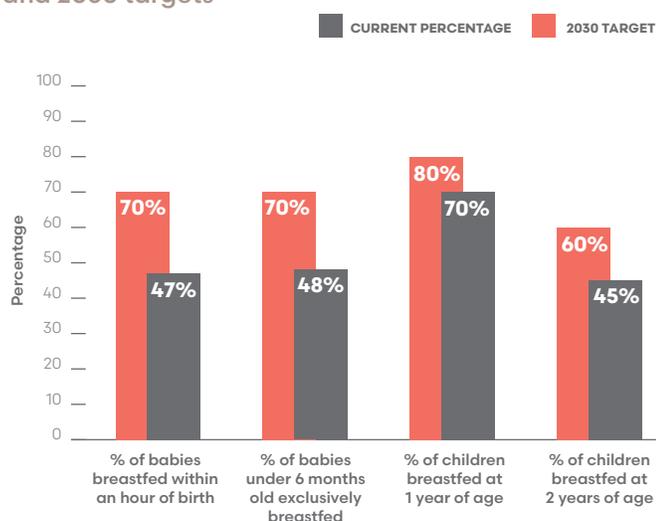
Figure 4. National legislation on provision of nursing breaks and facilities for breastfeeding as stipulated by the International Labour Organization, by UN region



BREASTFEEDING RATES

Globally, the rates of breastfeeding fall short of the target required to protect the health of women and children. In 2015-2021, 47% of newborns initiated breastfeeding within one hour of birth against the target of 70% (Figure 5). For this time period, the percent of infants under six months of age exclusively breastfed reached 48%, ten percentage points higher than a decade earlier and close to the WHA target of 50% by 2025, representing that significant progress is possible and happening at scale. The global target for 2030, however, is to reach 70% by 2030. While 70% 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 to reach the 2030 targets.

Figure 5. Current global prevalence of breastfeeding and 2030 targets



CONCLUSION

The scorecard illustrates that progress in breastfeeding is possible and is happening but it is unequal and insufficient. There are continuing challenges in implementing the seven priority policy actions to support mothers in optimal infant and young child feeding. Therefore, further investment and more bold policy actions to support stronger policies, programmes and actions are required at scale to enhance the enabling environments to protect, promote, and support breastfeeding.

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FOR MORE INFORMATION AND TO JOIN THE COLLECTIVE
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Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Baby-Friendly Hospital Initiative (BFHI) Network | Bill and Melinda Gates Foundation | CARE | Carolina Global Breastfeeding Institute | Center for Women's Health and Wellness | Centers for Disease Control and Prevention | Concern Worldwide | Helen Keller International | FHI 360 | International Baby Food Action Network | International Board of Lactation Consultant Examiners | International Lactation Consultant Association | La Leche League International | New Partnership for Africa's Development | Nutrition International | PATH | Save the Children | UNICEF | United States Agency for International Development | USAID Advancing Nutrition | World Health Organization | World Alliance for Breastfeeding Action | World Bank | World Vision International

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