



GLOBAL BREASTFEEDING SCORECARD, 2019

INCREASING COMMITMENT TO BREASTFEEDING THROUGH FUNDING AND IMPROVED POLICIES AND PROGRAMMES

Breastfeeding has numerous benefits for both mothers and children. It stimulates cognitive development and protects infants against diarrheal infections and pneumonia. It also decreases the risk of obesity and chronic diseases such as type II diabetes.¹ It serves as a protection against ovarian cancer and breast cancer among nursing mothers² and assists them with birth spacing.³ Breastfeeding results in lower healthcare costs. Countries' investment towards improving breastfeeding practices would result in US \$35 of economic return per dollar invested.⁴ Inadequate breastfeeding rates result in economic losses of about US \$302 billion annually, which represents 0.49% of the world's Gross National Income (GNI).⁵ Increasing breastfeeding could prevent 823,000 annual deaths in children under five and 20,000 annual deaths from breast cancer.⁶

Governments play a fundamental role in protecting the health of women and children through improving policies and programmes that support breastfeeding. The Global Breastfeeding Collective (the Collective), led by WHO and UNICEF, has identified seven policy action priorities, each with an indicator and a set target to be achieved by 2030.

The Global Breastfeeding Scorecard was first introduced by the Collective in 2017. It examines these indicators at the national and global levels. The Scorecard is designed to encourage and document progress on the promotion, protection and support of breastfeeding.⁷

**GLOBAL BREASTFEEDING
COLLECTIVE**



CALL TO ACTION PRIORITIES

FUNDING

INCREASE INVESTMENT IN PROGRAMMES AND POLICIES THAT PROMOTE, PROTECT AND SUPPORT BREASTFEEDING. Funding breastfeeding programmes and policies is critical to support breastfeeding. Data are not currently available on government investment in breastfeeding, but the Scorecard tracks donor funding for 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 of at least 50% exclusive breastfeeding by 2025.⁸ Only 6% of countries that receive international aid receive at least US \$5 per birth to support breastfeeding programmes. Most countries receive < US \$1 per birth. 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

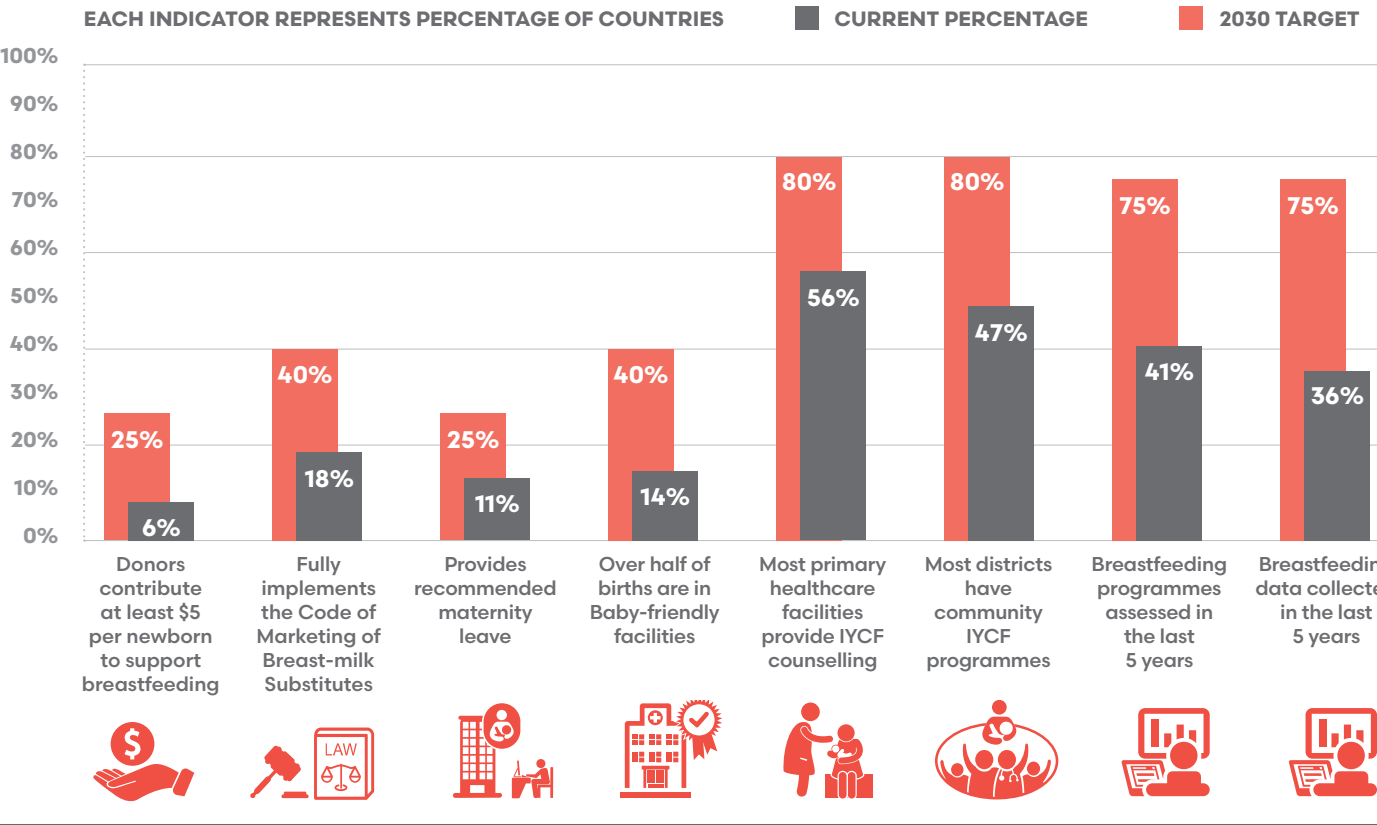
FULLY IMPLEMENT THE CODE WITH LEGISLATION AND EFFECTIVE ENFORCEMENT. The aggressive marketing of Breast-milk Substitutes (BMS) affects families’ ability to make informed decisions regarding their child’s feeding.⁹

The International Code of Marketing of Breast-milk Substitutes defines appropriate restrictions on the promotion of BMS in order to protect breastfeeding. Governments must enact and enforce legislation covering all provisions of the Code. The Global Breastfeeding Scorecard measures the extent of Code implementation. Globally, only 18% of countries fully implement the Code in law. The Collective has set a target of 40% by 2030.

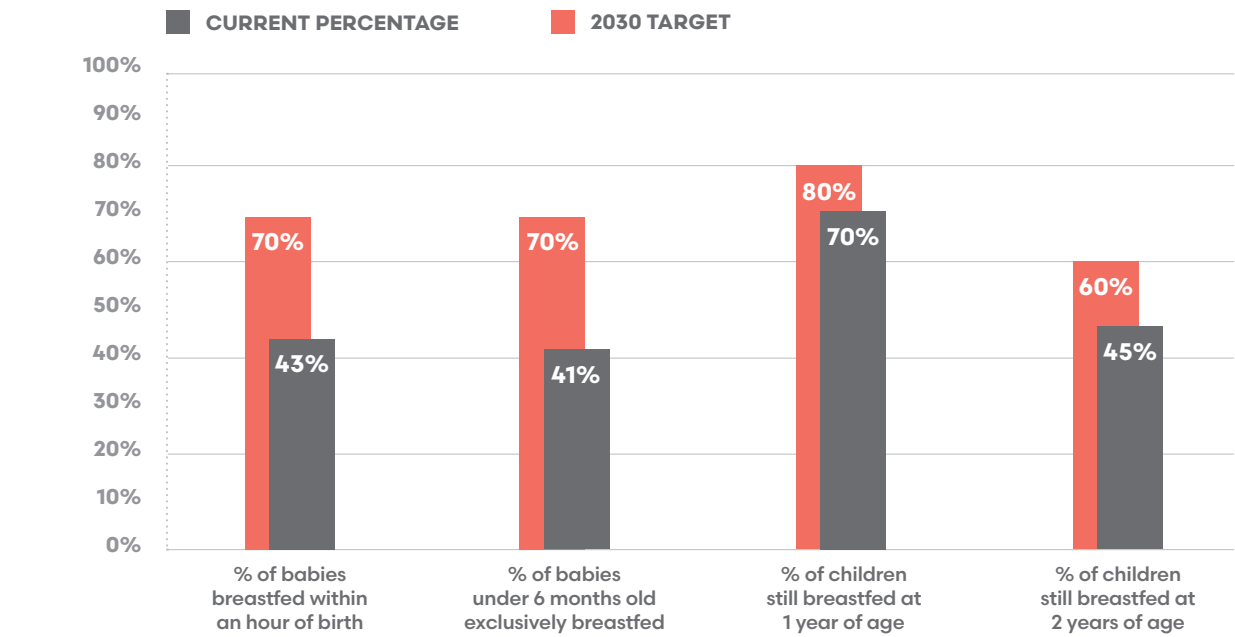
MATERNITY PROTECTION IN THE WORKPLACE

ENACT PAID FAMILY LEAVE AND WORKPLACE POLICIES. To support breastfeeding and early childhood development, new mothers need time away from work. The International Labor Organization’s (ILO) Convention C183 gives women the right to 14 weeks of paid maternity leave along with work breaks and appropriate nursing space upon their return to work.^{10,11} ILO further recommends that countries enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds.^{11,12} Currently, only 11% of countries meet this recommended standard. The Collective

Current rates and targets of indicators



Current rates and targets of breastfeeding practices



target for 2030 is to have at least 25% of countries following the ILO recommendation. The ILO target should be considered a minimum. Preferably, mothers should have paid leave for a period of 6 months or more after birth and fathers should have paid paternity leave.

BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)

IMPLEMENT THE TEN STEPS TO SUCCESSFUL BREASTFEEDING IN MATERNITY FACILITIES. The Baby-Friendly Hospital Initiative, based on the “Ten Steps to Successful Breastfeeding,” describes the unique role of maternity facilities in protecting, promoting and supporting breastfeeding. In 2018, the BFHI was updated to emphasize the need for integrating the Ten Steps as the standard of care across all maternity care facilities.¹³ Currently, only 14% of countries report that a majority of births occur in Baby-friendly facilities, well below the Collective target of at least 40% 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 increases women’s practical knowledge and confidence to breastfeed.¹⁴ Counselling allows families to make informed decisions regarding their infant feeding practices and builds skills to address barriers they may encounter with breastfeeding.¹⁴ Based on UNICEF programme data for 82 countries, 56% of countries have incorporated IYCF counselling into at least three-quarters of

their primary healthcare facilities. It is important to note that this indicator does not represent programme coverage. This indicator falls below the 80% global target to be met 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 87 countries indicate that nearly half (47%) of countries have community programmes that include IYCF counselling in three-quarters of districts. Information on the number of women reached through these programmes and on the quality of services provided is lacking. The Collective target for this indicator is 80% by 2030.

MONITORING SYSTEMS

TRACK PROGRESS ON POLICIES, PROGRAMMES AND FUNDING. Continuous tracking and evaluation of progress on breastfeeding policies, programmes, and practices is an important step that allows countries to learn about the effectiveness of their efforts. 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 41% of countries have completed a WBTi assessment in the last five years, indicating inadequate programme evaluation worldwide. Similarly, only 36% of countries have collected data on exclusive breastfeeding in the last five years. By 2030, the Collective aims to increase these percentages to 75%.

BREASTFEEDING RATES

Globally, the rates of breastfeeding remain lower than what is required to protect the health of women and children. In 2013–2018, 43% of newborns initiate breastfeeding within one hour of birth. Only 41% of infants under six months of age are exclusively breastfed. While 70% of women continue to breastfeed their infant for at least one year, by two years of age, breastfeeding rates declines to 45%. The Collective targets for these global rates in 2030 are 70% for initiation in the first hour, 70% for exclusive breastfeeding, 80% at one year, and 60% at two years. Therefore, the countries efforts towards meeting the target rates of breastfeeding must be amplified.

CONCLUSION

Countries should focus on improving breastfeeding practices in order to produce a healthier and smarter population. Globally, countries are still falling short of doing all they can to promote, protect and support breastfeeding. It is the responsibility of governments, donors, international organizations and civil society to all work collaboratively on promoting, protecting and supporting breastfeeding. Policymakers and legislators play a vital role in creating enabling environments for breastfeeding and ensuring families are making informed decisions when feeding their children, therefore contributing to improved health outcomes for all.

REFERENCES

- ¹ Horta BL, Loret de Mola C, Victora CG. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis. *Acta Paediatrica*. 2015;104(S467):30-37.
- ² Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, Bahl R, Martines J. Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatrica*. 2015;104(S467):96-113.
- ³ Breastfeeding: achieving the new normal. *The Lancet*, 2016;387(10017):404. DOI:https://doi.org/10.1016/S0140-6736(16)00210-5.
- ⁴ Walters D, Eberwein J, Sullivan L, Shekar M. Reaching the global target for breastfeeding. In: Shekar M, Kakietek J,

- ⁶ Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC, Group TL. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 2016;387(10017):475-90.
- ⁷ Global Breastfeeding Collective. Global Breastfeeding Scorecard, 2018: *Enabling Women to Breastfeed through Better Policies and Programmes*. New York, Geneva: UNICEF, WHO, 2018.
- ⁸ *Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding*. New York, Geneva: UNICEF, WHO, 2017.
- ⁹ Save the Children. *Don't Push It: Why the formula milk industry must clean up its act*. London: Save the Children, 2018.
- ¹⁰ ILO. *C183-Maternity Protection Convention*. Geneva: ILO 2000.
- ¹¹ ILO. *World Social Protection Report: Universal social protection to achieve the Sustainable Development Goals*. Geneva: ILO, 2017.
- ¹² ILO. *R191-Maternity Protection Convention*. Geneva: ILO 2000.
- ¹³ UNICEF, WHO. *Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative*. Geneva: WHO, 2018.
- ¹⁴ Sinha et al. Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. *Acta Paediatrica*. 2015;104(S467):30-37.

FOR MORE INFORMATION :
breastfeeding@unicef.org
unicef.org/breastfeeding

Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Baby Friendly Hospital Initiative 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 | International Baby Food Action Network | International Lactation Consultant Association | La Leche League

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