

## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN BENIN

### Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Benin, 41 percent of babies are exclusively breastfed for six months, falling below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

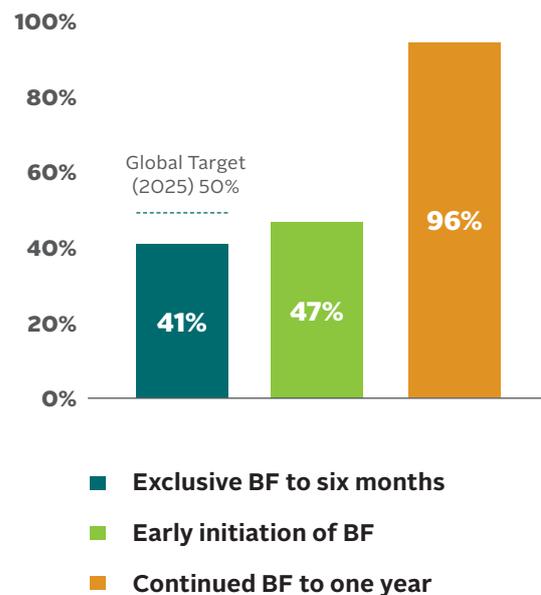
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Benin

Each year, optimal breastfeeding practices have the potential to:

- Save 4,666 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 115 maternal deaths from cancers and type II diabetes
- Save over US\$580,000 in health system treatment costs related to inadequate breastfeeding
- Generate about US\$252 million for the economy, or nearly 2.8% of Benin's GNI, over children's productive years by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Benin



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Benin, this equates to **nearly 5,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Benin could prevent **115 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **537,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$581,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Benin stands to lose nearly **US\$99 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Benin's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Benin must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

#### Citation

Walters D, Phan L, Mathisen R. The Cost of Not Breastfeeding: Global Results from a New Tool. Health Policy and Planning. 2019 June 24. Available from <https://doi.org/10.1093/heapol/cz050>

#### Acknowledgements

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN BURKINA FASO

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Burkina Faso, 50 percent of babies are exclusively breastfed for six months. To meet the national exclusive breastfeeding target of 80 percent by 2025, nutrition advocates must continue to build the case for improved policies and programs by demonstrating the consequences of not breastfeeding. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

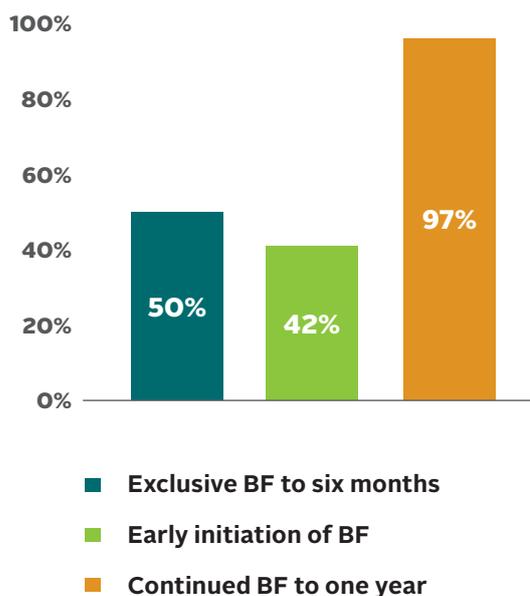
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Burkina Faso

Each year, optimal breastfeeding practices have the potential to:

- Save 3,408 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 56 maternal deaths from cancers and type II diabetes
- Save over US\$1.6 million in health system treatment costs related to inadequate breastfeeding
- Generate nearly US\$200 million for the economy, or 1.7% of Burkina Faso's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Burkina Faso



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Burkina Faso, this equates to **nearly 3,500 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Burkina Faso could prevent **56 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **1 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$1.6 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Burkina Faso stands to lose over **US\$115 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Burkina Faso's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Burkina Faso must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN CABO VERDE

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Cabo Verde, 60 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

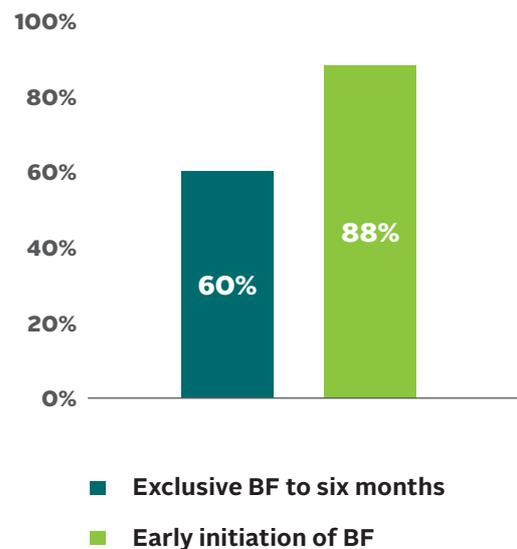
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Cabo Verde

Each year, optimal breastfeeding practices have the potential to:

- Save the lives of 25 children—an important contribution to reducing under-5 child mortality
- Prevent 12 maternal deaths from cancers and type II diabetes
- Save over US\$15,000 in health system treatment costs related to inadequate breastfeeding
- Generate almost US\$13 million for the economy, or 0.8% of Cabo Verde's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Cabo Verde



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Cabo Verde, this equates to **25 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Cabo Verde could prevent **12 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat mothers

The current cost to the health care system for the treatment of type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be over **US\$15,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Cabo Verde stands to lose nearly **US\$9 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Cabo Verde's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Cabo Verde must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN CAMEROON

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Cameroon, only 28 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

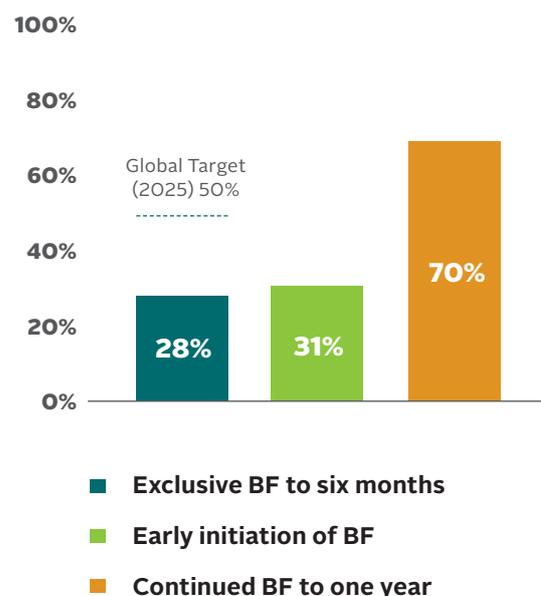
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Cameroon

Each year, optimal breastfeeding practices have the potential to:

- Save 9,682 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 448 maternal deaths from cancers and type II diabetes
- Save over US\$1.9 million in health system treatment costs related to inadequate breastfeeding
- Generate nearly US\$831 million for the economy, or about 2.7% of Cameroon's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Cameroon



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Cameroon, this equates to **nearly 9,700 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Cameroon could prevent **450 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **1.6 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$2 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Cameroon stands to lose nearly **US\$379 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Cameroon's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Cameroon must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
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# The Cost of Not Breastfeeding in Central African Republic

## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN CENTRAL AFRICAN REPUBLIC

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Central African Republic, only 34 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

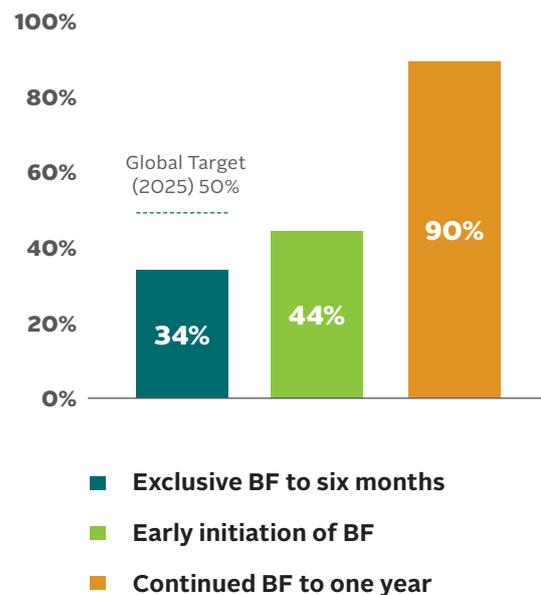
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Central African Republic

Each year, optimal breastfeeding practices have the potential to:

- Save 2,418 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 97 maternal deaths from cancers and type II diabetes
- Save over US\$220,000 in health system treatment costs related to inadequate breastfeeding
- Generate more than US\$39 million for the economy, or about 2.4% of Central African Republic's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Central African Republic



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Central African Republic, this equates to **nearly 2,500 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Central African Republic could prevent **100 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **340,000 avoidable cases** of childhood diarrhea and pneumonia. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$225,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Central African Republic stands to lose nearly **US\$15 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Central African Republic's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Central African Republic must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN CHAD

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Chad, less than one percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

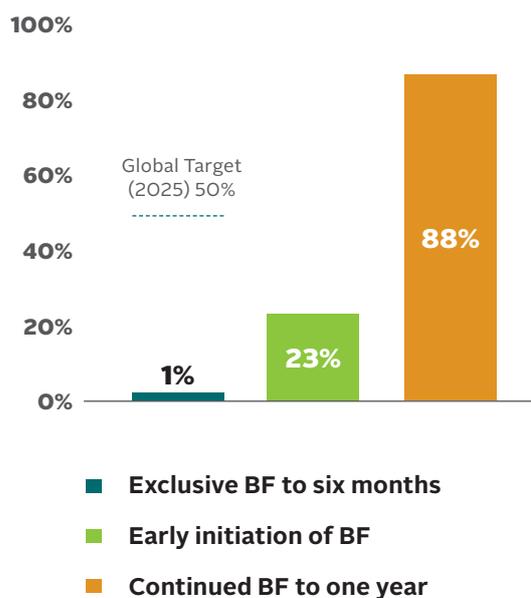
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Chad

Each year, optimal breastfeeding practices have the potential to:

- Save 11,541 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 75 maternal deaths from cancers and type II diabetes
- Save over US\$475,000 in health system treatment costs related to inadequate breastfeeding
- Generate about US\$547 million for the economy, or approximately 4.4% of Chad's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Chad



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Chad, this equates to **more than 11,500 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Chad could prevent **75 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to nearly **1.5 million avoidable cases** of childhood diarrhea and pneumonia. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$476,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Chad stands to lose nearly **US\$227 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Chad's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Chad must invest to scale-up breastfeeding at the national level.

Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN COTE D'IVOIRE

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Cote d'Ivoire, only 12 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

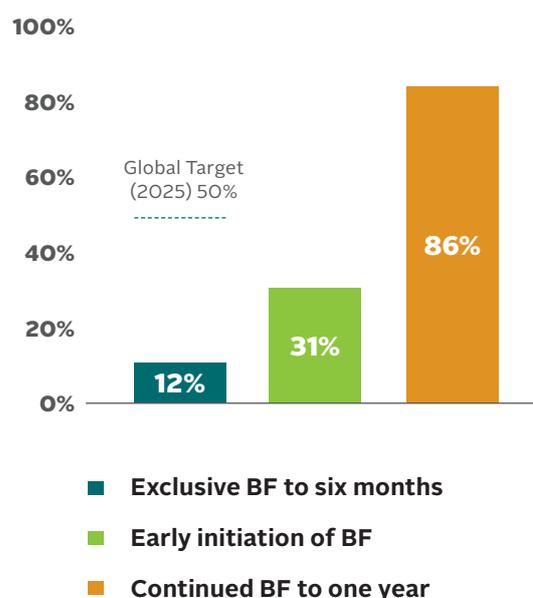
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### Key findings in Cote d'Ivoire

Each year, optimal breastfeeding practices have the potential to:

- Save 8,780 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 249 maternal deaths from cancers and type II diabetes
- Save over US\$169,000 in health system treatment costs related to inadequate breastfeeding
- Generate nearly US\$1.2 billion for the economy, or 3.7% of Cote d'Ivoire's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Cote d'Ivoire



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Cote d'Ivoire, this equates to **nearly 9,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Cote d'Ivoire could prevent **249 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

The current cost to the health care system for the treatment of type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$170,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Cote d'Ivoire stands to lose nearly **US\$631 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Cote d'Ivoire's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Cote d'Ivoire must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

#### Citation

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DR CONGO)

### Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In DR Congo, only 48 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

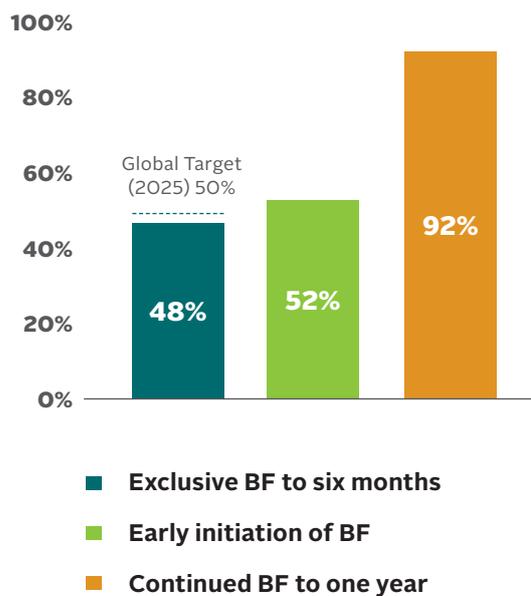
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Republic of DR Congo

Each year, optimal breastfeeding practices have the potential to:

- Save the lives of 26,592 children—an important contribution to reducing under-5 child mortality
- Prevent 341 maternal deaths from cancers and type II diabetes
- Save over US\$4 million in health system treatment costs related to inadequate breastfeeding
- Generate almost US \$900 million for the economy, or 2.8% of DR Congo's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in DR Congo



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually. In DR Congo, this equates to **nearly 27,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in DR Congo could prevent **341 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **8 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$4.1 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. DR Congo stands to lose over **US\$409 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As DR Congo's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, DR Congo must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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# The Cost of Not Breastfeeding in Equatorial Guinea

## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN EQUATORIAL GUINEA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Equatorial Guinea, only 7 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

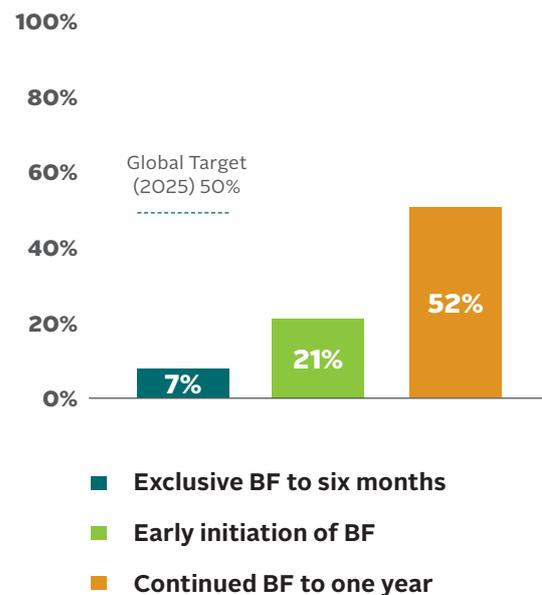
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Equatorial Guinea

Each year, optimal breastfeeding practices have the potential to:

- Save 367 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 32 maternal deaths from cancers and type II diabetes
- Save nearly US\$3 million in health system treatment costs related to inadequate breastfeeding
- Generate more than US\$400 million for the economy, or nearly 3.7% of Equatorial Guinea's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Equatorial Guinea



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Equatorial Guinea, this equates to **nearly 400 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Equatorial Guinea could prevent **32 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **54,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be nearly **US\$3 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Equatorial Guinea stands to lose nearly **US\$198 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Equatorial Guinea's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Equatorial Guinea must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN GABON

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Gabon, only 6 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

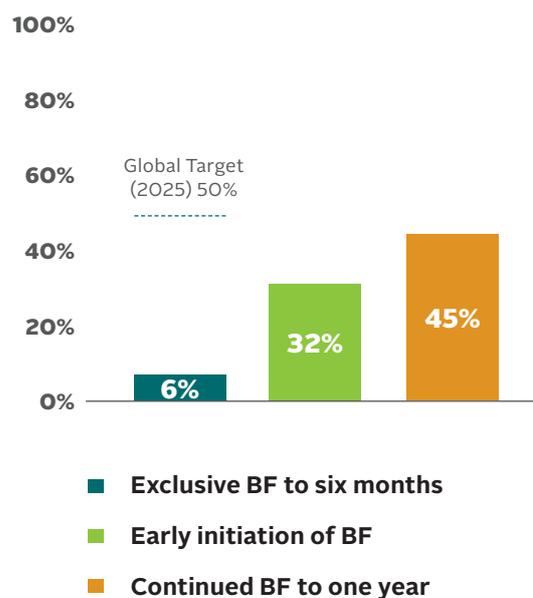
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Gabon

Each year, optimal breastfeeding practices have the potential to:

- Save 316 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 80 maternal deaths from cancers and type II diabetes
- Save over US\$1.5 million in health system treatment costs related to inadequate breastfeeding
- Generate about US\$366 million for the economy, over 2.3% of Gabon's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Gabon



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Gabon, this equates to **over 300 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Gabon could prevent **80 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to nearly **95,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be over **US\$1.5 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Gabon stands to lose about **US\$248 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Gabon's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Gabon must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN GAMBIA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Gambia, only 47 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

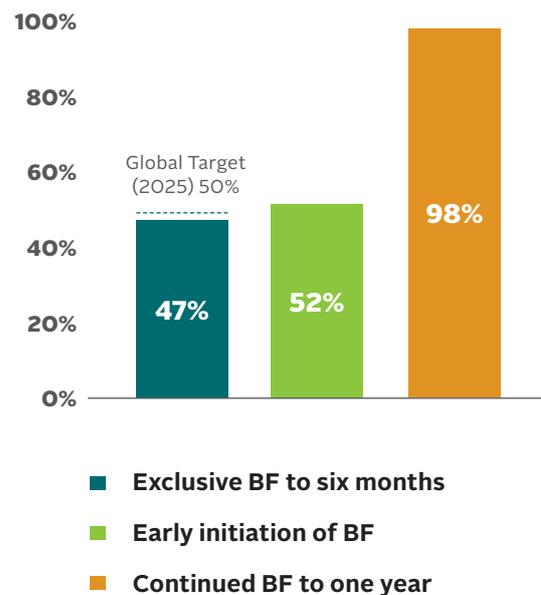
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Gambia

Each year, optimal breastfeeding practices have the potential to:

- Save over 500 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 14 maternal deaths from cancers and type II diabetes
- Save over US\$4,000 in health system treatment costs related to inadequate breastfeeding
- Generate about US\$21 million for the economy, or nearly 2.4% of Gambia's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Gambia



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Gambia, this equates to **over 500 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Gambia could prevent **14 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$4,300 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Gambia stands to lose over **US\$11 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Gambia's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Gambia must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN GHANA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Ghana, 52 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

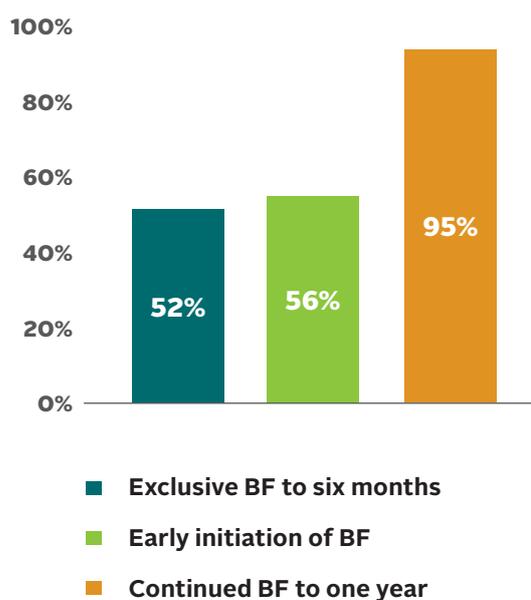
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Ghana

Each year, optimal breastfeeding practices have the potential to:

- Save 3,774 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 302 maternal deaths from cancers and type II diabetes
- Save over US\$5.8 million in health system treatment costs related to inadequate breastfeeding
- Generate over US\$594 million for the economy, or nearly 1.5% of Ghana's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Ghana



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Ghana, this equates to **nearly 4,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Ghana could prevent **302 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **1 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$6 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Ghana stands to lose nearly **US\$360 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Ghana's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Ghana must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN GUINEA BISSAU

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Guinea Bissau, 53 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

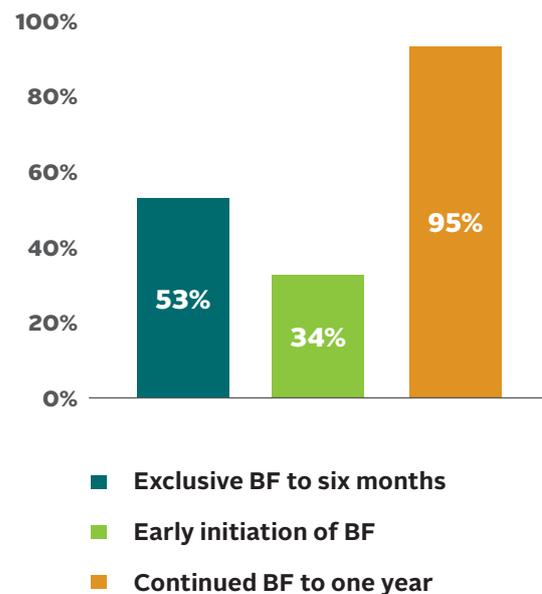
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Guinea Bissau

Each year, optimal breastfeeding practices have the potential to:

- Save 679 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 27 maternal deaths from cancers and type II diabetes
- Save nearly US\$70,000 in health system treatment costs related to inadequate breastfeeding
- Generate over US\$29 million for the economy, or 2.7% of Guinea Bissau's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Guinea Bissau



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Guinea Bissau, this equates to **nearly 679 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Guinea Bissau could prevent **27 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **119,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$70,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Guinea Bissau stands to lose over **US\$11 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Guinea Bissau's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Guinea Bissau must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

#### Citation

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN GUINEA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Guinea, only 21 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

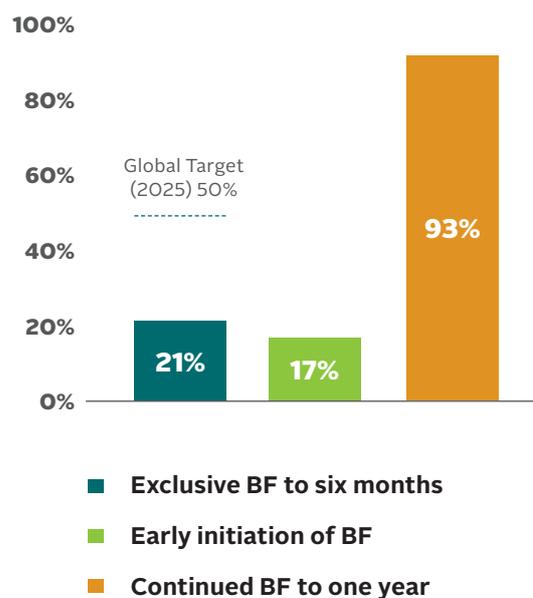
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Guinea

Each year, optimal breastfeeding practices have the potential to:

- Save 3,947 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 75 maternal deaths from cancers and type II diabetes
- Save nearly US\$1 million a year in health system treatment costs related to inadequate breastfeeding
- Generate about US\$90 million for the economy, or nearly 1.5% of its GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Guinea



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Guinea, this equates to **nearly 4,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Guinea could prevent **75 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **860,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$1 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Guinea stands to lose nearly **US\$24 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Guinea's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Guinea must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN LIBERIA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Liberia, only 55 percent of babies are exclusively breastfed for six months. To meet the national exclusive breastfeeding target of 70 percent by 2025, nutrition advocates must continue to build the case for improved policies and programs by demonstrating the consequences of not breastfeeding. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

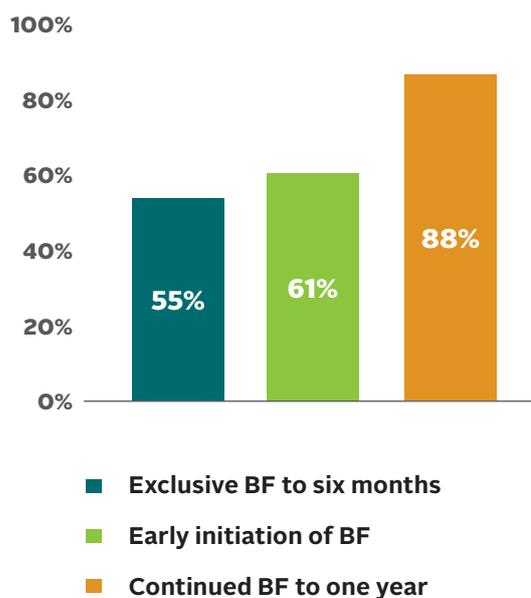
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Liberia

Each year, optimal breastfeeding practices have the potential to:

- Save 1,159 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 51 maternal deaths from cancers and type II diabetes
- Save over US\$200,000 in health system treatment costs related to inadequate breastfeeding
- Generate more than US\$32 million for the economy, or nearly 1.9% of Liberia's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Liberia



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Liberia, this equates to **over 1,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Liberia could prevent **51 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **315,000 avoidable cases** of childhood diarrhea and pneumonia annually. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$200,00 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Liberia stands to lose more than **US\$14 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Liberia's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Liberia must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN MALI

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Mali, only 33 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

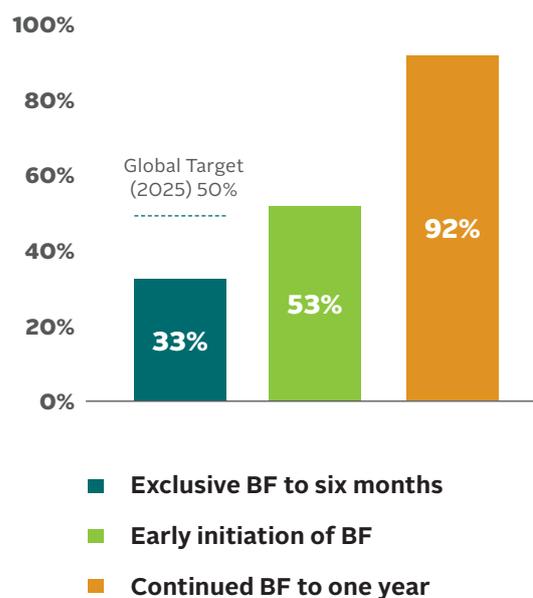
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Mali

Each year, optimal breastfeeding practices have the potential to:

- Save 8,176 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 111 maternal deaths from cancers and type II diabetes
- Save over US\$1 million in health system treatment costs related to inadequate breastfeeding
- Generate about US\$503 million for the economy, or nearly 3.8% of Mali's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Mali



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Mali, this equates to **over 8,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Mali could prevent **111 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **1 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$1 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Mali stands to lose about **US\$225 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Mali's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Mali must invest to scale-up breastfeeding at the national level.

Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN MAURITANIA

### Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Mauritania, 41 percent of babies are exclusively breastfed for six months. To meet the national exclusive breastfeeding target of 75 percent by 2025, nutrition advocates must continue to build the case for improved policies and programs by demonstrating the consequences of not breastfeeding. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

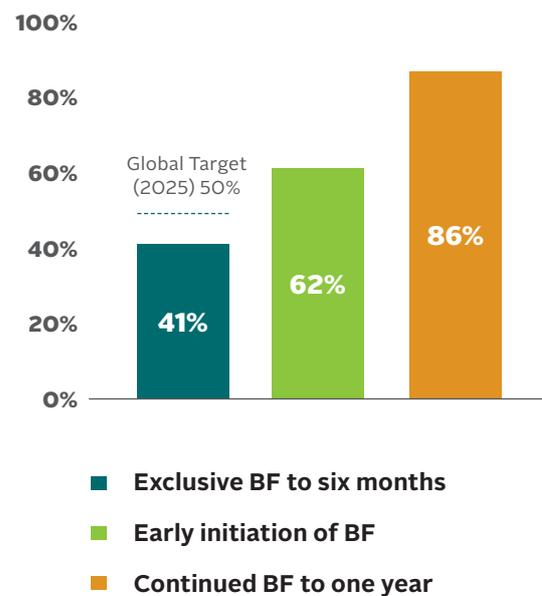
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Mauritania

Each year, optimal breastfeeding practices have the potential to:

- Save 1,200 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 60 maternal deaths from cancers and type II diabetes
- Save over US\$335,000 in health system treatment costs related to inadequate breastfeeding
- Generate over US\$126 million for the economy, or 2.3% of Mauritania's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Mauritania



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Mauritania, this equates to **over 1,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Mauritania could prevent **60 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to nearly **250,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$340,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Mauritania stands to lose over **US\$59 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Mauritania's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Mauritania must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN NIGER

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Niger, only 23 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

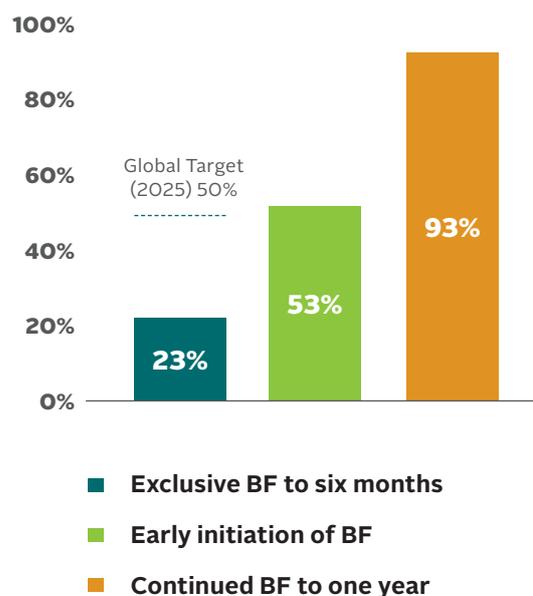
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Niger

Each year, optimal breastfeeding practices have the potential to:

- Save 11,830 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 100 maternal deaths from cancers and type II diabetes
- Save over US\$1.5 million in health system treatment costs related to inadequate breastfeeding
- Generate over US\$261 million for the economy, or 3.3% of Niger's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia
- Save families up to 2.4% of their nominal wages by not having to purchase formula

### Breastfeeding prevalence in Niger



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Niger, this equates to **nearly 12,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Niger could prevent **100 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to nearly **2 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$1.5 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Niger stands to lose nearly **US\$54 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Niger's economy grows, it attracts greater marketing and investment from companies that sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **2.4 percent of nominal wages** for two years of economy brand formula—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Niger must invest to scale-up breastfeeding at the national level.

Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN NIGERIA

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Every \$1 (₦315.25) invested in breastfeeding in low-and middle-income countries can generate as much as \$35 (₦11,033.75) in economic returns. Only 24 percent of babies in Nigeria are exclusively breastfed for six months—well below the global target of 50 percent. Breastfeeding not according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

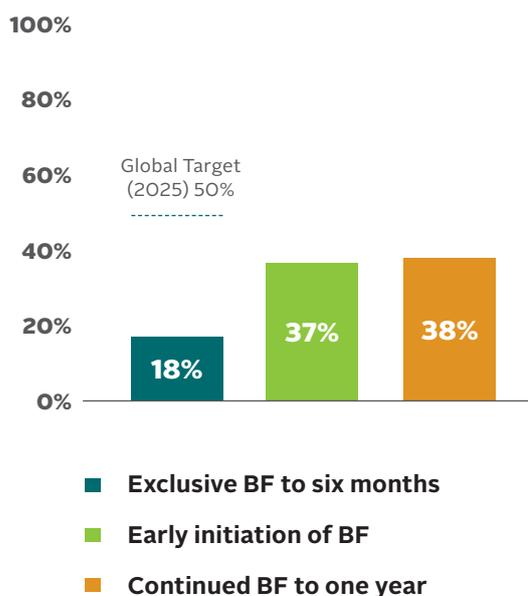
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Nigeria

Each year, optimal breastfeeding practices have the potential to:

- Prevent 103,742 child deaths, an important contribution to reducing overall under-five child mortality
- Prevent 1,511 maternal deaths from cancers and type II diabetes
- Save over US\$22 million (₦6.93 billion) in health system treatment costs related to inadequate breastfeeding
- Generate an additional US\$21 billion (₦6.62 trillion) for the economy, or 4.1 percent of its GNI, over children's productive years by increasing cognitive capacity and preventing premature mortality in the early years
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Nigeria



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months and continue to receive breastmilk up to two years, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually compared to a situation with no breastfeeding. In Nigeria, improved breastfeeding practices could save **103,742 children's lives** each year and prevent **1,511 maternal deaths** from cancers and type II diabetes each year



### Health care costs to treat children and mothers

Inadequate breastfeeding causes over **10 million avoidable cases** of childhood diarrhea and pneumonia and 17,628 cases of childhood obesity each year. The current cost to the health care system of the treatment of children with diarrhea and pneumonia that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$22 million (₦6.93 billion) a year**. This cost could rise dramatically as the health system coverage of treatment for diarrhea and pneumonia increases but could also be reduced with increased breastfeeding practices



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Nigeria stands to lose more than **US\$9 billion (₦2.84 trillion) a year** due to future cognitive losses associated with inadequate breastfeeding



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents and caregivers often incur costs to take them to seek treatment at a health care facility. Based on estimates from other countries, the economic losses that result from lost productivity and transportation costs could amount to **25 percent of the cost of the health care treatment** itself.



### Formula costs are significant and reduce a family's disposable income

Economic growth and increasing disposable incomes have attracted companies to market their breastmilk substitute products to mothers to feed their children. The cost to purchase economy brand infant formula can be significant for families compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

In 2012, the 194 countries of the World Health Assembly (WHA) committed to a target of increasing the global prevalence of exclusive breastfeeding in the first six months of life to at least 50 percent by 2025. To reach this target—which is also outlined in the National Strategic Plan of Action on Nutrition—and realize the essential health and economic benefits of breastfeeding, Nigeria must invest to scale up breastfeeding at a national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies and programs to support mothers to optimally breastfeed:

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
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*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

#### Citation

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN REPUBLIC OF CONGO

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In the Republic of Congo, only 33 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

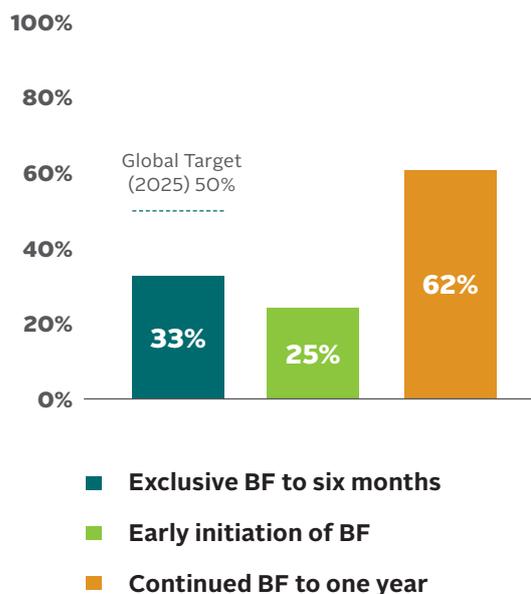
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Republic of Congo

Each year, optimal breastfeeding practices have the potential to:

- Save 754 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 157 maternal deaths from cancers and type II diabetes
- Save over US\$700,000 in health system treatment costs related to inadequate breastfeeding
- Generate nearly US\$223 million for the economy, or nearly 2% of the Republic of Congo's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia
- Save families up to 7% of their nominal wages by not having to purchase formula

### Breastfeeding prevalence in Republic of Congo



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In the Republic of Congo, this equates to **nearly 800 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in the Republic of Congo could prevent **157 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **300,000 avoidable cases** of childhood diarrhea and pneumonia. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$720,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. The Republic of Congo stands to lose as much as **US\$150 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As the Republic of Congo's economy grows, it attracts greater marketing and investment from companies that sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **seven percent of nominal wages** for two years of economy brand formula—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, the Republic of Congo must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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# The Cost of Not Breastfeeding in São Tomé and Príncipe

## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN SÃO TOMÉ AND PRÍNCIPE

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In São Tomé and Príncipe, 74 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

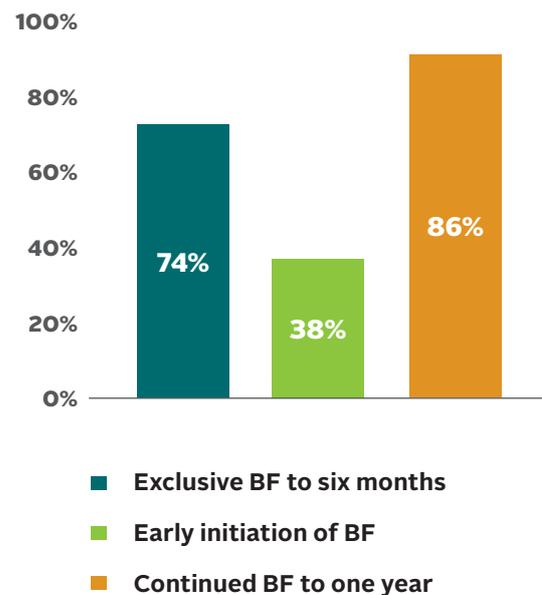
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in São Tomé and Príncipe

Each year, optimal breastfeeding practices have the potential to:

- Save the lives of 21 children—an important contribution to reducing under-5 child mortality
- Prevent 2 maternal deaths from cancers and type II diabetes
- Save over US\$50,000 in health system treatment costs related to inadequate breastfeeding
- Generate almost US\$3.5 million for the economy, or about 1% of São Tomé and Príncipe's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in São Tomé and Príncipe



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually. In São Tomé and Príncipe, this equates to **21 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in São Tomé and Príncipe could prevent **2 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to almost **12,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be over **US\$50,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. São Tomé and Príncipe stands to **lose over US\$55 million** a year due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As São Tomé and Príncipe's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, São Tomé and Príncipe must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

*The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.*

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN SENEGAL

**Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.**

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Senegal, only 33 percent of babies are exclusively breastfed for six months, falling well below the global target of 50 percent. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

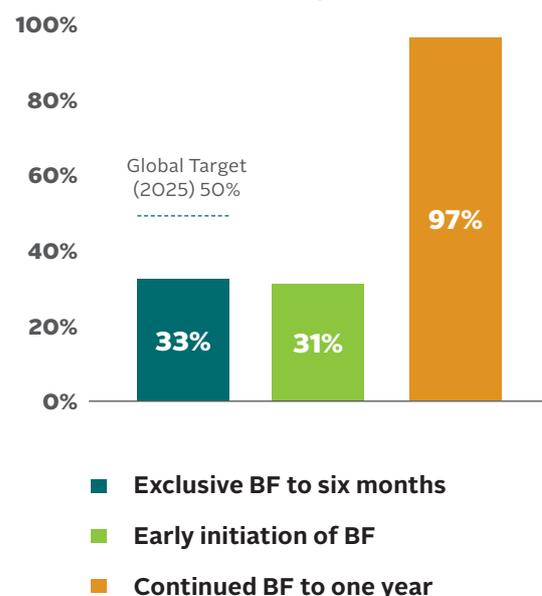
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Senegal

Each year, optimal breastfeeding practices have the potential to:

- Save 2,624 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 161 maternal deaths from cancers and type II diabetes
- Save nearly US\$1.5 million in health system treatment costs related to inadequate breastfeeding
- Generate over \$352 million for the economy, or nearly 2.7% of Senegal's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Senegal



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually. In Senegal, this equates to **nearly 3,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Senegal could prevent **161 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **1 million avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$1.5 million a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Senegal stands to lose over **236 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Senegal's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Senegal must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding, and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors, and allocate public funding.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN SIERRA LEONE

### Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Sierra Leone, only 47 percent of babies are exclusively breastfed for six months. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

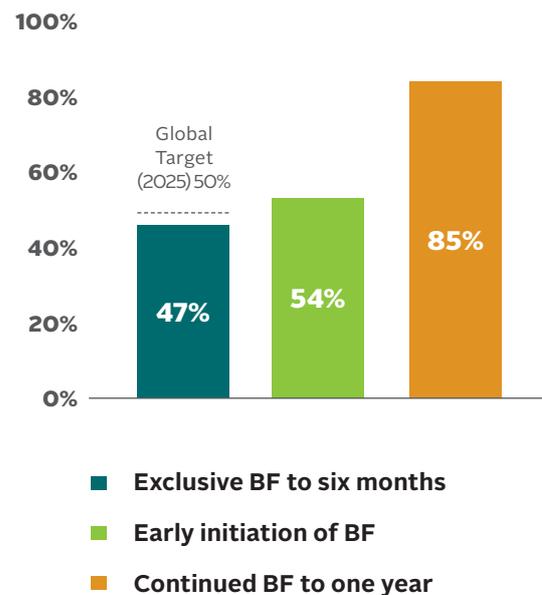
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Sierra Leone

Each year, optimal breastfeeding practices have the potential to:

- Save the lives of 2,886 children—an important contribution to reducing under-5 child mortality
- Prevent 70 maternal deaths from cancers and type II diabetes
- Save over US\$700,000 in health system treatment costs related to inadequate breastfeeding
- Generate almost US\$136 million for the economy, or about 2.4% of Sierra Leone's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Sierra Leone



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually. In Sierra Leone, this equates to **nearly 3,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Sierra Leone could prevent **70 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **400,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be over **US\$700,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Sierra Leone stands to lose over **US\$55 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Sierra Leone's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Sierra Leone must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
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## THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN TOGO

### Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Globally, improving breastfeeding practices could save more than 820,000 lives annually—87 percent of them infants under six months of age. In Togo, 58 percent of babies are exclusively breastfed for six months. To meet the national exclusive breastfeeding target of 70 percent by 2025, nutrition advocates must continue to build the case for improved policies and programs by demonstrating the consequences of not breastfeeding. Failing to breastfeed according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

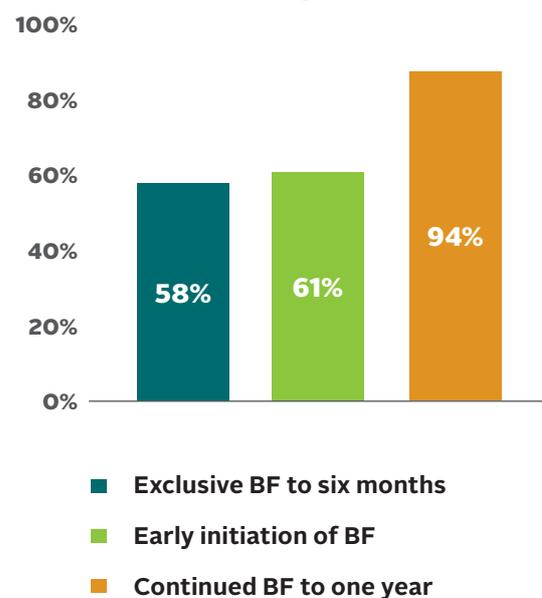
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

### Key findings in Togo

Each year, optimal breastfeeding practices have the potential to:

- Save 1,568 children's lives—an important contribution to reducing under-5 child mortality
- Prevent 44 maternal deaths from cancers and type II diabetes
- Save over US\$460,000 in health system treatment costs related to inadequate breastfeeding
- Generate an additional US\$64 million for the economy, or about 1.6% of Togo's GNI, by increasing children's cognitive capacity and preventing premature mortality, and reducing the risk of maternal mortality
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

### Breastfeeding prevalence in Togo



## What are the costs of not breastfeeding?



### Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented. In Togo, this equates to **nearly 2,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing invasive breast cancer decreases by six percent for every year she breastfeeds. Increased breastfeeding rates in Togo could prevent **44 maternal deaths** from cancers and type II diabetes each year.



### Health care costs to treat children and mothers

Inadequate breastfeeding leads to over **500,000 avoidable cases** of childhood diarrhea and pneumonia per year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$462,000 a year**. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding practices.



### Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Togo stands to lose as much as **US\$31 million a year** due to future cognitive losses.



### Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies from a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the health care treatment** of diarrhea and pneumonia.



### Formula costs are significant and reduce a family's disposable income

As Togo's economy grows, it attracts greater marketing and investment from companies who sell breastmilk substitute products. The costs to purchase infant formula can be significant for families—up to **29 percent of average monthly earnings** globally—compared to breastmilk, which is free, safe, and hygienic for all babies.

## Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Togo must invest to scale-up breastfeeding at the national level.

Policymakers should move quickly to adopt, strengthen, and implement the following policies that will help all mothers breastfeed according to WHO-recommended guidelines.

- **Policies and Practices in Health Facilities:** Include nutrition counseling and the *10 Steps to Successful Breastfeeding* in hospital standards and accreditation systems.
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