

NOT BREASTFEEDING LEADS TO MORE THAN HALF A MILLION CHILD DEATHS ANNUALLY AND COSTS THE WORLD'S ECONOMY UP TO US\$1 BILLION A DAY

The human costs of not breastfeeding are enormous: 600,000 children and 100,000 women die every year due to illnesses that could be prevented by breastfeeding. The economic costs of not breastfeeding are equally astounding: the world loses up to US\$1 billion a day. Millions of dollars are spent treating children with diarrhea, pneumonia, and other afflictions that breastfeeding helps to prevent.¹ Despite substantial evidence on the health and cognitive benefits, the vast majority of children are not breastfed according to the World Health Organization's (WHO) recommendations. In 2018, only 31 of 194 countries (16 percent) were on course to meet the global target, which aims to have 50 percent of infants under 6 months exclusively breastfeeding by 2025.² This low prevalence of exclusive breastfeeding has real and lasting consequences in terms of human life, quality of life, and national economic outcomes.

Alive & Thrive has quantified the impacts of not breastfeeding on human lives and on the world's economy for 130 countries in "The cost of not breastfeeding: global results from a new tool", published in *Health Policy and Planning* in June 2019. An interactive [online tool](#) is currently available for 30+ countries.

KEY FINDINGS

Each year, enabling women to practice breastfeeding according to WHO recommendations has the potential to:

- Prevent 700,000 child and maternal deaths
 - 595,379 child deaths from diarrhea and pneumonia
 - 98,243 maternal deaths from breast and ovarian cancers and type II diabetes
- Prevent US\$341 billion or 0.7% Gross National Income (GNI) in global economic losses
 - US\$285.39 billion in costs of cognitive losses
 - US\$53.7 billion in costs due to child mortality
 - US\$1.26 billion in costs due to maternal mortality
 - US\$1.1 billion in health care treatment for childhood diarrhea and pneumonia, and women's type II diabetes
- Prevent 974,956 cases of childhood obesity
- Save families up to 29% of their household's wages by not having to purchase infant formula



What are the costs of not breastfeeding?



Increased vulnerability to disease resulting in high morbidity and mortality

An estimated 57% of children worldwide are not getting the powerful health and immunological benefits of exclusive breastfeeding. Children and mothers suffer enormously when recommended breastfeeding rates are not met. Children who are not exclusively breastfed for the first six months or don't continue to receive breastmilk up to two years, are more susceptible to diarrhea and pneumonia, the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, hundreds of thousands of under-two child deaths and premature maternal deaths could be prevented annually, particularly in places like Sub-Saharan Africa where child mortality rates are the highest. Globally, improved breastfeeding practices could save the lives of **595,379 children** and **98,243 mothers**, and prevent **974,956 cases of childhood obesity** each year.



Health system costs are a significant burden on resources

The current cost of treating diarrhea, pneumonia, and type II diabetes globally is estimated to be approximately **US\$1.10 billion in health system treatments** each year. These costs could rise dramatically over the years; however, they could also be reduced with increased breastfeeding rates.



Cognitive losses result in lost wages for individuals

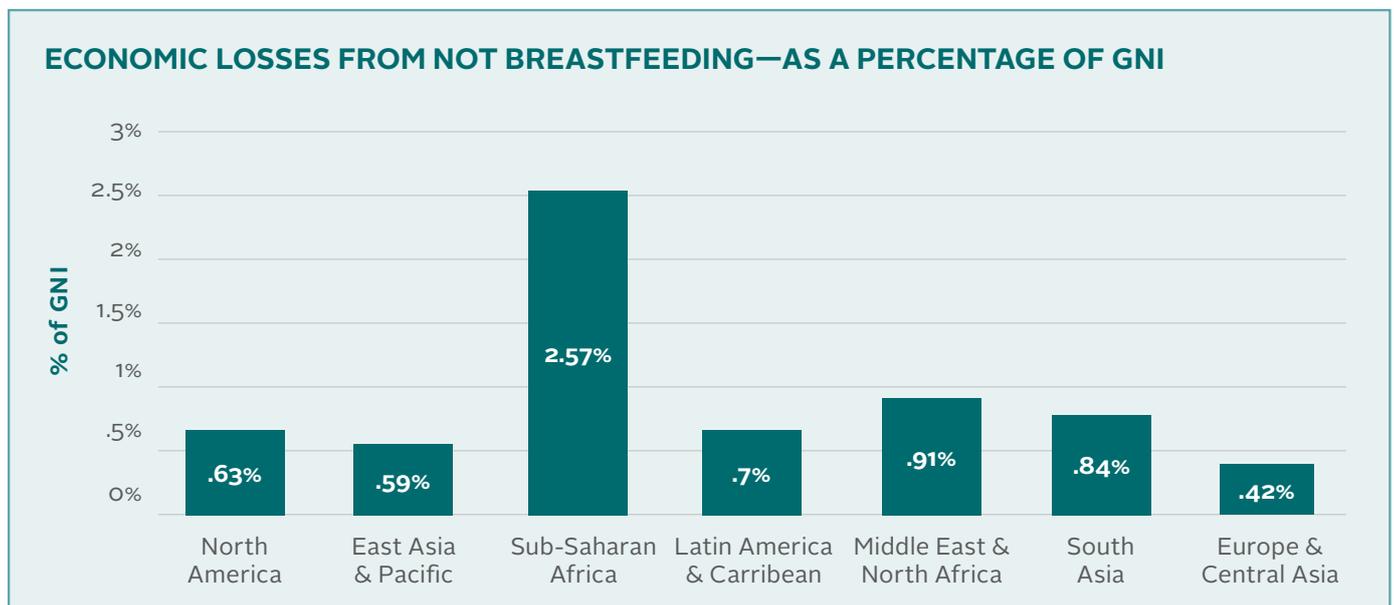
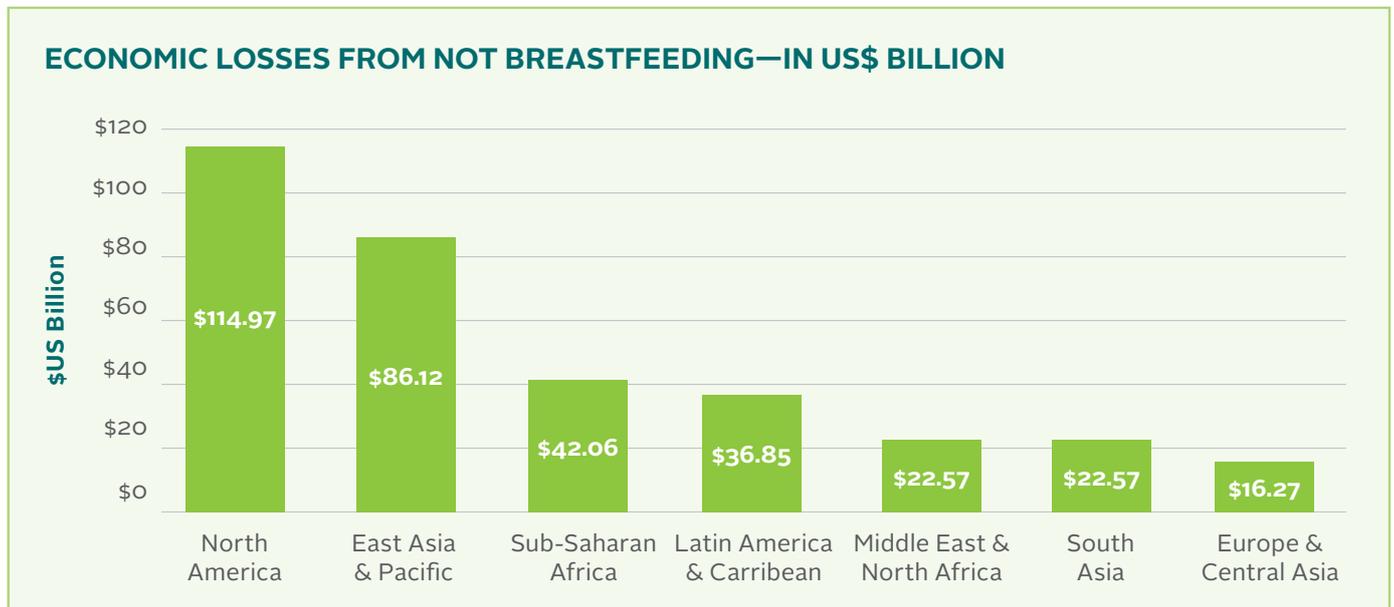
Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. It is estimated that breastfeeding according to recommendations could save over **US\$285 billion in potential future income loss** due to cognitive losses from suboptimal breastfeeding.



Household formula cost are a significant portion of family's total income

Globally, feeding a child with an economy brand of infant formula for the first two years of life in place of breastfeeding costs on average over **6% of a household's wages**. This figure was significantly higher in low-income families and in low- and middle-income countries LMICs, reaching up to **29% of monthly earnings**.

How much does not breastfeeding cost each region?



CASE STUDY: FIVE EMERGING COUNTRIES WITH SIGNIFICANT LOSSES

Fifty-three percent of the population of all LMICs are from five emerging economies: China, Nigeria, India, Indonesia, and Mexico. The concentration of economic and human loss in these five countries total 282,645 lives and up to US\$119 billion each year. These economies bear disproportionate repercussions from inadequate breastfeeding and a growing double-burden of malnutrition from both under- and over-nutrition. At the same time, they also have the most to gain from investing in corrective policies and interventions.

FIVE EMERGING COUNTRIES WITH SIGNIFICANT LOSSES				
	Total Child Deaths	Total Maternal Deaths	Total Cost (Health, Mortality, Cognitive)	Total Cost as % of GNI
China	16,146	22,537	US\$66.1 billion	0.61%
Nigeria	103,742	1,511	US\$21.1 billion	4.1%
India	99,552	11,404	US\$14.5 billion	0.69%
Indonesia	15,028	5,170	US\$9.4 billion	1.05%
Mexico	2,360	5,195	US\$8.2 billion	0.67%
Total	236,828	45,817	US\$119.3 billion	

What can donors and policymakers do to support breastfeeding?

Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.³ It reduces the risk of childhood infections such as diarrhea, pneumonia, premature mortality, as well as minimizes nutrition-related harm to cognitive development in early childhood. Every \$1 invested in breastfeeding in low- and middle-income countries can generate as much as \$35 in economic returns.⁴ By investing strategically in countries with heavy losses, such as the ones featured in the case study above, donors can improve the chances of achieving the Sustainable Development Goals and World Health Assembly (WHA) Global Nutrition Targets.

Policymakers are essential to the development and implementation of national policies and programs that enable mothers to breastfeed according to recommendations. In order to achieve the 2025 breastfeeding targets set by WHA, the Global Breastfeeding Collective calls upon policymakers to quickly adopt, strengthen, and implement the following actions:

1. **Increase funding** to raise breastfeeding rates from birth through two years. At least \$5.7 billion in additional funding is required by 2025 to ensure that 50 percent of the world's children are exclusively breastfed.
2. Fully implement the International Code of Marketing of Breastmilk Substitutes and WHA resolutions through **strong legal measures that are enforced and independently monitored** by organizations free from conflicts of interest.
3. **Enact paid family leave and workplace breastfeeding policies**, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
4. **Implement the Ten Steps to Successful Breastfeeding in maternity facilities**, including providing breastmilk for sick and vulnerable newborns.
5. **Improve access to skilled breastfeeding counseling** as part of comprehensive breastfeeding policies and programs in health facilities.
6. **Strengthen links between health facilities and communities**, and encourage community networks that protect, promote, and support breastfeeding.
7. **Strengthen monitoring systems that track the progress** of policies, programs, and funding towards achieving both national and global breastfeeding targets.⁵

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

References

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