

NOT BREASTFEEDING LEADS TO MORE THAN 35,000 CHILD DEATHS ANNUALLY AND COSTS THE REGION'S ECONOMY UP TO US\$52 MILLION A DAY

Globally, 600,000 children and 100,000 women die every year due to illnesses that could be prevented by breastfeeding. In the member states of the Association of Southeast Asian Nations (ASEAN), 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 in the region are not breastfed according to the World Health Organization's (WHO) recommendations. In 2018, only two of the countries in ASEAN were on course to meet the global target, which aims to have 50 percent of infants under six 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 the economies of 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. This brief summarizes the human and economic costs of not breastfeeding in ASEAN.

KEY FINDINGS

Each year, enabling women in Southeast Asia to breastfeed according to WHO recommendations has the potential to:

- Prevent more than 50,000 child and maternal deaths, including:
 - 35,200 child deaths from diarrhea and pneumonia
 - 15,081 maternal deaths from breast and ovarian cancers and type II diabetes
- Prevent more than US\$19 billion in regional economic losses, including:
 - US\$14.5 billion in costs due to cognitive losses
 - US\$4.6 billion in costs due to child mortality
 - US\$102 million in costs due to maternal mortality
 - US\$118 million in health care treatment for childhood diarrhea and pneumonia, and women's type II diabetes
- Prevent more than 20,000 cases of childhood obesity
- Save families up to 12% of their household's wages by not having to purchase infant formula

EXCLUSIVE BREASTFEEDING RATES (0-6 MONTHS)



* Data unavailable for Brunei and Singapore

What are the costs of not breastfeeding?



Increased vulnerability to disease resulting in high morbidity and mortality

Children and mothers suffer when recommended breastfeeding rates are not met. When children are not breastfed (exclusively for the first six months and continuously up to two years), they are more susceptible to diarrhea and pneumonia, the two leading causes of childhood death worldwide. By supporting mothers in ASEAN to practice recommended breastfeeding practices, we could save the lives of **35,200 children** and **15,081 mothers**, and prevent **20,783 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 is estimated to be approximately **US\$118 million in health system treatments** in ASEAN 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\$14.5 billion in potential future income loss** due to cognitive losses from suboptimal breastfeeding.

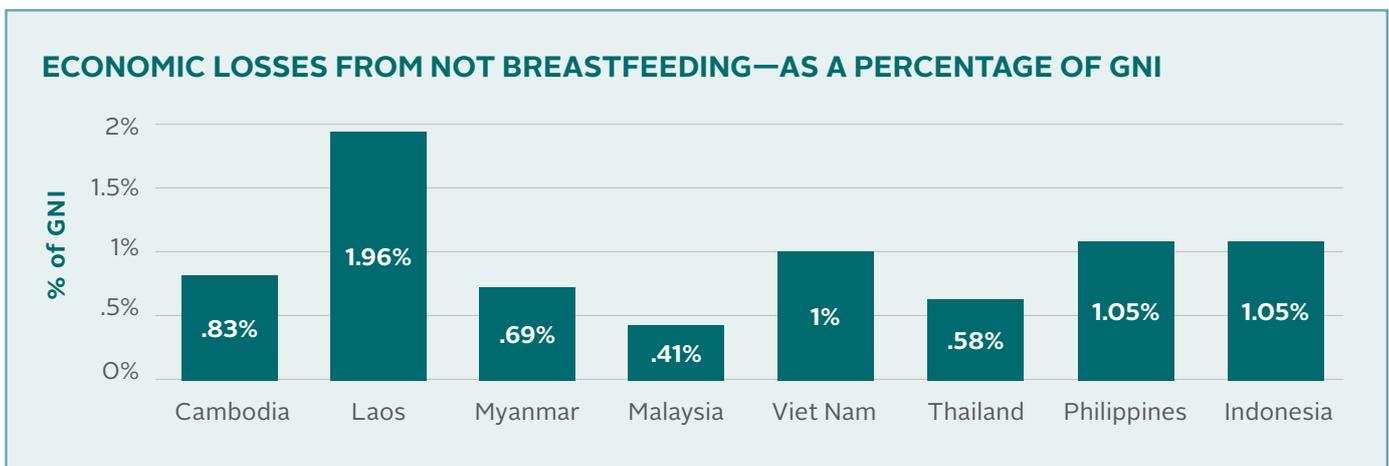
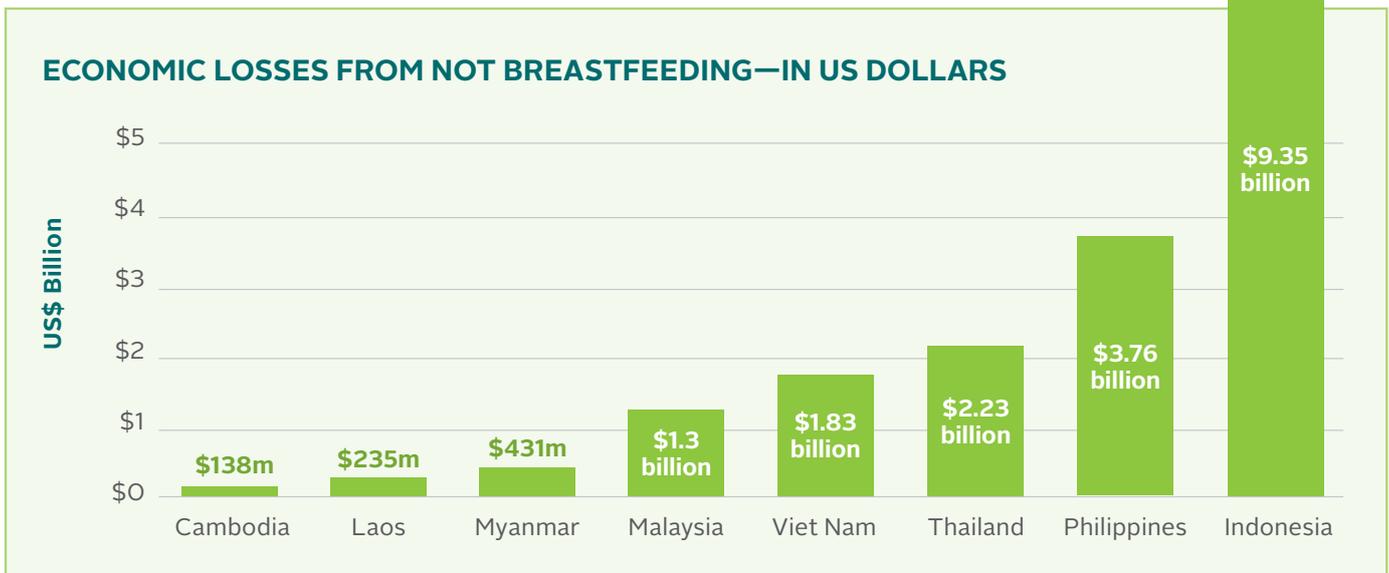


Household formula costs can be a significant portion of a family’s total income

In ASEAN, feeding a child with an economy brand of infant formula for the first two years of life instead of breastfeeding, can cost up to **12% of a household’s wages**.

How much does not breastfeeding cost ASEAN member states?

When the costs associated with child mortality, maternal mortality, health care treatment, and cognitive losses are added together, the region is losing more than US\$19 billion. See the losses per country below.



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 and pneumonia, prevents premature mortality, and minimizes nutrition-related harm to cognitive development in early childhood. Every US\$1 invested in breastfeeding in low- and middle-income countries can generate as much as US\$35 in economic returns.⁴ By investing strategically in countries with heavy losses, governments and development partners 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 targets set by the ASEAN Leaders Declaration to End All Forms of Malnutrition⁵ (adopted in 2017), and the ASEAN Pledge to Uphold and Sustain Breastfeeding in ASEAN Member States (signed in 2017), the Global Breastfeeding Collective calls upon policymakers to quickly adopt, strengthen, and implement the following actions:

1. **Increase funding** for programs aiming to raise breastfeeding rates from birth through two years.
2. **Adopt legal measures** to fully implement the International Code of Marketing of Breastmilk Substitutes and WHA resolutions. Ensure they are enforced and independently monitored by organizations free from conflicts of interest. As of June 2020, only one ASEAN country (the Philippines) has legal measures to regulate marketing of breast-milk substitutes that substantially aligns with the International Code of Marketing of Breastmilk Substitutes.⁶
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.⁷

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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