

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

Breastfeeding is one of the best buys in global health to save lives and improve the health, social, and economic development of both individuals and for Myanmar as a nation. In 2016, Myanmar had already reached a national exclusive breastfeeding rate of 51%—above the global target of 50 percent^{1,2}. While this should be celebrated, more must be done to drive progress and ensure all children are able to thrive. 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.

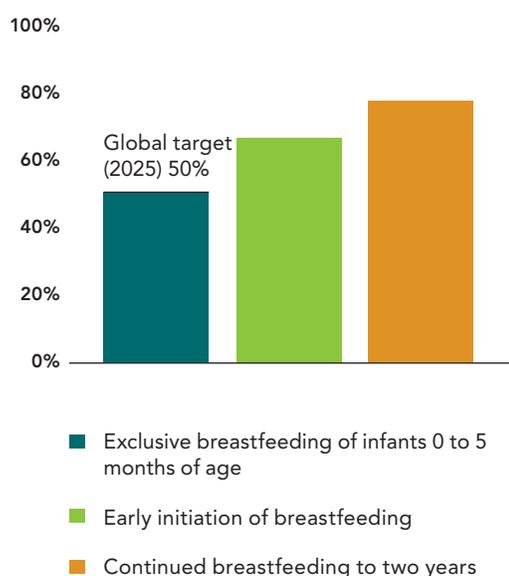
Research completed by Alive & Thrive and published by Health Policy and Planning Journal in June 2019, has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

Key findings in Myanmar

Each year, adequate breastfeeding practices have the potential to:

- Prevent 4,229 child deaths, an important contribution to reducing overall under-five child mortality
- Prevent 1,028 maternal deaths from cancers and type II diabetes
- Save over US\$1.8 million in health system treatment costs related to inadequate breastfeeding
- Generate an additional US\$430 million for the economy, or 0.69 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 Myanmar



Adequate breastfeeding improves human capital development and reduces health expenditures for families and Myanmar



Decreasing vulnerability to disease can accelerate reductions in child mortality

When children are not exclusively breastfed for six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice proper breastfeeding, nearly 50 percent of under-two child deaths caused by diarrhea and pneumonia could be prevented annually across the ASEAN region compared to a situation with no breastfeeding. In Myanmar, **4,229 additional children's lives** could be saved annually by moving from the current levels of breastfeeding to World Health Organization guideline levels, contributing to overall under-five child mortality reduction.

Breastfeeding also helps protect the health of mothers. If 90 percent of mothers breastfed for two years, 10 percent of maternal deaths due to breast cancer could be prevented annually across the ASEAN region. Increased breastfeeding rates in Myanmar could prevent **1,028 maternal deaths** from cancers and type II diabetes each year.



Health care costs to treat diarrhea and pneumonia could be eliminated

Inadequate breastfeeding causes over **986,000 avoidable cases of childhood diarrhea and pneumonia and 2,292 cases of childhood obesity** each 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\$1.8 million 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. Myanmar stands to lose **US\$7 billion a year** due to future cognitive losses associated with inadequate breastfeeding.



Eliminating indirect costs to treat diseases can result in significant savings

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 ASEAN countries indicate that families can incur additional lost work and transportation costs **up to 25 percent** of the actual cost to treat diarrhea and pneumonia.



Eliminating formula costs increases a family's disposable income

As Myanmar achieves economic growth, increasing disposable incomes will unfortunately attract companies to market their breastmilk substitute products to mothers to feed their children. The costs 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

To realize essential health and economic benefits, Myanmar must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies to support all mothers to properly breastfeed 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 to support.
- **Social and Behavior Change Communications:** Communicate social and behavior change through multiple communication channels tailored to the local context, including through community networks and community-based workers.

References

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