

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.

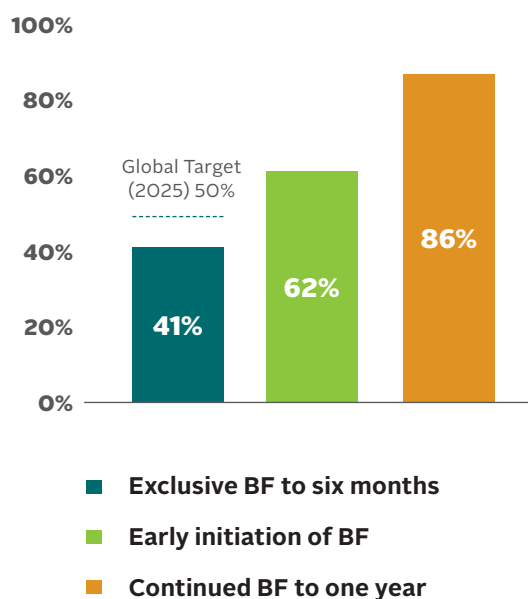
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

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.
- **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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