

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

Worldwide, breastfeeding is one of the best buys in global health to save lives, improve the health and development of individuals, and promote economic development. 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.¹ Yet only 17 percent of babies in Nigeria are exclusively breastfed between zero to five months—well below the global target of 50 percent.^{2,3} The low prevalence of exclusive breastfeeding has real consequences in terms of human life, quality of life, and national economic outcomes.

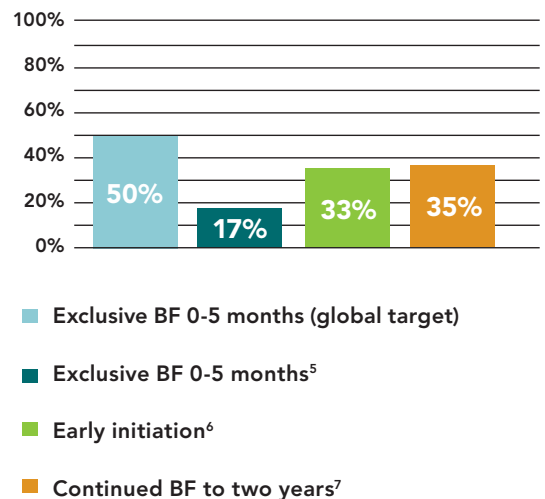
New research completed in 2017 by Alive & Thrive, with support from UNICEF, has quantified the economic toll that suboptimal breastfeeding takes on individuals, communities, and countries.

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 over 10 million cases of childhood diarrhea and pneumonia
- Save US\$22 million (₦6.93 billion) in health care 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
- Eliminate most of the US\$38 million (₦11 billion) household cost of breastmilk substitutes⁴
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia

Breastfeeding rates in Nigeria



Optimal breastfeeding improves human capital development and reduces health expenditures for families and Nigeria



Increased vulnerability to disease results in increases in child mortality

An estimated **5.4 million children** do not get the powerful health and immunological benefits of breastfeeding each year in Nigeria. 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.



Health care costs to treat diarrhea and pneumonia could be eliminated

Inadequate breastfeeding causes over **10 million avoidable cases of childhood diarrhea and pneumonia** each year. The current cost to the health care system for 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 suboptimal breastfeeding.



Indirect costs to health care systems are significant burdens on health resources

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. Nigerian households spend over **US\$38 million (₦11 billion)** on breastmilk substitutes per year, costing workers up to **34 percent** of their minimum wage earnings to pay for economy brand infant formula for the first two years.

Policymakers are essential to the development and implementation of 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:

- Update and strengthen the International Code of Breast-milk Substitutes to bring regulations on the marketing of breastmilk substitutes in line with global recommendations, including effective enforcement and monitoring mechanisms.
- Implement the principles of the *Abuja Breastfeeding Declaration*, including adequate maternity leave and workplace interventions such as lactation rooms.
- Allocate adequate funds for the effective implementation of the National Strategic Plan of Action on Nutrition at the national and state level.
- Strengthen the capacity of health systems to provide support and counseling on infant and young child feeding practices, including the expansion of the Baby-Friendly Hospital Initiative.

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

References

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- ² Nigeria Demographic and Health Survey 2013
- ³ World Health Organization. Global targets 2025. To improve maternal, infant and young child nutrition
- ⁴ Rollins NC, Bhandari N, Hajeebhoy N, et al, on behalf of The Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet* 2016; 387: 491–504. Supplement, p. 111.
- ⁵ Nigeria Demographic and Health Survey 2013
- ⁶ Ibid.
- ⁷ Ibid.

Acknowledgements

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