

The Health, Social and Economic Impacts of Breastfeeding

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for Global Health

Alive & Thrive

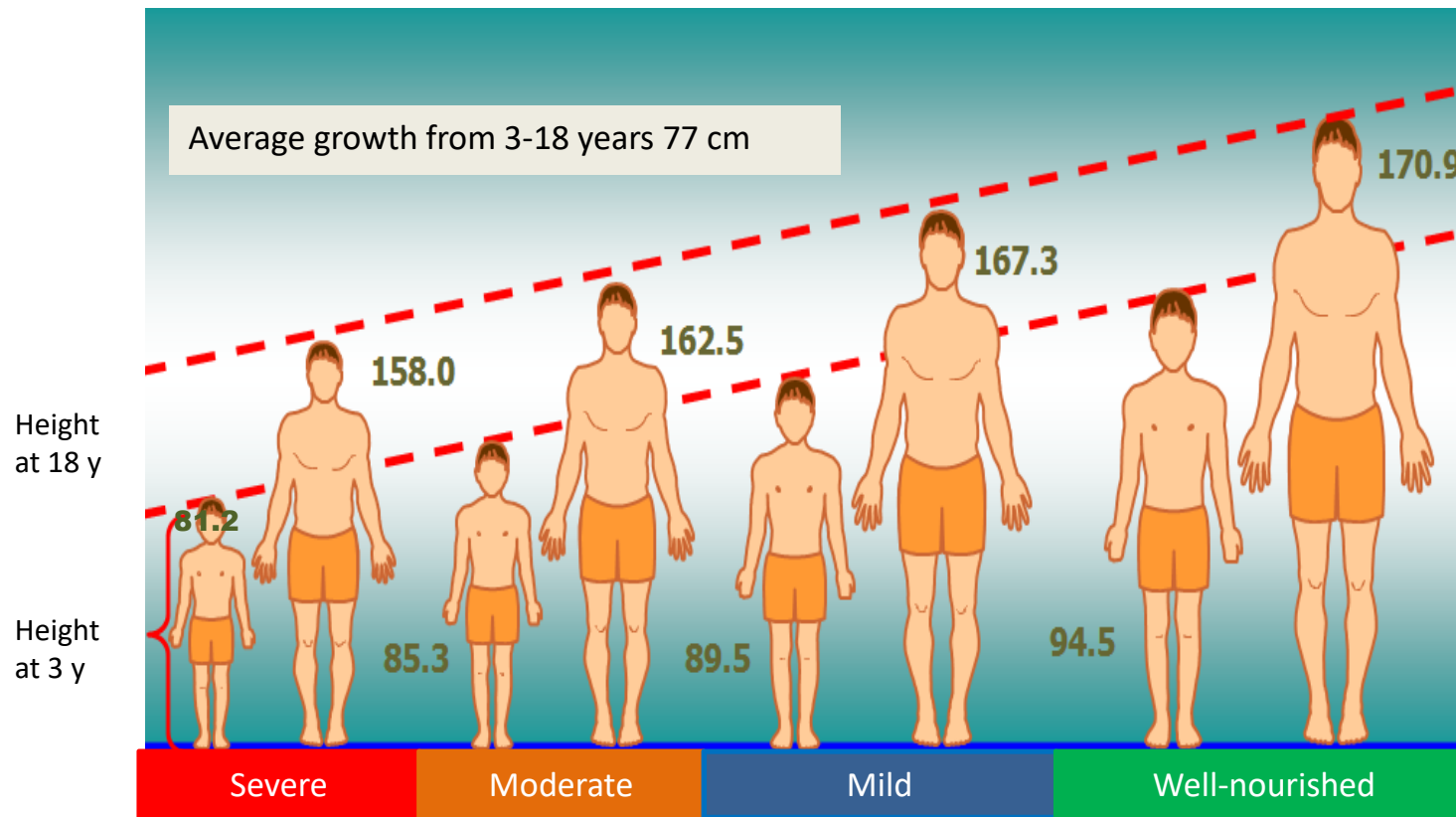




Photo: UNICEF Indonesia

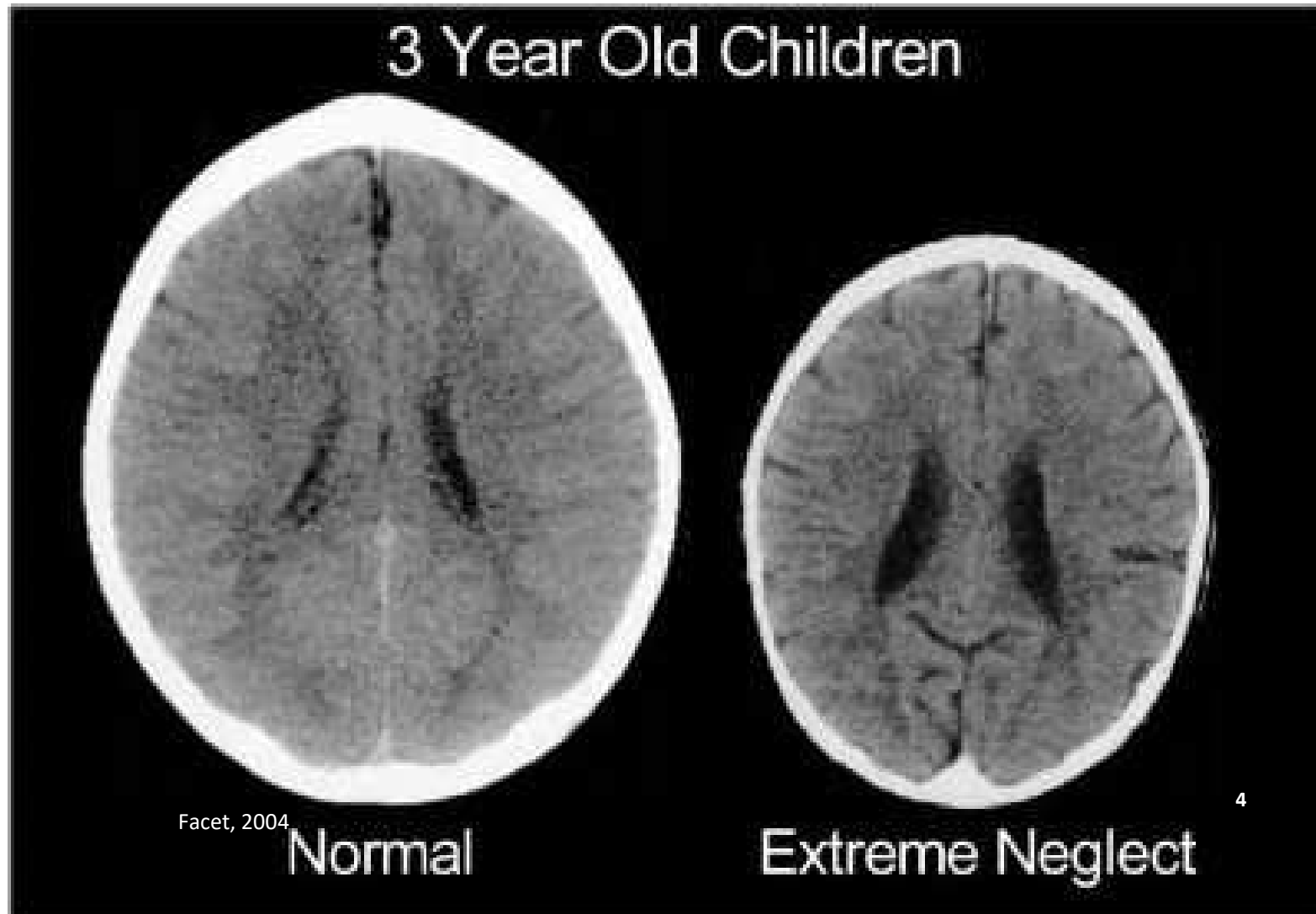
Lifelong consequences of stunting

- Stunted 3 Year Old → Stunted Adult



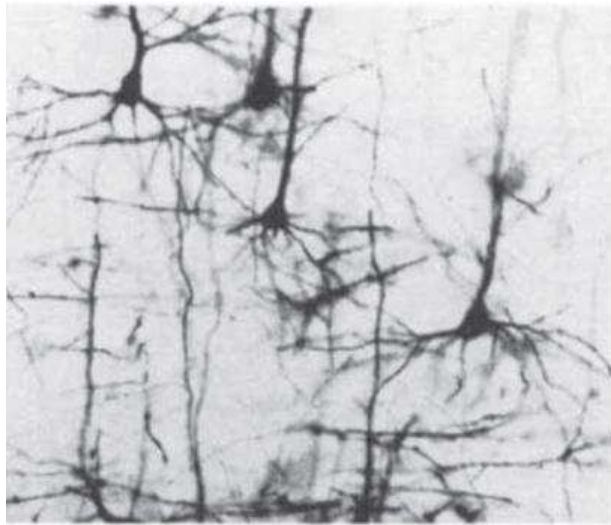
(Guatemala, INCAP Oriente Study)

Stunting affects brain development

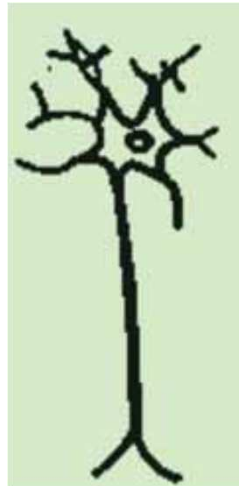
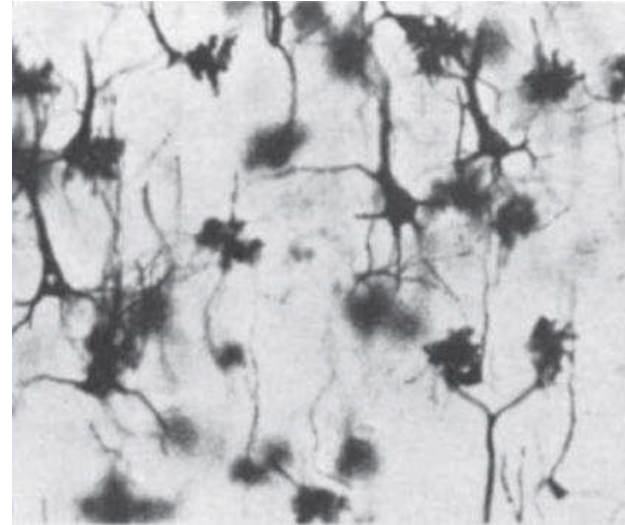


Stunting affects brain development

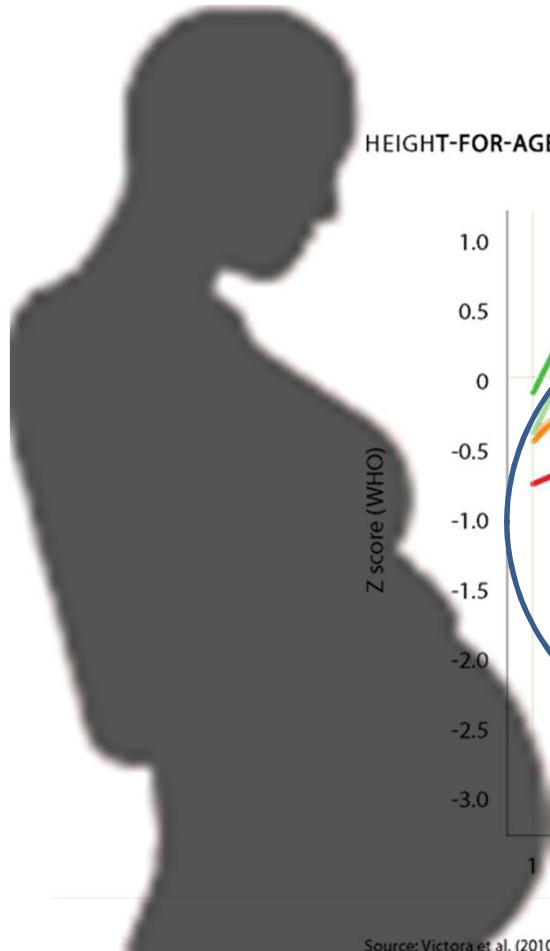
WELL-NOURISHED



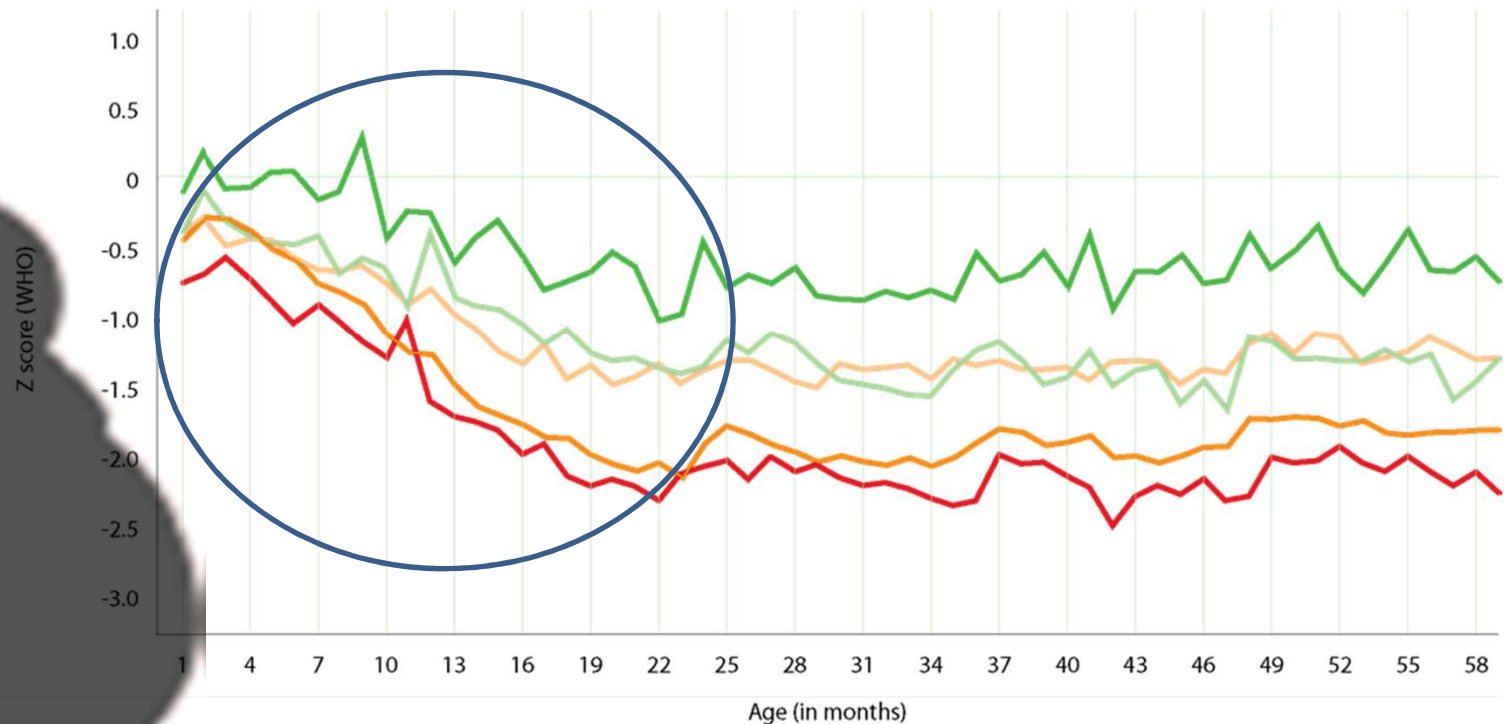
STUNTED



The Critical Window of Opportunity: The First 1,000 Days of Life

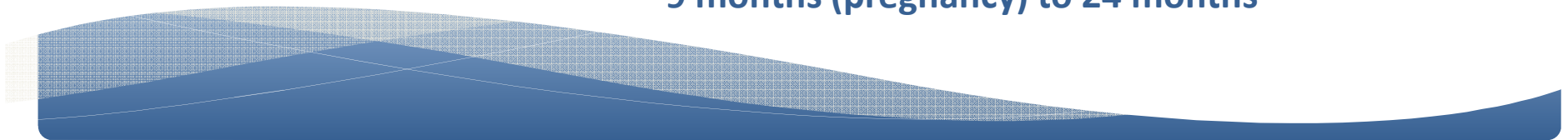


HEIGHT-FOR-AGE BY REGION



Source: Victora et al. (2010).

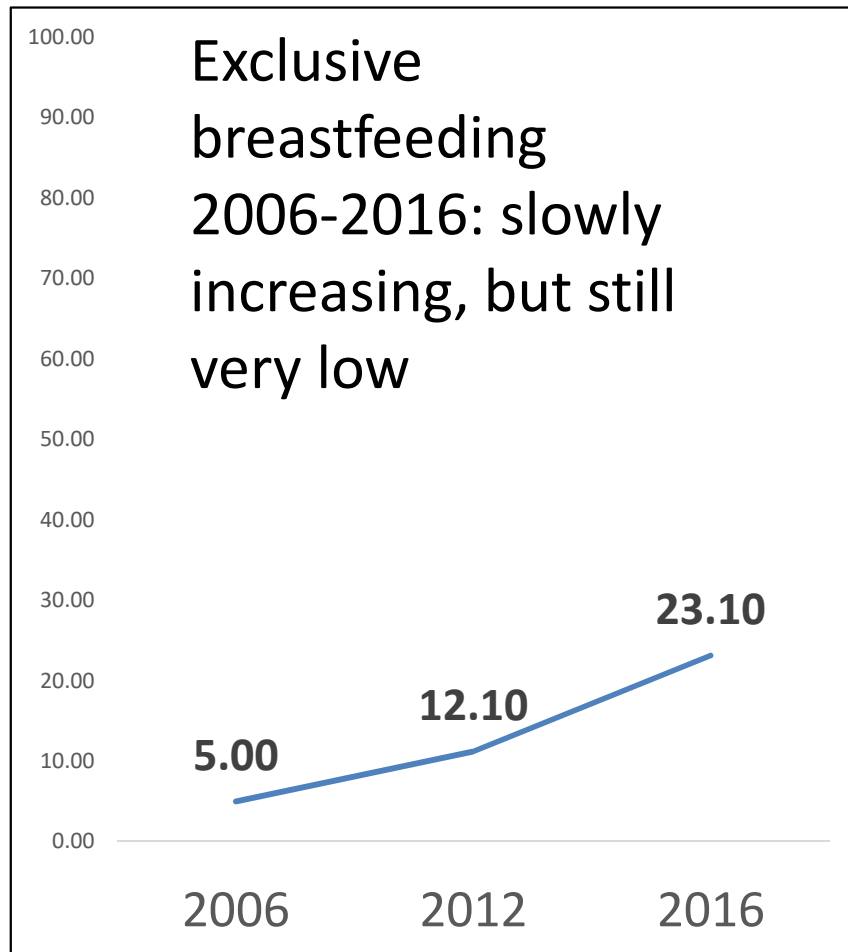
-9 months (pregnancy) to 24 months



Evidence-based breastfeeding practices

- WHO recommends that mothers initiate breastfeeding **within one hour of birth**.
- Infants should be **exclusively breastfed** for the first six months of life to achieve optimal growth, development and health.
- Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe **complementary foods**, while **continuing to breastfeed** for up to two years or beyond.

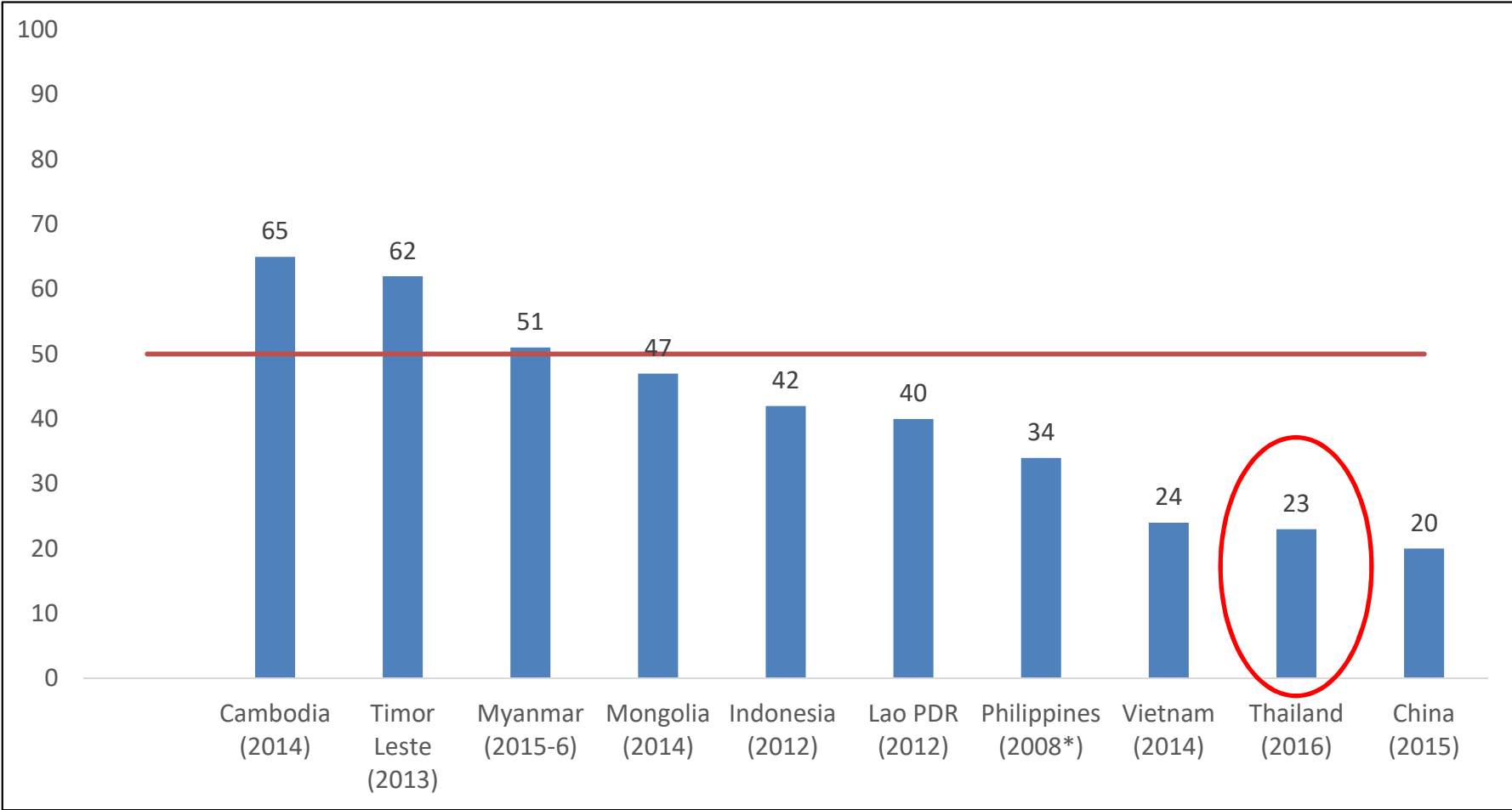
The status of breastfeeding practices in Thailand (MICS, 2016)



- Early initiation (within 1 hour): **40%**
- Continued breastfeeding at 12-15 months: **33%**
- Continued breastfeeding at 20-23 months: **15.6%**

Global target for exclusive breastfeeding by 2025: **50%**

Exclusive breastfeeding in Thailand, 2006-2016: slowly increasing, but still very low



Benefits of breastfeeding: Health

IMPROVING BREASTFEEDING PRACTICES
COULD SAVE MORE THAN
820,000
LIVES A YEAR



Benefits of breastfeeding: Health



THE LANCET BREASTFEEDING SERIES CONFIRMS:

EACH YEAR OF BREASTFEEDING

decreases a woman's chance of developing

INVASIVE BREAST CANCER BY 6%

Benefits of breastfeeding: Economy

GLOBALLY, ESTIMATED COSTS
ASSOCIATED WITH
NOT BREASTFEEDING AMOUNT TO

\$300
BILLION ANNUALLY



The Lancet Breastfeeding Series



Study launched March 24, 2016

The Cost of Not Breastfeeding in Thailand


alive&thrive
nourish. nurture. grow.

unicef 

Costs associated with inadequate breastfeeding



Mortality

Child: Excess mortality from diarrhea and pneumonia attributed to inadequate breastfeeding

Maternal: Excess mortality from breast cancer since breastfeeding is protective



Health system costs

Excess costs for treatment for diarrhea and pneumonia



Indirect costs

Travel, caregiver time, and uninsured health care costs borne by households for diarrhea and pneumonia



Formula

Share of income in Southeast Asia spent on formula



Cognitive losses

Inadequate breastfeeding impacts a child's ability to learn and future earning potential.

Breastfeeding saves lives



50%

of child deaths (under two)
due to pneumonia and
diarrhea could be
prevented annually

10%

of maternal deaths due to
breast cancer could
be prevented annually

262

infants (<2 years of age)
die annually from
pneumonia and diarrhea
due to inadequate
breastfeeding

515

maternal deaths caused by
breast cancer could be
averted if 90% of women
breastfed for two years,
instead of 109 deaths at
current breastfeeding levels

Health care savings in Thailand

Health care
costs



7,650,000 USD

could be saved annually by
eliminating diarrhea and
pneumonia due to inadequate
breastfeeding

A large, light grey arrow pointing to the right, containing the text about savings.

Cognitive savings in Thailand

Cognitive
savings



192.6 million USD

could be generated annually by
improving breastfeeding and
subsequently a child's learning
ability

Breastfeeding eliminates formula costs



Benefits of breastfeeding: Human Capital

- Worldwide, recent evidence shows that 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 nations.
- Breastfeeding is the first step to cognitive and human capital development in Thailand.
- Longer breastfeeding is associated with higher intelligence (**three IQ points on average**), which translates to improved school performance and increased earning potential.

What works to improve breastfeeding?

WOMEN ARE 2.5 TIMES
MORE LIKELY TO BREASTFEED WHERE IT IS



PROTECTED



PROMOTED



SUPPORTED

Policies and programs that protect, promote and support breastfeeding: we need all of these!



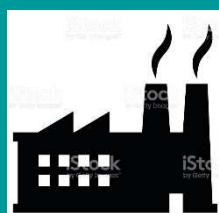
Social and behavior change communication

- Design communication strategies to promote and support breastfeeding based on formative research and using multiple communication channels.



Health system support

- Systematically strengthen the capacity of health personnel at all levels to routinely provide skilled support and counseling on breastfeeding and complementary feeding to all mothers in all types of facilities.



Maternity Entitlements

- Expand maternity protection to 6 months paid leave, and support lactation facilities in the workplace. Minimum is 14 weeks (ILO)



The International Code of Marketing of Breast-milk Substitutes (BMS Code)

- Adopt the draft Control of Marketing of Infant and Young Child Food Act in Thailand, and then ensure that it is enforced.

The BMS Code

- **The International Code of Marketing Of Breastmilk Substitutes** provides guidance on how the marketing practices of formula companies should be restricted to ensure that mothers and families receive the best and most accurate information about how to feed their infants and young children

The BMS Code

- **WHA resolution 69.9** and Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children
 - Clarifies scope of Code to include follow-up formulas and growing up milks (6-36 months)
 - Calls for end to cross-branding
 - Sets criteria for breastfeeding messages in promotion of complementary foods
 - Calls for end of industry sponsorship of health professional and scientific meetings

Why regulate BMS marketing in Thailand?

Breastfeeding rates are very low in Thailand—especially exclusive breastfeeding

Mothers can only make the best, informed feeding choice when:

- There is access to impartial, adequate information, free from commercial influences
- There are support structures and mechanisms

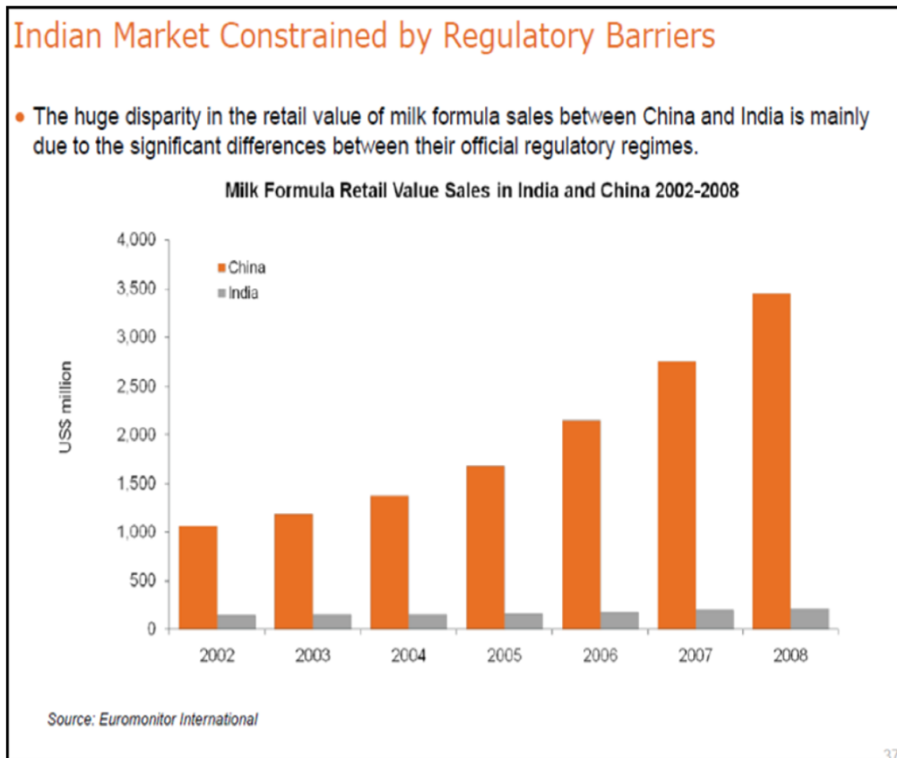
Inappropriate marketing of BMS affects mothers decisions about how to feed her infant

Why do we need a Code in Thailand?

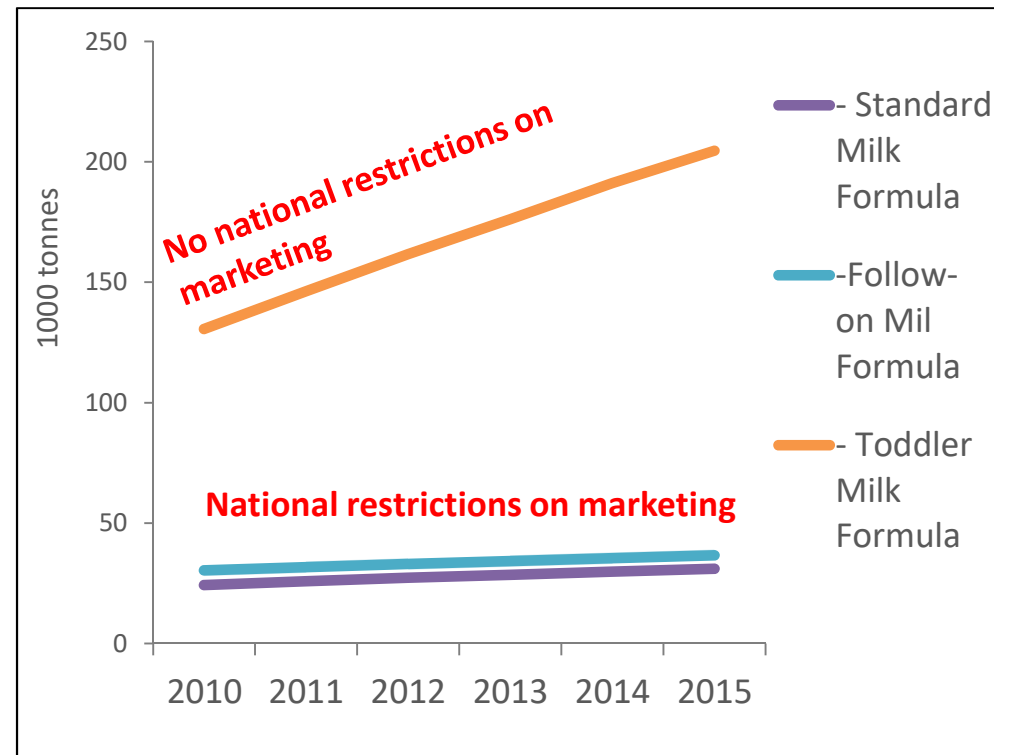
- BMS poses risks:
 - BMS poses risks by not having breast milk's protective qualities
 - BMS is not a sterile product, which may lead to fatal illnesses
 - BMS is costly, requires clean water, minimum standard of hygiene
- When countries adopt strong marketing regulations, it decreases the inappropriate marketing of breastmilk substitutes.

The Code works!

China vs India: some evidence from the formula industry



Indonesia



State of the Code in SE Asia



Country	Legal Status of the Code
Fiji	Full provisions law
Philippines	Full provisions law
Vietnam	Full provisions law
Cambodia	Many provisions law
Indonesia	Many provisions law
Myanmar	Many provisions law
China	Few provisions law
Lao PDR	Few provisions in law
PNG	Few provisions in law
Solomon Islands	Few provisions in law
Thailand	No legal measures
Brunei	No legal measures
DPRK	No legal measures
Malaysia	No legal measures
Timor Leste	No legal measures



Thank you!