

The World Breastfeeding Costing Initiative (WBCi)

# THE NEED TO INVEST IN BABIES

*A Global Drive for Financial Investment in Children's Health and Development through Universalising Interventions for Optimal Breastfeeding*

## EXECUTIVE SUMMARY



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**Authors**

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International Baby Food Action Network (IBFAN)-Asia/  
Breastfeeding Promotion Network of India (BPNI)  
BP-33, Pitampura, Delhi-110034, India  
Tel: +91-11-27343608, 42683059, Tel/Fax: +91-11-27343606  
Email: info@ibfanasia.org, bpni@bpni.org. Website: www.ibfanasia.org

**Authors:** Radha Holla, Alessandro Iellamo, Arun Gupta, Julie Smith and JP Dadhich

**Copy Editors:** Shoba Suri and Nupur Bidla

**Reviewers**

Dr. Urban Jonsson, Executive Director, The Owls, Tanzania.  
Dr. Susan Horton, University of Waterloo, Canada  
Dr. Adriano Cattaneo, Institute of Child Health, Trieste, Italy  
Dr. Lida Lhotska, IBFAN/GIFA  
Dr. Meera Shekar, World Bank

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# EXECUTIVE SUMMARY

Formula feeding is a heavy burden on the planet and the people. Enhancing optimal breastfeeding rates will reduce this burden.

Women's capacity for breastfeeding is a valuable national asset which has great economic worth, with benefits such as saving lives and avoiding health costs by reducing the risks of formula feeding and premature weaning. However, since present investment of resources towards promoting and ensuring breastfeeding is insufficient, it is mostly sustained through the unrequited efforts of mothers and volunteers. There is a demonstrable need for greater investment in breastfeeding, to ensure it is protected, promoted and supported as economic development proceeds, and to ensure that the costs of resourcing the breastfeeding of infants and young children are equitably shared.

**Optimal breastfeeding** means timely initiation of breastfeeding, exclusive breastfeeding for six months, and continued breastfeeding for two years or beyond along with the introduction of appropriate and adequate complementary foods after six months.

There is increasing attention being paid to the importance of nutrition during the first 1000 days of life, especially to breastfeeding because of the magnitude of its effect on mortality (PAHO, 2013; World Economic Forum, 2011) and the effectiveness of interventions to promote it. An ever-increasing number of studies in developed and developing countries are showing the enormous cost-savings that is the result of enhancing breastfeeding, especially exclusive breastfeeding, rates.

However, **breastfeeding is amongst the most under-funded** nutrition interventions (Mutuma S, Fremont E and Adebayo A, 2012); so far there has been no political commitment to provide resources commensurate with breastfeeding's importance, nor efforts to create an environment that will make it

possible for those mothers who wish to breastfeed to do so. A recent UNICEF report recommends that investments for breastfeeding need to be enhanced and realistic (UNICEF, 2013).

Creating the enabling environment for breastfeeding requires three types of actions - protection, promotion and support of breastfeeding, as outlined in the *Global Strategy for Infant and Young Child Feeding (Global Strategy)*. The World Bank's estimates on scaling up nutrition interventions includes costs for 'promotion' of breastfeeding, which is widely used as a reference for costing, however, in effect it addresses just a part of one of the interventions, i.e., 'promotion' (Horton S et al 2009).

Noting that the earlier estimations of financial resources needed for breastfeeding are insufficient, we have estimated the comprehensive implementation of the *Global Strategy* for 214 countries at about US\$ 15.45 billion as annual costs, with a further one-off cost of US\$ 2.05 billion to develop policies and legislation. Recurring costs include coordination, refresher training, implementation of the International Code of Marketing of Breastmilk Substitutes (the Code) and subsequent World Health Assembly resolutions, implementation of the Baby Friendly Hospital Initiative (BFHI), updating of policies and legislation, data management, research and maternity benefits (calculated at US\$2 per day for 180 days for women living below the poverty line).

The costs per country will vary according to whether policies and legislation are in place, whether the number of health workers trained is adequate, whether social security schemes exist to assist women living the poverty line breastfeed their infants; however we assume these variations to be minimal, with the estimated savings more than outweighing the costs, as can be seen from studies in UK, US and Australia (Renfrew MJ et al, 2012; Bartick et al, 2010; Smith, 2002).

Investing these resources will contribute significantly towards preventing child mortality and morbidity as well as help in preventing noncommunicable diseases like obesity, diabetes, cancers, etc., later in life. For the mother, it will help prevent premature death including from breast cancer, and postpartum haemorrhage, as well as assisting her health through child spacing (Sassi, 2013). The UNICEF UK report shows that for UK, this would result in a further incremental benefit of more than £31 million, over the lifetime of each annual cohort of first-time mothers (Renfrew MJ et al, 2012).

**The purpose of this paper is to assist all countries to implement this *Global Strategy* in its entirety, spread awareness and raise political will to invest in all interventions required with a human rights perspective. The paper focuses discussion on economic and financial implications of breastfeeding including its health cost savings, and helps in making financial decisions. The accompanying 'financial planning tool' helps in development of specific plans of action and accurate budget estimates.**

## WHY INVEST?

Given the benefits of breastfeeding for both, the baby and the mother, in the human rights context, babies have the right to get breastmilk, and mothers have the right to breastfeed successfully and practise optimal breastfeeding. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) acknowledges women's right to be supported during breastfeeding, through provision of appropriate services and nutrition. The primary duty bearer to ensure the enabling environment women need to breastfeed optimally is the State. The Convention on the Rights of the Child (CRC) also mandates governments to invest in programmes and interventions that are in the best interest of the child and it includes breastfeeding. The right of mothers to breastfeed is also recognised by the International Labour Organisation (ILO), which provides for maternity leave and nursing breaks for working women.

More than 800,000 under five deaths are caused by suboptimal breastfeeding practices. Optimal

breastfeeding practices can help to prevent millions of episodes of diseases like pneumonia and diarrhoea and serious conditions later in life like diabetes, obesity, cancer, leukaemia, etc.

Breastfeeding saves lives of infants and young children, reduces malnutrition, promotes health and development, and ensures a healthier life to the growing child. WHO's systematic review of the long-term effects of breastfeeding also lists benefits for children in the case of overweight/obesity, blood pressure, diabetes and intelligence (Horta BL 2013). As a recent UNICEF UK report shows, in UK alone, in total, over £17 million could be gained annually by avoiding the costs of treating four acute diseases in infants. Increasing breastfeeding prevalence further would result in even greater cost savings (Renfrew MJ et al, 2012). Studies from US (Bartick et al, 2010) and Australia (Smith, 2002), further show the economic benefits of breastfeeding optimally. Increased use of unnecessary formula also results in massive expenditure on the product and the resultant disease. Considering the above-mentioned benefits, breastfeeding saves money at all levels.

**Ironically, of the 135 million babies born every year globally, almost 83 million are NOT enabled to follow optimal breastfeeding practices (UNICEF, 2013).** Only 42% (56.7 million) of mothers and babies initiate breastfeeding within the first hour of life, 39% (52.6 million) are able to practise exclusive breastfeeding during the first six months of life, and only 58% (73.5 million) continue breastfeeding for at least two years of age.

## WHERE TO INVEST?

**Simply invest in implementing the *Global Strategy for Infant and Young Child Feeding* in its entirety. This has been adopted by World Health Assembly and UNICEF's Executive board.** Further, both the joint WHO/UNICEF Guide for programming for infant and young child feeding and the more recent, programming guide for infant and young child feeding brought out by UNICEF suggest implementing the following evidence-based interventions; these have been selected in this paper for estimating the financial resources needed:



- Development of policies and plans, coordination;
- Health and nutrition care system: This has two components - BFHI and the training of health workers;
- Community services and mother support;
- Media promotion;
- Maternity protection;
- Implementing the International Code of Marketing of Breastmilk Substitutes; and
- Monitoring and research.

## HOW MUCH TO INVEST?

According to the estimation, an investment of US\$17.5 billion in one-time and recurring costs needs to be made to put in place a package of interventions to create an enabling environment for breastfeeding, some of which are one-time costs like developing legislation and basic training in skilled counselling. Recurring costs include monitoring violations of the International Code, coordination, maternity benefits, data management, research, reviews and updating of policies and legislation. The major recurring cost is of maternity entitlements.

Our estimate is based on calculations with the following assumptions:

- Every woman has a right to protection, access to unbiased information and support for optimal breastfeeding.
- Interventions for creating this enabling environment thus need to be scaled up 100% and required to be implemented concurrently.
- Women below the poverty line need financial assistance as maternity benefit in lieu of wages, to enable them to maintain proximity with the child for exclusive breastfeeding.
- Services will be provided by existing personnel from the health services, labour departments, legal departments, social welfare departments, etc., with additional capacity building.

Limiting factors in the estimate include the scarce amount of available data and the great variation in costs of services in different countries. Since a few countries have recently developed budgets for implementing the *Global Strategy* in part or whole,

they shared their estimated costs with us. We also examined existing estimates for promotion of breastfeeding, as well as for BFHI and cash transfer schemes. For maternity benefits, we took the median cost of US\$2 per day (between US\$1.25 and US\$2.50 per day as determined by World Bank) as the threshold to meet basic needs of food, water, sanitation, clothing, shelter, health care and education. We did not include staff salaries in our estimate due to the wide variance in salaries in different countries, as well as the fact that existing staff, who are already being paid, could take on this additional task with some capacity building. Since in some countries this will not be the case, our estimates are an underestimation of the actual costs.

To overcome various limitations, we have developed a financial planning tool as part of the World Breastfeeding Costing Initiative (WBCi) to assist countries to plan and prioritise actions, and to budget them accurately. This tool can also be used by international agencies or donors to calculate and track their investment for a country or a region and to put adequate and effective policies and programmes in place that can help enhance optimal breastfeeding rates.

## THE WAY FORWARD

The WHO's scientific analysis of the benefits of optimal breastfeeding cannot be ignored. Enhancing breastfeeding rates requires complete implementation of the *Global Strategy* through multi-sectoral action, rather than the implementation of a few interventions. Researchers, analysing why a “breastfeeding gear model” worked in Brazil but failed in Mexico, concluded that Brazil had all the components in place (gears); their functioning was well coordinated and monitored (a master gear) and the results showed improvements in breastfeeding rates. In Mexico, the 'gears' were either missing or misplaced, and the result was a lack of improvement in breastfeeding rates. *Breastfeeding on the Worldwide Agenda*, a landscape analysis report from UNICEF, clearly makes a case for renewed leadership and investment in breastfeeding for full coverage of interventions to provide an

environment conducive to breastfeeding.

**All interventions need to be universalised so that every woman has access to the required services. It requires coordinated and concerted action, and resourcing. The major resources must be financial, i.e., cash; the importance of the unremunerated efforts of breastfeeding mothers themselves and via volunteer support which should also be accounted for, and not taken for granted.**

The following is a set of recommendations to move forward:

#### **Governments should**

1. Plan and budget for the comprehensive implementation of the *Global Strategy* for Infants and Young Child Feeding/National Strategy for Infant and Young Child Feeding, and integrate its implementation as part of national development and economic priorities.
2. Conduct policy and programme assessments on breastfeeding and infant and young child feeding using WHO's assessment tools or WBTi tools in order to identify and document gaps.
3. Develop national and sub-national action plans for 1- 5 years with clear budgets to achieve results, based on policy gaps found.
4. Develop national/regional/provincial-monitoring and periodic reporting systems on optimal breastfeeding practices.

5. Institutionalise research to document benefits of this programme to populations, in terms of disease reduction and long term health as well as cost savings.
6. Report annually on the expenditure incurred on interventions for optimal breastfeeding and track it intervention-wise, in all areas of action.
7. Take urgent action on policy matters such as maternity protection and other measures.

#### **The global community should**

1. Allocate specific budgets for increasing optimal breastfeeding within existing global funds for child survival, nutrition and women's and children's health. (All donors and global agencies)
2. Revisit its estimates on scaling up nutrition intervention giving full considerations to all interventions required for universal services for optimal breastfeeding. (World Bank)
3. Make a priority commitment of their staff time, including their training on related issues such as the Code and IYCF skills, and funds to be spent on various interventions suggested in the paper. (WHO, UNICEF, World Bank)
4. Report annually regarding the money spent on programmes on improving policy and programmes for optimal breastfeeding. (All agencies)
5. Setup a special maternity benefit fund for cash assistance to women below the poverty line. (World Bank)

## About the authors



**RADHA HOLLA**, Campaign Coordinator at Breastfeeding Promotion Network of India/International Baby Food Action Network (Asia), is an anthropologist with over 36 years experience in the development sector, on issues related to health, gender, environment and human rights.



**ALESSANDRO ILLEAMO**, Consultant with the World Health Organisation, Western Pacific Region, has worked on community development and Infant and Young Child Feeding for the past decade. He has handled projects in several countries in Asia and in Rwanda.



**DR. ARUN GUPTA**, Regional Coordinator, International Baby Food Action Network (Asia) and Chairperson, global Breastfeeding Initiative for Child Survival, is a fellow of the Indian Academy of Paediatrics and has worked extensively on child health and nutrition policy for past three decades in many countries of Asia with a particular interest in breastfeeding. He is the creator of the World Breastfeeding Trends Initiative (WBTi), a breakthrough tool to measure inputs at country level, and has championed the development of World Breastfeeding Costing Initiative.



**DR. JULIE P. SMITH**, Fellow, Australian Centre for Economic Research on Health, College of Medicine, Biology and the Environment (CMBE), is an economist at the Australian National University with internationally recognised expertise on the economics of breastfeeding. She previously was a senior economist in Australian and New Zealand treasuries working on overseas development assistance, and taxation and social policy issues.



Dr. JP Dadhich is a senior Paediatrician with 25 years of experience. Presently, he is the National Coordinator of the Breastfeeding Promotion Network of India (BPNI), Consultant for HIV and breastfeeding programmes for International Baby food Action Network (IBFAN) Asia, Co-coordinator, World Alliance for Breastfeeding Action (WABA) Taskforce on Global Advocacy and South Asia Regional Focal Point Coordinator for World Alliance for Breastfeeding Action (WABA). He has Contributed chapters in text books on various subjects including Newborn Care, Pediatric care, Infant and young child nutrition etc. He has reviewed research articles and published papers in pediatric, neonatology and nutrition journals. He has also contributed in editing of Journals, policy documents, position statements, training modules, conference reports etc. on breastfeeding, infant and young child feeding, newborn health, child survival, etc.

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### **International Baby Food Action Network (IBFAN)-Asia/ Breastfeeding Promotion Network of India (BPNI)**

BP-33, Pitampura, Delhi-110034. India

Tel: +91-11-27343608, 42683059. Tel/Fax: +91-11-27343606

Email: [info@ibfanasia.org](mailto:info@ibfanasia.org), [bpni@bpni.org](mailto:bpni@bpni.org)

Website: [www.ibfanasia.org](http://www.ibfanasia.org)

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