

Universal health coverage: everyone, everywhere

Joint Statement in celebration of World Health Day

7 April 2018



World Alliance for
Breastfeeding Action



The World Health Organisation (WHO) was founded on the principle that all people should be able to realise their right to the highest possible level of health. World Health Day 2018 emphasises the fundamental importance of Universal Health Coverage (UHC) to the health and well-being of all peoples as well as to all countries. La Leche League International (LLLI) and the World Alliance for Breastfeeding Action (WABA) celebrate World Health Day 2018 and the concept of UHC which cuts across all of the Sustainable Development Goals (SDGs).

Breastfeeding is an important factor in achieving the SDGs and is integral to UHC. This year's [World Breastfeeding Week](#) (WBW) focuses on Breastfeeding: Foundation of Life. Breastfeeding and human milk are the biological norm for a healthy start, supporting optimal health in both children and in mothers and parents who lactate. Providing UHC can ensure that babies and their parents have access to quality health care, especially prenatal and newborn care, which are essential to helping them get breastfeeding off to a good start.

Breastfeeding equalises the start to health for infants across countries and families of every income level. It provides optimal nutrition in infancy and the early years and reduces the burdens of malnutrition [[Scherbaum & Srour, 2016](#)]. It also increases food security for infants and young children and reduces the risk of hunger by meeting each of the criteria for food security, “availability, accessibility, utilisation and stability of supply of nutritionally appropriate and acceptable quantities of food” [[Salmon, 2015](#)]. Breastfeeding protects against diarrhea, respiratory and other infections, which can be fatal. Children who are breastfed for longer periods have higher cognitive development, and reduced risk of common illnesses than those who are breastfed for shorter periods [[Victora et al., 2016](#)]. Breastfeeding also supports mothers' health, reducing risks of breast and ovarian cancers [[Victora et al., 2016](#)], and maternal cardiovascular disease [[Peters et al., 2017](#)]. Mothers who reach their breastfeeding goals have half the risk of postnatal depression [[Borra et al 2015](#)]. The longer that the child is breastfed, the greater the benefits for all.



Not breastfeeding is associated with a significant global economic burden, including an estimated US\$14.2 billion in costs due to premature death in the US [[Bartick, 2017](#)]. Increasing breastfeeding rates could increase savings in healthcare costs in countries worldwide (e.g., US\$223.6 million in China and US\$6.0 million in Brazil [[Rollins, et al., 2016](#)]; and US\$118 million in Indonesia [[Siregar et al., 2018](#)]). Estimated total economic losses from cognitive deficits associated with not breastfeeding amount to US\$302 billion annually (0.49% of world gross national income, GNI) [[Rollins, et al., 2016](#)].

Most importantly, breastfeeding saves lives. The lives of 823,000 children could be saved every year and 20,000 mothers' lives could be saved if breastfeeding rates were improved [[Victora et al., 2016](#)].

Mothers and infants need support and care from family, community, health systems, workplaces and government to breastfeed for as long as they desire. UHC would increase maternal and child health through increased access to improved quality prenatal care, birth in a baby-friendly facility [[Ogbo et al., 2015](#)], and continued skilled breastfeeding support.



WABA's [Warm Chain of Support for Breastfeeding](#) links breastfeeding supporters at all levels to provide a continuum of care for mothers and babies for the first 1,000 days [[WABA, 2018](#)]. Care begins long before the baby is born and continues to 2 years old and beyond. Consistent information and support throughout the warm chain will ensure that the breastfeeding dyad benefits from ongoing support and skilled assistance. All parents need access to up-to-date, accurate and evidence-based

information and high-quality support to make their own informed, autonomous decisions about health. Peer support in the community is vital to empower mothers to attain their breastfeeding goals [[Shakya et al., 2017](#)]. La Leche League International (LLLl) and other peer breastfeeding support organisations provide help in the community for mothers and families to continue breastfeeding beyond the healthcare setting. LLLl's mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

Breastfeeding and UHC go hand in hand. Family and maternal health care and improvements in mother and baby-friendly practices in hospitals are critical elements of UHC, while breastfeeding provides the foundation to optimal health for infants, young children, and adults. Breastfeeding and UHC can work together to support families to "realise their right to the highest possible level of health."

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Read Statement in [Japanese Language](#)

References:

1. Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G. et al. (2017). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal Child Nutrition*, 13: 12366
2. Borra, C., Iacovou, M., & Sevilla, A. (2015). New evidence on breastfeeding and postpartum depression: The importance of understanding women's intentions. *Matern Child Health J.*;19(4):897-907. doi: 10.1007/s10995-014-1591-z.
3. [ImprovingBirth. \(2016\). Mother-Friendly Childbirth Initiative.](#)
4. National Institutes of Health (NIH, 2017). What are the benefits of breastfeeding? <https://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/benefits>
5. Ogbo, F. A., Agho, K. E., & Page, A. (2015). Determinants of suboptimal breastfeeding practices in Nigeria: Evidence from the 2008 demographic and health survey. *BMC Public Health*, 15:259. doi: 10.1186/s12889-015-1595-7.
6. Peters, S. A. E., Yang, L., Guo, Y., Chen, Y., Bian, Z. et al., & the China Kadoorie Biobank Collaboration Group. (2017). Breastfeeding and the Risk of Maternal Cardiovascular Disease: A Prospective Study of 300,000 Chinese Women. *JAHA*. doi : 10.1161/JAHA.117.006081.

7. Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S. Lutter, C. K., et al. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387: 491-504. [doi.org/10.1016/S0140-6736\(15\)01044-2](https://doi.org/10.1016/S0140-6736(15)01044-2).
8. Salmon, L. (2015). Food security for infants and young children: An opportunity for breastfeeding policy? *International Breastfeeding Journal*, 10:7. doi:10.1186/s13006-015-0029-6.
9. Scherbaum, V., & Srour, M. L. (2016). The role of breastfeeding in the prevention of childhood malnutrition. In Biesalski H. K., Black R. E. (Eds): *Hidden Hunger. Malnutrition and the First 1,000 Days of Life: Causes, Consequences and Solutions*. *World Rev Nutr Diet*. Basel, Karger, 2016, vol 115, pp 82-97. doi.org/10.1159/000442075.
10. Shakya, P, Kunieda, M. K., Koyama, M., Rai, S. S., Miyaguchi, M., et al. (2017). Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis. *PLOS ONE* 12(5): e0177434. doi.org/10.1371/journal.pone.0177434
11. Siregar, A. Y. M., Pitriyan, P., & Walters, D. (2018). The annual cost of not breastfeeding in Indonesia: The economic burden of treating diarrhea and respiratory disease among children (< 24mo) due to not breastfeeding according to recommendation. *International Breastfeeding Journal*, 13:10. doi: 10.1186/s13006-018-0152-2.
12. Victora, C. G., Bahi, R., Barros, A. J., França, G. V., Horton, S., et al. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*; 387: 475-490 [doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7).
13. [World Alliance for Breastfeeding Action. \(WABA, 2018\). WARM CHAIN of Support for Breastfeeding.](#)
14. [World Health Organization. \(2009\). Baby-friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care. Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff](#)
15. [World Health Organization. \(2018\). Key messages for World Health Day 2018](#)
16. [World Health Organization. \(2018\). Increasing breastfeeding could save 800 000 children and US\\$ 300 billion every year.](#)