



International Baby Food Action Network
Red internacional de grupos pro alimentación infantil
Réseau international des groupes d'action pour l'alimentation infantile

1998 RECIPIENT OF THE RIGHT LIVELIHOOD AWARD

Submission to the OHCHR Study on Climate Change and the Right to Health

International Baby Food Action Network (IBFAN)

www.ibfan.org

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About the International Baby Food Action Network (IBFAN)

A world-wide network. IBFAN is a 36-year old coalition of more than 273 not-for-profit non-governmental organizations in more than 168 developing and industrialised nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes.

Our commitment. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (WHO, UNICEF, 2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for their International Code violations. In 1998, IBFAN received the alternative Nobel Prize, called the Right Livelihood Award, “*for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes*”.

OHCHR Questionnaire

Question 1. Please describe, in your view, the relationship between climate change and the enjoyment of the right to health and any human rights obligations to mitigate and adapt to climate change that can be derived therefrom.

Infants and young children are the first victims of pollution and climate change. The negative impacts of pollution and climate change affect all people, but especially the world's most vulnerable population: newborns, infants and young children, whose immune and reproductive systems are still immature. Even the healthy development of unborn babies in the womb can be compromised by pollution and climate change. Every child's right to health constitutes an inclusive right that extends to its underlying determinants, such as the right to a safe, clean, healthy and sustainable environment.

The importance of breastfeeding for mitigation of climate change. Optimal breastfeeding practices (early initiation of breastfeeding within the first hour after birth, exclusive breastfeeding until 6 months of age and continued breastfeeding until 2 years or more along with the appropriate complementary feeding) are the first step towards protecting human health, short- and long-term. Having an almost zero carbon and water footprint and generating no waste to dispose, they also constitute human's first step towards protecting the environment and ensuring the sustainable use of natural resources. Therefore, breastfeeding helps to mitigate the global warming that causes climate change and environmental pollution and provokes extreme weather. Providing the best nutrition for babies even in crisis situations, breastfeeding also helps alleviate the suffering caused by extreme weather events consecutive to climate change and environmental degradation.

Risks of Formula Feeding to the environment. Milk formula used as substitutes for the breastfeeding generates huge Green House Gas emissions due to livestock farming, industrial processing, transport and generation of wastes which needs disposal. Formula feeding also has a high water footprint.

The United Nations Convention on the Rights of the Child (CRC). The CRC was adopted by States Parties in 1989 and since then has been ratified by 195 States. The CRC contains relevant human rights obligations of States Parties in articles 6 and 24:

- ***Child's right to survival and development.*** In Article 6, "States parties recognize that every child has the inherent right to life" and that they shall "ensure to the maximum extent possible the survival and development of the child." The devastating effects of extreme weather events caused by climate change can impact every child's right to right to survival and development. Storms, droughts, floods and other extreme weather events caused by global warming cause disruption to supplies of safe, unspoiled food and of clean drinking water, as well as they disrupt the provision of and access to health care services. Thus, States have the obligation to take measures to alleviate the consequences of these climatic events which have already provoked deaths of many infants, children and their families and carers, and have injured many more.

- ***Child's right to health and healthy environment.*** Under article 24, States Parties to the CRC shall pursue the full implementation of every child's right to the highest attainable standard of health. In Article 24 (1), "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health" and under Article 24 (2), they "shall pursue full implementation of this right and, in particular, shall take appropriate measures (a) to diminish infant and young child mortality" and to (c) "combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution". In its General Comment No 15 on child's right to the enjoyment of the highest attainable standard of health, the Committee on the Rights of the Child indicated that States should take measures that address the "dangers and risks that local environmental pollution poses to children's health in all settings" and to implement environmental interventions that should, "inter alia, address climate change, as this is one of the biggest threats to children's health and exacerbates health disparities". The Committee further specified that "States should,

therefore, put children's health concerns at the centre of their climate change adaptation and mitigation strategies." (emphasis added)

The recently adopted Sustainable Development Goals (SDGs) are relevant for water, health and the environment. By 2030 States will commit to : "substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination" (SDG-3.9); "improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials" (SDG-6.3); "achieve environmentally sound management of chemicals and all wastes throughout their life cycle ... and significantly reduce their release to air, water and soil to minimize their adverse impacts on human health and the environment" (SDG-12.4)

- ***Breastfeeding and the International Code of Marketing of Breastmilk Substitutes*** In Under Article 24 (1) (e) States parties shall "ensure that all segments of society, in particular parents and children, are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation...". In its General Comment No 15 on child's right to the enjoyment of the highest attainable standard of health, the Committee on the Rights of the Child further specifies that "Exclusive breastfeeding for infants up to 6 months of age should be protected and promoted and breastfeeding should continue alongside appropriate complementary foods preferably until two years of age, where feasible. States' obligations in this area are defined in the "protect, promote and support" framework, adopted unanimously by the World Health Assembly. States are required to introduce into domestic law, implement and enforce internationally agreed standards concerning children's right to health, including the International Code on Marketing of Breastmilk Substitutes and the relevant subsequent World Health Assembly resolutions ... Special measures should be taken to promote community and workplace support for mothers in relation to pregnancy and breastfeeding and feasible and affordable childcare services in compliance with the International Labour Organisation Convention No. 183 (2000) concerning the revision of the Maternity Protection Convention (Revised), 1952."(emphasis added)

Question 2. Please share a summary of any relevant data on the impacts of climate change on the enjoyment of the human right to health including its underlying determinants (education, water and sanitation, food, housing, etc.), disaggregated to the extent possible.

Food as an underlying determinant of the right to health. Food is one of the most important underlying determinants of the right to health. Many diseases, infections, and non communicable diseases are induced by the lack of proper nutrition. Therefore, the provision of adequate food and nutrition is absolutely crucial, especially for infants and young children, in order to ensure the enjoyment of the highest attainable standard of health. Since time immemorial the human species has been fed and nurtured by mother's milk. As the normal continuum from pregnancy, through birthing, breastfeeding is the bond that sustains the mother baby relationship and provides the perfect nutrition, immunological protection and optimal physical and neurological development for the first years of life. Scientific research has shown us the critical importance of breastfeeding. It is irreplaceable as the way to feed children. Its intricate composition both protects and nourishes the youngest ones, while

matching perfectly their growth and development needs. Breastfeeding has proven to be essential for child survival and health, as well as for mothers' health.

Water as an underlying determinant of the right to health. Climate change and environmental pollution and degradation are already exacerbating water shortages and contamination of water supplies. Infants and young children are vulnerable to dehydration during periods of hot weather. Prolonged heat waves and severe droughts diminish aquifers; lower water levels concentrate the toxic elements in underlying rocks as well as the poisonous chemicals used as pesticides and fertilizers. Infants and young children who are breastfed are less exposed to these risks of water pollution, but those fed baby milk formulas are at double risk from the toxic chemicals used to produce the ingredients of formulas as well as from the contaminated water used to reconstitute powdered formulas.

Water contamination by arsenic. Arsenic is classified as toxic and dangerous for the environment. Contamination of groundwater affects millions of people across the world, leading to widespread arsenic poisoning. Falling water tables mean higher concentrations of arsenic. Whereas breastfed babies are protected against arsenic exposure, because very little arsenic is excreted in breastmilk, formula fed babies are exposed to increased concentrations of arsenic in the ground water used to prepare formula feeds. They are also exposed to high levels of arsenic in certain formulas containing brown rice syrup used as a sweetener. This is caused by irrigation of rice paddy fields using arsenic-contaminated water. Certain weed killers such as MSMA also contain arsenic and their widespread use in brown rice cultivation means that the brown rice syrup can be contaminated by toxic residues.

Air quality as an underlying determinant of the right to health. Air quality has a direct impact on the health of millions of infants and young children. Prenatal exposures to neurotoxic particles from indoor and outdoor air pollution affect foetal development, and cause severe respiratory diseases in babies and young children. Air pollution is increasing with urbanization and also industrialization of food production. The production and transport of formula contributes nitrogen dioxide and particle matter that cause outdoor air pollution and in many countries the preparation of formula using solid fuels contributes to indoor air pollution. Breastfeeding emits no toxic particles; it requires no industrial production and no transport and is always available on-site. At the same time, breastfeeding has a protective effect: neither particle matter nor nitrogen dioxide exert a harmful effect on breastfed babies for at least 4 months. See IBFAN article "Breastfeeding mitigates the health impacts of indoor and outdoor pollution": <http://ibfan.org/docs/2015-Breastfeeding-mitigates-the-impacts-of-air-pollution-for-website.pdf>

Question 3. Please describe existing national commitments, legislation and policy frameworks related to climate change mitigation and adaptation including any specific measures intended to prevent the worst impacts of climate change on the right to health; to ensure access to information, transparency, participation, and other procedural rights of persons affected by climate actions; to promote, protect and fulfil all human rights particularly those closely linked to the underlying determinants of health such as food, water and sanitation, housing, etc.; and to ensure that climate related actions respect, promote, protect and fulfil human rights. Please share any relevant information on the implementation of existing commitments to address climate change and its impacts.

The International Code of Marketing of Breastmilk Substitutes. The International Code of Marketing of Breastmilk Substitutes, adopted by the World Health Assembly in 1981 regulates the marketing of breastmilk substitutes. It constitutes a "minimum requirement" and aims to "contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution." (Article 1, emphasis added). Since 1981, the scope of the Code has been further extended and completed by a series of subsequent relevant resolutions from the World Health Assembly. See <http://ibfan.org/the-full-code>

Implementation and enforcement of the Code, an obligation for States. Apart from the Code itself, who calls States to implement it "in its entirety", the CRC General Comments No 15 on the right of the child to the enjoyment of the highest attainable standard of health and No 16 on State obligations regarding the impact of the business sector on children's rights, both adopted in 2013, urge States to implement and enforce the Code and subsequent relevant WHA resolutions.

Extraterritorial obligations of States regarding the Code. Baby food companies that produce breastmilk substitutes are not territorially confined and have become increasingly powerful, capturing large portions of the global trade and playing a major role in the current trend of globalization of markets. Recognizing that territorial limitation of obligations has led to gaps in human rights protection and noting the lack of adequate regulation in this matter, the Maastricht Principles on Extraterritorial Obligations of States in the area of Economic, Social and Cultural Rights were issued on the 28 September 2011. The Maastricht Principles thus constitute the missing link in the universal human rights system. The Maastricht Principle 25 on 'Bases for protection' clearly reiterates that "States must adopt and enforce measures to protect economic social and cultural rights through legal and other means, including diplomatic means, in each of the following circumstances: [...] c) as regards business enterprises, where the corporation or its parent controlling company, has its centre of activity, is registered or domiciled, or has its main place of business or substantial business activity, in the State concerned". In this sense, States have an obligation to ensure that companies based in (or significantly tied to) their territory do not infringe the human rights of people in other countries. This principle was reaffirmed by the CRC Committee in its General Comment No 16 that provides that a State's jurisdiction should not be restricted to its "territory" and that "host States must ensure that all business enterprises, including transnational corporations operating within their borders, are adequately regulated within a legal and institutional framework that ensures that they do not adversely impact on the rights of the child and/or aid and abet violations in foreign jurisdictions". Thus, States should be held accountable for adopting binding regulations and measures to ensure that companies registered or domiciled on their territory comply with the Code anywhere where they operate.

IBFAN's commitment to the implementation and enforcement of the Code. IBFAN is committed to the 2002 Global Strategy on Infant and Young Child Feeding which includes the Code. Hence, we are assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes and its subsequent WHA resolutions to the fullest extent, and ensuring that corporations are held accountable for their Code violations. Indeed, companies have an obligation to comply with the International Code regardless of any government action, yet monitoring by civil society shows that none of the large multinational

companies live up to this obligation. A crucial contribution of IBFAN is the preparation of global monitoring reports that continuously show the extent to which the baby food industry violates the Code. The latest 2014 report details global marketing trends by baby food manufacturers and exposes violations of the International Code and its subsequent resolutions. The World Breastfeeding Trends initiative (WBTi) constitutes an innovative web tool developed by IBFAN/BPNI and provides objective scoring to countries' implementation of the Global Strategy, including the Code. The WBTi was launched in 2004 and to date, 58 countries have been assessed thanks to this tool. See <http://worldbreastfeedingtrends.org>. Based on its monitoring of the Code and the findings of the WBTi assessments, IBFAN regularly prepares alternative reports on infant and young child feeding which are submitted to the Committee on the Rights, among others. These reports include recommendations regarding the implementation and enforcement of the Code and are well followed by the Committee on the Rights of the Child.

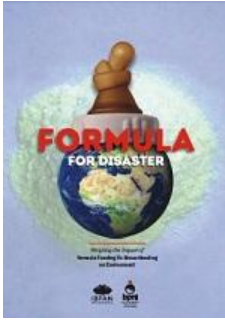
Question 5. Please describe any concrete mitigation and adaptation measures being taken to address the impacts of climate change on the human right to health and good practices in this regard including those related to: international cooperation; local and community based initiatives; private sector initiatives; development, application and diffusion of technologies, practices and processes that control, reduce or prevent anthropogenic emissions of greenhouse gases; and the exchange of relevant scientific, technological, technical, socioeconomic and legal information related to the climate system and climate change and the economic and social consequences of various response strategies.

Breastfeeding impacts positively on climate, environment and health. Breastfeeding is totally sustainable: it emits no greenhouse gases, creates no waste or pollution, depletes no scarce natural resources, and thus places no burdens on our Earth. Breastfeeding safeguards the health of mothers, babies and our planet. Whenever natural disasters strike, breastfeeding protects babies' health and can ensure they survive in the post-disaster period. Scientific research has provided the evidence for this protective effect on infants' health and that of their mothers. Supporting breastfeeding mothers to re-establish breastfeeding thus alleviates the severe impact on the survival and health of vulnerable infants during the increasing number of disasters caused by climate change.

On the other hand, use of milk formula in the suboptimal conditions prevailing during the disasters perpetuates the already existing risk of serious infectious diseases like diarrhoea and pneumonia.

IBFAN has published and disseminated briefing papers on the protection, promotion and support of breastfeeding as a practical measure meeting targets to reduce global warming and life's very first step towards sustainability. See <http://ibfan.org/environmental-awareness>

Question 6. The development, application and diffusion of technologies, practices and processes that control, reduce or prevent anthropogenic emissions of greenhouse gases; and the exchange of relevant scientific, technological, technical, socioeconomic and legal information related to the climate system and climate change and the economic and social consequences of various response strategies.



The negative impact of formula feeding on the environment. IBFAN has published and disseminated a book entitled 'Formula for Disaster' in 3 languages (English, French and Italian). The report explains why formula feeding is the formula for disaster for the environment and weighs the environmental impact of formula feeding compared to breastfeeding. It aims at raising awareness of the positive impact of breastfeeding and to provide evidence on the negative impact of formula feeding. See <http://ibfan.org/docs/FormulaForDisaster.pdf>

Case studies estimating the economic and social consequences of formula feeding on the environment. The production, transport and processing of milk for baby formula and the manufacture, packaging and transporting of industrially produced formula create greenhouse gas emissions and atmospheric pollution. They utilise our planet's ever scarcer natural resources, for example grazing land, water supplies and minerals. IBFAN Asia has prepared case studies to estimate the economic, environmental and social impact of formula feeding in the six countries of Asia-Pacific.. These will be presented in a report to the One Asia Breastfeeding Partners Forum in November 2015.