



## Recommendations related to breastfeeding by the 71<sup>st</sup> COMMITTEE ON THE RIGHTS OF THE CHILD

The 71<sup>st</sup> Session of the [Committee on the Rights of the Child](#) (CRC Committee) took place in Geneva from 11 to 29 January 2016. The Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 14 countries: Benin, Brunei Darussalam, France, Haiti, Iran, Ireland, Kenya, Latvia, Maldives, Oman, Peru, Senegal, Zambia and Zimbabwe. IBFAN submitted alternative reports on the situation of infant and young child feeding in 2 of the reviewed countries ([Benin](#) and [France](#)). Spanish and French summaries of the alternative reports were prepared in order to inform Spanish- and French-speaking members of the Committee (see <http://ibfan.org/reports-on-the-un-committee-on-the-rights-of-the-child>).

In its Concluding Observations, the CRC Committee referred specifically to **breastfeeding** for 8 of the 14 countries under review (Benin, France, Ireland, Kenya, Oman, Peru, Senegal and Zambia).

Haiti and Zimbabwe did not receive direct recommendations on breastfeeding, but were urged to implement the **OHCHR Technical Guidance on child mortality** (A/HRC/27/31, <http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session27/Pages/ListReports.aspx>) which refers directly to breastfeeding protection and support and calls specifically for implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes, just like Benin, Kenya, Peru, Senegal, Zambia.

### **General measures of implementation**

The Committee expressed concern about the lack of **child-centered and disaggregated data** in Benin and urged the state to expeditiously improve its data collection system. The data should cover all areas of the convention and should be disaggregated by age, sex, disability, geographic location, ethnic origin and socioeconomic background in order to facilitate analysis on the situation of the children, particularly those in situations of vulnerability. Likewise, the Committee reiterated its previous recommendation to France to improve its data collection system covering all areas of the Convention and added that the data and indicators collected should be used for the formulation, monitoring and evaluation of the policies, programmes and projects for the effective implementation of the Convention and the enjoyment of the right of the child. Similar recommendations regarding the collection and monitoring of comprehensive and disaggregated data were given to Brunei Darussalam, Haiti, Iran, Ireland, Kenya, Latvia, Maldives, Oman, Peru, Senegal, Zambia and Zimbabwe.



The Committee also addressed the adverse **impact of the business sector on children's rights**, expressing concern about the insufficient information on measures taken and envisaged by France to regulate the activities of companies acting under its jurisdiction and control. In the light of its General Comment No. 16 (2013) on the impact of the business sector on children's rights, the Committee recommended France to establish a clear regulatory framework for the industries operation under the jurisdiction and control of the state party, to ensure effective implementation by the companies of international standards including human rights, the environment and health through due diligence processes, and to thoroughly investigate the possible default of these obligations by French companies or their subsidiaries operating abroad to ensure that their activities do not negatively affect human rights or endanger environmental and other standards especially those related to children's rights. Recommendations based on the General Comment No. 16 were also given to Ireland, Kenya, Maldives, Peru, Senegal and Zambia, with an exclusive focus the impact of the mining sector for Zambia, a focus on child sexual exploitation for Senegal and Maldives and a focus on the mining and hydro-electric sector in Peru.

Addressing issues related to the **right to life and survival**, the Committee urged Benin to ensure the promotion of medically assisted deliveries in health centres by trained midwives and the monitoring of newborns in the community, while Senegal was recommended to intensify efforts to reduce child mortality, including neonatal mortality, as well as regional disparities, including improving access to and use of health, nutrition and water. The Committee also urged Zimbabwe to develop a global strategy to address the problems of poverty, social security, nutrition and health in order to ensure full exercise by children of the right to life, survival and development.

### **Access to health and allocation of resources**

Focusing on access to health services and subsequent allocation of resources, the Committee recommended Zimbabwe to substantially increase its budget allocations in the area of health to an adequate level, while it urged Iran to increase the allocation of public funds to improve the health situation of inhabitants in remote areas. Similarly, Peru and Latvia were requested to ensure access to quality health services by all children, with an emphasis on rural and/or remote areas, while Senegal and Brunei Darussalam were recommended to allocate sufficient financial and human resources to health services, particularly to child health and nutrition, providing effective access to trained and qualified health care. Last but not least, Zambia was specifically requested to strengthen its efforts to improve access to basic health care services with trained health workers for children and pregnant women, particularly in rural areas.



### **Child mortality**

As mentioned above, the Committee urged Benin, Haiti, Kenya, Peru, Senegal, Zambia and Zimbabwe to implement the **OHCHR Technical guidance on child mortality** (A/HRC/27/31), which includes provisions on breastfeeding protection and support, including the implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes and the need to adopt supportive workplace measures.

It also recommended Haiti to ensure access to **postnatal care** services and Zambia to strengthen **newborn health interventions** and skilled birth attendance.

### **Malnutrition and safe drinking water**

The Committee issued a series of recommendations related to **nutrition and drinking water**, urging Senegal to expedite the adoption and implementation of the new Nutrition Enhancement Programme and Zimbabwe to combat malnutrition through the sufficient allocation of resources to critical nutrition interventions and safe drinking water. Benin was called upon to improve nutrition increasing access to drinking water especially in the rural areas and in schools and fighting against malnutrition, while Oman was recommended to continue targeted interventions to prevent the stunting, wasting and undernourishment of children, including the promotion of proper infant and young child practices and continue to raise awareness of nutrition issues.

### **Breastfeeding national strategy**

The Committee recommended Ireland to develop and implement a national strategy on the breastfeeding of infants.

### **Breastfeeding protection:**

France was requested to fully implement the International Code of Marketing of Breast-milk Substitutes, while Ireland was invited to consider its Code implementation along with adequate measures for its enforcement. Senegal was called upon to strengthen monitoring of its Code implementation, to implement a deterrent sanctioning system and ensure that the Food and Drugs Authority is committed to enforce the Code.

The Committee further recommended Oman to step-up the monitoring and enforcement of the legislative framework regulating the marketing of breast-milk substitutes and urged Peru to ensure effective implementation and monitoring of the Rules on Infant food.



**Breastfeeding promotion**

The Committee emphasized the need for improved promotion of breastfeeding and recommended Benin to adopt measures to accelerate adequate nourishment of children and breastfeeding by sensitizing society through awareness raising campaigns, while Ireland was urged to strengthen its efforts to promote exclusive and continued breastfeeding by providing access to materials and raising awareness concerning the importance of breastfeeding and the risk of formula feeding, in particular in the Traveller community. As mentioned above, the Committee also recommended Oman to ensure the promotion of proper infant and young child practices and more specifically, to strengthen measures to improve the practice of exclusive breastfeeding for the first six months, and intensify efforts to improve healthy nutritional practices through awareness-raising programmes, including campaigns.

France, Peru and Zambia were also urged to further promote breastfeeding, but the Committee unfortunately restricted this recommendation to exclusive breastfeeding. Finally, Senegal was called upon to continue encouraging exclusive breastfeeding for six months with appropriate introduction of an infant diet thereafter, aimed at reducing neonatal as well as under-five mortality.

**Breastfeeding support**

The Committee also focused on breastfeeding support in several of its recommendations, urging Benin to build capacity for health professionals, supporting breastfeeding mothers with specialists and revitalizing the “Child-Friendly” hospitals. Oman was recommended to provide information and training of the relevant officials, particularly staff working in maternal units, and parents, and Ireland was urged to further increase the number of hospitals certified as baby-friendly and to review training of health workers on the importance of exclusive breastfeeding.

**2016 CRC Committee's Concluding Observations on Infant and Young Child Feeding**

	Country	IBFAN report	Summary of specific recommendations on IYCF
Session 71 – January 2016	1	Benin  (3 <sup>rd</sup> -5 <sup>th</sup> periodic report)	yes  <i>Indirect – Data collection</i> (§ 17): expeditiously improve its data collection system [...]. <i>Right to life, survival and development</i> (§ 29): ensure the promotion of medically assisted deliveries in health centres by trained midwives; the monitoring of new-borns in the community [...]. <i>Health</i> (§ 53a, b): implement and apply the OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31); strengthen its efforts to further reduce infant and child mortality, focusing on prevention and treatment, including taking vaccine doses, improving nutrition and sanitary conditions, increasing access to drinking water especially in the rural areas and in schools, and fighting against communicable diseases, malnutrition and malaria.  <i>Direct - Breastfeeding</i> (§ 59): adopt measures to accelerate adequate nourishment of children and breastfeeding, by sensitizing society through awareness raising campaigns, capacity building for health professionals, supporting breastfeeding mothers with specialists and revitalizing the “Child-Friendly Hospitals” initiative; widening the scope of maternity leave regulations to include mothers working in the informal sector.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBEN%2fCO%2f3-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBEN%2fCO%2f3-5&amp;Lang=en</a>
	2	Brunei Darussalam  (2 <sup>nd</sup> -3 <sup>rd</sup> periodic report)	no  <i>Indirect – Data collection</i> (§ 16): expeditiously improve its data collection system [...]. <i>Health</i> (§ 52): allocate sufficient financial and human resources to health services, particularly child health and nutrition, providing effective access to trained and qualified health-care personnel.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBRN%2fCO%2f2-3&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBRN%2fCO%2f2-3&amp;Lang=en</a>
	3	France  (5 <sup>th</sup> periodic report)	yes  <i>Indirect – Data collection</i> (§ 16): improve its data collection system covering all areas of the Convention [...]. <i>Children's rights and the business sector</i> (§ 21a, b): establish a clear regulatory framework for industries operating under the jurisdiction and control of the State party to ensure that their activities do not negatively affect human rights or endanger environmental and other standards, especially those relating to children's rights; ensure that companies effectively implement international standards, including on human rights, the environment and health; requirement of due diligence processes;

			<p>effective means exist for monitoring implementation and appropriately sanctioning and providing remedies whenever violations occur; thoroughly investigate possible lapses in the performance of these obligations by French companies or their subsidiaries operating abroad.</p> <p><b><u>Direct – Health</u></b> (§ 62b): fully implement the International Code of Marketing of Breast-milk Substitutes and further promote exclusive breastfeeding practices</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fFRA%2fCO%2f5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fFRA%2fCO%2f5&amp;Lang=en</a></p>
4	Haiti (2 <sup>nd</sup> -3 <sup>rd</sup> periodic report)	no	<p><b><u>Indirect – Data collection</u></b> (§ 14b, c, d, f): develop a system of data collection and indicators consistent with the Convention [...]. <b><u>Health</u></b> (§ 49): address the lack of health staff by training, recruiting and retraining qualified health workers and provide all parts of the country with accessible and high -quality health-care facilities; undertake all necessary measures to reduce under-5 and neonatal mortality rates, including by preventing infectious diseases and ensuring care for newborns during the neonatal period and adequate resources to provide emergency services and resuscitations in rural areas; address the root causes of maternal mortality and decrease the maternal mortality rate including by adopting a comprehensive safe motherhood strategy which prioritizes access to quality antenatal, postnatal and obstetric services [...]; take all appropriate measures to prevent the spread of communicable diseases [...]; implement and apply the OHCHR technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31). <b><u>Adolescent Health</u></b> (§ 51): ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fHTI%2fCO%2f2-3&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fHTI%2fCO%2f2-3&amp;Lang=en</a></p>
5	Iran (3 <sup>rd</sup> -4 <sup>th</sup> periodic report)	no	<p><b><u>Indirect – Data collection</u></b> (§ 20): strengthen its data collection system [...]. <b><u>Health</u></b> (§ 70): increase the allocation of public funds to improve the health situation of inhabitants of remote areas, focusing in particular on the health infrastructure.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRN%2fCO%2f3-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRN%2fCO%2f3-4&amp;Lang=en</a></p>
6	Ireland (3 <sup>rd</sup> -4 <sup>th</sup> periodic report)	no	<p><b><u>Indirect – Data collection</u></b> (§ 18): data collection system should cover all areas of the Convention and should be disaggregated in order to facilitate analysis on the situation of all children, in particular those in situations of vulnerability. <b><u>Children’s rights and business sector</u></b> (§ 24a, b): strengthen its regulatory framework for the industries and enterprises operating in the State party to</p>

			<p>ensure that their activities do not negatively affect the rights of the child or endanger environmental and other standards; establish independent mechanisms to monitor the implementation by business enterprises of international and national environment and health standards; appropriately sanction and provide remedies when violations occur.</p> <p><b><i>Direct – Breastfeeding</i></b> (§ 52): strengthen its efforts to promote exclusive and continued breastfeeding by providing access to materials and raising awareness concerning the importance of breastfeeding and the risks of formula feeding; in particular, measures for the Traveller community should be included; review and strengthen training for health-care professionals on the importance of exclusive breastfeeding; further increase the number of hospitals certified as baby-friendly; develop and implement a national strategy on the breastfeeding of infants; and in doing so, consider implementing the International Code of Marketing of Breast-milk Substitutes, along with adequate measures for its enforcement.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&amp;Lang=en</a></p>
7	Kenya (3 <sup>rd</sup> -5 <sup>th</sup> periodic report)	no	<p><b><i>Indirect – Data collection</i></b> (§ 14a): expedite establishment of a comprehensive data collection system which covers all areas of the Convention [...]. <b><i>Children’s rights and business sector</i></b> (§ 20): establish a clear regulatory framework for business enterprises operating in the State party to ensure that their activities do not negatively affect child rights or breach environmental, health and labour standards, especially those relating to children; monitor the compliance of business enterprises with such regulation, as well as international and national environment, health and labour standards, and appropriately sanction and provide remedies when violations occur. <b><i>Health</i></b> (§ 48d): [...] take guidance from the OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality (A/HRC/21/22).</p> <p><b><i>Direct – Breastfeeding</i></b> (§ 53): establish measures to accelerate adequate nourishment of children and breastfeeding, by sensitizing society through awareness raising campaigns, capacity building for health sector professionals, supporting breastfeeding mothers with specialists, revitalizing the “Child-Friendly Hospitals” initiative, and fully implementing International Code of Marketing of Breast-milk Substitutes.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fKEN%2fCO%2f3-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fKEN%2fCO%2f3-5&amp;Lang=en</a></p>
8	Latvia (3 <sup>rd</sup> -5 <sup>th</sup> periodic report)	no	<p><b><i>Indirect – Data collection</i></b> (§ 17): develop a comprehensive information system on all areas of the Convention and strengthen the capacity of State operators to enter data correctly</p>

	periodic report)		and in a timely manner on the different areas [...]. <i>Health</i> (§ 49a): ensure that all children have free and timely access to adequate medical services, including children living in rural areas.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fLVA%2fCO%2f3-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fLVA%2fCO%2f3-5&amp;Lang=en</a>
9	<b>Maldives</b>  (4 <sup>th</sup> -5 <sup>th</sup> periodic report)	no	<i>Indirect – Data collection</i> (§ 15): expeditiously improve its data collection system [...]. <i>Children’s rights and business sector</i> (§ 21a): examine and adapt its legislative framework (civil, criminal and administrative) to ensure the legal accountability of business enterprises and their subsidiaries operating in or managed from the State party’s territory.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMDV%2fCO%2f4-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMDV%2fCO%2f4-5&amp;Lang=en</a>
10	<b>Oman</b>  (3 <sup>rd</sup> -4 <sup>th</sup> periodic report)	no	<i>Indirect – Data collection</i> (§ 18): continue to improve its data-collection system [...]. <i>Health</i> (§ 50a, c, d): continue to strengthen efforts to make available adequate financial and human resources to the health sector in order to ensure the quality of the services for all children across the board, including children living in remote areas; continue targeted interventions to prevent anaemia and the stunting, wasting and undernourishment of children, including the promotion of proper infant and young child feeding practices, continue to raise awareness of nutrition issues, and promote overall nutrition education in all parts of the State party; continue to improve maternal care, including by ensuring the quality of the services, and raise awareness among women of the importance of antenatal, perinatal and post-partum care, of sound nutritional practices for pregnant women, including taking iron and folic acid supplements during pregnancy to prevent and treat anaemia, and of optimal birth spacing to protect the health of mothers and children.  <i>Direct - Health</i> (§ 50f, g): promote proper infant and young child feeding practices; strengthen measures to improve the practice of exclusive breastfeeding for the first six months, and intensify efforts to improve healthy nutritional practices through awareness-raising programmes, including campaigns, and the provision of information and training to parents and relevant officials, particularly staff working in maternity units; step up monitoring and enforcement of the legislative framework regulating the marketing of breast-milk substitutes.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fOMN%2fCO%2f3-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fOMN%2fCO%2f3-4&amp;Lang=en</a>

11	<p><b>Peru</b> (4<sup>th</sup>-5<sup>th</sup> periodic report)</p>	no	<p><u>Indirect – Data collection</u> (§ 16): continue to improve its data-collection system [...]. <u>Children’s rights and business sector</u> (§ 24a): ensure effective implementation by companies [...] of international and national environment and health standards, and effective monitoring of the implementation of those standards; appropriately sanction violators and provide remedies for victims when violations occur; and ensure that appropriate international certification is sought. <u>Health</u> (§ 54a, b): continue to strengthen its efforts to address child mortality and malnutrition, focusing primarily on children living in poverty, children living in rural and remote areas and indigenous children. In this context, the State party should consider the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31); ensure equal access to quality health services by all children, including children living in rural and remote areas.</p> <p><u>Direct - Health</u> (§ 54e): strengthen its efforts to promote exclusive breastfeeding until 6 months of age by raising awareness among health personnel and the public of the importance of exclusive breastfeeding and ensure effective implementation and monitoring of the Rules on Infant Food.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fPER%2fCO%2f4-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fPER%2fCO%2f4-5&amp;Lang=en</a></p>
12	<p><b>Senegal</b> (3<sup>rd</sup>-5<sup>th</sup> periodic report)</p>	no	<p><u>Indirect – Data collection</u> (§ 16): expeditiously improve its data collection system [...] and ensure that data cover all areas of the Convention and are disaggregated [...]. <u>Children’s rights and business sector</u> (§ 20): establish clear regulations and a nationwide legislative framework, including through the adoption of agreements between private enterprises and the State party at the local level, requiring companies operating in the State party to adopt measures to prevent and mitigate the adverse impact on child rights of their operations in the country. <u>Right to life, survival and development</u> (§ 28): take all necessary measures to prevent and to protect children from malnutrition [...]. <u>Health</u> (§ 52): allocate sufficient financial and human resources to health services, particularly for child health and nutrition, providing effective access to trained and qualified health care; take all measures necessary to reduce mortality rates by improving prenatal care and preventing communicable diseases; expedite the adoption and implementation of the new Nutrition Enhancement Programme; expedite the adoption and implementation of the new Nutrition Enhancement Programme.</p> <p><u>Direct - Health</u> (§ 52): continue encouraging exclusive breastfeeding for six months with appropriate introduction of an infant diet thereafter, with the aim of reducing neonatal as well as under-five mortality; strengthen monitoring of the</p>

			<p>implementation of the code on marketing breast milk substitutes, implement a deterrent sanctioning system and ensure that the Food and Drugs Authority is committed to enforcing the said code.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSEN%2fCO%2f3-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSEN%2fCO%2f3-5&amp;Lang=en</a></p>
13	<p><b>Zambia</b> (2<sup>nd</sup>-4<sup>th</sup> periodic report)</p>	no	<p><u>Indirect – Data collection</u> (§ 16): set up a national database with the support of its partners, to provide it with sufficient human, technical and financial resources and to use the data collected and analysed as a basis for assessing progress achieved in the realization of children’s rights and to help design policies and programmes to implement the Convention. <u>Children’s rights and business sector</u> (§ 22c): ensure effective implementation by companies, especially mining companies, of international and national environmental and health standards and effective monitoring of implementation of these standards, and appropriately sanction and provide remedies when violations occur, as well as ensure that appropriate international certification is sought. <u>Health</u> (§ 48): strengthen its efforts to allocate appropriate human, technical and financial resources to child health care; strengthen new-born health interventions and skilled birth attendance and achieve a higher rate of antenatal care visits; strengthen its efforts to further reduce infant and child mortality especially by focusing on preventive measures and treatment, improved nutrition and sanitary conditions, vaccination uptakes, and the management of preventable diseases and malaria; implement and apply the Office of the United Nations High Commissioner for Human Rights technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31); (f) Ensure that there are enough functional emergency obstetric neonatal care facilities, particularly in the rural areas and that health professionals receive adequate training; (g) Strengthen its efforts to improve access to basic health-care services with trained health workers for all children and pregnant women, particularly in rural areas.</p> <p><u>Direct - Health</u> (§ 48): provide comprehensive information about breastfeeding in its next periodic report and promote exclusive breastfeeding of infants for the first six months of their lives.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZMB%2fCO%2f2-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZMB%2fCO%2f2-4&amp;Lang=en</a></p>
14	<p><b>Zimbabwe</b> (2<sup>nd</sup> periodic report)</p>	no	<p><u>Indirect – Allocation of resources</u> (§ 15): substantially increase allocations in the areas of health, education and social services to adequate levels. <u>Data collection</u> (§ 19): expeditiously improve its data collection system [...]. <u>Right to life, survival and development</u> (§ 31): develop a national strategy to address the problems of poverty, social security, nutrition and health,</p>



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			<p>including sexual and reproductive health [...]; allocate sufficient resources to ensuring the implementation of the 2013 Food and Nutrition Security Policy. <i>Health</i> (§ 59): strengthen its programmes and increase the resources allocated for improving the health situation of children, particularly in rural areas, in line with the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008); facilitate access to free maternal and child health services, reduce the incidence of maternal, child and infant mortality and prevent and combat malnutrition through the sufficient allocation of resources to critical nutrition interventions and access to safe drinking water and sanitation; develop long-term strategies for retaining qualified health personnel and accelerate the training of health workers; implement the reports of OHCHR on technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (A/HRC/27/31). <i>Adequate standard of living</i> (§ 65): take all measures necessary to address child poverty and vulnerability through, inter alia, providing family support services and social protection to disadvantaged families, including targeted programmes for families that are particularly vulnerable to poverty, implemented at the community level; pay particular attention to the rights and needs of children when implementing its poverty reduction strategy and all other programmes intended to improve the standard of living in the State party, in particular with regard to health, nutrition, education and housing.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZWE%2fCO%2f2&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZWE%2fCO%2f2&amp;Lang=en</a></p>
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