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***73<sup>rd</sup> session of the Committee on the Rights of the Child***  
**&**  
***59<sup>th</sup> session of the Committee on Economic, Social and Cultural Rights***

**RECOMMENDATIONS RELATED TO BREASTFEEDING**

From 13 to 30 September 2016, the [Committee on the Rights of the Child](#) (CRC Committee) held its 73<sup>rd</sup> Session in Geneva, while the Committee on Economic, Social and Cultural Rights (CESCR Committee) held its 59<sup>th</sup> session from 19 September to 7 October 2016.

The CRC Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 6 countries: Nauru, New Zealand, Saudi Arabia, Sierra Leone, South Africa, Suriname. IBFAN submitted alternative reports on the situation of infant and young child feeding in 2 of the reviewed countries ([New Zealand](#) and [Saudi Arabia](#)). Spanish summaries of the alternative reports were prepared in order to inform Spanish-speaking members of the Committee.

The implementation of the [International Covenant on Economic, Social and Cultural Rights](#) in 7 countries (Costa Rica, Cyprus, Dominican Republic, Lebanon, Philippines, Poland, Tunisia) was monitored by the CESCR Committee. Specific information on the situation of breastfeeding in the reviewed countries was submitted to the Committee.

Close personal contact was maintained throughout the sessions with Committees' members to ensure that IBFAN concerns would be adequately addressed in their subsequent Concluding Observations.

### **Breastfeeding**

In its Concluding Observations, the CRC Committee referred specifically to breastfeeding for 4 of the 6 countries under review (Nauru, New Zealand, Sierra Leone and Suriname) while the CESCR Committee issued specific recommendations on breastfeeding to 2 of the 7 countries under review (Costa Rica and Poland).

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Focusing on the practice of **exclusive breastfeeding**, the CRC Committee recommended New Zealand to increase the number of infants up to 6 months of age that are exclusively breastfed, with a particular focus on raising the awareness of the Maori population, particularly mothers, about the benefits of exclusive breastfeeding. It also urged Suriname to take measures to improve the practice of exclusive breastfeeding for the first six months after birth, including through legislation, including by introducing targeted interventions to prevent the undernourishment of children and continuing to implement the Infant and Young Child Feeding Plus communication strategy. The CRC Committee also urged Sierra Leone to strengthen its programmes and policies that promote exclusive breastfeeding for six months and information about the progressive introduction of a safe and appropriate infant diet thereafter. Meanwhile, the CESCRC Committee recommended Costa Rica to promote exclusive breastfeeding in accordance with World Health Assembly resolutions.

More generally, the CRC Committee called upon Nauru to develop a **national programme** for the protection, promotion and support of breastfeeding through comprehensive campaigns while it urged Suriname to **provide information and training on breastfeeding** to relevant officials, in particular staff working in maternity units, and parents, with particular focus on minority communities.

Following the life-cycle approach, the CESCRC Committee encouraged Costa Rica to ensure that the **access to adequate food for women of childbearing age**.

With regard to **data collection**, the CESCRC Committee urged Poland to regularly collect disaggregated data on infant and young child feeding methods, including breastfeeding.

Highlighting the importance of **breastfeeding support**, the CRC Committee recommended Nauru to appropriately support mothers through counselling structures in hospitals, clinics and the community and to implement the Baby-Friendly Hospital Initiative throughout the country, while Suriname was urged to work with UNICEF to establish baby-friendly hospitals.

Two countries (Nauru and Costa Rica) were urged to implement the **International Code** of Marketing of Breastmilk Substitutes while Sierra Leone, Suriname and Costa Rica were called upon to improve the promotion of optimal infant and young child feeding practices.

Last but not least, 3 countries were asked to adopt measures to improve the **maternity protection** for working mothers: the CRC Committee recommended

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Suriname to extend maternity leave for both public and private sectors, while the CESCR Committee urged Costa Rica to introduce breastfeeding breaks and ensure support for breastfeeding in the workplace, and Poland to enhance measures to support breastfeeding, including breastfeeding breaks or breastfeeding facilities in workplaces and public places.

### **OHCHR Technical guidance on child mortality**

Even though South Africa did not receive direct recommendations on breastfeeding, it was urged by the CRC Committee to implement and apply the OHCHR Technical Guidance on child mortality ([A/HRC/27/31](#)), as was Nauru. The OHCHR Technical Guidance makes direct reference to breastfeeding protection and support, and specifically calls for implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes.

### **Children's rights and the business sector**

In its Concluding observations to New Zealand and South Africa, the CRC Committee referred to its General Comment No. 16 (2013) on State obligations regarding the impact of business on children's rights. The Committee specifically recommended New Zealand, among other things, to establish and implement regulations to ensure that the business sector complies with international and national human rights, labour, environment and other standards, particularly with regard to children's rights and to ensure that the Trans Pacific Partnership trade and investment treaty is in compliance with the provisions of the Convention and that its ratification is preceded by consultations with civil society and children to ensure that the best interests of the child are given due consideration. It also urged South Africa to establish a clear regulatory framework for the business enterprises operating in 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 and to establish an effective mechanism for monitoring adherence to the above-mentioned standards by business enterprises, especially large-scale and artisanal extractive enterprises, and in case of violations, sanction appropriately, and provide remedies to child victims.

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

Session 73 – September 2016	Country		IBFAN report	Summary of specific recommendations on IYCF
	1	Nauru (1 <sup>st</sup> periodic report)	no	<p><u>Indirect – Data collection</u> (§15a): Expediently improve its data-collection system to cover all areas of the Convention, ensuring that data are disaggregated by, inter alia, age, sex, disability, ethnicity, national origin and socioeconomic background. <u>Health</u> (§43a,b,d,e,g): Allocate sufficient human and financial resources to ensure adequate postnatal care for newborns and mothers and appoint health mediators to conduct home visits; 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); Conduct a survey to assess household nutrition levels, especially nutrition of newborns and children under 5 years of age and the adequacy of vitamin and micronutrient intakes; Develop policies to ensure that healthy food choices are available and affordable and strengthen awareness campaigns to promote the benefits of healthy eating for children; Appoint appropriately qualified medical staff to monitor the general health of children in the Regional Processing Centre and in refugee settlements. <u>Adolescent health</u> (§47a): Provide comprehensive, age-appropriate education on sexual and reproductive health, including information on family planning and contraceptives, the dangers of early pregnancy and the prevention and treatment of sexually transmitted diseases. <u>Standard of living</u> (§49a,b): Consider holding targeted consultations with families and children, including those in vulnerable situations, and with civil society organizations, with a view to strengthening the strategies and measures for reducing child poverty; Strengthen the support available to children living below the poverty line, in particular those in single-parent families, families with three or more children and families with children with disabilities, and ensure that social protection measures cover the real costs of a decent standard of living for children, including expenses relevant to their right to health, nutritious diet, education, adequate housing, water and</p>

			<p>sanitation.</p> <p><b><u>Direct - Breastfeeding</u></b> (§43c,d): Fully implement the International Code of Marketing of Breast-milk Substitutes, and develop a national programme for the protection, promotion and support of breastfeeding through comprehensive campaigns. Mothers should be appropriately supported through counselling structures in hospitals, clinics and the community and the Baby-Friendly Hospital Initiative should be implemented throughout the country.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fNRU%2fCO%2f1&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fNRU%2fCO%2f1&amp;Lang=en</a></p>
2	New Zealand (5 <sup>th</sup> periodic report)	yes	<p><b><u>Indirect – Data collection</u></b> (§10a): Develop a comprehensive mechanism for data collection and an information system on all areas of the Convention. <b><u>Children’s rights and business sector</u></b> (§13a,b,c,d): Establish and implement regulations to ensure that the business sector complies with international and national human rights, labour, environment and other standards, particularly with regard to children’s rights; Ensure that the provision of child-related essential services by private enterprises is in compliance with the provisions of the Convention; Ensure that the Trans Pacific Partnership trade and investment treaty is in compliance with the provisions of the Convention and that its ratification is preceded by consultations with civil society and children to ensure that the best interests of the child are given due consideration; Adopt corporate social responsibility parameters, including child rights due diligence, for the operations at home and abroad of New Zealand corporations and other businesses subject to the jurisdiction of the State party in line with, inter alia, the Guiding Principles on Business and Human Rights.</p> <p><b><u>Direct - Breastfeeding</u></b> (§33): The Committee recommends that the State party increase the number of infants up to 6 months of age that are exclusively breastfed, with a particular focus on raising the awareness of the Maori population, particularly mothers, about the</p>

			<p><b>benefits of exclusive breastfeeding.</b></p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fNZL%2fCO%2f5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fNZL%2fCO%2f5&amp;Lang=en</a></p>
3	<p>Saudi Arabia</p> <p>(3<sup>rd</sup>-4<sup>th</sup> periodic report)</p>	yes	<p><i>Indirect – Data collection</i> (§10): strengthen its system for collecting disaggregated data that can be used to assess progress achieved in the realization of children’s rights and to help design policies to implement the Convention. <i>Adolescent health</i> (§35): adopt a comprehensive sexual and reproductive health policy for adolescents. It also recommends that the State party ensure that sexual and reproductive health education is part of the mandatory school curriculum and targets adolescent girls and boys.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSAU%2fCO%2f3-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSAU%2fCO%2f3-4&amp;Lang=en</a></p>
4	<p>Sierra Leone</p> <p>(3<sup>rd</sup>-5<sup>th</sup> periodic report)</p>	no	<p><i>Indirect – Data collection</i> (§9b): Collect data on all areas of the Convention, disaggregated by age, sex, disability, geographic location, ethnic origin and socioeconomic background in order to facilitate analysis of the situation of all children, particularly those in situations of vulnerability. <i>Health</i> (§29a,b,e): Strengthen its efforts to reduce the maternal and under-5 mortality rates, especially by focusing on preventive measures and treatment, improved nutrition and sanitary conditions and the management of preventable diseases, such as cholera and malaria; Strengthen its efforts to allocate appropriate human, technical and financial resources to health care for mothers and children; Strengthen its efforts to improve access to basic health-care services with trained health workers for children and pregnant women, especially in rural areas. <i>Adolescent health</i> (§32a,e): Allocate adequate human, technical and financial resources to the secretariat dealing with teenage pregnancy and to the strategy for the reduction of teenage pregnancy; Ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys.</p>

			<p><b><u>Direct – Breastfeeding</u> (§29d): Strengthen its programmes and policies that promote exclusive breastfeeding for six months and information about the progressive introduction of a safe and appropriate infant diet thereafter.</b></p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSLE%2fCO%2f3-5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSLE%2fCO%2f3-5&amp;Lang=en</a></p>
5	South Africa (2 <sup>nd</sup> periodic report)	no	<p><b><u>Indirect - Data collection</u> (§14a,b,c,d): Expedite the publication and dissemination of data collected under the new strategy; Ensure that the new data-collection system covers the collection of disaggregated data for all areas of the Convention, based on respect for human rights and for the principle of self-identification; Actively utilize the data collected for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention; Make the database accessible to all stakeholders, including all ministries, professionals and civil society organizations working with children, and to children themselves. <u>Children’s rights and the business sector</u> (§20a,b,c,d): Establish a clear regulatory framework for the business enterprises operating in 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; Conduct an independent study on the impacts on children’s health from environmental pollution caused by the activities of extractive industries, including the impacts from water pollution and from dust from mining; Ensure effective implementation by business enterprises, especially large-scale and artisanal extractive enterprises, of international and national environmental and health standards; Establish an effective mechanism for monitoring adherence to the above-mentioned standards by business enterprises, especially large-scale and artisanal extractive enterprises, and in case of violations, sanction appropriately, and provide remedies to child victims. <u>Right to life, survival and development</u> (§28a,b,c): Address the poverty and structural inequalities underlying the high rate of child mortality in the State party; Enhance its effort to reduce infant and child mortality, addressing the high levels of violence, child malnutrition, the prevention and treatment of HIV/AIDS and the promotion of children’s and mothers’ health taking note of target 3.2 of the Sustainable Development</b></p>

				<p>Goals on ending the preventable deaths of children under 5 years of age; Implement and apply the Office of the United Nations High Commissioner for Human Rights (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). <i>Health</i> (§48a,b,c,d): Further strengthen its efforts to reduce disparities in health-care service provision across the country, with a strong focus on improving access to public primary health care; Develop a comprehensive and multisectoral policy and a service delivery package on child health, covering neonatal to adolescent health, and addressing interventions on underlying determinants of health, with clear timelines, clear baselines, measurable indicators and sufficient budget allocation for their implementation; Improve the quality of health-care services in general as well as the quality of specialist health-care services for children, allocating sufficient human, technical and financial resources and building the capacity of professionals working in the health-care system; Establish mechanisms for monitoring the implementation of relevant policies and monitoring service delivery, in the area of child health, with the involvement of children, communities and civil society organizations working on child and adolescent health. <i>HIV/AIDS</i> (§52a,c): Sustain the measures in place to prevent mother-to-child transmission of HIV and develop a road map to ensure their implementation; Improve follow-up treatment for HIV-infected mothers and their infants to ensure early diagnosis, including for children more than 18 months old, and to ensure early initiation of treatment, as well as adherence to the treatment.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZAF%2fCO%2f2&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fZAF%2fCO%2f2&amp;Lang=en</a></p>
6	Suriname (3 <sup>rd</sup> -4 <sup>th</sup> periodic report)	no		<p><i>Indirect – Data collection</i> (§10a): Expediently improve its data collection system to ensure that the data cover all areas of the Convention and are disaggregated, including by age, sex, disability, geographic location, ethnic origin, migration status and socioeconomic background. <i>Health</i> (§28a,e,f): Continue to strengthen efforts to ensure adequate provision of prenatal and postnatal care and address the high rates of mortality of infants and children aged 5 years and younger, and the</p>



				<p>still high maternal mortality rates; Combat obesity among children and intensify measures to raise awareness about healthy nutrition among parents, children and the public, in general, and promote healthy eating habits, particularly among young children and adolescents; Ensure access to improved water sources and sanitation facilities, especially for people living in the interior areas, including by expanding the Water, Sanitation and Hygiene (WASH) programme throughout the interior areas to Amerindian and Maroon communities, in cooperation with UNICEF. <u>Adolescent health</u> (§ 31b): Ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted towards adolescent girls and boys, with special attention on preventing early pregnancy and sexual transmitted infections, including HIV, and expand the Basic Life Skills programme to all schools, in particular those in the interior areas, and integrate it into the school curricula at both the primary and secondary levels. <u>Social security</u> (§ 33a): Intensify its efforts to address, both in the short term and in a sustained manner, the high level of child poverty, including by designing public policies and a national plan to combat child poverty.</p> <p><b><u>Direct - Breastfeeding</u> (§28b): Introduce targeted interventions to prevent the undernourishment of children, continue to implement the Infant and Young Child Feeding Plus communication strategy and take other measures to improve the practice of exclusive breastfeeding for the first six months after birth, including through legislation, by extending maternity leave for both public and private sectors, awareness-raising measures, including campaigns, providing information and training to relevant officials, in particular staff working in maternity units, and parents, with particular focus on minority communities, and work with UNICEF to establish baby-friendly hospitals.</b></p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSUR%2fCO%2f3-4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSUR%2fCO%2f3-4&amp;Lang=en</a></p>
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**CESCR Committee's Concluding Observations on Infant and Young Child Feeding**

Session 59 – September-October 2016	<i>Country</i>		<i>IBFAN report</i>	<i>Summary of specific recommendations on IYCF</i>
	1	Costa Rica (5 <sup>th</sup> periodic report)		no

				(No. 103) [...]  <b><i>Direct - Breastfeeding</i></b> (§45): The Committee recommends that the State party adopt the measures needed to promote exclusive breastfeeding in accordance with World Health Assembly resolutions, including by introducing breastfeeding breaks and ensuring support for breastfeeding in the workplace. It also encourages the State party to take the necessary steps to ensure that women of childbearing age have access to adequate food.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fCRI%2fCO%2f5&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fCRI%2fCO%2f5&amp;Lang=en</a>
2	Cyprus (6 <sup>th</sup> periodic report)	no		<b><i>Indirect – Health</i></b> (§40): The Committee recommends that the State party take all measures necessary to improve the public health system, including through the substantial increase of funding allocated to the system, with a view to ensuring that a wider range of good quality health-care services are provided in a timely manner. In this regard, it calls upon the State party to introduce the universal national health system as planned for 2017 and to ensure its effective functioning thereafter.  <a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fCYP%2fCO%2f6&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fCYP%2fCO%2f6&amp;Lang=en</a>
3	Dominican Republic (4 <sup>th</sup> periodic report)	no		<b><i>Indirect – Equality between men and women</i></b> (§28a): Take effective steps to dispel gender stereotypes in the family and in society, including through information campaigns designed to promote the sharing of family responsibilities by men and women and to make people aware of equal job opportunities to which they can gain access by completing their studies and by seeking training in areas other than those traditionally associated with one sex or the other. <b><i>Social security</i></b> (§42,43): The Committee urges the State party to pursue its efforts to develop a social security system that guarantees universal social protection coverage and provides appropriate benefits for all

				<p>workers and for all persons and families, especially those belonging to the most disadvantaged and marginalized groups, including migrants of Haitian origin, with a view to ensuring that they have a decent standard of living. The Committee also urges the State party to redouble its efforts to set a social protection floor that includes basic social security guarantees; The Committee draws the State party's attention to its general comment No. 19 (2008) on the right to social security [...]</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fDOM%2fCO%2f4&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fDOM%2fCO%2f4&amp;Lang=en</a></p>
	4	Lebanon (2 <sup>nd</sup> periodic report)	no	<p><i>Indirect – Protection of the right to just and favourable conditions of work</i> (§35): Expand the purview of the Labour Code to all categories of workers, including domestic workers, agricultural workers, day workers and temporary workers in the public service, and to those working in unregulated sectors and the informal economy, to ensure the enjoyment of the right to just and favourable conditions of work without discrimination; [...]. <i>Right to social security</i> (§43): The Committee recommends that the State party pursue the planned reforms of its social security system, providing coverage for all Lebanese without exception, and that it establish a meaningful time frame for such reforms. To this end, it recommends that the State party establish a social protection floor comprising basic social security guarantees, over the life cycle, thus ensuring access to health care and basic income security to as many residents as possible. In particular, the Committee recommends that the State party take immediate measures: (a) To transfer the responsibility for the payment of maternity benefits from employers to the social security system to prevent discrimination against women in the labour market [...]. <i>Rights to water and sanitation</i> (§55a,b): Take measures to prevent future waste management crises, in view of their potentially hazardous impact on health in the State party's densely populated areas; Ensure access to safe drinking water and sanitation without discrimination, including through investment in infrastructure. <i>Right to health</i> (§ 58): Ensure that investments made under the national strategic plan for the provision of a comprehensive primary health-care package and services, as well as through cooperation with partner</p>

				<p>organizations, aim to correct the uneven geographic distribution of health facilities [...]</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fLBN%2fCO%2f2&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fLBN%2fCO%2f2&amp;Lang=en</a></p>
5	Philippines (5 <sup>th</sup> -6 <sup>th</sup> periodic report)	no		<p><i>Indirect – Data collection</i> (§8): The Committee recommends that the State party take all measures necessary to review and improve its data-collection system, including its national census, with a view to collecting comprehensive, reliable and disaggregated data. That will enable the assessment of the level of enjoyment of Covenant rights, particularly by disadvantaged and marginalized individuals and groups [...]. <i>Right to just and favourable conditions of work</i> (§28): (a) Increase employment opportunities in the formal economy and facilitate the transition of workers and economic units from the informal to the formal economy; (b) Ensure, in accordance with the provisions in paragraph 47 (d) of general comment No. 23 (2016) on the right to just and favourable conditions of work, and paragraph 9 of ILO Recommendation No. 204 concerning the Transition from the Informal to the Formal Economy (2015), that workers in the informal economy and non-standard forms of employment are covered by labour legislation and entitled to adequate social protection, and expedite the adoption of the Magna Carta for Workers in the Informal Economy [...]. <i>Right to social security</i> (§32): (a) Increase the budget allocation for social protection; (d) Establish a nationally defined social protection floor with a view to providing a basic set of universal essential social guarantees, taking into account the Committee’s general comment No. 19 (2007) on the right to social security [...]. <i>Right to adequate food and nutrition</i> (§48): The Committee recommends that the State party take the steps necessary to address persistent hunger and malnutrition, particularly the critical nutritional needs of children, pregnant women and lactating mothers. Referring to its general comment No. 12 (1999) on the right to adequate food, it also recommends that the State party adopt the legislative framework protecting the right to adequate food and nutrition and enact the bill providing a framework for the right to adequate food, known as the “zero hunger bill”. It further recommends that the State party fully implement the Philippine Plan of Action for Nutrition for 2011-2016 and develop a national food and nutrition security strategy, taking into account the 2004</p>

				<p>Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security, agreed on by the Member States of the Food and Agriculture Organization of the United Nations.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fPHL%2fCO%2f5-6&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fPHL%2fCO%2f5-6&amp;Lang=en</a></p>
6	Poland (6 <sup>th</sup> periodic report)	no		<p><i>Indirect – Informal economy</i> (§22a): Ensure access to basic services and labour and social protection for those working in the informal economy. <i>Equal remuneration for work of equal value</i> (§24): The Committee recommends that the State party take further measures to address the differences in remuneration for work of equal value, including by: (d) Promoting policies favouring gender equality in the workplace. <i>Social security</i> (§28b): Guarantee coverage and appropriate benefits for all workers and non-contributory benefits for all disadvantaged and marginalized individuals and families so that they may enjoy an adequate standard of living; The Committee draws the attention of the State party to its general comment No. 19 (2007) on the right to social security. <i>Childcare</i> (§33): The Committee recommends that the State party intensify its efforts to ensure the availability, accessibility and affordability of childcare services, in particular for children up to the age of 3. <i>Malnutrition and the right to adequate food</i> (§40a): Step up its efforts to address food insecurity and malnutrition among disadvantaged and marginalized individuals and groups, particularly among persons living in poverty or at risk of poverty, and promote healthier diets. <i>Child nutrition and obesity</i> (§42a): Introduce higher taxes on junk food and sugary drinks and consider adopting strict legislation on the marketing of such products, especially in schools and recreational areas, while ensuring improved access to healthy diets. <i>Access to health services</i> (§44a): Intensify its efforts to ensure that adequate health-care services are available and accessible for everyone [...]</p> <p><b><i>Direct – Breastfeeding</i> (§42b,c): Enhance measures to support breastfeeding, including breastfeeding breaks or breastfeeding facilities in workplaces and public places; Regularly</b></p>

				<p>collect disaggregated data on infant and young child feeding methods, including breastfeeding, and implement fully the International Code of Marketing of Breast-milk Substitutes.</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fPOL%2fCO%2f6&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fPOL%2fCO%2f6&amp;Lang=en</a></p>
7	Tunisia (3 <sup>rd</sup> periodic report)	no	<p><i>Indirect- Droit à la sécurité sociale</i> (§37) : Poursuivre ses efforts en vue d'élaborer un système de sécurité sociale qui garantisse une couverture sociale étendue assurant des prestations suffisantes à tous les travailleurs et à toutes les personnes et familles défavorisées, afin de garantir un niveau de vie adéquat. Le Comité se réfère à cet égard à son observation générale no 19 (2007) sur le droit à la sécurité sociale (art. 9). <i>Droit à l'eau potable et à l'assainissement</i> (§43) : Investir davantage de ressources dans l'amélioration de l'approvisionnement en eau potable et des systèmes d'assainissement, en particulier dans les zones rurales [...]. <i>Droit à la santé</i> (§49) : Surveiller de manière régulière la mise en œuvre de la stratégie nationale de santé et l'efficacité des dispositifs mis en place pour améliorer l'accès aux services de santé dans les zones rurales touchées par la désertification médicale, de mesurer les retombées de ces dispositifs sur la jouissance du droit à la santé, et de prendre des mesures correctives si nécessaire. [...]</p> <p><a href="http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fTUN%2fCO%2f3&amp;Lang=en">http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fTUN%2fCO%2f3&amp;Lang=en</a></p>	