



International Baby Food Action Network (IBFAN)

United Nations Children's Fund (UNICEF)



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

January 2016

OPTIMAL BREASTFEEDING PRACTICES

Early initiation of breastfeeding within the first hour after birth

Exclusive breastfeeding until 6 months of age

Continued breastfeeding up to 2 years of age or beyond, along with timely introduction of safe and adequate complementary foods

1. The Global Strategy for Infant and Young Child Feeding

Paragraph 44 of General Comment 15 on the right of the child to the highest attainable standard of health states that:

“Exclusive breastfeeding for infants up to 6 months should be protected and promoted and breastfeeding should continue together with appropriate complementary foods preferably until two years of age as 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 national law, implement and enforce internationally agreed standards concerning children’ right to health, including **the International Code on Marketing of Breast-milk Substitutes** [...] Special measures should be taken to promote community and workplace support to mothers in relation to pregnancy and lactation, and feasible and affordable child-care services, and compliance to the ILO Maternity Protection Convention 2000 (No. 183).”

Footnote 14 of the General Comment explicitly refers to the 2002 Global Strategy for Infant and Young Child Feeding (hereafter: the Global Strategy). The present document provides a succinct list of recommendations derived from the Global Strategy. We would like to suggest that the Committee use the following list, adapting it to the needs and specificities of each country, to ensure that the appropriate measures that States are obliged to adopt are addressed consistently in the Concluding Observations and recommendations.

1.1. A comprehensive national policy on infant and young child feeding

- State parties should develop, implement, monitor and evaluate **comprehensive national policies on infant and young child feeding (IYCF)**. This policy should be based on the above-mentioned Global Strategy, decisions, recommendations and resolutions of the World Health Assembly and on independent scientific research, free of conflicts of interest.
- The national policy should be accompanied by a **detailed action plan** that defines precisely goals, schedules, allocation of responsibilities and indicators for monitoring and evaluation.
- State parties should ensure **effective national coordination** of all measures related to their infant and young child feeding strategies and policies. In order to achieve this, state parties should appoint a **national coordinator** and establish a **multisectoral national breastfeeding committee**, while ensuring that the members are not linked to the baby food industry.
- In order to ensure the successful implementation of the plan, **adequate human, financial and organizational resources** have to be identified and allocated by the State Parties.
- States Parties should be urged to set up a **monitoring system to collect sex-disaggregated data** on nutrition, IYCF and breastfeeding following international indicators such as those developed by WHO, UNICEF and others. In many cases, the existing data is piecemeal or non-existent; the information is often not collected following universally agreed methods, nor is it harmonised. It can thus be difficult to make comparisons and to measure progress.

1.2. The ‘Protect, Promote and Support’ Framework

Protection, promotion and support of early initiation of breastfeeding, exclusive breastfeeding until 6 months and continued breastfeeding until 2 years or beyond with safe and adequate complementary feeding should be the centre-point of any public strategy and policy on infant and young child feeding.

BREASTFEEDING PROTECTION

State parties should:

- Regulate the marketing of breastmilk substitutes, feeding bottles and teats. They should be urged to adopt legislation or other legally binding measures which implement the **International Code of Marketing of Breast-milk Substitutes** and subsequent relevant WHA resolutions (hereafter: the Code) or, where appropriate, strengthen existing legislation. The regulatory framework should include systematic **monitoring mechanisms** and **deterrent sanctions** for violators.

The CRC General Comments 15 as well as the General Comment 16 on State obligations regarding the impact of the business sector on children’s rights call upon States “to implement and enforce [...] the International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions”. In addition, General Comment 15 specifies that “[a]mong other responsibilities and in all contexts, private companies should [...] comply with the International Code of Marketing of Breast-milk Substitutes [...]”.

- Adopt legislation on **maternity protection** or improve existing laws based on **ILO Maternity Protection Convention and Recommendation¹**.

While the Convention provides for at least 14 weeks of maternity leave, the recommendation urges members to endeavour to extend the period of maternity leave to at least 18 weeks. Child care and breastfeeding facilities in the workplace, breastfeeding breaks, and non-discrimination measures should also be included. Their scope should cover women in paid employment, as well as those engaged in the informal sector and in atypical forms of work.

- Ensure that **processed complementary foods** are marketed for use at an appropriate age; are regulated in accordance with the Codex Alimentarius standards; and are safe, culturally acceptable, affordable and nutritionally adequate.

BREASTFEEDING PROMOTION

State Parties should take all necessary measures to promote **breastfeeding as a norm to feed infants**. In particular they should:

- Ensure promotion of breastfeeding through **information, education and communication** means, especially in countries where artificial and mixed feeding have been considered the norm for decades.
- Develop **specific information campaigns** about breastfeeding, the risks of not breastfeeding, the *International Code*, etc..., in order to raise awareness among parents, mothers-to-be, school children, adolescents and the public in general; and ensure that all information provided through educational and media authorities are **accurate and complete**.

BREASTFEEDING SUPPORT

State parties should take all necessary measures to support mothers to breastfeed optimally through the health care system, in the community and in exceptionally difficult circumstances. In particular they should:

- Provide skilled counselling and help for infant and young child feeding. To this end **health professionals and community health workers** who deal with mothers, children and families should be qualified to provide the necessary counselling on breastfeeding and complementary feeding. Health workers should be given continual updates and in-depth information on infant and young child feeding; they should be taught their responsibilities under the Code; and they should acquire a thorough understanding of the Global Strategy. Pre-service and in-service curricula should include up-to-date information on breastfeeding as an effective public health measure.
- Ensure that actions to improve breastfeeding practices in maternity facilities, including the “Ten Steps to successful breastfeeding” set out in the **Baby-Friendly Hospital Initiative (BFHI)**, are fully institutionalized within the national health system, including in private hospitals, and advocate for the implementation and monitoring of the Ten Steps to become a mandatory part of the standard operating, quality improvement and supervision procedures for hospitals and integral to the accreditation of facilities, including private ones.

¹ ILO Convention on Maternity Protection 183 (2000) and ILO Recommendation 191:
http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R191

- Provide adequate access to **antenatal care and education** about breastfeeding and complementary feeding.
- Promote **good nutrition for pregnant and lactating women**.
- Promote development of **community-based support networks** to help ensure appropriate IYCF, and ensure their participation within the health care system.
- **Lactation consultants**, and trained peer counsellors should be employed in hospitals, clinics and at community level to inform and assist mothers.
- Support infant and young child feeding in **exceptionally difficult circumstances**, including low birth weight, malnourished infants and those affected by HIV. National preparedness plans and emergency responses should follow the 2010 WHO guidelines on HIV and Infant Feeding as well as the Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria.²

2. Business sector and children’s rights

In 2013, General Comment 16 on State obligations regarding the impact of the business sector on children’s rights was adopted. It provides useful provisions for breastfeeding protection:

2.1. Implementation and enforcement of the Code

As mentioned above, the Committee reiterated the obligation for States to **implement and enforce the Code and relevant subsequent World Health Assembly resolutions** (General Comment 16, para. 57).

2.2. Extraterritorial obligations of States regarding business activities

In addition, at para. 39, the Committee emphasized that States’ obligations are not limited to their territory:

“Under the Convention, States have the obligation to respect and ensure children’s rights within their jurisdiction. **The Convention does not limit a State’s jurisdiction to “territory”**. In accordance with international law, the Committee has previously urged States to **protect the rights of children who may be beyond their territorial borders.**”

At para. 43, the Committee has further specified the obligations of States which are home to corporations operating transnationally (home States):

“Home States also have obligations, arising under the Convention and the Optional Protocols thereto, to **respect, protect and fulfill children’s rights in**

² See World Health Assembly Resolution WHA 63.23, 2010

the context of businesses’ extraterritorial activities and operations, provided that there is a reasonable link between the State and the conduct concerned. A reasonable link exists when a business enterprise has its centre of activity, is registered or domiciled or has its main place of business or substantial business activities in the State concerned.”

Thus, in the application of article 24(e) on the child’s right to the enjoyment of the highest attainable standard of health, and following the authoritative interpretation given by the Committee in its General Comment No 15, **States should adopt binding regulations and measures to ensure that companies domiciled in their territory comply with the Code and subsequent relevant World Health Assembly resolutions in all contexts and wherever they operate.**

Examples of specific recommendations by the CRC Committee addressing infant and young child feeding (2012-2015)

Comprehensive Infant and Young Child Feeding Policy

Australia (session 60 - 2012)	Prioritise promotion, protection and support of breastfeeding by adequately funding the National Breastfeeding Strategy and discontinuing the practice of including industry representatives as stakeholders in the implementation of the National Breastfeeding Strategy.
Malta (session 62 - 2013)	Collect data on breastfeeding with a view to developing a national policy to promote and facilitate breastfeeding.
Gambia (session 68 - 2015)	Ensure the effective implementation of the 2010-2020 National Nutritional Policy; establish a National Breastfeeding Committee.
Switzerland (session 68 - 2015)	Develop a comprehensive national strategy on infant and young children feeding practices.

Breastfeeding Protection: the International Code

Bosnia& Herzegovina (session 61 - 2012)	Enforce the International Code of Marketing of Breastmilk Substitutes at a national level with effective monitoring mechanisms and commensurate sanctions for violations.
India (session 66 - 2014)	Ensure the effective implementation of, and compliance with, the International Code of Marketing of Breast-milk Substitutes; establish a monitoring and reporting system to identify violations of the Code, as well as of stringent measures in all situations of violations of the Code.
Switzerland (session 68 - 2015)	Ensure that the International Code of Marketing of Breast-milk Substitutes is strictly enforced.
Turkmenistan (session 68 - 2015)	Enact legislation implementing all the provisions of the International Code of Marketing of Breast-Milk Substitutes.

Ghana (session 69 - 2015)	Strengthen monitoring of implementation of the Breastfeeding Promotion Regulation (BPR) and ensure Food and Drugs Authority is committed to enforce it; implement a deterrent sanctioning system.
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Breastfeeding Protection: Maternity Protection

Australia (session 60 - 2012)	Review its newly enacted Paid Parental Leave scheme and other related legislative and administrative measures with a view to considering amendments that would support exclusive breastfeeding for 6 months by working mothers.
Niue (session 62 - 2013)	Strengthen maternity protection at work by providing mothers with adequate facilities for breastfeeding at work; take necessary steps for working mothers in the private sector to enjoy the same maternity rights as those in the public sector.
Switzerland (session 68 - 2015)	Consider extending maternity leave to minimum six months.
Turkmenistan (session 68 - 2015)	Ensure that working mothers have the practical possibility to breastfeed, including by developing breastfeeding-friendly workplaces and child care centres at work.
Timor-Leste (session 70 - 2015)	Extend the current maternity leave from three months to six months, in order to ensure appropriate infant feeding practices.

Breastfeeding Promotion

Albania (session 61 - 2012)	Strengthen its efforts to promote exclusive breastfeeding until 6 months of age by raising the awareness of health personnel and the public of the importance of exclusive breastfeeding.
Canada (session 61 - 2012)	Establish a programme to promote and enable all mothers to successfully exclusively breastfeed for the first 6 months of the infant's life and sustain breastfeeding for 2 years or more as recommended by the Global strategy for Infant and Young Child Feeding.
Thailand (session 59 - 2012)	Strengthen and expand efforts to promote the early initiation of breastfeeding; promote exclusive and continued breastfeeding; raise awareness and educate the public, mothers in particular on the importance of breastfeeding and risks of artificial feeding.
Germany (session 65 - 2014)	Strengthen efforts to promote exclusive and continued breastfeeding.
Switzerland (session 68 - 2015)	Strengthen the 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; ensure that national recommendations on breastfeeding comply with relevant WHO recommendations.

Breastfeeding Support

Namibia (session 61 - 2012)	Train health professionals, including professionals working in maternity units, and communities on breastfeeding, the significance of initiating it within the first hour following childbirth and the importance of avoiding bottle-feeding or feeding with breast-milk substitutes, to the extent possible, and ensure that they provide appropriate support for new mothers.
Thailand (session 60 - 2012)	Convert all maternity institutions into baby friendly hospitals; ensure that health-care professionals involved in maternity work are trained on breastfeeding.
Armenia (session 63 - 2013)	Undertake measures to resume its baby friendly hospital initiatives and ensure its maternity hospitals meet the required standards and are certified as baby-friendly under the Baby-Friendly Hospital Initiative (BFHI).
Switzerland (session 68 - 2015)	Review and strengthen training for health professionals on the importance of exclusive breastfeeding; further increase the number of hospitals certified as baby-friendly.

Extraterritorial obligations regarding business activities

Switzerland (session 68 - 2015)	<p>In the light of its general comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights, the Committee recommends that the State party:</p> <p>(b) Ensure that business enterprises and their subsidiaries operating in or managed from the State party's territory are legally accountable for any violations of children's rights and human rights in general.</p>
SUGGESTION OF RECOMMENDATION	<p>In the light of its general comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights, the Committee recommends the State party to establish a clear regulatory framework to ensure that business enterprises and their operating in or managed from the State party's territory are legally accountable for any violations of children's rights and human rights in general, <u>including violations of the International Code of Marketing of Breastmilk Substitutes which violate child's right to the enjoyment of the highest attainable standard of health.</u></p>