



Recommendations related to breastfeeding by the 72nd COMMITTEE ON THE RIGHTS OF THE CHILD

The 72nd Session of the [Committee on the Rights of the Child](#) (CRC Committee) took place in Geneva from 17 May to 3 June 2016. The Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 7 countries: Bulgaria, Gabon, Nepal, Pakistan, Samoa, Slovakia and United Kingdom of Great Britain and Northern Ireland (UK). IBFAN submitted alternative reports on the situation of infant and young child feeding in 4 of the reviewed countries ([Gabon](#), [Nepal](#), [Pakistan](#) and [UK](#)). 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>).

Breastfeeding

In its Concluding Observations, the CRC Committee referred specifically to breastfeeding for 5 of the 7 countries under review (Bulgaria, Gabon, Samoa, Slovakia and UK).

With regard to data collection, Slovakia was urged to monitor infant and young child feeding as defined by the World Health Organization and UK was called upon to to systematically collect data on food security and nutrition for children, including those relevant to breastfeeding, overweight and obesity, in order to identify the root causes of child food insecurity and malnutrition.

Bulgaria and Slovakia were recommended to extend the implementation of the Baby-Friendly Hospital Initiative and Bulgaria was called upon to develop comprehensive campaigns on the protection, promotion and support of breastfeeding. More specifically, UK was urged to promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact on child health, including obesity, certain noncommunicable diseases and mental health.

Four countries (Bulgaria, Gabon, Slovakia and UK) were urged to implement the International Code of Marketing of Breastmilk Substitutes, while emphasis was put on Code enforcement through a systematic monitoring mechanism with deterrent sanctions for violators in Slovakia.

Last but not least, in relation to breastfeeding, Samoa was urged to continue its initiatives in favour of breastfeeding, including by encouraging flexible working arrangements and longer maternity leave, especially in the private sector.



OHCHR Technical guidance on child mortality

Nepal did not receive direct recommendations on breastfeeding, but was urged to implement the OHCHR Technical Guidance on child mortality (A/HRC/27/31, see <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.

Children's rights and the business sector

In its Concluding observations to UK, the Committee referred to its General Comment No. 16 (2013) on State obligations regarding the impact of business on children's rights and recommended the State party to integrate an explicit focus on children's rights in the revised version of its first National Action Plan on Business and Human Rights and establish and implement regulations to ensure that the business sector, including in the context of public procurement, complies with the rights of the child.

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

Session 72 – May-June 2016	Country	IBFAN report	Summary of specific recommendations on IYCF
	1	Bulgaria (3 rd -5 th periodic report)	yes

			<p><i>Direct - Breastfeeding</i> (§ 41e): Fully implement the International Code of Marketing of Breast milk Substitutes, and develop a national program for the protection, promotion and support of breastfeeding through comprehensive campaigns. Mothers should be appropriately supported through counselling structures in hospitals, clinics and community and the Baby-Friendly Hospital Initiative should implemented throughout the country.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBGR%2fCO%2f3-5&Lang=en</p>
2	<p>Gabon</p> <p>(2nd periodic report)</p>	yes	<p><i>Indirect – Data collection</i> (§ 14a): Strengthen the capacity of data-collection mechanisms to collect reliable and disaggregated data on a regular basis. <i>Health</i> (§ 46a-f): Increase the allocation of resources to the health sector, with a view to them attaining 15 per cent of the national budget, as recommended in the Abuja Agreement; Invest in the professional training of health workers and ensure adequate planning of human resources in health care throughout the country; Ensure that caesarean sections are free of charge, in line with the African Union campaign for the reduction of maternal mortality; Carry out without delay the rehabilitation and construction of health facilities and the implementation of the interventions planned in the National Health Development Plan, prioritizing rural and indigenous areas; Develop and implement a community health policy to promote community participation and tailor health care to local needs, and in particular develop — with the full and effective participation of pygmies — mandatory cultural sensitivity training for all health-care workers; Increase budgetary allocations and prioritize preventive health, including the immunization system, and decentralize basic health services beyond provincial capitals. <i>Adolescent health</i> (§ 47): Ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention given to preventing early pregnancy and sexually transmitted infections.</p> <p><i>Direct - Breastfeeding</i> (§ 46g): Take measures to promote breastfeeding and to limit the use of milk substitutes, including by implementing the International Code of Marketing of Breastmilk Substitutes.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGAB%2fCO%2f2&Lang=en</p>
3	<p>Nepal</p> <p>(3rd-5th periodic)</p>	yes	<p><i>Indirect – Data collection</i> (§ 14): [...] develop a system of data collection and indicators consistent with the Convention and disaggregated by sex, age, parish and dependency. [...]. <i>Health</i> (§ 49a-c): Expeditiously allocate additional human, technical and</p>

	report)		<p>financial resources for improving access to and quality of health services, particularly in rural areas; Undertake measures to reduce neonatal mortality rates, including by preventing infectious diseases and ensuring care for newborns during the neonatal period and allocating adequate resources to provide emergency services and resuscitations in rural areas; and in doing so, 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); Ensure the full involvement of all relevant ministries concerned in the effective implementation of the 2013-2017 Multi-sector Nutrition Plan for addressing chronic malnutrition among children; and, consider establishing a programme for the non-discriminatory provision of food and nutritional supplements for children at risk of malnutrition, with a particular focus on young infants up to two years of age. <u>Standard of living</u> (§ 55): [...] expeditiously take measures to increase its budgetary allocations to its Multi-Sector Nutrition Plan and ensure equitable and non-discriminatory distribution of food pursuant to this plan, with particular attention to children in vulnerable situations, including those of Dalit backgrounds, minorities, and rural areas. The Committee also recommends that the severely earthquake affected districts of Dhading, Dolokha, Gorkha, Nuwakot, Rasuwa, and Sindhupalchock be prioritised. The State party is also encouraged to seek international assistance for this. <u>Adolescent health</u> (§ 53): [...] adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that meaningful sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention to preventing early pregnancy and sexually transmitted infections.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fNPL%2fCO%2f3-5&Lang=en</p>
4	Pakistan (5 th periodic report)	yes	<p><u>Indirect – Right to life, survival and development</u> (§ 23b,c,d): Prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children such as children living in poverty, including Dalit children; Ensure that, in cases of drought, children are provided with immediate access to aid, including sufficient food and water aid as well as closely monitor the delivery of such aid in order to avoid possible misappropriations; Provide easy access to quality maternal and neonatal care especially in remote rural areas. <u>Health</u> (§ 48a-e): Increase budget allocation to health and expand quality health care services, especially to rural areas; Take all necessary measures to significantly reduce the rate of under 5 child mortality in order to achieve the target of at least 25 per 1,000 live births and reduce neonatal mortality to at least 12 per 1,000 live births by 2030; Provide all children from birth to five years</p>

			<p>old with a package of health services which includes immunization, including against polio and measles, throughout the country, especially in FATA, and raise awareness of communities about the importance of vaccinations; Provide children throughout the country with adequate health facilities and quality medical services by trained medical professionals, with a particular attention to children of internally displaced persons; Provide, as a matter of highest priority, access to water and sanitation and develop nutrition programmes to reduce stunting and other forms of malnutrition and implement the essential nutrition package in all health facilities, in particular targeting children affected by severe malnutrition. <u>Adolescent health</u> (§ 52a): Adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention to preventing early pregnancy and sexually transmitted infections.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fPAK%2fCO%2f5&Lang=en</p>
5	<p>Samoa (2rd-4th periodic report)</p>	no	<p><u>Health</u> (§43a-d,g): Consider implementing policy changes and awareness-raising initiatives among parents to increase the coverage of children vaccinated against preventable diseases in the State party; Ensure that there are enough well-trained health workers for all children and pregnant women, as well as obstetric neonatal care facilities, in particular in rural areas; Strengthen its efforts to improve access to basic health-care services for all children, in particular in rural and remote areas, and provide more resources to mobile clinics so that they can reach more people in rural areas; Increase awareness of HIV/AIDS with a view to changing negative attitudes and stereotyping and to promote access to free HIV testing and antiretroviral therapy, paying particular attention to pregnant adolescents and children born to mothers with HIV; Ensure that there are enough health and physical education teachers to include health and physical education as a core subject and introduce it at an earlier level of primary school. <u>Adolescent health</u> (§47b): [...] develop strategies to progressively make sexual and reproductive health education part of the mandatory school curriculum.</p> <p><u>Direct - Breastfeeding</u> (§ 43e): Continue its initiatives in favour of breastfeeding, including by encouraging flexible working arrangements and longer maternity leave, especially in the private sector.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fWSM%2fCO%2f2-4&Lang=en</p>
6	<p>Slovakia (3rd-5th)</p>	no	<p><u>Indirect – Data collection</u> (§ 10a): Expediently improve its data collection system, which should cover all areas of the Convention and should be disaggregated by age, sex, disability,</p>

	periodic report)		<p>geographic location, ethnic origin, socioeconomic background and migratory status in order to facilitate analysis on the situation of all children, particularly those in situations of vulnerability. <i>Health</i> (§ 39a): Continue taking measures to bring the vaccination rate back above 95%, including by pro-vaccination campaigns and extending the service of health assistants to all towns with low child vaccination rates. <i>Adolescent health</i> (§41g): Develop and implement a policy to protect the rights of pregnant teenagers, adolescent mothers and their children and combat discrimination against them and to foster responsible parenthood and sexual behaviour, with particular attention to boys and men. <i>Standard of living</i> (§ 43a): Amend the discriminatory legislation conditioning the rates of payments of child benefit, parental care allowance and child birth allowance on compliance with preventive measures.</p> <p><i>Direct - Breastfeeding</i> (§ 39b): Monitor infant and young child feeding as defined by the World Health Organization, extend the Baby Friendly Hospitals Initiative throughout the State party, fully implement the International Code of Marketing of Breastmilk Substitutes and enforce it through a systematic monitoring mechanism with deterrent sanctions for violators.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fSVK%2fCO%2f3-5&Lang=en</p>
7	UK (5 th periodic report)	yes	<p><i>Indirect – Data collection</i> (§ 14): Recommends that the Government of Northern Ireland expedite the finalization of a child rights indicator framework, covering all areas of the Convention [...] <i>Children’s rights and the business sector</i> (§ 19b): Establish and implement regulations to ensure that the business sector, including in the context of public procurement, complies with the rights of the child. <i>Right to life, survival and development</i> (§29a): Address underlying determinants of infant and child mortality, including social and economic deprivation and inequality. Health and health services (§59c): Addressing underlying social determinants of health. <i>Adolescent health</i> (§64b): Ensure that meaningful sexual and reproductive health education is part of the mandatory school curriculum for all schools, including academies, special schools and youth detention centres, in all areas of the State party. <i>Nutrition</i> (§67b): Regularly monitor and assess the effectiveness of policies and programmes on child food security and nutrition, including school meal programmes and food banks, and programmes addressing infants and young children.</p> <p><i>Direct - Breastfeeding</i> (§67a,c): Systematically collect data on food security and nutrition for children, including those relevant to breastfeeding, overweight and obesity, in order to identify the root causes of child food insecurity and malnutrition; promote, protect and support breastfeeding in all policy areas where breastfeeding has an impact on child</p>



International Baby Food Action Network

				<p>health, including obesity, certain noncommunicable diseases and mental health, and fully implement the International Code of Marketing of Breast-milk Substitutes.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGBR%2fCO%2f5&Lang=en</p>
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