
74th Session of the Committee on the Rights of the Child

RECOMMENDATIONS RELATED TO BREASTFEEDING

From January 16 to February 3, 2017, the [Committee on the Rights of the Child](#) (CRC Committee) held its 74th Session in Geneva.

The CRC Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 8 countries: Barbados, Central African Republic, Democratic Republic of the Congo, Estonia, Georgia, Malawi, Saint Vincent and the Grenadines, and Serbia. IBFAN submitted one short report on the situation of infant and young child feeding in Georgia (in [English](#) and in [Spanish](#)) and sent the Committee members specific information related to infant and young child feeding in 5 others countries (Barbados, Democratic Republic of the Congo, Serbia, Saint Vincent and the Grenadines).

A continuous interaction with the Committee members was carried out in order to ensure that IBFAN concerns would be effectively addressed in their subsequent Concluding Observations.

Breastfeeding

In its Concluding Observations, the CRC Committee referred specifically to breastfeeding for 3 of the 8 countries under review (Democratic Republic of the Congo, Serbia and Saint Vincent and the Grenadines).

Regarding the practice of ***exclusive breastfeeding***, the CRC Committee recommended the Democratic Republic of the Congo to address malnutrition, particularly in rural areas, including through promoting exclusive breastfeeding. Additionally, Saint Vincent and the Grenadines was recommended by the Committee to develop a national program for the protection, promotion and support of exclusive breastfeeding for a minimum of six months

More generally, the CRC Committee urged Serbia and Saint Vincent and the Grenadines to develop a ***national programme*** for the protection, promotion and support of breastfeeding through comprehensive campaigns.

The need for an improvement in the ***data collection*** systems was mentioned by the CRC Committee for all the countries under revision. For instance, except for Estonia, all the State parties were urged to collect data disaggregated by age, sex, disability, geographic location and ethnic origin.

Highlighting the importance of ***breastfeeding support***, the CRC Committee recommended Serbia and Saint Vincent and the Grenadines to provide appropriate support to mothers and babies through counseling in hospitals, clinics and community. The need for a more effective implementation of the Baby-Friendly Hospital Initiative was also mentioned in the recommendations to these two the countries. Lastly, Saint Vincent and the Grenadines received also a more specific recommendation on the need to raise awareness on the importance of breast-feeding among families and the general public and on the role they can play for supporting breast-feeding through comprehensive campaigns.

The full implementation of the ***International Code*** of Marketing of Breastmilk Substitutes was recommended to Serbia and to Saint Vincent and the Grenadines.

OHCHR Technical guidance on child mortality

The application of the OHCHR Technical Guidance on child mortality ([A/HRC/27/31](#)) was recommended to 5 out of the 8 countries reviewed by the CRC Committee during its 74th session: Georgia, Malawi, Serbia and Saint Vincent and the Grenadines. 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 the Democratic Republic of the Congo, the CRC Committee referred the impact of business on children's rights. In particular, the Committee recommended the State party to ensure effective implementation by companies, especially those in extractive industry, of international and national environment and health standards. For this purpose, the Committee highlighted also the need for a subsequent effective monitoring of implementation of these standards and appropriate sanctions and remedies when violations occur. Finally, Congo was recommended to require companies to undertake assessments, consultations, and full public disclosure of the environmental, health-related and human rights impacts of their business activities and their plans to address such impacts.

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

| Session 74 – January/February 2017 | Country | | IBFAN report/information | Summary of specific recommendations on IYCF |
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| | 1 | Barbados (2 nd periodic report) | yes | <p><i>Indirect – Data collection (§14a):</i> Expediently improve its system of collecting data on all aspects of children's rights up to the age of 18. The data should cover all areas of the Convention and should be disaggregated by age, sex, disability, geographic location and ethnic origin, in order to facilitate analysis on the situation of all children, particularly those in situations of vulnerability; <i>Adolescent health (§47a,c):</i> 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 on preventing early pregnancy and sexually transmitted infections, including HIV/AIDS; (...) Ensure adequate sexual and reproductive health services for adolescents, in particular access to modern contraception methods, including emergency contraception, as well as antenatal, delivery, postnatal care, safe abortion and post-abortion care, and a monitoring mechanism.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBRB%2fCO%2f2&Lang=en</p> |
| 2 | Central African Republic (2 nd periodic report) | no | <p><i>Indirect – Data collection (§15b):</i> Collect data covering all areas of the Convention disaggregated by age, sex, disability, geographic location and ethnic origin. <i>Health and health services (§55a,b):</i> Promptly address the problem of high childhood and maternal mortality, including by facilitating greater access to primary health services, improving pre-natal care, combat malnutrition, and prevent malaria, respiratory diseases and diarrhoea, particularly in rural areas; Prioritize measures to improve access to and the quality of health-care and nutrition services, including by allocating sufficient financial resources to the health sector and ensuring the availability of qualified health staff, particularly in rural areas.</p> | |

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| 3 | Democratic Republic of the Congo (5 th -6 th periodic report) | yes | <p><i>Indirect – Data collection (§11):</i> The State party should ensure that information collected can be disaggregated, inter alia, by age, sex and geographic location and contains up-to-date data on a wide-range of vulnerable groups including former child soldiers, children living in poverty, street children and working children. <i>Children’s rights and the business sector (14b,c):</i> Ensure effective implementation by companies, especially those in extractive industry, of international and national environment and health standards, effective monitoring of implementation of these standards and appropriately sanctioning and providing remedies when violations occur, as well as ensure that appropriate international certification is sought; Require companies to undertake assessments, consultations, and full public disclosure of the environmental, health-related and human rights impacts of their business activities and their plans to address such impacts; <i>Health and health services (35a,b,c):</i> Increase its resources allocated for primary health care to make it both accessible and affordable; Ensure sufficient number of health centres and hospitals which have adequate human, technical and financial resources throughout the country, including in remote areas; Conduct regular trainings for all health workers.</p> <p><i>Direct – Breastfeeding (§35d):</i> Address malnutrition, particularly in rural areas, including through preventive measures such as awareness-raising campaigns and poverty alleviation as well as by promoting exclusive breastfeeding.</p> | http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCOD%2fCO%2f3-5&Lang=en |
| 4 | Estonia (2 nd -4 th periodic | no | <p><i>Indirect – Data collection (§11a,b):</i> Develop a comprehensive information system on all areas of the Convention; Collect and publish adequate child-focussed data in mainstream statistics.</p> | http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2f |

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| 5 | Georgia (4 th periodic report) | yes | <p><i>Indirect - Data collection (§10a):</i> Continue and strengthen its efforts to develop a comprehensive data collection system on the implementation of the Convention, especially at municipal level, which reaches all regions of the country. The data should be disaggregated by age, sex, disability, geographic location, ethnic origin and socioeconomic background, in order to facilitate analysis on the situation of all children, particularly those in situations of vulnerability and especially in the area of child abuse, neglect, exploitation, sexual exploitation and children in street situations. <i>Health and health services (§32c,e):</i> Strengthen efforts to decrease rates of infant mortality and stillbirth, by, inter alia, improving ante- and post-natal care, enhancing the capacity of health care providers all over the country and implement and apply the OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to eliminate preventable mortality and morbidity of children under 5 years of age; Address issues of malnutrition, anaemia, other micronutrient deficiencies, as well as obesity through, inter alia, education and promotion of healthy feeding practices. <i>HIV/AIDS (§34b):</i> Improve follow-up treatment for HIV/AIDS-infected mothers and their infants to ensure early diagnosis and early initiation of treatment.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGEO%2fCO%2f4&Lang=en</p> |
| 6 | Malawi (3 rd -5 th periodic report) | no | <p><i>Indirect – Data collection (§9b):</i> Collect and share amongst all relevant ministries and agencies data on all areas of the Convention, disaggregated by age, sex, disability, geographic location, ethnic and national origin and socioeconomic background in order to facilitate analysis of the situation of all children, particularly those in situations of vulnerability. <i>Health (§ 33a,e,f):</i> Scale up immunisation and address root causes for gaps in immunisation, address chronic malnutrition, stunting, and reduce child mortality due to malaria, neonatal conditions and preventable diseases, such as pneumonia and diarrhoea, as well as develop national health plan for 2017 aimed at reducing child and maternal mortality; (...) Strengthen efforts to improve</p> |

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| | | | <p>access to basic health-care services with trained health workers for children and pregnant women, especially in rural areas; 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). <i>Adolescent health (§ 35b)</i>: Improve adolescent girls' access to reproductive health-care and related services and increase support for reproductive health and family planning services and access to affordable contraceptives and contraceptive methods.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMW1%2fCO%2f3-5&Lang=en</p> |
| 7 | <p>Serbia (2nd-3rd periodic report)</p> | yes | <p><i>Indirect - Data collection (§15a,b)</i>: Expediently strengthen information management and data collection systems at both central and local government levels to cover all areas of the Convention. Data should be disaggregated by, among others, age, sex, disability, geographic location, ethnic and national origin and socioeconomic background in order to facilitate analysis on the situation of all children, particularly those in situations of vulnerability; Ensure that the data and indicators are shared among relevant Ministries and used for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention. <i>Health and health services (§46e)</i>: Support public advocacy and media engagement that address knowledge, attitudes and practices to encourage immunisation 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).</p> <p><i>Direct – Breastfeeding (§46f)</i>: Fully implement the International Code of Marketing of Breastmilk 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 be implemented throughout</p> |

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| | | | <p>the country.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fCO%2f2-3&Lang=en</p> |
| 8 | <p>Saint Vincent and the Grenadines</p> <p>(2nd-3rd periodic report)</p> | yes | <p><i>Indirect - Data collection (§13a,b):</i> Establish an effective mechanism for the systematic collection of disaggregated quantitative and qualitative data incorporating all the areas covered by the Convention and covering all children below the age of 18 years; Make use of indicators and data in the formulation of policies and programmes for the effective implementation of the Convention.</p> <p><i>Health and health services (§46e):</i> Support public advocacy and media engagement that address knowledge, attitudes and practices to encourage immunisation 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).</p> <p><i>Direct – Nutrition (§50b):</i> Collect information on breast-feeding; develop a national program for the protection, promotion and support of exclusive breastfeeding for a minimum of six months; fully implement the International Code of Marketing of Breastmilk Substitutes; provide appropriate support to mothers and babies through counselling in hospitals, clinics and community; implement the Baby-Friendly Hospital Initiative throughout the country; and raise awareness on the importance of breast-feeding among families and the general public and on the role they can play for supporting breast-feeding through comprehensive campaigns.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fCO%2fVCT%2fCO%2f2-3&Lang=en</p> |