

75th Session of the Committee on the Rights of the Child
61st Session of the Committee on the Economic, Social and Cultural Rights
RECOMMENDATIONS RELATED TO BREASTFEEDING

From May 15 to June 2, 2017, the [Committee on the Rights of the Child](#) (CRC Committee) held its 75th Session in Geneva, while the 61st Session of the [Committee on the Economic, Social and Cultural Rights](#) (CESCR Committee) was held between May 29 and June 23, 2017.

The CRC Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 7 countries: Antigua and Barbuda, Bhutan, Cameroon, Lebanon, Mongolia, Qatar and Romania. IBFAN submitted alternative reports on the situation of infant and young child feeding in 3 of the reviewed countries ([Bhutan](#), [Cameroon](#) and [Mongolia](#)) and participated actively in the Session in order to maintain a productive dialogue with the Committee Members and ensure that IBFAN concerns were addressed in their questions to the delegations.

The CESCR Committee evaluated the implementation of the [International Covenant on Economic, Social and Cultural Rights](#) in 6 countries: Australia, Liechtenstein, Netherlands, Pakistan, Sri Lanka and Uruguay. Alternative reports were submitted to the Committee by IBFAN on 2 of the reviewed countries: [Pakistan](#) and [Uruguay](#).

Direct and Indirect Recommendations on Breastfeeding

In its Concluding Observations, the CRC Committee referred specifically to breastfeeding for 5 of the 7 countries under review (Bhutan, Cameroon, Lebanon, Mongolia and Romania), while the CESCR Committee addressed breastfeeding in its recommendations to Uruguay.

On a more general level and regarding **data collection**, the CRC Committee recommended that the collected data should cover all areas of the Convention and should be disaggregated by age, sex, disability, geographic location, and socioeconomic background. This recommendation was made to the 7 countries

under review at the 75th Session. The CESCR Committee urged Uruguay to improve its data collection system related to breastfeeding.

Breastfeeding Protection

Mongolia was recommended to set up and enact a ***national breastfeeding policy*** and action with an adequate ***allocation of resources***. Similarly, Cameroon was urged to address malnutrition by finalizing and implementing the Food and Nutrition Policy, ensuring a dedicated budget line in the national budget for nutrition. In the context of the right to food and nutrition, the CESCR Committee recommended Pakistan to allocate sufficient resources for the full implementation of the Infant and Young Children Feeding Strategy and to adopt framework legislation protecting the right to adequate food and nutrition. Regarding the budget allocations, the CESCR Committee urged Pakistan and Sri Lanka to make all efforts to increase public expenditure in the health sector.

Ensuring an adequate ***maternity protection*** is a fundamental measure to protect breastfeeding. The CRC Committee recommended Lebanon to expand maternity leave for the private and public sector. It recommended Bhutan to extend maternity leave to 6 months for women working in the private sector, in line with the provisions for the public workers. Mongolia was also urged to take measures aimed at supporting working mothers to breastfeed. Finally, the CESCR Committee recommended Uruguay to adopt the draft law on the provision of special rooms for breastfeeding.

A strengthened implementation of the ***International Code of Marketing of Breast-milk Substitutes*** was recommended to Cameroon and Mongolia by the CRC Committee, while the CESCR Committee urged Uruguay to set up a monitoring mechanism for the International Code.

The application of 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](#)) was recommended by the CRC Committee to Cameroon and Romania. 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.

In its Concluding observations to Bhutan, Cameroon, Mongolia and Qatar, the CRC Committee made reference to its General Comment No. 16¹ on State obligations regarding the impact of the business sector and children's rights and issued several recommendations of ***children's rights and the business sector***. In fact, the Committee recommended that the above-mentioned countries formulate and implement regulations to ensure that the business sector complies with international and national human rights and labour standards with regard to children's rights. In its Concluding Observations to Cameroon, the Committee recommended to ensure that companies effectively implement international and national environmental and health standards, and that the State party monitor of the implementation of those standards, setting appropriate sanctions and/or remedies when violations occur. In its recommendations to Mongolia, the CRC Committee urged the State party to take measure to eliminate conflicts of interests between official duties and the private interests of those in public service roles.

Furthermore, the CESCR Committee addressed the topic of business and human rights in its Concluding Observations, recommending Australia and the Netherlands to consider its General Comment No. 24 on ***State Obligations*** under the International Covenant on Economic, Social and Cultural Rights in the Context of Business Activities.²

Regarding ***infant feeding in emergencies***, the CRC Committee recommended Antigua and Barbuda to ensure that the policies and programmes on disaster risk management are designed taking into account the special vulnerabilities and needs of children.

Breastfeeding Promotion

The CRC Committee recommended Bhutan, Cameroon, Lebanon and Mongolia to continue the ***promotion of exclusive breastfeeding*** for the first six months. More

¹ The General Comment affirms that States should support and facilitate breastfeeding (§ 54) and that they are required to implement and enforce internationally agreed standards concerning children's rights, health and business, including the World Health Organization Framework Convention on Tobacco Control and the International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions (§ 57).

² Adopted at the end of June 2017, the General Comment No. 24 of the CESCR Committee refers specifically to the International Code of Marketing of Breast-milk Substituted and Subsequent WHA Resolutions, at paragraph 19: "States Parties should consider measures such as, for instance: restricting marketing and advertising of certain goods and services in order to protect public health such as of tobacco products in line with the Framework Convention on Tobacco Control, and of breast-milk substitutes, in accordance with the 1981 International Code of Marketing of Breast-Milk Substitutes and subsequent resolutions of the World Health Assembly;"



International Baby Food Action Network

Geneva Infant Feeding Association



specifically, Lebanon was urged to take measures to raise awareness on breastfeeding and to organize related campaigns for this purpose, to train the health professionals working in maternity units, as well as the general public. Cameroon was recommended to intensify the awareness-raising efforts, especially in the rural areas. The CESCRC Committee recommended Uruguay to intensify its efforts for breastfeeding promotion.

Breastfeeding Support

The ***Baby-Friendly Hospitals Initiative*** was mentioned by the CRC Committee in its recommendations to Cameroon and Lebanon, as a programme to be implemented and expanded, in collaboration with UNICEF. An adequate ***training of health professionals*** about their responsibilities under the Convention was included in the recommendations to Lebanon and Mongolia.

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

Session 75 – May/June 2017	Country		IBFAN report	Summary of specific recommendations on IYCF
	1	Antigua and Barbuda (2 nd to 4 th periodic report)	no	<p><u>Indirect – Data collection (§13a, b):</u> Expediently improve its data collection system. The data should cover all areas of the Convention and should be disaggregated by age, sex, disability, geographic location, 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; <u>Health and health services (§41b, c):</u> Conduct a nutrition survey to assess household nutrition levels, especially nutrition of new-borns and children under five years of age and the adequacy of vitamin and micronutrient intakes; Develop policies to ensure that healthy food and lifestyle choices are available and affordable and strengthen awareness campaigns to promote the benefits of healthy eating for children. <u>Impact of climate change on the rights of the child (§46a, b):</u> Identify, including through the collection of disaggregated data, the types of risks children would face in the event of natural disasters; Ensure that the special vulnerabilities and needs of children, as well as their views, are taken into account in developing policies or programmes addressing climate and environmental change and disaster risk management.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fATG%2fCO%2f2-4&Lang=en</p>

	2	<p>Bhutan</p> <p>(3rd to 5th periodic report)</p>	yes	<p><u>Indirect – Data collection (§9a, b, c)</u>: Incorporate child rights indicators into periodic data collection systems, such as population census; Ensure that the data and indicators are shared among the ministries concerned and used for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention; Disaggregate data by age, sex, disability, geographic location, ethnic and national origin and socioeconomic background to facilitate analysis of the situation of all children, particularly those in situations of vulnerability; <u>Dissemination, awareness-raising and training (§11b)</u>: Conduct targeted and sustained training to the judiciary, education professionals, health workers and the media on children’s rights; <u>Health and health services (§33)</u>: While welcoming the progress made in health care coverage in preventive services, the Committee recommends that the State party review the National Health Human Resource Development Plan to ensure the adequate distribution of health services, with particular attention to rural and poor urban areas. <u>Impact of climate change on the rights of the child (§36a)</u>: Ensure that the special vulnerabilities and requirements of children, as well as their views, are taken into account when developing policies and programmes addressing the issues of climate change and disaster risk management.</p> <p><u>Direct – Nutrition (§34)</u>: While welcoming the progress made by the State party in reducing child stunting and anaemia, in the light of its general comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, and taking note of target 2.2 of the Sustainable Development Goals on ending all forms of malnutrition, including stunting and wasting in children under 5 years of age, the Committee recommends that the State party strengthen its efforts to end chronic malnutrition of children, in particular in rural areas and poor urban areas. The Committee also recommends that the State party strengthen its ongoing efforts to promote breastfeeding and to extend maternity leave to 6 months in the private sector, as it has done for the public sector.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBTN%2fCO%2f3-5&Lang=en</p>
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	3	Cameroon (3 rd -5 th periodic report)	yes	<p><i>Indirect – Data collection (§9b):</i> Collect and share among 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 vulnerable situations; <i>Children’s rights and the business sector (12b,c):</i> Ensure effective implementation by companies of international and national environmental and health standards, effective monitoring of the implementation of those standards, and appropriate sanctions and/or remedies when violations occur; Require companies to undertake assessments of, consultations on 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 (34a,b):</i> Increase its allocation of resources for primary health care to make it both accessible and affordable and to implement the planned strategic programs, including the Health Sectorial Strategy (2016-2020), the National Health Development Plan (2016-2020) and its Integrated Monitoring and Evaluation Plan (2016-2020), [...]; Ensure a sufficient number of accessible health centres and hospitals equipped with adequate human, technical and financial resources throughout the country.</p> <p><i>Direct – Breastfeeding (§34e):</i> Address malnutrition by finalizing and implementing the Food and Nutrition Policy, ensuring a dedicated budget line in the national budget for nutrition, intensifying awareness-raising campaigns, particularly in rural areas, promoting exclusive breastfeeding and knowledge of the National Code on the marketing of breast milk substitutes and establishing hospitals certified as baby-friendly.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCMR%2fCO%2f3-5&Lang=en</p>
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	4	Lebanon (4 th to 5 th periodic report)	no	<p><u>Indirect – Data collection (§10a.b)</u>: Expediently improve its data collection system, including establishing a uniform system to document cases of child exploitation, violence and abuse. The data should cover all areas of the Convention and be disaggregated including by age, sex, disability, geographic location, ethnic and national origin, migration status and socioeconomic background; Ensure that the data and indicators are shared among the ministries concerned and used for the formulation, monitoring and evaluation of policies and programmes, and strengthen reporting compliance by all relevant ministries and institutions; <u>Health and health services (§30a,b)</u>: Continue to strengthen efforts to ensure access to quality health care, in particular for stateless, refugee and asylum-seeking children, children of migrant workers, and families in situations of poverty, by expanding the national network of primary health centers to cover all primary health centers in the State party as well as the accreditation programme established by the Ministry of Public Health; Ensure adequate provision of prenatal and postnatal care in all governorates of the State party, as well as address the high rate of mortality of infants born to Syrian refugees;</p> <p><u>Direct – Breastfeeding (§30e)</u>: Continue to promote exclusive breastfeeding for the first six months, including through legislation expanding maternity leave for both the public and private sector, awareness-raising measures and campaigns, providing information and training to relevant officials, particularly staff working in maternity units, and parents, as well as work with UNICEF to implement and expand the child- friendly hospital project.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fLBN%2fCO%2f4-5&Lang=en</p>
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	5	Mongolia (5 th periodic report)	yes	<p><u>Indirect - Data collection (§10a,b)</u>: Expediently 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 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 the ministries concerned and used for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention;</p> <p><u>Dissemination, awareness-raising and training (§12b)</u>: Ensure that all professionals working with and for children are systematically trained on their responsibilities under the Convention, including all law enforcement officials, teachers, health personnel, social workers and personnel of childcare institutions, the State sector and local Government officials;</p> <p><u>Children's rights and the business sector (§ 14b,c,d)</u>: With reference to 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 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. In particular, it recommends that the State party: [...] Take all measures necessary, including effective enforcement of legislation, such as the Law on Regulating Public and Private Interests in Public Service and Preventing Conflicts of Interest, to eliminate conflicts of interest between official duties and the private interests of those in public service roles;</p> <p><u>Health and health services (§31c)</u>: In order to reduce obesity in children, introduce legislation to exclude advertisements for unhealthy food and drinks targeting children, including those which are located in the vicinity of children's settings or activities, and adopt concrete measures to promote healthy diets, including with regard to lunches served at schools.</p> <p><u>Direct – Breastfeeding (§31b)</u>: Increase the number of infants up to six months of age that are exclusively breastfed by designing and enacting a national breastfeeding policy and action with sufficient resources, which may include awareness-raising measures targeted at mothers about the benefits of exclusive breastfeeding, strengthening the implementation and monitoring of the current law on Breast Milk Substitutes (2005) in line with the International Code of Marketing of Breastmilk Substitutes and related World Health Assembly resolutions, and promoting measures to facilitate working mothers to breastfeed;</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMN9G%2fCO%2f5&Lang=en</p>
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	6	Qatar (3 rd -4 th periodic report)	no	<p><i>Indirect – Data collection (§ 8):</i> With reference to its general comment No. 5 (2003) on general measures of implementation, the Committee recommends that the State party continue to strengthen its mechanisms for data collection and ensure that the data and indicators are shared among the ministries concerned and used for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention (see CRC/C/QAT/CO/2, para.18). <i>Children’s rights and the business sector (§ 10):</i> [...] with reference to its general comment No. 16 (2013) on the impact of the business sector on children’s rights, it recommends that the State party formulate and implement regulations to ensure that the business sector complies with international and national human rights and labour standards with regard to children’s rights.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fQAT%2fCO%2f3-4&Lang=en</p>
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	7	Romania (5 th periodic report)	no	<p><i>Indirect – Allocation of resources (§ 10):</i> the Committee recommends that the State party set up a budgeting process that includes a child rights perspective, specifies clear allocations to children in the relevant sectors and agencies, and includes specific indicators and a tracking system to monitor and evaluate the adequacy, efficacy and equitability of the distribution of resources allocated for implementation of the Convention, including by: (a) Providing adequate allocations to services in the areas of health, education, social and child protection system, with specific support for children in vulnerable situations; (b) Decentralising the distribution of resources to the county and local levels and earmarking resources specified for the delivery of social services for children; [...] <i>Data collection (§ 11):</i> Expediently improve its data collection system and ensure it covers all areas of the Convention, disaggregated by age, sex, disability, 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, including Roma children, as well as impact assessments of the measures taken and ensure access to the existing data. <i>Health and health services (§ 34a,b,e,g):</i> Allocate adequate human and financial resources to ensure full implementation of the National Health Strategy 2014-2020 and strengthen and increase support to newly appointed health mediators in Roma communities; Allocate adequate human and financial resources to ensure full implementation of the HIV/IDS Strategy and the Action Plan; Ensure availability of and equitable access to quality prenatal service, primary and specialized health for all children in the country, particularly those from socially and economically disadvantaged groups, including Roma children and children with disabilities; Implement and apply 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” by the Office of the United Nations High Commissioner for Human Rights (A/HRC/27/31).</p> <p><i>Direct – Breastfeeding (§34c):</i> Implement the standards of the International Code of Marketing of Breast-milk Substitutes, inform the public about best practices in breastfeeding and advise mothers on breastfeeding, and "the 10 steps to effective breastfeeding" established by UNICEF in hospitals and clinics across the country.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fROU%2fCO%2f5&Lang=en</p>
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CESCR Committee's Concluding Observations on Infant and Young Child Feeding

Session 61 – May/June 2017	Country		IBFAN report	Summary of specific recommendations on IYCF
	1	Australia (5 th periodic report)	no	<p><i>Indirect – Business and Human Rights (§14e):</i> The Committee recommends that the State party consider the Committee's general comment No. 24 (2017) on State obligations under the International Covenant on Economic, Social and Cultural Rights in the context of business activities.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fAUS%2fCO%2f5&Lang=en</p>
2	Netherlands (6 th periodic report)	no	<p><i>Indirect – Business and economic, social and cultural rights (§13):</i> The Committee refers the State party to its General Comment No. 24 on State Obligations under the International Covenant on Economic, Social and Cultural Rights in the Context of Business Activities.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fNLD%2fCO%2f6&Lang=en</p>	

	3	Pakistan (initial report)	yes	<p><i>Indirect – Right to adequate food and nutrition (§70):</i> The Committee recommends that the State party take all steps necessary to address persisting acute hunger and malnutrition and, in particular, the critical nutritional needs of infants and children. It also recommends that the State party allocate sufficient resources for the full implementation of the Infant and Young Children Feeding Strategy; and adopt framework legislation protecting the right to adequate food and nutrition, and a national action plan on food security and nutrition in line with the Committee’s general comment No. 12 on the right to adequate food (1999) and the 2004 Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security. <i>Right to health (§ 76):</i> The Committee recommends that the State party make all efforts to increase public expenditure in the health sector; to further expand the coverage of the National Health Insurance Programme; to strengthen its public health system with a view to providing free quality basic health services to all, including disadvantaged and marginalized individuals, and to reduce the maternal, infant and under-5 mortality rates.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fPAK%2fCO%2f1&Lang=en</p>
	4	Sri Lanka (5 th periodic report)	no	<p><i>Indirect – Right to health (§ 58):</i> The Committee recommends that the State party take steps, in particular within its Health Master Plan for 2016-2025, to address regional disparities in healthcare infrastructure and ensure affordable and accessible public health care. It also recommends that the State party significantly increase its budget for public health care, taking into account the fast-growing ageing population, and strengthen the Community Based Rehabilitation Programme for persons with disabilities and ensure its coordinated implementation, including with the Health Ministry.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fLKA%2fCO%2f5&Lang=en</p>

	5	Uruguay (5 th periodic report)	yes	<p><i>Direct – Breastfeeding (§ 39):</i> The Committee recommends that the State party intensify its efforts to promote breastfeeding in line with the WHA resolutions and collect reliable data on breastfeeding. To this end, it urges the State party to accelerate the adoption of the draft law on breastfeeding areas. The Committee also recommends that the State party set up a mechanism to monitor the adequate implementation of the International Code of Marketing of Breast-milk Substitutes.³</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fURY%2fCO%2f5&Lang=en</p>
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³ Original Spanish version : El Comité recomienda al Estado parte que intensifique sus esfuerzos para promover la lactancia materna de acuerdo a las resoluciones de la Asamblea Mundial de la Salud y para recopilar datos estadísticos fiables sobre la lactancia materna. En ese sentido, le anima a acelerar la adopción e implementación del proyecto de ley de salas de lactancia. Asimismo, le recomienda establecer un mecanismo adecuado para supervisar la adecuada implementación del Código Internacional de Comercialización de Sucedáneos de la Leche Materna.