

76th Session of the Committee on the Rights of the Child

RECOMMENDATIONS RELATED TO BREASTFEEDING

From September 11 to 29, 2017, the [Committee on the Rights of the Child](#) (CRC Committee) held its 76th Session in Geneva.

The CRC Committee reviewed the progress of the implementation of the [Convention on the Rights of the Child](#) in 6 countries: Democratic People's Republic of Korea, Denmark, Ecuador, Republic of Moldova, Tajikistan and Vanuatu. IBFAN submitted an alternative report on the situation of infant and young child feeding in [Ecuador](#)¹, and informed the Committee members about the main gaps related to the other reviewed countries, thanks to an active participation during the session.

Direct and Indirect Recommendations on Breastfeeding

In its Concluding Observations, the CRC Committee referred specifically to breastfeeding for 3 of the 6 countries under review (Moldova, Tajikistan and Vanuatu).

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 6 countries under review at the 76th Session.

Measures aimed at **reducing child mortality rates** were urged for 5 out of the 6 countries under review during this 76th Session. The Democratic People's Republic of Korea was recommended to strengthen its efforts to address root causes of infant and child mortality; Ecuador was urged to tackle neonatal mortality, including actions to improve perinatal and postnatal health care for mothers and babies; the Republic of Moldova was alerted about the still high maternal and child mortality rates, especially at home due to preventable causes of death; Tajikistan was warned about the poor level of knowledge skills of health workers, linked with the rate of neonatal mortality and the poor quality of care at births; Vanuatu was recommended to take

¹ Available in Spanish only

measures to reduce infant and under 5 mortality due to neonatal conditions and preventable diseases, such as pneumonia, malaria and diarrhea.

Additionally, the need for an **independent monitoring mechanism** on human rights was stressed in the CRC recommendations to 5 out of 6 countries: Democratic People's Republic of Korea, Ecuador, Republic of Moldova, Tajikistan and Vanuatu.

Breastfeeding Protection

All the 6 countries under review were recommended by the CRC Committee to **allocate adequate resources** for children's rights realization. Specifically referring to the health care system, Ecuador, the Republic of Moldova and the Democratic People's Republic of Korea were recommended to provide for adequate training of health professionals.

The implementation 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 3 countries under review: the Democratic People's Republic of Korea, Tajikistan and Vanuatu. 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.

Furthermore, the CRC Committee addressed the topic of **children's rights and the business sector** in its Concluding Observations to Ecuador, urging the State party to ensure effective implementation by companies of international and national environment and health standards, monitor the implementation of these standards and appropriately sanction and provide remedies when violations occur.

Breastfeeding Promotion

The CRC Committee recommended the Republic of Moldova to take measures to improve the practice of exclusive breastfeeding for the first six months, including through **awareness-raising activities**.

Breastfeeding Support

The **Baby-Friendly Hospitals Initiative** was mentioned by the CRC Committee in its recommendations to Vanuatu, as a programme that will encourage mothers to follow optimal infant and young child feeding recommendations. An adequate **training of**



International Baby Food Action Network

Geneva Infant Feeding Association



health professionals about their responsibilities under the Convention was included in the recommendations to Ecuador and to the Democratic People's Republic of Korea.

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

Session 76 – September 2017	Country	IBFAN report	Summary of specific recommendations on IYCF
	1	<p>Democratic People's Republic of Korea</p> <p>(5th periodic report)</p>	no

	2	Denmark (5 th periodic report)	no	<p><i>Indirect – Allocation of resources (§ 10): the Committee recommends that the State party refrain from implementing further cuts without having first carried out impact assessments of austerity measures in areas that are directly and indirectly related to children’s rights and repeal those measures with a negative impact as soon as possible. <u>Data collection (§11): continue to strengthen its capacity for the systematic collection and analysis of data disaggregated, inter alia, by age, sex and ethnic background for all areas covered by the Convention throughout its territory.</u></i></p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fDNK%2fCO%2f5&Lang=en</p>
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	3	Ecuador (5 th to 6 th periodic report)	yes	<p><i>Indirect – Allocation of resources (§ 10a,b): Implement a child rights approach in the elaboration of the State budget through a tracking system covering all child and adolescent-related expenditures, including impact assessments with gender disaggregation on how investments in any sector may serve the best interests of the child; Allocate resources for the rights of all children including for the eradication of multidimensional poverty in early childhood, eradication of child malnutrition, comprehensive protection of children and actions to tackle violence against children; <u>Data collection (§11a, b): Continue to strengthen its data collection system, in particular by ensuring that data cover all areas of the Convention and are disaggregated by age, sex, disability, geographic location, ethnic origin, nationality, and socioeconomic background in order to facilitate analysis on all children, including children in vulnerable situations; Set up a data collection system concerning chronic malnutrition in particular in rural areas and different forms of violence against children; <u>Independent monitoring (§ 12a, b): Expediently establish a specific mechanism for monitoring children’s rights in the Ombudsperson Office, and mandate it to receive, investigate and address complaints by children in a child-sensitive manner, including proposing legislation and policies on children’s rights; and ensure the independence of the Ombudsperson Office and that it has the adequate human, technical and financial resources to advance and monitor the implementation of the Convention and its Optional Protocols. <u>Dissemination, awareness-raising and training (§ 13b): Establish systematic capacity building programmes for public authorities in all branches of government, including all law enforcement officials, teachers, health personnel, social workers and personnel of childcare institutions, and local government officials concerning their responsibilities under the Convention; <u>Children’s rights and the business sector (15a,b): Establish a clear regulatory framework [...] to ensure that their activities do not negatively affect human rights or endanger environmental or other standards, especially those related to children’s rights; Ensure effective implementation by companies [...] of international and national environment and health standards, monitor the implementation of these standards and appropriately sanction and provide remedies when violations occur, as well as ensure that appropriate international certification is sought; <u>Health and health services (33a): Strengthen its efforts, in particular through allocation of financial resources and equipment, to improve the coverage and quality of health care services and assistances for children, particularly in rural areas.</u></u></u></u></u></i></p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fEC_6U%2fCO%2f5-6&Lang=en</p>
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	4	Republic of Moldova (4 th to 5 th periodic report)	no	<p><i>Indirect – Allocation of resources (§9a,b,c): Further increase budget allocations for the implementation of the rights recognized in the Convention, ensure a more balanced and equitable distribution of resources throughout the State party, including at the local level for social services; Utilize a child rights-oriented budgeting process, which specifies clear allocations to children in the relevant sectors and agencies, including specific indicators and a tracking system; Define strategic budgetary lines for all children, including those who may require social measures, and ensure their protection in times of financial crisis, especially with respect to health and education; <u>Data collection (§10a,b):</u> Expediently improve its data collection system, including establishing a centralized system covering all areas of the Convention, in particular with respect to vulnerable groups of children, including children living in poverty, children remaining behind whose parents have migrated abroad, children in street situations, Roma children, and children victims of sexual abuse and exploitation. The data should cover all areas of the Convention and be disaggregated 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>Independent monitoring (§11):</u> ensure the effective functioning of the Ombudsman for Children’s Rights, including with regard to its funding, mandate and immunities in full compliance with the Paris Principles, in particular with respect to receiving and investigating complaints made by or on behalf of children. The Committee also recommends that the respective roles and responsibilities of the People’s Advocate Office and the Ombudsman’s Office are clearly defined to effectively discharge their mandates. <u>Health and health services (§32a):</u> Continue to strengthen efforts to ensure access to quality health care, in particular perinatal health care and pediatric emergency health care services in all parts of the State party [..];</i></p> <p><u>Direct – Breastfeeding (§32e):</u> Continue to take measures to improve the practice of exclusive breastfeeding for the first six months, including through awareness-raising measures, providing information and training to relevant officials, particularly staff working in maternity units, and parents.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fMDA%2fCO%2f4-5&Lang=en</p>
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	5	Tajikistan (3 rd to 5 th periodic report)	no	<p><i>Indirect – Allocation of resources (§8a): Conduct a comprehensive assessment of the budgetary needs for children and allocate adequate resources, in accordance with article 4 of the Convention, for the implementation of children’s rights and, in particular, increase the budget allocated to social sectors and address disparities on the basis of indicators related to children’s rights; <u>Data collection (§9b):</u> Recommends that the data collected and generated from the State party’s Statistics Agency be disaggregated, inter alia, by age, sex, geographic location, ethnicity and socio-economic background and is effectively used to inform policy makers, and that efforts be made to increase the capacity of the governmental agencies to analyze the data; <u>Independent monitoring (§10a,b):</u> The Committee welcomes the establishment of a Commissioner for Children’s Rights in 2016, and, with regard to its general comment No. 2 (2002) on the role of independent human rights institutions, recommends that the State party: ensure its independence, including with regards to its funding, mandate and immunities; improve the efficiency of the Children’s Rights Department in the Office of the Commissioner for Human Rights to receive and investigate individual complaints directly from children, including by raising the awareness of the public, in particular children, of the existence of such mechanism. <u>Health and health services (§31a,c):</u> Promptly take the necessary measures to increase the budget allocated to the health care system with a view to ensuring adequate access to primary health care services to all children, with particular attention to children in rural areas and from low-income families, including through implementation of the Strategic Plan for Further Reform of the Financing of Health Care (2015-2018) and through the introduction of compulsory health insurance coverage as foreseen by the Health Insurance Act (2008); 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></p> <p><u>Direct – Nutrition (§33c):</u> Intensifying its awareness raising efforts about the importance of breastfeeding for infants and nutrition, in general, for children, among the general public and, particularly, caregivers of children.</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fTJK%2fC0%2f3-5&Lang=en</p>
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	6	Vanuatu (2 nd periodic report)	no	<p><i>Indirect – Allocation of resources (§11): increase allocated budgetary resources for children to the maximum extent possible in accordance with article 4 of the Convention and in particular increase budget and expenditures for the Child Desk coordination within the Ministry of Justice and Community Services (MoJCS). <u>Data collection (§ 13c):</u> Strengthen data collection system which captures qualitative and quantitative disaggregated data on children, including children with disabilities, particularly at the provincial level, and provide appropriate human, technical and financial resources. <u>Independent monitoring (§15a):</u> Take measures to expeditiously establish an independent mechanism for monitoring human rights, including a specific mechanism for monitoring children’s rights that is able to receive, investigate and address complaints by children in a child-sensitive manner; <u>Health and health services (§ 37a,e,f,g):</u> Take measures to reduce infant and under 5 mortality due to neonatal conditions and preventable diseases, such as pneumonia, malaria and diarrhoea; Ensure that there exist adequate facilities for the treatment of children including sufficient well trained health workers for children and pregnant women, especially obstetric neonatal care facilities, particularly in the rural areas; Strengthen its efforts to improve access to basic health-care services for all children, particularly in rural and remote areas, and provide more resources to the mobile clinics so that they are more frequently available and reach a wider population; 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></p> <p><u>Direct – Breastfeeding (§37d):</u> Continue its breast-feeding activities such as baby-friendly hospitals and encourage mothers to follow the recommended infant and young child feeding practices and the newly developed guidelines on Maternal Infant Young Child Feeding;</p> <p>http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fVUT%2fCO%2f2&Lang=en</p>
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