

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 78 / May 2018

**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN ARGENTINA**



IBFAN
defending breastfeeding

April 2018

Data sourced from:

Argentina WBTi report 2017

Ministerio de Salud de la Nación

Multiple Indicator Cluster Survey 2011-2012

UNICEF

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SUMMARY

The following obstacles/problems have been identified:

- The rates of early initiation of breastfeeding and continued breastfeeding at 2 years are very low; monitoring of the IYCF practices is not carried out on a regular and systematic basis and including all the WHO/UNICEF indicators;
- The National Breastfeeding Committee is not fully representative of the entire territory and decisions taken do not easily reach all the levels of the administration (provinces);
- Not all the provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions are integrated in the national legislation; there is no evidence that the observatory in charge of monitoring Code violations is free of conflicts of interest and no information on a sanctioning mechanism;
- The Baby-Friendly Hospitals Initiative is not adequately implemented in the country, with only 10.4% of the total maternities accredited as Baby-Friendly; the number of external evaluators for assessment and re-assessment is insufficient;
- Women working in the informal sector are not covered by the national legislation on maternity protection; duration of maternity leave in five provinces is shorter than the minimum recommended by ILO; Argentina has not ratified ILO C183 on Maternity Protection;
- Training of health professionals on IYCF and inclusion of IYCF in the health curricula is not adequate; it is based on online courses, that are not accessible for the population with no access to internet;
- Infant Feeding in Emergencies (IFE) is not mentioned in the national disaster preparedness plan.

Our recommendations include:

- **Increase the overall rates of breastfeeding; monitor the IYCF practices using the WHO/UNICEF indicators; monitoring should be done on a regular and systematic basis.**
- **Ensure representation of the whole national territory in the National Breastfeeding Committee; improve communication between the different administrative levels.**
- **Include all the provision of the International Code and subsequent WHA resolutions in the national legislation;** ensure that the monitoring body is free of commercial influence and conflicts of interest; set up an effective sanctioning mechanism.
- **Strengthen the BFHI** and increase the number of certified facilities; increase the number of external evaluators.
- **Provide for training of health professionals on IYCF, making it accessible also for those without access to internet; include IYCF in the health curricula.**
- **Add IFE to the disaster preparedness plan and include a system to monitor baby food donations during emergencies; the Operational Guidance on IFE, developed by the ENN, should be implemented.**

1) General points concerning reporting to the CRC

In 2018, the CRC Committee will review Argentina’s combined 5th and 6th periodic report.

At the last review in 2010 (session 54), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#) to Argentina, recommending the State party to **“establish a national breastfeeding committee and systematically collect data on breastfeeding practices, ensuring at the same time the enforcement of the International Code of Marketing of Breast-milk Substitutes. The State party should also promote baby-friendly hospitals and encourage the inclusion of breastfeeding in nursery training.”** (§ 61, emphasis added)

Furthermore, the Committee made specific recommendation related to maternal and child health, urging Argentina to *“increase its efforts for the promotion of maternal and child health, including during pregnancy and birth”* and *“undertake a study into the determinants of the high percentage and stagnant rates of maternal and neonatal mortality, and urgently address them.”* (§ 59)

2) General situation concerning breastfeeding in Argentina

In Argentina, monitoring of the main IYCF indicators is not carried through a dedicated national survey, called *Encuesta Nacional de Lactancia Materna*, since 1998.

General data

	2013	2015	2016
Annual number of birth, crude (thousands)	-	753	-
Neonatal mortality rate (per 1,000 live births)	-	-	6
Infant mortality rate (per 1,000 live births)	-	-	10
Under-5 mortality rate (per 1,000 live births)	-	-	11
Maternal mortality ratio (per 100,000 live births)	-	52	-
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	97	99.6	-

Institutional delivery	99	-	-
C-section	29 ¹	-	-
Stunting (under 5 years) ²	8.2	-	-
Wasting (under 5 years) ³	1.2	-	-
Overweight (under 5 years) ⁴	9.9	-	-

Breastfeeding data

	2011 ⁵	2015
Early initiation of breastfeeding (within one hour from birth)	52.7%	57% ⁶
Exclusive breastfeeding under 6 months	32%	54% ⁷
Introduction of solid, semi-solid or soft foods (6-8 months)	96.6%	100% ⁸
Bottle-feeding	NA	NA
Continued breastfeeding at 2 years	29%	29% ⁹
Median duration of breastfeeding (months)	9.5 ¹⁰	-

Particularly alarming in Argentina is the **low rate of early initiation of breastfeeding**: 4 in every 10 children are not breastfed within one hour from birth. On the contrary, the rate of exclusive breastfeeding under 6 months increased significantly between 2011 and 2015, showing an increasing trend that hopefully will continue in the same direction.

The **rate of continued breastfeeding at 2 years is extremely low**, with only 3 out of 10 children receiving any breastmilk at 2 years of age. **Bottle-feeding**, i.e. the proportion of children 0-23 months of age who are fed with a bottle, is not included in the monitored indicators for IYCF in

¹ Data refers to 2011. Source : UNICEF

² Data refers to 2004-2005. Source : UNICEF/WHO/World Bank Joint Estimates Database

³ See above

⁴ See above

⁵ Source: Multiple Indicator Cluster Survey (MICS) 2011-2012

⁶ Situación de la lactancia materna en Argentina (2015), Ministry of Health, National Department for Maternity, Childhood and Adolescence. Available at:

www.unicef.org/argentina/spanish/Informe_Argentina.pdf

⁷ This rate is 30% when considering only children aged 6 months. Source: see above.

⁸ Source: World Breastfeeding Trends Initiative (WBTi) assessment report for Argentina (2017), available at:

www.worldbreastfeedingtrends.org/GenerateReports/countrysubmit.php?country=AR

⁹ Situación de la lactancia materna en Argentina (2015), Ministry of Health, National Department for Maternity, Childhood and Adolescence. Available at: see above

¹⁰ Data refers to 2007. Data retrieved from Argentina WBTi report 2017.

Argentina, while it is an important element to evaluate the potential interference of bottle-feeding with optimal breastfeeding practices.

As it will be explained, the poor implementation of the Ten Steps for Successful Breastfeeding in health facilities (with only 10% of the total facilities accredited as Baby-Friendly) is surely one of the reasons behind the overall insufficient application of the WHO recommendations about Infant and Young Child Feeding (IYCF). Lack of training of health professionals on how to support and advice mothers is another element that requires urgent measures.

4) Government efforts to encourage breastfeeding

National policies

Argentina can count with some specific legislative texts on breastfeeding¹¹ and a **National Breastfeeding Committee**. The Committee meets regularly since 1993. The legislative framework allows the Committee to be quite effective in its actions to promote and protect breastfeeding. However, an obstacle in the current structure is represented by the fact that the Committee has a fixed composition and, for this reason, **some provinces of the country remain underrepresented**. A suggestion would be to introduce a rotation in the membership of the Committee, or allowing a wider representation through remote participation to the Committee meetings.¹²

Another obstacle highlighted is the **difficult communication among the various administrative levels** in Argentina. Between the national level and the provinces level, there is an inadequate transmission of the information and decisions taken concerning policies on infant and young child feeding.¹³

Promotion campaigns

In Argentina, the government has a quite effective breastfeeding promotion strategy, through the media and through various information materials directly distributed to the public. However, because there is still an important proportion of population without access to the media and digital services, some messages do not reach the entire territory.

All the breastfeeding support activities promoted directly by the government are concentrated during the week of celebrations of the World Breastfeeding Week.

¹¹ Ley N° 26873 Lactancia Materna. Promoción y Concientización Pública.

¹² Argentina WBTi report 2017

¹³ See above

The International Code of Marketing of Breastmilk Substitutes

Many provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions have been integrated to the national law in Argentina.¹⁴

There is no information available about the fact that the observatory in charge of receiving Code violations is independent and free of commercial influence. Also, it is not clear whether a system of sanctions for Code violators has been set up or not. In fact, as reported in the Annex, violations of the Code keep occurring in Argentina.

For this reason, it is crucial that all the provisions of the Code and subsequent relevant WHA Resolutions are fully integrated to the national legislation. A monitoring mechanism should be set up, free of commercial influence, and a clear procedure for reporting violations should be provided.

Additionally, it has been reported that the health personnel is often not aware of the Code and of its role in the protection of breastfeeding.¹⁵ Similarly, it is reported that the staff in charge of emergency relief is not trained with respect to the Code. This serious gap should be urgently addressed.¹⁶

Courses / Training of Health Professionals

The courses on breastfeeding that are intended for health professionals are mostly online courses and this prevents all those who do not have easy access to internet from participating to these trainings. More material for training of health professionals on breastfeeding should be made available all across the country and its provinces, including the most remote areas. Furthermore, more coordination between the national and local levels is strongly recommended.

Breastfeeding Support

There is no national strategy for breastfeeding support. The celebrations for the World Breastfeeding Week are the only occasion during which specific ateliers of breastfeeding support are organized.

¹⁴ Laws of reference in Argentina: Law N° 26.873 on Breastfeeding - Public promotion and awareness-raising; Law N° 18.284 Argentine food code. Chapter XVII: dietetic foods; Resolution N° 54/97 of the Ministry of Health and Social Action (MSyAS).

¹⁵ Source : WBTi report 2017

¹⁶ See above

5) Baby-Friendly Hospital Initiative (BFHI)

As of 2016, 66 out of the total 278 maternities providing essential antenatal and neonatal services¹⁷ in Argentina have been accredited as ‘Baby-Friendly’, since the launch of the BFHI in the country (24%). However, according to a 2013 report from UNICEF, there are a total of 630 maternities in Argentina and this reduces the **proportion of Baby-Friendly facilities to only 10.4% of the total**. Additionally, 2 out of the 66 Baby-Friendly facilities were not operational anymore in 2016.

The WBTi assessment done in 2016 and published in 2017, for Argentina, shows also that only 19 health centers in the country have been accredited as ‘Baby-Friendly’ since the launch of the BFHI in 1994. The total number of health centers is not specified.

Obstacles identified include the lack of financial resources to properly implement the Initiative, as well as the insufficient number of external evaluators to assess the respect of the BFHI criteria by the health facilities.

There is an urgent need to strengthen the BFHI in the country and to increase the number of accredited facilities. This should be accompanied by a system of regular external evaluation and reaccreditation, to guarantee that the accredited facilities keep respecting the Ten Steps to Successful Breastfeeding.

6) Maternity protection for working women

Maternity leave

Maternity protection is guaranteed in Argentina by the following laws:

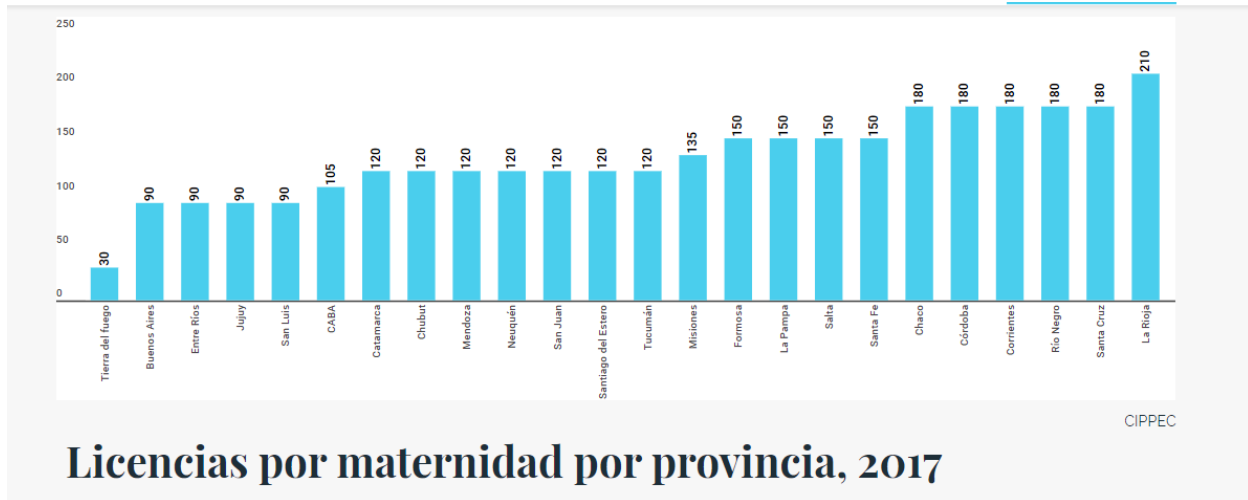
- *Ley Nº 26.873 de Lactancia Materna. Promoción y Concientización Pública.*
- *Ley Nº 2.958 Implementación de Lactarios en las Instituciones del Sector Público. Ciudad Autónoma de Buenos Aires.*
- *Ley Nº 20.744 de Contrato de Trabajo. Artículo 179 “Descansos por Lactancia”.*

The duration of maternity leave is very diverse in Argentina, varying incredibly between the various provinces. As it can be seen in the graph¹⁸, five provinces provide for maternity leave

¹⁷ Maternity services meeting the criteria for Antenatal and Neonatal Essential Care – Condiciones Obstétricas y Neonatales Esenciales (CONE).

¹⁸ Graph developed by CIPPEC – Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento, available at: www.cippec.org/grafico/licencias-por-maternidad-por-provincia-2017/

below the minimum duration recommended by the International Labour Organization, that is 14 weeks (ILO C183).



Licencias por maternidad por provincia, 2017

The national legislation provides for 100 days of maternity leave, for the workers employed under the *Convenio Colectivo del Sector Público* and 90 days for those employed under *Convenio ANSES, Lotería Nacional Sociedad del Estado, Ley de Contrato de Trabajo*. **The informal sector is not included in the national provisions regarding maternity protection.**

Breastfeeding breaks

A woman worker who is a nursing mother shall be entitled to two breaks of half an hour each during working hours to nurse her child and shall enjoy such entitlement for a period not exceeding 1 year from the date of the child’s birth, except where it is necessary on medical grounds for her to nurse her child for a longer period.

When there is a minimum number of workers (as stated by legal provisions), the employer should provide for nursing facilities.

Argentina has ratified in 1933 the ILO Convention 3 (1919) on Maternity Protection. However, **it has not ratified the last ILO Convention 183 (2000) on Maternity Protection, providing for minimum 14-week maternity leave.**

7) HIV and infant feeding

In 2015, the estimate number of pregnant women living with HIV in Argentina was 1’600, according to UNICEF data. Among them, 1’481 women had received antiretroviral therapy

(ART) for prevention of mother-to-child transmission (PMTCT), meaning 93% of the total pregnant women living with HIV. In the same year, the estimated number of newly infected children (aged 0-14 years) was lower than 100 and the rate of mother-to-child transmission was 3%.

However, the national policy concerning infant feeding and HIV states that HIV-positive mothers should not breastfeed at all. The policy provides even for the pharmaceutical inhibition of prolactin¹⁹ and free distribution of breastmilk substitutes for newborns until 6 months.

The policy should be based on an assessment of the current situation in the country, and possibly in line with the last WHO Guidelines on Infant Feeding and HIV (2016), which recommend breastfeeding even in case of HIV-positive mothers, if the mother is receiving ARTs²⁰.

8) Infant feeding in emergencies (IFE)

It is not clear whether a national plan of emergency preparedness including guidelines regarding IYCF has been set up, and if a national coordinator has been appointed. Such plan should be designed in line with the ENN Operational Guidance for Emergency Relief Staff and Programme Managers²¹, to ensure that *“decision-makers, planners and donors meet their responsibilities set out in the UNICEF/WHO Global Strategy on Infant and Young Child Feeding, in article 24 of the Convention of the Rights of the Child and the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding, welcomed unanimously by the 2006 World Health Assembly”²².*

¹⁹ Prolactin is the hormone enabling breasts to produce milk.

²⁰ The Recommendation states : Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or beyond (similar to the general population) while being fully supported for ART adherence. Full 2016 WHO Guidelines available at: http://ibfan.org/docs/HIV_IF_Guideline_final-29July2016_low_res.pdf

²¹ The full text of the IFE Operational Guidance is available at : <https://www.gifa.org/infant-and-young-child-feeding-in-emergencies-operational-guidance-version-3-0/>

²² Text quoted from the Mandate of the OG-IFE.

ANNEX

Examples of violations of the International Code of Marketing of Breastmilk Substitutes reported in the 2017 *Breaking the Rules, Stretching the Rules* global monitoring report²³

DANONE: In Argentina where only certain aspects of the Code are incorporated into the Argentine Food Law via administrative decisions with no enforcement powers, the Code is treated with impunity by NutriciaBagó, Danone’s business unit in the country.



This home page describes how the Nutriacademia Profutura Programme accompanies mothers in their journey in motherhood, “from conception to early childhood of your child”. A full range of Nutricia Profutura products then unfurls as one dives deeper into the website.

Visitors to the nutriacademia website (<https://www.nutriacademia.com.ar/home#seccionpresentacion>) are greeted with text which reads, “the future health of your baby is already in your hands”. That future rests obviously on Nutricia Profutura products described as “the most advanced nutrition based on age helps parents lay the foundation for future health.” Going further into the website, visitors will discover that the company provides a full range of products “to respond to all your child’s needs”. Parents are reminded that every nutritional choice they make during

the early stages of life will define the future health of their child. They are offered access to professionals – midwives and lactation consultants who are ‘Profutura’ experts.

- Nutricia Bagó, also performs promotional activities in public places. To attract mothers, the company distributes full size samples of Nutrilon Profutura cereal products for children above 6 months. The packaging of these products resembles those of Nutrilon Profutura formula products.



Editorial note: Under the 2016 WHO Guidance on Inappropriate Promotion of Foods for Infants and Young Children, the packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breastmilk substitutes so that there is no cross promotion.

²³ *Breaking the Rules, Stretching the Rules* (2017) IBFAN-ICDC. The report is available at : <https://www.ibfan-icdc.org/publications-for-sale/>