

81th Session of the Committee on the Rights of the Child

RECOMMENDATIONS RELATED TO INFANT AND YOUNG CHILD FEEDING

From May 13 to May 31, 2019, the [Committee on the Rights of the Child](#) (CRC Committee) held its 81st Session in Geneva.

The CRC Committee reviewed the implementation of the [Convention on the Rights of the Child](#) in 6 countries: Tonga, Malta, Singapore, Cote d'Ivoire, Cabo Verde and Botswana. IBFAN submitted two alternative reports on the situation of infant and young child feeding in [Malta](#) and [Singapore](#). Direct advocacy during the session allowed the Committee members to address relevant questions on the status of IYCF policies to the other countries under review.

Recommendations related to Breastfeeding

In its [Concluding Observations](#), the CRC Committee referred specifically to breastfeeding for all countries under review with the exception of Cote d'Ivoire. The recent National Policy and Action Plan on Breastfeeding (2015-2020) of Malta was welcomed, while Tonga, Singapore and Botswana were invited to develop a national programme for the protection, promotion and support of breastfeeding. Child malnutrition was highlighted as a reason of concern in the concluding observations to all states parties.

Breastfeeding Protection, Promotion and Support

Breastfeeding was mentioned by the Committee in the concluding observations to five countries out of six. Implementation of the ***International Code of Marketing of Breastmilk Substitutes*** was recommended to Tonga, Malta and Singapore. While Cabo Verde and Botswana were invited to monitor Code implementation. Cabo Verde and Botswana were also recommended to systematically collect data according to WHO indicators. Cote d'Ivoire and Botswana also received the recommendation to take into account 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](#)). The Technical Guidance makes direct reference to breastfeeding protection and support, and calls for the implementation

and monitoring of the International Code of Marketing of Breastmilk Substitutes. Furthermore, the CRC Committee addressed the relation between **children's rights and the business sector** in its Concluding Observations to Malta, Singapore, Cote d'Ivoire and Cabo Verde affirming the need to establish a legally binding framework in order to hold businesses accountable whenever they negatively affect children's rights.

ILO Convention 183 on Maternity Protection was specifically mentioned in the concluding observations to Singapore and Cabo Verde. Both states were invited to consider ratifying the convention.

The CRC Committee recommended Tonga, Singapore, Botswana to invest in programmes to promote breastfeeding, including **awareness-raising campaigns**. Malta and Singapore were also recommended to invest in **breastfeeding counseling** structures at hospitals and clinics. Additionally, Tonga, Malta, Singapore, Cabo Verde and Botswana received the recommendation to implement the **Baby-Friendly Hospital Initiative**.

Other relevant recommendations

The recommendation to improve **data collection** on all areas of the Convention was made to all countries under review, with the exception of Singapore. Data should be disaggregated by age, sex, disability, geographic location, and socioeconomic background. All countries were also recommended to **allocate adequate resources** for children's rights realization.

Tonga, Cote d'Ivoire and Botswana were recommended to undertake measures to reduce **Child mortality rates**. In the case of Cote d'Ivoire, the committee underlined the need to focus especially on preventing avoidable deaths caused by infectious diseases. **Malnutrition** was also addressed in the concluding observations of all countries under review, with the exception of Singapore. In the case of Tonga and Malta, these were focused on reducing child obesity rates by promoting healthy diets and lifestyles. The recommendations to Cabo Verde, Botswana and Cote d'Ivoire relate to under-nutrition. While the latter did not have a specific recommendation on breastfeeding, it was indeed recommended, in this context, to combat malnutrition and take measures to reduce the high rate of low-weight births and stunting.

The committee also issued recommendations concerning **access to healthcare services** to Tonga, Cote d'Ivoire and Botswana, which were recommended to improve access to quality healthcare services and in the case of Cote d'Ivoire, free healthcare services for pregnant women and children. Tonga and Cote d'Ivoire were

also requested to ensure that living conditions of **children of imprisoned parents** are adequate, including access to health and early childhood development services.

HIV/AIDS was addressed to Botswana and Cabo Verde. Both were invited to strengthen their efforts to reduce Mother to Child Transmission and Botswana was recommended to increase the coverage of anti-retroviral therapy for pregnant women living with HIV.

In line with current priorities, the Committee also issued recommendations on **environmental health**. It recommended Malta to place the rights and participation of children at the center of national and international climate change adaptation and mitigation strategies. Cabo Verde on the other hand, was requested to ensure that the vulnerabilities of children are taken into account when developing policies and programmes to address climate change.

All 6 countries were recommended to **allocate adequate resources** for the implementation of the convention and to ensure that there is an **independent monitoring mechanism** for children's rights. Tonga, Malta, Singapore, Cabo Verde and Botswana also received a recommendation to increase **dissemination, awareness-raising and training** on the Convention on the Rights of the Child.

Lastly, the Committee requested Singapore, Cabo Verde and Botswana to strengthen their **cooperation with civil society** in implementing the Convention on the Rights of the Child.

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

Session 79 – September 2018	Country		IBFAN report	Summary of recommendations on IYCF
	1	Tonga (1 st periodic report)	no	<p><u>Indirect – Allocation of resources (§12):</u> the State party in planning its future budgets increase allocated budgetary resources for children to the maximum extent possible in accordance with article 4 of the Convention and establish a budgeting process that includes a child rights perspective and specifies clear allocations to children in the relevant sectors and agencies, with specific indicators and a tracking system. <u>Data collection (§14):</u> (a) Strengthen its effort to develop a comprehensive system of disaggregated data collection covering all areas of the Convention, with a specific focus on children in vulnerable situations, including children living in rural areas, outer islands and children with disabilities; (b) Ensure linkages between line-ministry data collection systems and the central system. <u>Independent monitoring (§16):</u> (a) Take measures to expeditiously establish an independent mechanism for monitoring children's rights that is able to receive, investigate and address complaints by children in a child-sensitive manner. <u>Dissemination, awareness-raising and training (§18):</u> (a) Consider reviving the National Coordination Committee for Children (NCCC) to enable it to take a leading role in raising awareness about all areas covered by the Convention; (b) Strengthen community-awareness programmes, campaigns and efforts to ensure that the provisions and principles contained in the Convention, including those related to environment and children's rights, are widely recognized and understood and ensure that children, parents, communities and church leaders play a key role in such initiatives; (c) Provide training on the Convention to the professionals working with children, particularly those in the justice system, such as magistrates, probation officers, social workers, police and prison officers. <u>Children of imprisoned parents (§44):</u> (a) Ensure that living conditions for children in prison with their mothers, including access to health and early childhood development services, are adequate for the child's physical, mental, moral and social development. <u>Health and health services (§48):</u> (a) Strengthen primary health care for children, particularly in remote areas and outlying islands; (b) Take measures to reduce infant and under 5 mortality due to perinatal and neonatal conditions; [...] (d) Increase efforts to improve access to basic health-care services for all children, particularly in rural and remote areas/outlying islands, and provide more resources to the mobile clinics so that they are more frequently available and reach a wider population; (e) Take measures to reduce child mortality due to non-communicable diseases by focusing on both prevention and management; (f) Reduce the risk of non-communicable diseases later in life by increasing early childhood obesity prevention interventions informed by reliable disaggregated data on children; (g) Further develop school-based policies for healthy eating and physical education, promote nutritionally balanced meals, including larger amounts of fruits and vegetables in school meals and continue to discourage school canteens from serving "fizzy" drinks, junk food and food high in sugar;</p> <p>Direct – Health and health services: §48 (h) :</p>

			<p>Strengthen breast-feeding initiatives 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; strengthen data collection according to WHO indicators and fully incorporate the standards of the International Code of Marketing of Breast-Feeding Substitutes;</p> <p>Link to the full Concluding Observations</p>
2	Malta (3 rd to 5 th periodic reports)	yes	<p><i>Indirect – Allocation of resources (§11):</i> set up a budgeting process that includes a child-rights perspective, specifies clear allocations to children, 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. <i>Data Collection (§12):</i> continue to improve its data-collection system, and regularly collect and analyse data covering all areas of the Convention and its Optional Protocols, disaggregated by age, sex, disability, ethnic and national origin and socioeconomic background in order to facilitate analysis on the situation of all children, particularly those in situations of vulnerability. <i>Independent monitoring (§13):</i> take appropriate measures to strengthen the independence of the Office of the Commissioner for Children, by ensuring that it is provided with adequate specific and separate human, technical, and financial resources as well as the immunities required for it to effectively carry out its function, including dealing with complaints from or for children in a child-sensitive and expeditious manner. <i>Dissemination, awareness-raising and training (§14):</i> (a) Intensify its efforts to disseminate information on the Convention and its Optional Protocols, including by conducting awareness raising programmes, to children, in a child-friendly manner, to families, the general public, faith-based organizations, legislators and judges; (b) Periodically conduct specific training sessions on the Convention and the Optional Protocols for all professionals working for and with children. <i>Children’s rights and the business sector (§17):</i>(a) Review and adapt its legislative framework to ensure that business enterprises and their subsidiaries operating in or managed from the State party’s territory do not negatively affect children’s rights [...]; (b) Establish monitoring mechanisms for the investigation and redress of such abuses, with a view to improving accountability, transparency and the prevention of violations to the Convention and its Optional Protocol [...]. <i>Nutrition (§35) :</i> intensify its efforts in promoting healthy lifestyles and raising awareness of healthy nutrition, and particularly in combatting child obesity. <i>Environmental health (§37):</i> (b) Place the rights and participation of children at the centre of national and international climate change adaptation and mitigation strategies.</p>

			<p><u>Direct – Breastfeeding (§36):</u> The Committee welcomes the National Breastfeeding Policy and Action Plan (2015-2020), and recommends that the State party fully implement the International Code of Marketing of Breast-milk Substitutes and the Baby-friendly Hospital Initiative, and strengthen its efforts to promote and support breastfeeding, including through campaigns to promote the long-term benefits of breastfeeding to mother and child and providing support to mothers through counselling structures at hospitals and clinics.</p> <p>Link to the full Concluding Observations</p>
3	Singapore (4 th and 5 th periodic reports)	yes	<p><u>Indirect – Allocation of resources (§ 11):</u> (a) Establish a budgeting process, which includes a child rights perspective and specifies clear allocations to children in the relevant sectors and agencies, including specific indicators and a tracking system; (b) Establish mechanisms to monitor and evaluate the adequacy, efficacy and equitability of the distribution of resources allocated to the implementation of the Convention. <u>Independent monitoring (§13):</u> (a) Take immediate and concrete steps to 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>Dissemination, training and awareness-raising (§14)</u> : strengthen its efforts to provide regular and systematic trainings on the principles and provisions of the Convention for all professional groups working for and with children, such as judges, lawyers, law enforcement officials, civil servants, personnel working in institutions and places of detention for children, teachers, health personnel, including psychologists, and social workers. <u>Cooperation with civil society (§15):</u> take concrete steps to systematically involve children’s organizations in the planning, implementation, monitoring and evaluation of policies, plans and programmes related to children’s rights. <u>Children’s rights and the business sector (§16):</u> (a) Establish a clear regulatory framework for the companies operating in the State party to ensure that their activities do not negatively affect human rights or endanger environmental and other standards, especially those relating to children’s rights; (b) Ensure effective implementation by companies, especially industrial companies, 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; (c) Require companies to undertake assessments, consultations, and full public disclosure of the environmental, health-related children’s rights</p>

			<p>impacts of their business activities and their plans to address such impacts. (d) Require companies to undertake due diligence in their operations and across supply chain with regard to the harmful effects of environmental degradation on children's rights.</p> <p><u>Direct – Breastfeeding (§37):</u> The Committee recommends that the State party fully implement the International Code of Marketing of Breast-milk Substitutes and develop a national programme for the protection, promotion and support of breastfeeding through comprehensive campaigns, provide appropriate support to mothers through counselling structures in hospitals, clinics and the community and implement the Baby-friendly Hospital Initiative throughout the country. The Committee further recommends that the State party consider ratifying ILO Maternity Protection Convention, 2000, (No.183).</p> <p>Link to the full Concluding Observations</p>
4	Cote d'Ivoire (2 nd periodic report)	no	<p><u>Indirect – Allocation of resources (§9) :</u> (a) Increase the budget allocations for the implementation of all policies, plans, programmes and legislative measures in favour of children in the relevant sectors, with priority given to the areas of social protection, primary health care and education, ensuring that children in disadvantaged or vulnerable situations benefit from the allocations; [...] (c) Ensure transparent and participatory budgeting through anti-corruption measures and inclusive processes through which civil society, the public and children can participate in all stages of the budget process. <u>Data collection (§11):</u> Create an integrated and comprehensive data collection and management system, covering all areas of the Convention and its Optional Protocols, with data disaggregated by age, sex, type of disability, geographic location, socioeconomic background, and national and ethnic origin. <u>Independent Monitoring (§12):</u> ensure that the newly established National Human Rights Council and its Commission for the Protection of Children is allocated with the necessary human, technical and financial resources, to fulfil its mandate, including to receive, investigate and address complaints by or for children in a child-friendly and sensitive manner. <u>Child rights and the business sector (§16):</u> (a) Adopt and implement regulations to hold the business sector accountable for complying with international standards, including on labour and the environment, that are relevant to children's rights. <u>Children in prison with their mothers (§43):</u> (a) Ensure that conditions for children living with imprisoned mothers, including access to health and early childhood development services, are provided for the child's physical, mental, moral and social development. <u>Health and Healthcare services (§45):</u> (a) Ensure that sufficient budgetary allocations to health services are</p>

			<p>mobilized and establish clear budget lines for children’s health; (b) Consider expanding the free targeted health care service, introduced in 2011, ensure that children and pregnant women have access to it in all parts of the State party and decrease the disparity in access to health services, to safe water and to adequate sanitation between urban and rural areas, with a particular focus on measures to address the contamination of water; (c) Continue to significantly invest in measures to decrease maternal mortality and preventable deaths of new-borns and of children under 5 years of age, particularly avoidable deaths related to infectious disease, the lack of professional assistance during childbirth, low immunization coverage and the prevalence of malnutrition; ensure that sufficient blood bags are available, particularly during caesarean deliveries; 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); [...] (f) Strengthen measures to combat malnutrition and to reduce the high rate of low-weight births and stunting, including by introducing evidence-based measures to effectively improve the birth weight of infants and the nutritional status of infants, children and mothers and by increasing the human, technical and financial resources allocated to the multi-sectoral nutrition plan for 2016-2020 and to the national policy to improve school canteens.</p> <p><u>Direct: N/A</u></p> <p>Link to the full Concluding Observations</p>
5	Cabo Verde (2 nd periodic report)	no	<p><u>Indirect – Allocation of resources (§12):</u> (a) Utilize a child-rights approach in the elaboration of the State budget, by implementing a tracking system for the allocation and the use of resources for children throughout the budget; (b) Use this tracking system for impact assessments on how investments in any sector may serve the best interests of the child, ensuring that the different impact of such investment on both girls and boys is measured <u>Data collection (§14):</u> expedites the creation of the Child and Adolescent Observatory and of a data collection system covering all areas of the Convention and disaggregated by age, sex, disability, geographic location, national and/or ethnic origin and socioeconomic background to facilitate analysis on the situation of all children, particularly those in situations of vulnerability, 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. <u>Independent Monitoring (§16):</u>(a) Adopt a law establishing the CNDHC as an independent</p>

			<p>mechanism for monitoring human rights, including child rights, guaranteeing its independence with regards to its funding, mandate and immunities, and ensuring full compliance with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles); (b) Clearly define the responsibilities of the Ombudsperson office regarding children's rights; (c) Ensure that the CNDHC is able to receive, investigate and address complaints by children in a child-sensitive manner; to ensure the privacy and protection of child victims, and undertake monitoring, follow-up and verification activities for child victims. <u>Dissemination, awareness-raising and training (§18)</u>: strengthen its efforts to disseminate information about children's rights, including the Convention and its Optional Protocols, through systematic and continuous awareness-raising programmes and campaigns specifically targeting children, parents, and professionals who work with and for children, by promoting the active involvement of children in public outreach activities and by reinforcing child-friendly media engagement, including social media. <u>Cooperation with civil society (§20)</u>: strengthen the institutional framework with civil society organizations working on the rights of the child, by establishing a multisector coordination framework between public institutions and non-governmental organizations, with a view to maximize resources and results. <u>Children's rights and the business sector (§22)</u>: a) Establish and implement regulations to ensure that the business sector, in particular tourism and business exploiting natural resources, complies with international human rights and environment standards, particularly with regard to children's rights. <u>Health and Healthcare services (§61)</u>: maintain continued and sustained efforts to address the main health issues affecting young children such as perinatal affections, acute respiratory infection, tuberculosis, diarrhoeal diseases, goitre and poliomyelitis, and to provide quality care to and new-borns, paying attention to all islands. <u>HIV/AIDS (§67)</u>: strengthen its efforts to prevent mother-to-child transmission of HIV/AIDS and sustain the follow-up treatment for HIV/AIDS-infected mothers and their infants. <u>Nutrition (§69)</u>: ensure that the Home Fortification Initiative with Multiple micronutrient powders to reduce the iron-deficiency anemia for children less than 5 years has the necessary resources for its effective implementation. <u>Impact of climate change on the rights of the child (§73)</u>: (a) Ensure that the special vulnerabilities and needs of children, as well as their views, are taken into account in developing policies or programmes addressing the issues of climate change and disaster risk management; (b) Collect disaggregated data identifying the types of risk faced by children to the occurrence of a variety of disasters to formulate responses accordingly;</p> <p>Direct – Breastfeeding (§71): establish a data collection system according to WHO indicators;</p>
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				<p>monitor the implementation of the Code; implement the Baby-friendly hospital initiative throughout the country, and consider ratifying ILO convention No. 183.</p> <p>Link to the full Concluding Observations</p>
6	Botswana (2 nd and 3rd report)	no	<p><i>Indirect – Allocation of resources (§12)</i> (a) Allocate adequate human, financial and technical resources for the implementation of all policies, plans, programmes and legislative measures directed at children; (b) Introduce a child rights perspective into the budgeting process that 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. <i>Data collection (§13)</i>:(a) Expeditiously establish the Social Registry and ensure that it functions as a comprehensive data collection system that covers all areas of the Convention and is disaggregated by age, sex, disability, nationality, geographic location and socioeconomic background in order to facilitate analysis on the situation of all children; (b) Ensure the effective coordination and harmonization of data collection by the ministries concerned, civil society organizations and development partners to avoid duplication and discrepancies in data, including by widely sharing the data and indicators available; (c) Ensure that data is used for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention. <i>Independent Monitoring (§14)</i> (a) Expeditiously amend the Ombudsman Act to create an independent national human rights institution in compliance with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles), and ensure that it has a clear mandate to effectively monitor children’s rights and receive, investigate and address complaints by children in a child-sensitive manner. <i>Dissemination, awareness-raising and training (§16)</i> (a) Strengthen its efforts to increase nationwide awareness of the Convention and the Children’s Act, in close cooperation with civil society organizations, paying particular attention to remote and rural areas; (b) Provide adequate and systematic training to professional groups working with and for children, such as parliamentarians, law enforcement officials, teachers, lawyers, health professionals and community leaders. <i>Cooperation with civil society (§18)</i>:(a) Strengthen cooperation with civil society organizations working in the field of children’s rights, provide them with the necessary protection and systematically</p>	

			<p>involve them in the development, implementation, monitoring and evaluation of laws, policies and programmes related to children; (b) Provide civil society organizations with the support necessary to implement their activities in all areas relating to the promotion and protection of the rights of the child while respecting their freedom of association and assembly; (c) Formalize the engagement of civil society organizations in the Thematic Working Groups of Vision 2036. <u>Right to life, survival and development (§26)</u>: (a) Allocate sufficient resources to the Integrated Reproductive Maternal, Neonatal, Child, Adolescent and Nutrition Strategy, with a view to accelerating progress in addressing the issues of poverty, social security and health and ensuring the full exercise by children of the right to life, survival and development; (b) Strengthen measures to eliminate preventable infant and under-five mortality by, inter alia, improving prenatal care, providing training to health service personnel on the prevention and clinical management of the leading causes of newborn and child deaths, and applying 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); (c) Establish a mechanism for the effective implementation, monitoring and evaluation of the Early Childhood Development Policy Framework. <u>Health and Healthcare services (§46)</u>: (a) Prioritize measures to improve access to quality health-care and nutrition services, including by allocating sufficient financial resources, ensuring the availability of qualified health staff, particularly in remote areas, and waiving fees for non-national children who cannot afford basic health services; [...] (c) Invest in measures to ensure that health-care services are child-friendly, including through the training of health-care personnel to address the specific needs of children and adolescents; <u>HIV/AIDS (§49)</u>: (c) Sustain the measures in place to prevent mother-to-child transmission of HIV by ensuring the implementation of effective preventive measures in remote areas and improving follow-up treatment for mothers infected with HIV and their infants; (d) Improve coverage of antiretroviral treatment for children, including children of foreign nationality, and pregnant women infected with HIV;</p> <p><u>Direct – Health and healthcare services (§46)</u>: (b) Continue targeted interventions to prevent the stunting and undernourishment of children and to combat obesity, including the promotion of proper infant and young child feeding practices, provision of nutritional supplements, and raising public awareness of nutrition issues and healthy eating habits; [...] (d) Systematically collect data on breastfeeding, effectively monitor the implementation of the International Code of Marketing of Breast-milk Substitutes and the Baby-</p>
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International Baby Food Action Network

Geneva Infant Feeding Association



				<p>Friendly Hospital Initiative and develop a national programme to raise awareness on the importance of breastfeeding among families and the general public.</p> <p>Link to the full Concluding Observations</p>
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