BREASTFEEDING AND THE RIGHT OF THE CHILD TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH

Contribution to the General Comment on the Child's Right to Health
By the **International Baby Food Action Network (IBFAN)**

This submission sets out the reasons why breastfeeding is a key issue on which the General Comment on the right to health of children should also concentrate, and indicates how the CRC Committee may wish to address this issue. Based on our experience and current evidence, we make the following **recommendations**:

The General Comment should:

- Acknowledge optimal infant and young child feeding practices as recommended by the WHO to represent a key contribution to the highest standard of health for infant and young children, also in terms of meeting the right to adequate food and nutrition of this particular age group.

- Call on governments to formulate, implement, monitor and evaluate a comprehensive **national policy** on infant and young child feeding which spells out specific measures under the protect, promote and support framework, and which should be accompanied by a detailed **action plan** and adequate **resources** to ensure successful implementation.

- Call on governments to take action according to the ***Protect, Promote and Support framework***:
  - **PROTECT**

    The General Comment should recognize the right of women and parents not to be exposed to undue pressure from breastmilk substitute producers and distributors through advertising or any other form of promotion. It should call on State parties to fully implement, enforce and monitor the *International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.*

    The General Comment should urge States to adopt appropriate maternity protection legislation to protect and support women's right to breastfeed in public and at work in order to ensure exclusive breastfeeding for the recommended period of 6 months and continued breastfeeding for up to 2 years.

  - **PROMOTE**

    The General Comment should urge States to promote breastfeeding as the norm to feed infants through information, education and communication means especially in countries where artificial and mixed feeding have been considered the norm for decades. State Parties should also consider support to civil society led social mobilisation efforts, such as the World Breastfeeding Week.

  - **SUPPORT**

    The General Comment should address the obligation of State parties to ensure that women and parents have access to a comprehensive range of health services that support them in their decision to breastfeed their infants. State parties should ensure that hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding. The Baby-Friendly Hospital Initiative should be supported and revitalized as a key initiative.

- **Recall the responsibility of non-state actors:**
  - The responsibility of **infant food manufacturers and distributors** to comply with the International Code of Marketing of Breastmilk Substitutes, in line with the role assigned to them by the Global Strategy on Infant and Young Child Feeding;
  - The responsibility of **health care workers** to have accurate information about IYCF and their responsibilities under the Code;
  - The role of **public-interest civil society actors** to monitor and denounce violations of the Code.

Breastfeeding and the right of the child to the highest attainable standard of health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. Breastfeeding is key during this critical period. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended. The scientific evidence is unambiguous: exclusive breastfeeding for 6 months followed by appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond, provides the key building block for child survival, growth and healthy development[i]. Thus, this is also the infant and young child feeding practice recommended by the World Health Organisation (WHO)[ii]. This optimal practice contributes to the highest standard of health for infant and young children and thus forms an integral part of the Article 24 of the Convention on the Rights of the Child on the right of the child to the highest attainable standard of health.

Breastfeeding as key to child survival and child health: Globally, more than one third of child deaths are attributable to undernutrition[iii]. The 2008 Lancet Series on Maternal and Child Undernutrition reviews the scientific evidence and concludes that "*Breastfeeding has been shown to reduce mortality in infants and young children (…) Epidemiological evidence suggests that beginning breastfeeding within the first day after birth lowers mortality, even in exclusively breastfed infants*"[iv]. Sub-optimal breastfeeding practices increase newborn infections by six times, diarrhoea by three times and pneumonia by 2.5 times, the three major killers of infants before they reach their first birthday[v].

The impact of breastfeeding on child health can be summarized as:

- protection: diarrhea, respiratory diseases, middle ear and urinary tract infections;
- immunological protection (colostrum -first milk) and enhanced immune functions;
- promotion of correct development of jaw and teeth;
- improved cognitive development, visual and hearing function;
- decreased risk, compared to artificially fed infants: chronic diseases (obesity[vi], cancer, adult cardiovascular diseases, allergic conditions and diabetes). The prevention of obesity is all the more important as also many developing countries are facing a double burden of malnutrition: breastfeeding represents a response to both undernutriton for infant and young children and the prevention of obesity.

Complementary feeding or the nutrition given to the infant older than 6 months in addition to continued breastfeeding, is also key to survival. Growth reference analyses for developing countries has consistently s shown falling off after the early months, while research has shown that little can be done for growth recovery after the first two to three years.

Breastfeeding and maternal health. Impact of breastfeeding on mothers tends to be less known, yet it is critically important:

- less postpartum bleeding, decreased incidence of osteoporosis, risk reduction of ovarian-, breast- and other reproductive cancers later in life, delay of the return of fertility;
- enhanced self-esteem, lower rates of depression after giving birth, better return to pre-pregnancy weight, stress reduction and mother-baby bonding.

Early and exclusive breastfeeding also increases gender equality by providing the best start for all children, boys and girls, irrespective of levels of family income. Women's and children's right to adequate food, nutrition, and health must not be interpreted as a right or a duty of a woman to breastfeed. Such a perspective would reflect rampant discrimination and violence against women. It would attempt to shift further the burden of obligations to protect, respect, and fulfil the right to adequate food from state and non-State actors to women, the most vulnerable members of society at the most fragile moments of their existence.

The health risks of artificial feeding[vii]: Artificial feeding is inferior to breastfeeding as it denies the child the positive effects of breastfeeding highlighted above and it increases the risks of exposing the child to pathogenic organisms and substances, introduced through the process of reconstitution or contained in the food stuff itself because powdered infant formula that meets current standards is not a sterile product and may occasionally contain pathogens[viii]. Few parents and caregivers know that powdered formulas, even in unopened tins or packets, may contain harmful bacteria. These bacteria thrive in warm milk, multiply rapidly and can result in serious illness such as meningitis, necrotising enterocolitis, septicemia and even death. This risk is greatest in areas of the world with hot climates, lacking refrigeration and adequate water and fuel to prepare the product as safely as possible[ix].

Challenges to optimal infant and young child feeding (IYCF)

Barriers to optimal infant and young child feeding contribute to 1.4 million preventable deaths annually in children under five, the majority of whom are dying already during the first month of life. Only slightly more than one third of all infants in developing countries are exclusively breastfed for the first six months of life. Early cessation of breastfeeding in favor of commercial breastmilk substitutes and the needless supplementation and poorly timed introduction of other foods, often of poor quality, are far too common.

Correct and unbiased information: Information available to people regarding exclusive breastfeeding and other optimal infant feeding practices is grossly inadequate. There is a poor understanding of the fact that breastfeeding should be regarded as a **norm** and artificial feeding as a substitute that can never be equal to the norm[x] , and how much support a mother needs to succeed in practicing exclusive breastfeeding for the first six months and to continue for 2 years or beyond. The reason seems to be simple; very little resources have been spent in this area.

Breastfeeding and the Baby Food Industry: The most important aspect of protection of breastfeeding and adequate complementary feeding is represented by the need to challenge the negative impact of the commercial marketing of breastmilk substitutes. The marketing practices of the baby food industry were identified as one of the major causes. The companies too often undermine breastfeeding by making unethical and unfounded claims about their products and by marketing them in coercive and deceptive ways. This commercial malpractice has a direct, negative impact on the realization of rights of children and women, in particular on the right to health and to adequate food.

Recognition of the negative effects of these practices on child health and survival motivated the adoption, in 1981, of ***the International Code of Marketing of Breastmilk Substitutes***, and subsequent resolutions by the World Health Assembly (the Code). The Code is a minimum global standard to promote appropriate infant and young child feeding and to protect it from commercial malpractice. Many countries have adopted at least some provisions of the Code in national legislation, yet the situation is grossly suboptimal. Companies have an obligation to comply with the Code regardless of any government action, yet monitoring by civil society shows that none of the large multinational companies live up to this obligation[xi].

Maternity protection: Breastfeeding is that aspect of nurturing that covers both child feeding and child care, requiring mothers and babies to be together for as long as possible. More and more women work and often far from home and in the informal sector. It is necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy for breastfeeding; this should not be considered the mother's responsibility, but rather a collective responsibility. It is important to note that the main reason given by majority of working mothers for ceasing breastfeeding is their return to work following maternity leave. The challenge in terms of breastfeeding protection is the adoption and the monitoring of an adequate *policy of maternity entitlements* that facilitate six months of exclusive breastfeeding for women employed in all sectors, with urgent attention to the non-formal sector.

Supportive health care system: Health care system and its health care providers, managers and policy-makers, who are not supportive of breastfeeding, further increase this difficulty. Obstacles to optimal breastfeeding practices are created by the continuing pressures exerted by the baby food manufacturers,

either directly on parents and caregivers, or indirectly through the health care system. Commercial pressures lead to inadequate support provided to women by the health care system.

Medicalisation of foods vs. breastfeeding: There is a growing trend to nutritionally rehabilitate undernourished young children or to prevent them from becoming undernourished by using commercial products referred to as ready-to-use foods (RUF). Originally developed and destined for use in emergencies for treatment of severe malnutrition, the RUFs' development has moved beyond the realm of responding to extreme hunger, food deprivation, and illness associated with famine and conflict. RUFs are marketed as the best solution for young child nutrition and malnutrition prevention without mentioning the best practice of continued breastfeeding through age two and from 6 months only a gradual introduction of semi-solid and solid foods, ideally from the traditional foods the family eats. In this way, RUFs continue a market pattern of interrupting breastfeeding practice and additionally interfering with traditional family and community foods and eating patterns.[xii] Good nutrition is a component of the human right to health and to adequate food. RUFs must not become part of a daily diet because political leaders and public authorities neglect their basic duty to provide water, support locally sustainable food economies and systems, and communicate practical nutritional information.

Government action

State parties' obligations in this area are defined in the "***protect, promote and support framework",*** which is clearly spelled out in the 2002 *Global Strategy for Infant and Young Child Feeding* (GS) adopted unanimously by the World Health Assembly. This strategy provides a framework for action and defines responsibilities for all concerned parties: including governments, health professional bodies, NGOs, Intergovernmental Organisations and community-based groups, as well as commercial enterprises and employers.

A comprehensive Infant and Young Child Feeding Policy:
The GS defines the primary responsibility of governments in formulating, implementing, monitoring and evaluating a comprehensive policy on infant and young child feeding that should place the health and development of children at its centre, focus on the multiple determinants that affect children's nutritional status and which must not result in trade or technical product dependencies that erode or supplant local capacity. It also needs to provide guidance on feeding infants and young children in exceptionally difficult circumstances, such as emergencies and HIV/AIDS context, and on the related support required by mothers, families and other caregivers.

The General Comment should call on governments *to* formulate, implement, monitor and evaluate *a comprehensive national policy* on infant and young child feeding which spells out specific measures under the protect, promote and support framework, and which should be accompanied by a detailed *action plan* and *adequate resources* to ensure successful implementation.

I. PROTECTION of breastfeeding means putting in place the necessary legal framework and other measures which will create an enabling environment for breastfeeding and prevent human rights abuses.

The International Code of Marketing of Breastmilk Substitutes
State parties should protect all parents and communities from misinformation and guarantee that they receive full and unbiased information which presents breastfeeding as the norm to feed infants, and correctly presents the risks for the mother and the child related to artificial feeding. The General Comment can add value to existing guidance from UN agencies, such as WHO and UNICEF, by calling on State parties to regulate through legally-binding measures the marketing of breastmilk substitutes and to ensure that non-state actors within their territories and extraterritorially do not nullify or impair the enjoyment of these rights..
The Committee on the Rights of the Child has systematically recommended governments to fully implement **the International Code of Marketing of Breastmilk Substitutes**[xiii]. Since 1997, it has recognized that the

"*implementation of the International Code by State parties is a concrete measure towards the realisation of parents' right to objective information on the advantages of breastfeeding and, thus, to fulfilling the obligation of Article 24.2.(e)*"[xiv].

The General Comment should recognize the right of women and parents not to be exposed to pressure from breastmilk substitute producers and distributors through advertising or any other form of promotion. It should call on State parties to fully implement, enforce and monitor the *International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.*

Maternity protection measures

The General Comment should address the obligation of State parties and all sectors of society to ensure that there are no obstacles for all women who wish to work and breastfeed. Protecting the breastfeeding rights of working women is an important target to aim for if the child's right to the highest attainable standard of health is to be progressively realized. Both the CRC and CEDAW provide a basis for this collective responsibility. The ILO Convention No. 183 (2000) and Recommendation No. 191 (2000) on Maternity Protection provide the minimum standards for national law and practice. These instruments do not facilitate 6 months of exclusive breastfeeding. However they make breastfeeding possible for working women for at least a few months, including for women who engage in atypical forms of work, such as domestic, part-time and intermittent employment. In addition to maternity protection legislation, it is essential to facilitate workplace accommodations, such as having a clean safe place and the time necessary to feed and/or to express breastmilk.

The General Comment should urge States to adopt appropriate maternity protection legislation to protect and support women's right to breastfeed in public and at work in order to ensure exclusive breastfeeding for the recommended period of 6 months and continued breastfeeding for up to 2 years.

II. PROMOTION of breastfeeding requires reliable and impartial information which positions breastfeeding as a norm for feeding infants and clearly explains the risks of artificial feeding.

Information, education, communication (IEC) is critical for re-establishing a breastfeeding culture in countries where artificial and mixed feeding have been considered the norm for decades. Promotion of breastfeeding through integrated and multisectoral programmes and through different channels of communication can increase impact and broaden the base of support for breastfeeding.

Each year a large number of countries hold breastfeeding promotion events during the World Breastfeeding Week (WBW) (1-7 August). These WBW activities range from conferences, seminars, information booths in public places, petitions and media coverage to more creative activities such as street theatre, marches, dramas, poster exhibits in malls and subways and the launching of new breastfeeding laws and regulations. In 2011, 170 countries participated in the WBW activities.

The General Comment should urge States to promote breastfeeding as the norm to feed infants through information, education and communication means especially in countries where artificial and mixed feeding have been considered the norm for decades. State Parties should also consider support to civil society led social mobilisation efforts, such as the WBW.

III. SUPPORT to breastfeeding requires skilled breastfeeding counseling as well as peer, workplace and community support.

The health care system should play a key role with regard to support, thus it should remain fully supportive of the successful initiation and establishment of breastfeeding. Government policies and programmes should

establish the framework and provide resources for the different forms of support for breastfeeding: mother-to-mother and family, peer and group counseling and community support. Governments need to ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff. For efficiency and effectiveness purposes, training of health care professionals in breastfeeding support needs to be included in the curricula to prevent constant and costly re-training.

Baby Friendly Hospital Initiative (BFHI), the backbone of which is formed by the *Ten steps for successful breastfeeding,* is a key initiative to ensure breastfeeding support within the health care system. Revitalization of the Baby-friendly Hospital Initiative (BFHI) and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

The General Comment should address the obligation of State parties to ensure that women and parents have access to a comprehensive range of health services that support them in their decision to breastfeed their infants. State parties should ensure that hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding. The BFHI should be supported and revitalized as a key initiative.

Responsibility of non-state actors

Role of the infant food manufacturers and distributors: This is clearly defined by the Global Strategy on Infant and Young child Feeding in its paragraph 44 and re-affirmed in the 2010 WHA resolution 63.23. These actors should ensure full compliance with all provisions of the Code in all countries, independently of any other measures taken to implement it. Furthermore, they should ensure that all processed foods for infants and young children meet applicable Codex Alimentarius standards.

Role of health workers: Health workers also have an important influence through counselling and treatment of problems, if they arise. They need to have accurate and up-to-date information about feeding practices and policies, including thorough understanding about their responsibilities under the International Code, and the specific knowledge and skills required to support caregivers and children in all aspects of infant and young child, including feeding in exceptionally difficult circumstances.

The General Comment should call on governments as part of their role to facilitate to ensure that health worker have access to knowledge and practical skills, free from commercial influence and thus in conformity with the International code, to perform their role in the area of infant and young child feeding.

Role of civil society: Public-interest non-governmental organizations and other members of civil society should give greater priority to protecting, promoting and supporting optimal feeding practices, including relevant training of health and community workers, and increase effectiveness through civil society cooperation and mutual support. They should also consider it their responsibility to draw attention to activities which are incompatible with the International Code so that violations committed by the industry or any other actor can be effectively addressed.

The General Comment should recall the responsibility of infant food manufacturers and distributors to comply with the International Code of Marketing of Breastmilk Substitutes, in line with the role assigned to them by the Global Strategy; the responsibility of health care workers to have accurate information about IYCF and their responsibilities under the Code; recall the role of public-interest civil society actors to monitor and denounce violations of the Code.

INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN)

www.ibfan.org

The International Baby Food Action Network (IBFAN) was founded on October 1979 after the joint meeting of WHO and UNICEF on Infant and Young Child Feeding. It now consists of more than 250 public interest groups working around the world to reduce infant and young child morbidity and mortality. IBFAN aims to improve the health and well-being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices. IBFAN works for universal and full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions.

The groups that formed IBFAN were instrumental in putting the marketing of foods for infant and young children onto the health agenda, resulting in the 1979 meeting referred to above. IBFAN then campaigned for adoption of a strong and effective marketing code. The International Code of Marketing of Breast-milk Substitutes was adopted by the World Health Assembly in 1981. Through continued vigilance and regular monitoring of industry practices, new marketing strategies and developments in thinking on infant nutrition have been brought to the attention of delegates at the World Health Assembly leading to the adoption of further Resolutions which aim to react to these new developments and strengthen the Code as an instrument of protection of infant and mothers' health and rights.

IBFAN emphasizes local action. National IBFAN groups, health professionals and consumer advocates are trained to monitor the Code. The monitoring provides data on Code violations as well as cases where the baby food industry has interfered with the process of governments adopting national codes and laws.

Among the many other activities undertaken in collaboration with intergovernmental organizations (e.g. WHO, UNICEF, UNHCR) and NGO partners, IBFAN also works on the following issues: Infant Feeding in Emergencies, Rights of the Child, Codex Alimentarius, Maternity protection, HIV and breastfeeding, etc. IBFAN was the 1998 recipient of the Right Livelihood Award (Alternative Nobel Prize).

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[i] IBFAN, What Scientific Research Says?, http://www.ibfan.org/issue-scientific-breastfeeding.html

[ii] WHO 2002, Global Strategy on Infant and Young Child Feeding, http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

[iii] Child undernutrition, Childinfo, Monitoring the situation of Children and Mothers, http://www.childinfo.org/undernutrition.html (accessed 1 December 2008)

[iv] 2008 Lancet Series, Maternal and Child Undernutrition, "What works? Interventions for maternal and child undernutrition and survival", The Lancet, Volume 371, Issue 9610, Pages 417 - 440, 2 February 2008

[v] Lancet 2008, International Journal of Clinical Epidemiology

[vi] Studies which compare exclusively breastfed children and non breastfed children show that breastfeeding count for a 20% reduction of obesity at the population level. See for example: *Breastfeeding, early growth and obesity, Signhal and Lanigan, 2007, Institute of Child Health, Journal compilation 2007, The International Association for the Study of Obesity*

[vii] **Artificial feeding:** Feeding a child with breastmilk substitutes. **Breastmilk substitutes (BMS):** Any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose; in practical terms this includes milk or milk powder marketed for children under 2 years; and complementary foods, juices and teas marketed for children under 6 months.

[viii] 'Enterobacter sakazakii and other microorganisms in powdered infant formula', FAO/WHO Meeting Report, WHO Microbiological Risk Assessment Series No. 6, 2004.

[ix] IBFAN, Written submission to the stakeholder meeting of joint FAO/WHO Expert Meeting to review toxicological and health aspects of Bisphenol A, http://www.ibfan.org/art/Written_Submission_by_IBFAN_stakeholder_meeting_WHO_FAO.pdf

[x] Kent,G.: Breastfeeding: The need for law and regulation to protect the health of babies, World Nutrition, Vol. 2, No.2, Oct 2011

[xi] State of the Code by country, 2011, IBFAN-ICDC. Breaking the rules, stretching the Rules, 2010, IBFAN-ICDC

[xii] Arie, S. (2010) Hungry for profit, in BMJ. 341: c5221

[xiii] *In 2011, it recommended this to 15 countries out of the 20 reviewed.*

[xiv] R. Hodgkin, P. Newell, *Implementation Handbook for the Convention on the Rights of the Child*, UNICEF, 2002, pp. 357.