COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (CESCR)

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

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Data sourced from:
Ministry of Health
UNICEF
IBFAN

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¹ The report has been adapted from the alternative report prepared in May 2010, for the 54th Session of the Committee on the Rights of the Child (CRC).
1) General situation concerning breastfeeding in Argentina

Argentina has ratified several treaties that have constitutional status. Art. 75.22(d) of the Constitution of Argentina states that: “The American Declaration of Human Rights and Obligations; the Universal Declaration of Human Rights; the American Convention of Human Rights; the International Covenant of Economic, Social and Cultural Rights; the International Covenant of Civil and Political Rights and its Optional Protocol; the Convention on the Prevention and Sanction of the Crime of Genocide; the International Convention on the Elimination of All Forms of Racial Discrimination; the Convention on the Elimination of All Forms of Discrimination Against Women; the Convention against Torture and other Cruel, Inhuman or Degrading Treatment; the Convention on the Rights of the Child, regarding validity, all of the above mentioned treaties hold constitutional hierarchical precedence. No article of Part I of the Constitution is in contradiction with these Conventions which should be understood as complementary to the rights and guarantees recognized by the Constitution. They can be denounced only by the National Executive Power following approbation of two thirds of the total number of members of the Chamber.” (ad hoc translation)

Argentina at the Committee on the Rights of the Child (CRC)

Argentina was reviewed by the CRC Committee in relation to its 3rd + 4th report, in May 2010. IBFAN sent an alternative report to the CRC Committee, which contained the same information as the present report.

At the end of the session, the CRC Committee recommendations on breastfeeding followed most of the recommendations included in the IBFAN report. In paragraph 60 of the concluding observations, the Committee recommended that the State party "establish a National Breastfeeding Committee and systematically collect data on practices of breastfeeding 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 breastfeeding to be included in nursery training."

General situation on child and maternal health

- Total numbers of children:
  - Infants under 12 months: 746,460
  - Children under 2: 1,470,000
  - Children under 5: 3,600,000
- Infant mortality rate: 12.5 per 1,000 (2008)
- Maternal mortality rate: 4.0 per 10,000 (2008)

Since 2003, Argentina has been making some progress in infant and young child feeding (IYCF), including through important development and social protection policies specifically regarding childhood. Infant mortality has indeed decreased: from 16.8/1000 live births in 2002 to 12.5 in 2008.
On the other hand, maternal mortality has continued on a plateau that so far has not changed decades of inertia (rate of 4.0/10,000 in 2008) even though the government has implemented a vast, free, Programme on Sexual and Reproductive Health for the entire population. It includes a variety of different contraceptive methods, authorizing for example female sterilization.

Also, Law 25673 on Sexual and Reproductive Health (2003) states the obligation to include Reproductive and Sexual Health in the teaching curriculum at all levels of schooling. However, there is little improvement in one third of the cases, those related to the de-criminalization of abortion. Although there has been progress concerning the practice of legal abortions that traditionally found much resistance within the medical profession, the problem persists.

The Ministry of Health also brought to its conclusion in 2006 the National Survey on Health and Nutrition (Encuesta Nacional de Nutrición y Salud - ENNYS), with the following data on malnutrition:

- 1,2% low weight/length
- 3,7% low weight/age
- 4,1% stunting
- 9,2% overweight and obese

The data show that presently the main problem relates to obesity with the highest percentage within the normal population. It is important to note that specific sectors of the population are not protected and are in need of targeted action.

Also, at the end of 2009 the government launched the Universal Child Allowance (Asignación Universal por Hijo) by which each mother/father – either employed or unemployed - receives the equivalent of US$ 50.- per month and per child, under the conditions that the child be vaccinated on schedule and be attending school.

Other measures taken these past few years include for example, the development of various social programmes that aim to redistribute wealth, the management of food education programmes, and the distribution of coupons to purchase food.

The Ministry of Health has also implemented the Child Environmental Health Programme (Salud Ambiental Infantil) and has established specialised health centres in each of the regions of the country. They aim to treat, but especially to prevent illnesses related to environmental problems.

Though the promotion of breastfeeding does not fall into a specific category by itself, it is accounted for transversally. Communication on breastfeeding is relayed through messages concerning prevention of illnesses such as Sudden Death Syndrome, Lower Respiratory-tract Infections and De-nutrition.
1) General situation concerning breastfeeding in Argentina

- Initiation to breastfeeding: 95%
- Exclusive breastfeeding 0-5 months: 55%
- Complementary feeding at 6-9 months: 99.3%
- Continued breastfeeding at 20-23 months: 28%
- Mean duration of breastfeeding: 9.5 months

The main causes of death among infants and young children are infectious diseases and diseases caused by parasites.

3) Government efforts to encourage breastfeeding

Specific information concerning the Code and/or national laws

There is a national code of marketing of breast milk substitutes in Argentina that is part of Law 18284 (Argentina Food Code - Código Alimentario Argentino). But this specific section is not regulated and therefore it is not being applied. There is a new draft Project of law, but so far it has not been given to the National Congress for consideration.

On the other hand, and as mentioned above, in 2003, Law 25673 on Sexual and Reproductive Health was adopted and since then it has been implemented throughout the country.

As of 2003, the challenge of the new government was to cope with the 2001-2003 economic crisis. Law 25724, which includes the National Food Security Plan relates to the following:

- Food assistance to families
- Direct food assistance
- Assistance to school canteens
- Assistance to young child canteens
- Assistance to civil society canteens
- Food assistance in special social and cultural situations
- Assistance for the malnourished
- Home produced foods
- Assistance to home gardens
- Assistance to community gardens
- Assistance to school gardens
- Assistance to family farms
- Assistance to community farms
- Assistance to school gardens
- Assistance to family farms
- Assistance to community farms
- Early childhood development
- Food and nutrition education
- Community counselling and purchasing
- Technical assistance and capacity building
IBFAN – International Baby Food Action Network

• Training of food security agents (mothers, health care personnel, social workers, teachers, heads of households, students, professionals, voluntary workers, other)
• Strengthened provincial and municipal team management through technical cooperation
• Basic equipment to facilitators
• Supervision and monitoring of the Plan of implementation
• Evaluation of the nutritional status of the population

Monitoring of these laws
A special Coordination Council of Social Policies, which reports to the Presidency, monitors activities related to Law 25724. Law 18284 is monitored by the National Food Institute.
Attached at the end of this report is an example of violations found in a paediatric journal.

4) Baby Friendly Hospital Initiative (BFHI)
Before 2008 there were 58 BFHI-certified maternities, representing 5.7% of the whole number of maternities in the country and approximately 10% of the births.

The Ministry of Health has not developed new strategies to strengthen BFHI and UNICEF no longer supports the initiative as it did initially.

5) Maternity protection for working women
The Maternity Protection law in Argentina entitles women workers to 90 days of maternity leave (45 before and 45 after birth); it is paid 100% of the salary.

Also, mothers are entitled to breastfeeding breaks of one hour per workday, divided into two half-hour periods for the whole of one year; this period can be extended beyond one year with a medical certificate.

The situation is better for women working in certain public jurisdictions; women working in the informal economy are not entitled to any of these rights.

Argentina has not ratified ILO Convention No. 183 2000 on maternity protection at work.

6) HIV and infant feeding

| Prevalence of HIV/AIDS: adults | 0.5% |
| Number of HIV+ women above 15 years | 32,000 |

Infant feeding policies do not refer to HIV, but HIV policies impose that HIV+ mothers cease to breastfeed. The policies do not refer to the AFASS criteria \(^2\) (Acceptable, Feasible, Affordable, Sustainable and Safe) nor do they mention the need of counselling mothers.

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\(^2\) Since 2007, this criteria ha been replaced by new criteria.
IBFAN organized a workshop jointly with the National HIV Programme, the National Maternity and Childhood Directorate and UNICEF but this did not result in any change in the HIV programme or policies.

7) Obstacles and recommendations

**The following problem has been identified**
There is no National Breastfeeding Committee in Argentina, only an Evaluation Committee within the Maternal and Child Health Directorate. We believe it is necessary to nominate a national coordinator and to set up a Committee with clear prerogatives.

**Our recommendations include:**

It is clear that during the past 15 to 20 years, the country has been steadily improving its breastfeeding practices.

However one of the main challenges is to improve the main indicators. One possibility would be to introduce a specific module on infant feeding into the Permanent Household Survey. This would establish a periodic collection of data on the issue.

At the same time it has become a necessity that institutional conditions be set up to allow more women to initiate breastfeeding in maternities, and to support them in order to continue breastfeeding longer.

The WHO *Global Strategy on Infant and Young Child Feeding* (2002) is a policy tool of tremendous value if it is used as a management tool for change. On the one hand it offers the possibility to harmonize the criteria of various different programmes that impact upon infant feeding practices; and on the other, it gives the opportunity to bring to the same table the different actors that play specific and decisive roles in the social, employment, health, education, economic and legal arenas.

To **create a National Committee** was recommended in both the Innocenti Declaration of 1990 and the Innocenti+15 Declaration of 2005. In Argentina it would mean a clear move in the right direction. Its role would be to act as an intersectoral agency as well as the executive arm of a true State policy that is missing today.

We believe that neither the will nor the knowledge are lacking in Argentina to move ahead quickly in the direction indicated by the Global Strategy in 2002. The main need is for the Executive Power - sensitized by the same men and women that have been fighting for decades for equality of opportunity for all children born in our country - to take the **political decision** that is needed of them today.

**Specific recommendations to be considered:**

- Ratify ILO Convention No. 183 (2000) on Maternity Protection at Work
- Establish a National Breastfeeding Commission in replacement of the present MoH Evaluation Commission
• Reinforce the Baby Friendly Hospital Initiative, with adequate financial resources and ad hoc technical assessors/evaluators

• Improve the monitoring process of the implementation of the National Programme on Sexual and Reproductive Health.

8) CRC Recommendations in 2010 (session 56)

After receiving the IBFAN alternative report and after discussing the issue during the review, the CRC made the following concluding observations in relation to breastfeeding to Argentina, in May 2010:

“Breastfeeding

59. The Committee notes the efforts made by the State party to encourage breastfeeding. It however regrets the absence of systematic data collection on breastfeeding practices and the absence of a National Breastfeeding Committee. It further is concerned at the low practice of exclusive breastfeeding of children under six months of age.

60. The Committee recommends that the State party establish a National Breastfeeding Committee and systematically collect data on practices of breastfeeding 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 breastfeeding to be included in nursery training.”