COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN

Session 59 / October-November 2014

REPORT ON THE SITUATION OF INFANT AND MATERNAL HEALTH AND WORK-RELATED ISSUES IN VENEZUELA

October 2014

Prepared by:
Eunice Lample - IBFAN VENEZUELA

The right to health of women through the protection, promotion and support of breastfeeding

Working women who become mothers hold a double role that is not always easy to bear. Recognizing "the great contribution of women to the welfare of the family and to the development of society […] [and] the social significance of maternity" (CEDAW Preamble) means acknowledging that it is a collective responsibility to create an **enabling environment for women to fulfil both roles of mother and worker**. Indeed, both maternity and work are means for women's empowerment and emancipation.

Women should be given the correct information as well as the legislative and institutional support to act in their children's best interest while they continue working and being active in public life. To this end, **maternity protection** at work and **adequate paid maternity leave** in particular, are critical interventions that States have the obligation to implement in order to simultaneously realize the right of women to work and the right of women and their children to health, allowing new mothers to rest, bond with their child and establish a sound breastfeeding practice. Therefore, working mothers are also entitled to healthy surroundings at their workplace, and more specifically, to breastfeeding breaks and breastfeeding facilities.

Breastfeeding is an essential part of women's reproductive cycle: it is the third link after pregnancy and childbirth. It protects mothers' health both in the short and long term by, among others, reducing postpartum bleeding, aiding the mother's recovery after birth (synchronization of sleep patterns, enhanced self-esteem, lower rates of post-partum depression, easier return to pre-pregnancy weight), offering the mother protection from iron deficiency anaemia, delaying the return of fertility thus providing a natural method of child spacing (the Lactational Amenorrhea Method - LAM) for millions of women who do not have access to modern form of contraception, and decreasing the incidence of osteoporosis and the risk of ovarian-, breast- and other reproductive cancers later in life. For these reasons, **promoting, protecting and supporting breastfeeding is part of the State obligation** to ensure women receive appropriate services in connection with the post-natal period. In addition, if a woman cannot choose to breastfeed because of external conditions beyond her control, she is stripped of bodily integrity and denied the opportunity to enjoy the full potential of her body for health, procreation and sexuality. The right to breastfeed does not disappear with the fact that some women may choose alternative methods of feeding their children.

Optimal breastfeeding practices as recommended by WHO Global Strategy for Infant and Young Child Feeding[1] (early initiation of breastfeeding within one hour after birth, exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond) also provide the key building block for child survival, growth and healthy development[2]. Enabling women to follow such recommendations means empowering them by giving them the opportunity and support to best care for their child.

Breastfeeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular art. 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), art. 12 on women's right to health and art. 16 on marriage and family life, the International Covenant on Economic, Social and Cultural Rights (CESCR), especially art. 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially art. 24 on the child's right to health. Interpreted jointly, these treaties support the claim that '**breastfeeding is the right of both the mother and her child, and is essential to fulfil every child's right to adequate food and the highest attainable standard of health**'. As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through adoption of measures that protect, promote and support breastfeeding.

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

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

SUMMARY

*The following **obstacles/problems** have been indentified:*

- Significant deficit in data collection on infant and young child feeding.
- No data available on early initiation of breastfeeding within one hour after birth.
- More than 7 children out of 10 are not exclusively breastfed until 6 months of age.
- Almost 13% are predominantly breastfed until 6 months of age, although predominant breastfeeding before 6 months of age is considered as an inadequate practice, because it implies the introduction of complementary foods before the recommended age of 6 months.
- Almost 75% of the children were introduced to their complementary food before 6 months old, which is too early according to the WHO recommendations. Inappropriate complementary feeding practices remain the major cause of malnutrition in children under two years old.
- When bottle feeding, in more than 70% of cases, the dilution of the powder milk or formula has shown to be inadequate.
- Maternity leave does not cover mothers of premature babies up to 40 weeks of corrected age.
- Violations of the Code can still be detected, such as the use of health claims or the promotion of "baby competitions'". In addition, professional events are still sponsored by baby food companies.
- Some 35% of mothers did not receive information on breastfeeding during pregnancy.
- In 2010, only 8% of hospitals and maternities were certified as "baby-friendly".

***Our recommendations** include:*

- Ensure **collection of disaggregated data on infant and young child feeding** (including on early initiation of breastfeeding) at national level.
- Raise awareness about **optimal breastfeeding practices** among the population through a wide national promotion campaign aimed at the public, especially parents and caregivers.
- Extend **maternity benefits** to mothers of premature babies up to 40 weeks of corrected age.
- Strengthen **Code enforcement** and set an **independent monitoring system** to ensure all that violations, including misleading health claims and sponsorship of professional events, are sanctioned.
- Strengthen **BFHI implementation** throughout the country and **upgrade the curricula of health professionals** to integrate accurate training on optimal breastfeeding practices.

1) General situation concerning breastfeeding in Venezuela

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.[3]

Despites these recommendations, globally more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

- ***Early initiation:*** Proportion of children born in the last 24 months who were put to the breast within one hour of birth
- ***Exclusive breastfeeding:*** Proportion of infants 0–5 months of age who are fed exclusively with breast milk
- ***Continued breastfeeding at 2 years:*** Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General Data

	2011	2012	2013
Neonatal mortality rate (per 1,000 live births)	9	9	-
Infant mortality rate (per 1,000 live births)	13	13	-
Under-5 mortality rate (per 1,000 live births)	16	15	-
Maternal mortality rate	-	-	110
Delivery care coverage (%):			
Skilled attendant at birth	95*	-	-
Institutional delivery	95*	-	-
C-section rate	-	-	-
Stunting	15.6**	-	-
Wasting	5**	-	-
Overweight	6.1**	-	-

Source: UNICEF. (*=data from 2003, **=data from 2008-2012)

According to the National Institute of Statistics, in 2011, the total population of Venezuela reached 27,227,930 inhabitants. Women of childbearing age (10-49 years old) constitute 63.81% of the total female population (i.e. 8,729,329 women) and children of 0 to 4 years old constitute 8.95% of the total population (i.e. 2,437,631 children). These figures show that the importance of maternal and child population (women of childbearing age and children under 4), which represents 41.01% of the total population (i.e. 11,166,960 people).

[3] http://www.who.int/topics/breastfeeding/en/

Breastfeeding indicators (WHO-PAHO). Venezuela 2006-2008.

Types of Breastfeeding (WHO Indicators)	N°	%
Exclusive breastfeeding	502	27,86
Predominant breastfeeding	232	12,87
Partial breastfeeding	905	50,22
Timely complementary feeding	659	67,59
Complementary feeding	1212	66,48
Continued breastfeeding at 1 years of age	804	50,50
Continued breastfeeding at 2 years of age	164	32,28
Bottle feeding	2257	62,26
Weaning	1723	30,09

Source: National Institute of Nutrition, Infant and Young Child Feeding during the first two years of life. 2009.

Early initiation of breastfeeding

Venezuela does not record the number of children breastfed within the first hour after birth; therefore, no data is available on this core indicator. However, research shows that in baby-friendly hospitals and maternities, early initiation of breastfeeding is fulfilled. This observation is significant as it allows guiding data collection at the national and state level and observing the provisions of Venezuelan laws and ministerial decisions that include early bonding and rooming.

Exclusive breastfeeding

Regarding the status of breastfeeding and complementary feeding, Venezuela had only partial data from a 10 years old research. In 1993, the Social Survey (ENSO'93)[4] showed that **12% of children under 2 years of age were never breastfed**; moreover, in 1998, the Population and Family Survey (EPOFAM'98)[5] detected a 7% prevalence of exclusive breastfeeding.

In 2009, a study entitled *"Alimentación de niños y niñas en los dos primeros años de vida. Venezuela 2006-2008"* (Infant and Young Child Feeding during the first two years of life. Venezuela 2006-2008) was published.[6] As a preamble, it is important to emphasize that for 19 years since the creation of the National Breastfeeding Committee (CONALAMA), a remarkable progress has been made in improving breastfeeding practices in the country, as reflected in the 2009 study. The study showed that **between 1990 and 2008, exclusive breastfeeding increased from 7% to 27.86%**. This research showed that, despite the high percentage of general knowledge of breastfeeding in mothers (77%) mostly provided by the health personnel, **more than 7 children out of 10 are not exclusively breastfed**. This questions the **quality of the information received by the mothers and the training of health professionals** about optimal breastfeeding practices (early initiation of breastfeeding, exclusive

[4] Di Brienza M., Zúñiga G. *Status of the breastfeeding practice in Venezuela and element presentation to guide the generation of information on the subject*. Department of Demographic Studies IIES-UCAB, November, 1998

[5] ENPOFAM'98 - National Population and Family Survey 1998, FNUAP.

[6] Ministry of Popular Power for Health, National Institute of Nutrition. Feeding children in the first two years old of life, Venezuela 2006-2008. Venezuela 2009.

breastfeeding up to 6 months of age and continued breastfeeding up to 2 years of age or beyond) during their curricula. It also questions the government's actions to protect and support breastfeeding.

Moreover, the study showed that **12.87% were predominantly breastfed**, although predominant breastfeeding before 6 months of age is considered as an inadequate practice, because it implies the introduction of complementary foods before the recommended age of 6 months.

Partial Breastfeeding. Venezuela 2006-2008.

Age (months)	Children Total	Partial Breastfeeding	
	N°	N°	%
1	385	119	30,91
1	238	144	50,88
2	365	188	51,51
3	244	130	53,28
4	271	158	58,30
5	254	166	65,35
Total	**1802**	**905**	**50,22**

Source: National Institute of Nutrition. Infant and Young Child Feeding during the first two years of life. 2009.

Continued breastfeeding

Some 50.5% of children were continuously breastfed at one year of age and 32.28% were continuously breastfed at 2 years of age.

Weaning and bottle feeding

Almost 75% of the children were introduced to their complementary food before 6 months old, which is too early according to the WHO recommendations. The complementary foods introduced were mostly liquids other than breastmilk or powder cow milk (74.31%), followed by infant formula 25.21%. **The dilution of the powder milk or formula was inadequate in over 70% of cases**.

When researching on the main causes of weaning, it was found that the "child did not want to be breastfed", followed by "decision of the mother", "new pregnancy", "work", "mother did not have enough milk", "illness of the mother" or "illness of the child.

Complementary feeding

It is **common to start complementary feeding in an appropriate manner, before six months of age**. The most common complementary foods are cow milk, tubers, plantain, vegetables, non-citrus fruits, beef, poultry and egg (National Institute of Nutrition, Venezuela 2009). Inappropriate complementary feeding practices remain the **major cause of malnutrition in children under two years old**.

An untimely introduction of grains or legumes (12.93%), oats (27.16%), barley (32.78%) and wheat (18.2%) was observed (these foods are recommended for children of nine months of age). On the contrary, rice, corn, tubers and bananas were introduced timely to the majority of children after six months of age.

2) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***[7] that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

The **highest rates of exclusive breastfeeding are found amongst mothers with low education level**. This fact is a consequence of the lowest chance of these mothers to enter the work market. Consequently, they were considered to have longer availability to breastfeed as well as fewer economic resources to buy industrial baby food; the opposite occurs with mothers with a higher level of education, who are busy with their work and as a consequence, breastfeed their babies less.

Exclusive breastfeeding, according to the mother's work status. Venezuela 2006-2008.

Work status	Exclusive breastfeeding	
	N°	%
Mother works	88	17,67
Mother does not work	410	82,33
Total	498	100,00

Source: National Institute of Nutrition. Infant and Young Child Feeding during the first two years of life. 2009.

Maternity leave: The new 2012 labour law (*Nueva Ley del Trabajo, de los Trabajadores y Trabajadoras, LOTTT*) provides a longer postnatal leave (from 12 to 20 weeks). Added to 6 weeks of prenatal leave, the legislation entitles mothers to a 26-week pre- and postnatal leave, equivalent to 6.5 months. However, the legislation on maternity protection could still be improved by **extending maternity leave for mothers with premature babies up to 40 weeks of corrected age**.

Breastfeeding breaks: Mothers are entitled to 2 daily breaks of 30 minutes each to nurse their child if their workplace has a daily care center with a lactation room. Otherwise, if there is no lactation room at their workplace, mothers are entitled to 2 daily breaks of 1.5 hour each. We note that even though it is established in the law, lactation rooms in companies and ministries are requested but not supported.

Paternity protection: In September 2008, the Venezuelan government enacted the Law for the Protection of Family, Motherhood and Fatherhood[8], which states in articles 8 and 9 father's labour immobility during the first year of his child's life and postnatal leave for 14 consecutive days (21 consecutive days in case of multiple births).

[7] ILO, C183 - Maternity Protection Convention, 2000 (No. 183)
[8] This law was published in the Official Gazette No. 38.773.

The legislation also provides protection measures to mothers working in the informal organized sector. These measures exceed the minimum established by the ILO Recommendation No. 191 on Maternity Protection.

3) The International Code of Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of women can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However**, direct industry influence** through advertisements, information packs and contact with sales representatives, as well as indirect influence through the public health system, submerge women with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the Code) was adopted by the World Health Assembly in 1981. It is a **minimum global standard** aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

Since 2007, in Venezuela, **the Code is implemented through a law**, according to the International Code Documentation Centre (IBFAN- ICDC), which periodically publishes the State of the Code by country[9].

The Law on the Promotion and Protection of Breastfeeding[10] states that *"the promotion and advertising of infant and young child formula is prohibited, as well as promotion and advertising of feeding bottles, teats and pacifiers "* (Article 18) and that *"manufacturers and distributors of concerned products are prohibited to donate or distribute in public and private health facilities, either directly or indirectly, objects promoting a designated product, a product line or manufacturers, as well as objects promoting their use, such as pens, calendars, posters, notebooks, growth and vaccination cards, toys, recipes or product samples* " (Article 21).

Since the adoption of the Resolution No. 405 of 2004 on labeling, several companies have been sanctioned, such as Wyeth, Mead Johnson, Gerber, Heinz and Nestlé; in all cases, permits were withheld until the sanctioned companies have modified their labeling. Currently, companies have improved their labeling; however, **violations of the Code can still be detected, such as the use of health claims,** notwithstanding the national law, the national resolutions and the Code itself.

Likewise, **advertising in magazines, billboards, radio, TV, and other media is still difficult to control**. For examples, "baby competitions" are held without regulation.

Moreover**, scientific and medical events are supported by the dairy and baby food industry despite the accusations raised against such sponsorships**. Since, sponsoring companies have become less prominent and

[9] Pan American Health Organization. 30 years of Code in Latin America: A journey on various experiences of implementation of the International Code of Marketing of Breast-milk Substitutes in the Region between 1981 and 2011. Washington (DC): PAHO; 2011.

[10] This law was published in the Official Gazette No. 38.763 on September 6, 2007.

visible, yet the situation still persists. IBFAN Venezuela Coordination monitors on a permanent basis the activities that fall under the scope of the Code.

4) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

The Baby-Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of 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.

In 1993, the Baby-Friendly Hospital Initiative (BFHI) certification began accrediting the Central Hospital of Maracay, in Aragua state. In the following nine years, a total of nineteen (19) health facilities were accredited. In 2004, the Mother and Child Hospital in Caricuao, Capital District, was accredited too. Since then, there was no certification of baby-friendly hospitals in the country. **In 2010, out of 204 hospitals and maternities, only 17 were certified as "baby-friendly** (coverage rate: 8%).[11]

In hospitals and maternities, the biggest challenge remains in **neonatal care rooms, where infants are routinely fed with formula and the practice of breastfeeding is not encouraged enough.**

Courses on Breastfeeding and Breastfeeding Support

In 2009-2010, a cooperation plan with Childcare and Pediatrics Venezuelan Society (Sociedad Venezolana de Puericultura y Pediatría, SVPP) and UNICEF started in order to train pediatricians on the Code and national laws related to breastfeeding. Workshops were held at the national level with the support and participation of IBFAN Venezuela under the title *"Update National Workshop on International Code of Marketing of Breastmilk Substitutes, Subsequent WHA Resolutions and National Law for the Promotion and Protection of Breastfeeding".* Since 2011, the SVPP and UNICEF cooperation plan continues and **trainings on breastfeeding, including the Code, the subsequent WHA resolutions and the national legislation, are held under the name "*Breastfeeding Approach and Advocacy Workshop for Pediatricians*"**[12].

At national level, the course entitled *"Curso de Consejería Comunitaria en Lactancia Materna"* (Breastfeeding Community Counseling) for Health Committees *"Barrio Adentro"* and Community Councils has been implemented in order to support and strengthen the confidence of mothers in the practice of breastfeeding. Nowadays, there are **more than 3,000 accredited breastfeeding counselors** in the country. In addition, there are several

[11] Miriam H. Labbok, "Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion", Breastfeeding Medecine, Vol . 7, N .4, 2012, p. 215. Available at: http://www.researchgate.net/publication/230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion/file/79e415037abf6c5f21.pdf

[12] World Breastfeeding Trends Initiative (WBTi), Bolivarian Republic of Venezuela National Report. MHSD, IBFAN Venezuela, Caracas October 15, 2012.

breastfeeding support organizations leading various activities including the creation and promotion of **breastfeeding support groups**, graduation ceremonies for breastfed children and monitoring of the national law implementing the Code. In addition, a **WHO/UNICEF training course on breastfeeding counseling and aimed at hospital staff is organized at national level**.

Finally, in the School of Medicine (School of Nutrition - Dietetics-UCV), there is a the **Breastfeeding Support Group called GALACMA-UCV**, which offers consultation service on Breastfeeding Counseling; this group gives training courses such as WHO Breastfeeding Counseling/UNICEF Breastfeeding Basic Course to students, professionals and community in coordination with the National Program for Breastfeeding and Human Milk Bank, University Hospital of Caracas and the MPPS.

These courses have been ongoing since 1998 and until 2012, there have been 21 training courses organized, with some 411 breastfeeding counselors and advisers trained. Besides, 5 courses of instructors on Breastfeeding Counseling have been organized, for a total of 53 facilitators, 9 directors. Last but not least, 2 basic breastfeeding courses of 43 participants have been organized with UNICEF approval.

As a result, some 65% of mothers surveyed reported having received information on breastfeeding during their pregnancy. According to data, this information was provided mostly by the physician in prenatal consultation. **However, it is of concern that some 35% of mothers did not receive information on breastfeeding during pregnancy**.[13]

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding.

The ***2010 WHO Guidelines on HIV and infant feeding***[14] call on national authorities to recommend, based on the AFASS15 assessment of their national situation, **either breastfeeding while providing antiretroviral medicines** (ARVs) **or avoidance of all breastfeeding**. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

Estimated HIV prevalence (%) among adults (aged 15–49), 2012	0.6
Antenatal care coverage – at least one visit (%), 2008–2012	94
Annual number of births (thousands), 2012	601
Estimated number of pregnant women living with HIV, 2012: ➢ Estimate ➢ Low estimate ➢ High estimate	 -- 1,000 2,700
Reported number of pregnant women living with HIV who received ARVs for PMTCT, 2012	690
Estimated percentage of pregnant women living with HIV who received ARVs for PMTCT, 2012:	

[13] Ministry of Popular Power for Health, National Institute of Nutrition, National Food Survey of Children in the First Two Years old of Life. Venezuela 2006-2008. Venezuela 2009.

[14] WHO Guidelines on HIV and infant feeding, 2010. Available at : http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

[15] Affordable, feasible, acceptable, sustainable and safe (AFASS)

➢ Estimate	--
➢ Low estimate	25
➢ High estimate	67

Source: UNICEF 2012.[16]

The Ministry of Popular Power for Health (Ministerio del poder Popular para la Salud , MPPS) developed a national guideline for the prevention of HIV, AIDS and STDs under the HIV/AIDS and Sexually STDs National Programme, intended for health professionals, educators, social workers and organized communities. It provides some recommendations on infant and young child feeding in the context of HIV/AIDS.

A program on the prevention of mother-to-child HIV/AIDS transmission is also carried out with the overall objective to reduce the risk of vertical transmission of HIV/AIDS at national level and to ensure the **supply of infant formula during the first year of life for children exposed to HIV/AIDS**.

6) Government measures to promote and support breastfeeding

Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.

2. Ensure that every facility providing maternity services fully practises all the **"Ten steps to successful breastfeeding"** set out in the WHO/UNICEF statement on breastfeeding and maternity services.

3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.

4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.

5. Develop, implement, monitor and evaluate a com**prehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.

6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.

7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.

8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.

- Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant Health Assembly resolutions.

[16] Available at: http://data.unicef.org/hiv-aids/emtct

National Legislation and Policies

In Venezuela, the government has officially adopted a comprehensive policy on infant and young child feeding; however, it needs to be properly regulated to ensure effective implementation. It is important to mention that one of the public health goals established in the Bolivarian Republic of Venezuela in its *"Plan de la Patria Socialista de la Nación 2013-2019"* is to ensure a healthy feeding and proper nutrition throughout the life cycle, in accordance with constitutional mandates on health, food sovereignty and security, in order to **achieve an increase in the prevalence of exclusive breastfeeding by 70%**.

Currently, the National Breastfeeding Program is part of the Directorate of Family Health of the Ministry of Popular Power for Health (Ministerio del poder Popular para la Salud , MPPS), which in turn depends on the General Directorate of Health Programs. The MPPS **promotes breastfeeding as a priority of the Public Health and Social Policy Development** and aims to extend the coverage of the program entitled *"National Breastfeeding Program, Mother and Infant Feeding"*.

In 1998, the Organic Law of Children and Adolescents Protection (Ley Orgánica para la Protección de Niños y Adolescentes, LOPNA) was adopted, in compliance with the Convention on the Rights of the Child[17]. **This law establishes the importance of breastfeeding in the country and refers to it in the following articles:** Article 43 (Right to health information), Article 44 (Maternity Protection), Article 45 (Protection of filial maternal bonding specifying the importance of rooming) and Article 46 (Breastfeeding Protection).

Under the Strategic Social Plan framework (Plan Estratégico Social, PES) of the Ministry of Health and Social Development (Ministerio de Salud y Desarrollo Social, MSDS), the Official Standard for Comprehensive Sexual and Reproductive Health[18], includes **general provisions and guidelines regarding protection, promotion and support of breastfeeding**, as established in the 2002 *"Global Strategy for Infant and Young Child Feeding".*

In August 2004, the Resolution No. 405 of the MSDS[19] was enacted, which regulates the labeling of infant formula and complementary foods for children. In September of that same year, the MSDS enacted the Resolution No. 444[20], which aims to protect, promote, support and encourage breastfeeding practices and policies in all health facilities. **Through these two ministerial decisions, the International Code of Marketing of Breastmilk Substitutes (the Code), as well as the Baby-Friendly Hospital Initiative (BFHI), were officially implemented in Venezuela**.

In 2007, a Law on Promotion and Protection of Breastfeeding was adopted, which aims to promote, protect and support breastfeeding as it is the most adequate food to feed infants and young children and thus, to ensure their healthy development.

In 2007, a Law on the Right to a Life Free of Violence[21] was adopted, which mentions the need to ensure early bonding between mother and child and immediate breastfeeding (Chapter 6, Article 51).

In October 2012, the report *"World Breastfeeding Trend initiative"* (WBTi) assessed the status of the implementation of the "*Global Strategy for Infant and Young Child Feeding*" in the country. IBFAN LAC (Latin

[17] This law was published in the Official Gazette No. 5266 Extraordinary on October 2, 1998.
[18] This norm was enacted by ministerial decree No. 364, published in Official Gazette No. 37,705 on June 5, 2003.
[19] This resolution was published in the Official Gazette No. 38.002 on August 17, 2004.
[20] This resolution was published in the Official Gazette No. 38.032 on September 28, 2004.
[21] This law was published in the Official Gazette No. 38.700 on September 17, 2007.

America and Caribbean) submitted the WBTi Venezuela report along with other 50 country reports during the World Breastfeeding Congress held from 6 to 9 December 2012 in Delhi, India. It was then possible to evaluate and compare Venezuela's progress in regard with progresses achieved in other countries; the **significant deficit in infant and young child feeding data collection in Venezuela was highlighted**[22].

7) Recommendations on breastfeeding by the Committee on the Rights of the Child

> The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24[23] mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) - as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

In September 2014, during its 67th session, the Committee on the Rights of the Child recommended that Venezuela "**collect** disaggregated **data on [...] maternal mortality, [...] and breastfeeding**" and "increase its efforts to promote breastfeeding by developing a comprehensive programme of action to **promote exclusive breastfeeding**, including **training for staff** in hospital maternity wards, closely monitor the **implementation of the International Code** of Marketing of Breast-milk Substitutes and develop **awareness raising campaigns**" (Concluding Observations, §53 (a);(e)).

Additionally, it urged Venezuela to "design a strategy to **reduce child and maternal mortality**" and "ensure that all **HIV/AIDS positive pregnant women receive adequate treatment**" (§§ 53(c); 61(c)).[24]

[22] World Breastfeeding Trends Initiative (WBTi), Bolivarian Republic of Venezuela National Report. MHSD, IBFAN Venezuela, Caracas October 15, 2012.

[23] *"States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: […] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."* Art 24.2 (e), CRC

[24] Concluding observations on the combined third and fifth periodic reports of Venezuela, adopted by the Committee at its 67th session (September 2014). Available at : http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fVEN%2fCO%2f3-5&Lang=en

About the International Baby Food Action Network (IBFAN)

IBFAN is a 35-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998, IBFAN received the Right Livelihood Award "for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes".