THE COMMITTEE ON THE RIGHTS OF THE CHILD

70th Session / September 2015

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN BRAZIL

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Minister of Health (MoH), DHS, and other data bank: http://www.ibge.gov.br/home/

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SUMMARY

The following <u>obstacles/problems</u> have been identified:

- Protection, promotion and support of breastfeeding must be coordinated and carried out either with each action combined as a gear wheel, or with the involvement of all states/regions.
- The number of Baby Friendly Hospitals is very small (about 9%) and less than half of them in the reassessment showed to accomplish the 10 Steps and the Code. One in three children (about 30%) is born in accredited baby-friendly hospital.
- Lack of regulation of the National Code (Law 11 265), published in 2006, in order to allow their effective application
- Most working mothers do not have labour rights. The formal workers have maternity leave benefits of four months; there are a few workers, expanding entitled to six months, particularly public officers. Brazil has not ratified the ILO C 183.
- Pre-service training curricula deserve to be reviewed and updated according to the scientific evidence and WHO recommendations. Moreover, it is necessary to improve the practical teaching of clinical management of breastfeeding and healthy complementary feeding as well as incorporate the Code issues.
- Absence of dialogue between the Ministry of Health sector working the Children's Health and Nutrition, with the sector working HIV / AIDS. Thus, infant feeding and food policies are decided for pregnant women who may be living with HIV by the National Control of HIV Transmission program whose line of work on the vertical transmission is "zero transmission"; within it, no chance of breastfeeding is allowed, nor discussed.
- The Emergency component is not included in Breastfeeding policies in the country.
- Recent data collection of breastfeeding and complementary feeding indicators are old: 2006 (last DHS) and 2008 (state capitals); thus, these data do not reflect all actions implemented by the country in the last 6-8 years.

<u>Our recommendations</u> *include:*

- **Sensitize managers to the expansion of BFHI**, implement the criteria of the new ordinance by **training teams**, maintaining adherence to **on-line monitoring**, ensuring the realization of reassessment in order to increase the number of BFH to **fully comply with the 10 steps and the Code**, as well as the new criteria.
- **Continue pushing to be signed the regulatory decree of the Code/Law 11,265 / 06**, maintenance of training and monitoring, participation of local and state “sanitary vigilance” (VISA/ANVISA) to punish the Code violations.
- **Continue the protection strategy and support to the working woman to breastfeeding**; seek **ratification of ILO Convention 183** to have it as an inalienable basis to prevent setbacks to national law; fight by the Parliament for the **extension of the law to 6 months of maternity leave** to make it universal, mandatory and not optional.

- To **promote exchanges with universities and colleges to highlight the curriculum to the management of breastfeeding and healthy complementary feeding**, **keep up professional training programs** according to the scientific evidence.
- **Improve performance management of rapid HIV testing in maternity wards;** improve a dialogue with the BFHI; make HIV / AIDS Department aware of national surveys that show that many HIV-positive mothers practice mixed feeding; **improvement of information for health professionals to follow international recommendations on feeding practices for HIV positive mothers of babies**.
- **In the event of emergencies control the use, acquisition, management and distribution of infant formula, milk products, bottles and teats** with an indication based on technical recommendations and in compliance with the provisions of the Code and Law 11,265 / 2006. Mothers who are breastfeeding must be protected, and have a quiet and peaceful space to keep their practice. **Donations of infant formula, if they occur, must be controlled** by the difficulty of preparation with unsafe water in these circumstances, and for indiscriminate use by nursing mothers whose breast milk production needs to be preserved. **This information must be disclosed to the authorities, armed forces and the media** who plan to artificial feeding to be aware of the need of appropriated fuel, cooking facilities, clean water, safe sanitation, staff training and proper and reserved place for food preparation, beware of donations unforeseen infant formula, milk products, bottles and teats, beyond the care of their storage.

1) General points concerning reporting to the CRC

In September 2015, the CRC Committee will review Brazil's combined 2nd to 4th periodic report.

At the last review in 2004 (session 37), the CRC Committee did not specifically address infant and young child feeding issues in its Concluding Observations. However, the Committee expressed its concern about*" the low percentage of the **population who are covered by at least one health plan and at the inequality in access to health services**; […] about health conditions, particularly of **children who reside in rural areas**"*. (§ 52) Therefore, it urged Brazil to *"continue to develop the health system, ensuring the **provision of the highest standard of health for all children**, paying special attention to children in rural and geographically remote areas as well as those belonging to low-income families."* (§ 53).

2) General situation concerning breastfeeding in Brazil

We have been using the DHS each 10 years to collect data on breastfeeding. The last one was in 2006 – see below. The next DHS we hope to be in 2016.

We also had populations based surveys during National Immunization Campaigns, allowing data of all 27 state capitals in 2004 and 2008. The next data collection in capitals will probably be in 2015.

General data

	2011	2012	2013
Annual number of birth, crude (thousands)	2.913.160	2.905.789	2.904.027
Neonatal mortality rate (per 1,000 live births)	10,6	9	9,2
Infant mortality rate (per 1,000 live births)	15,3	14	13,4
Infant – under 5 – mortality rate (per 1,000 live births)	17,7	14,6	15,6
Maternal mortality ratio (per 100,000 live births) (adjusted)	64,8	62	58,1
Delivery care coverage (%):			
Skilled attendant at birth	-	-	-
Institutional delivery	98.08	98,0	98,0
C-section	53,88	55,73	56,74
Stunting (under 5 years)	No data		

Source: RIPSA- MoH e DATASUS

Breastfeeding data

Please note that there are no breastfeeding indicators available for the years 2013-2014!

	2006	2008	2011	2012
Early initiation of breastfeeding (within one hour from birth)[1]	42.9%	67.7%	67.7%	67.7%
Exclusive breastfeeding under 6 months[2]	38.6%	41%	41%	41%
Introduction of solid, semi-solid or soft foods (6-8	-	73.2%	69.9%	69.9%
Breastfeeding at age 2[4]	-	25.2%	25.2%	25.2%
Median duration of any breastfeeding (in months)[5]	14	11,2	-	-

We should consider that the rates are not reflecting the current situation. Indeed, there is no recent tracking of the breastfeeding indicators and the outcomes of the National Breastfeeding Programme cannot be evaluated.

The maternal mortality figures are extremely high, revealing a possible failure on the provision of quality care and facilities. Additionally, the exclusive breastfeeding rates are low and did not present any substantial improvement. In fact, in 2012, just 41% of children under 6 are exclusively breastfed added to the high rate of children receiving complementary food between 6 and 8 months of age (69.9% respectively).

Also the rate of continued breastfeeding at 2 years is excessively low (25.2% between 2008 and 2012), considering that almost total of deliveries occurs in health institutions and with skilled attendance (over 97%). This disproportion shows a **lack of adequate compliance with the requirements of the Baby-Friendly Hospital Initiative**, specifically with the Ten Steps to Successful Breastfeeding.[6]

Demographic and Health Survey 2006: It showed that the median duration of breastfeeding was 12.9 months in urban areas and 15.8 months in rural areas. In the North and Northeast regions, the median duration of breastfeeding was higher than the national average. It also showed that the percentage of children breastfed less than 6 months receiving other foods or drinks in bottles was 47.1%.

Survey of State capitals 2008: It revealed that 39.7% of the total number of children breastfed under 6 months were also bottle-fed. Among children aged 0-12 months, bottle-feeding was more frequent in

[1] Data referring to the year 2006 was retrieved from the Brazil Demographic and Health Survey (BDHS) 2006; Data for the year 2008 was retrieved from the Survey of Capitals 2008; Data for the years 2011-2012 were retrieved from UNICEF country statistics, available at: http://www.unicef.org/infobycountry/brazil_statistics.html
[2] Idem.
[3] Idem.
[4] Idem.
[5] Data referring to the year 2006 was retrieved from the Brazil Demographic and Health Survey (BDHS) 2006; Data for the year 2008 was retrieved from the Survey of Capitals 2008.
[6] The Ten Steps to Successful Breastfeeding are available at: www.unicef.org/programme/breastfeeding/baby.htm

the Southeast (63.8%) and less frequent in the North region (50.0%). It also showed that the percentage of breastfed babies receiving complementary foods between 6-9 months of age was 73.2%.

3) Government efforts to encourage breastfeeding

National policies

The National Breastfeeding Programme (PNIAM) was launched in 1981, and has had a coordination ever since. During the 80's it was mostly social mobilization and advocacy, leading to the increasing of maternity leave in for working women and the approval of the Code in 1988 (as a sanitary rule), among other achievements.

In the 1990s the country has translated, adapted and implemented all the actions internationally pro-breastfeeding proposals: Baby Friendly Hospital Initiative (BFHI), breastfeeding counseling course, clinical lactation management, and the short course to raise awareness of hospital directors as well as a review of BFHI, making it stronger.

Furthermore, pro-breastfeeding events every two years and the World Breastfeeding Week in conjunction with World Alliance for Breastfeeding Action (WABA) and IBFAN took place. Thus, the PNIAM established itself within the Ministry of Health. Several technical teams are dedicated to these activities (as a gear model) and carry out an annual assessment and management report with an action plan for the coming year. Thereby, breastfeeding has allocated resources directly to this action or program.

In this century, the PNIAM continued with a National Committee and several advisors in all related areas. From 2008/2009 onwards, it was decided to launch more concentrated actions in primary health care, considering the expansion of the Family Health Strategy and the Family Health Support Centers. Actions at primary health care level were launched to promote, protect and support breastfeeding and healthy complementary feeding.

Another action started to be added to the others in order to cover working women, particularly those who breastfeed, by encouraging up entrepreneurs and managers to create support rooms for breastfeeding in the workplace, adhere to maternity leave of six months, and implement nurseries, according to law.

Besides PNIAM in Brazil, we also have a National Policy for Food and Nutrition (PNAN) which was published in 1999 and updated in 2011. It includes Brazilian government's efforts that through a set of public policy, proposes respect, protect, promote and provide human rights to health and nutrition. The PNAN aims to improve supply conditions, nutrition and health, in pursuit of ensuring food and nutrition security of the population. In 2012, it was launched the "National Strategy for Promotion of Breastfeeding and Complementary Feeding" at the primary Health System. This Strategy has been carried out with IBFAN partnership.

The Breast Milk Bank Programme across the country is providing life-saving support for premature babies and helping to reduce children mortality rates. (More than 210 breast milk banks across every

state in the country have been established). As a complement of this programme, the Mother Kangaroo Programme, suggest mothers to breastfeed their babies in close contact with them, in order to help premature and low-birth-weight babies to survive. Likewise, the Social Mothers Programme helps as well to make progress in addressing under-5 and maternal health by helping mothers during pregnancy and the first months of a baby's life. [7]

Campaigning

In Brazil there are two national campaigns in the media: the World Breastfeeding Week (WBW) and National Campaign for Breast Milk Donation. Every year there is a great mobilization of municipalities, health services, milk banks, professionals associations, mothers' groups in order to disseminate and promote breastfeeding. Both campaigns strive to produce posters, booklets and brochures on breast milk donation, breastfeeding and complementary feeding in order to ensure supplies for health services. Another way of dissemination of information to health services is done through the distribution of educational materials produced by the Ministry of Health, such as videos, primary care books, manuals and booklets on breastfeeding and complementary feeding healthy. Moreover, such information is also made available on web sites.

The International Code of Marketing of Breastmilk Substitutes

Brazil approved in 1988 the Brazilian Code. The first review of this Code was done in 1992, again in 2000-2001 and published in three documents: Ministerial Decree 2051, November 2001, and ANVISA Resolutions 221 and 222, both published in 2002. In 2006, the Law No. 11,264 was published, transforming all the previous Code documents in Law. The last Code Monitoring was conducted in 2014 and its result is available at www.ibfan.org.br

Monitoring:

In Brazil, the Ministry of Health (MoH) has a procedure of assessment systems intended to ensure / verify the results of the services provided in the actions aimed at promoting, protecting and supporting BF. They are accompanied by the online system of BFHI in the annual monitoring, actions to support working women breastfeeding in the implementation of support rooms for breastfeeding and the use of these rooms as well as the Breastfeeding and Complementary Feeding Strategy. This system also monitors the training workshops and activities that are being carried out in the States to promote breastfeeding and healthy complementary feeding.

Courses/Training of Health Professionals

We offer training courses about BFHI, HIV/and infant feeding. A 20h course, BFHI assessors training courses and BFC courses have been offered by Municipalities, Hospitals, and the MoH. However, the training of health professionals is not enough.

[7] Source : http://www.unicef.org/infobycountry/brazil_70944.html

In 2012, courses were offered in 2012 for training 324 healthcare workers for the implantation of Breastfeeding Support Rooms in day care services in the workplace along with the guarantee of support during the 6 month maternity leave.[8]

4) Baby-Friendly Hospital Initiative (BFHI)

In Brazil 314 of 3.384 hospitals are BFH (2014 data), including also private hospitals. Early in the BFHI there was an exponential growth in membership of hospitals, declining enough over the years. In 2014, a small number of Child Friendly Hospitals (about 9%), of which less than a half of them, in the past revaluations, have met the 10 Steps to successful breastfeeding and the BNCIF (Code).

About 1 out of 3 children (some 30%) are born in accredited HAC. Now that criteria related to labor practices have been incorporated, evaluators and hospital staff have been trained to adhere to these criteria and catch up on old criteria, as well as to sensitize hospitals managers and maintain the on-line monitoring. About 50% of the evaluators in all states have been trained in the new ordinance.

5) Maternity protection for working women

Maternity leave: All women working in the formal sector are included, leaving without coverage women working in the informal sector.

Duration: 17 weeks of Maternity leave. However, public officers, in general, have 6 months of paid leave. Since 2008 there is a law called "Citizen Company", which allows companies to give 6 months of leave, considering the extra 2 as voluntary.

Benefits: Benefits amounting to 100% of salary pays for the social security.

Paternity leave: all formal workers.

Duration: 5 days of paid paternity leave by their employers

Breastfeeding breaks

Breastfeeding breaks are provided in the law for duration of 30 minutes, 2 times during 8 hours journey. These breaks are paid by the employer.

In 2012, courses were offered to training 324 healthcare workers for the implantation of Breastfeeding Support Rooms in day care services in the workplace along with the guarantee of support during the 6 month maternity leave.[9]

The employers with more than 30 women employees must provide a day nursery or else (under a collective agreement) provide reimbursement for childcare for nursing mothers.

[8] Source : http://www.worldbreastfeedingconference.org/images/128/Maria%20lourdes.pdf
[9] Source: http://www.worldbreastfeedingconference.org/images/128/Maria%20lourdes.pdf

ILO Convention 183: The state of Brazil, in 2001, vote in favour of the ILO Convention 183. However, it has not yet been ratified by the country, which offers greater benefits than those proposed in that Convention (only 14 weeks of maternity leave). In 2010 the PNIAM has initiated an action supporting breastfeeding for working women. It consists in implementing 6 months maternity leave, nurseries and rooms in the workplace in order to support breastfeeding at the workplace.

6) HIV and infant feeding

The number of people living with HIV is estimated between 610,000 and 1,000,000.10 The prevalence of HIV/AIDS is less than 1% of pregnant women.

Between the years 2000 and 2014 (June), 84,558 pregnant women with HIV were notified nationwide. *"Over the last ten years the detection rate among pregnant women has shown a statistically significant trend of increasing: in 2004 the rate was 2.0 cases per 1,000 live births, increasing to 2.5 in 2013."*[11]

Experience with breast-milk banks has been positive in relation to HIV infection.[12]

The policy includes the free distribution of infant formula and Voluntary Counselling and Testing.

7) Infant feeding in emergencies (IFE)

There are no organized activities about infant feeding in emergencies.

[10] HIV and AIDS estimates (2014), available at: http://www.unaids.org/en/regionscountries/countries/brazil

[11] The Brazilian Response to HIV and Aids, Narrative Report, June 2015, available at: http://www.unaids.org/sites/default/files/country/documents/BRA_narrative_report_2015.pdf

[12] Source: http://www.who.int/nutrition/topics/PN5_InfantFeeding_Durban.pdf

ANNEX

Trends on violations of Brazilian Code in the last 7 years

Table 1 – Country monitoring coverage and number of violations and companies (2007 - 2014)

Year	2007/2008	2009/2010	2011	2012	2013	2014
Cities	10	12	24	10	12	10
States	06	08	13	06	05	05
Number of violations	142	139	95	105	70	114
Number of Companies notified	100	65	76	89	49	35

Source: IBFAN Brazil

Table 2 – Type of violations

Violations	2007/2008	2009/2010	2011	2012	2013	2014
Publicity and promotion in commerce	*66 (46%)*	*125 (91%)*	*55 (59%)*	*77 (78%)*	*60 (87%)*	*109 (95,6%)*
In Retail outlets	39	20	28	12	38	63
In Promotional materials	13	42	12	15	9	3
In Internet pages	14	63	15	50	13	43
Labeling	*62 (44%)*	*5 (4%)*	*31 (33%)*	*10 (10%)*	*7 (10%)*	*4 (3,5%)*
Food	42	5	17	5	3	1

Bottles, teats and pacifiers	20	0	14	5	4	3
Education and information	*15 (10%)*	*9 (5%)*	*9 (8%)*	*18 (12%)*	*3 (3%)*	*1 (0,9%)*
Technical scientific material	15	7	8	13	2	1
Events	0	2	1	5	1	0
Total	**142 (100 %)**	**139 (100%)**	**95 (100%)**	**105 (100%)**	**70 (100%)**	**114 (100%)**

Source: IBFAN Brazil

Other violations

Article 5.1 Promotion to the public prohibits advertising and all other form of promotion of product under the scope of the Code.

Danone Company

Special product **"Milnutri"**, a combination of a thousand (mil) and nutrition, has been heavily promoted on a video.

Article 6.2. Promotion in health facilities and to health workers: bans the promotion of products within the health care system. *Article 6.3* prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government. *Article 7.3* provides that there should be no financial or material inducement to health workers to promote products. *WHA resolution 58.32 [2005]* calls on countries to ensure that financial support and other incentives for programmes and health workers do not create conflicts of interest.

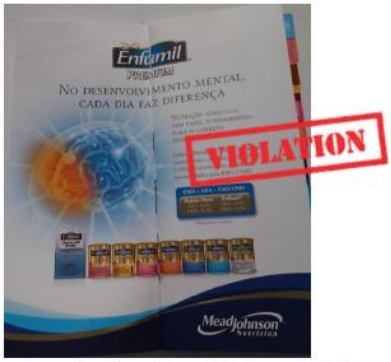
Mead Johnson

This pen stick drives the promotion for **Enfamil Premium.**

Pen drives shaped like a can of **Enfamil Premium** to health workers attending a pedriatic course organised by a medical school in Sao Paulo

They distributed two 100 sachet boxes of **Enfamil Human Milk Fortifiers**, a product covered by Brazilian Law 11265/06, to the human milk bank of government hospital in Sao Paulo. The samples were not labelled in compliance with the law and were not properly registered as required by another law, as the invoice accompanying the delivery described the donation as *"materials for testing"*, giving the donation a false legitimacy.

A multitude of wrong doings accompany donation of these human milk fortifiers.



This product guide with a picture of the human brain is definitely not scientific and factual.

A product guide for health professionals contains a centre-spread ad for the full range of Enfamil products. The heading states *"in mental development, every day makes a difference"*, explaining how adequate nutrition is fundamental for correct mental development.