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Infant Feeding Association of New Zealand

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SUBMISSION

To CRC

General Comment on the right of the child to the enjoyment of the highest attainable standard of health (art.24)

Introduction

1. This submission is from Louise James the Coordinator of the Oceania Region of the International Baby Food Action Network (IBFAN), an area comprising of 22 Pacific Island countries and territories, New Zealand and the continent of Australia. The office of IBFAN Oceania operates out of the Infant Feeding Association of New Zealand.
2. We work to see the realization of the full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions (the Code) in the region.
3. This submission will answer the questions posed by the Committee regarding article 24 in relation to the work of IFANZ and the Oceania region.

Question One: What should be the basic premises for the realization of children's right to health?

4. It is our belief that all children should have the right to receive optimal breastfeeding as defined by the World Health Organisation (2003) in the Global Strategy for Infant and Young Child Feeding: Breastfeeding exclusively for six months followed by appropriate timely complementary feeding while breastfeeding continues for two years or more. Optimal breastfeeding is foundational to children's continued health and as such be held in high regard by States.

Question Two: How can the principles of the CRC, in particular articles 2, 3, 6, and 12, be applied to designing, implementing and monitoring interventions to address child and adolescent health challenges and what aspects are specific to a child's rights approach to health?

5. A child's right to be breastfed is intrinsically linked to a mother's rights and a mother lives within the context of family and community, therefore it is essential that the whole of society supports the right to breastfeed. It is the state's responsibility to ensure society is protected from inappropriate marketing of breastmilk substitutes, which undermines breastfeeding, the role as stated in article 3.2.
6. The implementation of the Code and monitoring needs to be present in the public and health domain to comply with Article 3.3.
7. Article 6.2 is to ensure survival and development of the child. Optimal breastfeeding (as described in paragraph 4. Above) will allow this to happen to the maximum extent.

Question Three: What is the normative content of article 24? What are the specific obligations of States under article 24? What are the responsibilities of non-state actors under article 24?

8. The highest obtainable standard of health can only be obtained through breastfeeding. The obligations of the States are therefore to ensure the Code is implemented and monitored, and the ILO Maternity Convention 183 is ratified.
9. Non-state actors in this context are the manufacturers of infant formula and commercial baby foods. Of most concern to us in this region is trade agreements between small vulnerable countries and multi-national companies that promote infant formula and complementary foods that undermine both breastfeeding and the preparation of locally grown and prepared complementary foods. Once breastfeeding has been replaced by commercial products there is a loss of generational knowledge that makes regaining breastfeeding as a cultural norm more difficult. It is the responsibility of manufacturers to comply with the Code internationally and not alter their practice to the specific States that may not be implementing the Code.

Question Four: What are the priority concerns in general and in particular regions of the world for the implementation of article 24?

10. A real concern in the Pacific is the trade agreements that occur at government level which bring in inferior and inappropriate food that undermines the indigenous foods of the locals, including optimal breastfeeding.

Question Five: Which concrete measures should be put in place to implement article 24?

11. Governments should take into account the best interests of children before they enter into trade agreements. Unfortunately small island countries are subject to the bigger more economically able countries. Companies that export need to be accountable for what they do in other countries. Is it in the best interests of children in the country they are exporting to?
12. State parties should legislate the Code and keep their laws up to date with all subsequent WHA resolutions.

Conclusion:

13. In conclusion, we support optimal breastfeeding as the most cost effective efficient way for children to enjoy the highest obtainable standard of health. Breastfeeding is better placed when communities support it and where generational knowledge is protected. In particular to our region a concern is the emphasis the Committee places on individual States to put policy and legislation in place without consideration of how States export behavior and trade agreements impact on other States children's health status. Every State should be working for the whole planet's children to have a high standard of health.
14. Thank you for the opportunity to make comment and we hope our submission has been helpful.