



International Baby Food Action Network
Red internacional de grupos pro alimentación infantil
Réseau international des groupes d'action pour l'alimentation infantile

1998 RECIPIENT OF THE RIGHT LIVELIHOOD AWARD

Submission to the OHCHR Study on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health

International Baby Food Action Network (IBFAN)

www.ibfan.org

September 2012

In the light of the upcoming Study on the child's right to health, the International Baby Food Action Network (IBFAN) would like to bring to the attention of the OHCHR, some key issues related to infant and young child feeding, and to breastfeeding in particular.

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 and it is the single most effective intervention for saving lives.

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 development¹. Thus, this is also the infant and young child feeding practice recommended by the World Health Organisation (WHO)². This optimal practice contributes to the highest standard of health for infant and young children and thus forms an integral part of 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 undernutrition³. The 2008 Lancet Series on Maternal and Child Undernutrition reviewed the scientific evidence and concluded 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*

¹ IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

² WHO 2002, Global Strategy on Infant and Young Child Feeding,
<http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

³ Child undernutrition, Childinfo, Monitoring the situation of Children and Mothers,
<http://www.childinfo.org/undernutrition.html> (accessed 28 September 2012)

breastfed infants"⁴. 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 birthday⁵.

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 (obesity⁶, 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 undernutrition 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 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 feeding⁷: 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

⁴ 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

⁵ Lancet 2008, International Journal of Clinical Epidemiology

⁶ 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*, Signal and Lanigan, 2007, Institute of Child Health, Journal compilation 2007, The International Association for the Study of Obesity

⁷ 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.

current standards is not a sterile product and may occasionally contain pathogens⁸. 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 possible⁹.

Challenges to optimal infant and young child feeding (IYCF) and good practice

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 norm¹⁰, 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

One of the most important aspects 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. 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* (the Code), and subsequent resolutions by the World Health Assembly. The Code is a minimum global standard aiming 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. Globally, only 33 States have fully translated all provisions of the Code into national laws, while 17 countries have fully translated them into national voluntary codes.

⁸ 'Enterobacter sakazakii and other microorganisms in powdered infant formula', FAO/WHO Meeting Report, WHO Microbiological Risk Assessment Series No. 6, 2004.

⁹ 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

¹⁰ Kent, G.: Breastfeeding: The need for law and regulation to protect the health of babies, World Nutrition, Vol. 2, No.2, Oct 2011

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 obligation¹¹.

The Committee on the Rights of the Child has systematically recommended governments to fully implement the International Code of Marketing of Breastmilk Substitutes¹². 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)*”¹³.

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.

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 Convention on the Rights of the Child (CRC) and Convention for the Elimination of all forms of Discrimination Against Women (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.

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.

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

¹¹ State of the Code by country, 2011, IBFAN-ICDC. Breaking the rules, stretching the Rules, 2010, IBFAN-ICDC

¹² In 2011, it made this recommendation to 15 countries out of the 20 reviewed.

¹³ R. Hodgkin, P. Newell, *Implementation Handbook for the Convention on the Rights of the Child*, UNICEF, 2002, pp. 357.

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.

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.¹⁴ 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.

Steps must be taken to ensure that the primary treatment of all types of acute malnutrition is based on local foods and supervised by a trained health professional without undue commercial influence. The use of commercial ready-made foods in the prevention and treatment of child malnutrition in emergencies such as man-made and/or natural disasters must be re-evaluated. Instead, the use, wherever possible, of diverse indigenous /local foods must be promoted.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 33-year old coalition of more than 200 not-for-profit non-governmental organizations in more than 100 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)³ 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*".

¹⁴ Arie, S. (2010) Hungry for profit, in BMJ. 341: c5221