



International Baby Food
Action Network

Who we are?

IBFAN is a 35-old years coalition of more than 273 not-for-profit NGOs in more than 168 countries.

We work towards a just and healthy society free of commercial pressures, where every child enjoys the highest attainable standard of health, where breastfeeding is the norm for feeding infants and young children and where women and families are empowered to optimally care for their children.

We fight for the implementation, enforcement and monitoring of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.

We are also committed to advance a better maternity protection and we support the implementation of the Baby-friendly Hospital Initiative (BFHI).

Breastfe

Article 24 CRC

Comment 15

What does the Convention on the Rights of the Child say about it

recognizes the right of the child to the enjoyment of the highest attainable standard of health and urges States Parties to pursue full implementation of this right by taking appropriate measures to:

- diminish infant and child mortality
- combat disease and malnutrition through, inter alia, the provision of adequate nutritious food
- ensure appropriate pre-natal and post-natal health care for mothers
- ensure that all segments information, access to education and are support in the use of basic knowledge of, inter alia, child health and nutrition and the advantages of breastfeeding

Referring to the “Protect, Promote and Support” framework (Global Strategy for Infant and Young Child Feeding, 2002), the

on the right of the child to the enjoyment of the highest attainable standard of health (article 24) urges States parties to:

- protect and promote exclusive breastfeeding up to 6 months of age
- protect and promote continued breastfeeding until 2 years of age
- introduce into national law, implement and enforce, inter alia, the International Code on Marketing of Breastmilk Substitutes
- promote community and workplace support to mothers in relation to pregnancy and lactation, and feasible and affordable child-care services
- comply with the ILO Convention No 183 (2000) on maternity protection

CRC Committee’s Concluding Observations

During its latest review in 2011, the CRC issued direct recommendations to Egypt regarding breastfeeding (para 62-63):

62. [...] the Committee is concerned that child mortality remains high in rural areas of the State party. [...] The Committee is further deeply concerned that: (a) children continue to die from diarrhoea and respiratory diseases; (b) a significant number of children continue to suffer from anaemia; (c) malnutrition among children under the age of five is increasing; [...] (e) the State covers only 70 per cent of health services provided and that since the late 1990s no hospitals have been certified as “baby friendly” in the State party; (f) the continuing low rates of exclusive breastfeeding in the State party and the lack of State budget for breastfeeding protection and promotion.

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HUNDRED HOSPITALS
63.
AWARENESS-RAISING PROGRAMMES

SUBSTITUTES

COLLECTION AND ANALYSIS OF DISAGGREGATED DATA

ENCOURAGE BREASTFEEDING THROUGH

SYSTEMATIC

The Committee urges the State party to make improved access to and availability of quality primary health care a Government priority, and, to this end, recommends that it: [...] (c) , referred to by the delegation, in the State party; (d) , including campaigns, and education programmes and to and to control the advertising of infant formula [...].

In addition, the Committee also urged the country to develop (para 22).

Current national implementation of CRC's Concluding Observations

➤ **CO1: Implement a programme to establish "baby-friendly" status in two hundred hospitals**

Since late 1990's, no maternity facility has been certified as "baby-friendly", despite a programme developed by the Ministry of Health and Population to revive the Baby-friendly Hospital Initiative (BFHI) and currently funded by UNICEF. In January 2014, the former Minister of Health and Population issued a decision stating that all maternity facilities (private and public) of the country would be certified as "baby-friendly", but so far no funds have been allocated to implement this decision and no action plan has been adopted.

➤ **CO2: Encourage breastfeeding through awareness-raising programmes, including campaigns, and education programmes**

In 2011, no budget was allocated to breastfeeding protection and promotion and thus, there was a lack of the community awareness and education on the importance of breastfeeding and the risks of artificial feeding. Besides, no Breastfeeding Committee has been designated to coordinate breastfeeding policies and programmes.

➤ **CO3: Adopt the International Code of Marketing of Breastmilk Substitutes and to control the advertising of infant formula**

The 2010 by-law No 2075 is weaker than the International Code and has many gaps (especially provisions allowing related to distribution of free samples, supplies and gifts, dissemination of commercial information and education materials in health care facilities as well as nutrition and health claims on labels). Violations of the International Code by baby food companies are frequent, including in health care facilities. A study conducted by The Egyptian Lactation Consultants Association and supported by UNICEF has showed hundreds of violations in private and public hospitals. In addition, the budget allocated to artificial baby milk subsidization programme was increased from 180 to 300 Million Egyptian Pounds (EGP) and breastmilk substitutes are dispensed through this programme at the price of 3 EGP (less than 0.5 \$ per can).

➤ **CO4: Develop systematic collection and analysis of disaggregated data**

Currently, no system has been set up to collect and analyse disaggregated data.

Other important elements related to breastfeeding

With regard to the CRC General Comment 15, the 2002 Global Strategy for Infant and Young Child Feeding and the 2007 Operational Guidance on Infant and Young Feeding in Emergencies, there are other key policies and initiatives that have to be implemented in order to "Protect, Promote and Support" breastfeeding:

- **Training of health professionals:** As far, no comprehensive training on breastfeeding has been put in place. Breastfeeding is integrated in some health curricula but generally speaking, information provided to health professionals on optimal breastfeeding practices remains very insufficient.
- **Extended maternity protection legislation to all working women:** Women working in the public sector are entitled to a remunerated leave of 90 days, which makes exclusive breastfeeding for 6 months impossible, and to breastfeeding breaks until their child is 2 years old. Women working in the informal or private sector are entitled to a maximum of 30 days unpaid leave or are given no leave at all. They are not entitled to breastfeeding breaks.
- **Breastfeeding in emergencies:** Currently, there is no emergency preparedness to ensure integrated response to protect and support breastfeeding in case of emergencies.

Our recommendations to the Universal Periodic Review

Egypt should be urged to:

1. **Allocate resources and make operational plans to implement to the Baby-friendly Hospital Initiative (BFHI) in two hundred hospitals.**
2. **Promote breastfeeding through wide awareness-raising and education programmes, including national campaigns on optimal breastfeeding practices targeting parents and especially mothers.**
3. **Fully implement all provisions of the International Code of Marketing of Breastmilk Substitutes and its subsequent WHA resolutions into a national law and adopt a dissuasive sanction mechanism in order to tackle Code violations.**
4. **Develop a comprehensive system for collection and analysis of disaggregated data, including data on breastfeeding and infant and young child feeding practices.**
5. **Urgently request that schools of health sciences upgrade materials and methods for training on breastfeeding.**
6. **Extend maternity protection legislation to all working mothers, including those in the informal economy.**
7. **Ensure integrated response to protect and support breastfeeding in case of emergencies.**
8. **Reactivate the National Breastfeeding Committee to include all stakeholders. Assign a Breastfeeding Coordinator with clear terms of reference.**