

THE CONVENTION ON THE RIGHTS OF THE CHILD

63rd Session

May/June 2013

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



March 2013

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Data sourced from:

UNICEF, 2012. State of the World Children.

ICDC, 2011. State of the Code by Country.

ILO website: <http://www.ilo.org/dyn/travail/travmain.byCountry2>

UNICEF, 2002. Current status of baby-friendly hospital initiative.

(<http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf>)

Optimal infant and young child feeding practices include the following:

- ✦ Initiation of breastfeeding within one hour from birth;
- ✦ Six months of exclusive breastfeeding;
- ✦ Continued breastfeeding for two years or beyond;
- ✦ Timely, adequate, safe and appropriate complementary foods and feeding starting after six months; and
- ✦ Related support for maternal health, nutrition and birth spacing.

Optimal breastfeeding¹:

- ✦ Saves another 1-2 million lives each year (in addition to the millions it saves today);
- ✦ Reduces respiratory infections and diarrhea deaths by 50-95%;
- ✦ Significantly increases the effectiveness of immunizations;
- ✦ Reduces the need for ORS by more than 50%;
- ✦ Significantly increases intelligence and readiness to learn;
- ✦ Automatically reduces mother to child transmission of HIV an estimated 10-20%;
- ✦ Reduces child desertion in hospitals and strengthens mother-child protective bond;
- ✦ Increases growth, and provide the majority of an infant's nutritional need.

1) General points concerning reporting to the CRC and other Treaty Bodies

In 2013, the CRC Committee will review Israel's combined 2rd to 4th periodic report.

At the last review in 2002 (session 31), IBFAN presented a report on the state of breastfeeding. In its last [Concluding Observations](#) the CRC Committee did not make reference to the situation of breastfeeding in the country.

On the other hand, as party to the International Covenant on Economic, Social and Cultural rights, Israel received numerous recommendations by the relative Committee on issues related to food, water and child and maternal health, all relevant to adequate infant and young child feeding. In its last Concluding Observations (E/C.12/ISR/CO/3 – [session 47](#)) of December 2011, the CESCR Committee recommended Israel to “intensify its efforts to address food insecurity and hunger in the State party, as well as in the Occupied Palestinian Territory, focusing on all disadvantaged and marginalized individuals or groups, without discrimination” (par. 28). Israel was also recommended to “take measures to ensure the availability of sufficient and safe drinking water and adequate sanitation for Palestinians living in the Occupied Palestinian Territory” (par. 29).

In relation to health, the CESCR Committee recommended Israel to “extend the coverage under the National Health Insurance Law to persons not in possession of a permanent residence permit, so as to ensure universal access to affordable primary health care for all.” It also recommended to “intensify [...] efforts to lower the infant and maternal mortality rates among the Arab Israeli and Bedouin population groups” (par. 31). In addition, the Committee urged Israel to “ensure unrestricted access to health facilities, goods and services, including urgency treatment, for Palestinians living in the Occupied

¹ <http://www.unicef.org/nutrition/files/FinalReportonDistribution.pdf>

Palestinian Territory, especially those living in the closed zones between the Wall and the Green Line, i.e. seam zones [and to] take disciplinary action against checkpoint officials who are found responsible for unattended roadside births, miscarriages, and maternal deaths resulting from delays at checkpoints, as well as maltreatment of Palestinian ambulance drivers. [Israel] should take urgent measures to ensure Palestinian women’s unrestricted access to adequate prenatal, natal and post-natal medical care” (par. 32).

2) General situation concerning breastfeeding in Israel

General data

	Israel		Occupied Palestinian Territory	
Annual number of births (thousands)		154 (2010)		134 (2010)
Infant mortality rates under 1 year of age (per 1000 live births)	10 (1990)	4 (2010)	36 (1990)	20 (2010)
Neonatal mortality rate (per 1000 live births)		2 (2010)	-	
Maternal mortality ratio (per 100’000 live births)		7 (2008 adjusted)	-	
Infants with low birth weight		8%		7% (2006-2010)

Breastfeeding data

There are no official data concerning the situation of breastfeeding in Israel.

In the Occupied Palestinian Territory (OPT), only 27% of children are exclusively breastfed during the first 6 months of life. This percentage is very low, which means that the majority of children are being artificially fed with breastmilk substitutes. This situation in a context of lack of safe drinking water and adequate sanitation in those territories increases considerably the health risks posed by the use of breastmilk substitutes and artificial feeding².

3) Government efforts to encourage breastfeeding

The International Code of Marketing of Breastmilk Substitutes:

According to IBFAN’s International Code Documentation Centre, Israel adopted ‘few provisions of law’ regarding the marketing of breastmilk substitutes. This means that the law does not meet the standards of the *International Code of Marketing of Breastmilk Substitutes (WHO-UNICEF 1981)* and should therefore be strengthened.

We have no information on whether those provisions of law are monitored and effectively enforced.

² INFAC Canada, Risks of Formula Feeding, <http://www.infactcanada.ca/RisksofFormulaFeeding.pdf>

The ‘Remedia scandal’

In 2003, a non-diary baby formula marketed by Remedia caused the death of a few babies and the permanent disability of more than 20 other babies that were being fed on it. Essential vitamin B1 was removed from the formula by the manufacturer, the German firm Humana, while the label on the product did not match the real vitamin content and Remedia failed to inform the public of this problem. The ‘Remedia scandal’ led to trials involving both Remedia employees and Ministry of Health officials, where some were convicted³.

Training of health professionals:

There have been efforts to train more health professionals on breastfeeding/lactation management, especially nurses, and new mothers are starting to better accept breastfeeding.

There are now more than 200 certified lactation consultants (IBCLC) in Israel, representing an improvement. The level of support by trained lactation consultants available to mothers in the OPT is unknown.

4) Baby Friendly Hospital Initiative (BFHI)

BFHI has not been implemented in Israel and therefore there are no baby-friendly hospitals. There are no efforts by the government to encourage hospitals to become Baby Friendly and the only initiative is at the personal level, so that health workers that have some knowledge about the ‘ten steps’ of baby-friendly practice try to implement them.

5) Maternity protection for working women

Maternity leave

Scope

- Maternity legislation is applicable to all female employees or self-employed women working in Israel (even if not residents of Israel).
- Under certain conditions it also covers women aged 18 or older in vocational training and female employees working outside of Israel.

Duration and qualifying conditions

- Employment law allows for 12 weeks of maternity leave, but social security law allows for up to 14 weeks of paid maternity allowance, with extensions for mothers of twins or at their third or subsequent child.
- To be entitled to full maternity allowance (14 weeks) the woman worker must have contributed for 10 out of the previous 14 months or for 15 out of the previous 22 months before the day she discontinued work during pregnancy.

³ Ofra Edelman. HAARETZ, “Remedia technologist convicted of negligent homicide, CEO and director acquitted”. Feb.13, 2013. <<http://www.haaretz.com/news/national/remedia-technologist-convicted-of-negligent-homicide-ceo-and-director-acquitted-1.503311>>

- In the event the woman worker contributed 6 out of the previous 14 months she will be entitled to a partial maternity allowance (7 weeks).
- 3 weeks of compulsory leave after delivery.
- Extensions are also accorded when there are longer hospitalization or illness and complications.

Cash benefits

- *Amount:* 100% of the insured's average daily net income in the 3 months preceding the day on which the insured woman ceased work because of pregnancy up to a maximum maternity allowance sum of NIS 1206.67 per day (as of 01.01.2007).
- *Financing of benefits:* social security.

Paternity leave

- A father can replace his spouse during part of the maternity leave and under certain circumstances he may be entitled to full maternity leave.
- *Qualifying conditions:* A male worker may be granted paternity leave only if his wife is entitled to a full maternity allowance (14 weeks).
- *Length:* Male employees have the right to paternity leave during the period that remains after the end of the first 6 weeks following the date of the birth provided that the female worker has agreed in writing to waive the equivalent period of her maternity leave.

Parental leave

- After 24 months of continuous employment with the same employer, a female employee is entitled to an unpaid leave equal to one fourth of the worked period up to a maximum of 12 month leave from the beginning of the seventh week after her childbirth.
- A male worker may also be granted the same leave provided that he meets the same seniority requirement and in addition one of the following requirements: a) his spouse was employed for at least 24 consecutive months with the same employer immediately before the beginning of his absence or b) he has the sole custody of the child owing to invalidity or illness of his wife.
- The leave may be shared by both parents insofar as they are not absent of work at the same time.

Medical benefits

Pre-natal, childbirth and post-natal care

A risk pregnancy benefit is paid for each day of rest from work due to medical risk to the female worker or her fetus. The rate of the benefit is the woman's average wage per day for the last three months.

All persons residing in Israel are entitled as well to a birth and hospitalization grant paid for a birth for which hospitalization was necessary. In addition the National Insurance Institute pays the cost of transportation beyond the first 20 kilometers if the ambulance journey is more than 20 kilometers.

Breastfeeding

A female employee who is **prohibited from working at certain jobs by law because of her breastfeeding** is entitled to be excused from work and this absence is tantamount to **leave without pay** for all intents and purposes-i.e., this absence cannot preserve the employee's seniority rights.

We are concerned that the way the above provision on breastfeeding is phrased may result in discrimination of women that decide to breastfeed.

Employment law should be put in line with the social security law that allows for up to 14 weeks of paid maternity allowance, which is also the period recommended in the ILO Convention 2000 No. 183 on Maternity Protection.

In addition, *unpaid* parental leave might discourage parents from using it.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- There is no collection of data on the situation of breastfeeding.
- Exclusive breastfeeding in the Occupied Palestinian Territory is very low, and the use of breastmilk substitutes in the area is dangerous because of lack of safe drinking water and adequate sanitation.
- Provisions of law regarding the marketing of breastmilk substitutes do not meet the standards of the International Code of Marketing of Breastmilk Substitutes and relevant subsequent WHA resolutions.
- There are no efforts towards the implementation of the Baby Friendly Hospital Initiative.
- There is incoherence between employment law and social security law with regards to maternity leave duration and there is no paid leave after maternity leave has ended.

Our recommendations include:

- ***Collect data on the situation of breastfeeding in the country, in a systematic way and in conformity with indicators used at the international level;***
- ***Adopt a comprehensive policy and legal framework for the protection, promotion and support of breastfeeding, and ensure that breastfeeding is equally protected, promoted and supported in the Occupied Palestinian Territory;***
- ***Strengthen legislation on marketing of breastmilk substitutes to meet at least the minimum requirement of the International Code of Marketing of Breastmilk Substitutes and relevant subsequent WHA resolutions ;***
- ***Start efforts to implement the Baby Friendly Hospital Initiative and continue efforts to train health personnel on breastfeeding practices;***
- ***Increase maternity leave duration provided for in employment law to match the 14 week period provided for in the social security law, and consider further extending its duration to 18 week to comply with ILO Recommendation 191.***