

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 77 / January 2018

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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN PANAMA**



**IBFAN**

defending breastfeeding

December 2017

**Data sourced from:**

WBTi assessment of 2015

National plan for children and adolescents

National Breastfeeding Committee reports

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**SUMMARY**

*The following **obstacles/problems** have been identified:*

- Lack of national data collection system on breastfeeding rates and Infant and Young Child Feeding practices, in line with WHO definitions and recommendations; the last data available are from 2013 and show very low breastfeeding indicators;
- Insufficient budget allocations to the National Breastfeeding Committee; the Committee is not fully operational and has no resources to monitor the national policies and act accordingly;
- Comprehensive information on breastfeeding, including counselling training, is not included in training of health professionals and in health curricula; training on the Code and WHA resolutions and on the relevant laws in force in Panama is also not sufficient.
- The International Code is fully integrated in the national law but there is no monitoring and sanctioning mechanism and therefore Code violations occur on a regular basis;
- The Baby-Friendly Hospital Initiative is very poorly implemented, with only 2.5% of the hospitals certified as Baby-Friendly;
- Breastfeeding rooms are not always available in the workplace, preventing mothers who return to work from breastfeeding exclusively their babies until 6 months;
- The national emergency preparedness plan does not include protection of breastfeeding.

***Our recommendations** include:*

- **Establish a national data collection system on breastfeeding and IYCF practices; data should be collected systematically and should be in line with WHO definitions and indicators;**
- **Allocate adequate resources to make the National Breastfeeding Committee fully operational;**
- **Update Law 50 on the International Code of Marketing of Breastmilk Substitutes and ensure that all Code and WHA resolutions are included in the revised law; establish an independent monitoring mechanism and set sanctions in cases of Code violations;**
- **Include comprehensive information on breastfeeding and IYCF counselling in the health curricula and training programs intended for the health professionals;**
- **Set up an implementation programme for the BFHI; increase the number of Baby-Friendly certified health facilities and establish a mechanism of re-assessment of the accredited ones, through external evaluations;**
- **Raise employers' awareness on the importance of defending their employees' rights related to maternity, including through the creation of dedicated rooms to breastfeed or express milk;**
- **Include the protection of breastfeeding in the national plans for emergency preparedness and risk reduction.**

## 1) Previous recommendations from the CRC Committee

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In 2018, the CRC Committee will review Panama’s combined 5<sup>th</sup> to 6<sup>th</sup> periodic report.

At the last review in 2011 (session 58), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), expressing concerns about the fact that *“the last available data (1996) show that breastfeeding indicators are generally very low, in particular, exclusive breastfeeding at 6 months of age is 25 per cent, much lower than the regional average of 43 per cent.”* (§ 54) For this reason, the Committee reiterated its recommendation that Panama *“review and revise current initiatives, namely the health goals of the 2010-2014 Strategic Plan (Executive Decree 197/2009) and the National Plan to Combat Child Malnutrition (2008-2015), to ensure a special focus on indigenous and Afro-Panamanian children as well as other children in need of special protection.”* The Committee also recommended *“that the State party strengthen the promotion of breast-feeding and enforce the International Code of Marketing of Breast-milk Substitutes.”* (§ 55)

## 2) General situation concerning breastfeeding in Panama

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### General data

	2013	2014	2015	2016
Annual number of birth, crude (thousands) <sup>1</sup>	73,804	75,183	75,901	75,184
Neonatal mortality rate (per 1,000 live births) <sup>2</sup>	8.5	7.9	7.2	7.7
Infant mortality rate (per 1,000 live births) <sup>3</sup>	15.0	13.8	12.5	13.9
Under-5 mortality rate (per 1,000 live births) <sup>4</sup>	18.1	17.6	17.0	17.8
Maternal mortality ratio (per 100,000 live births) <sup>5</sup>	55.6	58.5	52.7	49.9
<i>Delivery care coverage (%):</i>	92.8	93.0	95.0	94.5
Skilled attendant at birth	No data	No data	No data	No data
Institutional delivery	92.5	93.8	94.8	95.0
C-section	23.3	21.6	21.5	22.0

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<sup>1</sup> Data retrieved from UNICEF: <http://data.unicef.org/>

<sup>2</sup> See above

<sup>3</sup> See above

<sup>4</sup> See above

<sup>5</sup> See above

Stunting (under 5 years)	15.9	No data	No data	No data
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***Breastfeeding data (%)***

After the Multiple Indicator Cluster Survey of 2013 (MICS 2013) there have been no additional surveys on Infant and Young Child Feeding (IYCF) practices. Data are not systematically collected and analysed in Panama. Currently, research for a **multidimensional child poverty index** is in progress, and new updated information will be collected in 2018, including on nutrition and breastfeeding practices.

	2013	2016	2017
Early initiation of breastfeeding (within one hour from birth)	47%	-	-
Exclusive breastfeeding under 6 months	21.5%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months)	60.8%	-	-
Bottle-feeding (0-12 months)	63 %	-	-
Continued breastfeeding at 2 years	34.3%	-	-
Median duration of breastfeeding (in months)	15.5	-	-

**The rate of exclusive breastfeeding under 6 months is extremely low in Panama.** This is linked to various reasons: among them, the **lack of adequate support** to mothers in their breastfeeding choices, including through community and mother-to-mother support; also, the need to **return to work** - where insufficient breastfeeding areas are provided - is another reason for mothers to interrupt breastfeeding very early<sup>6</sup>. In the last three years, some nursing rooms have been created in workplaces for mothers to breastfeed or express milk. There are currently about 25 breastfeeding rooms in private establishments and 8 rooms in public institutions.

**Continued breastfeeding** is slowly becoming more accepted by the population. Currently the median duration of breastfeeding is 15 months but the trend is increasing and it will be hopefully reach the target recommended by WHO of continued breastfeeding until 24 months or beyond.

**Bottle-feeding** has diminished in Panama, despite the still strong efforts by the baby food producers and distributors to work on the health professionals, through sponsoring seminars, national and international conferences, voyages, and despite the fact that some breastmilk substitutes (BMS) advertisements are displayed in Panama – especially through cable television – without being regulated with the excuse that they were designed for other specific countries.

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<sup>6</sup> See the maternity protection section.

## Main causes of death among infants and children

In 2016, 1'046 deaths among children under 1 year were reported. The main causes of death reported were: 1. Perinatal diseases (hypoxia, respiratory distress) 34%; 2. Congenital malformations 26%; 3. Respiratory diseases and pneumonia 12%; 4. Infectious diseases 6%; 5. Diarrhoea 3%.

## **4) Government efforts to encourage breastfeeding**

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### National policies

Panama has national plan on children and adolescents, enacting the Law 50 of 23 November 1995, which includes the national policy regarding breastfeeding. There is a national breastfeeding committee (CONFOLACMA), meeting regularly every month. However, the budget allocated to the committee is insufficient for it to be fully operational. More resources should be allocated to the national breastfeeding committee and a clear mandate should be defined.

### Community and mother-to-mother support

As already mentioned earlier, **community support to breastfeeding mothers is insufficient** in Panama. There are difficulties in finding volunteers for undertaking this task. Community groups and mother-to-mother support should be set up in order to help mothers strengthening their confidence about their ability to breastfeed.

### The International Code of Marketing of Breastmilk Substitutes

The International Code of Marketing of Breastmilk Substitutes was enforced in Panama by Law 50 of 23 November 1995, subsequently regulated by the Executive Order 1457 of 30 October 2012. However, **there is monitoring and sanctioning mechanism for the violators of the above-mentioned law on the Code. The national breastfeeding promotion committee (CONFOLACMA) has no resources to perform any monitoring activity.** As a consequence, Code violations occur on a regular basis (see Annex).

### Courses / Training of Health Professionals

**Breastfeeding courses in the health curricula need to be improved**, especially in the curricula of Medicine, Nursing and Nutrition programme students. Also, a deeper analysis of the counselling techniques for pregnant and breastfeeding mothers is needed, because **there is a general poor knowledge on how to provide good information and counselling** on this matter.

Secondly, training of health professionals on the International Code and WHA resolutions, on the relevant Law of Panama and its regulation (mentioned above) and on the Global Strategy on Infant and Young Child Feeding is inadequate.

## **5) Baby-Friendly Hospital Initiative (BFHI)**

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The BFHI is poorly implemented in Panama. Between 2010 and 2015, **only 1 out of the 39 hospitals (public and private) in the country has been designated as “Baby-Friendly”**. This corresponds to only 2.5% of the total hospitals offering maternity services.

A 20-hour course on the BFHI has been developed and circulated around the hospitals and various maternity services in the country. However, these are not implementing the module on the self-evaluation regarding their alignment to the 10 Steps to Successful Breastfeeding. An increased capacity-building of the health professionals in the health regions is planned for the future. However, for the moment, there is urgent need to re-launch the BFHI in the country, increase the number of Baby-Friendly health facilities and set up an external evaluation mechanism to monitor that they meet the criteria for the accreditation. Additionally, a regular re-assessment of the accredited facilities will be needed.

## **6) Maternity protection for working women**

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Maternity leave is regulated in Panama by articles 56 and 68 of the Constitution and art. 106 of the Labour Code of Panama. The Labour Code protects the health of pregnant and breastfeeding workers from overtime work, night work or overlapping day and night work. However, protection from hazardous work conditions is not explicitly mentioned in the Code.

As previously mentioned, although the provisions related to maternity leave are adequate according to the law, they are not effectively respected, because the return to work remains one of the main causes for women to stop breastfeeding in Panama. Dedicated rooms to breastfeed or express milk should be created in workplaces so to allow mothers to return to work and continue breastfeeding.

## **7) HIV and infant feeding**

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In cases of HIV-positive mothers, the national recommendations are to feed babies with formula. These **should be updated according to the recent research** on the matter, so that mothers could be given more options according to their feeding choice and should be informed about the possibilities to breastfeed without risks of transmission to the child.

## 8) Infant feeding in emergencies (IFE)

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The existing national emergency preparedness plan **does not include specific provisions related to infant feeding. In emergency situations, protection of breastfeeding is not ensured in Panama and free donations of BMS are commonly accepted.** Additionally, the staff directly involved in emergencies response is not well trained on infant feeding and the risks of artificial feeding in emergencies.

The current plan and material should be revised and protection of breastfeeding in emergencies should be included. The Operational Guidance on Infant Feeding in Emergencies<sup>7</sup> should be adopted as a basis for developing emergency response plans that ensure an adequate protection of breastfeeding and proper management of artificial feeding.

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<sup>7</sup> The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: [www.enonline.net/operationalguidance-v3-2017](http://www.enonline.net/operationalguidance-v3-2017)

## ANNEX

### Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Panama between 2014 and 2017.<sup>8</sup>

**Labelling:** Article 9 of the Code requires labels to NOT discourage breastfeeding and inform about the correct use of the product, the risk of misuse and abide by a number of other points; **WHA resolution 54.2 [2001]** advises exclusive breastfeeding for 6 months which means that the recommended age for use of complementary foods cannot be under 6 months; **WHA 58.32 [2005]** prohibits nutrition and health claims unless specifically provided for in national legislation.

#### ABBOTT

In Panama, labels are still fronted by good old Rosco. They contain claims about IQ Plus and Immunity which are not just suggestive but promotional. The national law does not allow idealising picture or text on labels.



#### ARLA

Arla Milex Kinder Gold growing-up milks promoted at a baby fair. A large tin of the product with a protective shield banner claims to “help digestion and absorption” as well as “strengthen immune system”.



<sup>8</sup> These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017.