

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 80 / January 2019

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



IBFAN
defending breastfeeding

December 2018

Data sourced from:

See footnotes and annex.

Prepared by:

VBBB ; Borstvoeding vzw and IBFAN-GIFA

SUMMARY

The following obstacles/problems have been identified:

- There is a lack of data collection on most breastfeeding indicators. Where data is measured, it is not done consistently and different indicators and definitions are used.
- There is currently no national policy to protect, promote and support breastfeeding. Regions have the authority on this subject but no plan was presented yet at the regional level.
- National institutions K&G and ONE provide promotional material on breastfeeding, but the information is not always correct and the risks of artificial feeding are not enough mentioned.
- The International Code of Marketing of Breastmilk Substitutes is only partially implemented and there is no systematic monitoring and sanctioning mechanism.
- It is unclear how many health professionals benefit from the courses on breastfeeding financed by the Ministry of Health.
- Only 27 out of 96 hospitals are labelled Baby-Friendly.
- Belgium has not ratified ILO Convention 183, the official duration of the maternity leave is 15 weeks, but not all mothers are able to fully benefit from them. Additionally, breastfeeding breaks are not fully compensated.
- Access to ARV for pregnant women living with HIV remains an issue in Belgium.
- There is no national plan on Infant Feeding in Emergencies.

Our recommendations include:

- **Systematically collect data on breastfeeding and IYCF practices, in line with WHO definitions and indicators;**
- **Ensure that the regions establish a policy on the international recommendations on IYCF and establish a clear budget and operational plan for its implementation;**
- **Review the promotional material on breastfeeding provided by K&G and ONE, making sure the information is correct and they are free from commercial influence;**
- **Fully integrate into national law all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. Set up an independent monitoring system of Code violations and sanctions for Code violators;**
- **Provide consistent and inclusive training on breastfeeding, including in the context of HIV, for all health professionals working with mothers and children;**
- **Strengthen the BFHI at federal level, allocating adequate resources and defining a relevant policy; Establish a clear accreditation and re-accreditation process and increase the number of Baby-Friendly hospitals in Belgium;**
- **Ratify ILO Convention 183 on Maternity Protection and ensure that breastfeeding breaks are fully paid;**
- **Adopt a clear policy on HIV and Infant feeding, in accordance with the WHO “Guideline updates on HIV and Infant Feeding.” ;**
- **Use the Operational Guidance on Infant Feeding in Emergency as a basis for developing an operational emergency response plan that ensures an adequate protection of Breastfeeding.**

1) General points concerning reporting to the CRC

In 2019, the CRC Committee will review Belgium’s combined 5th and 6th periodic report.

At the last review in 2010 (session 54), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), expressing concerns at the paucity of information on the State party’s efforts to enforce the International Code of Marketing of Breast-milk Substitutes (§56). The committee therefore recommended Belgium to strengthen enforcement of the International Code of Marketing of Breast-milk Substitutes in all parts of the State (§57).

2) General situation concerning breastfeeding in Belgium

General data

	2014	2015	2016
Annual number of births, crude (thousands) ^{1 2}	124	121	121
Flanders (SPE) ³	66.955	65.052	65.440
Brussels (CEPIP) ⁴	24.879	24.549	24.362
Wallony (CEPIP) ⁵	37.280	36.418	35.944
Neonatal mortality rate (per 1,000 live births) ⁶	2.3	2.2	2.2
Infant mortality rate (per 1,000 live births) ⁷	3.3	3.2	3.1
Under 5 mortality rate (per 1,000 live ⁸ births)	4.1	4	3.9
Maternal mortality ratio (per 100,000 live births) ⁹	5.6	3.3	No data
Maternal mortality ratio (bis) SPE (Flanders) ¹⁰	1/65.729	1/63.877	2/64.323
Brussels ¹¹	No data	No data	No data
Wallony ¹²	No data	No data	No data

¹ <https://statbel.fgov.be/nl/themas/bevolking/structuur-van-de-bevolking>

² https://www.belgium.be/nl/nieuws/2017/statistisch_overzicht_van_belgie

³ SPE :details on Flanders - see annex 2

⁴ CEPIP : details on Brussels - see annex 2

⁵ CEPIP : details on Wallony - see annex 2

⁶ Data retrieved from UNICEF: <http://data.unicef.org/>

⁷ See above

⁸ See above

⁹ CDE

¹⁰ SPE

¹¹ CEPIP Brussels

¹² CEPIP Wallony

<i>Delivery care coverage (%):</i>			
<u>Skilled attendant at birth</u> ¹³	Nearly 100%	Nearly 100%	Nearly 100%
<u>Unexpected deliveries</u>			
Brussels	0.12	0.15	0.23
Wallony	0.17	0.19	0.16
<u>Institutional delivery</u> ¹⁴			
Flanders	99.2	99.3	99.3
Brussels	99.5	99.5	99.5
Wallony	99.4	99.2	99.4
<u>C-section</u> ¹⁵			
C-section Flanders	20.6	20.5	20.9
C-section Brussels	20.4	20.0	20.2
C-section Wallony	22.1	21.6	21.5
Stunting (under 5 years) ¹⁶	No data	No data	No data
Wasting (under 2 years) ¹⁷	1.0%	0.8%	0.8%
Overweight (2 years old) ¹⁸	79%	7.6%	8.1%
Obesity 2y old	1.0%	1.0%	1.0%

Breastfeeding data

	2014	2015	2016
Early initiation of breastfeeding (within one hour from birth) ¹⁹	No data	No data	No data

¹³ See annex: document Birthplaces - annex 2

¹⁴ See above : SPE / CEPIP

¹⁵ See above: SPE / CEPIP. The latest data collected was in 2007, when the C-sections amounted to 18%, source UNICEF. SPE 2016: 2007 lowest 6,3% - highest 29,7%. In 2016: lowest : 13,8% - highest: 30,8%

¹⁶ Data retrieved from UNICEF : <http://data.unicef.org/>

¹⁷ See annex: K&G 2017: 0,7 low bmi

¹⁸ See above - 2017 : 8,6 overweight - K&G : obesitas 2017: 1,1

¹⁹ ONE : Rapport 2015, chiffres 2013 : 77% mise au sein immédiate.

http://www.one.be/uploads/tx_ttproducts/datasheet/BDMS_2015_Chapitre_3.pdf

Exclusive breastfeeding under 6 months ²⁰	9.6%	11.0%	11.8%
Introduction of solid, semi-solid or soft foods (6-8 months)	No data	No data	No data
Bottle-feeding at 26 weeks	No data	No data	No data
Continued breastfeeding at 2 years	No data	No data	No data
Median duration of breastfeeding	No data	No data	No data

Analysis of the situation:

The lack of data collection on early initiation of breastfeeding is alarming, especially given that **approximately only one in ten babies is breastfed exclusively under six months**. Early Initiation of breastfeeding plays an important role in the subsequent continuation of breastfeeding. Additionally, data on exclusive breastfeeding are not measured consistently, as two different indicators are used throughout the country. No definition of Exclusive Breastfeeding could be found from ONE (Office the la Naissance et de l’Enfance, operating in Wallonia), while K&G (Kind en Gezin, operating in the Flanders) uses WHO’s definition but allows for one or more occasional artificial feeding for one or another reason. WHO definitions and indicators should be used consistently to measure IYCF data in Belgium.

It is reported that a large number of infants in Belgium receive solids or semi-solids before six months of age. In Flanders, K&G recommends mothers to begin solids between 4 and 6 months, but some doctors recommend it even sooner. This is problematic and goes against WHO’s recommendation. Breastmilk contains all a baby needs until 6 months of age. Furthermore, no data is collected on continued breastfeeding at two years.

Main causes of death among infants and children:

The main cause of infant mortality in Belgium in 2016 was congenital malformations (28.9%) followed by unknown causes (21.8%)²¹.

3) Government efforts to encourage breastfeeding

National policies

There is currently no national policy to protect, promote and support breastfeeding. The federal food and health program stopped in 2014 and authority has been taken over by the regions, but none has presented a plan yet.

²⁰ K&G: Kind in Vlaanderen: p 149 - for the definition.

²¹ SPE:report 2016 tabel 16.3

Nevertheless, there exists a national committee on breastfeeding (FBVC / CEFAM: Federaal Borstvoedingscomité / Comité fédéral de l' allaitement maternel) that was created through the law of the 29th April 1999. The committee is composed of 18 members and its mission entails providing advise on any breastfeeding-related measure taken or considered by the federal authority; evaluating how breastfeeding is supported in maternity wards according to criteria issued by WHO and UNICEF; gathering statistics and figures on breastfeeding rates at 16 weeks, 26 weeks and one year; ensuring the implementation of the process of awarding the label “Baby-Friendly Hospital Initiative” and conferring with the relevant federal, community or regional authorities for breastfeeding policy.²² Nevertheless, given Belgium’s lack of recent policy on breastfeeding, it is unclear whether the committee has enough resources to fulfill its mandate.

Promotion campaigns

Both K&G and ONE distribute brochures on breastfeeding, but the information is not always correct and the risks of artificial feeding are not enough mentioned. It is therefore unsure whether these materials are completely free of commercial influence. This provides an additional argument for the urgent need that the International Code of Marketing of Breastmilk Substitutes be fully implemented in Belgium (see dedicated section).

Belgium celebrates the World Breastfeeding Week. Every year, the Ministry of Health sends posters to hospital and health workers to promote the events, but there are no data collected on outreach.

The International Code of Marketing of Breastmilk Substitutes

Belgium partially implements the provisions of the International Code of Marketing of Breastmilk Substitutes. The country follows the EU Regulation 609/2013 on food intended for infant and young children, which **contains major gaps**. For instance, the marketing on follow-on and toddler formula is not regulated. These products confuse parents and consumers, as they are labelled exactly like infant formula. Additionally, there are no regulations required for the marketing of baby foods, bottles and teats. Another weakness is represented by the problem of baby food industry’s promotion to health professionals. In fact, according to the European regulation, manufacturers and distributors of products that fall under the scope of the Code are allowed to sponsor all types of medical education and other activities of health professional associations. On the contrary, the **2016 WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1)** recognizes that any donations to the health care system (including health workers and professional associations) from companies

²²https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/loi_du_29_avril_1999_0.pdf

selling food or infants and young children, represent a conflict of interest and should not be allowed.²³ It also recommends that sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed in the health system.²⁴ Governments are allowed to go beyond EU directives and may fully integrate the International Code and relevant WHA resolutions into national laws, if there is a political will to do so. Belgium should therefore be encouraged to do so. Additionally, there is no systematic monitoring and sanctioning mechanism. Violations of the legislation need to be reported to FAVV/AFSCA (Federal Agency for the Safety of the Food Chain) and FOD/SPF Economy (Federal Public Service of Economy) but this is not a priority for these authorities. The monitoring is not systematic but performed by individuals who send their complaints.

Recently, the FBVC/CEFAM (National breastfeeding committee) has formed a working group on the Code which wrote an advice for the minister to adapt the legislation of the complete Code into national law. This Working Group is also examining the best way to manage the violations reported. However, **it is important to stress the need to implement not only all Code provisions, but also all subsequent relevant WHA Resolutions.** These are to be considered as part of the Code itself, because they provide further interpretation and integrations to the various Code provisions.

Monitoring of national policies and legislation

There is no monitoring of national policies, given the absence of an updated policy at the national and/or regional level. Data is collected from bodies such as K&G and ONE, but on different definitions and with different methods, which makes it inconsistent. Updated legislation on breastfeeding should be adopted and include an action plan and unified monitoring mechanism.

IBFAN groups in the country monitor the policies and programs related to breastfeeding independently.

Courses / Training of Health Professionals

There are courses financed by the Ministry of Health on breastfeeding, but the number of health professionals trained so far is unknown. Usually, trainers are members of the International Board of Certified Lactation Consultants, which are becoming more and more active in training professionals in the country. Alternatively, the VBBB and Borstvoeding vzw also provide trainers on breastfeeding.

²³ WHO. 2016. Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1). §16 Recommendation 6. Retrieved from: <https://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyf/en/>

²⁴ Ibid.

Nevertheless, no specific courses exist on infant feeding in the context of HIV. Usually, the content of these courses depend on the profession of the target group. It would be recommendable to provide consistent and inclusive training to all maternal and child-care professionals.

4) Baby-Friendly Hospital Initiative (BFHI)

Belgium implements the Baby-Friendly Hospital Initiative. Currently, 27 out of 96 hospitals are labelled “baby-friendly”, and 43 (the BFHI hospitals included) have a contract with the Ministry of Health, the department of the hospitals, to support hospitals in their preparation for the BFHI assessments, to organize training programs.

Nevertheless, there is no Federal Policy on the BFHI for implementation at national level. This is under negotiation, and the drafting will hopefully be completed soon. A Federal Policy is necessary to provide clearer guidelines to hospitals undergoing BFHI assessment.

5) Maternity protection for working women

In 2017, 48% of all women aged 15+ were employed in Belgium.²⁵

Maternity leave²⁶

Belgium has not ratified ILO Convention 183 on Maternity Protection.

The current duration of maternity leave is 15 weeks, of which one at least one should be taken before birth and 9 afterwards. Maternity leave can start up to six weeks prior the birth. Unfortunately, this is an issue for pregnant women facing difficulties in their pregnancies who, for health reasons and not for voluntary decision, are incapacitated to go to work. In fact, their sick leave is automatically converted into maternity leave, living them with only 9 weeks of leave after the birth.

During her maternity leave, the mother benefits from 82% of her salary during the first month and 75% starting from the 31st day of leave. All of which is funded by her health insurance.

Paternity leave

²⁵ <http://datatopics.worldbank.org/gender/country/belgium>

²⁶ https://www.riziv.fgov.be/nl/themas/zwangerschap-geboorte/moederschap/Paginas/moederschapsrust-werkneemsters-werklozen.aspx#Bedrag_van_uw_moederschapsuitkering

Paternity leave does exist in Belgium, and amounts to 10 working days, which the father can take during the first four months of life of his child. Three of these days are paid by the employer, and 7 by the insurance.

Breastfeeding breaks

Breastfeeding breaks are provided by the law in Belgium. New mothers are able to take a maximum of two, thirty minutes breaks per working day. These are paid, but only at 80%, paid by the health insurance with the exception of civil employees, who are entitled to 100% of their pay. This could be discriminatory for new mothers, **Belgium should consider making breastfeeding breaks fully paid.**

6) HIV and infant feeding

In 2017, 890 new HIV diagnoses were identified in Belgium. This corresponds to 2.4 diagnoses per day. It is estimated that, in 2017, 18,908 people lived with HIV and 2,059 did not know their status.²⁷ In terms of prenatal HIV, it has to be noted that data is scarce, and no data was available at all in the Flanders. In 2016, it was estimated that there were 111 women living with HIV who gave birth living in the Brussels' region as well as 87 new-mothers in Wallonia.²⁸ Data should be consistently gathered throughout the whole country. **The 2014-2019 HIV plan underlines that access to ARV for pregnant women living with HIV remains an issue in Belgium.** It also recommended updating the 2009 Belgian consensus on the prevention of mother-to child transmission. It is not clear whether this was achieved yet. Additionally, Action 41 calls for the development of care models for, among others, children not living with HIV born from a HIV positive mother. It does not seem like any such model has been developed yet. Therefore, a **policy on HIV and infant feeding should be adopted**, following the WHO "Guideline updates on HIV and Infant Feeding," which recommends that HIV-positive mothers who receive ARV treatment and have adequate support and follow-up, be allowed to breastfeed exclusively for the 6 months and continue breastfeeding up to two years.²⁹

7) Infant feeding in emergencies (IFE)

The national plan on emergencies and crisis management does not mention infant feeding. Hence, there is no national strategy for infant feeding in emergencies. There are therefore concerns regarding the distribution or use of breastmilk substitutes and feeding equipment in such emergency situations. Belgium should consider developing an operational emergency response plan that ensures an adequate protection of breastfeeding and proper management

²⁷ <https://www.sensoa.be/feiten-en-cijfers/hiv-belgie-feiten-en-cijfers>

²⁸ http://www.cepip.be/pdf/rapport_CEPiP_Bxl2016_NL.pdf

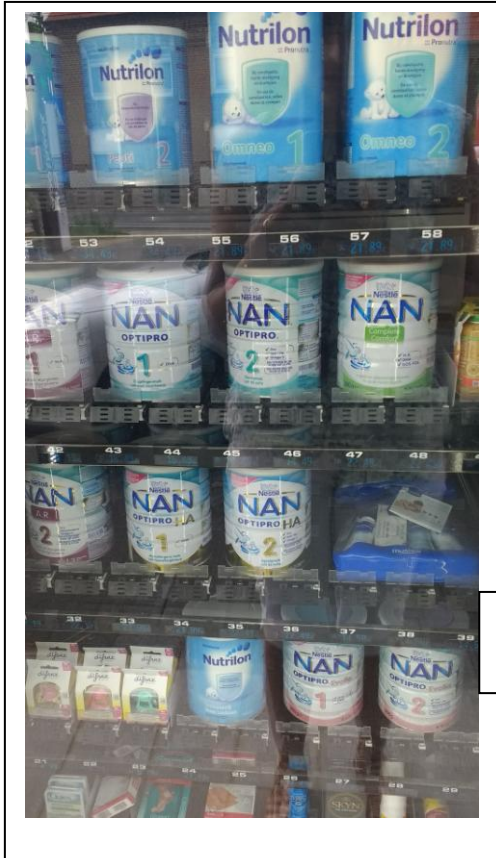
²⁹ https://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/

of artificial feeding, as outlined in the **Operational Guidance on Infant Feeding in Emergencies**.³⁰

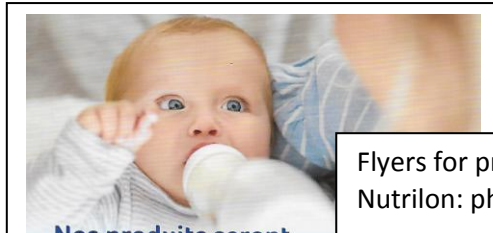
³⁰ The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: www.enonline.net/operationalguidance-v3-2017

ANNEX 1 :

Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Belgium reported by National IBFAN Groups:



A vending machine at the pharmacist.
Place: Binkom (Lubbeek). Date: 3 Aug. 2017



Flyers for products / new boxes
Nutrilon: pharmacist, Essen, Oct. 2018

Door het geven van groeimelk tot 3 jaar!
Vergelijk niet, je kind groeit maar heeft nog steeds andere voedingsbehoeften dan een volwassene. Als je 500ml groeimelk per dag geeft aan je kindje is dit een ideale aanvulling op een gevarieerde voeding.

En donnant du lait de croissance jusqu'à 3 ans !
Ne foubions pas, votre enfant grandit mais a toujours des besoins alimentaires différents d'un adulte. Donner 500ml de lait de croissance par jour lui apportera donc le complément idéal à une alimentation diversifiée.

MEET IMMUNONUTRIJENTEN
zoals vitaminen A, C en D die zijn immuunsysteem ondersteunen

AVEC DES IMMUNONUTRIJENTS
comme les vitamines A, C et D qui soutiennent son système immunitaire.

Met ons beste eiwit ooit*
Avec nos meilleures protéines*

* Conformité de nettoyage / Conformité à la réglementation
La qualité optimale est réservée uniquement pour les bébés. Avec les compléments de Nutrilac L1, C1, D1, Nutrilac Belgique, rue de Sinterghem 221 - BE - 1070 Brussels
RD 1742 - Juin / Juin 2018

Flyers for products / new boxes. NAN:
Delhaize supermarket, Kalmthout,
Oct. 2018

Nos produits seront bientôt adaptés

Curieux de savoir à quoi nous allons ressembler?
Nutrilon Lait de Suite sera bientôt adapté dans un nouveau design.
Laissez-nous vous en montrer un peu plus ci-dessous.

Vous pouvez nous joindre par téléphone, e-mail ou via WhatsApp
Vous avez des questions sur ces changements ou vous souhaitez en savoir plus sur la recherche Nutricia dans le domaine de l'alimentation pour bébé? Appelez l'une de nos diététiciennes, elles sont disponibles tous les jours ouvrables de 8h30 à 17h.

Gratuit 0800 16 685 | Chat/email www.nutriciababy.be | whatsapp +32 471 134 300

N'hésitez pas à demander conseil à votre pharmacien.

L'allaitement maternel est l'alimentation idéale pour les bébés.

Nutrilac
Lait de Suite



The window of a pharmacist: to announce new bio product. Kruidtuinlaan, Brussels, June 2018



Product placement. VRT 20 January 2016. In the soap "Thuis" (At home): the doctor has prescribed other formula since the (formula fed) baby was crying a lot. One don't get a transparent bag at the pharmacist.



ANNEX 2:

Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Belgium between 2014 and 2017 by IBFAN-ICDC³¹

Promotion to the Public and in Shops: Art. 5.1 of the Code prohibits advertising and all other forms of promotion of products under the scope of the Code. Art. 5.2 and 5.4 of the Code prohibit companies from giving samples and gifts to mothers. Art. 5.3 of the Code bans promotional devices at the retail level. Art. 5.5 of the Code prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers.



Belgium - info from a scientific advisor at Nestlé discusses "*smooth transition from breast to bottle*" with a link to an online ad on Nestlé Nan 2. The appearance of 'Blue Bear', the mascot for Nestlé complementary foods is a clear example of cross promotion.

³¹ These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017

ANNEX 3: Sources

Flanders

SPE

https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/SPE_jaarrapport%202014.pdf

<https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/Evaluatierapport%20SPE%202015.pdf>

<https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/SPE-jaarverslag%202016.pdf>

https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/SPE_Evaluatierapport%202017_DEFINITIEF.pdf

Brussels - Wallony

CEPIP

http://www.cepip.be/pdf/rapport_CEPIP_wallonie2014_tma.pdf

http://www.cepip.be/pdf/rapport_CEPIP_wallonie2015_tma.pdf

http://www.cepip.be/pdf/rapport_CEPIP_wallonie2016_tma.pdf

http://www.cepip.be/pdf/rapport_CEPIP_Bxl2014_FR.pdf

http://www.cepip.be/pdf/rapport_CEPIP_Bxl2015_FR.pdf

http://www.cepip.be/pdf/rapport_CEPIP_Bxl2016_FR.pdf

K&G : Kind en Gezin – Kind in Vlaanderen:

<https://www.kindengezin.be/img/kind-in-vlaanderen-2014.pdf>

<https://www.kindengezin.be/img/KIV2015.pdf>

<https://www.kindengezin.be/img/kiv2016.pdf>

<https://www.kindengezin.be/img/Kind-in-Vlaanderen-2017.pdf>

Statistics Federal government Belgium :

<https://statbel.fgov.be/nl/themas/bevolking/structuur-van-de-bevolking>