

THE COMMITTEE ON THE RIGHTS OF THE CHILD

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



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SUMMARY

The following obstacles/problems have been identified:

- There is no budgetary allocation for the execution of the Strategic Plan on Breastfeeding, contrarily to what established by Law No. 8-95;
- There is no information available on the effects of the social communication strategy;
- The International Code of Marketing of Breastmilk Substitutes has been only partially implemented and the Breastfeeding Commission lacks funding to monitor its application;
- There is no systematic training of health professionals on breastfeeding and consequently, many healthcare facilities do not fully respect the criteria set by the BFHI;
- The duration of the maternity leave is insufficient and national legislation on maternity protection in the workplace is only partially implemented;
- Health workers are not provided regular and up-to-date information on infant feeding and HIV;
- The Guidelines for Infant Feeding in Emergencies are not fully efficient and the baby food industry keeps distributing and donating its products in emergencies.

Our recommendations include:

- Ensure adequate budgetary allocations for the **execution of the Strategic Plan on Breastfeeding**;
- Collect **information related to the social communication strategy** and its possible weaknesses;
- **Fully implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions** and enable the Breastfeeding Commission to monitor its application;
- Strengthen the **BFHI implementation** and set a **relevant monitoring mechanism**;
- Organize **regular and comprehensive training for the health professionals** on breastfeeding and on the BFHI requirements;
- Strengthen maternity protection, by **adjusting the duration of the maternity leave** and by ensuring that **women working in the informal sector** are covered;
- Provide adequate **training on infant feeding and HIV to health workers**;
- Ensure that the **Guidelines for Infant Feeding in Emergencies are duly followed in case of emergencies**; if necessary, enforce them by **the designation of a reference coordinator**.

1) General points concerning reporting to the CRC

In January 2015, the CRC Committee will review the combined 3rd to 5th periodic report of the Dominican Republic.

At the last review in 2008 (Session 47), IBFAN presented a report on the situation of breastfeeding in the Dominican Republic. In its Concluding Observations, the Committee recommended that the State should: “(a) *Expand budget allocations for the health system, in particular for primary child health care and public health programmes; (b) Increase efforts to reduce neo-natal and maternal mortality and expand the provision of integral care and development programmes in early childhood; (c) Resume efforts to recover past achievements in breastfeeding and micronutrient consumption, especially iodized salt; and (d) Combat preventable diseases which cause high rates of mortality and morbidity among children and adolescents.*” (§ 62, emphasis added)

2) General situation concerning breastfeeding in the Dominican Republic

General data

	1990	2007	2010	2011	2012	2013
Annual number of births, crude (thousands) ¹	-	-	-	216	217.7	-
Birth rate, crude (per 1,000 people) ²	-	-	22	22	21	-
Neonatal mortality rate (per 1,000 live births) ³	28.3	18.5	17.3	16.9	16.5	16.1
Infant mortality rate (per 1,000 live births) ⁴	46	32	26	25	24	24
Under-five mortality rate (per 1,000 live births) ⁵	60	36	31	30	29	28
Maternal mortality ratio (per 100,000 live births) ⁶	240	159	130	-	-	100
Stunting prevalence ⁷	-	10%	10%	10%	-	-

¹ UNICEF country statistics, available at: www.unicef.org/infobycountry/domrepublic_statistics.html;

UNICEF, *Improving Child Nutrition*, 2013, available at:

http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/NutritionReport_April2013_Final_29.pdf

² World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

³ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/neonatal>; UN IGME (2014), *Levels and Trends in Child Mortality: report 2014*, available at www.childmortality.org

⁴ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/under-five>; UN IGME (2014), see above; Data for 2007 were retrieved from the Dominican Republic Demographic and Health Survey (DHS – in Spanish Encuesta Demográfica y de Salud, ENDESA) 2007, available at: www.bvs.org.do/bvs/htdocs/local/File/ENDESA07.pdf

⁵ UNICEF country statistics, see above; World Bank data, available at:

<http://data.worldbank.org/indicator/SH.DYN.MORT/countries>; UN IGME, see above; Data for 2007 were retrieved from the ENDESA 2007, see above

⁶ World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>; Data for 2007 were retrieved from the ENDESA 2007, see above

Breastfeeding data⁸

	1996	2002	2007	2008-2012	2013
Early initiation of breastfeeding (within one hour after birth)	63%	68.7%	65.2%	65%	-
Children exclusively breastfed (0-5 months)	6%	10.4%	7.8%	8%	6.7%
Children ever breastfed	93%	92%	92%	-	-
Introduction of complementary food <u>before</u> any breastfeeding	-	46.2%	54.8%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months)	-	-	79.6%	88%	-
Breastfeeding at age 2	7.5%	15.6%	12%	12%	25%
Median duration of any breastfeeding (in months)	7.6	6.6	7.1	-	-
Median duration of exclusive breastfeeding (in months)	0.6	0.5	0.5	-	-
<i>Delivery care coverage:</i>					
Skilled attendant at birth	-	-	-	97.8%	-
Institutional delivery	-	-	-	97.5%	-
C-section	-	-	-	41.9%	-

Exclusive breastfeeding under 6 months and early introduction of complementary foods

There is a fluctuating trend in the exclusive breastfeeding rate, which did not present any substantial improvement in the last almost two decades. In fact, in 2013 still **over 90% of children are not exclusively breastfed until 6 months**. The suggestion by the paediatricians to use infant formula is one of the factors that explain this low rate and which does not comply with the recommendations of the Ministry of Health (MoH), the Pan American Health Organization (PAHO), WHO and UNICEF to exclusively breastfeed until 6 months of age. The use of **infant formula** is very common in the Dominican population, being given to **77% of children in their first month or two of life**⁹. According to the ENDESA 2007, **54.8% of children are fed with food other than breastmilk even before being breastfed at all**. The early introduction of complementary foods before 6 months of age and the scarce maternity protection at work and

⁷ UNICEF, *Improving Child Nutrition*, 2013, see above

⁸ Data for this table were retrieved from the Dominican Republic ENDESA 1996, available at: <http://dhsprogram.com/pubs/pdf/FR82/FR82.pdf>; ENDESA 2002, available at: www.bvs.org.do/bvs/htdocs//local/File/endesa2002.pdf; ENDESA 2007, see above; ENDESA 2013, available at: [http://countryoffice.unfpa.org/dominicanrepublic/drive/ENDESA2013RepDom-InformePreliminar\(final\)03-13-14.pdf](http://countryoffice.unfpa.org/dominicanrepublic/drive/ENDESA2013RepDom-InformePreliminar(final)03-13-14.pdf); Data for the breastfeeding indicators under the column 2008-2012 refer more precisely to the years 2007-2011 and were retrieved from UNICEF, *Improving Child Nutrition*, 2013, see above

⁹ Source: ENDESA 2007, see above, p. 200

community level, not supporting women to keep breastfeeding after the end of their maternity leave¹⁰, are other factors which influence the low breastfeeding rates in the Dominican Republic. (ENDESA 2007)

Continued breastfeeding at 2 years

Also, **the rate of continued breastfeeding at 2 years is excessively low** (25% in 2013), considering the almost the total of deliveries occurs in health institutions and with skilled attendance (over 97%). This disproportion shows a **lack of adequate compliance with the requirements of the Baby-Friendly Hospital Initiative**, specifically with the Ten Steps to Successful Breastfeeding¹¹, but also with the national legislation related to breastfeeding¹².

3) Government efforts to encourage breastfeeding

National policies

Every year the National Breastfeeding Commission (Comisión Nacional de Lactancia), designs its action plan on the basis of the **National Strategic Plan 2012-2016 (Plan Estratégico Nacional para la Reducción de la Mortalidad Materna e Infantil)**, which was developed after the level of progress achieved in the previous strategic plan of the Commission (2008-2012). The 2012-2016 Plan was designed to reduce maternal and infant mortality and aims to unite efforts from different levels of the health system, governmental and non-governmental institutions, under the coordination and management of the MoH. Previously, the 2008-2012 Plan pointed out the weaknesses and strengths identified in the World Breastfeeding Trend Initiative (WBTi) assessment of 2008 and followed the recommendations proposed by IBFAN international team.

A latent weakness that has to be highlighted when discussing breastfeeding in the Dominican Republic is the **lack of funds destined to the execution of the above-mentioned Strategic Plans as well as the deficient financial management**¹³. Therefore, the expected results were not achieved. The main funding sources for the execution of some sections of the Plan come from UNICEF and PAHO in the Dominican Republic.

¹⁰ The maternity leave has a duration of only to 12 weeks. For more details, see the ‘Maternity protection’ paragraph.

¹¹ The Ten Steps to Successful Breastfeeding are available at:
www.unicef.org/programme/breastfeeding/baby.htm

¹² Ley No.8-95 que declara como prioridad nacional la Promoción y Fomento de la Lactancia Materna, see ‘National Policies’ paragraph; SESPAS, Normas de Atención a la Mujer Durante el Embarazo, Parto, Puerperio y del recién Nacido, 2001, available at: <http://salud.gob.do/download/docs/Normas/AtencMujerEmbarazoRecienNacido.pdf>

¹³ As it is also stated in the WBTi assessment report of 2011-2012, available at:
www.worldbreastfeedingtrends.org/report/WBTi-Dominican-Republic-2012.pdf

It is necessary to adopt the mechanisms for funding and executing the National Breastfeeding Plan, through the implementation of the **Ley General de Salud (2001)**¹⁴ and the **Ley de Fomento y Apoyo a la Lactancia Materna (1995)**¹⁵.

The MoH is in charge of monitoring the nutritional health of the population and designs accordingly **supplemental food programs** destined to specific targets of population, such as pregnant women and under-five children, as well as **food fortifying programs**, which involve the use of micronutrients (e.g. wheat flour fortified with iron and folic acid, salt iodization, etc.). Such programs are implemented through social projects in the country.¹⁶

Promotion campaigns

The **World Breastfeeding Week** is celebrated every year in the Dominican Republic (Semana Mundial de la Lactancia Materna), with a program including conferences and awareness-raising initiatives such as 2014's 'Lactacion Sincronizada' initiative¹⁷ and the Forum on Breastfeeding¹⁸. The previous years' World Breastfeeding Weeks have also been used as the main occasion to raise awareness on breastfeeding and inviting health professionals to deliver speeches about it.¹⁹

Additionally, in 2011 UNICEF presented the **social communication strategy 'Lactancia Materna'**²⁰, with the goal of promoting and raising awareness on the importance of breastfeeding and on the benefits of optimal breastfeeding practices for the mother and the child health. The implementation of the strategy will be done at three levels: providing maternal health services in the maternities through the MoH and through private health care providers; engaging in social mobilization in communities, also empowering promoters; and diffusing messages through the social communication media. In the first phase the social communication strategy was planned to cover the main maternities at national level, and in the

¹⁴ Ley General de Salud, Ley No. 42-01, available at: www.dol.gov/ilab/submissions/pdf/20100408-10.pdf

¹⁵ Ley No. 8-95 que declara como prioridad nacional la Promoción y Fomento de la Lactancia Materna, available at: www.cepal.org/oig/doc/LeyesCuidado/DOM/1995_Ley8_DOM.pdf

¹⁶ Among others, the project called 'Solidaridad', under the vice-presidency, which includes the transfer of goods, under the condition that the beneficiaries bring their children to school and to the routine medical screening. Other goods distributed include micronutrients and are named 'chispitas'. (For more information: www.gabsocial.gov.do, www.vicepresidencia.gob.do)

¹⁷ More information on the events organized during the 2014 World Breastfeeding Week is available at: <http://lactar.blogspot.ch/2014/07/cronograma-semana-mundial-de-lactancia.html>

¹⁸ Ministerio de Salud Publica, Direccion General de Comunicación Estrategica, *Realizan foro sobre lactancia materna*, 8 August 2014, available at: www.sespas.gov.do/Realizan-foro-sobre-Lactancia-Materna

¹⁹ Information on the activities organized during the WBWs are available at: <http://lactar.blogspot.ch/search/label/EDUCACION%20EN%20LACTANCIA%20MATERNA>

²⁰ Press release on the presentation of the communication strategy available at: www.unicef.org/republicadominicana/Nota_de_Prensa_Campana_Lactancia_Materna_Final.pdf

second phase it would reach the rest of the country.²¹ However, there is **no information available on the successful results of such communication strategy**, also considering the breastfeeding rates did not improve sufficiently in the last years.

The International Code of Marketing of Breastmilk Substitutes

The **International Code of Marketing of Breastmilk Substitutes has been transposed into law** through the mentioned Law on the promotion and support of breastfeeding (**Ley 8-95**²²). However, it is **only partially implemented** because its provisions are respected mainly in the public health facilities but not in the private health centres, where violations of the Code occur quite often²³. The Code is mainly respected as for labelling and advertising breastmilk substitutes.

The body that has the task of monitoring the application of the Law 8-95, i.e. **the National Breastfeeding Commission, does not have enough funds** to implement its Strategic Plan and needs to carry out its activities under the support of UNICEF, PAHO or other organizations member of the Commission itself.

Monitoring

The above-mentioned Law 8-95 on the promotion and support of breastfeeding, and the Decree 31-96²⁴ on its application provide for the establishment of the **National Breastfeeding Commission**²⁵ with the task, among others, of monitoring the application of the legislation related to breastfeeding. Nonetheless, as it has already been highlighted, the Commission itself does not have enough funds to carry out its activities. It is fundamental **to enable the National Breastfeeding Commission to perform its duties**, under the relevant national legislation.

²¹ Idem.

²² 'Ley No. 8-95 que declara como prioridad nacional la Promoción y Fomento de la Lactancia Materna', available at: www.cepal.org/oig/doc/LeyesCuidado/DOM/1995_Ley8_DOM.pdf

²³ See Annex

²⁴ The text of the Decreto No. 31-96 Reglamento para la aplicación de la Ley sobre promoción, enseñanza y difusión para la práctica de la lactancia materna is available at: <https://extranet.who.int/nutrition/gina/en/node/15007>

²⁵ Information on National Breastfeeding Commission, or Comisión Nacional de Lactancia Materna are available at: <http://lactar.blogspot.ch/>

Courses on breastfeeding and training of Health Professionals

There is **no information on specific training courses on breastfeeding** organized by the Dominican MoH or by the National Breastfeeding Commission, as it was already pointed out in the 2008 report on the Dominican Republic with an assessment of the World Breastfeeding Trend Initiative (WBTi) requirements, revised in 2009²⁶.

4) Baby-Friendly Hospital Initiative (BFHI)

In 2013, **only 9 public hospitals and maternities out of 153 were certified as “baby-friendly”**, which represents 6% of the total²⁷. In general, public healthcare facilities follow partially the criteria required by the BFHI, even though they are not certified as “baby-friendly”. On the contrary, **private healthcare facilities hardly respect such BFHI requirements**, especially because there the newborns are separated from their mothers and brought straightaway to perinatology rooms, in which doctors follow feeding practices and procedures that postpone the early attachment. Also, in the majority of such centres, liquid infant formula is given to mothers when they leave the hospital, increasing to the costs of the newborn care.

The lack of follow-up and resources caused that decline of the BFHI implementation throughout the country, which lead to the re-evaluation these certified facilities. With the support of the UNICEF, the Commission and the National Breastfeeding Program launched a plan of rescue of the BFHI during the year 2010 and 2011; 9 facilities that were re-evaluated, among which only one has been re-certified. In addition, training contents were updated and 6 new health facilities were certified, including the main maternity facility of the country (Maternidad Nuestra Señora de la Altagracia), where the first human milk bank of Colombia has been launched in collaboration with national institutions, PAHO, UNICEF and Brazilian cooperation.

5) Maternity protection for working women

Within the national legislation in the protection of maternity, the provisions of article No. 234 of the Labour Code (Código de Trabajo)²⁸ state that during pregnancy female employees cannot be expected to carry out works requiring physical efforts that are incompatible with their condition. Equally, the Decree No. 522-06, issued 17 October 2006, establishing the Rules for

²⁶ The report is available at: www.worldbreastfeedingtrends.org/report/WBTi-Dominican-Republic-2008.pdf

²⁷ Source: Directorate for Public Information and Statistics of the MoH, Dirección de Información y Estadísticas

²⁸ Código de Trabajo de la República Dominicana, August 2007, available at: http://codigodetrabajo.do/wp-content/uploads/2013/09/Codigo_Trabajo_Republica_Dominicana.pdf

Safety and Health at Work (Reglamento de Seguridad y Salud en el Trabajo)²⁹, and the Resolution 04/2007, defining the General Conditions on Health and Safety Rules in the Workplace (Condiciones Generales Relativas a la Seguridad y Salud en el Lugar de Trabajo), issued by the Ministry of Labour in January 30, 2007, include provisions related to the protection of women's rights in the workplace.

Despite the existence of such provisions, some of them are not systematically implemented, like for example the setting up of nursing areas where women can breastfeed or express breastmilk or the non-discrimination based on pregnancy, considering that often in the recruiting process employers manage to reject through their human resources departments pregnant or breastfeeding women.

The Maternity Protection Convention (No. 183)³⁰, adopted in 2000 by the General Conference of the International Labour Organization, has not been ratified by the Dominican Republic, but it is integrated and applied under national laws in almost all its provisions; the only difference that can be found is the **duration of the maternity leave, which is 14 weeks under the Convention and only 12 weeks under the Dominican legislation**. Anyways, this provision is currently under revision and waiting for approbation by the national congress.

Another issue is that **42% of the jobs in the Dominican Republic belong to the informal sector**, for which there is **no maternity protection legislation and no breastfeeding-related provisions**. In some businesses of the informal sector, such as casinos, beauty saloons, etc., women are denied their rights recognised by the national laws.

6) HIV and infant feeding

According to the **Strategic Plan for the Elimination of the mother-to-child transmission of HIV and syphilis 2011-2015**, in 2010, 558 pregnant women have been diagnosed as HIV-positive, representing 23% of the projected total number of HIV-positive pregnant women in the country. About 40% of diagnosed HIV-positive women received an anti-retroviral treatment during the delivery. In 2010, the rate of perinatal mother-to-child transmission (MCT) was of 5.3% and some 65% of the infants exposed to the HIV received infant formula until the age of 6 months. Indeed, the provision of infant formula for the 6 first months of life is one of the key interventions aimed at reducing the MCT of HIV. Besides, one of the strategies developed of the

²⁹ Reglamento de Seguridad y Salud en el Trabajo, October 2006, available at: www.oiss.org/estrategia/IMG/pdf/Reglamento_seguridad_y_salud_522-06.pdf

³⁰ The Maternity Protection Convention, 2000 (No. 183), available at: www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

Strategic Plan is strengthening the competencies and skills of health workers, in particular with regard to HIV MCT prevention.³¹

However, to date, the **training of health professionals on this policy and on the counselling on feeding options for HIV positive mothers is not carried out on a regular basis**. Because of this, the application of the integrated policy, including its provisions related to infant feeding and HIV, cannot be adequately implemented.

7) Infant feeding in emergencies (IFE)

In the case of hurricanes, everybody has to look for shelters, where often the minimum conditions to prepare meals are lacking, and this aspect is taken as an advantage by the baby-food companies, which can distribute liquid and powder infant foods. In the attempt to control the situation, the National Breastfeeding Commission, in coordination with the members of the Emergency and Disasters Commission (Comisión de Emergencias y Desastres del país, COEN) wrote in 2010 the **Guidelines for Infant Feeding in Emergencies**³². The baby-food industry keeps distributing and donating its products, but the new guidelines have achieved the goal of reducing their action.

³¹ Plan estratégico para la eliminación de la transmisión materno infantil del vih y la sífilis congénita. Colombia 2011 – 2015', Dirección General de Salud Pública - Ministerio de la Protección Social, 2011, available at: http://www.nationalplanningcycles.org/sites/default/files/country_docs/Colombia/plan_estrategico_elimination_transmision_materno_infantil_vih_-_sifilis_2011.pdf

³² 'Los 7 Lineamientos Para La Alimentación Infantil Segura', available at: <http://lactar.blogspot.ch/2010/01/los-7-lineamientos-para-la-alimentacion.html>

ANNEX

Dominican Republic
National Breastfeeding Commission

Extracts of the

**Monitoring of the International Code of
Marketing of Breastmilk Substitutes and
of the Law 8-95**

VIOLATIONS

Health facility	Violation	Type	Product	Enterprise
Provincial hospital	Infant formula was recommended for a premature baby because mother has anaemia (Art. 3 Regl. 31-96)	Lack of promotion of breastfeeding from the part of the health personnel	Similac Baby M1	Abbott Arla/Mejía Arcalá
Private health facility	Quantity of micronutrients contained in the breastmilk was questioned and introduction of complementary feeding was recommended since the first months of baby's life (Art. 4 .2 (a) CICSML)	Document: Serie Paediatric, Volume 52 Micronutrient deficiencies in the first months of life	Information to the health personnel	Nestlé
	Linked to Nestlé and the slogan 'Start Healthy Stay Healthy' ('Comienzo sano vida sana' in Spanish)	Integral Card of Health (Appointments, Vaccination, Development and Growth) delivered by the Dominican Society of Paediatrics	N/A	Nestlé
	Aimed at health professionals of the medicine. Guide on Child Development shows images of baby bottle and does promotion of all the Milex's products (Art. 6.2 CICSML. Ley 8-95 Art. 11. (f) y Art. 12)	Guide on Child Development: 6-12 months(paediatric books that mentions the name of Milex) 	Milex	Arla

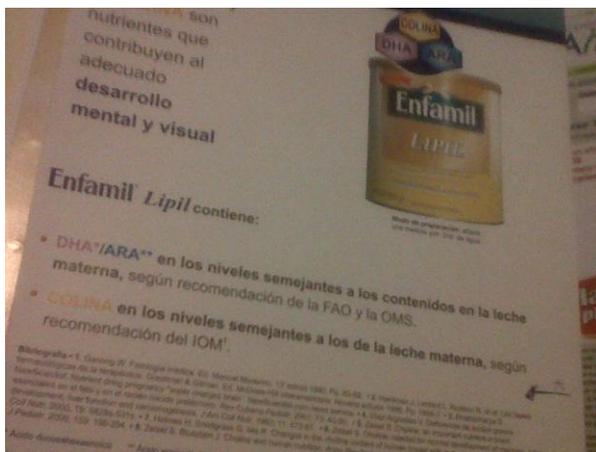
IBFAN – International Baby Food Action Network

	<p>The sales personnel of the company delivers free samples to paediatricians in order them be distributed to mothers (Art. 6.3 CICSLM. Ley 8-95 Art. 15)</p>	 <p>Sample of lactose-free infantile formula Nutriben showing images of baby bottles</p>	<p>Nutriben</p>	<p>Alter</p>
	<p>One-month old infant received free samples of infant formula (Art. 11 (f) Ley 8-95)</p>	<p>Recommendation of a medical doctor who ensured that industry representatives are able to direct contact mothers through paediatric services.</p>	<p>Nan liquid Nestogen</p>	<p>Nestlé</p>

EXAMPLES OF PROMOTIONAL MATERIALS THAT VIOLATE THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES



Office calendar for paediatricians from the company Nutricia (owned by Danone)



Comparison between the nutritional composition of breastmilk and infant formula Enfamil Lipil (company Mead Johnson)



Comparison between the nutritional composition of breastmilk and infant formula Nutriben Natal (company Alter)