

THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL
RIGHTS

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



March 2013

Data sourced from:

Countdown to 2015 Decade Report (2000–2010)
Countdown to 2015 - Tracking Progress in Maternal, Newborn & Child Survival (2008)
Egypt Demographic and Health Survey (2008)
Egypt Human Development Report (2010)
State of the World children (UNICEF, 2010)
WHO/CHERG (2010)
World Health Statistics (WHO, 2010)

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¹ The present report is an adaptation of the alternative report prepared in January 2011 for the 57th Session of the Committee on the Rights of the Child

BACKGROUND

Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: *exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond*, provides the key building block for child survival, growth and healthy development². This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)³.

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually⁴. In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth⁵. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is *an essential part of women's reproductive cycle*: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method -LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the International Covenant on Economic, Social and Cultural Rights (CESCR), especially article 12 on the right to health, including sexual and reproductive health, art. 11 on the right to food and art. 6, 7 and 10 on the right to work, the Convention on the Rights of the Child (CRC), especially article 24 on the child's right to health, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in particular article 1 and 5 on gender discrimination on the basis of the reproduction status (pregnancy and lactation), article 12 on women's right to health and article 16 on marriage and family life. Adequately interpreted, these treaties support the claim that **'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'**

As duty-bearers, *States* have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

² IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html>

³ WHO 2002, Global Strategy on Infant and Young Child Feeding, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>

⁴ UNICEF, <http://www.childinfo.org/breastfeeding.html>

⁵ Save the Children 2012, *Superfoods for babies: how overcoming barriers to breastfeeding will save children's lives.*

1) General situation concerning breastfeeding in Egypt

WHO recommends early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

Globally, more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

Early initiation = Proportion of children born in the last 24 months who were put to breast within one hour of birth

Exclusive breastfeeding = Proportion of infants 0–5 months of age who are fed exclusively with breast milk

Continued breastfeeding at 2 years = Proportion of children 20–23 months of age who are fed breast milk

Complementary feeding = Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

General data	2006	2008	2012
Total population(000)	74,166	81,527	83,688,164
Under 5 mortality rate – per 1000 live births	35	22.8	21.8 (2010)
Neonatal mortality rate – per 1000 live births		16.9	
Stunting prevalence (moderate and severe, %)		29	
Wasting prevalence (moderate and severe, %)		7	
Children < 5 years underweight for age (%)		6	6.8% (2008)

Breastfeeding data	2003	2005	2008
Early initiation of breastfeeding (within 1 hr of birth, %)		43	56
Exclusive breastfeeding at 6 months (%)	30	38	53
Complementary feeding at 6 months (%)	66		
Complementary feeding rate (6-9 months, %)		67	66
Continued breastfeeding at 12-15 months (%)	83		
Mean duration of breastfeeding (months)	18.6		

Although breastfeeding rates are slowly increasing, they remain still very low. The government has made very little efforts to support and promote breastfeeding, despite its well known impact on reducing under-5, infant and neonatal mortality rates. The major causes of infant mortality in 2008 were: neonatal causes (61%); pneumonia (7%); diarrhoea (5%).

Breastfeeding can also improve the situation of child morbidity. It has beneficial effects on the immune system of the child, which leads to lower infection rates among children and altogether improves their nutritional status.

From an economic point of view, breastfeeding can save considerable resources spent on importing artificial baby milk and money spent on treating these children from diseases related to bottle feeding.

2) International Code on Marketing of Breastmilk Substitutes

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, direct industry influence through advertisements, information packs and contact with sales representatives and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information. *The International Code of Marketing of Breastmilk Substitutes (the Code)* has been adopted by the World Health Assembly in 1981. It is a minimum global standard aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations of the Code persist.

An Egyptian national code for the marketing of breastmilk substitutes has been released in 1994 but this code was never enforced by the law and was gradually forgotten by time. The Child Law was promulgated in 1996 and amended in 2008. It aims to protect the Egyptian child in all aspects of his/her life. It tackles some of the most frequently debated issues concerning child rights.

A *By-law No. 2075/2010* was issued in 2010 under the Child Law to give effect to the International Code in Egypt. The By-law combines marketing restrictions with provisions on food quality, food preparation and food additives which are commonly the subject matter of food legislations. This weighs the By-law down and obliterates the main marketing provisions. Also, technical definitions relating to food and nutrition are not directly used in the relevant provisions.

The scope of the By-Law is wide, covering all infant feeding products for babies under-two years of age. It has strong provisions on information and education materials. The promotion of infant foods, feeding bottles, teats and pacified is prohibited, making it one of the strongest provisions in the By-law. It also includes prohibition of indirect communication with pregnant women and mothers and sponsorship of infant feeding programmes.

However, the By-law No. 2075/2010 present many *weak points*:

- Several important marketing practices of baby food companies are allowed if permission is obtained from the Ministry of Health. Practices such as the distribution of samples in health care facilities, distribution of so-called information and educational materials, gifts and free supplies are well known promotional tactics for which there should be absolute prohibitions.
- The labelling provisions are very brief and are not sufficient to remove promotional elements from labels such as health and nutrition content claims. There is also no provision requiring warning to be given about the risk of formula feeding. The law is silent on labels of feeding bottles, teats and pacifiers.
- Article 73 seems to imply that advertising is allowed once a product is registered and license to trade has been given. It could undermine the objective of the law, unless it is properly administered.

Few NGOs are working in the field of protection, promotion and support of breastfeeding. The Egyptian Lactation Consultants Association which is affiliated to IBFAN is trying its best in the field of Code monitoring. However, due to limited budget, Code monitoring is done on a personal basis and it is not adequate, although ELCA has the manpower and the know-how. The International Code Documentation Centre (ICDC) in collaboration with ELCA and funded by UNICEF organized a Code training in Alexandria in 2009 where participants from all over Egypt participated.

Recently a National Code monitoring survey is conducted by Egyptian Lactation Consultants in 8 governorates in collaboration with UNICEF and a workshop with different stakeholders to discuss how Code can be reinforced and the possibility of stopping milk subsidization. A National report will be issued by June 2013. Many violations have already been documented during the monitoring survey such as: pharmacy window-shops are replaced by huge advertisements of baby food companies; conferences are used for promotions of baby food companies by famous doctors, etc.

3) Baby Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices. The Baby Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the 'Ten steps for successful breastfeeding', is a key initiative to ensure breastfeeding support within the health care system. However as UNICEF support to this initiative has diminished in many countries, the implementation of BFHI has significantly slowed down. Revitalization of BFHI and expanding the Initiative's application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

Since late 1990's, no hospitals/clinics/dispensaries have been certified as "baby friendly". The MOH is currently developing a plan on reviving BFHI which will be funded by UNICEF.

The Committee on the Rights of the Child (CRC Committee) recommended to Egypt to implement the BFHI in 200 hospitals in the country (see section 8 of this report). Following that, the Egyptian Lactation Consultants Association had an agreement with UNICEF in association with MOH and Mother and Child Friendly Care for reviving BFHI in Egypt for the next 5 years 2012-2017.

4) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their return to work following maternity leave. It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother's responsibility, but rather a collective responsibility. States should adopt and monitor an adequate policy of maternity protection in line with ILO Convention 183 (2000)⁶ that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

⁶ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

Maternity leave and the New Unified Labour Law in Egypt

16.4 % of women are working women in Egypt. In the New Unified Labour Law No 12 (2003) a woman having spent ten months in the service of an employer shall be entitled to a maternity leave of 90 days, with a compensation equivalent to her original gross salary including the period before and after delivery. The employee may not enjoy such leave more than two times during her service.

This law is applied only to public sector employment (government and state owned enterprises). Women working in the informal and private sector are given a maximum of 30 days unpaid leave or are given no leave at all. They are not entitled to breastfeeding breaks or to child care leave. Women who work in farming (about 3 millions workers) are also not covered under the umbrella of the New Unified Labour Law.

Breastfeeding breaks

Women have the right to one hour daily break for breastfeeding during the 24 months following the birth of the child. They have the right to have a nursery at the work place if the number of women workers above 100.

Child Care Leave

The New Unified Labour Law stipulates that the employer who has 50 employees or more should give a child care unpaid leave for not more than 2 years and for not more than two times during her time in service. While the old law permitted the child care unpaid leave for not more than one year and for not more than three times during her service time.

5) HIV and infant feeding

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The 2010 WHO Guidelines on HIV and infant feeding⁷ call on national authorities to recommend, based on the AFASS⁸ assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

The prevalence of HIV/AIDS in Egypt is low with less than 1% of the population estimated to be HIV-positive (ranging from 2,900 to 13,000 individuals). Most of the reported HIV cases are transmitted through unprotected heterosexual sex.

Egypt has not adopted any specific policy on infant feeding and HIV/AIDS up to now.

⁷ 2010 WHO Guidelines on HIV and infant feeding: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

⁸ Affordable, feasible, acceptable, sustainable and safe (AFASS)

6) Government measures to protect and promote breastfeeding

The **Innocenti Declarations**⁹ have identified operational targets for governments, which include:

- Appoint a breastfeeding coordinator and established a multisectoral national breastfeeding committee;
- Ensure that every facility providing maternity services fully practices the Ten Steps to Successful Breastfeeding;
- Take action to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;
- Enact imaginative legislation protecting the breastfeeding rights of working women;
- Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding;
- Promote timely, adequate, safe and appropriate complementary feeding;
- Provide guidance in feeding infants and young children in exceptionally difficult circumstances.

Budget: There is no budget for breastfeeding protection and promotion and the MOH depends on funds from UNICEF or other international organizations which are inadequate and non- sustainable.

Training: No comprehensive nutritional program has been put in place. A breastfeeding session is part of few courses, but it remains inadequate:

- Undergraduate medical and nursing curriculum
- Integrated Management of Childhood Illness (IMCI) program
- Pre service training courses for freshly graduated doctors
- Staff (nurses and doctors) working in Primary Health Care Centres who are responsible for dispensing the subsidized formulas

7) Obstacles

The following obstacles/problems have been identified:

- Exclusive breastfeeding and early initiation to breastfeeding rates are still low.
- Lack of the community awareness and education on the importance of breastfeeding and the risks of artificial feeding.
- Inadequate information and training programs of health care professionals on infant nutrition and breastfeeding, and the management of the Code.
- Violations of the code by baby milk formula companies are frequent, including in health care facilities (see annex).

⁹ At the 1990 WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative" the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was developed and adopted, by all WHO and UNICEF Member States. To mark the 15th anniversary of the adoption of the Innocenti Declaration, a wide coalition of international organizations and governments organized a conference in 2005 which led to the second Innocenti Declaration. For more information: <http://innocenti15.net/>

- Maternity leave of only 90 days for 2 babies only makes exclusive breastfeeding for 6 months impossible.
- The by-law No. 2075/2010 is weaker than the International Code and has many gaps.
- The government is going against the spirit of the International Code by subsidizing baby milk formulas.
- Criteria for dispensing subsidized breast milk substitutes should be revised as it includes twins, mothers whose breast milk has stopped for one month and those below six months.
- There is no policy concerning breastfeeding for mothers with HIV/AIDS, and no policy for breastfeeding in emergencies.

8) Recommendations on breastfeeding by Committee on the Rights of the Child

The **Convention on the Rights of the Child** has placed breastfeeding high on the human rights agenda. Article 24¹⁰ mentions specifically the importance of breastfeeding as part of the child's right to the highest attainable standard of health. Better breastfeeding and complementary feeding practices, the right to information for mothers and parents, the protection of parents by aggressive marketing of breastmilk substitute products – through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes (WHO/UNICEF, 1981) – as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

At the last review in January 2011, the CRC Committee made the following recommendations in its Concluding Observations to Egypt (CRC/C/EGY/3-4):

(para 62) *“While noting as positive the adoption of a national plan for the strengthening of primary health-care units across the country by June 2010 and the decline in infant, under-five and maternal mortality rates, the Committee is concerned that child mortality remains high in rural areas of the State party. In this regard, it deeply regrets the wide disparity in the provision of health care in rural (Upper Egypt) and urban (Lower Egypt) areas, as acknowledged in the State party’s report. While taking note of information provided by the delegation that public spending on the health sector will increase, the Committee is concerned that health care may not be a Government priority and that recent activities reported on in the written replies of the State party have been developed and implemented almost exclusively by the National Council for Childhood and Motherhood¹¹. 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;*

¹⁰ “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: [...] (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.” Art 24.2 (e), CRC

¹¹ The National Council for Childhood and Motherhood was merged with MOH two years ago and has no activities in Breastfeeding or infant nutrition.

- (d) Children in street situations have difficulty accessing State-run health-care services;*
- (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.”*

(para 63) “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:

- (a) Significantly increase budgetary allocation and public spending on the health sector*
- (b) Improve the quality of and expand preventive interventions in primary health care, including increased immunization coverage, nutrition interventions and provide training for medical personnel, with a view to reduce neo-natal, infant and maternal mortality rates, giving priority to rural areas (Upper Egypt) where there are high levels of poverty;*
- (c) Implement the programme, referred to by the delegation, of the Ministry of Health to establish “baby-friendly” status in two hundred hospitals in the State party;*
- (d) Encourage breastfeeding through awareness-raising programmes, including campaigns, and education programmes and to adopt the International Code of Marketing of Breastmilk Substitutes and to control the advertising of infant formula;*
- (e) Seek technical assistance from, inter alia, UNICEF and WHO, in the implementation of the above recommendations.”*

However not much has been done by the government to implement these recommendations since the CRC review, due to the unstable political situation. Moreover, the National Council for Childhood and Motherhood (NCCM) which was the body responsible for answering the CRC report has been merged with MOH and its staff has changed.

9) Our recommendations

The CESCR Committee should ask the government about the state of the implementation of the recommendations by the CRC Committee, in particular in para 63.

As shown in this report, not much has been done by the government to implement the CRC recommendations, thus we recommend to the CESCR Committee to reiterate the recommendations of the CRC Committee in relation to breastfeeding (See para 63 of CRC/C/EGY/3-4 on the Baby-Friendly Hospital initiative, awareness raising on breastfeeding, and the implementation of the International Code of Marketing of Breastmilk Substitutes).

In addition, we would like to propose these further recommendations for consideration by the CESCR Committee:

- Government should ensure the sustainability and continuity of programs on breastfeeding through allocating sufficient resources and through the establishment of long term plans.

IBFAN – International Baby Food Action Network

- A national breastfeeding committee to coordinate all efforts breastfeeding should be established headed by a coordinator with clear terms of reference and with members from different backgrounds (MOH, NGOs, Universities, International organizations).
- Legislation should be strengthened as to reflect the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. The parliament should develop, disseminate and monitor its implementation. Appropriate sanctions should be established. The government should cooperate with NGOs and consumers protection groups for monitoring the Code and raising awareness among groups about its provisions. An advisory committee to oversee the workability and execution of the By-law and ensure that the By-Law is properly disseminated, administered and enforced.
- The 2002 WHO Global Strategy for Infant and Young Child Feeding, and the WHA 63 Resolution (on infant and young child nutrition) should be integrated in national legislation and policy.
- Health personnel should receive training on infant and young child feeding with special emphasis on breastfeeding and the International Code of Marketing of Breastmilk Substitutes. The material prepared by UNICEF/WHO: "The Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals" should be integrated as a minimum content in medical and nursing schools curriculums.
- Artificial Baby Milk subsidization should be gradually decreased until stopped completely, criteria for dispensing should be checked and bonuses should be given to health care professionals who succeed in relactation and supporting breast feeding mothers.
- Maternity protection legislation should be strengthened: fully paid maternity leave for 6 months to all female employees in the formal and informal sector including those working in farming.
- Policy on infant feeding should include a special section on HIV/AIDS and breastfeeding during emergencies.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 33-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002) – and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes (International Code) and relevant resolutions of the World Health Assembly (WHA)³ to the fullest extent, and to ensuring that corporations are held accountable for Code violations. In 1998 IBFAN received the Right Livelihood Award *“for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”*.