

THE COMMITTEE ON THE RIGHTS OF THE CHILD
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REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN COLOMBIA



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Prepared by:

Gloria Ochoa Parra, Ana Lucia Casallas Murillo (IBFAN Colombia, Popular Health Corporation-Guillermo Fergusson Group)

Data source from:

Congress of Colombia, Law 1468 of 2011, Government of Colombia, Nutrition and Food Safety National Plan 2012-2013; IBFAN, WHO, Global Strategy for Infant and Young Child Feeding; PAHO/WHO ¹ ²; Ministry of Health and Social Protection ¹; Ministry of Health, ICBF, UNICEF, WFP ¹; Ministry of Health, UNAIDS ¹; PROFAMILIA ¹; World Breastfeeding Trend Initiative (WBTi) ¹.

SUMMARY

The following obstacles/problems have been identified:

- Low rate of early initiation of breastfeeding (57%), together with high rate of institutional deliveries, indicates that health professionals are not enabled to ensure optimal breastfeeding practices within hospitals.
- More than half of Colombian children (57%) are not exclusively breastfed until the age of 6 months.
- Persisting inappropriate infant feeding practices.
- No promotion strategy aimed at mothers/families on the importance of optimal breastfeeding practices.
- No independent National Breastfeeding Committee.
- No full implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code), resulting in regular Code violations (gifts and samples distributed to mothers through health workers, adverts on label, ...)
- Low implementation of the Baby-friendly Hospital Initiative (0.06% of the total amounts of health facilities in the country).
- Women working in the informal sector are not entitled to maternity benefits, especially maternity leave.
- No emergency preparedness plan to ensure protection and support of optimal breastfeeding/ infant and young child feeding in case of emergencies.

Our recommendations include:

- Integrate **training on optimal breastfeeding practices** in the curricula of health professionals.
- Raise awareness about optimal breastfeeding practices among the population, especially mothers and caregivers, through **comprehensive promotion campaigns**.
- Implement **all provisions of the Code into law** and enforce them through an effective **monitoring mechanism** for Code violations, with **dissuasive sanctions**.
- Implement the **Baby-friendly Hospital Initiative** in all health facilities of the country.
- Extend the **maternity benefits** to women working in the **informal sector**.
- Ensure integrated response to protect and support breastfeeding **in case of emergencies**.

1) General points concerning reporting to the CRC

In 2015, the CRC Committee will review Colombia’s combined 4th and 5th periodic report.

At the last review in 2006 (session 42), IBFAN presented a report on the state of breastfeeding. In its last [Concluding Observations](#), the CRC Committee recommended to Colombia to “[...] (c) take all possible measures to improve access to health services and strengthen its efforts **to urgently tackle infant, child and maternal mortality** throughout the country by the provision of quality care and facilities; (d) continue to address the problem of **malnutrition** and low vaccination rates, with special emphasis on rural and remote areas and among the displaced, the Afro-Colombian and the indigenous populations [...] (f) increase awareness and encourage **support for breastfeeding programmes.**” (para 69).

2) Status of breastfeeding in Colombia

General Data (DANE¹ 2014; ENDS² 2010)

| | |
|--|-----------|
| - Number of children aged 12 months | 865'381 |
| - Number of children under 2 years old | 861'307 |
| - Number of children between 0-4 years old | 4'310'123 |
| - Infant mortality rate (per 1,000 live births) | 12.76 |
| - Mortality rate under 5 years old (per 1,000 live births) | 22 |
| - Maternal mortality rate (per 100,000 births) | 60.5 |

Data on breastfeeding (ENDS 2010)

| | |
|--|-------------|
| - Early initiation of breastfeeding | 57 % |
| - Exclusive breastfeeding under 2 months | 63.1% |
| - Exclusive breastfeeding between 2 and 3 months | 46.6 % |
| - Exclusive breastfeeding between 4 and 5 months | 42.8 % |
| - Supplementary feeding at 6-8 months | 86 % |
| - Continued breastfeeding at 12-15 months: | 0.3 % |
| - Mean duration of breastfeeding | 14.9 months |

In Colombia, according to the National Statistics Department (DANE), the infant mortality rate has decreased between 2005 and 2010, from a 15.91 to a **12.76 per every 1,000 live births**. Neonatal mortality contributes to an important part of child mortality; about 63% of infant deaths occur during the first 28 days after birth. In 2010, 21.62 % of infant deaths were caused by specific respiratory disorders of the perinatal period, 13.23 % by congenital malformations of the circulatory system and 11.84 % by other congenital malformations.

In the last years, the **rate of early initiation of breastfeeding has decreased** (61% in 2000, 48.9% in 2005

¹ Colombia, National Statistics Department, Population Projection 2005-2020

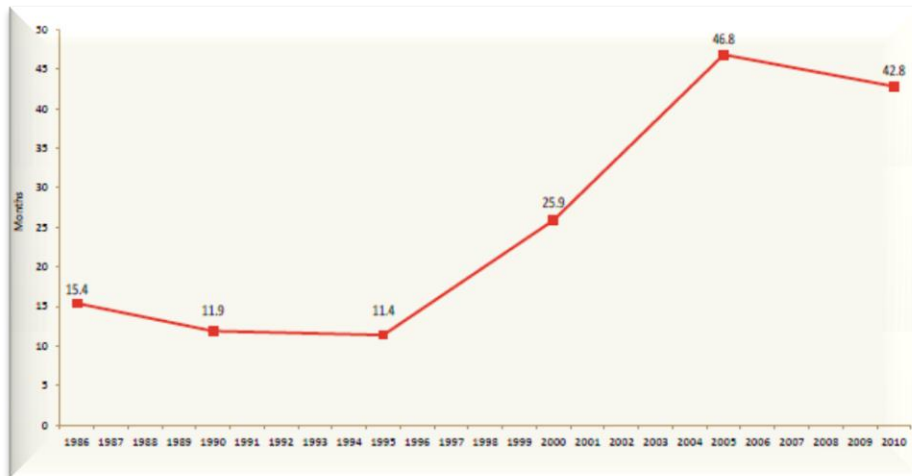
² Colombia, Demographic and Health National Survey 2010

and 57% in 2010). At the same time, the coverage rate of delivery care in health facilities increased; from 76% in 1990 to 88% in 2000, to 92% in 2005 and 95% in 2010. These figures demonstrate **that early initiation of breastfeeding is not systematic in health care facilities**. Likewise, in 2010, the prenatal care provided by medical personnel is of 97%, which **questions the quality of information received by pregnant women** on the effects of early initiation of breastfeeding on infant and maternal health.

Exclusive breastfeeding

Between 2000 and 2005, the practice of exclusive breastfeeding until the age of 6 months increased from 25.9% to 46.8%, but again decreased to 42.8% in 2010. Consequently, and despite WHO recommendation on exclusive breastfeeding, **more than 1 child out of 2 (57.2%) is not exclusively breastfed until the age of 6 months**.

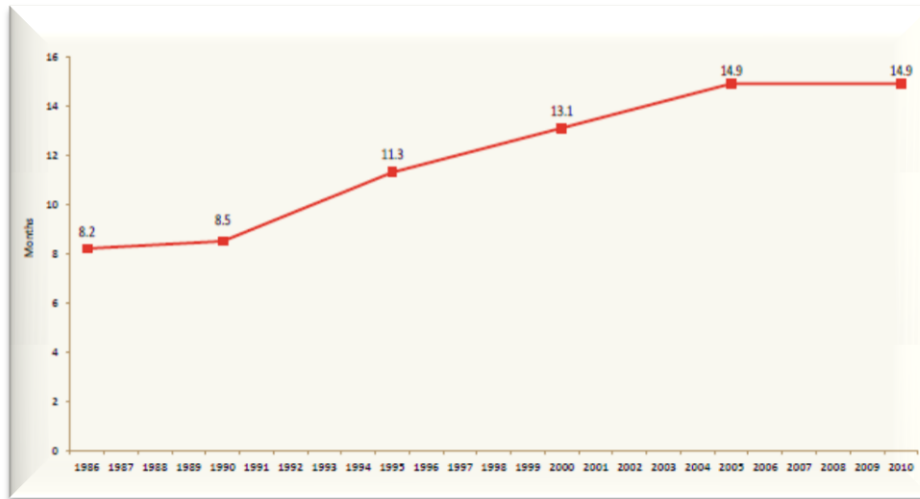
Graphic N° 1. Rate of exclusive breastfeeding until the age of 6 months Colombia 1986-2010⁴



Continued breastfeeding

According to the National Demographic and Health Survey (ENDS), the mean total duration of breastfeeding has increased from 8.2 months in 1986 to 14.9 months in 2005. Nevertheless, it has not been increasing since then. This means that **most of Columbian young children are not breastfed until the age of 2 years or more**, despite the WHO recommendation on continued breastfeeding.

**Graphic N° 2. Mean total duration of breastfeeding
Colombia 1986-2010³**



The reasons given by mothers to explain early weaning of their child have remained constant in the different studies: "dried up milk", followed by "breast refusal", "weaning age" and "work". The last reason is clearly related to the **lack of breastfeeding support to working mothers**.

Complementary feeding

In 2010, the ENDS reported that on average, **babies are given liquids at 2.7 months old**, semi solid food and soft solids at 5.3 months old and solids at 8.0 months old. Besides, it confirmed that **bottle feeding is common during the first year of life** and that **this practice has been increasing**, from 40% (2005) to 45% (2010) among children under 6 months of age and from 61% (2005) to 63% (2010) among children between 6 and 9 months of age.

Since 1990, **persisting inappropriate infant feeding practices have been reported**. In addition, there is **no promotion strategy** focusing on optimal infant feeding practices and aimed at mothers, caregivers and community through the media. No relevant national study has been conducted among the children under 6 months of age receiving complementary foods. Such a study describing complementary feeding characteristics, consistency and daily frequency would help redirect nutritional education to promote healthy lifestyle and food since the beginning of the life. It would also help improve the nutritional status in the first 5 years of life especially in the poorest and most vulnerable areas of the country.

3) Government efforts to encourage breastfeeding

National Actions

The Colombian government has proposed a number of public policies in recent years, which are aimed to encourage breastfeeding. They include, among others:

The Breastfeeding Support National Plan 1992-1994, which led to **Decree 1397** (issued in 1992). This Decree endorses the *International Code of Marketing of Breastmilk Substitutes* (the Code). Simultaneously, the Decree 1396 (issued in 1992) implementing the **National Breastfeeding Committee** was adopted, as the Resolution 7353 establishing the **promotion of breastfeeding** in health facilities through the implementation of the "Ten Steps to Successful Breastfeeding". However, the National Breastfeeding Committee was soon dissolved, among other reasons because the baby food industry was part of it, causing **conflicts of interest**.

The Ten-Year Plan to Promote, Protect and Support Breastfeeding 1998-2008, resulting from the Food and Nutrition Plan 1996-2005, is aimed to **ensure that Colombian children receive exclusive breastfeeding until six months of age and remain breastfed up to two years of age**, along with appropriate complementary feeding. One of the priorities of this plan is to ensure the quality of health services by promoting the accreditation of **Women and Infant-Friendly Institutions** (*Instituciones Amigas de la Mujer y la Infancia*, IAMI, in Spanish) from the Baby-friendly Hospital Initiative (BFHI). Until 2005, the Ministry of Health took over the coordination of the plan, but since the end of 2005, there is no longer coordination.

The Ten-Year Plan Breastfeeding: Breastfeeding, a commitment of all 2010-2020 focuses on strengthening institutional capacities and competences to achieve social change for early childhood and consolidating management policy skills for the promotion, protection and support of breastfeeding. In particular, it aims to increase the rates of exclusive breastfeeding until 6 months of age and continued breastfeeding until 2 years of age by 2015 by implementing a **monitoring mechanism for Code violations** and achieving **IAMI accreditation in all health institutions**. However, there is no evidence of a monitoring mechanism for the Plan goals.

The Food and Nutrition Security National plan 2012-2019, included in the Action Line 2-2.3, states that "the **implementation of the Ten-Year Breastfeeding Plan 2010-2020 will be continued** in order to increase significantly the rate of exclusive breastfeeding, which is an important protective factor in survival, health and nutrition of children under two years".

The government efforts to encourage breastfeeding are evident; however, the implementation of the plans mentioned above has been slow. Most often, the design and focus of public policies at the national level do not respond to the needs on the ground, ignoring the cultural diversity as well as the

challenges and barriers to overcome in order to achieve the goals set at national level. In January 2014, there is still no institution in charge for the coordination of Breastfeeding Year Plan 2010-2020.

The International Code of Marketing of Breastmilk Substitutes and its implementation in Colombia

There is no plan to monitor government compliance with the Code. With the cooperation of the Ministry of Health, UNICEF and the Popular Health Corporation-Guillermo Fergusson Group, IBFAN Colombia has performed three Code monitoring processes (1993, 1997 and 2003). The first two monitoring have revealed violations of the Code. The 1993 monitoring highlighted free delivery of samples and donations of breastmilk substitutes, sponsorship and funding of events aimed at health professionals, adverts on labels of infant formula as well as informational material produced by the industry and aimed at mothers and health workers. The 1997 monitoring revealed financial incentives given to health workers and promotions for breastmilk substitutes in stores. In 2003, Colombia joined the IBFAN Code monitoring group in Latin America and the Caribbean with aim to continue the third monitoring, with the approval of the Ministry of Health, INVIMA and UNICEF. The results showed **donations of infant formula to health institutions, delivering of gifts to mothers through health workers, adverts on labels of infant formula as well as bottles and teats** included in promotional material targeting mothers, health workers and stores.

In the National Monitoring Institute of Food and Drug as well as in each of the Code Monitoring Reports submitted to the Ministry of Health, **IBFAN Colombia has recommended the revision of Decree 1397 (1992)** according to the Code and subsequent resolutions of the World Health Assembly. Since 1999, the Ministry of Health is **studying a proposal** to promote, protect and support breastfeeding following the Code standards as well as other international and national standards. This proposal identifies the means of inspection, monitoring and control plans. However, in 2008, the report of the Global Initiative on Breastfeeding Trends (WBTi), prepared by IBFAN Colombia, raised concerns about the need to revise the Decree 1397 and strengthen inspection, monitoring and control plans. Indeed, Colombia has still not implemented an effective sanction mechanism to prosecute the companies that violate the Code. Yet, the Ministry of Health and the National Institute of Drug and Food Monitoring (INVIMA) summoned IBFAN and companies like Nestlé Wyeth and Abbott in order to address the issue of **banned promotional inserts** in formulas packages, fact which was previously reported by IBFAN. Some Code violations recorded in January 2014 are included in Appendix No. 1.

Counseling on Infant and Young Child Feeding

In 2013, the Ministry of Health, in collaboration with the World Food Program, **trained 988 people** (19 facilitators, 593 health professionals and 376 community agents) **on breastfeeding counselling** and appropriate infant feeding practices, in about 32 important cities of the country. Among the participants there were the departmental and municipal secretariats of health, public and private health institutions, the Colombian Institute of Family Welfare, academical institutions, indigenous communities and NGOs. However, this process requires **monitoring actions and personnel support after training**, especially to strengthen skills of breastfeeding counsellors so they can provide effective adequate support to mothers and their families.

4) Baby-friendly Hospital Initiative (BFHI)

In 1992, the BFHI promoted by WHO and UNICEF was adopted by resolution 7353, in order to implement the "Ten Steps to Successful Breastfeeding" in all health institutions, both public and private. That year, the first six health institutions in the country were accredited. In 2005, the Ministry of Health and UNICEF reconstructed the initiative within the framework of human rights, differential approach and gender perspective. In Colombia, this initiative is known as **Women and Children Friendly Institutions (AIMI)**.

In 2009, 51,430 institutions of public and private health were enabled to provide maternal and child care. Of these, **330 were accredited as AIMI, equivalent to a coverage rate of only 0.06%**. The reason of this slow growth is due to the restructuring of the Ministry of Health, the closure of health institutions, the turnover of trained human resources, lack of coordination, lack of resource allocation and monitoring and evaluation of the process to make it sustainable. At the national level, **there is no monitoring of this process**, for this reason the number of AIMI accredited is not known at this moment.

On a more positive note, it is noticeable that recently, some areas such as Cundinamarca, Huila, Nariño, Bogotá and Boyacá have strengthened the AIMI accreditation and some other improved the implementation of the breastmilk banks

5) Maternity protection for working women

According to DANE, in 2013, 11.3% of the 18.4 million women on working age were unemployed, higher rate than unemployed men rate (6.6%). Besides, the reproductive role and house work are not recognized in the financial accounting as a basic productive work activity for the functioning of society. For that reason, 45.3% of women over 15 years old in urban areas and 60.1% in rural areas do not have an income. Therefore, their chances of decision-making and control over household resources are limited. The gender gap is persisting problem in the country, where women are regularly **discriminated in the labor market**. Compared to men, women work longer and earn less, and the market, which is very demanding, tends to exclude them quickly; social programs towards women have a strong welfare nature and are aimed to keep them in a triple condition of dependency, poverty and motherhood, without seeking to address the issue of gender inequality. According to the National Competitiveness Report 2012-2013, the **high levels of informal employment in Colombia**, together with the low investment in education infrastructure and institutional development, caused a decline in competitiveness compared to neighbouring countries.

Maternity leave:

The maternity leave provided in the Labor Code was extended from 12 to 14 weeks by Law 1468 in 2011, divided **2 weeks before due date and 12 weeks later** (or 1 week before and 13 weeks after, as the mother decides). The license applies to all pregnant mothers and adoptive mothers or fathers without spouse or partner, when **linked to a company or job**. The license represents 100% of the monthly salary earned at the time of application. **Women working in the informal sector are not entitled to these benefits**. Consequently, their constitutional rights, especially the right of protection to pregnant women during and after delivery (Article 43 of the Colombian Constitution) and the fundamental rights of the newborn (Articles 44 and 50 of the Colombian Constitution), are violated. The rights of self-employed mothers are also violated: despite contributing to the national social security system, their maternity leave benefits represent only 40% of their pre-delivery income.

According to the preamble of Act 1468 of 2011, amplification of maternity leave to 14 weeks was intended to extend the period of maternity leave to pregnant women. However, the text **does not enshrine sexual or reproductive rights of women** and does not mention breastfeeding, which is proven to have a positive impact on health. Moreover, **the law does not mention the ratification of Convention 183 of the ILO 2000**.

Furthermore, Ministry of Labor Resolution 003941 of 1994 **prohibits employers to request pregnancy test**. This may only be requested by employers of women performing high risk activities.

Breastfeeding breaks:

The Labor Code states that during the first 6 months after delivery, the employer must give the working woman **2 breaks of 30 minutes every day in order to breastfeed her child**, without salary deduction.

6) HIV / AIDS and infant feeding

Situation of HIV / AIDS in Colombia

According to the World's Report on progress in the fight against AIDS in 2012, the Ministry of Health states that the status of the **HIV epidemic in Colombia is considered a public health priority**. It is reported that the **percentage of mother-child transmission of HIV was 5.8% for 2008 and 4.9% for 2009**. In 2009, HIV prevalence in pregnant women was 0.22% (Table N°1), which shows that Colombia is a country of **low prevalence**.

Table N°1. HIV prevalence in pregnant women. Sentinel studies. Distribution by year. Colombia, different cities 1988-2009

| Study | Year | Prevalence |
|-------|------|------------|
| I | 1988 | 0,02% |
| II | 1991 | 0,10% |
| III | 1994 | 0,30% |
| IV | 1996 | 0,40% |
| V | 1999 | 0,49% |
| VI | 2003 | 0,65% |
| VII | 2009 | 0,22% |

Source: Ministry of Welfare

Policy on HIV / AIDS

The Ministry of Health and UNAIDS launched the National Plan to Respond to HIV/AIDS 2008-2011, with the overall aim to contribute to the achievement of universal access to health promotion, prevention, care and support for HIV and AIDS. Furthermore, according to the information, the process of developing and training in the guidelines in HIV/AIDS targeting populations in larger vulnerability contexts continued with resources from the Global Fund.

In 2013, the Ministry of Health and Welfare, UNFPA and the Colombian Association of Infectious Diseases (ACIN) have the "Clinical practice guidelines based on scientific evidence for the care of HIV infection in children from 0 to 13 years old in Colombia." This guide does not recommend breastfeeding to children of HIV-positive mothers and recommends **infant formula supply for children exposed to HIV up 12 months of age**, whereas before the infant formula supply was recommended up to 6 months of age.

About the new provisions, several questions arise: What is the scientific evidence to continue giving infant formula after 6 months to children of mothers with HIV? Does the industry have any interest in this recommendation? Moreover, according to national studies, bottle use can have serious consequences on the baby's health. Knowing that, was the risk of recommending bottle-feeding properly analyzed? It is imperative that women have the right to make decisions on the best way to feed their children based on accurate and timely information. To ensure that, the government should support their decision. In this regard, why not contemplate alternatives for HIV-positive women who choose to give their children breastmilk, such as pasteurization, human milk banks, etc?

7) Breastfeeding and young child feeding in emergency situations

Over the last decade, the IFE Core Group (constituted by WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Foundation Terre des hommes and the Emergency Nutrition Network (ENN)) issued two training modules as well as an Operational Guidance that aim to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. In 2010, WHA urged all Members States to “ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”.

Currently, there is **no information available on any emergency preparedness plan** to ensure integrated response in order to protect and support breastfeeding in case of emergencies in Colombia.