THE CONVENTION ON THE RIGHTS OF THE CHILD

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

Session 57, May 2011

January 2011

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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)

Infant and young child feeding in Egypt

1) General points concerning reporting to the CRC

Egypt was one of the six initiators to call for the World Summit for Children in 1990 and was also among the first twenty countries to ratify the Convention on the Rights of the Child, showing its firm commitment to the promotion of childhood and motherhood.

Egypt is being reviewed by the CRC Committee for the 3rd and 4th time. At the last review, in January 2001 (session 26), IBFAN did not send an alternative report on the situation of infant and young child feeding in Egypt. During the last review, the CRC Committee made no recommendations on infant and young child feeding.

Egypt has acceded to the Optional Protocol to the CRC concerned with the involvement of children in armed conflicts, sale of children, exploiting children in prostitution and pornographic materials (2002). However, Egypt has not yet ratified the Optional Protocol to the CRC on the involvement of children in armed conflict.

2) General situation concerning breastfeeding in Egypt

General data	**2006**	**2008**
Total population(000)	74,166	81,527
Under 5 mortality rate – per 1000 live births	35	22.8
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

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.

3) Government efforts to encourage breastfeeding

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

4) The International Code of Monitoring of Breastmilk Substitutes:

An Egyptian national code for the marketing of breast-milk 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 form 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.

5) Baby Friendly Hospital Initiative (BFHI)

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.

6) Maternity protection for working women

Maternity leave and the New Unified Labour Law

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 then three times during her service time.

7) HIV and infant feeding

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.

8) Obstacles/Recommendations:

The following <u>obstacles/problems</u> 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).
- Maternity leave of only 90 days 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.

<u>Our recommendations</u> include:

- Health personnel should receive training on infant and young child feeding with special emphasis on breastfeeding and the Code.
- Breastfeeding should be promoted through sensitization and awareness raising actions such as campaigns and education programmes, among mothers and the community at large. Awareness should also be increased about the International Code and its provisions.
- 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.

- The 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.
- Government should ensure the sustainability and continuity of programs on breastfeeding through allocating sufficient resources and through the establishment of long term plans.
- 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.
- 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.
- BFHI should be revitalized. The government should aim at certifying all governmental and non governmental health care facilities and regular reassessment and monitoring should follow.
- 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.
- Egypt should ratify the ILO Convention 183 (2000) on maternity protection at work.
- Policy on infant feeding should include a special section on HIV/AIDS and breastfeeding during emergencies.

Annex: Examples of Code violations

Pharmacy window in Cairo

Boxes of subsidized milk formula in pharmacy of primary health care unit

NICU door in Qena general hospital