

THE CONVENTION ON THE RIGHTS OF THE CHILD

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN LAO'S PEOPLES DEMOCRATIC REPUBLIC (LAO PDR)

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Report prepared by:

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Infant and young child feeding in Lao PDR

1) General points concerning reporting to the CRC

Lao PDR is being reviewed by the CRC Committee for the 2nd time. At the last review, in October 1997 (session 16), IBFAN did not send an alternative report.

In 1997, the CRC Committee made indirect recommendations on infant and young child feeding, by focusing on the high rates of infant mortality and morbidity and child malnutrition. In paragraph 23 of the Concluding Observations, the Committee was concerned ***"at the high maternal mortality rate, the high mortality and morbidity rates among children, the lack of access to prenatal and maternity care, and the generally limited access to public health care and to medicines, in particular in rural areas. The very high level of malnutrition is also a matter of concern."*** In paragraph 47 it recommended to the State party ***"to strengthen its efforts to make primary health care accessible to all children, in particular at the district level. Concerted efforts are needed to combat malnutrition."***

It is noted that Lao PDR remain firmly committed to accelerate the ongoing efforts to achieve progress on internationally agreed development (Millennium Declaration, the 2007 Special Session on Children and the Millennium Development Goals), in particular concerning the advancement of the situation of children. Despite the development gains achieved in recent years, large numbers of children in Lao PDR still do not have access to quality education and health care. There is an urgent need to address hunger, malnutrition, maternal and neo-natal mortality, child protection and income and social disparities in particular.

Lao PDR has also ratified a number of international instruments relating to child protection, including the ILO Minimum Age Convention 138, ILO Convention 182 on the Worst Forms of Child Labour, and the Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

In addition, Lao PDR has signalled its increased commitment to meeting international standards by recently ratifying international treaties such as the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of People with Disabilities (CRPD) in 2009, and the Convention on Cluster Munitions. In 2009, the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) called for stronger action against domestic violence and gender-based violence against women and girls and greater gender equality.

2) General situation concerning infant and young child feeding in Lao PDR

General data

Number of infants under 12 months:	165,886
Number of children under 2 years:	19,797
Number of children under 5 years:	781,532
Infant mortality rates:	70 per 100,000 live birth
Maternal mortality rates:	405 per 100,000 live birth

Breastfeeding data

Initiation to breastfeeding within one hour:	29%
Initiation to breastfeeding within one day:	55.2%
Exclusive breastfeeding at 3 months:	33.1%
Exclusive breastfeeding up to 6 months:	26.4%
Complementary feeding at age of 6-9 months (children receiving breastmilk and soft/mushy or semi-soft or solid foods):	70.3%
Continued breastfeeding at 12-15 months:	81.7%
Continued breastfeeding at 20-23 months:	48.4%

Exclusive breastfeeding and initiation of breastfeeding rates are very low, and there are disparities along geographical and cultural lines. Nationally, over half of mothers (55.2%) start breastfeeding within one day of their infant's birth. The rates are lower in the southern and central regions (45.9% and 52.8 % respectively) compared to the northern region (64.1 %).

Only 6.4% of children from the southern region are exclusively breastfed to 6 months of age, in contrast to 43.6% of those in the north. Children aged 0-5 months living in households where the family head speaks Khmou or Hmong are exclusively breastfed more commonly and as part of traditional practices (46.8% and 57.0% respectively) than in those households where the head speaks Lao (18.1%) or other languages (7.3%).

The main causes of death among infants and young children are: 1) diarrhoea, 2) ARI: acute respiratory infections, 3) malnutrition, 4) maternal and 5) neo-natal mortality.

3) Government efforts to encourage breastfeeding

National nutritional programmes and policies

So far since 1997, there has been no comprehensive nutrition programmes. In 2007, UNICEF, with the Ministry of Health and other concerned ministries, aligned to promote and protect exclusive breastfeeding nationwide by using the new Strategy of Communication for Behaviour Change Impact (COMBI).

The government endorsed the National Nutrition Policy in 2008. The National Nutrition Strategy & National Plan of Action for Nutrition have been approved and are currently under implementation. The government, in collaboration with UNICEF and other UN agencies and INGOs, is currently implementing the Integrated Management of Acute Malnutrition (IMAM) and MNP Micronutrient supplementation in areas of high malnutrition in the southern provinces of Laos.

International Code of Marketing of Breastmilk Substitutes

The Government endorsed the *International Code on the Marketing of Breastmilk Substitutes* at the 1981 World Health Assembly. However, since then, lack of legislative regulation of the marketing of breastmilk substitutes (BMS) has allowed companies to use unethical practices systematically that successfully undermine activities to promote breastfeeding. Research shows these marketing practices have influenced women to stop breastfeeding and there are documented cases which directly link the practices to the death of children in Lao PDR (please refer to the documents in the annex). UNICEF's

support to the Ministry of Health's Exclusive Breastfeeding Campaign has included educating health professionals about the Code, but the funding for this kind of awareness is limited.

The first effort to enact the Code was in 2004, through a decree issued by the Ministry of Health entitled "**Regulations on Infant and Child Food Product Control**". This included the following provisions:

- Promote breastfeeding during the first six months of childhood and begin to feed six month-old or older children with quality and safe complementary foods along with breastfeeding until the age of two years;
- Ensure safe and adequate nutrition for infants and children in order to prevent the use of unnecessary infant and child complementary food products;
- Control the marketing and the distribution of infant and child food products, both imported and locally produced;
- Ensure human rights according to the Ministry of Public Health requirements that aim at improving infant and child growth both in terms of physical and mental development in which these people will become national human resources.

In 2007, the decree was revised by the Ministry of Health (Department of Hygiene & Prevention, MOH). The changes were influenced by outsiders, mainly baby food companies. The main changes include:

- The title was changed from "**Regulations** on Infant and Child Food Product Control" to "**Agreement** on Infant and Young Child Food Products Controls". This change clearly weakened the status of the decree from regulations to a mere voluntary agreement.
- The MOH changed the contents of the Regulation and several new paragraphs were added and the meaning of some was changed thus making them difficult for readers to understand.
- A very important change includes the **removal** of the following sentence (section III, Article 7/c, page 6 of the first version): *"Manufacturers or distributors are forbidden from giving free donations or gifts to health staff or health services such as small scholarships, research funds or meeting sponsorships for seminars, continuous studies or for conference events"*.

After the 2007 revisions were made, Nestlé printed 1,000 copies and distributed them to hospitals across the country.

Monitoring of the laws

So far there is no coordinated programme focused on monitoring violations of the International Code of Marketing of Breastmilk Substitutes. Only some NGOs working at some small scale in selected areas have monitored and documented violations. The government is less involved in monitoring and very little action has been taken to monitor the laws. The influence of the private companies of BMS is very big in Laos.

Violations of the "Agreement on Infant and Child Food Product Control" in Lao PDR

Some of the most common violations of the Code include:

- Very recently, misleading labelling had implied that coffee creamer is for babies (a mother and baby bear are depicted on the label). There is documentation that this has directly led to infant deaths and illness. (Please see Annex for examples). This has been reported in an international medical journal and IBFAN groups have been instrumental in encouraging the concerned company to change their practice.
- Public advertising and promotion of BMS is carried out systematically.
- Advertising in hospitals and health care facilities of BMS.

- Labelling of infant formula shows that they are to be used by infants from birth, thus misleading mothers from exclusive breastfeeding their infants for the first six months of life.
- Labels are not translated into the local language: labels in English and Thai are found throughout the country.
- Companies are very much present in hospitals, especially paediatric wards and nurseries. They give different types of incentives to doctors: funding and organisation of trips, conduction of seminars for health workers in which misinformation is given.
- Companies support financially events of the Ministry of Health.
- Advertisements promote unscientific and false claims that formula increases intelligence and enhances immunity.
- Low-cost promotion of infant formula is carried out in rural areas: companies sell small packages of formula at a cheaper rate than buying in bulk.

Training of health workers

UNICEF has supported the Ministry of Health in conducting infant and young child feeding courses were for all province and district level staff, especially for Mother and Child Health staff (about 350 staff trained).

A campaign on exclusive breastfeeding for infants of 0-6 months was launched on 28th September 2009 for the central region. Launching in the northern and southern regions took place in October 2009. Specific activities included:

- Sensitizing pregnant and postpartum women on the benefits of exclusive breastfeeding through mass media campaigns and interpersonal communication for behaviour change. In 2010, the remaining nine provinces are targeted, including all health staff and 50% of health volunteers/women from the villages in Lao PDR. At present, the campaign has covered all 17 provinces (nationwide).
- Developing information-education-communication and training materials.
- Training health staff and community health volunteers on the importance of exclusive breastfeeding and effective counselling. In 2009 and 2010, respectively 3000 and 3500 health staff and community members were trained to become 'breast feeding messengers'.

Due to high staff turnover, training of health staff on the importance of exclusive breastfeeding should be included in pre-service and in-service training.

4) Baby Friendly Hospital Initiative (BFHI)

According to the updated list of the Baby Friendly Hospital Initiative (BFHI), in 2010, **41%** of hospitals (61 out of 148 hospitals) in Lao PDR were BFHI certified: 6 Central Hospitals, 16 Provincial Hospitals and 39 District Hospitals.

BFHI has been implemented only in public health facilities, while there is no support from private clinics. From 2007 to 2010, there has been no extension of BFHI. Recent focus has been on the reassessment of BFHI status with the aim of improving BFHI quality. Insufficient funding has limited the extension of BFHI to the remaining health facilities.

5) Maternity protection for working women

A little more than half of the total population in Lao PDR is women (3,123,700 of 6,230,200 total population).

Maternity leave is granted on the basis of the 1994 Labour Act (Decree No. 24/PR of the President of the Republic) and the 1999 Social Security Decree. All pregnant women working in the public and the private sectors are eligible to maternity leave.

The duration of maternity leave is 3 months. This period shall include post-maternity leave of at least 42 days. After 3 months, if the mother wants to prolong the maternity leave, she will not be paid or it will depend on the health situation of the mother and baby (based on the Lao labour law). In the event of illness, women workers shall be entitled to a supplementary leave of at least 30 days.

If a worker is insured by social security and contributions have been fully paid, the cash benefits are paid by social security; if not, they are paid by the employer.

As to the payment of cash benefits, the Labour Act and the Social Security Decree differ to some extent. According to the Labour Act, women workers shall be entitled to at least 90 days of maternity leave with their normal pay from their employers or from the social security fund. In the event of illness the workers concerned shall be allowed to take a supplementary leave of at least 30 days at 50% of their normal pay. According to the Social Security Decree, an insured person shall receive child birth benefits equal to 70% of the insured earnings, for a maximum duration of three months. If the concerned person cannot return to work after three months due to medical reasons, that person shall be entitled to receive sickness benefits at a rate of 60 % of the insured income.

Right to nursing breaks or to daily reduction of hours of work: During the 12-month period following confinement, women workers shall have the right to a daily break of one hour to nurse or take care of their child if they place their child in a nursery or bring the child to the workplace.

6) HIV and infant feeding

HIV general prevalence in the population is 0.2%. The *National Guidelines for Prevention of Mother to Child HIV Transmission* in Lao PDR include a chapter on HIV and Infant Feeding. The curriculum on prevention of mother-to-child transmission of HIV developed by the Centre for HIV/AIDS and STI (CHAS) in collaboration with WHO also includes a chapter on infant feeding and HIV.

7) Obstacles and recommendations

*The following **obstacles/problems** have been identified:*

- Exclusive breastfeeding and initiation to breastfeeding rates remain very low, with disparities along geographical and cultural lines.

- Infant and maternal mortality are very high, and malnutrition is one of the main underlying causes of death for children.
- Violations of the code on marketing of BMS by companies are frequent and systematic, with consequences on infant health that have already been documented.
- The national regulation marketing of breastmilk substitutes was weakened in 2007, failing to control unethical marketing of breastmilk substitutes.
- Insufficient monitoring of Code compliance by the government.
- The Baby Friendly Hospital Initiative is not supported by private clinics and funds allocated are insufficient for its further expansion in the country.
- Maternity protection legislation is rather weak.

Our recommendations include:

The promotion of breastfeeding would have a large impact on child survival in Lao PDR. The regulation of unethical marketing of breastmilk substitutes is something the government can certainly take action on if it so wished, but it is unlikely to address the issues unless there is some outside attention and push, such as from the CRC Committee. UNICEF is ready to support the government in implementing the Committee's recommendations to enhance the situation of infant and child health.

- The Ministry of Health should further promote exclusive breastfeeding for six months and continued breastfeeding up to two years, including early initiation of breastfeeding: by sensitizing and raising awareness of mothers and the community at large, and by training health personnel.
- A National Breastfeeding Committee should be established to coordinate all efforts toward the protection, promotion and support of breastfeeding. International organizations and local NGOs should be invited to participate.
- Legislation should be strengthened as to reflect the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. The National Assembly should develop, disseminate and monitor its implementation. Appropriate sanctions should be established, in particular with reference to labelling, and advertising within health care facilities.
- The Ministry of Health should actively educate health care practitioners on the Code of Marketing of Breastmilk Substitutes and should enforce its provisions within the health care system.
- The Baby Friendly Hospital Initiative should be given bigger support in order to extend it nationwide, including private clinics.
- National legislation regarding working women should be strengthened by a longer period of leave and payment covered by State alone.

Annex: Documented cases of Bear Brand coffee creamer leading to infant sickness and death



Case 1: In the remote countryside of Luang Nam Tha Province an 18-month old boy who weighed 6 kg was admitted to the hospital with evidence of *kwashiorkor*. His grandparents had fed him Bear Brand coffee creamer since the age of 2 months, when his mother had died. The family was of the ethnic group Lenten and did not read the Lao language. They believed the can contained cow's milk. The child had never grown well and had never moved on to solid foods, but his condition improved rapidly with nutritional support and family education in the hospital.

Case 2: In the capital city, Vientiane, a 3-month old infant with the oedema and skin changes of *kwashiorkor* died in hospital from complications of severe malnutrition and pneumonia. Her mother had been concerned that the infant was vomiting with breastfeeding shortly after birth. She stopped breast feeding and bought the coffee creamer with the Bear Brand logo. The mother stated that she read the label and understood the creamer was not for use instead of breastmilk, but noted that the can had a mother bear with a baby bear on its label, and that people in her village considered this an acceptable infant food.

Case 3: A 6-month old girl N. KaSia, died on 10th November 2008. She was from Ban Kok Muang M.Sing, and belonged to the Hmong ethnic group. She was fed Bear Brand cream by her caregivers. Her diagnosis on admission was acute diarrhoea, fever, and she died anaemic with generalized oedema. The doctor was Dr Noi (Saythong Inthalad).