# THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

**Session 52 / April-May 2014**

**REPORT ON THE SITUATION OF**

**INFANT AND YOUNG CHILD FEEDING**

**IN CHINA**



March 2014

**Data sourced from:**

The data and information were from opening reports by MOH/NHFPC, ILO and UNAIDS, as and were footnoted.

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| ***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 development[[1]](#footnote-1). This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)[[2]](#footnote-2).  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 annually[[3]](#footnote-3). In addition, it is estimated that 830.000 deaths could be avoided by initiating breastfeeding within one hour from birth[[4]](#footnote-4). 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, ***article 11 on the right to food*** and ***articles 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 ***articles 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. |

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| ***The obstacles to optimal breastfeeding practices***   * The China’s Regulation on Breastmilk Substitutes is implemented weakly without real punishment for violations. Marketing promotion has evolved to evade the national regulations (1995), such as advertisement for follow-up formula, soft articles in media and encroach upon academic and welfare issues, which are out of the scope of the China’s Regulation. * The popularity of formula feeding in China has weakened the voice of breastfeeding promotion. * It is a big challenge for health authorities to supervise, conduct fresh training and reassess such enormous baby friendly health facilities in China. * It is hard to ensure mothers’ entitlement to paid maternal leave and breastfeeding facilities, especially during the rapid social and live style charging in China.   ***Our recommendations***  We would like to propose these further recommendations for consideration by the CESCR Committee:   * **Strengthen the International Code of Marketing of Breastmilk Substitutes implementation** in China and adopted more practical national legislation and other measures to restrict the market promotion for formula, not only products for baby under 6 months, but also babies over 6 months. * The health authorities should seriously **review BFHI current situation** in China, and **launch** **refreshment trainings**, assessment and re-entitlement among all health facilities. It is recommended to set up monitoring and reporting mechanisms jointly with civil society, women units, media, the general public and NGOs. * Optional breastfeeding and **infant and young child feeding practices** should be introduce to medical schooling courses and be advocated to general public. * The labour union and the women federation should enforce the **paid maternal leaves** and maternity insurance in private working units. |

1. **General situation concerning breastfeeding in China**

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| WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.[[5]](#footnote-5)  Despites these recommendations, 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 the 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 |

The maternal and child health reporting system include limited indicators on infant and young child feeding (IYCF), but it is not open. National Health Services Survey reports IYCF data every five years which are accepted. Annual nutrition surveillance was conducted since 2011 to monitor the nutrition status of under 5 children, and its data is expected.

***General data***

**Table 1. Number of U5 Population in China[[6]](#footnote-6)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1982  (10,000) | | | 1990  (10,000) | | | 1982  (10,000) | | | 2008  (10,000) | | | 2009  (10,000) | | |
| Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female |
| Total | 101654 | 52352 | 49302 | 114333 | 58904 | 55429 | 126743 | 65437 | 61306 | 1178521 | 598339 | 580182 | 1164986 | 591871 | 573115 |
| 0-4 yr | 9470 | 4898 | 4572 | 11644 | 6105 | 5539 | 6898 | 3765 | 3133 | 60409 | 33352 | 27057 | 60158 | 33140 | 27018 |

**Table 2. Birth Rates in China**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1982 | 1990 | 1995 | 2000 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Birth rate（‰） | 22.28 | 21.06 | 17.12 | 14.03 | 12.40 | 12.09 | 12.10 | 12.14 | 12.13 | 11.90 | 11.93 |

**Table 3. Mortality Rate of Maternal & Children under 5-year**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Newborn Mortality Rate  (per 1000 Live Births) | | | Infant Mortality Rate  (per 1000 Live Births) | | | Mortality Rate of Children Under  5-year(per 1000 Live Births) | | | Maternal Mortality Rate  (per 100 000 Live Births) | | |
| National | Urban | Rural | National | Urban | Rural | National | Urban | Rural | National | Urban | Rural |
| 1991 | 33.1 | 12.5 | 37.9 | 50.2 | 17.3 | 58.0 | 61.0 | 20.9 | 71.1 | 80.0 | 46.3 | 100.0 |
| 2000 | 22.8 | 9.5 | 25.8 | 32.2 | 11.8 | 37.0 | 39.7 | 13.8 | 45.7 | 53.0 | 29.3 | 69.6 |
| 2005 | 13.2 | 7.5 | 14.7 | 19.0 | 9.1 | 21.6 | 22.5 | 10.7 | 25.7 | 47.7 | 25.0 | 53.8 |
| 2009 | 9.0 | 4.5 | 10.8 | 13.8 | 6.2 | 17.0 | 17.2 | 7.6 | 21.1 | 31.9 | 26.6 | 34.0 |
| 2010 | 8.3 | 4.1 | 10.0 | 13.1 | 5.8 | 16.1 | 16.4 | 7.3 | 20.1 | 30.0 | 29.7 | 30.1 |
| 2011 | 7.8 | 4.0 | 9.4 | 12.1 | 5.8 | 14.7 | 15.6 | 7.1 | 19.1 | 26.1 | 25.1 | 26.5 |

***Breastfeeding data[[7]](#footnote-7)***

- Initiation to breastfeeding in 1 hour after birth: 41.0%

- Exclusive breastfeeding at 6 months: 27.6%

- Complementary feeding at 6 months: 43.3%

- Continued breastfeeding at 12-15 months: 37.0%

- Mean duration of breastfeeding: no data

Breast-feeding declined rapidly during the 1980s due to the promotion of breast-milk substitutes and inappropriate medical practices. With efforts of the Baby Friendly Hospital Initiative (BFHI) since 1992 and implementation of *China’s Regulation* since 1995, breastfeeding’s superiority has been recognized and mothers are encouraged and supported to breastfeed their infants. However, breastfeeding promotion in community and work place has not yet received enough attention. .

China currently encounters two challenges to promote optional breastfeeding practices. One is how to persuade people to not give water to infants 0-5 months. The other is how to ban the marketing promotion of infant formula which undermines mothers’ confidence of successful breastfeeding.

Breastfeeding rates in rural areas are better those in urban areas. National Health Services Survey in China 2008 indicated that 27.6% of mothers exclusively breastfed their infants in 0-6 months (15.8% urban and 30.3% rural); 37.0% of mothers still breastfed their babies at 12-15 months (15.5% urban and 41.8% rural).

**Main causes of death among infants and children:**

In 2010, the main death causes of infants were pre-mature birth and low birth weight, birth asphyxia, [pneumonia](http://www.iciba.com/pneumonia), [congenital heart disease](http://www.iciba.com/congenital_heart_disease), and accidental suffocation, while the main death causes of children under 5 years old were pre-mature birth and low birth weight, [pneumonia](http://www.iciba.com/pneumonia), birth asphyxia, [congenital heart disease](http://www.iciba.com/congenital_heart_disease), and accidental suffocation.[[8]](#footnote-8)

1. **International Code of Marketing of Breastmilk Substitutes**

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| 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, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.  ***The International Code of Marketing of Breastmilk Substitutes*** (the International 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 International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist. |

The *China’s Regulation of Marketing of Breast-milk Substitutes* (1995) is still in force, but promotion of breast-milk substitutes persists in some areas. The national code is in progress of amending to adopt subsequent WHA resolutions.

The *China’s Regulation for Marketing of Breastmilk Substitutes* (China’s Regulation) was issued as a compulsive measure in 1995 by six relevant government sectors[[9]](#footnote-9), most of which have experienced obligation transition and structure change. It has partly blocked the implementation of the China’s Regulation. The Ministry of Health has been leading to amend the China’s Regulation with other government sectors since 2005. On 3 December 2011, the State Council launched a 1-month public consultation on the draft of amended regulation. The consultation was closed on 2 January 2012. But the taskforce is hung up due to another round of government institutional reforming. The MoH was renamed as National Health Family Planning Commission (NHFPC) in April of 2013.

The Taskforce on *Hong Kong Code of Marketing of Breastmilk Substitutes (*Taskforce) was set up in June 2010 to develop and promulgate the Hong Kong Code, which aims to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children. The Hong Kong Code provides voluntary guidelines to manufacturers and distributors of formula milk; feeding bottle, teats and pacifiers; and, food products for infants and young children aged 36 months or below. On 26 October 2012, the Department of Health launched a 4-month public consultation on the draft of the Hong Kong Code to invite views from the trade and the public. The consultation was closed on 28 February 2013. The Secretariat is now collating all the comments received and will announce the public consultation result as soon as possible.

1. **Baby Friendly Hospital Initiative (BFHI) and training of health workers**

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| 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. |

In 1992, the Baby-friendly Hospital Initiative (BFHI) was launched. Since 1994, it is mandatory for mothers to be informed about breastfeeding and to be given help to breastfeed. There are more than seven thousand baby-friendly hospitals in China, which count for one third of baby-friendly hospitals in world. To help in the continual implementation of the BFHI, WHO China Office and MOH collaborated to adopt the baby friendly hospital reassessment tools. The national protocol of the baby friendly hospital reassessment is developed and is in the process of implementation nationally.

There are about 7,329 BFHs in China, while there are more than 60 thousands health facilities providing maternal service.

BFHI is theoretically applied in all health facilities (both private and public). In fact it focused on state-owned hospitals, mainly BFHs.

Refresh training for staff and self appraisal is required for BFHs. But it is a big challenge for the health authority itself to administer and monitor the practices of thousands of BFHs, as well as to deal with violations of the Code (China’s Regulation) in hospitals.

1. **Maternity protection for working women**

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| 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**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***[[10]](#footnote-10) that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk. |

In 2011 the number of women who were employed reached 351.53 million across the country and over the years women account for about 46 percent of all employees.[[11]](#footnote-11)

China’s State Council adopted *the Special Provisions on Labor Protection of Female Workers* (the “New Provisions”) and it was in force in April 2012 when *the Provisions on Labor Protection of Female Workers* (the “Original Provisions”) issued in 1988were simultaneously repealed. Compared to the Original Provisions, the New Provisions haveintroduced new provisions with respect to the scope of labor activities that are tabooed for femaleworkers, paid maternity leave of 14 weeks (before and after giving birth), supervision and administration mechanism, employers’ responsibilitiesand liabilities, etc。

The coverage of maternity insurance for urban female workers is 95 percent as the official reported. The employer pays the maternity insurance for their women employees. The insurance system pais for maternity benefits to the women during maternal leave that amount to as much as the average salary of their institute in previous years.[[12]](#footnote-12)

Women working in the informal sector should be included, but the implementation is not clear.

The New Provisions provides employed women with the right to one hour breastfeeding break every work day before their baby’s first birthday. The breastfeeding break is paid fully.

Although China did not signed the ILO Convention 183, China’s State Council adopted *the Special Provisions on Labor Protection of Female Workers* (the “New Provisions”) in April 2012, which titled femaleworkers paid maternity leave of 14 weeks.

1. **HIV and infant feeding**

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| The HIV virus can be passed from mother to the infant though pregnancy, delivery and breastfeeding.  The ***2010 WHO Guidelines on HIV and infant feeding***[[13]](#footnote-13) call on national authorities to recommend, based on the AFASS[[14]](#footnote-14) 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. |

Epidemic estimates show that at the end of 2011, a total of 780,000 (620,000-940,000) people were living with HIV in China, accounting for 0.058% (0.046-0.070%) of the total population. China therefore remains a low-prevalence country. China’s HIV epidemic exhibits five major characteristics: 1) National prevalence remains low, but the epidemic is severe in some areas; 2) the number of people living with HIV continues to increase, but new infections have been contained at low level; 3) gradual progression of HIV to AIDS resulting in an increase of the AIDS-related deaths; 4) sexual transmission is the primary mode of transmission, and continues to increase; 5) China’s epidemics are diverse and evolving.[[15]](#footnote-15)

In 2011, the Ministry of Health issued the *National Action Plan for AIDS, syphilis and HBV Prevention from Mother to Child Transmission*. It is written as HIV positive mothers’ infants should be formula fed and avoid breastfeeding or mix feeding as the measure to prevent HIV/AIDS transmission. HIV and infant feeding is not generally included in before- and in-services courses, since counseling for HIV positive mothers was only taken by pointed health facilities.

HIV/AIDS is still one of the sensitive topics in China. HIV test is compulsive in ante-natal checks. It is pointed infectious hospitals that are permitted to provide maternal service and counseling to HIV positive women. Most of the maternal hospital and community health centers do not provide service on HIV and infant feeding. Information on HIV and infant feeding is not accessible to the public.[[16]](#footnote-16)

1. **Government measures to protect and promote breastfeeding**

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| Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:   1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations. 2. Ensure that every facility providing maternity services fully practises all the **“Ten steps to successful breastfeeding”** set out in the WHO/UNICEF statement on breastfeeding and maternity services. 3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety. 4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement. 5. Develop, implement, monitor and evaluate a com**prehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction. 6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal. 7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**. 8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.  * Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant Health Assembly resolutions. |

Children malnutrition and obesity prevention and control was addressed in the National Programme of Action for Child Development in China (2001-2020).

In 2012, the Ministry of Health and the Chinese All Women Federation launched the programme of Child Nutrition Improvement in Poverty Areas. It aims to prevent malnutrition and anaemia among infant and young child in 100 poverty areas through distribution of free micro-nutrition sprinkles to 6-24 months children as complementary food supplement[[17]](#footnote-17). The Heinz Company is one of the product suppliers.

The MoH/NHFPC is in charge of child nutrition and health, especially of the China’s Regulation and BFHI, supported by WHO and UNICEF. IBFAN staff was involved in some official monitoring projects.

The National Health Family Planning Commission (NHFPC)[[18]](#footnote-18) announced its standing to promote the establishment of breastfeeding rooms in working places and public areas during World Breastfeeding Week 2013.

1. **Recommendations on breastfeeding by the CRC Committee**

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| ***The Convention on the Rights of the Child*** has placed breastfeeding high on the human rights agenda.  Article 24 mentions specifically the importance **of breastfeeding as part of the child’s right to the highest attainable standard of health**.  Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes 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 September 2013, the CRC Committee made the following recommendations in its Concluding Observations to China (CRC/C/CHN/CO/3-4[[19]](#footnote-19)) (emphasis added):

*63. The Committee recommends that the State party strengthen efforts to address [...] the existing disparities in health outcomes and resource allocations in order to ensure that all children in mainland China enjoy the same access to and quality of health services [...]. In particular, it recommends that the State party take all measures to* ***eliminate child and maternal mortality*** *in mainland China [...].*

*66. The Committee strongly recommends that the State party: (a) Intensify its efforts to reform laws and strengthen implementation of regulations on food and health safety standards, including for the business sector, and ensure that any officials or companies violating international and national environment and health standards are appropriately sanctioned and remedies provided when violations occur; (b) Collect systematic data on children affected and take all measures to ensure that all children and their families have access to effective redress, including free medical treatment and adequate compensation; (c) Effectively implement the central Government’s policy of providing HIV-infected children and orphans with free anti-HIV drugs, free schooling and a minimum monthly subsidy of 600 yuan (US$ 95), as reported in its replies to the Committee; (d)* ***Promote exclusive breastfeeding*** *and the* ***establishment of******baby-friendly hospitals*** *and effectively* ***enforce the International Code of Marketing of Breast-Milk Substitute****s with* ***appropriate controls on the marketing of artificial infant formula****.*

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| **About the International Baby Food Action Network (IBFAN)**  IBFAN is a 35-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 and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International 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*”. |

1. IBFAN, What Scientific Research Says?, <http://www.ibfan.org/issue-scientific-breastfeeding.html> [↑](#footnote-ref-1)
2. WHO, 2002, Global Strategy on Infant and Young Child Feeding, <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html> [↑](#footnote-ref-2)
3. UNICEF, <http://www.childinfo.org/breastfeeding.html> [↑](#footnote-ref-3)
4. Save the Children, 2012, Superfood for babies: how overcoming barriers to breastfeeding will save children’s lives. <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF> [↑](#footnote-ref-4)
5. <http://www.who.int/topics/breastfeeding/en/> [↑](#footnote-ref-5)
6. Source for Table 1-3: China Health Statistical Yearbook 2011, 2012 (Abstract) [↑](#footnote-ref-6)
7. Source: Report of National Health Services Survey in China 2008 [↑](#footnote-ref-7)
8. Source: Ministry of Health, National Maternal and Child Health Surveillance and Report Abstract, 2013, 4(53), 6-12. <http://www.mchscn.org/admin/xiazai/tongxun/2013年全国妇幼卫生监测及年报通讯第4期.pdf> [↑](#footnote-ref-8)
9. Ministry of Health ; Ministry of Internal Trade ; Ministry of Radio Film and Television, State Press and Publication Administration; National Bureau of Administration for Commerce and Industries ; China Light Industry Association. [↑](#footnote-ref-9)
10. # ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

    [↑](#footnote-ref-10)
11. Source: China Population & Employment Statistics Yearbook 2012. [↑](#footnote-ref-11)
12. <http://www.chinadaily.com.cn/cndy/2013-05/15/content_16499695.htm> [↑](#footnote-ref-12)
13. *2010 WHO Guidelines on HIV and infant feeding*: <http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf> [↑](#footnote-ref-13)
14. Affordable, feasible, acceptable, sustainable and safe (AFASS) [↑](#footnote-ref-14)
15. Ministry of Health of the People’s Republic of China, 2012 China AIDS Response Progress Report 31 March 2012. <http://www.unaids.org.cn/cn/index/page.asp?id=197&class=2&classname=China+Epidemic+%26+Response> [↑](#footnote-ref-15)
16. Source: Ministry of Health, Implementation Plan to Prevent Maternal to Child Transmission of HIV, Syphilis and HBV, 2011. [↑](#footnote-ref-16)
17. <http://china-casting.com/a/xiangmujieshao/20130506/12.html> [↑](#footnote-ref-17)
18. The Ministry of Health was renamed as National Health Family Planning Commission (NHFPC) in April 2013 [↑](#footnote-ref-18)
19. <http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCHN%2fCO%2f3-4&Lang=en> [↑](#footnote-ref-19)