

13.2 Maternal, infant and young child nutrition

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In focus at WHA67

The Assembly will consider document [A67/15](#) and decision [EB134\(2\)](#) from January 2014.

However, the discussion of maternal, infant and young child nutrition (MIYCN) at WHA67 will be largely structured around Decision [EB134\(2\)](#) from January 2014.

Para 1 of the Decision simply records the fact that EB134 noted the reports provided by the Secretariat on:

- progress in implementing the **Comprehensive Implementation Plan** on maternal, infant and young child nutrition (presented in [A65/11](#), and endorsed in 2012 in resolution [WHA65.6](#)); see report in [A67/15](#);
- the global strategy for **infant and young-child feeding**, endorsed in 2002 in [WHA55.25](#) (see report in [EB134/15](#)); and;
- the status of national measures to give effect to the **International Code** of Marketing of Breast-milk Substitutes ([WHA34.22](#) (1981) and subsequent resolutions); see report in [A67/15](#).

Paras 2(a) and 2(b) of Decision [EB134\(2\)](#) both deal with the **global monitoring framework** for the comprehensive implementation plan.

- Para 2(a) asks the WHA to endorse seven indicators for global monitoring of MIYCN (as listed in Annex 1 of [A67/15](#)) which would form part of a 'core set' of indicators.
- Para 2(b) would have WHA67 ask the DG to establish a working group to further develop the core set of indicators, including indicators of policy and program implementation, as well as an 'extended set' of indicators which would be more country specific.

(Following the adoption of the Comprehensive Implementation Plan (and global targets) in May 2012 ([A65/11](#)) a draft set of indicators ([indicators 2012](#)) for monitoring implementation and outcomes of programmes was prepared. In response to further consultations requested by Member States, a revised set of indicators was developed ([here](#)) and discussed in informal consultations with Member States and United Nations bodies, civil society and the private sector. An online consultation, held from 7 September to 10 October 2013, indicated that consensus could only be reached on a set of outcome indicators (it appears that there was

disagreement regarding *process* and *intermediate outcome* indicators). Annex 1 to [A67/15](#) summarized the discussion to date on the global monitoring framework, introduced the concept of core and extended indicators and proposed a first agreed set of seven core indicators for use at global level.)

Para 2(c) of Decision [EB134\(2\)](#) would have the WHA67 request the DG to support the development of risk assessment and risk management tools to deal with **COI in global nutrition** policy (as referred to in para 3(3) of [WHA65.6](#)) for WHA69. See para 14 in [A67/15](#) which seeks further guidance from the Assembly “on the work expected from WHO on the management of engagement with the private sector by individual Member States”.

Para 2(d) of the Decision would have the WHA67 note progress on **inappropriate promotion of foods for infants and young children** and request the DG to proceed with this work and develop recommendations for MS national policies in time for WHA69. (Responding to the concern expressed in para 1(4) in [WHA63.23](#) and the request in para 3(1) of [WHA65.6](#) regarding inappropriate promotion of foods for infants and young children, Annex 2 of [A67/15](#) reports on the advice received from a Scientific and Technical Advisory Group ([STAG full report here](#)) convened by the DG. The STAG advice was largely about criteria for defining ‘inappropriate promotion’ rather than what to do about it.)

Para 3 of Decision [EB134\(2\)](#) deals with **WHO’s involvement in the Second International Conference on Nutrition (ICN2)**, cosponsored by WHO and FAO and scheduled for 19-21 November 2014 (and taking into account WHO’s rules for dealing with NSAs). (More about ICN2 in paras 19-21 in [EB134/15](#) and on the [WHO website](#).)

- Paras 3(a) - 3(e) deal with the arrangements for producing the **draft outcomes document** for ICN2 by the end of September.
- Paras 3(f) and 3(g) request the DG to report on progress towards the ICN2 to WHA67 and on the outcomes of ICN2 to WHA68.

More about ICN2 according to [FAO](#), [WHO](#) and [UNSCN](#).

The Assembly is invited to note the report ([A67/15](#)) and consider the draft decision recommended in decision EB134(2), in particular providing further guidance on

- (a) next steps to develop risk assessment and management tools for conflicts of interest in nutrition;
- (b) the global monitoring framework on maternal, infant and young child nutrition;
- (c) next steps to address the inappropriate marketing of complementary foods; and
- (d) a Member State-driven process to develop an outcome document for the Second International Conference on Nutrition.

See report of EB134 debate [here](#).

PHM Comment

Progress with implementation of Comprehensive Implementation Plan

Although it is positive that many global initiatives have been deployed since the comprehensive implementation plan on maternal, infant and young child nutrition (http://www.who.int/nutrition/topics/WHA65.6_annex2_en.pdf) the recent estimates in the Report (A67/15) are evidence of the slow progress and even stagnation on this issue which is increasingly acknowledged as fundamental to maternal, newborn and child health and development.

In view of the increased role of SUN in the Comprehensive Implementation Plan, appropriate management of conflicts of interest within SUN will be necessary. This includes internal decision making within SUN as well as in the multi-stakeholder platforms in countries.

Progress in breastfeeding (target 5) is not known and is likely to be minimal. The same applies in the case of the prevalence rate of wasting, where no progress has been noted since 1990.

Therefore, in order to accelerate the progress towards adequate nutrition for mothers and children worldwide, several actions should be stressed with greater emphasis and urgency:

Breastfeeding is a major safeguard against early child malnutrition and needs to be protected, promoted and supported as part of comprehensive primary health care. Enabling breastfeeding also requires laws governing workplace practice, statutory paid rest periods at work and an acceptance of breastfeeding including in public. In the latter regard, WHO should assume a stronger advocacy role towards governments and engage purposively with the ILO regarding relevant labour rights.

Regarding the implementation of the International Code of Marketing of Breast-milk Substitutes, we comment on the lack of progress in many countries. With “only 37 (22%) (of countries) passing comprehensive legislation reflecting all the recommendations of the Code” (Para 33), this issue clearly needs to receive greater attention, in order to promote the inclusion of the Code in Member States’ legislation and policies. Given the ongoing challenges of implementing the Code, it is likely that a more robust and regulatory approach to food trade, including retail and marketing will be necessary.

While Para 17, about Action 2 (To include all required effective health interventions with an impact on nutrition in national nutrition plans) mentions that “in China and Viet Nam (the Secretariat) is collaborating in the design of culturally-sensitive ready-to-use therapeutic foods and in agricultural demonstration projects aimed at dietary diversification”, this appears to be restricted to only a few countries and should be widened. We feel that this matter deserves more emphasis and wider discussion. Crucial to making nutritional interventions sustainable in local contexts is to align their implementation with the development of health systems based on primary health care with strong intersectoral links (eg to agriculture) and community participation. Ready-to-use therapeutic foods (RUTF) should be restricted to treating severe

acute malnutrition and the use of such preparations designed for 'moderate' malnutrition or to 'prevent' malnutrition opposed. Local RUTF production should be accelerated, with a focus on sustainability by promoting awareness of their basic ingredients so users may cultivate or purchase them in the future. Therefore, the risk should be underlined of the indiscriminate use of RUTF in undermining breastfeeding and the use of suitable home-prepared and/or local foods be encouraged, as cited among the criteria for inappropriate promotion of foods for infants and young children (Annex 2).

In Action 4 (To provide sufficient human and financial resources for the implementation of nutrition interventions), Para 25, we support the inclusion in high concentration of community health workers to strengthen community and home-based nutritional interventions in the context of primary health care and integrated health systems.

Inappropriate marketing of complementary foods

The Health Assembly (in para 3(1) of [WHA65.6](#)) requests the DG "to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution [WHA63.23](#), taking into consideration the ongoing work of the Codex Alimentarius Commission". However, there is also a need to open up Codex decision making to reduce the dominance of the food corporations.

Annex 2 of [A67/15](#) refers to the position paper prepared by a Scientific and Technical Advisory Group convened by the DG. This paper lists five criteria for judging promotion to be inappropriate. These criteria are elaborated upon in the [STAG Technical Report](#) to WHO. Actually the [full meeting report](#) is a more useful overview of the promotion and marketing of complementary foods for infants and young children.

As recognised in Decision [EB134\(2\)](#) the next step is to identify the steps that MSs can take to regulate the inappropriate marketing of foods for infants and young children in many countries.

PHM urges the DG to seek 'clarification and guidance' in this matter from IBFAN.

Implementation of the International Code of Marketing of Breast-milk Substitutes

The implementation of [WHA34.22](#) (1981) and subsequent resolutions is too slow. Industry interference has prevented full implementation in many jurisdictions.

It is time to convert the voluntary code into binding regulations.

The global monitoring framework

It is concerning that the online consultation of September / October 2013 was unable to agree on process or intermediate outcome indicators as proposed in the [Secretariat paper](#) prepared for the September October consultations. Final outcome indicators are important but managing

and steering implementation will require meaningful process and intermediate outcome indicators.

Food security and healthy nutrition reflect the outcomes of a complex mix of:

- productive and distributive arrangements in agriculture, trade, retail and marketing which are themselves shaped by the processes of globalization, international trade agreements, and
- local specificities regarding land, climate (including climate change), demography (eg urbanisation) and economic development; all of which take place in the context of
- political and commercial relations of power and interests (including the role of transnational food corporations and big power manoeuvring over trade relations; which are conducted within
- global institutions including the WTO, WEF, G20, OECD, UNCTAD, FAO, WHO, etc.

The extended set of indicators suggested for the Global Monitoring Framework must include indicators of some of the above determinants since it is clear that the long-term achievement of adequate nutritional status for mothers and children rests on consistent action to tackle its structural determinants.

Concerning the report on Annex 1 of [A67/15](#), we support the disaggregation of indicators by socioeconomic group, sex and ethnicity. This is important to identify and address inequalities.

We note the focus on prevalence measures in Annex 1 and the use of absolute numbers for targets 1 (Para 3) and 4 (Para 6) in the body of the report. Some of these data will also need to be presented as proportions, to allow comparability between regions and over time.

Including the adoption of the concept of food sovereignty will require the adoption of additional indicators.

Conflicts of interest in nutrition

Resolution [WHA65.6](#) (May 2012, adopting the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition) requested the DG “to develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO’s overall policy and practice”.

Para 14 of [A67/15](#) affirms that conflicts of interest “must be managed both by the Secretariat and by Member States”.

(This discussion of COI in WHO’s work runs parallel to a similar discussion taking place in relation to the SUN Movement (Scaling Up Nutrition). SUN is a public private partnership which provides funding support to participating countries for a range of nutrition related initiatives (see about SUN [here](#)). A toolkit for managing COI within the SUN movement was published recently ([here](#)) and a consultation around COI in SUN (funded by the Gates Foundation) is underway

([here](#)). SUN is supported financially by the rich country donors, Gates and the World Bank ([see](#)). It includes in its Business Network all of the biggest transnational food corporations ([see](#)). If corporate control and the globalisation of food supply are contributing to over- and under nutrition globally, then there is a profound conflict between the constitution of SUN and its avowed purposes. This 'COI' does not appear to be encompassed by the current COI project.)

Conflicts of interests are ubiquitous. In relation to WHO the risk is that WHO decision making is perverted through the power of certain stakeholders to promote interests and purposes which run counter to the vision and mandate of WHO. Managing this risk requires transparency (that sufficient information about all participants is publicly shared to enable conflicts of interest to be widely known). However, managing the risk also requires accountability procedures which deal directly with the various modalities of influence that different stakeholders are able to exert.

Ongoing consultation processes should be fully transparent through publication on the website of all submissions, and clear identification and disclosure of conflicts of interest, including institutional as well as individual ones. A specific case concerns the representation in certain of WHO's technical advisory panels of the largest producer of infant formula.

The envisaged industry participation in the development and implementation of the comprehensive implementation plan carries significant risks of perversion of decision making. Industry representatives commonly argue against regulatory strategies and assert that 'voluntary' codes and corporate social responsibility are sufficient. This proposition runs counter to historical experience.

GAIN and ISDI

In resolution [EB134.R20](#) the EB

2. DECIDES to admit into official relations with WHO the [Global Alliance for Improved Nutrition](#) after satisfactory consideration of the information concerning the nature and extent of the links between the Global Alliance for Improved Nutrition and the global food industry, after confirmation of the closure of its Business Alliance, and the position of the Global Alliance for Improved Nutrition with regard to its support and advocacy of WHO's nutritional policies, including those on infant feeding and the marketing of complementary foods;

3. DECIDES to discontinue official relations with [...] [International Special Dietary Foods Industries](#), [...].

The acceptance of GAIN was a controversial decision. See:

IBFAN Press Release 25 Jan 2014 regarding the renewal of IBFAN's status with WHO and the decision not to grant the International Special Dietary Foods Industries (ISDI) official status ([here](#))

IBFAN Press Release from 19th January: GAIN, a wolf in sheep's clothing, will try once again to enter WHO's policy setting process ([here](#))

Times of India article: WHO accepts GAIN as NGO after it ends global food industry alliance ([here](#))

Draft outcomes document for the Second International Conference on Nutrition

The draft outcomes document and the outcomes generally of the ICN2 are of particular importance. It is critical that civil society networks are fully engaged in the development of the final outcomes document.

Food sovereignty and healthy nutrition reflect the outcomes of a complex mix of: commerce and trade, local contingencies, political economy and global institutions. These parameters are poorly represented in the Draft Zero circulated by FAO and WHO. The importance of food sovereignty as distinct from food security must be acknowledged. This has been resisted by FAO in the past. Food security, which could mean total reliance on imported foods, is not the same as food sovereignty which emphasises democratic national control over food production (including farm policy and industry policy) and food importation including trade agreements and 'development cooperation'.

Food security as it is promoted in the United Nations initiative Scaling Up Nutrition – SUN is a misleading concept as it is concerned with the protection and distribution of existing food systems but does not question the areas of conflict and the social and political determinants leading to socio-economic stratification as major cause for mal/undernutrition. The concept of food security catalyzes investments from the private sector instead of empowering local and traditional food-production on the base of food sovereignty.

Reasons for malnutrition are complex and intersectional originating in the way how power relations in the political and economic sphere shape food production. The private sector is given a key role to play in developing sustainable agriculture and delivering nutrition for all people (<http://www.fao.org/food/nutritional-policies-strategies/icn2/en>). Following the premise "that governments cannot feed people on a sustainable basis", the alliance urges to deal with "structural conditions which constrain development". It encourages the private sector to "continue to innovate and invest in the food and agriculture sector". Although it mentions local business development it underestimates the effects of aggressive marketing policies and the dominance of global companies threatening local food production. Private Public Partnerships as approved in SUN weaken the regulatory role of the state without recognizing the existing unequal power relations in the field of food and nutritional security and tend to follow business and managerial logics oriented towards profit. There is a risk that it is neglected that unregulated markets absent of democratic control fail to provide access to healthy foods especially for poor populations (in both North and South), creating the 'double burden' of

over/undernutrition. This problem should be on the Agenda of the Second International Conference on nutrition.

ICN2 has the potential to set new directions and reinvigorate the movement for equitable, healthy and ecologically sustainable food systems globally. This potential must be realised. The Conference outcomes should highlight the long-term goals of peace, the right to health, the right to nutrition, food sovereignty, social justice and health equity.

In this context we challenge the WHO/FAO/UNICEF to recognize people's need for food as a human right, as Human Right to Proper Food and Nutrition (Recine&Beghin_201140306_InternationalNutritionAgenda_En). The alliance should put a rights based account to the center of the nutrition related policy-strategies. That is to say food is more than just a commodity based on the global economy and on liberalized agricultural markets. The Human Right to Proper Food and Nutrition based on the principle of food sovereignty outlines the right of people to define their own food systems and obligates the international community to implement this right.

A promising step towards the right direction is the new FAO Strategy for Partnerships with Civil Society Organizations, which aims to strengthen ties with social movements, member-based organizations and NGOs that share the goal of eradicating hunger, malnutrition and food insecurity.

See excellent comment from Elisabetta Recine and Nathalie Beghin [here](#) for the Brazilian National Council on Food and Nutrition Security. Excellent overview of global food policy initiatives and five key principles which must be realised in the outcomes of ICN2.

PHM advocacy priorities

The International Code of Marketing of Breast-milk Substitutes should be applied by regulation

Global monitoring framework should include indicators of food sovereignty and measures of global food trade related to food security and food sovereignty.

Under COI (Conflict of Interest) in global nutrition, MS will note that the SC on NGOs has not re-accredited ISDI ([International Special Dietary Foods Industries](#)) but has accredited GAIN (Global Alliance for Improved Nutrition)

Encourage opening up of the STAG (Scientific and Technical Advisory Group) process to civil society input including consideration of strategies to control inappropriate promotions of food for infants and young children. Not to rely solely on a code. Need regulation and therefore need legal and trade advice.

Preparation of the draft outcomes statement for ICN2 should include the active participation of CS. Likewise the organisation of the conference itself and follow up of its recommendations.

Expose and counter the role of Big Food and Big Beverage in preventing the prevention of

NCDs. Argue for binding regulation; voluntary agreements do not work.

Ban the use of antibiotics as growth promoters in animal husbandry and support such industry restructuring as will be needed to adapt to animal production without antibiotics as growth promoters.

Increased scrutiny of decision making within SUN (Scaling Up Nutrition) and in particular, the management of conflict of interest of industry partners.

Notes of discussion at WHA67

Documents

- [A67/15](#)
- [EB134\(2\)](#)
- [A67/15 Add.1](#)
- [PHM here](#)

The Chairman (Dr Pamela Rendi-Wagner (Austria)) opened the subitem and gave the floor to the Director-General of the Food and Agriculture Organization (FAO) of the United Nations who addressed the Committee. The Co-Chair of the FAO/WHO Joint Working Group on the Second International Conference on Nutrition was also invited to speak.

The Chairman then invited the Committee to discuss the subitem. Both the Secretariat and the Director-General of the Food and Agriculture Organization responded to issues raised. The Committee approved the draft decision EB134(2) contained in document A67/15 as amended.

FAO : Thank you very much for the opportunity, I would like to start, by saying that Pope Francis, will participate in the second conference on food security and nutrition (ICN2). we have long standing partnerships in that area. we need your help for the declaration to be ready till the end of june, we welcome your leadership; we call on FAO member states, most of which are members of the WHO; have stressed the importance of non state actors, I am now convening this to be able to help generate political consensus. I don't vote anywhere in the UN system, what we want is for these NGOs to be able to express their views, and help us implement the documents. the FAO both sect and large maj of mem states believe we should also invite them to participate in our meeting, I'd like to finish by stressing that the international conference of nutrition is high on the international agenda.

Food security and nutrition is important for WHO and FAO; Joint FAO-WHO WG preparing the docs; The ICN2 is government-led effort, welcome leadership, ask for different voices to be heard; FAO member-states, like WHO member states, know the importance of non-state actors; Need generate gen consensus, including implementation of global action; The fact that we admit NGOs, does not mean we give them same rights as governments; But what we want is that NSA to cont generate gen consensus, including implementation of global action, contribute their views, support for outcome of documents, generate general consensus, including implementation of global action; Agree that NSA participate in internet: but also in the actual

meetings; In prep mtgs and after, even during, NSAs may contribute; Stressing that ICN is great opportunity to ensure that nutrition is at the forefront of international agenda

Vice Chair of WHO-FAO Working Group (monica martinez) - importance that Ecuador gives to this issue. review development paradigm. new working method in this committee. webconference in 6 official languages. increased the number of meetings. document with the reframing of this discussion. nutrition at the global level in the next 10 years. nonstate actor have participated through consultation. next meeting in Rome this year

Kuwait: three points: a) proposes to delete in EB134 subparagraph b the sentence “on the development ... on complementary foods” since is inconsistent and inappropriate compared to what mentioned above; b) to include in newborn action plan (annex2) early initiation of breastfeeding as an indicator to be considered; c) recalling resolution WHA25.5 on global strategy to include complementary feeding referring to death and preventable stillbirths and improving access and quality of healthcare;

Lebanon: Congratulate sect for progress report; Introduced a law banning infant formula; Taken action against infant formula manufacturers; But must combat strong influence of milk companies; Encourage breastfeeding; Providing vitamins as preventive; promotes healthy diets; Nutrition is example of multi sectoral approach to health; Child and maternal nutrition are not just health indicators but are indicators of economic growth and progress; Massive influx of refugees 75% are women and children; Call for continuous support of WHO to implement plan; Endorse indicators and the establishment of a Working Group

Australia: Encourages a well defined approach to the double burden malnutrition issue. In our region several countries have high prevalence of overweight and obesity. Next steps to develop risk assessment for conflict of interest in nutrition, taking into account the framework of the engagement of NSA, the global monitoring framework, we welcome the draft , and we agree that it should capture the multisectoral nature of the problem. Next steps is to address the inappropriate marketing of foods that are harmful especially the ones targeting infants and children. in the member state driven process ICN, australia will support an approach that would be concise and multi sectoral

Afghanistan: program is being implementing in the country and is top priority. suggest to replace wording to “eliminate all inappropriate advertising of food to children”

Italy: About the two documents produced, specifically on [A67/15 Add.1](#) express support to the work produced and remarks the support provided by Italy in the previous meeting which took place in Rome.

Brazil: Support WHO and FAO in preparation of ICN2; Notes importance of strengthening inter-governmental organizations to move forward on nutrition.Proud to represent region with Mexico, balancing the objectives of the two orgs (WHO and FAO). Comprehensive approach:

quality of food on individuals, dialogue can be strengthened and improved; Committed to this process

Finland: supports the implementation plan. we support the continuation of work on conflicts of interests. Mme chair, measures of health promotion overlap with that sustainable development. this issue has been noted in preparation in the 2nd conference. Finland supports the work towards the conference.

Cuba: 13 years since plan was adopted. Emphasises importance of health of women in health of children as well as breastfeeding. Has a national program for health promotion and breastfeeding. establishing good habit and food choice. problem of obesity of children under 5. importance of looking at obesity as well as malnutrition.

UK: thanks all states for commitments made and WHO. Refers to the report that will be released at the Second International Conference on Nutrition (ICN2) will be held in Rome from 19 to 21 November 2014, with the participation of Heads of State and Government, at the Food and Agriculture Organization (FAO) of the United Nations which will implement the resolutions taken during this session.

Latvia: Welcome report on maternal child nutrition; Steps taken for it to take effect; Has comprehensive nutrition policy; Importance of inter-sectoral and inter-governmental organizations, as well as health in all policies; Health in all should be seen in agriculture and health; Highlights importance of health assembly for global monitoring framework, esp marketing of food

Japan : Nutrition is an important issue that cannot be solved only by the health sector. the report needs to put issues outside the health sector. coordination with NCD programmes is also necessary in the future, the activity should be implemented in an effective manner, Additionally, NSAs are essential in providing outlooks for the steps in the future, we need to examine how to involve NSA, we appreciate the extended indicators for submission, it is necessary to examine the indicators clearly, and try not have more indicators than needed.

Rep of Korea: nutrition determinant for future generation. Country is focusing on analysing nutrition and low income. importance of providing education concerning nutrition. WHO should provide technical assistance.

Philippines: supports this agenda item. These global targets (iron deficiency, child undernutrition, vit. D deficiency, breastfeeding) do need extraordinary effort to be tackled. Implementation of child nutrition remains an important challenge. The issues related to substitutes of maternal milk must be addressed by uniform law enforcement and systematic application of the international code. Ministries of Health of each member state must ensure that this is being done.

US: Welcomes and supports report; Acknowledges support of WHO to members state re: ICN2; Welcomes global monitoring framework on maternal and child nutrition; Fast completion of risk

assessment; Grateful user of instruments for accountability, like e-library; Encourage WHO to keep these updates

Burkina faso : Thank you madame chair, congratulates the WHO on this report. we would like to note that in examining the indicators of progress, if we want to maintain the achievement made, we have help to promote and reinforce the documents, nutrition actions are extremely important, there is nothing that can stop us to continue to struggle for better nutrition, we are happy to see the global follow up framework, we need more information and work on this area, we also promote, funding the joint working group we support the ICN.

Turkey: find the WHO comprehensive. National program is being implemented - on child health and prevention of death. Hospitals have improved practices - after training, hospitals are given a "baby friendly hospital" title. more than 1000 hospitals with the title. 60% of total hospitals. 92% of babies delivered in these hospital. new born intensive care units is priority

Thailand: appreciates EB134 we adopted two year ago in this assembly a global strategy that has being implemented nowadays in Thailand, with a specific attention to the rural envroment; Thailand is also working in the implementation of the regulation regarding maternal milk substitutes; Collaboration within of the GH sector but addressing each situation of potential conflict of interests. Distributors, manufacturers and food industry in general must have no role in policy making. To takle child malnutrition and obesity SDH must be taken in consideration in the process. Childhood obesity has to be addressed also protecting the most exposed branch of the population and children from the negative effect that conflict of interest with food industry can provoke.

Jamaica: Joins in congratulating the sect on the report; Concerned in the role/relationship of between health system and distributors of milk substitutes; Issue of conflicts of interest is very real; Criteria to be expanded to include beverages to adolescents

Nepal: request development of specific guidelines.

Malaysia: we are pleased that conflicts of interests are addressed in this proposal , this is required not only in maternal and child nutrition but also in the NCD control, private actors are a main contributors to the NCDs, we want indicated that BMI for age, as well as height for children under 5. with regards to addressing inappropriate marketing, we take notes from the scientific advisory group, we would like to implement the WHO set of recommendations

Indonesia: Indonesia is strongly committed in achieving the global target of maternal health infant and child nutrition. The president of Indonesia launched in 2013 the national nutrition improvement program which included promotion of exclusive maternal breast feeding and social protection programs for the implementation of maternal and child health and nutrition. There has been also a scaling up of the activities of health system to address malnutrition and enforce law structure regarding conflict of interest and the distribution of maternal health substitutes.

Namibia: maternal child care, and nutrition, is important in our country, we would like to voice our concern in the rate of developments made in our region in those areas relative to the MDGs. on the background paper on conflict of interest, we need to create a supportive environment for progress, we need to engage with NSA, due to the varying backgrounds of those actors it is not easy to accurately assess conflict of interest. Namibia we rec. sect to support the ready to eat food initiative for those who are in need of them (in a culturally sensitive way). We wish this will go in line with the rec of the tech and advisory group. we need a stronger rec. to give countries the ability to effectively supply people with the app. nutrition without pressure

Bangladesh: Happy to receive the Implementation Plan for maternal and child nutrition; appreciate the resolution on the international code of marketing of breast milk substitutes; Success of Bangladesh, significant progress in MDG goals 4 and 5; Exclusive breastfeeding 64%, adopted international BMS code: 499 hospitals baby friendly out of 600; 60% folic acid distribution; salt program 70% of consumers; Micronutrient challenge: Iron deficiency is significant; Integrated national nutrition services and national plan is being worked out; Significant progress but has many challenges; Now formulating national nutrition policy to prevent obesity; Need to disseminate breast milk substitutes (BMS) law nationwide; Recommend home-made complementary food rather than commercial; Intl marketing of breast milk substitutes should be stringent; due to conflicts of interest; Adequate support from UN and other donor agencies needed to make this system sustainable

Iran: Gov of Iran proposes two amendments: svr and food security concerning global warming. Current issues on climate change need to be addressed by increasing food security; express appreciation about the internal multisectoral structure of the council of food security within the health ministry of Iran; The government is implementing policies to increase breast feeding rate with measures of social protection and ensuring job security during maternity leave.

EMRO statement: On the behalf on EMR countries express strong support to the ICN2 declaration that aims to reshape food system building a structure that actually responds to people health needs; Calls to reinforce national food policies as well the WHO action for NCDs. Specifically, policy makers must include nutrition counseling in primary health care; Law enforcement and code marketing for mother milk substitutes must a be a priority; The involvement of NSAs in food policy must be foreseen considering potential conflict of interest; A common framework of action in the different sector is essential to pursue the commitment of improving maternal infant and child nutrition.

India: Implemented recommendations as suggested by WHO; maternal and child health improvements have been undertaken, examples: adoption of community-based management; facilitating link of women and children agencies; Provision of supplementation; Monitoring of deficiencies like anemia; Mother and child protection card to monitor growth; Coalition with NGOs to ensure mother and child health

Maldives: has 1.2% usable land, we can't grow on own food, we depend mainly on imported food; NCD account 78 % total disease burden; we would like to highlight the importance of

health care delivery; Maldives made 5/8 MDGs; we would like to emphasize on the importance of health education and awareness; we would like support from health partners from developed countries in food handling, on a concluding note we would like to urge for continued support

China: report extremely helpful; support draft decision; should work on recommendation by the end of 2015; promotes breastfeeding in a number of ways: women who are pregnant; specific urban and rural areas policies and for underdeveloped regions; supplements for infant between 6 and 24 months

Oman: congratulate joint WG for ICN2; adopted series of strategies to improve maternal and child nutrition; part of 5-year plan including mobilizing resources; increasing participation of various sectors; strengthen policy on micronutrients; countries should receive support against companies that promote breast milk substitutes; adopted a code of conduct vs. breast milk substitutes, according to WHO regulations; breastfeeding should be part of national health plan according to international standards

Russian Federation: thanks WHO for its work aimed to improve child nutrition and maternal health; RF is working hard to achieve all the targets settled by the global program to improve the health of its young and vulnerable population; suggest to include therapeutic nutrition focused on tackling excessive or insufficient weight; this issue is important not only specifically related to nutrition but also concerning the broad spectrum of NCDs.

Chad: we would like to congratulate the secretariat on the doc; Chad has developed multisectoral plan with particular emphasis on nutrition and health that allows us to fight malnutrition effectively; however, we propose that the solution should also include local research into good cultural practices as local ingredients that can help fight malnutrition

Iraq: breastfeeding as first immunization; food safety approaches; advocacy and mobilization for behavioral changes in nutrition; fortification with iodine in salt to prevent NCD; supplement with vitamin A in vaccination program

India: several points pointed out: 1) promote evidence-based approach with a close epidemiologic monitoring; 2) develop an expenditure program which supports local economy including indigenous products; 3) communication and sensibilization of the population; 4) Promote the development and implementation of harmonised guidelines on a national and local level; 5) monitoring nutritional coverage; 6) program a monthly coordination between core ministries and other actors involved in maternal child nutrition and health promotion; 7) Organize nutrition days and food distribution; 8) Promote programmatic organization with a specific set of priorities at a political level; 9) Point out and specifically address girls and women nutrition; 10) missing; 11) Catalyze a stronger contribution at every level of action; 12) Enforce a comprehensive promotion of healthy behaviour; 13) Involve school programs and teachers in proper nutritional and food education of children; 14) Promote policies able to effectively reach rural areas as well other parts of the country; 15) out of time!

Tanzania: On behalf of 47 member states in Africa region; Acknowledge substantial success on global action plan in 6 targets; Target 1 stunting: remains a problem 14% children stunted; Target 2 anemia: intractable in malaria endemic countries, more than half of women and children < 5 yrs old; Target 3: Need to improve access to iron supplementation; Target 4: Low birth weight - still an issue, need for interventions in pre conception; Childhood overweight: 8.5% is a concern, double burden of malnutrition (over- and under-nutrition); Target 5: Breastfeeding - exclusive breastfeeding for 6 months more than 50% in some areas, <50% in others; Target 6: Wasting: 5-12% in children < 5 years old; Capacities of health systems should be the core of debate in sustaining nutrition; Recommend strongly to support member-states to ensure effective integration of nutrition with other health care service delivery; 37% have comprehensive legislation of in code; enforcement is lacking; must give high priority to implementation; Based on recent research, more detailed regulation, monitoring and enforcement for marketing of BMS; Convene an open ended WG to allow all member states to provide input; Reaffirms commitment to maternal and your child nutrition

Bahrain: welcome the achievements that have been made, especially with the preparation of ICN, we suggest the following; reducing salt content of foods, improving habits, whole series of policies on nutrition, focusing mothers, infants and young children. Food industry are key partners we need to adopt key indicators to assess the progress being made.

Graziano da Silva - FAO - is speeding process

Margaret Chan - thanks Graziano da Silva for joining and collaborate. Dr Chan points out that driven policies are extremely important, local ministries of finance and health are working hard on a national level, but it is important to convey on the common strategy designed by the ICN2 which is a very important process. All comments are welcomed to harmonise the collaboration between WHO and FAO.

Mexico: Established strategy for strengthening health care with inter-sectoral program: National Crusade against Hunger; Promoting breastfeeding more than 6 months, baby-friendly areas, pasteurized milk banks (with collaboration with Brazil); Cost cutting programs but with specific strategies, monitoring nutrition and surveillance; .Needs strengthen Health System Information, community participation and multisectorial approach; Tried to improve infrastructure, decrease infant mortality and morbidity; Agree with report and proposals; Need to work in multi sectoral basis

Ghana: recognise the importance of coordinated mechanism, we set up multisectoral committee to set up national nutrition policy; the committee is lead by non-governmental dep; so far all our stakeholders are engaging effectively therefore we believe the multisectoral approach

Panama: nutrition a basic human right; policies fundamental; intersectoral approach; 2nd intern conference vital; in panama is a nutrition plan, breastfeeding a priority

Canada: Reaffirms that health sector is important in making a progress in the nutrition program and monitoring the results achieved. Canada already has 7 indicators used in monitoring

maternal and child nutrition on a national level. The gov of Canada express appreciation in reducing the number of indicators proposed in a first place. The government of Canada would like to have more information about WHO process on conflict of interest and on what it will entail. Considering the possibility the collaboration with NSAs Canada express his positive opinion on the possibility of the health sector and agriculture and food sector working together.

Bhutan: high priority on improving maternal and child nutrition; Working to achieve 40% reduction in stunting, from 33.5% to less than 30%; Reduction of anemia in women; On track to reducing low birth weight; High importance in reducing overweight; 10.4% breastfeeding for six months; Other sectors believe that nutrition as domain of health department; this is a challenge

Trinidad and Tobago: fully support implementation plan. global targets highlight key areas. these targets from WHA are very achievable in our setting. Trinidad and Tobago over the last decade there have been rapid increased of weight of children, there is a national nutrition education programme in national centers, national policy is being developed; this will facilitate standardization, and implementation for the next 6 years. a comprehensive national workshop strategy aimed to improve HR capacity is being established

Ecuador: Stress nutrition as one of the pillars to ensure wellness of people; Regarding action 1 of the report (guidelines about of the involvement private sector), the gov of Ecuador shares his experience regarding the continuous challenge that multi-stakeholder platform entail. It would be better that WHO provides policies to assess and prevent conflict of Interest. Gov of Ecuador proposed to add in the annex 2 a new indicator regarding continuous breastfeeding through two years of age.

Cote d'Ivoire: congratulates global strategy. has reduced stunting and low birth weight. increased breastfeeding rates. there is lack of iron in some diets. prime minister set a group to follow up nutritional issues reviewed the national nutrition policy. trying to involve other sector in nutrition issues. strengthening nutritional surveillance network. committed to improvement

Nigeria: adopts position of African region; Scaling up nutrition: priority to reduce hunger within first 100 days of a child's life; Interventions: Infant and young child feeding, malnutrition, micronutrient def control, nutrition info surveillance system. National policy on food and nutrition + health sector's national strategic plan. Support the adoption of the global framework on maternal and child nutrition

NGOs

- [International Lactation Consultant Association®](#)
- [World Obesity Federation](#)
- [World Vision International](#)
- [Save the Children](#)
- [International Pediatric Association](#)
- [Union for International Cancer Control \(UICC\)](#)
- [Helen Keller international \(HKI\)](#)

- [IBFAN](#) (International Baby Food Action Network)
- [Global Health Council](#)
- [Global Alliance for Improved Nutrition](#) (GAIN)

The Committee approved the draft decision [EB134\(2\)](#) contained in document A67/15 as amended. See WHA67(9) [here](#) (scroll down).