

Item 20. Maternal, infant and young child nutrition

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In focus

This biennial report ([EB154/22](#)) will update progress on the realization of the [comprehensive implementation plan](#) on maternal, infant and young child nutrition and on implementation of the [International Code](#) of Marketing of Breast-milk Substitutes.

The Board will be invited to note the report and provide further guidance. The Secretariat seeks guidance on the following questions:

- As the comprehensive implementation plan on maternal, infant and young child nutrition is coming to an end in 2025, what next steps should be taken by the Secretariat in preparation for this deadline and in support of achieving Sustainable Development Goal targets by 2030, considering both the implementation plan and the formulated targets?
- Regarding the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, how can uptake of the guidance be strengthened?

Background

[Tracker links](#) to previous discussions of Maternal, infant and young child nutrition.

The last time this item was discussed in global governing body meetings was at the 75th World Health Assembly in 2022 under item [WHA75 18.1](#).

PHM Comment

Lack of progress on the Comprehensive Implementation Plan targets

The Sustainable Development Goal Target 2.2 says the following "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons."

The WHO Comprehensive Implementation Plan for Maternal, Infant and Young Child nutrition includes these global targets but goes slightly beyond that to include anemia in reproductive age

women, low birth weight, overweight in children, and exclusive breastfeeding in the first six months of life. In document [EB154/22](#) they describe whether they are on track to reach these targets in 2025 and 2030, summarised in the table below and colour coded for convenience.

To summarise, it is currently projected that global progress on maternal and infant nutrition will fall short of reaching stunting, anaemia, low birth weight, childhood overweight, and wasting targets set for 2025, and will marginally achieve the exclusive breastfeeding target. Stunting, low birth weight and wasting have only reduced by less than 2% since the 2012 baseline, and to make matters worse, anaemia in reproductive age women and childhood overweight has actually increased since the 2025 targets were set.

In 2018, UNICEF and WHO proposed new targets for 2030, projecting the 2025 targets of the Comprehensive Implementation plan to the 2030 deadline for the SDGs. These included more ambitious targets for exclusive breastfeeding ($\geq 70\%$ in the first 6 months of life) and wasting ($< 3\%$). However, at the current rate the world is not on track to meet these targets, as the state of maternal, infant and young child nutrition is getting *worse*, rather than better.

	Progress since 2012	On track to reach 2025 target?	Target 2025	Comment
Stunting	Decrease 1.7% per year, but in 2022 there were still 22.3% children stunted	Projected excess of 31.5 million stunted, 138.5 million in total	A reduction of 50% in number of stunted children under 5	Only European and Western Pacific regions on track
Anaemia	Increase of 1.4%, now 29.9% of reproductive age women anaemic	More women will be anaemic than in 2012 (31.1% vs 28.5%), missing 50% reduction target	A reduction of 50% of anemia in women of reproductive age	Lack of progress in seen across all WHO regions alike
Low birth weight	Decreased by 0.3% since 2012, but 14.7% of children were still born with low birth weight in 2020	There will be 14.4% of babies born low birth weight in 2025, completely missing the 30% reduction target	A 30% reduction of low birthweight incidence	Only 11 out of 157 countries with sufficient data available are on track to reach 2025 target
Overweight	Increased with 0.1% since 2012, 5.6% of	Still 5.6% of children will be overweight in 2025, nearly double	Reduce childhood	Regional disparities in progress.

	children are overweight in 2022	the target that was set	overweight to <3%	Increases in the Americas and Western Pacific, decrease in the European region
Exclusive breastfeeding	Since 2012 there has been a >10% increase in exclusive breastfeeding, 47.7% of infants under 6 months were exclusively breastfed in 2021	53.4% of infants will be exclusively breastfed in 2025, marginally surpassing the target	Increase exclusive breastfeeding in first 6 months to ≥50%	Although the global progress is looking good, of the 106 countries with sufficient data, 90 countries are not projected to reach the target by 2025.
Wasting	Decreased 0.7% since 2012, still 6.8% of children are wasted in 2022	In 2025 6.6% of children under 5 will be wasted, missing the 5% target	Reduce and maintain childhood wasting to <5%	Of the 125 countries with enough data, 85 will reach the target by 2025

No analysis of the structural drivers of malnutrition

The Secretariat report (EB154/22) does not provide any analysis of the drivers of the crisis of malnutrition. It does not describe the root causes or the obstacles to effective implementation of agreed actions. The section on the five actions simply lists various activities which have taken place in the last two years with no reflection on why the five actions have not impacted on the six targets.

For the Secretariat to ask the Board to consider what should replace the Comprehensive Implementation Plan from 2025 onwards without offering any analysis of the drivers of malnutrition or the obstacles to effective action, suggests deep cognitive dissonance. In contrast, see [Lancet](#) on the political economy of infant and young child nutrition.

Despite the attention of different UN agencies to issues of nutrition, there appears to have been little attention towards the political economy of food systems, and the role of big agriculture and

big food in shaping food supply globally. Nutrition policy must engage with the origins of food, its interconnectedness with land ownership and use, its mediation through neoliberal globalisation and trade, and how our disconnect from the origins of food is also contributing to ecological crises including climate heating.

The report fails to acknowledge or report action on the regulation of foods high in fat salt and sugar (HFSS) or ultra processed foods (UPF).

Global leadership for effective regulation of sugary drinks and the marketing of unhealthy products to school-age children is needed to curb increases in childhood obesity across different WHO regions. This is important as the combination of undernutrition in early life and overnutrition due to an obesogenic environment in later life predisposes towards non-communicable diseases such as diabetes type 2, cardiovascular disease and other aspects of metabolic syndrome.

IBFAN/BMA has [recently reported](#) on the adoption by the Codex Alimentarius of a new standard on follow up formula for older infants and young children which 'greenlights' products which are sweetened, unnecessary, ultra-processed and flavoured.

Food security, dietary diversity, food sovereignty

The Secretariat report provides no analysis of food insecurity and the need for substantive food system reform that addresses structural inequities inherent in global food systems.

The report regrets that official development assistance for nutrition specific interventions is insufficient and PHM shares this regret. However, nutrition specific interventions do not address the distortions embedded in global food systems. Reaching the 2025 targets will require rethinking the claims that big corporate agri-business can provide solutions for global food security through its control of global supply chains and reliance on technofixes. Food sovereignty should be the basis of a new approach.

Putting healthy nutrition at the core of primary health care

The EB document mentions that nutrition services should be included in universal health coverage. Universal health coverage proposes a minimal set of benefit packages of services that are purchased from service providers, both public and private in a market-based health care system.

In contrast primary health care puts prevention and a healthy environment for children to grow and develop at its core. Community health workers can play an important role in child malnutrition and their contributions have been documented in countries such as India, Thailand and Bangladesh.

PHM rejects a model in which nutrition is seen as a "service" which can be commodified into a stripped-down market-based health system. Instead, adequate nutrition, especially in early life,

must be seen as a fundamental human right and as the basis on which health is built. This includes attention for dietary diversity and food sovereignty as a part of a community participation approach to ending malnutrition.

There are very real nutrition needs which can be addressed through targeted and context specific nutrition services, for example, micronutrient deficiencies in adolescent girls and young women, and during gestation and lactation. However, such services must be shaped by context and embedded in comprehensive primary health care and integrated with community wide programs directed to dietary diversity and food sovereignty.

Breastfeeding

The most serious weakness of this report is the lack of emphasis on breastfeeding, which is the intervention that has the best cost-benefit for several outcomes, including infant mortality. The document talks about exclusive breastfeeding, but any breastfeeding is important. The document states that there was a significant increase in exclusive breastfeeding, but it also states that out of 106 countries with sufficient data, most (between 90 and 100 countries) have not and are not likely to achieve the 2025 target which is very concerning.

Since the International Code of Marketing of Breast-milk Substitutes came into action in 1981, only 32 countries have adopted legal measures to implement measures aligned with the Code. In 2022 the WHA adopted decision [WHA75\(21\)](#) which requested guidance for Member States on regulatory measures to restrict digital marketing of breast-milk substitutes, which has led to a [new guidance](#) of 11 recommendations for Member State action.

In a [preliminary comment on this EB agenda item IBFAN](#) has highlighted digital marketing, infant feeding in emergencies, messaging and global trade. PHM joins with IBFAN in:

- calling on WHO to adopt a strong resolution demanding that member states implement fully the new guidance;
- emphasising the importance of protecting and supporting women who want to breastfeed in humanitarian and emergency situations;
- calling for safeguards to prevent humanitarian programs from promoting ultra-processed fortified products as magic bullets with no mention of breastfeeding or the importance of bio-diverse foods;
- calling on UN and humanitarian agencies to challenge the corporate-led food system that has done so much harm to the ecosystem and bio-diverse sustainable foods.

Responding to the Secretariat's two questions

What next steps should be taken by the Secretariat?

PHM urges member states to request that the Secretariat undertake a comprehensive review of the economic and political circumstances which sustain the nutrition crisis (including global food

systems) and the commercial and political barriers to the effective implementation of the five actions of the comprehensive implementation plan.

Strengthening the uptake of digital marketing guidance

PHM joins with IBFAN in calling for a strong resolution demanding that member states fully implement the guidance. This resolution should include strong accountability provisions based on peer review principles. It should also include provisions which will contribute to strong professional and community constituencies which will encourage governments to implement the guidance.

Notes of discussion

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