

13.2 Maternal, infant and young child nutrition: development of the core set of indicators

Contents

- [In focus](#)
- [Background](#)
- [PHM Comment](#)
- [Notes of discussion](#)

In focus

The Assembly will consider A68/9 which will refer to the report of the working group ([EB136/9](#)) set up to finalise a core set of indicators to monitor the implementation of the Comprehensive Implementation Plan in Maternal, Infant and Young Child Nutrition and report on the Member State Consultation held 16-17 April.

Background

The Comprehensive Implementation Plan (CIP) in Maternal, Infant and Young Child Nutrition was presented to the Assembly in [A65/11](#) in 2012 and endorsed in resolution [WHA65.6](#).

Included in the Comprehensive Implementation Plan were a simple set of proposed indicators regarding inputs (3), outputs/outcomes (8) and impacts (10) (Table 3 in [A65/11](#)). A more complex draft set of indicators ([indicators](#)) had previously been discussed in the EB. These were structured around biological outcomes (15), implementation of nutrition programs (12), food security (6), and policy environment (5).

Further consultations were requested by Member States and a revised set of indicators was developed ([here](#)) and discussed in informal consultations on 30 September and 1 October 2013. This set had primary outcome indicators (6), intermediate outcome indicators (16), and process indicators (18). An online consultation, held from 7 September to 10 October 2013, indicated that consensus could only be reached on the *primary outcome* indicators (it appears that there was disagreement regarding *process* and *intermediate outcome* indicators).

Maternal, infant and young child nutrition was considered by the EB in January 2014 which adopted decision [EB134\(2\)](#). 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) asks the WHA to 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.

WHA67 considered document [A67/15](#). 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.

There was not much comment on the specific issue of indicators at the Assembly. Among the exceptions were Canada who spoke in favour of fewer rather than more and Burkina Faso who spoke about the importance of monitoring process as well as outcomes. See PHM comment at WHA67 and report on the debate [here](#).

In [Decision A67\(9\)](#) the Assembly:

- (1) endorsed the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition;*
- (2) requested the Director-General to establish a working group composed of representatives and experts appointed by Member States and United Nations bodies in order to complete the work, before the end of 2014, on the development of the core set of indicators to monitor the comprehensive implementation plan on maternal, infant and young child nutrition, building on "tracer" indicators for policy and programme implementation in health and other sectors that are relevant to the achievement of the global nutrition targets, as well as developing an extended set of indicators in order to track processes that have an impact on the global targets in specific country settings, for consideration by Member States at the Sixty-eighth World Health Assembly;*

Document [EB136/9](#) transmitted the recommendations of the Working Group regarding the additional core indicators. Disaggregation by gender, geographical and socioeconomic variables (such as urban and rural residence) and by age is proposed. The document refers to the WHO website ([here](#)) for a fuller report which also includes the proposed extended set of optional indicators and a range of other indicators, some of which may justify further work.

In January EB136 noted the report (see report [here](#)) and agreed to recommend that WHA68 approve the global monitoring framework on maternal, infant and young child nutrition, and to provide further guidance on the frequency of periodic revisions of that framework.

In wrapping up the discussion the ADG mooted the possibility of a web consultation or informal consultation to take the process further and it appears (A68/9) that this was arranged for 16-17 April.

See report of EB discussion [here](#).

PHM Comment

The CIP has five Actions:

1. Create a supportive environment for the implementation of comprehensive food and nutrition policies;
2. Include all required effective health interventions with an impact on nutrition in national nutrition plans;
3. Stimulate development policies and programmes outside the health sector that recognise and include nutrition;
4. Provide sufficient human and financial resources for the implementation of nutrition interventions;
5. Monitor and evaluate the implementation of policies and programs.

Under each of these actions, activities are proposed for Member States, for the Secretariat and for international partners. However, many of these proposed activities are expressed in very general terms.

The first round of indicators were exhaustive (and accordingly costly). It makes sense to restrict the core indicators, to be monitored in all countries, to relatively few and to develop a panel of further indicators which can be used to follow the specific circumstances of different countries. We also appreciate the proposed disaggregation of indicators by socioeconomic group, sex and ethnicity in order to identify and address inequalities.

We appreciate the inclusion of nutrition governance in the extended set of optional indicators and note the regulation of marketing and level of soft drink consumption among the newly suggested indicators in the 2013 consultation.

The global determinants of food security, food sovereignty and healthy nutrition are undeniable including the supply chains linking agriculture, trade, retail and marketing which are themselves shaped by the processes of globalization and international trade agreements. However, since the CIP was silent regarding the political economy of food sovereignty, there is a lack of policy and program indicators which might follow progress in reforming the structures and dynamics of global food supply. In PHM's view, the global monitoring framework should capture the multisectoral nature of nutrition and include indicators relating to the structural causes of malnutrition and able to cut across different sectors (e.g. health, trade, environment)

The food sovereignty of many LMICs continues to be undermined by "land grabbing", the contentious issue of land acquisitions mainly by transnational companies. Meanwhile the diversion of land from food to biofuels is contributing to jeopardising food security and nutrition. As a consequence, an increasing number of countries are now net food importers and therefore increasingly food insecure and dependent on imported (often obesogenic) food. Nutrition needs therefore to be understood in the context of food security (and insecurity). We are not asking

WHO to address the issues of trade alone but to take a pro-active stance in working with other competent intergovernmental bodies.

The Comprehensive implementation plan includes all key factors influencing maternal, infant and young child nutrition but does NOT confront the drivers of the identified determinants. For example:

45. Trade measures, taxes and subsidies are an important means of guaranteeing access and enabling healthy dietary choices. They can be powerful tools when associated with adequate information for consumers through nutrition labelling and responsible food marketing, and with social marketing and promotion of healthy diets and healthy lifestyles.

This is unexceptionable, but it does not note that irresponsible food marketing is undertaken by large food corporations (eg Nestle aggressively markets its 'popularly positioned products' (Maggi noodles) in LMICs. Similarly Coca Cola. The resolution also does not name liberalised trade in promoting - especially in LMICs - sweet snacks and sugary beverages, nor the dumping of food products in LMICs and ousting poor farmers.

Although there are paras noting progress on implementation of the Code on Marketing of BM Substitutes there is no criticism of its continuing violation by big companies.

Notes of discussion

Document:

- [A68/9](#) – Sect report on MIYCN – core indicators

UK: encourages demands as to exactly when and how countries have to report back as to progress. UK is not able to commit towards new data sets tht have no other impact other than reportig here. What gets measured gets done. Further guidance needed from WHO to ensure that all countries are able to report back. Selective indicators - process indicators.

Namibia: Honoured to take floor on behalf of 47 states of AFRO. Nutritional state of mothers and children still poor - robs Africa of its growth. More than half of deaths have malnutrition as underlying cause. 2014 Malabo ? declaration aims to reduce prevalence of underweight to 5% and of stunting to 10% by 2025. We take note of proposal for additional indicators to be added to core set of indicators. Phasing in of new indicators is advisable - phased introduction provides more space to adapt country metrics. We urge secretariat to facilitate greater health measurements harmonisation in child health. Appreciate secretariat's work.

Iraq: Shukran said rais. Legislation to determine how mother and child could be looked after by strategy from ministry of health.

Canada: Given importance of nutrition for child and maternal overall health, Canada happy to see this work progress. Process indicators 1, 4, 6 and ?? indicator 1 - Proposes to review these indicators when ready. Friendly amendment -

line 3 decision point 2 “capacity indicator 1” that would be reviewed by the EB once available for approval and which would be reported on starting 2018

Frequency of data reporting not precise, we propose every 2 years.

Lebanon: Takes floor on behalf of Eastern Med countries, EMRO. core set of indicators important as to 4 main goals: design national nutrition surveillance systems, essential for policy makers to establish and modify policies, report on global and regional burden of malnutrition. There should be more guidance to MS for regular collection of these indicators. EMRO. Core set of indicators for global infant and child nutrition. Smooth implementation of national action plans.

Thailand: Wants to take floor after Maldives who speaks on behalf of SE Asia region.:

Maldives (SEARO): Speaks on behalf of 11 MS. Since approval of comprehensive plans, increased political attention to malnutrition in all its forms. Thank you Chair (speaking on behalf of 11 MS of SEARO). Food and nutrition policies have received increased attention in SEARO MS. Poor strategic planning; Despite gaps in nutrition governance, policies, inadequate monitoring, M&E of nutrition targets remain a weak link in many MS. Surveillance systems need to be strengthened. Coordination is needed. The proposed indicators need to be harmonized existing indicators in the MS.

Thailand: Aligns with statement made by Maldives. With regard to core indicators, standard definition, local applicability are critical. Agreed data collection vital as well. Number of trained nutrition professional important to delivering good practise. Nutritional counselling: poor HR management - a challenge. Three concerns: we need capacity building standards - nutritional knowledge packages for midwives should be different than those for HCW at community level. HR management need strengthening in addressing regional imbalances, institutional imbalances. Poorly distributed, poorly managed, underemployed staff. Thailand calls on WHO to support MSs in strengthening of HR management.

Philippines: refrain importance of framework to achieve nutrition goals, this will ensure more appropriate interventions on nutrition, indicators should consider availability of data. For intermediate outcome 2 countries should have a capacity of annual surveys. 2% of births in mother and children friendly facilities. Comparison of choice. WHO to give further guidance to set other indicators, secondary set of indicators, and to standardize several aspects including Women ages 15-49 yrs old. Selection of core indicators should consider availability of data for ease of collection. Comparison of choice. We request DG to provide further guidance to develop of indicators. Standardize indicators.

Bahrain: Shukran said rais. My delegation had opportunity to study the report on maternal and young child nutrition. No doubt that system to develop core indicators would help decision makers to take good decisions in alignment with global indicators. Chairman, the view of Bahrain centers on: need to combine health and ?? nutrition programs with other nutrition policies (vit D, reduction of salt and sugar intake, reduction of intake of saturated fats), need to take into account dif age categories, need to focus on nutrition policies for pregnant women and nursing infants with the use of a database that considers how best to provide nutrition to pregnant women. My delegation supports any core indicators of this nature. A regular periodic review, we suggest be carried out every 5 years.

Mexico: thanks for report, agrees with indicators, considering specific ccharacteristics of countries, strengthening criteria for information is priority for PH in Mexico, breastfeeding particularly important, also started promoting breastfeeding for first 6 monhts, from pregestional stages has to be adequately fed (Translator lost). NCDs priority such as Heart disease and cancer plus diabetes.

Poland: Thank you chair, speaks on behalf of Austria, Poland and ?. Fully supports evidence based nutrition interventions, for health and wellbeing of future generations. Discussions mid-April of core indicators at meeting, for Poland the outcome is fully acceptable, as is. However we support Canada's modifications for EB review of core indicators when available.

USA: We support the comprehensive report on maternal and child nutrition and the outcome of the informal member state consultation held on April 14-15. The US supports WHO's efforts to collaborate and coordinate with other UN agencies, including the "SUN" movement.

Oman: Shukran rais, I support the content of the report and the importance of adopting indicators based on effective surveillance but have to be realistic and based on experts views, malnutrition is a problem either over or under weight and not many many intntl policies are adopted. awareness therefore crucial. Several sustainable targets to meet in the area.

Malaysia: Supports the additional core indicators to be endorsed at this assembly. Agree for entire assembly to start reporting as of 2016 except for process indicators 1,4,6 and outcome indicator 1 on which MS will start reporting as of 2018.

Jordan: Shukran rais, delegation of j<ordan has conidered decision on this item in Jordan we have implemtnd nutritional program esp focused on mother infants chuldren. Noted importanc eof anemia, and the extent to this malnutrition related issue, dealign with it in an intersectoral way, folic acid iron. Cover costs of program. Pormote breastfeeding, supporting intntl targets for breastfeeding. schoolage Chlidren, healthy foods to be distributed in schools

DRC Congo: Would like to thank secretariat for quality of its efforts to identify evidence based indicators. Support statement made by Namibia on behalf of AFRO. Malnutrition high in Congo, with multiple factors contributing. Scale up of nutrition. Process and outcome indicators both important to be identified as core indicators.

Norway: We support the technical progress in the development of the core indicators of maternal and child health which would alleviate the burden of data collection; There is a need to align the core reference list of core indicators (100 core health indicators) and ensure they complement the nutrition indicators.

Bangladesh: In deep appreciation of doc presented by DG, supports MIYCN policy. 2012 adopted comprehensive plan, including 16 core global indicators, supports to accept this. Suggest institutional capacity building on indicators. Delighted to share advancement of Bangladesh, high immunization coverage, advancement against anemia. Primary outcome indicators and all the others are supported by govt of Bangladesh. Bangladesh following full policy and guidelines to achieve nutrition goals. Uncompromised implementation of infant and young child. support 5 year framework and ...homemade food to tackle malnutrition. Agree with draft decision for setting 14 indicators and guidelines with adequate budget for SE asia, strengthening M&E system

China: Distinguished chairperson, China appreciates efforts of WHO in promoting maternal and young child nutrition. Set of core indicators: we can identify nutrition problems and adopt targeted measures to solve problems, this will be conducive to progress. Countries should set up national core indicators in line with WHO core indicators, in-line with domestic situation. WHO has set up core set of indicators. Through monitoring these indicators, we can adopt nutrition problems with maternal and child health. Countries should set up national core indicators which are in line with the WHO indicators in support maternal and child health.

Solomon Islands: my country has made some progress on achieving child health indicators, on post 2015 agenda, committed to improving maternal and child health. Progress on Monitoring framework aligning with indicators. Thanks EU, WHO etc for supporting and especially for establishing committee

Mali: Congratulates Secretariat on the way it deals with importance with maternal and child nutrition/ health. Protection strategies in Mali at community level for maternal and young child nutrition. We also have indicators for others' nutrition. We have surveys (such as food diversity surveys), and other routine data that we obtain from our health system. All of this makes up want to fully support this resolution.

Chinese Taipei: in line with comprehensive implementation plan mentioned in WHA. Progress in implementation of breastfeeding and sales promotion regulation. exclusive breastfeeding has progressed

Chinese Taipei: In line of the comprehensive plan on maternal and child nutrition... in the last decade, C Taipei has established Baby friendly hospitals; We welcome the indicators; Nutrition and health surveys, "international obesity task force" to analyse results, BMI index. We would like to participate in the scientific and technical committees.

Venezuela: The Bolivarian republic of venezuela thanks for A68/9, development of core set of indicators. Fully supports the document as thinks that with core indicztors, we can adopt

measures so as to limit obesity and sedentary lifestyle. We can promote good nutrition throughout the lifecycle, including during pregnancy and breastfeeding. Promotion of exclusive breastfeeding, speaks of breastmilk banks etc. Through our law on promotion of breastfeeding, we have regulations on advertising of breastmilk substitutes, we forbid distribution of samples, we mention superiority of breastmilk on baby milk products.

NGOs:

- [International Baby Food Action Network \(IBFAN\)](#)
- [International Lactation Consultant Association \(ILCA\)](#)

Secretariat: Somehow a tradeoff that needs to be achieved between what is already there (as indicators) and what isn't and would improve nutritional data, and ultimately nutrition. Work of assessing what is already there country by country has already started, so as to align with WHO guidelines. Thanks Canada who has helped to strengthen capacity in 11 AFRO countries on this issue of monitoring. Thanks all MS for their contribution of development of process - both in person and via electronic platform. Would like to continue work on implementation.

Chair: 1 amendment proposed. Asks Secretary to read it out slowly, placed in context.

Secretary: Amendment by Canada: wording that still unfinished core indicators "be reviewed, once available, by EB" - report on core set of indicators starting 2016 (save process indicators 1, 4, 6 and capacity indicator 1 - that will be reviewed by the EB once available, and reported on starting 2018).

Chair: approve draft decision with proposed amendments, no objection so the draft is approved as amendment, that

Maternal, infant and young child nutrition: development of the core set of indicators

The Sixty-eighth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition: development of the core set of indicators,¹ decided:

- (1) to approve the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition;
- (2) to recommend that Member States report on the entire core set starting in 2016, with the exception of process indicators 1,² 4³ and 6⁴ and policy environment and capacity indicator 1,⁵ that will be reviewed by the Executive Board once available, for approval, and which will be reported on starting from 2018;
- (3) to request the Director-General to provide additional operational guidance on how to generate the necessary data for indicators in different country contexts;
- (4) to request the Director-General to review the indicators for the extended set and provide details of the definitions of those indicators, the availability of data and the criteria for their applicability to different country contexts;
- (5) to recommend a review of the global nutrition monitoring framework in 2020.

¹ Document A68/9.

² Proportion of children aged 6 to 23 months who receive a minimum acceptable diet.

3 Proportion of pregnant women receiving iron and folic acid supplements.

4 Proportion of mothers of children aged 0–23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year.

5 Number of trained nutrition professionals per 100 000 population.

Decision WHA68(14) on MICYN Indicators ([here](#)) adopted; item concluded