

# 12.6 Maternal, infant and young child nutrition

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## In focus

[A71/22](#) provides:

- a progress report on the comprehensive implementation plan (CIP) on maternal, infant and young child nutrition, including
  - a report on progress towards the six global targets and the five actions including an update on the final four core indicators (paras 20-21);
  - an analysis of the proposal to extend to 2030 the 2025 targets on maternal, infant and young child nutrition (see para 8) so as to align the CIP with the SDG agenda to 2030 (noted by EB142 in [EB142\(6\)](#));
- a progress report on the implementation of the Code of Marketing of Breast-milk Substitutes.

[A71/23](#) conveys a proposed approach for preventing and managing conflicts of interest in the policy development and implementation of nutrition programmes at the country level. The report includes: a summary of the typologies and general principles that have been considered in the development of the tool and a summary of the main steps covered by the tool.

## Background

### Comprehensive Implementation Plan

The comprehensive implementation plan ([CIP](#)) on maternal, infant and young child nutrition was adopted in 2012 (in [WHA65.6 \(2012\)](#)). It includes six global targets and five action areas, in each case with activities for member states, the secretariat and international partners.

The Plan was conceived as covering a 13 year time frame, from 2012-2025, with biennial reporting (para 21). The report to be prepared for WHA71 through EB142 will report on progress with respect to implementation and propose an extension to 2030.

The comprehensive implementation plan ([CIP](#)) was endorsed by the Health Assembly in resolution [WHA65.6 \(2012\)](#). This resolution also:

- urged member states to implement the CIP including:
  - strengthening measures to control the marketing of breastmilk substitutes; and

- safeguarding against potential conflicts of interest in nutrition programs;
- requested the DG to:
  - provide further guidance on the promotion of foods for young children;
  - progress the monitoring and evaluation of nutrition policies;
  - develop appropriate tools to safeguard against possible conflicts of interest in nutrition programmes.

These issues were further progressed at WHA67 (2014) with decision [WHA67\(9\)](#) which:

- endorsed the idea of a core set of outcome and process indicators and extended set of indicators which countries may choose to report on (see [Annex 1 to EB134/15](#));
- endorsed 7 core indicators for monitoring the CIP and asked for further work on indicators;
- asked the Secretariat to proceed with the work on COI and risk assessment;
- noted the work done on inappropriate promotion and asked that it be completed for WHA69.

At WHA68 in May 2015 the Assembly decided (see [WHA68\(14\)](#)) to approve the additional core indicators ([A68/9](#)) to be reported from 2016; and approved in principle the remaining indicators and requested further work on the operationalisation of these remaining indicators; see paras 20 and 29 of [A71/22](#) regarding these additional indicators. See [PHM comment](#) at WHA68 on the politics of this debate over indicators.

The CIP returned to WHA69 with [A69/7](#) which reported on:

- progress made in carrying out the CIP;
- progress in implementing the Code on the Marketing of Breast-milk Substitutes;
- progress with respect to risk assessment and risk management regarding conflict of interest in nutrition programmes - see [A71/23](#) for the latest phase of this work;
- development of draft guidance regarding the inappropriate promotion of foods for infants and young children (articulated fully in [A69/7 Add.1](#) and adopted in [WHA69.9](#)).

The [WHO/UNICEF Global targets tracking tool](#) provides access to basic outcome indicators (stunting, anaemia, low birthweight, overweight, exclusive breastfeeding and wasting) but doesn't include the various process and program environment indicators.

The [Nutrition Landscape Information System \(NLIS\)](#) includes a wide array of indicators including some which are close to the core set adopted for the CIP.

In [A69/7 Add.2](#) the Assembly was advised of the UN Decade of Action on Nutrition and in Resolution [WHA69.8](#) the Assembly reinforced much of what was already happening but in a new move invited member states to make 'SMART' commitments in accordance with the Rome Declaration emerging from the ICN2. See [A70/30](#) for an update on the Decade of Action.

[GINA](#) (the global database on the implementation of nutrition action) has a tab for 'commitments' and as of early Jan 2018 there were only two countries with commitments registered.

See also [WHO-UNICEF Technical Expert Advisory Nov 2017](#) guidance on the Global Monitoring Framework for more detail on indicators.

Earlier versions of both [A71/22](#) and [A71/23](#) were considered and noted at EB142. In [EB142\(6\)](#) the Board noted the analysis of the extension to 2030 of the 2025 targets on maternal, infant and young child nutrition; approved the four remaining indicators of the Global Monitoring Framework, as set out in document [A71/22](#); and invited Member States to consider the full list of indicators in their national nutrition monitoring frameworks and report in accordance with decision [WHA68\(14\)](#).

See [Tracker links](#) to previous discussions of the Comprehensive Implementation Plan, the ICN2 and the Decade of Action.

## Conflict of Interest in Nutrition Programmes

In [WHA65.5](#) the Assembly endorsed the CIP. The resolution had two paragraphs referring to conflict of interest (COI):

- In Operative Para 2 member states were urged to establish a dialogue with 'relevant national and international parties' and to form alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest;
- In OP 3 the Director-General was requested ... "(3) 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.

As described in [A71/23](#) (paras 4-6) the Secretariat convened a technical consultation, held in Geneva on 8 and 9 October 2015, "on addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level" following which the Secretariat devised a "draft approach on preventing and managing conflicts of interest in policy development and implementation of nutrition programmes at country level". This draft approach was subject to public consultation in September 2017 and the approach described in A71/23 has been produced taking into consideration the views expressed in that consultation.

Not only is the proposed tool restricted to country level application but it is also restricted to consideration of formalised 'engagements'.

It is interesting to return to 2012 and the debate out of which WHA65.6 emerged.

The draft resolution, sponsored by Swaziland and Uganda, which ultimately became WHA65.6 (see [A4 at WHA65](#)) initially urged member states to establish a national mechanism to deal with

conflicts of interest and would request the DG “to establish a guideline and mechanism to deal with conflicts of interest for the Secretariat and partnerships that emerge”.

An alternative, draft decision was also tabled (by Canada supported by Mexico, Mozambique, Peru, UK, Tanzania, the USA and Zimbabwe) which would simply endorse the CIP as circulated.

Across four meetings of Committee A ([A4](#), [A7](#), [A8](#), [A9](#)) and several informal drafting groups the idea of asking the DG to address conflicts of interest arising in ‘partnerships’ was completely removed and the only reference to partnerships was transferred to OP2(3) in which member states are urged to take action.

Two years later (May 2014), in [WHA67\(9\)](#), the Assembly asked the DG “to convene informal consultations with Member States on risk assessment and management tools for conflicts of interest in nutrition, for consideration at WHA69 (2016)”. However, [A71/23](#) advises (para 4) that when the consultation was organised it was restricted to conflicts of interest at the country level, which is consistent with the restriction of the tool announced in A71/23 to the country level. Presumably the reach of WHA67(9) was regarded as being somehow limited by the restrictions imposed by WHA65.6.

See the [IBFAN](#) and the [WFPHN](#) contributions to the Consultation for robust criticisms of the conceptualisation of conflict of interest and the failure to address COI risks associated with international public private partnerships.

## PHM Comment

### **Comprehensive implementation plan: need to address global food systems**

The global nutrition situation is poor, particularly in South Asia and Africa, and progress is slow (in some cases non-existent). See biennial reports on the CIP in 2018 ([A71/22](#)), 2016 ([A69/7](#)) and 2014 ([B134/15](#)). The implementation of the ‘commitments’ of the Decade of Action has been too slow.

The field is populated by a myriad of UN agencies, global public private partnerships, global philanthropies all with different mandates, accountabilities and strategic frameworks. In this system, there is a huge emphasis at the global level on (voluntary) ‘commitments’ (the latest, under the decade of action) and token institutional reforms (under the CIP).

In the context of strategies designed to avoid the key issues, the investment in independent monitoring and effective regulation is also quite inadequate. The fundamentals are being obscured by the dance of bureaucracy. In this context it is useful to return to the [PICSO&SM Statement on Nutrition](#) at ICN2 in 2014.

Access to food and adequate nutrition is intrinsically linked to poverty; poverty is largely a distributional issue; a strategy that does not tackle widening inequality will not resolve the

nutrition challenge; tackling global poverty and inequality while returning to ecological sustainability requires a radical rejection of economic globalisation and neoliberal hegemony.

Access to food and the quality of affordable foods is a *food systems* function; contemporary food systems globally are increasingly dominated by transnational food corporations and their preferred model of input-intensive food production and globalised supply chains. In the take-over of food systems by big food, the use of loan conditionalities and trade agreements to destroy publicly owned food reserves and price supports have been prominent strategies of the bilateral donors. The attacks on the Public Distribution System in India as 'trade distorting' exemplifies.

Meanwhile small farmers coping with the costs of seeds, herbicides, pesticides and water and carrying usurious debt burdens are struggling to cope with climate change as well as low and volatile prices.

Climate change, soil degradation and water shortages/waste present new challenges for farmers and for food production. The threat of climate change demands fundamental reforms to energy systems. Soil degradation and water issues are inherently part of the food systems of neoliberal industrial agriculture.

PHM reaffirms that nutrition can only be addressed in the context of vibrant and sovereign local food systems that are deeply ecologically rooted, environmentally sound and culturally and socially appropriate. We are convinced that food sovereignty is a fundamental precondition to ensure food security and guarantee the human right to adequate food and nutrition. In this context, it is necessary to reaffirm the centrality of small-scale and family food producers as the key actors and drivers of local food systems and the main investors in agriculture. Their secure access to, and control over, resources such as land, water and aquatic resources, adequate mobility routes, local seeds, breeds and all other genetic resources, technical and financial resources, as well as social protection, particularly for women, are all essential factors to ensure diversified diets and adequate nutrition.

Patriarchy is a critical part of this picture from the unequal distribution of household food, to the differential impact of industrial agriculture on household finances, to the displacement of the anger which is properly owed to exploitative agriculture.

The convolutions of strategies, indicators and forums take place in an alternative universe. They create a shadow play while the politicians and executives of the transnational capitalist class continue to drive inequality, the globalisation of food systems and the degradation of the human environment; and deploy the divisions of gender, religion and ethnicity to displace and weaken any opposition.

It is imperative to tackle the political, social, cultural and economic determinants of malnutrition in all its forms, including stunting, wasting, micronutrient deficiencies, overweight and obesity, and diet-related non-communicable diseases. Policies, programmes and action plans on food and nutrition should be framed by an unambiguous understanding of the rights to adequate food

and nutrition, health and safe water, as fundamental human rights, which identify people as rights-holders and states as duty-bearers with an obligation to respect, protect and fulfil these and other related rights.

Maternal, infant and young child nutrition needs to be taken to the streets and villages. A global convergence of social movements around solidarity, human rights and ecological sustainability, including food sovereignty, will be needed to counter the greed, power and irresponsibility of the 1%.

## **Conflict of interest in global public private partnerships (GPPPs)**

Global public private partnerships, in particular SUN (Scaling up Nutrition), GAIN (Global Alliance for Improved Nutrition) and the World Food Programme play a very influential role in international policy and action around food and nutrition.

The participation of transnational corporations and other private sector entities in global policy making around global food systems (often through these GPPPs) is highly problematic given the role of transnational corporations in globalising trade in agriculture and processed foods and in local production and retail (Moodie et al 2013, Hawkes 2011, Kraak et al 2011, Swinburn et al 2015).

The [Social Movements Statement on Nutrition](#), released at ICN2 in November 2014, comments that:

*Weakened governance and corporate capture of policy space is in direct contradiction to the rights-based advocacy of social movements. We note with alarm the ongoing diminishment of governance and governments, and correlated corporate capture of policy space at all levels, particularly evident at ICN2. This includes significant increases in public-private partnerships that frequently result in strengthened corporate lobbies and influence. Furthermore, shrinking space for governments is resulting in a loss of accountability of governments in relation to food, nutrition and other human rights obligations. Corporate capture of policy space respecting nutrition and food poses substantial risks to human and environmental health, social welfare, and the future of agriculture, fisheries and livestock keeping. Public policy must be in the public interest and it's critical to fully address conflict of interests.*

The [Vision Statement](#) adopted by public interest civil society organisations participating at ICN2 called for: “democratic governance of food and nutrition and for government-led normative and regulatory frameworks ... ensure proper accountability of all actors involved”:

*Governments' policy space must be protected, in all phases and at all levels, against conflicts of interest introduced by inappropriate relationships with powerful economic actors, including transnational corporations. In this respect, Member States and UN agencies are urged to design and implement effective rules and regulations on conflict of interest, and review and potentially terminate or re-design in conformity to these rules*

*and regulations all Public-Private Partnerships (PPP) and multi-stakeholder arrangements.*

The 2012 maneuvers which removed the proposed request to the DG (in what became WHA65.6) to consider COIs affecting partnerships suggest a concern among the rich countries to avoid any focus on COI in GPPPs (and a certain lack of awareness among many L&MIC delegates of the COI risks associated with such partnerships).

The interpretation by the Secretariat of [WHA67\(9\)](#) as applying only 'at the country level' suggests that the Secretariat is unwilling or unable (perhaps because of the wording of WHA65.6) to address COIs in GPPPs.

WHO does in fact have a Partnerships policy ([here](#)) which was adopted in 2010 in [WHA63.10](#). This policy includes a number of criteria "to assess future partnerships and will guide the relationship with the existing formal partnerships". These include (8(h)):

*Pursuit of the public-health goal takes precedence over the special interests of participants. Risks and responsibilities arising from public-private partnerships need to be identified and managed through development and implementation of safeguards that incorporate considerations of conflicts of interest. The partnership shall have mechanisms to identify and manage conflicts of interest. Whenever commercial, for-profit companies are considered as potential partners, potential conflicts of interest shall be taken into consideration as part of the design and structure of the partnership.*

PHM calls on Member States to develop and adopt a resolution mandating the Secretariat to undertake a review of GPPPs in the food and nutrition field in which WHO participates, against the criteria adopted in [WHA63.10](#).

## References

Moodie, R., et al. (2013). "Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries." *The Lancet* 381(9867): 670-679.

Hawkes, C. (2011). "Public health sector and food industry interaction: it's time to clarify the term 'partnership' and be honest about underlying interests." *European Journal of Public Health* 21(4): 400-403.

Kraak, V. I., et al. (2011). "The accountability of public-private partnerships with food, beverage and quick-serve restaurant companies to address global hunger and the double burden of malnutrition." *United Nations System Standing Committee on Nutrition : News* 39(11-24).

Swinburn, B., et al. (2015). "Strengthening of accountability systems to create healthy food environments and reduce global obesity." *The Lancet* 385(9986): 2534-2545.

## Notes of discussion at WHA71

### **Fourth meeting of Committee A**

The Chairman opened the subitem and, in response to a suggestion from the floor for the establishment of a drafting group, announced that discussion of the draft resolution Infant and young child feeding as contained in document A71/A/CONF./4, and the draft decision Maternal, infant and young child nutrition as contained in document A71/A/CONF./5 be suspended pending the outcome of the drafting group.

The draft resolutions will be considered at a subsequent meeting of the Committee.

Resolution

### **Eleventh meeting of Committee A**

The Chairman reopened the subitem. It was announced that a revised version of the draft resolution contained in document A71/A/CONF./4 would be circulated to committee members for consideration at the twelfth meeting of Committee A. The Committee was then invited to consider the reports contained in documents A71/22 and A71/23. The floor was opened for discussion. The Secretariat responded to issues raised and the Committee noted the reports. The Chairman announced that, due to time constraints, discussion of the subitem would resume at the next meeting of Committee A. The meeting was adjourned.

Item 12.6: Maternal, infant and young child nutrition

Documents A71/A/CONF./4, A71/A/CONF./4 Add. 1 and A71/A/CONF./5

Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report. Document [A71/22](#)

Safeguarding against possible conflicts of interest in nutrition programmes. Document [A71/23](#)

Ecuador:

Breastfeeding needs to be aligned with professionals



Women has the right to understand the choice they make

MZFal, 12:18 AMIndia:

Supports the proposed resolution and highlights the six steps for fully implementation.Kriti, 12:21 AMCanada

Despite gains

Best feeding practices need to be promoted 7 -18 months

Exclusive breast feeding remained extremely low from 6 - 68%

Supporting mothers and lactating mothers is imp. Commends WHO on the guidelines on baby friendly initiatives, breast feeding in cases of HIV

Additional partnership from MS

To continue reporting progress.MZFal, 12:22 AM

Brazil:

Aligned with Canada. 40% of women exclusively breastfeed their babies until six months. Brazil is working with Uruguay, Costa Rica and Colombia in a regional partnership to reduce consumption of sodium, reducing so cardiovascular diseases.In BRAZIL, 40% of women\*\*Kriti, 12:23 AMMalaysia

Strategies and action plan to address nutritional plan on mat and chi care is highlighted.

Plan Underlines imp of nutrition, prevention disease, multi sectoral and intersectoral collaboration. to have optimal nutritional, efforts are being made MZFal, 12:24 AMGhana:

Support the position of the African Region countries and supports the draft resolution. Highlights the importance of building data in this issue.Kriti, 12:26 AMPanama

Multisectoral approach focuses. Expressed that its essential to MS to move forward and make interventions in conflict of interest in this area. Countries to move forward and effective measure to avoid conflict of interest , in breast feeding which are key in this area. Full implementation of SDGs in child intervention.Algeria

WHO on implementation of its plan to reach most vulnerable strata, this touches one in three, we are pleased to see choices made by mS and progress made on issue. ...Children and young women. Good info to put in place for good intervention plan.MZFal, 12:33 AMKenya:

On behalf of the african region. Welcomes the effort of WHO in the implementation of the plan. Calls for MS to invest in full implementation of policies for achieving the main goals regarding this item. Calls WHO and other partners to engage themselves in researches in child health.

Commends the secretariat for the great support for african countries for achieving the target of breastfeeding. Remarks the importance of promotion of appropriate of food for children.

Does support the resolution.Kriti, 12:33 AMIRAQ

Points emphasised

Encouragement and promoting BF

Ascertaining for maternal health

Combating childhood obesity

Energetically these issues should be sync with GPW-13

Micronutrient nutrition

Nutrition in school health

Integration between protective care and NCDs and pragmatic responseMZFal, 12:37 AM

Sri Lanka

Remarks the importance of breastfeeding policies and highlights national plans in nutritional health to women and children. Emphasizes that conflict of interests regarding the action of industries and infantile health is of main concern. Supports the draft resolution.Kriti, 12:37 AMFrance

France welcomes this draft on safeguarding interest of COF in nutrition. Transparency and trust are win win for this situation. Will provide tools to implement this.. Works should be expanded to other areas and other agencies like Work of the food security .live:tiwalola2304, 12:40 AMKOREA

Support the MS

Welcome WHO approach in the area

Role of international society is very crucial

Implementation is very important

WHO should promote understanding among various group

Sophie, 12:42 AM Dominican Republic

Continue to have regions with low breastfeeding and high obesity rate,

Maternal child nutrition included in local plans,

improving monitoring and evaluation

intersectoral actions should be taken

build capacity in HR for health

rates of maternal breastfeeding should be increased

support ecuador and other countries, and the conference that affirms commitment South Africa:

Thanks for the report

Supports the statement on behalf of AFRO

Notes progress made on stunting on anemia, work in low birth weight needs to be done

concern about increasing prevalence of overweight

Rates for breastfeeding are low

Targeted support requested

Target of raising 70 billion is unlikely to be increased, urge MS to increase domestic resources

Report on initial core indicators should be fasttracked

Code of marketing of breastmilk substitutes

Request expansion of baby friendly hospitals to mothers MZFa, 12:48 AM

NIGER

States that in Niger, nutrition is a priority policy at national level. Remarks the importance of a multi sectoral approach in order to implement WHO's plan on this issue, achieving so relevant outcomes. Finally, fully supports Kenya's statement. Linda Marková, 12:51 AM

Thailand:

Aligns with Sri Lanka. Disappointing that the coverage of exclusive breastfeeding is still low. Voluntary code needs to be translated into international law - all countries should do that. Support development of operational guidelines. Conflict of interested : looking forward to see scaling up of efforts in this regard. Sophie, 12:52 AM Trinidad & Tobago:

WHO targets are highly achievable in their country

National health systems overburdened by NCDs and childrens conditions, low birth weight

National food and nutrition survey and national education food skills programme has been implemented

Ensure hospital and health facility compliance with baby friendly hospital standards

Seek continued collaboration with WHO

Endorses 6 steps outline for COI Linda Marková, 12:55 AM

China:

Anemia and overweight still a problem

Lack of funding makes full implementation of objectives set difficult

Important impact of private sector - private sector should not be excluded from these initiatives

Strengthen cooperation with unicef and other initiatives

Strongly supports the draft resolution Sophie, 12:56 AM Bangladesh:

align with statement by Sri Lanka for SEARO,

Appreciate the report on the comprehensive implementation plan with 6 targets

Nutrition governance to have better national nutrition policy

Preventive approach should be taken through support of breastfeeding

Maternal undernutrition still high, child stunting still high

Need guiding in food for children by WHO

Strongly support the conference Linda Marková, 12:59 AM

Mexico:

Agrees with the emphasis on the safeguarding in terms of conflict of interest

Concept presented uge opportunity but need to be careful with some of the definitions and possible ambiguous interpretations “eg. collaboration “ which could still allow for continuation of sponsorships etc

Welcome the progress made and the process which will manage to tackle the conflict of interest practices

Main priority is health, it is not something that can be sold and that should determine our progress Sophie, 1:01 AM Argentina:

Thanks for the report

Agrees with the target to put an end to all forms of malnutrition

Implementing policies and investing in efforts

Provide foods to vulnerable populations, iron supplements, promoting breastfeeding

Implemented babyfriendly hospital initiative

Concerning International Code of marketing of breast milk substitute , they regulated specific law to extend it to up to two year olds Linda Marková, 1:02 AM Zimbabwe:

Highlighted their commitment to SDGs - ending all forms of malnutrition

Supports the proposal as presented

Would like to support countries meet their targets in providing technical assistance etc. and the implementation of code

**Twelfth meeting of Committee A**

Documents A71/A/CONF./4 Rev. 1, A71/A/CONF./4 Add. 1, A71/A/CONF./5 and A71/A/CONF./5 Add.1 Finalization of resolutions and reports

- Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report

Documents A71/A/CONF./4 Rev. 1, A71/A/CONF./4 Add. 1,

A71/A/CONF./5 and A71/A/CONF./5 Add.1 Nafis, 5:30 PM Nice work watchers! gargeya, 5:31 PM Chair: A drafting group has been meeting to discuss this matter and the drafting group could reach consensus. As a result USA has withdrawn their conference paper.

Chair of drafting group:

Thailand:

MS had strong resolution for consensus and it was driven by necessity for a sustainable path. Breastfeeding is important and In the MS there was a strong moral obligation towards it. The document 4F1 has been proposed and request MS to co sponsor this document.

Chair: Thanks drafting group

Committee adopted the decision and agenda item now closed