

7.2 Maternal, infant and young child nutrition

Secretariat note: “This report ([Document EB134/15](#)) describes progress made in relation to the comprehensive implementation plan on maternal, infant and young child nutrition, the global strategy for infant and young-child feeding; and the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes; as well as on progress in consideration of matters referred to Codex Alimentarius for action. The Board is requested to note the report and to provide further guidance.”

Background

This is an omnibus agenda item including a number of separate issues.

The **Comprehensive Implementation Plan on maternal, infant and young child nutrition** (presented in [A65/11](#)), was endorsed in 2012 by the Health Assembly in resolution [WHA65.6](#). The Comprehensive Implementation Plan includes a number of Goals and Targets and a series of Actions for Member States, the Secretariat and International partners. It also includes a table of actions which belong within the health sector and others which lie outside the health sector.

As well as endorsing the Comprehensive Implementation Plan, Resolution [WHA65.6](#) also includes a number of further commitments dealing with the **marketing of breast-milk substitutes**; new alliances and partnerships with **appropriate protections against conflicts of interests**; **workforce development**; and action regarding **inappropriate promotion of complementary foods** for young children (para 1(4) in [WHA63.23](#)).

The report before the EB ([EB134/15](#)) provides a progress report on the Targets and Actions specified in the Comprehensive Implementation Plan.

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 has been 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 although progress had been made broad 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 the current document ([EB134/15](#)) summarizes the current discussion on the global monitoring framework and proposes a first agreed set of indicators for use at global and country level.

The current report also includes a report on the implementation of the Code of Marketing of Breast-milk Substitutes.

Finally, in response to the request from the Health Assembly (para 3(1) of [WHA65.6](#)) for clarification of **inappropriate marketing of complementary foods**, Annex 2 of EB134/15 includes a position paper prepared by a Scientific and Technical Advisory Group ([STAG full report here](#)) convened by the DG.

The EB is invited to note the report (EB134/15) and provide further guidance on

1. next steps to develop risk assessment and management tools for **conflicts of interest** in nutrition (as referred to in para 3(3) of [WHA65.6](#));
2. the **global monitoring framework** on maternal, infant and young child nutrition (see Annex 1 to EB134/15);
3. next steps to address the **inappropriate marketing of complementary foods** (Annex 2); and
4. a Member State-driven process to develop an **outcome document for the Second International Conference on Nutrition** (ICN2, scheduled for November 2014), as referred to in paragraph 21 of EB134/15.

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 (EB134/15) 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. The progress achieved in breastfeeding, acknowledged by the Lancet as the most effective child survival intervention (target 5), for example, 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.
- 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.
- Regarding the implementation of the International Code of Marketing of Breast-milk Substitutes, we would like to comment on the progress made 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 more explicit approach to food trade, retail, marketing etc will be necessary.

Conflicts of interest in nutrition

Resolution [WHA65.6](#) 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”.

We agree with the comment in para 14 of EB134/15 that conflicts of interest “must be managed both by the Secretariat and by Member States”.

Conflicts of interests are ubiquitous. The risk is that 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 ones. A specific case concerns the representation of certain of WHO’s technical advisers on the largest producer of infant formula.

The envisaged industry participation in the development and implementation of the 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.

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 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 EB134/15, we support the disaggregation of indicators by socioeconomic group and sex. 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.

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”.

Annex 2 of EB134/15 includes a 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 much more useful overview of the promotion and marketing of complementary foods for infants and young children.

An outcome document for the Second International Conference on Nutrition

As noted above food security and healthy nutrition reflect the outcomes of a complex mix of: commerce and trade, local contingencies, political economy and global institutions.

The outcome document for the Second International Conference should provide direction in relation to the targets and actions of the Comprehensive Implementation Plan.

However it should also highlight the long-term goals of peace, the right to nutrition, social justice and disparity reduction. The WHO must insist that food security and food sovereignty are

essential for good nutrition, and advocate to other sectors and institutions for measures to promote them.

Notes from Debate

The debate commenced on Day 2 (Tuesday 21 Jan) and concluded on Day 4 (Thursday 23).

Albania spoke about the Vienna Declaration on Nutrition adopted by European ministerial conference as a clear expression of the need to take harmonised actions on nutrition. Albania was able to conduct in last 5 years a series of interventions, from micro level recommendations to macro and economic aid. Albania welcomes the WHO and FAO conference in 2014.

South Africa, speaking on behalf of Africa, commented that this report shows that some progress has been made. In our region work is on going. Provision of adequate HR and monitoring and health system requirements remain a concern. Support an approach which will ensure health of every mother. Support on going work with regards to developing monitoring framework and risk assessment and management tools. The Afro group looks forward to active engagement and calls upon WHO to support at all levels.

Japan highlighted that collaboration with other sectors is emphasised in the document. Coordination with NCDs program might be necessary. should be careful not to increase burden on health workers. Development partners should have flexibility to accept programs and adjust flexibility. It should be avoided to set too many indicators.

Switzerland commented on para 37. There are huge conflicts of interest in nutrition, so WHO should remain independent in this issue. In monitoring young child nutrition WHO should coordinate the work of monitoring and surveillance. To address inappropriate market of food governments must guarantee the trade and health coherence. Trade should take into account the codex alimentarius. Support the way of proceeding of the conference on nutrition. Support the idea of MS driven process while the non state actors should enter in a second phase.

Malaysia noted progress made. Concerned that for global target 5 breast feeding there is insufficient data for Western Pacific Region. Global monitoring framework is required. Seek clarification of BMI for age in different cultures. Establishment of working group and consultations.

Saudi arabia noted two impediments: 1) scarcity of information on the scope of nutrition; 2) lack of progress in breastfeeding. 38% or less are exclusively breastfed. WHO should give priority to L&MIC countries.

Cuba noted the importance of adequate nutrition during pregnancy as well. Policies must be based on scientific data. Need to improve coverage. Need multisectoral approach. Improve follow up and develop goals to monitor process. There is a programme for education in Cuba for breast feeding and other healthy measures. Conflict of interest should be addressed.

Australia recognised that COI when working with the private sector is challenging and work on that field is needed. Supported the monitoring framework even if it is ambitious. Regarding the outcomes document for the ICN2 conference: NSA should be properly engaged and want to contribute to the final doc.

Mexico agreed with proposals made in report. Need to strengthen info systems at local level and training. Our country promotes breastfeeding and full information is provided to mothers. Specialised room for breastfeeding at workplace. Progress to deal with infections but need to work harder for vulnerable populations. also has to reflect gender equality etc.

DPRK Korea noted that nutrition is one of the main determinants. Identify risk factors. Share experiences on different approaches. Korea started a project targeting low income families. Malnutrition issues need of the support of all the ministries. The problems are extremely broad. One of the top priorities on the agenda.

Argentina thanked the Secretariat. Progress has been made, we have been working to integrate policies on nutrition. Argentina adopted a national plan 1996 which was accompanied with national law for nutrition and food. Agree with the importance of nutritional programme and engagement with agriculture sector. Support the project for the framework. We have guidelines on children nutrition available for health professionals to preventing the inappropriate use of complementary food.

Brazil considered the document submitted to be very important. Important to have constructive approach. Recognise advances have been made when it comes to the indicators. It is important to protect breastfeeding upto 6 months. Need to identify clear approach with no conflicts of interest. Need to recognise responsibility of member states and organisations as well. Have to focus on various principles and monitoring as well. Focus on conference on nutrition is a step forward.

Myanmar spoke about the need to improve regional resolutions. Need to invest on research. Urge integrated data base.

Suriname commended the report. The prevalence of overweight is high. This report is complementary to the one on NCDs. Regarding private sector and global mechanism: consider this issue seriously and elaborate further. Inappropriate marketing is at the core of obesity epidemic so need to elaborate more on that issue.

Croatia, speaking on behalf of the EU, indicated that they were working on a draft decision for the consideration of the EB and that a document would be circulated soon.

Uzbekistan spoke about the programme for maternal and young children nutrition they have developed and thanked WHO because we drawn inspiration from its reports. Thanks to cooperation from other sectors that we were able to make progress. Uzbekistan proclaimed this year the year of nutrition for young child. We are going in the right direction.

Panama was happy to see the progress being made. Adequate nutrition is a basic human right, breast feeding is a high priority. There is a law on protection and encouraging breast feeding. Multisectoral reality is necessary to avoid inappropriate food. Support the resolution and stimulate all the countries to improve.

United Kingdom called for a solid monitoring mechanism and a robust accountability framework. We ask for a draft of set of indicators for consideration of the EB next January. Enormous amount of collaborative work is needed towards achieving an agreement on this.

Kuwait thanked the Secretariat for the report. Nutrition is multifaceted: malnutrition and obesity and multisectoral: agriculture, advertisement, television. International conference should focus on alignment and harmonisation between the agriculture and food security policies. Without synergies and harmonisation no progress on NCDs. Welcome all initiatives to align these two sectors. Look forward to the meeting on health and agriculture.

Canada supports the formation of a working group and this to be done quickly. Confusion and ambiguity on the objectives. Support civil society and NSA inclusion. Establish framework for the engagement of NSA.

Holy See underscored the need for communities to be seen as key partners. The Catholic Church sponsors such in all parts of the world. Spoke about the Rainbow Project. 13 feeding programs in urban areas; cooking demonstrations and health talks; education on breastfeeding available during the session; glad that breastfeeding has been included as a target; much additional action is need. Pope francis encouraged mothers to overcome hesitation of breastfeeding during public.

International lactation consultant association congratulated WHO for the status report. Only 37 countries have laws to ban the marketing of breast milk substitutes. If each MS will apply the code wasting and other pathologies would be avoided. Breast feeding is not only about child nutrition but also about the community wellness.

Consumers International welcomed the proposal in Annex 1. Emphasized that a working group should be free from commercial conflicts of interest. Beware of distorted position of policy bias. Now 33 years since code of conduct adoption. Much work still needs to be done. Set of 5 criteria in Annex 2 help appraise marketing practices of food for young children. Widespread promotion of processed foods harm local foods and food security. WHO should translate the criteria into guidance for them to address the issues effectively. Call on DG to ensure participation of NGOs in preparatory process and actual process.

Helen keller International described some projects they are undertaking in Tanzania and Cambodia. Fully support WHO position paper but more detailed guidelines are needed on each of the 5 criteria. Urge the EB to include this topic in the agenda of the 67 WHA.

Save the Children Fund, in association with World Vision International welcomed the report. Their organisations put high priority in improving malnutrition and take the issue high in the

agenda. Welcome the working group for the monitoring framework and consultation with CS. Request collection of robust data and monitor data disaggregate for age. Ensure that MSs put high priority to nutrition on post 2015 DGs; support a participative approach for the second conference.

Senegal vigorously supports the South African statement. Certain amount of research by Helen Keller is being implemented. Should be able to revise regulations and legislations due to this research. Specifically related to child and mother nutrition.

DG offered a few general comments. She joined the delegation who expressed concerns on slow progress in so many countries. High number of children under 5 risk having stunting, but we also have child obesity. As a woman and a mother, I spend my first years in my profession working on child and maternal health and nutrition. What can countries do? We need a better job on data gathering. What is genetic and epigenetic under this issue? What is the environmental issue? We need to focus on primary prevention. We need to move this important issue forward.

Chair: Croatia has indicated its intention to circulate a draft decision. Suspend the item now to have the time for the decision to be drafted and then reconsider it tomorrow.

The discussion resumed on Day 4 (Thursday 23 Jan) with EB134/CONF./11 and EB134/CONF./11 Add.1 as well as EB134/15.

Croatia, on behalf of the EU spoke to the draft decision. We had inputs from several MSs and we would like to thank them and propose some changes: timelines, preparation for ICN2, footnotes.

Australia asked about the budgetary implications and secondly, to the secr, asked to be reassured that the FAO had the same understanding of we do regarding the scope of the outcomes doc.

Dr Chestnov for the Secretariat advised that there are no serious financial consequences. He advised that WHO and FAO have managed to agree on a common decision; any joint venture requires synchronization and coordination; this complicates the work but it's going in the right direction.

DG spoke to reinforce Dr Chestnov; she will be visiting FAO and will discuss with ED; have committed to working together to support our MSs; but they come from Min of Ag rather than MOH. In our discussion in 2013 we agreed to work closely and will be visiting FAO in Feb. But you are right; it is sometimes it is easier for heads of intergovernmental agencies to agree but not so easy further down the line but you must bring your ministries together at the country level.

Chair: ready to adopt the decision as amended. Yes.

