World Health Organization

EXECUTIVE BOARD **EB134/15**
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Maternal, infant and young child nutrition

Report by the Secretariat

1. This report describes progress in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition, endorsed by the Health Assembly in resolution WHA65.6, the global strategy for infant and young-child feeding endorsed in resolution WHA55.25 in 2002; and the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes, adopted in resolution WHA34.22 in 1981 and updated through subsequent related Health Assembly resolutions.

THE GLOBAL STRATEGY AND THE COMPREHENSIVE IMPLEMENTATION PLAN

2. The following paragraphs describe progress towards the global targets set out in the comprehensive implementation plan and steps to put its constituent actions into effect.[1]

Progress on targets

3. **Global target 1 (Stunting).** Globally, 162 million children under five years of age were stunted in 2012, with 56% of them living in Asia and 36% in Africa. This total is lower than the estimate for 2010 (167 million).

4. **Global target 2 (Anaemia).** The prevalence of anaemia in pregnant and non-pregnant women in 2011 was, respectively, 38% and 29%, affecting 32 million pregnant women and 496 million non-pregnant women of child-bearing age (15–49 years). The highest rates were in central and west Africa and south Asia. These figures are an updated estimate of the baseline level for this target that had been previously calculated for the period 1993–2005: 41.8% for pregnant women and 30% for non-pregnant women.

5. **Global target 3 (Low birth weight).** The data on the prevalence of low birth weight have not been updated in 2013 and the global estimate for the period 2005–2010 is that 15% of neonates weighed less than 2500g. In addition, it is estimated that 32.4 million babies were born small-for-gestational-age in 2010 (27% of all births in low- and middle-income countries).

6. **Global target 4 (Overweight).** Globally, 44 million children under five years of age were overweight in 2012, an increase from the 41 million reported for 2010. The prevalence is increasing in Africa, Asia and developed countries. In 2012, the highest prevalence was in southern Africa (18%), central Asia (12%) and the developed countries (15%).

[1] Document WHA65/2012/REC/1, Annex 2.

7. **Global target 5 (Breastfeeding).** Globally 38% of children under six months of age were exclusively breastfed in the period 2005–2012. The percentages of exclusively breastfed infants are higher in the South-East Asia Region (47%) and lower in the European Region (25%), with intermediate values for the African and Eastern Mediterranean regions (35% each) and the Region of the Americas (30%). There are insufficient data to calculate a regional average for the Western Pacific Region. It is not possible to draw a conclusion on whether progress has been made compared to the figure of 36% reported for the period 2000–2009.

8. **Global target 6 (Wasting).** Globally in 2012, 51 million children under five years of age were wasted (8%) and 17 million (3%) had severe wasting, with about 71% of all severely wasted children living in the United Nations Asia Region and 28% in the United Nations Africa Region, and similar figures for wasted children (69% and 28%, respectively). The prevalence rate of wasting has thus stagnated since 1990 (9%).

Action 1: To create a supportive environment for the implementation of comprehensive food and nutrition policies

9. Food and nutrition policies have received increased political attention in 2013. The global nutrition targets endorsed by the Health Assembly in resolution WHA65.6 have been widely adopted by global initiatives, including the Scaling Up Nutrition (SUN) movement, the Global Nutrition for Growth Compact and *The Lancet*'s second series on maternal and child undernutrition. The targets have also been referred to in the preparatory process for the post-2015 development agenda.[1]

10. Through the SUN movement, 42 countries have committed themselves to improving the political environment, aligning multiple actors, advancing policies and legislation and rapidly scaling up effective nutrition actions (see also paragraph 20 below).

11. WHO has provided support for landscape analyses in Guinea, Mali, Namibia, Sri Lanka and United Republic of Tanzania as an initial step in setting or strengthening their national policies, strategies and actions on nutrition through specific and sensitive interventions. A regional nutrition action plan for the South-East Asia Region has been drafted and another is being prepared in the Western Pacific Region. The WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (Vienna, 4 and 5 July 2013) adopted the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, calling inter alia for a new European action plan on food and nutrition.

12. Members attending the G8 Summit (Lough Erne, Northern Ireland, 17 and 18 July 2013) reaffirmed "their commitment to respond with the scale and urgency needed to achieve sustainable global food and nutrition security".

13. Development partners, civil society and the private sector have established their respective global coordination mechanisms to provide coherent and harmonized support to countries for accelerating action to improve nutrition. A group of United Nations specialized agencies have established a Network for SUN, facilitated by the United Nations Standing Committee on Nutrition and the United Nations REACH Partnership.

[1] The Madrid High-Level Consultation on Hunger, Food Security and Nutrition in the Post-2015 Development Framework (Madrid, Spain, 4 April 2013). Background Note and Agenda (http://www.fao.org/fsnforum/post2015/sites/post2015/files/files/Background_and_Agenda_HLM_on_FSN.pdf, accessed 12 December 2013).

14. The principles and practice of engagement with the private sector have generated substantial debate and, in response to a request to the Director-General in resolution WHA65.6, the Secretariat is analysing current definitions and issues for further discussion by Member States. Potential conflicts of interest must be managed both by the Secretariat and by Member States. The Secretariat work will be taken forward by the process on engagement with non-State actors, as outlined in paper EB134/8, while further guidance would be welcomed on the work expected from WHO on management of engagement with the private sector by individual Member States.

Action 2: To include all required effective health interventions with an impact on nutrition in national nutrition plans

15. WHO has prepared and updated guidance in several areas, including provision of vitamins and minerals in different age groups, fortification of staple foods, management of acute malnutrition, and dietary goals for preventing obesity and diet-related noncommunicable diseases. Such information is disseminated through WHO's e-Library of Evidence for Nutrition Actions, an online library which contains details of more than 70 interventions related to maternal, infant and young child nutrition.

16. Information from WHO's Global Database on the Implementation of Nutrition Actions indicates that currently only 38 countries have a recent plan on maternal, infant and young child nutrition that comprehensively responds to nutrition challenges, spans sectors and includes monitoring and evaluation. In 42 countries there is evidence that stunting, wasting and anaemia are being tackled through WHO's recommended approach.

17. The Secretariat provides technical support to Member States for reviewing policies and establishing or expanding the coverage of programmes. In the Western Pacific Region the Secretariat is working with the governments of Cambodia, Philippines, and Solomon Islands on drafting national nutrition plans or strategies engaging different sectors and stakeholders. In China and Viet Nam it is collaborating in the design of culturally-sensitive ready-to-use therapeutic foods and in agricultural demonstration projects aimed at dietary diversification. The Regional Office for Africa is supporting the governments of Ethiopia, Uganda and the United Republic of Tanzania to scale up actions in maternal, infant and young child nutrition. The Regional Office for the Americas has supported Colombia and El Salvador to develop a national strategy for the prevention of anaemia. Similarly, it has worked with Mexico on drafting a national breastfeeding policy and elaborating a tool to aid in designing, implementing and evaluating interventions to improve infant and young child feeding. In the Eastern Mediterranean Region the Secretariat is supporting Afghanistan, Iraq, Pakistan, Somalia, Syria, Sudan and Yemen. The Regional Office for Europe provided support for the implementation of national plans and strategies to promote appropriate nutrition. The latter included the establishment of action networks on salt reduction, social inequalities in obesity, school nutrition, marketing of food to children, and nutrition in hospitals. The Secretariat continues to provide support to Member States in all regions in implementing the WHO Child Growth Standards.

Action 3: To stimulate development policies and programmes outside the health sector that recognize and include nutrition

18. Discussions among United Nations specialized agencies, the World Bank and academics indicated that agricultural policies and programmes can be made nutrition-sensitive if they are designed to increase the availability, affordability, and consumption of diverse, safe, nutritious foods; align with dietary recommendations and ensure environmental sustainability; empower women; and include nutrition promotion messages. Food processing and distribution should be geared to retaining nutritional value, improving shelf-life and guaranteeing food safety.

19. FAO and WHO are scheduled to convene the Second International Conference on Nutrition in Rome in November 2014, at which it is expected that ministers of agriculture, public health and foreign affairs will reach consensus on a global policy framework to resolve the major nutrition challenges of the next decade.

20. A technical preparatory meeting was held in Rome on 13–15 November 2013 with the participation of, in addition to technical experts, representatives of: Member States, coming from the health and agriculture sectors; civil society; and the private sector. Participants highlighted the presence of a multiple burden of malnutrition and called for a package of policies that could influence the accessibility, affordability and acceptability of food at different steps in the food value chain, with the purpose of producing more nutrients, not more food, and taking account of the need for sustainability.

21. Participants agreed that a substantive outcome document is expected from the Second International Conference on Nutrition, which should be developed through a Member State-driven process. The process should be inclusive and participatory; representatives of some Member States advocated strongly for active participation by civil society and the private sector. FAO and WHO will jointly initiate the preparations for an outcome document, in close consultation with Member States.

22. Countries in the SUN movement are increasingly focusing on the development of multisectoral plans to improve nutrition. WHO has fostered collaboration among different sectors at country level, as well as participating in analyses of countries' readiness to take action on nutrition.

Action 4: To provide sufficient human and financial resources for the implementation of nutrition interventions

23. In June 2013, government leaders from 19 countries in the SUN movement as well as development partners, the private sector, the scientific community and civil society groups undertook to prevent at least 20 million children from being stunted by 2020, in line with the comprehensive implementation plan's global targets for 2025. Fourteen of these 19 governments committed themselves to increasing domestic resources invested in expanding national nutrition plans, namely up to US$ 4150 million for specific nutrition interventions and an estimated US$ 19 000 million for improved nutrition outcomes from nutrition-sensitive investments between 2013 and 2020. Official development assistance dedicated to nutrition was estimated to have been about US$ 420 million in 2011, an increase of 60% from 2008 levels.[1]

24. WHO has analysed potential financing mechanisms in the Western Pacific Region that would support the implementation of nutrition interventions. For example, nutrition counselling services and incentives can be integrated in conditional cash-transfer schemes or in governmental health insurance systems.

25. Health workers are needed in sufficient number to ensure adequate coverage and provision of services. In the South-East Asia Region, improvement in nutrition indicators has been associated with a ratio of community health workers greater than 30 per 1000 children; such data are not available for other regions.

[1] Scaling Up Nutrition. State of the SUN Movement progress report. September 2013.

26. Through detailed analyses of countries' readiness, WHO has assessed the human resources needs of 18 countries for nutrition interventions. Substantial investments are required in the appropriate programmatic areas if the global nutrition targets are to be attained.

27. The Secretariat held capacity-building workshops on planning, accelerating and scaling up action to improve maternal and child nutrition in countries through the use of evidence-informed policy briefs, capacity building on nutrition-related interventions and the use of the OneHealth Tool for costing, budgeting, financing and national strategies development.

Action 5: To monitor and evaluate the implementation of policies and programmes

28. The Secretariat has convened consultations with Member States, civil society and the private sector in order to devise a global monitoring framework for maternal, infant and young child nutrition (see Annex 1 for a draft version).

29. WHO hosts several databases, including those on child growth and malnutrition, vitamin and mineral nutritional status, infant and young child feeding, and body mass index, all integrated in the Nutrition Landscape Information System (NLIS)[1] which are the primary source of information for monitoring the achievement of global nutrition targets. In 2012 the global database on the implementation of nutrition actions (GINA) was established as a tool for monitoring the adoption of policies and the implementation of nutrition programmes.

30. WHO collaborates with the secretariat of the SUN movement, the European Commission and other partners on conceptualizing networked information systems on nutrition, with the purpose of establishing national systems and a coordinated approach to managing information flows for monitoring and accountability.

31. Based on an assessment of national stunting patterns, risk factors, sociodemographic trends and available resources and expertise, the Secretariat is providing support to governments and other stakeholders in the setting of national annual targets for the reduction of stunting. It also collaborated with the European Commission on the design of a tool for measuring progress in the prevention of stunting in countries.

32. With funding from the Government of Canada WHO is providing technical support to 11 African countries and 1 Asian country to strengthen nutrition surveillance. In the European Region, WHO is supporting 21 countries to collect and analyse information on childhood obesity and is tracking the adoption and implementation of policies on nutrition and physical activity.

INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

33. In 2013 WHO published information on the status of country implementation of the International Code as of 2011. The report drew on information provided by Member States in 2008 and 2010; data on status of implementation published by UNICEF in 2011; and regional sources. The report shows that 165 countries had translated the Code into some national measure. Of these 165, 105 (64%) had incorporated some aspects of the Code into national legislation. Only 37 (22%) had passed comprehensive legislation reflecting all the recommendations of the Code: 13 of 47 reporting

[1] http://www.who.int/nutrition/databases/en/ (accessed 25 October 2013).

countries (28%) in the African Region; 8 of 38 (21%) in the Region of the Americas; 4 out of 11 (36%) in the South-East Asia Region; 2 of 53 (4%) in the European Region; 7 of 22 (32%) in the Eastern Mediterranean Region; and 3 of 28 (11%) in the Western Pacific Region. Only 45 of 165 reporting countries (23%) possessed a functioning implementation and monitoring system for the Code. With regard to advertising of breast-milk substitutes, of 199 countries and territories reporting on this topic, 69 (35%) fully ban the practice, 62 (31%) prohibit provision of free samples or low-cost supplies, 64 (32%) prohibit gifts of any kind from relevant manufacturers to health workers, and 83 (42%) require a message about the superiority of breastfeeding on the labels of breast-milk substitutes. Updated information on implementation of the Code is available in the global database on implementation of nutrition action.

34. According to the most recent information, an additional 28 countries have enacted legislation, bringing the number of countries with legislation on breast-milk substitutes to 133. Significant progress was reported for Viet Nam, where in 2012 a new law was passed banning advertising breast-milk substitutes for young children up to two years of age. Cambodia is working towards activating the implementation and monitoring mechanisms set out in the country's existing decree. In 2013, congresses in El Salvador and Honduras approved a breastfeeding law that respects the Code. Panama adopted in 2012 a regulation for the law on the Code that had been enacted in 1995. Also in 2012 Kenya and South Africa adopted regulations on breast-milk substitutes and infant foods.

35. The Secretariat has provided support to countries for drafting regulations on the marketing of breast-milk substitutes and establishing adequate monitoring mechanisms. Support has focused on conducting detailed analyses of the practices of marketing baby food products (in the Philippines and Viet Nam), formulating policy briefs (China, Lao People's Democratic Republic and Philippines), reviewing the status of implementation (Cambodia, China, Fiji, Kiribati, Lao People's Democratic Republic, Federated States of Micronesia, Papua New Guinea, Philippines, Samoa, Vanuatu and Viet Nam). In the Region of the Americas, WHO has translated into Spanish the protocol of the Inter-programmatic Group on Breastfeeding Monitoring for monitoring implementation of the Code. It has also supported monitoring of implementation of the Code in Ecuador, Panama and Peru.

36. In response to a request from the Health Assembly for clarification of inappropriate marketing of complementary foods, the Director-General has established a Scientific and Technical Advisory Group and has developed a position paper (see Annex 2).

ACTION BY THE EXECUTIVE BOARD

37. The Board is invited to note the report and provide 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, as referred to in paragraph 21 of the report.

ANNEX 1

DRAFT GLOBAL MONITORING FRAMEWORK ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION

In May 2012, the Sixty-fifth World Health Assembly endorsed a comprehensive implementation plan on maternal, infant and young child nutrition, including six global targets to be achieved by 2025.[1] A draft set of indicators[2] 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[3] 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.

This annex 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 global monitoring framework on maternal, infant and young child nutrition will comprise two sets of indicators.

(a) **A core set of indicators.** The core set will include all indicators required to monitor the progress towards the achievement of global targets, and "tracer" indicators to track processes that have an impact on global targets. All countries will be reporting on this core set.

(b) **An extended set of indicators.** The extended set is also intended to track processes that have an impact on global targets. Countries will report on indicators from the extended set based on their specific epidemiological patterns and on the nutrition programmes implemented in response to their priority nutrition challenges.

The global monitoring framework should capture the multisectoral nature of nutrition and consider indicators relating to underlying causes of malnutrition and broader policies or actions, including access to health services and policies outside the health sector.

Disaggregation of indicators by socioeconomic group and sex is recommended in order to monitor inequity and to allow the setting of national sub-targets for particular vulnerable groups.

The following indicators are proposed as part of the core set required to monitor progress towards the achievement of global targets.

[1] Document WHA65/2012/REC/1, Annex 2.

[2] Indicators to monitor the implementation and achievements of initiatives to scale up nutrition actions. Geneva: World Health Organization; 2012.

[3] http://www.who.int/nutrition/events/2013_consultation_indicators_globalmonitoringframework/en/index.html (accessed 13 November 2013).

Prevalence of low height-for-age in children under five years of age
Prevalence of haemoglobin <12 g/dL in non-pregnant women
Prevalence of haemoglobin <11 g/dL in pregnant women
Prevalence of infants born <2500 g
Prevalence of weight-for-height >2 SD in children under five years of age
Prevalence of exclusive breastfeeding in infants aged six months or less
Prevalence of low weight-for-height in children under five years of age

In order to complete the global monitoring framework on maternal, infant and young child nutrition, it is proposed to establish a working group composed of representatives and experts appointed by Member States and United Nations bodies. The working group would work to complete the design of the core set indicators, considering tracer indicators for policy and programme implementation in health and other sectors relevant to the achievement of global nutrition targets; and to design the extended set of indicators.

Subsequently, consultations will be held with Member States on the working group's proposals.

ANNEX 2

INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

In resolution WHA65.6 the Sixty-fifth World Health Assembly requested the Director-General to provide clarification and guidance on the inappropriate promotion of foods for infants and young children. The Secretariat convened a Scientific and Technical Advisory Group (STAG) to draft a response to this request, This annex is based on the Group's deliberations.[1]

WHO/UNICEF recommends exclusive breastfeeding during the first six months of life, with continued breastfeeding until two years of age or beyond, along with complementary feeding from the age of six months. The International Code on Marketing of Breast-milk Substitutes applies to the marketing and practices related to breast-milk substitutes, including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable as a partial or total replacements of breast milk.

Children aged between 6 and 23 months should receive nutritionally adequate and safe complementary foods, [2] focusing on suitable locally available foods.[3] Complementary foods can be prepared at home, sold on the commercial market or provided free of charge through social programmes. Those sold or provided through social programmes are ready to use or nearly ready to use. The method of promotion needs to be considered for commercial complementary foods, as well as for products designed to be mixed with complementary foods, such as lipid-based nutrient supplements or micronutrient powders. Other products intended for the management of a specific nutritional deficiency, such as ready-to-use therapeutic foods and micronutrient supplements, are administered in the context of health care delivery or relief programmes. Where these products are on sale to the public, the potential for their inappropriate promotion needs to be considered.

Processed foods and non-alcoholic beverages that are produced primarily for school-age children, adolescents and/or the adult market may also be consumed by infants and young children. For such foods, the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children[4] will apply.

The term "promotion" may be interpreted broadly to include the communication of messages that are designed to increase recognition, persuade or encourage the purchase and consumption of a product or raise awareness of a brand. Promotional messages may be communicated via traditional mass communication channels, the Internet and other marketing media using a variety of marketing techniques.

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[1] The report of the STAG's work and related background papers are available at: http://www.who.int/nutrition/events/2013_STAG_meeting_24to25June/en/.

[2] A complementary food is defined as any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant.

[3] World Health Organization/UNICEF. Global strategy for infant and young child feeding. Geneva: World Health Organization; 2003.

[4] Document WHA63/2010/REC/1, Annex 4.

Governments and nongovernmental organizations engage in social marketing of various foods and non-alcoholic beverages to improve the nutritional intake of populations whose diets might otherwise be deficient. For-profit companies engage in marketing primarily with a view to making a profit and may or may not share an interest in creating and promoting products that improve nutritional intake. The definition of inappropriate promotion is applicable to both these sectors, as the principles outlined below are important regardless of who is doing the promoting. However, because of the profit motive, additional oversight and regulation of for-profit sector promotion is warranted.

The following five criteria can be considered to evaluate if promotion is inappropriate. Promotion is inappropriate if:

1. it undermines recommended breastfeeding practices;

2 it contributes to childhood obesity and noncommunicable diseases;

3. the product does not make an appropriate contribution to infant and young child nutrition in the country;

4. it undermines the use of suitable home-prepared and/or local foods;

5. it is misleading, confusing, or could lead to inappropriate use.

Further details on each of the criteria are provided in the report of the STAG.[1]

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[1] http://www.who.int/nutrition/events/2013_STAG_meeting_24to25June/en/.