

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

**WHO headquarters, Geneva
Friday, 26 January 2018, scheduled at 09:00**

Chairman: Dr A. HAFEEZ (Pakistan)

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TENTH MEETING

Friday, 26 January 2018, at 09:10

Chairman: Dr A. HAFEEZ (Pakistan)

1. OTHER TECHNICAL MATTERS: Item 4 of the agenda (continued)

Physical activity for health: Item 4.2 of the agenda (document EB142/18) (continued)

The representative of MALTA, speaking on behalf of the European Union and its Member States, expressed full support for the draft global action plan on physical activity 2018–2030 and the draft resolution on the subject introduced at the Board's ninth meeting. In view of the urgent need to update WHO's existing global recommendations on physical activity for health, she proposed the inclusion, in paragraph 5 of the draft resolution, of a new subparagraph, to read: "to update the global recommendations on physical activity for health 2010".

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that some of those countries used accelerometers to monitor physical activity, on the basis that objective monitoring provided more detailed information than self-reporting. WHO should develop criteria for data collection and reporting to facilitate efficient data sharing. The global recommendations on physical activity for health should be updated with new, evidence-based recommendations on sedentary behaviour. Welcoming the draft action plan, she expressed support for the draft resolution, with the amendment proposed by the representative of Malta on behalf of the European Union.

The representative of JAPAN said that, according to the accumulated evidence, physical activity contributed to preventing noncommunicable diseases and promoting health throughout the life course. The 2020 Olympic and Paralympic Games, hosted by Japan, would provide an opportunity to encourage physical activity. He requested that his country be added to the list of sponsors of the draft resolution.

The representative of IRAQ said that his Government had introduced a range of measures to promote physical activity in government workplaces and educational establishments and had launched media campaigns to encourage the wider community to exercise. He supported the draft resolution.

The representative of the DOMINICAN REPUBLIC said that commitment from the environmental, education, health, sports and technology sectors was needed if the recommendations set out in the draft action plan were to be implemented. Cross-sectoral involvement was also essential to attaining the voluntary global targets of the global monitoring framework for prevention and control of noncommunicable diseases and achieving the Sustainable Development Goals. Although the draft action plan called for information systems to be strengthened, conducting surveys to measure indicators was costly. The Secretariat should therefore support Member States to build their monitoring and evaluation capacities.

The representative of MEXICO said that national efforts to encourage physical activity must take a multisectoral approach, raise awareness of the benefits of exercise among the population and provide safe environments in which to keep fit. Comprehensive policies on physical activity,

developed in consultation with relevant sectors, academic institutions and civil society, must go hand in hand with policies on diet and nutrition. Precise physical activity indicators should be established to allow for effective routine monitoring. She welcomed the draft resolution.

The representative of the PHILIPPINES said that the Secretariat should identify simple but effective measures that could be implemented immediately for specific age groups, in line with the draft resolution.

The representative of ZAMBIA said that physical activity must become a way of life and that the global goal of reducing physical inactivity by 15% was too modest. The draft action plan should be more ambitious, especially with regard to physical inactivity among adolescents, and resources should be allocated accordingly. The Secretariat should provide technical support to Member States to help them to implement the draft action plan, once it had been finalized.

The representative of CANADA said that Member States should implement the draft action plan in such a way as to promote leadership opportunities for women and girls in sport and recreation. She supported the draft resolution with the amendment proposed by the representative of Malta and asked for her country to be added to the list of sponsors.

The representative of FRANCE, welcoming the draft action plan, said that physical activity must be encouraged from early childhood and continue throughout the life course, with priority given to reducing social inequality in that sphere. His Government had long been committed to encouraging physical activity among the population, which it did through inter-agency and interministerial cooperation. WHO should cooperate more closely with other international organizations, such as OECD, in preparing the draft action plan.

The representative of ALGERIA expressed support for the draft resolution and the amendment proposed by the representative of Malta. He requested that his country be added to the list of sponsors.

The representative of TURKEY said that physical activity should be promoted alongside healthy eating habits. Separating the two might make it easier to raise funds, but WHO should be aware of the undue influence of some food manufacturers that tried to conceal the impact on obesity of foods high in salt, sugar and trans-unsaturated fatty acids. He requested that his country be added to the list of sponsors of the draft resolution and endorsed the amendment proposed by the representative of Malta.

The representative of JAMAICA said that her Government intended to share a recent national campaign to promote physical activity as a best practice within the Region of the Americas. In a separate initiative, health practitioners had been provided with training in prescribing physical activity. The draft action plan should be amended to include the estimated costs of implementing the measures it recommended in low-, middle- and high-income countries.

The representative of the CONGO said that the draft action plan should be amended to reflect the fact that any physical activity undertaken by persons living with certain noncommunicable diseases, such as homozygous sickle cell disease, should be supervised, given the increased risk of morbidity and mortality that such diseases entailed. Furthermore, amendments should be made to the effect that any physical activity prescribed should be tailored to suit individuals' health, ability and medical history. He requested that his country be added to the list of sponsors of the draft resolution.

The representative of INDONESIA¹ said that his Government had taken a number of steps to encourage physical activity, such as launching a multisectoral national healthy lifestyle initiative focused on preventing noncommunicable diseases and improving maternal and child health.

The representative of the REPUBLIC OF KOREA¹ said that national, regional and international cooperation would be needed to promote physical activity for persons of all ages. WHO should establish guidelines for physical activity that were differentiated by age group. The Secretariat should provide support to Member States with limited capacity to collect data on physical activity and monitor trends.

The representative of PANAMA,¹ welcoming the draft action plan, said that States were responsible for creating conditions that would facilitate healthy lifestyles. Employers should be encouraged to promote physical activity among their workers. Policies designed to discourage sedentary leisure activities among children and young people should be prioritized. The Secretariat should provide technical support to Member States to implement the draft action plan and establish innovative, evidence-based strategies with a view to attaining Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of ECUADOR¹ said that the potential political and economic implications of strategic objectives 2 and 4 of the draft action plan could make them difficult to achieve. Technical support from the Secretariat and political resolve would be needed to ensure effective implementation. The establishment by WHO country offices of partnerships and strategies would be beneficial in that regard. Although progress reporting was an important factor, disparities in Member States' strategies and priorities could make it difficult to compare the data collected.

The representative of PERU¹ said that his Government had taken a number of measures to promote physical activity and healthy eating, following a multisectoral approach. He supported the draft action plan, including the prioritized list of policy actions and guiding principles set out therein, and the draft resolution.

The representative of ARGENTINA,¹ highlighting the importance of reducing vulnerability and inequity, promoting physical activity within the context of protecting human rights, and addressing conflicts of interest, said that the draft action plan should include more specific, measurable and quantifiable ways to apply its recommended actions, with a focus on "physical activity and health", rather than on "sport and health". An evidence-based ranking of the measures proposed should be established in order of efficacy and cost-effectiveness. Such a ranking would be useful for low-income countries that were unable to apply the full range of recommended measures simultaneously.

The representative of the UNITED STATES OF AMERICA¹ said that certain wording in the draft action plan concerning obligations and rights should be edited for accuracy, particularly in paragraphs 17, 24, 29 and 31. His Government did not recognize some of the rights referred to in the document. While access to sport, physical education and safe places and spaces to exercise could be useful in the progressive realization of the right to the highest attainable standard of health, they should not be inaccurately characterized as rights in themselves. The references in the appendix to the marketing of foods and non-alcoholic beverages should also be reviewed for accuracy, and variations in Member States' legislation and policies in that regard should be acknowledged. He asked whether the Organization's strategy on the use of fiscal policies for health would be made available to Member

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

States before the Seventy-first World Health Assembly. Inclusive technical consultations should be held to finalize the monitoring and evaluation framework and the setting of process and impact indicators.

The representative of AUSTRALIA¹ expressed support for the draft resolution.

The representative of SWITZERLAND¹ asked for his country to be added to the list of sponsors of the draft resolution.

The representative of SPAIN¹ emphasized the importance of physical activity in preventing noncommunicable diseases and promoting health and outlined some of the measures his Government was taking in pursuit of its commitment to healthy ageing.

The representative of BANGLADESH¹ said that it would be valuable for the Secretariat to provide Member States with technical assistance to implement national policies in line with the draft action plan, with particular emphasis on operationalizing existing and new multisectoral coordination mechanisms and ensuring accountability; applying equity analyses in the design, implementation and monitoring of programmes to reduce gender, rural–urban and socioeconomic inequalities in physical activity prevalence; and urban planning and design to promote physical activity. He expressed support for the draft action plan and the draft resolution.

The representative of INDIA,¹ expressing full support for the draft action plan and the draft resolution, said that his country had introduced a multisectoral national action plan to tackle noncommunicable diseases and promote physical activity. It had also launched a national campaign to raise awareness of the importance of physical health and had developed a national school sports programme to reduce physical inactivity among children and adolescents.

The representatives of FINLAND¹ and GERMANY¹ requested that their countries be added to the list of sponsors of the draft resolution.

The observer of PALESTINE said that a number of initiatives, including an anti-obesity plan and child nutrition strategy, had been launched in the occupied Palestinian territory with the aim of promoting physical activity and preventing noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed support for the holistic approach to tackling physical inactivity set forth in the draft action plan and particularly welcomed the focus on strengthening health workforce capacity across sectors. Youth-led organizations should be involved in implementing the draft action plan. There should be an emphasis on promoting and establishing healthy lifestyles in early childhood and adolescence, particularly in underserved communities.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that cross-sectoral collaboration, joint investment and accountability would be crucial to implementing the draft action plan. Given the severe shortages in human and financial resources for the promotion of physical activity and the implementation of healthy lifestyle programmes, she welcomed the recommendations on strengthening the available

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

dedicated funding mechanisms. WHO should ensure that partnerships with sectors whose products and services had an impact on noncommunicable disease risk factors or undermined sustainable development principles were approached with caution.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, expressed strong support for the revised target of a 15% relative reduction in physical inactivity among adults and adolescents. In developing process and impact indicators, WHO should include an indicator to measure the number of countries allocating budgetary resources to finance national multisectoral action plans on physical activity or having a designated, funded implementation and monitoring unit. He also urged the Secretariat to include a definition of, and indicator for, “safety” under strategic objective 2.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft action plan and the proposed target of a 15% relative reduction in inactivity.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that schools should introduce gender-sensitive athletics programmes and activities and that awareness-raising campaigns should tie in to educational efforts. Local governments should invest in infrastructure improvements that provided opportunities for physical activity.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for their support for the draft resolution and their active participation in informal consultations on the draft action plan. She also acknowledged the work of many non-State actors who had provided valuable input to that document. The Secretariat would update and refine the draft action plan to reflect Member States’ comments before submitting it to the Seventy-first World Health Assembly. Adopting the draft action plan was only the first step, however, and WHO and the United Nations Inter-agency Task Force on the Prevention and Control of Noncommunicable Diseases stood ready to assist Member States in taking the subsequent, more challenging step of implementing the draft action plan at the country level.

The DIRECTOR-GENERAL thanked Member States for their valuable comments and suggestions. He urged Member States to share their best practices on physical activity for health and organize events and initiatives that promoted healthy, active lifestyles. WHO, for its part, would lead by example by holding a 5 km run the day before the Seventy-first World Health Assembly to raise awareness of the issue. Leading world athletes would be invited, in the hope of ensuring high media coverage. It was anticipated that the event would become an annual fixture and would be accompanied by similar events elsewhere.

The Board noted the report.

The CHAIRMAN took it that the Board agreed to adopt the draft resolution on physical activity for health, with the amendment proposed by the representative of Malta.

The resolution, as amended, was adopted.¹

2. STRATEGIC PRIORITY MATTERS: Item 3 of the agenda (continued)

Global strategy and plan of action on public health, innovation and intellectual property: Item 3.7 of the agenda (documents EB142/14, EB142/14 Add.1 and EB142/14 Add.2) (continued from the seventh meeting)

The representative of COLOMBIA said that informal consultations had been held on the draft decision contained in document EB142/14 Add.1, as a result of which several amendments had been proposed. Subparagraph (1) of the draft decision for consideration by the Health Assembly should be amended to read: “to urge Member States to implement, as appropriate and taking into account national contexts, the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property”. Subparagraph (1)*bis*, originally proposed by the representative of Canada at the Board’s seventh meeting, should be amended to read: “to urge Member States to further discuss the recommendations of the review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property”. An additional subparagraph had been proposed for insertion after subparagraph (1)*bis*, to read: “to request the Director-General to implement the recommendations addressed to the Secretariat as prioritized by the review panel, in an implementation plan, consistent with the global strategy and plan of action on public health, innovation and intellectual property”. The original subparagraph (2) would be renumbered and altered to read: “to further request the Director-General to submit a report on progress made in implementing this decision to the Seventy-third World Health Assembly in 2020, through the Executive Board at its 146th session”. The words “to request the Director-General” would be deleted from the introductory part of the text. She expressed appreciation to the representative of Malta for his efforts to facilitate consensus.

The representative of MALTA welcomed the spirit of cooperation in which the informal consultations on a difficult issue had been conducted.

The representative of BRAZIL, supported by the representative of THAILAND, expressed support for the draft decision, as amended, which represented a good compromise. She noted that the recommendations of the expert review panel referred to in subparagraph (1)*bis* were the fourth, twenty-seventh and twenty-eighth in the report of the review panel annexed to document EB142/14.

The representative of the UNITED STATES OF AMERICA² expressed support for the draft decision, as amended, on the understanding that subparagraph (1) referred only to those recommendations of the review panel that were consistent with the global strategy and plan of action.

The representative of ALGERIA, welcoming the spirit of compromise shown, expressed full support for the draft decision, as amended, and requested that his country be added to the list of sponsors.

¹ Resolution EB142.R5.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representatives of the NETHERLANDS, IRAQ, BENIN, the CONGO and MEXICO welcomed the constructive spirit that had prevailed and expressed full support for the amended draft decision.

The CHAIRMAN took it that the Board agreed to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

The representative of THAILAND emphasized that the Board's decision served only to prioritize certain of the 108 actions set out in the global strategy and plan of action on public health, innovation and intellectual property and did not invalidate any of them.

Draft thirteenth general programme of work 2019–2023: Item 3.1 of the agenda (documents EB142/3 Rev.2, EB142/3 Add.1 Rev.1 and EB142/3 Add.2) (continued from the eighth meeting)

The CHAIRMAN, recalling resolution EB142.R2, adopted at the Board's eighth meeting, said that a revised version of the draft thirteenth general programme of work 2019–2023 had been issued, incorporating Member States' comments and suggestions. The revised draft was contained in document EB142/3 Rev.2.

He took it that the Board agreed to approve the revised draft thirteenth general programme of work 2019–2023 for transmission to the Health Assembly.

It was so decided.

Health, environment and climate change: Item 3.5 of the agenda (document EB142/12) (continued from the sixth meeting, section 1)

The CHAIRMAN drew attention to a revised version of the draft decision contained in document EB142/12, incorporating amendments proposed by Member States, which read:

The Executive Board,

Taking note of the report on health, environment and climate change,² the commitment by the Director-General "to address health effects of climate change in small island developing States and other vulnerable settings" as platforms within the draft thirteenth general programme of work 2019–2023, and the launch of that initiative at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Bonn, Germany, 6–17 November 2017), **also welcoming the United Nations Environment Assembly resolution UNEP/EA.3/L.8/Rev.1 on environment and health; as well as decisions XII/21, XIII/3 and XIII/6 of the Convention on Biological Diversity, on health and biodiversity, and mainstreaming biodiversity within and across sectors; [Mexico]** decided to request the Director-General:

1. To develop, as a priority and in consultation with Member States and other stakeholders as appropriate, and in coordination also with the regional offices, **a draft action plan for the**

¹ Decision EB142(4).

² EB142/12.

platforms to address health effects of climate change initially in small island developing States and subsequently in other vulnerable settings [Fiji] and to submit the draft action plan for consideration by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019; [EU]

2. To develop, in consultation with Member States and other stakeholders as appropriate, and in coordination also with the regional offices **and with other relevant UN- programmes and specialized agencies such as UNEP, [EU]** a draft comprehensive global strategy on health, environment and climate change, **with special attention to the work environment [Sri Lanka]** to be considered by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019;

3. To ensure that, in accordance with decision WHA65(9) (2012), the regional committees are asked to comment and provide input on the global strategy on health, environment and climate change.

(3bis) bearing in mind the World Health Organization and Secretariat of the Convention on Biological Diversity (2015) State of Knowledge Review “Connecting Global Priorities: Biodiversity and Human Health”, to report on actions taken on the interlinkages between human health and biodiversity to be presented to the consideration of the 71st Health Assembly in order to prepare WHO contribution to the 14th Conference of the Parties of the Convention of Biological Diversity. [Mexico]

The representative of MALTA, speaking on behalf of the European Union and its Member States, proposed the deletion of the words “as well as decisions XII/21, XIII/3 and XIII/6 of the Convention on Biological Diversity, on health and biodiversity, and mainstreaming biodiversity within and across sectors” from the introductory part of the paragraph, since the content of those decisions had not been considered by WHO’s governing bodies. In paragraph 1, the word “initially” should be altered to “both”, the word “subsequently” should be deleted, and the word “settings” should be replaced with the word “States”.

The representative of FIJI, supported by the representatives of JAMAICA, NEW ZEALAND, the DOMINICAN REPUBLIC, CANADA and IRAQ, said that the words “initially” and “subsequently” should not be altered or deleted. The proposed sequence of resource allocation did not imply any loss of resources from other States or settings. Given the urgency of the issue for small island developing States, action could not be delayed.

The representative of MEXICO expressed support for the amendments to paragraph 1 proposed by the representative of Malta.

The representative of ALGERIA, supported by the representatives of BRAZIL and IRAQ, requested that a definition of “vulnerable settings” or “vulnerable States”, depending on how the draft decision was amended, be included in the text.

The representative of FRANCE said that the wording of the draft decision should be aligned with the revised wording of the draft thirteenth general programme of work 2019-2023, which referred to “other vulnerable States”. The words “initially” and “subsequently” should be removed so as to ensure that the concerns of such States could be addressed as necessary.

The representative of NEW ZEALAND, supported by the representative of FIJI, suggested that deleting the words “and subsequently in other vulnerable settings” would retain the emphasis on small island developing States and obviate the need to define any terms. He requested clarification of the intent behind the proposed addition in paragraph 2 of the words “with special attention to the work environment”.

The representative of SRI LANKA said that the amendment to paragraph 2 had been intended to refer to occupational safety; on reflection, however, he wished to withdraw it.

The representative of MALTA said that, if assurance could be given that other vulnerable settings would also be considered, she could agree to the amendment proposed by the representative of New Zealand.

The DIRECTOR-GENERAL gave that assurance.

The CHAIRMAN took it that the Board wished to adopt the revised version of the draft decision, as orally amended.

The decision, as amended, was adopted.¹

3. OTHER TECHNICAL MATTERS: Item 4 of the agenda (resumed)

Maternal, infant and young child nutrition: Item 4.6 of the agenda

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (documents EB142/22 and EB142/22 Add.1)
- **Safeguarding against possible conflicts of interest in nutrition programmes** (document EB142/23)

The CHAIRMAN, inviting the Board to comment on both aspects of the agenda item, drew particular attention to the draft decision, contained in paragraph 29 of document EB142/22, and to the associated financial and administrative implications for the Secretariat, set out in document EB142/22 Add.1.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region and referring to the comprehensive implementation plan on maternal, infant and young child nutrition, asked WHO to invest in anaemia control, particularly for women of reproductive age. WHO should also encourage research into low birth weights and support Member States in curbing obesity. Global and regional efforts to promote breastfeeding were encouraging. Expressing concern at reports of breast milk substitutes being contaminated with salmonella, he urged Member States to be vigilant about the marketing of breast milk substitutes and requested the Secretariat to provide clear guidance on ending the inappropriate promotion of foods for children.

With regard to safeguarding against possible conflicts of interest in nutrition programmes, the Governments of the African region were concerned about the influence of public–private partnerships

¹ Decision EB142(5).

on the decision-making and regulatory activities of public authorities. He expressed support for the six-step tool described in the report on safeguarding against possible conflicts of interest and suggested that each stage be evaluated by the national authorities.

The representative of the NETHERLANDS requested further consultations on the draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level. He asked the Secretariat to produce a document comparing the 10 principles of the Scaling Up Nutrition Movement and the draft approach.

The representative of FRANCE expressed support for the work of WHO on conflicts of interest in nutrition programmes and suggested that it could be extended to other areas of health. WHO should coordinate its work with other bodies, such as the Committee on World Food Security and the Scaling Up Nutrition Movement.

The representative of the DOMINICAN REPUBLIC said that WHO should organize meetings at which external bodies were encouraged to address maternal, infant and young child health. It was particularly important to engage the private sector by demonstrating that nutritious products were profitable. Member States should increase efforts to ensure adherence to regulations on breast milk substitutes and allocate more resources to the implementation of the International Code of Marketing of Breast-milk Substitutes. WHO should promote the benefits of breastfeeding by continuing to provide support and by involving specialists, such as paediatricians and neonatologists.

The representative of IRAQ said that intersectoral collaboration was essential to pursuing the comprehensive implementation plan on maternal, infant and young child nutrition. Collaboration among the various levels of the Organization and with other agencies and donors was also needed. The implementation plan should include an emergency response strategy and be combined with the action plan for sexual and reproductive health. It must also encourage breastfeeding through mother- and baby-friendly hospitals and tackle micronutrient deficiencies.

The representative of ZAMBIA expressed appreciation for the tool on managing conflicts of interest and called on the Secretariat to provide technical support for its use.

The representative of BRAZIL welcomed the recommended indicators presented in paragraph 20 of document EB142/22. Recalling that Brazil had been the first country to formally submit its specific, measurable, achievable, relevant and time-bound (SMART) commitments to WHO as part of the United Nations Decade of Action on Nutrition, he encouraged other Member States to follow suit. On the issue of safeguarding against possible conflicts of interest in nutrition programmes, he welcomed the intention to develop pilot projects in all regions to test the applicability and added-value of the tool for managing conflicts of interest, which was outlined in document EB142/23.

The representative of CANADA said that work on maternal, infant and young child nutrition must engage all actors, in compliance with the Framework of Engagement for Non-State Actors; to that end, new ways should be sought to engage the private sector. The replenishment period for the Global Financing Facility in support of Every Woman, Every Child provided an opportunity to consolidate investments.

Safeguarding against possible conflicts of interest in nutrition programmes was essential to maintaining public trust. The tool on managing conflicts of interest should complement existing national approaches.

The representative of MEXICO said that safeguarding against possible conflicts of interest in nutrition programmes would require the participation of external actors in formal meetings, not solely in online consultations. Establishing strategic alliances with all sectors would ensure a comprehensive approach to nutrition. Member States should heed the views of wider society to prevent conflicts of interest in all programmes, not only those related to nutrition.

The representative of ITALY said that the six-step tool proposed as part of the draft approach for the prevention and management of conflicts of interest appeared to be exclusive rather than inclusive. In order to avoid placing an excessive burden on national authorities, a more manageable approach was required, based on transparency, accountability and the participation of all stakeholders. It should not be mandatory for Member States to adopt the draft approach if equivalent domestic legislation already existed.

The representative of the UNITED REPUBLIC OF TANZANIA, referring to the comprehensive implementation plan on maternal, infant and young child nutrition, said that further investment was needed to tackle anaemia in Africa, for instance by strengthening programmes on neglected tropical diseases and continuing anti-malaria interventions. WHO should provide clear guidance on ending the inappropriate promotion of foods for children. He supported the draft decision contained in document EB142/22.

The representative of the PHILIPPINES welcomed the draft approach for the prevention and management of conflicts of interest and said that her Government would explore its use, particularly with regard to engaging the private sector. WHO should set the tone by avoiding engagement with industries that involved inherent conflicts of interest, such as tobacco, alcohol and infant formula milk companies.

The representative of THAILAND said that she supported the decision to extend the comprehensive implementation plan on maternal, infant and young child nutrition until 2030, but suggested that WHO should adopt a more proactive approach, including by providing additional technical support at the regional and global levels and organizing training for nutrition professionals. She supported the draft decision.

With regard to safeguarding against possible conflicts of interest in nutrition programmes, she expressed support for the six-step tool and for country-level pilot projects to test its applicability and practical value.

The representative of the UNITED STATES OF AMERICA¹ expressed the concern that some of the tools associated with the comprehensive implementation plan on maternal, infant and young child nutrition were neither consensus- nor evidence-based. While she supported the expansion of nutrition surveillance efforts, she had reservations about the use of the NetCode toolkit, which referred to technical guidance that had not been formally endorsed or adopted by the Health Assembly, having instead been “welcomed with appreciation”.

Noting concerns that the draft approach for the prevention and management of conflicts of interest might have a negative impact on successful public–private initiatives, such as the Scaling Up Nutrition Movement, she emphasized the need for such guidance to build on relevant Member State experience. Given that there was confusion over how the guidance would apply to existing programmes, she requested time for further consultation among Member States and the Secretariat, with a view to taking a decision at the 144th session of the Board.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of PANAMA¹ expressed support for the draft approach for the prevention and management of conflicts of interest, stressing that it should be aligned with the Framework of Engagement with Non-State Actors. She agreed that the implementation guidance for country-level application of the Baby-friendly Hospital Initiative should be updated on the basis of a more inclusive approach.

The representative of GERMANY,¹ speaking also on behalf of the representative of Latvia, questioned the suitability of indicators 2 and 4 in the comprehensive implementation plan on maternal, infant and young child nutrition. The former contradicted scientific evidence; the latter failed to take account of how nutrition advice was provided within the health systems of different countries. Adequate flexibility to accommodate individual country needs should be built into the plan. At least one indicator should take into account the transition from poor nutrition to caloric overconsumption in many parts of the world, especially in view of the proposed extension of the action plan to 2030.

The representative of COLOMBIA,¹ expressing support for the draft decision contained in document EB142/22, said that it was particularly important to approve the four indicators proposed in paragraph 20 thereof, so that the impact of the implementation plan could be monitored. Mechanisms should be put in place to share experience and best practice among Member States. With regard to safeguarding against possible conflicts of interest in nutrition programmes, he expressed support for the six-step tool outlined in the report but suggested that greater emphasis should be placed on the role of health professionals and associations of health workers.

The representative of PERU,¹ referring to the issue of safeguarding against possible conflicts of interest in nutrition programmes, stressed the continued pertinence and universal applicability of the Framework of Engagement with Non-State Actors and welcomed the recognition of country-specific circumstances in the draft approach for the prevention and management of conflicts of interest. The Secretariat should follow up on the proposed country-level pilot of the draft approach by compiling the lessons learned.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said, with reference to document EB142/3, that additional consultations between WHO and all relevant stakeholders would be welcome to further develop the proposed six-step tool for managing conflicts of interest in nutrition programmes.

The representative of INDONESIA,¹ noting the importance of improving maternal, infant and young child nutrition to meeting the Sustainable Development Goals, said that WHO should intensify its work with Member States to that end. The four indicators recommended in document EB142/22 were welcome, but steps must also be taken to ensure that each country had the capacities necessary to make progress in the areas covered by those indicators.

The representative of POLAND,¹ echoing the comments made by the representative of Germany, said that similar concerns applied to the indicator pertaining to the availability of lactation counselling.

The representative of BURKINA FASO¹ said that, thanks to support provided by Taiwan², the health and nutrition status of mothers, infants and young children in his country had improved

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² World Health Organization terminology refers to “Taiwan, China”.

significantly. Further technical assistance from all quarters would be welcome in the area of food and nutrition.

The representative of NIGERIA¹ said that efforts were being made in his country to accelerate the reduction of maternal, infant and young child malnutrition. The measures proposed in the comprehensive implementation plan had the potential to improve the situation further; however, support was needed to address significant resource gaps in relation to nutrition professionals and funding.

The representative of INDIA¹ expressed support for the draft approach for the prevention and management of conflicts of interest and said that his country intended to participate in the country-level pilot envisaged to test its applicability and value.

The representative of ECUADOR¹ said that it was important to continue to guard against possible conflicts of interest in relation to nutrition programmes and to be aware of all potential forms of conflicts of interest. Emphasis should be placed on the need for the food industry to recognize available scientific evidence regarding nutrition and to heed public policies formulated on the basis thereof.

The observer of PALESTINE said that a multisectoral approach was needed to the issue of safeguarding against possible conflicts of interest in nutrition programmes. Active and targeted assistance should be provided by WHO to help tackle the situation at the country level.

The representative of UNICEF said that the Ten Steps to Successful Breastfeeding should be adopted by all maternity facilities. She called for greater attention to be paid to improving young children's diets. It was regrettable that global levels of anaemia had not improved. Scaling up the use of iron and folic acid supplements during pregnancy would help to accelerate progress.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should provide technical assistance to Member States to ensure comprehensive, multisectoral implementation of the indicators in the comprehensive plan on maternal, infant and young child nutrition. More Member States should adopt legislation on implementing and monitoring implementation of the International Code of Marketing of Breast-milk Substitutes.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that systemic problems in the global food system must be addressed. The lack of nutrition indicators for breastfeeding women and those of reproductive age gave the false impression that women's nutrition only mattered during pregnancy. WHO should therefore prioritize interventions that promoted women's nutrition throughout their lives. Breastfeeding should be viewed from a human rights perspective, not merely through the lens of low-cost investments in public health and economic growth.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that increasing breastfeeding rates was critically important to reducing

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

preventable child deaths, metabolic syndrome and diabetes, preventing childhood obesity and ensuring long-term health and well-being.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that institutional capacity to monitor low birth weight must be strengthened. Moreover, it was essential to begin to monitor and address the issue of wasting in infants under the age of six months. It would be impossible to promote the empowerment of girls and women without devoting more attention to the issue of anaemia. Efforts to monitor the nutrition workforce were most welcome.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a combination of traditional and innovative financing, through development assistance and domestic resources, would be vital to achieving the targets in the comprehensive implementation plan on maternal, infant and young child nutrition. Member States should raise awareness of the benefits of breastfeeding, fully incorporate the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions into domestic law and invest in independent monitoring and effective enforcement mechanisms.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that progress on implementing support for breastfeeding remained slow. She expressed satisfaction with WHO's increased work on implementing the International Code of Marketing of Breast-milk Substitutes through the NetCode toolkit.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that skilled support for parents on breastfeeding and infant nutrition should not be discontinued once an infant had reached six months of age. She expressed concern about changing the order and content of the well-known Ten Steps to Successful Breastfeeding and asked WHO to pay due attention to the input received during its consultations with stakeholders on that matter.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called on more countries to implement sugar taxes, in consultation with their national dental associations. Commending WHO on developing a manual on ending the inappropriate promotion of foods for infants and young children, she urged Member States to implement both the manual and the WHO guidelines on sugar intake for adults and children.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that political commitment to nutrition was growing. WHO was committed to scaling up country support to improve maternal, infant and young child nutrition and would pursue its normative role in defining healthy diets and cost-effective, nutrition-related actions in line with the draft thirteenth global programme of work 2019–2023. The Secretariat would also work with Member States to update the operational guidance for tracking progress on the global nutrition monitoring framework and find solutions to the concerns of national governments. She looked forward to collaborating with UNICEF to further develop the Baby-friendly Hospital Initiative.

The Secretariat did not discourage engagement with non-State actors if it was in the interests of public health. Member States should rest assured that the draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level was a work in progress and would be updated on the basis of consultations with Member States and experience gained in individual countries.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB142/22 and EB142/23.

The Board noted the reports.

The CHAIRMAN also took it that the Board agreed to adopt the draft decision contained in paragraph 29 of document EB142/22.

The decision was adopted.¹

The meeting rose at 12:35.

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¹ Decision EB142(6).