World Health Organization

SIXTY-FIFTH WORLD HEALTH ASSEMBLY
COMMITTEE A

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PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Thursday, 24 May 2012, scheduled at 18:30

Chairman: Dr L.Z. DUKPA (Bhutan)
later: Mr H. BARNARD (Netherlands)

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SEVENTH MEETING

Thursday, 24 May 2012, at 18:55

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1. WHO REFORM: Item 12 of the Agenda (Documents A65/5, A65/Add.1, A65/5/Add.2, A65/Add.3, A65/40, A65/43 and A65/INF.DOC./6) (continued)

The CHAIRMAN invited the Committee to take up the sections on governance reforms and managerial reforms in the draft decision contained in document A65/5 Add.3.

The DIRECTOR-GENERAL reported that, as requested by the Programme, Budget and Administration Committee, the Secretariat had further explored the various implications of the four governance reform options set out in paragraph 3 of the draft decision, by seeking the views of the Regional Directors and consulting with those responsible for organizing United Nations meetings in Geneva. The option put forward in subparagraph 3(d) of the draft decision would have high cost implications; a minimum additional sum of US$ 1 million per session would be required. Moreover, moving the Health Assembly to the last quarter of the year would be unlikely to generate goodwill among other United Nations agencies, as it would be necessary to reschedule the meetings of a long list of other bodies that traditionally convened in the Palais des Nations during that period. The Pan American Health Organization would also be faced with a difficult challenge in that its budget was decided at the September sessions of its Directing Council. In the light of those factors, it appeared unwise to pursue option (d).

As to the options outlined in subparagraphs 3(b) and 3(c) of the draft decision, they would provide longer intervals for reflection between meetings, however it would be difficult, for example, for the Regional Office for the Eastern Mediterranean to prepare the report of its Regional Committee, which met in October, and for the final report to be prepared in the six official languages in time for submission to the Programme, Budget and Administration Committee and the Executive Board in January or February. Her recommendation was therefore to maintain the status quo offered by the option set out in subparagraph 3(a), while at the same time allowing the Secretariat to explore the feasibility of increasing the interval between meetings of the Programme, Budget and Administration Committee and sessions of the Executive Board, so that the Committee would have more time to complete its enhanced agenda and its work could feed meaningfully into that of the Executive Board.

Dr SUWIT WIBULPOLPRASERT (Thailand), Dr SILBERSCHMIDT (Switzerland) and Ms MATSOSO (South Africa) expressed support for that recommendation.

The DIRECTOR-GENERAL, responding to a question from Dr SILBERSCHMIDT (Switzerland) concerning the possibility of starting the budget year on 1 October, said that timely completion of operational planning following approval of the budget would be very difficult if the budget cycle were to be changed. Aligning a change in the budget year with WHO's Global Management System would also cause major disruption, and was therefore inadvisable.

Mr BLAIS (Canada) said that, irrespective of the option selected, decisions relating to financial matters had to be made on the basis of accurate, reliable, realistic and timely information. Information on what measures the Secretariat envisaged in order to ensure that that occurred would be welcome, as would a discussion concerning the possibility of adjusting the dates of the fiscal year. Predictability

would be improved if the planning and decision-making cycle was shorter and if the budget was approved closer to the end of the fiscal year. In the interests of cost-saving, the meeting of the Programme, Budget and Administration Committee and the session of the Executive Board should continue to be held during the same month, preferably February, as suggested in subparagraph 3(b) of the draft decision. The advantage of additional time for reflection gained by increasing the interval between the two events would most likely be neutralized by loss of the momentum created by holding them in close succession.

The DIRECTOR-GENERAL said that the February option would allow more time for preparation and submission of the report of the meeting of the Regional Committee for the Eastern Mediterranean. On the other hand, it would cut short the financing dialogue. Additional information on that score could be provided in January 2013 after the issue of the financing dialogue had been discussed further. She felt confident about the feasibility of holding the two events in late January or early February and continuing to hold the Health Assembly during the third week of May. As to altering the dates of the budget year, she understood from Regional Directors that doing so would create problems with regard to the implementation of country cooperation strategies and operational plans.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, said that the benefit of the option set out in subparagraph 3(d) of the draft decision was that it would enhance alignment of the meeting cycle with the budget year and enable Member States to have a more informed discussion of programmes and budgets at the Health Assembly. Given the arguments that had been presented for that option, she believed that it should remain on the table until more light had been shed on the financing mechanism.

Mr STUPPEL (United Kingdom of Great Britain and Northern Ireland) said that his delegation had been particularly keen to explore option (d). Additional discussion of that option was needed; the matter could be considered further at the January 2013 session of the Executive Board.

Ms BLACKWOOD (United States of America) proposed that subparagraph 3(a) of the draft decision should be amended to read: “to maintain the present schedule of the governing bodies meetings and return to the issue in January 2013”.

Dr GONZÁLEZ FERNÁNDEZ (Cuba) said that, in the interests of a satisfactory outcome to WHO reform, it was important to adopt a step-by-step approach and avoid hasty decisions. He therefore concurred with the recommendation of the Director-General to maintain the status quo while considering the possibility of altering the date of the meeting of the Programme, Budget and Administration Committee.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) observed that no decision was needed in order to maintain the status quo and suggested that the Director-General should be requested to continue exploring each of the four options presented with a view to their further discussion by the Executive Board at its next session or by the Health Assembly.

Ms PATTERSON (Australia), endorsing the Director-General’s recommendation to maintain the status quo, said that it was clear that views differed and Member States wished to discuss the matter further. She therefore supported the amendment proposed by the delegate of the United States of America.

Dr DAYRIT (Secretary), at the request of the CHAIRMAN, read out subparagraph 3(a) with the proposed amendment: "to maintain the present schedule of the governing bodies meetings and return to the topic in January 2013".

The CHAIRMAN took it that, in the absence of any objection, the Committee wished to approve the proposed amendment to subparagraph 3(a) of the draft decision.

It was so agreed.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) pointed out that in paragraphs (4), (5) and (7) Member States were asked to endorse sets of proposals. Major parts of some proposals were acceptable, however other parts might not be for some delegations. He suggested that details of the proposals should be added in the form of bullet points in order to clarify what, exactly, Member States were being asked to endorse.

Dr SUWIT WIBULPOLPRASERT (Thailand), noting that the proposals referred to in paragraph (7) were set out in paragraph 43 of document A65/5, said that he could fully support the proposal in subparagraph 43(a) if "the Officers of the Board" meant the Chairman and five Vice-Chairmen. In addition, if subparagraphs 43(a) and 43(b) were approved, he would propose deleting subparagraph 43(c) because under subparagraphs 43(a) and 43(b) the agenda and draft resolutions submitted to the Executive Board would be more substantive and fewer in number, which would obviate the need to limit reporting requirements.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, endorsed the request made by the delegate of the Islamic Republic of Iran for clarification of paragraphs (4), (5) and (7). She proposed that subparagraph (8)(a) should be amended to begin with the words "to present a draft policy paper".

Dr SILBERSCHMIDT (Switzerland) recalled that during the Committee's fifth meeting his delegation had proposed the addition of a new paragraph (7)bis, which would leave open the option of adapting the rules of procedure of the governing bodies in order to streamline resolutions and the number of agenda items, and would call for the proposal of options on how to streamline the reporting of Member States and communication with them.

Mr DESIRAJU (India), expressing support for the request for clarification of paragraphs (4), (5) and (7), said that unhurried further reflection on the various proposals was required. Paragraph (8) also contained important proposals that required clarification: delegates needed to know more about how the Secretariat intended to go about forging relationships or partnerships with nongovernmental organizations and private commercial entities.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) asked whether, as he had suggested, bullet points containing details of the proposals referred to in paragraphs (4), (5) and (7) would be inserted in the draft decision.

Dr DAYRIT (Secretary), summarizing, at the request of the CHAIRMAN, the discussion of paragraphs (4), (5) and (7), said that the delegates of India and the Islamic Republic of Iran had sought clarification on what was being endorsed in those paragraphs, and the latter had suggested that the Secretariat should insert bullet points for purposes of clarification. The delegate of Switzerland had proposed the addition of a new paragraph (7)bis, to read: "to request the Director General, in consultation with Member States, to: (a) propose options on possible changes needed in the rules of

procedure of the governing bodies to limit the number of agenda items and resolutions; (b) propose options on how to streamline the reporting of and communication with Member States." In addition, the delegate of Thailand had proposed the deletion of subparagraph 43(c) of document A65/5, referred to in subparagraph (8)(c) of the draft decision.

Dr SUWIT WIBULPOLPRASERT (Thailand) clarified that his proposal had concerned paragraph (7) rather than paragraph (8)(c).

Mr AGHAZADEH KHOEI (Islamic Republic of Iran), endorsing the view of the delegate of India, said that there was no need to rush the endorsement of proposals that might not be clear. His specific concerns were that paragraph 33 of document A65/5 was too vague; he was not comfortable with paragraph 43(d), which he believed had no legal basis; and paragraph 41 required further reflection, particularly with respect to how emerging issues would be addressed.

Mr DESIRAJU (India), pointing out that his earlier comment in respect of paragraph 8 had not been reflected in the Secretary's summary, said that more details should be given of the procedure to be followed in order to finalize the reports called for in that paragraph.

Ms KRARUP (Denmark) noted that her proposed amendment to paragraph (8)(a) had also been omitted from the Secretary's summary.

The CHAIRMAN said that the reform process was proceeding unhurriedly, having been under way for two years. He appealed to the delegates of India, the Islamic Republic of Iran and Thailand to make concrete proposals for amendment of the draft decision.

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) said that paragraphs (4), (5) and (7) in their current wording could not be fully understood without reference to document A65/6. His delegation had serious concerns with regard to the proposal contained in subparagraph 43(d) of that document, concerning substitution of resolutions and decisions by the Chairman's summaries, which were the prerogative of Member States.

Dr SILBERSCHMIDT (Switzerland) suggested that the Secretariat should be asked to insert the bullet points requested and distribute a revised version of the draft decision for discussion at the next meeting. That would enable readers to understand the draft decision without referring to the report.

Mr DESIRAJU (India) suggested that, in subparagraph 8(c), the four principles by which the Director-General was to be guided in developing the documents described in subparagraphs 8(a), (b) and (c) might be supplemented by a further principle reading: "the need for due consultation with all relevant parties, keeping in mind the principles and guidelines laid down for WHO's interactions with Member States and other parties".

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States, endorsed the suggestion of the delegate of Switzerland. With regard to subparagraph (3)(a), she proposed inserting after the amendment proposed by the delegate of the United States of America the words: "and in preparation to present a feasibility study on the possibility of shifting the financing year".

Mr AGHAZADEH KHOEI (Islamic Republic of Iran) proposed that subparagraph 43(d) of document A65/5 should be redrafted to read: "to make better use of the Chairmen's summaries reported in the official records, with the understanding that they do not replace formal resolutions".

The CHAIRMAN invited the Committee to comment on the section of the draft decision concerned with managerial reforms.

Ms KRARUP (Denmark), speaking on behalf of the European Union and its Member States and commenting on subparagraph (15)(b), pointed out that there were a number of outstanding issues relating to the report on the first stage of the independent evaluation contained in document A65/5 Add.2, which had been issued rather late, leaving little time for discussion. One of those issues was the time frame; in addition, it was unclear who would perform the second-stage evaluation. She suggested that a paper providing specific details, including on funding for the second-stage evaluation, should be submitted to the Executive Board in January 2013 and that the draft decision should be amended accordingly. She further proposed amending paragraph (18) to read: "to request the Director-General to report, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly on the basis of a monitoring and implementation framework on progress in the implementation of WHO reform".

The CHAIRMAN said that the Committee would resume its discussion of the draft decision the following day on the basis of a revised text that would incorporate all proposed amendments to the three sections of the draft decision.

(For continuation of the discussion and approval of the draft decision, see the summary record of the eighth meeting, section 3.)

Mr Barnard took the Chair.

2. TECHNICAL AND HEALTH MATTERS: Item 13 of the Agenda (continued)

Prevention and control of noncommunicable diseases: Item 13.1 of the Agenda (Documents A65/6, A65/6 Add.1, A65/7, A65/8, A65/9, EB130/2012/REC/1 and resolutions EB130.R6 and EB130.R7) (continued)

- **Outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control** (continued from the second meeting)

The CHAIRMAN drew attention to a revised version of the draft decision on follow-up to the High-level meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, which had been prepared by a drafting group to reflect amendments proposed by various delegations and which read:

> The Sixty-fifth World Health Assembly,
>
> PP1 Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2), in particular paragraph 62, to prepare recommendations, before the end of 2012, for a set of voluntary global targets for the prevention and control of noncommunicable diseases and the commitments made to address noncommunicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and the underlying common risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol;

PP2 Reaffirming the leading role of WHO as the primary specialized agency for health, as recognized by the United Nations General Assembly in the Political Declaration of the High-level meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and its responsibility with the full participation of Member States[1] pursuant to paragraphs 61 and 62 of the Political Declaration toward development of a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, and a set of voluntary global targets for the prevention and control of noncommunicable diseases, before end 2012;

PP3 Recalling the commitment made in WHA60.23 to achieve the target of reducing death rates from noncommunicable diseases by 2% annually during the period 2006–2015,

1. DECIDED to welcome the report A65/6 on prevention and control of noncommunicable diseases and its addendum 1 and recognized the significant progress made in close collaboration with Member States pursuant to paragraphs 61 and 62 of the Political Declaration;

2. DECIDED to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025;

3. EXPRESSED strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity;

4. DECIDED to note wide support expressed by Member States[1] and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity;

5. FURTHER noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from among Member States[1] and other stakeholders for the development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases;

6. NOTED that other targets or indicators may emerge in the remainder of the process established by resolution EB130.R7;

7. URGED all Member States[1] to participate fully in all remaining steps of the noncommunicable diseases follow-up process described in resolution EB130.R7 including regional and global level consultations;

8. REQUESTED the Director-General to:

(i) undertake further technical work on targets and indicators and prepare a revised discussion paper on the comprehensive global monitoring framework which reflects all discussions and submissions to date and which takes into account measurability, feasibility, achievability and the existing WHO strategies in this area; and

(ii) consult with Member States[1] including through Regional Committees, and where appropriate, regional technical/expert working groups which report to Regional Committees through the Secretariat, on this revised discussion paper;

[1] And, where applicable, regional economic integration organizations.

(iii) continue to consult with all relevant stakeholders in a transparent manner on this revised discussion paper;
(iv) prepare a report summarizing the results of the discussions in each of the Regional Committees and the inputs from the above-mentioned dialogues with stakeholders;
(v) convene a formal Member States[1] meeting, to be held prior to the end of October 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of noncommunicable diseases;
(vi) submit a substantive report on the recommendations relating to paragraphs 61 and 62 of the Political Declaration through the Executive Board at its 132nd session to the Sixty-sixth World Health Assembly.

Dr ST. JOHN (Barbados), speaking as Chair of the drafting group, said that representatives of some 30 Member States had participated in its work, including representatives speaking on behalf of the 27 Member States of the European Union. Consensus had been sought in two broad areas: defining the process until the end of 2012 and identifying the implications for the Sixty-sixth World Health Assembly and determining which indicators and targets should be included in the draft decision. The group had also considered whether any of the indicators currently proposed could be endorsed by the present Health Assembly. The consensus reached on those issues was reflected in the revised version of the draft decision.

It had been recognized that the process of setting targets for noncommunicable diseases was highly political as well as technical, and it had therefore been considered important to utilize the regional committee meetings and other regional processes, where possible or appropriate, in order to obtain Member States' views prior to a formal global meeting, to be held before the end of October 2012. Further technical work was needed on a range of indicators and targets relating to the four main noncommunicable diseases and risk factors. There had been sufficient agreement and support to recommend that the mortality target should be adopted by the current Health Assembly.

The CHAIRMAN said that, in the absence of any objection, he would take it that the Committee wished to approve the draft decision.

The draft decision was approved.[2]

Nutrition: Item 13.3 of the Agenda (Documents A65/11, A65/11 Corr.1 and A65/12) (continued)

- **Maternal, infant and young child nutrition** (continued from the fourth meeting, section 2)

- **Nutrition of women in the preconception period, during pregnancy and the breastfeeding period:** Item 13.3 of the Agenda (continued from the fourth meeting, section 2)

The CHAIRMAN recalled that discussion of the agenda item had been suspended during the Committee's fourth meeting and invited the delegate of the Bahamas, who had been unable to deliver her statement in full, to take the floor.

[1] And, where applicable, regional economic integration organizations.

[2] Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA65(8).

Dr BRENNEN (Bahamas) said that his delegation had decided to submit the remainder of its statement electronically to the Secretariat.

Dr DLAMINI (South Africa) expressed satisfaction with the draft comprehensive implementation plan for maternal, infant and young child nutrition, contained in document A65/11, and emphasized the importance of ensuring timely finalization and adoption of the indicators. Improving the nutritional conditions of women in the preconception period remained a challenge. Unplanned pregnancies and delayed care-seeking during pregnancy increased risks for mothers with poor nutrition status and for their infants. In South Africa, the problem of low birth weight was further compounded by high rates of teenage pregnancy, lifestyle factors such as alcohol and substance abuse, and HIV infection. Her Government had prioritized the reduction of infant and young child mortality. Nutrition interventions, such as the promotion of exclusive breastfeeding and micronutrient supplementation, together with efforts to ensure food security, were among the key strategies being implemented. In order to enhance country-level activities, she called on the Director-General to increase advocacy and support for countries in preparing legislation and enforcing the International Code of Marketing of Breast-milk Substitutes.

Dr ALMANEA (Bahrain) said that his Government attached great importance to maternal, infant and young child nutrition. It had not only adopted the global strategy on infant and young child feeding, but had improved services in hospitals, encouraged mothers to breastfeed infants during the first six months of life, and produced guidelines on the issue. He echoed the comments made by the representative of the United Arab Emirates on behalf of the Member States of the Eastern Mediterranean regarding the need for information on the scientific basis for the proposed indicators.

Dr SLAMET RIYADI YUWONO (Indonesia) underlined the importance of nutrition for women in the preconception period, during pregnancy and in the breastfeeding period, given its links with noncommunicable diseases later in life. His Government had a comprehensive national policy and a national action plan on food and nutrition, which was updated every five years. Current efforts were focused on reducing the prevalence of malnutrition, in line with the Millennium Development Goals. Since 2008, legislative measures had been taken to ensure that women were able to breastfeed their babies in the workplace, and in 2012 regulations had been introduced to protect and promote exclusive breastfeeding for the first six months of life, encourage mothers to continue complementary feeding for the first two years and ban the marketing of formula milk and other baby food products.

His Government had committed to the "Scaling Up Nutrition" movement. It welcomed the draft comprehensive implementation plan, which provided a framework for solving long-term nutritional problems. He supported the draft resolution put forward by Swaziland and Uganda, but proposed, in view of differences in national circumstances, that subparagraph 2(h) be amended to read: "to encourage countries to set up a national mechanism to deal with conflicts of interest".

Dr MOTEETEE (Lesotho) said that, in common with other African countries, Lesotho continued to see high levels of malnutrition and low rates of exclusive breastfeeding, a situation exacerbated by the high prevalence of HIV infection. An alarmingly large number of children under five years of age were stunted and, although recent data for obesity rates were not available, the 2001 figures of 43% in urban areas and 33.5% in rural areas were not thought to have decreased significantly. Her Government had adopted guidelines on infant and young child feeding and had trained primary health care workers in the integrated management of acute malnutrition.

Success in improving nutrition would have a positive impact on noncommunicable disease rates, and Lesotho therefore welcomed the draft comprehensive implementation plan set out in document A65/11. She urged WHO to develop both a monitoring and evaluation framework and tools to allow countries to better assess their progress in implementing the plan. Expressing support for the draft resolution proposed by Swaziland and Uganda, she said that, given differences between legal

systems on matters such as conflict of interest, WHO should facilitate coordination within regions to ensure the harmonization of legislation.

Dr HEMMATI (Islamic Republic of Iran) said that nutrition for high-risk groups posed numerous challenges worldwide, including those set out in paragraph 17 of document A65/11, and larger-scale action to tackle them was needed. Given the importance of food and nutrition for human health, the Organization's focus on high-risk groups was welcome. To make further progress, comprehensive programmes should be undertaken, involving all Member States and international stakeholders. Governments should work to improve the nutritional status of communities, taking into account equity, comprehensiveness, the need to target high-risk groups, effectiveness and acceptability. Reducing micronutrient deficiencies, improving communication and information on healthy diets, and controlling the fast food market could significantly improve nutrition in society.

Mr DEANE (Barbados) welcomed the Organization's work on nutrition of women during the preconception period, pregnancy and the breastfeeding period, which was an important initiative to secure the future development of human capital. Nutrition across the life cycle was firmly embedded in his country's primary health care system. Given the abundance of high-energy foods in Barbados and the challenges women faced in providing appropriate nutrition for themselves and their families, the Government had scaled up nutrition programmes and was promoting the use of dietary guidelines and working to encourage healthy diets among children in schools. Barbados supported both exclusive breastfeeding and the implementation of the International Code of Marketing of Breast-milk Substitutes.

Dr SUNDARANEEDI (Trinidad and Tobago) expressed support for the draft comprehensive implementation plan, which would provide countries with a multisectoral nutrition framework for strengthening maternal and child health service delivery, policies and programme planning. His Government was currently reviewing its draft food and nutrition policy to ensure that it addressed all nutritional challenges throughout the life-cycle. Trinidad and Tobago was a signatory to the International Code of Marketing of Breast-milk Substitutes and had a strong policy and advocacy programme to ensure safe and adequate nutrition through breastfeeding. Good compliance with that policy had been achieved without the need to introduce legislation. Initiatives had been taken to greatly limit the use of infant formula in public hospitals, and the Government had encouraged manufacturers to include a statement on their products indicating that infant formula was not a substitute for breast milk.

The role of civil society had been vitally important to those efforts, and he therefore encouraged countries that might have difficulty in implementing legislation to work with nongovernmental organizations to further the cause. His Government remained committed to achieving Millennium Development Goals 4 and 5 and had adopted a "continuum of care" approach to maternal, neonatal and child health. The optimal strategy for improving the nutritional status of women and children lay in combining specific interventions with a multisectoral approach.

Dr SEAKGOSING (Botswana), commending WHO's placement of nutrition high on its agenda, said that high rates of undernutrition in his country could be attributed, among other things, to poor infant feeding practices. Rates of exclusive breastfeeding remained low. His Government was taking measures to improve feeding practices, such as acceleration of training for health workers on infant and young child feeding, individualized counselling for all mothers and provision of maternity leave and infant-feeding breaks for mothers who worked outside the home. A family health survey had shown that a significant proportion of women of reproductive age were either underweight or obese, thus creating a double burden of malnutrition. Strategies introduced to improve the nutritional status of women of reproductive age included the provision of food baskets, and vitamin and mineral supplements to pregnant women.

Dr Shu-Ti CHIOU (Chinese Taipei) said that the global breastfeeding target would be difficult for Chinese Taipei to meet as a large proportion of women of reproductive age were working women; however, the Act on Gender Equality in Employment required employers to allow women time off for breastfeeding or breast-milk collection, and a law on breastfeeding in public places ensured women's freedom to breastfeed and the availability of breastfeeding and breast-milk collection rooms in public places. Exclusive breastfeeding rates remained low, but had doubled over the previous seven years. They had been found to be higher among women who had given birth in baby-friendly hospitals versus regular health facilities. Chinese Taipei therefore strongly supported the Baby-Friendly Hospital Initiative.

Ms DELTETTO (International Federation of Red Cross and Red Crescent Societies), speaking at the invitation of the CHAIRMAN, said that more needed to be done to strengthen the resilience of vulnerable populations and address the underlying causes of that vulnerability, including undernutrition. Undernutrition in pregnant women was responsible for poor fetal growth and reduced biological resilience. As a crucial component of the maternal, newborn and child continuum of care, maternal nutrition must therefore be fully integrated into national and subnational health policies.

Ms SMITH (International Lactation Consultant Association), speaking at the invitation of the CHAIRMAN, said that breastfeeding was the key to optimal nutrition and to success in all aspects of the draft comprehensive implementation plan. She urged WHO to ensure that breastfeeding remained a priority issue for the Organization and to recognize the importance of breastfeeding not only for nutrition but for mother-infant bonding and the health of the community. While welcoming the global targets set forth in the draft comprehensive implementation plan, she suggested that their order should be changed so that global target 5, concerning exclusive breastfeeding, became global target 1. The achievement of the other five targets depended to a great extent on whether breastfeeding was continued up to the age of six months. She urged stronger action to ensure compliance with the International Code of Marketing of Breast-milk Substitutes and called for the Baby Friendly Hospital Initiative to be strengthened worldwide.

Mrs EARDLEY (World Vision International), speaking at the invitation of the CHAIRMAN, noted that the target date for achievement of the Millennium Development Goals was only three years away, and although the global poverty target was on track, undernutrition remained a significant problem and rapid progress was needed in scaling up nutrition initiatives in Member States. She welcomed the draft comprehensive implementation plan, which built on the positive momentum created by the "Scaling Up Nutrition" movement and presented constructive and specific guidance for Member States. Increasing guidance on multisectoral activity and the development of related indicators was crucial. Her organization supported the proposed global targets for nutrition and urged governments to develop corresponding country-level targets and to incorporate indicators for nutrition into health information systems in order to track progress. A consultative process should be developed to establish national targets, paying particular attention to the unique contexts of fragile States. The draft comprehensive implementation plan should also contain language referring to the fulfilment of the right to food and the right to health as key international covenants that should be central to global and national efforts to improve maternal and child health and nutrition.

Dr GUPTA (Consumers International), speaking at the invitation of the CHAIRMAN, said that the resources available for protection, promotion and support of breastfeeding were not commensurate with the importance of the issue. The draft comprehensive implementation plan appeared to place too much emphasis on micronutrient deficiencies and not enough on the underlying causes of childhood malnutrition. The plan should include indicators for periodic evaluation of policies and programmes and the identification of gaps and provide for the development of action plans to bridge them. The Secretariat should support Member States in combating inappropriate promotion of foods for infants

and young children, as mandated in resolution WHA63.23. The plan should also call for independent monitoring and reporting of violations of the International Code of Marketing of Breast-milk Substitutes, and the proposal regarding mechanisms to safeguard against potential conflicts of interest should also cover WHO and international partners, in addition to Member States.

Dr COSTEA (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on nutritional outcomes, the role of maternal nutrition and the need for multisectoral involvement, as well as the emphasis on the need for evidence-based and country-specific interventions. Her organization supported exclusive breastfeeding in the first six months of life and continued breastfeeding with appropriate complementary feeding thereafter. It also supported the emphasis placed in the draft comprehensive implementation plan on social determinants of health and nutritional counselling for women, including advice on the safe and timely introduction of nutritionally adequate complementary foods. Her organization continued to invest in research and innovation, quality and safety, and worked with public health partnerships to advance nutrition science and standards.

Ms SCHLEIFF (CMC – Churches' Action for Health), speaking at the invitation of the CHAIRMAN, welcomed the draft comprehensive implementation plan, but expressed concern that it failed to provide for the building of a framework to regulate transnational agribusiness and food corporations at the global and country levels. New provisions providing transnational corporations with defences against regulation continued to be inserted into preferential trade agreements, and she urged WHO to work with Member States to develop coherent policies to address the relationship between trade and health, in accordance with the provisions of resolution WHA59.26. It was important to consider nutrition within the context of food security and insecurity. The stalemate in the Doha Round at WTO had left in place policies that were detrimental to small farmers in many countries, and she urged WHO to take a proactive stance on trade issues and the regulation of transnational industry, in collaboration with other competent intergovernmental bodies.

Mr BAKER (Helen Keller International), speaking at the invitation of the CHAIRMAN, welcomed the draft resolution and underscored his organization's support for exclusive breastfeeding during the first six months of life. He urged all countries to implement the International Code of Marketing of Breast-milk Substitutes. Recognizing the importance of appropriate complementary feeding practices starting at six months of age, Helen Keller International was concerned that resolution WHA63.23 would significantly limit efforts to produce and appropriately market high-quality, fortified complementary foods. Such foods, including lipid-based nutrient supplements, should form part of a holistic approach to filling gaps in nutrition in children aged six months to two years. The complete prohibition of any nutrition- and health-related claims for such complementary foods would constrain campaigns aimed at informing and educating mothers and other caregivers on nutritious food choices and optimal feeding plans. His organization welcomed the draft comprehensive implementation plan and urged the Secretariat to develop evidence-based guidelines on the appropriate marketing of complementary foods. It also sought clarity on the internal conflict between subparagraphs 1(4) and 1(6) of resolution WHA63.23.

Ms HOLLY (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, said that progress in combating malnutrition, which could cause the loss of up to 3% of a country's gross domestic product, had been slow. She called on Member States to endorse the draft comprehensive implementation plan, including its proposed targets, which reflected the scale of the required response and would help to sustain political momentum regarding nutrition. Her organization had presented research in May 2012 that indicated that a 40% reduction in the number of stunted children by 2025 in the 36 high-burden countries was possible if key economic and policy issues were addressed, including development of policies aimed at raising the incomes of the poorest households. Targets

should be disaggregated to ensure that progress could be measured. National governments should be consulted and supported to ensure that global targets were adapted and implemented at the national level. Partners in the "Scaling Up Nutrition" movement should work closely with Member States, the Secretariat and other stakeholders in increasing efforts to improve child nutrition. A strong monitoring system, including regular data collection, would be crucial for assessing progress. She welcomed the decision by the Government of the United Kingdom of Great Britain and Northern Ireland to host a high-level event on hunger and malnutrition during the 2012 Olympic Games.

Dr CHESTNOV (Assistant Director-General) welcomed the valuable comments made during the meeting as well as those transmitted in writing by Member States and nongovernmental organizations in recent months on the subject of nutrition.

Dr BRANCA (Department of Nutrition for Health and Development) said that the proposed global targets included in the draft comprehensive implementation plan had been developed in response to requests by Member States to identify priority areas for action. The global targets were not intended to replace national targets, but to serve as guidance to be used by governments in developing national targets that reflected national situations. National targets might be more ambitious than the global targets. Hence, countries that had already achieved a 50% rate of exclusive breastfeeding up to the age of six months should consider setting a higher target such as 75%. With regard to the need to scale up nutrition work at country level, the Secretariat had noted the call to develop a national consultative process for national target-setting. The assessment of breastfeeding up to two years and beyond, together with adequate complementary feeding, was included in the proposed monitoring framework.

Agreement by the Health Assembly on the global nutrition targets proposed in the draft plan would also serve as an input to discussions already under way on the post-2015 United Nations development agenda, to be discussed at the forthcoming United Nations Conference on Sustainable Development (Rio+20). Agreement on those targets would also help countries to scale up action to combat malnutrition and to realize the target under Millennium Development Goal 1 of reducing by half the proportion of people suffering from hunger and poverty.

The Secretariat used the best available research to inform decision-making and conducted systematic reviews of the relevant literature. That input had been taken into account in the development of the draft plan, as had best practices observed in countries. The Secretariat had taken note of the request to implement operational research, which would complement recommendations in the draft plan to develop a prioritized research agenda.

If the draft plan was approved, the Secretariat would ensure that it was modified as requested by the representative of the European Union: Tables 1 to 3 would be removed and included in other WHO normative texts on nutrition. WHO monitoring and evaluation procedures would be developed further, as requested by Member States.

The CHAIRMAN noted that both a draft resolution and a draft decision had been proposed, and invited the delegate of Swaziland to take the floor.

Ms CHANESTA (Swaziland) said that the delegations of Swaziland, Canada and other countries had met to discuss a revised version of the draft resolution that would amalgamate the draft decision and draft resolution proposed during the Committee's fourth meeting. The new version, sponsored by Canada, Mexico, Swaziland and the United Kingdom of Great Britain and Northern Ireland, would read:

The Sixty-fifth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition: draft comprehensive implementation plan (A65/11),

1. ENDORSES the comprehensive implementation plan on maternal, infant and young child nutrition;

2. URGES Member States, to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including:

(a) revising nutrition policies so that they comprehensively address the double burden of malnutrition and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding;

(b) developing or where necessary strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes;

(c) establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest;

3. REQUESTS the Director-General:

(a) to provide clarification and guidance on the inappropriate promotion of foods for infants and young children as mentioned in resolution WHA63.23;

(b) to support Member States to monitor and evaluate policies and programmes, including those of the global strategy for infant and young child feeding;

(c) to develop risk assessment and management tools to safeguard against conflicts of interest in policy development and implementation of nutrition programmes.

Ms HERNANDEZ (Canada) said that the new draft resolution before the Committee was the product of intensive and constructive negotiations involving a number of Member States. She hoped that it would be fully supported.

Mr KOLKER (United States of America), expressing support for the draft resolution, said that in paragraph 3 it should be made clear that the guidance and risk assessment and management tools to which it referred were designed to support countries in implementing the comprehensive plan.

Mr ÁLVAREZ LUCAS (Mexico) said that he also supported the draft resolution.

Ms SCHJØNNING (Denmark), speaking on behalf of the European Union and its Member States, expressed support for the new draft resolution but requested that a footnote be added to paragraph 2 after "Urges Member States", reading: "And, where applicable, regional economic integration organizations".

Dr TAKEI (Japan) expressed support for the new draft resolution but suggested that the Director-General should be asked to update Member States as new evidence became available. Accordingly, he proposed adding "with the latest evidence on nutrition" at the end of subparagraph 3(b).

Ms BULLINGER (Switzerland) welcomed the new draft resolution. Referring to subparagraph 3(a), she asked what was the added value of requesting the Director-General to provide guidance on inappropriate promotion of foods for infants and young children, a task that fell within the remit of the Codex Alimentarius Commission.

Ms CADGE (United Kingdom of Great Britain and Northern Ireland), referring to the comments made by the delegate of the United States of America, suggested inserting "country-level" before "policy development" in subparagraph 3(c).

Ms CHANESTA (Swaziland), responding to the question raised by the delegate of Switzerland, recalled that when resolution WHA63.23 had been discussed in 2010, concerns had been expressed about the lack of a precise indication of what was meant by "inappropriate promotion of food for infants and young children"; the new draft resolution sought clarification on that issue and how it should be addressed at the country level.

Dr THITIKORN TOPOTHAI (Thailand) welcomed the new draft resolution, which represented a compromise between the two draft texts presented previously. Before taking a decision on the resolution, however, he would like to see the text in writing.

Ms BULLINGER (Switzerland), welcoming the response from the delegate of Swaziland, noted that the Codex Alimentarius Commission was currently carrying out work on the subject and would be releasing its conclusions shortly. She remained concerned at the request made of the Director-General and the responsibility entrusted to her in subparagraph 3(a). She seconded the request of the delegate of Thailand.

The CHAIRMAN said that the draft resolution would be distributed as a conference paper for consideration at the next meeting.

(For continuation of the discussion, see the summary record of the eighth meeting, section 4.)

The meeting rose at 21:30.

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