

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

**Palais des Nations, Geneva
Friday, 25 May 2018, scheduled at 14:30**

**Chairman: Ms M. MARTÍNEZ MENDUIÑO (Ecuador)
later: Dr S. BROSTRØM (Denmark)**

CONTENTS

	Page
1. Other technical matters (continued)	
Improving access to assistive technology	2
2. Strategic priority matters (continued)	
Public health preparedness and response (continued)	
• Implementation of the International Health Regulations (2005) (continued) .	8
3. Other technical matters (resumed)	
Maternal, infant and young child nutrition (continued)	
• Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report	10
• Safeguarding against possible conflicts of interest in nutrition programmes .	10

COMMITTEE A

ELEVENTH MEETING

Friday, 25 May 2018, at 14:45

Chairman: Ms M. MARTÍNEZ MENDUIÑO (Ecuador)

later: Dr S. BROSTRØM (Denmark)

1. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

Improving access to assistive technology: Item 12.5 of the agenda (documents A71/21 and EB142/2018/REC/1, resolution EB142.R6)

The representative of PAKISTAN drew attention to the number of people who lacked access to assistive technology around the world, and outlined previous global, regional and national efforts to address the issue. Member States needed to prioritize assistive technology as an essential part of inclusive sustainable development, in line with the principle of leaving no one behind under the 2030 Agenda for Sustainable Development. She called on all Member States to uphold human dignity by supporting the draft resolution on improving access to assistive technology contained in resolution EB142.R6, which aimed to improve access to high-quality, affordable assistive products within universal health coverage.

The representative of ECUADOR expressed the conviction that the draft resolution could be a valuable tool to improve access to assistive technology. Such a step reaffirmed Member States' commitments on access to assistive technology under the Convention on the Rights of Persons with Disabilities, and would open up new possibilities for cooperation, solidarity and the transfer of technology.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, commended WHO for its progressive role in advancing the Convention on the Rights of Persons with Disabilities, and urged Member States who had not done so to ratify that Convention. The growth in disability rates in the Region meant that many people would benefit from improved access to assistive products. Without action, the range of challenges faced by people with disabilities could hinder efforts to achieve the "triple billion" goals and the Sustainable Development Goals. The Global Cooperation on Assistive Technology initiative would provide leadership to strengthen global partnerships and improve access to high-quality, affordable assistive products. His Region supported the draft resolution.

The representative of BRAZIL said that the issue of access to assistive technology went beyond achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) or implementing obligations under the Convention on the Rights of Persons with Disabilities; above all, it was about providing equal opportunities and improving quality of life for those in need. Lack of access to assistive technology affected both individuals and society as a whole, reducing productivity and the size of the economically active population. He supported the draft resolution.

The representative of the UNITED STATES OF AMERICA highlighted the contribution that her Government had made to the Organization's work on assistive technology. Such developments

allowed those in need to enter education and employment, contribute to their communities and live independently. She welcomed the draft resolution, which was important since assistive technology remained out of reach for many, and looked forward to further discussions on best practices and priorities.

The representative of the REPUBLIC OF KOREA welcomed efforts by WHO to improve access to assistive technology and noted paragraphs 1(5) and 1(6) of the draft resolution, which urged Member States to promote research and development, and collaborate on the manufacturing, procurement and supply of priority assistive products. The latter was of particular concern as the high cost of imported products placed them beyond the reach of those in need. The Secretariat should develop innovative ways of reducing the cost of imported products, such as import and export duty reductions or exemptions, and develop standards to prevent excessive profiteering by sellers of assistive products.

The representative of LIBYA expressed support for the draft resolution. Access to assistive technology was a pillar of universal health coverage and a fundamental human right that required collective efforts on all levels. Ongoing internal conflict had made health emergencies a regular feature in Libya, and many young people required artificial limbs and assistive technologies as a consequence. Cooperation was needed at the regional and global levels in the manufacture, sale and maintenance and use of assistive technology.

The representative of MALAYSIA expressed support for the draft resolution and provided details of national measures to promote the development and regulation of assistive technology.

The representative of JAPAN said that assistive technology played an important role in social inclusion for the ageing population and people with disabilities and chronic diseases. It was important to improve quality as well as access; future discussions should consider the introduction of a system to guarantee the quality of assistive technology, such as prequalification by WHO.

The representative of SOUTH AFRICA expressed support for the draft resolution and noted with concern the lack of access to assistive products. While she agreed with the challenges listed in the report, specific reference should have been made to the cost and affordability of assistive products, which was a particular issue in low- and middle-income countries. She welcomed efforts to develop a priority assistive products training package and an assistive products procurement manual – which should include a price benchmarking mechanism similar to that used for medicines and vaccines – and asked when they would be available.

The representative of BAHRAIN affirmed that assistive technology was important to realizing social inclusion and individual independence. The Secretariat should focus on creating a detailed and reliable database of assistive technology requirements, policies, funding and research. She expressed support for the draft resolution.

The representative of IRAQ said that he would welcome the integration of access to assistive products in universal health coverage. Work on the issue of assistive technology would contribute to the implementation of the Thirteenth General Programme of Work, 2019–2023. It was a prerequisite for ensuring sustainable primary health care provision that was integrated at all levels, and would help to strengthen such provision in response to community needs.

The representative of CHINA supported the draft resolution and noted that improving access to assistive technology would lead to further developments in that industry. He urged Member States to

formulate effective policy measures to integrate assistive products into universal health coverage, strengthen research and development and improve international collaboration, notably through implementation of the Global Cooperation on Assistive Technology initiative. It was also important to improve supply chains, reduce customs duties and simplify related procedures, and develop online sales.

The representative of the DOMINICAN REPUBLIC said that people with disabilities should no longer have to rely on charity; the draft resolution would enable them to claim their right to timely, high-quality care that met their needs. Member States already had evidence that the actions proposed had been successful in the case of medicines and health products. To ensure that no one was left behind, the Secretariat needed to provide technical support to Member States so that they could overcome the challenges described in the report, notably regarding national regulations. She therefore supported the draft resolution and the Global Cooperation on Assistive Technology initiative.

The representative of THAILAND expressed support for the draft resolution. Its successful implementation would require a change in attitude; viewing people with disabilities as assets rather than burdens would lead to increased investment in assistive technology and create an environment that allowed them to lead full lives. Given the limited resources available, policy decisions on assistive technology needed to be evidence-based and make use of tools such as health technology assessment. Implementing the draft resolution in the context of universal health coverage was the best way to ensure the effective provision of assistive technology, which needed improved availability, accessibility, acceptability, adaptability and affordability.

The representative of GHANA, speaking on behalf of the Member States of the African Region, drew attention to the high rate of disability in his Region; while many countries had ratified the Convention on the Rights of Persons with Disabilities, there was a widespread lack of access to assistive technology due to high costs, a weak supply chain, poor awareness and a lack of trained personnel. He called on the Secretariat to support Member States in the Region in their efforts to assess needs for assistive technology; develop policies and programmes to improve access; draft regulations and standards; and create training modules. Engagement with people with disabilities and users of assistive technology would ensure that their views were reflected in technology development and provision and in the Organization's normative work. His Region supported the draft resolution.

The representative of SRI LANKA said that the serious challenges regarding the availability of assistive technology in his Region should be addressed. In addition to improving accessibility, affordability, quality and the accessibility environment, technological advances would benefit people around the world. Research and development should therefore be promoted to improve the design and cost-effectiveness of assistive products. International cooperation to establish strong regulatory mechanisms backed by a robust policy framework in Member States would help those in need to have access to better solutions and services.

The representative of the PHILIPPINES expressed support for the draft resolution. The forthcoming assistive technology policy framework should take into account the role that WHO could play in pushing for legislation on universal health coverage. It was important to apply evidence-based processes to assess health technology; the minimum standards and guidance on assistive technology would further country efforts in the procurement and provision of assistive products, especially in emergencies. He welcomed the forthcoming assistive products training package for health care personnel.

The representative of GERMANY welcomed the Organization's efforts to improve access to assistive technology, observing that the publication of the Priority Assistive Products List was key to

raising awareness of the existing undersupply and strong growth in demand. She supported the draft resolution, which was an important step towards achieving universal health coverage and Sustainable Development Goal 3.

The representative of the UNITED REPUBLIC OF TANZANIA said that he supported the draft resolution and noted the alarming projected rise in the number of people requiring assistive products. In view of the exorbitant tariffs that contributed to the limited access to assistive technology in his country, he took note of inter-agency collaboration on WTO regulations, and welcomed the Global Cooperation on Assistive Technology initiative and forthcoming support from the Secretariat to develop national assistive technology and rehabilitation programmes, policies and strategic plans.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she supported the draft resolution. Her Government was working with technical partners, donors, civil society and the private sector on assistive technology. It was important to deploy market-shaping approaches, such as pooling and coordinating procurement and bringing in new, low-cost, high-quality suppliers. Such approaches had proved successful in increasing access to lifesaving health commodities such as vaccines and antiretroviral therapy.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Sustainable Development Goals could not be achieved without equitable access to affordable, quality and safe assistive technology. The Secretariat should provide Member States with technical support to strengthen the role of the health sector in providing assistive technology. The topic should also be an inherent component of global and national preparedness and response plans for humanitarian and emergency contexts, especially conflicts. His Region supported the draft resolution.

The representative of TURKEY said that her Government had taken measures to improve access to assistive technology and invested in research and development. She supported the draft resolution.

The representative of AUSTRALIA highlighted that provision of affordable, quality assistive technology was an equity and human rights issue, and was essential to achieving the Sustainable Development Goals. Many people with disabilities or older people required access to assistive technology in order to fully and equally participate in all aspects of life. Australia had been active in assistive technology research, development and provision for many years, with assistive technology being a key element of its National Disability Insurance Scheme. He commended WHO on the Global Cooperation on Assistive Technology initiative. WHO should continue to make progress in that area, especially in the Western Pacific Region, which faced unique challenges and was one of the least resourced regions with regard to assistive technology. He supported the draft resolution.

The representative of SURINAME stated that her Government had introduced national legislation on the socioeconomic rights of persons with disabilities but lacked reliable data on the need for assistive technology. She expressed support for the draft resolution.

The representative of ZIMBABWE said that it was important to address factors that limited access to quality, affordable and standardized assistive technology, particularly in Africa, such as high costs, weak supply chains and a lack of policy and legislation. The Secretariat should support his Government to develop long-term plans on assistive technology and address risk factors such as road traffic injuries, violence and birth defects. He supported the draft resolution.

The representative of COLOMBIA said that, since one of the main objectives of assistive technology was to ensure social inclusion, reports on the issue must emphasize intersectoral work in the provision of assistive technologies and the role of the health sector in rehabilitation. Financial resources needed to be allocated to research and development, while knowledge transfer would help with staff development. Criteria for setting prices and selecting technologies should be harmonized across States. States should work together to gather resources for low- and middle-income countries. Community-based approaches were paramount to providing access to assistive technology in remote areas. She supported the draft resolution.

The representative of SAUDI ARABIA noted the draft resolution. Access to assistive technology was a human right and there would be a growing need for such technology in the future due to rising injury rates and the increasing prevalence of noncommunicable diseases. Calling on Member States to use the Priority Assistive Products List, he welcomed the placement of assistive technology on the Organization's agenda and urged continued collective commitment on the issue.

The representative of MEXICO said that assistive technology had both socioeconomic and health benefits. Given the many challenges to obtaining access to such technology, including high costs and fragmented health services, the international community must gather funding, promote research and train the relevant personnel. Programmes on assistive technology must encourage collaboration, reduce costs and promote innovation and technology transfer.

The representative of PERU supported the draft resolution. Capacity-building and human resources in developing countries needed to be enhanced to develop technologies. Data should be collated on elite centres for rehabilitation and disabilities training and development in order to share information and train professionals in developing countries.

The representative of ESWATINI encouraged the Secretariat to speed up the finalization and dissemination of the assistive technology policy framework; establish and strengthen procurement mechanisms, including pooled procurement, with a focus on high-burden, low-access countries; and consider mathematical modelling of the economic and health impact of assistive technologies in low- and middle-income countries, with a view to encouraging investment and universal health coverage. He supported the draft resolution.

The representative of ISRAEL commended the Secretariat's work on improving access to assistive technologies, but noted that more remained to be done. Despite the compilation of a Priority Assistive Products List in 2016, assistive products did not enjoy the intense and comprehensive attention given to medicines. She supported the draft resolution and stood ready to work with all interested parties on increasing access to affordable, safe and efficient assistive technologies and products.

The representative of NEW ZEALAND expressed her support for the draft resolution. The costs of some assistive technologies were so high that they created barriers to access, even in high-income countries. She asked the Secretariat to identify a range of options to improve the affordability of costly essential assistive technologies as part of the implementation of the draft resolution.

The representative of the SYRIAN ARAB REPUBLIC expressed her support for the draft resolution.

The representative of VIET NAM expressed the hope that international organizations would continue to support her Government in improving access to modern assistive technology, particularly

with regard to: long-term planning and creating sustainable systems for a national procurement system; integrating the provision of assistive products in emergency response planning and programmes; and developing strong guidelines and a mechanism for post-marketing surveillance of assistive products.

The representative of BELGIUM drew attention to her Government's chairmanship of the Committee on Victim Assistance of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. The Convention was aimed at supporting landmine survivors, who faced lifelong disabilities and required assistive technologies. States Parties to the Convention had committed to assessing and increasing the availability and accessibility of services related to assistive technology, and to strengthening local capacities.

WHO must ensure that assistive products were available and accessible to mine victims in rural and remote areas. Peer support could help to achieve that goal, as it could complement services provided by health care networks, facilitate mutual assistance, strengthen referral systems and provide a bridge between service providers and users. All users of assistive products, including landmine survivors and their representative organizations, must be taken into account when planning, implementing and following up on the measures contained in the draft resolution.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that access to rehabilitation and high-quality, affordable assistive products were key to achieving inclusive health systems, and that rehabilitation with assistive technology was essential to continuity of care. Assistive technologies must be included in universal health coverage. Her organization would support WHO to prepare a global report on effective access to assistive technology and would advocate for the inclusion of assistive technology in emergency response programmes.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Global Cooperation on Assistive Technology initiative and the Priority Assistive Products List and its alignment with WHO's Global strategy and action plan on ageing and health. However, she cautioned against placing too much emphasis on the products themselves; WHO's work must remain focused on the person and recognize diversity, particularly with regard to ageing and rapidly changing personal needs. Despite a welcome focus on functional ability, the emphasis on mobility was a cause of concern, since assistive technology was required to respond to a range of needs. Greater importance should be placed on inclusive, barrier-free environments.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the WHO global disability action plan 2014–2021: better health for all people with disability. To benefit people with disabilities, she recommended investing early in the growing area of assistive technology, focusing on priority assistive products that would provide real value for money and including young health care professionals in the development of national assistive technology and rehabilitation programmes, policies and strategies. Future health workers should be trained in the application and use of assistive technology.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, highlighted the need to support low- and middle-income countries in areas such as manufacturing, supply chain management and the use of assistive products. Assistive technologies should be treated as public goods. To that end, the Secretariat and Member States should promote open access design and innovation, copyright exemptions and mechanisms for technology transfer.

Price control policies were needed to facilitate accessibility. She expressed concern that the draft resolution ignored the interlinkages between social conditions, population specificities and anthropometrics when developing standards. She urged WHO to collaborate with the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals), responding to the points raised, welcomed the placement of the issue of assistive technology on the health equity agenda, and noted that the Assembly's discussion of the topic indicated how country-led initiatives could shape the global agenda. She drew attention to the broad agreement voiced on the relevance of access to assistive technology in serving vulnerable people; specific areas mentioned included healthy ageing, noncommunicable diseases and the contexts of trauma, violence and war, but survivors of communicable diseases remained an important area of work. Access to assistive technologies for all in need was a pillar of universal health coverage.

She expressed the hope that the overwhelming support of Member States for the draft resolution would translate into political commitment and action at the country level. Although the Secretariat had key responsibilities in the work at hand, countries' approaches to issues such as pricing, taxes and the availability of products were critical. She drew attention to the Global Cooperation on Assistive Technology initiative and the Priority Assistive Products List; the priority assistive products training package would be a continuation of that work and, alongside the assistive products procurement manual, would be available by May 2019. The Secretariat was committed to working with regional and country offices, Member States and other partners to ensure the implementation of the draft resolution. It was to be hoped that much progress would be made before 2022, when the topic would be revisited by the World Health Assembly.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R6.

The draft resolution was approved.

Dr Brostrøm took the Chair.

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Public health preparedness and response: Item 11.2 of the agenda (continued)

- **Implementation of the International Health Regulations (2005)** (documents A71/7, A71/8 and decision EB142(1)) (continued from the sixth meeting)

The CHAIRMAN drew attention to the report contained in document A71/8 and the revised version of the draft decision contained in decision EB142(1), which had been amended to reflect the outcome of informal consultations among Member States. It read:

The Seventy-first World Health Assembly,

PP1 having considered the draft five-year global strategic plan to improve public health preparedness and response; recalling decision WHA70(11) (2017), in which the Seventieth World Health Assembly took note of the report contained in document A70/16 on

implementation of the International Health Regulations (2005):¹ global implementation plan and requested the Director-General, inter alia, “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session”;

PP2 recalling that Member States may use any voluntary monitoring and evaluation instruments, including those referenced in the five-year global strategic plan;

PP3 and appreciating the contribution of Member States to the extensive consultative process to develop the draft five-year global strategic plan, including discussions at the sessions of all six regional committees in 2017, the web-based consultation conducted by the Secretariat between 19 September and 13 October 2017, and the consultation of Member States, through the Permanent Missions in Geneva, organized on 8 November 2017,

(OP1) decided:

- (a) to welcome with appreciation the five-year global strategic plan to improve public health preparedness and response, noting that this does not create any legally binding obligations for Member States, and mindful of the legally binding nature of the International Health Regulations (2005) obligations;
- (b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool;

(OP2) requested the Director-General:

- (a) to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan, and, as necessary, its adaptation to regional contexts and existing relevant frameworks;
- (b) to continue to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);
- (c) to continue to provide support to Member States to build, maintain and strengthen core capacities under the International Health Regulations (2005).

The representative of AUSTRALIA, speaking in his capacity as chair of the informal consultations, noted that the text of the revised draft decision differed significantly from the original version. The reference to voluntary monitoring and evaluation instruments had been moved from an operative to a preambular paragraph. Agreement on the wording of paragraph 1(a) had been facilitated by amending the text to specify that the draft five-year global strategic plan to improve public health preparedness and response did not create any legally binding obligations for Member States, and to reiterate the legally binding nature of the International Health Regulations (2005) obligations.

An editorial error had been made in the preparation of the revised draft decision: the three preambular paragraphs presented should in fact form a single paragraph. He requested the Secretariat to correct the error on publication of the adopted decision.

It was so agreed.

¹ Document A71/7.

The CHAIRMAN took it that the Committee agreed to approve the revised draft decision.

The revised draft decision was approved.¹

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked the informal working group and Member States for their hard work.

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (resumed)

Maternal, infant and young child nutrition: Item 12.6 of the agenda (continued)

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (document A71/22)
- **Safeguarding against possible conflicts of interest in nutrition programmes** (document A71/23)

The CHAIRMAN recalled that a drafting group had been set up to discuss the draft decision and draft resolution submitted under the current agenda item. He drew attention to a revised draft resolution on infant and young child feeding proposed by the delegations of Botswana, Canada, the Gambia, Georgia, Ghana, Kenya, Mexico, Mozambique, Namibia, Nepal, Pakistan, Panama, the Russian Federation, Senegal, Sierra Leone, Sri Lanka, Thailand and Zambia, which would be printed following the current meeting. The revised draft resolution incorporated the draft decision on maternal, infant and young child nutrition proposed by the United States of America, which had subsequently been withdrawn.

The revised draft resolution read:

The Seventy-first World Health Assembly,
(PP1) Having considered the reports on maternal, infant and young child nutrition;²
(PP2) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008), WHA63.23 (2010), WHA65.6 (2012) and WHA69.9 (2016) on infant and young child nutrition, appropriate feeding practices and related questions, as well as resolutions WHA68.19 (2015), WHA69.8 (2016) and United Nations General Assembly resolution 70/1 (2015);
(PP3) Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;
(PP4) Recalling the commitment to implement relevant international targets and action plans, including WHO's global maternal, infant and young child nutrition targets for 2025 and WHO's global action plan for the prevention and control of noncommunicable diseases

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA71(15).

² Documents A71/22 and A71/23.

2013–2020 and the Rome Declaration on Nutrition resulting from the Second International Conference on Nutrition;

(PP5) Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;

(PP6) Affirming that the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of quality health care;

(PP7) Recognizing that appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families;

(PP8) Expressing concern that nearly two in every three infants under 6 months of age are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries;

(PP9) Acknowledging that achievement of the WHO global target to increase to at least 50% the proportion of infants under 6 months of age who are exclusively breastfed by 2025 requires sustainable and adequate technical and financial resources, and supportive and protective policy and regulatory interventions as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

(PP10) Welcoming the inclusion of support for exclusive breastfeeding in the Thirteenth General Programme of Work, 2019–2023;

(PP11) Welcoming the annual celebration of World Breastfeeding Week as an opportunity to communicate the importance of breastfeeding and advocate for the protection, promotion and support of breastfeeding;¹

(PP12) Also recognizing the ongoing implementation by WHO of the Framework of Engagement with Non-State Actors including in nutrition programmes,

OP1. URGES Member States^{2,3,4} in accordance with national context and international obligations:

- (1) to increase investment in development, implementation and monitoring and evaluation of laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding, including through multisectoral approaches and awareness raising;
- (2) to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the revised Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;
- (3) to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes as well as other WHO evidence based recommendations;

¹ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

² And where applicable, regional economic integration organizations.

³ Taking into account the context of federated states.

⁴ Member States could take additional action to end inappropriate promotion of food for infants and young children.

- (4) to promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child,¹ as well as guiding principles for the feeding of the non-breastfed child 6–24 months of age;²
- (5) to continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children;
- (6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations;
- (7) to celebrate World Breastfeeding Week³ as a valuable means to promote breastfeeding;

OP2. REQUESTS the Director-General:

- (1) to provide, upon request, technical support to Member States in mobilizing resources, including financial resources, monitoring and implementation of WHO recommendations to support infants and young child feeding, including in emergencies, and review national experiences from this implementation and continue to update and generate evidence-based recommendations;
- (1bis) to provide, upon request, technical support to Member States to establish, review and implement national laws, policies and programmes to support infant and young child feeding;
- (2) to continue developing tools for training, monitoring and advocacy on the revised Ten steps to successful breastfeeding and the Baby-friendly Hospital Initiative, to provide support to Member States with implementation;
- (3) to support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document Food and Agriculture Organization's and World Health Organization's Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2016–2025) and the timeframe of the Sustainable Development Goals (2015–2030);
- (4) to continue providing adequate technical support to Member States, upon request, in assessing national policies and programmes, and other measures, including quality data collection and analyses;
- (5) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;
- (6) to report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

¹ Guiding principles for complementary feeding of the breastfed child. Washington (DC): PAHO; 2003 (http://www.who.int/maternal_child_adolescent/documents/a85622/en/, accessed 21 May 2018).

² Guiding principles for feeding non-breastfed children 6-24 months of age. Geneva: World Health Organization; 2005 (http://www.who.int/maternal_child_adolescent/documents/9241593431/en/, accessed 18 May 2018).

³ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

The financial and administrative implications for the Secretariat of the adoption of the revised draft resolution were:

Resolution: Infant and young child feeding
A. Link to the programme budget
<p>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</p> <p>Programme area: 2.5. Nutrition</p> <p>Outcome: 2.5. Reduced nutritional risk for improved health and well-being</p> <p>Output(s): 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals</p>
<p>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>4. Estimated implementation time frame (in years or months) to achieve the resolution:</p> <p>Four years.</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 5.1 million.</p>
<p>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>US\$ 1.7 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Zero.</p>
<p>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 3.4 million.</p>
<p>4. Estimated resource requirements in future programme budgets, in US\$ millions:</p> <p>Zero.</p>

- 5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions**
- **Resources available to fund the resolution in the current biennium:**
US\$ 1.3 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.4 million.
 - **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**
US\$ 0.1 million.

Table. Breakdown of estimated resource requirements (in US\$)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	315 500	58 400	52 800	46 000	52 300	59 700	56 400	641 100
	Activities	640 000	100 000	70 000	50 000	50 000	80 000	80 000	1 070 000
	Total	955 500	158 400	122 800	96 000	102 300	139 700	136 400	1 711 100
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	526 500	142 200	129 600	110 000	127 700	126 700	128 800	1 291 500
	Activities	640 000	250 000	250 000	250 000	250 000	250 000	250 000	2 140 000
	Total	1 166 500	392 200	379 600	360 000	377 700	376 700	378 800	3 431 500

The representative of ECUADOR clarified that the protection of exclusive breastfeeding was not an attack on the milk industry. Exclusive breastfeeding was a human right and did not run counter to a woman's right to choose. Women should be able to consult a doctor and receive comprehensive specialist advice. All children affected by disease were entitled, through the support given to their mothers, to the maximum level of health without distinction as to race, religion, political ideology or economic or social status, as established in the WHO Constitution. Her Government had always advocated for health as a complete state of physical, mental and social wellbeing, rather than merely the absence of infirmity and disease. The statement on this subject by the representative of CANADA on behalf of the Americas was fully supported.

The representative of INDIA expressed support for the decision-making tool concerning conflicts of interest in the policy development and implementation of nutrition programmes. His Government was interested in participating in the country-level pilot of the tool. The possibility of developing national policies and procedures in accordance with national legal frameworks and contexts should be explored.

The representative of MALDIVES said that greater efforts were needed to reach the global targets on nutrition, including the sharing of knowledge, resources and best practices, and international and intersectoral coordination. He supported the new recommended indicators on nutrition monitoring and reiterated the importance of developing a regular data collection mechanism in that regard.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, noted that it was important to strengthen the health workforce throughout the Pacific to achieve set targets and ensure robust health systems. Urgent action to review nurse training programmes would contribute to the development of specialized skills on nutrition. He welcomed the updated guidance on the Baby-friendly Hospital Initiative, which was being strengthened in Pacific island countries.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that, despite gains, progress towards the global maternal, infant and young child nutrition targets in her Region had been slow, and further work was needed to optimize breastfeeding practices. The guidance in Ten Steps to Successful Breastfeeding was welcome. Postnatal support for mothers and families saved lives, was vital to children's life-long health and reduced costs for health facilities, families and governments. The steps taken by WHO to lead the comprehensive implementation plan on maternal, infant and young child nutrition were commendable. She noted with appreciation the revised guidance on the Baby-friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, the updated guidelines on breastfeeding in the context of HIV and educational materials on breastfeeding. She looked forward to additional consultations with Member States and other stakeholders 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. The Secretariat should continue reporting progress and monitoring efforts by Member States to improve infant and young child feeding.

The representative of BRAZIL took note of the Baby-friendly Hospital Initiative and Ten Steps to Successful Breastfeeding, although he expressed dissatisfaction with step nine on the use and risks of feeding bottles, teats and pacifiers. Member States should support WHO in its work on food processing guidance and the reduction of sodium consumption to prevent and control cardiovascular diseases.

The representative of MALAYSIA noted the report on the comprehensive implementation plan. She looked forward to the issuance of the final guidelines for the draft approach for conflicts of interest.

The representative of GHANA said that, given good results, it was imperative for Member States to pursue efforts to promote maternal, infant and young child nutrition in order to achieve Sustainable Development Goal 3. Programmes for exclusive breastfeeding for the first six months of life should continue.

The representative of PANAMA said that application of the Framework of Engagement with Non-State Actors was essential, as many of the constraints to implementation of effective measures on nutrition faced by countries were linked to conflicts of interest with the relevant industries. All necessary measures must be taken to protect exclusive breastfeeding for the first six months of life. Member States should commit to attaining the Sustainable Development Goals, particularly those relating to nutritional health.

The representative of INDONESIA expressed support for the extension to 2030 of the 2025 global nutrition targets. WHO should step up its work with Member States to increase efforts on and investment in nutrition in order to meet those targets.

The representative of ALGERIA welcomed the inclusion of Algeria as the pilot country for the nutrient profile model in the African Region, and the joint efforts by WHO and UNICEF in the area of

nutrition. Protection against conflicts of interest in nutrition programmes was vital to meeting nutrition targets and objectives. Analysis of data collected in the recent STEPwise survey would provide countries with evidence of dietary habits to inform communication plans.

The representative of KENYA, speaking on behalf of the Member States of the African Region, noted with concern the slow progress towards achievement of the 2025 global nutrition targets and welcomed efforts to extend them to 2030. Further work was needed to carry out the comprehensive implementation plan to enable Member States to meet those targets by 2030. WHO should invest substantially in interventions to control anaemia, especially in women of childbearing age, and promote research on low birth weight to inform policy. The Secretariat should support Member States to curb and reverse the rising prevalence of obesity and overweight in adults and children in his Region. He noted with appreciation global initiatives aimed at regulating the use of sugar and trans fats in food, and urged WHO to provide leadership in that area. The proposal to continue celebrating World Breastfeeding Week was welcome. He called on Member States to continue taking all necessary measures to end the inappropriate promotion of foods for infants and young children. He commended the piloting of the draft approach for conflicts of interest.

The representative of IRAQ highlighted the importance of encouraging and promoting breastfeeding, particularly exclusive breastfeeding, and noted the International Code of Marketing of Breast-milk Substitutes. The matter of complementary feeding should be thoroughly examined, and emphasis placed on combating childhood obesity. Those issues should be addressed through the Thirteenth General Programme of Work. Nutrition for pregnant and lactating women, micronutrient deficiencies and the place of nutrition within school health services were key issues. Strategic work plans on nutrition, reproductive health and the prevention and control of noncommunicable diseases should be integrated for a more comprehensive and pragmatic response.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that, in her Region, breastfeeding was critical to child survival, nutrition and development. She expressed support for strengthening implementation of the Code and noted that the inappropriate marketing of foods for infants and young children could hinder application of the comprehensive implementation plan. The decision-making tool for conflicts of interest in nutrition programmes was welcome. The Secretariat should provide further support to overcome the challenges of the inappropriate promotion of food, in line with resolution WHA69.8 on the United Nations Decade of Action on Nutrition (2016–2025).

The representative of FRANCE, noting the general trend for increasing transparency, said that the Secretariat should continue to provide Member States with tools to facilitate the collection and analysis of links of interest to inform decision-making. Such work should be extended to other areas of public health and be coordinated with relevant United Nations entities, such as the Committee on World Food Security and the Scaling Up Nutrition movement.

The representative of the REPUBLIC OF KOREA said that the Secretariat should assist Member States in applying the decision-making tool for conflicts of interest to real cases. It should also continue to play its crucial role in preparing scientific evidence and establishing regional and global networks, so as to promote understanding among stakeholders and strengthen the capacity of officials, which would support the implementation of nutrition policies.

The representative of the DOMINICAN REPUBLIC said that she supported the extension of the 2025 global nutrition targets to 2030 and the alignment of actions with the Sustainable Development Goals and other health strategies. While progress had been made in preventing stunting and anaemia, low rates of breastfeeding and high levels of obesity remained an issue. Intersectoral action was

needed on women's and children's nutrition, and promotional strategies in the community should be strengthened. The technical skills of health workers should be enhanced and budgets for food and nutrition policies increased. She welcomed the toolkit developed by the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) and called for enhanced implementation of the Code.

The representative of COLOMBIA agreed that indicators on maternal, infant and young child nutrition needed to be monitored. Appropriate mechanisms should be set up to measure progress and share experiences. Future reports on the topic should encourage health professionals to avoid conflicts of interest and put their patients first. More investment and more action on capacity-building were required with regard to breastfeeding. All efforts should include varied stakeholders, including civil society, academia and health professionals. There was also a need to allocate resources to monitoring, strengthening and harmonizing internal regulations.

The representative of SOUTH AFRICA said that more work was needed on the targets for low birth weight and childhood overweight. Africa and Asia required targeted Secretariat support on breastfeeding, since they were most affected by low breastfeeding rates. Member States should increase domestic resources for nutrition programmes to achieve the global nutrition targets as it was unlikely that the projected additional investment required would be made. The Secretariat should fast track progress on developing additional indicators to monitor maternal, infant and young child nutrition. She welcomed efforts to strengthen implementation of the Code and develop implementation guidelines for the Baby-friendly Hospital Initiative, although the latter should be expanded to include mothers and renamed the "Mother- Baby-friendly Hospital Initiative".

The representative of NIGER said that his Government considered nutrition a priority. He took note of the report on the comprehensive implementation plan on maternal, infant and young child nutrition.

The representative of TIMOR-LESTE called on the international community to assist her Government in addressing nutritional problems by strengthening and integrating nutrition interventions in health sector programmes and improving family nutrition programmes and community sanitation practices. It was important to build up institutional and human capacities and identify communication strategies to promote appropriate nutritional behaviour. Breastfeeding should be promoted through enhanced policies and the Code.

The representative of THAILAND said that low coverage of exclusive breastfeeding and the increasing prevalence of anaemia in women of reproductive age worldwide required further attention in order to achieve the renewed global nutrition targets by 2030. The scaling-up of the Baby-friendly Hospital Initiative and development of operational guidance on infant and young child feeding in emergencies were welcome. More countries should incorporate the Code into domestic legislation. The Secretariat should launch the decision-making tool relating to conflicts of interest soon and report back on its implementation.

The representative of TRINIDAD AND TOBAGO said that various measures had been adopted in his country to address maternal, infant and child nutrition. Continued support from the Secretariat and PAHO was needed to develop a national food and nutrition policy. He endorsed the six steps of the decision-making tool for conflicts of interest.

The representative of CHINA said that Member States should be supported to implement effective interventions on nutrition. The private sector should not be excluded from maternal, infant and young child nutrition initiatives, given its important role in the food supply. Regarding the revised Ten Steps to Successful Breastfeeding, WHO should strengthen cooperation with UNICEF and enhance guidance, training and accreditations under the Baby-friendly Hospital Initiative. She supported the revised draft resolution.

The representative of BANGLADESH welcomed the report on the comprehensive implementation plan and the targets contained therein. Action to promote breastfeeding and complementary feeding practices would prevent child mortality, malnutrition and poverty in developing countries. His Government needed further guidance on preventing the inappropriate promotion of foods for infants and young children and furthering implementation of the Code. He supported the revised draft resolution.

The representative of MEXICO said that, although the draft approach for conflicts of interest could help to establish an enabling environment for the implementation of policies on maternal, infant and young child nutrition, care must be taken with the definition of engagement. An ambiguous interpretation of engagement could allow the business sector to offer donations, sponsorship or technological resources, including in the field of health services and staff training, thereby enabling the inappropriate marketing of products and creating a risk of conflicts of interest. She therefore awaited the initial results of the pilot programmes at the country level and looked forward to improving the draft approach to ensure that best practices and procedures were used to prevent conflicts of interest. Health was not a commodity and should not be shaped by market forces.

The representative of ARGENTINA, describing efforts made in her country with regard to nutrition, welcomed the comprehensive implementation plan and the targets contained therein.

The representative of ZIMBABWE said that the Secretariat should help Member States to establish targets for maternal, infant and young child nutrition and develop related policies and programmes — including capacity-building measures — and promote the Baby-friendly Hospital Initiative, and training, monitoring and advocacy tools for the Ten Steps to Successful Breastfeeding and enforcement of the Code. He expressed support for the revised draft resolution.

The representative of NAMIBIA urged the Secretariat to provide technical support to Member States to implement instruments for maternal, infant and young child nutrition, including the decision-making tool to address conflicts of interest. He took note of the extension to 2030 of the 2025 global nutrition targets and the reported progress towards those targets. The Secretariat should continue to provide technical support to Member States to address critical gaps in the data required to inform decisions on tackling malnutrition and fulfil countries' reporting commitments.

The representative of the SYRIAN ARAB REPUBLIC said that broader nutrition interventions and evaluations were needed in remote areas of her country. International organizations and permanent nutrition programme agencies were crucial to supporting national efforts.

The representative of the RUSSIAN FEDERATION said that the international community must redouble efforts to promote proper nutrition from birth, including through services to support breastfeeding as a means of providing lifelong health protection and safeguarding future generations. He welcomed the instruments developed by the Secretariat to boost child nutrition programmes, which prioritized health over commercial interests.

The representative of AZERBAIJAN described the measures taken in her country to support maternal, infant and young child nutrition and welcomed the reports presented by the Secretariat.

The representative of VIET NAM expressed support for the draft approach for conflicts of interest, including the decision-making tool. Each country's specific context and domestic regulations should be taken into consideration when considering engagement, and the interests of all stakeholders, including the government, external actors and the population, brought together. His Government would consider the draft approach when engaging with the private sector through the Scaling Up Nutrition movement.

The representative of PERU said that it was crucial to encourage breastfeeding and prevent conflicts of interest in nutrition policies. Breastfeeding rates tended to drop as income and education rose, which had led to a targeted initiative in his country.

The representative of BURUNDI said that his Government was committed to improving maternal, infant and young child nutrition, including by raising awareness of breastfeeding.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the draft approach for conflicts of interest needed to be improved in order to be acceptable and useful to all stakeholders. She called for consultations with a range of experts representing the business sector, government, civil society and United Nations bodies. If possible, the consultation process should take place prior, or in parallel, to the proposed pilot testing at the country level. A revised guidance document should then be submitted for consideration by the Executive Board.

The representative of the PHILIPPINES supported the inclusion of essential indicators from outside the health sector in the comprehensive implementation plan and stressed the need to enhance the capacity of all relevant health professionals to ensure a multisectoral response. He supported investing in: market studies on nutrition programmes throughout the life course to identify target populations' attitudes to nutrition and health-seeking behaviours; communication campaigns to promote nutrition interventions, the principle of integrity and legislation such as the Code; and monitoring to identify violations of the Code, corporate interference and conflicts of interest in policy-making and implementation, and programme evaluation. He supported the efforts of Member States and the Secretariat to avoid engaging with industries where an inherent conflict of interest existed, such as manufacturers of tobacco, alcohol and infant formula. The representative of PAKISTAN noted the joint efforts of the Scaling Up Nutrition movement and WHO to strengthen health systems and take multisectoral action for nutrition. He urged the Secretariat to support monitoring of implementation of the Code and the NetCode protocol, in order to establish effective systems to eliminate the inappropriate promotion of foods for infants and young children.

The representative of SURINAME welcomed the report on the comprehensive implementation plan. Implementation of the Health in All Policies approach facilitated effective collaboration between government bodies and national programmes and with the private sector, civil society and United Nations organizations. Progress towards attaining the six global targets required the creation of an enabling environment to ensure safe nutrition practices.

The representative of the UNITED STATES OF AMERICA noted concern regarding the proposed tool for conflicts of interest, which discouraged collaboration. All organizations, not only private companies, experienced conflicts of interest. To assure Member States' confidence in recommendations made during the tool's pilot phase, steps must be taken prior to testing at the country

level to make sure that the proposed tool was accurate, user-friendly and promoted the appropriate application of due diligence, and had been developed on the basis of consultations with Member States. The Secretariat should extend the development time frame and submit updated documents, aligned with the Framework of Engagement with Non-State Actors and Member States' feedback, for consideration by the Executive Board at its 144th session.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to ensure access to oral health care within maternal health services and consult WHO guidance on sugar intake and her Federation's guidance on sugar and dental caries to reduce children's sugar consumption. Member States should strengthen legislation on the Code.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, commended efforts to align the global nutrition targets with the Sustainable Development Goals. She encouraged Member States to consult the new guidance produced by the Secretariat on maternal, infant and young child nutrition and welcomed work to integrate efforts on nutrition with those of other United Nations organizations and to work with other sectors to protect, promote and support breastfeeding. Breastfeeding and nutrition were key to making progress towards achieving health for all.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that rates of continued breastfeeding for two years should be monitored to assess progress. Member States must remember their moral and political obligations to strengthen the implementation, enforcement and monitoring of the Code through evidence-based recommendations. Support from WHO remained crucial in that regard. The draft approach for conflicts of interest was fundamentally flawed since it defined conflicts as arising between actors with diverging interests, instead of within a person or institution. Areas of conflict could therefore become common ground, increasing the risk of conflicts of interest and giving rise to undue influence.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to monitor progress towards the global nutrition targets, take action to avoid conflicts of interest and train future health professionals to identify conflicts of interest, and support Member States that lacked resources. The Secretariat should continue to support Member States to implement strategies, monitor progress and evaluate preliminary results.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that civil society no longer wished to see profits and commercial interests placed above the health of the vulnerable. Policies must protect children from conflicts of interest and industry interference. Low-cost interventions such as breastfeeding support were a wise investment in health. She supported the initial draft resolution, which had underscored the importance of protecting breastfeeding through legal measures and strengthened implementation of the Code. Like other recent attempts to regulate in that area, the revised draft resolution had been weakened to the point that it potentially compromised the health of millions of children.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, emphasized that the second step of the decision-making tool relied either on the transparency of external actors, or on the capacity of Member States to analyse potential conflicts of interest, which could lead to fraudulent claims of compliance by external actors. A robust and

transparent mechanism that went beyond the proposed tool was needed. The Secretariat should help Member States to build capacity in that regard. A similar tool was needed to limit conflicts of interest in global initiatives.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, urged States to invest further in nutrition to achieve Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture). Costed and scaled-up nutrition plans should be financed and integrated into national strategies for universal health coverage. She urged Governments to prioritize breastfeeding, which they had a duty to protect, promote and support under the Convention on the Rights of the Child, and expressed concern that the marketing activities of some manufacturers and distributors put children at risk. While the Member States that had sponsored the original draft resolution should be commended, she expressed dismay at the weakening of the revised draft resolution and the inability of the drafting group to reaffirm commitments to implement existing WHO guidance and policies.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, called for further efforts to address the global nutrition targets on childhood overweight, anaemia and wasting through intersectoral collaboration; the Secretariat should advocate for the inclusion of a diverse range of stakeholders in food policy and programme design to create innovative solutions that benefited all. Legislation was needed to mandate clear labelling of ingredients in food and drink. Limits should be placed on the number of establishments selling food of low nutritional quality. Member States, with support from the Secretariat, should establish clear guidelines and a regulatory infrastructure for multimedia marketing to address the commercial determinants of health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, drew attention to his association's latest report on the links between cancer and diet, nutrition and physical activity. He expressed concern that the text of the revised draft resolution had been weakened. The fact that the drafting group had been unable to reaffirm commitment to implementing existing WHO guidance and policies was alarming. Member States should scale up effective interventions to prevent conflicts of interest in the policy development process with a view to increasing breastfeeding rates.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the report had failed to capture the severity of the malnutrition problem and that insufficient progress had been made to achieve the global nutrition targets and the Sustainable Development Goals. Although investment in nutrition, including breastfeeding, was a cost-effective strategy, no global initiative had come close to covering the projected shortfall in funding to tackle malnutrition. Nutrition was a health priority that required multisectoral efforts and nutrition services must be delivered on an equitable basis to the most vulnerable populations. Member States should reinforce mechanisms to promote social and behavioural change and build workforce capacity on nutrition.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that progress to achieve the global nutrition targets was too slow. Given that malnutrition disproportionately affected women and girls, a more extensive analysis of equity and gender in the comprehensive implementation plan would determine the impact of equality on nutrition, health and non-health outcomes and indicate opportunities for linkages. WHO should highlight nutrition-sensitive interventions to foster enabling environments and achieve the global nutrition targets. He expressed disappointment that the revised draft resolution contained a weakened text and

commended Member States that had sponsored the original draft. Member State awareness of new WHO nutrition guidance and tools was crucial.

The representative of the BILL & MELINDA GATES FOUNDATION, speaking at the invitation of the CHAIRMAN, noted that, despite progress, the statistics regarding infant and young child nutrition were concerning. Member States should enforce the Code and related resolutions; take advantage of the NetCode toolkit and protocol; implement the updated Baby-Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding; and apply the new Operational Guidance on infant feeding in emergencies. She expressed support for the initial draft resolution.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), responding to points raised, said that improving maternal, infant and young child nutrition was necessary to achieve the objectives on stunting, wasting and childhood overweight, as well as the “triple billion” goals.

Regarding calls for more action on the six global nutrition targets, she drew attention to the actions being carried out by WHO, which included work with partners on micronutrient supplementation to reduce anaemia. Efforts to attain the target on childhood overweight included the review of nutrition counselling for children receiving complementary feeding, as part of the integrated management of childhood illness, and implementation of the recommendations of the Commission on Ending Childhood Obesity. Nutrition was a core element of universal health coverage and the Secretariat supported Member States to empower health workers to deliver effective interventions, to make the necessary supplements available by including them in essential medicines lists, and to ensure effective service design. The Secretariat would convene consultations in October 2018 to review Member States’ experience of conflicts of interest and discuss implementation of the draft approach set out in the report.

The Committee noted the reports.

The meeting rose at 17:35.

= = =