

Maternal, infant and young child nutrition

Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report

Report by the Director-General

1. The report describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in resolution WHA65.6 (2012) and updates on the related Global Nutrition Monitoring Framework as requested by decision WHA68(14) (2015). It also provides information on national measures to give effect to the International Code of Marketing of Breastmilk Substitutes, adopted through resolution WHA34.22 (1981) and updated through subsequent related Health Assembly resolutions, and describes the progress made in drawing up technical guidance on ending the inappropriate promotion of foods for infants and young children.

PROGRESS MADE IN CARRYING OUT THE COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION

Global target 1: stunting

2. In 2012, there was a global total of 166 million stunted children aged under 5 years, who were starting their lives at a disadvantage for growing to their full potential. By 2018, the total was 149 million, more than half of whom lived in Asia and one third in Africa. In 2018, of the 85 countries with sufficient recent data to estimate progress, 36 were on track to reach the target of 40% reduction in the global number of stunted children by 2025 and 31 presented some progress towards the global target. As data gaps decrease, country assessment will extend to other countries.

Global target 2: anaemia

3. According to the most recent estimates, in 2016, the global prevalence of anaemia among women of reproductive age was 32.8% (compared with 30.3% in 2012), which, when applied to the latest population estimates released by the United Nations, equates to 613.2 million women. The highest rates of anaemia are found in the WHO South-East Asia, Eastern Mediterranean and African regions.

Global target 3: low birth weight

4. Between 2000 and 2015, WHO and UNICEF, together with academia, updated the global, regional, and national low birth weight estimates. In 2015, 14.6% of live births were low weight, a slight decrease from 15% in 2012. Progress is slow, with an average annual reduction of only 1% in the period from 2010 to 2015, as opposed to the 2.74% since 2012 required to reach the ambitious target of a 30% reduction by 2025.

Global target 4: overweight

5. By 2018, there were an estimated 40 million overweight under-fives in the world, almost half of whom lived in Asia and one quarter in Africa. Although slight, the increase has been persistent both in terms of prevalence and of numbers: there were 10 million more overweight children in 2018 than in 2000 and there is a moderate to high prevalence of overweight among under-fives in southern Africa (10.4%), Central Asia (9%) and North Africa (8%).

Global target 5: exclusive breastfeeding

6. In the period 2013–2018, an estimated 41% of infants aged under 6 months were exclusively breastfed. Based on the latest survey estimates for that period, 48 countries have exclusive breastfeeding rates higher than the 50% target and 51 countries have rates below it. Of 73 countries with sufficient data to estimate current trends, 34 are on track to reach the proposed target by 2025, 16 present insufficient progress and 23 present no improvement or are worsening.

Global target 6: wasting

7. In 2018, there were an estimated 49.5 million under-fives with wasting, of whom 16.6 million had severe wasting. Of these children, 68% lived in Asia (more than 50% in southern Asia) and 28% in Africa. Worldwide, of the 74 countries with recent data, 35 have already reached or are on track to meet the 2025 target of reducing childhood wasting rates to below 5%, while 15 present insufficient progress, and 24 show no improvement or worsening trends.

8. Overall, only slow progress has been made in reducing stunting and low birth weight and increasing breastfeeding. Wasting and anaemia are still largely unaddressed, and overweight has continued to increase. This means that, in the absence of a substantial scale up in response actions, it is likely that the 2025 targets will not be met, and neither will the targets under Sustainable Development Goal 2, target 2.2 on ending all forms of malnutrition by 2030.

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

9. Nutrition is increasingly being included on foreign policy agendas: in 2018, the G20 health ministers, under the leadership of Argentina, adopted the Mar Del Plata Declaration, in which key topics included childhood overweight and obesity; the G20 agriculture ministers committed to collaborate towards ending hunger and to ensure access for all to safe and nutritious food for an active and healthy life; and the G20 Initiative for Early Childhood Development was adopted, recognizing the importance of nutrition early in a child's life. Also in 2018, the Foreign Policy and Global Health Initiative focussed its work on nutrition. At its seventy-third session in December 2018, the United Nations General Assembly adopted resolution 73/132 on global health and foreign policy, which called on Member States

to address hunger and malnutrition in all its forms and scale up activities under the work programme of the United Nations Decade of Action on Nutrition (2016–2025).

10. In response to a report on implementation of the United Nations Decade of Action on Nutrition, submitted by the United Nations Secretary-General to the General Assembly in April 2018,¹ the General Assembly adopted resolution 72/306 which encourages governments, United Nations entities and other stakeholders to make ambitious commitments to intensify their efforts and scale up activities in the context of the work programme of the Decade. In support of this, WHO and FAO jointly published a resource guide, inspiring countries to translate the 60 recommended policies and actions of the Second International Conference on Nutrition (ICN2) Framework for Action² into more binding country-specific commitments.³

11. In 2018, the United Nations Security Council, in its resolution 2417, recognized that 75% of all stunted children under five years of age lived in countries affected by armed conflict, and that the use of starvation as a weapon of war against civilians must be strongly condemned. In July 2019, the heads of six United Nations agencies, including WHO, committed to accelerate action to end the scourge of malnutrition and launch a United Nations global plan of action on wasting.

12. The Scaling Up Nutrition movement⁴ promotes multisectoral and multistakeholder collaboration to end malnutrition in all its forms. It currently includes 61 countries and some areas of India.

13. As at August 2019, 172 WHO Member States had national nutrition policies and strategies in place, 125 of which were multisectoral policies developed with the involvement not only of the health sector, but also of the food, agriculture and education sectors. A further 16 Member States have incorporated nutrition-related goals and policy actions into relevant sectoral strategies, such as in respect of health, food and agriculture or social protection, as well as in national development plans.

14. The second Global Nutrition Policy Review (2016–2017)⁵ found that countries that were on track to meet the global nutrition targets tended to have clearer policy goals for meeting specific targets, and more effective governance structures and coordination mechanisms for implementing relevant actions, than those that were not.

15. Regarding coordination mechanisms, 148 WHO Member States reported that they have nutrition coordination mechanisms in place, 37 of which had those mechanisms at the highest level of government, such as in the President's or Prime Minister's office.

¹ See document A/72/829. Available at: https://digitallibrary.un.org/record/1486196/files/A_72_829-EN.pdf (accessed 20 October 2019).

² <http://www.fao.org/policy-support/resources/resources-details/en/c/422096/> (accessed 20 October 2019).

³ Strengthening Nutrition Action: A resource guide for countries based on the policy recommendations of the Second International Conference on Nutrition (ICN2). Rome: Food and Agriculture Organization of the United Nations and World Health Organization; 2018. Available at: <https://www.who.int/nutrition/publications/strengthening-nutrition-action/en/> (accessed 20 October 2019).

⁴ <https://scalingupnutrition.org> (accessed 20 October 2019).

⁵ Global nutrition policy review 2016–2017: Country progress in creating enabling policy environments for promoting healthy diets and nutrition. Geneva: World Health Organization; 2018. Available at https://www.who.int/nutrition/publications/policies/global_nut_policyreview_2016-2017/en/ (accessed 20 October 2019).

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

16. Among the 172 WHO Member States with national nutrition policies, 134 have policies that cover action areas related to maternal, infant and young child nutrition, 122 cover nutrition in schools, 134 cover promotion of healthy diet and prevention of obesity and diet-related NCDs, 125 cover vitamin and mineral nutrition, 82 cover acute malnutrition, and 70 cover nutrition and infectious disease.

17. Nutrition interventions are often not part of benefit packages and when they are, their coverage tends to be insufficient: only one child in four with severe acute malnutrition receives adequate treatment. Even if quality services are delivered, nutrition interventions may be neglected. Demographic and health surveys and multiple indicator cluster surveys conducted in 2012–2018 showed that iron supplementation reached only 12% of under-fives, while only 32% of pregnant women received iron and folic acid supplements.

18. Although a quarter of the world's children live in countries affected by disasters or wars, few Member States have policies (26%) and protocols (37%) that cover the nutritional needs of infants and young children during emergencies. Furthermore, despite the clear guidance of the Emergency Nutrition Network on infant feeding in emergencies¹ and despite the commitments made by Member States through the adoption of Health Assembly resolution WHA71.9 on infant and young child feeding, the humanitarian responses to crises have shed light on gaps in policies, plans and budgets.

19. WHO, using its OneHealth Tool and its repository of interventions for universal health coverage, is supporting Member States in enhancing the integration of nutrition into their national health policies and programmes by including all essential nutrition actions in health sector planning and the costing of health sector strategic plans. The WHO list of essential nutrition actions has recently been updated.²

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

20. The United Nations Intergovernmental Panel on Climate Change report on climate change and land warns that meeting the challenges of our climate crisis requires urgent changes in our food systems. According to the report, “balanced diets, featuring plant-based foods, such as those based on coarse grains, legumes, fruits and vegetables, nuts and seeds, and animal-sourced food produced in resilient, sustainable and low greenhouse gas emission systems, present major opportunities for adaptation and mitigation while generating significant co-benefits in terms of human health”.³ In recognition of this challenge, FAO and WHO have developed guiding principles for sustainable, healthy diets, designed to guide action taken in the context the Decade of Action on Nutrition.⁴

¹ See <https://www.enonline.net/operationalguidance-v3-2017> (accessed 20 October 2019).

² Essential Nutrition Actions: mainstreaming nutrition throughout the life-course. Geneva: World Health Organization; 2019. Available at: <https://apps.who.int/iris/bitstream/handle/10665/326261/9789241515856-eng.pdf?ua=1> (accessed 20 October 2019).

³ See <https://www.ipcc.ch/report/srccl/> (accessed 20 October 2019).

⁴ See <https://www.who.int/publications-detail/sustainable-healthy-diets---guiding-principles> (accessed 5 November 2019).

21. The International Forum on Food Safety and Trade, which took place at WTO, Geneva, in April 2019, explored opportunities and challenges with regard to strengthening food safety systems, particularly through trade. The substantial expansion of global trade means that consumers have access to a great quantity and diversity of food. A joint statement issued during the Forum by FAO, WHO and WTO emphasized that “consumers have the right to expect that both locally produced and imported food are safe”. Thus, better alignment and coordination of efforts to strengthen food safety systems across sectors and borders is crucial.

22. The Committee on World Food Security is developing voluntary guidelines on food systems and nutrition, which are intended to give guidance on appropriate policies, investments and institutional arrangements and improve alignment of food, agriculture and health sectors.

23. School programmes have the potential to deliver double-duty actions, addressing all forms of malnutrition among children and adolescents. According to the second Global Nutrition Policy Review, of the 122 WHO Member States that include actions to address nutrition in schools in their national nutrition policies, 55 are planning to take measures to regulate the types of foods and beverages available in schools. This is lower than the number reported in the first Review, which was conducted in 2009–2010. WHO is currently undertaking a detailed analysis of existing school food and nutrition policies, guidelines and standards in about 100 countries, with a view to mapping the actions being taken and how countries are ensuring healthy food and nutrition environments in schools.

24. Although 73 Member States are implementing excise or special sales taxes for sugar-sweetened beverages at the national level, many such tax laws still do not cover all relevant sugar-sweetened beverages systematically (often not including sweetened milk drinks or fruit juices). They also tax beverages with and without sugars at the same rate.

25. Legal measures are being taken to limit quantities of industrially produced trans-fatty acids in foods in all settings in 31 Member States; in 12 of those Member States, recommended best practice policies have been developed.¹ A further 26 Member States have also adopted best practice legal measures that are yet to be put into effect.

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

26. The Investment Framework for Nutrition produced by the World Bank,² estimated that an additional US\$ 7 billion additional per year would be needed from 2016 to 2025 to reach the global nutrition targets on stunting, anaemia, breastfeeding and wasting. Data from OECD countries show an 11% increase in donor financing for nutrition from 2015–2017 from US\$ 1.1 billion in 2015 to

¹ The two best practice policies for trans-fatty acid elimination are: mandatory national limit of 2 grams of industrially produced trans-fatty acid per 100 grams of total oils and fats in all foods; and mandatory national ban on the production or use of partially hydrogenated oils as an ingredient in all foods.

² Shekar M, Kakietek J, Dayton Eberwein J, Walters D. An investment framework for nutrition: Reaching the global targets for stunting, anemia, breastfeeding, and wasting. Washington, DC: World Bank Group; 2017. Available at <https://openknowledge.worldbank.org/bitstream/handle/10986/26069/9781464810107.pdf?sequence=22&isAllowed=y> (accessed 20 October 2019).

US\$ 1.4 billion in 2017 but funding levels remain volatile.¹ An increasing number of countries have costed investment plans.

27. Health accounts data taken in 2016 from 35 low- and middle-income WHO Member States shows a median domestic general government expenditure on “nutritional deficiencies” of US\$ 0.21 per capita, which is the lowest among all disease categories.

28. In 2020, the Government of Japan will host a nutrition summit (Nutrition for Growth), inviting governments and development actors in nutrition to make new financial and specific SMART policy commitments.

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

29. Although the availability of good quality data is recognized as being necessary for understanding progress towards reducing malnutrition in all its forms, nutrition data systems are fragmented and incomplete. This has a negative impact on governments’ capacity to plan and prioritize investments. Initiatives, such as Data for Decisions to Expand Nutrition Transformation (DataDENT)² and the European Commission’s National Information Platforms for Nutrition,³ have been established to address this issue.

30. The joint WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring provides guidance on indicators and data systems. The Advisory Group supported the development and validation of indicators in the Global Nutrition Monitoring Framework and has provided detailed guidance on indicators for minimum acceptable diet, antenatal iron supplementation, breastfeeding counselling and infant and young child feeding practices. The Advisory Group has also issued recommendations on data collection, analysis and reporting on anthropometric indicators in children under 5 years of age. The Advisory Group is not recommending additional revisions to the Global Nutrition Monitoring Framework.

31. Information on the indicators of the Global Nutrition Monitoring Framework is included in the WHO Nutrition Landscape Information System.⁴ Several collaborations have been formed to report annually on national, regional and global estimates. These reports include Joint Child Malnutrition Estimates,⁵ The State of Food Security and Nutrition in the World,⁶ and the Global Nutrition Report.⁷

¹ Tracking aid for the WHA nutrition targets: Progress towards the global nutrition goals between 2015–2017. Washington, DC: Results for Development. Available at: https://www.r4d.org/wp-content/uploads/R4D_GlobalSpending_NutritionReport_2019_R1_forWeb_withIcon.pdf (accessed 20 October 2019).

² <https://datadent.org/> (accessed 20 October 2019).

³ <http://www.nipn-nutrition-platforms.org/> (accessed 20 October 2019).

⁴ <http://apps.who.int/nutrition/landscape/report.aspx?iso=NAM&rid=1621>

⁵ UNICEF, WHO, World Bank. Joint Child Malnutrition Estimates. Available at <https://www.who.int/nutgrowthdb/estimates/en/> (accessed 20 October 2019).

⁶ FAO, IFAD, UNICEF, WFP and WHO. The State of Food Security and Nutrition in the World 2019. Safeguarding against economic slowdowns and downturns. Rome, Food and Agriculture Organization of the United Nations; 2019. Available at <https://www.who.int/nutrition/publications/foodsecurity/state-food-security-nutrition-2019/en/> (accessed 20 October 2019).

⁷ See <https://globalnutritionreport.org/> (accessed 20 October 2019).

32. Improving routine data collection is crucial for increasing the volume and frequency of data and allowing better geographical disaggregation. WHO, UNICEF and other partners are developing a nutrition module to enhance national health management information systems (District Health Information System – DHIS2).

PROGRESS IN IMPLEMENTING THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES AND GUIDANCE ON ENDING THE INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

33. In 2018–2019, WHO Member States and partners and the Secretariat implemented a variety of actions to improve infant and young child feeding. The latest assessment of legal measures implementing the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions states that 136 countries have enacted legal measures related to the Code. Of these 136, 35 have instituted measures reflecting all or most of the provisions in the Code. The prohibition of gifts from manufacturers of breastmilk substitutes is in place in 48 countries and 43 countries prohibit the provision of free or low-cost supplies of breastmilk substitutes.

34. WHO Guidance on ending the inappropriate promotion of foods for infants and young children recommends that companies marketing foods for infants and young children should not sponsor meetings for health professionals. Despite that guidance, 38% of national paediatric associations continue to receive funding for their conferences from the manufacturers of breastmilk substitutes. This is increasingly being addressed at the national level through regulations and legislation.

35. Increasingly, national systems are being developed to monitor adherence to the Code. The NetCode toolkit for ongoing monitoring and periodic assessment of the Code, which includes an examination of Code violations in health care, retail, communities, and mass media, has been used in eight countries (Brazil, Chile, Dominican Republic, Ecuador, Mexico, Nigeria, Sri Lanka, and Thailand) to document continued inappropriate promotion of breastmilk substitutes. More than 20 countries have actively pursued the establishment of ongoing monitoring systems to identify Code violations and implement enforcement actions, using the NetCode toolkit for ongoing monitoring.

36. The widespread use of digital marketing strategies for the promotion of breastmilk substitutes is a cause of growing concern. Modern marketing methods that were still unknown when the Code was written are now used regularly to reach young women and their families with messages that normalize artificial feeding and undermine breastfeeding. Tactics such as industry-sponsored online social groups, individually targeted Facebook advertisements, paid blogs and vlogs, online magazines, and discounted Internet sales are used increasingly.

37. WHO has developed a methodology for identifying commercial baby foods available in retail settings and collecting data on their nutritional content, as well as various aspects of their packaging, labelling and promotion. A study conducted in four countries (Austria, Bulgaria, Hungary and Israel) showed high levels of total sugars in baby foods. A considerable proportion of the meat- and fish-based meals, soups, biscuits, wafers, crisps and “other” food types contained over 50 mg of sodium per 100 kcal. WHO has outlined a nutrient profile model for commercially-available complementary foods marketed as suitable for infants and young children (aged 6–36 months).

38. The Global Breastfeeding Scorecard, introduced by the Global Breastfeeding Collective led by WHO and UNICEF, documents national implementation of key priority policies and programmes that protect, promote, and support breastfeeding. According to the 2019 Scorecard, paid maternity leave is provided as recommended by ILO in only 11% of countries. The majority of births occur in baby-friendly facilities in only 14% of countries, and only 18% have legal measures in place for the full implementation of the Code. Only seven countries in the world receive more than US\$ 5 in international aid per newborn to support breastfeeding activities. The World Bank has calculated that an investment of at least US\$ 4.70 per newborn is needed to meet global target 5 of the comprehensive implementation plan on maternal, infant and young child nutrition (increasing the percentage of children aged under 6 months who are exclusively breastfed to at least 50% by 2025).

39. Following the launch of new implementation guidance on the Baby-friendly Hospital Initiative, in 2018 WHO and UNICEF issued a revised version of their Ten Steps to Successful Breastfeeding and guidance on breastfeeding support in neonatal intensive care units to address the special needs of small and sick newborns.

40. In 2018, WHO published a new Guideline on the need for breastfeeding counselling.¹ This Guideline recommends breastfeeding counselling for all pregnant women and new mothers and describes the frequency, timing, mode and providers of such counselling.

ACTIONS BY THE EXECUTIVE BOARD

41. The Executive Board is invited to note the report. In its discussions, the Board is invited to:

- comment on progress made in relation to: the comprehensive implementation plan on maternal, infant and young child nutrition, implementation of the International Code of Marketing of Breastmilk Substitutes and the guidance on ending the inappropriate promotion of foods for infants and young children;
- identify areas for Secretariat action in support of Member States (involving the provision of for example, guidance, technical support and data);
- discuss how the Secretariat may best support the preparation of Member States' financial and policy commitments at the nutrition summit, planned for 2020;
- consider the following draft decision:

The Executive Board, having considered the report by the Director-General on maternal, infant and young child nutrition, decided to recommend to the Seventy-third World Health Assembly, the adoption of the following decision:

The Seventy-third World Health Assembly, recalling the mandates given in resolutions and decisions on: the International Code of Marketing Breastmilk Substitutes (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), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23 (2010)); the WHO/UNICEF Global Strategy for infant and young child feeding (WHA55.25 (2002)); the WHO Global

¹ See <https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf> (accessed 20 October 2019).

Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (WHA65.6 (2012)); Ending inappropriate promotion of foods for infants and young child (WHA69.9 (2016) and WHA71.9 (2018)); and Ending childhood obesity (WHA69(12) (2016) and WHA70(19) (2017)), decided to streamline future reporting requirements on maternal, infant and young child nutrition, through biennial reports until 2026 (to be issued in 2022, 2024 and 2026, respectively).

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