

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 realizing the six targets and five actions of the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in resolution WHA65.6 (2012). It also provides information on: the status of national measures to give effect to the International Code of Marketing of Breast-milk Substitutes, adopted in resolution WHA34.22 (1981) and updated through subsequent related Health Assembly resolutions; and progress to develop guidance on regulating the digital marketing of breast-milk substitutes, as decided by the Health Assembly in decision WHA75(21) (2022).

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

2. **Stunting.** Childhood stunting has steadily declined at a rate of 1.7% per year from 26.3% in 2012 to 22.3% in 2022. If this rate of decline continues to 2025, the number of stunted children will be 138.5 million, a projected excess of 31.5 million stunted children by 2025, compared to the target of 107 million. Only the European and Western Pacific regions are projected to reach the target of a 40% reduction in the number of stunted children by 2025 from the 2012 baseline. From the 153 countries where progress assessments are possible, 62 countries are on track to reach the 2025 target.

3. **Anaemia.** From 2012 to 2019, the global prevalence of anaemia in women of reproductive age increased from 28.5% to 29.9%. If current trends are not reversed, 31.3% of women of reproductive age will still be affected by anaemia in 2025, thus widely missing the global target of a 50% reduction in the prevalence compared to the 2012 baseline. This lack of progress is evenly observed across all regions and nearly all countries. In 2019, the South-East Asia Region accounted for 42.8% of all cases of anaemia in women of reproductive age and the African Region for 18.5%.

4. **Low birth weight.** The prevalence of low birth weight in newborns slightly decreased from 15.0% in 2012 to 14.7% in 2020. If trends continue, the world will see 14.4% of the babies born with low birth weight in 2025, missing the global target of a 30% reduction compared to the 2012 baseline. In 2020, the South-East Asia and African regions accounted for more than half of all babies born with low birth weight with 39.8% and 26.8% of the cases, respectively. From 157 countries with sufficient data, 11 are on track to reach the 2025 target.

5. **Overweight.** The global prevalence of childhood overweight has slightly increased, from 5.5% in 2012 to 5.6% in 2022 and is projected to remain at 5.6% in 2025, nearly achieving the global target of no increase. But this stagnation masks disparities in regional progress. The Region of the Americas observed an increase from 7.8% in 2012 to 8.5% in 2022, and in the Western Pacific Region the figure increased from 6.3% in 2012 to 8.1% in 2022. The European Region observed a decrease from 9.3% in 2012 to 7.1% in 2022. Among 156 countries with enough data for progress assessments, 76 are on track for the no-increase target compared to the 2012 baseline.

6. **Exclusive breastfeeding.** In 2021, 47.7% of all infants under the age of 6 months were exclusively breastfed, a significant increase from the 2012 baseline of 37.0%. In 2025, 53.4% of infants under the age of 6 months are projected to be exclusively breastfed, surpassing the 2025 target of increasing the rate to at least 50%. Out of 106 countries with sufficient data, six countries have already achieved, and another 10 are projected to achieve, the 2025 target.

7. **Wasting**. Childhood wasting decreased from its 2012 value of 7.5% to 6.8% in 2022. If the present trend continues, it is projected that in 2025, 6.6% of all children under 5 years of age will be wasted, missing the global target of less than 5%. More than half of all wasted children live in the South-East Asia Region (53.8%), followed by the African Region (22.3%) and Eastern Mediterranean Region (13.9%). Of the 125 countries with enough data, 85 are on track to reach the target by 2025.

8. Four of these global targets – stunting, anaemia, overweight and wasting – are embedded into the Sustainable Development Goals framework to track progress towards target 2.2. In 2018, WHO and UNICEF published a discussion paper providing a scenario of the levels at which the targets could be set for 2030:¹

- a reduction of 50% in the number of children under 5 years of age who are stunted
- a reduction of 50% of anaemia in women of reproductive age
- a 30% reduction in low birthweight
- reduce and maintain childhood overweight to less than 3%
- increase the rate of exclusive breastfeeding in the first 6 months up to 70% or more
- reduce and maintain childhood wasting to less than 3%.

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

9. G7 and G20 leaders have paid increasing attention to nutrition, food safety, and resilient and sustainable food systems. The G7 Statement on Global Food Security in 2022 announced the building of the Global Alliance for Food Security jointly with the World Bank and committed an additional US\$ 4.5 billion. In 2023, health ministers in the G7 Nagasaki Health Ministers' Communiqué recognized the need to mainstream nutrition services within universal health coverage and the G7 Hiroshima Leaders' Communiqué stressed that nutrition is fundamental for a human-centred

¹ WHO/UNICEF discussion paper: The extension of the 2025 maternal, infant and young child nutrition targets to 2030. New York: UNICEF: 2019 (https://data.unicef.org/resources/who-unicef-discussion-paper-nutrition-targets/, accessed 24 November 2023).

approach. The G20 Bali Leaders' Declaration committed to ensure that food systems better contribute to climate adaptation and mitigation. The political declaration of the high-level meeting on universal health coverage committed to strengthening multisectoral action to promote active and healthy lifestyles, including nutrition throughout the life course.

10. The 55 Member States of the African Union designated 2022 as the Year of Nutrition, prioritizing the need to address malnutrition in all its forms, to accelerate actions to ensure everyone has access to healthy and safe food, and to mobilize resources to do so.

11. In May 2023, WHO launched a comprehensive framework for action to accelerate reduction of anaemia.¹ Additionally, WHO, in close collaboration with UNICEF, has established an Anaemia Action Alliance to bring together a broad group of actors committed to reducing anaemia.

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

12. The fourth round of the WHO global pulse survey on continuity of essential health services during the COVID-19 pandemic showed that countries reported partial signs of recovery of services, including those for delivery of nutrition actions. An increase in service volumes for nutrition compared to pre-pandemic levels was reported by 11% of countries. Increases reported were for the distribution of high-dose vitamin A supplements, screening for and/or management of moderate and severe wasting, growth monitoring and promotion, and counselling on infant and young child feeding.

13. Following the launch of the Global Action Plan for Child Wasting, which had been commissioned by the United Nations Secretary-General, 22 front-runner countries have developed costed road maps to reach national targets. WHO has issued new guidelines on the prevention and management of wasting and nutritional oedema, including recommendations and good practice statements. Following the endorsement of the WHO Acceleration Plan to STOP Obesity, 11 countries have committed themselves to the integration of health services for obesity prevention and management into primary health care.

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

14. In July 2023, the UN Food Systems Summit +2 Stocktaking Moment created a space for countries to review commitments to action that were made during the summit. A WHO policy analysis of 104 national pathways² shows that, although nutrition-sensitive agriculture and food safety featured in more than 75% of pathways, policy measures to shift consumption patterns towards healthier diets remain scarce.

¹ Accelerating anaemia reduction: a comprehensive framework for action. Geneva: World Health Organization; 2023 (https://apps.who.int/iris/handle/10665/367661, accessed 14 November 2023).

² UN-Nutrition. Transforming nutrition. UN-Nutrition Journal 2022;1; //doi.org/10/406cc2805en (https://www.unnutrition.org/library/publication/un-nutrition-journal-volume-1-transforming-nutrition, accessed 29 November 2023).

15. The Intergovernmental Panel on Climate Change's synthesis report on climate change for 2023 states with high confidence that mitigation actions would have benefits for health through shifts to sustainable healthy diets. The Initiative on Climate Action and Nutrition (I-CAN), launched at the 27th Conference of the Parties to the United Nations Framework Convention on Climate Change with the leadership of the Government of Egypt, WHO, FAO and other partners commits to support Member States to deliver climate change adaptation and mitigation through transformation of food systems for healthy people and a healthy planet.

16. General comment No. 26 on children's rights and the environment with a special focus on climate change (document CRC/C/GC/26) recognizes their right to a clean, healthy and sustainable environment, including healthy and sustainable food, and calls for immediate transformation of industrial agriculture and fisheries to produce healthy and sustainable food aimed at preventing malnutrition and promoting children's growth and development.

17. WHO partnered with the Ministry of Public Health of Qatar and the Fédération internationale de football association (FIFA) to secure a healthier World Cup under the "Healthy FIFA World Cup Qatar 2022^{TM} – Creating Legacy for Sport and Health" project. This collaboration ensured that more than 30% of the menu items served in stadiums had a healthy nutritional profile in line with WHO's criteria.

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

18. According to the Global Nutrition Report, from 2022 to 2030, an average sum of around US\$ 10.8 billion in additional resources is needed annually to attain four out of the six global nutrition targets of particular significance to low- and middle-income countries (namely, stunting, wasting, anaemia and breastfeeding). Meanwhile, support from official development assistance for nutrition-specific interventions has recently come to a halt, staying at a total of US\$ 0.96 billion in both 2018 and 2019, a decline from the US\$ 1.07 billion recorded in 2017.

19. Investments on food system transformation were made by entities in the United Nations system and other partners. The World Bank Group continued with its Food Systems 2030 initiative, created in November 2020. IFAD at its thirteenth replenishment cycle emphasized the need to scale up financing for transformation of food systems. The Joint SDG Fund activated an envelope of US\$ 22.9 million, under the guidance of the United Nations Global Crisis Response Group to support 87 United Nations country teams covering more than 100 countries and territories.

20. WHO has provided support for capacity-building through peer-to-peer learning in countries in the African Region about breastfeeding, public food procurement and reducing the prevalence of obesity. The Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All, of which WHO is the Secretariat, supported member countries of the Coalition to integrate nutrition, health and sustainability, develop food-based dietary guidelines for sustainable food systems and promote awareness on conflict of interest in public-private partnerships.

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

21. The joint WHO-UNICEF Technical Expert Advisory group on nutrition Monitoring published guidance for national nutrition information systems and technical briefs to improve anthropometric data collection. The Healthy Diets Monitoring Initiative was established jointly by FAO, UNICEF and WHO to develop recommendations for metrics for healthy diet and to promote monitoring of diets. WHO is drafting guidance on the use of routine data for global nutrition estimates, considering experience in all regions.

22. The 2022 Global Nutrition Report analysed the commitments registered with the Nutrition Accountability Framework for the Tokyo Nutrition for Growth Summit 2021 and highlighted areas where gaps remain. The State of Food Security and Nutrition in the World (2023), published annually by FAO, IFAD, UNICEF, WFP and WHO, presents updates on the food security and nutrition situation around the world, including estimates of the cost and affordability of a healthy diet.

23. WHO, in collaboration with UNICEF, the European Commission and the Bill & Melinda Gates Foundation, has supported national nutrition information systems in 14 countries (Belarus, Burkina Faso, Chad, Côte d'Ivoire, Ethiopia, Guatemala, Lao People's Democratic Republic, Mali, Niger, Nigeria, Philippines, Seychelles, Uganda and Zambia).

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

24. Member States continue to strengthen legislation and regulatory instruments giving effect to the International Code. The Status Report 2022 on the national implementation of the Code found that 25 countries plus the European Union had updated their legal measures or enacted new ones in the preceding five years. Compared to countries that continued to implement older laws and regulations, these updated measures were more likely to include breast-milk substitutes up to 36 months and to cover provisions addressed in Health Assembly resolutions subsequent to the adoption of the Code in 1981. In total, 144 (74%) of the 194 Member States have adopted legal measures to implement at least some of the provisions in the Code, but in only 32 of them are the measures substantially aligned with the Code. Since the publication of the status report for 2022, Burkina Faso, China and Timor-Leste have strengthened their legal measures on implementing the Code.

25. To advance national implementation of the Code, WHO and UNICEF co-hosted a global congress (Geneva, 20–23 June 2023). Delegates from some 130 countries engaged in knowledge transfer and technical assistance with experts on the Code. Each country developed road maps or workplans to continue work on strengthening national legislation, monitoring and enforcement of the Code. In several regions networks have been built in order to continue sharing information and assistance across countries.

26. In 2023, WHO and UNICEF updated the online training course about the Code to use the most recent learning technologies and make it more accessible. The course is directed towards health workers, policy-makers, public health practitioners and others with responsibilities for putting the Code into effect. In addition, to strengthen measures and establish effective systems for implementing and enforcing the Code and ending inappropriate promotion of foods for infants and young children, the Regional Office for Europe published a policy brief with step-by-step guidance. The brief includes a model law to demonstrate what effective regulations should look like.

27. In response to the growing recognition of the role of health care providers in supporting breastfeeding and protecting them and parents against inappropriate marketing, WHO co-hosted a series of webinars highlighting how the receipt of gifts or sponsorship by health care providers and health care professional organizations distorts educational opportunities, prescription behaviours and guideline development. In June 2023, WHO and UNICEF published an information note on what constitutes sponsorship of health professional and scientific meetings by manufacturers of foods for infants and young children. WHO also convened leaders of health care professional associations to discuss what can be done to end this type of sponsorship.

28. The Health Assembly, in decision WHA75(21) (2022) on maternal, infant and young child nutrition, requested the Director-General to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, so as to ensure that existing and new regulations designed to implement the International Code of Marketing Breast-milk Substitutes and subsequent relevant Health Assembly resolutions adequately address digital marketing practices. Accordingly, the Secretariat created a technical advisory group to provide inputs on this guidance. The Secretariat commissioned research to identify key issues in regulating digital marketing of breast-milk substitutes, analyse WHO's previous guidance on regulatory responses to digital marketing of other commodities, and review published literature.¹ The resulting "Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes" makes 11 recommendations for Member State action.²

29. The Codex Committee on Nutrition and Foods for Special Dietary Uses completed the revision of the Codex Alimentarius Standard for Follow-up Formula. The updated standard includes several provisions of both the Code and WHO's guidance on ending inappropriate promotion of foods for infants and young children, such as the requirements for statements on product labels, the prohibition of specific elements on product labels, protection against cross-promotion, the recognition that follow-up formula for infants aged 6–11 months is a breast-milk substitute, and acknowledgement that some countries regulate the product for children aged 12–35 months as a breast-milk substitute.

30. WHO published a Nutrient and Promotion Profile Model, accompanied by a toolkit and online platform, for restricting the marketing of inappropriate foods for infants and children under three years of age in Europe. The model aims to support countries inside and outside the European Region in changing policies and legislation in order to optimize nutrition and reduce the risks of noncommunicable diseases in later life.

31. In 2022, WHO and UNICEF expanded the annual Global Breastfeeding Scorecard to include additional policy and programmatic indicators. The Global Breastfeeding Scorecard documented the fact that progress in breastfeeding has been substantial in some countries. Further investment and more bold policy actions are needed to build an enabling environment that protects, promotes and supports breastfeeding.

ACTION BY THE EXECUTIVE BOARD

32. The Board is invited to note the report and to provide the following guidance to the Secretariat in respect of the questions set out below.

- As the comprehensive implementation plan on maternal, infant and young child nutrition is coming to an end in 2025, what next steps should be taken by the Secretariat in preparation for this deadline and in support to achieving Sustainable Development Goal targets by 2030, considering both the implementation plan and the formulated targets?
- Regarding the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, how can uptake of the guidance be strengthened?

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¹ Franco-Lares B, Lara-Mejía V, Lozada-Tequeanes AL, Villanueva-Vázquez C, Hernandez-Cordero S. Legislation on marketing of breast-milk substitutes in digital and social media: a scoping review. *BMJ Global Health* 2023;8:e011150. Doi: 10.1136/bmjgh-2022-011150.

² Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/374182, accessed 29 November 2023).