

MATERNAL, INFANT & YOUNG CHILD NUTRITION

PHM Watchers Presentation
January 2018

Agenda Items

- **EB142/22: Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report**
 - Update on final four indicators
 - Proposal to extend the term of the CIP so that it aligns with the SDG agenda to 2030
 - Progress reports on (1) code of marketing breast milk substitutes; (2) drafting technical guidance on ending the inappropriate promotion of foods for infants and young children
 - Consider a draft decision
- **EB142/23: Managing conflicts of interest (COI) in national nutrition programmes**
 - Conveys a proposed approach for preventing and managing conflicts of interest in the policy development and implementation of nutrition programmes at the country level
 - Process followed since 2012 in creating a tool for managing COI
 - Definitions and main steps covered by the tool
 - Focus is on assessing and managing risk, increasing transparency

EB142/23: Managing conflicts of interest (COI) in national nutrition programmes



Critiques of agenda item EB142/23

- Recognises primacy of MS decision-making authority BUT ignores **structural constraints** low- and middle income states face in negotiating with “big food” and “big governments”. A **legally binding global instrument**, like the Framework Convention on Tobacco Control, would help to bolster member states’ capacities to withstand pressures from states and corporations that promote unhealthy foods.
- Lack of clarity on how the **appropriate national authority** should be constituted so as to ensure the public interest is prioritised.
- Insufficient attention to **MS capacities to carry out due diligence, risk assessment and management**.
- No discussion of procedures for **archiving and sharing the information** used to evaluate and decide potential or actual conflicts of interest.

EB142/22: Comprehensive implementation plan on maternal, infant and young child nutrition

BREASTFEEDING AND WORK
LET'S MAKE IT WORK!

World Health Organization
International Labour Organization

WHAT LAWMAKERS CAN DO




- ENSURE A MINIMUM OF 4 MONTHS PAID MATERNITY LEAVE
- REQUIRE EMPLOYERS TO PROVIDE PLACES AND PROTECTED TIME FOR MOTHERS TO EXPRESS (PUMP) MILK AT WORK
- PREVENT DISCRIMINATION AGAINST WOMEN AND MOTHERS IN THE WORKPLACE

BREASTFEEDING SUPPORT AT WORK HELPS BUILD A HEALTHY SOCIETY

BREASTFEEDING SUPPORT

World Health Organization

WHAT DADS CAN DO



- HELP AROUND THE HOUSE, REDUCE STRESS FOR YOUR PARTNER & MAKE SURE SHE GETS ENOUGH REST.
- 'BURP' THE BABY AFTER A FEED — DAD'S CHEST IS GREAT FOR THIS!
- CARE FOR THE BABY IN WAYS OTHER THAN FEEDING (BATHS, DIAPER CHANGES, WALKS).

A foundational silence in EB142/22



Additional critiques of agenda item EB142/22

- Problems with indicators
 - Create a snapshot, but cannot explain the “how” and “why” of maternal, infant and young child nutrition
- The “investment case for breastfeeding”
 - A macroeconomic framing, which emphasises cost-effectiveness and high investment returns, stands in tension with a human rights based approach to breastfeeding
 - Human right to breastfeeding (2016)

Creating a supportive context?

- Nutritional needs of reproductive age and breastfeeding women largely ignored
- Macroeconomic framing of breastfeeding acknowledges its economic dividends... but ignores the costs women incur by doing reproductive work such as breastfeeding
- Existing policies risk reifying gender relations in the absence of more systemic interventions

Thank You



Additional information...

Existing indicators

Pregnant women

- Anemia in pregnant women

Infants

- Stunting
- Low birth weight
- Overweight
- Breastfeeding
- Wasting

Four additional indicators

Indicator name	Definition
1. Minimum dietary diversity	Proportion of children 6–23 months of age who received foods from ≥ 5 food groups
2. Antenatal iron supplementation	Proportion of women who consumed any iron-containing supplements during the current or past pregnancy within the last two years
3. Availability of national-level provision of counselling services in public health and/or nutrition programmes	Availability of a national programme that includes provision for delivering breastfeeding counselling services to mothers of infants aged 0–23 months through health systems or other community-based platforms
4. Trained nutrition professional density	Number of trained nutrition professionals per 100 000 of population in a specified year

Harmonising CIP targets with the SDGs

age.¹ When the Executive Board considered the matter at its 138th session, some Member States requested WHO to clarify how the targets contained in the comprehensive implementation plan on maternal, infant and young child nutrition would be aligned with the targets in the 2030 Agenda for Sustainable Development.² WHO, in collaboration with UNICEF, has therefore analysed the effect of extending to 2030 the action and level of effort currently under the comprehensive implementation plan on maternal, infant and young child nutrition.³ This analysis indicates that: for stunting, if the currently agreed annual reduction rate of 4%, achieved by the best performing countries, could be maintained for a further five years, this would lead to a 50% reduction in the number of stunted children (81 million) in 2030; for anaemia, as a decrease in prevalence has not yet been observed, a 50% reduction of the proportion of women of reproductive age with anaemia might be an adequate expectation for 2030; similarly, for low birth weight, a 30% reduction could be expected by 2030; for overweight, applying the rate observed in the best performing countries, global prevalence could be reduced to <3%, thus reversing the rising trend by 2030; for exclusive breastfeeding, also considering the achievements of the best performing countries, 70% of infants could be exclusively breastfed for the first six months of life in 2030; and for wasting, based on the experience of counties that have achieved progress, the global prevalence could be reduced to <3% by 2030. In addition to defining more clearly the expectations to “end all forms of malnutrition” by 2030, this analysis may allow the tracking of progress in the 2030 Agenda for Sustainable Development.

Progress on marketing breast milk substitute; inappropriate foods to children

- New legal measures to implement the Code on BMS in Albania, Mongolia and Thailand
- Development of the NetCode protocol containing procedures, guidance and tools for monitoring implementation of the Code
- WHO and UNICEF:
 - Electronic introduction to the Code
 - Updating of baby-friendly hospital protocol with a view to strengthening health services and a less vertical implementation structure
 - Publication of an investment case for breastfeeding
- Secretariat:
 - Implementation manual with guidance on ending inappropriate promotion of food
 - Assisted on a statement on breastfeeding as a human right

Action by the Board

The Board is invited to note the report and to consider the following draft decision:

The Executive Board, having considered the biennial report on the comprehensive implementation plan on maternal, infant and young child nutrition, decided:

- (1) to note the analysis on the extension to 2030 of the 2025 targets on maternal, infant and young child nutrition;
- (2) to approve the four remaining indicators of the Global Monitoring Framework on maternal, infant and young child nutrition, as set out in this report;
- (3) to invite Member States to consider the full list of indicators in their national nutrition monitoring frameworks and report in accordance with decision WHA68(14) (2015).

Additional critiques

Core indicators ignore:

- **Nutritional needs of breast milk manufacturers and providers**
 - Decrease in emphasis on the nutritional needs of breastfeeding women with the emergence of research that suggest women can produce nutritious milk even if their diet is sub-optimal
- **Socioeconomic needs of breast milk manufacturers and providers**
 - Labour protections, breastfeeding infrastructure: do laws and policies facilitate exclusive breastfeeding for first 6 months, continued feeding up until 2 years (and beyond)
- **Gender:** exclusive breastfeeding for 6 months may reify gendered division of labour in household
- **Conceptions of nutrition as a process that is both natural and learned**, i.e. adult nutritional practices are crucial in shaping long term child nutrition as “the first 100 days”
 - Cultural, e.g. division of food work and consumption in the household
 - Modeling, i.e. when adults cannot model “good” nutritional practices children cannot learn them – this is a structural issue, not a behavioural issue

PHM Interventions

Currently the implementation strategies:

- **Ignore neoliberalism** as a root cause of the ecological crisis, which is a root cause of the nutrition crisis and its health effects
 - Emphasise the legal authority of states to **regulate the private sector** at national and global levels
 - Emphasise the obligation of states to democratise **meaningful mass participation** in decisions about how food is produced, consumed, distributed and advertised. (**is this covered in the right to food, international law?**)
- **Ignore contradictions and tensions in pro-breastfeeding initiatives:**
 - Inadequate protections for breastfeeding workers
 - Uncritical support for practices that continue to:
 - Make breastfeeding and infant feeding **women's work**
 - Refuse to recognise the **economic value** of breastfeeding as a subsidy to government, investment in population health and labour force
 - Emphasis infant and child nutrition without also **protecting the nutritional needs of food providers** (i.e. breastfeeding women)
- **Depend on a framework for exposing and regulating conflicts of interest** in policy development at global and national level (FENSA, EB142/23) that does not address the root causes of these conflicts within the WHO (funding shortfalls and their impact on WHO autonomy with respect to areas of work, decision-making, staffing)