The Seventy-first World Health Assembly,

PP1. Taking note [with appreciation] the reports on maternal, infant and young child nutrition, “Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report”, and “Safeguarding against possible conflicts of interest in nutrition programmes”.


PP2.alt. [Recalling all relevant Health Assembly resolutions on infant and young child nutrition, appropriate feeding practices and related questions, the most recent being resolution WHA69.9 (2016)] (Uruguay) [and resolutions ....] (Chair)

(PP2bis) Reaffirming the commitment made in the Agenda for Sustainable Development, including to end all forms of malnutrition by 2030.

PP3. Reaffirming the commitments to implement relevant international targets and action plans, including WHO’s global maternal, infant and young child nutrition targets for 2025 and the WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Rome Declaration resulting from the Second International Conference on Nutrition (ICN2).

PP4. Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;

PP4bis. Affirming that the protection, promotion, and support of breastfeeding contributes substantially to the achievement of sustainable development goals on nutrition and health, and is a core element of quality health care;

PP5. 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;

PP6. Expressing concern that nearly two in every three infants under 6 months are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and

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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;

PP7. Acknowledging that achievement of the WHO global target to increase to at least 50 percent the proportion of infants under six 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;

PP9. Welcoming the inclusion of support for exclusive breastfeeding in WHO’s 13th General Programme of Work;

PP10. 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;

PP12. [Welcoming] [Recognizing] (Uruguay) [Acknowledging] [Noting] recent efforts made by WHO to provide guidance and strengthen technical support to Member States to improve infant and young child feeding, and protect, promote and support breastfeeding in particular, including through new guidelines and implementation guidance on the Baby-friendly Hospital Initiative (BFHI)\textsuperscript{4,5}; an implementation manual on ending the inappropriate promotion of foods for infants and young children\textsuperscript{6,7}; a toolkit on strengthening monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions\textsuperscript{8}; operational guidance on infant feeding in emergencies\textsuperscript{9}; updated guidelines on breastfeeding in the context of HIV\textsuperscript{10}; and breastfeeding advocacy materials\textsuperscript{11,12,13}; [as well as the ongoing process to develop] (Canada, Peru, Brazil, Uruguay, Ghana, Norway, Mexico) tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes\textsuperscript{14}; (Uruguay, Ghana) (DEL: UK, NZ, Canada, Australia)

1. URGES Member States (FOOTNOTE 1: and where applicable, regional economic integration organizations), in accordance with national context, (FOOTNOTE 2: taking into account federated states)

\textsuperscript{2} http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_3Rev2-en.pdf
\textsuperscript{3} http://worldbreastfeedingweek.org/
\textsuperscript{4} http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/
\textsuperscript{5} http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/
\textsuperscript{6} http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf
\textsuperscript{7} http://www.who.int/nutrition/publications/infantfeeding/guidance-ending-inappropriate-promotion-food-manual/en/
\textsuperscript{8} http://www.who.int/nutrition/netcode/toolkit/en/
\textsuperscript{9} http://www ennonline.net/operationalguidance-v3-2017
\textsuperscript{10} http://www.who.int/nutrition/publications/hivaidsguideline_hiv_infantfeeding_2016/en/
\textsuperscript{11} https://www.unicef.org/nutrition/index_98477.html
\textsuperscript{12} http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase/en/
\textsuperscript{14} http://www.who.int/nutrition/consultation-doi/comments/en/
(FOOTNOTE 3: Member States could additional action to end inappropriate promotion of food for infants and young children)

(OP1.1) to increase investment in development, implementation and monitoring of laws, policies and programmes aimed at protection, promotion, and support of breastfeeding, including through multi-sectoral approaches, and awareness raising;

(OP1.2) to reinvigorate the Baby-friendly Hospital Initiative (BFHI), including by promoting full integration of the Ten Steps to Successful Breastfeeding in efforts and programmes aimed at improving quality of care for maternal, new-born and child health;

(OP1.3) to implement and/or strengthen national monitoring and enforcement mechanisms [that are transparent, independent, and free from commercial influence] (UK) (DEL: Australia) for effective implementation of national measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

(OP1.3bis) [to promote timely and adequate complementary feeding in accordance with the Guiding principles for complementary feeding of the breast-fed child] (Norway)

(OP1.4) to continue taking all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular implementation of the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children, while taking into account existing legislation and policies, as well as international obligations;

(OP1.5) [to put in place preventive measures to avoid conflicts of interest with the private sector, particularly with manufacturers and distributors of foods for infants and young children;]

(OP1.6) to increase efforts to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through adoption and implementation of [relevant measures, including the] / [appropriate legal] [, policy, and/or non-regulatory measures] (Canada) / [and policy measures,] inclusion of relevant measures and actions in emergency preparedness plans, capacity building of personnel working in emergency situations, and coordination of inter-sectoral operations;

(OP1.6.alt) [to take all necessary measures ... be prepared ...] (Uruguay)

(OP1.7) to celebrate World Breastfeeding Week as an official public health event; (NOTE LEG will provide an explanation)

2. REQUESTS the Director-General:

(OP2.1) to provide, upon request, technical support to Member States in implementation, mobilization of financial resources, monitoring and assessment of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, the guidance on ending the inappropriate promotion of foods for infants and young children, and the Baby-friendly Hospital Initiative and to review national experiences with monitoring and enforcing relevant national legal, regulatory, and/or other measures;
(OP2.2.) to continue developing tools for training, monitoring, and advocacy on the Ten Steps to Successful Breastfeeding and the Baby-friendly Hospital Initiative, to assist Member States with implementation;

(OP2.3) to support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the timeframe for implementation of the Second International Conference on Nutrition Framework for Action and the UN Decade of Action on Nutrition (2016-2025);

(OP2.3bis) to continue providing adequate technical support to Member States in assessing policies and programmes, including good-quality data collection and analyses;

(OP2.5) 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;

(OP2.6) [to continue to implement FENSA to effectively manage, including by, where possible avoiding conflict of interest and other forms of risks to WHO in nutrition programmes] (Uruguay, Peru) OR

(OP2.6alt) [MOVE TO PP: Welcome the ongoing FENSA implementation to effectively manage, including by, where possible avoiding conflict of interest and other forms of risks to WHO in nutrition programmes] (Norway)

(OP2.7) [to report to World Health Assembly, through the Executive Board, on progress on the implementation of this resolution and in alignment with the reporting provided for in resolution WHA69.9] (EU)

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