

## IBFAN DRAFT TRANSCRIPT OF WHO EB 154 Friday January 26<sup>th</sup> 2024

**DG report on Maternal Infant and Young Child Nutrition. Question 2. Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, how can uptake of the guidance be strengthened?**

[WEBCAST !4](#) The debate on **Agenda Item 20** starts about 10pm Move to 03.04.25

**Chair:** Hanan Mohamed Al Kuwari, Min of Public Health. Man Dir Hamad Medical Corporation (Qatar)

**Syria:n Arabic republic** Thank you Madam Chair. Just quickly if you allow me, is it for real that we must stay till midnight because still now I was thinking that it was a joke and it was just to frighten us to be quick and push up everything quickly. And if it's true we have to stay, does that mean that we don't have to come tomorrow? And if it's yes, let it be tomorrow to stay we have Sunday we may rest our backs a little bit. And it's not for both, why did nobody tell us before so we can bring pyjamas or something. For real. I was missing Her Excellency Ambassador for Slovenia to fight sometimes for us on this because. Why does WHO not care about our backache and to sit on these chairs for like 14-15 hours

**Chair:** Hopefully we will not need to stay till midnight. So let's continue working. And we're taking very good healthy breaks. Let's continue please and consider now item 20. Maternal Infant and young children nutrition. The relevant reports is contained in document EB 154 22 comprehensive implementation plan on maternal infant and Young Child Nutrition biannual report. The board is invited to note the report and provide guidance on questions contained in paragraph 32 of the report. Thank you to the delegations who have posted their written statements about this item including Jamaica, Oman and Yemen and I invite more to post their statement. The floor is now open for discussion. Can you raise your nameplate should you wish to take the floor

**(1)Canada** Thank you Madam Chair. A short intervention on a very important topic. Canada welcomes this update which clearly indicates the expanse of work that lies ahead to reach the nutrition targets, with only two of six set to be achieved by 2025. Collectively, we are failing the children who are suffering from wasting and stunting infants with low birth weight and women of reproductive age with anemia. With the nutrition targets set to expire at the end of 2025. Canada recommends the secretary undertake consultations in 2024 using a gender lens to inform a revised comprehensive implementation plan for beyond 2025. **We also welcome the report on the uphill battle against the digital marketing of breast milk substitutes.** Collective voices and actions are required to limit and regulate those that encourage healthcare workers to recommend breastmilk substitutes for infants and young children when it is not appropriate. **Canada thanks to WHO for the publication of the guidance on regulatory measures aimed at restricting digital marketing of breastmilk substitutes. We will be exploring more on this matter and encourage other fellow member states to do the same where possible in order to reduce the negative effects of breast milk substitutes on infants and young children.** Thank you.

**(2) MOROCCO.** Thank you very much, Chairman. I am delivering this statement on behalf of the eastern Mediterranean region. To begin with, we'd like to express our support to the Director General's bi-annual Progress Report. On the Comprehensive Plan of Action we also note with satisfaction WHO's support provided at all levels to developing countries to help them implement that plan. Many countries in the region have adopted the Plan but many member states in the region, especially low income countries and those experiencing emergencies, faced challenges stemming from political instability and economic crisis. Chairman the regional nutrition strategy and framework of action on obesity prevention guide the member states of the region in their efforts to address the double burden of malnutrition together with WHO and partners. This includes the streamlining of essential nutrition services in primary health care, growth monitoring, micronutrient folic acid and iron supplementation, the promotion of breastfeeding, nutrition counseling, the promotion of

healthy diet including trans-fatty acids, salt and sugar reduction and “SIN” taxes, quote unquote, on sweetened beverages. We are fully committed to the global efforts to address the double burden of malnutrition in this regard, and we request the Director General to consider the following: 1) strengthening integrated action on nutrition through the health system, especially by growth monitoring, nutrition counselling, and micronutrient supplementation; 2, working with UNESCO to include nutrition as a main cause in the school curriculum for all age groups, and creating a school environment conducive to having a healthy diet through **developing coherent policies, covering Trade, Industry and health to ensure healthy food supply, partnerships with the private sector in support of implementation of the WHO agenda on childhood obesity and without conflict of interest.** In conclusion, we would like to ask for further guidance on how to mobilize policymakers from non-health sectors to commit to and implement existing policy recommendations and programs regarding the food system, food security and the promotion of a healthy diet. Thank you.

**3 LESOTHO:** The Kingdom of Lesotho presents this statement on Maternal, Infant and young child nutrition on behalf of the 47 Member States of the African Region. The Region congratulates the Director General and secretariat for the hard work in producing the report. The region further commends WHO for its critical role in coordinating other partners and organizations as well as developing protocols and guidelines for nutrition actions.

- - As a region, we are lagging in the majority of six targets set for 2025.
- - Stunting remains a major challenge and most of our countries will not attain the 40% reduction in the number of stunted children from the 2012 baseline.
- - We are also off track to achieve the target of 50% reduction of the prevalence of anaemia among women of reproductive age.
- - Similar slow progress is noted in reducing low birth weight and wasting.
- - We are also seeing an increase in prevalence of obesity and overweight at all ages, particularly in children and adolescents.
- - **The Region has made good progress on the target for increased exclusive breastfeeding, but this is threatened by the persistence and growing use of digital platforms to market breastmilk substitutes.**

Food insecurity in the Great Horn of Africa, the Sahel and Madagascar is a major contributing factor to slow progress in reducing undernutrition. **Droughts, flooding, ongoing conflicts as well as social and commercial determinants of health all contribute to our poor health outcomes.**

In response to the questions proposed to guide EB discussions, Member States in the African Region highlight the following:

- - **There’s need for better global collaboration to help country-level implementation of effective policies to control the marketing of unhealthy foods, including the digital marketing of breastmilk substitutes and processed complementary foods.**
- - **In this regard, we recall that the Seventy-fifth Assembly in 2022 adopted Decision EB150/7 and requested the Director-General to develop guidance on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, and to report on this to the Seventy-seventh Health Assembly in 2024.**
- - **The African Region compliments the Secretariat for the key achievement of publishing the “Guidance on regulatory measures aimed at restricting digital marketing of breast milk substitutes” and calls for informal discussions by Member States on their implementation.**

In conclusion, the 47 Member States of the African Region request intensified support from WHO and partners in addressing nutrition challenges in the context of climate change.

**4. UNITED STATES:** Thank you, Madam Chair. The United States places a high priority on addressing malnutrition in all of its forms and thanks the Director General for this report. Ensuring the survival and well being of newborns children and women remains an urgent global challenge that access to good nutrition can help address. The United States continues to build on our commitments made during the 2021 UN food system Summit and the Nutrition for Growth Summit, particularly through our partnerships with who UNFPA and UNICEF to improve nutrition and health outcomes for mothers and newborns by scaling up quality breastfeeding promotion and support and expand nutrition data availability and use. The United States is concerned by the mixed progress at the country level in achieving nutrition related targets related to stunting, anemia, overweight and wasting and particularly declines in optimal breastfeeding practices in several countries.

United States firmly supports efforts to provide optimal nutrition for infants and efforts to promote exclusive breastfeeding. We acknowledge regulatory measures aimed at restricting the inappropriate digital marketing of breastmilk substitutes are one of several tools available that may help countries improve breastfeeding rates and maternal and child health. We note that through the thorough consultation supports better regulatory design by ensuring that guidance and regulatory measures are appropriately calibrated to optimize Infant Nutrition and bolster maternal and child health outcomes, while taking into account local and national context. The United States was disappointed that WHO Member States and relevant stakeholders were not adequately consulted, prior to the finalization of the guidance on regulatory measures aimed at restricting digital marketing of breast milk substitutes. Given that this guidance goes beyond the Scope of the Code from inappropriate marketing to cover all marketing expands beyond the scope of products covered by the code and incorporates new recommendations expressly prohibiting promotion of brands, further consultation and consideration of updates to the guidance to improve its effectiveness are warranted. The United States encourages the Secretariat to hold further consultations with Member States and other stakeholders to improve this guidance by assessing its technical, legal and practical challenges, ensuring that WHO recommendations reflect a more fulsome consideration of the breadth of applicable contexts, remain within WHO's mandate and are reflective of the decisions of the Assembly. The United States recommends the Secretariat review country feedback on the utility of the Guidance and refine the guidance in the near future using an inclusive open process and multidisciplinary approach. Thank you.

**5 TOGO:** Thank you madam chair. And Togo supports the statement delivered by Lesotho on behalf of the 47 member states of the African region. Togo wishes to thank the Secretariat for the progress made in trying to achieve the six targets in the five actions relating to maternal infant and your child nutrition in spite of the progress that's been made in four of the six targets, reduction of the prevalence of stunting, of low birth weight and the increase in exclusive breastfeeding and maintaining the prevalence of obesity of under 2%. More efforts need to be made in terms of anemia in women of reproductive age and low birth weight. But with the technical and financial support of its partners to grow continues to adopt a specific measures to promote nutrition for maternal infant and young child groups in particular strengthening UHC incorporating essential nutritional activities and trying to support high impact measures and better coordination of measures relating to nutrition and adopting the International Code of marketing of breast milk substitutes. Togo takes note of the report and the relative questions and we invite the EB to adopt the report. Thank you.

**6 FRANCE:** Thanks. France thanks the Director General for the report and we welcome the efforts made to improve maternal infant and child nutrition. Francis reports the targets surprise as proposed for 2030 and we asked her for the plan to be extended for 20 It will be on to 2030. France has its full commitment to fighting malnutrition in all its forms with a particular focus on the first 1,000 days of life. The next edition of the nutrition for growth summit N4G organized at the start of the year 2025 by France will be an important step to accelerate efforts and the mobilization members in order to meet those targets. France supports the International Code of marketing of breastmilk substitutes, and welcomes the new guidance designed to extend its scope to digital tools. France is committed to adopting measures to regulate the marketing of breast milk substitutes. The fourth edition of the National Nutrition health program also provides for actions so to support women before during and a during breastfeeding.

**7 BRAZIL:**

Maternal Infant and young child nutrition plays a fundamental role in healthy development of future generations from pregnancy. To the real life years of life. Proper nutrition provides essential nutrients for physical, cognitive, and emotional growth. The comprehensive implementation of plans and actions in this area is crucial to address challenges such as inadequate growth anemia in the low birth weight. As the comprehensive plan in maternal infant and Young Child Nutrition approach its end in 2025, the next steps should involve a thorough assessment, strategic partnerships and actions aligned with the Sustainable Development Goals. After more than 40 years since the creation of the international code on breast milk substitutes, it has been observed that the code has not been appropriately implemented. Therefore, Brazil believes that addressing this issue is crucial to guarantee that public health interests prevail. Brazil urges member states to strengthen the regulation of digital marketing for breast milk substitutes by adopting effective measures to safeguard the health in healthy development of children. This includes promoting adherence to the International market of breast milk substitutes in contributing to the achievement of global goals for Maternal and Child Nutrition. In this regard, Brazil intends to propose a resolution on the regulation of digital marketing of breast milk Substitutes Together, let us work towards a future where every child has the opportunity to thrive in growth in our health environment. Thank you, Madam Chair.

**8 JAPAN:** Thank you by the Madam Chair. Japan have received the Secretary's report and we are pleased to see the progress made on the implementation plan, particularly for overweight and exclusive rates breastfeeding. Nutrition has been an important agenda for Japan. The 2021 Tokyo Nutrition Summit highlighted the importance of integrating nutrition into UHC building healthy and sustainable food systems and securing funding for improving the nutrition. the G Seven in 2023 Chaired by Japan emphasizes the need to mainstream nutrition services within UHC, including the need to address malnutrition. Regarding the guidance on digital marketing of breast milk substitutes, we commend that the WHO on their hard work for its development. It is our understanding that this guidance has been issued to address problems caused by the rapid advancement of digitalization, unique to our modern society which was not envisioned when the code was first developed the 1974. We would like to emphasize that since the impact of marketing of breast milk substitutes to breastfeeding varies in each country, consideration must be always given to National contexts as regulations get introduced based on this guidance, as stated in its scope, we request the WHO and the international community to utilize this guidance to ensure that approaches to digital marketing are tailored to each country and that unique application is not enforced. Active Communication between the Secretary and the member states is needed to evaluate and identify challenges in implementation.

**9 SLOVENIA:** Thank you chair, distinguished delegates Slovenia believes it is important to ensure that all women have access to high quality maternity care, including counselling and access to appropriate nutrition. We have a long tradition of Midwifery, midwife focus on addressing inequalities and contribute to better health outcomes in reproductive health. This was last year recognized by UNESCO as the *Intangible Cultural Heritage of Humanity*. Slovenia is also strongly supporting breastfeeding as the best nutrition for infants and toddlers, as many others. Also we warmly welcome who guidance from digital marketing, have rescued substitutes and call for its strict implementation. Slovenia welcomes the suggestion to convene technical consultations with member states and civil society on the promotion and implementation of the guidance to look at evaluation as it has been set to share with practice. As a new country we will stimulate and support action for stricter regulatory measures in the EU in line with the code. A new EU joint action prevent NCD is starting in February and will provide us a good opportunity for this in the coming years. Slovenia is proud to be one of the front runner countries in the WHO acceleration plan to stop obesity, and we endorse the Zagreb Declaration on Child Obesity. Obesity is a challenge far from being resolved. And we commend who for continuing developing innovative tools such as good at xxx application and dietary Impact Assessment Tool. Thank you.

**10 PERU: 3.26 21:24**

Thank you very much, Madam Chair. My next steps for the remaining phase of comprehensive implementation plan for Maternal Infant and Young Child Nutrition. We should ask the secretary to draw up guidelines to establish regulations and national and international restrictions for the manufacture, import and export of processed and ultra-processed foods, including breastmilk substitutes. In Peru we have a healthy eating law where the tax on sugary drinks and guidelines for advertising. But these important measures don't restrict the manufacture of that type of product. You need guidelines to guide the decisions of governance on regulation. Not only in our countries, but on marketing and sales from one country to another but underscoring food sovereignty. Malnutrition problem is a global one and we need to promote trade agreements with clear rules on the selling process and ultra-processed products and on foods with those critical nutrients beyond permitted limits, and the availability of that kind of product will have an impact on the cost and finally, on a decision whether to buy it or not. Regarding guidelines on regulatory measures designed to restrict the marketing of breast milk substitutes we believe that we need to promote a global level the digital marketing campaign with a similar or greater scope to that of the companies that actually promote milk substitutes promoting the advantages breastfeeding, looking after oneself, and health and nutrition as a lifestyle choice. With the digital marketing of breast milk substitutes, we need to invite leaders influencers who could be a positive influence to adopt healthy practices to look after infants and promote breastfeeding and make it be extended to healthy eating more generally. Finally, PERU wishes to support initiatives like the one that just mentioned by Slovenia to generate the space for dialogue on implementation of WHO guidelines and strengthen solid and applicable regulations to control the marketing of breast milk substitutes and other foods for infants and small children, including over the internet. Thank you.

**11. AFGHANISTAN:** Thank you, Madam Chair, acknowledging the significance in the inherent challenges in maternal infant in the young Child Nutrition at global level. I would like to share a snapshot of a corner of our Earth, Afghanistan, while currently left out of the radar of global politics. Conflict poverty, food insecurity, limited access to health services poor water quality and sanitation, coupled with inadequate maternal nutrition and low immunization rates for children have

collectively contributed to alarmingly high Mother and Child malnutrition rates in our nation. The historical challenges have been exacerbated by the ongoing plot in humanitarian crisis, making it even more daunting to achieve the global targets of comprehensive implementation plan on maternal infant and Young Child Nutrition. Madam Chair, According to UNICEF, an estimated 875,000 children under five required treatment for severe acute malnutrition in 2023 were 22 out of 34 provinces, surpassing the emergency threshold for acute malnutrition. While I extend our gratitude to humanitarian organizations in international community for their invaluable contributions that have played a pivotal role in our improvements made during last two decades, more specifically in managing the humanitarian crisis of last three years, at the same time, as we express the appreciation, we must recognize that the journey continues, and we must strengthen the foundations already laid, while addressing the urgent needs in the current humanitarian crisis. In conclusion, I draw your attention to the pressing matter of conveying health information in the digital realm. In today's digital age, the dissemination of information digitally is crucial for keeping parents informed. However, equal emphasis must be placed on ensuring the accuracy of this information and it's alignment with WHO in national health recommendations. Therefore Afghanistan strongly supports and co-hosts the resolution pertaining to WHO's guidance on restricting harmful digital marketing. Thank you, Chair.

#### **12 TIMOR LESTE:**

Thank you, Madam Chair, we acknowledge the biennial report on progress made in realizing the comprehensive implementation plan on maternal infant and Young Child Nutrition. We also acknowledge the report on progress in implementing the International Code of marketing. the President submitted demolition and strengthening afford to create a supportive environment for the implementation of comprehensive food and nutrition policy. We have recently established multi sectoral coordination mechanics in the form on off an inter ministerial thus for under the His Excellency, Vice Prime Minister of his focus on attrition and early childhood development, strengthening regulation on marketing of breast milk substitutes in Timor Leste, streamline nutrition information system and progress in the adoption of international foods and Codex Alimentarius are few key developments and support from WHO and other partners that will contribute to address all form of malnutrition in TIMOR LESTE. As we address the effects of COVID 19 pandemic on demand and delivery of nutrition intervention, combined with the sector action for nutrition and remain challenging for stimulus TL also recognize the need for the strength recovery and streamlined food safety regulation and introduce food labeling in portlets. To suit enable at relevance. In this context, where do we request content for support from WHO and other partners to design implement policy to achieve consumption patterns towards healthy diet remains committed to criticize for sustainable transformation for the duration and food system. And accelerate our progress towards the global rotation targets. We also welcome to guidance on regulatory measures aimed at restricting digital marketing of resumes submitted, we hope that guidelines will be enacted soon for further mitigating negative undermining influence of commercial milk formula. Thank you.

**13 MALAYSIA:** Thank you Madam Chair. Malaysia takes note of the updates of the biannual report. We would like to congratulate who on the comprehensive action plan listed in the report to achieve the SDG targets by 2030. With regards to the question on what actions the debate or Secretariat can take, Msalasia would like to suggest a sharing session on the achievement progress on maternal infant and Young Child Nutrition implementation to be jointly organized by WHO and related UN organizations, gaps, challenges and the way forward for the decade towards achieving SDG 2030 to be presented and announced in this session. This will be very beneficial to member states with regards to the question regarding the purview of the prohibition of digital marketing of the breast milk substitutes. Malaysia is of the opinion that the enforcement of the guidance needs to be strengthened in a way that it can be implemented by Member States. With regards to this concern, it should be factored in and discussed in a subsequent consultative process. Thank you Madam Chair.

**14 SLOVAKIA:** Thank you Madam Chair. Slovakia supports all ground work on the policy strategies, programs, guidelines development and particular results framework defined up to date it determinants for house nutrition. We urge WHO at all levels because we lose the track of children's health we do doesn't have a special department and comprehensive program for the house of children and adults. And we request intensified support from all member states to support low cost and high impact programs on breastfeeding promotion and lactation counseling. We encourage WHO and member states to implement guidelines and their audits concerning the promotion of other than exclusive breastfeeding options, which should be proposed only by capable health professionals such as midwives, lactation advisors and physicians based on the clinical guidelines, diagnostic proof of the condition that is an indication for the option to use other types of foods subsidy

and they should recommend for more which is least impactful on the health of the child based on the evidence that is needed to be continuously collected. We would welcome more work on code and addressing international context against disinformation and preventive communication. Thank you.

**15 MALDIVES:** Chair, Maldives comments the progress made in realizing the comprehensive plan on maternal infant and Young Child Nutrition. We acknowledge the decline in childhood stunting in the efforts of member states in updating legal measures to give effect to the International Code of marketing of breast milk substitute. We also recognize the importance of developing guidance on regulating the digital marketing of breastmilk substitute as decided by the Health Assembly in 2022. Digital Marketing of products targeting other age groups also needs to be addressed. Maldives faces their double burden of malnutrition while there is some under-nutrition, we are faced with over or wrong nutrition in young children leading to increased rate of overweight and obesity. At the same time, only half the children aged six to 23 receive the minimum acceptable diet. In 63% of women aged 15 to 49 are anaemic. To prevent malnutrition and reach Global nutrition targets we must accelerate the development of proven intervention share knowledge, expertise resources best practices and coordinate between sectors and countries. Maldives acknowledges who has initiatives addressing commercial determinants of health, which is very important for us, as a heavy import dependent country. Maldives are just prioritizing the development of a comprehensive transition plan which should reflect the regulatory measures aimed at restricting digital marketing of breast milk substitutes and other products for the health of children and mothers. Thank you.

**16 CHINA:** Thank you Madam Chair. China expresses gratitude to the direction of presenting this comprehensive report. We also commend the Secretariat some notable progress in advancing Maternal Infant and young child nutrition and fully aligns with the five areas of action outlined in the report. We would like to suggest the following First, conduct evaluations of member states data to assess progress and goals and establish a platform for sharing success stories and lessons learned. Second, pay particular attention based on a comprehensive evaluation of progress towards the 2025 goals, to issues such as Anaemia among women of reproductive age and low birth weight. This will help us devise a more feasible work plan for 20/33. Regulating of digital marketing of breast milk substitutes We must promote exchange and communication among members States where the focus on implementation is enhanced WHO has an active role in the system ... developing nations and improving maternal nutrition globally. In recent years, China has continually refined its policies and service systems. Key initiatives include Action for Health in the first 1000 days of life, as well as a five-year action plan to enhance maternal and infant health and targeted programs in poverty stricken areas. Notably China has distributed nutrition packs to over 10 million infants and young children free of charge, resulting in improved growth and development. China stands ready to share this experience with developing countries. Thank you.

#### **17 YEMEN:**

Thank you Madam Chair. Distinguished EB members, ladies and gentlemen. The Ministry of Health and Population of Yemen wishes to thank WHO for all of its efforts with our development partners to establish this action plan on maternal Infant and Young Child Nutrition. Yemen is facing a disaster as a result of the war that is occurring in our country and people are on the verge of famine in our country. We have seen an increase in the risk of famine that no other country has seen and in fact, 70% of people live under the poverty line and don't have the means to buy any food. Of course, the further victims of this are pregnant women, infants and young children and breastfeeding women. And we will thank all the organizations who have helped us including the International Bank and Saudi Arabia, for the xxx center for their support all of these supporters ..... Yemen is facing so many challenges to try to guarantee Maternal Infant and young child nutrition, including the devaluation of currency, the terrible economic situation. Many people just find it impossible to benefit from basic health care and health and promotion and prevention is impossible. So, we've tried to take measures to reach the targets set out in the plan. But to be successful, we will need wealthier countries to try to support us if we are to try to reach these targets. We request, as well, that WHO continues to provide us support to strengthen micronutrients in our food and to help us to review nutritional health in our health care centers and draw from best experiences in other countries. Thank you.

#### **17. ARGENTINA:**

Thank you very much chairman. To begin with we'd like to thank the Secretariat for the report they've prepared and for the work they've been doing on maternal infant and Young Child Nutrition. Argentina has a law on integrated care for pregnant and nursing women and young children the aim of which is to protect and improve health up to the age of three and we



recognize the central role of breastfeeding in that. Furthermore, we have the International Code on the Marketing of Breastmilk substitutes, which is part of our law and we've taken many measures relating to it. Let me say something about digital marketing and the regulation of it. We have said in this forum, that any rules on this should be balanced so that these products can be on the market but in a regulated way. In those cases where breastfeeding naturally cannot be carried out, they are important. Like some of the members including the United States, we are a little concerned about the way things are going. We are particularly worried that the scope of any rules might go beyond what was decided in decision 75.22 And that might make it difficult to implement, as well as raise queries about its consistency and harmony within regulations and norms and WHO Thank you.

**18 NAMIBIA:** Namibia joins the statement delivered by Lesotho on behalf of the member states of the African region. We thank the DG for his insightful report Namibia is pleased to note the decrease in childhood stunting and an increase in exclusive breastfeeding. However, we do take note with concern the persistent challenges particularly relating to anemia in women of reproductive age and low birth weight rates. Namibia commends the high level political commitment to nutrition food safety and resilient food security systems. We are concerned about the lack of robust food standard regulation and consumer protection, particularly for children and adolescents and the limited multi-sectoral actions against malnutrition. Namibia is urging for collaborative efforts to enhance effective health interventions with an impact on nutrition. In closing, we take note of the report.

**19 HAITI:** Chairman, thank you. The Republic of Haiti is grateful to the Director General for his report. The Global Report on food crises published in 2023 lists Haiti as one of the country's suffering most severely from food insecurity. With the support of its partners Haiti carried out another survey and we now have more reliable information not only on the scale and severity of malnutrition, but also on the way it is distributed across the country. This data has made it possible for us to conclude accurately that malnutrition is a major health problem in Haiti. Our country is facing many, many challenges. Yet several things have been done in order to try and improve the nutritional status of newborns, babies, pregnant and nursing women. We have for example created a special budget line for the financing of nutrition related activities. We've also passed a law on the fortification of foodstuffs. We are making changes in agriculture so that we can provide foods rich and micronutrients to our people. We've been running campaigns promoting exclusive breastfeeding and informing people about what foods are beneficial for them. We are trying to tackle, let's say moderate cases of malnutrition, to make sure that people suffering from it do not get any worse. This has all helped and we're backing it up with reliance on our primary health care strategy. Healthy foodstuffs, healthy nutrition for babies, children, young people, and their mothers, guarantees a good stage in life. Haiti agrees that we should note and its contents. Thank you.

**20 ECUADOR:** The delegation of Ecuador appreciates the presentation of the report on the Comprehensive Implementation Plan in relation to the Nutrition of Mothers, Infants and Young Children. Ecuador has implemented plans, programs and activities to promote support and protect breastfeeding. We would like to highlight the creation of the National Breastfeeding Support Council as part of our ongoing effort to comply with the International Code of Marketing of Breastmilk Substitutes. In addition, Ecuador has nine human milk banks and 1,514 breastfeeding support groups. Public institutions and private companies have provided 12K rooms where their workers can breastfeed. Thank you very much.

**CANADA:** Thank you. I didn't want to disrupt all the Member States but I just wanted to speak briefly as you heard in our intervention, the concerns we have on digital marketing and the need to make this a priority. Just on the proposal of a resolution. I wanted to just note some concern if the idea was to have it inter-sessionally to lead up to May given the very charged agenda we already have, the number of resolutions already in play, pandemic agreement and IHRs as well, not to underplay the importance of this topic, but from a governance perspective, just wanted to say that our we would be very concerned if there was another resolution added, just because it might impact the quality of all Member State engagement, giving the charged inter-sessionals. And if, you know, with more consideration to look at an idea of a resolution down the road, while there's still been a lot of call for needing to review the guidance anyway. So, I just wanted to note that. thank you

**21 ETHIOPIA:** Thank you very much, Ethiopia allies with the statement delivered by the kingdom of Lesotho on behalf of the fortyseven Member States of the African region. As has been highlighted, digital marketing could reverse the gains that the region has been making in promoting and protecting breastfeeding with negative consequences on infant and child

mortality, under nutrition and over nutrition. Thus, Ethiopia welcomes the development of the guideline on regulating the digital marketing of breastmilk substitutes, and supports further discussion. Chair we also find the following points worth considering. One is ensuring that translation and implementation of the policy landscape as community levels of Strengthening functional coordination platforms at all levels, really intensifying and innovating inspire innovative resource mobilization and continued advocacy for investment in nutrition, maximizing an implementation of new initiatives including the global action plan for child wasting, keeping the first 1000 movement, increasing focus on nutrition, development of nutrition workforce and care structure and promotion of healthy lifestyle and xxx, among others. It calls for enhanced calls for enhanced support and collaboration to meet the set targets and sustained efforts I think.

**UNITED STATES:** Thank you very much, Madam Chair. Just a very quick intervention in support of the comments by Canada. We believe a potential resolution for WHA consideration at this point, at this late stage, and with all of the already scheduled intersessional work, should be considered in the next cycle.

**SLOVAKIA:** We would like to support Canada

**22 BANGLADESH:** <https://apps.who.int/gb/statements/EB154/PDF/Bangladesh-20.pdf>

Bangladesh underscores the need of enforcement of regulatory measures on digital marketing of breast-milk substitute. Bangladesh does not support promotion of breastmilk substitutes as a natural choice of nutrition for the children. Application of regulatory measures on digital marketing will be exigent for ensuring quality of breastmilk substitute. Hence, we suggest the following: 3.1 Only if a lactating mother is not able to breastfeed her child at an optimum level, substitutes may be explored as per the advice of a Physician; 3.2 WHO may promote research initiatives to study the negative impact of breastmilk substitute; 3.3 Bangladesh joins others to initiate a consultation among the Member States on regulatory measures on digital marketing of breastmilk substitutes. 4. Bangladesh supports Brazil's intention of a resolution for ascertaining standard in digital marketing of breastmilk substitute and promoting breastfeeding. I thank you, Chair.

**NSA 1. SAVE THE CHILDREN FUND:** Thank you Madam Chair. Save the Children notes the urgent importance of this agenda item. We draw particular attention to who has guidance on regulatory measures to restrict digital marketing of breast milk substitutes. The unique life saving and liked enhancing benefits of breastfeeding are proven yet BMS companies are estimated to spend 10 to 15% of their global sales on marketing each year, amounting to a staggering four to 6 billion US dollars. Digital Marketing has rapidly emerged as a preferred avenue for companies. It is vital that we protect against the circumvention of existing code laws, aggressive marketing, and the misuse and distortion of information to influence infant feeding decisions. We call it member states to implement and incorporate the guidance into their existing code laws and to accelerate progress across all the 2025 Global nutrition targets. Thank you

**BRAZIL:** Thank you, Madam Chair is just to briefly react to the comments that have been made by some delegations. We thank the comments that have been made on the intention that to propose a new resolution. This feedback is really important for us to guide our internal decision process. And so I thank the membership for giving us some important inputs to how to put forward this resolution and what will be the next step. So, thank you very much.

**23. IRELAND:** Thank you Madam Chair. Ireland thank you all for the support and commend its work to enhance maternal young child and infant nutrition by acknowledging the inadequate progress towards achieving the 2025 Nutrition targets. Ireland encourages the executive board call for a Member State consultations on the extension of these targets and the preparation of a comprehensive implementation plan to 2030. We commend WHO for the recent comprehensive guidelines on the prevention and treatment of wasting. Ireland is pleased to partner with the WHO to provide technical support for the rollout at regional level and 10 priority countries. We call on all key stakeholders to collaborate and complement Member State efforts to follow the multi sectoral multi system approach reflected in the global action plan wasting. Additionally, Ireland welcomes the proposed resolution and acceleration towards the SDG targets for maternity maternal mortality and child mortality sponsored by Somalia. Thank you Madam Chair.

**NSA 2 World Cancer Research Fund International: 20:06**

Thank you Madam Chair. Distinguished Delegates World Cancer Research Fund international with support from NCD Alliance and world obesity Federation strongly urges member states to protect, promote and support breastfeeding with the national legislation in line with the International Code of marketing breast milk substitutes, and WHO's guidance on



regulatory measures aimed at restricting digital marketing of breast milk substitutes. Breastfeeding is a powerful and contact double duty policy that protects women against breast cancer and children against weight gain overweight and obesity. mothers and babies alongside their communities and health care providers must be protected from pernicious Industry Marketing Strategies, introducing monitoring mechanisms to ensure implementation of the Code is vital. We also strongly urge member states to implement policies to shift consumption patterns towards healthier diets. Implementing best practice policies such as the NCD Best Buys through global cancer and NCD burdens. Thank you.

**NSA 3 FDA WORLD DENTAL FEDERATION:** Thank you chair and distinguished delegates FDI world dental Federation and the International Association for Dental Research. Welcome these important reports and applaud the increase in exclusive breastfeeding rates with the possibility of surpassing the 2025 global target of 50. Breastfeeding lowers the risk of any childhood caries and NCDs in infants and children WHO recommends it also as a cost effective intervention. The report cautions however, that we will not achieve most of the six nutrition targets and progress in addressing childhood overweight across regions remains uneven. It also notes that policy measures to increase the consumption of elder foods are still scarce. Therefore, we urge member states to implement a comprehensive set of policies to promote the diet, including taxes on sugar sweetened beverages and other ... foods and beverages, front of pack nutritional labeling, and regulating the marketing of unhealthy foods, especially to children and adults. Thank you.

**NSA 4. IBFAN** Thank you Madam Chair. WHO should be proud of the materials on marketing produced under Dr. Tedros' tenure. The Guidance on digital marketing is a key part of that package and will help governments lower healthcare costs and save lives. Digital marketing is now out of control with companies paying influencers and using algorithms and deceptive schemes to target pregnant and lactating women and convince them that their expensive, risky environmental, environmentally wasteful products are essential for children's health. The guidance doesn't prevent any person buying products that they need. But it could help stop predatory marketing at source. We know from our Codex and other experience that a WHO resolution is very important and would help Member States strengthen their laws without fear of trade challenges. Misleading digital marketing will only get worse if the Guidance sits on the shelf ignored. Thank you.

**24. AUSTRALIA** Thank you very much to Australia thanks to the Secretariat for its report and we acknowledge that increased action is required from member states if we're to reach the global nutrition targets for improving maternal infant and child Young Child Nutrition. We will welcome efforts by the Secretary to work with Member states to include the most current data sources to support monitoring of progress by 2025. And we encourage efforts to ensure awareness of the policy briefs around the targets. We heard some colleagues intend to propose a new Resolution and thanks very much to Brazil for being very gracious about inviting feedback. That wasn't clear to me when a resolution would be proposed. We recall the agreement by the Executive board at its most recent meeting in May 2023, the decision ... to demonstrate our commitment to better governance practices in the lead up to governing body meetings to propose WHO resolutions by November of the previous year. Thanks.

**NSA 5. International Atomic Energy Agency:** Chair, Good nutrition is fundamental to human health. Nearly every country in the world is affected by malnutrition and many of them experience multiple burdens of malnutrition. The IAEA is supporting its Member States in combatting malnutrition. Nuclear and stable isotope techniques generate accurate data that provide evidence for improving nutrition interventions and programmes. Through these techniques, many Member States have the capacity to assess body composition, breastfeeding practices, micronutrient absorption from foods, the link between acute malnutrition and later diseases, and to understand the evolution of childhood obesity. For example, the first international body composition reference charts for infants were published based on an IAEA supported study. These reference body composition charts provide clinicians and researchers with a tool to interpret infant body composition data. These can inform and evaluate interventions to combat malnutrition and set up healthier childhood trajectories. The charts will support the design of nutrition interventions based on more accurate, informative and relevant data. It can also contribute to enhancing nutrition programmes and strengthen global efforts to prevent malnutrition in infants and young children and related longer term poor health into adulthood.

Using the IAEA's Doubly Labelled Water (DLW) database as a basis, a new study co-authored by IAEA scientists, found that total energy expenditure has declined in both men and women over the past 30 years. Surprisingly for researchers, this was due to a reduction in basal energy expenditure and not in activity expenditure as previously assumed. Actually, activity energy expenditure had significantly increased. This may be the basis for a useful

strategy in obesity management. We look forward to continuing and further expanding our collaboration with WHO and other partners in combating malnutrition. I thank you Chair.

#### CHAIR

Thank you. If there are no more requests on the floor, I will ask Secretary to respond to questions raised Dr. Lee Eliane Assistant Director General for universal health coverage and healthy populations. Yeah.

#### Dr Ailan Li. Assistant Director-General, Universal Health Coverage, Healthier Populations: 26:29

Thank you, Chair. Thank you all for your comments and guidance and the suggestion to improve maternal infant and the young child which is a central element in achieving healthier populations today and also for our future generations. Let me start some good news. I think we must be proud of some collective achievement over the past decade. The rates of the exclusive breastfeeding have increased by 10%. It's not easy, but I think it's a good achievement. However, there's also still much to be done over 800,000 children still die every year because adequate breastfeeding. Also we must address newly emerging issues like digital marketing of breast milk substitutes which is important and not easy to address. As many of you pointed out today. In this regard, we actually plan to collect her feedback and learn from country and regional experience and the challenges in implementing the code and the guidance on digital marketing of the breast milk substitute. We also share your concern about the lack of progress towards achievement of the global target on maternal infant Young Child Nutrition over the past decade. It is indeed highly, highly concerning. That is why we must work together to intensify efforts to integrate nutrition services into our routine health care delivery and our work of primary health care as a foundation for universal health coverage. As your remind us again and again. We remain committed to work with you to address malnutrition and healthy diet, which caused so many preventable deaths. Your requests for country support and for stakeholder collaboration, including global collaboration are very well noted. In responding to the specific concern if I may say using your word disappointment expressed by our colleagues, I would like to start with great appreciation to you for your honest feedback on the scope, consultation process and implementation feasibility of the gardens related to digital marketing of breastfeed substitute if I understand correctly. So I would like to reconfirm that first of all, this topic is extremely important for us to work together to protect the health of our infants, young children, and we all know that they are the future for the development for our society. I also would like to confirm that I carefully checked with our colleagues and the guideline development has been followed or based on the internal guide development process, but I realized that the consultation with member states might not be enough. Actually I think its a good thing. You know, if you request for more consultation, which means you are picking this topic very seriously in the national implementation. And I totally agree that the guidance document can be implemented based on the country context. because there's no one size fits all. I personally know the complexity of the law interface at the country level. So I would like to express my thanks to I think the delegate from Japan to remind us that we need a tailored approach for implementation. Am I right so thank you for that. I think on the proposed resolution development, I need to hand it back to the chair so I not in the position to response. So I'm seeking for help. So thank you very much. Chair over to you.

**CHAIR:** Thank you very much, Secretary. I don't I believe it's been answered already from the discussions. So if I see no more requests for the floor, my ticket that the board is ready to note the report contained in document EB 154 slash 22. I see no objection. The report is noted. This concludes the board's consideration of item 20.

**Written MS Statements online:** <https://apps.who.int/gb/statements/eb154/>

**25 Oman – text in Arabic –**

**26 Switzerland.** <https://apps.who.int/gb/statements/EB154/PDF/Switzerland-20.pdf> Switzerland would like to thank the Secretariat for the publication of the “Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes”. Switzerland fully supports breastfeeding as clearly illustrated in the Swiss recommendations on [Nutrition during pregnancy and the breastfeeding period](#) as well as those on [Nutrition for infants and young children](#). Furthermore, Switzerland would like to note that the Swiss legislation clearly prohibits the advertising of infant formula based on **Art. 41 paragraph 3** of the Federal Ordinance on Foodstuffs and Utility Articles (*Ordonnance sur les denrées alimentaires et les objets usuels (ODAIUOs)*) Indeed, this provision specifically includes the prohibition of digital marketing and in this respect, it does fulfill some of the objectives the “Guidance on regulatory measures aimed at restricting digital marketing of breast-

milk substitutes.” In view of the fact that the Guidance document prepared by the WHO Secretariat has never been discussed by Member States and taking into account the important and far-reaching recommendations that it contains, Switzerland would like to encourage the WHO to consult Member States on this document prior to seeking their views on how “the uptake of the guidance can be strengthened”.

**27 Jamaica:** Jamaica thanks the Director General for this detailed report on the six targets and five actions under the comprehensive implementation plan on maternal, infant and young child nutrition. We have taken note of the progress with respect to stunting, childhood wasting, exclusive breastfeeding and the decrease in low-birth-weight cases. We note especially those areas requiring greater efforts, such as prevalence of anaemia in women of reproductive age and childhood overweight. These are also areas in which Jamaica is experiencing delayed results as achievement of the targets was hindered by the effects of the COVID-19 pandemic.

Notwithstanding, we have developed and implemented a number of national strategies that include nutrition specific goals and objectives. These include a National School Nutrition Policy (2022) which was submitted to Cabinet and was approved for finalization. Likewise, a multi-sectoral National Infant and Young Child Feeding Policy (2018) with a supporting plan of action for implementation of the policy. This policy addresses the targets related to infant and young child feeding as well as the nutritional status of children. Under the Baby-friendly Initiative several health facilities have been certified and health professionals trained to assist Jamaica with meeting the target of increase in exclusive breastfeeding.

Chair, Jamaica is also in the process of reforming primary care. This includes the strengthening of the nutrition surveillance system to provide information needed to guide policy development and programme planning. The system will be electronic and will include WHO indicators on infant and young child feeding, dietary practices and nutritional status. Sufficient human and financial resources will be needed and we applaud the WHO for the progress made with respect to Action #4 and encourage the use of other strategies in achieving the SDG target by 2030. One such strategy could be increasing the uptake of the guidance on regulatory measures aimed at restricting digital marketing of breast milk substitutes is the formation of and/ or strengthening of Regional networks.

Collaboration and knowledge sharing among countries with similar profiles with regard to political framework, stakeholder profiles and economic backgrounds would assist each country in their efforts to meet the targets. This would also assist countries without all the necessary expertise to leverage expertise found in neighbouring countries in their Region.

As we reiterate our commitment to advancing the national and international targets for maternal, infant and young child feeding, we ask that the Secretariat gives consideration to these recommendations. Thank you.

**No category. UN Assistant Secretary-General, Scaling Up Nutri- 11 -on (SUN) Movement Coordinator;**

Honourable Chair, On behalf of the UN Assistant Secretary-General and Coordinator of the Scaling Up Nutri- 11 -on Movement, I commend member states for the increase in exclusive breastf- 11 -eeding rates globally, and for being on track to achieve and possibly surpass the WHA2025 target of 50% of infants under 6 months of age to be exclusively breastf- 11 -ed. This progress reflects our united commitment to exclusive breas- 11 -tfeeding, offering infants the best possible start in life. However, challenges persist to reach the other five global nutri- 11 -on targets on stun- 11 -ng, was- 11 -ng, low birth weight, anaemia and childhood obesity, adopted by you, the Member States. This demands your immediate a- 11 -ttention. Investi- 11 -ng in nutriti- 11 -on ac- 11 -tion is smart with a very high return on investment with long term impact in public health. The Scaling Up Nutriti- 11 -on Movement welcomes WHO’s Guidance on regulatory measures to restrict digital marketi- 11 -ng of breastmilk subs- 11 -titutes and calls on countries to incorporate this guidance into their exis- 11 -ting Code Laws. SUN also calls on governments, WHO and the wider United Na- 11 -tions systems to bolster support for scaling up the delivery of essenti- 11 -al nutriti- 11 -on interventi- 11 -ons. Chair, our work is not finished: it is imperati- 11 -ve to extend the global nutriti- 11 -on targets beyond its current 2025 endpoint to 2030 to synchronize our efforts with the Sustainable Development Goals timeline.

**UK** UK doesn’t answer Q2 so nothing on Digital Marketing. <https://apps.who.int/gb/statements/EB154/PDF/UK-20.pdf>