

Pillar 2: One billion more people better protected from health emergencies

Agenda Item 14. WHO's work in health emergencies

We witness in horror the worst human catastrophe in recent times and the crisis of refugees becoming a permanent emergency. As WHO comes under more pressure to be 'operational' its key norm-setting role must be maintained and protected and transparent, sustainable funding, free from commercial influence must be secured.

The deprivation of food, water and medical supplies should never be imposed as a weapon of war.

Emergency responses and the provision of products and short term Ready to use products should never be inappropriately promoted and must never undermine breastfeeding or indigenous foods culturally acceptable local food solutions if possible. Responses should include skilled breastfeeding support, skin-to-skin, re-lactation and wet nursing. The Code, IFE Operational Guidance and IFE materials are key tools in emergency preparedness and response.

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and undermine breastfeeding and indigenous foods, and should only be used in programmes that support skin-to-skin, re-lactation, *wet nursing and appropriate transition to family foods. Emergency responses Breastfeeding is a resilient practice that provides food, care and immune support and is often a lifeline in emergencies and the [IFE Operational Guidance](#) and IFE materials are key tools in pre-preparedness plans.

Breastfeeding continues to be under attack from manufacturers of ultra-processed products by promoting short term treatment models in emergencies. IBFAN helped improve Codex safeguards for Ready to Use Therapeutic Foods and accept that these products can be important as a last resort. However they should never be inappropriately promoted and undermine breastfeeding and indigenous foods, and should only be used in programmes that support skin-to-skin, re-lactation, *wet nursing and appropriate transition to family foods. Emergency responses must always include skilled breastfeeding support, and not undermine culturally acceptable local food solutions, biodiversity, sustainable food production and security. The Code, IFE Operational Guidance and IFE materials are key tools in emergency preparedness and response. Breastfeeding continues to be undermined by manufacturers of ultra-proc

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IBFAN is a founder member of the Infant Feeding in Emergencies (IFE) Core Group, a [global collaboration of agencies](#) that issues policy guidance/

A third of the victims of war are children and almost a million are born each year as refugees. For them, hunger and communicable diseases defy all international goals and targets. Poor sanitation, malnutrition and disease outbreaks are hitting children under five the hardest. *Babies are at great risk of water-related diseases, with diarrhoeal disease the second biggest killer of under-fives.* Commercial donations of baby feeding products exacerbate these problems and undermine the efforts to protect breastfeeding.

IBFAN remains concerned about short term treatment models that rely on market-led approaches with few safeguards to curb *commercial exploitation*. Micronutrient interventions should be culturally appropriate and not undermine sustainable food production, food security and biodiversity.

IBFAN calls on all UN agencies to use their resources to mobilise national governments to make adequate diets available, while protecting, supporting and promoting breastfeeding

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The risks of ultra-processed foods, the double burden of malnutrition, the pandemic of overnutrition and related cardio-metabolic risks, the inevitable commercial exploitation that is helped by inappropriate humanitarian appeals are hardly addressed in the guideline.

humanitarian emergencies rightly calls for strengthened policies and services but also calls for partnerships with the private sector – with NO mention of the need for conflicts of interest safeguards – nor any mention of the

protection of breastfeeding – a resilient practice that protects children from the worst of emergency conditions.

Safeguards must be consistently integrated into ALL policies to ensure that partnerships are appropriate and that policy setting is not commercially influenced.

In times of crisis, companies mislead and exploit public fears, donating inappropriate products that claim to build immunity – good that WHO supports the statement warning of the risks of formula donations in Ukraine.

Public Health Emergencies. Agenda Item 16.3 Read by Dr Magdalena Whoolery

Breastfeeding is a resilient practice that provides food, care, immune support and protection from the worst of emergency conditions while protecting against malnutrition in all its forms. Breastfeeding and conflict of interest safeguards must be consistently integrated into all Emergency Prevention & Management policies.

As poverty rates, economic disparity, conflicts and hunger are rising, short term treatment models that rely on market-led approaches and fail to recognise how companies undermine health and the environment pose serious risks to child health. Ready to Use Therapeutic Foods should not be on retail sale and should be used only in programmes that promote skin-to-skin, re-lactation and continuation of breastfeeding with appropriate transition to nutritious family food and psycho-social support. Micronutrient interventions should be culturally appropriate and not undermine sustainable food production, food security and biodiversity.

We are pleased that WHO endorsed the joint statement on Ukraine led by UNICEF and UNHCR warning of the risks of donations of baby feeding products.

the nutritional, immunological health protective norm that is a lifeline for many children. \

The most vulnerable members of our society are the ones hardest hit by pandemics and emergencies: people in the global south, those living in poverty or with disabilities, the elderly and the very young.