

Statement to the 64th session of the World Health Assembly of WHO, on agenda item 13.13 *Infant and young child nutrition: implementation plan*, delivered by Camila Giugliani

Thank you, Chair, for the opportunity to address the World Health Assembly on behalf of the CMC Churches Action for Health and the People's Health Movement.

Both under-nutrition and obesity are linked to the increasing dependence of poor countries on high-income countries for food security, which has been reinforced by trade agreements, climate change, and biofuels. Nutrition strategies should address the complex socioeconomic and political determinants of malnutrition. Governments and international bodies, like WHO, must advocate for the regulation of the trade and marketing of unhealthy foodstuffs, so as to protect the health of populations – and of children in particular – from aggressive corporate influence.

Alarmingly WHO has shifted its focus to nutrition in general, to the detriment of breastfeeding and complementary feeding. Breastfeeding is a major safeguard against early child malnutrition and needs to be protected, promoted and supported as part of comprehensive primary health care. Enabling breastfeeding also requires laws governing workplace practice, statutory paid rest periods at work and an acceptance of breastfeeding including in public. IBFAN's reports on continuous violations of the International Code of Marketing of Breast-milk Substitutes are evidence that the battle for breastfeeding is not over.

To prevent the consequences of inadequate early childhood nutrition, regulations controlling marketing practices should be strictly enforced, especially in schools and places where children and adolescents gather. Binding regulations in the public interest are crucial, as voluntary agreements by corporations are inadequate and often disregarded, especially in the South. The envisaged industry participation in the development and implementation of the plan, without any mention of guidance on the prevention and management of conflicts of interest, is therefore of great concern. Any consultation process should be made transparent through publication on the website of all submissions, and there should be a clear identification and disclosure of conflicts of interest, including institutional ones.

Crucial to making nutritional interventions sustainable in local contexts is to align the implementation plan with wider health systems based on primary health care with strong community participation. Ready-to-use therapeutic foods (RUTF) should be restricted to treating severe acute malnutrition. Local RUTF production should be accelerated, with a focus on sustainability by promoting awareness of their basic ingredients so users may cultivate or purchase them in the future.

The long-term and definitive elimination of malnutrition rests on consistent action to tackle its structural determinants. The WHO must insist that food security and sovereignty are essential for good nutrition, and that measures to promote them are supported also by other sectors and institutions. Any short-term strategy must ensure that it does not postpone acting on the long-term goals of peace, right to nutrition, social justice and disparity reduction.