

## NESTLÉ'S POSITION ON WHO MATERNAL, INFANT AND YOUNG CHILD NUTRITION IMPLEMENTATION PLAN

May 2012

1. **Nestlé congratulates the WHO and Member States on the finalization of the comprehensive [Implementation Plan to improve maternal, infant and young child nutrition](#)**
  - Nestlé appreciates the effort that went into the development of the Plan and we thank WHO for the invitation and opportunity to comment on the final draft through ISDI-IFM.
  - Nestlé acknowledges and supports the five set global targets<sup>1</sup> and the accompanying action plan.
  - Nestlé recognizes the importance of WHO's global public health recommendation of early initiation of breastfeeding with exclusive breastfeeding for six months along with continued breastfeeding and the introduction of safe and nutritious complementary foods from 6 months to 2 years and beyond.
  
2. **Derived public policies and public health interventions must be science-informed, comprehensive and linked to measurable health outcomes.**
  - Nutrition in older infants and young children is a complex issue as it captures multiple dimensions of the child's health, development and the environment where they live. Nestlé supports WHO's approach that national policies need to be tailored locally to the country's specific nutrition status, needs and capacities. To better understand local realities and within the framework of the ISDI-WHO Collaboration Plan, Nestlé will actively participate in the collection and analysis of information from selected countries on food for children aged 6-24 months and place this information in the context of targeted interventions to improve their nutritional status.
  - Systematic, evidence-based data collection and analysis is the only way to demonstrate accurately which interventions and policies have contributed to improved nutrition outcomes. Therefore, Nestlé welcomes the recent introduction on the WHO website of a single evidence-based point of reference for the latest nutrition guidelines, recommendations and related information - the WHO e-Library of Evidence for Nutrition Actions (eLENA) - <http://www.who.int/elena/en/index.html>.
  - Appropriate complementary feeding is crucial to optimal nutrition of older infants and young children between 6 months and 2 years of age. Some major causes of malnutrition in young children include inadequate feeding with food of low energy and nutrient density, as well poor access to food, the use of poor processing methods as well as microbial contamination. Furthermore, policies and interventions need to address a variety of social, economic and structural determinants. The PAHO Report on the Regional Consultation conducted in November 2011 in Peru notes that in Brazil a significant reduction in stunting rates in children could be

---

<sup>1</sup> Global Target 1 : 40% reduction of childhood stunting by 2022

Global Target 2: 50% reduction of anemia in women of reproductive age by 2022

Global Target 3: 50% reduction of low birth weight by 2022

Global Target 4: No increase in childhood overweight by 2022

Global Target 5: Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2022.

attained by combined interventions that aimed at increasing the purchasing power of low-income families, better women's education and improved access to safe water. Consequently, as WHO proposes, comprehensive policies are required that integrate the promotion of hygiene, efforts to enhance access to affordable and nutritious complementary/supplementary foods, and the provision of counseling to mothers and other caregivers.

- Monitoring and evaluation research activities of complementary feeding practices and their impact on health outcomes are needed. There is a large demand for more strong evidence on the impact of various feeding practices on the risk of the development of diseases later in life (i.e. lifecourse approach). Currently, for example, there is no clear scientific evidence linking infant formula or nutritionally balanced complementary foods to any major risk factors for non-communicable diseases.

**3. Execution of the MIYCN Implementation Plan should account for women's need to know which foods fulfill the nutritional needs of their older infants and young children aged 6-24 months.**

- The execution of the MIYCN Implementation Plan should take into account important social changes such as growing urbanization and women's participation in the workforce. These include maternal leave, breastfeeding facilities, training and empowerment of healthcare personnel to support non-lactating mothers, training mothers on safe preparation of breast-milk substitutes and educating mothers on complementary feeding and introduction of solid foods.
- Information to mothers, caregivers and health professionals about nutritious complementary foods is important in preventing malnutrition. Restricting the dissemination of such information may be detrimental to the pursuit of better nutritional outcomes in children.

**4. In recognizing that nutrition in children is a complex, transversal issue, the private sector remains a significant contributor to infant and young child nutrition Nestlé seeks to collaborate on the Implementation Plan.**

- Nestlé aims to contribute to the Plan through a clearly stated framework that describes the Industry's role.
- Industry is integral to ensuring success of any policy or infant and young child nutrition outcome where its products or procedures are involved. Nestlé accepts this responsibility and seeks an equal and collaborative voice in the discourse.

**5. Nestlé understands the importance of good nutrition for all women and in particular for those of childbearing age and supports WHO programs and interventions developed to improve maternal nutrition.**