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**NUTRITION**

Improving nutrition is central to the achievement of many of the Millennium Development Goals. Maternal and child undernutrition accounts for 11% of the global burden of disease and results in more than 160 000 child deaths annually in the Western Pacific Region. In addition, suboptimal growth and development in children and adolescents impair the reproductive and productive roles of women as adults.

There has been considerable progress in the past 20 years since the International Conference on Nutrition, jointly sponsored by the Food and Agriculture Organization of the United Nations (FAO) and WHO, with most countries now having a range of policies and programmes on nutrition. However, substantial challenges remain. At the same time, an epidemic of noncommunicable diseases, including obesity and diabetes, has emerged in the Region and globally.

To respond to this situation, the Sixty-fifth World Health Assembly endorsed in resolution WHA65.6 a comprehensive implementation plan on maternal, infant and young child nutrition, identifying targets and priority actions in health and other sectors, a time frame and indicators for monitoring.

The Regional Committee is invited to consider a draft resolution urging Member States to implement the comprehensive plan, as appropriate.

## 1. CURRENT SITUATION

The adequate provision of nutrients, beginning at the earliest stages of life, is crucial to ensure good physical and mental development and long-term health and productivity. Poor availability of food, the lack of access to food of adequate nutritional quality or exposure to conditions that impair the absorption and use of nutrients have led to large segments of the Region's population being undernourished, having poor vitamin and mineral status or being overweight and obese, with large differences among population groups. These conditions are often present concurrently and are interconnected.

In the Western Pacific Region, anaemia affects 21.5% of non-pregnant and 30.7% of pregnant women.<sup>1</sup> WHO attributes 12.8% of maternal deaths in Asia to anaemia,<sup>2</sup> which is among the 10 leading causes globally of years lived with disability in women. Iron deficiency is responsible for about 50% of cases of anaemia.<sup>3</sup> During pregnancy, anaemia is associated with an increased risk of sepsis, maternal and perinatal mortality, prematurity and low birth weight. Anaemia affects 47.7% of preschoolers in Asia,<sup>4</sup> and 33.5% of them are deficient in vitamin A,<sup>5</sup> leading to increased mortality. Despite great progress in the past in the fight against iodine deficiency, it remains a major problem in the Region.

Every year, 20 million children are born with a low birth weight<sup>6</sup> and are thus at greater risk of morbidity and mortality, including a greater risk of contracting noncommunicable diseases (NCDs) later in life. Childhood undernutrition is the underlying cause in 35% of deaths among children under five and, with maternal undernutrition, accounts for 11% of the global burden of disease.<sup>7</sup> At the same time, the prevalence of childhood obesity in low- and middle-income countries has increased in the past 10 years and is estimated to reach 11% in 2015, similar to upper-middle-income countries (12%), where rates continue to increase. Obese children are likely to become obese adults, with increased incidence of NCDs. Their social and economic performance also diminishes, increasing the burden they place on health systems.

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<sup>1</sup> *Worldwide prevalence of anaemia 1993–2005: WHO global database on anaemia*. Geneva, World Health Organization, 2008. [http://whqlibdoc.who.int/publications/2008/9789241596657\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596657_eng.pdf).

<sup>2</sup> Khan KS et al. WHO analysis of causes of maternal death: a systematic review. *Lancet* 2006; 367: 1066–74

<sup>3</sup> *The global burden of disease: 2004 update*. Geneva, World Health Organization, 2008.

<sup>4</sup> De Benoist B, et al., eds. *Worldwide prevalence of anaemia 1993–2005: WHO global database on anaemia*. Geneva, World Health Organization, 2008, pp.1–40.

<sup>5</sup> *Global prevalence of vitamin A deficiency in populations at risk 1995–2005: WHO global database on vitamin A deficiency*. Geneva, World Health Organization, 2009.

<sup>6</sup> United Nations Children's Fund and World Health Organization. *Low birthweight: country, regional and global estimates*. New York, United Nations Children's Fund, 2004.

<sup>7</sup> Black RE et al. Maternal and Child Undernutrition Study Group. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet* 2008; 371:243–260.

Undernutrition impacts cognitive development, school performance and productivity. In the Philippines, each 1% increase in adult height is associated with a 4% increase in agricultural wages;<sup>8</sup> eliminating anaemia would lead to an increase of 5%–17% in adult productivity. At the same time, the total annual cost of diabetes for Australians aged 30 years or older has been calculated to be AUS\$ 15.2 billion.<sup>9</sup>

At the 1992 FAO/WHO International Conference on Nutrition (ICN), 159 Member States adopted the *World Declaration and Plan of Action for Nutrition*, with nine strategies, and asked countries to develop national plans. In 1993, the World Health Assembly and the Regional Committee for the Western Pacific asked Member States to endorse the Declaration and to formulate national plans. Building on the nine ICN strategies, WHO and Member States subsequently developed specific strategies addressing infant and young child feeding, diet and physical activity, food safety, and NCDs. The Regional Office has helped countries in the Region to implement these through the development and review of nutrition plans of action. The Regional Committee discussed nutrition four times in the 1990s, but not since 1999, when the focus was more on food safety and NCDs. It is therefore timely for the Regional Committee to review progress and consider further actions needed, given both the continued challenges of undernutrition and the new challenges of obesity and inappropriate nutrition.

## 2. ISSUES

### 2.1 Challenges

With WHO support, most countries in the Western Pacific Region have developed policies and programmes on nutrition. The 2010 Pacific Food Summit adopted the *Framework for Action on Food Security in the Pacific* and a recent high-level meeting on food security was convened in Cambodia. However, although reducing undernutrition is essential to achieving Millennium Development Goals 1, 2, 3, 4, 5 and 6, nutrition programmes remain underfunded and are not sustainable, receiving less than 1% of all development assistance.<sup>10</sup> There is a lack of effective coordination in monitoring implementation and in periodically reviewing multisectoral action plans. Most nutrition programmes

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<sup>8</sup> Haddad L, Bouis HE. *The impact of nutritional status on agricultural productivity: wage evidence from the Philippines*. Warwick (United Kingdom of Great Britain and Northern Ireland), Development Economics Research Centre. Papers, No. 97, 1989.

<sup>9</sup> Stephen Colagiuri, University of Sydney, personal communication, estimates at 2010 cost.

<sup>10</sup> *Repositioning nutrition as central to development: a strategy for large-scale action*. Washington, World Bank, 2006. <http://snipurl.com/238wir7>

are within health ministries, with limited input from the education, agriculture and social-protection sectors. Without input from these sectors, impact is constrained.

Much remains to be done to ensure breastfeeding is adequately promoted, protected and supported. Necessary actions include revitalizing the Baby-Friendly Hospital Initiative, ensuring effective implementation of the *International Code of Marketing of Breast-milk Substitutes* and subsequent related World Health Assembly resolutions, and extending maternity leave. Women before, during and after pregnancy must be able to correct inappropriate nutrition that leads to low birth weight and stunting, as well as the growing problems of overweight and diabetes.

Nutrition surveillance and food security information systems rarely provide the timely, key information needed by policy-makers to plan and revise policies. Weak health systems are often an obstacle to the actual delivery of nutrition support and few indicators are used to measure coverage. National food and nutrition policies often focus on consumer education and pay little attention to structural, fiscal and regulatory actions aimed at changing unfavourable food environments, essential to prevent obesity in children and adults.

## **2.2 Comprehensive implementation plan on maternal, infant and young child nutrition**

The 2010 launch of Scaling Up Nutrition, a multi-stakeholder movement to combat hunger and undernutrition, indicated a renewed interest in nutrition and brought together government authorities from countries with a high burden of malnutrition and a global coalition of partners. It calls for intensive efforts to scale up a set of cost-effective interventions and to integrate nutrition into health, agriculture, education, employment, social welfare and development programmes. Partners in the movement have committed themselves to working together to mobilize resources, provide technical support, perform high-level advocacy and develop innovative partnerships. In line with these global efforts, the Sixty-fifth World Health Assembly, recognizing that nutrition challenges are multifaceted and that effective nutrition actions exist but are not expanded sufficiently, endorsed in resolution WHA65.6 a comprehensive implementation plan on maternal, infant and young child nutrition, with global targets, priority actions in health and other sectors, and defined roles for concerned parties.

Countries are invited to reduce the double burden of malnutrition that starts before conception and continues through the first two years of life and beyond, thus requiring a life-course approach to break the intergenerational cycle of malnutrition. The comprehensive plan promotes both a multisectoral approach to achieve good nutrition through national development policies in agriculture, trade, social protection, health and education programmes, and specific, direct nutrition interventions. The health sector has a key role to play as convenor, by actively involving other sectors. Innovative

and sustainable financing mechanisms should be sought, as well as strong monitoring and evaluation systems to assess programme implementation and impact.

The plan calls for 13 years of investment (2012–2025) to expand nutrition interventions, with the aim of averting 1 million child deaths per year, with biennial reporting. Six targets have been identified: to reduce substantially the double burden of malnutrition and related morbidity and mortality; to reduce stunting, wasting, anaemia in women and low birth weight; to increase exclusive breastfeeding; and to stop the rapid increase in childhood overweight. In addition, countries in the Western Pacific Region should further address the burden of iodine deficiency disorders, especially in the Pacific, where data on iodine status are limited to three countries.

### **3. ACTIONS PROPOSED**

The Regional Committee is invited to consider for endorsement a resolution calling on countries to scale up and sustain cost-effective nutrition interventions, adopt the targets of the comprehensive implementation plan on maternal, infant and young child nutrition, as appropriate for each country, and report regularly on progress, with support from WHO and partners.