Infant and Young Child Nutrition: Implementation Plan
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Resolution 63.23 calls on member states to develop a comprehensive implementation plan on infant and young child nutrition.

Médecins Sans Frontières implements large-scale operations and participates in the evolution of nutritional strategies, in order to identify the best responses to the needs of the most vulnerable populations. In 2009, MSF provided nutritional support in 34 countries treating over 200,000 children affected by severe acute malnutrition. We are also active in a number of nutrition policy initiatives, aiming to ensure greater access to treatment for severely and moderately malnourished children, and to increase funding to support countries in the development and implementation of national nutrition plans.

MSF welcomes the Secretariat's report and the four background documents referred to in the report – these provide a solid basis for finalising the implementation plan. Four points, however, require further clarification:

First, the leadership of implementing countries in the multi-stakeholder consultation process should be emphasized. Previous experience shows that the strong involvement of national governments in the conception of the programme and selection of priority actions has been a critical factor of success. Priority should be given to high-burden countries.

Second, the list of priority actions to be implemented is a starting basis that outlines the range of interventions recognised as effective, and covers a broad range of different contexts. In the development of national plans, member states should prioritise interventions first and foremost according to their ability to meet the most urgent needs – these will depend on country-level contexts. In countries with high prevalence of wasting, for example, the treatment of severe acute malnutrition should be among the priority actions.

Third, the role of the private sector must be clarified in order to avoid conflicts of interest. There must be clear separation between consultation and norm-setting. Norms and specifications must be driven by public health needs and led by the public sector, free from undue influence from vested interests. The need for wide consultations must not extend to embedding individuals employed by the private sector within platforms where policies and norms are established. Individuals that participate in policy formulation should be transparent and declare potential conflict of interests. Failure to secure independence from private interests risks undermining the ability of policies to address health needs.

Finally, guidelines on the commercialisation of nutritional food supplements should be developed. Confusion between the nutritional food supplements distributed within public sector programmes and those available commercially must be avoided. The use of commercially-branded products within public sector programmes may undermine the need to focus on health needs of vulnerable populations. Experience from Latin America shows the benefit of distributing supplements under non-commercial branding to reflect their inclusion within the public health programme. Labelling of ingredients should be clear and health claims avoided, and the code of marketing of breast milk substitutes be respected for commercially-marketed products.