

EXPERT GROUP CONSULTATION ON
SUPPORTING THE INFANT AND YOUNG
CHILD NUTRITION THROUGH IMPROVING
FEEDING PRACTICES AND THE FOOD
ENVIRONMENT, WHO SOUTH-EAST ASIA
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Expert Group Consultation on supporting the Infant and Young Child Nutrition through Improving Feeding Practices and the Food Environment, WHO South-East Asia Region

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Panel of Experts, Partners and WHO secretariat

Prof. Endang L. Achadi, , Faculty of Public Health Universitas Indonesia, Chairman 2004-2020 , Indonesia Medical Nutrition Society Chairman; Dr Md M Islam Bulbul, Technical Support to SUN Focal Point, Public Health and World Health Wing, Ministry of Health and Family Welfare, Bangladesh; Dr Saipin Chotivichien, National Programme Manager, Ministry of Public Health, Thailand; Dr Madhu Dixit Devkota, Professor (Retd) of Public Health and Nutrition, Institute of Medicine, Tribhuvan University, Nepal ; Prof. Michael Dibley, Professor in Global Public Health Nutrition, University of Sydney, Australia, Founder member SAIFRN; Dr Piyush Gupta, Professor of Pediatrics, University College of Medical Sciences, Delhi, India; Dr Arun Gupta, Central Coordinator, BPNI , Breastfeeding Promotion Network of India; Dr Rukhsana Haider, Public Health Nutritionist and Lactation Consultant, Training and Assistance for Health & Nutrition Foundation, (TAHN) Bangladesh; Dr Hiranya Jayawickrema, National Programme Manager, Child Nutrition, Family Health Bureau of the Ministry of Health, Sri Lanka; Dr Nazli Khatib Head, Center for Global Evidence Synthesis Initiative (GESI), and Division of Evidence Synthesis, School of Epidemiology and Public Health, Datta Meghe Institute of Medical Sciences, Wardha (MS),; Dr Ladda Mo Suwan, Professor of Pediatrics, Prince of Songkla University, Thailand; Dr. S M Mustafizur Rahman, Line Director of National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN), Ministry of Health and Family Welfare, Bangladesh; Dr Seema Puri ,Associate Professor, Institute of Home Economics, University of Delhi, India and Member South Asia Infant Feeding Research Network (SAIFRN); Dr HPS Sachdev, Senior Consultant Pediatrics, Sitaram Bharti Institute of Science and Clinical Epidemiology and Research, New Delhi, India; Dr Upul Senarath, Chair Professor of Community Medicine, Faculty of Medicine, University of Colombo, Sri Lanka and Member, SAIFRN; Dr Shanmugarajah, Food regulatory expert and independent consultant, Sri Lanka, Dr Nattapol Tangsuphoom, Food Scientist, Mahidol University, Thailand; Prof Quazi Syed Zahiruddin, Director, Research & Development, Associate Dean (Global Health), Professor, Community Medicine, Datta Meghe Institute of Medical Sciences, Wardha (MS), India & South Asia Infant Feeding Research Network.

UN and other partners

Jessica Blankenship, Regional Nutrition Specialist, UNICEF Regional Office for East Asia and the Pacific; Zivai Murira, Nutrition Specialist at United Nations Children's Fund (UNICEF) Regional Office for South Asia (ROSA), Kathmandu, Nepal; Britta Schumacher, Senior Regional Nutrition Advisor with World Food Programme Regional Bureau for Asian Pacific; Nisha Sharma, Hellen Keller International, Nepal; Warren Lee, FAO Regional Office for Asia and the Pacific

WHO Secretariat

Rajesh Mehta, WHO SEARO; Larry Grummer Strawn, WHO HQ; Chizuru Nishida WHO HQ; Rachita Gupta, WCO India; Manjula Danansuriya, WCO Sri Lanka; Faria Shabnam, WCO Bangladesh, Dinesh Jeyakumar, WCO Myanmar; Immaculada Belo, WCO Timor Leste, Angela de Silva WHO Regional Office for South-East Asia,

Observers

Mr Kamal Kasturi, Doctoral fellow, Friedman School of Public Health, Tufts University USA; Shri Ganesh Bhat, Technical Officer, Food Safety and Standards Authority of India

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Abbreviations and acronyms

BMS- Breast Milk Substitutes

CAC- Codex Alimentarius Commission

CCF- Commercial complementary foods

CCFL- The Codex Committee on Food Labeling

CCNFSDU- The Codex Committee on Nutrition and Foods for Special Dietary Uses

DHS- Demographic and Health Survey

FNG- Fill the Nutrient Gap

HKI- Helen Keller International

IYCF- Infant and young child feeding

MICS- Multiple Indicator Cluster Survey

NNS- National Nutrition Survey

NCD- Noncommunicable Diseases

NPM- Nutrient Profile Model

RDA- Recommended Dietary Allowance

SSB- Sugar sweetened beverages

UNICEF- United Nations International Children's Emergency Fund

WFP- World Food Programme

WHA- World Health Assembly

WHO -World Health Organization

1. Introduction

The early years present a critical window of opportunity to protect and promote healthy dietary patterns and food intake. This period offers the greatest potential to promote optimal child growth and development, through preventing malnutrition and other morbidities which result in intergenerational consequences for the child. The foods and feeding experience also play an important role in establishing food preferences and eating behaviours.¹

Sub optimum diets in young children remain a persistent bottleneck for development of young children and to achieving the Global Nutrition Targets and 2030 Sustainable Development Goal nutrition targets for child stunting, wasting and overweight.² While nutritious and safe diets and appropriate feeding practices continue to be supported by governments in South-East Asia Region, the poor dietary indicators in many countries highlight the need for a heightened focus on young child diets. The covid-19 pandemic and resulting socio economic downturn is also likely to have affected young child feeding.³

In WHO South-East Asia Region countries, many children do not have access to nutritious and safe foods during this critical time period. Diets often lack diversity and adequacy. The barriers to optimum child feeding include the inability to access high quality diets due to socio economic circumstances, and poor feeding practices influenced by knowledge gaps, culture and the changing food environment, including aggressive of commercial complementary foods and other processed packaged food marketing by industry.

⁴ Dietary patterns are changing in the last decade or more, and indicates an increasing intake of commercially prepared ultra- processed foods and snacks such as biscuits and noodles often high in saturated fat or sugar and salt by young children. Commonly consumed items include instant noodles, biscuits and flavoured milk drinks and beverages, which are high in fat, sugar or salt, have a range of food additives and lacking in vital nutrients.⁵ ⁶ Children's preference, convenience and low cost, drive purchase and feeding of these foods.⁷ Early feeding of such foods can displace breastfeeding, cause inadequate intake of nutrient rich foods, and negatively influence food habits and preferences. The problem is compounded by the availability of low cost, nutrient-poor, street vended out of home foods, which are also consumed by young children, especially in lower socio economic households.⁸

Child diets also in recent years have increasingly included commercial complementary foods (CCF). These are the product category of 'Formulated Complementary Foods for Older Infants and Young Children', Processed Cereal-Based Foods for Infants and Young Children'(CVS 74-1981) and canned baby foods as

¹ Baye, Kaleab & Faber, Mieke. (2015). Windows of opportunity for setting the critical path for healthy growth. *Public Health Nutrition*. 18.

² FAO, IFAD, UNICEF, WFP and WHO. 2021. The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. <https://doi.org/10.4060/cb4474en>

³ Zembrani, B., Gehri, M., Masserey, E. et al. A hidden side of the COVID-19 pandemic in children: the double burden of undernutrition and overnutrition. *Int J Equity Health* 20, 44 (2021). <https://doi.org/10.1186/s12939-021-01390-w>

⁴ Dewey, K. G. 2016. "Reducing Stunting by Improving Maternal, Infant and Young Child Nutrition in Regions Such as South Asia: Evidence, Challenges and Opportunities." *Maternal & Child Nutrition* 12 (Suppl 1): 27–38.

⁵ Athavale, P., Hoeft, K., Dalal, R.M. et al. A qualitative assessment of barriers and facilitators to implementing recommended infant nutrition practices in Mumbai, India. *J Health Popul Nutr* 39, 7 (2020). <https://doi.org/10.1186/s41043-020-00215-w>

⁶ Pries AM, Huffman SL, Champeny M, Adhikary I, Benjamin M, Coly AN, Diop EH, Mengkheang K, Sy NY, Dhungel S, Feeley A, Vitta B, Zehner E. Consumption of commercially produced snack foods and sugar-sweetened beverages during the complementary feeding period in four African and Asian urban contexts. *Matern Child Nutr*. 2017 Oct;13 Suppl 2(Suppl 2):e12412. doi: 10.1111/mcn.12412. PMID: 29032629; PMCID: PMC6865897.

⁷ Hadihardjono, D. N., Green, M., Stormer, A., Agustino, Izwardy, D., & Champeny, M. (2019). Promotions of breastmilk substitutes, commercial complementary foods and commercial snack products commonly fed to young children are frequently found in points-of-sale in Bandung City, Indonesia. *Maternal & Child Nutrition*, 15(Suppl 4), e12808. <https://doi.org/10.1111/mcn.12808>

⁸ Inter Regional meeting on informal food sector. WHO. 2019.

given by the Codex Alimentarius standards/descriptions. CCF are widely marketed, accessible and convenient and, driven by urbanization and lifestyle changes in Asia.^{9 10} Their nutritional composition and consistency have variable levels of salt, sugar and fat, macro and micronutrients. While they offer convenience, and some products are likely to be of high dietary quality, others may be less healthy. Like other commercial food preparations, such products also contain additives, for which there is a dearth of new data on consumption by young children. The effects of such ultra processed foods on the gut microbiome and other effects are not available at present.

The alignment of CCF with national dietary recommendations for infants and young children in terms of nutrient composition, texture and taste are largely unknown for many of the products marketed and consumed across South-East Asia.¹¹ Unregulated marketing of CCFs are of concern,¹² and their promotion may not be aligned to the WHO Guidance on Ending the inappropriate promotion of foods for Infants and Young Children¹³ which covers the age group 6-36 months. (WHA 69.9).¹³

Both commercial snacks and meals, as well as CCF's, if fed regularly may displace nutrient-rich locally available, home prepared foods which WHO recommends should be the primary source of foods for infants and young children. The current child diets, which include CCF, commercially prepared meals and snacks such as biscuits and instant noodles and out of home foods from vendors and markets are likely to contribute to undernutrition, micronutrient deficiencies and/or overweight/obesity. A double burden of malnutrition, characterized by undernutrition, micronutrient deficiencies and overweight and obesity in young children across the Region bears evidence to the poor diets in countries. (Fig 1.1)

Figure 1.1 Trends in overweight, stunting and wasting in children under 5 years of age in South-East Asia (1986–2019)

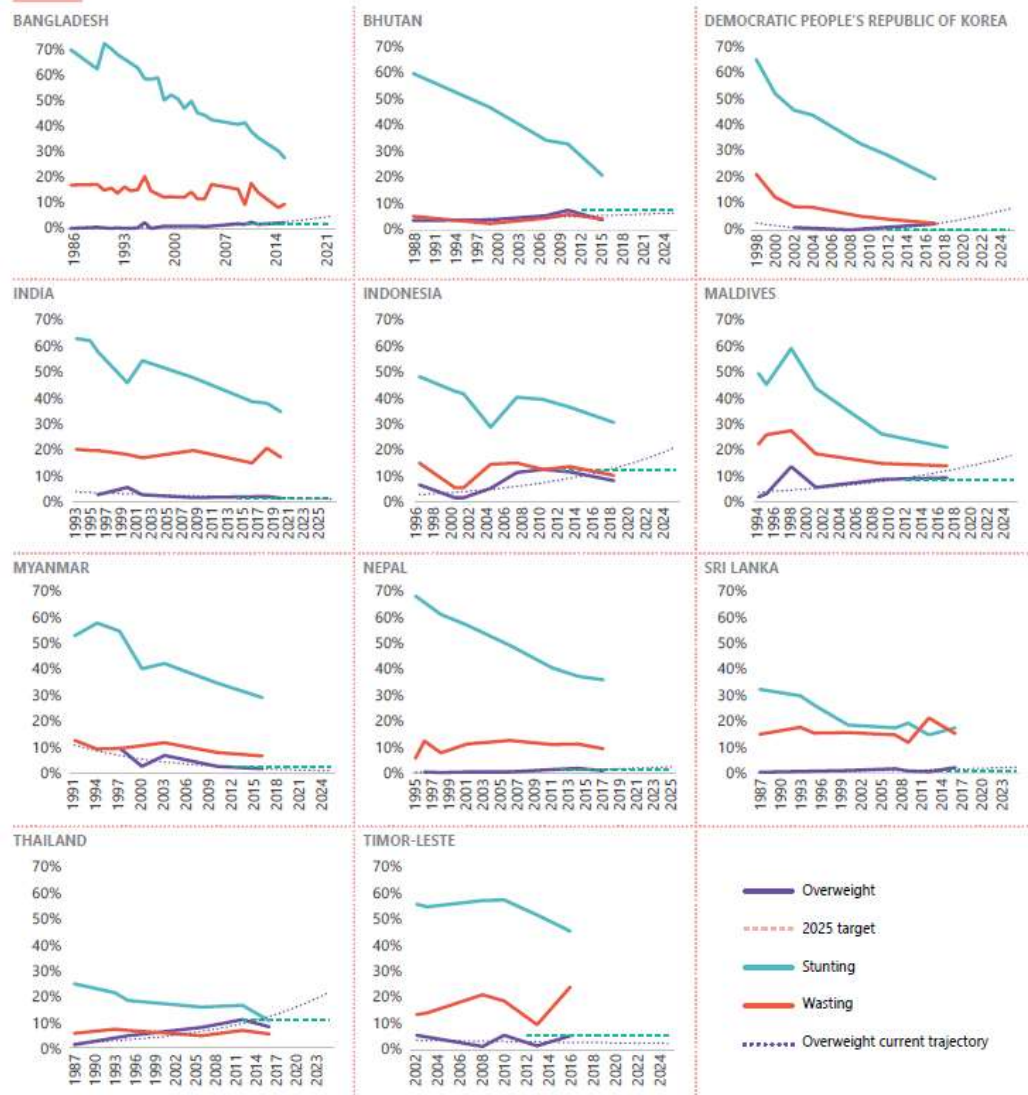
⁹ Commercially produced food products are foods intended for consumption among the general population, these include instant noodles, commercial yogurt, and snack food products such as chips, crisps or salted biscuit, cakes or sweet biscuits, juice drinks ,chocolate/malted milks.

¹⁰ WHO SEARO document on complementary foods

¹¹ Birch LL, McPhee L, Shoba BC, Pirok E, Steinberg L. What kind of exposure reduces children's food neophobia? Looking vs. tasting Appetite. 1987;9(3):171–178

¹² <http://www.fao.org/ag/humannutrition/32444-09f5545b8abe9a0c3baf01a4502ac36e4.pdf>

¹³ WHO. Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual, WHO 2017



Data sources: JME 2020, in addition to the most up-to-date national surveys not already in JME 2020 (Appendix 1)

预览已结束，完整报告链接和二维码如下：

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