

NUTRITION IS ESSENTIAL FOR THE SUCCESS OF ALL THE SDGs

Optimal nutrition is essential for achieving several of the Sustainable Development Goals, and many SDGs impact nutrition security. Nutrition is hence linked to goals and indicators beyond Goal 2 which addresses hunger. A multisectoral nutrition security approach is necessary for success.



Global Nutrition Targets

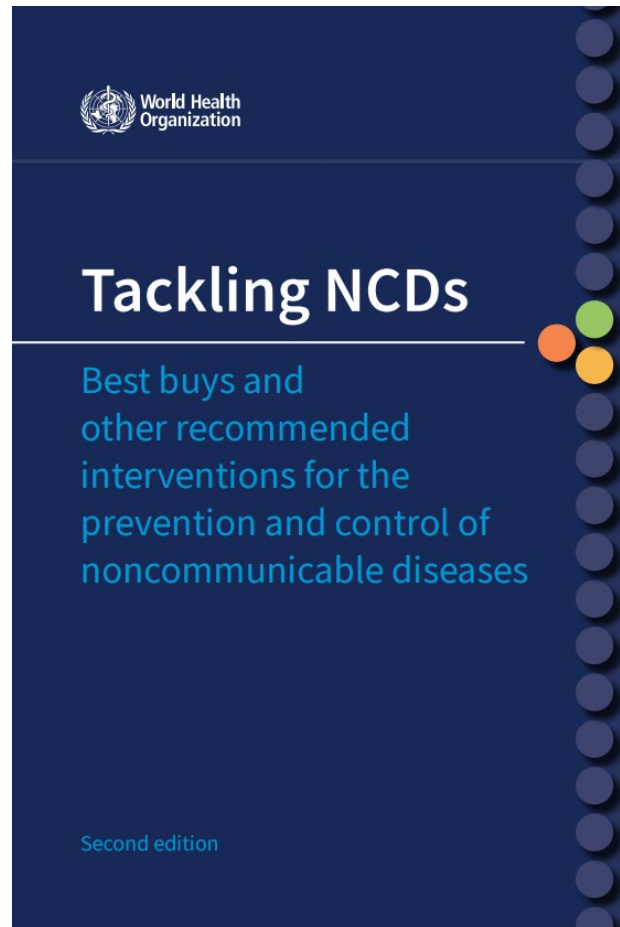


- 1 achieve a 40% reduction in the number of children under-5 who are stunted;
- 2 achieve a 50% reduction of anaemia in women of reproductive age;
- 3 achieve a 30% reduction in low birth weight;
- 4 ensure that there is no increase in childhood overweight; **UPDATED**
- 5 increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- 6 reduce and maintain childhood wasting to less than 5%. **UPDATED**

Health
Action



WHO recommends the implementation 'best-buys' measures for prevention and control of NCDs



Reduce unhealthy diet

Overarching/enabling actions

- Implement WHO's *Global strategy on diet, physical activity and health* (23), the *Global strategy for infant and young child feeding* jointly developed by WHO and UNICEF (24) and the *WHO Comprehensive implementation plan on maternal, infant and young child nutrition* (25).
- Develop and implement national nutrient- and food-based dietary guidelines, as well as nutrient profile models (26, 27, 28, 29, 30, 31) for different applications as appropriate.

Best buys and other recommended interventions



Best buys: Effective interventions with cost-effectiveness analysis ≤ I\$100 per HLY gained in low-income and lower middle-income countries

Reformulation of policies for healthier food and beverage products (e.g. elimination of *trans*-fatty acids and/or reduction of saturated fats, free sugars and/or sodium)^{1,2}

Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets^{1,2}

Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)^{1,2}

Behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables)^{1,2}

Policies to protect children from the harmful impact of food marketing^{1,2}

Protection, promotion and support of optimal **breastfeeding** practices^{1,2}

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WHO recommendations

WHO recommends:

- **Early initiation of breastfeeding**
- **Exclusive breastfeeding for first 6 months of life**
- Thereafter, **nutritionally adequate & safe complementary foods, and continued breastfeeding for up to 2 years or beyond**

Global



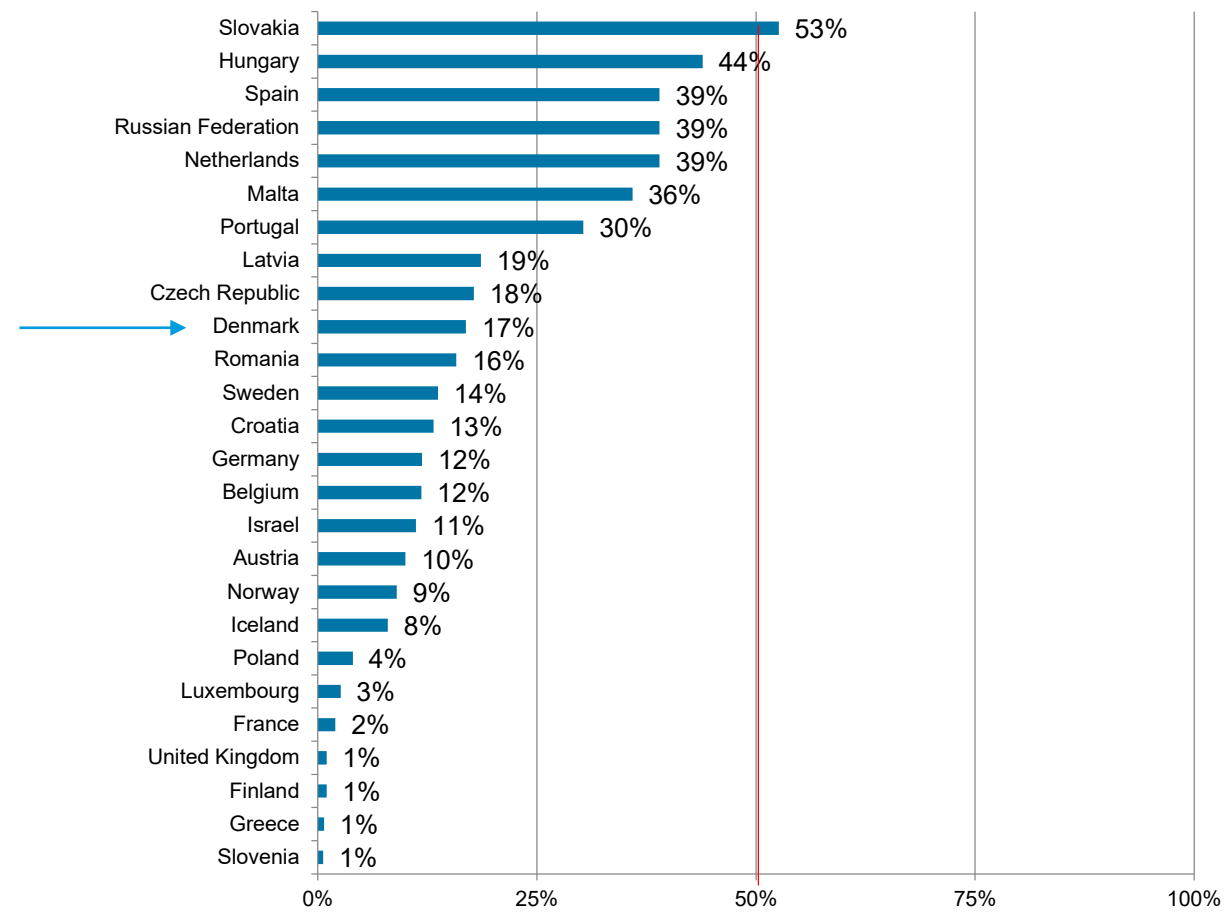
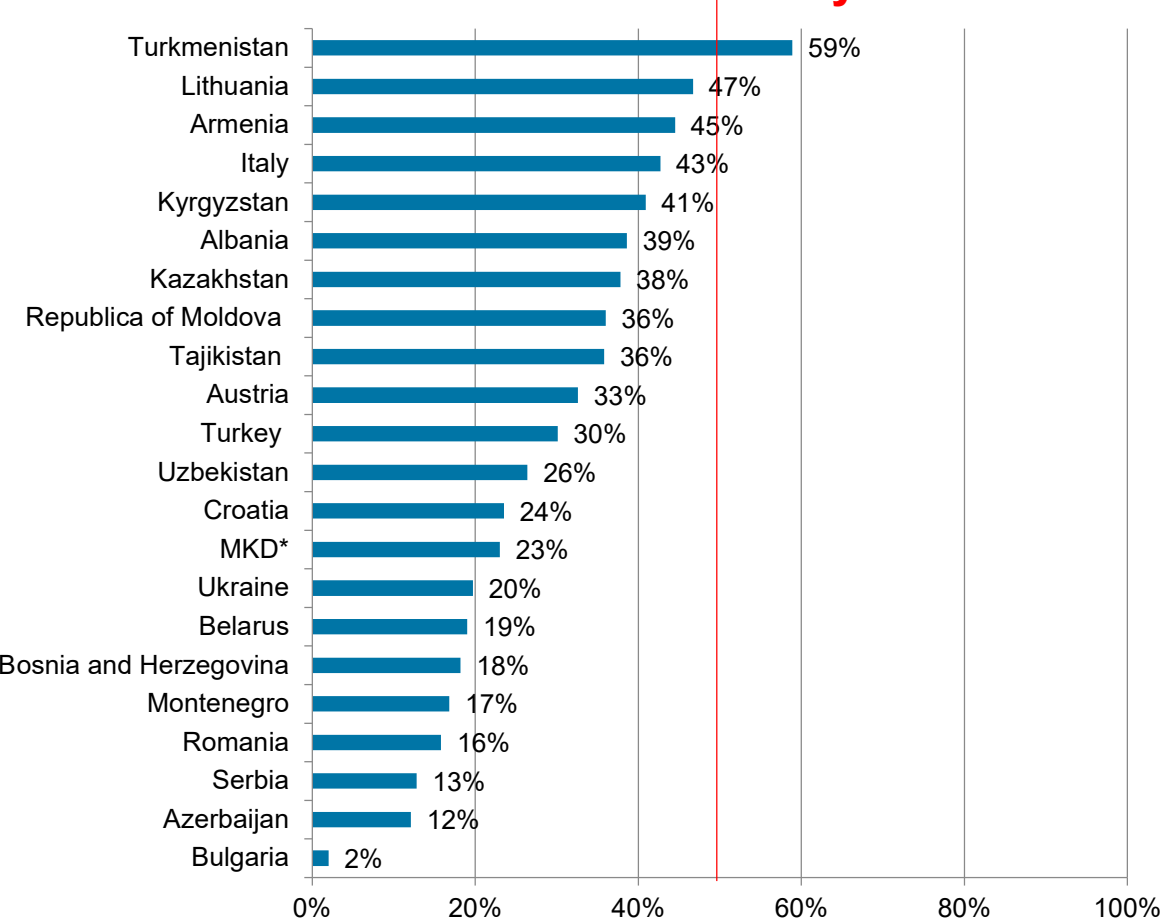
A global public health recommendation and action:

- WHA resolution (1981 +) International code of marketing of breast-milk substitutes
- WHA resolution 54.2 (2001) – supports exclusive breastfeeding for first 6 months
- WHA resolution 55.22 (2002) – *Global Strategy on Infant and Young Child Feeding*
- WHA resolution 65.6 (2012) – *Comprehensive implementation plan on maternal, infant and young child nutrition (target 5)*
- WHA Resolution 71.9 (2018) – *Infant and Young Child Feeding*

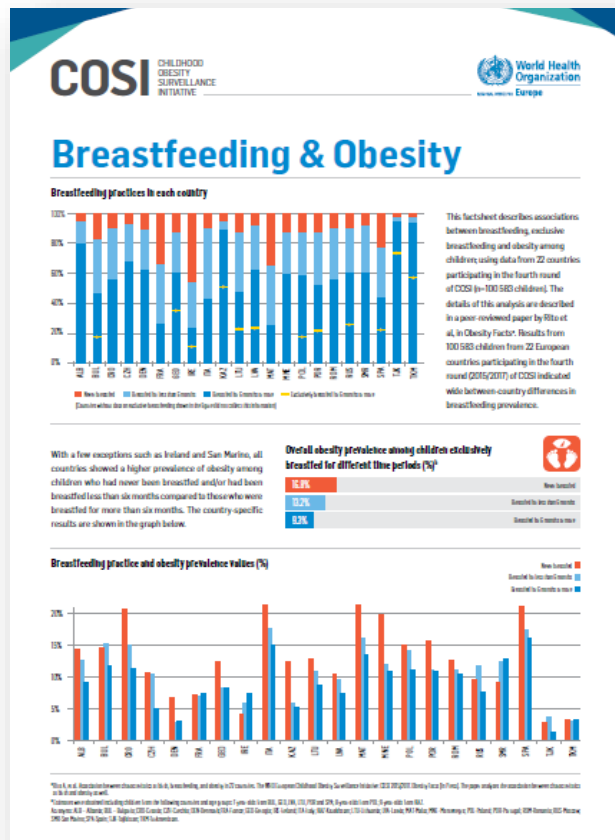


Exclusive Breastfeeding UNDER and AT SIX MONTHS

Global Nutrition Targets for 2025, is to increase the rate of exclusive breastfeeding during the first six months of life to at least 50% worldwide by 2025.



Promote and support exclusive breastfeeding for the first 6 months of life



22 countries in Europe (COSI Round 4): **100 583 children**

COSI CHILDHOOD OBESITY SURVEILLANCE INITIATIVE World Health Organization REGIONAL OFFICE FOR Europe

Policy implications

Breastfeeding has a protective effect: obesity is less frequent among children breastfed for at least 6 months

WHO has called on policy-makers to promote, protect and support breastfeeding through:

- Full implementation of the International Code of Marketing of Breastmilk Substitutes and relevant resolutions through **strong legal measures that are enforced and independently monitored**
- Enacting **paid family leave** and workplace breastfeeding practices
- Implementation of the **Ten Steps to Successful Breastfeeding** in maternity facilities, including providing breastmilk for sick and vulnerable newborns
- Improved access to **skilled breastfeeding counselling** as part of comprehensive breastfeeding policies and programmes in health facilities
- Strengthened links between **health facilities and communities**
- Strengthened **monitoring systems** that track progress of policies, programmes and funding towards achieving global breastfeeding targets

Findings from COSI confirm that breastfeeding protects against childhood obesity. World Health Organization (WHO) recommends exclusive breastfeeding – that is the infant receives breastmilk without any additional food or drink – for the first 6 months of life (followed by introduction of complementary foods and continued breastfeeding up to 2 years and beyond). However, exclusive breastfeeding rates in the WHO European region remain low.



WHO European Regional Obesity Report 2022



This report will be a **driving force** for the next decade, as we accelerate our efforts to halt the rise in obesity in the WHO European Region.



1

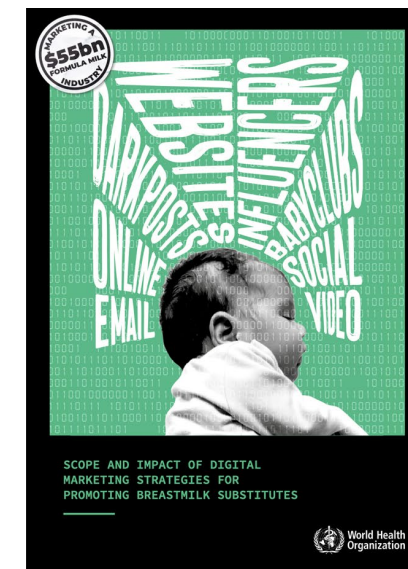
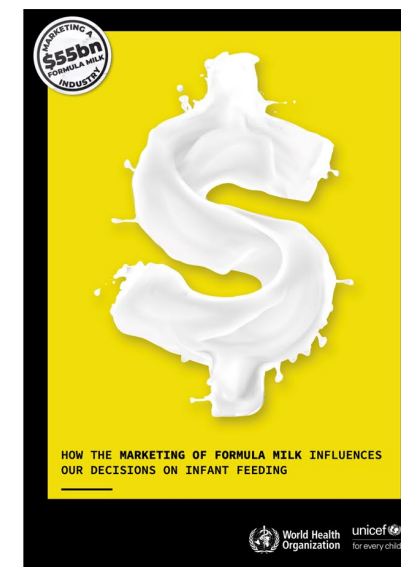
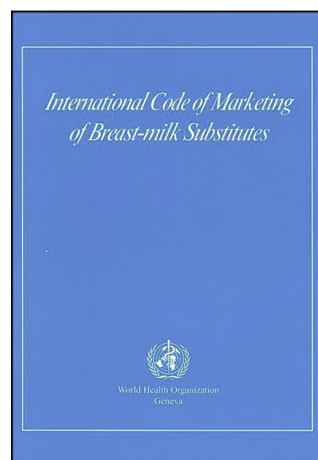
Digital marketing is becoming the dominant form of marketing in many countries. In some countries more than 80% of exposure to breast-milk substitutes advertisements occurs online.

2

Breast-milk substitutes companies **use strategies that aren't recognizable as advertising, such as online baby-clubs, advisory services, social media influencers, and user-generated content.**

3

Digital marketing can **evade scrutiny from enforcement agencies.** New approaches to code-implementing regulation and enforcement are required.



Case study – Armenia

Monitor the exposure of pregnant women and mothers to digital marketing of BMS

Digital marketing of breast-milk substitutes and foods for infants and young children to pregnant women and mothers



Armenia

This study was coordinated by the Special Initiative on Noncommunicable Diseases and Innovation, WHO Regional Office for Europe, and supported by the WHO Country Office in Armenia

BMS – breast-milk substitutes
FIYC – foods for infants and young children

CLICK¹ step

Investigate exposure

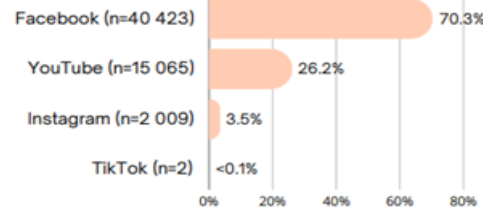
Date and duration of the study

1 August–31 December 2023

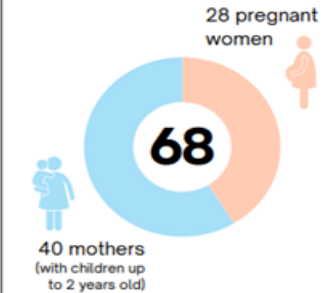
Investigated platforms

YouTube, Facebook, Instagram, TikTok

Proportion of captured adverts per platform n=57 499



Number of study participants



Total number of adverts

57 499



Number of adverts per day

Average **28**

Group	Number
Pregnant women	33
Mothers	27

¹World Health Organization, Regional Office for Europe, (2019). Monitoring and restricting digital marketing of unhealthy products to children and adolescents: report based on the expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents; Moscow, Russian Federation, June 2018. World Health Organization, Regional Office for Europe. <https://iris.who.int/handle/10665/346585>

Thank you

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