

Discussion Paper: Clarification and Guidance on Inappropriate Promotion of Foods for Infants and Young Children

BACKGROUND

1. Appropriate feeding of infants and young children is central to health and development. Infants should be exclusively breastfed for the first six months of life and thereafter receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.¹
2. There is concern that inappropriate promotion of breastmilk substitutes and some commercial complementary foods and beverages for infants and young children has been undermining progress in optimal infant and young child feeding.² Evidence from numerous countries has shown that foods are being sold as suitable for introduction before six months of age, breastmilk substitutes are being indirectly promoted through association with commercial complementary foods, and inaccurate claims are being made that products will improve a child's health or intellectual performance.^{3,4}
3. Complementary foods have been shown to displace the intake of breast milk if the amounts provided represent a substantial proportion of energy requirements. Commercial complementary foods vary widely in quality, with some improving nutrient intake by providing essential micronutrients that are typically lacking in the diets of young children, while others are of concern due to high levels of added sugars, saturated or *trans*-fats, or salt.⁵
4. Inappropriate marketing of commercial complementary foods and beverages can mislead and confuse caregivers about the nutrition and health-related qualities as well as the age appropriate and safe use of these foods and beverages. Mothers and other caregivers often do not understand the distinctions between milk products promoted for children of different ages. Furthermore, promotion of complementary foods and beverages before six months of age has been associated with earlier cessation of exclusive breastfeeding.⁶
5. The following five criteria should be used to evaluate if promotion is inappropriate.⁷ Promotion is inappropriate if:
 - a. it undermines recommended breastfeeding practices;
 - b. it contributes to childhood obesity and noncommunicable diseases;

¹ WHO/UNICEF. Global Strategy for Infant and Young Child Feeding. Geneva. 2003.
<http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>.

² WHA Resolution 63.23. http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf.

³ A series of studies has been carried out by the Assessment and Research in Child Feeding (ARCH) project and published by Helen Keller International. The studies examined various aspects of promotion in Cambodia, Nepal, Senegal and Tanzania In press.

⁴ Euromonitor International. Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. June 2015.

⁵ Tzioumis, E., Kay, M., Wright, M., Adair, L. Health effects of commercially-available complementary foods: a systematic review. Report to the World Health Organization, 2015.

⁶ Smith, J.P., Sargent, G.M., Mehta, K., James, J., Berry, N., Koh, C., Salmon, L., Blake, M. A rapid evidence assessment: Does marketing of commercially available complementary foods affect infant and young child feeding? Report to the World Health Organization, 2015.

⁷ WHA Maternal, infant and young child nutrition: Report by the Secretariat. EB134/15. 20 December 2013.
http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_15-en.pdf?ua=1.

- c. the product does not make an appropriate contribution to infant and young child nutrition in the country;
 - d. it undermines the use of suitable home-prepared and/or local foods;
 - e. it is misleading, confusing, or could lead to inappropriate use.
6. This document provides specific recommendations to help achieve the goal of ending inappropriate promotion of foods and beverages for infants and young children.

SCOPE

7. The term ‘food’ in the following recommendations is used to refer to foods and beverages.
8. The scope of this guidance is all commercially produced foods that are marketed as suitable for feeding infants and young children up to the age of two years. The target age range for complementary feeding is generally taken to be 6 to 24 months of age, even though breastfeeding may continue beyond two years. Products are considered to be ‘marketed as suitable’ in this age range if they (a) use the words baby/babe/infant/toddler/young child (b) recommend an age of introduction less than two years, (c) use an image of a child appearing younger than two years of age or feeding with a bottle or (d) are in any other way presented as suitable for children under the age of two years. However, even foods marketed as suitable for children over the age of 24 months may be portrayed in a way that also promotes products for younger children. Therefore, the recommendations below pertaining to cross-promotion (recommendation 5) and on health and nutrition claims (in recommendation 4) should be applied to any products marketed as suitable for children up to 36 months of age. This is in line with relevant Codex guidelines which extend up to 36 months.⁸
9. Promotion of foods for infants and young children occurs in both the non-profit and for-profit sectors. This guidance is applicable to both these sectors, as the principles outlined below are important regardless of who is responsible for the promotion.

RECOMMENDATIONS

Recommendation 1: Healthy Infant and Young Child Feeding

Optimal infant and young child feeding should be promoted based on the Guiding Principles for Complementary Feeding of the Breastfed Child.⁹ Guidance should emphasize the use of suitable locally available foods which are prepared and fed safely.¹⁰

Recommendation 2: Breastmilk Substitutes

⁸ Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children. CAC/GL-8-1991 (Revised 2013). http://www.codexalimentarius.org/download/standards/298/CXG_008e.pdf

⁹ Pan American Health Organization and World Health Organization. Guiding Principles for Complementary Feeding of the Breastfed Child. 2003. http://www.who.int/maternal_child_adolescent/documents/a85622/en/.

¹⁰ WHO/UNICEF. Global Strategy for Infant and Young Child Feeding, Geneva. 2003. <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>.

Implementation of the International Code of Marketing of Breast-milk Substitutes should clearly cover all products that function as breastmilk substitutes. This should include any milk products (liquid or powdered) marketed for young children up to two years (including follow-up formula and growing-up milks).

Recommendation 3: Products

Foods for infants and young children should not be promoted unless they meet all relevant national, regional and global standards for composition, safety, quality and nutrient levels. All processed food products for infants and children should meet applicable Codex standards and guidelines.¹¹ National nutrition standards should be developed to define which products are appropriate for this age group, with a particular focus on limiting the added sugars, saturated or *trans*-fat, and salt content. Products within the scope of the Code should not be promoted.¹²

Recommendation 4: Messaging and Labelling

Foods promoted for infants and young children should support optimal feeding and avoid inappropriate messages.

Specifically, messages and labels should:

- Include a statement on the importance of exclusive breastfeeding for the first six months and of continued breastfeeding up to two years or beyond.
- Include a recommended age of introduction (this must not be less than six months) and a statement on the importance of not introducing complementary feeding until about six months of age.
- Include an appropriate ration/serving size consistent with complementary feeding guiding principles¹³.
- Be presented in local language(s), legible and with all required label information visible.

Messaging and labelling should not:

- Include anything to suggest use for infants less than six months (including pictures, milestones, wording, images, illustrations, numbers, stages and bottles or teats).
- Include any information or image to undermine or discourage breastfeeding or suggest that the product is equivalent or superior to breastmilk.
- Undermine or discourage appropriate complementary feeding or include any pictures or text which may suggest that commercial products are superior to home prepared foods.

¹¹ Codex guidelines on formulated complementary foods for older infants and young children. CAC/GL-8-1991 (Revised 2013). Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006). Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989). Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009).

¹² Article 5 of the Code prohibits 'advertising or other form of promotion to the general public for products within the scope of this Code.'

¹³ Pan American Health Organization and World Health Organization. Guiding Principles for Complementary Feeding of the Breastfed Child. 2003. http://www.who.int/maternal_child_adolescent/documents/a85622/en/.

- Recommend feeding the product in a bottle or otherwise promote the use of bottle feeding.
- Convey an endorsement, or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by the national or international regulatory authorities.
- Make nutrition and health claims on foods for infants and young children, except where specifically provided for in relevant Codex guidelines¹⁴ or national legislation.

Recommendation 5: Cross-promotion

There should be no cross-promotion to indirectly promote breastmilk substitutes via promotion of foods for infants and young children up to the age of 36 months.

- Packaging design or labelling and promotion of complementary foods must be differentiated from breastmilk substitutes so as not to be used in a way that also promotes breastmilk substitutes. Products for complementary foods should not be promoted using colour schemes, designs, names, slogans, mascots or other symbols that are similar to those of breastmilk substitutes.
- Companies that market breastmilk substitutes should refrain from direct or indirect promotion of their food products for older infants and young children through establishing relationships with mothers/caregivers. (e.g. through baby clubs, childcare classes, helplines, contests)

Recommendation 6: Conflicts of Interest

Those involved in manufacturing, distribution and promotion of foods for infants and young children should not create possible conflicts of interest in health facilities or throughout health systems. Health facilities and health systems should likewise avoid such conflicts of interest. Companies, or their representatives, should not:

- Provide free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except in national emergencies where there has been Government approval and/or officially sanctioned health programmes. In these circumstances, products should be distributed in unbranded packaging
- Donate or distribute equipment or services to health facilities.
- Give gifts or incentives to health workers.
- Use health facilities to host events, contests, counselling lines or campaigns or give any gifts to parents, caregivers and families.
- Employ anyone to provide education on complementary feeding in health facilities.
- Provide any information to health workers other than that which is scientific and factual.

Recommendation 7: Marketing of Foods to Children

¹⁴ Codex Guidelines for Use of Nutrition and Health Claims (CAC/GL 23 -1997, revised in 2012). www.fao.org/ag/.../32444-09f5545b8abe9a0c3baf01a4502ac36e4.pdf. The following do not constitute nutrition claims: (a) the mention of substances in the list of ingredients; (b) the mention of nutrients as a mandatory part of nutrition labelling; (c) quantitative or qualitative declaration of certain nutrients or ingredients on the label if required by national legislation

The WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children¹⁵ should be fully implemented, in particular, ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt. While foods marketed to children are not marketed specifically for infants and young children, they may be consumed at younger ages. If these products are commonly fed to children less than 24 months of age but are not suitable for this age group, they should be labelled with a warning as such.

¹⁵ World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. WHO. 2010.