

WORLD HEALTH ASSEMBLY RESOLUTION ON THE INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

○ POLICY BRIEF ○

Breastfeeding is a cornerstone of children's survival, nutrition and early development.¹ Optimal infant and young child feeding practices have the potential to protect children against non-communicable diseases and common illnesses, improve academic performance and boost productivity. In May 2016, Member States adopted a new World Health Assembly (WHA) resolution that calls on countries to implement the World Health Organization's (WHO) *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children* to further protect breastfeeding, prevent obesity and chronic disease, and promote a healthy diet. In addition, the guidance aims to ensure that caregivers receive clear and accurate information on feeding.²

The WHO developed the guidance as a response to a growing body of evidence which shows that the promotion of breastmilk substitutes (BMS) and some commercial foods for infants and young children undermines progress on optimal infant and young child feeding.³ The guidance serves as a complement to existing tools, such as the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions,⁴ as well as the Global Strategy on Infant and Young Child Feeding.⁵ It encourages Member States to

develop stronger national policies that protect children under the age of 36 months from marketing practices that could be detrimental to their health.

Optimal infant and young child feeding:

WHO/UNICEF recommend exclusive breastfeeding during the first six months of life, with continued breastfeeding until two years of age or beyond, along with nutritionally adequate and safe complementary foods from the age of six months.

Background

In May 1981, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes, which applies to the marketing of breastmilk substitutes, including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable as a partial or total replacement of breastmilk. It also applies to the marketing of feeding bottles and teats.⁶ The Code has been updated regularly by subsequent WHA resolutions that provide further clarification and guidance, particularly regarding

1 United Nations International Children's Emergency Fund, World Health Organization. (2015). Breastfeeding Advocacy Initiative. Retrieved from http://apps.who.int/iris/bitstream/10665/152891/1/WHO_NMH_NHD_15.1_eng.pdf?ua=1

2 World Health Organization. (2016, May 13). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

3 Ibid

4 World Health Organization. (1981). International Code of Marketing of Breast-milk Substitutes. Retrieved from http://www.who.int/nutrition/publications/code_english.pdf

5 World Health Organization, United Nations International Children's Emergency Fund. (2003). Global Strategy for Infant and Young Child Feeding. Retrieved from <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

6 World Health Organization. (2014, April 11). Maternal, infant and young child nutrition. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_15-en.pdf

new marketing tactics and products. Together, the Code and subsequent relevant WHA resolutions aim to protect breastfeeding from commercial influences and ensure the appropriate marketing and distribution of breastmilk substitutes when they are necessary.

Since the adoption of the Code, BMS manufacturers have created new categories of breastmilk substitutes in addition to the traditional “infant formula,” including “follow-on formulas” and “growing-up milks,” with packaging and labeling that look like infant formula and are cross-promoted as such. Commercially processed milks and foods designed for children older than six months of age are frequently labeled like infant formula and widely promoted, a marketing practice that can lead to misuse and have potentially dangerous consequences for a child’s long-term health and well-being.

Evidence from numerous countries has shown that:

- Some commercial complementary 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
- Misleading claims are being made that products will improve a child’s health or intellectual performance.^{7,8}

In May 2012, resolution WHA 65.6 requested the Director-General “to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA 63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission.”⁹

Marketing means product promotion, distribution, selling, advertising, product public relations and information services.

Promotion includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

Cross-promotion is a form of marketing where customers of one product or service are targeted with promotion of a related product.

Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children: Background on process and scientific evidence

In response, the WHO convened a Scientific and Technical Advisory Group (STAG) to define what constitutes inappropriate promotion of foods for infants and young children,¹⁰ and draft guidance to help achieve the goal of ending the inappropriate promotion of foods for infants and young children.¹¹ Further consultations and revisions resulted in the final report, which was presented to the sixty-ninth World Health Assembly and provides guidance on the inappropriate promotion of foods for infants and young children.¹² The resolution, adopted by all 194 countries, welcomes the guidance as a means to further strengthen the Code and to protect optimal infant and young child feeding practices.

The Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

The following recommendations from the guidance are applicable to government programs, non-profit organizations and private enterprises.

7 Zehner E & Champeny M (Eds.). (2016, April). Availability, Promotion and Consumption of Commercial Infant Foods. *Maternal & Child Nutrition*, 12. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/mcn.2016.12.issue-S2/issuetoc>

8 Euromonitor International. (2015, June). Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. Retrieved from http://www.who.int/nutrition/topics/CF_babyfood_trends_brazilandnorway_euromonitor.pdf

9 The Codex Alimentarius was established by FAO and WHO to develop harmonized international food standards, which protect consumer health and promote fair practices in food trade.

10 World Health Organization. (2013). Scientific and Technical Advisory Group (STAG) on Inappropriate Promotion of Foods for Infants and Young Children. Retrieved from http://www.who.int/nutrition/events/2013_STAG_meeting_24to25June_recommendations.pdf?ua=1

11 World Health Organization. (2015). Discussion paper: Clarification and guidance on inappropriate promotion of foods for infants and young children. Retrieved from <http://www.who.int/nutrition/events/draft-inappropriate-promotion-infant-foods-en.pdf?ua=1>

12 World Health Organization. (2016, May 13). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

Recommendations

1. Optimal infant and young child feeding should be promoted.^{13,14} Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.¹⁵
2. Products that function as breastmilk substitutes should not be promoted. A breastmilk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 36 months (including follow-up formula and growing-up milks).
3. Foods for infants and young children that are not products that function as breastmilk substitutes may be promoted only if they meet all the relevant national, regional and global standards and are in line with national dietary guidelines. Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion.¹⁶
4. The messages used to market foods for infants and young children should support optimal feeding. Messages should include a statement on the importance of continued breastfeeding for up to two years or beyond and should specify the appropriate age of introduction of the food (not less than 6 months). Messages should not suggest use for infants under the age of 6 months, make a comparison to breastmilk, recommend or promote bottle feeding, or convey an endorsement.
5. There should be no cross-promotion to promote breastmilk substitutes indirectly via the promotion of foods for infants and young children. The packaging design, labelling and materials used for the promotion of complementary foods

Promotion of foods for infants and young children is inappropriate if it:

- undermines recommended breastfeeding practices;
- contributes to childhood obesity and non-communicable diseases;
- does not make an appropriate contribution to infant and young child nutrition in the country;
- undermines the use of suitable home-prepared and/or local foods; and
- is misleading, confusing, or could lead to inappropriate use.

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

must be different from those used for breastmilk substitutes.

6. Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies should not provide free products to families through health workers or health facilities, give gifts or incentives to health care staff, give any gifts or coupons to parents, provide education to parents in health facilities, provide any information for health workers other than that which is scientific and factual, or sponsor meetings of health professionals and scientific meetings.
7. The WHO set of recommendations on the marketing of foods and nonalcoholic beverages to children¹⁷ should be fully implemented. A range of strategies should be implemented to limit the consumption by infants and young children of foods that are unsuitable for them.

13 Pan American Health Organization. (2003). Guiding principles for complementary feeding of the breastfed child. Retrieved from http://www.who.int/maternal_child_adolescent/documents/a85622/en/

14 Pan American Health Organization. (2003). Guiding principles for complementary feeding of the breastfed child. Retrieved from http://www.who.int/maternal_child_adolescent/documents/a85622/en/

15 World Health Organization. (2003). Global Strategy for Infant and Young Child Feeding. Retrieved from <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>

16 Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 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).

17 World Health Organization. (2010). Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Retrieved from <http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/>

Moving to Action: Implementing the Guidance

Resolution WHA 69.9 welcomes WHO's evidence-based guidelines designed to protect breastfeeding and optimal complementary feeding and outlines measures that Member States, manufacturers and distributors of foods for infants and young children, health care professionals, media and civil society need to take to align their policies, practices and programs in accordance with the recommendations provided in the guidance.

This resolution has the potential to support improved infant and young child feeding practices and improve the lives of millions of children. It is now the responsibility of Member States to implement the guidance.

The resolution specifically urges **Member States**, in accordance with national context, to:

- Incorporate the guidance into national laws: take all necessary measures in the interest of

public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations while taking into account existing legislation and policies, as well as international obligations;

- Establish a system for monitoring and evaluation of the implementation of the guidance recommendations;
- Continue to implement the International Code of Marketing of Breast-milk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

Member States will be required to report on the implementation of the guidance recommendations as part of the report on progress in implementing the comprehensive implementation plan on maternal, infant and young child nutrition¹⁸ to the seventy-first and seventy-third World Health Assemblies, in 2018 and 2020.

Need for action:

- In 2014, global sales of breastmilk substitutes were US\$44.8 billion, and sales are projected to increase to US\$71 billion by 2019.¹⁹
- Toddler milk, designed for children 13 months and up, is the fastest growing category of breastmilk substitutes, with 8.6% growth per year.²⁰
- Data from Brazil found that many baby food products do not specify age of use.²¹
- Research conducted by Helen Keller International found that labels for commercially produced complementary foods with recommended introduction earlier than six months were common in Senegal (20%), Nepal (13%), and Tanzania (12%).²²

18 World Health Organization. (2014). Comprehensive implementation plan on maternal, infant and young child nutrition. Retrieved from http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf?ua=1

19 Rollins NC, Bhandari N, Hajeerbhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG, Lancet Breastfeeding Series Group. (2016). Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 387:491-504. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01044-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01044-2.pdf)

20 Ibid

21 Euromonitor International. (2015, June). Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. Retrieved from http://www.who.int/nutrition/topics/CF_babyfood_trends_brazilandnorway_euromonitor.pdf

22 Zehner E & Champeny M (Eds.). (2016, April). Availability, Promotion and Consumption of Commercial Infant Foods. *Maternal & Child Nutrition*, 12. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/mcn.2016.12.issue-S2/issuetoc>