



INFACT Canada/IBFAN Comment on the Clarification and Guidance on Inappropriate Promotions of Foods for Infants and Young Children

Comments in red

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 **optimal** health, **growth** and development. Infants should be exclusively breastfed for the first six months of life and thereafter receive nutritionally **dense, energy rich**, adequate and safe, complementary **indigenous family** foods while breastfeeding continues for up to two years of age or beyond.¹

2. There is concern that inappropriate promotion of **all** breastmilk substitutes and **many** commercial complementary foods and beverages, **bottles, teats and pacifiers** for infants and young children has been undermining progress in optimal infant and young child feeding **and putting infant health and lives at risk**.²

Evidence from numerous countries has shown that foods are being **promoted and labelled** sold as suitable for introduction before six months of age, breastmilk substitutes are being indirectly promoted through association with commercial complementary foods, and **misleading, unsubstantiated inaccurate** claims are being made that products will improve a child's health or intellectual performance.^{3,4}

3. **Baby milks – infant formulas, follow-up formulas and growing-up milks, as well as commercially produced** 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 **several** essential micronutrients **that may be required in higher amounts** are typically lacking in the diets of **some** young children, while others are of concern due to high levels of added sugars, saturated **and/or** trans-fats, **and/or** salt.⁵

4. Inappropriate marketing of **all baby milks and** commercial complementary foods and beverages can mislead and confuse caregivers and **create doubt about the importance of exclusive and sustained breastfeeding and the use of local, culturally appropriate family-based complementary foods.** Promotion of these IYCF products obfuscate the ~~And about the~~ **increased health risks.** The marketing tools of nutrition and health **claims** mislead parents about the importance of **breastfeeding and family based complementary foods,** **confuse** and risk the needless use of ~~safe use of these~~ **commercial** foods and beverages.

Mothers and other caregivers often do not understand the distinctions between milk products promoted for children of different ages **leading to inappropriate and needless use of these products.**

Furthermore, promotion of **commercial** complementary foods **before the age of six months and baby milks – infant formulas, follow-up formulas and growing-up milks** ~~-beverages before six months of age~~ has been associated with earlier cessation of exclusive breastfeeding and increased illness and under-fives mortality.⁶

5. The following five criteria should be used to evaluate if promotion is inappropriate.⁷

Promotion is inappropriate **when** if:

- a. it undermines recommended breastfeeding practices;
- b. it contributes to **infant and young child infectious diseases, increased mortality,** childhood obesity and noncommunicable diseases;¹

WHO/UNICEF. Global Strategy for Infant and Young Child Feeding, Geneva. 2003.

<http://ap.p.s.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1.2>

WHA Resolution 63.23. <http://ap.p>

s.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

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 **indigenous family** foods;

e. **information on labels is** misleading, confusing, or could lead to inappropriate **and needless** use;

f. **the products promote artificial feeding by bottles, teats and the use of pacifiers.**

6. This document provides specific recommendations to help achieve the goal of ending inappropriate promotion of **commercial complementary** foods and baby milks - **infant formulas, follow-up formulas and growing-up milks - beverages** for infants and young children **to the age of 36 months.**

SCOPE

7. The term 'food' in the following recommendations is used to refer to **commercial complementary** foods and **baby milks – infant formulas, follow-up formulas and growing-up milks.**

8. The scope of this guidance is all commercially produced **complementary** foods **and baby milks as defined in 7** that are marketed ~~as suitable~~ for feeding infants and young children up to the age of **three** years.

The target age range for **inappropriate** marketing of **commercial** complementary **food products, bottles, teats, pacifiers** feeding is generally taken to be 6 to **36** months of age, even though breastfeeding may continue beyond two years.

Complementary food products and **baby milks - infant formulas, follow-up formulas and growing-up milks** are considered as **inappropriately** marketed as ~~suitable~~⁷ ~~in this age range~~ **when** they

- (a) use the words baby/babe/infant/toddler/young child
- (b) recommend an age of introduction less than **three** years,
- (c) use an image of a child appearing younger than **three** years of age or feeding with a bottle or artificial teat,
- (d) are in any other way presented as suitable for children under the age of **three** years.

However, even foods marketed as suitable for children over the age of **36** 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 **food and milk** 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, **indigenous, family** foods which are prepared and fed safely.¹⁰

Recommendation 2: Breastmilk Substitutes⁸

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

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 **and subsequent WHA resolutions** 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 **three** years (including follow-up formula and growing-up milks).

Recommendation 3: Products

Foods for infants and young children should not be available on local markets **unless they are consistent with national nutrition policy and support that policy**; 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

NOTE: It is critical that the undue influence of the baby food industries in the Codex Alimentarius standard setting of infant and young child feeding products be recognized and addressed as an important barrier to the optimal quality, informative labelling and appropriate marketing of all baby milk products and commercial complementary foods for infants and young children.

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 **marketed** for infants and young children should support optimal feeding and **should not use** ~~avoid~~ **misleading and unsubstantiated claims and** 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. **As well the labels should inform about microbial contamination risks, economic costs of artificial feeding and the negative impact on lactation.**
- **For commercially produced complementary feeding products:**
 - 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 **make no comparison to breastmilk** or suggest that the product is equivalent or superior to breastmilk.
- Undermine or discourage appropriate **family food based** 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 **NO** nutrition and health claims on foods for infants and young children, except where specifically provided for in relevant Codex guidelines¹⁴ **and meet the requirements of independent scientific substantiation as recommended by the Codex Guidelines for Nutrition and Health Claims and approved by** 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 **and products that come under the scope of the International Code should make no contact with mothers, care givers, their families or the general public and have no** ~~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, **social media**, childcare classes, helplines, contests or any other electronic communications).

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, **professional associations or health care workers** 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, **social service agencies or any other means** except in national emergencies where there has been Government approval and/or officially sanctioned, **monitored and used in accordance with internationally recommended protocols for feeding infants and young children in emergencies**

~~by 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 or any other facilities for **infants and young children** to host events, contests, counselling lines or campaigns or give any gifts to parents, caregivers and families.
- Employ anyone to provide education on **infant and young child feeding and** complementary feeding in health or any other facilities.
- Provide any information to health workers other than that which is scientific and factual.

Recommendation 7:

Marketing of Foods to Children¹⁴

Codex Guidelines for Use of Nutrition and Health Claims (CAC/GL 23 -1997, revised in 2012).

www.fao.org/ag/.../3244409f5545b8abe9a0c3baf01a4502ac36e4.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 **commercially produced foods in order to reduce the consumption 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 **36** months of age but are not suitable for this age group, they should be labelled with a warning as such.