



**World Health
Organization**

**EXECUTIVE BOARD
138th session
Provisional agenda item 6.1**

**EB138/8
15 January 2015**

Maternal, infant and young child nutrition

ACTION BY THE EXECUTIVE BOARD

1. The Board is invited to note the report and to consider the following draft resolution:

The Executive Board,

Having considered the report on maternal, infant and young child nutrition,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following draft resolution:

The Sixty-ninth World Health Assembly,

(PP1) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) **INSERT: and WHA 67.9 (2014)** on infant and young child nutrition, appropriate feeding practices and related questions;

(PP2) Remaining concerned about the vast numbers of infants and young children who are still inappropriately fed, **INSERT: *whose nutrition does not follow WHO recommendations for optimal infant and young child feeding***, and whose nutritional status, growth and development, health and survival are thereby compromised;

(PP3) Recalling resolution WHA63.23 (2010) on infant and young child nutrition, in which the Health Assembly recognized that the promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding, and urged Member States to end inappropriate promotion of foods for infants and young children;

¹ Document EB138/8.

(PP4) Further recalling resolution WHA65.6 (2012) on maternal, infant and young child nutrition, in which the Health Assembly requested the Director-General to provide guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23;

- (PP5) Recognizing that the inappropriate promotion of commercial foods for infants and young children can mislead parents and other caregivers about the nutrition- and health-related qualities of these foods and about their age-appropriate and safe use. **INSERT** *It can also have negative economic consequences for families as it undermines confidence in more sustainable, nutritious family foods that are not promoted so cannot compete with commercial foods.* The promotion of such products for infants under 6 months of age has been associated with earlier cessation of exclusive breastfeeding;

(PP6) Convinced that guidance on ending the inappropriate promotion of foods for infants and young children is needed for Member States, the private sector, health systems, civil society and international organizations,

(OP) 1 ENDORSES the guidance on ending the inappropriate promotion of foods for infants and young children;

(OP) 2 URGES Member States:

(a) to take all necessary measures to implement the guidance on ending the inappropriate promotion of foods for infants and young children, while taking into account existing legislation and policies, as appropriate;

(b) to establish a system for monitoring, evaluating and enforcing the implementation of the guidance on ending the inappropriate promotion of foods for infants and

young children, and to ensure that primary legislation is regulated and appropriate sanctions can be applied when violations occur;

(c) to implement, enact, monitor and enforce all provisions of the International Code of Marketing of Breast-milk Substitutes and relevant subsequent Health Assembly resolutions, ensuring that any milk products in either liquid or powdered form that are marketed for feeding infants and young children, including follow-up formula and growing-up milks, are covered by those provisions, and to increase investment for this purpose;

(d) to implement, through national legislation, the Codex Guidelines ~~DELETE on Formulated Complementary Foods for Older Infants and Young Children~~ and other relevant Codex standards and guidelines, **INSERT: *only if they are robust and coherent with all WHO guidelines and recommendations, including the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions,*** and to ensure that arrangements are in place and that adequate resources are available to enact, monitor and enforce such legislation;

Justification: *(repeated from page 4) A WHA Resolution or WHO Guideline should not promote the adoption of Codex standards and guidelines as legislation unless they are coherent with WHA recommendations. It is Member States who take decisions in the Codex Alimentarius, WHO and FAO are the parent bodies responsible for ensuring policy coherence across the spectrum of items dealt with at WHA and Codex Alimentarius. In that regard WHO has to assist Member States to ensure such coherence. Because of its lax/non existent conflict of interest rules, the standards and guidelines adopted by Codex are invariably compromised. Many, including the Codex Guidelines on formulated complementary foods (CAC/GL 8-1991) are also weaker than existing national laws. Discussions on the revision of the Follow-on Formula Standard and the Guidelines on Ready to Use Therapeutic Foods are ongoing and far from settled. Codex Standard for Processed Cereal-Based foods (CODEX STAN 074-1981, REV. 1-2006) allows high levels of free sugars, so this would also undermine WHO's recommendation on limiting sugars, endorsed by the EU Parliament in January 2016.*

(e) to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, and to adopt a comprehensive approach to implementation of those recommendations, including through legislation, paying particular attention to ensuring that settings where infants and young children gather

are free from all forms of marketing of foods that are high in saturated fats, *trans*-fatty acids, free sugars, or salt;

(OP) 3 CALLS UPON manufacturers and distributors of foods for infants and young children **INSERT: to fully abide by the *International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions*** and end all forms of inappropriate promotion by fully implementing the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children, irrespective of whether the recommendations have been transposed into national legislation;

(OP) 4 CALLS UPON health care professionals **INSERT: and institutions** to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding and to implement the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children, irrespective of whether the recommendations have been transposed into national legislation;

(OP) 5 CALLS UPON the media and creative industries to ensure that their activities across all communication channels and media outlets, in all settings and using all marketing techniques comply with the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children;

(OP) 6 CALLS UPON civil society to engage in advocacy work for and activities to monitor the implementation of the guidance on ending the inappropriate promotion of foods for infants and young children;

(OP) 7 REQUESTS the Director-General:

(a) to provide technical support to Member States in implementing the guidance on ending the inappropriate promotion of foods for infants and young children and in monitoring and evaluating its implementation;

INSERT: *“to ensure that international instruments, including Codex Alimentarius standards and guidelines are robust and coherent with the International Code of Marketing of Breast-Milk Substitutes and WHA resolutions, and provide a strong platform for Member State action.”*

Justification: *While it is Member States who take decisions in the Codex Alimentarius, WHO and FAO are the parent bodies and their DGs are responsible for ensuring policy coherence across the spectrum of items dealt with at WHA and Codex Alimentarius, and in that regard has to assist Member States to ensure such coherence. Because of its lax/non existent conflict of interest rules, the standards and guidelines adopted at Codex are invariably compromised.*

(b) to strengthen international cooperation with United Nations organizations, most notably FAO, UNICEF and WFP, in promoting national implementation of the guidance on ending the inappropriate promotion of foods for infants and young children;

(c) to report on implementation of the guidance on ending the inappropriate promotion of foods for infants and young children as part of the report on progress in implementing the comprehensive implementation plan on maternal, infant and young child nutrition to the 71st and 73rd World Health Assemblies in 2018 and 2020.

ANNEX

GUIDANCE ON ENDING THE INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

Scope

1. The term “foods” is used in this guidance to refer to both foods and beverages (including complementary foods and breast-milk substitutes).
2. This guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children up to the age of 3 years. Products are considered to be marketed as being suitable for this age group if they (a) are labelled with the words “baby”, “infant,” “toddler” or “young child”; (b) are recommended for introduction at an age of less than 3 years; (c) have a label with an image of a child who appears to be younger than 3 years of age or feeding with a bottle; or (d) are in any other way presented as being suitable for children under the age of 3 years. This approach is in line with the relevant Codex guidelines and standards on foods for infants and young children that refer to young children up to the age of 3 years.¹
3. This guidance is **DELETE: not INSERT: also** applicable to nutritional supplements and home-fortification products such as micronutrient powders **DELETE and small-quantity lipid-based nutrient supplements**. Although such **DELETE: supplements and** products are often classified as foods for regulatory purposes, they are not foods per se, but fortification products. Many of the principles contained in this guidance, including those concerning adherence to national and global standards for **INSERT marketing and promotion**, nutrient levels, safety and quality and to prohibitions on any messages

¹ 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); and Codex standard for follow-up formula (CODEX STAN 156-1987).

indicating their use for infants under 6 months of age, should nevertheless be applied to such products.

Justification: *Micronutrient supplements are foods and are delivered in 100ml packages. These products, including Micronutrient Powders, must be covered. If they were to be excluded and the Guidance read with the current 2. (d) in the draft Resolution, there is a real risk of unfettered marketing (promotion) to the detriment of local solutions. Why do we suggest such a risk? In the STAG consultation in August 2016 some NGOs argued that allowing exceptions would help the promotion of Micronutrient Powders, Supplements and Ready to Use products etc. Branding, health and nutrition claims "add value" to products and make them appear better, more attractive. Micronutrient Powders are currently being promoted in Africa with claims: "makes your child healthy, strong and active" increases your child's appetite."*

4. The 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 it contains are important regardless of who is responsible for the promotion.
5. **Recommendation 1.** Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child¹ and the Guiding principles for feeding non-breastfed children 6–24 months of age.² Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, culturally acceptable and locally available foods that are prepared and fed safely.³
6. **Recommendation 2.** Products that function as breast-milk substitutes should not be promoted. A breast-milk substitute should be understood to include any milk products (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and **INSERT: young child formula (so called 'growing-up milks')**). It should be clear that the implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.

¹ PAHO and WHO. Guiding principles for complementary feeding of the breastfed child. 2003. http://www.who.int/maternal_child_adolescent/documents/a85622/en/ (accessed 25 November 2015).

² WHO. Guiding principles for feeding non-breastfed children 6–24 months of age. 2005. http://www.who.int/maternal_child_adolescent/documents/9241593431/en/ (accessed 25 November 2015).

³ See 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> (accessed 25 November 2015).

7. **Recommendation 3.** Other foods for infants and young children should ~~DELETE be promoted only if~~ **INSERT: not be traded unless** they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels. National governments should introduce legislation and implement the relevant Codex standards and guidelines¹ **INSERT: that are robust and coherent with WHO Recommendations and guidelines, including the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions and** define which products are appropriate for infants and young children, with a particular focus on limiting the added sugars and salt content.

Justification: (repeated from page 4) A WHA Resolution or WHO Guideline should not promote the adoption of Codex standards and guidelines as legislation unless they are coherent with WHA recommendations. It is Member States who take decisions in the Codex Alimentarius, WHO and FAO are the parent bodies responsible for ensuring policy coherence across the spectrum of items dealt with at WHA and Codex Alimentarius. In that regard WHO has to assist Member States to ensure such coherence. Because of its lax/non existent conflict of interest rules, the standards and guidelines adopted by Codex are invariably compromised. Many, including the Codex Guidelines on formulated complementary foods (CAC/GL 8-1991) are also weaker than existing national laws. Discussions on the revision of the Follow-on Formula Standard and the Guidelines on Ready to Use Therapeutic Foods are ongoing and far from settled. Codex Standard for Processed Cereal-Based foods (CODEX STAN 074-1981, REV. 1-2006) allows high levels of free sugars, so this would also undermine WHO's recommendation on limiting sugars, endorsed by the EU Parliament in January 2016.

8. **Recommendation 4.** ~~DELETE The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should be avoided. Messages about commercial products may be conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels.~~ **REPLACE WITH:-All messages about foods for infants and young children should support optimal infant and young child feeding. Messages and images that idealise the products and health and nutrition**

¹ 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).

claims should not be permitted, except where specifically provided for in national legislation.

Justification: *The term ‘inappropriate messages’ introduces ambiguity and would need to be defined, just like the ‘inappropriate marketing’ has been in this Guidance, following the work of the STAG. The qualified ban on health and nutrition claims needs to be included. More sustainable, bio-diverse, nutritious family foods are not on sale so cannot compete with commercial products.*

Justification: *The two sentences in Recommendation 4 are contradictory. The second sentence creates a loophole and could lead to all sorts of messaging as long as such messaging adheres to the exceptions listed below, which is incomplete. Overall, this recommendation would defeat **the intent of the Guidance as expressed in the WHA 63.23** which called for guidance on **INAPPROPRIATE** marketing not for a shopping list of **APPROPRIATE** marketing. The Guidance must remain focused on ‘inappropriate marketing. The word ‘promotion’ should be replaced with “labeled” or “put on sale” ‘traded’ etc. .*

Specifically, messages should always:

- include a statement on the importance of exclusive breastfeeding for the first 6 months and of continued breastfeeding for up to two years or beyond;
- include the appropriate age of introduction (this must not be less than 6 months) and a statement on the importance of not introducing complementary feeding until about 6 months of age;
- be easily understood by parents and other caregivers, with all required label information being visible and legible. .

9. Messages should not:

- include any image, text or other representation **DELETE: ~~that might~~ INSERT *that idealises the product*** or suggests use for infants under the age of 6 months (including references to milestones and stages and images of bottles or teats);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk;
- recommend feeding the product in a bottle or otherwise promote 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.
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10. **Recommendation 5.** There should be no cross-promotion ~~DELETE: to promote breast-milk substitutes indirectly via the~~ promotion ~~INSERT:—between breastmilk substitutes and~~ foods for infants and young children.

Justification: Cross-promotion is *BETWEEN* these products – breastmilk substitutes (BMS) must not be used to promote baby foods and baby foods must not promote BMS. It is a 2 way street.

- The packaging design, labelling and materials used for ~~DELETE: the promotion of~~ **INSERT informing about** complementary foods must be different from those used for breast-milk substitutes ~~so that they cannot be used in a way that promotes breast-milk substitutes~~ (for example, different colour schemes, designs, names, ~~DELETE slogans and mascots~~ other than company name and logo should be used).
- Companies that ~~DELETE market~~ **INSERT manufacture and/or distribute** breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children, **INSERT: such as** by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests).

11. **Recommendation 6.** Companies that ~~DELETE market~~ **INSERT: manufacture and/or distribute** foods for infants and young children **INSERT and any organization and/or foundation representing, established or supported by these companies** should avoid creating conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest. Such ~~DELETE companies~~ **INSERT entities**, 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 : **DELETE BOTH EXCEPTIONS**

- ~~• in emergencies, in conformity with national legislation and guidelines;~~
- ~~• in officially sanctioned health programmes. Products distributed in such programmes should not display company brands;~~

~~•—~~

INSERT: including in emergency relief operations as stipulated in WHA 47.5 and the Operational Guidance on Infant and Young Child feeding in Emergencies endorsed through WHA 63.23.

- donate or distribute equipment or services to health facilities;
- give gifts or incentives to health care staff;
- use health facilities to host events, contests or campaigns;
- give any gifts or coupons to parents, caregivers and families;
- directly or indirectly provide education to parents and other caregivers on infant and young child feeding in health facilities;
- provide any information for health workers other than that which is scientific and factual;
- sponsor meetings of health professionals and scientific meetings.

Justification:

1/ The exception regarding emergencies, with no explanation given, provides direct access of companies to emergency relief operations and goes directly against the WHA decisions in the WHA 47.5, Op.para 2. (3), which provides a clear set of conditions for Member States for planning, implementing and supporting emergency relief operations. This Recommendation goes also directly against the WHA 63.23 which urges Member States to “(8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;

Considering the scope of the Guidance, this recommendation also goes against WHA 47.5. (Op 2.(2))(1994) which calls on Member States to ensure no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the *International Code of Marketing of Breastmilk Substitutes in any part of the health care system.*

2/ The exception regarding “officially sanctioned health programmes “: The term ‘officially sanctioned health programmes’ is not defined and thus this exception risks to lead to indiscriminate use of products under the scope of this guidance, which could have a negative effect on breastfeeding rates as well as on the appropriate complementary feeding and the use of local foods. Where there is a need for breastmilk substitute provision in healthcare setting, there is no justification for companies to directly provide for this; this is the role of skilled service providers. A programme of support for non-breastfed infants could be interpreted as an ‘officially sanctioned health programme’ and expose mothers of non-breastfed infants to undue marketing pressures, eg to continue use of BMS longer than indicated.

Moreover, this Recommendation is directed to **companies**. They should never be direct providers of their products be it in emergencies or any other programmes. The need for any BMS or other foods for infants and young children should be assessed and qualified by public health and nutrition professionals, emergency relief staff etc. and products sources through normal procurement channels.

These comments and justifications above also apply to the provision 11 below, the 2 exceptions.

12. Likewise, health workers, health systems, health professional associations and nongovernmental organizations should not:

- accept free products, samples or reduced-price foods for infants or young children from companies,

DELETE: except:

~~— in emergencies, in conformity with national legislation and guidelines;~~

~~— in officially sanctioned health programmes. Products distributed in such programmes should not display company brands~~

Justification: The comments and justifications above on points 11 also apply to the provision 12 below

- accept equipment or services from companies that market foods for infants and young children;
- accept gifts or incentives from such companies;
- allow health facilities to be used for commercial events, contests or campaigns;
- allow companies that market foods for infants and young children to distribute any gifts or coupons to parents, caregivers and families through health facilities;
- allow such companies to directly or indirectly provide education in health facilities **INSERT: or through other channels** to parents and other caregivers;
- allow such companies to sponsor **INSERT: training,** meetings **INSERT: and speakers** of health professionals and scientific meetings.

Justification: The word ‘speakers’ is an important addition as while an event per se may not be directly sponsored, sponsorship of speakers by these companies lead to CoI and undue influence and distortion of the agenda/conclusions of the debates/recommendations stemming from such events.

13. **Recommendation 7.** The WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children¹ should be fully implemented, with particular attention being given to ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in saturated fats, *trans*-fats, free sugars or salt. While foods marketed to children may not be specifically intended for infants and young children, they may, nevertheless, be consumed by them. A range of strategies should be implemented to limit the consumption by infants and young children of foods that are unsuitable for them.

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¹ WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. WHO. 2010.