World Health Organization

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

IMPLEMENTATION MANUAL

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Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual.

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FOREWORD

FOREWORD

Appropriate feeding of infants and young children is central to early health, growth, and development. WHO recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, they should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

The first three years of life are a period of rapid growth and present a key window of opportunity to protect and promote good nutrition and healthy dietary patterns. Evidence also suggests that various aspects of early feeding patterns have the potential to impact on the development of obesity and other noncommunicable diseases. Appropriate complementary feeding practices may also have the potential to contribute to the UN global target for a 25% decrease in premature mortality from noncommunicable diseases by 2025. However, there is growing concern that promotion of breast-milk substitutes and some commercial foods for infants and young children has been undermining progress in optimal infant and young child feeding. This concern was recognized by the World Health Assembly (WHA) in 2010, when it urged all Member States "to end inappropriate promotion of food for infants and young children". And in 2012, the WHA requested that clarification and guidance on the inappropriate promotion of foods for infants and young children be developed. The present guidance was welcomed by the WHA in 2016, and WHO was requested to provide technical support to Member States in implementing the guidance recommendations (WHA 69.9; op. Paragraph 7(1)).1[1] As a first step in providing this technical support, this document aims to further articulate the rationale for each of the recommendations set forth in the guidance, and to describe possible actions to ensure effective national implementation of the recommendations.

Implementation of the guidance and its recommendations will further assist Member States in meeting their obligations under the Convention on the Rights of the Child and other relevant UN human rights instruments to respect, protect, and fulfill children's rights to health, and to nutritious foods, and women's rights to be protected from harmful interference by non-State actors, particularly the business sector, and to have skilled support to enable them to breastfeed.[2]

[1] WHA69.9, 2017 http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf

[2] "New World Health Organisation guidance helps protect breastfeeding as a human right", NetCode, Journal of Maternal and Child Nutrition, 2017. Volume 13, Issue 4 October 2017. Laurence M. Grummer-Strawn, Elizabeth Zehner, Marcus Stahlhofer, Chessa Lutter, David Clark, Elisabeth Sterken, Susanna Harutyunyan, Elizabeth I. Ransom.

INTRODUCTION

In 2016, the World Health Assembly approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. The Guidance aims to protect breastfeeding, prevent obesity and chronic diseases, and to promote a healthy diet. In addition, the Guidance aims to ensure that parents and other caregivers receive clear and accurate information on the best way to feed their infants and young children. To assist countries in achieving these aims, the Guidance lays out several recommendations for controlling the marketing of foods and beverages targeted toward children under the age of 36 months, with the goal of protecting breastfeeding, preventing obesity and chronic diseases, and promoting a healthy diet.

A. WHY DOES THE GUIDANCE COVER FOODS FOR CHILDREN UP TO 36 MONTHS OF AGE?

The Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children[3] define the young children as those up to three years of age. In addition, WHO recommends breastfeeding for 2 years or beyond, and as such protection of continued breastfeeding beyond 2 years against inappropriate promotion is essential. Furthermore, unhealthy food and drinks are being marketed for consumption by children, including young children, and greater protection against such marketing practices is important.

B. WHY IS WHO CONCERNED WITH THE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN?

There is growing concern that promotion of breast-milk substitutes and some commercial foods for infants and young children undermines optimal infant and young child feeding.

Complementary foods have been shown to displace the intake of breastmilk 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 micronutrients that may be typically missing in the diets of young children, while others are of concern because they have particularly high levels of added salts, sugar or fats,[4] or other unnecessary additives or ingredients. Commercial complementary foods also displace suitable, nutrient-rich, home-prepared, and locally available foods.

Inappropriate promotion of commercial complementary foods and beverages can mislead and confuse caregivers about the nutrition and health-related qualities of these foods and beverages and about their age-appropriate and safe use. The inappropriate promotion of complementary foods can also be used to convince caregivers that family foods are inadequate, and create a dependence on expensive commercial products. In addition, mothers and other caregivers often do not understand the distinctions between milk products promoted for children of different ages. Promotion of complementary foods and beverages before six months of age has been associated with earlier cessation of exclusive breastfeeding.

The issue of cross-promotion is an additional reason to regulate the inappropriate promotion of foods for infants and young children as the use of colours, mascots and wording on the labelling of complementary foods can be used to promote the company's breast-milk substitute products.

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[3] 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.

[4] Based on existing evidence, total dietary fat intake should be reduced gradually, depending on the physical activity of the child, from 40–60% of total energy intake around 6 months of age to 30-35% of total energy intake at 24 months. Complementary foods should contain no industrially produced trans fatty acids.

C. WHAT IS MEANT BY "INAPPROPRIATE" PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN?

Promotion of foods for infants and young children is considered inappropriate if it interferes with breastfeeding, contributes to obesity and non-communicable diseases, creates a dependency on commercial products, or otherwise is misleading.

Recommended breastfeeding practices can be undermined by inappropriate promotion in various ways. This includes promotion of such products as suitable for infants under six months of age, as equivalent or superior to breastmilk, or as a replacement for breastmilk; or by using brands/labels/logos that are the same/similar to those used for breast-milk substitutes.

Promotion of products which contain high levels of sugar, salts or fats, may contribute to childhood obesity and non-communicable and said promotion should therefore be considered inappropriate. Promotion of foods not recommended in national food-based dietary guidelines is likewise inappropriate.

In addition, promotion is inappropriate if the product fails to adhere to all applicable standards for safety and nutrient composition or discourages a diverse diet based on a wide variety of foods, including minimally processed fruits, vegetables, and animal-source foods. Furthermore, promotion is also inappropriate if it undermines the use of suitable home-prepared and/or local foods.

Moreover, promotion is inappropriate if it is misleading, confusing, or could lead to inappropriate use, for instance through health and nutrition claims. Promotional claims idealize the product, imply that it is better than family foods, and mask the risks. Promotional claims put unprocessed family foods at a disadvantage. Nutrition and health claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation.[5]

D. WHAT IS THE EVIDENCE THAT INAPPROPRIATE PROMOTION UNDERMINES OPTIMAL FEEDING PRACTICES FOR INFANTS AND YOUNG CHILDREN?

Information and data resulting from a variety of sources were used to build the evidence base for the recommendations. These included findings from the Helen Keller International's Assessment & Research on Child Feeding (ARCH) Project on promotion of food products for infants and young children in 4 countries[6]; a Euromonitor International Consulting analysis of data on the magnitude of the market for breast-milk substitutes from 16 large high- and middle-income countries in its Global Infant Formula Data File[7]; a Euromonitor International Consulting analysis of data from seven countries in Latin America and 19 countries in western Europe specifically related to marketing of commercially produced complementary foods (not including breast-milk substitutes), and from store audits and in-depth evaluation of marketing strategies in Brazil and Norway; a systematic review on the health effects of commercially-available complementary foods[8]; and a literature review of the effects of marketing of commercially available complementary foods on infant and young child feeding. [9]

These scientific studies and reports provided evidence from numerous countries that foods are being sold as suitable for introduction before six months, that breast-milk substitutes are being indirectly promoted through association with complementary foods, and that inaccurate and misleading claims are being made that products will, for instance, improve a child's health or improve intellectual performance.

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5 Guidelines for Use of Nutrition and Health Claims CAC/GL 23-1997 http://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCAC%2BGL%2B23-1997%252FCXG_023e.pdf.

6 See http://archnutrition.org/?_ga=2.174777698.1767468831.1513349965-605620345.1513349965. The study was conducted in Cambodia, Nepal, Senegal, and Tanzania (accessed 09 March, 2016).

7 Rollins N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet 2016; 387: 491–504 and accompanying online appendices. http://www.thelancet.com/cms/attachment/2047468707/2057986230/mmc1.pdf.

8 Tzioumis E, Kay M, Wright M, Adair L. Health effects of commercially-available complementary foods: a systematic review, 2015. See http://www.who.int/nutrition/topics/CF_health_effects_commercially_systematicreview.pdf?ua=1 (accessed 11 March 2016).

9 Smith JP, Sargent GM, 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? 2015. See http://www.who.int/nutrition/topics/CF_anu_effects_marketingcommercial.pdf?ua=1 (accessed 11 March, 2016).

E. WHO SHOULD READ AND USE THIS GUIDANCE?

As the promotion of foods for infants and young children occurs through government programmes, non-profit organizations and private enterprises, the recommendations in this Guidance are aimed at all relevant actors. These include Parliamentarians, health policy makers, ministries responsible for trade and commerce, food and drug authorities, manufacturers and distributors of foods for infants and young children, health personnel, and non-governmental organizations and relevant health professional associations. In addition, relevant UN agencies, such as WHO and UNICEF, and other inter-governmental organizations may benefit from the Guidance in identifying their respective roles in supporting its implementation in countries.

SCOPE OF THE GUIDANCE

A. WHAT FOOD PRODUCTS ARE COVERED BY THIS GUIDANCE?

The term "foods" used in this Guidance refers to all commercially produced food or beverage products (including complementary foods) that are specifically marketed as suitable for feeding infants and children from 6 months up to 36 months of age.

Products are considered to be 'marketed as suitable' in this age range if they:

- are labelled with the words baby/babe/infant/toddler/young child;
- recommend an age of introduction less than three years;
- use an image of a child appearing three years of age or younger or feeding with a bottle; or
- are in any other way presented as suitable for children under the age of three years.

The scope of this Guidance does not include infant formula, as this product is covered by the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (hereinafter referred to as the "international Code"). However, follow-up formula (or follow-on milks) and so-called growing up milks are covered (see recommendation 2 and its rationale). It is important to note that these products are both considered to be *de-facto* breast-milk substitutes, and are therefore covered by both this Guidance and the International Code.

Complementary foods, which are promoted for use as of 6 months, are also covered by this Guidance.

B. WHAT PRODUCTS ARE *NOT* COVERED?

Processed foods and drinks (including cows', soy or other animal or dairy free milk alternatives) that are promoted to the general population, and that may be consumed by infants and young children, do not fall within the scope of this Guidance. For products that are marketed for older children, it is recommended that governments and other relevant actors apply the WHO guidance and framework for implementing recommendations on the marketing of foods and non-alcoholic beverages to children. [10]

While this Guidance only pertains to foods and drinks marketed for children 6 to 36 months of age, it does clarify that no complementary foods should be promoted for use before 6 months of age. The promotion of complementary foods for infants less than 6 months old is also prohibited under resolution WHA39.28, which states that "any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should not be promoted nor encouraged for use by infants during this period".

Vitamin and mineral food supplements and home-fortification products such as micronutrient powders and small-quantity lipid-based nutrient supplements are not covered by this guidance, as they are not foods per se, but fortification products. Nevertheless, government programmes and other actors responsible for availability or, and access to, such products should apply all relevant principles contained in this guidance to ensure adherence to national and global standards for nutrient levels, safety and quality and to prohibitions on any messages indicating their use for infants under 6 months of age. These products need to carry appropriate messages for parents, and should not cross-promote breast-milk substitutes.

[10] Marketing of Foods and Non-Alcoholic Beverages to Children. WHO, 2010. http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/.

GUIDANCE RECOMMENDATIONS AND THEIR RATIONALE

A. RECOMMENDATION 1 - OPTIMAL INFANT AND YOUNG CHILD FEEDING

The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, and typically covering the period from 6 to 24 months of age, is a vulnerable period. It is the time when malnutrition starts in many infants, contributing significantly to the high prevalence of malnutrition, including obesity, in children under five years of age world-wide.

Complementary feeding should be *timely* (all infants should start receiving foods in addition to breastmilk from 6 months onwards); it should be *adequate* (complementary foods should be given in amounts, frequency, consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding); it should be *safe* (measures should be taken to minimize the risk of contamination with pathogens); and it should be *appropriate* (foods are of appropriate texture for the age of the child and applying responsive feeding following the principles of psycho-social care).

RECOMMENDATION 1

Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child and the Guiding principles for feeding non-breastfed children 6–24 months of age. Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.

The preference for home-prepared foods is articulated in the Global Strategy for Infant and Young Child Feeding, as is the emphasis on locally available foods. The Guiding Principles for Complementary Feeding of the Breastfed Child (2003) summarize the current scientific evidence for complementary feeding and are intended to guide policy and programmatic action at global, national and community levels, while the Guiding Principles for Feeding the Non-Breastfed Child 6-24 months of Age (2005) provide guidance for feeding children who are not receiving breast-milk.[11]

[11] Guiding Principles for Feeding Non-Breastfed children 6-24 months of age. WHO, 2005.

B. RECOMMENDATION 2 - BREAST-MILK SUBSTITUTES

RECOMMENDATION 2

Products that function as breast-milk substitutes should not be promoted. A breast-milk 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 3 years (including follow-up formula and 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.

Foods that are marketed to replace any breastmilk in the diet of infants under 6 months of age can be considered to be "marketed or otherwise represented as a partial or total replacement for breastmilk" and are thus breast-milk substitutes within the meaning of the International Code. Such foods, according to the global recommendations, would be any food or drink marketed for feeding infants up to the age of 6 months, as well as any type of milk marketed or intended for the period of continued breastfeeding after six months.

Follow-on milks (or follow-up formula) and growing-up milks are covered by the scope of the International Code. These milks function as *de facto* breast-milk substitutes because their consumption displaces rather than complements the intake of breastmilk. While they are compositionally different from infant formula, they partially or totally replace the consumption of breastmilk and as such should be considered to be breast-milk substitutes.

Milk products such as fresh or dried animal milks, fermented milk products, yoghurt or non –dairy milk alternatives are not covered by the International Code and this Guidance, as long as they are not labelled or marketed specifically for feeding infants and young children under 36 months. However, if they are marketed for this age range, they should not be treated differently from infant formula, follow-up formula or growing up milks, and as such would fall within the scope of the International Code and be subject to the recommendations set forth in this Guidance.

C. RECOMMENDATION 3 - ADHERENCE TO ESTABLISHED STANDARDS AND GUIDELINES

RECOMMENDATION 3

Foods for infants and young children that are not products that function as breast-milk substitutes should be promoted only if they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels 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. Relevant Codex standards and guidelines should be updated and additional guidelines developed in line with WHO's guidance to ensure that products are appropriate for infants and young children, with a particular focus on avoiding the addition of free sugars and salt.

Ensuring optimal nutrition for infants and young children requires strict standards and guidelines for all food products promoted for these ages. While some global and regional standards exist, (e.g. Codex standards and guidelines and European Union food safety standards) national nutrition standards are generally lacking.

There is significant concern that products are being marketed that are not appropriate at these ages. Development of standards to define which products are appropriate for these ages would provide guidance for government, industry, and families. Limited nutritional guidelines exist for products promoted to infants and young children. This is of particular concern for added sugars, salts or fats, in foods that contribute to obesity and non-communicable diseases in later life.

The Guidance recognizes that current Codex standards on nutrient values, particularly for added sugars and salt, are inadequate, in light of the fact

that children establish food preferences early in life. As such, application of current Codex standards would be insufficient for defining whether a particular food is appropriate for promotion for infants and young children. Recommendation 3 therefore emphasizes that relevant Codex standards should be updated, or new standards and guidelines developed where needed, and that this is done in full alignment with current WHO guidance, so as to ensure global policy coherence.

D. RECOMMENDATION 4 - MESSAGES FOR THE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

RECOMMENDATION 4

The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included. Messages about commercial products are conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels. Irrespective of the form, messages should always:

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

Messages should not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk;
- recommend or 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 relevant national, regional or international regulatory authorities.

Even for products that are considered appropriate for consumption by infants and young children, messaging and labelling must be accurate, detailed, and contain full and honest information to inform mothers and caregivers on optimal nutrition, and to enable them to make informed decisions.

However, the studies and reports underpinning this Guidance indicate that warning and information labels for foods for infants and young children are valued but difficult to read and understand. In addition, they often do not contain necessary warnings such as about appropriate age of use, serving size or frequency. Moreover, they are often not read or are poorly adhered to.

In addition, there is demonstrated evidence of inappropriate and misleading messaging and labelling by manufacturers. This includes health and structural claims, promotion of bottle feeding, and suggestions for use of the product before the age of six months (using pictures, images, and wording).

Complementary foods are intended to complement the intake of breastmilk up to at least two years of age. As such, it is recommended that messages about complementary foods always include easily understood and clearly visible information on the importance of continued breastfeeding for up to two years or beyond.

In addition, to ensure that food products are introduced at the appropriate ages, complementary foods should include information on not introducing complementary feeding before 6 months of age and not carry messages or contain information which may lead mothers and caregivers to believe that these products are suitable for infants below 6 months of age.

Messages should never imply that the products are as good as or better than breastmilk (and thereby undermine a mother's wish or decision to continue breastfeeding). They should not imply that they are endorsed or approved by official authorities or health professional bodies. Information contained on these products should also not recommend or promote feeding infants and young children by bottle.

E. RECOMMENDATION 5 - AVOIDANCE OF CROSS PROMOTION

RECOMMENDATION 5

There should be no cross-promotion to promote breast-milk 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 must be different from those used for breast-milk substitutes so that they cannot be used in a way that also promotes breast-milk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used).
- Companies that market breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests).

Cross-promotion is important to address as it has been demonstrated that promotional elements of a company's complementary food products, such as labelling, branding and use of mascots, can appear very similar to those related to the company's range of BMS products, effectively promoting the latter. Brand crossovers can mislead and confuse caregivers about the nutrition- and health-related qualities of commercial complementary foods, and age-appropriate and safe use of these products.

Product lines within companies may be entrenched with one another and as a result, packaging and labelling may appear very similar with little differentiation, which may result in indirect cross-promotion. A company selling breast-milk substitutes and complementary foods may have similar packaging for the product line or for all products for infants and young children, which may result in indirect promotion to consumers. Cross-promotion carries particular risk as it can be an effective strategy for companies to continue indirect promotion of infant formula where national legislation or regulations prohibit direct marketing of such products.

Evidence from studies and reports listed in Annex IV demonstrates that promotions for growing-up milks and complementary foods also promote the use of similar products intended for younger children. Promotions were identified which featured all three types of breast-milk substitutes (infant formula, follow-up formula, and growing-up milk) in the same display with little differentiation of products. In addition, analysis showed that television advertisements for growing-up milks were linked through cross-promotion to infant formula and other commercially produced complementary foods. Furthermore, a study on labelling of processed complementary foods for infants and young children in South Africa found that 20% of labels demonstrated brand stretching to infant or follow-on formula.[12]

Companies that market breast-milk substitutes often market products for older infants and young children, which can lead to cross-promotion of their products to mothers and caregivers. Establishing relationships with mothers/caregivers is of concern because such a relationship would make it easy for the company to share messages about its BMS products with little to no oversight. It is difficult to evaluate and control to what extent companies include promotion of their BMS products in their contact and conversations with parents and other caregivers, particularly through internet and social media. Hence the recommendation that companies that market breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers by any means.

[12] Sweet L, Jerling J, Van Graan A. Field-testing of guidance on the appropriate labelling of processed complementary foods for infants and young children in South Africa. Maternal and Child Nutrition. 2013;9 Suppl 1:12-34.

F. RECOMMENDATION 6 - AVOIDANCE OF CONFLICT OF INTEREST

RECOMMENDATION 6

Companies that market foods for infants and young children should not create 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 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:
  - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
- 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.

Companies that market foods for infants and young children must not create possible conflicts of interest in health facilities or throughout health systems.

Likewise, health workers, health systems, health professional associations and nongovernmental organizations should avoid situations of conflicts of interest. This is critically important as conflicts of interest (1) "compromise an actor's loyalty to their mission or to the parties they are supposed to serve", and (2) "they compromise the actor's independent judgment".[13]

Health professionals and health facilities have a vital role to play in educating pregnant women, parents and caregivers about appropriate infant and young child feeding. It is their moral, legal and professional obligation to protect, promote, and ensure optimal infant and young child nutrition. However, health professionals and facilities are often targeted and influenced by the infant and young child food industry through promotion, relationships, and incentives, which create conflicts of interest and can result in the loss of independence, integrity and public credibility.

Provision of free products, samples or reduced-price foods

The provision of free products, samples, or reduced-price foods, directly or through various channels (e.g. the health care system), to parents and caregivers is concerning as it can induce families' purchase of products for the feeding of infants and young children. Health workers have a professional obligation to protect the nutrition of infants and young children. They should not act as marketing agents, promoting a specific commercial product. The provision of samples through the health worker or institution creates a conflict of interest that can undermine optimal feeding.

Supply distribution through officially sanctioned health programmes

Some governments do distribute foods, particularly to low-income families, as a means to improve nutritional status. It is important that such programmes make a meaningful contribution to the diets of children and do not simply induce the families to buy more of the product.

Government approval and operation of such programmes can ensure governance over the distribution of foods for infants and young children. However, circumstances exist where government infrastructure is weak and government approval is not always possible. Under such circumstances, other organizations that have high-level oversight on child health, such as UN organizations or large non-governmental organizations, must determine which products are appropriate for distribution. Individual clinicians or health clinics should not have the authority to determine whether a particular case is "exceptional". Thus,

[13] Rodwin, M A, Conflicts of interest in medicine: Should we contract, conserve or expand the traditional definition and scope of regulation? Forthcoming, The Journal of Health Care Law & Policy Volume 20, Issue 2.

"officially sanctioned health programmes" implies that an official or higher entity needs to review a proposed programme that may or may not be governmental.

When such programmes exist, it is important that unbranded packaging (or a brand created just for the programme) is used. This is to prevent the use of the programme as means of brand promotion, and/or product introduction onto the new market.

Donation and distribution of equipment

The donation or distribution of equipment or services to health facilities can lead to conflicts of interest by creating a sense of obligation or a need to reciprocate by the health professional or institution. The donation may positively influence the attitudes of the health professional and/or facility management to the company and its products. This sense of obligation or influence by the company can interfere with institutional policy and decision-making, and the appropriate practices and ethical obligations of the health professional, and potentially undermine optimal infant and young child nutrition.

Gifts or incentives to health care staff

Gifts or incentives, however small, given to health workers by companies can create a sense of obligation to the company or influence the judgement or attitudes of health professionals towards their products. In a study on the attitudes of health professionals towards formula use, gifts and incentives from milk formula companies were commonplace in health facilities. Inducements offered were attractive to poorly paid staff, several acknowledged feeling a sense of obligation to the companies, and health staff feared that restriction on the trading and advertising of breast-milk substitutes would receive reduce their income since they received gifts from these companies.[14] It is important that such gifts or incentives are prohibited to prevent these conflicts of interest and ensure optimal infant and young child nutrition.

Using health facilities to host events, contests, counselling lines or campaigns or giving any gifts to parents, caregivers and families

Health facilities and health workers are responsible for protecting optimal infant and young child feeding, and should minimize the potential for companies to influence parents, caregivers and families in the health setting. If health facilities are used to allow companies to access families directly, this will put the facility in situation of promoting products rather than promoting health.

Employing anyone to provide education on complementary feeding in health facilities

Employees of infant and young child food manufacturers and distributors are primarily interested in the promotion of the company's own products. Therefore, having an employee of such a company providing education on complementary feeding in health facilities creates a conflict of interest. Those educating families should only have an interest in optimal infant and young child nutrition, not in the sales of products. Such conflicts of interest can seriously undermine the professional responsibility of the health workers to ensure optimal infant and young child nutrition. Therefore, it is important that only health workers provide education on complementary feeding in health facilities.

This is further reinforced by the International Code, which outlines that feeding of breast-milk substitutes including infant formulas should only be demonstrated by health workers, or community workers if necessary. It is important to extend this principle to complementary foods for infants and young children to ensure optimal infant and young child nutrition.

Providing any information to health workers other than that which is scientific and factual

Health workers need to have information about foods that may be useful for feeding of infants and young children. However, this information needs to be unbiased and should not be promotional. It is essential that health workers are provided with only scientific and factual information to assist them in ensuring optimal infant and young child feeding. This is particularly important due to the influence that companies can have on the behaviours and attitudes of health professionals, which then leads to conflict of interest.

This is coherent with existing policy as the International Code outlines that information provided by manufacturers and distributors to health professionals for products covered under the scope of the International Code should be restricted to scientific and factual matters. In addition, The Global Strategy on Infant and Young Child Feeding advocates for ensuring that health workers have accurate and up-to-date information

[14] Nguyen, TS, S Barraclough, M Morrow & DQ Trung (2000) 'Controlling Infant Formula Promotion in Ho Chi Minh City, Vietnam: Barriers to Policy Implementation in the Health Sector', Australian Journal of Primary Health 6(1): 27-36.

about infant feeding policies and practices, and that they have the specific knowledge and skills required to support caregivers and children in all aspects of infant and young child feeding.

Sponsorship of meetings of health professionals and scientific meetings

Many baby food companies offer financial support for international or national scientific meetings and meetings of health professional associations. Sponsorship of such meetings allows companies to gain preferential access to health professionals, provide them with opportunities to directly communicate their own ideas on infant and young child feeding, and expose health professionals to biased information about infant and young child feeding.

Health professionals and health professional associations must be aware that their reputation and credibility as looking out for the best interests of patients will be damaged if it is understood that they are funded or sponsored by a company that makes a profit on goods that are not in the best interest of maternal and child health.

Health professionals and health professional associations have a moral obligation to respect and protect women's and children's rights to be free from inappropriate marketing of baby formula and related products.

G. RECOMMENDATION 7 - IMPLEMENTATION OF WHO RECOMMENDATIONS ON THE MARKETING OF FOODS AND NON-ALCOHOLIC BEVERAGES TO CHILDREN

RECOMMENDATION 7

The WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children 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.

WHO generally recommends that young children consume family foods, where possible. Infants can eat pureed, mashed and semi-solid foods beginning at 6 months, and from 8 months, most infants can eat 'finger' foods. From 12 months, most children can eat the same types of foods as consumed by the rest of the family. However, care must be taken that older infants and young children receive foods that are free of trans-fatty acids and do not have high levels of fat, free sugars, or salt. Unfortunately, the wide availability and heavy marketing of an ever increasing variety of products, and especially those with a high content of fat, sugar or salt, challenge efforts to eat healthily and maintain a healthy weight, particularly in children.[15]

This recommendation covers marketing of foods to children of all ages and in all settings. It is important that attention is given to foods marketed to children, not only to those marketed specifically for infants and young children. Since these foods may be consumed at younger ages (under 24 months) even if they are not appropriate for this age group, optimal infant and young child nutrition could be affected.

In addition to protection from inappropriate promotion of unhealthy products, additional strategies are needed to ensure proper feeding of infants and young children. Health care workers and governments have a responsibility to provide appropriate information and counselling on what foods are suitable for consumption in this age group. Policies are needed to ensure that foods provided in child care centres and early child learning programmes meet appropriate standards for safety and nutritional value.

[15] http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf (accessed 11 April 2017)

IV IMPLEMENTATION OF THE GUIDANCE RECOMMENDATIONS

Effective implementation of the Guidance will require a comprehensive, well-coordinated and multi-faceted approach, and which must be politically and financially sustainable.

It is therefore of crucial importance to first consider the country's political and institutional "capacity" to support this effort. Such capacity means having the necessary human resources, technical expertise, financial resources, and political will.

Without adequate capacity, a country is unlikely to be able to develop scientifically valid implementation strategies, build the necessary political support for robust policy and legal measures, or sustain meaningful monitoring and enforcement of said measures.

Building political, managerial, technical, institutional and legal capacity at the national level is key to effective ending of inappropriate promotion practices. This generally involves strengthening and supporting the country's institutional and human capacity to assess, plan, develop, monitor and evaluate comprehensive policy and legal measures in ways that reflect national realities and priorities.

A. DESIGNATING PRODUCTS AND ANALYSING PROMOTION PRACTICES AND EXISTING LEGAL AND POLICY FRAMEWORKS

Identifying products that can and cannot be promoted is a crucial first step towards developing effective legal and policy measures. In addition, conducting situation analyses of the marketing and legal/regulatory environments may be valuable in identifying legal and policy priorities and ways in which new laws and policies can build on those existing.

1. Identification of products to be designated

Agreeing on what products are and are not allowed to be promoted is a prerequisite for developing an effective legal and policy response to end inappropriate promotion.

It is generally useful to conduct an analysis of what products are currently being marketed in the country for consumption by children under 36 months of age. It may be possible to do this analysis using product registries. Where such registries do not exist or are incomplete, an inventory of products sold in a sampling of retail sales outlets is likely necessary. Such an inventory should include information on:

- product name
- product size
- product type
- product category
- nutrient values (including calories, added sugar, salt, fat, sodium per 100 g)

Products that should not be promoted at all:

Follow-up formula *(also known as 'follow-on milk')*

Recommendation 2 states that products that function as breast-milk substitutes should not be promoted. These 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 3 years. This includes milk or milk-like formulations commonly marketed for infants from 6 months of age and prepared in accordance with relevant international or national standards. The upper age indication on the product label varies country to country but is usually between 12 and 24 months. Any milk product that is marketed or represented as suitable as a partial or total replacement of the breastmilk part of the young child's diet is a breast-milk substitute and thus falls under the scope of the International Code. This product always replaces breastmilk as breastfeeding is recommended to continue for 2 years or beyond. Follow-up formula should, therefore, not be promoted.

Growing-up milk *(also known as growing-up formula, toddler milk or formulated milk)*

This product is targeted at infants and young children from 1 year old (sometimes younger) to 3 years old. Often, the product name is similar to a company's formula products, with a figure "3" added on. Where growing-up milks are marketed as suitable for feeding young children up to the age of 36 months, they fall under the International Code definition of "breast-milk substitute" read together with WHA resolution 58.32 from 2005, which recommends breastfeeding should continue for up to 2 years or beyond.

Other products

Products that do not meet standards for composition, safety, quality, and nutrient levels or are not in line with national dietary guidelines should also not be promoted. The focus here should be particularly on complementary foods that are high in fat, sugar, or sodium. Nutrient profile models can be used to establish thresholds for the amount of fat, sugar, or sodium that is allowed for a product to be promoted. In most countries, nutrient profile models need to be developed since they have rarely been used for this age range. Standards used for the application of the WHO recommendations on the marketing of foods and non-alcoholic beverages to children can also be adapted for use among younger children.

2. Situation analysis of current promotion of identified products

A situation analysis of current promotion practices can be an important step in guiding law and policy development. It helps to understand how, where and by whom designated products are promoted, and to what extent mothers and other caregivers of infants and young children are exposed to such practices. Both NGOs and research institutions can assist in conducting the analysis.

It is important to recognize that promotion practices are constantly evolving and changing. It is therefore important to try to anticipate new avenues and strategies which companies may utilize for their promotion practices. The final goal is to end ALL forms of inappropriate promotion of identified products. Box 1 lists some common types of promotion.

BOX 1: PRACTICES COMMONLY USED TO PROMOTE FOODS FOR INFANTS AND YOUNG CHILDREN

1. advertising activities and materials
    a. media advertisements (e.g. TV, radio, online, print materials);
    b. any audio-visual material meant to promote relevant products using TV/radio/print as a mean of dissemination (e.g. TV/radio commercials, billboards, posters, newsletters, pamphlets, promotion in books, magazines, journals, newspapers);
2. online promotions on internet (e.g. Facebook, Twitter, or other social media);
3. non-advertising promotion activities;
    a. promotion or sales inducement at the location/place where designated products are sold (e.g. special displays/offers/sales, discount coupons and rebates, loss-leaders and tie-in sales);
    b. promotion in communities and public places (e.g. banners, free product distribution/ company gifts, discount coupons);
    c. promotion in health care facilities and by health workers (e.g. donation or acceptance of company equipment/services/gifts/other incentives, use of health facilities for commercial events/contests/campaigns, distribution of any gifts or coupons to parents/ caregivers/families);
4. labelling, messaging and packaging, including health and structural claims, recommending or promoting bottle feeding, and pictures, images, and wording suggesting appropriate use of the product for infants less than six months;
5. cross promotion of products, including through misleading labelling, and direct contact of company representatives with mothers and other caregivers via social media.

It may be useful for advocacy purposes to understand the level of consumption of identified products. Such information may be found in industry reports on sales of products and food purchase surveys. Alternatively, food consumption surveys that include young children can be used.

Where resources allow, countries may wish to include a section in their situation analysis of current promotion practices to identify actors involved in inappropriate promotion. These include but are not limited to:

- food retailers
- food service providers (e.g. quick and full-service restaurants)
- health care providers and facilities
- child care centres and kindergartens
- mass media organizations and broadcasters (e.g. TV stations, radio, newspapers)
- content and access providers (e.g. publishers, public authorities, internet search engines, billboard owners).

3. Situation analysis of current laws and regulations

Analyses of the existing legal and regulatory environment and opportunities for utilizing existing regulatory structures and agencies help to identify not only what can currently be applied, but also what are gaps and barriers to effective elimination of inappropriate promotion. Such analyses can be undertaken by regulatory agencies and legal analysts, and may be informed by examining the practices of countries that have stronger legal and regulatory controls.

In many countries, legislation aimed at implementation of the International Code may provide a useful entry point for the analysis. Such legislation may already include many of the products identified for designation, and may provide details on who is responsible for monitoring and enforcement.

Countries may also have legislation or guidance in place that addresses marketing of foods more generally. In such cases, countries may wish to build upon said legislation to explore additional provisions needed for foods for infants and young children.

In the case of controls on the marketing of food for infants and young children, potential areas where existing controls and agencies operate may include:

1. public health laws, regulations and institutions
2. media controls and regulating authorities
3. food labelling, composition and distribution regulations and enforcement agencies
4. consumer protection and consumer rights regulations and institutions
5. planning and zoning controls on food retailing, catering and out-door marketing
6. regulations on child care centres and kindergartens.

In countries with limited institutional capacity or experience in monitoring and enforcing laws and regulations, it is recommended that they look to other countries, to draw on the experience and expertise of national or international NGOs and academic institutions, as well as investigate opportunities for development assistance in this area.

B. GENERATING AND STRENGTHENING POLITICAL COMMITMENT AND PUBLIC SUPPORT

Generating political commitment and public support for ending inappropriate promotion of foods for infants and young children is key to establishing a robust and sustainable implementation framework.

Both the promotion and legal and regulatory situation analysis should be supported by a sound public health rationale for ending inappropriate promotion, and together should provide a comprehensive basis for building political and public support.

1. Identification and activation of national champions (political, legal and public)

One of the keys to success is the involvement of leaders whose commitment, e.g. to child health, child nutrition or human and child rights, is personal, heartfelt and unshakeable. Ideally, these individual champions will combine commitment with knowledge, wisdom, imagination, courage and tenacity. Champions can be drawn from leaders in political, legal or academic communities, or from public life, e.g. celebrities, and need to be committed leaders willing to fully devote themselves to the effort. The potential impact of even one such champion cannot be overstated; in many countries, a single such leader has been the catalyst for national change. It is highly important to identify these leaders whenever possible.

2. Generating awareness and support

Creating a climate in which development and implementation of legal and policy measures can succeed requires good understanding of and support for the issues at hand. Support is particularly needed from diverse sectors in civil society, including, for example, health professional organizations, consumer and women's groups, academic institutions, engaged media representatives, committed sponsors within legislative bodies and others.

In addition, increasing public understanding of the impact of inappropriate promotion on the health and development of infants and young children, and of the importance of said impact relative to other public concerns may be important. Public awareness of the negative impact of inappropriate promotion of foods for infants and young children, and support for ending such promotion practices could assist governments in maximizing the quality, acceptance and impact of the legal and policy measures to be adopted. It also requires educating the public about the effectiveness of strategies for ending inappropriate promotion.

Where possible, a comprehensive public communications strategy should be prepared to ensure broad access to information and effective education and public awareness programmes on (1) the importance of optimal infant and young child health and nutrition; (2) forms of inappropriate promotion of foods for infants and young children and their impact on health and nutrition; (3) the importance of policies and legislation to end inappropriate promotion; and (4) means and ways to monitor and report inappropriate promotion, and to learn about actions taken.

The public communications strategy should take into consideration levels of literacy among the population, linguistic variety, and local norms and customs.

3. Anticipating and countering opposition (e.g. politicians, industry, health professionals)

Effective legal and policy measures to end inappropriate promotion of foods for infants and young children are likely to encounter significant opposition in many countries.

Where the risks and impact of inappropriate promotion are not well understood, parliamentarians and policy makers who mistakenly perceive the use of infant and young child food products as a matter of "freedom" and "choice" or who are philosophically disposed toward a minimal role for government regulation, may be sceptical, at least initially, as will some elements of the mass media, general public.

Manufacturers and distributors of foods for infants and young children will often mount considerable opposition, either directly or indirectly, to any effort to curb their promotion practices as these are likely to have a significant impact on their sales.

Opposition can come in many forms. These include political lobby efforts with legislators and policy makers, and leveraging their financial power to mobilize resistance from groups dependent upon them, including distributors and retail sellers. Where possible, manufacturers, or governments with economic interests in ensuring unimpeded access to domestic markets for their food or dairy industry, will often challenge a legislative process initiated by the Government. In many instances, these are "behind the scenes" challenges and unsubstantiated threats. Manufacturers, directly or through their business associations and front groups, also mobilize and fund opposition from national health professional associations, e.g. paediatric associations to conceal their role and create the appearance that policy or legal measures are opposed by neutral health experts and objective observers.

Countering opposition from manufacturers, or their surrogates, requires an understanding of the overall strategies, as well as of the specific various arguments put forward by manufacturers or surrogates, and a strategy to address said arguments. Box 2 presents examples of a few arguments that may be made by opponents and possible responses to them.

BOX 2: EXAMPLE CLAIMS MADE BY OPPONENTS TO REGULATION

Claim: Women should not be made to feel guilty about their feeding choices.	***Response:*** It is of course true that public campaigns on infant and young child feeding should not blame mothers. However, there is no reason to expect that limiting the promotion of unhealthy baby foods should induce a feeling of guilt.
Claim: Families need access to more information, not less, and so it is inappropriate to restrict publicity from baby food companies.	***Response:*** Appropriate information for families should be accurate and unbiased. The information from baby food companies serves the interests of selling products, and thus cannot be independent and unbiased. Moreover, the primary responsibility for providing such information to mother and other caregivers lies with the government, NGOs and healthcare providers.
Claim: Many commercial complementary foods are healthy, safe, and contribute nutrients that many young children are lacking.	***Response:*** While some commercial products are healthy, some are not, and legal measures are needed to protect families from the promotion of unhealthy products. In addition, even the promotion of healthy products needs to adhere to the recommendations in the Guidance on cross-promotion, messaging, and conflicts of interest.
Claim: Implementing or strengthening legislation on product marketing might be in violation of World Trade Organization (WTO) agreements.	***Response:*** Governments wishing to adopt or strengthen legal restrictions on inappropriate marketing of foods for infants and young children have a considerable margin of discretion when introducing regulatory measures designed to protect health. WTO agreements such as the Agreement on Technical Barriers to Trade or the Agreement on the Application of Sanitary and Phytosanitary Measures provide some guiding principles on when such restrictions are acceptable.

4. Securing sufficient and sustained financial resources for law and policy development, monitoring and enforcement

While exact costing of law-making and enforcement is difficult and influenced by many domestic factors, many of the actions required for successful formulation and adoption of legislation can and should be costed. These include situation analyses of current promotion practices and the legal/regulatory environments, development and execution of a communications strategy, contracting external legal expertise, and periodic evaluation.

C. ESTABLISHING A GOVERNMENT-LED COORDINATION MECHANISM

Building consensus on the need for effective policy and legal measures to curb inappropriate promotion increases the likelihood for their successful development and implementation. A comprehensive approach requires the engagement of multiple relevant actors with complementary mandates and responsibilities. These actors must be free from conflicts of interest and be led by a designated Government agency, so as to secure sustainable political commitment and responsibilities.

1. Designation of lead agency

An essential starting point for developing a country's capacity and strategy is the designation of a national focal point within the government for ending inappropriate promotion. Most often a unit within the ministry of health or comparable agency, the focal point is crucial in mobilizing other ministries and units of government to support efforts to end inappropriate promotion, reaching out to civil society, increasing public awareness, organizing training efforts to increase a core group of advocates as well as monitors in the country and developing comprehensive policies and legislation.

In countries with dedicated Code legislation, often the ministry of health acts as the Government's lead focal point on matters related to infant and young child nutrition. In such cases, the ministry should consider expanding its mandate to include implementation of the recommendations of the Guidance, according to the scope and provisions of the Code law.

2. Establishment of inter-sectoral body

Following the designation of a national focal point from within the Government, it is recommended that a government-led working group or committee is established, and which would include representatives from multiple government departments, agencies and bodies. The aim of such a working group or committee would be to ensure that different entities within government with a stake in law and policy development on ending inappropriate promotion would be involved in, and contribute to, the process.

Relevant government sectors for the working group or committee may, in addition to health (e.g. maternal and child health; nutrition, food and drugs, food standards), include: customs and borders control; consumer affairs; food supply; media and communications; trade; finance and economic development, legal affairs/law and justice; and woman and child development.

The government-led working group or committee should also ensure inclusion of, or facilitate dialogue with, a broader group of actors, which would include, for example, professional organizations, members of civil society, academia, legislators, and the advertising and media industry, while protecting the public interest and avoiding conflict of interest.

The government-led working group or committee should ultimately reach consensus on the priorities for intervention, identify the available policy measures and decide how they best can be implemented.

In countries with dedicated Code legislation, often the ministry of health already leads a multi-stakeholder group, e.g. national breastfeeding committee, tasked with overseeing the monitoring and implementation of the Code law. Where these exist, their mandate should be expanded to include monitoring and implementation of the recommendations contained in the Guidance. In other countries, other line ministries may take the lead, e.g. in India the Ministry of Women and Child Development is primarily responsible for the national legislation.

D. STRENGTHENING LEGAL, REGULATORY FRAMEWORKS

Robust and enforceable legislation should be at the core of a comprehensive response to end inappropriate promotion of foods for infants and young children.

Legislation serves to institutionalize the response and helps to ensure continuity as officials, governments and government priorities change over time. It may also help to integrate the diverse components of a multifaceted response, where relevant, and can mobilize public resources and institutions in support of the response. Furthermore, only through legislation can manufacturers and distributors be restricted in their promotion activities, unlike policies without legal obligations.

Therefore, national efforts to curb and end inappropriate promotion of foods for infants and young children should be grounded in comprehensive and enforceable legislation and regulations.

The initial legal and regulatory situation analysis conducted in the early phase of building a comprehensive national response provides the basis for further work in strengthening the country's legislative environment.

1. Amendment of existing relevant laws and/or regulations

Based on the initial situation analysis, a decision will need to be made as to whether existing laws and regulations are sufficiently comprehensive to accommodate implementation and monitoring of the recommendation contained in the Guidance.

In those countries which have dedicated Code laws, the scope of these laws, e.g. the list of products designated and their age ranges, may need to be amended to include all milk products covered under recommendation 2. Similarly, provisions related to labelling and forms of promotion, either to the public or in health care settings, may need to be strengthened.

Consideration should also be given to the possible risks involved in amending existing legislation, including the risk of opening up a process whereby other aspects of the law may be challenged and subsequently weakened by those opposed.

This could be an option if the ministry of health or another appropriate agency has the legal authority, under existing legislation, to promulgate rules for restricting the inappropriate promotion of foods for infants and young children. If rulemaking power exists, and the powers are sufficiently broad, advocates should consider this alternative to legislation. Countries should ensure that in taking this approach that they do not exceed the scope and power vested in the authority empowered to make regulations.

2. Formulation of new laws and/or regulations

In the absence of suitable existing laws or regulations, the adoption of a comprehensive law covering the International Code and the Guidance, thus integrating all the essential components of an effective, multifaceted response, is the most effective strategy to address inappropriate promotion of foods for infants and young children. A single law provides a unified vision and ensures that the elements are designed to complement and reinforce one another. Drafting and enacting a single law may also take maximum advantage of the political momentum built up by an advocacy campaign, rather than requiring advocates to rebuild political support for action for each step in an incremental approach.

3. Management of the legislative process

Drafting - An effective drafting process must be in place. To ensure the formulation of a comprehensive law for ending inappropriate promotion, the drafting process, under the leadership of the government, may require a partnership of public health or nutrition and law, and must be undertaken by legal experts with technical skills and knowledge of the many legal issues surrounding law making, government powers and procedures, and any constitutional limitations. Such skills and knowledge must be integrated with a thorough understanding of the substantive issues of marketing of foods, and infant and young child health and nutrition. This may be a single public health or nutrition expert and a single lawyer expert in legislative drafting, or may be a working group, combining public health experts, lawyers and others.

During the drafting process, it is important to facilitate consultation with, and advice from other key experts, including:

i. members of the legislative body who will play leading roles in enacting the legislation, or their aides (establishing strong working relationships with these legislators is key);

ii. principal supporters of the legislation identified during the early stages of designing the response, whether nongovernmental organizations (NGOs), political figures, academic experts or others;

iii. recognized experts, whether at academic institutions or health care organizations;

iv. international experts in specialized aspects of infant and young child nutrition, and marketing of foods, or others familiar with laws in other countries that may serve as models for the legislation;

v. lawyers with expertise in constitutional law or international trade, to review draft language for any constitutional problems and for any possible challenge under trade agreements, on the theory that the legislation creates impermissible restraints on trade.

As mentioned before, companies will often challenge a legislative process initiated by the Government. Involvement of food manufacturers and distributors during the drafting process is inappropriate. Thus, companies' involvement should be confined to interventions at public hearings, and all objections should be taken in writing and be on public record.

Identifying key sponsors – In some countries, early identification and recruitment of the lawmaker or lawmakers who will sponsor the proposed law may be important. They are the members of the legislative body who offer the proposed law for consideration, become its principal advocates within the body, and often control its procedural progress.

Advocating to legislators – Frequent communication between supporters (both government and civil society) and members of the legislative body is important. These contacts are the single most important channel for educating lawmakers and encouraging them to support the legislation. The essence of effective lobbying is credible and useful information. Legislators look to proponents of the law for reliable information about the law, the reasons for supporting it, and its practical implications. They also look to proponents to alert them to the likely arguments of manufacturers and other opponents, and to provide persuasive rebuttals to those arguments. It is important here to be aware that companies and their affiliates, i.e. trade associations, trade offices, diplomatic channels, or professional associations, may also lobby lawmakers and try to interfere with the process.

Information provided to legislators must be concise, easily understood and presented free from jargon. Examples of useful formats include brief hand-outs in question-and-answer format, summaries of results of opinion polls, concise rebuttals to the major arguments of opponents and organized briefings on specific aspects of the law.

Introduction of the law - Understanding the legislative timetable is vital to proponents' ability to influence the process and anticipate difficulties. The first legislative milestone comes when the proposal is formally "introduced," or submitted for consideration, and which provides an important opportunity for media publicity. Advocates should plan carefully to take full advantage of this opportunity, e.g. by making public statements or endorsements by supporting organizations, a coordinated series of media interviews, the release of new information such as a public opinion poll, or similar activities.

Public hearings - After the proposed law is introduced, it will usually be directed or "referred" to one or several committees. Committees have jurisdiction over particular subject areas; typically, they review and debate proposals within their authority before deciding whether to send them forward to other committees and eventually to the full legislative body. A law on inappropriate promotion may be referred not only to a committee responsible for health matters, but also to those specializing in, for example, business regulation.

Before a committee debates and votes on a proposed law, it will typically hold a public hearing, at which witnesses for and against the proposal are permitted to present testimony and evidence.

A public hearing is one of the most important public milestones in the legislative process. Proponents of the proposed law should carefully orchestrate the presentation of evidence, arranging the testimony of experts, leading supporters, victims, and others best able to make a compelling case for the law.

Public hearings provide ideal opportunities for ensuring media attention to the proposed law and issue at hand. Proponents should actively encourage news media coverage. This can be done by contacting journalists individually, issuing news releases or conducting a news conference. News coverage of hearings can often be amplified by suggesting media interviews with witnesses or by arranging events or announcements to coincide with the hearings.

Amendments – Following consideration of the proposed law and public hearings, most often amendments will be proposed. Proponents should anticipate changes and respond strategically. To the extent possible, they should seek advance agreement among supporters as to the provisions of the proposal that could be modified, or deleted altogether, without compromising its integrity and purposes. They should also be prepared to offer their own amendments as necessary to respond to new issues and objections that emerge during the process.

E. ESTABLISHING MONITORING AND ENFORCEMENT PROCESSES AND MECHANISMS

No law or regulation will be effective if it can't be properly monitored and enforced, and clear provisions creating institutions and mechanisms to oversee compliance with the law are essential. Whatever institution is chosen, legislation should formalize the assignment of responsibility, empower the institution to act—for example, by adopting regulations or imposing enforcement sanctions on violators of the law—and provide a funding mechanism.

In countries with dedicated Code legislation, and where functioning monitoring and enforcement mechanisms exist for implementation of such legislation, the possibility of expanding the mandate of the mechanism to include monitoring of compliance with new or strengthened laws, and increasing budgetary allocation if necessary, should be considered.

1. Establishment of processes and mechanisms for monitoring and enforcement

Legislation can be monitored and enforced by public health authorities at the national or subnational levels; by police and other law enforcement officers; by health, food business or other inspectors or by some combination of authorities.

Overall coordination of monitoring and enforcement of the law may be delegated to an existing inter-sectoral working group or committee, either previously established to lead the development of legal and regulatory measures (see section C.2) or specified under the law.

Selection of a monitoring and enforcement entity should be guided by several criteria. The enforcing agency should be completely free of any of any direct and indirect connections to the infant and young child food industry, competent to enforce the legislation effectively, and committed to its success. This commitment will be strongest if it has the public support of senior government officials. The agency's enforcement agents should receive adequate training in the content of the law, monitoring and enforcement procedures, and methods for interacting with violators and the public so as to promote acceptance of the law. Some aspects of enforcement may best be handled at a national level, while others may require the involvement of local agents or officers (in some countries, with decentralized health services, monitoring and enforcement will be a shared responsibility of local government units).

The specific objectives of the monitoring and enforcement mechanism should be to:

i. Detect violations of the provisions of the law or regulation;
ii. Document and report such violations;
iii. Investigate and validate whether reported activities are indeed violations;
iv. Initiate an enforcement procedure to stop identified violations and deter future violations.

2. Development of remedial processes to correct violations

Enforcement resources and efforts should be sufficient to create a reasonable likelihood that violators will face consequences. Enforcement provisions need not be massive, but do need to deter violations and demonstrate the society's commitment to the law. This requires resources for training of enforcement agents, investigation and prosecution of violations, and monitoring activities. When the legislation is drafted, thought should be given to possible funding mechanisms to provide these resources.

Sanctions must be serious enough to deter violations.

Ordinarily, sanctions should be greater than any direct financial benefit the offender realizes from the violation, and should be at least equal to the cost of enforcement. Other forms of penalties may include cease and desist orders, suspension of licenses or of vetting of company materials.

Sanction levels must be determined in the context of the sanctions a jurisdiction imposes under its other laws. It is important that these sanctions be perceived by the affected parties and the public as proportionate to the offence. This purpose can best be achieved with a graduated penalty structure.

Sanctions will also vary under different components of the comprehensive law and among violators. This reflects the fact that some violations have much greater impact on society than others, and the fact that larger penalties are needed to deter misconduct by larger violators.

The procedures used to impose sanctions also vary widely. These may involve the same procedures used in criminal or civil cases before the country's courts.

Alternatively, they may involve hearings or other administrative proceedings within the enforcement agency. If the agency has the legal competence and capacity to conduct administrative hearings, this approach may speed and simplify enforcement, while reducing expenses.

Ordinarily it is desirable to select enforcement procedures that match those already in use under well-accepted laws, so that the enforcement process does not generate unnecessary and unexpected legal difficulties. Whichever procedures are chosen, proponents should ensure that they meet basic standards of fairness and transparency, and are consistent with the jurisdiction's legal and constitutional standards of due process of law and procedural fairness.

F. ENSURING PERIODIC EVALUATION OF EFFECTIVENESS OF LEGAL AND REGULATORY ACTIONS

Evaluation is the vital process that enables policy-makers to know whether legislation is achieving its purposes. Is the legislation working as intended? Why, or why not?

The evaluation process should be guided by a detailed plan prepared in advance, and should include both "process evaluation" and "outcome evaluation."

Process evaluation gauges how well the legislation and its monitoring and enforcement processes have been implemented, by assessing the activities involved in implementing the legislation, as well as the legislation's short-term effects— often by answering a series of increasingly more focused questions, including with regard to resources and personnel devoted to implementing and enforcing the laws, the number of enforcement actions, and the level of sanctions imposed on violators.

Outcome evaluation measures the legislation's impact on results that indicate success. Recognized "essential indicators" of success - infant and young child food consumption, breastfeeding rates, adoption of supportive policies – may offer one approach for evaluating the outcome of the legislation. Selection of outcome indicators, measurement tools and strategies, and data interpretation all involve complex technical issues.

Evaluation is not successful unless the results are disseminated widely and put to effective use.

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

Purpose

The purpose of this document is to provide guidance on ending the inappropriate promotion of foods for infants and young children, with the aim to promote, protect and support breastfeeding, prevent obesity and noncommunicable diseases, promote healthy diets, and ensure that caregivers receive clear and accurate information on feeding.

Scope

The term "foods" is used in this guidance to refer to both foods and beverages (including complementary foods). Guidance on the inappropriate promotion of breast-milk substitutes is contained in the Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions. The current document does not replace any provisions in the Code but clarifies the inclusion of certain products that should be covered by the Code and subsequent resolutions.

This guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months. 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.[16]

This guidance is not applicable to vitamin and mineral food supplements and home-fortification products such as micronutrient powders and small-quantity lipid-based nutrient supplements. Although such 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 nutrient levels, safety and quality and to prohibitions on any messages indicating their use for infants under 6 months of age, should nevertheless be applied to such products.

The promotion of foods for infants and young children occurs through government programmes, non-profit organizations and private enterprises. This guidance is applicable in all these settings, as the principles it contains are important regardless of who is responsible for the promotion.

Definitions

Foods for infants and young children are defined as commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age.

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

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

Promotion is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand. Promotional messages may be communicated through traditional mass communication channels, the Internet and other marketing media using a variety of promotional methods. In addition to promotional techniques aimed directly at consumers, measures to promote products to health workers or to consumers through other intermediaries are included. There does not have to be a reference to a brand name of a product for the activity to be considered as advertising or promotion.

Cross-promotion (also called brand crossover promotion or brand stretching) is a form of marketing promotion where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another (brand extension). In this context, it can also refer to use of particular promotional activities for one product and/or promotion of that product in particular settings to promote another product.

Recommendations

RECOMMENDATION 1

Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child[17] and the Guiding principles for feeding non-breastfed children 6–24 months of age.[18] Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.[19]

RECOMMENDATION 2

Products that function as breast-milk substitutes should not be promoted. A breast-milk 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 3 years (including follow-up formula and 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.

RECOMMENDATION 3

Foods for infants and young children that are not products that function as breast-milk substitutes should be promoted only if they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels 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. Relevant Codex standards and guidelines[20] should be updated and additional guidelines developed in line with WHO's guidance to ensure that products are appropriate for infants and young children, with a particular focus on avoiding the addition of free sugars and salt.

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[17] 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).

[18] 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).

[19] 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).

[20] 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).

RECOMMENDATION 4

The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included. Messages about commercial products are conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels. Irrespective of the form, messages should always:

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

Messages should not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk;
- recommend or 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 relevant national, regional or international regulatory authorities.

RECOMMENDATION 5

There should be no cross-promotion to promote breast-milk 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 must be different from those used for breast-milk substitutes so that they cannot be used in a way that also promotes breast-milk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used).
- Companies that market breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests).

RECOMMENDATION 6

Companies that market foods for infants and young children should not create 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 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:
  - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;

- 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.

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, except:
  - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
- 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 to parents and other caregivers;
- allow such companies to sponsor meetings of health professionals and scientific meetings.

RECOMMENDATION 7

The WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children[21] 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 fats,[22] 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.

[21] WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization; 2010

[22] While diets for young children should have adequate fat content, a 2008 joint FAO/WHO expert consultation proposed that no more than 35% of total energy should come from fat.

RESOLUTION WHA69.9 ON ENDING INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

SIXTY-NINTH WORLD HEALTH ASSEMBLY **WHA69.9**

Agenda item 12.1 **28 May 2016**

ENDING INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

The Sixty-ninth World Health Assembly,

Having considered the reports on maternal, infant and young child nutrition;[1]

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) and WHA63.23 (2010) on infant and young child nutrition, appropriate feeding practices and related questions;

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;

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;

Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months based on WHO[2] and FAO dietary guidelines and in accordance with national dietary guidelines;

Recognizing that the Codex Alimentarius Commission is an intergovernmental body which is the principal organ of the joint FAO/WHO food standards programme and that it is the appropriate body for establishing international standards on food products, and that reviews of Codex standards and guidelines should give full consideration to WHO guidelines and recommendations, including the International Code of Marketing of Breast-milk Substitutes and relevant Health Assembly resolutions,

[1] Documents A69/7 and A69/7 Add.1.

[2] Pan American Health Organization, World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington (DC): Pan American Health Organization; 2003; Guiding principles for feeding non- breastfed children 6–24 months of age. Geneva: World Health Organization; 2005.

1. WELCOMES with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children;

2. URGES Member States[3,4,5] in accordance with national context;

(1) to 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;

(2) to establish a system for monitoring and evaluation of the implementation of the guidance recommendations;

(3) to end inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well informed infant and young child feeding decisions, and further support appropriate feeding practices by improving health and nutrition literacy;

(4) to 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;

3. CALLS UPON manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion, as set forth in the guidance recommendations;

4. CALLS UPON health care professionals to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding practices and to implement the guidance recommendations;

5. URGES 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, are carried out in accordance with the guidance recommendations on ending the inappropriate promotion of foods for infants and young children;

6. CALLS UPON civil society to support ending inappropriate promotion of foods for infants and young children, including activities to advocate for, and monitor, Member States' progress towards the guidance's aim;

7. REQUESTS the Director-General:

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

(2) to review national experiences with implementing the guidance recommendations in order to build the evidence on their effectiveness and consider changes, if required;

(3) to strengthen international cooperation with relevant United Nations funds, programmes and specialized agencies and other international organizations, in promoting national action to end the inappropriate promotion of foods for infants and young children, taking into consideration the WHO guidance recommendations;

(4) to report on implementation of the guidance recommendations 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 Seventy-first and Seventy-third World Health Assemblies in 2018 and 2020, respectively.

Eighth plenary meeting, 28 May 2016

A69/VR/8

[3] And, where applicable, regional economic integration organizations.

[4] Taking into account the context of federated States.

[5] Member States could take additional actions to end inappropriate promotion of foods for infants and young children.

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

Mandate from the World Health Assembly

In May 2010, World Health Assembly adopted resolution WHA63.23 in which it 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 all Member States "to end inappropriate promotion of food for infants and young children".

In May 2012, the World Health Assembly adopted resolution WHA65.6, in which it requested the Director-General "to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission".

In May 2014, WHO presented a report to the World Health Assembly with clarification of criteria to define inappropriate promotion, followed by the full Guidance contained in a report to the World Health Assembly in May 2016, as requested.

Process for developing the Guidance

In 2013, the WHO Secretariat established a Scientific and Technical Advisory Group (STAG) on Inappropriate Promotion of Foods for Infants and Young Children, to guide the development of the Guidance. Members were selected to have geographic, gender, and disciplinary diversity, and represented a wide spectrum of expertise in complementary feeding programmes, policy, and science.

Between 2013 and 2015, the STAG reviewed and discussed definitions of terms, current guidance on complementary feeding (both globally and for individual countries), current marketing practices, current legislations and regulations on marketing of complementary foods (both globally and for individual countries), evidence on the health effects of commercially-available complementary foods, and evidence on the effects of marketing commercial complementary foods on infant and young child feeding.

Based on these reviews, the STAG prepared two reports. The first report (2013) provided a definition of the term "inappropriate promotion"; the second report (2015) contained draft guidance to help achieve the goal of ending the inappropriate promotion of foods for infants and young children.

To ensure broad multi-stakeholder consultation on the draft guidance, and drawing from both STAG reports, the WHO Secretariat prepared a discussion paper containing a set of recommendations on ending the inappropriate promotion of foods for infants and young children. The document was made available for public comments between July and August 2015. In addition, the WHO Secretariat convened an informal consultation with Member States and other United Nations organizations, as well as informal dialogues with non-governmental organizations in official relations with WHO and private sector entities in August 2015.

Based on comments received, a draft report containing guidance and recommendations on ending the inappropriate promotion of foods for infants and young children was prepared and presented to the WHO Executive Board in January 2016, along with a draft resolution for implementation of the guidance. Following further revision of the document, based on additional comments and requests for clarification received, final report with recommendations was submitted to the World Health Assembly for its consideration in May 2016. The final Guidance and recommendations on ending inappropriate promotion of foods for infants and young children was welcomed with appreciation by the World Health Assembly in resolution WHA69.9.

SUMMARY OF THE EVIDENCE ON INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

The STAG reviewed a number of scientific reports as part of their deliberations. Key documents and a synopsis of some of the most relevant findings are below:

1. Assessment & Research on Child Feeding (ARCH) Project[23]

In 2013-2014, Helen Keller International investigated how food products for infants and young children are promoted in Cambodia, Nepal, Senegal, and Tanzania. Key results from the ARCH studies included:

- Snack foods (including cookies, candy, chips, or cakes):
  - Consumption of snack foods was high in Nepal (74%), Senegal (59%), and Cambodia (55%), based on 24-hour recall.
  - Reported exposure to promotion of snack foods was very high—46% in Tanzania, above 80% in the other three countries.
- Breast-milk substitutes:
  - Consumption of breast-milk substitutes among one-year old children was high in Cambodia (24%) and Senegal (19%), based on 24-hour recall.
  - Mothers' reported exposure to promotion of breast-milk substitutes was high in Cambodia (86%), Senegal (41%), and Nepal (28%).
  - Of all television ads for foods for infants and young children in Cambodia, 96% were for breast-milk substitutes—most of these were for growing-up milks.
  - About one-third of stores in Cambodia and Senegal had promotions of breast-milk substitutes, with more promotions for growing up milks than any other BMS. Promotions were typically displays or posters and were created by the manufacturer/distributer rather than the store itself.
  - Cross-promotion of infant formula was common. Of all the products labelled for children over 12 months of age in all four countries:
    - 51% used the word "formula" on the label.
    - 38% used images of bottles with teats
    - 84% used similar or same colour schemes or designs as the manufacturer's infant formula
    - 84% used a similar or same name as the manufacturer's infant formula
    - 67% used similar or the same slogans, mascots or symbols as the manufacturer's infant formula
- Commercially produced complementary foods:
  - Over a quarter of mothers reported seeing promotions for commercial complementary foods on television in Cambodia and Senegal. Promotions in stores or health facilities were less common.
  - Two-thirds of stores in Senegal had promotions of commercially produced complementary foods.
  - Labels for commercially produced complementary foods with recommended introduction earlier than 6 months were common in Senegal (20%), Nepal (13%), and Tanzania (12%). Lack of information on age of introduction was also common in Cambodia (30%) and Tanzania (19%).

[23] See http://www.hki.org/assessment-research-child-feeding-arch-project#.VuBZGyvF8-I. (accessed 09 March, 2016).

2. Euromonitor International Consulting studies on global marketing of breast-milk substitutes[24]

To understand the market for breast-milk substitutes, WHO commissioned analyses from Euromonitor International Consulting to analyse data from 16 large high- and middle-income countries in the Global Infant Formula Data File. Key findings included:

- In 2014, total sales of all breast-milk substitutes were about US$44·8 billion.
- By 2019, the market value is projected to reach $70·6 billion.
- Growth of the breast-milk substitutes market in western Europe, Australasia, and North America from 2014 to 2019 is projected to be about 1%. The corresponding increase in the Middle East and Africa is expected to be more than 7% and in the Asia Pacific it is expected to be more than 11%.
- In 2014, the total volume of toddler milks sold in 2014 (1.19 million tonnes) exceeded the total volume of infant formula (0.59 million tonnes) and follow-up formula (0.55 million tonnes) combined.
- Toddler milks is the fastest growing category of breast-milk substitutes, with 8.6% growth per year (measured as kg per capita).

3. Euromonitor International Consulting studies in Europe and Latin America[25]

To expand upon the results from Helen Keller International in Africa and Asia specifically related to marketing of commercially produced complementary foods (not including breast-milk substitutes), WHO contracted with Euromonitor International Consulting to analyse data from seven countries in Latin America and 19 countries in western Europe. The analysis included three type of food products: dried baby food (mostly cereals), prepared baby food (including pureed food, yoghurts, desserts, or soup), and other baby food (including rusks, teething biscuits, and baby fruit juices). Euromonitor then conducted store audits in Brazil and Norway to identify baby food products being sold and selected 20 products for in-depth evaluation of marketing strategies. Brazil and Norway were selected for these in-depth evaluations on the basis of having large markets, relatively fast projected growth rates, and a mixture of both dried and prepared baby foods. Key findings included:

- Per capita sales of baby foods varied greatly by country, with sales per child 0-36 months ranging from over $500 annually in Norway, Sweden and Italy to less than $40 annually in Mexico, Argentina, and Peru. Sales were lower in nearly all the Latin American countries compared to the European countries.
- In a majority of countries, sales of prepared baby foods dominated the market with more than half of sales, although in some countries sales of dried baby foods were greater (Bulgaria, Croatia, Greece, Denmark, Venezuela, Brazil, Chile, and Argentina).
- In most countries, over 80% of the market share of baby food sales is controlled by three or fewer companies.
- The baby food market is projected to grow by 2.5% per year in the next five years in Brazil and by 7.5% in Norway.
- In Brazil:
    - Social Media is used to reach consumers because restrictions on promotion do not cover social media. TV and radio are not widely used for promotion.
    - Health claims are common, including aiding digestion, helping baby to grow and learn and strengthening the immune system.
    - Many products do not specify age of use. Complementary foods are sometimes marketed for use before 6 months.
    - Leading company (with 92% market share) invests heavily on merchandising, brand coverage within a display or presence in different aisles of an outlet and premium positioning.

[24] Rollins N, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet* 2016; 387: 491–504 and accompanying online appendices http://www.thelancet.com/cms/attachment/2047468707/2057986230/mmc1.pdf.

[25] See http://www.who.int/nutrition/topics/CF_babyfood_trends_brazilandnorway_euromonitor.pdf?ua=1 (accessed 11 March 2016).

- In Norway:
  - Social media is a growing platform for promotion and discussion of products.
  - Products exist which market complementary food to infants less than 6 months.
  - Health and structural claims on products are uncommon, but some examples include claims of aiding digestion and helping infants get a good night's sleep.
  - Recommendation that breastmilk is best for children is inconsistently used across all complementary food types aimed at 0-2 year olds.
  - Manufacturers regularly promote campaigns in supermarkets for baby and children food products, particularly when it comes to the launch of new products.

4. Systematic review on the health effects of commercially-available complementary foods[26]

WHO commissioned a systematic literature review to determine what health and dietary effects (both positive and negative) could be attributed to the consumption or marketing of commercially-available complementary foods. Researchers at the University of North Carolina examined questions on replacement of breastmilk intake, risk of obesity and chronic diseases, nutrient composition of the diet, portion sizes, and nutritional status. Both randomized control trials and observational studies were included. Study quality was examined using the GRADE framework. Key findings included:

- Commercially-available complementary foods are highly heterogeneous, being formulated in different ways to meet needs of different target consumers and their predominant nutritional and health risks. They vary substantially in energy and nutrient density. Differences may reflect whether a product is designed to be the main weaning food consumed or to be part of a highly varied diet with numerous products included.
- There is low quality evidence that commercially-available complementary foods do not displace breastmilk after 6 months of age, but their consumption is associated with shorter duration of breastfeeding. However, studies suggest that breastmilk intake is sensitive to energy density and feeding frequency of the complementary foods used.
- There is moderate quality evidence that high protein intake is associated with increased child BMI in an industrialized setting.
- There is moderate quality evidence that animal source food does not increase fat mass in a LMIC setting.
- There is very low quality evidence suggesting that milk cereal drink is associated with child overweight status.
- There is little evidence of either the inferiority or superiority of commercially-available complementary foods owing to high heterogeneity in the types of foods compared, and low quality methods of infant dietary assessment. Some commercially-available complementary foods were nutritionally superior to home-prepared or local foods, while the converse was true for others.
- No evidence was found on whether the portion sizes of commercially-available complementary foods are appropriate.
- While there has been extensive research on how complementary feeding relates to infant nutritional status, there is no evidence that commercially available products specifically reduce the risk of stunting, anemia, or micronutrient deficiencies.

[26] Tzioumis E, Kay M, Wright M, Adair L. Health effects of commercially-available complementary foods: a systematic review, 2015. See http://www.who.int/nutrition/topics/CF_health_effects_commercially_systematicreview.pdf?ua=1 (accessed 11 March 2016)

5. Review of the effects of marketing of commercially available complementary foods on infant and young child feeding[27]

WHO commissioned a literature review on the effects of marketing of commercially available complementary food and drink products on the feeding attitudes and behaviours of their caregivers. The review also included analysis of previous reviews on the effects of marketing of other products, including child-oriented food products, pharmaceutical products, breast-milk substitutes, alcohol, and tobacco or tobacco-related products. Researchers at the Australian National University conducted the reviews. Studies from academia (75 studies) and industry (22 studies) were examined, but kept separate in the analyses. The reviewers assessed quality of the studies examined but did not apply the GRADE framework because of the diverse nature of the literature. Key findings included:

- Out of 53 academic studies that assessed the influence of marketing on infant and young child feeding (IYCF), 34 studies found effects classified as 'harmful' (i.e. moving away from optimal IYCF), 11 studies found positive effects (i.e. moving towards optimal IYCF), and eight were classified as mixed or ambiguous.
- "Harmful" effects included:
    - Reduction in exclusive breastfeeding (25 studies vs. 4 studies showing no harmful effects or ambiguous result)
    - Reduction in the duration of breastfeeding (22 studies vs. 1 study showing no harmful effect)
    - Excessive nutrients, particularly excessive sugar, salt, or fats (5 studies vs. 4 studies showing no harmful effect or ambiguous result)
- Positive effects included:
    - Timely introduction good quality complementary foods (2 studies vs. 3 studies showing no positive effect or ambiguous result)
    - More nutrients in complementary previously inadequate in the diet (10 studies vs. 4 with no positive effect or ambiguous result)
- Fifty studies examined the effect of marketing on attitudinal outcomes. Of these, 37 demonstrated effects that were categorized as "harmful," 5 studies found positive effects, and eight were classified as mixed or ambiguous. Effects included:
    - Confusion among caregivers about nutrition- and health-related qualities of commercially available complementary foods.
    - Confusion about age-appropriate and safe use
    - Concerns among mothers about the comparative nutritional value of breastmilk and breastfeeding or home-prepared CF foods.
- Examination of 16 systematic reviews of studies describing the impact of marketing of tobacco, alcohol, pharmaceutical products, food and beverage marketing to children, and breast-milk substitutes yielded several relevant findings:
    - Product packaging is an important component of marketing communications and is invested in highly by marketers.
    - Sponsorship activities in schools and sport settings are dominated by food corporations.
    - Endorsement by celebrities and children's characters is a prevalent technique used to market foods and beverages.

Marketing of pharmaceutical products largely uses visits by sales representative, journal advertisements, sponsorship of professional meetings and clinical trials, mailed information, and provision of prescribing software.

[27] Smith JP, Sargent GM, 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? 2015. See http://www.who.int/nutrition/topics/CF_anu_effects_marketingcommercial.pdf?ua=1 (accessed 11 March, 2016).

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