

Guidance on ending the inappropriate promotion of foods for infants and young children

Report by the Secretariat

PURPOSE

1. 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

2. The term "foods" is used in this guidance to refer to both foods and beverages (including complementary foods). Guidance on the inappropriate promotion of breastmilk substitutes is contained in the Code of Marketing of Breastmilk 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.
3. 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.¹

¹ Codex guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006); Codex standard for canned baby foods (CODEX STAN 73-1981); and Codex standard for follow-up formula (CODEX STAN 156-1987).

4. 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.
5. 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

6. 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.
7. Marketing means product promotion, distribution, selling, advertising, product public relations and information services.
8. 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.
9. 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

10. **Recommendation 1.** Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child² and the Guiding principles for feeding non-breastfed children 6–24 months of age.³ Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.⁴
11. **Recommendation 2.** Products that function as breastmilk substitutes should not be promoted. A breastmilk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.
12. **Recommendation 3.** Foods for infants and young children that are not products that function as breastmilk 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 guidelines⁵ 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.

2 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).

3 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).

4 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).

5 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).

13. **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.

14. 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 breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk;
- 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.

15. **Recommendation 5.** There should be no cross-promotion to promote breastmilk substitutes indirectly via the promotion of foods for infants and young children.

- The packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breastmilk substitutes so that they cannot be used in a way that also promotes breastmilk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used).

- Companies that market breastmilk 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).
16. **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.
17. 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.

18. **Recommendation 7.** The WHO set of recommendations on the marketing of foods and non- alcoholic beverages to children⁶ 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,⁷ 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.

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

7 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.