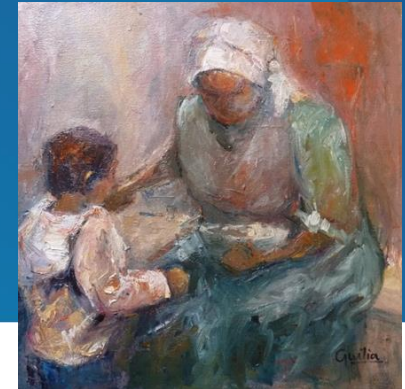




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ARCH

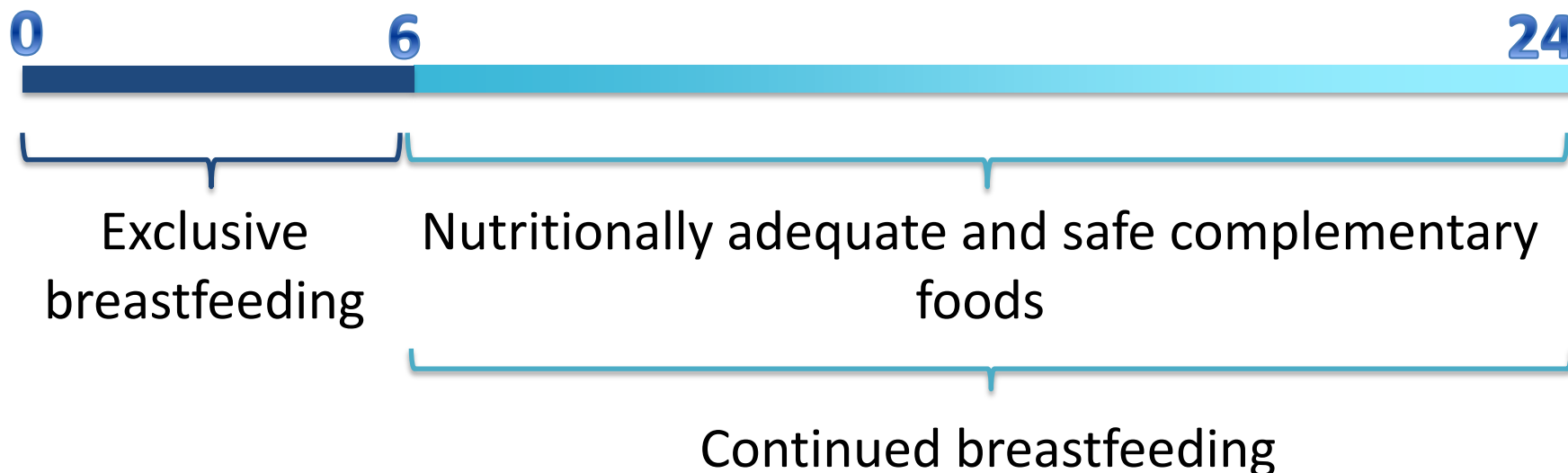
ASSESSMENT  
& RESEARCH  
ON CHILD FEEDING



# **NEW Guidance on the Inappropriate Promotion of Foods for Infants and Young Children: From Words to Practice**

Jane Badham – Dietitian and Nutritionist  
Consultant to Assessment and Research on Child Feeding Project: Helen Keller International

# Optimal Infant and Young Child Feeding (IYCF) Practices<sup>1</sup>



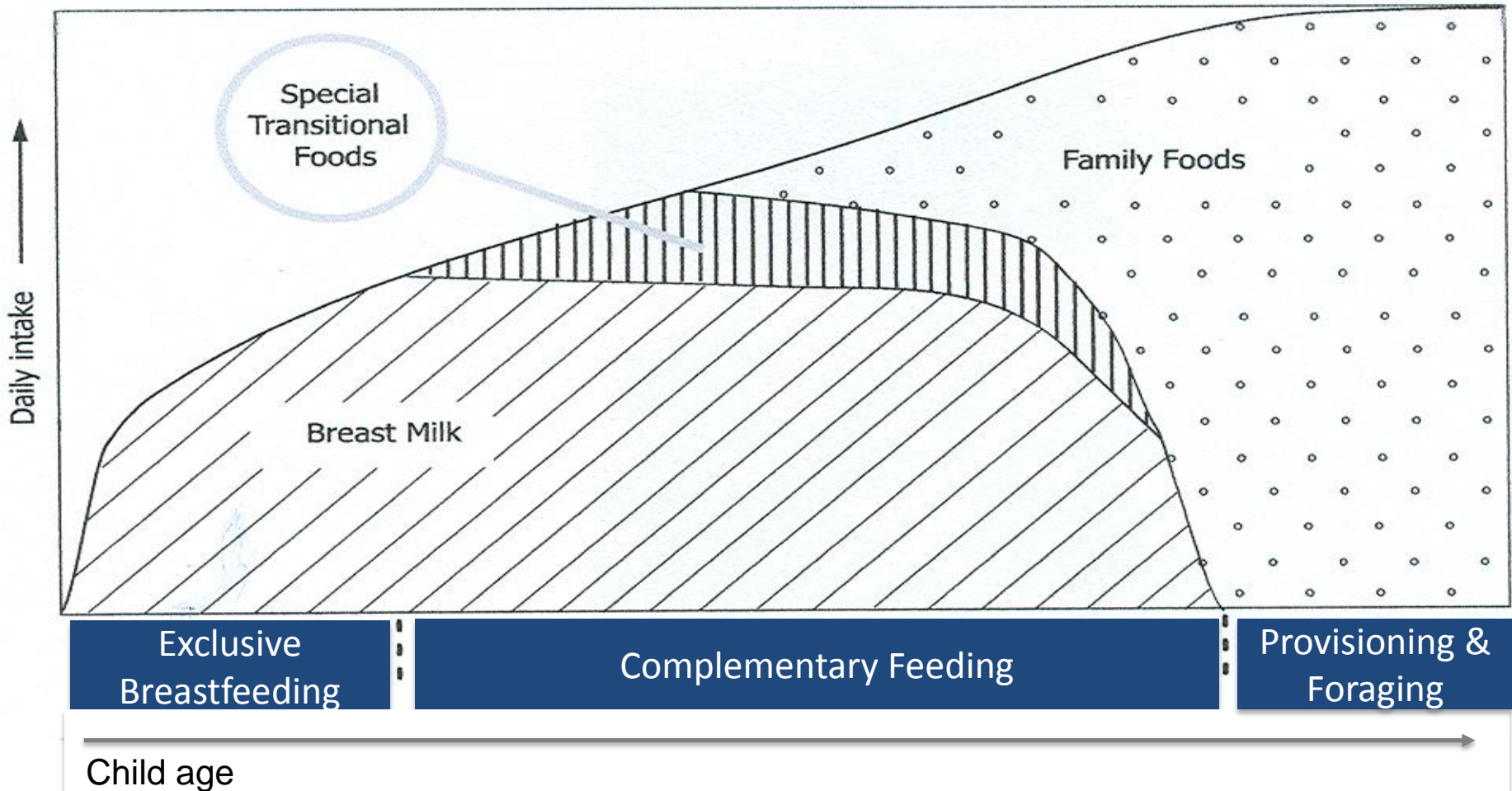
% of children who are<sup>2</sup>:

Exclusively breastfed (<6 months)	Introduced to solid, semi-solid, soft foods (6 – 8 months)	Still breastfeeding at age 2
39	66	49

<sup>1</sup>WHO. 2003. Global Strategy for Infant and Young Child Feeding

<sup>2</sup>UNICEF. State of the world's children 2016.

# WHAT IS OPTIMAL INFANT AND YOUNG CHILD FEEDING?



# OPTIMAL INFANT AND YOUNG CHILD FEEDING



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**Promoted  
Protected**



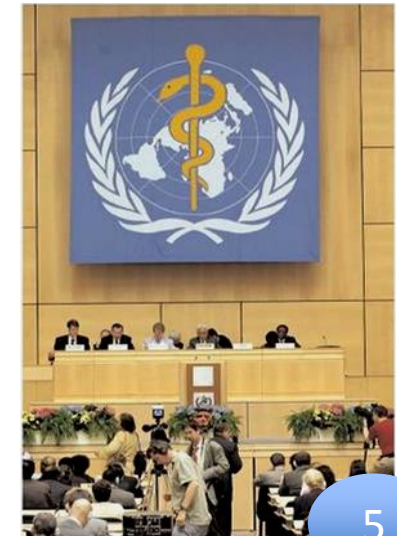
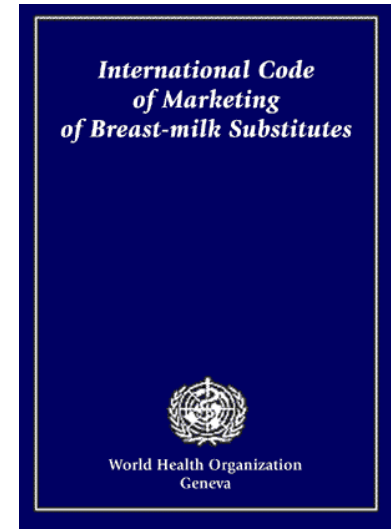
**Adequate  
Available  
Affordable  
Don't compete**

## 1. The International Code of Marketing of Breast-milk Substitutes (*the Code*)

- Ensuring the appropriate marketing of **breast-milk substitutes, teats and feeding bottles.**

## 2. Subsequent relevant **World Health Assembly (WHA)** resolutions:

- Same status as *the Code*
- Clarify or strengthen *the Code*
- NOW also provides guidance on the appropriate marketing of **complementary foods.**





*The Code* did not until 2016 EXPLICITLY address:

- **Follow-up Formulas (FUFs):** 6 -12 months
- **Growing-up Milks (GUMS):** 12 - 36 months
- **Commercial complementary foods** unless promoted for use under 6 months.



1. The FUFs and GUMs market expanded after the Code.
2. Commercial complementary foods should not interfere with breastfeeding.
3. Manufacturers misleadingly argue that FUFs and GUMs are 'complementary foods.'

- Poor complementary feeding practices are a public health concern<sup>1</sup>.
- **Commercially produced complementary foods** are an option for families who can afford them and have the knowledge and facilities to prepare and feed them safely<sup>2</sup>.



1. UNICEF State of the Worlds Children 2015  
2. WHO/UNICEF. Global Strategy for Infant and Young Child Feeding, 2003.

Need to ensure that their marketing **DOES NOT**:

- Increase the risk of early cessation of exclusive breastfeeding.
- Displace breastfeeding after six months of age.





Foods suitable for complementary  
feeding period

Appropriate nutritional quality

Provide additional energy and nutrients to  
complement breastmilk / diet

Lacking

Insufficient  
quantities

Fill the nutritional gap

Sustainable public &  
market-based approach

MAY  
1981

## WHA RESOLUTION 34.22

Adopts '**International Code of Marketing of Breast-milk Substitutes**' towards protecting breastfeeding and ensuring the appropriate marketing of breast-milk substitutes, teats and feeding bottles.

MAY  
2010

## WHA RESOLUTION 63.23

Urges member states to **end inappropriate promotion of foods for IYC** and to ensure that nutrition and health claims not be permitted for foods for IYC, except where specifically provided for, in relevant Codex standards OR national legislation.

MAY  
2012

## WHA RESOLUTION 65.6

Requests the Director General to **provide clarification and guidance on the inappropriate promotion of foods for IYC** cited in resolution WHA 63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission.







- ARCH 1 - Helen Keller International funded by Bill and Melinda Gates Foundation – 3 years.
- Generate evidence on the **inappropriate promotion of foods for infants and young children** with focus on commercial complementary foods.
- Cambodia, Nepal, Senegal and Tanzania with government and other partners.
  - Health system study on exposure of 2,400 mothers to promotion.
  - Labeling study of commercial complementary foods (n=200) and BMS (n=184).
  - Point of sale study of retail outlets: 30 shops/country.
  - Media monitoring study in Cambodia and Senegal.



# THE EVIDENCE – CROSS PROMOTION

Between 34-70% of commercial complementary food companies also produced BMS.

41-78% of these companies cross-promoted these products.

COUNTRY				
	Cambodia	Nepal	Senegal	Tanzania
Cross-promotion	41%	75%	78%	42%
Direct reference to BMS	8%	0%	15%	0%

## Infant formula and commercial complementary foods





# THE EVIDENCE – CROSS PROMOTION

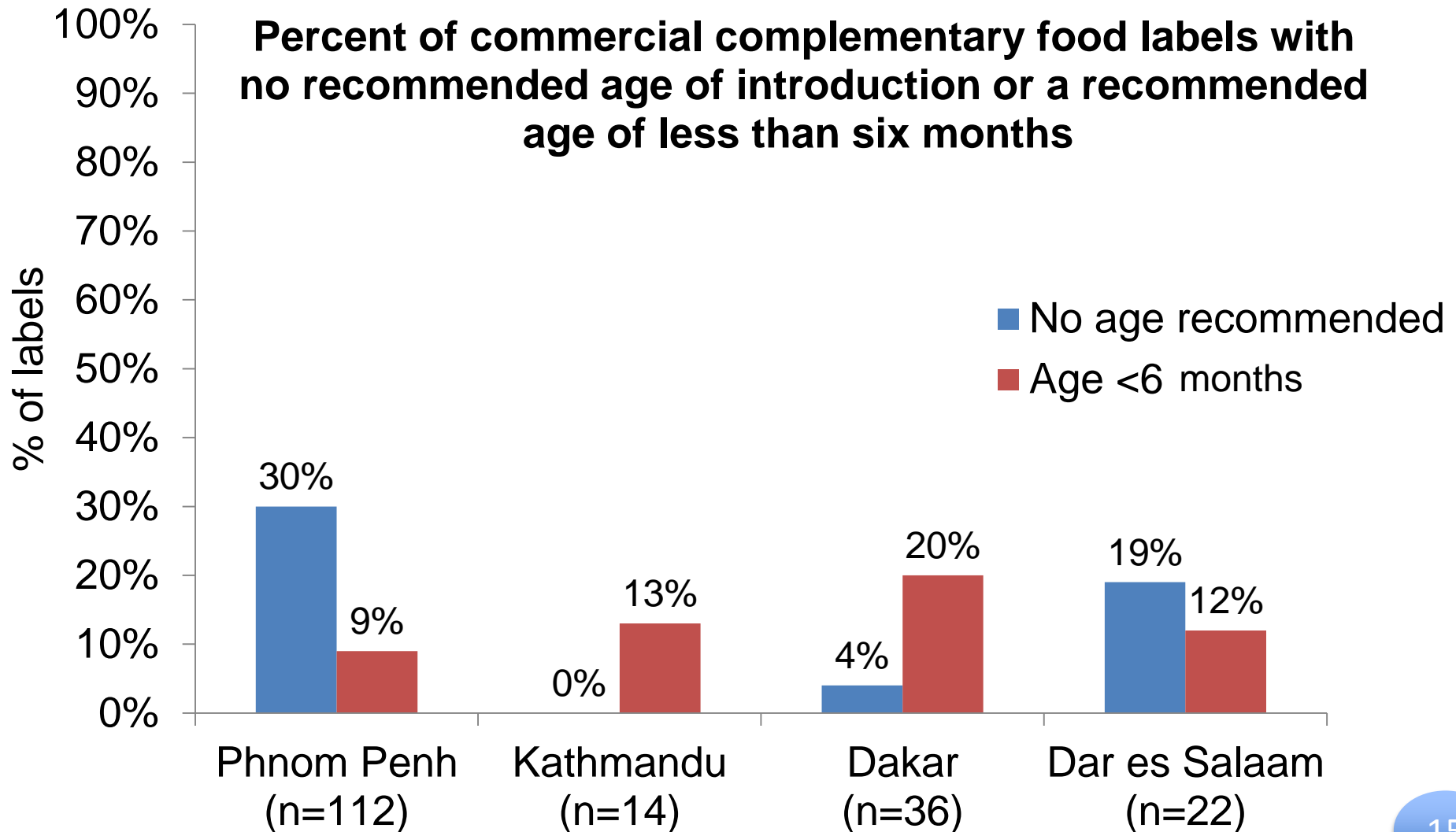
## Infant formula / Follow-up formula / Growing-up milks





# THE EVIDENCE – INAPPROPRIATE LABELS

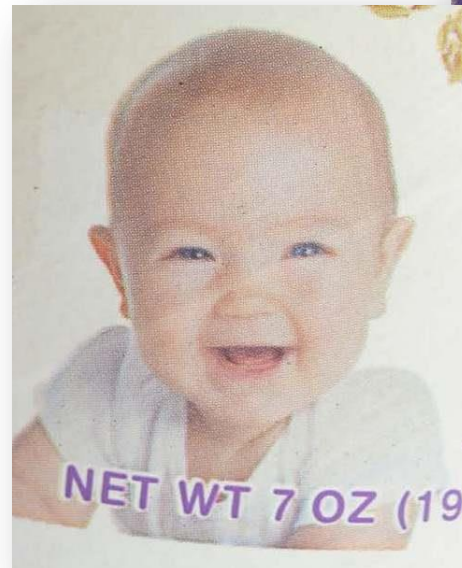
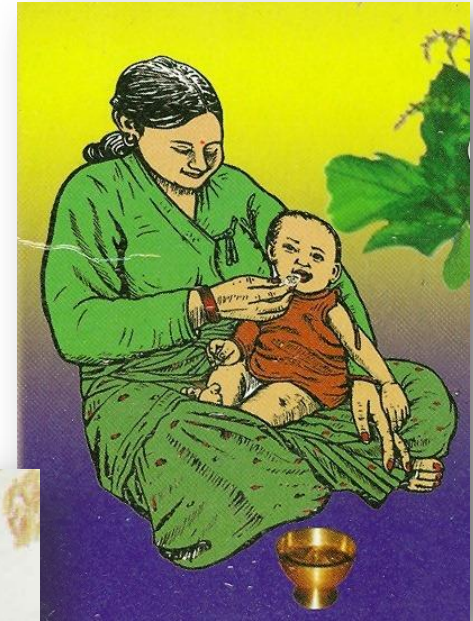
**Percent of commercial complementary food labels with no recommended age of introduction or a recommended age of less than six months**

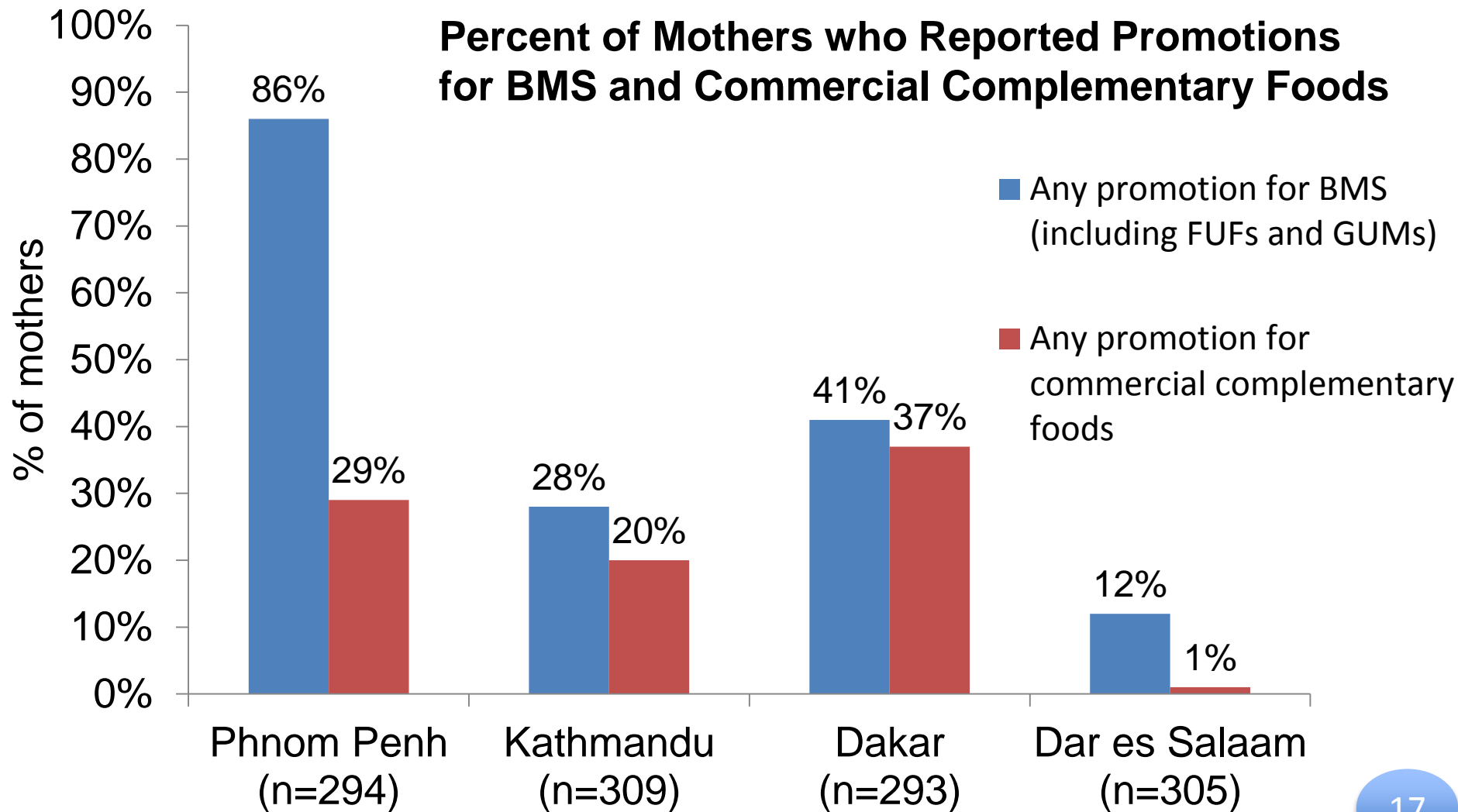


# THE EVIDENCE – INAPPROPRIATE LABELS



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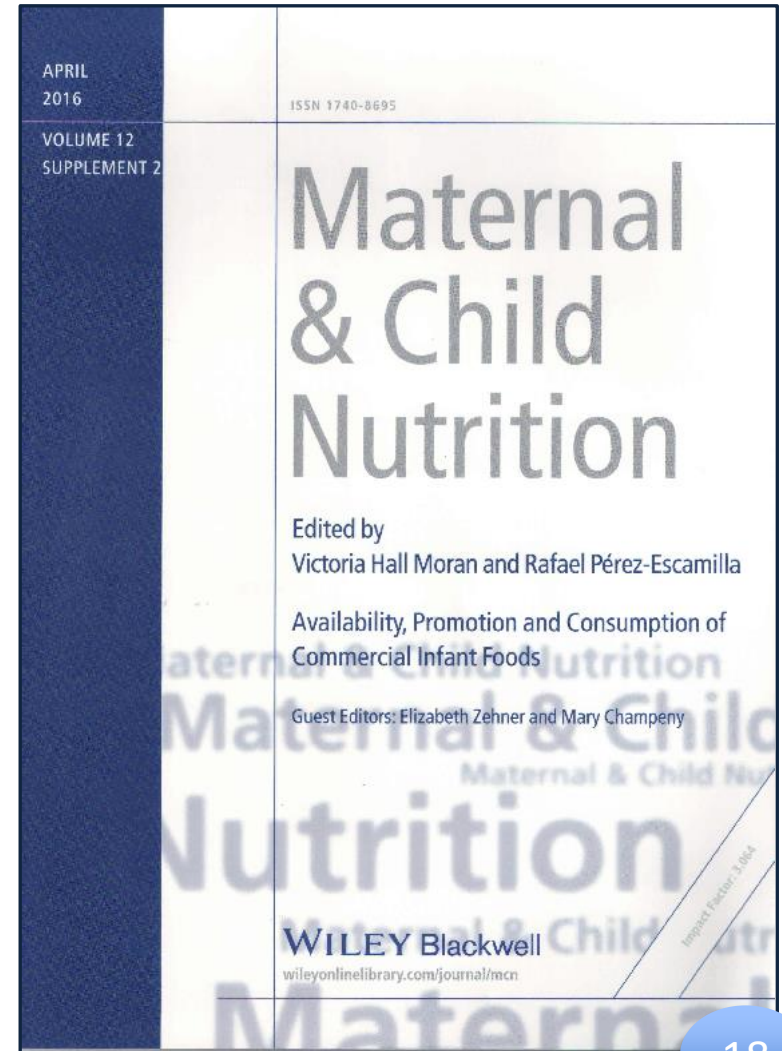




## 10 peer reviewed articles

### Key findings:

- Many breastmilk substitutes (BMS) found, especially follow-up formula (FUFs) and growing up milks (GUMs).
- Cross-promotion normal practice.
- Many inappropriate labeling practices observed.
- Promotion via multiple channels.





**JUNE 2013**

## **WHO - SCIENTIFIC AND TECHNICAL ADVISORY GROUP (STAG)**

Releases report of its first meeting and '**Technical Paper on Definition of Inappropriate Promotion of foods for infants and young children**'.

**MAY 2014**

## **67<sup>TH</sup> WHA DECISION**

Noted the work carried out and requested the Director-General to **complete the work** for consideration by Member States at the Sixty-ninth World Health Assembly in 2016.

**MAY 2016**

## **WHA 69.9**

Resolution adopted by consensus welcoming the WHO '**Guidance on ending the inappropriate promotion of foods for infants and young children**'.



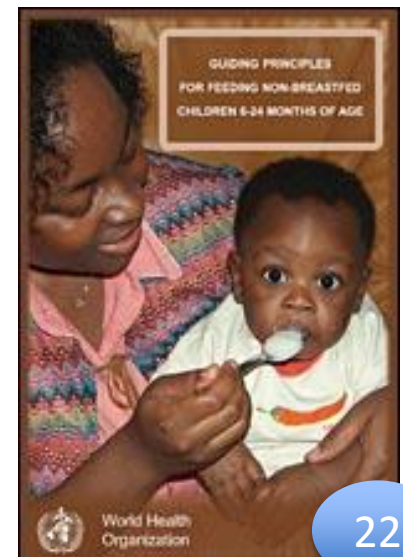
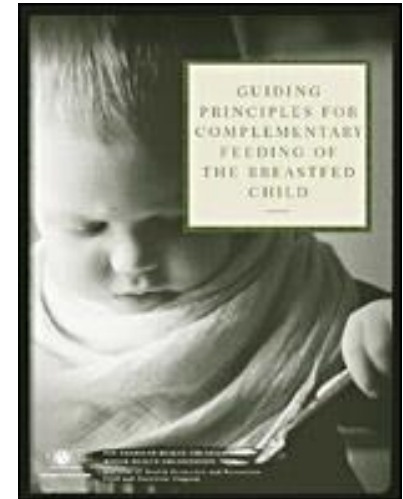
- Provides 7 recommendations pertaining to the marketing of **foods for children (6 – 36 months)**.
- Aims to:
  - Promote, protect and support **breastfeeding**;
  - Prevent obesity and **NCDs**;
  - Promote **healthy diets**;
  - Ensure that caregivers receive **clear and accurate information** on feeding.



1. Applies to **all commercially produced foods that are marketed as being suitable for infants and young children.**
2. Applies to the promotion of foods for infants and young children that occurs through **government programs, non-profit organizations, and private enterprises.**
3. **Is not applicable to vitamin and mineral food supplements and home-fortification products** (micronutrient powders / small-quantity lipid-based nutrient supplements).
4. Supports emphasis on use of **suitable, nutrient-rich, home-prepared, and locally available foods** that are prepared and fed safely.

# RECOMMENDATION 1

- Guidance **based on**:
  - PAHO/WHO ‘Guiding Principles for Complementary Feeding of the Breastfed Child’.
  - WHO ‘Guiding Principles for Feeding Non-breastfed children 6 – 24 months’.
- **Supports** emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.



# RECOMMENDATION 2

## Products that function as breast-milk substitutes should not be promoted.

- BMS = 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).
- The Code covers all BMS.



# RECOMMENDATION 3



- Must meet all the relevant national, regional and global **standards** for composition, safety, quality.
- **Nutrient levels** should be in line with national dietary guidelines.
- **Nutrient profile models** should be developed/used to guide decisions on appropriate foods for promotion.
- **Codex** should be updated in line with WHO's guidelines – focus on avoiding the addition of free sugars and salt.

**Messages should** support optimal IYCF and include:

- Importance of continued breastfeeding for up to 2 years or beyond.
- Importance of not introducing complementary feeding before 6 months of age.
- Appropriate age of introduction of the food (not <6 months).
- Be easily understood / visible and legible.

# RECOMMENDATION 4

## Messages should not:

- Include images, text or other representation that might suggest use for <6 months (including milestones/stages).
- Undermine or discourage breastfeeding.
- Make a comparison to breast-milk.
- Suggest it is nearly equivalent or superior to breast-milk.
- Recommend or promote bottle feeding.
- Convey endorsement unless specifically approved by regulatory authorities.







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**We learned  
from the best**



**so we could give  
you and baby our best**



# RECOMMENDATION 5

**No cross-promotion** to promote breast-milk substitutes



Indirectly

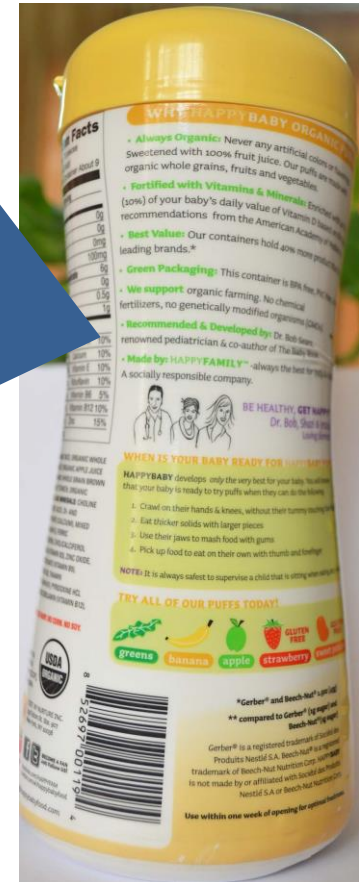
Packaging  
Design



# RECOMMENDATION 6

- Companies should avoid creating **conflicts of interest** in health facilities or throughout health systems.
- Health workers/systems etc. should **not allow conflict of interest** to rise.
  - Free products
  - Education to parents
  - Gifts / Incentives
  - Health facilities hosting events
  - Sponsorship of meetings.

Recommended and developed by: Dr. Bob Sears.  
Renowned pediatrician and co-author of The Baby book.



# RECOMMENDATION 6

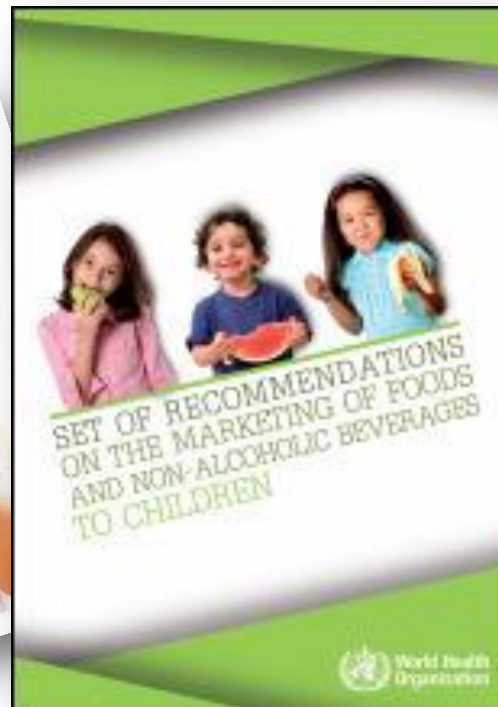
- **ANY donations** to the health care system, including health workers and professional associations, from **companies marketing BMS and foods for infants and young children** represent a conflict of interest and should **not be allowed**.
- Emphasises that **sponsorship of meetings** of health professionals and scientific meetings by **companies selling BMS and foods for infants and young children** should **not be allowed**.



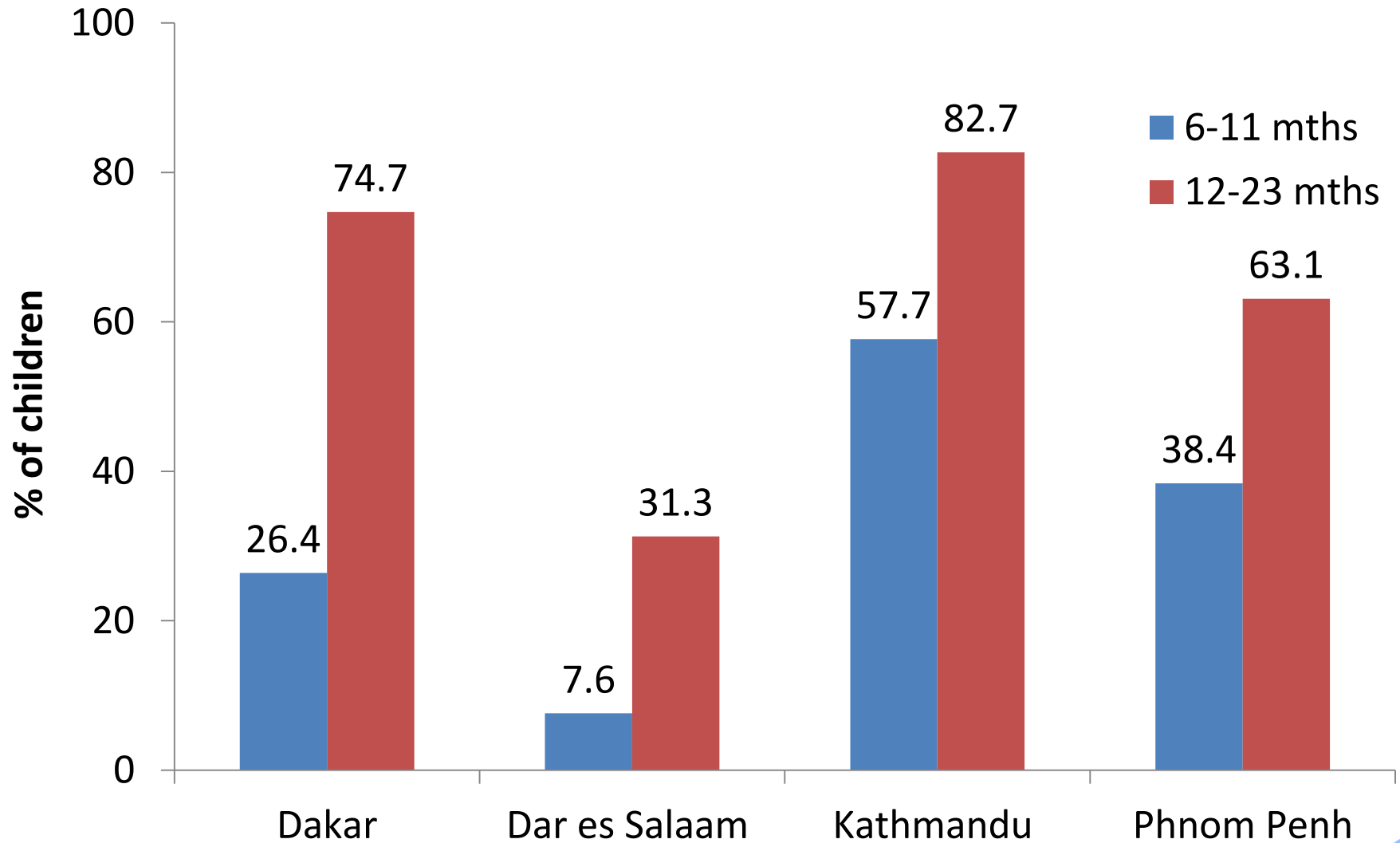


# RECOMMENDATION 7

The WHO set of recommendations on the **marketing of foods and non-alcoholic beverages to children** should be fully implemented.



# CONSUMPTION OF COMMERCIAL SNACK FOODS BY YOUNG CHILDREN THE PRIOR DAY





- A mother has the right to make an **informed decision** on how she will feed her baby:
  - Based on the **facts** and
  - **Free from commercial influence.**
- A mother who chooses to use commercially processed foods must be informed on how to **prepare and use the product safely/appropriately.**
- Manufacturers should be **held to account** against an accepted standard.

# IS LEGISLATION ENOUGH?



- One piece of the puzzle.
- Levels of *Code* violations are similar in a country **with** (Burkina Faso) and **without** (Togo) **legislation**<sup>1</sup>.
- To ensure compliance, legislation must be accompanied by effective:
  - **Information**
  - **Training**
  - **Monitoring systems.**

<sup>1</sup>Aguayo, V.M., et al. 2003. Monitoring compliance with the International Code of Marketing of Breastmilk Substitutes in west Africa: multisite cross sectional survey in Togo and Burkina Faso. *British medical journal*, 326(7381):127-132.

# THE CRITICAL PATHWAY

Science



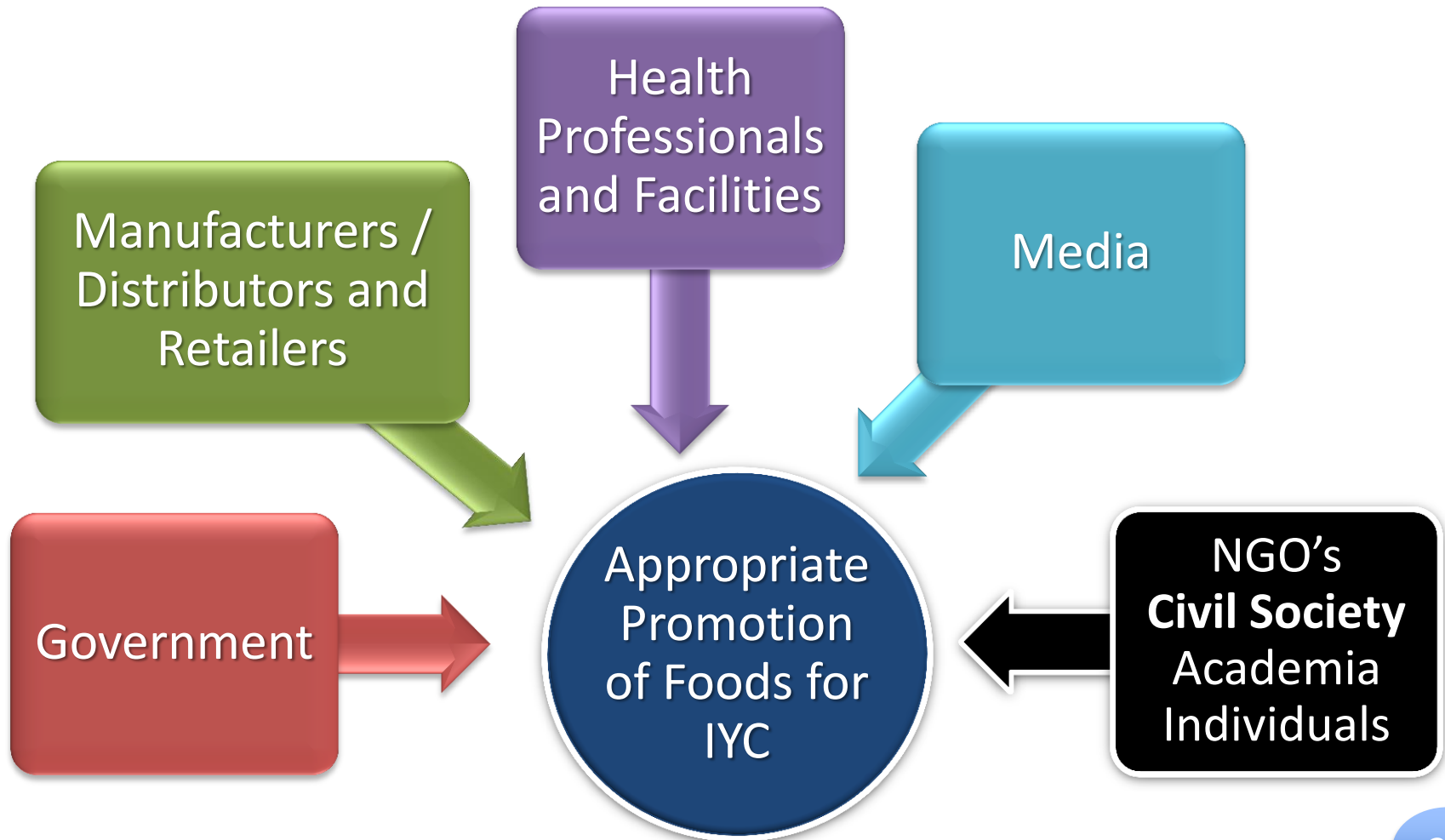
Policy



Practice  
Products



# THE STAKEHOLDERS



- To access the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

[http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf)

- To read articles on research conducted by the HKI Assessment and Research on Child Feeding (ARCH) project in the Maternal and Child Nutrition journal, that informed the guidance:

<http://onlinelibrary.wiley.com/doi/10.1111/mcn.2016.12.issue-S2/issuetoc>





*“Alone we can do so little; together  
we can do so much”*

Helen Keller



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**ARCH** ASSESSMENT  
& RESEARCH  
ON CHILD FEEDING