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

Background on process and scientific evidence

Mandate from the World Health Assembly

In May 2010, in resolution WHA63.23, the Sixty-third World Health Assembly recognized that the promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding and urged all Member States “to end inappropriate promotion of food for infants and young children”. Two years later, in May 2012, in resolution WHA65.6, the Sixty-fifth World Health Assembly 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 response, WHO presented a report to the 67th Assembly in 2014 with clarification of criteria to define inappropriate promotion.¹ The report to the 69th Assembly provides guidance on the inappropriate promotion of foods for infants and young children, as requested.

Process for developing the Guidance

The Secretariat established a Scientific and Technical Advisory Group (STAG) on Inappropriate Promotion of Foods for Infants and Young Children in 2013. STAG members were selected to have geographic, gender, and disciplinary diversity. They represented a wide spectrum of expertise in complementary feeding programmes, policy, and science. Members were Azza Abul-fadl (Egypt), Louise Baur (Australia), Helen Crawley (United Kingdom), Kathryn Dewey (United States), Laurence Grummer-Strawn (2013 only) (United States), Rukhsana Haider (Bangladesh), Corinna Hawkes (2015 only) (United Kingdom), and Alessandro Iellamo (Philippines). All members completed declarations of interest that were reviewed by the Department of Nutrition for Health and Development and the Office of the Legal Counsel. The only member with a potential conflict of interest was Kathryn Dewey because of funded research projects on lipid-based nutrient supplements. Based on the review, Dr. Dewey was asked to recuse herself on any discussions of these products.

The STAG met in person in June 2013 and June 2015 and edited documents extensively via email. They reviewed definitions of terms, current guidance on complementary feeding (both globally and for individual countries), current marketing practices, current laws 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.

The STAG produced two reports to the Secretariat. The first, developed in 2013, provided a definition of the term “inappropriate promotion”² and the second, developed in 2015, contained

draft guidance to help achieve the goal of ending the inappropriate promotion of foods for infants and young children. The STAG reports were developed jointly and all issues of disagreement were resolved by consensus. No votes were taken.

Using the reports from the STAG, the Secretariat developed 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 from 20 July to 10 August 2015. A total of 299 distinct comments were received. Comments were received from 47 organizations or individuals, including 23 civil society organizations, 11 academic members (including nutrition, maternal and child health, non-communicable diseases, and law), 5 industry groups (including dairy, special dietary foods, and pharmaceuticals), 6 government representatives (Colombia, Jamaica, Solomon Islands, Sri Lanka, Turkey), and 2 UN organizations (UNICEF & WFP). In addition, in order to develop the text further, the Secretariat convened informal dialogues with nongovernmental organizations in official relations with WHO and private sector entities on 17 August 2015 and an informal consultation with Member States and other United Nations organizations on 18 August 2015.

The draft report was edited based on the comments received to create a guidance document, containing recommendations on ending the inappropriate promotion of foods for infants and young children. This report was presented to the 138th Executive Board meeting of the WHA in January 2016 along with a draft resolution for implementation of the guidance. The Executive Board requested a period of four weeks to make additional comments and ask for clarification on the document. Further changes were made and the final document has been submitted for consideration by the 69th World Health Assembly in May 2016.

Public health concerns addressed

The World Health Assembly did not specify what aspects of promotion of foods for infants and young children were particularly of concern. Therefore, the first task of the STAG was to define more clearly what would constitute “inappropriate promotion.” The STAG identified five main areas of promotion that would be considered inappropriate:

1. **Promotion is inappropriate if it undermines recommended breastfeeding practices (breastfeeding within one hour of birth, exclusive breastfeeding for six months and continued breastfeeding for two years or beyond)**
   a. Products should not be promoted as suitable before 6 months.
   b. Products should not be promoted to be given by bottles or using teats.
   c. Products should not be portrayed as equivalent or superior to breast milk.
   d. Products should not be promoted as a replacement for breast milk.

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e. Products should not be promoted using brands/labels/logos that are the same/similar to those used for breast-milk substitutes.

f. Daily ration size should not exceed the amount of energy needed from complementary foods by breastfed children.

2. **Promotion is inappropriate if it contributes to childhood obesity and noncommunicable diseases**
   a. Products should be limited in saturated fat, trans-fatty acids, free sugars, and salt.
   b. The portion size shown or recommended should provide an appropriate energy amount for the meal or part of a meal that it is designed to provide.

3. **Promotion is inappropriate if the product does not make an appropriate contribution to infant and young child nutrition in the country**
   a. Products should adhere to all applicable standards for safety and nutrient composition.
   b. Products should provide essential nutrients other than calories.
   c. Promotion should encourage a diet based on a wide variety of foods, including minimally processed fruits, vegetables, and animal-source foods.

4. **Promotion is inappropriate if it undermines the use of suitable home-prepared and/or local foods**
   a. Products should not be marketed as a complete substitute for home-prepared and/or local foods.
   b. Promotion should not suggest that commercial products are inherently superior to home prepared foods.
   c. Promotion should not imply that home-prepared or local foods should be delayed until after commercial products are fed.

5. **Promotion is inappropriate if it is misleading, confusing, or could lead to inappropriate use**
   a. Health claims should not be allowed unless specifically approved by national or international authorities.
   b. Information and instructions should be clear and correct and appropriate for the language and literacy of the target population.
   c. Promotion should not imply that products contain more of an ingredient than they in fact do.

Goals

The goals of the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children are to protect breastfeeding, prevent obesity and chronic diseases, and to promote a healthy diet. In addition, the Guidance aims to ensure that caregivers receive clear and accurate information on feeding.

Summary of evidence

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**

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%).
2. Euromonitor International Consulting studies on global marketing of breast milk substitutes

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

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 prepared 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.

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The baby food market is projected to grow by 14.6% per year in the next five years in Brazil and by 16.7% 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.

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 infant’s get a good nights sleep.
- Recommendation that breast milk 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

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 breast milk 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 breast milk after 6 months of age, but their consumption is associated with shorter

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duration of breastfeeding. However, studies suggest that breast milk 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.

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

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:
  o Reduction in exclusive breastfeeding (25 studies vs. 4 studies showing no harmful effects or ambiguous result)

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• 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 breast milk 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.

Related documents

The Guidance intends to complement, rather than replace, existing tools from WHO and other international bodies. Key documents that are relevant include:

• WHO Recommendations on Breastfeeding. WHO recommends that mothers initiate breastfeeding within one hour of birth. Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter,

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to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond.

- **International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.** The Code lays out standards for marketing of breast milk substitutes, but only covers other foods and beverages if they marketed as a partial or total replacement of breast milk. If complementary foods are marketed for use before 6 months, they would fall within the scope of the Code because WHO recommends exclusive breastfeeding in this age group. But the Code does not cover complementary foods marketed for use after 6 months of age.

- **WHO’s 2013 statement on follow-up formula.** This statement clarifies that follow-up formula would fall within the scope of the Code if it is marketed or otherwise represented to be suitable as a partial or total replacement for breast milk or it is otherwise represented in a manner which results in such product being perceived or used as a partial or total replacement for breast milk. The STAG concluded that follow-on formula is *de facto* a breast milk substitute because it displaces the intake of breast milk.

- **WHO-UNICEF Baby-friendly Hospital Initiative.** The initiative specifies that all hospitals designated as “Baby-friendly” must fully comply with the International Code of Marketing of Breast-milk Substitutes.

- **Guiding principles for complementary feeding of the breastfed child** and **Guiding principles for feeding non-breastfed children 6–24 months of age.** These two documents describe key recommendations on how and what infants and young children should be fed. They serve as the basis for the feeding patterns that the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children aims to protect.

- **Global Strategy on Infant and Young Child Feeding.** The Global Strategy spells out a number of actions to be taken to achieve optimal infant and young child feeding. In addition to reiterating the need for adherence to the Code, it calls on mass media to portray parenting, childcare and products in a way that is “accurate, up to date, objective, and consistent with the Code’s principles and aim.”

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• **Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.**\(^{18}\) The implementation plan sets global targets for improving stunting, maternal anaemia, low birthweight, wasting, overweight, and breastfeeding. With the exception of low birthweight and maternal anaemia, each of these nutritional outcomes can be improved through optimal infant and young child feeding.

• **Codex Alimentarius standards and guidelines.**\(^{19}\) Codex provides standards and guidelines on the production, composition, and labelling of food products. Specific standards exist for infant formula, follow-up formula, and complementary foods. Codex does not generally deal with marketing of products, except in the sense that product labels can be used as a form of marketing.
  - Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013);
  - Standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006);
  - Standard for canned baby foods (Codex/STAN 73-1981, revised in 1989);
  - Standard for follow-up formula (CODEX STAN 156-1987).
  - Advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009).
  - General guidelines on claims (CAC/GL 1-1979).
  - Advisory lists of nutrient compounds for use in foods for special dietary uses intended for infants and young children (CAC/GL 10-1979).

• **Recommendations on the marketing of foods and non-alcoholic beverages to children.**\(^{20}\) These recommendations address the need to reduce the marketing to children of foods high in saturated fats, trans-fatty acids, sugars, or salt. The recommendations do not directly address marketing to caregivers, although they do indicate that nurseries and family and child clinics and paediatric services should be free of all forms of marketing of these foods.

**Definition of terms**

**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.

**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 via 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. Promotional methods or techniques include, but are not limited to, advergames, advertising, advertorials, ambush or attack marketing, automatic vending, brand, brand extension or brand stretching, below-the-line marketing, brand-equity characters, buzz marketing, cause-related marketing, clubs, company-owned websites, cross promotion, direct mail, emotional branding, fundraising schemes, gift packs or other giveaway, halo effect marketing, immersive marketing, ingame advertising, in-institution marketing, financial sponsorship, in-kind sponsorship, loyalty and voucher schemes, tasting schemes, integrated marketing, licensed characters, mobile marketing, multimedia messaging services, quick response (QR) codes, SMS marketing, outdoor advertising, packaging, peer-to-peer marketing, point-of-sale marketing, product placement, reward schemes, sales promotions, sampling, social media, sports sponsorship, tasting schemes, user-generated marketing, viral advertising, viral marketing, and word-of-mouth marketing. 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 for that product in particular settings to promote another product.