

Ending the inappropriate promotion of foods for infants and young children

A primer on WHO guidance



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Why worry about inappropriate promotion of foods for infants and young children?

Optimal feeding of infants and young children is central to healthy growth and development. WHO recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary feeding until 2 years or beyond.

Whenever possible, complementary foods should be prepared using fresh ingredients. The transition to healthy and safely prepared family foods can prevent child malnutrition. The introduction of a variety of locally available and affordable fresh foods can help develop healthy food habits for life.

Aggressive marketing of breast-milk substitutes and commercially produced complementary foods and beverages can undermine progress in optimal infant and young child feeding by misleading and confusing caregivers about the nutrition and health-related qualities, as well as the appropriate age and safe use of these foods.

WHO recently published *Guidance on ending the inappropriate promotion of foods for infants and young children**. The goal of the guidance is 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 of the guidance

The guidance targets all commercially produced foods and beverages that are marketed as suitable for feeding infants and young children aged 6–36 months.

A food or beverage product is covered by the guidance if it:

- uses the words baby, infant, toddler and/or young child;
- recommends an age of introduction of less than 3 years;
- uses an image of a child appearing younger than 3 years of age or feeding with a bottle; or
- is presented as suitable for children under the age of 3 years in any other way.



Examples of the target audiences, promotion channels and tactics

The term *promotion* includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

Target audiences include, for example:

- caregivers
- health professionals and health workers
- other intermediaries (health facilities, nurseries, paediatric services).

Promotional channels include, for example:

- traditional mass communication channels (newspapers, radio, television, billboards)
- Internet
- social media (Facebook, Twitter, Instagram).

Promotional tactics include, for example:

- cross-promotion and brand extension
- financial sponsorships
- loyalty and voucher schemes
- advergames and advertorials
- product placement
- sales and giveaways.



Are infants and children being adequately protected from marketing of breast-milk substitutes and inappropriate promotion of foods?

Member States endorsed the *International Code of Marketing of Breast-milk Substitutes* (the Code) in 1981, followed by relevant World Health Assembly resolutions.

Progress on implementing the Code in the Western Pacific Region has been slow. Only four countries are currently fully implementing the Code in national legislation. Two of these protect children up to 36 months of age* from the marketing of breast-milk substitutes. Two countries have legal measures incorporating many provisions of the Code, and five countries have legal measures that contain a few provisions.

Insufficient laws and lack of sanctions allow for continued systematic





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