

# **First meeting of the WHO Scientific and Technical Advisory Group on Inappropriate Promotion of Foods for Infants and Young Children**

**24–25 June 2013  
WHO headquarters, Geneva, Switzerland**



**World Health  
Organization**

## WHO Library Cataloguing-in-Publication Data

First meeting of the WHO scientific and technical advisory group on inappropriate promotion of foods for infants and young children, 24–25 June 2013, WHO headquarters, Geneva, Switzerland.

1. Infant food - standards. 2. Marketing. 3. Infant nutrition disorders. 4. Nutritional requirements. 5. Nutritive value. 6. Food labeling. 7. Food industry – standards. I. World Health Organization.

ISBN 978 92 4 150662 5

(NLM classification: WS 120)

**© World Health Organization 2013**

All rights reserved. Publications of the World Health Organization are available on [the WHO website \(www.who.int\)](http://www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

**World Health Organization**  
**First Meeting of the WHO Scientific and Technical Advisory Group on**  
**Inappropriate Promotion of Foods for Infants and Young Children**  
**24–25 June 2013, WHO headquarters, Geneva, Switzerland**

**Meeting report**

The Department for Nutrition for Health and Development of the World Health Organization (WHO) organized a meeting of the Scientific and Technical Advisory Group (STAG) on the Inappropriate Promotion of Foods for Infants and Young Children. This first meeting of STAG was organized in Geneva on 24–25 June 2013 in response to a call from the Sixty-fifth World Health Assembly (WHA) for the Director-General to provide clarification and guidance on the inappropriate promotion of foods for infants and young children.<sup>1</sup>

The seven STAG members<sup>2</sup> participated in the meeting, including two who were connected remotely. Six members declared no conflict of interest. Kathryn Dewey declared an interest as a member of a research consortium on lipid-based nutrient supplements. It was agreed that Dewey would recuse herself from any detailed discussion on lipid-based nutrient supplements. The meeting also was attended by three external resource persons and staff from a number of WHO Departments (Nutrition for Health and Development; Maternal, Newborn, Child and Adolescent Health; Prevention of Noncommunicable Diseases; Office of Legal Counsel). The meeting was chaired by STAG member Laurence Grummer-Strawn.

**Background and context**

Each year more than two million children under five years old die due to undernutrition, and many of these deaths are associated with inappropriate feeding practices. The 6–24 month age range – a time of high nutritional needs and frequent childhood illnesses – presents a key window of opportunity to prevent undernutrition. 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, therefore, also may have the potential to contribute to the UN global target for a 25% decrease in premature mortality from noncommunicable diseases by 2025.<sup>3</sup>

This is why WHO and the United Nations Children's Fund (UNICEF) launched a Global Strategy for Infant and Young Child Feeding in 2002,<sup>4</sup> building on earlier initiatives such as the 1981 International Code of Marketing of Breast-milk Substitutes (referred to hereafter as the Code)<sup>5</sup> and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990).<sup>6</sup> In May 2012, the World Health Assembly endorsed a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, setting out six global targets to be achieved by 2025.<sup>7</sup>

The last year has seen an incredible increase in resources dedicated to nutrition. More than 40 countries are now committed to the Scaling Up Nutrition movement.<sup>8</sup> On 8 June 2013, at a High-Level Meeting for Nutrition and Growth, co-hosted by the governments of Brazil and the

---

<sup>1</sup> Resolution WHA 65.6.

<sup>2</sup> See Annex 1 for the list of participants, including the list of STAG members.

<sup>3</sup> Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (19–20 September 2011) (A/RES/66/2).

<sup>4</sup> <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html>.

<sup>5</sup> <http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>.

<sup>6</sup> <http://www.unicef.org/programme/breastfeeding/innocenti.htm>.

<sup>7</sup> Maternal, infant and young child nutrition: draft comprehensive implementation plan (A65/11). WHO; 2012 ([http://apps.who.int/gb/e/e\\_wha65.html](http://apps.who.int/gb/e/e_wha65.html) - Resolutions).

<sup>8</sup> <http://scalingupnutrition.org/>.

United Kingdom and in the run up to the Group of Eight (G8) meeting in Northern Ireland, the Global Nutrition for Growth Compact was endorsed by 94 stakeholders, including 26 governments, and donors made new commitments for up to US\$ 4.15 billion to tackle undernutrition up to 2020.<sup>9</sup>

### **Draft scope and purpose and 2013 work plan**

More specifically, the background to the establishment and work of STAG follows a World Health Assembly resolution in 2010, noting that “promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding”,<sup>10</sup> and a specific request from the World Health Assembly in 2012 for the Director-General to “provide clarification and guidance” on the inappropriate promotion cited two years earlier.

Francesco Branca fleshed out some of the context for this work, highlighting some of the possible areas of debate. In the very broadest terms, infants receive complementary foods (CFs) through two channels: those provided by families (home prepared) and those provided through markets (commercial). There is currently much discussion about the potential for improved complementary feeding to reduce stunting. Some argue that commercial complementary foods will need to play a key role in some circumstances – at least in the interim until improvements in the food supply and/or in family incomes or food security can be achieved – and that, as such, promotion of complementary foods will be essential as an incentive for companies to develop products or to encourage global or local investment in tackling this issue. These issues need to be considered alongside the concerns expressed about how inappropriate promotion of complementary foods may undermine optimal infant and young child feeding.

The objectives of this first STAG meeting were:

- to discuss and approve the scope and purpose of STAG;
- to establish a work plan for the group’s activities and further meeting(s);
- to discuss background papers scoping the issues, outlining current practices and mapping the existing regulatory framework;
- to draft a brief text in partial response to the request by the World Health Assembly to “provide clarification and guidance on the inappropriate promotion of foods for infants and young children”;
- to review and make recommendations on the draft protocol for the data collection and analysis of case studies on marketing of complementary foods.

STAG reports to the Secretariat, which advises the Director-General, who is, in turn, responsible for advising Member States through the World Health Assembly. Maternal, infant and young child nutrition will be discussed at the next World Health Assembly in May 2014, so it would be helpful for STAG to be able to provide the Secretariat with a short text describing key concepts and definitions to clarify what is meant by inappropriate promotion of foods for infants and young children. It was agreed that STAG would work on the text during the two-day meeting and afterwards work remotely, by email and conference calls to finalize the text by October 2013 and advise on the collection of case study data. No further meeting was envisaged for 2013.

Although Member States had asked for “clarification and guidance” through WHA Resolution 65.6, it is not clear what kind of guidance they are seeking. It may be necessary, therefore, to seek clarification on what type of guidance Member States are requesting at the World Health Assembly in 2014. Drawing on previous experience, it is clear that there are various different possibilities for the type of guidance or tool that may be appropriate – from an international code (such as that for the marketing of breast-milk substitutes) to a set of recommendations

---

<sup>9</sup> Nutrition for growth commitments: executive summary.

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207271/nutrition-for-growth-commitments.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207271/nutrition-for-growth-commitments.pdf)).

<sup>10</sup> WHA Resolution 63.23.

(as has been done for marketing of foods and non-alcoholic beverages to children). The process of developing the recommendations on marketing to children was outlined to the meeting in order to help STAG understand the steps involved and to highlight any lessons that could be helpful to the group's future work.

### **Inappropriate promotion of complementary foods: scoping the issues**

STAG had been provided with a series of background papers that aimed to scope some of the important issues, including key definitions, current marketing practices and the regulatory context.

#### *Key definitions*

Tim Lobstein introduced a discussion on some of the key definitions to consider; namely, what is meant by the terms “complementary foods”, “inappropriate” and “marketing”?

The presentation outlined some definitions for a range of terms used in the literature discussing complementary feeding and attempted to categorize foods given to infants and young children. It also explored in some depth what it may mean when we talk about “inappropriate” marketing of complementary foods by setting out a series of potential interpretations of inappropriate products, inappropriate labelling and promotional methods and inappropriate impacts on infants, family or the wider community. The issues are summarised in Table 1 in this meeting report.

The question of what is meant by appropriate complementary feeding was answered drawing on the WHO 10 guiding principles for complementary feeding and a selection of national guidelines. Some of the issues around complementary feeding in relation to food and nutrition insecurity and the current debate about the role for commercially produced complementary foods were also explored.

Following these presentations, there was discussion on a number of questions, including specific issues raised by some of the proposed definitions.

One important area of discussion concerned the issue of which foods are to be covered by the work of STAG. The group discussed the extent to which the scope should include follow-on formula or other milks for young children (so-called “toddler milks” or “growing-up milks”). In recent years, there has been considerable discussion about whether follow-on formula – which did not exist when the Code was developed – is covered by the international Code. In response, WHO has produced a statement to provide clarity on how the Code relates to these products<sup>11</sup>. At the same time, the Codex Alimentarius Commission is currently reviewing the existing standard on follow-on formula, and the remit of this review will extend to all toddler and growing-up milks. It was agreed that the main focus of STAG work would be on complementary foods, but that it also would be important to include a statement in any preamble about STAG concern about inappropriate promotion of follow-on formula and other milks undermining breast milk.

Similarly, there was a need for clarity on whether STAG work should cover ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF). It was agreed that these products should be included in considerations of what is “inappropriate” or “appropriate” promotion. This also raised the question of how to deal with fortificants or micronutrient supplements, and at what point should versions of those products that provide some calories be considered as foods.

#### *Market overview and review of current marketing practices*

Lobstein introduced a brief overview of the current market for complementary foods and a review of existing marketing practices. This included data on the size and nature of the market and key trends. Estimates for the combined market value for infant formula and baby foods by

---

<sup>11</sup> [http://www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf)

2015 range from US\$ 23.8 billion to US\$ 57 billion.<sup>12</sup> The Asia Pacific region is the largest market, followed by Europe, and there is rapid growth for non-formula baby food products.

A typology of marketing practices and techniques also was presented to highlight the wide range of promotional marketing activities relevant to the promotion of foods and beverages for young children. A series of examples of products being promoted as suitable for children under 24 months was presented to illustrate some current marketing practices.

In order to evaluate current marketing practices, it is useful to look at the reports of the International Code Documentation Centre, which identifies transgressions of the Code, including for follow-up milks and some complementary foods (when considered to be breast-milk substitutes) and reports on them on both a country-by-country and company-by-company basis. Another valuable assessment of current marketing practices is a research project on complementary food labelling carried out by Lara Sweet in South Africa,<sup>13</sup> which found that the majority of products surveyed did not comply with good practice guidelines as proposed by the Maternal, Infant and Young Child Working Group and published by the Global Alliance for Improved Nutrition (GAIN).<sup>14</sup>

Significant gaps in the evidence on the occurrence and extent of the various types of inappropriate promotion can be identified. When considering these issues, it is important to be clear that the issues at stake are much broader than protection of breastfeeding alone. There is potential for foods and beverages being promoted as suitable for infants to detract from their dietary health in several ways, apart from undermining their consumption of breast milk. It is also important to consider that purchase of complementary foods may have consequences for other members of the family and/or the wider community through their impact on household budgets or on local food markets.

There was discussion about how much uniformity there is in international companies' marketing approaches in different markets. It is interesting to consider how companies operate, in terms of whether marketing decisions are taken locally or subject to central decision-making. From the WHO work on marketing to children, it appears that some decisions are taken at the global corporate level, while others are taken by regional or local affiliates or franchisees.

Concern was expressed about the extent of brand-stretching (where companies promote foods for infants/young children using the same branding as for infant formula or other milks). In the South African research, out of 32 cases where the company also sells a follow-on milk product, all 32 shared the branding/logos, etc.<sup>15</sup>

There was discussion about what is known about marketing of *appropriate* foods. This is an important issue to consider in order to ensure that there are not any unintended negative consequences of measures to tackle inappropriate promotion of foods for infants and young children. It is important also to consider what is included in definitions such as "fresh family foods". Does this, for example, include high-salt products such as stock or broth?

#### *Regulatory context: an overview of the regulatory environment*

Karen McColl presented information on the regulatory environment for promotion of products for infants and young children. The presentation covered both the relevant international instruments and examples of national legislative measures.

---

<sup>12</sup> Estimates from Global Industry Analysts Inc (2010) and the Internal Market Bureau of the Canadian Government Agriculture and Agri-Food Canada.

<sup>13</sup> See the section on Labelling Study in South Africa later in this meeting report.

<sup>14</sup> Quinn V, Zehner E, Scholfield D, Guyon A, Huffman S. Using the code of marketing of breast-milk substitutes to guide the marketing of complementary foods to protect optimal infant feeding practices. A copy of the Maternal, Infant and Young Child Working Group. Geneva: Global Alliance for Improved Nutrition (GAIN); 2010.

<sup>15</sup> 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. *Matern Child Nutr.* 2013;9(Suppl. 1):12–34.

When the World Health Assembly requested clarification and guidance on this issue, it stated clearly that this should be done “taking into consideration the ongoing work of the Codex Alimentarius Commission”.<sup>1</sup> There are a number of Codex standards relevant to foods for infants and young children and there also has been quite a lot of activity recently, with some important changes under way or under consideration. In particular, new Codex Guidelines on Formulated Complementary Foods for Infants and Young Children were put forward for adoption at the Codex Alimentarius Commission in Rome in July 2013. The Code is also relevant as it covers complementary foods that are represented as partial or total breast-milk substitutes. This may be, for example, because they are marketed for infants under six months old or that they are represented as suitable for feeding through a bottle.

Examination of national legislation in 63 selected countries revealed a wide range of measures and a variety of approaches – ranging from countries that have no specific legislative measures on marketing of infant foods to others that prohibit promotion of foods for children under five years old.

Measures by national regulators are often subject to intense lobbying, legal challenges and even trade disputes. Most existing measures focus on preventing commercial complementary foods from undermining breastfeeding and ensuring appropriate complementary feeding. There is little in place to prevent promotion of complementary foods from undermining family feeding practices, parental confidence in their ability to feed their infants or local food security.

During discussion on this regulatory context presentation, the question of whether baby food manufacturers or distributors decide on promotional strategies locally or globally resurfaced. It is clear that the variety of regulatory approaches in place creates a complex operating environment for companies.

The importance of the “spill-over effect” was also discussed, whereby marketing or public education messages from high-income countries trickle through to middle- and low-income countries. This had been seen in relation to infant formula marketing and also with respect to messages on prevention of mother-to-child transmission of HIV and breastfeeding.

### Discussion and brainstorming on potential solutions

Finally, a thorough discussion of Table 1 took place, outlining potential interpretations of inappropriate marketing of complementary foods. STAG examined this table, line by line, with a view to ensuring that there was a common understanding of the concepts put forward and evaluating whether the principles identified were relevant to STAG deliberations.

**Table 1: STAG discussion on potential interpretations of inappropriate marketing of complementary foods**

1. Inappropriate products		STAG discussion on this point
Promote inappropriate nutrition.	Complementary foods (CFs) lacking in essential nutrients, or with excess nutrients, e.g. salt, sugar.	<p>There was general agreement that this is an important principle, and useful to consider in the work of STAG.</p> <p>STAG discussed the concept of “inappropriate nutrition” and whether – as well as including foods that have excess nutrients – it would include foods that do not make a substantial <i>positive</i> contribution to the nutrition of the child. The group accepted that this is useful as a principle, although it would be challenging to put into practice.</p> <p>STAG also highlighted the issue of foods that are not designed or marketed for infants or young children, but are given to them (e.g. crisps, soft drinks, coffee/tea, skimmed milk,</p>

		drinks containing alcohol).
Promote inappropriate ingredients.	For example, contains allergenic or intolerance-inducing risks, e.g. nuts, gluten.	STAG considered that this issue should be covered by the work of the Codex Alimentarius Commission.  In relation to foods containing allergenic ingredients, it was pointed out that some current guidance now advises introducing allergenic ingredients within the first year.
Promote inappropriate balance of foods.	CFs that do not match and may undermine food-based dietary guidelines (FBDGs) for infant feeding, e.g. promotion of fruit-flavoured drinks in place of fruit.	STAG had a detailed discussion about the various elements enshrined in these two concepts, and how they might be defined. Issues to consider included consistency of CFs, ration size and caloric contribution of CFs, promotional messages that undermine complementary feeding guidelines and whether CFs aid the transition to the family diet available in each particular situation.
Promote an inappropriate diversion from family foods.	CFs containing foods, ingredients, tastes or flavours not normally found in family food, or the absence of foods or tastes or textures that are regularly found in family food. Includes presence or frequency of flavours (e.g. chocolate, vanilla) or ingredients (e.g. colouring agents, commercial starches) not regularly found in local family cuisine, and absence of local staples or high-nutrient foods that are in the family cuisine (e.g. fish, offal).	Some promotion of foods may imply that local foods can be disregarded. It was agreed that such promotion would be considered inappropriate.  There was recognition that there are very different contexts to take into account, including some situations where a proportion of the population currently struggles to obtain adequate micronutrients.  It was agreed that these are important concepts. STAG recognizes that there are situations in which measures may be necessary to complement the local food supply, and that other sources of complementary foods might play a role. There was no conclusion on how to define such situations.  It was suggested that it would be helpful to combine these two categories, since there was some difficulty in drawing a clear distinction between the two concepts.
Promotion of foods with inappropriate preparation requirements.	CFs that depend on use of fuel, clean water, equipment, etc. that may not be available.	It was agreed that these important concepts should be covered by the work of the Codex Alimentarius Commission.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_27994](https://www.yunbaogao.cn/report/index/report?reportId=5_27994)

