

Maternal, Infant and Young Child Nutrition (MIYCN) Working Group

Using the Code of Marketing of Breast-milk
Substitutes to Guide the Marketing of
Complementary Foods to Protect Optimal Infant
Feeding Practices

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Foreword

This Working Paper represents the efforts of members of the 'Sub-group on Integration of Breastfeeding and the Other Guiding Principles of Young Child Feeding with Use of Fortified Products for Complementary Feeding' formed under the Maternal, Infant and Young Child Nutrition Working Group of the 10 Year Strategy to Reduce Vitamin and Mineral Deficiencies. The *raison d'être* for the Sub-group to develop this Working Paper stems from the recognition that many questions exist on how the International Code of Marketing of Breast-milk Substitutes applies to the marketing of commercialized complementary foods and supplements, an intervention area that has gained both increased attention and investment over the past years, to ensure that optimal breastfeeding practices are protected and promoted. An urgent need was felt as already private companies are producing complementary food and supplement products in areas of the world where undernutrition rates are high and infant feeding practices fragile and sub-optimal at best. Therefore, it was felt that some guidance was needed, even if preliminary and incomplete, that could provide governments, private companies and other interested groups basic information on the appropriate marketing of complementary foods and supplements that would also ensure the protection and promotion of optimal infant feeding practices.

This Working Paper should be seen as only a 'first step' in a longer and more formal, future process which will be guided by evidence on what constitutes 'appropriate' and 'non-appropriate' marketing of complementary foods and supplements. Whereas the Code will inform some of the discussions during this process, there are significant areas which the Code does not consider; these gaps will need to be addressed. Additionally, the roles and responsibilities of a broad range of stakeholders will need to be considered, including state and government actors, inter-governmental (including UN system agencies and bodies) and non-governmental organizations, health professional bodies, the media and other groups, including companies involved in the production and distribution of complementary foods and supplements. A broad international normative and legal basis for strengthening accountability on the part of all relevant stakeholders will be crucial, and therefore other standards in addition to the Code will also need to be examined for their relevance. These include international trade regulations and human rights standards.

As this longer process evolves, we hope interested parties will find this Working Paper useful during the interim period as private sector companies are already moving ahead to promote their complementary foods and supplements. What is missing at this point in time are well documented field experiences on the marketing of such products which can inform future guidelines. We hope that field testing of this Working Paper will lead to the generation of such experiences and lessons learned.

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The opinions expressed herein are those of the authors and neither necessarily reflect the views of the officers and/or staff of the contributors' organizations nor the views of other members of the Sub-group and/or their organizations.

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1 INTRODUCTION

1.1 PURPOSE OF THIS WORKING PAPER

In recent years more attention has been given to the promotion of adequate complementary feeding of infants from six months onwards when breast milk alone is no longer sufficient to support optimal growth and development. As will be described further below, there are a range of strategies that may be used to improve complementary feeding practices, including foremost home prepared complementary foods. However, in some circumstances *commercially produced complementary foods and supplements* also provide an option for mothers who have the means to buy them and the knowledge and facilities to prepare and feed them safely. These types of products are also sometimes provided to malnourished or high-risk children either free or at low-cost through government or humanitarian programs.

This Working Paper is intended to assist commercial enterprises, relevant government offices, and other interested groups to appropriately market complementary foods and supplements in a manner that promotes and supports optimal breastfeeding during the first two years of life.

The focus of this Working Paper is on such commercially produced complementary foods and supplements and aspects of their marketing in relation to the protection of optimal breastfeeding practices. It provides clarification on how the marketing of commercially produced complementary foods and

supplements can conform to the *International Code of Marketing of Breast-milk Substitutes* (hereafter referred to as “the *Code*”) and subsequent relevant World Health Assembly (WHA) resolutions, including aspects of promotion and labelling. **Product promotion** refers to advertising, offering of information about a product, distribution of samples, in-store promotions, and any other method used to encourage the sale or use of a product.

The *Code* is an indispensable tool aimed at protecting, promoting and supporting breastfeeding in infants and young children, and promoting optimal feeding during the first two years of life. The *Code* applies to the marketing of breast-milk substitutes, feeding bottles and teats. The term **breast-milk substitutes** includes any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not designed for that purpose. Some aspects of marketing commercially produced complementary foods also fall under the *Code* and as such producers should be aware of and adhere to the *Code* and its provisions to ensure that such products are marketed in a way that supports (and does not undermine) optimal breastfeeding practices, including exclusive and sustained breastfeeding.

The *Code* was developed with the principal aim of regulating the inappropriate marketing of breast-milk substitutes, bottles and teats. As such the *Code* provides much less guidance related to the appropriate marketing of complementary foods, except to the extent that these products might be marketed as a partial or total replacement for breast milk. This has led to confusion regarding how the *Code* applies to commercially produced complementary foods and supplements. The principles of the *Code*, however, can inform the labelling and marketing of these complementary food and supplement products in a way that supports optimal infant feeding. In addition, where interpretation of the *Code* is unclear, manufacturers and distributors of complementary foods and supplements are encouraged to interpret the *Code* in a conservative manner that ensures full protection, promotion and support of optimal breastfeeding to maximize infant and young child survival, growth and development. We hope that this Working Paper helps in this process. Furthermore, marketing of complementary foods and supplements must also comply with all relevant national laws, regulations and standards found in each country. National measures in many countries implement many or all of the provisions of the *Code* and related WHA resolutions. In some cases countries have added additional legislation related to the marketing of infant foods and supplements. Full compliance with national regulations and guidelines is essential for conforming to national law as well as for building collaborative relationships within countries among all those involved in infant and young child nutrition.

1.2 OPTIMAL INFANT AND YOUNG CHILD FEEDING AND ITS IMPORTANCE

Undernutrition is associated with at least 35 percent of the near to 10 million under five deaths seen each year in developing regions of the world.¹ It is also a direct cause of mortality, and a major factor preventing children who survive from reaching their full developmental potential. It is estimated that about one third of children less than five years of age in developing countries suffer from measureable deficits in height and weight due to undernutrition. By age two, deficits in height, known as stunting, cannot be reversed with evidence suggesting the long-term impact this has on survival, adult height, learning and school performance as well as future wages.² Therefore the prevention of child undernutrition is a worthwhile long-term investment that benefits not only children and their families but also a country as a whole since national development depends on a healthy and productive population.

¹ Black, R.E., Allen, L.H., Bhutta, Z.A., Caulfield, L.E., de Onis, M., Ezzati, M., Mathers, C., Rivera, J. (2008). Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences. *The Lancet*, 19 Jan; 371 (9608):243-60.

² Victora, C.G., Adair, L., Fall, C., Hallal, P.C., Martorell, R., Richter, L., Sachdev, H.S. (2008). Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital. *The Lancet*, 26 Jan; 371 (9609):340-57.

In addition to the problems of low birth weight, lack of appropriate feeding practices during the first two years of a child's life, including sub-optimal breastfeeding and complementary feeding practices, are the main causes of undernutrition. Guidelines from WHO and UNICEF have been published on optimal infant and young child feeding from birth up to two years (see box).

In the 2003 Global Strategy for Infant and Young Child Feeding, WHO and UNICEF define optimal infant and young child feeding as:

- *practicing exclusive breastfeeding from birth for the first six months of life (180 days) and*
- *starting from six months of age, feeding with safe and appropriate complementary foods, along with continued breastfeeding for up to two years of age or beyond*

*(**Exclusive breastfeeding** is defined as an infant receiving only breast milk (including expressed breast milk or breast milk from a wet nurse) and nothing else (apart from oral rehydration solution or drops and/or syrups of vitamins, minerals and medicines). Source: From Indicators for Assessing Breastfeeding Practices: Conclusions of a consensus meeting held 6-8 November 2007 in Washington, D.C. World Health Organization. Geneva. 2008.)*

Finding ways to increase optimal breastfeeding is key to preventing child undernutrition and improving child survival and development. Sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first six months of life, results in 1.4 million deaths and 10 percent of the disease burden in children younger than five years old.³ Children 0-5 months who are not breastfed are 14.4 times more likely to die than children who are exclusively breastfed. Children ages 6-23 months who are not breastfeeding are 3.7 times more likely to die than those who continue to be breastfed. Yet in Africa, Asia, Latin America and the Caribbean only 47-57 percent of infants younger than two months are exclusively breastfed, and for children two to five months of age, this percentage falls to 25-31 percent. At 6-11 months, six percent of children in Africa, 10 percent in Asia and 32 percent in Latin America have stopped breastfeeding.⁴ High rates of exclusive breastfeeding during the first six months of life and thereafter continued breastfeeding with complementary foods can potentially decrease under-five deaths each year by 13 percent and 6 percent, respectively.⁵ Thus, a vast opportunity exists to save and

³ Black, R.E., Allen, L.H., Bhutta, Z.A., Caulfield, L.E., de Onis, M., Ezzati, M., Mathers, C., Rivera, J. (2008). Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences. *The Lancet*, 19 Jan; 371 (9608):243-60.

⁴ Ibid

⁵ Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, (2003) Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *The Lancet*, 5 Jul; 362: 65-71.

improve lives worldwide by increasing immediate and exclusive breastfeeding in the first six months and continued breastfeeding up to two years and beyond.

Promoting improved complementary feeding from the age of six months (180 days) onwards is also essential. The period around the introduction of complementary foods is one of the most critical windows of opportunity to prevent child undernutrition, as it is a time characterized by frequent childhood illnesses such as diarrhea and infection as well as high nutrient needs to sustain normal development.⁶

WHO has identified Ten Guiding Principles⁷ for optimal complementary feeding of the breastfed child to achieve optimum nutrition during this critical time of life. (See appendix C). Mothers and other caretakers should:

- Exclusively breastfeed from birth to six months of age, and introduce complementary foods at six months of age (180 days) while continuing to breastfeed
- Continue to breastfeed frequently on demand until two years of age or beyond
- Practice responsive feeding, applying the principles of psycho-social care
- Practice good hygiene and proper food handling
- Start at six months of age with small amounts of food and increase the quantity as a child gets older, while maintaining breastfeeding
- Gradually increase food consistency and variety as the infant gets older, adapting to the infant's requirements and abilities
- Increase the number of times that the child is fed complementary foods as he/she gets older
- Feed a variety of foods to ensure that nutrient needs are met
- Use fortified complementary foods or vitamin-mineral supplements for the infant, as needed
- Increase fluid intake during illness and after illness, give food more often than usual and encourage child to eat more

6 Pan American Health Organization/World Health Organization (2003). Guiding Principles for Complementary Feeding of the Breastfed Child. http://www.who.int/child_adolescent_health/documents/a85622/en/index.html

7 Ibid

Many actions have been identified as important for improving infant feeding practices, and international organizations such as WHO and UNICEF have called for an integrated, comprehensive approach to address the challenge. Mothers and families need to be provided with the support they need to carry out their crucial roles. Governments, international organizations and other concerned parties need to provide information and support for breastfeeding; protection from commercial pressures to use breast-milk substitutes; conditions for working women to enable them to breastfeed; information and support for appropriate complementary feeding; and culture-specific nutrition counselling to ensure that local foods are prepared and fed safely in the home. In addition, low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community settings, are helpful for meeting the nutritional needs of older infants and young children. Industrially processed complementary foods provide an additional option for some mothers, and food fortification and nutrient supplementation can also help to ensure that children receive adequate amounts of micronutrients.

Two key challenges to achieving optimal complementary feeding are ensuring adequate macro and micronutrient content of the foods and maintaining breastfeeding up to the age of 24 months and beyond. Often complementary foods traditionally prepared by families are of low nutritional quality, particularly for critical micronutrients such as iron and zinc, especially for infants from 6 to 24 months who have very high needs for such nutrients. There is growing acceptance by international bodies, including normative groups such as WHO⁸, that micronutrient fortification of complementary foods, either industrially produced or home fortified, holds promise for providing some families with the option to ensure their children get all the nutrients they require for healthy growth and development.

The production and marketing of high quality and low cost commercially produced foods, such as fortified blended foods, complementary food supplements and micronutrient powders is therefore seen as an important element of any overall strategy to improve the nutrition of infants and young children 6 to 24 months of age in developing regions of the world. This is particularly true for those families who have the means to buy these products and the knowledge and facilities to prepare and feed them safely. Sometimes such products have been provided to malnourished or high-risk children either free or at low-cost through government or during emergencies through humanitarian programs.

⁸ WHO/UNICEF (2008). Draft meeting report: Strengthening action to improve feeding of infants and young children 6-23 months of age in nutrition and child health programmes. Geneva, 6-9 October 2008.

1.3 TYPES OF COMPLEMENTARY FOODS AND SUPPLEMENTS

There are a growing number of food products available on the market for feeding infants and young children during the period when breastfeeding alone is no longer sufficient to meet nutritional requirements. Commercially produced complementary foods provide an option for some mothers. Public health strategies for improving the nutritional status of children through the provision of fortified foods focus on the following three types of products:

- **Fortified blended foods:** any prepared porridge or cereal fortified with micronutrients to help fulfil the nutritional needs of young children after the age of six months, in addition to breast milk. These foods are intended to replace traditional local porridges or paps when they are inadequate to fulfil nutritional needs, or to be given to children in addition to such foods, for example in government feeding programs.
- **Complementary Food Supplements:** fortified food-based products meant to be added to other foods or eaten alone to improve macronutrient and micronutrient intake. Some examples include LNS (lipid-based nutrient supplements) such as fortified peanut spread, and fortified full fat soy powder.
- **Micronutrient Powders:** pre-packaged combinations of micronutrients intended to be added to local porridges, paps or family foods to address gaps in micronutrients and improve the nutritional status of children (after the age of six months). These powders do not fall under the definition of complementary foods under the *Code*, but nevertheless are included in this Working Paper. In countries where micronutrient powders have been classified as pharmaceuticals, they would be subject to any laws or regulations governing the marketing of pharmaceuticals.

Many other food products are also marketed for feeding infants and young children including packaged cereals, biscuits, jarred fruits, vegetables and meats, packaged infant meals and juices. While this Working Paper is written primarily for individuals, organizations and private companies involved in promoting fortified blended foods, complementary food supplements and micronutrient powders (hereafter referred to as complementary foods and supplements), it is recommended that the principles it espouses be followed by groups involved in any aspect of marketing food products for infants and young children. Any marketing of complementary foods and supplements should not increase the risk of early cessation of exclusive breastfeeding or the displacement of breastfeeding after six months of age.

2 RELEVANT INTERNATIONAL REGULATIONS AND STANDARDS

A number of guidelines, regulations and standards at both the international and national levels are relevant to the appropriate marketing of complementary foods and supplements for infants and young children.

2.1 THE WHO/UNICEF GLOBAL STRATEGY ON INFANT AND YOUNG CHILD FEEDING

The *Global Strategy for Infant and Young Child Feeding (Global Strategy)*,⁹ produced by WHO and UNICEF, reinforced and renewed global commitments to improving infant and young child nutrition including those made at the 1990 World Summit for Children. The *Global Strategy*, which was adopted by the World Health

Specifically the Global Strategy states:

"Providing sound and culture-specific nutrition counseling to mothers of young children and recommending the widest possible use of indigenous foodstuffs will help ensure that local foods are prepared and fed safely in the home... In addition, low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community settings, are identified as helpful for meeting the nutritional needs of older infants and young children. Industrially processed complementary foods also provide an option for some mothers who have the means to buy them and the knowledge and facilities to prepare and feed them safely."

Food fortification and nutrient supplementation are also identified as helpful for ensuring that children receive adequate amounts of micronutrients.

Assembly and UNICEF's Executive Board in 2002, aims to improve the nutritional status, growth and development, health, and survival of infants and young children through optimal feeding during the first two years of life.

The relevance of the *Global Strategy* to this current Working Paper is its appeal to all governments to ensure that exclusive breastfeeding is protected, promoted and supported for six months with continued breastfeeding up to two years and beyond; and to promote timely, adequate, safe and appropriate complementary feeding from six months of age.

⁹ WHO/UNICEF Global strategy for infant and young child feeding (2003). http://www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf

2.2 THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES AND SUBSEQUENT RELEVANT RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY

The *International Code of Marketing of Breast-milk Substitutes* is a global recommendation that was adopted by a resolution of the World Health Assembly in 1981 [WHA Resolution 34.22 - Appendix A]. The *Code* was a result of decades of concern about the negative impact that aggressive and unethical marketing of breast-milk substitutes was having on infant health and survival, especially in developing regions of the world. It is intended to protect breastfeeding by insisting

Products that fall under the International Code include:

- *Breast-milk substitutes, including infant formula;*
- *Other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk;*
- *Feeding bottles and teats*

on appropriate marketing practices for products that replace breast milk as well as for feeding bottles and teats. The articles of the *Code* prohibit advertising and other promotion of these products to the general public, to health workers and in health care facilities. They provide guidelines for the content and distribution of information and educational materials on infant and young child feeding as well as prescribe the labelling of products within the scope of the *Code*.

In addition, the *Code* must be read in conjunction with WHA resolutions that have been adopted since 1981. The Assembly, which meets every year, visits the topic of infant feeding every other year. Subsequent resolutions have clarified several aspects of the *Code*, closed loopholes and addressed emerging marketing tactics that undermine breastfeeding.

Because optimal infant feeding includes six months of exclusive breastfeeding and continued breastfeeding for two years or beyond, the *Code* and the related WHA resolutions have implications for the way complementary foods and supplements are marketed and labelled. The *Code* focuses on breast-milk substitutes which are defined as “*any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose*”. Read in conjunction with the global guidelines for optimal infant and young child feeding, this means that any product that is represented as suitable for use during a child’s first six months of life or for replacing the part of the diet that is best satisfied by breast milk after the child reaches six months of age until the age of two years would fall within the scope of the *International Code*.

Moreover, in 1986 the WHA adopted Resolution WHA 39.28, which states that “any food or drink given before complementary feeding is nutritionally required may

interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.” Ten years later, the WHA Resolution 49.15 (1996) was adopted which urges Member States “to ensure that complementary foods are not marketed for or used in ways that undermine exclusive or sustained breastfeeding.” In 2002, the Assembly further urged member states to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace or undermine support for the sustainable practice of exclusive breastfeeding and complementary feeding [WHA Resolution 55.25].

In summary, these WHA provisions state that complementary foods and supplements should never be marketed or labeled as suitable for feeding infants below the age of six months or in a way that undermines sustained breastfeeding after the age of six months until the age of two years or beyond.

The *Code* and the subsequent relevant WHA resolutions are a set of recommendations of the World Health Assembly. Such recommendations, unlike international treaties or conventions, are not legally binding at the national level, although, according to a former WHO senior legal officer who was closely involved in drafting the *Code*, they do carry “moral or

political weight”.¹⁰ When the WHA adopted the *Code*, the WHA urged all Member States to incorporate its provisions as a minimum standard into national laws, regulations or other appropriate measures.

The WHA called on all manufacturers to ensure that their marketing practices comply with the *Code* at all levels, irrespective of action taken by Governments to implement the *Code* (Article 11.3).

While manufacturers and distributors are responsible for monitoring their own marketing practices, governments are also responsible for monitoring implementation of the *Code*. Other concerned parties, nationally and internationally, are called on to collaborate fully with governments in this task. Health professionals have a responsibility to monitor marketing practices and ensure compliance in their institutions. Non-governmental organizations, institutions, individuals and professional groups have the responsibility of drawing the attention of manufacturers or distributors to violations while informing the appropriate governmental authority.

¹⁰ Shubber, S. (1985). The International Code of Marketing of Breast milk Substitutes, *International Digest of Health Legislation*, 36:884.

2.3 RELEVANT STANDARDS OF THE CODEX ALIMENTARIUS COMMISSION

The Codex Alimentarius Commission was created in 1963 by the Food and Agriculture Organization (FAO) and WHO to develop food standards, guidelines and related texts such as codes of practice under the Joint FAO/WHO Food Standards Programme. The main purposes of this Programme are to protect the health of consumers, ensure fair trade practices for food, and promote coordination among international governmental and non-governmental organizations in developing food standards. Technically speaking the adoption of Codex standards is not obligatory; however, for the most part national governments do base their food standards on the Codex Alimentarius. In addition, the World Trade Organization is increasingly referring to Codex standards as benchmarks in the adjudication of international trade disputes involving foods.

Codex standards are relevant to manufacturers and distributors of food products not only because of their close relationship with existing national food regulations, but also because the international standards will lead to future regulatory requirements at the national level. Relevant Codex Alimentarius standards related to complementary foods and supplements are shown in Appendix B. Currently several Codex standards related to complementary feeding are in the process of being updated based on new research on nutrient needs of young children and new products currently used for complementary feeding such as complementary food supplements.

The Codex Alimentarius standards, guidelines and codes of practice relate primarily to the essential composition of food products, contaminants, hygiene and labeling.

2.4 NATIONAL LAWS, REGULATIONS AND OTHER MEASURES

While the *Code* and the subsequent relevant WHA resolutions are not legally binding, nearly 80 countries have enacted laws implementing all or many of the provisions of the *Code* and the related WHA resolutions. National laws and other measures govern the advertising and promotion of foods for infants and young children as well as feeding implements. Provisions are also included related to information and educational materials on infant and young child feeding as well as to the labelling of relevant products.

National laws vary in content from country to country so it is incumbent upon manufacturers and distributors of infant foods to become familiar with the relevant legislation and regulations in each country in which they market their products.

While all of the national measures apply to infant formula and other products specifically manufactured as breast-milk substitutes, there are many that also apply to other products including complementary foods and

supplements for infants and young children. For example:

- In Bangladesh and Brazil, pictures of young babies on the labels of complementary foods are prohibited so that mothers are not encouraged to feed these foods to their children from too early an age.
- Cambodia, the Philippines and Vietnam require information about the proper introduction of complementary foods to be included in all educational and informational materials dealing with infant and young child feeding.
- In Botswana, India and Bangladesh, advertising and other forms of commercial promotion for complementary foods for infants up to the age of three years, two years, and one year, respectively, is not allowed.

Information on national laws, regulations and guidelines can be found by contacting local Ministries of Health, World Alliance for Breastfeeding Action (WABA) or International Baby Food Action Network (IBFAN) representatives. Information can also be obtained by contacting the International Code Documentation Center, established by IBFAN to collect, analyze and evaluate national laws and draft laws. Some specific country information is also available at www.ibfan.org.

3 KEY QUESTIONS ON THE APPROPRIATE MARKETING OF COMPLEMENTARY FOODS AND SUPPLEMENTS

3.1 WHAT GUIDELINES SHOULD BE FOLLOWED FOR PRODUCT LABELING FOR COMPLEMENTARY FOODS AND SUPPLEMENTS SO THAT OPTIMAL INFANT FEEDING IS BEST PROMOTED AND PROTECTED?

The *Code* does not specifically refer to complementary foods and supplements in the article devoted to labelling. Nonetheless, its principles can provide some guidance at the present time for labelling these products in a way that protects, promotes and supports optimal infant feeding. Moreover, manufacturers and distributors of complementary foods and supplements must also comply with any national laws, regulations or standards that may exist in a given country that pertain to the labelling of these products.

The main principles gleaned from the *Code* which can be used to guide appropriate labelling of complementary foods and supplements include that the label should provide information about the appropriate use of the product, the label should encourage exclusive breastfeeding for an infant's first six months of life, and the label should not undermine or discourage continued breastfeeding after six months and up to two years or beyond.

The *Code* is not explicit on how to avoid undermining continued breastfeeding after six months. Calories from breastfeeding comprise, on average, approximately 35-40 percent of a child's diet during the second year of life. In its "*Guiding Principles for Complementary Feeding of the Breastfed Child*",¹¹ WHO has defined the energy needs from complementary foods for infants with "average" breast milk intake in developing countries (see Table 1). Labels should not suggest a daily ration for the product in excess of these amounts shown in the table above.

Table 1

Age of Child (months)	Energy needs from complementary foods for a breastfed child (kcal/day)
6 - 8.9	200
9 - 11.9	300
12 - 23.9	550

¹¹Pan American Health Organization/World Health Organization (2003). *Guiding Principles for Complementary Feeding of the Breastfed Child*. http://www.who.int/child_adolescent_health/documents/a85622/en/index.html

In addition, this could also reduce a child's appetite for other local foods forming part of the diet.

In many countries, national laws may go beyond what is required in the *Code* and include specific labelling requirements for foods for infants and young children over the age of six months.

For example:

- In Guatemala, the label of a manufactured infant food may not contain a picture of an infant.
- In Botswana, health and nutrition claims about nutrients and ingredients are prohibited on labels of foods for infants and young children.

This following guidance on product labels is based on what is explicitly contained in the *Code* as well as additional aspects which while not explicit in the *Code* are keeping within its spirit. Producers and distributors of complementary foods and supplements should closely follow these guidelines.

WHAT TO DO

A product label should:

- comply with national laws, regulations and standards for what is permitted and not permitted in a country
- be easy to read and written in the appropriate language(s) of the country in which the product is sold¹²
- all text should be conspicuous (clearly readable) prior to purchase and not be found in an under-lid leaflet
- if pictures are allowed in the country, include pictures of babies appearing over the age of six months (such as those standing without assistance since this developmental milestone occurs after 6 months)
- include the following messages in a prominent manner and not relegated to small print that cannot be easily seen:
 - explicitly instruct that the age for use of the product is six months (180 days) or more.

¹² For example, rather than in English or French, the label should be in Swahili for Kenya and Tanzania, Malagasy in Madagascar, and Amharic in Ethiopia.

- emphasize the importance of exclusive breastfeeding for the first six months followed by the addition of complementary foods with continued breastfeeding for two years and beyond.
- recommend feeding with a spoon.
- include instructions regarding safe preparation, use and storage of the product.
- promote daily rations that provide energy within the daily requirements for breastfed children (see Table 1).

WHAT NOT TO DO

A product label should:

Not give instructions indicating how to feed the product to infants younger than six months

Not put label information in an under-lid leaflet

Not include pictures of babies less than or appearing to be less than six months of age

Not include phrases such as "from the start", "for the whole family" or "first stage"

Not recommend that the product can be fed by bottle or show a picture or other image of a feeding bottle

Not recommend a daily ration for the product (nor a recommended serving size combined with a recommended frequency of feeds per day) that provides the child an amount of calories per day in excess of Table 1, so as not to interfere with breastfeeding

3.2 WHAT GUIDELINES SHOULD BE FOLLOWED FOR THE APPROPRIATE ADVERTISING AND RETAIL SALES PROMOTION OF COMPLEMENTARY FOODS AND SUPPLEMENTS TO THE GENERAL PUBLIC AND MOTHERS OUTSIDE THE HEALTH CARE SYSTEM?

3.2.1 Advertising and retail sales promotion

Advertising refers to product promotion through the mass media such as through newspapers, magazines, television, radio, street side billboards and signs. **Retail sales promotion** refers to product promotions that take place where products are sold such as distribution of product samples, distribution of gifts with purchase marked with product brand names, special displays of products, discount coupons and in-shop posters or banners.

Manufacturers and distributors of complementary foods and supplements should ascertain if there are national laws, regulations or standards pertaining to advertising and other forms of commercial sales promotion of their products in countries where they operate. Some countries restrict or prohibit such advertising or commercial sales promotion. For example,

- **India** prohibits advertising of foods for infants up to the age of two years while food products for infants up to the age of one year may not be advertised in **Nepal, Pakistan** or **Oman**. Tanzania prohibits advertising of foods for infants and young children up to the age of 5 years.
- In **Sri Lanka** and **Colombia** there are many restrictions related to the way that foods meant for complementary feeding may be advertised or promoted.
- Distribution of free samples of foods for infants is prohibited in **India, Pakistan** and **Sri Lanka**.

WHAT TO DO

Because improper use of complementary foods and supplements could seriously interfere with exclusive and continued breastfeeding, appropriate marketing would include the following emphasis on:

- The importance of exclusive breastfeeding during the first six months of life;
- The important role that breastfeeding plays in an infant's diet after the six-month period of exclusive breastfeeding up to 24 months of age and beyond; and
- The idea that after six months of exclusive breastfeeding, safe and nutritious foods should be added to the baby's diet while breastfeeding continues up to two years and beyond.

Where advertising and retail sales promotion is permitted, these messages should be communicated in a clear manner and for print materials and billboards not be relegated to small print that cannot easily be seen.

3.2.2 Product samples at retail outlets

The distribution of free product samples is a sales technique sometimes used at the retail level by food manufacturers. The *Code* prohibits manufacturers or producers from providing, directly or indirectly, samples of their products that fall within the scope of the *Code* (Article 5.2).

WHAT NOT TO DO

General public including mothers (outside health facilities):

According to the Code, complementary foods and supplements may be advertised or promoted so long as the advertisement or the promotion does not represent the product as:

- *suitable for infants younger than six months of age;*
- *a partial or total replacement of breast milk for children under 24 months; and/or*
- *suitable for feeding with a bottle or teat.*

Complementary foods and supplements offered as suitable for infants younger than six months or a partial or total replacement for breast milk cannot be advertised or promoted because such products would be treated as breast-milk substitutes for purposes of the Code and the relevant WHA resolutions on infant feeding.

Although not explicitly addressed by the Code, companies that manufacture and/or distribute infant formula or other breast-milk substitutes in addition to complementary foods or supplements should also ensure that their advertisements or sales promotions for complementary foods or supplements do not have the effect of promoting a company's breast milk substitutes. This includes:

- *Not using similar color schemes and designs for labels of their complementary food brands as used for their infant or follow up formula brands*
- *Not using similar names for the complementary food brands as those used for their infant or follow up formula brands*
- *Not using similar slogans, mascots or other symbols for the complementary food brands as those used for their infant or follow up formula brands*

3.2.3 Contacts outside the health system between personnel of companies manufacturing or distributing complementary foods and supplements and pregnant women and mothers of infants and young children

For those companies that also manufacture or distribute breast-milk substitutes and other products falling within the scope of the Code, Article 5 pertaining to the general public and mothers, explicitly states that “*marketing personnel, in their business capacity, **should not seek direct or indirect contact of any kind** with pregnant women or with mothers of infants and young children*”

(Article 5.5). This restriction applies to all the marketing personnel of these companies, even those staff only promoting complementary foods and supplements that target infants older than six months.

For those companies that do not manufacture or distribute breast-milk substitutes and other products falling within the scope of the Code, their marketing personnel, in their business capacity, are not explicitly prohibited from seeking either direct or indirect contact with pregnant women or with mothers of infants and young children outside the health care system. These companies should ensure that their marketing activities and/or promotional materials for their complementary food products do not undermine exclusive and sustained breastfeeding [WHA 49.15]. Likewise the marketing of nutritional supplements must not replace or undermine the sustainable practice of exclusive breastfeeding and optimal complementary feeding [WHA 55.25].

Manufacturers and distributors of complementary foods should also ascertain if there are relevant national laws, regulations or standards in countries where they would like to market their products.

3.3 WHAT GUIDELINES SHOULD BE FOLLOWED FOR THE APPROPRIATE SALE OR USE OF COMPLEMENTARY FOODS AND SUPPLEMENTS WITHIN THE HEALTH CARE SYSTEM?

The *Code* defines a health care system as “*governmental, non-governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.*”

(Article 3)

Article 6.2 of the *International Code* states that “*no facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code*”.¹³

Whereas the *Code* prohibits the promotion of breast-milk substitutes through the health care system, it is silent on the issue of the promotion of complementary foods through this channel.

¹³ It cannot be assumed that because the *Code* does not explicitly prohibit the promotion of complementary foods and supplements within the health system that it is either always appropriate or in the best interest of infants and caregivers. More experience is needed from field programs to inform the development of future guidance on this issue. Some health systems are currently testing different modalities for working with the private sector on complementary foods and supplements, however, these activities have not yet been fully tested and evaluated regarding their full impact.

It is also important to note that Article 4.1 of the *Code* indicates that national governments have the ultimate responsibility for and control over the planning, provision, design and/or dissemination of information on infant and young child feeding provided within the health care system for use by families and those involved in the field of infant and young child nutrition.

3.3.1 Donations of informational and educational equipment or materials

According to Article 4.1 of the *Code*, “governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.”

In addition, Article 4.2 states that “informational and educational materials, whether written, audio, or visual dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

- *the superiority of exclusive breastfeeding during the first six months of life and the benefits of continued breastfeeding;*
- *maternal nutrition, and the preparation for and maintenance of breastfeeding;*
- *the negative effect on breastfeeding of introducing partial bottle feeding;*
- *the difficulty of reversing the decision not to breastfeed.”*

Within this context, Article 4.3 of the *Code* also is clear that “donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and the written approval of the appropriate government authorities or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company’s name or logo but should not refer to a proprietary product that is within the scope of this Code and should be distributed only through the healthcare system”.

In practical terms, the various components of Article 4 mean that within the health care system, no company staff are permitted to directly provide to pregnant women and mothers with infants and young children educational materials dealing with infant and young child feeding. Appropriate government health authorities need to request this information and serve as the channel through which to reach these women.

WHAT TO DO

Check to see:

- ✓ Has there been a request by the health system for such educational materials, as per Article 4.3?
- ✓ Do these materials include clear information required by Article 4.2?
- ✓ Are they only distributed within the healthcare system?

3.3.2 Contacts within the health system between personnel of companies manufacturing or distributing complementary foods and supplements and pregnant women and mothers with infants and young children

For those companies that also manufacture or distribute breast-milk substitutes and other products falling within the scope of the *Code*, Article 5 pertaining to the general public and mothers, explicitly states that “*marketing personnel, in their business capacity, **should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children***” (Article 5.5). This restriction applies to all the personnel of these companies, even those staff only promoting complementary foods and supplements that target infants older than six months. In addition, Article 6.4 of the *Code* states that manufacturers or distributors of products within the scope of the *Code* should not pay for or provide “professional service representatives”, “mothercraft nurses” or similar personnel for use in the health care system. Essentially, this means these companies should not have any of their employees provide nursing or care to pregnant women or mothers of infants and young children within the health care system.

The drafters of the *Code* did not consider the appropriateness of marketing personnel of those companies that do not manufacture or distribute breast-milk substitutes seeking either direct or indirect contact with pregnant women or with mothers of infants and young children within the health care system. However, the Global Strategy on Infant and Young Child Feeding declares that “*appropriate complementary feeding depends on accurate information and skilled support from the family, community and health care system*” while no mention is made of the marketing personnel of companies.¹⁴

¹⁴ Ascertaining the appropriateness of marketing personnel of these types of companies having contact with mothers within the health system is an area requiring further discussion and should draw upon field experiences to inform future international guidance. Some health systems are currently testing different modalities for working with the private sector on complementary foods and supplements, however, these activities have not yet been fully tested and evaluated regarding their full impact.

Manufacturers and distributors of complementary foods should also ascertain if there are relevant national laws, regulations or standards in countries where they would like to market their products.

3.3.3 Product samples and/or free supplies within the health care system

According to WHA Resolution 47.5 (1994), governments should ensure “*that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system*”. While the health system may purchase and distribute, either free or at a subsidized price, complementary foods and supplements, keeping within the spirit of the Code and the WHA’s concern with *conflict of interest* (discussed in more detail below in section 3.5), companies should not do so directly.

3.4 WHAT GUIDELINES SHOULD BE USED FOR PROVIDING INFORMATION ON COMPLEMENTARY FOODS AND SUPPLEMENTS TO HEALTH WORKERS?

Article 7 of the *Code* restricts the ways that information about products falling within the scope of the *Code* may be communicated to a health worker (defined as “*a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers*”). Product information should be restricted to scientific and factual matters. This principle should also be applied to complementary foods and supplements, so health workers can base their recommendations on scientific principles rather than promotional messages for a specific product.

3.5 WHAT GUIDELINES SHOULD BE FOLLOWED FOR AVOIDING CONFLICT OF INTEREST BETWEEN COMPANIES THAT PRODUCE AND DISTRIBUTE COMPLEMENTARY FOODS AND SUPPLEMENTS AND GOVERNMENT HEALTH AUTHORITIES?

The World Health Assembly in 1996 and 2005 passed resolutions concerning *conflicts of interest* that can be created when health professionals working in infant and young child health are offered financial support. The earlier resolution urges Member States to ensure that such financial support does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative [WHA Resolution 49.15, 1996].

In 2005, the WHA made this recommendation more general by urging Member States to “*ensure that financial support and other incentives for programs and health professionals working in infant and young child health do not create conflicts of interest.*” These resolutions are also relevant for manufacturers and distributors of

complementary foods or supplements, both those that do and those that do not manufacture or distribute breast-milk substitutes and related products that fall within the scope of the *International Code*. Providing financial incentives to health professionals such as grants, fellowships and support for professional organizations, even if offered under the umbrella of promotion of complementary foods or supplements creates conflicts of interest for health professionals, especially if it provides an incentive to promote products that are within the scope of the *Code*.

4 DO'S AND DON'TS FOR MARKETING OF COMPLEMENTARY FOODS AND SUPPLEMENTS

The columns below for “Do” and “Do Not” are based on the wording in the *Code* and subsequent WHA resolutions. The “Best Practices” columns are recommended for optimal infant feeding and are in full compliance with the spirit of the International *Code*, although not explicitly required by the *Code*.

	DO*	Best Practices**	DO NOT*	Best Practices NOT to do**
LABEL	<i>DO check national laws, regulations and standards for what is permitted and not permitted in a country</i>			
	<i>DO write product label in the local language(s)</i>			
	<i>DO make label easy to read</i>			
	<i>DO make label information visible before purchase</i>		<i>DO NOT put label information in an under-lid leaflet</i>	
	<i>DO specify an appropriate age of introduction, not to precede six months</i>		<i>DO NOT state a recommended age of introduction that is less than six months</i>	
		<i>DO state in a conspicuous way the importance of exclusive breastfeeding for the first six months</i>		
		<i>DO encourage continued breastfeeding up to two years or beyond</i>		

* Based on the wording in the *Code* and subsequent WHA resolutions.

** Recommended for optimal infant feeding and full compliance with the spirit of the *International Code*, although not explicitly required by the *Code*.

	DO*	Best Practices**	DO NOT*	Best Practices NOT to do**
LABEL	<i>DO provide instructions for safe and appropriate preparation and use</i>		<i>DO NOT provide instruction on how to feed the product to infants younger than six months</i>	
	<i>DO include stipulated warnings (eg. health hazards of inappropriate preparation or excess consumption if product is highly fortified.)</i>			
		<i>DO include proposed daily ration/serving</i>	<i>DO NOT include a daily ration that exceeds the recommended energy intake from complementary foods for a breastfed child</i>	
	<i>DO provide instructions for safe and appropriate storage</i>			

* Based on the wording in the *Code* and subsequent WHA resolutions.

** Recommended for optimal infant feeding and full compliance with the spirit of the *International Code*, although not explicitly required by the *Code*.

	DO*	Best Practices**	DO NOT*	Best Practices NOT to do**
LABEL		<i>If pictures are permitted, DO include pictures of babies appearing to be older than six months of age and showing achievement of a physical or developmental milestone clearly reached after six months¹⁵</i>	<i>DO NOT include pictures of babies less than six months of age or appearing to be less than six months of age¹⁶</i>	
		<i>DO recommend feeding product in a soft or semi-soft form</i>		<i>DO NOT recommend feeding product in a liquid form</i>
			<i>DO NOT recommend feeding product in a bottle</i>	
MARKETING	<i>DO check national laws, regulations and standards for what is permitted and not permitted in a country</i>			

* Based on the wording in the Code and subsequent WHA resolutions.

** Recommended for optimal infant feeding and full compliance with the spirit of the International Code,, although not explicitly required by the Code.

¹⁵ WHO Multicentre Growth Reference Study Group (2006). Relationship between physical growth and motor development in the WHO growth standards study. Acta Paediatric Supplement, 450:96-101.

¹⁶ Care should be taken not use pictures of older infants and young children who are representing developmental milestones commonly associated with infants 0 to 6 months of age such as reclining, lying down or sitting/standing with assistance.

	DO*	Best Practices**	DO NOT*	Best Practices NOT to do**
MARKETING			<i>DO NOT advertise or otherwise promote product to pregnant women unless advertisement has a target child over six months and message is clear that the product is only for children 6 to 24 months</i>	
			<i>DO NOT advertise or otherwise promote product to mothers or caregivers of children less than six months unless advertisement has a target child over six months and the message is clear that the product is only for children 6 to 24 months</i>	

* Based on the wording in the Code and subsequent WHA resolutions.

** Recommended for optimal infant feeding and full compliance with the spirit of the International Code,, although not explicitly required by the Code.

	DO*	Best Practices**	DO NOT*	Best Practices NOT to do**
MARKETING			<i>If your company also markets infant formula or other products falling within the scope of the Code, DO NOT seek direct or indirect contact in any way with mothers either outside or within health facilities about fortified complementary foods or supplements</i>	
			<i>If your company also markets infant formula, DO NOT label, advertise or otherwise promote your complementary food or supplement in a way that also promotes your infant formula (ie. similar color schemes, promotional slogans etc.). However, your company name or logo is permitted.</i>	

* Based on the wording in the Code and subsequent WHA resolutions.

** Recommended for optimal infant feeding and full compliance with the spirit of the International Code,, although not explicitly required by the Code.

5 SAMPLE TEXT FOR PACKAGING COMPLEMENTARY FOODS AND SUPPLEMENTS

(Name of) Cereal

For ages six months and older

Give only breast milk, and no other foods or liquids, to your infant for the first six months of his/her life

From six months, give X Cereal with other foods, while continuing to breastfeed until two years and beyond

Instructions:

- *Place 30 grams of cereal in bowl.*
- *Stir in liquid to make a semi-solid porridge. (Use breast milk for optimal nutrition, pasteurized or boiled milk, or clean or boiled water)*
- *Do not make cereal into a liquid. It should be thick enough to stay in the spoon.*

**Just the right
thickness!**



Too thin!

- *Feed your baby slowly and patiently using a spoon*
- *Discard any prepared, unfed cereal after each feeding.*

Store dry cereal in a cool, dry place. Use within 30 days of opening the package.

Nutrition Facts:

Serving Size 30 g

Servings per Box 10

*Amount per Serving -(Calories, Fat, Sodium Carbohydrates, Protein etc.)
percent Daily Value -(Vitamins and Minerals)*

Ingredients:

Best if used by:

Complementary Food Supplement Example

(Name of) Supplement

For ages six months and older

At six months, give X Supplement with other foods, while continuing to breastfeed until two years and beyond

Instructions: Mix Supplement with the baby's food and feed by spoon.

Daily Dose: 1 packet per day

Nutrition facts:

Ingredients:

Use by:

Safe storage instructions:

Micronutrient Powder Example:

For the container of multiple sachets.

(Name of) Powder
Vitamin and Mineral Complement

For ages six months and older

When your child is six months old, mix Powder with other foods, while continuing to breastfeed until two years and beyond.

Dose: 1 sachet daily

Instructions: Mix contents of packet in a small portion of cooked food, preferably soft or semi-soft, right before serving. Do not add to food prior to cooking. **Do not add to liquids.**

Include drawings of preparation.

Contents:

Do not use if sachet is torn or damaged.

Store in a dry place at room temperature.

For the Sachet:

(Name of) Powder
Vitamin and Mineral Complement

For ages six months and older

Dose: 1 sachet daily

Instructions: Mix contents of packet in a small portion of cooked food, preferably soft or semi-soft, right before serving. **Do not add to liquids.**

Contents:

Do not use if sachet is torn or damaged.

Store in a dry place at room temperature.

6 APPENDICES

APPENDIX A: THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES AND RELATED WORLD HEALTH ASSEMBLY RESOLUTIONS

The Member States of the World Health Organisation:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognising that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognising that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;

Conscious that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breastfeeding and child spacing;

Recognising that the encouragement and protection of breastfeeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breastfeeding is an important aspect of primary health care;

Considering that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding;

Recognising further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;

Appreciating that there are a number of social and economic factors affecting breastfeeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breastfeeding, provides appropriate family and community support, and protects mothers from factors that inhibit breastfeeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organisations and other nongovernmental organisations have a special role to play in the protection and promotion of breastfeeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breastfeeding or not;

Affirming the need for governments, organisations of the United Nations system, nongovernmental organisations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognising that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitute" means any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

"Complementary food" means any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement".

"Container" means any form of packaging of products for sale as a normal retail unit, including wrappers.

"Distributor" means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.

"Health care system" means governmental, nongovernmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or childcare institutions. It also includes health

workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

"Health worker" means a person working in a component of such a health care system, whether professional or nonprofessional, including voluntary, unpaid workers.

"Infant formula" means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home prepared".

"Label" means any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

"Manufacturer" means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

"Marketing" means product promotion, distribution, selling, advertising, product public relations, and information services.

"Marketing personnel" means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

"Samples" means single or small quantities of a product provided without cost.

"Supplies" means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Article 4. Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

1. the benefits and superiority of breastfeeding;
2. maternal nutrition, and the preparation for and maintenance of breastfeeding;
3. the negative effect on breastfeeding of introducing partial bottle feeding;
4. the difficulty of reversing the decision not to breastfeed; and
5. where needed, the proper use of infant formula, whether manufactured industrially or home prepared.

When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealise the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organisations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organisation should take steps to ensure that supplies can be continued as long as the infants

concerned need them. Donors, as well as institutions or organisations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code., or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labeling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

1. the words "Important Notice" or their equivalent;
2. a statement of the superiority of breastfeeding;
3. a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use;
4. instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealise the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanised", "materialised" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, Should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points:

1. the ingredients used;
2. the composition/analysis of the product;
2. the storage conditions required; and
3. the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognised standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organisation as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organisations, professional groups, and consumer organisations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organisations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organisation, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

Subsequent relevant WHA resolutions:

WHA RESOLUTION 33.32

The Thirty-third World Health Assembly,

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, inter alia through education, training and information in this field;

Noting that a joint WHA/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant food industry and other scientists working in this field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting, namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breast-milk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant-food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an

international code of marketing of infant formula and other products used as breast-milk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO and UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code for marketing of breast-milk substitutes;

3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;

4. URGES women's organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;

5. REQUESTS the Director-General:

(1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breast-milk substitutes;

6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:

(1) to continue efforts to promote breastfeeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code of marketing of breast-milk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

(a) the marketing of breast-milk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breast-milk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed inter alia by the following principles:

(i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breastfeeding;

(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 or 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation in different countries for enabling and supporting breastfeeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

May 1980

WHA RESOLUTION 34.22

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breast-milk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breast-milk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breast-milk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for all the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing Breast-milk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breast-milk Substitutes annexed to the present resolution;

2. URGES all Member States:

(1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation, regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981

WHA RESOLUTION 35.26

The Thirty-fifth World Health Assembly,

Recalling resolution WHA33.32 on infant and young child feeding and resolution WHA34.22 adopting the International Code of Marketing Breast-milk Substitutes;

Conscious that breastfeeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate infant feeding practices result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breast-milk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World Health Assembly adopted an international code intended, inter alia, to deal with these marketing practices;

Noting that, while many Member States have taken some measures related to improving infant and young child feeding, few have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution WHA34.22;

1. URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;

2. REQUESTS the Director-General:

(1) to design and coordinate a comprehensive programme of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;

(2) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;

(3) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breastfeeding.

May 1982

WHA RESOLUTION 37.30

The Thirty-seventh World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22 and WHA35.26, which dealt with infant and young child feeding;

Recognizing that the implementation of the International Code of Marketing of Breast-milk Substitutes is one of the important actions required in order to promote healthy infant and young child feeding;

Recalling the discussion on infant and young child feeding at the Thirty-sixth World Health Assembly, which concluded that it was premature to revise the International Code at that time;

Having considered the Director-General's report, and noting with interest its contents;

Aware that many products unsuitable for infant feeding are being promoted for this purpose in many parts of the world, and that some infant foods are being promoted for use at too early an age, which can be detrimental to infant and young child health;

1. ENDORSES the Director-General's report;
2. URGES continued action by Member States, WHO, nongovernmental organizations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of foods of local origin;
3. REQUESTS the Director-General:
 - (1) to continue and intensify collaboration with Member States in their efforts to implement and monitor the International Code of Marketing of Breast-milk Substitutes as an important measure at the national level;
 - (2) to support Member States in examining the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant foods;
 - (3) to submit to the Thirty-ninth World Health Assembly a report on the progress in implementing this resolution, together with recommendations for any other measures needed to further improve sound infant and young child feeding practices.

May 1984

WHA RESOLUTION 39.28

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22, WHA35.26 and WHA37.30 which dealt with infant and young child feeding;

Having considered the progress and evaluation report by the Director-General on infant and young child nutrition;¹

Recognizing that the implementation of the International Code of Marketing of Breast- milk Substitutes is an important contribution to healthy infant and young child feeding in all countries;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breast-milk substitutes;

Noting with great satisfaction the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes,² in the context of Article 6, paragraph 6, of the International Code;

Noting further the statement in the guidelines, paragraph 47: "Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breast- milk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority";

1. ENDORSES the report of the Director-General;¹

2. URGES Member States:

(1) to implement the Code if they have not yet done so;

(2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;

(3) to make the fullest use of all concerned parties - health professional bodies, nongovernmental organizations, consumer organizations, manufacturers and

distributors - generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;

(4) to seek the cooperation of manufacturers and distributors of products within the scope of Article 2 of the Code, in providing all information considered necessary for monitoring the implementation of the Code;

(5) to provide the Director-General with complete and detailed information on the implementation of the Code;

(6) to ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards are made available through the normal procurement channels and not through free or subsidized supplies;

3. REQUESTS the Director-General:

(1) to propose a simplified and standardized form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report covering each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the following:

(a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period;

(b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up milks") is not necessary.

16 May 1986

¹ Document WHA39/1986/REC/1, or Document A39/8

² Document WHA39/1986/REC/1, or Document A39/8 Add.1

WHA RESOLUTION 41.11

The Forty-first World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22 and WHA39.28 on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breastfeeding trends in many countries, and committed to the identification and elimination of obstacles to breastfeeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organizations, professional associations, consumer and other nongovernmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programs and practical action at country level to improve the health and nutrition of women and children;

2. URGES Member States:

(1) to develop or enhance national nutrition programs, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;

(2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breast-milk Substitutes, if they have not already done so;

3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:

(1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;

(2) in establishing effective nutritional status surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;

(3) in compiling, analysing, managing and applying information that they have gathered on the nutritional status of their populations;

(4) in monitoring, together with other maternal and child health indicators, changes in the prevalence and duration of full and supplemented breastfeeding with a view to improving breastfeeding rates;

(5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;

(6) in providing legal and technical assistance, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breast-milk substitutes, or other similar instruments;

(7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breastfeeding and child nutrition in Member States.

May 1988

WHA RESOLUTION 43.3

The Forty-third World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report by the Director-General on infant and young child nutrition;¹

Reaffirming the unique biological properties of breast-milk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breastfeeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breastfeeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breastfeeding played by health workers, particularly nurses, midwives and those in child health/family planning programs, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences for breastfeeding;

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to protect and promote breastfeeding, as an essential component of their overall food and nutrition policies and programs on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months of life;

(2) to promote breastfeeding, with due attention to the nutritional and emotional needs of mothers;

(3) to continue monitoring breastfeeding patterns, including traditional attitudes and practices in this regard;

(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;

(5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement² on breastfeeding and maternity services that was issued in 1989;

(6) to ensure that the principles and aim of the International Code of Marketing of Breast-milk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutritional policy and action, in cooperation with professional associations, women's organizations, consumer and other nongovernmental groups, and the food industry;

(7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;

3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:

(1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;

(2) to continue to review regional and global trends in breastfeeding patterns, including the relationship between breastfeeding and child-spacing;

(3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, inter alia by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

14 May 1990

¹ Document WHA43/1990/REC/1, p.35

² Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

WHA RESOLUTION 45.34

The Forty-fifth World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11 and WHA43.3 on infant and young child feeding and nutrition, appropriate feeding practices and related questions;

Reaffirming that the International Code of Marketing of Breast-milk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

Recalling that products that may be promoted as a partial or total replacement for breast milk, especially when these are presented as suitable for bottle feeding, are subject to the provisions of the International Code;

Reaffirming that during the first four to six months of life no food or liquid other than breast milk, not even water, is required to meet the normal infant's nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breast milk, to meet their changing nutritional requirements;

Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breastfeeding;

Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, inter alia, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breastfeeding;

Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;

Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;

Noting that the advertising and promotion of infant formula and the presentation of other products as breast-milk substitutes, as well as feeding-bottles and teats, may compete unfairly with breastfeeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favour uninformed decision-making by interfering with the advice and guidance to be provided by the mother's physician or health worker;

Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:

(a) by appointing a national breastfeeding coordinator and establishing a multisectoral breastfeeding committee;

(b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breastfeeding;

(c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;

(d) by enacting legislation and adopting means for its enforcement to protect the breastfeeding rights of working women;

(2) to encourage and support all public and private health facilities providing maternity services so that they become "baby-friendly":

(a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;

(b) by encouraging the collaboration of professional associations, women's organizations, consumer and other nongovernmental groups, the food industry, and other competent sectors in this endeavour;

(3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breast-milk substitutes to health-care facilities providing maternity services;

(4) to use the common breastfeeding indicators developed by WHO, with the collaboration of UNICEF and other interested organizations and agencies, in evaluating the progress of their breastfeeding programs;

(5) to draw upon the experiences of other Member States in giving effect to the International Code;

3. REQUESTS the Director-General:

(1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, women's organizations, consumer groups and other nongovernmental organizations and the food industry, with a view to attaining the Organization's goals and objectives in infant and young child nutrition;

(2) to strengthen the Organization's network of collaborating centres, institutions and organizations in support of appropriate national action;

(3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;

(4) to draw the attention of Member States and other intergovernmental organizations to new developments that have an important bearing on infant and young child feeding and nutrition;

(5) to consider, in collaboration with the International Labour Organization, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;

(6) to mobilize additional technical and financial resources for intensified support to Member States.

14 May 1992

WHA RESOLUTION 47.5

Infant and young child nutrition

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration for Nutrition,¹ through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;²

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply:

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;³

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4) to urge Member States to initiate the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994

References:

¹ World Declaration and Plan of Action for Nutrition. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

² Protecting, promoting and supporting breast-feeding: the special role of maternity services. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

³ Document WHA39/1986/REC/1, Annex 6, part 2.

WHA RESOLUTION 49.15

Infant and young child nutrition

The Forty-ninth World Health Assembly,

Having considered the summary of the report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28 and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA 47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions;

1. THANKS the Director-General for his report;

2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:

(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding;

(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;

(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;

(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-Milk Substitutes;

(6) to provide the Director-General with complete and detailed information on the implementation of the Code;

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

25 May 1996

WHA RESOLUTION 54.2

Infant and young child nutrition

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished - whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients - and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society - including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies - to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, inter alia, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that

there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products; and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection;

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

(1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;

(2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;

(3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programs and projects aimed at new initiatives and innovative approaches;

(4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, (note 1) and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labeling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the

Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding (note 1), the provision of safe and

appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Note 1: As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

WHA RESOLUTION 55.25

Infant and young child nutrition

The Fifty-fifth World Health Assembly,

Having considered the draft global strategy for infant and young-child feeding;

Deeply concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and very survival are thereby compromised;

Conscious that every year as much as 55 percent of infant deaths from diarrhoeal disease and acute respiratory infections may be the result of inappropriate feeding practices, that less than 35 percent of infants worldwide are exclusively breastfed for even the first four months of life, and that complementary feeding practices are frequently ill-timed, inappropriate and unsafe;

Alarmed at the degree to which inappropriate infant and young-child feeding practices contribute to the global burden of disease, including malnutrition and its consequences such as blindness and mortality due to vitamin A deficiency, impaired psychomotor development due to iron deficiency and anaemia, irreversible brain damage as a consequence of iodine deficiency, the massive impact on morbidity and mortality of protein-energy malnutrition, and the later-life consequences of childhood obesity;

Recognizing that infant and young-child mortality can be reduced through improved nutritional status of women of reproductive age, especially during pregnancy, and by exclusive breastfeeding for the first six months of life, and with nutritionally adequate and safe complementary feeding through introduction of safe and adequate amounts of indigenous foodstuffs and local foods while breastfeeding continues up to the age of two years and beyond;

Mindful of the challenges posed by the ever-increasing number of people affected by major emergencies, the HIV/AIDS pandemic, and the complexities of modern lifestyles coupled with continued promulgation of inconsistent messages about infant and young-child feeding;

Aware that inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction;

Reaffirming that mothers and babies form an inseparable biological and social unit, and that the health and nutrition of one cannot be divorced from the health and nutrition of the other;

Recalling the Health Assembly's endorsement (resolution WHA33.32), in their entirety, of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held in 1979; its adoption of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), in which it stressed that adoption of and adherence to the Code were a minimum requirement; its welcoming of the Innocenti Declaration on the protection, Promotion and Support of Breastfeeding as a basis for international health policy and action (resolution WHA44.33); its urging encouragement and support for all public and private health facilities providing maternity services so that they become "baby-friendly" (resolution WHA45.34); its urging ratification and implementation of the Convention on the Rights of the Child as a vehicle for family health development (resolution WHA46.27); and its endorsement, in their entirety, of the World Declaration and Plan of Action for Nutrition adopted by the International Conference on Nutrition (resolution WHA46.7);

Recalling also resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15 and WHA54.2 on infant and young-child nutrition, appropriate feeding practices and related questions;

Recognizing the need for comprehensive national policies on infant and young-child feeding, including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances;

Convinced that it is time for governments to renew their commitment to protecting and promoting the optimal feeding of infants and young children,

1. ENDORSES the global strategy for infant and young-child feeding;

2. URGES Member States, as a matter of urgency:

(1) to adopt and implement the global strategy, taking into account national circumstances, while respecting positive local traditions and values, as part of their overall nutrition and child-health policies and programs, in order to ensure optimal feeding for all infants and young children, and to reduce the risks associated with obesity and other forms of malnutrition;

(2) to strengthen existing, or establish new, structures for implementing the global strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness, and for guiding resource investment and management to improve infant and young-child feeding;

(3) to define for this purpose, consistent with national circumstances:

(a) national goals and objectives,

(b) a realistic timeline for their achievement,

(c) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs;

(4) to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding;

(5) to mobilize social and economic resources within society and to engage them actively in implementing the global strategy and in achieving its aims and objectives in the spirit of resolutions WHA49.15;

3. CALLS UPON other international organizations and bodies, in particular ILO, FAO, UNICEF, UNHCR, UNFPA and UNAIDS, to give high priority, within their respective mandates and programs and consistent with guidelines on conflict of interest, to provision of support to governments in implementing this global strategy, and invites donors to provide adequate funding for the necessary measures;

4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labeling, consistent with the policy of WHO, in particular the International Code of Marketing of Breast-milk Substitutes, resolution WHA54.2, and other relevant resolutions of the Health Assembly;

5. REQUESTS the Director-General:

(1) to provide support to Member States, on request, in implementing this strategy, and in monitoring and evaluating its impact;

(2) to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met;

(3) to strengthen international cooperation with other organizations of the United Nations system and bilateral development agencies in promoting appropriate infant and young-child feeding;

(4) to promote continued cooperation with and among all parties concerned with implementing the global strategy.

Ninth plenary meeting, 18 May 2002

A55/VR/9

WHA RESOLUTION 58.32

Infant and young child nutrition

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, WHA54.2 on infant and young child nutrition, appropriate feeding practices and related questions, and particularly WHA55.25, which endorses the global strategy for infant and young child feeding;

Having considered the report on infant and young-child nutrition;

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula held in 2004 concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Recognizing the need for parents and caregivers to be fully informed of evidence-based public health risks of intrinsic contamination of powdered infant formula and the potential for introduced contamination, and the need for safe preparation, handling and storage of prepared infant formula;

Concerned that nutrition and health claims may be used to promote breast-milk substitutes as superior to breastfeeding;

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young-child feeding

(resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

(1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,(2-1) and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young-child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;

(2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation; (2-2)

(3) to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

(4) to ensure that financial support and other incentives for programs and health professionals working in infant and young-child health do not create conflicts of interest;

(5) to ensure that research on infant and young-child feeding, which may form the basis for public policies, always contains a declaration relating to conflicts of interest and is subject to independent peer review;

(6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;

(7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;

(8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;

(9) to participate actively and constructively in the work of the Codex Alimentarius Commission;

(10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

(1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;

(2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young child feeding and the International Code of Marketing of Breast-milk Substitutes and other relevant resolutions of the Health Assembly;

(3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and on warning messages on product packaging;

3. REQUESTS the Director-General:

(1) in collaboration with FAO, and taking into account the work undertaken by the Codex Alimentarius Commission, to develop guidelines for clinicians and other health-care providers, community health workers and family, parents and other caregivers on the preparation, use, handling and storage of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;

(2) to take the lead in supporting independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO Expert Meeting on *E. Sakazakii* and other Microorganisms in Powdered Infant Formula, and to explore means of reducing its level in reconstituted powdered infant formula;

(3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;

(4) to report to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

Ninth plenary meeting, 25 May 2005

A58/VR/9

Infant and young child nutrition

The Sixty-third World Health Assembly,

Having considered the report on infant and young child nutrition;¹

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32, WHA59.21 and WHA61.20 on infant and young child nutrition, and on nutrition and HIV/AIDS and the Codex Alimentarius Guidelines for use of nutrition and health claims;²

Conscious that achieving the Millennium Development Goals will require the reduction of maternal and child malnutrition;

Aware that worldwide malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes; that worldwide 186 million children are stunted³ and 20 million suffer from the most deadly form of severe acute malnutrition each year; and that nutritional risk factors, including underweight, suboptimal breastfeeding and vitamin and mineral deficiencies, particularly of vitamin A, iron, iodine and zinc, are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years (33% of total disability-adjusted life years) in children less than five years old;

Aware that countries are faced with increasing public health problems posed by the double burden of malnutrition (both undernutrition and overweight), with its negative later-life consequences;

Acknowledging that 90% of stunted children live in 36 countries and that children under two years of age are most affected by undernutrition;

Recognizing 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;

Mindful of the challenges posed by the HIV/AIDS pandemic and the difficulties in formulating appropriate policies for infant and young child feeding, and concerned that food assistance does not meet the nutritional needs of young children infected by HIV;

¹ Document A63/9.

² Document CAC/GL/23.

³ World Health Statistics, May 2010.

Concerned that in emergencies, many of which occur in countries not on track to attain Millennium Development Goal 4 and which include situations created by the effects of climate change, infants and young children are particularly vulnerable to malnutrition, illness and death;

Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding;

Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breast-milk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers;

Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breast-milk Substitutes in some countries;

Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;

Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised;

Mindful of the fact that implementation of the global strategy for infant and young child feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of health systems and communities with particular emphasis on the Baby-friendly Hospital Initiative, and careful monitoring of the effectiveness of the interventions used;

Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;

Aware that multisectoral food and nutrition policies are needed for the successful scaling up of evidence-based safe and effective nutrition interventions;

Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose;

Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions,

1. URGES Member States:

(1) to increase political commitment in order to prevent and reduce malnutrition in all its forms;

- (2) to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breast-milk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;
- (3) to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes in order to give effect to the International Code of Marketing of Breast-milk Substitutes and relevant resolution adopted by the World Health Assembly;
- (4) to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation;
- (5) to develop or review current policy frameworks addressing the double burden of malnutrition and to include in the framework childhood obesity and food security and allocate adequate human and financial resources to ensure their implementation;
- (6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions; the implementation of interventions for the prevention and management of severe malnutrition; and the targeted control of vitamin and mineral deficiencies;
- (7) to consider and implement, as appropriate the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in order to address the infant feeding dilemma for HIV-infected mothers and their families while ensuring protection, promotion and support of exclusive and sustained breastfeeding for the general population;
- (8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers¹ on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;
- (9) to include the strategies referred to in subparagraph 1(6) above in comprehensive maternal and child health services and support the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12;
- (10) to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium Development Goals indicators in order to monitor progress;
- (11) to implement the WHO Child Growth Standards by their full integration into child health programmes;

¹ Available online at <http://www.enonline.net/resources/6>.

(12) to implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition,¹ most importantly improving water and sanitation systems and hygiene practices to protect children against communicable disease and infections;

2. CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

3. REQUESTS the Director-General:

(1) to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation;

(2) to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions, including integration of the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in the context of the reform of primary health care;

(3) to continue and strengthen the existing mechanisms for collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition including clear identification of leadership, division of labour and outcomes;

(4) to support Member States, on request, in expanding their nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards, and the Baby-friendly Hospital Initiative;

(5) to support Member States, on request, in their efforts to develop and/or strengthen legislative, regulatory or other effective measures to control marketing of breast-milk substitutes;

(6) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

Eighth plenary meeting, 21 May 2010
A63/VR/8

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¹ Community-based management of severe acute malnutrition: a joint statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. Geneva, WHO, 2007.

APPENDIX B: RELEVANT CODEX ALIMENTARIUS STANDARDS AND GUIDELINES RELATED TO COMPLEMENTARY FOODS AND SUPPLEMENTS

Codex Standard for Processed Cereal-Based Foods for Infants and Young Children (Standard 74-1981, revised in 2006)

This standard covers processed cereal-based foods intended for feeding infants from the age of six months onwards. In addition to its provisions on product composition, the standard includes a number of important provisions regarding the labeling of cereal-based complementary foods.

Most significant for purposes of this guide is the requirement that labels of cereal-based complementary foods indicate clearly from which age the product is recommended for use and that such age not be less than six months for any product. (Paragraph 8.6.4). Although the paragraph goes on to recommend that the label must also “include a statement indicating that the decision when precisely to begin complementary feeding, including any exception to six months of age, should be made in consultation with a health worker, based on the individual infant’s specific growth and development needs”, the Guiding Principles for Complementary Feeding of the Breastfed Child (PAHO/WHO, 2003) are considered supersede this recommendation. Based on a report by a WHO Expert Consultation on the Optimal Duration of Exclusive Breastfeeding (WHO, 2001), which considered the results of a systematic review of the evidence, the Guiding Principles unequivocally call for introduction of complementary foods at 6 months of age (180 days).

Obligatory information on labels must be written in the appropriate language(s) of the country in which the product is sold. (Paragraph 8.1.3). With respect to “pictorial devices” on product labels, national jurisdictions are permitted to restrict their use more than they are restricted by the Codex standards themselves. (Paragraph 8.1.1, making reference to Codex General Standard for the Labeling of Prepackaged Foods).

National jurisdictions are also permitted to allow nutrition claims on labels of foods within the standard provided that such claims have been demonstrated in rigorous studies with adequate scientific standards. (Paragraph 8.1.2, making reference to paragraph 1.4 of the Codex Guidelines for Use of Nutrition and Health Claims). Finally, the standard states that the products covered are not breast-milk substitutes and shall not be presented as such.

Codex Guidelines on Formulated Supplementary Foods for Older Infants and Young Children (Guideline 08-1991)

The Codex Alimentarius Commission adopted these guidelines in 1991. The Guidelines apply to foods suitable for use during an infant’s complementary feeding period as a supplement to breast milk or a breast-milk substitute or other food available in the country where the product is sold. The Guidelines state that these

foods are not suitable for use before the complementary feeding period and provide nutrients that are either lacking or present in insufficient quantities in the basic staple foods. The term “older infant” is defined as “persons from the 6th month and not more than 12 months of age” while a “young child” is defined as a person from 12 months up to 3 years of age.

The bulk of the Guidelines relate to composition and processing of these food products. The labeling section provides guidelines for the name of the food, declaring nutritive values and for use instructions. In addition, Guidelines indicate the label should include “*a statement that the food may be administered as a food supplement during the [complementary feeding period] but not before the 6th month of age and when nutritional requirements are not covered by locally available foods*”. This statement should appear in close proximity to the name of the food (9.2.1.2 (b))

The Codex standard also states that “*one hundred grammes of the product, when prepared according to the instructions, is considered a reasonable quantity which an older infant or young child can ingest easily in two or more feedings.*” (6.1.2) It further states that 100gm of supplementary food (dry weight) per day should contain at least 400 kcal/100 gm. These guidelines were developed before current evidence on ideal consumption for breastfed children was available, and are too high. These Codex guidelines are currently under review for possible revisions based on research clarifying nutrient needs of young children.

Codex Standard for Canned Baby Foods (adopted 1976, amended 1985, 1987, and 1989)

This standard is mainly concerned with essential product composition and quality. The particular indication for canned beets (beetroot) and spinach, however, mandates that the statement “use after the age of 12 weeks” appears on the label. (Paragraph 9.5.2)

This standard is clearly outdated as 12 weeks is much too early to introduce canned beets and spinach to a baby’s diet. More worrisome is the implication that other canned baby foods may be introduced even sooner. This standard has not yet been revised to reflect the *Global Strategy* or relevant World Health Assembly resolutions.

Codex Standard for Follow-Up Formula (Standard 156-1987, amendment to the Labeling Section in 1989)

This standard applies to the composition and labeling of follow-up formula. (It does not apply to foods covered by the Codex Standard for Infant Formula). Follow-up formula means a food intended for use as a liquid part of the complementary feeding diet for the infant from the 6th month on and for young children. The Standard requires that labeling of a Follow-up Formula must include a statement that “Follow-up Formula shall not be introduced before the 6th month of life.” (9.5.2).

The label must also indicate that “infants and children fed Follow-up Formula shall receive other foods in addition to the food” (follow-up formula) (9.5.3).

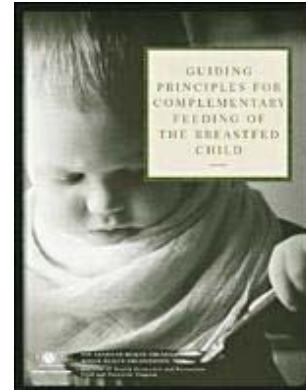
Advisory Lists of Nutrient Compounds for Use in Foods for Special Dietary Uses Intended for Infants and Young Children (CAC/GL 10-1979, amended 1991, Revision 1- 2008

These lists include nutrient compounds which may be used for nutritional purposes in foods for special dietary uses intended for infants and young children. These guidelines do not include guidance on labeling or marketing.

APPENDIX C: GUIDING PRINCIPLES FOR COMPLEMENTARY FEEDING OF THE BREASTFED CHILD¹⁷

1. DURATION OF EXCLUSIVE BREASTFEEDING AND AGE OF INTRODUCTION OF COMPLEMENTARY FOODS.

Practice exclusive breastfeeding from birth to six months of age, and introduce complementary foods at six months of age (180 days) while continuing to breastfeed.



2. MAINTENANCE OF BREASTFEEDING.

Continue frequent, on-demand breastfeeding until two years of age or beyond.

3. RESPONSIVE FEEDING.

Practice responsive feeding, applying the principles of psychosocial care. Specifically:

- a) feed infants directly and assist older children when they feed themselves, being sensitive to their hunger and satiety cues;
- b) feed slowly and patiently, and encourage children to eat, but do not force them;
- c) if children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement;
- e) minimize distractions during meals if the child loses interest easily;
- f) remember that feeding times are periods of learning and love - talk to children during feeding, with eye to eye contact.

4. SAFE PREPARATION AND STORAGE OF COMPLEMENTARY FOODS.

Practice good hygiene and proper food handling by

- a) washing caregivers' and children's hands before food preparation and eating,
- b) storing foods safely and serving foods immediately after preparation,
- c) using clean utensils to prepare and serve food,
- d) using clean cups and bowls when feeding children, and
- e) avoiding the use of feeding bottles, which are difficult to keep clean.

¹⁷ Pan American Health Organization/World Health Organization (2003). Guiding Principles for Complementary Feeding of the Breastfed Child (reproduced with permission by the Pan American Health Organization).
http://www.who.int/child_adolescent_health/documents/a85622/en/index.html

5. AMOUNT OF COMPLEMENTARY FOOD NEEDED.

Start at six months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding. The energy needs from complementary foods for infants with "average" breast milk intake in developing countries are approximately 200 kcal per day at 6-8 months of age, 300 kcal per day at 9-11 months of age, and 550 kcal per day at 12-23 months of age. In industrialized countries these estimates differ somewhat (130, 310 and 580 kcal/d at 6-8, 9-11 and 12-23 months, respectively) because of differences in average breast milk intake.

6. FOOD CONSISTENCY.

Gradually increase food consistency and variety as the infant gets older, adapting to the infant's requirements and abilities. Infants can eat pureed, mashed and semi-solid foods beginning at six months. By 8 months most infants can also eat "finger foods" (snacks that can be eaten by children alone). By 12 months, most children can eat the same types of foods as consumed by the rest of the family (keeping in mind the need for nutrient-dense foods, as explained in #8 below). Avoid foods that may cause choking (i.e., items that have a shape and/or consistency that may cause them to become lodged in the trachea, such as nuts, grapes, raw carrots).

7. MEAL FREQUENCY AND ENERGY DENSITY.

Increase the number of times that the child is fed complementary foods as he/she gets older. The appropriate number of feedings depends on the energy density of the local foods and the usual amounts consumed at each feeding. For the average healthy breastfed infant, meals of complementary foods should be provided 2-3 times per day at 6-8 months of age and 3-4 times per day at 9-11 and 12-24 months of age, with additional nutritious snacks (such as a piece of fruit or bread or chapatti with nut paste) offered 1-2 times per day, as desired. Snacks are defined as foods eaten between meals-usually self-fed, convenient and easy to prepare. If energy density or amount of food per meal is low, or the child is no longer breastfed, more frequent meals may be required.

8. NUTRIENT CONTENT OF COMPLEMENTARY FOODS.

Feed a variety of foods to ensure that nutrient needs are met. Meat, poultry, fish or eggs should be eaten daily, or as often as possible. Vegetarian diets cannot meet nutrient needs at this age unless nutrient supplements or fortified products are used (see #9 below). Vitamin A-rich fruits and vegetables should be eaten daily. Provide diets with adequate fat content. Avoid giving drinks with low nutrient value, such as tea, coffee and sugary drinks such as soda. Limit the amount of juice offered so as to avoid displacing more nutrient-rich foods.

9. USE OF VITAMIN-MINERAL SUPPLEMENTS OR FORTIFIED PRODUCTS FOR INFANT AND MOTHER.

Use fortified complementary foods or vitamin-mineral supplements for the infant, as needed. In some populations, breastfeeding mothers may also need vitamin mineral supplements or fortified products, both for their own health and to ensure normal concentrations of certain nutrients (particularly vitamins) in their breast milk. [Such products may also be beneficial for pre-pregnant and pregnant women].

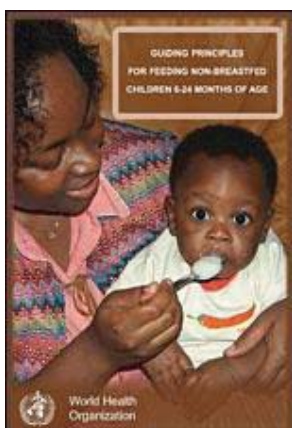
10. FEEDING DURING AND AFTER ILLNESS.

Increase fluid intake during illness, including more frequent breastfeeding, and encourage the child to eat soft, varied, appetizing, favorite foods. After illness, give food more often than usual and encourage the child to eat more.

Further information on the complementary feeding of non-breastfed children:

Guiding principles for feeding non-breastfed children 6-24 months of age

http://www.who.int/child_adolescent_health/documents/9241593431/en/



Authors: World Health Organization

Number of pages: 40

Publication date: 2005

Languages: English, French, Spanish

ISBN: 9241593431

Overview

There are a number of infants who will not enjoy the benefits of breastfeeding. They include children born to HIV-positive mothers who choose not to breastfeed and children whose mothers have died. To address the nutritional needs of children who are not breastfed after six months of age, WHO has led a process to develop Guiding principles for feeding non-breastfed children 6-24 months of age. These principles are the result of a background document that examined the feasibility to design adequate diets using locally available foods, and are based on consensus achieved during an informal meeting of experts held in Geneva in early 2004. They are adapted from the Guiding principles for complementary feeding of the breastfed child. The publication lists the nine guiding principles, with the scientific rationale for each, and gives examples of diets from different parts of the world that can meet energy and nutrient needs of infants and young children after 6 months of age who are not breastfed. Annexes include information on developing locally appropriate feeding recommendations based on the principles, and on key issues around early breastfeeding cessation for infants and young children of HIV-positive mothers.

APPENDIX D: SELECTED MESSAGES TO PROMOTE OPTIMAL BREASTFEEDING

MESSAGE: Feed your baby only breast milk for the first six months, not even giving water, for the baby to grow healthy and strong.

Additional information

Breast milk provides the best nourishment possible for the baby and will help protect the baby from diarrhea and respiratory infections.

If the baby takes water and other liquids, the baby may get diarrhea.

Never use a bottle to feed your baby as these are hard to keep clean and may cause diarrhea.

If the baby takes water or other liquids, it sucks less on the breast leading to poor growth.

Even during very hot weather, breast milk will satisfy all the baby's thirst for liquids during the first six months.

MESSAGE: During the first six months of life, breastfeed your baby on demand, at least 10 times a day and night, to produce enough milk and provide your baby enough food to grow healthy.

Additional information

Frequent breastfeeding helps the milk to flow and ensures your baby grows well.

Ensure proper positioning and attachment so baby gets adequate breast milk and to avoid breast problems such as sore and cracked nipples.

Advise mothers with nipple and breast problems to seek immediate care from a Health Worker.

MESSAGE: Continue to breastfeed your baby until two years and beyond for your baby to get strong.

Additional information

During the first and second year of life, breast milk is still an important source of nutrients for your baby.

After six months of age, continue to breastfeed your child on demand, at least 8 times day and night, until two years and beyond to maintain its strength.

MESSAGE: Mother, starting from six months of age, introduce complementary foods at six months of age, such as soft porridge two to three times a day, for your baby to grow healthy and strong.

Additional information

Porridge can be made from many different types of cereals (maize, wheat) tubers (e.g. potatoes), or fortified blended cereals.

The consistency of the porridge should be thick enough to be fed by hand.

Thicken the porridge as the baby grows older, making sure that it is still able to easily swallow without choking.

Thin gruels made with water are not healthy for your baby as they do not provide enough of the nutrients it needs to grow strong and healthy.

When possible use milk, even breast milk, instead of water to prepare the porridge.

Foods given to the child must be stored in hygienic conditions to avoid diarrhea and illness.

Continue breastfeeding to 24 months or older.

MESSAGE: From six months of age, to help your baby grow and get strong, enrich your baby/child's food with two to three different types of foods (such as meat, eggs, butter, oil, peanuts, lentils, vegetables and fruits).

From six months of age, to help your baby grow and get strong, enrich your baby/child's food with micronutrient powder to ensure that your baby gets all the nutrients s/he needs if they are not available in its food.

Additional information

Add colorful foods to enrich the food including orange/red vegetables and fruits (such as carrots and ripe mango and papaya), green leafy vegetables (such as kale, chard), avocado, eggs, beans, peanuts, peas or lentils

Add animal foods (meat, liver, chicken, fish) whenever available, as these make your baby/child grow healthy and strong. If this is not possible use beans, peanuts, peas or lentils

Mash and soften the enrichment foods so your baby/child can easily chew and swallow the food.

MESSAGE: From 6 to 11 months of age, each day feed your baby two to three meals along with one to two other snacks of solid foods to ensure healthy growth.

From 12 to 24 months of age, each day feed your child at least three to four meals using family foods, along with one to two other snacks of solid foods to ensure healthy growth.

Additional information

Babies have small stomachs and can only eat small amounts at each meal so it is important to feed them frequently throughout the day.

Breast feed the baby before offering food and put the baby's food on their own individual plate

Give snacks of solid food at least two times each day such as ripe mango & papaya, avocado, banana, other fruits & vegetables, fresh & fried bread products, boiled potato, sweet potato.

Foods given to the child must be handled (prepared) and stored in hygienic conditions to avoid diarrhea and illness.

GLOSSARY

Baby Friendly Hospital Initiative (BFHI)- a global effort launched by WHO and UNICEF in 1991 for improving the role of maternity services to enable mothers to breastfeed babies for the best start in life. To be accredited as “baby-friendly”, a hospital must meet a series of standards. Among other requirements, hospitals must avoid all promotion of breast-milk substitutes and related products, bottles and teats, not accept free or low-cost supplies nor give out samples of those products.

Bottle-feeding- the child receives liquid or semi-solid food from a bottle with a nipple/teat.

Breastfeeding- the child receives breast milk (direct from the breast or expressed).

Complementary feeding- the process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. The target age range for complementary feeding is generally taken to be 6 to 24 months of age, even though breastfeeding may continue beyond two years.

Complementary food- solid, semi-solid or soft food given while continuing to breastfeed (Pureed, mashed and semi-solid foods can be eaten by infants beginning at six months).

Complementary food supplements- fortified food-based products to be added to other foods (as “point of use” or “home” fortificants) or eaten alone to improve both macronutrient and micronutrient intake. (Example: fortified peanut, sesame or chickpea spread; fortified full fat soy flour).

Early initiation of breastfeeding- put to the breast within one hour of birth

Exclusive breastfeeding- the infant receives only breast milk from his/her mother or wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (including Oral Rehydration Salts (ORS) solution).

Family foods- foods of a solid consistency- Most infants are able to consume by 12 months.

Finger foods- snacks that can be eaten by children alone. Most infants can eat finger foods by 8 months.

Follow-up Formula- a food intended for use as a liquid part of the complementary feeding diet for the infant from the sixth month on and for young children.

Formula- a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home prepared”.

Fortified blended cereals- porridge or cereal fortified with micronutrients to fulfill the nutritional needs of young children after the age of six months, in addition to breast milk. Used as a replacement for the traditional local porridge or in addition to traditional porridge. (Example: Fortified infant cereal made from rice, wheat, corn or millet, plus soy or peanuts, milk, sugar and oil).

Micronutrient powders- only vitamins and minerals added to traditional infant foods: used as “point of use” fortificants or “home” fortificants. (Example: fortified powder; crushable tablet).

Minimum acceptable diet- meeting minimum dietary diversity and minimum meal frequency requirements.

Portion- servings can be divided into portions

Predominant breastfeeding- the infant’s predominant source of nourishment is breast milk. However, the infant may also receive water and water-based drinks (sweetened and flavoured water, teas, infusions, etc.); fruit juice; Oral Rehydration Salts (ORS) solution; drop and syrup forms of vitamins, minerals and medicines; and ritual fluids (in limited quantities). With the exception of fruit juice and sugar-water, no food-based fluid is allowed under this definition.

Product- commercially produced food or supplement intended for infants and/or young children under two.

Ration- one to three servings

Replacement feeding- diets for children who are not breastfed (such as those of HIV-positive mothers who choose not to breastfeed)

Responsive feeding- applying the principles of psycho-social care to feeding. Specifically a) feed infants directly and assist older children when they feed themselves, being sensitive to their hunger and satiety cues; b) feed slowly and patiently, and encourage children to eat, but do not force them; c) if children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement; d) minimize distractions during meals if the child loses interest easily; e) remember that feeding times are periods of learning and love – talk to children during feeding, with eye to eye contact.

RNI- recommended nutrient intake

Serving (s)- the grams per day for which a specified amount of nutrients is suggested.

Snacks- foods eaten between meals, usually self-fed, convenient and easy to prepare.

About the Authors

Dr. Victoria Quinn currently works for Helen Keller International (HKI) as Senior Vice President of Programs where she has been since late 2006. She has over 30 years experience in Africa, Asia and Latin America working on issues related to infant and young child feeding, micronutrients, women's nutrition, as well as food security and nutrition policy. She was based in Eastern and Southern Africa for nearly a decade with Cornell University overseeing a joint nutritional surveillance program in that part of Africa with UNICEF. She also worked for nine years at the Academy for Educational Development as a Senior Technical Manager on the LINKAGES Project and as co-Director of the AED Center for Nutrition, and has undertaken numerous consultancies for UNICEF, WFP, WHO and the Dutch government. Currently she also holds an adjunct faculty position as Associate Professor at Tuft University's Friedman Center of Nutrition Science and Policy.

Elizabeth Zehner is an independent consultant working in the area of infant and young child feeding. Over the past 13 years she has carried out consultancies for GAIN, the United Nations Standing Committee on Nutrition, Save the Children, the Academy for Educational Development's LINKAGES Project and SARA Project, the US Department of Agriculture Foreign Agricultural Service and BASICS. Prior to consulting, she served for five years as Technical Advisor for Latin America and the Caribbean for Wellstart's Expanded Promotion of Breastfeeding Program.

Dominic Schofield is Manager of the Infant and Young Child Nutrition Program at the Global Alliance for Improved Nutrition (GAIN). Prior to joining GAIN, Mr. Schofield was a Food Fortification Specialist with UNICEF's Nutrition Section in New York where he was responsible for providing operational and technical guidance and support to UNICEF's regional and country offices on food fortification programming. Before this he led fundraising efforts with key bilateral and multilateral donors as well as partnerships with foundations and the private sector for the Micronutrient Initiative. With a background in business administration and economic geography, Mr. Schofield has worked in the field of international development for over 15 years as a management consultant with assignments in Latin America and the Caribbean, Asia and Africa, emphasizing private sector participation in development. Throughout his career, Dominic has focused on building alliances that combine good business practice with good development practice.

Dr. Agnes Guyon is public health medical doctor with more than 30 years of experience in Asia and Africa in designing, managing and evaluating child health and nutrition programs. She joined JSI Research & Training Institute in June 2009 in Washington, D.C. as a senior child health and nutrition advisor. During the previous ten years she designed and implemented health and nutrition programs for women and children as a country, regional and global advisor with the Academy for Educational Development. These included large-scale programs to improve breastfeeding, complementary feeding practices, micronutrients and women's nutrition in Ethiopia and Madagascar. Her areas of expertise cover infant and young child feeding, baby-friendly hospitals and workplaces, nutrition advocacy as well as the strengthening of health services and community programs. Previously she worked for UNICEF and as a consultant for numerous non-governmental organizations.

Dr. Sandra Huffman is the Chair of the Maternal, Infant and Young Child Nutrition Working Group of the Ten Year Strategy to Reduce Vitamin and Mineral Deficiencies. She works as a consultant in international nutrition, focusing on programs to improve maternal nutrition, breastfeeding and complementary feeding. She graduated from Cornell University with a B.Sc. degree with Honors in Nutrition, and has a Doctor of Science degree from Johns Hopkins University, School of Public Health.

