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

24–25 June 2013
WHO headquarters, Geneva, Switzerland
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Meeting report

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

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

Background and context

Each year more than two million children under five years old die due to undernutrition, and many of these deaths are associated with inappropriate feeding practices. The 6–24 month age range – a time of high nutritional needs and frequent childhood illnesses – presents a key window of opportunity to prevent undernutrition. Evidence also suggests that various aspects of early feeding patterns have the potential to impact on the development of obesity and other noncommunicable diseases. Appropriate complementary feeding practices, therefore, also may have the potential to contribute to the UN global target for a 25% decrease in premature mortality from noncommunicable diseases by 2025.\(^3\)

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

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

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\(^1\) Resolution WHA 65.6.
\(^2\) See Annex 1 for the list of participants, including the list of STAG members.
\(^7\) Maternal, infant and young child nutrition: draft comprehensive implementation plan (A65/11). WHO; 2012 ([http://apps.who.int/gb/e/e_wha65.html - Resolutions](http://apps.who.int/gb/e/e_wha65.html - Resolutions)).
\(^8\) [http://scalingupnutrition.org/](http://scalingupnutrition.org/).
United Kingdom and in the run up to the Group of Eight (G8) meeting in Northern Ireland, the Global Nutrition for Growth Compact was endorsed by 94 stakeholders, including 26 governments, and donors made new commitments for up to US$ 4.15 billion to tackle undernutrition up to 2020.⁹

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

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

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

The objectives of this first STAG meeting were:

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

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

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

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¹⁰ WHA Resolution 63.23.
(as has been done for marketing of foods and non-alcoholic beverages to children). The process of developing the recommendations on marketing to children was outlined to the meeting in order to help STAG understand the steps involved and to highlight any lessons that could be helpful to the group's future work.

Inappropriate promotion of complementary foods: scoping the issues

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

**Key definitions**

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

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

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

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

One important area of discussion concerned the issue of which foods are to be covered by the work of STAG. The group discussed the extent to which the scope should include follow-on formula or other milks for young children (so-called “toddler milks” or “growing-up milks”). In recent years, there has been considerable discussion about whether follow-on formula – which did not exist when the Code was developed – is covered by the international Code. In response, WHO has produced a statement to provide clarity on how the Code relates to these products11. At the same time, the Codex Alimentarius Commission is currently reviewing the existing standard on follow-on formula, and the remit of this review will extend to all toddler and growing-up milks. It was agreed that the main focus of STAG work would be on complementary foods, but that it also would be important to include a statement in any preamble about STAG concern about inappropriate promotion of follow-on formula and other milks undermining breast milk.

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

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

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

11 http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf
2015 range from US$ 23.8 billion to US$ 57 billion.\textsuperscript{12} The Asia Pacific region is the largest market, followed by Europe, and there is rapid growth for non-formula baby food products.

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

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

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

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

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

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

\textit{Regulatory context: an overview of the regulatory environment}

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

\textsuperscript{12} Estimates from Global Industry Analysts Inc (2010) and the Internal Market Bureau of the Canadian Government Agriculture and Agri-Food Canada.
\textsuperscript{13} See the section on Labelling Study in South Africa later in this meeting report.
When the World Health Assembly requested clarification and guidance on this issue, it stated clearly that this should be done “taking into consideration the ongoing work of the Codex Alimentarius Commission”. There are a number of Codex standards relevant to foods for infants and young children and there also has been quite a lot of activity recently, with some important changes under way or under consideration. In particular, new Codex Guidelines on Formulated Complementary Foods for Infants and Young Children were put forward for adoption at the Codex Alimentarius Commission in Rome in July 2013. The Code is also relevant as it covers complementary foods that are represented as partial or total breast-milk substitutes. This may be, for example, because they are marketed for infants under six months old or that they are represented as suitable for feeding through a bottle.

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

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

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

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

**Discussion and brainstorming on potential solutions**

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

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

<table>
<thead>
<tr>
<th>1. Inappropriate products</th>
<th>STAG discussion on this point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote inappropriate nutrition.</td>
<td>Complementary foods (CFs) lacking in essential nutrients, or with excess nutrients, e.g. salt, sugar.</td>
</tr>
<tr>
<td></td>
<td>There was general agreement that this is an important principle, and useful to consider in the work of STAG.</td>
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<td></td>
<td>STAG discussed the concept of “inappropriate nutrition” and whether – as well as including foods that have excess nutrients – it would include foods that do not make a substantial positive contribution to the nutrition of the child. The group accepted that this is useful as a principle, although it would be challenging to put into practice.</td>
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<tr>
<td></td>
<td>STAG also highlighted the issue of foods that are not designed or marketed for infants or young children, but are given to them (e.g. crisps, soft drinks, coffee/tea, skimmed milk,</td>
</tr>
<tr>
<td><strong>1. Inappropriate Marketing Practices</strong></td>
<td></td>
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<td>----------------------------------------</td>
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<tr>
<td><strong>Promote inappropriate ingredients.</strong></td>
<td>For example, contains allergenic or intolerance-inducing risks, e.g. nuts, gluten.</td>
</tr>
<tr>
<td>STAG considered that this issue should be covered by the work of the Codex Alimentarius Commission. In relation to foods containing allergenic ingredients, it was pointed out that some current guidance now advises introducing allergenic ingredients within the first year.</td>
<td></td>
</tr>
<tr>
<td><strong>Promote inappropriate balance of foods.</strong></td>
<td>CFs that do not match and may undermine food-based dietary guidelines (FBDGs) for infant feeding, e.g. promotion of fruit-flavoured drinks in place of fruit.</td>
</tr>
<tr>
<td>STAG had a detailed discussion about the various elements enshrined in these two concepts, and how they might be defined. Issues to consider included consistency of CFs, ration size and caloric contribution of CFs, promotional messages that undermine complementary feeding guidelines and whether CFs aid the transition to the family diet available in each particular situation.</td>
<td></td>
</tr>
<tr>
<td><strong>Promote an inappropriate diversion from family foods.</strong></td>
<td>CFs containing foods, ingredients, tastes or flavours not normally found in family food, or the absence of foods or tastes or textures that are regularly found in family food. Includes presence or frequency of flavours (e.g. chocolate, vanilla) or ingredients (e.g. colouring agents, commercial starches) not regularly found in local family cuisine, and absence of local staples or high-nutrient foods that are in the family cuisine (e.g. fish, offal).</td>
</tr>
<tr>
<td>Some promotion of foods may imply that local foods can be disregarded. It was agreed that such promotion would be considered inappropriate. There was recognition that there are very different contexts to take into account, including some situations where a proportion of the population currently struggles to obtain adequate micronutrients.</td>
<td></td>
</tr>
<tr>
<td><strong>Promotion of foods with inappropriate preparation requirements.</strong></td>
<td>CFs that depend on use of fuel, clean water, equipment, etc. that may not be available.</td>
</tr>
<tr>
<td>It was agreed that these important concepts should be covered by the work of the Codex Alimentarius Commission.</td>
<td></td>
</tr>
<tr>
<td><strong>Promotion of foods with quality control concerns or risks of contamination in production.</strong></td>
<td>Ingredient sources, manufacturing methods, packaging, storage, etc. that expose CFs to risk.</td>
</tr>
</tbody>
</table>

**2. Inappropriate labelling and promotional methods**

<p>| <strong>Confusing, conflicting or unapproved messages.</strong> | For example, inappropriate age range or ambiguous age range (such as ill-defined “stages”) or misleading statement of the contents (e.g. “carrot sticks” that are 14% carrot in powder form). |
| There was discussion on what the term “unapproved messages” could include. The importance of “age appropriate” messages was emphasized. |
| It was suggested that editing the concept to refer to “confusing, conflicting or inappropriate messages” would improve clarity. |</p>
<table>
<thead>
<tr>
<th>Inappropriate instructions for safe storage or preparation.</th>
<th>CFs with written or illustrated instructions that are inadequate or unclear.</th>
<th>It was proposed to combine this line with the next two, on “language and literacy problems” and “promotion of inappropriate feeding methods or habits”, by expanding the scope to cover “inappropriate instructions for safe, storage, preparation or use”. It was agreed that these were important principles to be addressed and that the Code provides a good starting point to tackle them in terms of product labels, but does not go far enough in respect of information and marketing through other channels.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language and literacy problems.</td>
<td>Labelling with written text that cannot be understood by a significant number of potential users.</td>
<td>See above proposal to combine this with “inappropriate instructions for safe, storage or preparation”.</td>
</tr>
<tr>
<td>Promotion of inappropriate feeding methods or habits.</td>
<td>CFs that encourage unhealthy habits, e.g. bottle-feeding of sugary drinks, use of sweetened teething rusks, sweetened infant milks.</td>
<td>See above proposal to combine this with “inappropriate instructions for safe, storage or preparation”.</td>
</tr>
<tr>
<td>Promotion of inappropriate feeding patterns, amounts, frequency, etc.</td>
<td>Implied use of product or combination of products at levels inconsistent with good feeding practices, e.g. undermining breastfeeding by recommending consumption of larger amounts than the complementary portion of the diet should account for.</td>
<td>The group recognized that there are many factors that may impact on parents/carers’ decisions. There was an important distinction to be made between the promotion of products – which is within the STAG remit – and parents’ or caregivers’ behaviour, which is not. There was discussion about the issue of messages on labels encouraging feeding of CFs immediately before offering breast milk. The difference between giving CFs before or after breastfeeding is unclear in terms of its overall impact. It was agreed that this was an important principle to include. To define in more detail, it will be important to refer to the WHO Guiding Principles on Complementary Feeding.</td>
</tr>
<tr>
<td>Misleading health claims.</td>
<td>Misleading claims for health benefits, or for growth or intelligence.</td>
<td>It was agreed that this is a very important principle to incorporate. There was discussion, without reaching a conclusion, about whether all claims should be prohibited or whether there might be a case for some claims, with pre-approval from an appropriate body, to be permitted for selected types of product.</td>
</tr>
<tr>
<td>Implied equivalence or superiority to breast milk.</td>
<td>Statements or images that indicate the product as superior to breastfeeding, or a lack of statements that promote the superiority of breastfeeding.</td>
<td>It was agreed that this is an important concept to include.</td>
</tr>
<tr>
<td>Encourage or fail to discourage the use of complementary food as</td>
<td>For example, recommend use of a bottle, show image of a bottle, do not encourage use of a</td>
<td>It was agreed that this is a valid concept to include.</td>
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<tr>
<td>Item</td>
<td>Description</td>
<td>Note</td>
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<tr>
<td>Breast-milk substitute.</td>
<td>spoon or cup in place of a bottle, inappropriate advice about amounts and frequencies of meals, encourage consumption before six months old.</td>
<td>The importance of avoiding bottle-feeding during the complementary feeding process was emphasized. There are two different aspects to this: the product should not be suitable for feeding through a bottle and the label should not encourage bottle-feeding or overdilution.</td>
</tr>
<tr>
<td>Use of inappropriate media.</td>
<td>For example, the use of health workers, feeding programmes or other public authority staff for commercial promotion, use of misleading uniforms for commercial promotion.</td>
<td>It was suggested to combine this with “Promotion in inappropriate circumstances”. It was agreed that both are important concepts to be addressed. It was proposed to add “or places” after circumstances.</td>
</tr>
<tr>
<td>Inappropriate brand crossover promotion.</td>
<td>Promotion of products with shared brands, logos, label and packaging designs indirectly promoting other products, e.g. breast-milk substitutes.</td>
<td>It was agreed that this is a valid concept to include.</td>
</tr>
<tr>
<td>Promotion in inappropriate circumstances.</td>
<td>For example, commercial promotion during immediate post-delivery period, during periods of family stress or ill health, or promotion to individuals with low mental competence or immaturity.</td>
<td>See above suggestion to combine with “Use of inappropriate media”.</td>
</tr>
<tr>
<td>3. Inappropriate impact on infant, family or wider community</td>
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</tr>
<tr>
<td>Promotion inappropriate due to the high cost of purchase.</td>
<td>Risk of insufficient feeding, overdiluted feed or beyond shelf-life use.</td>
<td>The discussion on this issue highlighted how the impact of price is different in varying contexts. The impact of high cost is of concern, but in some countries, commercial complementary foods are sold at very low, discounted prices, undermining nutritionally superior foods.</td>
</tr>
<tr>
<td>Promotion undermines family feeding practices.</td>
<td>High cost of CFs impairs the purchase of other nutritious foods for the infant or for other family members, including the mother. Idealizes the use of commercial complementary foods and undermines confidence in home-prepared foods.</td>
<td>Discussion on this issue explored to what degree promotion of commercial complementary foods undermines home-prepared foods. Do messages emphasizing the convenience of commercial CFs undermine carers' confidence in their ability to prepare foods at home? It was agreed that operationalizing this concept would be challenging.</td>
</tr>
<tr>
<td>Promotion undermines local food security, food economy.</td>
<td>Purchase of imported and/or manufactured commercial CFs replaces the purchase of local foods.</td>
<td>The implied assumption that diets based on local foods are always adequate was challenged. It is important to acknowledge that there may be nutrient-poor local foods and/or gaps in knowledge. It was agreed that consideration of this issue should incorporate the message that each Member State needs to consider how these issues fit in with their FBDGs and their policies for sustainable food production.</td>
</tr>
<tr>
<td>Promotion undermines continued breastfeeding.</td>
<td>Products replace breast milk beyond reasonable complementation – i.e. depresses demand for breast milk (e.g. through total quantity or through use of energy-rich drinks, including follow-on milks.</td>
<td>STAG agreed with the importance of this concept, but considered that it had already been covered in previous items.</td>
</tr>
</tbody>
</table>
The members of STAG worked together to prepare an initial draft of a text to provide some clarification on inappropriate promotion of foods for infants and young children.

**Country case studies of the offer and the promotion of foods for infants and young children**

In order to further inform the work of STAG and policy development, WHO hopes to obtain funding to carry out some research and data collection to conduct case studies and to improve understanding of the current situation on the ground. Some recent and current case study research was presented to help guide the discussion on research needs and priorities.

**Labelling study in South Africa**

Sweet presented, via a remote link, the results of her dissertation research project, which assessed how labelling of commercial complementary foods in South Africa compared with the guidance on marketing of complementary foods developed by the Maternal, Infant and Young Child Nutrition (MIYCN) Working Group. The research effectively field-tested the checklist of labelling-related good and best practice criteria set out in the Maternal, Infant and Young Child Working Group guidance.

Of the 160 product labels checked, none complied with all the checklist criteria. Inappropriate labelling practices that could potentially interfere with optimal breastfeeding practice and/or increase the risk of inappropriate use of the product were identified. Although examples of appropriate labelling practices also were identified, the research revealed much room for improvement in terms of complementary food labelling practices.

**Assessment and Research on Child Feeding Project (ARCH)**

Sweet also presented the protocol for the Assessment and Research on Child Feeding (ARCH) research project with which she has become involved. This project, being undertaken by Helen Keller International, aims to gather information on the promotion of foods consumed by infants and young children in four low- and middle-income countries (Cambodia, Nepal, Senegal, Tanzania). Three studies will be conducted in the most populous city in each of the four countries to gather quantitative data on:

- Labelling of commercially produced foods consumed by infants and young children. The study covers breast-milk substitutes, commercially produced complementary foods (including lipid-based nutrient supplements and micronutrient powders) and selected commercially produced foods for general consumption commonly fed to young children (e.g. biscuits, soft drinks, yoghurts).
- Point-of-sale promotion for these foods.
- Maternal exposure to product promotion within the health system, exposure to promotion outside the health system and their child’s consumption of breast milk, breast-milk substitutes, complementary foods and commercially produced foods for general consumption.

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16 Sweet L, Jerling JC, Van Graan AE. A critical analysis of the labels of processed complementary foods for infants and young children against international marketing guidelines. Centre of Excellence for Nutrition, North-West University, Potchefstroom, South Africa. 2012
The labelling study will assess the labels of breast-milk substitutes against the Code and of commercial complementary foods against the MIYCN Working Group guidance for marketing complementary foods,\textsuperscript{14} as Sweet’s own research had done, and relevant World Health Assembly resolutions. It also would include a simple assessment and description of the nutrient composition of commercially produced complementary foods and commercially produced foods commonly fed to children. Information on the point-of-sale promotional techniques for all products purchased in the labelling study will be collected at the same time and in the same stores as those products are bought. The health system study will involve a cross-sectional survey of around 250 mothers with children under two years old attending health facilities in each country. It aims to document mothers’ reported exposure to promotion both within and outside the health system as well as exploring support provided by the health system for infant feeding. It also will assess consumption of breast milk, breast-milk substitutes, complementary foods and commercially produced foods.

There have been no negotiations with commercial companies regarding the research. The products will be purchased in stores and photographs of promotion taken in situ, unless retailers prevent photography. Although the study will include price data, it will not contain any economic analysis relating those costs to household budgets or income.

**WHO Philippines study**

Alessandro Iellamo introduced research that the WHO Western Pacific Regional Office (WPRO) had commissioned in the Philippines. The Philippines was the first country in Asia to implement the Code and has a relatively strong set of regulations to protect breastfeeding. The study surveyed the baby food products market in the Philippines. The study focused on milk formula and complementary commercial baby food products, but also included other foods (including home-prepared food or food products not exclusively or commercially marketed for young children). It was intended to fill some of the gaps in understanding about the baby foods market and how marketing and promotion impact on parents’ perceptions. In addition to data on marketing and promotion, it included a consumer survey to examine consumer perceptions and usage behaviours, along with identification of factors that influence purchase and, finally, recall of marketing and advertising. The survey was dependent on mothers’ access to the Internet, so there is some bias towards upper-middle class families.

The preliminary findings suggest that health services remain a priority promotion route for baby food companies – frequent visits from company representatives and provision of promotional products and free samples were reported. A “seal of approval” from health professionals, particularly paediatricians, plays an important role in mothers’ decisions to switch to breast-milk substitutes. Over half of respondents had received information about complementary commercial baby foods from health professionals and almost two thirds (65%) had received a recommendation for the complementary food product they were using from a paediatrician. Of the respondents, 73% believed that the complementary food product contains ingredients that make babies healthy and 58% believed that they contain products that make babies intelligent. Other marketing strategies documented included the use of industry trade bodies, sponsorship of international conferences and cross-promotion (where advertising for products such as growing-up milks uses the same branding as infant formula products). A full report has been submitted for publication.\textsuperscript{17}

In the discussion that followed this presentation, there was concern about the picture revealed in this study in this country. What are the implications of these findings, given that the Philippines has legislation in place? It is clear that there is a need to strengthen the monitoring and enforcement mechanisms of the law. The study also provides clear evidence, for the first time, of the unintended role that the health system plays in promoting breast-milk substitutes and complementary foods. Whereas previously 80% of hospitals in the Philippines were certified as Baby Friendly, following a re-certification process only 5 of 1500 hospitals

\footnote{\textsuperscript{17} WHO WPRO, Baby food marketing strategies and practices in the Philippines, Manila (submitted for publication).}
were reported being officially recognized as Mother-Baby Friendly Hospitals by the end of 2012.

Prioritizing research options

Lobstein introduced the discussion on research options. The key questions to address could be summarized thus:

- **Products**: What products are on the market? In what quantities are they being used? What do we understand about the relative merits of these products?
- **Promotion**: What promotional and marketing techniques are being used? And to what extent?
- **Impact**: How do these marketing practices influence attitudes and impact on behaviour/feeding practices? What is the potential impact on the nutrition of the child?

Aspects of the first two questions will be addressed, in part, by the ARCH studies described above. While the ARCH studies cover point-of-sale promotion, they do not include media promotion. ARCH may assess media promotion in one or more countries later in the project.

After a wide-ranging discussion on the various evidence gaps and the most important questions to answer, STAG identified four key areas of interest:

- **Market analysis**: study on the availability of products in the market place, and in what quantities they are present.
- **Marketing practices**: documentation of marketing techniques in use, and extent of their use.
- **Parental perceptions**: exploration of the perceptions of parents about products and complementary feeding, and how these perceptions may have been influenced by marketing.
- **Systematic reviews on**: (i) the health consequences of various patterns of complementary feeding and/or foods for infants and young children; and (ii) the impact of promotional marketing on attitudes and behaviours.

STAG members were in agreement that the first option on market analysis in a few key markets was a clear priority, but there was no clear consensus on which of the other options should be the next priority. All four points were seen as important, and it also was noted that the first three points are quite closely interrelated.

Populations of interest

STAG considered whether the work should focus on specific populations of particular interest. Should the focus be on the rural poor in low-income countries? Or are the urban lower-middle classes more affected? It was agreed that the work should take into account the needs of all populations, in widely varying contexts. The discussion had been useful, however, in helping to clarify some of the issues and could be useful in defining which markets could be most interesting for the case study data collection.

Concluding discussion

The two-day meeting had proved very useful as a fact-gathering process. Initial discussions had been fruitful and progress had already been made towards clarification of some of the key concepts and definitions. A brief text from STAG will provide initial clarification on inappropriate promotion of foods for infants and young children.

The STAG work for 2013 will be to finalize the short text providing clarification on definitions. In addition, WHO will solicit STAG advice on finalizing the case study data collection protocols.
In 2014, STAG will be able to take stock of the case study findings and the research conducted by other parties (e.g. the ARCH study, further research by the Western Pacific Region.

Branca thanked the group for its very efficient work and the progress that was already evident. Gummer-Strawn thanked WHO for hosting the meeting and the external consultants for their work in preparing the background papers.

**Annex 1: List of STAG members and meeting participants**
First Meeting of the WHO Scientific and Technical Advisory Group on Inappropriate Promotion of Foods for Infants and Young Children

24–25 June 2013, WHO headquarters, Geneva, Switzerland
Meeting Room C 102

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