

Draft Clarification and Guidance on Inappropriate Promotion of Foods for Infants and Young Children:

Report of the Scientific and Technical Advisory Group (STAG) on Inappropriate Promotion of Foods for Infants and Young Children

1. BACKGROUND

In May 2010, the Sixty-third World Health Assembly urged Member States to end inappropriate promotion of foods for infants and young children¹. In 2012, the Assembly requested the Director General to provide clarification and guidance on the issue.² In response, WHO, acting as the Secretariat, convened a Scientific and Technical Advisory Group (STAG), which then provided clarification and specifically defined what constitutes inappropriate promotion of foods for infants and young children. In May 2014, the Sixty-seventh World Health Assembly noted the work carried out by the Secretariat and further requested the Director-General to complete the work before the end of 2015 for consideration by Member States at the Sixty-ninth World Health Assembly.³

Global recommendations for infant and young child feeding are set out in WHO and UNICEF's joint Global Strategy for Infant and Young Child Feeding.⁴ The Strategy states that 'infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutrition requirements infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.'⁵

The need for guidance arises from concerns that inappropriate promotion of breastmilk substitutes and some commercial foods for infants and young children has been undermining progress in optimal infant and young child feeding.⁶ The International Code on Marketing of Breast-milk Substitutes (hereafter referred to as 'the Code') and relevant subsequent WHA resolutions⁷ govern the promotion of breastmilk substitutes. Other foods and beverages are covered by the Code only if they are marketed or otherwise represented to be suitable as a partial or total replacement for breastmilk.

The clarification and guidance in this document (hereafter referred to as '*this guidance*') need to be considered alongside the important role of governments to promote optimal infant and young child nutrition, including by implementing the Global Strategy for Infant and Young Child Feeding as part of their efforts towards meeting the six global nutrition targets by 2025.⁸

Implementation of this guidance should be seen as part of Member States' operationalization of their obligations as State Parties to the UN Convention on the Rights of the Child and the requirement, under Article 24, to take appropriate measures to ensure that parents '*are informed, have access to education*

¹ Resolution WHA 63.23 Available at http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

² Resolution WHA 65.6 Available at http://www.who.int/nutrition/topics/wha_65_6/en/

³ WHA67(9) Maternal, infant and young child nutrition. http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=25

⁴ WHO/UNICEF, Global Strategy for Infant and Young Child Feeding, Geneva. 2003.

⁵ <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>

⁶ WHA Resolution 63.23. http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

⁷ Henceforth the term 'the Code' is used to refer to the Code and relevant subsequent WHA resolutions.

⁸ Namely: (1) 40% reduction of the global number of children under five who are stunted; (2) 50% reduction of anaemia in women of reproductive age; (3) 30% reduction of low birth weight; (4) no increase in childhood overweight; (5) increase exclusive breastfeeding rates in the first six months up to at least 50%; and (6) reduce and maintain childhood wasting to less than 5%.

<http://www.who.int/nutrition/global-target-2025/en/>

and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding...’.⁹

In its clarification to the Assembly, the STAG defined inappropriate promotion as:

Promotion is inappropriate if it undermines recommended breastfeeding practices¹⁰

Products should not be promoted as suitable before six months.

Products should not be promoted to be given by bottles or using teats.

Products should not be portrayed as equivalent or superior to breastmilk.

Products should not be promoted as a replacement for breastmilk.

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

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

Promotion is inappropriate if it contributes to childhood obesity and non-communicable diseases

Products should be limited in saturated fat, trans-fatty acids, free sugars, and salt.

The portion size shown or recommended should provide an appropriate energy amount for the meal or part of a meal that it is designed to provide.

Promotion is inappropriate if the product does not make an appropriate contribution to infant and young child nutrition in the country

Products should adhere to all applicable standards for safety and nutrient composition.

Products should provide essential nutrients other than calories.

Promotion should encourage a diet based on a wide variety of foods, including minimally processed fruits, vegetables, and animal-source foods.

Promotion is inappropriate if it undermines the use of suitable home-prepared and/or local foods

Products should not be marketed as a complete substitute for home-prepared and/or local foods.

Promotion should not suggest that commercial products are inherently superior to home prepared foods.

Promotion should not imply that home-prepared or local foods should be delayed until after commercial products are fed.

Promotion is inappropriate if it is misleading, confusing, or could lead to inappropriate use

Health claims should not be allowed unless specifically approved by national or international authorities.

⁹ Convention on the Rights of the Child. <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹⁰Initiation of breastfeeding within one hour of birth, exclusive breastfeeding for six months and continued breastfeeding for two years or beyond.

Information and instructions should be clear and correct and appropriate for the language and literacy of the target population.

Promotion should not imply that products contain more of an ingredient than they in fact do.

2. RATIONALE AND AIM

Research in several countries suggests that evidence of various types of inappropriate promotion by or for manufacturers, retailers and distributors can be found – on labels, in stores and across different advertising media.^{11,12} This includes, for example, evidence of foods being promoted as suitable for introduction before six months, cross-promotion of breastmilk substitutes via promotion of complementary foods, and inclusion of statements on labels and in adverts that claim products will improve a child's health or improve intellectual performance. Social media are emerging as an important form of marketing.

Randomized trials have demonstrated that complementary foods may displace the intake of breastmilk if the amounts provided represent a substantial proportion of energy requirements. Commercial complementary foods vary widely in quality, with some improving nutrient intake by providing micronutrients that are typically missing in the diets of young children, while others are of concern because they have particularly high levels of added sugar, saturated or *trans*-fats, or salt.¹³

Studies on the marketing of commercial complementary foods and beverages show that such marketing can mislead and confuse caregivers about the nutrition- and health-related qualities of these foods and beverages and about their age-appropriate and safe use. In particular, mothers and other caregivers often do not understand the distinctions between milk products promoted for different age children. Promotion of complementary foods and beverages before six months of age has been associated with earlier cessation of exclusive breastfeeding.¹⁴

The important role of health workers in supporting appropriate infant feeding by working within the International Code of Marketing of Breast-milk Substitutes has long been recognized. Health workers and health facilities have a vital role to play in ensuring that their practices and environment are wholly independent of influence from inappropriate promotion of foods and beverages. Where this is not the case, commercial influence has been shown to reduce optimal infant feeding.¹⁵

To help achieve the goal of ending inappropriate promotion of foods and beverages for infants and young children, the aim of this document is to provide guidance in the form of recommended actions for Member States, the private sector, health systems, civil society and international organizations.

¹¹ A series of studies has been carried out by the Assessment and Research in Child Feeding (ARCH) project and published by Helen Keller International. The studies examined various aspects of promotion (labelling, point-of-sale, media and health systems) in four countries including Cambodia, Nepal, Senegal and Tanzania (not all aspects studied in all four countries). In press.

¹² Euromonitor International. Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. June 2015.

¹³ Tzioumis, E., Kay, M., Wright, M., Adair, L. Health effects of commercially-available complementary foods: a systematic review. Report to the World Health Organization, 2015.

¹⁴ Smith, J.P., Sargent, G.M., Mehta, K., James, J., Berry, N., Koh, C., Salmon, L., Blake, M. A rapid evidence assessment: Does marketing of commercially available complementary foods affect infant and young child feeding? Report to the World Health Organization, 2015.

¹⁵ Bellew, B., Kelly, B., Hector, D., McGill, B., Iellamo, A., Grunseit, A., King, L., Bauman, A., Baur, L., Sobel, H., Engelhardt, K. Systematic reviews of evidence on the Marketing of Breast Milk Substitutes Foods & Non-Alcoholic Beverages. Update of the evidence to December 2014. [Draft Report]. World Health Organization, Western Pacific Region. 2015.

3. SCOPE AND DEFINITIONS

3.1. Scope of this guidance

The scope of this guidance is all commercially produced foods and beverages that are marketed as suitable for feeding infants and young children up to the age of two years. The term ‘food’ in this document is used to refer to foods and beverages.

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. Products are considered to be ‘marketed as suitable’ in this age range if the labels or packaging indicate that the product is intended for children under the age of two years by (a) making use of the words baby/babe/infant/toddler/young child in the context of a child’s age (b) by recommending an age of introduction less than two years on the label, (c) using an image of a child appearing younger than two years of age or an image of text of infant feeding (which could include a bottle) or (d) are in any other way presented in a manner which results in the product being perceived as being marketed as suitable for infants and young children.

However, even foods marketed as suitable for children over the age of 24 months may be portrayed in a way that also promotes products for younger children (e.g. by use of similar packaging or branding). Therefore, the recommendations below pertaining to cross-promotion (4.2.3) and on health and nutrition claims (4.1) should be applied to any products marketed as suitable for children up to 36 months of age. This is in line with relevant Codex standards which extend up to 36 months¹⁶.

Because the diets of infants and young children may lack essential vitamins, minerals and other nutrients, commercial complementary foods are often fortified. Additionally, there are products designed to be mixed with complementary foods – such as lipid-based nutrient supplements (LNS) or micronutrient powders (MNPs) – that provide additional nutrients. Furthermore, there are other products intended for the prevention and control of malnutrition, including ready to use supplementary foods (RUSF). Such products may be marketed to caregivers in the general population or may be administered in the context of health care administration or relief programmes. The principles behind this guidance need to be upheld in both contexts – particularly to avoid creating conflicts of interest within health systems – thus this guidance is relevant. Not all provisions, however, are always applicable to such products being used in healthcare programmes, so some specific exemptions are proposed.

Promotion of foods for infants and young children occurs in both the non-profit and for-profit sectors. Health promotion programmes of governments and non-governmental organizations may include social marketing of various foods to improve the nutrient intake of populations whose diets might otherwise be deficient. For-profit companies engage in marketing primarily with the motivation of profit making. These companies might or might not share an interest in creating and promoting products that improve nutrition. This guidance is applicable to both these sectors, as the principles outlined below are important regardless of who is doing the promoting.

There is recognition that some commercially produced foods that are promoted for the general population may be consumed by infants and young children. While such foods are not generally marketed as complementary foods for infants and young children, the WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children clearly indicate that settings

¹⁶ Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children. CAC/GL-8-1991 (Revised 2013). www.codexalimentarius.org/input/download/standards/.../CXG_008e.pdf

where infants and young children gather should be free of marketing of foods high in saturated fats, *trans*-fatty acids, free sugar or salt.¹⁷ For products that are not marketed as complementary foods, but which are commonly fed to infants or young children in the particular national context, and which do not meet national nutrition criteria for infants and young children, stakeholders should consider labelling with a warning that they are not suitable for infants and young children. Research will be required at the national level to identify these types of products.

3.2. Definitions

The following definitions are provided for key terms used in the context of this guidance:

Foods for infants and young children are defined as commercially produced food or beverage products that are specifically marketed as suitable for feeding children under the age of two years. Some of the recommendations also apply to foods marketed for children up to 36 months of age.

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

Promotion is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand. Promotional messages may be communicated via traditional mass communication channels, the internet and other marketing media using a variety of promotional methods. In addition to promotional techniques aimed directly at consumers, measures to promote products to health workers or to consumers through other intermediaries are included

Promotional methods or techniques include, but are not limited to, advergames, advertising, advertorial, ambush or attack marketing, automatic vending, brand, brand extension or brand stretching, below-the-line marketing, brand-equity characters, buzz marketing, cause-related marketing, clubs, company-owned websites, cross promotion, direct mail, emotional branding, fundraising schemes, gift packs or other give-aways, halo effect marketing, immersive marketing, in-game advertising, in-institution marketing, financial sponsorship, in-kind sponsorship, loyalty and voucher schemes, tasting schemes, integrated marketing, licensed characters, loyalty schemes, marketing communications, mobile marketing, multimedia messaging services, quick response (QR) codes, SMS marketing, outdoor advertising, packaging, peer-to-peer marketing, point-of-sale marketing, product placement, reward schemes, sales promotions, sampling, social media, sponsorship, sports sponsorship, tasting schemes, user-generated marketing, viral advertising, viral marketing, voucher schemes, word-of-mouth marketing. There does not have to be a reference to a brand name of a product for the activity to be considered as advertising or promotion.

Cross-promotion is a form of marketing promotion where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another (brand extension). In this context, it can also refer to use of particular promotional activities for one product and/or promotion for that product in particular settings to promote another product.

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 guidance.

¹⁷ World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2010.

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 guidance.

4. RECOMMENDATIONS

In order to end all types of inappropriate promotion for foods for infants and young children, the following actions are recommended. The recommendations are grouped into those that relate to existing international instruments, those that relate to promotional activities, and, finally, guidance for the different actors involved in ending inappropriate promotion.

If Member States identify further issues of concern in the national context, they are encouraged to define additional regulatory requirements in their legislation. This could include, for example, extending the age range that the recommendations apply to, defining appropriate infant and young child feeding messages, or requiring labels and/or education and information materials to carry specific messages.

4.1. Existing international instruments and guidance

Member States should implement existing international instruments that already address aspects relevant to the promotion of foods marketed as suitable for infants and young children. Member States should:

- Implement, enact, monitor and enforce all provisions of the International Code of Marketing of Breast-milk Substitutes and relevant subsequent WHA Resolutions as a minimum.¹⁸ According to the UN Committee on the Rights of the Child, “States are required to introduce into domestic law, implement and enforce internationally agreed standards concerning children’s right to health, including the International Code of Marketing of Breast-milk Substitutes and the relevant subsequent World Health Assembly resolutions”.¹⁹
- Ensure that the scope of Code-implementing legislation – including, where necessary, by amending existing legislation – clearly extends to all of products covered by the full scope of the Code (as set out in Article 2) and subsequent WHA resolutions. This should include any milk products (liquid or powdered) marketed for young children up to two years or beyond (including follow-up formula and growing-up milks).²⁰
- Implement, as a minimum, into national legislation the Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children²¹ and other relevant Codex Standards.²² Ensure arrangements are in place, and adequate resources available, to enact, monitor and enforce such legislation.
- Ensure that national legislation – whether general food law, legislation on infant foods or food labelling legislation – implements WHA resolution 63.23 by prohibiting all nutrition and health claims on foods for infants and young children, except where specifically provided for in relevant

¹⁸ All references to the Code includes reference to the Code and subsequent WHA resolutions

¹⁹ General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), United Nations, Committee on the Rights of the Child, CRC/C/GC/15, 2013.

²⁰ World Health Organization. Information concerning the use and marketing of follow-up formula. 2013. Accessed at http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf

²¹ Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children. CAC/GL-8-1991 (Revised 2013). www.codexalimentarius.org/input/download/standards/.../CXG_008e.pdf

²² Currently, this includes the Codex standard for processed cereal-based foods for infants and young children and Codex Standard for Canned Baby Foods. It is widely recognized that the canned baby food standard is outdated and the labelling provisions of the new Guidelines should be applied in preference.

Codex Alimentarius standards²³ or national legislation.²⁴ Member States should ensure that such measures apply to *all* foods marketed as suitable for infants and young children up to the age of 36 months.

- Implement the WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children²⁵ which covers the marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt directed at all children. High standards for responsible marketing to children are an important complement to measures to end inappropriate promotion of food products marketed as suitable *for* infants and young children. Member States should adopt a comprehensive approach to implementation of the Set of Recommendations, and pay particular attention to ensuring that settings where infants and young children gather²⁶ are free from all forms of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars or salt.

4.2. Recommendations on promotional activities²⁷ applicable to all stakeholders

4.2.1. Products

Products within the scope of the Code should not be promoted.²⁸ Other foods for infants and young children should not be promoted unless they meet all relevant national, regional and global standards for composition, safety, quality and nutrient levels.

4.2.2. Messaging and labelling

For products within the scope of the Code, its provisions on messaging and labelling apply. For all other foods that meet the criteria in 4.2.1 above, messaging and labelling should:

- Include a conspicuous statement on the importance of exclusive breastfeeding for the first six months and of continued breastfeeding up to two years or beyond
- Include a recommended age of introduction (this must not be less than six months) and a statement on the importance of introducing complementary feeding not before six months.
- Include a proposed daily ration/serving (for different age groups) that is not too large or too rich in energy to be consistent with complementary feeding guidelines²⁹.
- Be presented in local language(s), in a legible format and with all required label information visible before purchase.

²³ Codex Guidelines for Use of Nutrition and Health Claims (CAC/GL 23 -1997).

www.fao.org/ag/.../32444-09f5545b8abe9a0c3baf01a4502ac36e4.pdf

²⁴ The following do not constitute nutrition claims: (a) the mention of substances in the list of ingredients; (b) the mention of nutrients as a mandatory part of nutrition labelling; (c) quantitative or qualitative declaration of certain nutrients or ingredients on the label if required by national legislation. (Codex Guidelines for Use of Nutrition and Health Claims (CAC/GL 23 -1997).

²⁵ World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2010.

²⁶ Including, but not limited to, nurseries, schools, school grounds, pre-school centres, playgrounds, family and child clinics and paediatric services and during any sporting and cultural activities that are held on these premises.

²⁷ This refers to all types of promotion described in the Definitions section of this guidance.

²⁸ Article 5 of the Code prohibits 'advertising or other form of promotion to the general public for products within the scope of this Code.' Member States should ensure implementation of this article and that it applies to all products highlighted in Section 4.1 of this guidance.

²⁹ Pan American Health Organization and World Health Organization. Guiding Principles for Complementary Feeding of the Breastfed Child. 2003. Accessed 18 June, 2015 http://www.who.int/maternal_child_adolescent/documents/a85622/en/.

Messaging and labelling should not:

- Include anything to suggest use for infants under six months (including pictures of any babies appearing to be younger than six months or showing development milestones clearly reached before six months, wording, images, illustrations, numbers, stages and bottles or teats).
- Include any information or image to undermine or discourage breastfeeding or use any images or texts to create a belief that the product is equivalent or superior to breastmilk.
- Undermine or discourage appropriate complementary feeding or include any pictures or text which may suggest that commercial products are inherently superior to home prepared foods.
- Recommend feeding the product in a bottle or otherwise promote the use of bottle feeding (e.g., pictures of bottles or teats).
- Convey an endorsement, or anything that may be construed as an endorsement, by a professional or other body, unless this has been specifically approved by the national or international regulatory authorities.

4.2.3. Cross-promotion

There should be no cross-promotion or brand extension to indirectly promote breastmilk substitutes via promotion of foods for infants and young children up the age of 36 months. Specifically:

- Packaging design or labelling on foods for infants and young children must not be used in a way that also promotes breastmilk substitutes. Products manufactured by companies that also market breastmilk substitutes should not be promoted using similar colour schemes and designs, similar names and similar promotional slogans, mascots or other symbols.
- Companies that market breastmilk substitutes must also refrain from directly or indirectly carrying out or funding promotion for their food products for older infants and young children through seeking direct or indirect contact in any way with mothers/caregivers (including, but not limited to, childcare facilities, provision of parenting or childcare classes or similar services, home care programmes, hotlines, helplines, websites, soliciting of mothers, baby clubs, newsletters, talks or materials on infant and young child feeding, sponsorship of contests, counselling lines or campaigns aimed at pregnant women, parents or caregivers of infants and young children).

4.2.4. Conflict of interest

WHA Resolution 58.32 urges Member States to ‘*ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest.*’ Manufacturers and distributors of foods for infants and young children must take extra care not to conduct any inappropriate promotion or to create possible conflicts of interest in health facilities or throughout health systems. Companies, or their representatives, should not:

- Donate free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except in national emergencies where there has been Government approval for such donations and/or officially sanctioned health

programmes. In these circumstances products should wherever possible not be given to families in branded packaging.

- Donate or distribute equipment or services to health facilities.
- Give gifts or incentives to health workers.
- Use health facilities to host events, contests, counselling lines or campaigns or give any gifts to parents, caregivers and families that could be considered to promote brand recognition.
- Employ anyone to provide education or instruction on complementary feeding in health facilities.
- Provide any information to health workers other than that which is scientific and factual.

4.3. Specific recommendations for stakeholders

A number of actors need to be involved in ending inappropriate promotion of foods for infants and young children. These include Member States, the private sector, health systems, civil society and international organizations.

4.3.1. Member States

Member States should establish national nutritional criteria for foods marketed for children under the age of 24 months.

Member States should enact and implement legislation at the national level to end inappropriate promotion of foods for infants and young children, following the recommendations of section 4.2. Evidence clearly shows that the existence of legislation alone is not sufficient to prevent inappropriate promotion.³⁰

Member States should also ensure that primary legislation is regulated and that there is effective monitoring and enforcement (with appropriate sanctions). There are concerns about the shortcomings of voluntary or self-regulatory approaches,³¹ and statutory regulation has the greatest potential to achieve the intended policy impact.³² As with the Code, monitoring in this context should include observation and proactive investigation in order to track how effective the legislation is and to identify any challenges with implementation or enforcement.

Member States should introduce regulatory mechanisms to ensure that promotion is only permitted for products that meet the national nutritional criteria, in addition to complying with existing Codex and national standards. A number of complementary options are available:

- Require pre-marketing approval of all products and their labels, packaging and promotional materials (*if* permitted) marketed as suitable for older infants and young children;
- Introduce a system of pre-vetting by the authorities of advertising campaigns and promotional materials for foods for older infants and young children;

³⁰ See the reports of the Assessment and Research in Child Feeding project which highlight some examples of inappropriate promotion practices which appear to be in contravention of national legislation. Reports available from: (add reference).

³¹ Persson M, Soroko R, Musicus A, Lobstein T. A junk-free childhood 2012. The 2012 report of the StanMark project on standards for marketing food and beverages to children in Europe. London: IASO; 2012.

³² World Health Organization. A framework for implementing the set of recommendation on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2012. Available from

http://apps.who.int/iris/bitstream/10665/80148/1/9789241503242_eng.pdf?ua=1

- Impose penal sanctions, product suspension, withdrawal of product licenses, or fines when violations are identified.

Member State action should ensure that national action applies to promotion originating from their territory and reaching other countries (outflowing) and, in situations where the effects of marketing coming in from other countries is important, marketing that enters the country from beyond their borders (inflowing). Effective international cooperation between Member States is required.

4.3.2. Private sector

Manufacturers and distributors³³ should end all forms of inappropriate promotion by complying with the recommendations in section 4.2, irrespective of whether the guidance has been transposed into national legislation.

Manufacturers and distributors of foods for infants and young children are reminded of their responsibilities under the Code,³⁴ irrespective of whether there is national legislation in place. Companies should apply these principles to all products (see section 4.1) in all contexts.

The media and creative industries³⁵ should ensure that their activities are in line with these recommendations by ensuring compliance across all communication channels, media outlets, settings and marketing techniques.

All private sector actors – including the media and creative industries – should comply with existing international instruments, irrespective of whether they have been transposed into national legislation, including the Code, the United Nations’ Guiding Principles on Business and Human Rights³⁶ and the *Children’s Rights and Business Principles*³⁷ and, in particular, with principle 6 of the latter to ‘*use marketing and advertising that respect and support children’s rights.*’ More specifically, this includes ‘*complying with the standards of business conduct in World Health Assembly instruments related to marketing and health.*’

Retailers should ensure that there is clear visual separation in stores between foods marketed as suitable for infants and young children and other commercial products which are not recommended for infants and young children.

4.3.3. Health systems

Health systems (whether governmental or non-governmental) should comply with these recommendations and with the Code, irrespective of whether the provisions have been transposed into national legislation.

Health systems – including health workers – should avoid conflicts of interest as set out in Section 4.2.4. Foods for infants and young children should not be promoted by health workers, in healthcare facilities or throughout the health system, except in pre-approved health programmes.

³³ Manufacturers and distributors may include public sector entities as well as corporations (see Definitions section).

³⁴ Article 11.3 states that manufacturers and distributors of products within the scope of the Code should take steps ‘to ensure that their conduct at every level conforms’ to the principles of the Code. The Code also sets out companies’ responsibilities for monitoring their marketing practices.

³⁵ Including, but not limited to, advertising agencies, media companies, media distributors and retailers, web content hosts, web access providers and web search engines.

³⁶ United Nations. Guiding Principles on Business and Human Rights – Implementing the United Nations ‘Protect, Respect and Remedy’ Framework. New York and Geneva: Office of the High Commissioner for Human Rights; 2011.

³⁷ The principles were developed by UNICEF, the UN Global Compact and Save the Children. See <http://www.unicef.org/csr/12.htm>

Health workers should fulfill their essential role in providing caregivers with information and support on optimal infant and young child feeding. This includes promoting, protecting and supporting breastfeeding and providing advice on safe complementary feeding along with recommendations on suitable indigenous and local foods.

Health professional associations and professional regulatory bodies should adhere to and enforce good practices and protect against conflicts of interest that may arise through donations, incentives, gifts, sponsorship of events or research, or any other financial or material inducements to promote products or any other form of support.

4.3.4. Civil society

Civil society should advocate for implementation of these recommendations to end inappropriate promotion of foods for infants and young children. This should include monitoring and holding governments, the private sector, health service providers and others to account on their compliance with these recommendations. There is a particular role for civil society to work with the media – including medical and scientific journals – to highlight infringements, violations or unethical behaviour.

Academic institutions and/or NGOs should conduct independent research on aspects of the inappropriate promotion of foods for infants and young children.

4.3.5. International organizations

International organizations should establish a suitable framework to enable Member States to end inappropriate promotion of foods for infants and young children. This role should include:

- Provision of clear and detailed guidance and support to Member States in their efforts to promote optimal infant and young child feeding and to end inappropriate promotion of foods for infants and young children.
- Encouraging and supporting implementation of relevant existing international initiatives such as the Global Strategy on Infant and Young Child Feeding, the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition³⁸ and the Framework for Action of the Second International Conference on Nutrition.³⁹
- Ensuring that international instruments, including Codex Alimentarius standards and guidelines, are robust and coherent with the Code and WHA resolutions, and provide a strong platform for Member State action.
- Establishing guideline criteria for nutritionally appropriate foods for older infants and young children to support Member States in their regulatory efforts.

³⁸ World Health Organization. Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. Geneva: WHO; 2014. http://www.who.int/nutrition/publications/CIP_document/en/

³⁹ Second International Conference on Nutrition. Conference outcome document: Framework for Action. October 2014. <http://www.fao.org/3/a-mm215e.pdf>