

**Joint response by the
World Obesity Federation
and
World Cancer Research Fund International
to the WHO consultation on the draft**

Clarification and guidance on inappropriate promotion of foods for infants and young children

We present our comments in the order requested by the WHO.

Scope

Para 8. There has been some slippage from the original request for this document and the scope stated in this current draft. The WHA Resolution of 2012 asked WHO “to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission” and did not refer specifically to complementary foods or to 24 months. By focussing on complementary feeding and by defining this as having an age range of 6-24 months, the current document reduces the scope from that potentially indicated by the WHA and may unnecessarily restrict its concerns to those of protecting breastfeeding from inappropriate complementary feeding, important as these concerns are.

We suggest that the proposed two year cut off is replaced by a three-year (36 months) cut-off.

That would bring the recommendations into line with the age range used in Codex for defining standards for the composition and labelling of these types of products, and accepted by the relevant markets of such products. We believe that extending the scope to clearly cover products marketed as suitable up to 3 years will also serve the purpose of protecting extended breastfeeding duration: in some cultures it is routine to continue beyond 24 months. The 1999 DHS data indicate that the median age for ceasing breastfeeding was 24 months for much of sub-Saharan Africa,¹ and despite commercial pressures, some 44 LMICs continue to have a median breastfeeding duration of around 20 months and some considerably higher – e.g. Nepal has a median duration of nearly 34 months.² It is important to protect the optimal health of infants and mothers and specifically the practice of continued breastfeeding at least until this practice has no benefit. We therefore suggest that the Scope section should not be focussed on ‘*the target age range for complementary feeding*’ but rather the target age range perceived by the market for the promotion (appropriately or otherwise) of a category of products for young children (36 months) and the age range for which breastfeeding should be protected (at least 36 months).

Furthermore, for the protection of families from inappropriate marketing in countries with high levels of consumer protection, the current document should indicate that the recommendations apply to at least 3 years, and that, at a country’s discretion, an older cut-off may be preferred, such as five years (as in Fiji).

¹ *Breastfeeding and Complementary Infant Feeding, and the Postpartum Effects of Breastfeeding*. DHS Comparative Studies No. 30. 1999. <https://www.dhsprogram.com/pubs/pdf/CS30/CS30.pdf>

² DHS surveys 2010-2013. ICF International: The DHS Program STATcompiler - <http://www.statcompiler.com> - August 5 2015.

In summary, in order to ensure that countries with older age cut-offs are not undermined by the present document's Scope, we recommend that the Scope section is simplified by following the Codex age-range, and additionally states clearly that countries may choose to adopt a higher age cut-off.

Furthermore, several of World Obesity Federation's members believe that WHO should be a standards-setting body, and should not be delegating standards-setting to member states, and in addition that standards-setting through Codex should be subject to rigorous procedures to remove conflicts of interest.

Lastly, in terms of scope, or as background scene-setting, the current proposals for restricted marketing should be set in the context of bridging the gap between the protection offered to infants through the *International Code of Marketing of Breastmilk Substitutes* (and its subsequent amendments), and the protection intended for older children expressed in the *Recommendations on Marketing of foods and non-alcoholic beverages to children*, adopted at the WHA in 2010.³

Recommendation 1

It is very important to refer here to nationally approved **Food Based Dietary Guidelines (FBDGs) for infants and younger children**, where these are available. Some governments may have limited capacity to develop FBDGs, and in this case WHO should make technical assistance available to avoid the process being compromised by conflicted interests. Furthermore, the present document should recognise the work countries have put into the development of their FBDGs and to emphasise that such FBDGs can be used to scientifically underpin and justify national moves to regulate and restrict inappropriate promotion.

The present document should also add a recommendation for a global code on marketing of complementary feeding products. We note that the PAHO and WHO/UNICEF documents referred to in this Recommendation⁴ date from 2003 and we recommend that they are reviewed and updated in order to provide the necessary scientific and political support.

Furthermore, we suggest that Recommendation 1 is not really a recommendation but should be moved to the pre-ambule, where there should be something that states that the present document should be read as applying in addition to the International Code of Marketing of Breastmilk Substitutes and its subsequent resolutions and amendments.

Recommendation 2

We are unclear as to why this recommendation is here, as the International Code of Marketing of Breastmilk Substitutes, which incidentally should always be referred to as including subsequent WHA resolutions, already covers follow-on and other products, and indeed includes such products as bottles, teats and related equipment, free gifts and professional endorsements.

³ Resolution WHA63.14.

See document at <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/>

⁴ (Ref 9) Pan American Health Organization and World Health Organization. Guiding Principles for Complementary Feeding of the Breastfed Child. 2003.

http://www.who.int/maternal_child_adolescent/documents/a85622/en/.

(Ref 10) WHO/UNICEF. Global Strategy for Infant and Young Child Feeding, Geneva. 2003.

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

The last phrase should refer to ‘follow-on’ rather than ‘follow-up’ formula.

Recommendation 3

This Recommendation starts by suggesting that products should not be promoted unless they meet all relevant standards and guidelines, including those issued by Codex. It is important to note that WHO has made substantial progress in reviewing and redefining recommendations for health-promoting nutrition, particularly in relation to non-communicable diseases, and that the Codex has lagged substantially behind them. This is most recently the case for the added sugar content of foods and beverages. Therefore, when Recommendation 3 calls for national nutrition standards to define which products are appropriate for this age group, the document should also repeatedly refer to ‘taking into account the recent WHO recommendations on added sugars’. It could further add that, for infants in particular, the added sugar levels should be set at minimal levels, as added sugar plays no positive nutritional role and greatly risks the emergence of dental caries.

As with Recommendation 2, the suggestion that national nutrition standards should be developed to define the appropriate products may be unattainable for some governments without technical expertise, e.g. in relation to the setting of appropriate levels of sodium or of n-6 and n-3 fatty acids for one, two and three year olds . It would therefore be vital to suggest that WHO can make technical assistance available, or will establish the standards through a Codex mechanism.

Recommendation 4

We agree with this Recommendation

Recommendation 5

We note and support the suggestion that this Recommendation applies up to age 36 months, with the option for countries to adopt an older limit, such as 60 months.

In the second bullet point, we believe that the restrictions should apply beyond those companies that market breastmilk substitutes. We suggest the opening phrase of this bullet point should be “Companies, including those that...”

Recommendation 6

The bullet point stating “*Employ anyone to provide education on complementary feeding in health facilities*” needs further clarification, for example by replacing this point with: “Provide education or information on complementary feeding in health facilities using published materials or company-contracted staff, or give the appearance of providing information approved by health services or health professionals through any promotional media” This latter point covers forms of promotion that use, for example, online company-paid or company-subsidised experts (e.g. in company websites and also in “mommy” blogs and websites that provide information for mothers, which accept payment to endorse products).

Recommendation 7

We support this recommendation, but with the amendment that the age should be stated as 36 months or more. We support the suggestion that other *commercial* foods which 'are commonly fed' to young children, but which do not comply with specified nutritional quality standards should carry a warning. However we are not sure that the word 'commonly' is sufficiently precise, and an operational definition is needed, such as *'If there is survey evidence that a product is being consumed by more than 1% of children aged 24-36 months, but the product does not meet the nutritional standards applicable to foods marketed specifically for infants and young children (ref Codex), the product should be labelled with a warning as such.'*

Additional comments

Two points are suggested for consideration:

1. There should be a recommendation to review Codex nutritional criteria for all food and beverage products for children under 36 months. There is cause to call for a general review, given the rising concerns over the development of non-communicable disease in the life-course and in light of developing nutrition recommendations. This is important for salt content (there is evidence of high levels of consumption in children aged 2-5 years in countries where commercial foods dominate children's diets⁵) and for added sugars, for which WHO now recommends intakes below 10%E and preferably below 5%E throughout the life-course.⁶ For sugars we are concerned to note that earlier drafts of the Codex guidelines on complementary foods originally proposed a 10% limit but the final text was amended to say only that manufacturers should 'use sugar sparingly' which is operationally unenforceable.

Furthermore, the Codex guidelines are poorly expressed and loosely worded in other respects, with phrases such as 'having regard to nutrient content' and they say nothing about restricting the use of unnecessary added flavours which are present largely for marketing purposes and which potentially undermine health. This is important: flavourings such as vanilla and chocolate are added to a wide range of commercial complementary foods and their repeated presentation to children will make the flavours highly familiar and desirable, especially when added in conjunction with fats and sugars, making the products very palatable. The flavours are unnecessary for infant and young child nutrition, and serve to accustom children to commercially processed foods for older children, rather than locally-produced family foods.

In order to better define the standards of nutrient composition suitable for infants and young children, WHO or Codex needs to undertake a rapid review. The review process should ensure that the influence of commercial operators is excluded from the setting of revised standards.

2. The document is supposed to '*provide clarification and guidance on the issue*' according to the text on the consultation website. Nevertheless, the document should clearly identify who is the intended audience for the recommendations. The initiative to produce the document follows the WHA call for 'clarification and guidance' in respect of their 2010 resolution '*to end inappropriate*

⁵ For sodium consumption by children aged 2-5 years in the USA, see CDC publication: 'Cause for Concern' http://www.cdc.gov/salt/pdfs/children_sodium.pdf

⁶ WHO. Guideline: Sugars intake for adult and children. Geneva, World Health Organization; 2015 See http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/

promotion of foods for infants and young children'. We recognise that the present document does provide welcome clarification on what is 'inappropriate' – mainly in paragraph 5 – the target audience for the 'guidance' is rather open-ended. The message accompanying the launch of the present consultation indicated that the document was intended to convey "*a set of recommendations that countries and other stakeholders can use*". If it is meant for Member States attending the WHA 69th session where this guidance is presented, then it needs more specific suggestions for Member States, perhaps taking inspiration from the WHO's *A Framework for Implementing the set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children*,⁷ or offer such a Framework as a follow-up document.

If on the other hand it is for a wider range of users, including commercial and civil society organisations, then it should be specific about this, and include recommendations and specific actions for governments, for industry, for civil society and for intergovernmental bodies. This approach, which addresses a range of recommendations to a wide set of interested parties and authorities, was adopted in the draft STAG report and would fit very well here. It is not clear why the full set of STAG recommendations have been ignored in the current document. They should be included, or an explanation given in the preamble as to why they have been excluded, along with a reference to the document.

⁷ Available at http://www.who.int/dietphysicalactivity/framework_marketing_food_to_children/en/