

16 March 2017

To Honourable Members of the Legislative Council
c/o Legislative Council Secretariat
Legislative Council
Hong Kong Special Administrative Region

Re: In Support of *the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children (The HK Code)*

We are a group of health professionals concerned with children's health and the health of the population in Hong Kong. Some of us have been members of a Taskforce assisting the Government to draft the HK Code since 2010.

We understand the proposed HK Code had undergone multiple consultations of different sectors of the community during the drafting process, including a large scale public consultation in 2012/13. Its implementation is long overdue.

We consider the introduction of the voluntary HK Code an important initial step in the right direction in protecting children's health.

We also consider the HK Code a minimum ethical standard for the relevant trade to comply with, in view of the *Guidance on ending the inappropriate promotion of foods for infants and young children* issued by the WHO in 2016 (See WHA Policy Brief attached).

We note that jurisdictions world-wide, including those in developed countries (e.g. UK¹ & USA²) are tackling the same issue in various ways.

We fully support the Government to launch the HK Code as a public health measure and monitor its effectiveness in curbing the aggressive promotion of foods for infants and young children in Hong Kong.

A Group of Health Professionals

[Please see the list of signatories attached]

¹ <http://www.alisonthewliss.scot/feeding-products-for-babies-and-children-advertising-and-promotion-bill/>

²

<https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/ucm514640.htm>

Individuals

No	Title	Name	Position and Organisation
1	Professor	CHAN Godfrey	Tsao Yen-Chow Endowed Professor in Paediatrics & Adolescent Medicine Head, Department of Paediatrics & Adolescent Medicine, LKS Faculty of Medicine, The University of Hong Kong
2	Professor	FUKADA Keiji	Clinical Professor, School of Public Health, The University of Hong Kong
3	Professor	FUNG Hong	President, Hong Kong College of Community Medicine
4	Professor	HUNG Chi-tim	Clinical Professional Consultant, Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong
5	Professor	LAM Tai Hing	Chair Professor in Community Medicine, Sir Robert Kotewall Professor in Public Health, The University of Hong Kong
6	Professor	LAU Chak Sing	President, The Hong Kong Academy of Medicine
7	Professor	LAU Yu-Lung	Doris Zimmern Professor in Community Child Health Chair Professor of Paediatrics Department of Paediatrics & Adolescent Medicine LKS Faculty of Medicine, The University of Hong Kong
8	Professor	LEUNG Gabriel M	Dean, Li Ka Shing Faculty of Medicine Master, Chi Sun College The University of Hong Kong
9	Professor	LI Chi-kong	Professor, Department of Paediatrics, The Chinese University of Hong Kong and Honorary Consultant, Department of Paediatrics, Prince of Wales Hospital
10	Professor	NELSON Edmund Anthony	Professor in Paediatrics, Department of Paediatrics, The Chinese University of Hong Kong
11	Professor	PEIRIS Joseph Sriyal Malik	Professor and Chair in Virology, School of Public Health, The University of Hong Kong
12	Professor	TAAM WONG Vivian	Hon Professor, LKS Faculty of Medicine, The University of Hong Kong
13	Professor	TAM KH Paul	Provost and Deputy Vice-Chancellor Li Shu-Pui Professor and Chair of Paediatric Surgery, The University of Hong Kong
14	Professor	TAM, Wing Hung	Professor, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
15	Professor	TARRANT Marie	Professor and Director, School of Nursing, University of British Columbia, Kelowna, BC, Canada, and Honorary Professor, School of Nursing, The University of Hong Kong
16	Professor	YEOH Eng Kiong	JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong
17	Dr	CHAN So Heung	General Practitioner
18	Dr	CHAN Yee Shing	Vice President, The Hong Kong Medical Association
19	Dr	CHEUNG Chi Hung Patrick	Consultant, Department of Paediatric and Adolescent Medicine, United Christian Hospital
20	Dr	CHEUNG Chi Wai Stephen	Honorary Secretary, Hong Kong College of Radiologists
21	Dr	CHIU Long Fung Jeffrey	Consultant
22	Dr	CHOW Chun Bong	Hon. Clinical Professor, Department of Paediatrics and Adolescent Medicine, The University of Hong Kong
23	Dr	FOK Oi Ling Annie	Family Health Service, Department of Health
24	Dr	FONG Chun Yan	Doctor, Specialist of Radiology
25	Dr	FUNG Amy	Private Practice, International Board Certified Lactation Consultant
26	Dr	HO Pak Leung 何栢良醫生	
27	Dr	HO William	Medical Superintendent, St. Paul's Hospital
28	Dr	IP Patricia	Honorary Consultant Paediatrician, United Christian Hospital Clinical Associate Professor (honorary), Department of Paediatrics, The Chinese University of Hong Kong
29	Dr	IP Patrick	Clinical Associate Professor, Department of Paediatrics and Adolescent Medicine, The University of Hong Kong.

No	Title	Name	Position and Organisation
30	Dr	JOHNSTON M Janice	Associate Professor, Deputy Director, School of Public Health, The University of Hong Kong
31	Dr	KAN Elaine	Consultant, Department of Radiology, Hong Kong Children's Hospital
32	Dr	KWOK Kai Yan	Associate Consultant
33	Dr	LAM Cheung Cheung, Barbara	Honorary Consultant Paediatrician (Queen Mary Hospital and Hong Kong Sanatorium and Hospital) Honorary Clinical Associate Professor, Department of Paediatrics, The University of Hong Kong President, Hong Kong University Medical Alumni Association
34	Dr	LAM Wendy	Associate Professor Head, Division of Behavioural Sciences Deputy director, Centre for Psycho-oncology Research and Training (CePORT), School of Public Health, The University of Hong Kong
35	Dr	LAU CH Kevin	Non-Official Member of HKSAR's Women's Commission Specialist in Radiology at Trinity Medical Imaging Centre
36	Dr	LAU Kam Ying	Private Consultant Radiologist
37	Dr	LAU Kin Chun Iris	Visiting Consultant, Child Development and Assessment Clinic, Hong Kong Sanatorium & Hospital.
38	Dr	LAW Chun Key	President, Hong Kong College of Radiologists
39	Dr	LEONG Che Hung Edward	Former Member, HK Legislative Council Former Member, HK Executive Council Former Chairman, HK Medical Association Former President, HK Academy of Medicine
40	Dr	LEONG Lilian	Founding President & Immediate Past President, Hong Kong College of Radiologists
41	Dr	LEUNG June	Clinical Assistant Professor, School of Public Health, The University of Hong Kong
42	Dr	LEUNG Kwok Yin	Chief of Service, Department of O&G, Queen Elizabeth Hospital
43	Dr	LEUNG Ping Maurice	Paediatrician
44	Dr	LEUNG Suk Fong Sophie	Honorary Clinical Associate Professors, Faculty of Medicine, The Chinese University of Hong Kong
45	Dr	LEUNG Sze Lee, Shirley	Specialist in Developmental-Behavioural Paediatrics; Honorary Clinical Associate Professor in Paediatrics, The University of Hong Kong
46	Dr	LEUNG Wilfred	Paediatrician, Union Hospital
47	Dr	LEUNG Wing Cheong	Chief-of-service, Dept of O&G, Kwong Wah Hospital
48	Dr	LI Donald	Immediate Past President, Hong Kong Academy of Medicine
49	Dr	LOW Chung Kai Louis	Honorary Clinical Professor, Department of Paediatrics & Adolescent Medicine, The University of Hong Kong Honorary Consultant in Paediatrics, Hong Kong Sanatorium and Hospital
50	Dr	LUI Chun Ying	Council Member, Hong Kong College of Radiologists
51	Dr	MAK, Sin Ping	Immediate Past President, Hong Kong College of Community Medicine.
52	Dr	Robby LAI	Clinical Psychologist, NTEC, Hospital Authority
53	Dr	SIU Sylvia	Tuen Mun Hospital
54	Dr	TAM Alfred	Practising Paediatrician, Specialist in Paediatrics, Consultant Paediatrician, Canossa Hospital
55	Dr	TINSLEY Helen	Honorary Clinical Associate Professor, The University of Hong Kong
56	Dr	TSANG Ho Fai Thomas	Vice President, Hong Kong College of Community Medicine
57	Dr	TSANG Wai Mun	IBCLC, PHYSICIAN, THE NURTURE MEDICAL CENTRE
58	Dr	TSO Ka Pik Karen	Senior Medical Officer, Family Health Service
59	Dr	WONG David	Physician, University Health Service, The University of Hong Kong
60	Dr	WONG Hon Kwong Thomas	Consultant (Part-time), Dept. of O & G, Queen Elizabeth Hospital
61	Dr	WONG Ming Sum Rosanna	Consultant, Department of Paediatrics and Adolescent Medicine, Queen Mary Hospital

No	Title	Name	Position and Organisation
62	Dr	WONG Yiu Chung	Chief of Service, Radiology Department, Tuen Mun Hospital
63	Dr	YAU CHUN YUEN	Specialist of Ophthalmology
64	Dr	YAU YW	Senior Medical Officer, Family Health Service, Department of Health
65	Dr	YU Chau Leung	Paediatrician in private practice
66	Mr	CHUI William C M	President of The Society of Hospital Pharmacists of Hong Kong
67	Ms	AU Shuk Fan	Clinical Assistant, Union Hospital
68	Ms	BUCK Jennifer	La Leche League Leader
69	Ms	CARSON Caroline	Breastfeeding counsellor, La Leche League International (Hong Kong branch)
70	Ms	CHAN Sim Wah	Nurse, Union Hospital
71	Ms	CHAN Yim Fan	Ward Manager, NICU, SCBU & PICU, Paediatrics and Adolescent Medicine, United Christian Hospital
72	Ms	CHANG Ka Yin Sandy	DM (DIET) QEH/ CM(DIET) KCC
73	Ms	CHEN Lan	Clinical Assistant, Union Hospital
74	Ms	CHEUNG Mei Chun	HA UCH O&G Ward Manager
75	Ms	CHIN Candice	APN (Breastfeeding Promotion), United Christian Hospital
76	Ms	CHOI Alice	Department Operations Manager, Department of Obstetrics and Gynaecology, Queen Mary Hospital
77	Ms	CHUNG Selina	Nurse, Union Hospital
78	Ms	FAN Wing Yan Sandy	Midwife
79	Ms	FUNG Ka Wai	Nurse, Union Hospital
80	Ms	FUNG Lai Shan	O&G Department of Prince of Wales Hospital
81	Ms	HO Suet Yee	Nurse, Union Hospital
82	Ms	HO Wing Ming	RNM, IBCLC
83	Ms	HON Wai Kuen	Nurse, Union Hospital
84	Ms	HUI Wan Kum Grace	APN, Tuen Mun Hospital
85	Ms	IP Sek Lan	Registered Nurse
86	Ms	KAN Suk Yee	Nurse, Union Hospital
87	Ms	KEUNG Katherina	Nurse, Union Hospital
88	Ms	KONG Ka Man	Nurse, Union Hospital
89	Ms	KU Ellen	President, College of Nursing, Hong Kong
90	Ms	KWAN Mei Tak Mable	Ward Manager, K10N, Queen Mary Hospital
91	Ms	LAI Fung King	Co-opt member of Hong Kong College of Midwives
92	Ms	LAM Chi Oi, Christine	Nurse Consultant, Dept of OG, Queen Elizabeth Hospital
93	Ms	LAM Kit Yee	Ward Manager
94	Ms	LAM Yan Yee Heidi	B. So. Sci., IBCLC
95	Ms	LAU Ma Gar Yee Grace	Midwife Consultant, Department O&G, Queen Mary Hospital
96	Ms	LAU Man Fong	Clinical Assistant, Union Hospital
97	Ms	LAW Karen	Executive Officer, Hong Kong College of Radiologists
98	Ms	LAM Shuk Ching Iris	Senior Nursing Officer, Department of Obstetrics, Hong Kong Sanatorium & Hospital
99	Ms	LAW Wai Ting	Clinical Assistant, Union Hospital
100	Ms	LEE Lai Yi, Irene	President of Hong Kong Midwives Association
101	Ms	LEE Wan Ming	Neonatal nurse
102	Ms	LEE Yi Ching Carrie	APN
103	Ms	LEUNG Helen	RNM
104	Ms	LEUNG Itea	NC (Neo Care, Queen Elizabeth Hospital)
105	Ms	LEUNG Po Ling	Nursing Officer of Department of Health
106	Ms	LI Eva	Registered Nurse, Department of Health
107	Ms	LIONG Mei Tat	Ward Manager SCBU Queen Elizabeth Hospital
108	Ms	MAN Alice	Ward Manager , C9 , QEH
109	Ms	MAN Kar Lai, Alice	Ward manager, NICU, Queen Elizabeth Hospital
110	Ms	MAN Manbo	Director of Nursing Services
111	Ms	MAU Elaine	WM, Ward C2, QEH
112	Ms	SING Chu	Maternity Department Manager
113	Ms	SIU Sau Mei, Esther	Midwife Consultant
114	Ms	SUM Wing Chi	Clinical Assistant, Union Hospital
115	Ms	TAM Y.T. Eliza	Pharmacist
116	Ms	TSOI Yuen Yee Candy	Nurse Specialist, Obstetric, United Christian Hospital

No	Title	Name	Position and Organisation
117	Ms	WONG Cecilia	Leader of La Leche League Hong Kong
118	Ms	WONG Ka Yin	Registered Nurse
119	Ms	WONG Nga Wai Agnes	IBCLC, BF MCHC Trainer Nurse, Registered Nurse
120	Ms	WONG Ngai Wai	Nurse, Union Hospital
121	Ms	WONG Shun Pik	Ward Manager, E2 Ward, Queen Elizabeth Hospital
122	Ms	WONG Wai Ying	Nurse, Union Hospital
123	Ms	WONG Wong Yuen	Nurse, Union Hospital
124	Ms	YAU Wai-YEE, Katherine	Senior Nursing Officer in Department of Health

Institutions

- 1 The Hong Kong Academy of Nursing
- 2 Hong Kong College of Cardiac Nursing
- 3 Hong Kong College of Medical Nursing
- 4 Hong Kong College of Mental Health Nursing
- 5 Hong Kong College of Midwives
- 6 Hong Kong College of Nursing and Health Care Management
- 7 Hong Kong College of Paediatric Nursing
- 8 Hong Kong College of Surgical Nursing

Last update: 17 March 2017

WORLD HEALTH ASSEMBLY RESOLUTION ON THE INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

◦ POLICY BRIEF ◦

Breastfeeding is a cornerstone of children's survival, nutrition and early development.¹ Optimal infant and young child feeding practices have the potential to protect children against non-communicable diseases and common illnesses, improve academic performance and boost productivity. In May 2016, Member States adopted a new World Health Assembly (WHA) resolution that calls on countries to implement the World Health Organization's (WHO) *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children* to further protect breastfeeding, prevent obesity and chronic disease, and promote a healthy diet. In addition, the guidance aims to ensure that caregivers receive clear and accurate information on feeding.²

The WHO developed the guidance as a response to a growing body of evidence which shows that the promotion of breastmilk substitutes (BMS) and some commercial foods for infants and young children undermines progress on optimal infant and young child feeding.³ The guidance serves as a complement to existing tools, such as the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions,⁴ as well as the Global Strategy on Infant and Young Child Feeding.⁵ It encourages Member States to

develop stronger national policies that protect children under the age of 36 months from marketing practices that could be detrimental to their health.

Optimal infant and young child feeding:

WHO/UNICEF recommend exclusive breastfeeding during the first six months of life, with continued breastfeeding until two years of age or beyond, along with nutritionally adequate and safe complementary foods from the age of six months.

Background

In May 1981, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes, which applies to the marketing of breastmilk substitutes, including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable as a partial or total replacement of breastmilk. It also applies to the marketing of feeding bottles and teats.⁶ The Code has been updated regularly by subsequent WHA resolutions that provide further clarification and guidance, particularly regarding

1 United Nations International Children's Emergency Fund, World Health Organization. (2015). Breastfeeding Advocacy Initiative. Retrieved from http://apps.who.int/iris/bitstream/10665/152891/1/WHO_NMH_NHD_15.1_eng.pdf?ua=1

2 World Health Organization. (2016, May 13). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

3 Ibid

4 World Health Organization. (1981). International Code of Marketing of Breast-milk Substitutes. Retrieved from http://www.who.int/nutrition/publications/code_english.pdf

5 World Health Organization, United Nations International Children's Emergency Fund. (2003). Global Strategy for Infant and Young Child Feeding. Retrieved from <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

6 World Health Organization. (2014, April 11). Maternal, infant and young child nutrition. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_15-en.pdf

new marketing tactics and products. Together, the Code and subsequent relevant WHA resolutions aim to protect breastfeeding from commercial influences and ensure the appropriate marketing and distribution of breastmilk substitutes when they are necessary.

Since the adoption of the Code, BMS manufacturers have created new categories of breastmilk substitutes in addition to the traditional “infant formula,” including “follow-on formulas” and “growing-up milks,” with packaging and labeling that look like infant formula and are cross-promoted as such. Commercially processed milks and foods designed for children older than six months of age are frequently labeled like infant formula and widely promoted, a marketing practice that can lead to misuse and have potentially dangerous consequences for a child’s long-term health and well-being.

Evidence from numerous countries has shown that:

- Some commercial complementary foods are being sold as suitable for introduction before six months of age;
- Breastmilk substitutes are being indirectly promoted through association with commercial complementary foods; and
- Misleading claims are being made that products will improve a child’s health or intellectual performance.^{7,8}

In May 2012, resolution WHA 65.6 requested the Director-General “to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA 63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission.”⁹

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

Promotion includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

Cross-promotion is a form of marketing where customers of one product or service are targeted with promotion of a related product.

Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children: Background on process and scientific evidence

In response, the WHO convened a Scientific and Technical Advisory Group (STAG) to define what constitutes inappropriate promotion of foods for infants and young children,¹⁰ and draft guidance to help achieve the goal of ending the inappropriate promotion of foods for infants and young children.¹¹ Further consultations and revisions resulted in the final report, which was presented to the sixty-ninth World Health Assembly and provides guidance on the inappropriate promotion of foods for infants and young children.¹² The resolution, adopted by all 194 countries, welcomes the guidance as a means to further strengthen the Code and to protect optimal infant and young child feeding practices.

The Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

The following recommendations from the guidance are applicable to government programs, non-profit organizations and private enterprises.

7 Zehner E & Champeny M (Eds.). (2016, April). Availability, Promotion and Consumption of Commercial Infant Foods. *Maternal & Child Nutrition*, 12. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/mcn.2016.12.issue-S2/issuetoc>

8 Euromonitor International. (2015, June). Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. Retrieved from http://www.who.int/nutrition/topics/CF_babyfood_trends_brazilandnorway_euromonitor.pdf

9 The Codex Alimentarius was established by FAO and WHO to develop harmonized international food standards, which protect consumer health and promote fair practices in food trade.

10 World Health Organization. (2013). Scientific and Technical Advisory Group (STAG) on Inappropriate Promotion of Foods for Infants and Young Children. Retrieved from http://www.who.int/nutrition/events/2013_STAG_meeting_24to25June_recommendations.pdf?ua=1

11 World Health Organization. (2015). Discussion paper: Clarification and guidance on inappropriate promotion of foods for infants and young children. Retrieved from <http://www.who.int/nutrition/events/draft-inappropriate-promotion-infant-foods-en.pdf?ua=1>

12 World Health Organization. (2016, May 13). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

Recommendations

1. Optimal infant and young child feeding should be promoted.^{13,14} Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.¹⁵
2. Products that function as breastmilk substitutes should not be promoted. A breastmilk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 36 months (including follow-up formula and growing-up milks).
3. Foods for infants and young children that are not products that function as breastmilk substitutes may be promoted only if they meet all the relevant national, regional and global standards and are in line with national dietary guidelines. Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion.¹⁶
4. The messages used to market foods for infants and young children should support optimal feeding. Messages should include a statement on the importance of continued breastfeeding for up to two years or beyond and should specify the appropriate age of introduction of the food (not less than 6 months). Messages should not suggest use for infants under the age of 6 months, make a comparison to breastmilk, recommend or promote bottle feeding, or convey an endorsement.
5. There should be no cross-promotion to promote breastmilk substitutes indirectly via the promotion of foods for infants and young children. The packaging design, labelling and materials used for the promotion of complementary foods

Promotion of foods for infants and young children is inappropriate if it:

- undermines recommended breastfeeding practices;
- contributes to childhood obesity and non-communicable diseases;
- does not make an appropriate contribution to infant and young child nutrition in the country;
- undermines the use of suitable home-prepared and/or local foods; and
- is misleading, confusing, or could lead to inappropriate use.

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

must be different from those used for breastmilk substitutes.

6. Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies should not provide free products to families through health workers or health facilities, give gifts or incentives to health care staff, give any gifts or coupons to parents, provide education to parents in health facilities, provide any information for health workers other than that which is scientific and factual, or sponsor meetings of health professionals and scientific meetings.
7. The WHO set of recommendations on the marketing of foods and nonalcoholic beverages to children¹⁷ should be fully implemented. A range of strategies should be implemented to limit the consumption by infants and young children of foods that are unsuitable for them.

13 Pan American Health Organization. (2003). Guiding principles for complementary feeding of the breastfed child. Retrieved from http://www.who.int/maternal_child_adolescent/documents/a85622/en/

14 Pan American Health Organization. (2003). Guiding principles for complementary feeding of the breastfed child. Retrieved from http://www.who.int/maternal_child_adolescent/documents/a85622/en/

15 World Health Organization. (2003). Global Strategy for Infant and Young Child Feeding. Retrieved from <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>

16 Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006); Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989); Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009).

17 World Health Organization. (2010). Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Retrieved from <http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/>

Moving to Action: Implementing the Guidance

Resolution WHA 69.9 welcomes WHO's evidence-based guidelines designed to protect breastfeeding and optimal complementary feeding and outlines measures that Member States, manufacturers and distributors of foods for infants and young children, health care professionals, media and civil society need to take to align their policies, practices and programs in accordance with the recommendations provided in the guidance.

This resolution has the potential to support improved infant and young child feeding practices and improve the lives of millions of children. It is now the responsibility of Member States to implement the guidance.

The resolution specifically urges **Member States**, in accordance with national context, to:

- Incorporate the guidance into national laws: take all necessary measures in the interest of

public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations while taking into account existing legislation and policies, as well as international obligations;

- Establish a system for monitoring and evaluation of the implementation of the guidance recommendations;
- Continue to implement the International Code of Marketing of Breast-milk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

Member States will be required to report on the implementation of the guidance recommendations as part of the report on progress in implementing the comprehensive implementation plan on maternal, infant and young child nutrition¹⁸ to the seventy-first and seventy-third World Health Assemblies, in 2018 and 2020.

Need for action:

- In 2014, global sales of breastmilk substitutes were US\$44.8 billion, and sales are projected to increase to US\$71 billion by 2019.¹⁹
- Toddler milk, designed for children 13 months and up, is the fastest growing category of breastmilk substitutes, with 8.6% growth per year.²⁰
- Data from Brazil found that many baby food products do not specify age of use.²¹
- Research conducted by Helen Keller International found that labels for commercially produced complementary foods with recommended introduction earlier than six months were common in Senegal (20%), Nepal (13%), and Tanzania (12%).²²

18 World Health Organization. (2014). Comprehensive implementation plan on maternal, infant and young child nutrition. Retrieved from http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf?ua=1

19 Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG, Lancet Breastfeeding Series Group. (2016). Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 387:491-504. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01044-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01044-2.pdf)

20 Ibid

21 Euromonitor International. (2015, June). Baby food trends in Brazil and Norway. A custom report compiled by Euromonitor International Consulting for World Health Organization. Retrieved from http://www.who.int/nutrition/topics/CF_babyfood_trends_brazilandnorway_euromonitor.pdf

22 Zehner E & Champeny M (Eds.). (2016, April). Availability, Promotion and Consumption of Commercial Infant Foods. *Maternal & Child Nutrition*, 12. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/mcn.2016.12.issue-S2/issuetoc>