

MARKETING OFFENDERS

Examples of inappropriate baby food promotion from around the world



December 2012



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**Marketing Offenders - Examples of Inappropriate Baby Food
Promotion from around the World**

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About this book

This book is a compilation of people's interpretation of what is "inappropriate promotion" of food for infants and young children. We - parents, health workers, professionals, and consumer and human rights activists – are concerned at the ever increasing sales of commercially manufactured, processed foods and drinks that displace optimal breastfeeding and complementary feeding practices. Through this compilation, with examples, we seek to inform national and international governance systems of our understanding of "inappropriate promotion" of foods which may further put the lives and health of our infants and young children at risk.

Twenty nine years after the adoption of the landmark International Code of Marketing of Breastmilk Substitutes, in May 2010, the World Health Assembly adopted yet another resolution on Infant and Young Child Nutrition. WHA 63.23, expressing "deep concern" over the persistent violations of the International Code and ineffectiveness of measures to ensure compliance with the Code, as well as over the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised, called upon member countries to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation.

The call to end "inappropriate" promotion, without defining what is "inappropriate", has given baby food corporations a chance to try and influence

How dictionaries define “inappropriate”

Concise Oxford English Dictionary - **not suitable or appropriate**

American Heritage Dictionary of English Language - **unsuitable or improper**

Collins English Dictionary - **not fitting or appropriate, unsuitable or untimely**

Macmillan Dictionary - **not suitable in a particular situation**

the interpretation of “inappropriate”, to allow their products to be marketed without any restraint.

When we talk about foods for infants and young children, we are actually talking about several categories of foods - there is infant formula (0-6 months in most countries; 0-12 months in others) with special formula variations, follow-up formula (6-24 months) and growing-up formula or toddlers’ milk (1 - 3 years). There are also juices and teas for a range of ages, and finally there are complementary foods of all sorts for infants and children above 6 months of age. Complementary foods are solids or semi-solids and are defined in Article 3 of the International Code as ‘any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant.’

Only few countries have national legislation to restrict marketing practices related to infant foods; even fewer have included Follow up Formula and complementary foods in its ambit. Codex is about standards; it leaves promotion and marketing to the International Code/national legislation. This provides industry with an excellent opportunity to exploit the situation to its fullest advantage, especially as policy makers often lack information and understanding of both WHA resolutions and Codex standards.

WHA resolution 63.23 asks countries to end promotion of health claims “except where specially provided for, in relevant Codex Alimentarius standards or national legislation”. This provides companies with two openings through which to extend their ability to aggressively promote foods for infants and young children. The first opening is the possibility of influencing national legislation to allow using health claims for marketing its products. In Armenia, the ban on advertisement of complementary foods was removed from the draft after circulation in the Parliament in 2011. The new 2012 Parliament has stopped circulating the draft and thus the process for its adoption had been halted. In

Africa, Nestlé is lobbying policy makers to be included as partners in health policy setting. Further, several companies have already started marketing new products with health claims, such as the new *Fortified Cerelac* marketed in India by Nestle.

The second opening for industry is through the provisions related to Codex, where the relevant Codex Texts covering All Products (CAC/GL 1-1979 (amended 2009), CAC/GL -23-1997 and CODEX STAN 143-1985) do not have any specific provisions related to products for infant and young children. Similarly, CODEX STAN 73-1981 (amended 1989), CAC/GL 08-1991 and CODEX STAN 074-1981 (revised 1-2006), the relevant Codex Texts Per Product Category, again have no specific provisions for foods for infants and young children; the last however makes allowances for national legislation. This provides ample opportunities for industry to influence decisions, as the Codex delegations of several industrial countries have a heavy component of industry representatives.

Reacting to the pressure to change Codex Standards, Malang Fofana, the head of the Gambia delegation, said: “The resistance from the exporting countries to sensible controls on the marketing of these products has left me very worried. Because of the move to ‘product-based’ solutions, funding is already drying up for most infant and young child feeding support programs and for community-based approaches that teach and promote skills to make nutritious family foods from local indigenous ingredients. I fear that once this runaway train leaves the station there will be no stopping it.”

In this context it is essential to note reason why such Codes and resolutions are necessary in the first place. This is made clear by the preamble to the International Code of Marketing of Breastmilk Substitutes, which, while recognizing that there is a “legitimate market for infant formula”, states that “... in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes

Forms of Promotion of infant milks and foods banned in India by law

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act)

2 (a) “advertisement” includes any notice, circular, label, wrapper or any other document or visible representation or announcement made by means of any light, sound, smoke or gas or by means of electronic transmission or by audio or visual transmission;

2 (f) “infant food” means any food (by whatever name called) being marketed or otherwise represented as a complement to mother’s milk to meet the growing nutritional needs of the infant after the age of six months and up to the age of two years;

2 (j) “promotion” means to employ directly or indirectly any method of encouraging any person to purchase or use infant milk substitute, feeding bottle or infant food.

3. No person shall

(a) advertise, or take part in the

publication of any advertisement, for the distribution, sale or supply of infant milk substitutes feeding bottles or infant foods; or

(b) give an impression or create a belief in any manner that feeding of infant milk substitutes and infant foods are equivalent to, or better than, mother's milk; or

(c) take part in the promotion of infant milk substitutes, feeding bottles or infant foods;

4. No person shall

(a) supply or distribute samples of infant milk substitutes or feeding bottles or infant foods gifts of utensils or other articles; or

(b) contact any pregnant woman or the mother of an infant; or

(c) offer inducement of any other kind, for the purpose of promoting the use or sale of infant milk substitutes or feeding bottles or infant foods.

6 (2) No container or label referred to in sub-section (1) relating to infant milk substitute or infant food shall

(a) have pictures of an infant or a woman or both; or

(b) have pictures or other graphic

requires special treatment, which makes usual marketing practices unsuitable for these products.” As the infant continues to be vulnerable until two years of age to the effects of sub-optimal feeding practices, we believe that this applies for all foods marketed for children two years of age and below.

The issue of “appropriate” vs. “inappropriate” promotion of milks and foods for infants and young children was debated at the One Asia Breastfeeding Partners Forum 7, held at Jakarta, Indonesia in November 2010, and at Forum 8, held at Ulaanbaatar, Mongolia, in 2011, where participants shared their perceptions in detail, often with examples. The idea of highlighting people’s voices on the definition of “inappropriate” promotion was born. In the two months preceding the World Breastfeeding Conference 2012, people responded to our request for examples of such promotion. This book is a compilation of these examples. It presents the tip of the iceberg - across the globe we are sure that there are several more instances of such inappropriate promotion of foods for infants and young children.

And finally, we would like to quote from the Statement issued by Corporate Accountability International at WHA 2009:

“We also recognize that women are forced to replace breastfeeding with infant formula powders because of lack of facilities and support, and lack of information. This is the result of increasing corporate interference in infant nutrition, and baby milk corporations convincing parents that their products are better than breastmilk...

“More than 44,000 people from 161 countries have already signed a petition, which was submitted to the President of the World Health Assembly yesterday. The petition calls upon all world leaders:

. . .for a stop to commercial interference in infant nutrition, ...ensuring support

for women to breastfeed. We urge you to create and implement legislation that restricts infant milk manufacturers from promoting their products as breastmilk substitutes/baby foods.

“We therefore urge the World Health Assembly to adopt a resolution in 2010, the reporting year on infant and young child nutrition, to specifically call for an action plan on infant and young child feeding and breastfeeding... Further, this action plan should put an end to all promotion of baby foods aimed at children under age two, and articulate a clear timeline for implementation, perhaps by 2015.”

We believe that to large extent, WHA Resolution 63.23 has responded to this call for action. We urge national and international governance systems and decision-making processes to strengthen this action and remove all ambiguity by endorsing the people’s interpretation of “inappropriate promotion” of foods for infants and young children.

material or phrases designed to increase the saleability of infant milk substitutes or infant food ; or

(c) use on it the word “humanised” or “maternalised” or any other similar word; or

(d) bear on it such other particulars as may be prescribed.

8 (1) No person shall use any health care system for the display of placards or posters relating to, or for the distribution of, materials for the purpose of promoting the use or sale of infant milk substitutes or feeding bottles or infant foods

9 (!) No person who produces, supplies, distributes or sells infant milk substitutes or feeding bottles or infant foods shall offer or give, directly or indirectly, any financial inducements or gifts to a health worker or to any member of his family for the purpose of promoting the use of such substitutes or bottles or foods.

9 (2) No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.

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Contents

This book is a compilation of people's contributions to showcase their interpretation of "inappropriate promotion" of foods for infants and young children.

The book presents various examples of different kinds of promotion that we deem inappropriate, with reasons given. Many of the visuals are inappropriate for more than one reason.

Annexure 1 gives the *IBFAN Statement on the Promotion and Use of Commercial Fortified Foods as Solutions for Child Malnutrition*.

Annexure 2 is a reproduction of *Protecting, Promoting and Supporting Continued Breastfeeding from 6–24 + Months: Issues, Politics, Policies & Action* - JOINT STATEMENT based on a workshop of the World Alliance for Breastfeeding Action (WABA) Global Breastfeeding Partners Meeting VII in Penang, Malaysia, October 2008.

Elements of Inappropriate Promotion

1. Public display of commercial foods for infants and young children, display of placards and posters in public places/health facilities.
2. Projection of such foods as life savers, replacement of natural/homemade foods, use of health and nutrition claims on labels or advertisements, calling it essential or as good or close to human milk, etc.
3. Any form of promotion to the general public through any media, including advertising, use of celebrities, setting up baby mother clubs, online promotions, and offering any kind of incentive to the public (gifts, discounts, free samples, free home deliveries, etc.)
4. Conducting of nutrition education programmes for people or in any manner, including virtual programmes, sponsoring in any manner of conferences, seminars, workshops, continuing education programmes for health workers/professionals, including medical and nursing students by institutes, foundations, trusts, and similar initiatives/front organisations floated by the baby food industry.
5. Giving of gifts, commissions, and other forms of incentives (including travel sponsorship, educational/research sponsorship, etc.) to any member of the health delivery system or the governance system.

From **Ulaanbaatar Declaration** issued at One Asia Breastfeeding Partners Forum 8, Ulaanbaatar, Mongolia. 14-16 September 2011.

Examples of “inappropriate promotion” of foods for infants and young children

Health and nutrition claims

WHA Resolution 63.23 states clearly that health and nutrition claims are inappropriate “except where specially provided for, in relevant Codex Alimentarius standards or national legislation”.

As most national legislations and the Codex are silent on this aspect of foods for infant and young children, baby food manufacturers continue to use such claims to promote their products.

We believe that any form of promotion that use such claims in any manner is inappropriate promotion.



Inappropriate because this Mead Johnson product makes health and nutrition claims “DHA & COLINA, Hierro - iron “For babies with mild gastrointestinal problems”

The ad covers almost the entire back of the bus, with the container itself being over half the height of the bus.

Costa Rica



Ghana

Inappropriate because the product makes health and nutrition claims related to Bifidus, a probiotic - "Helps Strengthen Babies' Natural Defenses."



Inappropriate because of health and nutrition claims.

Playing on parent's desire to see their infants healthy, Mead Johnson's Enfamil A+, marketed as suitable for infants 0-12 months, claims to be "Patterned after breast milk for your baby's normal, healthy development."

Inappropriate because Wyeth Nutrition promotes its products for toddlers 1-3 years old - Progress Gold and Promise Gold - by sponsoring the TV show - Magic Land.

The advertisement promotes S-26 as “Powdered Milk S-26 with added Lutein.”



Thailand



Inappropriate because of nutrition claims related to growth. Abbott promotes this product for children one year of age and older.

PediaSure PRODUCTS KID NUTRITION FAQ SIGN UP BUY NOW WHERE TO BUY **Abbott**
A Promise for Life

A Source of Nutrition for Kids Falling Behind on Growth

PediaSure

When your child's eating habits start to affect his growth and development, trust PediaSure®. With **240 calories** and **23 vitamins and minerals**, it's complete, balanced nutrition® to help kids grow.

[Learn More About PediaSure](#)

USA



Inappropriate because Abbott's Similac Gain Comfort, promoted for use by infants 6-12 months, is promoted through leaflets proclaiming "Tummy care, Eye-Q Plus, Immunity ingredients and easy to digest vegetable oil with no palm oil". Sample sachets are given along with the brochure.

Kuwait



Inappropriate because of the claim “Immunity is strengthened” with reference to clinical investigation and the names of the investigators.

Nutrilon, product of Nutricia (Danone) is promoted for use by infants older than 6 months of age.

Ukraine

India



These new varieties of Nestlé India's Cerelac brand are all labelled as fortified, and marketed as appropriate for young children under two years of age.

India's national legislation does not allow such foods to be promoted for children of this age.

Misleading information

The following are examples of misleading information given to parents by baby food manufacturers. In the following examples, the label carries the false information. However, such information can also be given through leaflets and brochures, and so on.

While a sticker covers the 4-6 months on the Heinz Delicious Applies, the recommendation at the side of the can still reads “Not recommended for infants under the age of 4 months.”



Wattie's Carrots and Rice still continues to be recommended for infants 4 months of age and above.



Fiji

第一階段 — 固體食物初體驗



Inappropriate because these foods are wrongly marketed by the manufacturers - Nestle, Heinz and Gerber - as fit for giving to infants from the age of four months.



The World Health Organization recommends that infants be exclusively breastfed from birth for the first six months of their life.



Hong Kong

Inappropriate promotion at health facilities and pharmacies

Baby food manufacturers attempt to influence by promoting their products at health facilities, where both the foods as well as the health claims they make may appear to be endorsed by the health facility. Similar promotion is carried out at pharmacies, with companies often giving incentives for displaying the products at eye level.



Prominent display of baby foods at a pharmacy in India in 2011



Inappropriate because the hoardings outside the entrance to the hospital and in the parking area can be perceived as the health system endorsing the message of bottle feeding.





The two photographs on this page are of a pharmacy in a hospital. As can be seen in this visual, the products are visible through the glass panes. The visual below shows how food products for infants and young children are displayed attractively at eye level.

Maldives



Riri Baby Food Company, operating in the Middle East and Africa, promotes its products in women's magazines like *Al Shabaka*, which is distributed free to doctors and hairdressers. The advertisements give the website, telephone and fax numbers of the company.

Lebanon

Inappropriate promotion - displays and incentives

Baby food manufacturers encourage stores to display their products at eye level and in an attractive manner, in an attempt to wean parents away from continued breastfeeding and giving freshly prepared foods using local ingredients and local recipes. Some of them publish guides on infant feeding and weaning for parents.

Giving of free samples, gifts, announcing special offers and discounts, money-back schemes, especially through the Web, are some of the common ways of attracting parents. The websites also give advice on feeding infants and young children.

A few companies promote their products indirectly through tie-ups with shops and malls, which offer parents advice, lectures, free foods and gifts to promote specific brands.

Afghanistan



Brazil



Vietnam



Delegates from 15 countries - Afghanistan, Bangladesh, Bhutan, Fiji, India, Indonesia, Republic of Korea, Lao PDR, Myanmar, Philippines, Singapore, Sri Lanka, Thailand, Timor Leste and Vietnam - representing governments, civil society, professionals and international organizations, called upon all governments “...to urgently develop and/or strengthen legislative, regulatory measures to end promotion of commercial foods for infants and young children, including Ready-to-use Therapeutic Foods, Ready-to-use Supplementary Foods and Complementary Foods to the public.”

JAKARTA DECLARATION -
One Asia Breastfeeding Partners
Forum 7, Jakarta,, Indonesia. 12th
November 2010

Delegates from Afghanistan, Bangladesh, Bhutan, People's Republic of China, Hong Kong SAR, India, Indonesia, Republic of Korea, Malaysia, Mongolia, Nepal, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam called upon all governments, UN organizations, especially WHO, UNICEF, FAO, ILO, and international organizations like ADB and World Bank, to "... Strictly monitor and implement the International Code for Marketing of Breastmilk Substitutes and related subsequent World Health Assembly Resolutions, in particular the Resolution 63.23, as well as national legislations, to end all forms of promotion of commercial foods for infants and young children.

ULAANBAATAR DECLARATION - One Asia Breastfeeding Partners Forum 8, Ulaanbaatar, Mongolia. 14-16 September 2011



USA



In a mall, the special display of Abbott's Pedipro brand has a picture of a person in the white coat of a health provider, giving the impression that these products are being recommended by him. The display also stocks colourful books for young children, another point of attraction.

Sri Lanka

Special promotional price being offered on Wyeth's Progress Gold in a supermarket.



Costa Rica

Attractive display of baby food in stores, which are often given incentives for displaying products at eye level.



Bhutan

Taiwan



Snow Brand infant formula and follow on milks offered calendars and gift bags as incentives to attract parents in 2011. The products are made in Australia, although the parent company is from Japan.

Indonesia



Baby food manufacturers offer free samples through health workers, health facilities and magazines.



In 2011, the supermarket Tesco gave incentives on purchases of Mead Johnson's baby foods. Parents got a chance to buy expensive toys or coupons for more purchases when they bought these products.

In 2011 again, incentives were given to mothers who send the names of pregnant women and mothers of babies under one year of age, who don't use Enfa products to the manufacturers.



Thailand



Samples of Mead Johnson's Enfamil brand food products for newborns, infants and toddlers in a gift hamper received by a woman at her home, a few days after her delivery.



USA



Farley Foods, owned by Heinz, attempts to “educate” mothers on weaning, with this guide.



UAE

دبي أوتليت مول
 Dubai Outlet Mall
 وجهة التسوق التي لا تنسى
 YOUR ULTIMATE SHOPPING DESTINATION

"SUMMER WELLBEING & NUTRITION TIPS AT DUBAI OUTLET MALL"

Venue: Chuck E Cheese ,
 Dubai Outlet Mall, Al Ain road (route 66)
 Date: Saturday 14th July 2012, 10am to 12.30pm

Complimentary coffee & refreshments for everyone.
 Kids can play and have fun at Chuck E Cheese's with lots of games and rides and discounts!

You are invited for...

- FREE Skin & Hair Analysis from a qualified medical representative
- FREE giveaways for child nutrition
- 3 representative speakers will give top tips and advice on healthy nutritional formula milk, skin and hair analysis as well as kids vitamins and unique "healing plasters"
- Yoga expert to give health tips on "laughter yoga"
- Complimentary discounted meal tokens and vouchers at Chuck E Cheese's.*

DISCOUNT VOUCHERS, RAFFLE PRIZE DRAW, GIFTS AND GIVEAWAYS!

*Terms and Conditions apply

Please register your details. First 80 ladies will receive FREE giveaways!

[CLICK HERE TO REGISTER](#)

This promotion by a shopping mall in Dubai is inappropriate because it offers customers who visit Chuck E Cheese, among other things, free advice on infant formula and free give aways for child nutrition. The advertisement was sent by internet to people across the world.

While no particular infant food brand is mentioned, the promotion obviously involves a tie-up between the mall and the health and nutrition sector.

Dubai



Nestlé Baby Program offers moms “valuable savings” and “invaluable support” (November 2012) which includes

- An infant formula sample and other infant nutrition samples
- Stylish diaper bag with change pad
- The Nestlé Start Healthy, Stay Healthy™ Baby Feeding Guide
- Customised emails tips, online tools and videos
- Exclusive savings and more.

How Nestlé influences health professionals:

Nestlé claims

“Did you know that for more than 60 years Nestlé has been contributing to the ongoing nutrition and medical training of health professionals? Or that Nestlé is the world’s largest publisher of nutritional information and has made more than 3 000 publications available since 1942?”

Internet promotions

Companies use the internet to promote baby food products inappropriately offering incentives such as special savings, gifts, loyalty bonus, in-store coupons, free samples extra. They use the website to provide nutritional and development advice that often is inappropriate and also use health claims to inappropriately promote baby foods. Since internet can be access from any where in the world companies often manage to bypass national legislations in this way.

Promotions for Gerber Foods in Singapore (Oct-Nov 2012)

This promotion of Gerber Puffs, open to parents of infants of six months and older, used their desire to get something new for the infants for Children's Day.



This promotion of Gerber Graduate Yogurt Melts for toddlers - offering one free for every three purchased - was open only to members of Nestle Baby Club.

Mead Johnson's promotional offer on the web (Nov. 2012)



What Mead Johnson offers Moms for joining its *Enfamil Family Beginnings*® (Nov 2012) -



- In-Store Coupons valued up to \$90 in savings from Fisher-Price
- Free Samples, Valuable Coupons, and Special Promotions
- A Month by Month Journey Through Pregnancy and the Baby & Toddler's Development
- Expert Nutritional and Developmental Advice
- Tips on Breastfeeding, Formula Feeding, and Starting Solids
- Support from our Caring Team of Professionals.

Mead Johnson's vision
To be the world's leading nutrition company for babies and children.

from <http://www.meadjohnson.com/Company/Pages/Default.aspx>,
(accessed Nov 2012)

Inappropriate promotion by Heinz on the internet (November 2012)

- Inappropriate offer of loyalty bonus as an incentive
- Inappropriate promotion because of wrong information about the age at which the complementary food can be started (4 months).



International Baby Food Action Network (IBFAN)

Statement on the Promotion and Use of Commercial Fortified Foods as Solutions for Child Malnutrition

The International Baby Food Action Network (IBFAN) recognizes that the prevention and control of child malnutrition worldwide, with particular focus on undernutrition in developing countries, constitutes a major challenge and is concerned that if left un-checked, this poses an intolerable burden of disease and death on poor communities and countries.

IBFAN believes that addressing child undernutrition, apart from being a human rights imperative, is essential to achieve Millennium Development Goals 1 and 4, and concurs with United Nations' MDG Report 2011 that progress in the developing regions is insufficient to reach the target by 2015 [1].

IBFAN is convinced that child malnutrition is the result of widespread global social and economic inequity, the marginalization of poor communities, as well as women's disempowerment and lack of access to productive resources. It leads to lack of affordable health care, inadequate support for optimal infant and young child feeding practices, lack of sufficient water for drinking and sanitation, resulting in repeated bouts of diarrheal and respiratory disease and chronic hunger and malnutrition in children.

IBFAN is concerned that solutions for child malnutrition, both its prevention and treatment, are becoming increasingly medicalised with the use of fortified commercial foods as "quick fixes" – ignoring community based approaches and underlying and basic causative factors [2].

The current emphasis on commercial ready-made foods as a treatment for acute forms of malnutrition should not be used as a model 'cure for all' [3]. Experience has shown that such interventions are often not sustainable and ineffective in the long term. For example, according to a UNICEF report of 2009 "...Although

significant progress has been made since 2005 in the Niger's ability to effectively treat severely acutely malnourished children through the community-based approach, the prevalence of acute malnutrition remains high..." [4].

IBFAN is aware of research, which shows that the use of fortified commercial foods leads to weight gain in undernourished children. However, such studies do not compare the efficacy of such ready-made foods with improved feeding practices using home-made indigenous foods and support for optimal breastfeeding, whose contribution to nutrition is so valuable [5]. Moreover, recent concerns about use of these products and their impact on prevalence of obesity and related diseases must not be taken lightly.

IBFAN also believes that the current focus of attention on treating acute forms of malnutrition with ready-to-use therapeutic foods should not be used to extend similar interventions to chronic malnutrition. Since commercial fortified foods are costly, they increase dependency on outside agencies and shift the focus from community-based solutions, to treating malnutrition as a disease with ready made fortified food as the magic pill. Scaling up such "quick fixes" will delay and divert attention from action to achieve food security.

IBFAN strongly supports the right to adequate food for ALL and therefore calls upon governments and all others concerned, globally and regionally:

1. To take immediate steps to prevent malnutrition through various measures including the enhancement of the rates of optimal breastfeeding infant and young child feeding practices, the provision of adequate drinking water, accessible health care and child care support systems that are free from inappropriate commercial influence.
2. To take meaningful steps towards resolving underlying factors of child malnutrition in a timely manner.
3. To take steps to eliminate poverty and hunger, by supporting sustainable food systems that that improve local food production, availability and affordability, include women and gender perspective in food security
4. To implement the World Health Assembly resolution 63.23 to end

inappropriate promotion of foods for infants and young children, including nutrition and health claims. This should also involve regulatory measures to ban the promotion of commercial fortified foods for malnutrition.

5. To take steps to ensure that the primary treatment of all types of acute malnutrition is based on local foods and supervised by trained health professionals without undue commercial influence.

6. To re-evaluate the use of commercial ready-made foods in the prevention and treatment of child malnutrition in emergencies such as man-made and/or natural disasters and to advocate the use, wherever possible, of diverse indigenous /local foods.

7. To ensure that international, regional and local policies and plans of action for the prevention of child malnutrition are based on independent research and include impact evaluations.

The International Baby Food Action Network (IBFAN) is a 1998 Right Livelihood Award recipient. (www.ibfan.org) It consists of more than 200 public interest groups working together around the world to save lives of infants and young children and bring lasting change in infant feeding practices at all levels. IBFAN aims to promote the health and well-being of infants and young children and their mothers through protection, promotion and support of optimal breastfeeding and infant and young child feeding practices. IBFAN works for the universal and full implementation of International Code of Marketing of Breast-milk Substitute and subsequent relevant World Health Assembly (WHA) resolutions.

IBFAN developed and issued this statement in August 2011, with wider global consultation among its' global coordination council members.

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STATEMENT RATIONALE

Internationally agreed recommendations for optimal feeding of infants and young child advocate exclusive breastfeeding for the first six months of life, followed by complementary feeding and continued breastfeeding for up to two years or beyond. Feeding practices which are not in accord with these recommendations (sub-optimal breastfeeding)¹ may be responsible for 12% of deaths in children under 5 years.² Almost a quarter of these preventable deaths (23%) are due to lack of continued breastfeeding in the 6-24+ month age group.³

Improving breastfeeding practices has great potential for helping to achieve the Millennium Development Goals (MDGs). Participants at the WABA Workshop were concerned that actions to protect, promote or support ‘continued breastfeeding’ have been noticeably lacking; most activity on infant and young child feeding (IYCF) has been directed towards increasing rates of exclusive breastfeeding in the first 6 months, or improving the foods available for complementary feeding.

Action on exclusive breastfeeding from birth to 6 months has been an understandable priority because of the major health gains it can achieve. In many countries exclusive breastfeeding rates are low but breastfeeding into the second year of life is common, so there has been no obvious need for action to support breastfeeding beyond 6 months. However, while exclusive breastfeeding rates are rising, rates of continued breastfeeding are stagnating or are falling. Protection, promotion and support of continued breastfeeding needs to be put on IYCF agenda.

CONTEXT AND BACKGROUND TO STATEMENT

Importance of continued breastfeeding

Breastfeeding during the 6–24+ month period provides advantages for the child, the mother, the family, and the nation. These include improved child survival; benefits to child health, nutrition and cognitive development; benefits to maternal health and child spacing; benefits to family and national economies and to the environment. Human milk continues to provide living cells and immuno-protective factors which help to reduce both the rates and severity of infections during 6–24+ months. Breastmilk substitutes (including complementary foods) do not contain these protective factors. The act of breastfeeding is important psychologically in nurturing socialisation, trust and security for mother and child. Many of the health benefits for mothers are associated with breastfeeding which is sustained beyond 6 months, for example reducing the risk of breast and other cancers. Nutritionally, when the intake of breastmilk is sustained at a level similar to that before 6 months, it continues to meet a substantial proportion of the protein, energy and micronutrient requirements up to 12 months and beyond.

Complementing continued breastfeeding

From 6 months, infants need additional foods alongside continued breastfeeding. This is termed complementary feeding because the aim is to give other foods and drinks to ‘complement’, as in ‘make complete’, the nutrients provided by human milk. ‘Complementary feeding’ supersedes the term ‘weaning’ which implies weaning off breastmilk rather than adding to it.

How much complementary food is required is estimated by calculating the gap between the nutrients which can be provided by breastmilk and children’s nutritional requirements. In 2001 energy requirements were revised downwards by around 20% in the 6-24 month age group.⁴ This means that breastfeeding is able to meet a higher proportion of children’s energy needs than had previously been thought. Furthermore, technical documents tend to assume that as soon as children begin taking other foods, they take less breastmilk, although there

is evidence that this need not be the case.⁵ How to complement continued breastfeeding is a challenge; providing too much food can reduce children's desire to breastfeed so that foods displace human milk intake rather than complement it.⁶

Continued breastfeeding in policy and programmes

Continued breastfeeding is a neglected aspect of IYCF.⁷ Policy and practice guidance tends to refer to the need to support continued breastfeeding, but offers little insight into what practices define optimal 'continued breastfeeding' or how it can be supported. There is little data collection on breastfeeding practices beyond 6 months to inform a description of optimal continued breastfeeding and it has not been a key part of any research agenda on nutrition. Most infant feeding surveys, including Demographic Health Surveys using WHO's new IYCF indicators⁸, simply record whether children 6–24+ months are breastfed or not, defining breastfed as having received at least one breastfeed in the past 24 hours. Without accepted indicators for defining and monitoring adequate and optimal continued breastfeeding practices, national targets and programme activity are likely to prioritise complementary feeding which now has defined indicators, and give less emphasis to adequate continued breastfeeding.

CHALLENGES TO CONTINUED BREASTFEEDING

Fortified complementary foods

The period from birth to two years is described as a 'critical window' for addressing malnutrition. International initiatives to improve growth and nutrition of children 6–24+ months tend to focus on improving complementary feeding through increasing the frequency of complementary feeds, and/or the nutrient density of feeds through the consumption of special (industrially produced) nutrient-rich foods targeted to the 6–24+ month age group. Workshop participants were concerned that these interventions do not sufficiently consider the impact of these foods and their promotion upon continued breastfeeding, nor include action to support continued breastfeeding as part of their strategy.

With better continued breastfeeding the amounts of nutrients needed from complementary foods could be decreased.

Programmes promoting use of fortified complementary foods, including those from commercial, not-for-profit and charity sectors, have the potential to de-value continued breastfeeding and indigenous foods, further commercialise infant feeding, and delay the gradual transition to family foods and sustainable meal patterns. Furthermore, these foods raise serious questions about inequalities and access. Families who have the most to gain nutritionally from fortified foods, are the least likely to have the resources to use them and countries with the highest rates of malnutrition probably have the weakest capacity to implement effective checks and controls on quality, safety and promotion of these products. There are also concerns about the medicalisation of food by health programmes encouraging use of fortified food products, and the loss of the social and cultural experiences that are part of children progressing from mothers' milk to eating with the family.

Research studies into the effectiveness of these special foods tends to compare different formulations of the foodstuffs with controls, but fail to make comparisons with actions to improve continued breastfeeding combined with optimal use of customary family foods. The longer term acceptability, feasibility, affordability, sustainability and safety (AFASS) of the interventions are not sufficiently explored. In some cases, the research studies are funded or carried out in association with partners who have conflicts of interest due to commercial involvement in the products. Furthermore, it is necessary to determine and confirm that programmes using these foods fully comply with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions.

Follow-on formula, 'growing-up' milks and commercial complementary foods

Inappropriate marketing and labelling of follow-on formula, 'growing-up' milks and commercial complementary/weaning' foods can undermine continued breastfeeding. The power of advertising and promotion increases with

urbanisation and economic growth, which are often accompanied by increasing numbers of women moving into employment. The World Health Assembly considers that follow-on milks are unnecessary.⁹ UNICEF and WHO¹⁰ are clear that follow-on milks/formula ARE breastmilk substitutes (albeit for the older baby) and are covered by the Code and subsequent WHA Resolutions and should never be promoted. However, the infant feeding industry challenges this, and the promotion of these products is sometimes not prevented by national legislation intended to implement the Code. Consequently, follow-on milks/formula are promoted in ways that not only undermine breastfeeding, but also promote the brand names of infant formula and facilitate direct contact between manufacturers and mothers and pregnant women.

Complementary foods and drinks are also covered by WHA Resolutions and should not be marketed for infants under 6 months or in ways which undermine continued breastfeeding for the older child. Codex guidelines prohibit health and nutrition claims on complementary foods unless they are specifically permitted in national legislation. This applies to claims made using text such as ‘for a healthier baby’, or claims which are implied by logos, brand names, or symbols.

SPECIAL SITUATIONS

Treatment of malnutrition

The success of programmes to treat severely malnourished children using ‘Ready to use therapeutic foods’ (RUTF) has led to campaigns for a wider promotion of such foods for prevention of malnutrition in children under two years of age.¹¹ This is worrying because existing protocols on the use of RUTF pay little attention to breastfeeding under 6 months and make no reference at all to human milk for the 6–24+ month old.¹² (Incorporation of breastfeeding support into Community-based Treatment of malnutrition training manuals is very recent.) There are concerns that wider use of these ‘ready to use foods’ (RUF) without proper training, care and appropriate guidance may undermine and displace breastfeeding and use of customary family foods.

HIV infection

Strategies to limit post-natal transmission of HIV have also had a negative impact on continued breastfeeding, particularly in countries where HIV prevalence is high. The most recent guidance from WHO (2006) advises exclusive breastfeeding unless replacement feeding (feeding formula and not breastfeeding) is AFASS, and that HIV-infected mothers continue breastfeeding beyond 6 months of age if replacement feeding continues not to be AFASS.¹³ This statement is not widely disseminated or implemented. Earlier guidance that breastfeeding be discontinued as soon as feasible is still considered valid and with it the potential for early cessation of breastfeeding to spill over into the wider population of women who are HIV-negative or of unknown status. The availability of RUTFs has enabled some HIV prevention programmes to encourage breastfeeding cessation at 6 months and use of RUTF as a breastmilk substitute thereafter.¹⁴ However, more recent evidence suggests that in resource-poor communities, continued breastfeeding by HIV-infected mothers beyond 6 months improves HIV-free survival, further challenging current guidance.^{15 16}

GLOBALISATION AND THE COMMERCIALISATION OF MALNUTRITION

The world of food, nutrition, health and commerce and social constructs, is becoming increasingly complex. Although on the surface there is unity towards achieving the Millennium Development Goals (MDGs), the network of relationships and financial interests involved in policy, research and implementation can be difficult to untangle. Amongst the many stakeholders in malnutrition, there is no well-resourced breastfeeding champion, let alone an advocate for continued breastfeeding beyond 6 months. Diminishing public sector funds have created a funding reliance on Public-Private Partnerships (PPPs) for research and programme implementation, but there are no clear private partners stepping forward to invest in breastfeeding. This is in contrast to the resources available through PPPs for research and investment in improved complementary foods, (often with partners who have vested interests.) The creation of public-

private partnerships to improve complementary foods risks using government bodies and public resources to promote commercialisable products and creating monopolies, particularly where patenting is involved.

Support for continued breastfeeding and best use of indigenous¹⁷ food may be a better long-term sustainable investment. Mother's milk is the ultimate indigenous food; locally made, sustainably available, untouched by fluctuations in prices and logistics, and requiring no foreign exchange for importation. Its quality and safety is assured even in countries where food standards are weak and fake or adulterated food products are a concern. Finally continued breastfeeding is an environmentally-friendly way to feed a child, giving the child and the world it has entered, a better start for life.

To address these concerns and issues presented above, more than fifty participants from 21 countries representing more than 25 Non-Governmental Organisations (NGOs) and academic researchers gathered at the World Alliance for Breastfeeding Action (WABA) Global Breastfeeding Partners Meeting VII in Penang, Malaysia, 7- 8 October 2008 to discuss Protecting, Promoting and Supporting Continued Breastfeeding from 6–24 + months.

We, the participants of the WABA 'Workshop on Protecting, Promoting and Supporting Breastfeeding from 6–24+ months' reaffirm our commitment to the Global Strategy on Infant and Young Child Feeding, the Innocenti Declarations 1990 on the Protection, Promotion and Support of Breastfeeding, and 2005 on Infant and Young Child Feeding, and the International Code of Marketing of Breastmilk Substitutes and subsequent related WHA resolutions, **AND FURTHER RESOLVE TO BUILD ON THEIR PRINCIPLES IN ORDER TO:**

- Ensure that protection, promotion and support of continued breastfeeding 6–24+ months is prioritised on the policy, programme and research agenda.
- Advocate for consideration of the intrinsic value and normalcy of continued breastfeeding for the mother-baby dyad, households, communities,

health systems, governments and the wider community seeking achievement of the Millennium Development Goals and health and well-being for all.

■ Challenge existing ambivalence and tokenism towards continued breastfeeding which has resulted in its current programmatic neglect.

GIVEN THAT

1. There are established recommendations for optimal infant and young child feeding (IYCF) which include early and exclusive breastfeeding for 6 months, and continued breastfeeding for up to 2 years and beyond, with age-appropriate complementary feeding.
2. Human milk is a human-specific food adapted over the course of evolution to meet the needs of human infants, and breastfeeding continues to provide valuable nurturing care, health protection and optimal development during childhood and beyond.
3. Breastfeeding at current levels is considered to be able to contribute on average at least 75% of the energy requirements for children 6–8 months, 50% for 9-11 months, 40% at 12– 24 months. (When breastfeeding is well established and supported it can contribute an even larger percent to energy and nutrient requirements.)
4. There is insufficient awareness and understanding of the value of continued breastfeeding from 6-24+ months at all levels, from policy makers and health practitioners to mothers and societies, and across disciplines.
5. There is insufficient investment in research or programme evaluation for the articulation of clear evidence-based strategies to support continued breastfeeding, resulting in only token mention in policies, programmes and practice.
6. In many countries, the marketing of follow-on formulas, 'growing-up' milks and/or foods prepared or marketed for the 4-24+ month age group is not controlled by national legislation, or other measures, because they have no laws or do not

implement the full scope of the Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.

7. There is an increased promotion and availability of 'special foods' for infants from both commercial and not-for-profit sectors, particularly in urbanised and economically developed areas, which may threaten continued breastfeeding.

8. The focus and investment in improving complementary feeding tends to occur in isolation from consideration of breastfeeding support, so that complementary foods compete rather than complement breastfeeding.

9. There have been no research or programme trials to assess sustaining the frequency of breastfeeding as a method of improving nutrition of 6-24+ month olds during the complementary feeding period.

10. Use of foods designed for therapeutic management of severe acute malnutrition is expanding into 'preventive management' of more moderate levels of malnutrition in children under 2 years of age without consideration of continued breastfeeding.

11. There is no health outcome-related definition of optimal breastfeeding in the 6-24+ months period.

12. Indicators for monitoring feeding at this age emphasise complementary foods and pay no attention to the adequacy of breastfeeding, and hence are not sufficient or effective in informing programme and policy.

13. Data reveal that rates of breastfeeding at one and two years of age are stagnant or decreasing, and there are no data from which to assess adequacy of the breastfeeding at those points in time.

14. Women's employment is increasing with little improvement in maternity rights or development of working practices and strategies for employers to support, and mothers to continue breastfeeding while returning to work.

It is the position of the Workshop Participants that continued and sustained

levels of breastfeeding of children 6-24+ months are under threat.

RECOMMENDATIONS

We call upon everyone involved in improving the health and development of infants and young children to ensure that continued breastfeeding 6-24+ months is defined based on scientific evidence, protected, promoted and supported as the precondition for and foundation of appropriate complementary feeding, by taking steps to ensure that:

Communication, education and promotion

1. The value of continued breastfeeding for the health and development of mother and child is clearly articulated and widely disseminated at policy, programme and practice levels so that each extra day of breastfeeding is **valued** by mothers, families, communities and the wider society.
2. Continued breastfeeding is promoted and **normalised** in education and communication activities throughout the community.
3. Continued breastfeeding is supported and valued throughout the health care system and **integrated** into service provision, e.g. immunisation, growth monitoring.
4. Continued breastfeeding is included in **training and orientation** of health, social service, early-childhood education, child care and all other staff working with mothers and young children.

Practical support

5. All parties work collaboratively, avoiding conflicts of interest, to develop a body of knowledge and experience on HOW to support continued breastfeeding, so that **core guidance** and locally appropriate practical strategies can be developed.
6. Consideration is given to exploring how the supportive role of **fathers, family** members, and the **community** can be harnessed and where necessary, enhanced;

endorsing and promoting the WABA Global Initiative on Mother Support,¹⁸ as a strategy of involving all those who can support continued breastfeeding and the breastfeeding mother.

Breastfeeding as part of complementary feeding

7. Continued breastfeeding is included as a key component of all work (literature, programmes or research) on complementary feeding.

Definitions and monitoring

8. Clear definitions and indicators for adequate and optimal breastfeeding 6–24+ months are developed, possibly based on a series of funded studies and WHO technical consultations, and identification of further research needs.

9. There is development of agreed indicators and targets, as well as appropriate monitoring of adequate and optimal continued breastfeeding practices.

Addressing the misinformation through marketing

10. There are renewed efforts to monitor and report on the marketing and promotion of follow-on and growing-up formula and other special milks and foods marketed for children 6–24+ months which breach the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) Resolutions, and threaten to undermine continued breastfeeding.

11. Advocacy is carried out to propose further WHA resolutions to strengthen and clarify the Code of Marketing of Breastmilk Substitutes with regard to the marketing of milks and foods for 6–24+ months. (Using evidence collected from Item 10 above)

12. By working collaboratively with those researching, using or supplying 'Ready to Use (Therapeutic) Foods' and other fortified food supplements, guidelines for their appropriate use are developed which include strong advice about the risks of undermining continued breastfeeding and how to support continued breastfeeding

in emergency situations.

13. Guidelines on avoidance of conflict of interest situations are developed and supported with particular regard to Public-Private-Partnerships and highlighting concerns about any conflict of interest in research, policy development and programmes promoting use of fortified foods for children 6–24+ months.

14. The necessary research, trials and programmes on improving nutrition of 6–24+ month-olds are carried out, to give equal weight to strategies using increased support for continued breastfeeding and optimal use of customary family and indigenous foods rather than focussing solely on fortified foods.

Special circumstances

15. Blanket messages recommending that mothers with HIV avoid breastfeeding 6–24+ months, or assuming the safety of breastmilk substitutes, including RUTFs where these are intended to be used to justify early cessation of breastfeeding for mothers with HIV are rejected. Instead these mothers are empowered and provided with care and support to enable them to make fully informed decisions appropriate to their personal situation.

16. UN guidance on HIV and Infant Feeding is reviewed in the light of recent studies suggesting that continued breastfeeding may enhance HIV-free child survival. Further research into HIV-free child survival and malnutrition when breastfeeding by HIV-infected mothers is continued beyond 6 months is funded and carried out.

17. Practical guidance on how to support continued breastfeeding (or relactation as appropriate), during treatment of severe acute malnutrition is included in all training and protocols.

18. There is greater recognition that continued breastfeeding and complementary feeding in emergencies is a neglected area which needs to be addressed.

19. The widespread roll-out of use of Ready to Use Therapeutic Foods (RUTFs)

and other fortified food supplements for the treatment or prevention of moderate malnutrition is halted until there is:

- a) concrete, independently funded, evidence of long term benefits and sustainability (meeting AFASS criteria),
- b) evidence from trials comparing benefits of RUTFs, with the benefits of improved breastfeeding and complementary feeding making best use of indigenous foods,
- c) clear guidance on the regulatory status of such foods, and
- d) a system that ensures effective regulation, checks and controls on food quality, safety and appropriate marketing of RUTFs and other fortified food supplements for children 6–24+ months. n

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in May 2010, the World Health Assembly adopted resolution 63.23 on Infant and Young Child Nutrition. which called upon member countries to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation. The lack of definition of the term "inappropriate" has allowed the baby food industry to promote foods for children under two years of age, using all kinds of claims, and giving all sorts of incentives.

This book is a compilation "inappropriate promotion" of food for infants and young children, as interpreted by parents, health workers, professionals, and consumer and human rights activists who are concerned at the ever increasing sales of commercially manufactured, processed foods and drinks that displace optimal breastfeeding and complementary feeding practices.



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