

Commercial foods for infants and young children

in the WHO European Region

Policy brief on two new reports by
the WHO Regional Office for Europe



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Despite recommendations on the marketing of commercial baby and toddler foods, two new reports from WHO find widespread evidence of inappropriate promotion and poor nutritional quality of foods for infants and young children across the WHO European Region. To address these issues and help countries implement nutrition recommendations, a nutrient profile model is proposed to guide decisions on promotion and nutrition quality of baby foods.

Good nutrition in infancy and early childhood is key to ensuring optimal child growth and development and better health outcomes later in life. Appropriate infant and young child feeding practices are important for preventing malnutrition in all its forms, including overweight, obesity and diet-related noncommunicable diseases (NCDs).

Concern has been growing that the inappropriate promotion of commercially produced baby and toddler foods may be undermining breastfeeding and/or parents' and carers' confidence in home-produced foods, and that high levels of salt, saturated or trans fat and sugars in some baby or toddler foods may promote dietary habits that can encourage later obesity or NCDs. In response to these concerns, the World Health Assembly in 2010 called on Member States to end the inappropriate promotion of foods for infants and young children (1), and new global guidance was agreed in 2016 to help countries take action on this issue (Box 1) (2).

Box 1. WHO Guidance on ending inappropriate promotion of foods for infants and young children

The *Guidance on ending inappropriate promotion of foods for infants and young children* (the Guidance) covers all commercially produced foods or beverages specifically marketed as suitable for feeding infants from 6–36 months of age (3). The Guidance does not address infant formula, which is covered by the International Code of Marketing of Breast-milk Substitutes (4) and subsequent World Health Assembly resolutions, and clarifies that follow-on or follow-up formula and so-called growing-up milks are also covered by the Code.

The Guidance sets out seven recommendations, which can be summarized as follows.

Recommendation 1. Optimal infant and young child feeding should be promoted based on the guiding principles for complementary feeding and feeding non-breastfed children of 6–24 months, with an emphasis on nutrient-rich, home-prepared and locally available foods.

Recommendation 2. Products that function as breast-milk substitutes should not be promoted.

Recommendation 3. Food products for infants and young children that do not function as breast-milk substitutes should be promoted only if they meet all relevant national, regional and global standards for composition, safety, quality and nutrient levels, and are in line with national dietary guidelines.

Recommendation 4. Messages used to promote foods for infants and young children should support optimal feeding and should not include inappropriate content.

Recommendation 5. There should be no cross-promotion for breast-milk substitutes indirectly via the promotion of foods for infants and young children.

Recommendation 6. Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest.

Recommendation 7. The WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children (5) should be fully implemented, with particular attention being given to ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in fats,¹ sugars or salt.

Two new WHO reports to help Member States support families and babies

Operationalization of some aspects of the new Guidance is complex, and implementation needs to reflect national contexts. This means taking into account national guidelines on infant and young child feeding and existing national legislation to implement the International Code, Codex standards (6)² and – for European Union (EU) Member States – EU legislation (7).

Foods for infants and young children need to comply with various established nutrition and compositional criteria, but there are concerns that products although complying with existing legal standards may be too high in sugars, saturated fats, or salt. Member States decide which products “meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines” (3). There have also been calls for the development and use of nutrient profile models to help assess the nutritional quality of foods for babies and toddlers.

WHO reports are aiming to:

- improve understanding of the commercial baby foods currently on the market
- propose criteria for nutritionally appropriate foods for infants and young children.

The first report, *Commercial foods for infants and young children in the WHO European Region* (8), documents widespread evidence of inappropriate promotion of foods for infants and young children in four cities of four countries in the WHO European Region (Vienna, Austria; Sofia, Bulgaria; Budapest, Hungary; and Haifa, Israel). New methodology developed by the WHO Regional Office for Europe was used to collect data on the availability, composition and marketing of 7955 food or drink products from 516 stores in the four cities between November 2017 and January 2018.

The second, *Ending inappropriate promotion of commercially available complementary foods for infants and*

1 While diets for young children should have adequate fat content, a 2008 joint Food and Agriculture Organization/WHO expert consultation proposed that no more than 35% of total energy should come from fat.

2 See in particular: Codex guidelines on formulated complementary foods for older infants and young children; Codex standard for processed cereal-based foods for infants and young children; Codex standard for canned baby foods; Codex advisory list of vitamin components for use in foods for infants and young children; and Codex guidelines for use of nutrition and health claims.

young children between 6 and 36 months in Europe (9), was conducted to develop solutions to help Member States end such inappropriate promotion. It proposes criteria for identifying products appropriate for promotion for infants and young children. The criteria were developed using an established WHO approach, including an extensive literature review. They were then validated against label information from 1328 products on the market in Denmark, Spain and the United Kingdom in 2016/2017 and pilot-tested in seven additional countries (Estonia, Hungary, Italy, Malta, Norway, Portugal and Slovenia) in 2018 with a further 1314 products. Taken together, the proposed criteria are referred to as a nutrient profile model: the model is presented for governments to adapt and use to restrict inappropriate promotion of foods for infants and young children in their own countries.

Developing a picture of commercial baby and toddler foods on the market

The studies found widespread evidence of inappropriate promotion of commercial foods for infants and young children.

Early age of introduction

Between 10% and 60% (depending on the location) of foods examined in the two studies are marketed as suitable for infants under the age of 6 months, running counter to WHO's longstanding recommendation that babies should exclusively be breastfed for the first 6 months and in violation of the Code and the global Guidance.³

Inappropriate nutritional quality

Both studies found that foods of inappropriate nutritional quality are being marketed for babies and toddlers.

► **High levels of total sugars and common use of added sugar/sweetening agents are of particular concern.** Over 30% of the calories from half or more of products in Vienna, Sofia and Budapest were provided by total sugars (the inclusion of sugar on nutrition labels in Haifa was limited, so the sample was very small). In the second study, on average approximately a third of calories in products examined in each of the 10 countries (from 29% in Italy to 44% in Hungary) came from total sugars. Around a third of products (or more) listed sugar, concentrated fruit juice or other sweetening agents as an ingredient. Such ingredients should not be added to foods for infants and young children. Some flavours that do not reflect infant and young child feeding guidelines (such as honey, chocolate, stracciatella and peanut) were also used.

Although foods that naturally contain sugars, such as fruit and vegetables, can be appropriate for infant and young child diets, the very high levels of sugars present in commercial products is a cause for concern.⁴ A high sugar intake can increase the risk of overweight and dental caries, while sugary drinks, including fruit juices, can displace more nutrient-rich foods from the diet. Early exposure to such sweet products may promote a preference for sweet foods.

3 Despite the Code and the Guidance, EU legislation allows baby foods to be marketed as suitable from 4 months. Even where the legislation in a country permits the marketing of complementary foods to babies under 6 months, both the Code and the Guidance call on manufacturers and distributors to comply with the principles enshrined in the documents.

4 WHO recommends that free sugars should contribute less than 10% of total energy intake for adults and children (or less than 5% for additional health benefits) and warns against the addition of free sugars to foods for infants and young children.

- ▶ **Other issues – too much or too little energy per 100 g, and high levels of salt/sodium or saturated fat – were much less common, but did occur.** Some products on the market did not appear to provide enough energy per 100 g, increasing the risk that babies will feel full and stop eating before they have consumed sufficient nutrients. There were also, however, some energy-dense foods designed as snacks that could increase the risk of excess energy intake, and some products on the market with higher salt or saturated fat levels.

Inappropriate use of composition, nutrition or health claims

Foods for infants and young children frequently carry statements about the composition of the product or its nutrition- or health-related properties. Nearly all products examined in the first study carried such statements, with between 13% and 35% having statements specifically relating to health or development. This is despite Codex guidelines stating that such foods should not carry nutrition or health claims, a message reinforced by the Code and the WHO Guidance, both of which call on manufacturers to respect these rules. The use of nutrition or health claims can mislead consumers, lead to products having a so-called health halo, and undermine parents' confidence in breastfeeding and their ability to feed their child with home-prepared food.

Defining criteria for foods that are appropriate for infants and young children

To address these issues, a set of criteria – taken together, referred to as a nutrient profile model – are proposed to identify products that may be considered suitable to be marketed for infants and young children up to 36 months and ensure that permitted products are promoted appropriately (Box 2).

Box 2. Summary of some of the proposed provisions for foods for infants and young children^a

- ▶ *Fruit drinks and juices, sweetened cows' milk/milk alternatives, confectionery and sweet snacks should not be marketed as suitable for infants and young children up to 36 months*
- ▶ *Limit total sugar content of dry savoury snack foods to $\leq 15\%$ of energy*
- ▶ *Prohibit added sugars and other sweetening agents (including all syrups, honey, fruit juice, fruit juice concentrates or non-sugar sweeteners) in all commercial baby foods*
- ▶ *Limit use of pureed fruit, particularly in savoury foods, to $\leq 5\%$ of total weight*
- ▶ *Improve product labelling of sugar and total fruit contents*
- ▶ *Reduce the maximum permitted sodium content to 50 mg/100 kcal and 50 mg/100 g in most products*
- ▶ *Set a minimum energy density of 60 kcal/100 g for some soft, wet, spoonable foods*
- ▶ *Prohibit use of trans fatty acids and set a maximum level for total fat of 4.5 g/100 kcal*

^a See the report *Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe* for detailed criteria and food product categories in the proposed nutrient profile model.

WHO Regional Office for Europe (2019). Commercial foods for infants and young children in the WHO European Region. Copenhagen: WHO Regional Office for Europe.

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⁵ All weblinks accessed 24 June 2019.

The WHO Regional Office for Europe

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