
PROTECTING BREASTFEEDING TO 24 MONTHS OR BEYOND: HOW COUNTRIES CAN SUPPORT BREASTFEEDING BY ADOPTING NEW GLOBAL GUIDANCE

Laws that protect against the inappropriate marketing of food products that compete with breastfeeding help mothers and caregivers make the best possible feeding choices for their children. The International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions were established to accomplish this by setting guidelines that regulate the marketing of breastmilk substitutes, feeding bottles and teats. In this way, the Code ensures the protection and promotion of optimal infant and young child feeding.

Despite the proven benefits of breastmilk, the market for breastmilk substitutes continues to grow. Since the adoption of the Code, products for older infants and children, including follow-up formula and growing-up milks, have proliferated. These products have been deemed unnecessary by the World Health Organization (WHO), especially when used as a breastmilk

replacement from six months onward. Evidence shows that the promotion of such products undermines the WHO's recommendation that infants be exclusively breastfed for six months and continue to receive breastmilk in addition to complementary foods for up to two years of age or beyond.¹

In response, the World Health Assembly adopted a new resolution calling on countries to implement the World Health Organization's *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children*. The guidance encourages Member States to strengthen national policies that protect children from marketing practices that could be detrimental to their health by providing an important clarification: products that function as breastmilk substitutes, including follow-up formula and growing-up milks, fall under the scope of the Code and should not be promoted.²

WHY THE CODE STILL MATTERS

- ▶ GLOBAL SALES OF BREASTMILK SUBSTITUTES CONTINUE TO GROW AT A RAPID PACE;
- ▶ VAST EVIDENCE SHOWS THAT THE INAPPROPRIATE MARKETING OF BREASTMILK SUBSTITUTES IS PREVALENT IN MANY COUNTRIES; AND
- ▶ PRODUCTS MARKETED FOR OLDER INFANTS AND YOUNG CHILDREN, INCLUDING FOLLOW-UP FORMULA AND GROWING-UP MILKS, ARE INCREASINGLY PROMOTED.



CROSS-PROMOTION: UNDERMINING OPTIMAL FEEDING PRACTICES

Cross-promotion is a form of marketing where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another. This occurs when a manufacturer of a range of commercial milks makes a link between products with an age of introduction of 6–24 months with a product/s with an age of introduction of 0–6 months, based on the presence of a similarity between two products' color schemes or designs; names; and/or slogans, mascots, or symbols.^{2,3}



The international market for so-called “follow-up formulas” and “growing-up milks” is growing, despite the advice from the World Health Organization and others that they are nutritionally unnecessary.^{4,5} These milks for older infants and young children are often labeled in a way that indirectly promotes breastmilk substitutes for infants.³ Evidence shows that caregivers are confused by the packaging of the various stages of milks for older children.⁶⁻¹¹ This can lead to their use for the inappropriate feeding of younger infants.

THE GUIDANCE REINFORCES THE IMPORTANCE OF BREASTFEEDING UP TO TWO YEARS AND BEYOND BY:

- ▶ Covering products that are specifically marketed for feeding infants and young children up to 36 months and;
- ▶ Reinforcing that any milk (or product that could be used to replace milk) marketed for children up to 36 months falls under the Code.

National regulations should therefore reflect the age range of the breastmilk substitutes that exist and are available in each country. National legislation with a scope of up to 36 months would achieve this, and protect the optimal duration of breastfeeding of up to two years of age or beyond.

THE LONG-LASTING BENEFITS OF BREASTFEEDING UP TO TWO YEARS OR BEYOND:

Breastfeeding provides substantial long-term benefits for children, including protection against childhood infections and dental problems, increased intelligence, and reduced risk of overweight and diabetes. Children and mothers who breastfeed up to two years and beyond continue to receive even more protection than those who breastfeed for shorter durations.¹⁰



BY ALIGNING WITH THE GUIDANCE, COUNTRIES CAN ENSURE THAT CAREGIVERS RECEIVE CLEAR AND ACCURATE INFORMATION ON THE FEEDING OF INFANTS AND YOUNG CHILDREN. IN TURN, THIS WOULD:

PREVENT 823,000 CHILD DEATHS EACH YEAR

SAVE LIVES AND PROTECT AGAINST INFECTION

Continued breastfeeding up to two years of age or beyond is vital for preventing infectious diseases such as diarrhea and pneumonia,¹⁰⁻¹³ which are among the leading causes of death for children under five years of age.¹⁴ Nearly half of all diarrhea episodes and one-third of all respiratory infections would be prevented with increased breastfeeding in low-and middle-income countries. Achieving universal levels of breastfeeding through two years of age or beyond could prevent 823,000 child deaths each year.¹⁰

PREVENT MALNUTRITION

Optimal breastfeeding practices, including continued breastfeeding to two years of age beyond, comprise an important element of ensuring food security for infants and young children.¹⁵

BREASTFEEDING BEYOND 2 YEARS CAN HELP PREVENT MALNUTRITION

22,000+ BREAST CANCER DEATHS COULD BE PREVENTED EACH YEAR

IMPROVE MATERNAL HEALTH

For mothers, breastfeeding has a protective effect against certain cancers and diabetes.^{10,16,17} More than 22,000 breast cancer deaths could be prevented each year if breastfeeding duration could be extended to two years in low-and middle-income countries and just one year in high-income countries.¹⁰ Continued breastfeeding is also associated with increased birth spacing,^{10,18} which leads to healthier families and communities.

BOOST ECONOMIC GROWTH

Suboptimal breastfeeding takes an economic toll on individuals, communities, and nations. Improved breastfeeding practices have the potential to boost savings: the cognitive benefits associated with breastfeeding can translate to global savings upwards of \$300 billion a year.¹⁹

GLOBAL ECONOMIC SAVINGS UPWARDS OF \$300 BILLION A YEAR



TAKING ACTION: RESTRICTING THE PROMOTION OF MILKS FOR CHILDREN UP TO AGE THREE

By clarifying that the Code covers milks targeted for children up to the age of 36 months, the guidance curbs the potential for cross-promotion with products that undermine optimal infant and child feeding. This is an important step toward further protecting the

recommended breastfeeding duration of two years or beyond, and ensures that mothers and caregivers can give children the very best start to life.

Countries must now take steps to align their national laws with the new guidance and restrict the promotion of any milk marketed to children up to age three.

- 1 World Health Organization. (2003). Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization. Retrieved from http://www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf
- 2 World Health Organization. (2016). Maternal, infant and young child nutrition Guidance on ending the inappropriate promotion of foods for infants and young children. Geneva: WHO. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1
- 3 Pereira, C., Ford, R., Feeley, A. B., Sweet, L., Badham, J., & Zehner, E. (2016). Cross-sectional survey shows that follow-up formula and growing-up milks are labelled similarly to infant formula in four low and middle income countries. *Maternal & Child Nutrition*, 12(S2), 91–105. <http://doi.org/10.1111/mcn.12269>
- 4 Codex Alimentarius. (2014). Report of the thirty-sixth session of the Codex Committee on nutrition and foods for special dietary uses. Codex Alimentarius. Retrieved from https://www.ccnfsdu.de/fileadmin/SITE_MASTER/content/Downloads2016/REP17_NFSDUe.pdf
- 5 World Health Organization (WHO). (2013). Information concerning the use and marketing of follow-up formula. Geneva: World Health Organization. Retrieved from http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf
- 6 Berry, N. J., Jones, S. C., & Iverson, D. (2012). Circumventing the WHO Code? An observational study. *Archives of Disease in Childhood*, 97(4), 320–5. <http://doi.org/10.1136/adc.2010.202051>
- 7 Berry, N. J., Jones, S., & Iverson, D. (2010). It's all formula to me: women's understandings of toddler milk ads. *Breastfeeding Review*, 18(1), 21–30
- 8 Cattaneo, A., Pani, P., Carletti, C., Guidetti, M., Mutti, V., Guidetti, C., & Knowles, A. (2015). Advertisements of follow-up formula and their perception by pregnant women and mothers in Italy. *Archives of Disease in Childhood*, 100(4), 323–8. <http://doi.org/10.1136/archdischild-2014-306996>
- 9 Smith, J., Blake, M. (2013). Infant food marketing strategies undermine effective regulation of breast-milk substitutes: trends in print advertising in Australia, 1950-2010. *Australian and New Zealand Journal of Public Health*, 37(4), 337–44. <http://doi.org/10.1111/1753-6405.12081>
- 10 Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., ... Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [http://doi.org/10.1016/S0140-6736\(15\)01024-7](http://doi.org/10.1016/S0140-6736(15)01024-7)
- 11 Black, R. E., Allen, L. H., Bhutta, Z. A., Caulfield, L. E., de Onis, M., Ezzati, M., ... Rivera, J. (2008). Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*, 371(9608), 243–260. [http://doi.org/10.1016/S0140-6736\(07\)61690-0](http://doi.org/10.1016/S0140-6736(07)61690-0) *Codex Alimentarius*. (2014).
- 12 Lamberti, L. M., Zakarija-Grković, I., Fischer Walker, C. L., Theodoratou, E., Nair, H., Campbell, H., & Black, R. E. (2013). Breastfeeding for reducing the risk of pneumonia morbidity and mortality in children under two: a systematic literature review and meta-analysis. *BMC Public Health*, 13. <http://doi.org/10.1186/1471-2458-13-S3-S18>
- 13 Sankar, M. J., Sinha, B., Chowdhury, R., Bhandari, N., Taneja, S., Martines, J., & Bahl, R. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatrica*, 104(S467), 3–13. <http://doi.org/10.1111/apa.13147>
- 14 United Nations Children's Fund (UNICEF). (2016). The State of the World's Children 2016: A fair chance for every child. New York: UNICEF. Retrieved from https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf
- 15 Salmon, L. (2012). Food security for infants and young children: an opportunity for breastfeeding policy? <http://doi.org/10.1186/s13006-015-0029-6>
- 16 Chowdhury, R., Sinha, B., Sankar, M. J., Taneja, S., Bhandari, N., Rollins, N., ... Martines, J. (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatrica*, 104(S467), 96–113. <http://doi.org/10.1111/apa.13102>
- 17 Zhou, Y., Chen, J., Li, Q., Huang, W., Lan, H., & Jiang, H. (2015). Association Between Breastfeeding and Breast Cancer Risk: Evidence from a Meta-analysis. *Breastfeeding Medicine*, 10(3), 175–182. <http://doi.org/10.1089/bfm.2014.0141>
- 18 Mattison, S. M., Wander, K., & Hinde, K. (2015). Breastfeeding over two years is associated with longer birth intervals, but not measures of growth or health, among children in Kilimanjaro, TZ. *American Journal of Human Biology*, 27(6), 807–815. <http://doi.org/10.1002/ajhb.22729>
- 19 Rollins, N. C., Bhandari, N., Hajeerhoy, N., Horton, S., Lutter, C. K., Martines, J. C., ... Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017), 491-504. doi:10.1016/S0140-6736(15)01044-

