Guidelines for the Marketing of Ready-to-Use Supplemental Foods for Children

Article 1. Aim of the Guidelines

The aim of these Guidelines is to contribute to the optimal nutrition for infants and young children, in part by the protection and support of breastfeeding, and safe, timely and nutritionally adequate complementary feeding and by ensuring the proper use of Ready to Use Supplemental Foods (RUSFs), when these are necessary, and by eliminating inappropriate marketing and distribution methods. These Guidelines are written as an adjunct to the existing International Code of Marketing of Breast-milk Substitutes and relevant WHA resolutions (http://www.who.int/nutrition/publications/code_english.pdf), and also the Global Strategy for Infant and Young Child Feeding (http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html).

Article 2. Scope of the Guidelines

These Guidelines apply to the provision, use, marketing, and practices related thereto, of RUSFs. They also apply to Ready-to-Use Therapeutic Foods (RUTFs) whenever they are used for any purpose other than the treatment of severe acute malnutrition (SAM) under competent, independent medical supervision. They also apply to RUSF’s quality and availability, and to information concerning their use. These guidelines may be seen as an adjunct to any developed within the Codex Alimentarius system to standardize the ingredients, labeling, and processing methods used in the manufacture of these products.

These guidelines do not cover non-food-based micro- or multi-nutrient powders used as home fortificants. They also do not cover complementary foods as defined below.

Article 3. Definitions

Ready to Use Supplemental Foods (RUSFs) are foods that are fortified with micronutrients as a remedy for malnutrition and can be consumed without cooking or the addition of water. They include:

- Ready-to-use products such as pastes, compressed bars, and biscuits
- Food-based home fortificants such as lipid-based nutrient supplements typically containing milk powder, high-quality vegetable oil, peanut-paste, sugar, and added nutrients.

They possess qualities that allow their distribution and use in low-income settings at ambient temperatures even in hot climates without undue loss of nutrients. They are fortified such that a substantial proportion of the child’s requirements of a wide range of nutrients are provided from eating a relatively small quantity. Unlike RUTFs, RUSFs are not specifically designed for use in treatment of severe acute malnutrition (SAM).
Complementary foods, whether based on customary family foods or commercially manufactured complementary foods tend to be bulkier than RUSFs. Although they may sometimes be fortified, they usually supply a smaller amount of fewer nutrients in a single meal. Many complementary foods need to be cooked.

Unlike complementary foods, RUSFs are not a necessary part of the diet of older infants and young children. Where perceived or used as a breast-milk substitute, they should be covered under the existing International Code of Marketing for Breast-Milk Substitutes and subsequent relevant WHA Resolutions.

Other definitions applicable to these Guidelines are identical with those in the International Code of Marketing of Breast-milk Substitutes.

**Article 4. Information and education**

4.1 Governments have the responsibility to ensure that objective and consistent information on infant and young child feeding, particularly breastfeeding, is provided to families and those involved in the field of infant and young child nutrition. This responsibility should cover the planning, provision, design and dissemination of information, or its control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the importance of early initiation and exclusive breastfeeding for the first six months of life and the importance of maintaining breastfeeding, usually up to and beyond 24 months; (b) the importance of providing adequate complementary foods to children beginning at 6 months of age; and (c) where needed, the proper use of Ready to Use Foods. When such materials contain information about the use of RUSFs, they should include the financial implications of its use and the fact that the nutrients contained in RUSFs can be obtained from natural foods. Such materials should not use any pictures or text which may idealize the use of RUSFs. RUSFs should not be promoted based on their eliminating the need for clean water for older infants and young children. To the contrary, the specific requirement for additional safe water (boiled or treated) should be noted in all instructions.

4.3 Any RUSFs needed for the small number of infants and young children likely to require them in health care facilities should be made available through the normal procurement channels and not through free or subsidized supplies from manufacturers or their agents.

4.4 All actors dealing with RUSFs should avoid implying that their use should be the norm or should in any way replace recommended patterns of breastfeeding and complementary feeding.

**Article 5. The general public and mothers**

5.1 There should be no advertising or other form of promotion to the general public of RUSFs.
5.2 Manufacturers and distributors should not provide samples of RUSFs, directly or indirectly, to pregnant women, mothers or members of their families.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for RUSFs. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children or their families, any gifts of articles or utensils which may promote the use of RUSFs.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers, parents and caregivers of infants and young children.

Article 6. Health care systems

6.1 Health authorities should take appropriate measures to support and protect breastfeeding and promote these Guidelines, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting RUSFs. These Guidelines do not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of RUSFs, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with RUSFs should be demonstrated only by independent health workers, or other community workers if necessary and not by commercial representatives or others working directly or indirectly for companies producing a RUSF. The demonstration should only be to the mothers or family members of children who these health workers deem need to use these foods.

6.6 Donations or temporary low-price sales to health care institutions of supplies or samples of RUSFs, may not be made by manufacturers or their agents.

6.7 Health authorities are advised to exert utmost care in allowing any funding for any purposes from commercial enterprises, including ensuring that conflicts of interest and unintentional
“endorsement by association” are avoided. Financial support for health professionals working for infant health should not create a conflict of interest.

6.8 There should be no infant or young child food industry involvement in infant nutrition program implementation or policy formulation.

**Article 7. Health workers**

7.1 Health workers should be fully trained to support and protect early, exclusive and sustained breastfeeding and adequate complementary feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under these Guidelines, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding RUSFs should be restricted to scientific and factual matters and such information should not imply or create a belief that RUSF or any other food is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote RUSFs should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of RUSF, or of equipment or utensils for their preparation or use, should not be provided by manufacturers or their agents to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. RUSF should be used in a well thought out program designed to meet specific needs only for as long as those needs exist and thus health workers should not give samples of RUSF to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of RUSF should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

**Article 8. Manufacturers and Distributors and persons they employ**

8.1 In systems of sales incentives for marketing personnel, the volume of sales of RUSFs should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing of RUSF should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children.
Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding or the use of traditional complementary foods.

9.2 Manufacturers and distributors of RUSFs should ensure that all packaging has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate local language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the importance of breastfeeding exclusively up to six months and then continuing breastfeeding with appropriate complementary foods up to and beyond two years; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use. Where packages are too small, the information can be printed on a separate page attached to the package.

Neither the container nor the label should have pictures of infants, nor should they have other pictures, text or claims which may idealize the use of RUSFs or encourage use too early or inappropriate use. They may, however, have graphics for easy identification of the product as a Ready to Use Food and for illustrating methods of use. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. Additional labeling requirements may be made in accordance with the legislation of the country in which the product is distributed.

The labeling of all RUSF products shall meet the applicable standards of the Codex Alimentarius Commission.

9.3 RUSFs which do not fully meet all the nutritional requirements of an older infant or young child should carry on the label a warning that the unmodified product should not be their sole source of nourishment.

9.4 The label of RUSFs should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

9.5 RUSF products should not make idealized claims or nutrition and health claims as stated in WHA Resolution 63:1:4 except where specifically provided for, in relevant Codex Alimentarius standards or national legislation.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.
10.2 RUSFs should, when sold or otherwise distributed, meet applicable standards recommended by the Alimentarius Commission and also the Guidelines of Hygienic Practice for Foods for Infants and Children.

**Article 11. Implementation and monitoring**

11.1 Governments should take action to give effect to the provisions of these Guidelines, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. National policies and measures, including laws and regulations, which are adopted accordingly, should be publicly stated, and should apply on the same basis to all those involved in the manufacture and distribution of RUSFs.

11.2 Responsibility for monitoring the application of these Guidelines lies with governments acting individually and collectively. The manufacturers and distributors of RUSFs, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of these Guidelines, manufacturers and all distributors of RUSFs should regard themselves as responsible for monitoring their marketing practices according to the principles, aims and provisions of these Guidelines and the International Code and subsequent relevant WHA resolutions, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles, aims, and provisions of these Guidelines, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of RUSFs should apprise each member of their marketing personnel of the Guidelines and of their responsibilities under it.