

MNP and the International Code of Marketing of Breast-milk Substitutes

What are MNP?

Micronutrient powders (MNP) are a mixture of vitamins and minerals packaged in 1 gram sachets that are mixed into small quantities of the usual soft, mushy foods fed to older infants and young children aged at least 6 months to address anemia and micronutrient deficiencies. If consumed on their own, MNP have a bland to slightly metallic flavor, however, when mixed with food they are virtually flavorless. This practice of adding specialized products such as MNP to home-prepared foods at home with the aim to improve the nutrient content of the food is an approach known as “home fortification.” MNP are not a food but a vitamin and mineral supplement that complements and improves the quality of the food to which it is added. They do not provide energy, fat, protein and do not contain any food ingredients. MNP mix very poorly with liquids — they tend to float, clump and stick to the sides of the container the liquid is in, which makes feeding MNP from a bottle very difficult. They are thus not considered a breast-milk substitute for the purposes of the International Code of Marketing of Breast-milk Substitutes.

Where locally available complementary foods are nutritionally inadequate in minerals and vitamins, appropriate use of MNP begins when complementary feeding starts, after a child has completed 6 full months of life (during which time they should be exclusively breastfed), and MNP should be labeled to indicate this. MNP therefore, do not conflict with exclusive breastfeeding for the first 6 months of life. Because complementary foods are recommended after 6 months of life, along with continued breastfeeding, the use of MNP will not interfere with continued breastfeeding.

Should MNP be considered under the scope of the Code?

Despite MNP not being a food or a breast-milk substitute (the most common examples of which are infant formula and follow-up formula), some countries have included MNP under the scope of their national regulations that relate to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions (hereafter referred to as the Code¹). Linking the use of MNP with the restrictions placed on breast-milk substitutes could therefore mean that the promotion of MNP is restricted or forbidden. The Code’s primary aim is to protect and promote breastfeeding by ensuring that breast-milk substitutes, teats and feeding bottles are not advertised or promoted. The Code also provides guidance on the marketing of complementary foods², including labeling, while specifying that nutrition and health claims shall not be permitted for foods for infants and young children.

¹ WHO 1981. International Code of Marketing of Breast-milk Substitutes. Geneva, Switzerland

² complementary foods are the foods fed to older infants and young children during the period when they transition from exclusive feeding of breastmilk and/or breastmilk substitutes to eating the family diet. According to WHO, appropriate complementary feeding should start from the age of 6 months with continued breastfeeding up to two years or beyond; refer also to WHO 2003 Guiding Principles for Complementary feeding of the breastfed child, WHO 2005 Guiding principles for feeding non-breastfed children 6-24 months of age.

Given that MNP are not food, breast-milk substitutes, teats or feeding bottles, one might wonder why some countries place MNP within the scope of their national Code regulations. The reasons vary, but in some cases it has to do with how MNP are registered in the country.

In order to register the product and be able to import and distribute MNP, countries must classify them as a food, food supplement, or pharmaceutical product; only in some cases is MNP not registered at all. There are considerations and consequences for each of these classification choices.

- 1) Products classified as foods or food supplements generally have less stringent manufacturing requirements (therefore lower production cost) and can be distributed by a wider range of persons, including community health workers, shopkeepers, NGOs, as well as licensed health professionals.
- 2) Pharmaceutical products generally have more expensive and stringent manufacturing standards, and distribution of pharmaceutical products can be restricted to only a small number of licensed health professionals.
- 3) Some countries implementing nutrition interventions with MNP do not register MNP and treat them as a category on their own outside of foods and outside of pharmaceutical products.

Regardless of how MNP are registered/classified (either as a food, a food supplement, a pharmaceutical product, or not registered at all), it is important to note that:

- MNP are not a food
- MNP are not a breast-milk substitute (unless they are inappropriately promoted for adding to foods or drinks for children younger than 6 months of age)
- MNP do NOT mix well with liquids and hence cannot and should not be fed from a bottle
- Appropriate use of MNP begins when complementary feeding starts, after a child has completed 6 full months of life and should be labeled to indicate this; MNP therefore do not conflict with exclusive breastfeeding for the first 6 months of life or with continued breastfeeding to 2 years and beyond.

In light of these considerations, placing MNP under the scope of national Code regulations is not justified.

How to ensure that MNP messaging reinforces appropriate infant and young child feeding practices

MNP encourage the use of locally available, home-prepared complementary foods because they are added to these foods to improve their quality. They do not replace locally available, traditional foods. They are designed not to change the taste, color, texture, or any other aspects of these foods. In order to ensure that MNP messaging reinforces appropriate infant and young child feeding practices, messaging around appropriate use of MNP should emphasize:

- Exclusive breastfeeding for the first 6 months of life,
- Not using MNP until a child has completed 6 months of life,
- Continued breastfeeding to 2 years and beyond,
- Timely introduction of appropriate complementary foods at 6 months,
- Other optimal feeding practices (e.g., dietary diversification, safe food preparation and storage and enrichment of complementary foods with animal-source foods),
- Appropriate childcare practices (e.g., hand washing, sanitation, immunizations, growth monitoring) important for optimal growth and development.

The consequence of considering MNP to be a food and placing them under the scope of national Code regulations is that behavior change interventions (BCI) designed to encourage use of MNP by explicitly stating the rationale for use, such as “to prevent anemia” (a health claim according to Codex Alimentarius) or “a source of vitamins and minerals” (a nutrient content claim according to Codex Alimentarius) would not be allowed. Motivating target populations to try and adopt appropriate use of new products requires significant demand creation activities. Providing truthful, compelling reasons for adopting the use of the product is an important component of public health information campaigns.

The prohibition on nutrition and health claims for foods for infants and young children” (WHA Resolution 63.23) should not apply to MNP, regardless of how they are registered/classified.

At present (April 2014) WHO is addressing the issue of the inappropriate promotion of food for infants and young children, as requested in WHA Resolution 65.6, through a scientific technical advisory group to advise on the matter; it is expected that the results of this exercise will help countries navigate this issue better.