1 Introduction and scope

1.1 Background

Complementary feeding – defined as the process of providing foods when breast milk or milk formula alone are no longer adequate to meet nutritional requirements – generally starts at age 6 months and continues until age 23 months, although breastfeeding may continue beyond this period *(4).* This is a developmental period when it is critical for children to learn to accept healthy foods and beverages and establish long-term dietary patterns *(5)*. It also coincides with the peak period for risk of growth faltering and nutrient deficiencies.

The immediate consequences of malnutrition during these formative years, as well as in utero and the first 6 months of life, include impaired growth, significant morbidity and mortality, and delayed motor, cognitive, and socio-emotional development. It can later lead to increased risk of noncommunicable diseases (NCDs). In the long term, early childhood undernutrition leads to reduced work capacity and earnings and, among girls, reduced reproductive capacity *(6)*. Inappropriate complementary feeding can result in overweight, type 2 diabetes, and disability in adulthood *(6).* The first 2 years of life are also a critical period for brain development, the acquisition of language and sensory pathways for vision and hearing, and the development of higher cognitive functions *(8)*.

The most recent UNICEF-WHO-World Bank Group Joint Child Malnutrition Estimates indicate that stunting affects 22.3% (148 million), wasting affects 6.8% (45 million), and overweight affects 5.6% (37 million) of children under 5 years of age globally *(14)*. Risk of stunting and wasting is concentrated during the first 5 years of life and children in this age group are also at risk of obesity.

In 2012, the World Health Assembly in its Resolution WHA65.6 endorsed a *Comprehensive implementation plan for maternal, infant and young child nutrition*, which specified six global nutrition targets for 2025 *(15)*. Appropriate complementary feeding, essential to fostering healthy growth, is directly related to three of these six targets: 1) 40% reduction in the number of under-5s who are stunted; 2) reduce and maintain childhood wasting to less than 5%; and 3) no increase in childhood overweight. Appropriate complementary feeding is also fundamental to achieving several of the targets in the second Sustainable Development Goal *(16)*.

1.2 Purpose and target audience

This guideline provides global, normative evidence-based recommendations on complementary feeding of infants and young children 6–23 months of age. The recommendations are intended for a wide audience, including policy-makers, and technical and programme staff at government institutions and organizations involved in the design, implementation and scaling of programmes for infant and young child feeding. The guideline may also be used by caregivers, health-care professionals, clinicians, academic and research institutions, and training institutions.

1.3 Objective

The objective of this guideline is to help Member States, United Nation's agencies, nongovernmental organizations and other stakeholders to make informed recommendations about complementary feeding in their efforts to achieve the Global Strategy for Infant and Young Child Feeding *(17)*, the SDGs *(16)*, the