IBFAN / Baby Feeding Law Group response to the EU Commission Working Document: **QUESTIONNAIRE ON YOUNG-CHILD FORMULAE**

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The **International Baby Food Action Network** (IBFAN) is a global network of 273 groups in 168 countries working to end the suffering caused by inappropriate infant and young child feeding, strengthen and defend regulations that make products safer; stop irresponsible marketing and ensure that parents are not misled.

The **Baby Feeding Law Gro**up (BFLG) is a coalition of 22 leading UK health professional and lay organisations working to bring UK and EU legislation into line with the *International Code of Marketing of Breastmilk Substitutes* and subsequent World Health Assembly resolutions.

Specific Comments based largely on the UK

A. Market data

In the UK young child formulae are marketed primarily for children aged 1-3 years and these are often called Growing-Up Milks (a term that we consider it to be an idealising unsubstantiated health claim.). Those currently for sale in the UK at June 2014 are:

- Alpro Soya Junior 1+
- Aptamil Growing Up Milk 1+ Year
- Aptamil Growing Up Milk 2+ Year
- Babynat Babybio 3
- Cow & Gate Growing Up Milk 1-2 Years
- Cow and Gate Growing Up Milk 2-3 Years
- Hipp Organic Combiotic Growing Up Milk
- Holle Organic Growing-up Milk 3
- NANNYcare Growing Up Milk (goats' milk based formula)
- SMA Toddler Milk

The price of Growing-Up Milks varies by brand, with Aptamil and SMA brands generally costing the same as infant formula and follow-on formula, and Cow & Gate retailing at a lower price. The market is dominated by three brands Aptamil, Cow & Gate (both owned by Danone) and SMA (owned by Nestle). HiPP is the 4th brand and has about 2% of the UK infant milk market. Milks are sold both as powdered milks and as ready to drink or ready to feed formula. The average prices of these (June 2014) are approximately:

- Ready to drink Growing-Up Milks 29p-33p per 100ml

- Powdered Growing-Up Milks[1] 17p-22.4p per 100ml
- Whole cows' milk (average supermarket price) 10p per 100ml

([1]calculated as 3 scoops of powder (21g) to makes] 100ml milk, based on average of market leaders) Prices of organic and goat's milk based formulae are higher.

2. Milks that are not marketed for young children but which are fortified with vitamin D and n-3 pufa are available in some supermarkets in the UK but these are minority products and are not targeted at young children. They have a small market share and are not generally promoted nationally. No milks with added iodine are on the market.

B. Marketing of young-child formulae

1. Young child formulae in the UK are generally called Growing Up Milks or Toddler Milks. They are marketed for children aged 1-2 years and 2-3 years, with the milks for older children being lower in fat. (In many other regions products sharing the same branding as infant formula are promoted for even older children.) These products are heavily promoted as being a good source of vitamin D and iron and as a 'nutritional safety net' for parents who are concerned that their children may not eat an adequate diet. They fail to promote UK health policy on diet and appropriate vitamin supplementation. They do not mention any risk associated with the higher sugar content of these (often flavoured) milks compared to the whole or semi-skimmed animal milk which is promoted in public health or to potential impacts of very high iron intakes in iron replete children. Some of the nutrients in Growing-Up Milks are lower than in whole animal milk.

Table 1 below compares the micronutrient content of the products marketed for 1-2 year olds in the UK with whole cows' milk. The products often claim they are '*nutritionally superior to cows' milk'* (SMA Toddler Milk packaging) or are 'tailored to toddler's nutritional needs' (Aptamil packaging). They have enhanced amounts of some nutrients, but are generally lower in riboflavin, calcium, iodine, magnesium, potassium and phosphorus than whole cows' milk.

It is estimated in the UK from the last comprehensive survey of young children's diets[1] that milk and milk products provide 51% of dietary riboflavin, 64% dietary calcium, 58% dietary iodine , 27% dietary magnesium and 31% dietary potassium, making milk a significant contributor to these nutrients in the diets of young children. The *lower* amounts of these nutrients in these formulas is therefore of note.

[1] http://www.firststepsnutrition.org/pdfs/HaSDEY_proof2.pdf

Table 1. Micronutrient composition main brand Growing-Up Milks compared to whole cows' milk

Nutrients per 100ml	Full-fat cows' milk	Aptamil Growing Up Milk 1-2 Years	Cow & Gate Growing Up Milk 1-2 Years	SMA Toddler Milk
For use from age	12 months	12 months	12 months	**12 months**
Flavouring	×	Milk flavouring	Milk flavouring	Vanilla flavouring
MACRONUTRIENTS				
Energy **kcal**	67	65	65	66
Protein **g**	3.3	1.5	1.5	1.8
Whey:casein ratio	20:80	NK	NK	20:80
Carbohydrate **g**	4.8	8.6	8.6	7.4
– of which lactose **g**	3.84	8.1	8.1	7.4
Source of added carbohydrate	Lactose, other mono-saccharides and oligosaccharides	lactose glacto- oligosaccharides,	Lactose, galacto- oligosaccharides,	Lactose
Fat **g**	3.8	2.6	2.6	3.3
Added LCPs AA	×	✓	×	✓
DHA	×	✓	×	✓
MICRONUTRIENTS				
Vitamin A µg	36	65	68	70
Riboflavin	0.23	0.09	0.23	0.11
Vitamin C mg	1.0	14	15	12
Vitamin D µg	0.03	1.7	3.1	1.5

Calcium mg	118	85	91	78
Magnesium mg	11	5.6	5.6	6.5
Iodine µg	31	18	20	12
Iron mg	0.03	1.2	1.2	1.2
Phosphorus mg	93	50	50	50
Potassium mg	155	75	75	90
Zinc mg	0.4	0.9	1.2	0.93
OTHER				
Prebiotics	×	✓	✓	×
Probiotics	×	×	×	×
Contains soya	×	×	×	✓
Contains fish oil	×	✓	×	×
Suitable for vegetarians	✓	×	×	✓

This data is based on ready to feed formulae in June 2014.
2a. In the UK Growing-Up Milks generally use the same branding as the manufacturers use for infant, speciality or follow on formula, and promote them as part of the 'stages' of milk children need as they age. These milks are sometimes confusingly called 'stage 3' milks.

Cow & Gate market their 'growing up milk 'with a picture of a toddler dressed in a cow suit on the packaging and the 2-3y milk with an older, active child in the same type of outfit.

Cow & Gate heavily

market their growing up milks across a range of media and use an image of 'two cups' (which could be suggested to mimic 'breasts') to suggest two cups a day are needed by toddlers.

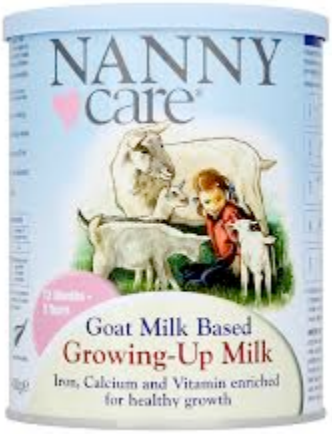
SMA Toddler milk uses simpler branding which is line with all its other products. All products are in yellow packaging, and differences are only shown by a coloured band on the product.

Other SMA milks share very similar branding: first infant milk, hungry baby milk and follow on formula are shown here for comparison

Aptamil Growing Up Milk 1-2 years and 2-3 years uses a white teddy bear as part of its branding, with the teddy bear 'walking' for the older milk picture.

HiPP Growing Up Milk uses no idealised imagery and follows branding for othe rproducts with a large emphasis on its organic status.

Alpro Soya 1+ uses a giraffe image and a measuring chart image



NANNYCare Growing-Up Milk uses idealized images of a small girl with a goat and kids on the packaging

Babynat Growing up Milk uses a cartoon image of a child

Holle Growing Up Milk uses an image of grazing cows

1b. Growing-Up Milks marketed in the UK do not have a statement on the packaging which indicates the superiority of breastmilk.

1c. Some brands do not make a clear distinction between Growing-Up Milks and IF/FOF – SMA in particular has the same branding/colours across the whole range of products. Aptamil uses the same branding and calls milk for 1-2 year olds 'stage 3'. Cow & Gate uses a teddy bear on its IF and FOF and pictures of real children on the Growing-Up Milk, but the branding is similar across the product range with the Cow & Gate logo the biggest image on all the products.

3. Products in some ranges differ in composition between those marketed for 1-2y and 2-3y.

Table 2 summarises the differences between the two main brands who offer products in these two age ranges in composition. Milks for older toddlers are lower in fat, protein and carbohydrate than those for younger toddlers and have a lower energy content. Other nutrients remain largely similar.

Table 2: Comparison composition ready to feed formulae[1] 1-2y and 2-3y

Nutrients per 100ml	Aptamil Growing Up Milk 1-2 Years	Aptamil Growing Up Milk 2-3 Years	Cow & Gate Growing Up Milk 1-2 Years	Cow & Gate Growing Up Mi 3 Years
For use from age	12 months	2 years	12 months	2 years
Flavouring	Milk flavouring	Milk flavouring	Milk flavouring	Milk flavouri
MACRONUTRIENTS				
Energy kcal	65	50	65	50
Protein g	1.5	1.5	1.5	1.5
Whey:casein ratio	NK	N/K	NK	N/K
Carbohydrate g	8.6	6.3	8.6	6.3
– of which lactose g	8.1	5.8	8.1	5.8
Source of added carbohydrate	Lactose galacto-oligo-saccharides,	Lactose, galacto-oligosaccharides	Lactose, galacto-oligosaccharides,	Lactose, galacto-oligosaccharid
Fat g	2.6	1.9	2.6	1.9
Added LCPs AA	✓	✓	×	×
DHA	✓	✓	×	×
MICRONUTRIENTS				
Vitamin A µg	68	65	68	68
Riboflavin mg	0.23	0.09	0.23	0.23
Vitamin C mg	15	14	15	15
Vitamin D µg	3.1	1.7	3.1	3.1
Calcium mg	91	85	91	86
Iodine µg	20	18	20	20
Iron mg	1.2	1.2	1.2	1.2
Zinc mg	0.9	0.9	1.2	0.9
OTHER				
Prebiotics	✓	✓	✓	✓
Probiotics	×	×	×	×
Contains soya	×	×	×	×
Contains fish oil	✓	✓	×	×

1 Composition varies between ready to feed and powder formulations and these nutrients relate to information on ready to feed products at June2014.

4. In the UK there are a number of specialist milks that are aimed at children over 1 year for specific conditions that may be available over the counter on request or be made available on prescription. These include high energy products such as PeadiaSure shake or Infatrini. There are no specialist milks currently available in supermarkets, with the exception of Alpro Soya 1+ which is suitable for children who avoid dairy products.

C. Consumer behaviour

1. Data for England is available from the *Diet and Nutrition Survey of Infants and Young children 2011*[2] Data from this survey suggests that 38% of children aged 12-18 months drank some kind of formula and 62% drank none. 8% of those who gave formula only used ready to feed formula for children of this age.

This survey repoted that 18% of children aged 12-18 months were given Growing- Up Milks, and the mean intake was 342ml/day. These milks were also used by 3% of families with children aged 10-11 months with a mean intake of 397ml/day in this survey. Amongst 12-18 month olds, 8% were still receiving breastmilk with an estimated volume of 290ml/day, 1% were still given first infant formula , 1% hungry baby formula, 16% follow on formula and 3% other milk products. More detailed information from this study can be provided by the Department of Health.

2. There is very limited information available to answer this question.

A qualitative review of what parents discuss on websites with regard to formula feeding completed in 2009[3] is currently being updated, and provisional data from the new report to be published Summer 2014 suggests that there is little discussion about these milks amongst parents who use these forum. Any conversations that do arise from mums asking advice on their use are usually responded to with majority comments that GUM are not needed and are expensive and sweet.

3. There is no published data known of to answer this question.

4. NHS Choices, the public health information site for the UK makes this statement:

'From 12 months cows' milk is fine as their main drink. Infant formula, follow-on formula or growing-up milk is not needed once your baby is 12 months old'

[2] http://webarchive.nationalarchives.gov.uk/20130402145952/http://transparency.dh.gov.uk/2013/03/13/dnsiyc-2011/

[3] Mitchell (2009) 'I hear it's the closest to breast milk' http://www.cwt.org.uk/pdfs/Formula_PTBReport.pdf

This advice is reiterated in other health promotion and health professional literature and should therefore be the advice followed by health care professionals in the UK.

E. Views on future regulatory action

1. Globally WHO/UNICEF recommends exclusive breastfeeding during the first six months of life, with continued breastfeeding to two years or beyond, along with complementary feeding from the age of six months. The International Code on Marketing of Breastmilk Substitutes and the subsequent relevant WHA Resolutions (hereafter referred to as the *International Code*) are endorsed by all EU Member states. Adopted as a set of recommendations to Member States the *International Code* is an expression of the collective will of the world's highest global health-setting body, so carries substantial political and moral weight. While the WHA Resolutions are not legally binding under WHO's constitution – they are not just paper and devoid of effect. They constitute an international norm that is used in other international fora, for instance in WTO litigations and trade disputes. The *International Code* stresses that adoption of and adherence to it is a ***minimum requirement*** for all countries and urges ***all Member States*** to implement it ***"in its entirety".*** Furthermore Article 11.3 requires manufacturers and distributors to *"ensure that their conduct at every level conforms to" [this Code], "independently of any other measures…".*
2. The scope of the *International Code* is wide, and includes other foods and beverages when marketed or otherwise represented to be suitable as a partial or total replacement for breast milk. The marketing and labelling of all foods for infants and young children is more specifically covered by WHA Resolution 63.23 adopted in 2010 that called on all Member States *"to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation."*

3. Formulas targeted at children aged 1-3 years that share the same branding as infant formula are clearly being marketed 'inappropriately.' The EU should take immediate steps to adopt legally binding restrictions on the marketing and promotion of these products that treat all these products as Breastmilk Substitutes, and ensure that marketing is in line with the *International Code and WHA Resolutions.*

4. We are pleased that WHO emphasized its concerns about formulas for older babies at the recent Codex Alimentarius Commission[4]:

   23. The Representative of WHO reminded the Executive Committee that WHO continued to consider that there was no need for a Codex standard on follow-up formula, the reason being that if the commodity was considered as breast milk replacement then it should comply with the Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants (CODEX STAN 72-1981). For other uses, the relevant Standard for Milk Powders and Cream Powder (CODEX STAN 207-1999) would apply. WHO and UNICEF had published an official statement on this matter. ***The Representative further stated that***

[4] Report of the sixty-ninth session of the Executive Committee of the Codex Alimentarius Commission ftp://ftp.fao.org/codex/reports/Reports_2014/Rep14_EXe.pdf

whether Codex should develop or maintain a standard for a commodity the existence of which is questioned by a parent organization of Codex was a fundamental question of principle that would warrant discussion and a decision by the Commission.
24. Some members noted that this product was traded and it was necessary to review the existing standard to avoid confusion in trade and ensure the safety of this product.

Conclusion

25. The Executive Committee acknowledged the intervention of WHO and noted that the work was proceeding within its schedule with a target for completion by 2017. The Executive Committee noted further that the CCNFSDU had undertaken the development of a discussion paper to consider the scope of the revision and the need for a standard. The Executive Committee recommended that the CCNFSDU consider WHO's concerns in its further deliberations on this issue

2. To protect consumers, and in line with WHA resolutions, health or nutrition claims for formulas for older infants and young children should not be permitted and risks associated with the use of these products should be highlighted to users. The only health claim permitted so far in the EU – the DHA eye health claim - has been shown to be unsubstantiated and should be revisited. [5]

In addition to the established risks related to the reconstitution and use of all processed powdered formulas and the use of ready to use formulas, there is evidence that high intakes of iron among iron replete children can lead to poorer outcomes, and therefore the addition of high levels of iron to these milks could be considered a risk. In addition the higher carbohydrate content and lower amount of some important vitamins and minerals in these milks suggest that they may not be 'nutritionally superior' to animal milk.

3. Compositional requirements for all breast milk substitutes should be the same (unless there are specific medical requirements). As cited by the UK Government's Scientific Advisory Committee on Nutrition (SACN):
"There is no case for allowing the 'advertising' of follow-on formula... there is no scientific evidence demonstrating nutritional advantage of this product over infant formula...[both these] are breast milk substitutes as defined by the Code (which sets no upper infant age limit on this term)...We find the case for labelling infant formula or follow on formula with health or nutrition claims entirely unsupportable. If an ingredient is unequivocally beneficial as demonstrated by independent review of scientific data it would be unethical to withhold it for commercial reasons. Rather it should be made a required ingredient of infant formula in order to reduce existing risks associated with artificial feeding. To do otherwise is not in the best interests of children, and fails to recognise the crucial distinction between these products and other foods."[6]

There is no need for separate compositional requirements for follow on formula or growing up milks. Those for infant formula should apply. After 6 months of age, children increasingly receive the majority of their energy and nutrients from food, not from milk, and therefore milk

[5] ***EFSA research renews calls for a ban on claims*** http://info.babymilkaction.org/update/update46page8

[6] http://www.sacn.gov.uk/pdfs/position_statement_2007_09_24.pdf

is not a necessary vehicle for provision of nutrients that are naturally found in other foods. Vitamin D is provided by the national vitamin drop programme in the UK and iodine is higher in cows' milk than growing-up milk.

4. Formulas from older infants and young children should not share any branding with formula designed for children under 1 year of age if these are permitted as a separate category of products. They should not carry any idealised text or images, should clearly state any risk and make a statement about the superiority of breastfeeding.

5. Advertising and marketing of any formulas for infants and young children should be subject to the same restrictions as that for infant formula, as outlined in the WHA resolutions. Advertising and promotion of fortified milks for children undermine public health strategies for toddlers, where a clear statement is made that these milks are not needed.

For further information see monitoring reports of the Baby Feeding law Group
http://www.babyfeedinglawgroup.org.uk/reports/bflgreports
For information about Global marketing see IBFAN's Breaking the Rules 2014
http://www.babymilkaction.org/archives/358

For further information on the composition of infant milks in the UK see
http://www.firststepsnutrition.org/pdfs/Infant_milks_May_2014_final_NEW.pdf

For further information on the composition of milks for children over the age of 1 year see
http://www.firststepsnutrition.org/pdfs/Fortified%20milks%20-%20FINAL.pdf

For other information see Baby Milk Action Update 46
http://info.babymilkaction.org/update/update46page9
http://info.babymilkaction.org/update/update46page10
http://info.babymilkaction.org/update/update46page11