Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
e.g. Section 1 Introduction or quality statement 1 (measure)	e.g. Comment about quality statement 1.
	The comments relating to infant and young child feeding are submitted on behalf of Baby Milk Action/IBFAN UK.
General comment	**The Guidance does not address the critical importance of early child feeding in obesity prevention.** The contribution of high fat, high sugar, high calorie foods alongside reduced levels of physical exercise to rising levels of obesity is well established and acknowledged. The role of optimal infant and young child feeding (exclusive breastfeeding for six months, followed by continued breastfeeding alongside appropriate complementary foods) is less well acknowledged. Evidence indicates that breastfeeding – the physiological norm – in addition to its contribution to the prevention of child mortality and mortality - provides an important window of opportunity for obesity prevention and may help in the development of taste receptors and appetite control. While obesity has more than tripled in many European countries since the 1980s, with 7% of health budgets now spent on associated diseases, evidence is mounting about the importance of very early life feeding and behaviour. The chances of children sliding into or out of obesity seem to be diminished as they grow older. (ref: N Engl J Med 2014;370:403-11. DOI: 10.1056/NEJMoa1309753) Obesity data from the **US Centre for Disease Control (CDC)** published in the February 26 2014 issue of the *Journal of the American Medical Association*, show a 43% decline in obesity among children aged 2 to 5 years. From nearly 14 percent in 2003-2004 to just over 8 percent in 2011-2012 – based on CDC's National Health and Nutrition Examination Survey (NHANES) data. CDC speculates that this could be due to decreased consumption of sugary drinks and increased breastfeeding rates in the United States.

Section	Comments
	WHO's data on the 'Prevalence of exclusive Breastfeeding' in the EU (which unfortunately mixes 'under' or 'at '6 months of age.') shows wide variation in the region: Denmark at the top with nearly 60%; the UK 7th from the bottom with less than 2% When considering ways to tackle this problem its important that the focus is moved away from individual 'choice' to providing an environment that supports good healthy decision making. Schemes that seek promote breastfeeding but fail to ensure that women receive adequate and consistent and objective support and advice at the time they need it and allow conflicting commercial messages to continue, are likely to back fire and create hostility. The commercial promotion of breastmilk substitutes and the host of new products that share the same branding (formulas for infants and young children and fortified foods and supplements for children and pregnant and nursing mothers [i]) mislead health workers, mothers and carers and contribute to women's doubt about their bodies' competence to breastfeed and the nutritional quality and safety of unprocessed family foods. Such marketing remains a key obstacle to informed decision making about infant and young child feeding.[ii] [iii] [iv] [v] If breastfeeding rates and duration are to increase, industry's efforts to interfere with policies that aim to protect and support it, must be identified, understood and addressed. [vi] Most importantly the baby food industry must not be viewed as a 'partner' in child health programmes, nor should it be involved in any way in nutrition education programmes. [vii] Its role is defined in the Global Strategy on Infant and Young Child Feeding and should be confined to producing safe products that are correctly labeled. [viii] [ix] See Protecting breastfeeding -*Protecting babies fed on formula Why the UK government should fulfil its obligation to implement the International Code of Marketing of Breastmilk Substitutes* and other papers*:* http://www.babyfeedinglawgroup.org.uk/monitoring Although the vast majority of women in the UK want to breastfeed, most are failed by the system and stop breastfeeding long before they wanted to because of problems that could have been avoided with proper support and care. Most give up long before they have to return to work. However **working women face specific challenges** – and even more so if they are breastfeeding so maternity protection at work needs to be translated at into strong protective labour-specific legislation. See IBFAN's Statement on Maternity Protection at work.[x]
	The importance of regulating the baby food market

Section	Comments
	"*Efforts to prevent noncommunicable diseases go against the business interests of powerful economic operators. In my view, this is one of the biggest challenges facing health promotion. As the new publication makes clear, it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics. Research has documented these tactics well. They include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt. In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests…* *Tactics also include gifts, grants, and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public. They include arguments that place the responsibility for harm to health on individuals, and portray government actions as interference in personal liberties and free choice."* *Margaret Chan, Director-General of WHO,* *8th Global Conference on Health Promotion Helsinki, Finland 10 June 2013* In the human rights context, Member States, as primary duty bearers, have an obligation to protect, promote and support breastfeeding and provide the enabling environment women need to breastfeed optimally.[xi] [xii,xiii,xiv] Governments also have an obligation to ensure – through appropriate legislation - that '*marketing and advertising do not have adverse impacts on children's rights.*"[xv]
General Comment	In addition to implementing the World Health Assembly resolutions in their entirety, the Guidance could call for implementation of the actions outlined in the **EU Action Plan on Childhood Obesity** 2014-2020 [xvi] that was adopted at the Greek Presidential Conference in Athens on 26th

Section	Comments
	February 2014. [1] The Plan lists priority actions in *'a possible toolbox of measures for consideration' respect Member States' 'roles and freedom of action in counteracting childhood obesity.'* The Plan recognises the importance of breastfeeding and appropriate complementary feeding, the need to control marketing and also to ensure that there is no food and drink sponsorship in schools. **The toolbox of 8 'doable' actions** ● Support a healthy start in life (breastfeeding support, monitoring of marketing etc.) ● Promote healthier environments especially in schools and preschools ● Make the healthy option the easier option (no food and drink sponsorship in schools) ● Restrict marketing and advertising to children (defined as 0-18) ● Inform and empower families ● Encourage physical activity ● Monitor and evaluate ● Increase research.
General comment on preventive measures	Also of concern are Cereal-based foods for infants and young children that are marketed in many countries as the first complementary food for infants. The current Codex Alimentarius standard for cereal based foods Processed Cereal-Based Foods for Infants and young Children (CODEX STAN 74-1981) for infants and young children permits levels of added sugars as high as 30% of energy. In 2006 Thailand made a proposal to reduce the permitted levels of sugars in cereal based baby foods. This proposal was blocked by the US, EU and the Codex Secretariat. The marketing of complementary foods should be strictly controlled and support the principles recommended by WHO's *Scientific and Technical Advisory Group (STAG) on Inappropriate Promotions of Foods for Infants and Young Children: Technical Paper on Definition of Inappropriate Promotion.* (http://www.who.int/nutrition/events/2013_STAG_meeting_24to25June/en/) ***1. Promotion is inappropriate if it undermines the use of suitable home-prepared and/or local foods*** a. Products should not be marketed as a complete substitute for home-prepared and/or local foods. b. Promotion should not suggest that commercial products are inherently superior to home prepared foods. c. Promotion should not imply that home-prepared or local foods should be delayed until after commercial products are fed. ***2. Promotion is inappropriate if it is misleading, confusing, or could lead to inappropriate use***

Section	Comments
	a. Health claims should not be allowed unless specifically approved by national or international authorities. b. Information and instructions should be clear and correct and appropriate for the language and literacy of the target population. c. Promotion should not imply that products contain more of an ingredient than they in fact do.
General comment	In addition to the above points we call for: **Implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions in their entirety** **Monitoring and evaluating obesity prevention initiatives** to judge their cost effectiveness, and particularly to consider SES inequalities in responsiveness to interventions. **Commissioners and health care providers and local authorities** to recognise the importance of an early start to obesity prevention through pregnancy and infant and young child feeding: for example, provision of Baby Friendly hospital facilities, provision for staff breastfeeding facilities at onsite nurseries and crèches (local and health authority) – and breastfeeding in all local and health authority public-access spaces.

Closing date: Please forward this electronically by **5pm on Thursday 7th August** at the very latest to QSconsultations@nice.org.uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

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[i] WHA **Resolution (WHA 55.25) 2002**: URGES Member States, as a matter of urgency:(4) *to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not*

[ii] http://info.babymilkaction.org/update/update46page11

[iii] **Country implementation of the International Code of Marketing of Breast-milk Substitutes**
Status Report 2011 *"The implementation and enforcement of International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly Resolutions (the Code) are critical for an environment that supports proper infant and young child feeding and for the attainment of Millennium Development Goal 4 (reduce child mortality)."* WHO
http://www.who.int/nutrition/publications/infantfeeding/statusreport2011/en/

[iv] *Fortified Milks for Children First Steps Nutrition Trust* http://www.firststepsnutrition.org/newpages/fortified_milks_for_children.html

[v] **EFSA updates advice on infant and follow-on formulae** *"The Panel did not consider it necessary to propose specific compositional criteria for formulae consumed after one year of age, as formulae consumed during the first year of life can continue to be used by young children"*. http://www.efsa.europa.eu/en/press/news/140724.htm

[vi] **2010 WHA Resolution 63.23:"***Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding; Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breast-milk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers; Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breast-milk Substitutes in some countries; Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age*.

Urgds member states :

(3) to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breastmilk substitutes in order to give effect to the International Code of Marketing of Breastmilk Substitutes and relevant resolution adopted by the World Health Assembly;

(4) 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;

(5) to develop or review current policy frameworks addressing the double burden of malnutrition and to include in the framework childhood obesity and food security and allocate adequate human and financial resources to ensure their implementation;

2012 WHA 65.6

2. URGES Member States,2 to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including:

(1) developing or, where necessary, strengthening nutrition policies so that they comprehensively address th**e double burden of malnutrition** and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding;

(2) **developing or, where necessary, strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes;**

(3) establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms **to safeguard against potential conflicts of interest;**

[vii] WHA **Resolution WHA58.32 2005** Urged Member States: *"to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest".*

[viii] The WHO, Global Strategy for Infant and Young Child Feeding, 2003 describes the appropriate role of industry: Para 44: **Commercial enterprises**

Manufacturers and distributors of industrially processed foods intended for infants and young children also have a constructive role to play in achieving the aim of this strategy. They should ensure that processed food products for infants and children, when sold, meet applicable Codex Alimentarius standards and the Codex Code of Hygienic Practice for Foods for Infants and Children. In addition, all manufacturers and distributors of products within the scope of the International Code of Marketing of Breast-milk Substitutes, including feeding bottles and teats, are responsible for monitoring their marketing practices according to the principles and aim of the Code. They should ensure that their conduct at every level conforms to the Code, subsequent relevant Health Assembly resolutions, and national measures that have been adopted to give effect to both

[ix] **Resolution WHA58.32 2005** Urges Member States: *"to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest"*

[x] http://ibfan.org/ips/IBFAN-Statement-on-Maternity-Protection-at-Work.pdf

[xi] **Committee on the Rights of the Child,** General comment No. 15 (2013)The right of the child to the enjoyment of the highest attainable standard of health (Article. 24) 14 March 2013, CRC/C/GC/15

[xi] *Exclusive breastfeeding for infants up to 6 months should be protected and promoted and breastfeeding should continue together with appropriate complementary foods preferably until two years of age as feasible. States' obligations in this area are defined in the "protect, promote and support framework", adopted unanimously by the World Health Assembly*
States are required to introduce into national law, implement and enforce internationally agreed standards concerning children' right to health, including the International Code on Marketing of Breast-milk Substitutes, as well as the WHO Framework Convention on Tobacco Control. Special measures should be taken to promote community and workplace support to mothers in relation to pregnancy and lactation, and feasible and affordable child-care services, and compliance to the ILO Maternity Protection Convention 2000 (No. 183).

[xii] Convention on the Rights of the Child, ***Convention on the Rights of the Child*** (CRC) recognises the right of mothers to breastfeed, to appropriate assistance in the performance of child-rearing responsibilities and the development of institutions, facilities and services for the care of children. Children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

[xiii] General comment No. 13 (2011) The right of the child to freedom from all forms of violence ww2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf

[xiv] 16 June 2011, the UN Human Rights Council endorsed the "Guiding Principles on Business and Human Rights: Implementing the United Nations 'Protect, Respect and Remedy' Framework" proposed by UN Special Representative John Ruggie. http://www.business-humanrights.org/UNGuidingPrinciplesPortal/Home
http://www.ohchr.org/documents/issues/business/A.HRC.17.31.pdf

[xv] General comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights[*] Para 20 "*States should ensure that marketing and advertising do not have adverse impacts on children's rights by adopting appropriate regulation and encouraging business enterprises to adhere to codes of conduct and use clear and accurate product labelling and information that allow parents and children to make informed consumer decisions."*
crc/c/gc/16 site:www2.ohchr.org

[xvi] http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf