

## SUBMITTERS RESPONSE FORM for Second Consultation Paper

REVIEW OF THE STANDARD FOR FOLLOW-UP FORMULA  
(CODEX STAN 156 – 1987)  
July 2014

### IBFAN Comments

to [Jenny.Reid@mpi.govt.nz](mailto:Jenny.Reid@mpi.govt.nz), [Alice.STENGEL@dgccrf.finances.gouv.fr](mailto:Alice.STENGEL@dgccrf.finances.gouv.fr),  
[tettybpom@gmail.com](mailto:tettybpom@gmail.com)

Please use the form below for your response to the second Consultation Paper.

<b>SECTION 2: First Consultation Paper: summary of responses</b>
<b>QUESTION 1:</b> Do you have any amendments to make to the summary of submissions received to the first Consultation Paper?
<b>ANSWER:</b> IBFAN has no amendments to make to the summary of submissions to the first Consultation Paper.
<b>QUESTION 2:</b> If you have any additional data on dietary intakes or nutritional status please provide these to the eWG as an attached file or web-link. If the data is not available in English please provide an English translation of the key findings.
<b>ANSWER:</b> IBFAN would welcome additional information on health outcomes of prolonged feeding of formulas – whether infant formula or follow-up formulas. There is little or no analysis of the possible increased risks for obesity, tooth decay, oral malocclusions, diabetes, cardiovascular disease or cancers that may be associated with the prolonged consumption of baby milks during critical growth developmental stages. Significant differences have been demonstrated in the literature that formula fed infants grow larger and have different growth patterns than the normative for breastfed children. More information is required to demonstrate the health outcomes of prolonged use of products such as follow-up formulas as compared to a transition to family foods that can include the consumption of dairy products.
<b>SECTION 3: Nutrient intakes identified for further consideration by the eWG</b>
<b>QUESTION 3:</b> Do you consider the use of the WHO Growth Standards as the most recent and internationally relevant body weight for this age group to consider nutrient requirements?
<b>ANSWER:</b> Yes
<b>Please provide responses to questions 4 &amp; 5, identifying individual nutrients of concern.</b>
<b>QUESTION 4:</b> Do you have any additional data or amendments that you wish to add to Section 3? Please provide the scientific justification for any amendments.
<b>QUESTION 5:</b> Please comment on the Chairs' proposals for the nutrient intake levels that should be considered adequate for the majority of older infants and young children.
<b>ANSWER:</b>

#### **Response to Question 4.**

**IBFAN does not agree with the assumption that FUF are a suitable format to provide essential nutrients required for the growth and development of young children. The context in which nutrients are provided is of critical importance during the older infant and early childhood developmental stage. It is a time of exploring the tastes, textures, colours and the aromas of foods. Prolonged feeding of FUF will have a negative effect on the development of taste preferences with life long impact on dietary preferences. Moreover, in addition to the risks of excess nutrient intakes, nutrients provided as additives to industrially produced foods frequently differ in chemical configuration and impact compared to nutrients derived from natural foods and whole milk dairy products**

Lawrence M (2013). Food Fortification: The evidence, ethics and politics of adding nutrients to food. Oxford: Oxford University Press.

Jacobs DR, Mursu J, Meyer KA (2012). The importance of food. Archives Pediatrics and Adolescent Medicine; 166; 187-188.

Eichler K, Ruthermann I, Brugger U (2012) Effects of micronutrient fortified milk and cereal food for infants and children: A systematic review. BMC Public Health, 12, 506-519.

Sacco JE, Dodd KW, Kirkpatrick SI, Tarsuk V (2013). Voluntary food fortification in the United States: potential for excessive intakes. European Journal of Clinical Nutrition (6 March 2013)

Idoi:10.1038/ejcn.2013.51.

#### **Response to Question 5.**

**WHO recommends that breastfeeding continues to two years or beyond with the addition of increasingly larger intake of complementary family foods from 6 to 24 months or more. Since the complementary feeding diet is culturally and seasonally varied the determination of individual nutrient intake levels required to meet global dietary variations in an FUF is difficult to assess as a single global standard. National Governments should focus on culturally appropriate and local nutrient and energy rich complementary foods rather than allowing the import and promotion of highly processed fortified products that extend the bottle feeding period.**

#### **SECTION 4: Consideration of role of follow-up formula products**

**QUESTION 6:** Does the eWG share the view that follow-up formula is not considered nutritionally necessary in the diets of older infants and young children? This includes follow-up formula in its current form and any potential modifications made to improve the quality of the product.

#### **ANSWER:**

**Yes, IBFAN is of the opinion that follow-up-formula is not nutritionally necessary in the diets of older infants and young children in either form.**

**As noted in our response to Question 5, sustained breastfeeding and the gradual increase in culturally appropriate, nutrient and energy dense foods which can include whole animal milks and dairy products can provide the essential components for optimal growth, development and health.**

#### **SECTION 5: Comparison of nutrient requirements to current essential compositional standards for older infants 6-12 months young children 12-36 months**

**The eWG's second term of reference is to compare the requirements under the first term of reference with current compositional requirements of the existing Codex infant and follow-up formula standards taking in to consideration dietary intakes and the role of follow-up formula products in the diet of older intakes and young children.**

**QUESTION 7:** Are tables 15-17 in the second Consultation Paper useful for the Committee to

consider the eWG second term of reference?

**QUESTION 8:** Do you have any suggested amendments to enable the Committee to assess the adequacy of the current Codex infant and follow-up formula standards to the nutritional requirements of older infants and young children?

**QUESTION 9:** Do you consider that there are different parameters to assess the adequacy of these standards for the two age groups: older infants (6-12 months) and young children (12-36 months)? For example; different serve sizes, comparators, nutrient requirements, role and subsequent contribution to dietary intake? Please provide justification for your response.

**QUESTION 10:** What do you consider are the main findings when comparing current compositional requirements of the existing Codex infant and follow-up formula standards against the nutrient requirements which have been reviewed by the eWG, taking into consideration dietary intakes and the role of follow-up formula products in the diet of older infants and young children?

**ANSWERS:**

**IBFAN** is of the opinion that a separate standard is not necessary. We do not believe there is any necessity for a separate standard for follow on formula and that one standard should be applicable across the whole of the first year of life. We do not believe there is any need for follow-up formula products (sometimes referred to as growing up milks – a misnomer) for children over the age of 1 year, in exceptional circumstances if health professionals believe there is a need for an artificial milk product, infant formula can remain the product of choice. After six months infants and young children need a diversified diet of energy and nutrient rich culturally appropriate, local foods along with breastmilk as the way to achieve the highest attainable level of health, growth and development. The marketing of costly commercial fortified, sweetened and/or flavoured milk products will interfere with the recommended way to feed infants and young children, confuses parents and compromises the health of children by contributing to NCDs and dental disease.

**CONCLUSION:**

In response to the following questions, please take the following aspects into considerations: consumer protection, consumer choice and current feeding practices, marketing, enforcement by national authorities, legal clarity, international trade and product development.

**QUESTION 11:** In your view, what would be the consequences of removing the Codex standard for follow-up formula? Do you think there would be advantages/disadvantages at the global/national level? Please explain.

**QUESTION 12:** If you are of the view that regulatory specifications (including both labelling and composition) are required for follow-up formula, please indicate if you think that current age range as specified by the current Codex follow-up formula standard (6-36 months) should be maintained, or should the age range be modified? Please provide justification for your answer.

**QUESTION 13:** If you consider regulatory specifications (including both labelling and composition) are necessary for both older infants and young children, please comment on alternative regulatory options that could be considered. Concepts could include such things as; variation within the standard for different age ranges, a less prescriptive standard, or a standard that focuses on a few key compositional or labelling components only. Please explain your proposed concepts.

**ANSWERS**

### Response to Question 11.

The revoking of the Codex standard for follow-up formula has significant potential to protect infant and young child health. Major health bodies have stated that these products are not necessary (WHO, EFSA), hence the removal of this standard will prompt national governments to take effective action to reduce the widespread misleading marketing of fuf and formulas for older babies.

The marketing of FUF misleads parents and encourages them to believe that these costly and unnecessary products are essential, that the nutrients they provide as 'hard to get' and that they have benefits beyond breastfeeding and healthy family foods. Additionally the removal of the standard would facilitate the ability of national governments to restrict these products that interfere with national policies and recommendations for optimal infant and young child feeding. Where there is a need for the use of breastmilk substitutes, IF can continue to be used beyond six months and for young children milk of animals (such as cow's milk) can be a part of the complementary food diet.

[http://www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf)

**EFSA updates advice on infant and follow-on formulae 24 July 2014:** *"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>

In 2013 the [European Food Safety Authority](http://www.efsa.europa.eu/en/press/news/140724.htm) concluded that GUMs have no additional value to a balanced diet.

**EFSA updates advice on infant and follow-on formulae 24 July 2014:** *"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."*

**A number of studies from Australia, USA, Canada, and the UK have shown that to circumvent restrictions on the marketing of infant formula for the first six months, the promotions of fuf, toddler "milks", increased, using cross branding to increase the profile of all their age targeted formula products.**

Smith J, Blake M. Infant food marketing strategies undermine effective regulation of breast-milk substitutes: trends in print advertising in Australia, 1950-2010. *Aust N Z J Public Health*. 2013 Aug;37(4):337-44.

Berry NJ, Jones SC, Iverson D. Circumventing the WHO Code? An observational study. *Arch Dis Child*. 2012 Apr;97(4):320-5.

Berry NJ, Jones SC, Iverson D. Relax, you're soaking in it: sources of information about infant formula. *Breastfeed Rev*. 2011 Mar;19(1):9-18.

Berry NJ, Jones S, Iverson D. It's all formula to me: women's understandings of toddler milk ads. *Breastfeed Rev*. 2010 Mar;18(1):21-30.

### Response to Question 12.

**The Standard for IF is adequate to address the necessary safeguards relating to composition, safety and labelling for infants up to 12 months of age and beyond when needed. Since fuf and other baby milks are not needed, they can all be brought under the existing infant formula standard. The existing standard could possibly be renamed - *Standard for formulas for infants and young children*, - with a preamble stating that products other than infant formula are not necessary and can be banned from import. At national level governments should be encouraged to ensure that products marketed for children 12-36 months do not carry health or nutrition claims, have sugar content restricted, are not flavoured, contain only ingredients that have been pre-authorised for this age group and have specified and appropriate minimum and maximum nutrient values. To provide clarity, products that are not suitable for newborn babies should not have the same branding as infant formulas.**

WHO makes clear in its 2013 statement entitled, *Information concerning the use and marketing of follow-up formula*, "... If follow-up formula is marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement for breast milk, it is covered by the Code. In addition, where follow-up formula is otherwise represented in a manner which results in such product being perceived or used as a partial or total replacement for breast milk, such product also falls within the scope of the Code."

[http://www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf)

**Response to Question 13.**

**As mentioned above, since the current standard for IF is adequate to address the needs for older infants, the labelling can be strengthened to provide better consumer protection. Inadequacies in labelling provisions such as the use of misleading claims regarding the addition of optional ingredients persist, the lack of information for reconstitution of PIF to safeguard against Cronobacter sakazakii infections, the lack of information about risks are all areas where labelling can be improved to be in full compliance with both Codex standards and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.**

Thank you