

NB: This is not an official Codex Document. It is a compilation by Baby Milk Action of excerpts from Country and Observer responses to the 1st Consultation Paper of the Electronic Working Group (eWG) on the Scope and Labelling of Follow-up Formula for Older Infants and (Name of Product) for Young Children. It lists those who called for the WHO Guidance on Inappropriate marketing of Foods for infants and young children/the International Code or subsequent relevant WHA Resolutions to be mentioned and those who don't.

At the 38th session of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) in December 2016, the Committee agreed to continue work on the revision of the Follow-up Formula Standard ([CODEX STAN 156-1987](#)) through an electronic working group (eWG) chaired by New Zealand and co-chaired by France and Indonesia.

Country /Observer	For 6-12 month?	for 12-36 month?	OTHER SIGNIFICANT COMMENTS
1. Australia	YES GL	YES GL	Name: Formulated supplementary beverage/drink for young children - fortified is not a primary term in Codex anymore
2. Switzerland	YES GL	YES GL	
3. SINGAPORE	YES GL	YES GL	
4. SOUTH AFRICA	YES GL	YES GL	
5. NEPAL	YES GL	YES GL	
6. PHILIPPINES	YES GL	YES GL	
7. INDONESIA	YES GL	YES GL	
8. SENEGAL	YES GL	YES GL	
9. MACEDONIA	YES GL	YES GL	
10. BRAZIL	YES GL	YES GL	
11. INDIA	YES GL	YES GL	
12. CHILE	YES GL	YES GL	
13. Norway	Yes GL	Yes GL	The products are not necessary
14. Jamaica	Yes GL	YES GL	
15. Canada	Yes GL	Yes GL	.
16. Dominican Republic	Yes GL	Yes GL	
17. Kenya	Yes GL	Yes GL	wants all resolutions included so no need to update standards
18. Argentina	Yes GL	Yes GL	
19. EU	Code, GS, Res 54.2 as a starting point	Code, GS, Res 54.2 as a starting point	The comments expressed in the document do not prejudice the coordinated EU position officially and finally taken by the European Union when requested by the Codex Secretariat. (NL agrees with EU) EU RESPONSE: The EU considers that a starting point could be the list of references included in the Infant Formula Standard. EU agrees to have additional requirements inspired by the IF standard. EU is wary of any text that implies FUFs for GUMs are necessary – EU does not want GUMs to be named as 'fortified' EU says that the statement that FUF are not BMS is unnecessary (implying that they could be considered BMS)
20. NL			

EU says labelling of FUF should not discourage BF.

EU agrees with the Chair that there should be a statement requiring a clear distinction between products “in particular as to text, images and colours used. The Chair says this would help meet Recommendation 5 of the WHO Technical Guidance

In addition, the EU would like to reiterate its concerns regarding the proposals to introduce in the definition of (Name of Product) for Young Children the concept that the product is intended for consumption “when nutrient intakes may not be adequate to meet the nutritional requirements of young children”. This definition seems to imply that these products are necessary to tackle nutritional deficiencies: however, as EFSA noted in its advice in 2013, these products are one of the means to increase intakes of certain nutrients at risk of inadequacy for some young children, but have no unique role and cannot be considered as a necessity to satisfy the nutritional requirements of young children when compared to other foods that may be included in their normal diet. In addition, the fact that this element is not present in the definition of Follow-Up Formula for older infants further increases confusion, taking into account that the products can be considered as conceptually similar.

The EU would also like to note that definitions should not contain substantial provisions (e.g. that the product should not share branding with infant formula, as it appears in the last proposal listed above) but simply describe the product to which the relevant Standard's provisions will then apply.

The EU is afraid that different names for products for older infants and young children would give excessive recognition to (Name of Product) for Young Children. The EU agrees that it is essential to ensure that the products are clearly distinguishable. However, it is not convinced by the views that products for young children should not be called “follow-up formula” because this could create confusion with follow-up formula for older infants. The best way to avoid confusion is by including in the Standard a provision clearly requiring operators to ensure that this is the case, and specifying how that should be ensured (see above discussions on section 9.6.5 of the Infant Formula Standard).

9.6.1 Follow-up formula for older infants: *The EU agrees that the labelling of Follow-Up Formula for older infants should not discourage breastfeeding. This principle is reflected in a number of provisions of EU legislation (e.g. Article 10 of Regulation (EU) No 609/2013, Article 6(6) of delegated Regulation (EU) 2016/127) which apply to follow-on formula and are very similar (if not identical in certain cases) to those listed in Article 9.6 of the Infant Formula Standard.*

The EU therefore agrees with including these provisions in the Follow-Up Formula Standard. The Chairs should however further reflect on what would be the best way to present all the different requirements and on whether some of the requirements of section 9.6 of the Infant Formula Standard could be merged for better clarity (e.g. as explained above, in EU legislation Article 6(3)(a) of delegated Regulation (EU) 2016/127), requires: “a statement that the product is suitable only for infants over the age of six months, that it should form only part of a diversified diet, that it is not to be used as a substitute for breast milk during the first six months of life and that the decision to begin complementary feeding, including any exception to six months of age, should be made only on the advice of independent persons having qualifications in medicine, nutrition or pharmacy, or other professionals responsible for maternal and child care, based on the individual infant's specific growth and development needs”.

(Name of Product) for young children: *The EU agrees that the labelling of (Name of Product) for Young Children should not discourage breastfeeding. However, it also agrees with the majority of respondents of the 2016 eWG which noted that the product has a different role in the diet than Follow-Up Formula for older infants (especially taking into account that after one year of life cow's milk consumption is also recommended in the diet of young children).*

In this sense, it seems appropriate to further reflect on whether all the provisions of Article 9.6 of the Infant Formula Standard should be applicable as such to the product in question. While for some of these provisions the answer is a clear yes (e.g. Article 9.6.5 requiring that the products are labelled in such a way to avoid any risk of confusion), for others the issue is more complicated (e.g. Article 9.6.4 on the introduction of complementary feeding after six months does not seem really relevant for products consumed after 12 months of age).

21. New Zealand	Incl Code, the Global Strategy and WHA54.2 (2001).	incl. Global Strategy + WHA54.2 (2001).	<p>NZ RESPONSE: If an infant is not breastfed, the only alternative to breast-milk for an infant under the age of 6 months is infant formula. From 6 months on, when complementary feeding is being progressively introduced, follow-up formula for older infants can be used as either a replacement for infant formula or a substitute for breast-milk for infants aged 6-12 months. Therefore, NZ is of the view that both infant formula and follow-up formula for older infants should be considered to be breast-milk substitutes. For this reason, NZ is of the view that it is appropriate to reference the WHO International Code of Marketing of Breast-milk Substitutes (1981) and the Global Strategy for Infant and Young Child Feeding in the Scope for follow-up formula for older infants. However, NZ wishes to note that not all parts of the Global Strategy may be relevant for this product category, or relevant to the national context. We therefore propose an amendment in the reference to the Global Strategy (as presented below in square brackets) to clarify this. An example of where some aspects of the Global Strategy may not be relevant in accordance with the national context is that NZ's Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2) which are prepared by the NZ Ministry of Health (available at www.health.govt.nz) state that: Homemade formula (that is, formula not prepared commercially) is not recommended because of the risks associated with inadequate composition and unsafe preparation. The concerns are that such formula will not meet nutritional requirements, will contain harmful levels of some nutrients, may include inappropriate ingredients and may be contaminated (for example, with bacteria that cause food-borne illness). This advice differs to that presented in the Global Strategy which states that: <i>For infants who do not receive breast milk, feeding with a suitable breast-milk substitute – for example an infant formula prepared in accordance with applicable Codex Alimentarius standards, or a home-prepared formula with micronutrient supplements -</i> NZ does however wish to ensure that any future amendments to these WHO/WHA documents are not automatically adopted as part of this Standard without first being considered by the Committee as to the relevance of these amendments for follow-up formula of older infants. As such, a process for reviewing any referenced document within the Scope will need to be considered. NZ notes that the Infant Formula Standard does not list all applicable WHA resolutions in the Scope of the Standard. The only resolution referenced is WHA54.2 which relates to Infant and Young Child Nutrition. NZ therefore proposes adopting the wording for section 1.4 (Scope of follow-up formula for older infants) as that presented in the Infant Formula Standard with an amendment:</p>
22. UNICEF	YES	YES	Many great comments. Clarify the term marketing
23. IACFO	YES	YES	IBFAN and IACFO call for One standard in 3 or 4 parts and the following:
24. IBFAN	YES	YES	That the products should not be referred to as 'fortified' this term is promotional
25. HKI	YES	YES	<p>There should be no promotional claims, idealisation, pictures etc</p> <p>No optional ingredients (or as few as possible when justified by "Relevant convincing / generally accepted scientific evidence or the comparable level of evidence under the GRADE classification.")</p> <p>Mandatory declarations/labelling etc</p> <p>A clear mention that the products are not necessary (6-36m)</p> <p>That Infant formula can be used from birth until 12 months and beyond.</p> <p>That the Int Code, Global Strategy and all WHA Resolutions are mentioned with key resolutions and the Guidance highlighted alongside specific key sections.</p> <p>Code of Hygienic Practice mentioned</p> <p>No cross branding</p>
1. Vietnam	No but perhaps a BF statement	No but perhaps a BF statement	<p>RESPONSE to 9.6.1: Follow-up formula for older infants: it could appropriate to include a statement regarding breastfeeding in section A of the Standard, but that this should be very different from the statement relating to breastfeeding used on infant formula. The rationale is to have a statement that is more relevant to this product category and to achieve greater differentiation from formula product categories. Further, it is recommended that information relating to breast-feeding is incorporated into a statement under 'Information for Use' and is not put under an 'Important Notice' banner. The following text is suggested for consideration: The diet of older infants should include a variety of nutritious foods and breastfeeding should be continued.</p>

			<p>(Name of Product) for young children: Vietnam suggests it could be appropriate to include a statement regarding breastfeeding in section B of the Standard, but that this should be very different from the statement relating to breastfeeding used on infant formula. The rationale is to have a statement that is more relevant to this product category and, again, to achieve greater differentiation from formula product categories. Further, it is recommended that information relating to breast-feeding is incorporated into a statement under 'Information for Use' and is not put under an 'Important Notice' banner.</p>
2.	MOROCCO	No but maybe NO	<p>Morocco: WHO resolutions are implemented by countries according to their health policies and legislation, so, there is no need to give a list it in this scope. The choice should be under the discretion of countries according to their marketing policies, otherwise, we should keep all the WHO and World health Assembly resolutions. But, the CCNFSDU should take in consideration the spirit and the core of these resolutions when elaborating the marketing policy of these products.</p> <p>RESPONSE: 3.7. Morocco does not support listing resolutions; <i>we think it's better to keep this under the discretion of countries, according to their health policy and legislation</i></p>
3.	Russia	IC maybe if needed and gen statement NO /maybe	<p>Answer to 1.4: (note our highlighted text) ...the standard under discussion relates to the specific set of the products and requirements with regard to their safety, nutritional integrity, composition, mandatory aspects of labelling. The standard's primary purposes is use in the international trade, whereas marketing practices are primarily a subject that is freely regulated by national domains of legislation. Moreover, implementation of the marketing practices does not take place in cross-border transactions, but is clearly rooted in the national trade that is regulated domestically by the countries.</p> <p>Implementation of the WHO Code and of subsequent related resolutions is of the paramount importance. However, reference to the marketing practices within the technical body of the document may lead to the confusion with regards to the nature of the document. But, if such reference is needed to be included, Russian Federation proposes best to refer only to International Code of Marketing of Breast-milk Substitutes (1981) in the preamble, and, considering further development of WHA work on the topic, to have it in a most general statement without detail, so as to avoid revisions of the standard for inclusion of new reference.</p>

4. USA	No	No	<p>1.4 6-12m: No. The United States does not support the inclusion of WHA 69.9, a non-consensus document in the scope and further questions the continuation of including WHO/WHA documents/resolutions in Codex texts. We recognize that the purpose of WHO documents and WHA resolutions is to help determine public health policies, agreed at global level, which are implemented by governments in their own public health policies. Referencing the WHO documents and WHA resolutions in this Codex text is outside the intended scope of this standard.</p> <p>We also suggest that the word “marketing” be replaced with “an article accepted for commerce.”</p> <p>1.4 12-36m:The United States has concerns about referencing non consensus documents in Codex text and does not support the inclusion WHA resolution 69.9 in 1.4. A We note that the approach to setting public health policies, while hopefully based on science, requires risk analyses and other considerations outside this eWGs and Committees expertise.</p> <p>Further, we are concerned that calling a product a breast milk substitute that is nutritionally not a breast milk but rather part of complementary foods would cause confusion to the consumer as well as Member States. Unlike the current FUF Standard, the proposed standard has the point of differentiation at 12 months because the young child’s nutritional needs as well as the nutrient profile (composition) of the product are clearly different.</p> <p>On 3.7 WHA Res: The United States does not consider WHO documents and WHA resolutions appropriate for inclusion in Codex texts. However, we consider these documents to be important and should be used to educate/inform member States and parents regarding the importance of breastfeeding as well as other child care measures in policy development.</p> <p>RESPONSE: The United States is not able to support option a, b, or c. The Codex Alimentarius Commission plays a critical role in establishing international standards, guidelines, and recommendations, including foods for infants and young children. Codex Alimentarius is the appropriate body to set science-based international standards for foods. . However, it is important for Codex’s science-based processes remain independent of the WHO and WHA public health strategies aimed at limiting the inappropriate marketing of breast milk substitutes.</p> <p>Name Formulated Toddler Beverage/Drink. We would consider use of the word “milk” reasonable and could follow Toddler if the product’s sole protein source is from “cow milk”. If the protein source is “soy” then the product should be so identified.</p>
5. Costa Rica	No	No	<p>RESPONSE to 1.4: While we support the general policies around young child nutrition and health in general and promotion of breastfeeding, in particular, we strongly believe that the WHA resolutions as well as WHO documents should not be added in this Codex standard as both purposes are different. Codex standards are not intended to establish public health policy. The purpose of Codex Standards is to ensure that food is safe and can be traded. The 188 Codex members have negotiated science based recommendations in all areas related to food safety and quality: food hygiene; maximum limits for food additives; residues of pesticides and veterinary drugs; and maximum limits and codes for the prevention of chemical and microbiological contamination. Codex food safety texts are a reference in WTO trade disputes. In contrast, it is the purpose of WHO documents and WHA resolutions to help determine public health policies, agreed at global level, which are implemented by governments in their own public health policies. Referencing the WHO documents and WHA resolutions in this Codex text is redundant and outside the intended scope and use of this standard.</p>
6. Japan	No	NO	
7. Malaysia		NO	
1. ISDI	NO	NO	<p>1.3 Only products that comply with the criteria laid down in the provisions of this section of this Standard may would be presented as suitable for [marketing] [being named] as [infant formula] [Follow-up Formula for Older Infants].</p> <p>ISDI is of the opinion that being named narrows the legal denomination whilst marketing is not precise enough. Therefore, ISDI proposes an alternative wording which should apply to the products covered in this section of the standard</p> <p>1.4: RESPONSE: ...no reference in this section to the WHO Code nor any other WHA resolution. ISDI supports the approach that follow-up formula for older infants is a complementary liquid part of a progressively diversified diet. Follow-up formula for older</p>

			<p>infants is not intended to be the sole source of nutrition of older infants and cannot be used from birth. Therefore ISDI does not support any reference to the WHO Code and WHA resolutions in the scope of section A.</p> <p>The role of the product Follow-up formula for older infants is intended for use by infants when appropriate complementary feeding is introduced and which constitutes the principal liquid element in a progressively diversified diet of such infants. The product is suitable only for infants over the age of six months and it should form only part of a diversified diet and it is not to be used as a substitute for breast milk during the first six months of life. The decision to begin complementary feeding should be made only on the advice of independent persons having qualifications in medicine, nutrition, or other professionals responsible for maternal and child care,</p> <p>Why ISDI does not support a reference to the WHO Code and WHA resolutions</p> <p>It is not appropriate to for Codex Standards to deviate into setting criteria and requirements for public health policies, as the latter would require a risk analysis that is out of scope for the eWG and this Committee. However, ISDI is fully supportive of the general policies adopted regarding young child nutrition and health and in this context ISDI believes that the current draft of the Standard for Section A/B is not in conflict with the nutrition policies that are laid out by WHO and the drafting should take this into consideration. Therefore, there is no need to include WHA resolutions.</p> <p>Furthermore, ISDI does not support the inclusion of “relevant WHA resolutions” as it could entail future resolutions to be included without countries having a chance to assess their compliance with the Codex principles. Similar concerns were raised by countries in previous discussions at Codex level when discussing infant formula in 2005.</p> <p>The relevant WHA resolutions mentioned in the report also have vastly different implications which for a complementary food/product is not applicable. Health policies provide direction for governments and are not prescriptive Whilst recognizing the importance of public health policies, in particular in the area of infant and young child nutrition, ISDI reminds the eWG that health policies are not prescriptive. Instead, they provide direction for governments for their implementation at the national level as each government deems fit and looking at the appropriate national context. This is the understanding according to which governments negotiate health policies, including WHA resolutions based on the individual infant's specific growth and development needs.</p> <p>Why ISDI does not support a reference to the WHO Code and WHA resolutions</p> <p>It is not appropriate to for Codex Standards to deviate into setting criteria and requirements for public health policies, as the latter would require a risk analysis that is out of scope for the eWG and this Committee.</p> <p>Name of Product: doesn't want fortified or reference to Powder</p>	
2.	ESPGHAN	NO	NO	
3.	ENSA Eur Nat Soyfoods Manufacturers Assoc.	NO	NO	RESPONSE to 1.4:Regarding (name of the product) for the young children (12-36 mo)there there should be no referencing to the International code of marketing of breast milk substitutes nor to any other WHA resolutions and WHO documents since these products have clearly a distinctive role in the diet when diets are becoming more diversified.They are not to be considered within the breast milk substitutes category. They are part of a balanced diet which is gradually more diversified from 12mo onwards. n Europe the products for young children are compliant with the EU regulations on foods.
4.	International Dairy Federation	No answer	NO	RESPONSE:The committee has recognized that milk is a suitable food for the young child age group and acknowledges the key contribution milk's nutrient package brings to the diet of this age group. A concern we have with the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children is that, as written, specifically with regard to recommendation 7, it discourages the promotion of some nutrient-rich foods that are highly suitable for young children, such as milk. If the Guidance would be incorporated in the Standard it would be inappropriate for governments, the non-profit and private sectors to promote milk to this age group. Good eating practices are learned from a young age and encouraging parents to provide nutritious products like milk to young children should not be restricted. Therefore, IDF does not support the WHO guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children, or any other WHO code or WHA resolution which could infringe the promotion of milk and dairy products, to be referenced in the standard of the (name of product) for young children.
5.	IFT Inst Food Technologists	NO	NO	