

**Codex Alimentarius Commission (CAC45)**  
**Nov 21 -25 and Dec 12, 13, 2022**

## **IBFAN comments**

### **General comments**

1. There is now a considerable body of scientific evidence documenting the negative health impacts linked to the consumption of ultraprocessed products. These industrially induced conditions include obesity, cancers, diabetes, cardiovascular disease, dental caries and death.

Angel et al. ***Ultraprocessed Foods and Public Health: A Need for Education.*** Mayo Clinic Proceedings, Volume 94, Issue 11, November 2019, Pages 2156-2157

Wang et al. ***Trends in Consumption of Ultraprocessed Foods Among US Youths Aged 2-19 Years, 1999-2018.*** JAMA. 2021;326(6):519-530. doi:10.1001/jama.2021.10238

Neri et al. ***Ultraprocessed food consumption and dietary nutrient profiles associated with obesity: A multicountry study of children and adolescents.*** Obes Rev 2022 Jan;23 Suppl 1:e13387.do10.1111/obr.13387. Epub 2021 Dec 9.

Nelson et al. ***Premature Deaths Attributable to the Consumption of Ultraprocessed Foods in Brazil.*** <https://doi.org/10.1016/j.amepre.2022.08.013>

The increased proliferation, consumption and global trade in ultra-processed products baby feeding products (Euromonitor 2019).

FAO. ***Ultra-processed foods, diet quality, and health using the NOVA classification system*** Monteiro et al.

2. Codex has a role in reducing consumption of ultraprocessed products. IBFAN is urging that regulatory standards and guidelines be strengthened to address the high salt, sugar trans-fatty acids and additives in ultraprocessed food products. In order to reduce consumption and the disease and mortality risks associated with these products, the labelling, marketing and global trade must be addressed and in particular the targeting of children.
3. The inadequate safeguards for the protection of breastfeeding as the nutritional, immunological health protective norm for the feeding of infants and young children in the setting of Codex standards and guidelines for formula and baby food products continues to be of concern to IBFAN. These include the composition, labelling, marketing of these products as well as conflicts of interest in policy setting. Prioritizing the protection of breastfeeding in the global policy setting of Codex will help reduce the world-wide epidemic of NCDs and save thousands of infant and maternal lives.
4. Although Codex guidelines and Standards for infant and young child feeding products have included references to the International Code of Breastmilk Substitutes and subsequent resolutions of the World Health Assembly and the Codex *Code of Ethics for International Trade* which continues to require Member States to “...make sure that the international code of marketing of breast milk substitutes and relevant resolutions of the World Health Assembly (WHA) setting forth principles for the protection and promotion of breastfeeding be observed.”

It is critically important that the same principle will apply to all Codex standards and guidelines for infant and young child feeding products. This includes the revision of the Codex Standard for Follow-Up Formula with the addition of a preamble that contains these safeguards.

5. Codex needs to strengthen its conflict of Interest (COI) and transparency safeguards to reduce commercial interest in global policy setting. This would help ensure that its decisions are based on relevant, convincing and credible evidence rather than on political or commercial expedience. In the [2019 CCNFSDU](#) meeting 44% (164) of the 370 delegates represented the food and related industries, who funding dinners, receptions and meetings, with 67 sitting government delegations. There were more industry than government delegates in the room. Because of this lack of attention to COI safeguards and scientific rigour, the infant formula and follow-up formulas standards have three references to the meaningless term ‘*history of safe use*’ – a term that industry has used to avoid rigorous scientific evidence for decades to establish trust in their products and the addition of new ingredients. FAO’s partnership with the baby food company [Danone](#) and biotechnology industry [Croplife](#) is an added challenge to Codex’ credibility.
6. The recent *Cronobacter sakazakii* contaminated formula products scandal in the USA and the export of contaminated products to 37 countries highlights the need for new approaches to prevent the serious disease and deaths linked to such disasters. Recommendations for mandatory warnings on labels, reporting of cases, improved microbiological criteria for production facilities and inspection protocols are needed to reduce these deadly risks.
7. Codex must also address its global role in the reduction of greenhouse gasses. The production and global trade of formula and other ultraprocessed products for infants and young children contributes significantly to global warming. The protection of breastfeeding in the setting of standards and guidelines for baby feeding

*“The most alarming finding in our research is a very large proportion of greenhouse gas emission impact is associated with the so-called growing up milks or toddler formula ... In China, nearly half of the sales of milk formula is toddler formula. For the UK alone, carbon emission savings gained by supporting mothers to breastfeed would equate to taking between 50,000 and 77,500 cars off the road each year”.* Dr. Julie Smith, Hon Ass Prof, Australian Centre for Economic Research on Health

products is critical to reduce the greenhouse gas impact of these products.

## Specific Comments

### DRAFT GUIDELINES FOR READY TO USE THERAPEUTIC FOODS (RUTF) (For adoption at Step 8) (IBFAN additions in red)

#### 1. PREAMBLE

Children affected by severe acute malnutrition (SAM) need efficacious and timely intervention including safe, palatable foods with a high energy content and adequate amounts of vitamins, minerals and other nutrients within an appropriately designed programme that promotes **supports** continuation of breastfeeding, **support for wet-nursing, training in re-lactation and** appropriate transition to nutritious family food

and psycho-social support for recovery. In accordance with the Joint Statement by the World Health Organization (WHO), the World Food Programme (WFP), the United Nations System Standing Committee on Nutrition (UNSCN) and the United Nations Children's Fund (UNICEF) (2007) and taking note of other relevant documents by WHO and FAO, Ready-to-Use Therapeutic Food (RUTF) is a WHO recommended option for the dietary management of children aged 6 to 59 months with SAM without medical complications. However, this does not preclude other dietary options including the use of **nutrient dense, family-based** local foods. RUTF is not for general retail sale.

### **5.2.1 Carbohydrates**

Carbohydrates are used to achieve energy requirements in balance with proteins and lipids. Plant starch, lactose, maltodextrin and sucrose are the preferred carbohydrates in RUTF. Free sugars should be limited and should not exceed 20% of total energy. Only precooked and/or gelatinized starches may be added. Glucose and fructose should not be used. Carbohydrates must adhere to the relevant Codex Alimentarius texts.

Honey should not be used in RUTF due to the risk of infant botulism from *Clostridium botulinum*.

**The total CHO can be 20% of total energy and since the peanut pastes use sucrose and maltodextrin to make them palatable, this creates a high level of sweetness as well as the use of a non-nutritive CHO as 20% of total energy.**

**IBFAN recommends that sucrose and maltodextrin be no more than 10% of the total CHO of the product.**

### **12.4 The following additional statements shall appear on the label of RUTF:**

- The product is not to be used for Nasogastric Tube (NG tube) administration.
- The product should be used in conjunction with breastfeeding.
- Exclusive breastfeeding is recommended for the first 6 months of life, and continued breastfeeding is recommended for up to two years or beyond.

### **12.5 Instructions for use**

- The label should indicate clearly from which age the product is recommended for use. This age shall not be less than six months for any product.
- Feeding instructions shall be given; preferably accompanied by graphical presentations.
- **Feeding instructions must include the availability of potable water needed to address thirst conditions when consuming RUTF.**
- The time within which the product should be consumed after opening should be clearly indicated.

### **Codex Trust Fund**

IBFAN strongly recommends that this Fund will remain funded by Member States to avoid COI and undue influence from private philanthropies and commercial companies.

**Zilpaterol**

IBFAN supports the ban on Zilpaterol currently in effect in the UK, EU, Russia, China and Taiwan and support their opposition to the adoption of a Codex standard for Zilpaterol.