

House of Lords inquiry on Food, Diet and Obesity Committee  
Baby Milk Action/IBFAN UK – Written submission

8<sup>th</sup> April 2024

Baby Milk Action/IBFAN UK welcomes this opportunity to submit comments to this inquiry, and supports the comments submitted by First Steps Nutrition Trust (FSNT). Based on our 44-year experience of assisting governments in the adoption and implementation of health protective legislation, we believe that much more needs to be done to support parents/carers and remove the obstacles they face when trying to follow public health recommendations. In relation to overweight and obesity, the importance of protecting and supporting breastfeeding and minimally processed bio-diverse family foods is evident and has been demonstrated by many participants in this inquiry.<sup>1</sup> Our submission will focus on the impact of global trade of foods for infants and young children and the need to control marketing. We recommend that:

- The UK should strictly control the marketing of all commercial products targeting infants and young children, at the very least in line with WHO recommendations. Ideally, these controls should be extended to all the globally traded ultra-processed products targeting children 0-60 months as well as the ‘formulas for mothers’ that target pregnant and nursing mothers. **(Paras 4, 5.6)**
- The UK should play a much stronger role defending health in global trade fora. It should promote policy coherence with UN recommendations and strong health protective Codex standards. While national governments have the sovereign right to adopt any legislation they consider necessary to protect human health (provided they follow international trade principles) health protective Codex Standards would make it easier to do so without fear of triggering costly, time-consuming challenges at the [World Trade Organisation](#) (WTO). Codex standards such as the Canned baby Food Standard are not fit for purpose and have a harmful impact on child health. **(Para 5.1, 5.2, 5.6)**
- The UK must safeguard its right to regulate in the public interest and not enter any agreement that includes the Investor-State Dispute Settlement (ISDS) mechanism. **(Para 5.2)**
- The Reformulation of Ultra-Processed Products that are high in fat, free sugars and sweeteners and/or salt foods (HFSS) will be not be enough to tackle overweight and obesity. Policy actions must also address the extent of food processing. Artificial flavouring and /or sweetening of UPF products for young children should be prohibited and the products should be removed from the UK market. **(Para 5.3, 5.6)**
- The UK must strengthen its own Conflicts of Interest and transparency safeguards and advocate that all health policy setting is protected from undue commercial influence. **(Paras 2.4, 5.4)**
- UK legislation must incorporate the recommendations contained in WHO’s [Guidance on regulatory measures aimed at restricting digital marketing of breastmilk substitutes](#) **(Para 4.8)**
- The UK must legislate that any UK-based company follows WHO recommendations when exporting or promoting products.
- The UK must develop a policy to protect infant and young child feeding in emergencies **(Para 4.6)**
- UK monitoring systems must be strengthened, publicly funded and free from commercial influence. **(Para 4.7)**
- Scrutiny procedures regarding the safety of ingredients must be strengthened. **(Para 7)**
- Front of Pack Labelling schemes are invariably on UPFs and are promotional. Warnings are more effective. Labelling schemes should be government-led with legally binding safeguards that ensure that any statement is substantiated with independent, verifiable evidence that is independently monitored. Sustainability labelling is even more problematic and should not be permitted on globally traded UPFs. **(Para 8)**
- Adequate funding for education and health care should be incorporated Regulations. **(para 9)**
- Baby feeding companies must not be allowed to fund nutrition or health education. **(Para 10)**
- The UK should strengthen paid maternity provisions and workplace safeguards to remove obstacles for breastfeeding by working mothers. **(Para 11)**
- Pandemic preparedness: protect against commercial disinformation **(Para 12)**

<sup>1</sup> <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/maternal-health-research/maternal-health-research-obesity/>

## 2 Background – who we are

Baby Milk Action/IBFAN UK is the UK member of the International Baby Food Action Network (IBFAN) a network of over 250 citizens groups in more than 100 countries that was founded in 1979. IBFAN has worked in collaboration with WHO and UNICEF and civil society partners to improve maternal and infant and young child health through the protection, support and promotion of breastfeeding and optimal complementary feeding, helping many governments, including the UK and all EU member States, to bring in and implement legislation to control harmful marketing. We have worked to ensure that legislation is based as closely as possible on the global recommendations adopted at the World Health Assembly: [the \*International Code of Marketing of Breastmilk Substitutes\*, and the 20 WHA Resolutions](#) and decisions that clarify, strengthen and keep pace with science and marketing developments.<sup>2</sup>

- 2.2** The International Code was adopted by the WHA in 1981 with the key purpose of ending the unethical marketing of baby foods. It is a critically important safeguard for infant survival that protects parents' rights to make informed decisions about infant and young child feeding free from commercial influence. The obligation of States parties to implement the Code and the companies' obligations to comply with it has since been clarified under the international human rights law. Furthermore, the Independent Review Panel of the *UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)* recommends developing a global human rights framework to address harmful marketing of foods for and to children. Where the Code and resolutions have been effectively implemented in law and properly monitored, there is evidence of increases in breastfeeding rates and lowering of infant and young child mortality.<sup>3 4</sup> WHO's multi-country study (which included the UK) suggests that marketing plays an important role in influencing infant feeding decisions and this starts from pregnancy.<sup>5</sup>
- 2.3** Addressing Conflicts of Interest and transparency and ensuring that health policy setting is protected from undue commercial influence has been a cross-cutting and critically important aspect of the work to protect maternal and child health.<sup>6</sup> Because health professional bodies play such a critical role in advising governments Baby Milk Action founded the Baby Feeding Law Group (BFLG) in 1997, that has helped strengthen the COI policies of the leading health professional bodies. Together with IBFAN, NGO partners and MEPs, we prompted changes that improved the transparency and structure of the EU's scientific advisory bodies and led to better advice on baby foods.<sup>7</sup> The formation of the [Conflicts of Interest Coalition](#) (endorsed by 160 Public Health NGOs, including 4 UK Royal Colleges) also helped in the strengthening of the [UN Political Declaration on NCDs](#), launched at the UN General Assembly that year.
- 2.4** **Why Multi-stakeholder Platforms slow down effective action to protect health.** From 1997-2017, IBFAN was a member of the European Commission-led [EU Platform for Diet, Physical Activity and Health](#), an initiative that brought Commission staff, together with NGOs and some of the world's largest food and advertising corporations in an experiment to see if the Food Industry could make significant changes to its marketing on a voluntary basis. The Platform demonstrated the failure of the Multi-Stakeholder Model, and in 2017, together with six leading NGOs, we left because it was evident that the Platform was 'not fit for purpose' and had failed to reverse the tide of obesity.

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<sup>2</sup> <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions>  
Breastfeeding constitutes one of the single most effective ways to reduce inequalities, to fulfil the child's right to life and to the enjoyment of the highest attainable standard of health. The International Code and Resolutions are designed to ensure that all parents receive objective and truly independent information, to remove obstacles to breastfeeding and ensure that breastmilk substitutes are used appropriately.

<sup>3</sup> Global Breastfeeding Score Card. <https://www.unicef.org/media/150586/file/Global%20breastfeeding%20scorecard%202023.pdf>

<sup>4</sup> World Breastfeeding Trends Initiative <https://www.worldbreastfeedingtrends.org> Making a Difference 2020 UK score card 2016: <https://www.worldbreastfeedingtrends.org/wbti-country-report.php>

<sup>5</sup> WHO and UNICEF. 2022. [How the marketing of formula milk influences our decisions on infant feeding.](#)

WHO-Europe. 2022. [Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region.](#)

WHO-Europe. 2022. [Effective regulatory frameworks for ending inappropriate marketing of breast-milk substitutes and foods for infants and young children in the WHO European Region.](#)

<sup>6</sup> [Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics](#), 2017 <https://worldnutritionjournal.org/index.php/wn/article/view/155>

<sup>7</sup> European Voice, Renee Cordes: *Clamour for AcJon to bolster Union Scientists' credibility*, 13-19 Jan 2000, Vol 6, No 2, *Scientists bow to call for more transparency.*, 16-22 March, 2000, Vol 6, No 11.

### 3 The International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions are not just for developing countries

3.1 The WHA Resolution that adopted the Code, WHA34.22, stressed that: “*the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding.*” *The need for sound information on infant and young child feeding is at the heart of the Code and the eight Resolutions that specifically called for Conflict of Interest safeguards.*

3.2 The International Code is embedded in many global declarations, standards and strategies, including Codex standards on formulas and baby foods, the [Codex Code of Ethics](#) for International Trade in Food, the [EU Action Plan of Childhood Obesity](#) 2014-2016 and the [Political Declaration on NCDs and Framework for Action](#) adopted in the [Second International Conference on Nutrition](#) in November 2014. In the UK, the inadequate protection and support for breastfeeding within health-care systems, work settings, and households, gives the baby feeding products industry the freedom to exploit parental anxieties.

3.3 **Tobacco Playbook.** In an effort to achieve minimal regulation and freedom to market without constraint, the baby feeding industry has used the same six Tobacco industry tactics: (1) maneuvering to hijack the political and legislative process; (2) exaggerating economic importance of the industry; (3) manipulating public opinion to gain appearance of respectability; (4) fabricating support through front groups; (5) discrediting proven science; and (6) intimidating governments with litigation.<sup>8</sup>

### 4 How does UK Code legislation compare globally?

4.1 Thanks to a number of significant global initiatives, breastfeeding rates around the world have slowly risen over the last few decades. The [UNICEF Baby Friendly Initiative](#), the [International Code of Marketing of Breast-milk Substitutes and Resolutions](#), the [Innocenti Declaration](#) and WHO’s [Global Strategy for Infant and Young Child Feeding](#) have all played a major role. UNICEF and WHO report that the global prevalence of exclusive breastfeeding in the first six months of life has increased by 10 percentage points over the past decade and is at 48% for 2023, close to the World Health Assembly target of 50% by 2025.<sup>9</sup> However, according to UNICEF, **the UK has some of the lowest breastfeeding rates in the world, only 1% of babies exclusively breastfed for six months and eight out of ten women stopping breastfeeding before they want to.**<sup>10 11</sup>

4.2 Some countries have achieved marked increases in breastfeeding rates when a combination of **several actions** guided by the *Global Strategy* have been implemented such as:

- A combination of national legislation on the Code and maternity protection for working women.
- Ensuring initiation of breastfeeding in all maternity facilities by using the Baby Friendly Initiative.
- Building capacity to offer skilled infant feeding counselling to all mothers.
- Providing more mother support groups in the community and well-planned communication strategies to promote breastfeeding throughout society.

### 4.3 How does the UK score on marketing controls?

The biennial report, [Marketing of breast-milk substitutes: national implementation of the international code, status report](#) published jointly by WHO, UNICEF and IBFAN is based on information collected by our regional and country offices on legal measures adopted by countries. As of March 2022, a total of 144 (74%) of the 194 WHO Member States (countries) had adopted legal measures to implement at least some of the provisions in the Code. Of these, 32 countries have measures in place that are substantially aligned with the Code. Despite, making one of the strongest cases for the adoption of the Code in 1981, and consistently supporting it at World Health Assemblies ever since, the UK currently scored just **40/100** on the Global Code Status Report [on its implementation of the International Code in 2022](#). Pages 41, 46, 51, 62, 68, and 74 show where current UK

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<sup>8</sup> *Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics*, 2017 <https://worldnutritionjournal.org/index.php/wn/article/view/155>

<sup>9</sup> <https://www.unicef.org/media/150586/file/Global%20breastfeeding%20scorecard%202023.pdf>

<sup>10</sup> Breastfeeding in England. <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>

<sup>11</sup> [Chronology of EU Action on the International Code](#) (May 1981-Oct 2018)

regulations are lacking. The limited scope, that restricts harmful marketing only to formulas for babies aged 0- 6 months is a key reason why the score is so low.<sup>12</sup>

#### 4.4 How does the UK score on other protections for breastfeeding?

IBFAN's World Breastfeeding Trends Initiative (WBTi) assists countries to assess and monitor the status of and benchmark the progress in implementation of the Global Strategy in a standard way. The WBTi is based on the WHO's "*Tool for national assessment of policy and programmes on infant and young child feeding*" and measures ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It identifies gaps and calls upon governments to bridge these. WBTi maintains a Global Data Repository of the policies and programmes in 98 countries.

4.5 The WBTi 2020 report [Are our babies off to a Healthy Start](#), assessed implementation of the [Global Strategy for Infant and Young Child Feeding](#) in 18 European countries and scored the UK just **50.5/100 on policy and programmes** and **31 /100 on practices**. It's clear that much more needs to be done to create an environment in which UK parents/carers are supported, not sabotaged as they try to follow public health recommendations.

4.6 **UK score for infant feeding in Emergencies.** The UK scored Zero on the WBTi assessment of policies and programmes to ensure adequate protection for appropriate feeding during emergencies. Breastfeeding is the cleanest, safest way to feed an infant, especially in disasters or emergencies. This is the perfect nutrition for the infant and is always hygienic and at the right temperature. Breastmilk is protective against diseases, especially diarrhoea and respiratory infections, which are common causes of mortality and morbidity in emergency situations. The UK must develop an IFE policy, using the Operational Guidance on IFE.<sup>13</sup>

4.7 **Monitoring:** The UK received extra points in the Code report for having a monitoring system in place. However, it has failed to use it to stem the flow of misinformation showered on parents and carers, much of it now through digital marketing, influencers and social media. The UK needs independent monitoring and enforcement of strengthened legislation if it is to achieve its public health aims. While manufacturers and distributors are required by Article 11 of the International Code to monitor their own practices, it is essential that government monitoring systems are effective and free from commercial influence.

4.8 **Digital Marketing:** Much deceptive marketing is now channelled through social media and influencers and deliberately targets mothers. The UK should ensure that UK legislation incorporates the recommendations contained in WHO's [Guidance on regulatory measures aimed at restricting digital marketing of breastmilk substitutes](#). The UK should strictly control the marketing of all commercial products targeting infants and young children, at the very least in line with WHO recommendations. The controls should be extended to ultra-processed products targeting children 0-60 months and pregnant and nursing mothers

## 5 Global Trade of infant and young child feeding products

In IBFAN's experience, the commercial pressure and interference from the baby feeding products industries and the exporting countries, has undermined the adoption of WHA resolutions, Codex standard and legislation that constrains marketing. Failure to adopt strong safeguards to protect policy setting from such influence is a key reason why so many national laws have failed to provide adequate protection of maternal and child health. Exporting nations and the corporations that profit from sales of baby feeding products, take no responsibility for their marketing and are rarely if ever held financially responsible for the harm they cause. All the 'costs' to human health and the environment are externalized to governments, families and our planet.

### 5.1 The UK Government should play a stronger role defending health in global trade fora

Baby Milk Action/IBFAN has paid close attention to global food standard setting processes to ensure that governments do not face commercially inspired challenges, when bringing in health protective laws relating to

<sup>12</sup> *Marketing of breast-milk substitutes: national implementation of the International Code, status report 2022*, WHO, UNICEF, IBFAN <https://iris.who.int/bitstream/handle/10665/354221/9789240048799-eng.pdf?sequence=1>

<sup>13</sup> [The Operational Guidance for Infant and Young Child Feeding in Emergencies \(OG-IFE\)](#) was introduced in 1999 to outline evidence-based actions to safeguard the health of infants and young children in emergencies.

the safety, composition, labelling and marketing of baby feeding products. We have attended key [Codex Alimentarius meetings](#) since 1995,<sup>14</sup> when the World Trade Organisation ([WTO](#)) was established and was mandated to refer to Codex Standards in trade disputes.<sup>15 16</sup> Our aim has been to ensure policy coherence with UN health recommendations, and partly as a result of IBFAN's advocacy, the Codex standards on foods for infants and young children adopted *after* 1995, do refer in some way to the [International Code, the Global Strategy and/or the subsequent WHA Resolutions](#) on infant and young child feeding.<sup>17</sup> However, the lack of transparency and poor conflict of interest safeguards, coupled with the dominance of food corporations and powerful exporting nations, has led to the greenlighting of many harmful foods, processes and commodities and the adoption of harmful standards. The [Canned baby food standard](#)<sup>18</sup> for is acknowledged to be not fit for purpose. Weak Codex standard have been regularly used in [attempts to stop governments bringing in strong marketing controls](#).<sup>19</sup> [Interventions made at the WTO](#) concerning commercial milk formula marketing, labelling or safety testing regulations of another member state, wrongly treating Codex standards as a 'regulatory ceiling' for trade purposes.<sup>20</sup> Although all national governments have the sovereign right to adopt any legislation they consider necessary to protect human health (provided they follow international trade principles) health protective Codex Standards would make it easier to do so without fear of triggering costly, time-consuming challenges at the [World Trade Organisation](#) (WTO) and elsewhere.

**5.2 The UK must protect its right to regulate in the public interest – risks of the investor-state dispute settlement (ISDS) mechanism** IBFAN shares the concerns of many NGOs, that the UK, in its efforts to pivot trade away from Europe, is applying to enter trade agreements such as the [Comprehensive and Progressive Agreement for Trans-Pacific Partnership](#) (CPTPP), agreement that include the investor-state dispute settlement (ISDS) mechanism. With law-making processes increasingly subject to intense lobbying and legal challenges from corporate interests and diplomatic interventions from trading partners, we fear the ISDS could impinge on the UK's right to regulate in the public interest. We strongly urge the UK to follow a [One Health](#) Approach and maintain and strengthen its regulations regarding social, health, food safety, pesticides and animal welfare.

**5.3 Ultra-Processed Products and collaboration with the food industry:** Most of the products marketed for babies are globally traded and ultra-processed in order to extend the shelf life. Prof Carlos [Monteiro's](#) NOVA classification, the First Steps Nutrition Trust, Dr Chris van Tulleken and many others have brought attention to the risks of additives and processing of products into debates about diet, nutrition and health. For too many years discussions have focused only on salt, sugar, fat and micronutrients. Not only has this missed an important point, but it has led policy makers to believe that close collaboration with the food industry is needed to persuade companies to reformulate products. While the debate continues regarding the precise definition of UPFs for regulatory purposes and what signposting and warnings should be on packages, it seems likely that attention will now move to combination of nutrient profiles, additives and processing. In the meantime, the UPFs targeting children that are high in sugar, sweeteners, salt and fat should be removed from the UK market.<sup>21,22</sup>

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<sup>14</sup> [Codex](#) is a joint United Nations body created in 1963 by the World Health Organisation (WHO) and the FAO to develop food standards, guidelines and codes of practice under the Joint FAO/WHO Food Standards Programme. IBFAN has been attending Codex meetings since 1995 when the World Trade Organisation ([WTO](#)) was established and was mandated to refer to Codex Standards in trade disputes.

<sup>15</sup> Compilation of IBFAN Press Releases, consultations responses to Codex since 2006. <https://www.babymilkaction.org/archives/34620>

<sup>16</sup> Russ K, Baker P, Byrd M, et al. *What you don't know about the Codex can hurt you: how trade policy trumps global health governance in infant and young child nutrition. International Journal of Health Policy and Management 2021; 10(12): 983-97.* Baker et al. *Globalization and Health (2021) 17:58. Advocacy at Work During the Codex Committee on Food Labelling Meeting* INTERVENTIONS AT WTO AND CODEX RELATED TO NATIONAL IMPLEMENTATION OF THE WHO INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES. Kathryn Russ\*

<sup>17</sup> [Codex green-lights wasteful, sweetened Ultra-Processed drinks for older babies](#) <https://www.babymilkaction.org/archives/39936>  
*After 10 years of struggle, Codex puts child health before trade at last* <https://www.babymilkaction.org/archives/37316>

<sup>18</sup> The *Codex Code of Ethics for International Trade* 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."

<sup>19</sup> [STANDARD FOR CANNED BABY FOODS CODEX STAN 73-1981](#)

<sup>20</sup> [https://www.ijhpm.com/article\\_4101.html](https://www.ijhpm.com/article_4101.html)

<sup>21</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01933-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01933-X/fulltext)

<sup>22</sup> <https://www.sciencedirect.com/science/article/pii/S2667193X24000401>

<sup>23</sup> [Ultra-Processed Foods marketed for infants and young children in the UK](#) [First Steps Nutrition Trust 2023, Enabling children to be a healthy weight: What we need to do better in the first 1,000 days](#)

**5.4 The UK must strengthen its Conflicts of Interest and transparency safeguards and ensure that health policy setting is protected from undue commercial influence.** There is now much more awareness amongst NGOs of the risks of accepting funding from health-harming industries and the need for Conflict of Interest safeguards. However, there is still pressure to consider transnational corporations and private philanthropies as 'key stakeholders' in public affairs, and we see this as a risk to health that impacts negatively on the framing of public agendas, the freedom to regulate in the public interest, and people's ability to claim their legitimate rights. 'Partnerships' by definition are arrangements for 'shared governance' to achieve 'shared goals.' *Shared decision-making is their single most unifying feature.* They imply 'respect, trust, shared benefits. The 'image transfer' from UN or NGO 'partners' has strong emotional and financial value. It follows that 'Partnerships' with powerful transnational corporations are likely to result in weak voluntary commitments that, unlike strong legislation, can be 'here today and gone tomorrow'.<sup>23 24</sup> (see also para 2.4)

**5.5** The global market for Follow-on formulas was fuelled and legitimised by the 1987 Codex standard. These unnecessary, ultra-processed products are invariably cross-promoted with infant formula. The UK law must be strengthened to prohibit their promotion and ideally remove them from the UK market. Some of the weaknesses in the 1987 standard have been addressed in the Revised standard adopted in November 2023, [Standard for Follow-up formula for older infants and product for Young children](#) and there is now a clear reference to the International Code and resolutions in the Preamble.<sup>25</sup> However, the products are still highly problematic: they are all ultra-processed; will share the same branding as infant formulas for newborn babies; can be flavoured, sweetened and can contain GM, additives and other untested ingredients. The UK Government should keep track of this fast growing market where all manner of artificially produced cell-based products, probiotic supplements, commercialised donor milk, and formulas targeting pregnant and nursing women is deceptively marketed to women.

**5.6** The fact that the new [Standard for Follow-up formula for older infants and product for Young children](#) will permit drinks for young children to be artificially flavoured with vanilla and fruit extracts containing unknown compounds is a serious matter, especially if these products carry images of fresh fruit. The weakness in the Codex standard was the result of pressure from the US, Canada, Australia and New Zealand, along with industry front groups and the [European Society for Paediatric Gastroenterology Hepatology and Nutrition](#) (ESPGHAN). ESPGHAN is 43% funded by the baby feeding industry and regularly supports industry positions at Codex. During the discussion about essential ingredients of 'products for young children' ESPGHAN argued that a prohibition of flavours would put the baby drinks at a disadvantage to 'less good' products that don't meet Codex standards, thus successfully undermining the consensus and concerns expressed WHO, UNICEF, IBFAN and many countries including the EU (representing 27 countries) who questioned the safety and saw no technological need for flavoured products. The compromise sentence was added: *National or regional authorities may restrict or prohibit the use of the listed flavourings. To safeguard child health, the UK should forbid artificial flavourings and sweeteners in these products.*

**6 Optimal Complementary feeding and children's development.** WHO, UNICEF and all health bodies recognise the importance of young children gradually moving from breastfeeding on to bio-diverse, minimally processed family foods with varied textures. FSNT reports provide evidence of the risks of reliance on such drinks and pureed products on children's development and how it encourages fussiness in children.<sup>26</sup>

**7 Safety of ingredients.** The infant and young child feeding market is fast growing and evolving. In addition to concerns about the marketing of the whole range of products targeting infants and young children, care must be taken to ensure that the new artificial cell-based products and probiotic supplements coming onto

<sup>23</sup> <https://www.babymilkaction.org/archives/24042>

<sup>24</sup> <https://www.babymilkaction.org/wp-content/uploads/2022/08/2021.15.2.21.Australia-MSH-world.pdf>

<sup>25</sup> Nov 2019 *CODEX: Exporting countries put trade before the health of the planet and children* <https://www.babymilkaction.org/archives/23295>

March 2023. *After 10 years of struggle, Codex puts child health before trade at last.* <https://www.babymilkaction.org/archives/37316>

<sup>26</sup> "One of the drivers of the toddler milk market, according to those who have researched it, is anxiety among parents about fussy eating — which usually emerges after a child turns 12 months old... "And they [the toddler milk companies] say, 'Are you worried your child's not eating enough of the right things? Why don't you just give them toddler milk and then you won't have to worry?' And that's what they do. The child enjoys the flavour of the toddler milk. It's very easy to drink, they don't have to chew anything, they don't have to sit up at the table." "They don't have to try anything new, which is a hard thing to do, but a really important thing to do." "And so they continue to refuse new foods and the fussy eating actually gets worse." <sup>26</sup> *Toddler milks are marketed as beneficial, but they're unnecessary and could be harmful.* [Toddler milks are marketed as beneficial, but they're unnecessary and could be harmful](#)

the market are properly controlled.<sup>27</sup> UK legislation also permits *optional ingredients*. Parents must be warned that optional ingredients, that are invariably promoted as being advantageous, are not backed by credible evidence. If an ingredient is shown to be safe, important for child health or reduces the inadequacies of breastmilk substitutes, it should be mandatory.<sup>28</sup>

**7.2** The UK should use the Precautionary Principle<sup>29</sup> to safeguard against the addition of *‘other ingredients, as the case may be’* in products fed to children and prevent what are essentially mass uncontrolled trials. The UK law should specify that:

- all ingredients for foods for infants and young children are pre-authorized following rigorous independent scrutiny, (with particular care over new technologies, nanotechnologies and the presence of microplastics);
- systematic reviews of all available evidence are carried out *independently* of the manufacturers and distributors of the products in question;
- evidence is reviewed on a regular basis to ensure infants are not exposed to levels of nutrients that might put a burden on their metabolism;
- there is regular post market surveillance indicating the frequency of such reviews;
- food ingredients not listed as essential are kept to the bare minimum;

**8** **Front of Pack Labelling schemes are often promotional.** If permitted they should be government-led with legally binding safeguards that ensure that any statement is substantiated with independent and verifiable evidence and independently monitored. Warnings are much safer.<sup>30</sup> If such safeguards are not in place, and in view of the costs and resources needed to legislate, enforce, monitor these practices they should not be permitted. The labels of all processed packaged products should make Quantitative Ingredient Declarations (QUID) and ensure that contents are listed clearly and understandably in descending order (not deceptively).

**8.1** **Sustainability labelling** should not be permitted – and certainly never for globally traded Ultra-processed packaged products targeting infants and children. Commercial greenwashing strategies undermine confidence in sustainable local agriculture, biodiverse food systems breastfeeding and parent’s confidence in minimally processed family foods. The UK must ensure effective labelling of all UPFs for children and ensure that there is on warnings. Formulas should ideally have generic plain labelling.

**9** **Incorporate adequate funding in Regulatory changes.** Unless funding is permanently woven into educational programming or healthcare budgets, it can too easily expire with ministerial change. Such funding needs to be underscored repeatedly in annual government budget consultation cycles.

**10** **Ensure that children’s education is free from Commercial funding and influence.** The funding of ‘nutrition education’ is a favourite tactic of corporations who promote products for children and want establish themselves as partners in health. Educational materials present an even more complex problem than crude brand promotions because they blur the boundaries between advertising, marketing and education. The Convention on the Rights of the Child calls on Governments to protect children from exploitation and the World Health Assembly Resolutions on Infant Feeding and Diet and Physical Activity contain safeguards against conflicts of interest. These Conventions and Resolutions should be used to ensure that schools are commercial free environments.

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<sup>27</sup> FDA adverse event report online, of the death of the baby girl from Evolve probiotic. <https://www.fda.gov/media/173048/download>  
<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/infant-health-inc-formerly-evolve-biosystems-inc-667715-09282023>

<sup>28</sup> Opinion of the UK Government’s Scientific Advisory Committee on Nutrition (SACN) 2007 :*“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.”*

<sup>29</sup> Article 5 of EU Regulation 609/2013 called for the (PP) but not across all relevant provisions.

<sup>30</sup> *EU agrees directive banning misleading use of environmental claims on many products*  
<https://www.irishtimes.com/business/economy/2024/01/17/eu-agrees-directive-banning-misleading-use-of-environmental-claims-on-many-products/>

**11 Maternity legislation:** The Committee should recommend the strengthening of paid maternity provisions and workplace safeguards to remove obstacles for breastfeeding by working mothers.

**12 Pandemic preparedness - protection against commercial disinformation** The UK must guard against ‘assistance’ from health harming industries during times of uncertainty about appropriate health responses – such as pandemics. The baby feeding industry presented itself as a partner in health and [exploited the COVID pandemic](#), donating formulas and baby foods, setting up ‘advice’ forums, offering ‘training’ (thinly disguised product promotion) to medical students and presenting themselves as trusted partners. The disinformation they spread – much of it digitally - eclipsed the regularly updated and evidence-based advice produced by WHO and UNICEF who highlighted the life-saving importance of breastfeeding in helping destroy harmful pathogens and building resistance to so many threats. We must learn from this for the next Pandemic.

The UK has ratified the *Convention on the Rights of the Child* (CRC) Article 24 of which calls on governments to provide parents with information on nutrition and breastfeeding. The CRC General Comments Nos. 15 and 16 stress the obligation for States to protect, promote and support breastfeeding through the implementation of the World Health Assembly *Global Strategy for Infant and Young Child Feeding* (GSIYCF) and set a direct obligation that companies abide by the IC and Resolution universally ‘*in all contexts*’ Nations that ratified the CRC are bound to it by international law and have clear obligations. No country should try to undermine a human rights international law, nor should it misinterpret Member States’ duties/obligations under it.

*“The top strategic priority of many transnational marketing and media businesses (who have contributed to the NCD epidemic) is to change traditional food patterns and cultures in lower and middle-income countries.”*  
Prof Philip James, the founder of the Obesity Task Force

This submission Patti Rundall, on behalf of Baby Milk Action/IBFAN UK

**Declaration of Interest:** Baby Milk Action and IBFAN have strict Conflict of Interest policies  
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For the sole purpose of attending the annual Nestlé Shareholder meeting, I hold a few shares in the Nestlé company. The revenue does not cover the bank charges.