

IBFAN comment:

**CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU)  
Electronic Working Group (EWG) on a Draft Standard for Foods for Older Infants and Young Children**

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**General Comment**

1. IBFAN challenges that there is a widespread need for commercial products specifically designed for infants and young children as a main complementary food source. Confidence in bio-diverse, minimally processed, healthier home prepared family foods is undermined by the aggressive and misleading promotion of commercial products as necessary and health-promoting. Commercially processed and sweetened food products may undermine self-regulation, induce unhealthy food preferences and promote child obesity.

The proposed standard must acknowledge the wider issue of excessive consumption of commercially produced foods that compromise optimal nutrition status and health of infants and young children. The proposed standard should also include labelling provisions to ensure the recommended age of introduction and that these products do not replace nutrient and energy dense family prepared foods. As well it must include safeguards against inappropriate and deceptive marketing of these products.

2. IBFAN is in agreement with the proposal to revise and/or update the 2 standards, CXS 73-1981 and CXS 74-1981. In view of the potential negative health and nutritional impacts that these products carry for infants and young children, the proposed standard must align with the criteria and recommendations and WHO Resolutions adopted by the World Health Assembly. The proposed standard should include clear nutrition profile guidance and text that explicitly empowers governments to legislate in line with independent scientific advice.

The WHO Guideline for complementary feeding of infants and young children 6–23 months of age. (Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO) recommends that:

- Breastfeeding should continue for up to two years or beyond;
- Complementary foods should not be introduced before 6 months (180 days) and should be continued alongside breastfeeding;
- Infants and young children 6–23 months of age should consume a diverse diet;
- Foods high in sugar, salt and trans fats should not be consumed;
- Children 6–23 months of age should be responsively fed, defined as “feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development”

The Global Strategy for Infants and Young Children (Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization; 2003) recommends the “*widest possible use of indigenous foodstuffs*” ...“*prepared and fed safely in the home*” The Strategy recognizes that “*low-cost complementary foods, prepared with locally available ingredients using suitable small-scale production technologies in community settings, can help meet the nutritional needs of older infants and young children.*”

3. IBFAN acknowledges that commercial complementary food products may be functional as “convenience foods” in some settings and situations, however they should not be marketed as a widespread need for older infants and young children, and undermine parental confidence in home prepared family foods. Optimal feeding with high nutrient, energy dense, culturally appropriate, family based foods with continued breastfeeding ensures the best possible outcome for child growth and development and must never be compromised. Commercial baby foods must be produced to meet sugar, salt and trans-fatty acid restrictions, and their marketing, labelling and packaging must not interfere with or undermine the optimal, independent, science based recommendations for optimal child feeding. All efforts must be made to minimize chemical and microbial contaminants – pesticides, herbicides, heavy metals and processing technologies with harmful consequences.
- 4 IBFAN agrees that updated international recommendations be used as references in the development of the new standard and that it be for older infants and young children if they are not commercially funded or influenced.
- 5 We disagree that the age range for processed complementary foods for young children be up to the age of 36 months. Processed complementary foods are “convenience” foods that should not be prioritised over culturally appropriate and home prepared. Due to the limited necessity of commercial complementary food products as “convenience” and the ability of young children to self-select and regulate, IBFAN proposes that the duration of use be limited to 24 months.
- 6 IBFAN is opposed to the use of the phrase “weaning period”. There is no authoritative definition for this term and it is not defined by Codex texts. The common use of the word “weaning” has implied the cessation of breastfeeding. The WHO recommendation for optimum child feeding is continued breastfeeding to two years or beyond alongside complementary foods, so the term ‘weaning’ should be eliminated
- 7 Additionally the suggestion that complementary foods can be advised to be introduced at an earlier age to 6 months in certain national and regional authorities, is contrary to scientific evidence and international recommendations and should not be considered in this proposed standard.
- 8 IBFAN disagrees that strained and pureed foods are needed as complementary foods starting after the age of six months. The complementary feeding stage is a critical learning phase when older infants learn about the texture, taste, colour and aroma of real food. This sets up taste and lifelong food preferences. At six months infants are able to sit up, pick up food, masticate and consume a variety of soft cooked whole foods in line with the WHO recommendation of “responsive feeding”. The promotion of pureed foods during this period can undermine this critical stage of learning and self-regulation. The promotion of pureed foods can lead to feeding of foods through bottles or pouches that encourage children to suck while reclining. – rather than sitting up and eating and learning to eat and chew family foods. Like all the Follow-up and “Growing-up’ Formulas, these ‘drinkable’ products undermine the development of good healthy eating of family foods.
- 9 The proposal that only 50% needs to be the identified food on the label and the remaining 45% can be cooking water or broth seriously dilutes nutrient and energy density of the product and would be costly for the consumer who may perceive the product to be 100% solid food as indicated on the label. Moreover when the nutrient shortfall as a result of

dilution is “fortified” with added nutrients, which will be claimed on the label, this also will be deceptive to parents who may perceive these products to be healthy.

- 10 IBFAN agrees with the sodium limits.
- 11 Regarding the use of added sugars, IBFAN is of the opinion that added sugars should not be permitted in complementary foods for infants and young children. The use of added sugars has negative health consequences such as obesity, dental caries and develops a life-long preference for sweetened foods. As well artificial sweeteners should not be permitted.
- 12 IBFAN is of the opinion that “optional ingredients” should not be permitted. There is little or no substantive independent scientific evidence that the various optional ingredients and the claims made for these ingredients that are currently permitted are either functional and/or beneficial.
- ‘Optional ingredients’ may not have undergone the rigorous independent testing of mandatory ingredients. It should also be born in mind the general support for the statements of the Codex Secretariat at CCNFSDU 44 *“The Codex Secretariat emphasized that CCNFSDU should carefully consider whether all the work on optional ingredients was warranted just to have methods of analysis listed in CXS 234-1999. CCNFSDU was under no obligation to list methods of analysis for optional ingredients and countries can use available methods even if they are not listed in CXS 234-1999. The Secretariat further noted that it was never the intent of the Committee to open any standards to address the issue of optional ingredients. To avoid a similar situation in future, the Secretariat proposed that CCNFSDU discontinue discussion on this item and to take a decision to only consider methods for essential composition requirements in standards under the purview of the CCNSDU.*

### RESPONSE FORM

#### Codex Committee on Nutrition and Foods for Special Dietary Uses EWG on a draft standard for foods for older infants and young children

#### 1<sup>st</sup> Consultation Paper

##### Question 1:

Do you agree with the proposed title of the standard?

☐ YES

☒ NO

Please provide reasons for your answer:

The title of the standard should include phrase ‘processed’ and read: ‘Draft standard for processed foods for older infants and young children’. This will more accurately convey the nature of the foods referred to in the proposed standards. This will also align with the Codex Standards CXS 74-1981 (Standard for *processed* cereal-based foods for infants and young children)

##### Question 2:

Do you agree with the proposed purpose of the standard?

☐ YES

☒ NO

Please provide reasons for your answer:

**1.1** To provide a standard to ensure foods specifically **processed** for older infants and/or young children are nutritionally adequate, nutrient-dense, **energy dense, safe** and appropriate for supporting healthy growth and development **as “convenience” foods in addition to family-based foods, complementing breastfeeding.**

~~and for establishing a diversified diet based on the food groups that are needed to provide adequate nutrition and for older infants and/or young children to establish healthy long-term dietary patterns.~~

### Question 3:

Do you agree with the proposed scope of the draft standard?

☐ YES

☒ NO

Please provide reasons for your answer:

**2.1** This standard applies to the foods as defined in Section 3.1.

**3.1 Food for older infants and young children** means a **processed** food, other than human milk, infant formula, follow-up formula for older infants and product/drink for young children<sup>1</sup>, that is provided during the normal complementary feeding period ~~when and/or when of breastfeeding to two years or beyond~~ **when and/or when of breastfeeding to two years or beyond** milk or infant formula ~~alone are no longer adequate to meet nutritional requirements.~~ These are baby and/or complementary foods, used as **convenience foods during the progressive adaptation transition of exclusive breastfeeding for the first six months of life to continued breastfeeding to two years or beyond complemented with family based, culturally appropriate foods.** These food **products** may be in ready-to-eat form or in dry form requiring reconstitution or preparation based on the manufacturer's instructions.

( <https://www.who.int/publications/i/item/9789240018389> ).

The proposed revised standard must comply with the provisions of the International Code of Marketing of Breastmilk Substitutes and relevant subsequent WHA resolutions

Nutrition and health claims should not be permitted for foods for infants and young children.

### Question 4:

Do you agree with the proposed definitions of the draft the standard?

☐ YES

☒ NO

Please provide reasons for your answer:

**3.1 Food for older infants and young children** means a **processed** food, other than human milk, infant formula, follow-up formula for older infants and product/drink for young children<sup>2</sup>, that is provided during the normal complementary feeding period ~~when and/or when of breastfeeding to two years or beyond~~ **when and/or when of breastfeeding to two years or beyond** milk or infant formula ~~alone are no longer adequate to meet nutritional requirements.~~ These are baby and/or complementary foods, used as **convenience foods during the**

<sup>1</sup> \*Other equivalent names for this product are “Drink for young children with added nutrients”, or “Product for young children

with added nutrients”, or “Drink for young children”.

<sup>2</sup> \*Other equivalent names for this product are “Drink for young children with added nutrients”, or “Product for young children

with added nutrients”, or “Drink for young children”.

progressive ~~adaptation~~ transition of exclusive breastfeeding for the first six months of life to continued breastfeeding to two years or beyond, complemented with family based, culturally appropriate foods. These food products may be in ready-to-eat form or in dry form requiring reconstitution or preparation based on the manufacturer's instructions.

**3.2 The term older infants** means persons from the age of 6 months and not more than 12 months of age.

**3.3 The term young children** means persons from the age of more than 12 months up to the age of two years (23 months).

**Guideline for complementary feeding of infants and young children 6–23 months of age**  
(<https://www.who.int/publications/i/item/9789240081864>)

#### Question 5:

What are your general comments on the overall structure of the essential composition section? Are the sections of Essential Composition sufficient, or would you prefer other sections be added?

Please provide your comments and reasons for your answer:

The text appears to be sufficient.

#### Question 6:

The food groups contain provisions for composition based on the key nutrients that they provide for older infants and young children. Do you agree with the food groups as laid out in the draft or would you group them differently? Do you agree with the characterizing nutrients and recommended levels? In addition, are there other characterizing nutrients or other nutrient requirements and recommended levels the EWG should consider?

In the *Standard for Follow Up Formula and Product for Young Children* (CXS 156-1987), minimum and maximum nutrient levels were set for shortfall nutrients. Is there a need for additional recommendations such as nutrient maximum levels for specific nutrients such as fiber?

Please provide your comments and reasons for your answer:

Yes, IBFAN agrees with the food groups, characterizing nutrients and their levels, including maximum levels of the fibre.

#### Question 7:

Do you agree with the compositional thresholds for foods characterized by a single component and foods that are characterized by two or more components (Section 4.1)? Do you agree with compositional recommendations being based on 100g of the food?

Please provide your comments and reasons for your answer:

Yes.

#### Question 8:

Do you agree with the Chairs and Co-Chairs' proposal to revise the sodium limit to 100 mg/100g where sodium can be added?

☒ YES

☐ NO

Please provide reasons for your answer:

This is consistent with the limits in the existing standards for the processed cereal based foods for infants and young children.

**Question 9:**

Do you see a need for a limit to be placed on total and/or free and/or added sugars, and if so, for which food groups? Codex does not have a definition for free or added sugars and developing one would require a new work proposal. Should the EWG proceed with added carbohydrates from specific sources or a total sugars limit, or do you have another suggestion?

Please provide your comments and reasons for your answer:

Limiting added sugar will be helpful in reducing sugar intake by infants and young children. Excessive sugar intake is an important cause of childhood obesity, dental caries and risks a life-long preference for sweetened foods.

**Question 10:**

Does section 4.2.2 regarding spores of *Clostridium botulinum* need to be updated to account for any other foods or ingredients? Should this provision be moved to another section, such as hygiene?

Please provide your comments and reasons for your answer:

Clostridia spores can contaminate processed food products and this section needs greater consideration than to just identify ingredients at risk.

**Question 11:**

Is the verbiage “*Strained*” and “*Junior*” as outlined in the Standard for Canned Baby Foods still relevant to the market in your country, or are there other words used in your country to describe stages of foods? Is there a need for separate sections for foods for different age groups, such as 6-12 months or 12-36 months? If so, what criteria and/or foods should apply to the separate groups? In your country, are baby food products marketed by stages (e.g., stage 1, first food, supported sitter)?

Please provide your answer and reasons for your answer:

Strained or pureed food products should not be produced or promoted for as complementary foods. At six months older infants are able to masticate and utilize soft cooked whole foods and facilitates the WHO recommendation of “responsive feeding”. The complementary feeding stage is also a critical learning phase about food when older infants learn about the texture, taste, colour and aroma of real food which sets up taste and foods lifelong food preferences.

**Question 12:**

What recommendations do you have for updating the cereal-based food provisions? These have currently been pulled over from the old *Standard for processed cereal based foods for infants and young children* (CXS 74-1981).

Please provide your answer and reasons for your answer:

This should be discussed separately.