

ENCA comment on the draft standard for foods for older infants and young children

CL 2026/47-CCNSFDU: At Step 4. September 2026

General Comment:

1. ENCA supports IBFAN's comment that challenges the premise that there is a widespread need for commercial products specifically designed for older infants and young children as a main complementary food source. Confidence in bio-diverse, minimally processed, healthier home prepared family foods is undermined when commercial products, many of which are ultra-processed, sweetened and nutritionally inferior are marketed to exploit parental fears as necessary and health-promoting. Consumption of commercially processed and sweetened food products may undermine self-regulation, contribute to unhealthy food preferences, promote child obesity and increase the risk of non-communicable diseases^{1,2,3,4}.

The proposed standard must have labelling provisions and safeguards against inappropriate and deceptive marketing of these products and ensure the recommended age of introduction⁵.

ENCA agrees with the proposal to revise and/or update the 2 standards, CXS 73-1981 and CXS 74-1981, however, in view of the potential negative health and nutritional impacts as noted above, the proposed standard must align with the criteria and recommendations of the ***International Code of Marketing of Breastmilk Substitutes***⁶ and all relevant ***World Health Assembly resolutions*** and WHO guidance and recommendations.

2. The WHO Guidelines 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)⁷ 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)⁸ 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.”*

ENCA notes that commercial complementary food products should be categorized as “convenience foods”. There is limited necessity for commercial complementary food products which are costlier than home prepared foods although “convenient” for care givers they compromise the ability of children to self-select and regulate. They are often perceived and used by care-givers to be functional as “convenience foods”⁹ in some settings and situations. For example, a UK study on parental choice² found that 95% of participants mentioned ‘convenience/time’. Similarly other studies note parental motivation for use as “convenience”. Mothers in the

Philippines¹⁰ reported reasons for purchasing commercial complementary foods as easy to prepare and provide and perceived them to be nutritious.

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.

3. The proposed standard must ensure that commercial baby foods meet WHO recommendations on sugar, salt and trans-fatty acid restrictions^{11,12,13} and that their marketing, labelling and packaging does not interfere with or undermine the optimal, independent, science-based recommendations for child feeding. All efforts must be made to minimize chemical and microbial contaminants, pesticides, herbicides, heavy metals and processing technologies with harmful consequences.
4. There should be due diligence to ensure transparency and safeguarding from commercial influence of the evidence base for the development of the new standard.
5. While WHO recommendations on the marketing restrictions of foods for infants and young children extend to 36 months (WHA69.9)¹⁴, IBFAN recommends that commercial complementary foods **marketed as suitable** for older infants and young children should be limited to cover children up 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. The suggestion to allow labelling and marketing of complementary foods for use before 6 months is contrary to scientific evidence⁵ and international recommendations⁷ and is not appropriate for this proposed global 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 food¹⁵. This sets up taste and lifelong food preferences¹⁶. 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”⁷. 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^{17,18,19}.
9. The proposal that only 50% of the content of a product 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, and if claims are made on the label, parents will be deceived and believe the products to be healthy.
10. Regarding the use of added sugars, sugar-contributing ingredients and sweeteners, IBFAN notes that these should not be permitted in complementary foods for infants and young children¹¹. The use of

sweetening ingredients has negative health consequences such as obesity, dental caries and develops a life-long preference for sweetened foods. Artificial flavourings should not be permitted.

11. “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 to Questions:

a. Role of FFOIYC:

a(i). Should FFOIYC be positioned primarily as complementary foods formulated to address specific nutrient gaps, or as general food categories within diversified diets?

FFOIYC should be categorized as general food categories within the framework of family foods alongside continued breastfeeding,

animal milks or commercial milk products. They should NOT be categorized as products to address specific nutrient gaps, since this would suggest to caregivers that they are therapeutic foods and thus confuse consumers. This would suggest that family foods cannot supply the nutrient/energy requirements for healthy growth and development.

Such categorization would idealize products fortified with industrially produced nutrients with low absorption and utilization and imply that they are therapeutic.

The WHO⁷ definition of complementary foods: “The process of providing foods in addition to milk when breast milk or milk formula alone are no longer adequate to meet nutritional requirements”.

a(ii). What is the role of foods for older infants as they transition from human milk/formula to foods?

Processed commercial products for older infants are invariably costly and packaged with idealising labelling. Commercial complementary food products are not consistent with optimal infant and young child feeding recommendations. They should be limited to the role of “convenience foods” for limited conditions and situations. They should not replace nutrient-rich, home-prepared and locally available family foods, consistent with WHA 69.9 and the WHO Guideline for complementary feeding of infants and young children 6–23 months of age (2023). Older infants from 6 to 12 months need a gradually diversified diet of family foods consisting of animal sourced protein, fruits and vegetables, nuts, seeds and pulses, and limited local starchy staple foods alongside continued breastfeeding, animal milks or commercial milk products.

a(iii). What is the role of foods for young children during the complementary feeding period as they transition to a diversified diet?

Commercial products for young children during the complementary feeding period are “convenience” foods and their use should be limited during the transition to nutrient-rich, home-prepared and locally available family foods, consistent with WHA 69.9 and the WHO Guideline for complementary feeding of infants and young children 6–23 months of age (2023).

a(iv). What is the role of foods produced based on this updated standard in complementing family foods?

Commercial foods should not replace or “complement” family foods. This is a critical time when older infants and young children develop life-long food preferences. They learn about the colour, aroma, texture and taste of real food and develop long-term eating patterns that are important in the prevention of life long non-communicable diseases. The soft texture, sweetness and ultra-palatability of many commercially processed snacks and foods circumvent children’s normal satiety and self-regulation of intake. This can increase the incidence of non-communicable diseases such as obesity, diabetes, cardiac disease and negatively impact oral development. There is also the risk that these products displace breastmilk intake, that remains an important source of nutrition and immunology after 6 months.

b. Nutritional Profile

c.

b(i). What are the daily nutritional needs for older infants and young children for calories and macronutrients (average macronutrient distribution ranges)?

o b(ii). What are the daily nutritional needs for older infants and young children for vitamins and minerals?

- *In addition to the NRVs-Rs being agreed on by CCNFSDU, are there additional nutrients for which we could benefit from having recommended daily intake*

values? E.g. fiber, essential fatty acids, sodium, saturated fats?

o b(iii). Should the essential composition and nutrient profile differ depending on the product category e.g. cereal-based, dairy-based, animal protein-based, or mixed?

The varying needs from 6 months to 24 months need to be assessed and take into account the contribution of breastmilk, other animal milks or commercial milk products and family foods^{20,21}.

Since breastmilk continues to provide the primary source of essential nutrients (estimated as 77% of energy need, the nutritional contributions from complementary foods are minimal from 6 to 9 months. Throughout the second year, from 12 to 24 months breastfeeding is estimated to provide 44% of energy needs. Continued breastfeeding from 6 to 24 months, in addition to providing essential nutrients, makes important immunological contributions including immunoglobulins, hormones, proteins, human milk oligosaccharides, white blood cells, anti- microbial peptides, cytokines, chemokines, micro RNAs, and commensal bacteria continue to be important.

Labelled and marketing must prevent confusion in the market place and needless, misuse of products and any promotional claims must be prohibited for all products covered by this standard.

Labelling and marketing must distinguish between FFOIYC, Foods for Special Medical Purposes (FSMPs) and RUTF (which should not be on general sale) to prevent confusion in the market place and needless, misuse of products for specialized nutritional needs. Products 'claiming to be FSMPs often have limited evidence of efficacy that medicalise common feeding occurrences and risk marketing exploitation. These products should not be on general sale or should only be available on prescription.

c. Product Composition

c(i). Should the essential composition of products be established based on food groups or essential nutrients and/or nutrients to limit, or a combination?

The essential product composition based on food groups as recommended by WHO (Guideline for Complementary Feeding of Infants and Young Children 6 to 36 months of age. 2023) list animal protein, fruits and vegetables, pulses, nuts and seeds and limited starchy staples as key ingredients to provide dietary diversity and energy and nutrient density. Product composition should be constituted to include all the food groups as recommended by WHO to provide dietary diversity and nutrient/energy density.

d. Dietary Modelling

d(i). The Dietary Modelling should support the WHO recommendations of animal-based protein, fruits and vegetables, pulses, nuts and seeds and limited starchy staples²¹.

e. Structure of the Standard

e(i). ENCA supports the two-section structure to facilitate regulation of these products and reduce consumer confusion.

Part A: Food (Products) for Older Infants and Young Children (to replace the standard for canned food),

Part B: Cereal-based (products) foods to update the cereal based food standard).

Draft Standard for Foods for Older Infants and Young Children (FFOIC)

ENCA supports a preamble to cover the two proposed sections A and B to include:

- safeguards for the protection of continued breastfeeding to two years or beyond,
- a statement that commercial food products for older infants and young children should not replace family foods,
- the provisions of the International Code and relevant World Health Assembly resolutions applicable to the marketing of food products for older infants and young children,
- a statement that this standard provides the requirements that foods specifically processed for older infants and/or young children are optional “convenience” foods which must be nutritionally adequate, nutrient-dense, energy dense, safe and appropriate for supporting healthy growth and development when consumed in addition to culturally appropriate, family-based foods and breastmilk,
- a provision for safe packaging, disallowing pouch products because these
 - harm oral development,
 - increase dental caries, obesity, the intake of micro-plastic contaminants and
 - discourage self-regulated feeding.

Scope

IBFAN supports the removal of the brackets [healthy], and proposes to replace “prepared” with “manufactured” and to add “are not necessary” to read:

Foods **manufactured** according to this standard are **not necessary** and are intended for healthy older infants and young children. They may be used following exclusive breastfeeding, animal milk or commercial milk products feeding, for the first six months and as part of the transition to a diverse diet with continued breastfeeding to two years or beyond complemented with family based culturally appropriate foods.

Rationale:

The word “prepared” is suggestive of home preparation rather than a product manufactured in commercial premises. Commercial

complementary foods are not necessary and can be used as “convenience” foods in certain situations.
ENCA proposes to delete section 1.2.

Rationale:

It is redundant to cite the standards that do not apply. This is covered by 1.3.

IBFAN favours option #1:

Only foods produced according to this standard **should be marketed as suitable for** older infants and young children.

IBFAN proposes to add the following section

Products that are covered by this standard should comply with the relevant provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (WHA39.28, 49.15, 54.2, 55.25, 58.32, 61.20,63.23,69.9).

Description

2.1 Product definition

2.1.1 ENCA proposes the following wording:

Foods for older infants and young children means **processed** foods manufactured for use as part of the diversified diet of older infants and young children as convenience foods during the progressive transition from exclusive breastfeeding, animal milks or commercial milk product feeding for the first six months of life to continued breastfeeding to two years or beyond, complemented with family based, culturally appropriate foods.

2.1.2 ENCA proposes the addition of “does not undermine self-regulated feeding”.

Foods for older infants and young children are so processed by physical means only and so packaged to prevent spoilage, contamination and **does not undermine self-regulated feeding**

under normal circumstances of handling, storage and distribution in the country where the product is sold.

2.2 Other Definitions

2.2.4 ENCA agrees to have a definition for food groups and proposes the following addition:

Food groups **suitable for older infants and young children** means only foods that are marketed to be suitable for this age group and does not include foods marketed for the general public.

References:

1. Brand-Williamson, J. et al. 2025. Commercial Baby Foods: Nutrition, Marketing and Motivation for Use – A Narrative Review. *Matern Child Nutr.* 21(4):e70059. Doi:10.1111/mcn.70059.
2. Dunford, E. K. , Scully M., and Coyle D. 2024. “Commercially-Produced Infant and Toddler Foods-How Healthy Are They? An Evaluation of Products Sold in Australian Supermarkets.” *Maternal & Child Nutrition* 20, no. 4: e13709. 10.1111/mcn.13709. [\[DOI\]](#).
3. De Araújo, C. R. B. , et al. 2023. “Nutritional Adequacy of Commercial Food Products Targeted at 0–36-Month-Old Children: A Study in Brazil and Portugal.” *British Journal of Nutrition* 129, no. 11: 1984–1992. 10.1017/S0007114522002707.
4. Markey O, et al. 2022. Unhealthy Food and Beverage Consumption during Childhood and Risk of Cardiometabolic Disease: A systematic Review of Prospective Cohort Studies. *J Nutr.* doi: 10.1016/j.tjnut.2022.11.013.
5. Padhani ZA, et al. 2023. Optimal timing of introduction of complementary feeding: a systematic review and meta-analysis. *Nutr Rev.*

2023 Apr;Epub ahead of print. doi:
10.1093/nutrit/nuad019.

6. International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981.
7. 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.
8. Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization; 2003
(<https://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>).
9. Hollinrake, G, et al. 2024. “Use of Baby Food Products During the Complementary Feeding Period: What Factors Drive Parents' Choice of Products?” *Maternal & Child Nutrition* 20: e13689. 10.1111/mcn.13689. [DOI].
10. Consortium for Improving Complementary Foods in Southeast Asia (COMMIT), 2023. Consumer survey on commercially produced complementary foods in the Philippines: Exploring mothers' perceptions, purchasing behaviour and labelling considerations. Bangkok: UNICEF.
11. Guideline: Sugars intake for adults and children. Geneva: World Health Geneva: World Health Organization; 2015
(<https://www.who.int/publications/i/item/9789241549028>).
12. Guideline: Saturated fatty acid and trans-fatty acid intake for adults and children. Geneva: World Health Organization; 2023.
(<https://www.who.int/publications/i/item/9789240073630>).

13. Guideline: sodium intake for adults and children. Geneva: World Health Organization; 2012. (<https://www.who.int/publications/i/item/9789241504836>).
14. Guidance on ending the inappropriate promotion of foods for infants and young children. Geneva: World Health Organization; 2017 (<https://www.who.int/publications/i/item/9789241513470>).
15. Mura Paroche, M. et al. 2017. "How Infants and Young Children Learn About Food: A Systematic Review." *Frontiers in Psychology* 8: 1046. 10.3389/fpsyg.2017.01046. [DOI].
16. Jaques, S. et al. 2026. Breastfeeding may provide the on-the-job training of self-regulation: Longitudinal links with inhibitory control. *Appetite*. 224.
17. Brunacci, K. A. et al. 2023. "The Big Squeeze: A Product Content and Labelling Analysis of Ready-To-Use Complementary Infant Food Pouches in Australia." *BMC Public Health* 23, no. 1: 656. 10.1186/s12889-023-15492-3. [DOI].
18. Crawley, H. , and Westland S.. 2017. "Baby Foods in the UK: A Review of Commercially Produced Jars and Pouches of Baby Foods Marketed in the UK." *First Steps Nutrition Trust*.
19. Crawley, H. , and Westland S.. 2019. "Fruit and Vegetable-Based Purées in Pouches for Infants and Young Children." *First Steps Nutrition Trust*.
20. World Health Organization., United Nations Children's Fund (UNICEF). Indicators for assessing infant and young child feeding practices. Definitions and measurement methods. Geneva: World Health Organization; 2021. (<https://www.who.int/publications/i/item/9789240018389>).

21. Insights from Optifood modeling to support revision of infant and young child feeding recommendations: Full report Mary Arimond, Elaine Ferguson, and Doris Wiesmann, June 2022. (<https://cdn.who.int/media/docs/default-source/nutrition-and-food-safety/complementary-feeding/cf-guidelines/dietary-modelling.pdf>).
22. 22. Rios-Leyvraz M, Yao Q. The Volume of Breast Milk Intake in Infants and Young Children: A Systematic Review and Meta-Analysis. *Breastfeeding Med.* 2023 Feb;18:188–97. doi: 10.1089/ bfm.2022.0281.