

Codex draft standard for foods for older infants and young children

Key messages and proposals

Katherine Shats

Legal Specialist, Nutrition

UNICEF Global Programme Division



Why this standard matters

- Diets of older infants and young children are changing rapidly worldwide.
- Consumption of ultra-processed foods and beverages is increasing.
- Policy responses are needed.



Commercially produced complementary foods (CPCF) are often among children's first exposures to ultra-processed foods.

UNICEF's complementary feeding framework

- Priority should be given to:
 - ✓ Nutrient-rich family foods
 - ✓ Home-prepared foods
 - ✓ Locally available foods
- Commercially produced foods may serve as an additional option for caregivers in some circumstances.



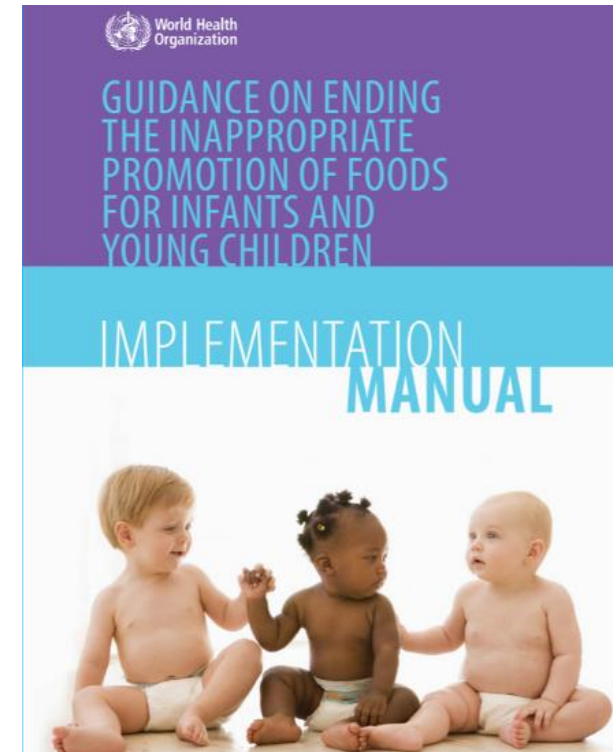
Complementary feeding is a period for introducing diverse, safe, adequate, and appropriate foods alongside continued breastfeeding.

2016 WHO Guidance and World Health Assembly (WHA) resolution 69.9

The 2016 WHO Guidance was welcomed in WHA69.9.

Member States were urged to implement its recommendations:

“take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations ...”



The Codex standard should align with the Code, including WHA69.9 and other related WHA resolutions.

Role of commercial foods

Use of commercial foods varies significantly across countries and households.

Influenced by:

- Food availability and affordability
- Caregiving practices
- Breastfeeding status
- Food environments
- Household circumstances



Where used, commercial products should *complement, not replace*: breastfeeding, family foods, home-prepared complementary foods, and locally available nutrient-rich foods.

Key concerns with CPCF

- Many CPCF are:
 - Of poor nutritional quality
 - Ultra-processed
- CPCF are often marketed in ways that may:
 - Displace culturally appropriate family foods
 - Undermine home-prepared complementary feeding practices
- In some circumstances, CPCF that meet high standards provide an additional option for caregivers

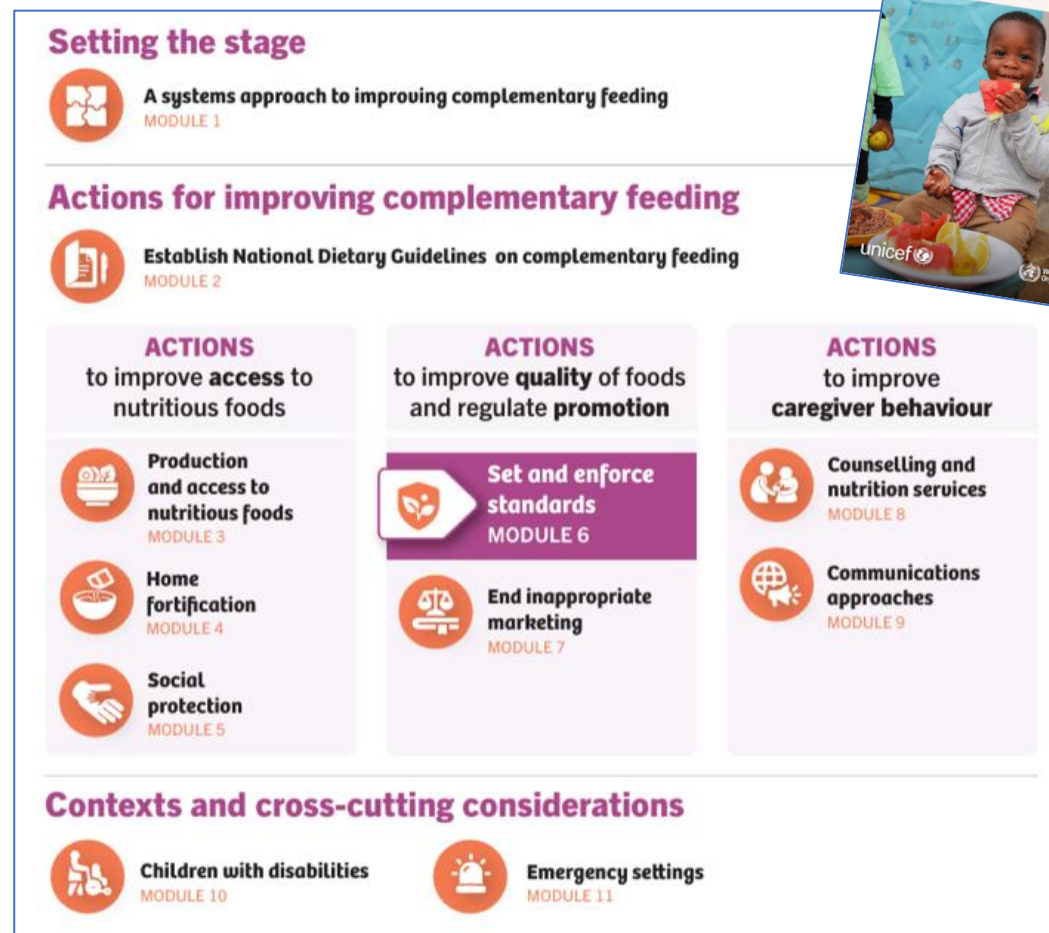


“The ultimate goal is to create food environments in which families and caregivers are confident in nourishing infants and young children without unhealthy, ultra-processed products.”

UNICEF's priorities for the Codex standard

This standard **should**:

- Create strong CPCF requirements for safety, composition, quality and labelling.
- Help prevent products from contributing to the displacement of family and home-prepared foods and continued breastfeeding.
- Align with governments' existing human rights obligations to respect, protect, and fulfil children's right to adequate nutritious foods.



UNICEF is supporting the standard's potential for good *and* protecting against its potential harms.

UNICEF's priorities for the Codex standard

This standard should **not**:

- Try to determine what are optimal complementary feeding practices, the role of commercial products in children's diets, or how nutrient gaps should be addressed.
 - Instead, these issues are determined in national public health policies, interventions, programmes and food-based dietary guidance.
- Imply that CPCF are necessary, preferred or equivalent to nutritious, culturally appropriate family foods.



The public health community must center child rights and protect the standard from undue commercial influence.

Key proposals for existing text in the draft standard



- Protect breastfeeding
- Use phrase 'marketed as suitable for older infants and young children'
- Beverages should not be marketed as suitable for older infants and young children
- Product categories with nutrient-based criteria instead of food group thresholds

**Many sections of the draft standard have not been developed yet.
These proposals are for existing sections.**

Protect Breastfeeding

UNICEF proposal:

1.4 No foods or beverages other than infant formula or human milk may be marketed as suitable for infants younger than six months of age. [footnote]

[Proposed footnote: In alignment with the International Code of Marketing of Breast-milk Substitutes and WHA 69.9, any food other than infant formula or human milk (in the context of human milk banks) should not be marketed as suitable for infants younger than six months of age.]



Rationale:

- No CPCF should be marketed as suitable to infants before 6 months old.
- Infants from 6 months who are not breastfed may be fed either formula or animal milk.
- Continued breastfeeding is recommended during the complementary feeding period.
- Alignment with the Code, WHO Guideline, and existing human rights obligations.

Use phrase ‘marketed as suitable for older infants and young children’ (slide 1/2)

UNICEF proposal:

2.2.3 [The term marketed as suitable for means.....] **older infants and young children means when a food or beverage:**

(a) is labelled with the words “baby”, “infant,” “toddler” or “young child”;

(b) is recommended for introduction at an age of less than 3 years;

(c) has a label with an image of a child who appears to be younger than 3 years of age or feeding with a bottle; or

(d) is in any other way presented as being suitable for children under the age of 3 years.

Rationale:

- Alignment with the Code and existing human rights obligations.
- This proposed definition is already being used in legal and regulatory frameworks.
- This framing helps regulators identify relevant products based on labelling, age recommendations, imagery, etc.



Use phrase 'marketed as suitable for older infants and young children' (slide 2/2)

UNICEF proposal:

~~1.1 Foods prepared according to this standard are intended to healthy~~ This standard applies to commercially produced foods and beverages that are marketed as suitable for older infants and young children.

~~1.2 [This standard does not apply to products covered by produced under the Standard for Infant formula and formulas for special medical purposes intended for infants (CXS 72-1981), Standard for follow-up formula for older infants and product for young children (CXS 156-1987), the Guidelines for ready to use therapeutic foods (CXG 95-2002), Formulated complementary foods for older infants and young children (CXG 8-1991), Vitamin and Mineral Food Supplements (CXG 50-2005).] [Foods not marketed as suitable specifically [intended/presented as suitable for/marketed to] for older infants and young children are out of scope.] [Products considered to be breastmilk substitutes or [other beverages] provided to [healthy] older infants or young children are out of scope.]~~

Rationale:

- The standard should not use the concept of foods intended for 'healthy' children as this is difficult to define.
- The standard should clearly apply only to commercially produced foods.
- This distinction is important because many foods may be suitable for feeding older infants and young children as part of family diets, but only products *marketed as suitable* for this age group fall within the standard's scope.

Beverages should not be marketed as suitable for older infants and young children

UNICEF proposal:

1.5 No beverages may be marketed as suitable for older infants and young children.



Rationale:

- The standard should expressly prohibit beverages from being marketed as suitable for older infants and young children.
- Beverages specifically marketed to this age group are not necessary for complementary feeding and may displace breastfeeding, animal milk where appropriate, water, and nutrient-rich family foods.
- Note that breast-milk substitutes are covered by other Codex standards and are expressly excluded from the scope of this standard already.

Product categories with nutrient-based criteria *instead of* food group thresholds (slide 1/2)

UNICEF comments on:

2.1.3 Product Categories

Foods for older infants and young children can be produced to fit into the following categories.....]

Rationale:

Do not use a food-group-based approach.

- May be useful for dietary guidance but less appropriate for Codex standards
- Difficult to apply consistently in standards

Use product categories and nutrient-based criteria.

- Define categories using objective characteristics: product type, form, preparation requirements, key ingredients.

Establish category-specific requirements:

- Energy density (where appropriate)
- Limits/prohibitions on added sugars and sweeteners
- Sodium limits
- Restrictions on unhealthy fats
- Other nutrients or ingredients of public health concern



Product categories with nutrient-based criteria *instead of* food group thresholds (slide 2/2)

UNICEF recommends a two-tier framework:

- General requirements for all products (safety, quality, prohibited ingredients)
- Additional category-specific requirements

Account for level of processing, including risks associated with **ultra-processed products**.



A category-based, nutrient-focused approach is clearer, more enforceable, and better protects healthy complementary feeding practices.

Proposed preamble for consideration

Older infants and young children require safe, nutritious, diverse and age-appropriate foods as they transition from exclusive milk feeding to increasingly diverse diets and family foods. From six months of age, foods should be introduced alongside continued breastfeeding to meet evolving nutritional needs.

This standard provides guidance to support governments in establishing requirements for commercial foods marketed as suitable for older infants and young children. It aims to ensure that, where such products are used, they are safe, appropriately composed and labelled, support healthy dietary practices, and do not displace continued breastfeeding, culturally appropriate family foods, home-prepared foods, or other locally available nutritious foods.

The application of this standard should be consistent with national and regional health and nutrition policies, dietary guidelines and complementary feeding recommendations. Nothing in this standard should be interpreted as limiting the ability of governments to adopt measures consistent with national public health objectives, infant and young child feeding policies, dietary guidelines, or applicable legal obligations.

The application of this standard should take into account the International Code of Marketing of Breast-milk Substitutes, relevant World Health Assembly resolutions, including WHA resolution 63.23 and WHA 69.9, and relevant WHO guidelines and recommendations on infant and young child feeding.

Overview of proposed changes

1. SCOPE

1.1 ~~Foods prepared according to this standard are intended to healthy~~ This standard applies to commercially produced foods that are marketed as suitable for older infants and young children.

1.2 ~~[This standard does not apply to products covered by produced under the Standard for Infant formula and formulas for special medical purposes intended for infants (CXS 72-1981), Standard for follow-up formula for older infants and product for young children (CXS 156-1987), the Guidelines for ready to use therapeutic foods (CXG 95-2002), Formulated complementary foods for older infants and young children (CXG 8-1991), Vitamin and Mineral Food Supplements (CXG 50-2005).] [Foods not marketed as suitable specifically [intended/presented as suitable for/marketed to] for older infants and young children are out of scope.] [Products considered to be breastmilk substitutes or [other beverages] provided to [healthy] older infants or young children are out of scope.]~~

1.3 ~~Option #1 - Only foods produced according to this standard should~~ **shall** be ~~[marketed as suitable for/presented as suitable foods]~~ for older infants and young children.

1.4 No foods, including beverages, other than infant formula or human milk may be marketed as suitable for infants younger than six months of age. [footnote]

[Proposed footnote: In alignment with the International Code of Marketing of Breast-milk Substitutes and WHA 69.9, any food other than infant formula or human milk (in the context of human milk banks) should not be marketed as suitable for infants younger than six months of age.]

1.5 No beverages, other than those covered by CXS 72-1981 and CXS 156-1987, may be marketed as suitable for older infants and young children.

~~1.3 Option #2 - [Foods not consistent with this standard should not be [marketed/presented as suitable foods] for older infants and young children.]~~

[2. DESCRIPTION

2.1 Product Definition

2.1.1 Foods for older infants and young children means foods ~~and [beverages], other than human milk and products covered by the Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants (CXS 72-1981) and the Standard for Follow-up formula for Older Infants and Product for Young Children (CXS 156-1987), that are commercially produced and marketed as suitable for manufactured for use as part of the diversified diet of~~ older infants and young children.

2.1.2 Foods and ~~[beverages]~~ for older infants and young children are so processed by physical means only and so packaged as to prevent spoilage and contamination under all normal conditions of handling, storage, and distribution in the country where the product is sold.

2.1.3 Product Categories

Foods for older infants and young children can be produced to fit into the following categories.....]

2.2 Other Definitions

2.2.1 The term older infant means a person from the age of 6 months and not more than 12 months of age

2.2.2 The term young child means a person from the age of more than 12 months up to the age of three years (36 months).

2.2.3 ~~[The term marketed as suitable for means.....]~~ older infants and young children means when a food:

(a) is labelled with the words "baby", "infant," "toddler" or "young child";

(b) is recommended for introduction at an age of less than 3 years;

(c) has a label with an image of a child who appears to be younger than 3 years of age or feeding with a bottle; or

(d) is in any other way presented as being suitable for children under the age of 3 years.

2.2.4 ~~[The term Food Groups mean categories of foods based on having similar nutritional properties and roles in contributing to nutrient adequacy of healthy dietary patterns. Food groups typically have shared characteristics like agricultural production, commodity standards and nutritional properties.]~~

Issues left for future elaboration

3. ESSENTIAL COMPOSITION AND QUALITY FACTORS

3.1 Essential Composition

3.2 Energy Density

3.3 Protein

3.4 Carbohydrates

3.5 Lipids

3.6 Minerals

3.6.1 Sodium

3.7 Vitamins

3.8 Optional Ingredients

3.9 Quality Factors

3.10 Consistency and Particle Size

3.11 Specific Prohibitions

4. FOOD ADDITIVES

5. CONTAMINANTS

6. HYGIENE

7. PACKAGING

8. LABELLING

9. METHODS OF ANALYSIS AND SAMPLING

Summary of key messages

1. Protect breastfeeding
2. Align with the Code, WHA 69.9 and existing human rights obligations
3. Create strong nutrition and labelling requirements
4. Ensure CPCF complement rather than replace nutritious family foods
5. Preserve governments' authority to adopt context-specific measures in line with national dietary guidelines and public health priorities





Thank You.
kshats@unicef.org