

REVIEW OF THE CODEX STANDARD FOR FOLLOW-UP FORMULA

Codex Committee on Nutrition and Foods for Special Dietary Uses

BACKGROUND

Codex Alimentarius (referred to as “Codex”) is a joint body of the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) that develops harmonized international food standards, guidelines and codes of practice to protect the health of consumers and ensure fair practices in food trade. Codex also promotes the coordination of all food standards work undertaken by international governmental and non-governmental organizations. Helen Keller International is an official observer at Codex.

The Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) is currently undertaking a full review of the Codex standard for follow-up formula (Codex Standard 156-1987). Since Codex standards often serve as the basis for national legislation, they can have a profound impact on infant and young child nutrition and health. Changes to the standard are necessary now because:

- There is growing evidence that companies are cross-promoting¹ all categories of follow-up formula with infant formula. Such practices are undermining both exclusive and continued breastfeeding.
- In the current standard under the heading “Additional Requirements,” it incorrectly states: “The products covered by this standard are not breastmilk substitutes and shall not be presented as such.”
- The 2016 World Health Assembly Resolution (WHA 69.9) and associated “Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children” clearly state that the International Code of Marketing of Breast-milk Substitutes (the Code) covers infant formula and follow-up formula/ growing-up milks that are marketed as suitable for older infants and young children from the age of 6 months to 36 months. This includes all categories of follow-up formula on the market.

The 2017 CCNSFDU meeting in Berlin, Germany from December 4 -8th provides an important opportunity for countries to protect older infant and young child health. HKI urges countries to engage at the CCNFSDU and take a strong stance on the agenda item which will address the review of the Standard for Follow-Up Formula.

CRITICAL ACTIONS NECESSARY AT CCNFSU 2017 TO PROTECT BREASTFEEDING

1

THE CODEX STANDARD MUST BE ALIGNED WITH WORLD HEALTH ASSEMBLY RESOLUTION 69.9 AND THE ACCOMPANYING GUIDANCE

WHY?

- There must be alignment between Codex documents and resolutions made at the World Health Assembly (WHA),² the world's highest authority for health policy setting, so that the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions underpin all Codex standards and guidelines for foods for infants and young children and support the priority areas identified by Member States. The work of both bodies must be mutually reinforced.
- The WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children adopted as part of WHA Resolution 69.9 at the World Health Assembly in May 2016 is clear – all follow-up formulas are breastmilk substitutes.

ACTION REQUIRED AT CCNFSU 2017:

The Codex Standard for Follow-up Formula (CODEX STAN 156-1987) must make specific and direct reference to the WHA Resolution 69.9 and associated guidance adopted in May 2016 and thus also be in line with the text included in other related Codex Standards/Guidelines. Direct reference to WHA 69.9 must be made in the scope and/or preamble and in the labelling section.

2

ALL PRODUCTS INCLUDED IN THIS CODEX STANDARD MUST BE DEFINED AS BREASTMILK SUBSTITUTES AND THEREFORE FALL UNDER THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

WHY?

- The evidence is clear that breastfeeding declines substantially when follow-up formula is consumed by older infants and young children. WHO and UNICEF recommend continued breastfeeding until two years and beyond. The promotion of follow-up formula thus undermines continued breastfeeding, especially when just under half (46%) of the world's children are breastfed to 2 years, particularly in the poorest households. In addition, follow-up formula cannot be considered to be a complementary food as it is a replacement for the liquid part of the diet and thus competes with breastmilk.
- Because follow-up formula is promoted with labels that look similar to infant formula (cross-promotion), promotion of follow-up formula undermines breastfeeding in the first six months of life as well and contributes to misuse of these products, contributing to increased health risks.
- Marketing by the large and growing breastmilk substitute industry undermines efforts to improve breastfeeding practices. The market value of the baby milk industry is projected to increase from US\$ 45 billion in 2014 to US\$ 71 billion in 2019 (The Lancet, Vol 387, 2016).

ACTION REQUIRED AT CCNFSU 2017:

All the products included in this standard must be clearly defined and referred to as breastmilk substitutes and be required to comply with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.

3

FOLLOW-UP FORMULA FOR CHILDREN AGED 12-36 MONTHS MUST NOT BE CALLED "FORMULA"

WHY?

- Although WHO has stated that follow-up formula is not necessary, Codex has agreed to develop standards for two categories of follow-up formula: one for older infants aged 6 to 12 months and one for young children aged 12 to 36 months.
- Follow-up formula for children aged 12 to 36 months old will potentially have fewer mandatory nutrients than follow-up formula for children aged 6 to 12 months and infant formula for children aged 0 to 6 months. It will therefore not be appropriate for children under 12 months of age and therefore should not be called "formula," since the term can potentially confuse mothers/caregivers and lead them to believe it can be fed to children less than 12 months of age and serve as a replacement for all foods. Such use of this product could have serious negative implications for the nutritional status of children younger than 12 months of age.
- Labels for follow-up formula for children aged 12-36 months should be clearly distinct from those for infants under age 12 months and should not use similar color schemes or design elements. Regardless of the name given and labelling, all follow up formulas must be clearly defined as breastmilk substitutes.
- Nutrition and health claims should not be made for any follow-up formula, to be in compliance with the guidelines for the use of nutrition and health claims (CAC/GL 23-1997 1.4) "Nutrition and health claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation." Since these products are not necessary and undermine both exclusive and sustained breastfeeding, it is essential for the protection of breastfeeding that the prohibition on claims be incorporated into national legislation.

ACTION REQUIRED AT CCNFSU 2017:

Follow-up formula must be appropriately formulated for the age group for which it is intended and provide important nutrients at a level to satisfy nutritional requirements when consumed together with appropriate complementary foods.

- Follow-up formula for children 12-36 months old should not be called 'formula'. A more appropriate name needs to be discussed and determined, which clearly defines what they are and does not make such products appear aspirational.
- These products must be defined as being breastmilk substitutes.

WE MUST ENSURE CODEX PROTECTS CHILDREN'S LIVES

**Global breast-milk substitute sales in 2014 = USD 44.8 billion.
The market value in 2019 is projected to grow to USD 70.6 billion.
This shows the industry's large, competitive claim on infant feeding.**
The Lancet, 2016

Endnotes:

1. Cross-promotion is a form of marketing promotion that targets customers of one product or service with promotion of a related product. This can include packaging, branding and labeling of a product to closely resemble that of another.
2. This alignment is included in the scopes for the following relevant Codex Standards, the Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants (CODEX STAN 72 - 1981) and the Guidelines on Formulated Complementary Foods for Older Infants and Young Children (CAC/GL 8-1991). It is essential for this standard to do the same.

For more detailed documentation on the current CNFSDU discussions, contact Elizabeth Zehner of Helen Keller International at EZehner@hki.org.