

REVIEW OF THE CODEX STANDARD FOR FOLLOW-UP FORMULA

Policy Brief

CODEX ALIMENTARIUS MUST PUT SAVING CHILDREN'S LIVES FIRST

Codex Alimentarius is a joint body of the World Health Organisation (WHO) and Food and Agriculture Organisation (FAO) 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 plays a critical role in protecting optimal infant and young child feeding practices, including developing standards related to breastmilk substitutes. Standards developed by Codex often serve as the basis for national legislation and, as such, have a profound impact on infant and young child nutrition.

Yet protecting both consumer health *and* trade can come into conflict, as is evident in the current debate regarding the review of the Standard for Follow-up Formula—where trade and commercial interests are clearly taking preference over health. A growing body of evidence shows that companies are cross-promoting infant formula and follow-up formulas—a practice that undermines both exclusive and continued breastfeeding and violates the International Code of Marketing of Breast-milk Substitutes.

This December, Codex will review both categories of follow-up formula: one for older infants aged 6 to 12 months

and one for young children aged 12 to 36 months (often called growing-up milk). This is an important opportunity to protect breastfeeding and improve child nutrition—a major contribution to reducing preventable child deaths.

MARKET FOR FOLLOW-UP FORMULA AND GROWING UP MILK IS GROWING IN LOW AND MIDDLE-INCOME COUNTRIES

The market for breastmilk substitutes, especially in low and middle-income countries, is lucrative and growing—predicted to reach USD 70 billion by 2019.¹ Euromonitor data from 11 countries shows that countries where stunting is high—such as Nigeria—are experiencing some of the greatest market growth, whereas countries like Canada and France are in decline. The cost of not breastfeeding in these countries is high; reduced human capital development and increased health system spending result in a 1% loss in Gross National Income each year on average—ranging from USD 66 billion in China to almost USD 1 billion in Kenya and Peru.²

THE CASE FOR A STRONGER CODEX STANDARD FOR FOLLOW-UP FORMULA

- WHO and UNICEF's global recommendation for optimal infant and young feeding is that a child should be exclusively breastfed for the first six months, and continue to receive breastmilk to two years or beyond.
- The consumption of follow-up formula replaces rather than complements the intake of breastmilk from 6 months of age.
- Despite the WHO stating that follow-up formula is not necessary, the market for these products continues to grow.
- Because follow-up formula is promoted with labels that look similar to infant formula, their promotion therefore also undermines breastfeeding in the first six months of life and contributes to the misuse of these products, leading to potential health risks.



GROWTH IN FOLLOW-UP FORMULA AND GROWING-UP MILK MARKETS ACROSS COUNTRIES:³

Country	Stunting Rate (% of children under 5) ⁴	Follow-up Formula % Volume Growth	Growing-up Milk % Volume Growth
China*	9	44.6	79.6
Brazil*	7	39.9	36.5
Peru*	15	33.8	61.4
Nigeria**	33	26.7	11.5
Kenya**	26	22.7	20.5
Indonesia**	36	18.9	47.8
South Africa**	24	18.0	22.9
Thailand*	16	12.3	23.2
Mexico*	14	2.0	5.0
France	N/A	-1.2	-3.7
Canada	N/A	-4.1	-8.5

**Lower-Middle Income Countries (GNI Per Capita USD \$1,006-3,955)⁵

*Upper-Middle Income Countries (GNI Per Capita USD \$3,956 TO \$12,235)⁵

Despite the multiple challenges they face—high stunting rates in the face of a growing breastmilk substitute market—low and middle-income countries often do not have the human or financial resources to attend Codex or participate in relevant working groups. The commercial interests of developed countries and the economic interests of manufacturers of follow-up formula are therefore made loud and clear, while the voices of low and middle-income countries are too often drowned out. The upcoming 39th Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) could change this by putting the protection of consumers ahead of food trade and commercial interests.

CRITICAL ACTION NECESSARY AT CODEX 2017 TO PROTECT BREASTFEEDING

The CCNFSDU in Germany this December will continue its work of reviewing the Codex Standards for Follow-Up Formula (Codex Stan 156-1987). As part of the review, Codex will deliberate as to whether to explicitly state in the Standard that both categories of follow-up formula are breastmilk substitutes and therefore fall within the scope of the International Code of Marketing of Breast-Milk Substitutes.

This decision would play an important role in curbing unethical marketing practices used to promote these products which can endanger breastfeeding. The outcome has the potential to save children's lives. *The Lancet* series on breastfeeding found that over 800,000 children's lives could be saved with improved breastfeeding rates, most of these in low and middle-income countries.¹

The World Health Assembly took a bold step—Follow-up Formula and Growing-Up Milk are breastmilk substitutes—Codex must now follow

The world took a bold step towards saving children's lives at the 2016 World Health Assembly when countries adopted resolution WHA 69.9. The resolution warmly welcomed WHO guidance that explicitly states that follow-up formula and growing-up milks are breastmilk substitutes. In this way, Codex must take an equally bold step and define follow-up formula, for both the 6-12 age group and 12-36 month age group, as breastmilk substitutes and so ensure that these products adhere to the Code.

THREE ACTIONS SUPPORTED BY UNICEF AND WHO MUST BE DEMANDED FROM CODEX

ACTION 1: Reference WHA Resolutions

In the preamble to the Standard, specific relevant WHA resolutions (WHA 39.28, WHA 63.23 and WHA 69.9) must be referenced by name. If reference to them is not included in the preamble, it must be included in the scope text for both products. This view is supported by both the WHO and by UNICEF.

ACTION 2: Define both categories of follow-up formula products as breastmilk substitutes

The definitions text of the Standard must directly refer to these products as breastmilk substitutes. The current proposed text has removed the reference to these products as breastmilk substitutes. It would be unacceptable for this standard not to ensure that this definition is in line with WHA resolution 69.9, which explicitly states that these products are breastmilk substitutes.

Furthermore, the current text does not reflect consensus; without consensus, the discussion must be reopened for alternative text that clearly states that these products function as breastmilk substitutes. Helen Keller International believes that not opening the text for further discussion puts low and middle-income countries—where the highest burden of malnutrition exists and who rely heavily on Codex text—at a disadvantage and violates the mandate of Codex.

ACTION 3: Product names should exclude misleading benefits or claims

The name of the product for the 12–36 month age group should have the word ‘formulated’ removed. Helen Keller International does not support either of the options presented (Formulated drink for young children/Young child formulated drink) and believes these products should either be simply called ‘Drink for young children’ or ‘Young

child drink.’ The name given to these products must be neutral and contain no implied benefit/claim. There is no need to attach an adjective to the name of the product, and use of the proposed adjective ‘formulated’ could be interpreted as indicating a benefit. We strongly oppose this and believe it to be not only potentially misleading but also in contravention of the International Code of Marketing of Breast-milk Substitutes that prohibits any promotion or idealisation of these products.

ONLY THE VOICES IN THE ROOM CAN MAKE THE CHANGE

While the document circulated for discussion (CL2017/75-NFSDU) at the meeting from the 3rd to 8th of December in Berlin assumes that the text presented represents consensus from the electronic working group during 2017, we do not believe that there is sufficient consensus. The conversation needs to be re-opened and the voices of low and middle-income countries must be expressed and be heard.

CCNFSDU cannot let trade and commercial interests of the developed world and breastmilk substitute manufacturers dictate global policy, undermine breastfeeding and claim children’s lives.

2014	2019
Global breastmilk substitute sales	Projected market value
\$44.8b (US)	\$70.6b (US)
<i>This shows the industry’s large, competitive claim on infant feeding.¹</i>	

For more detailed documentation on the CCNFSDU discussions and proposed text changes or to discuss in more detail, contact Elizabeth Zehner of Helen Keller International at EZehner@hki.org.

1 Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., ... Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387(10017), 491–504. [http://doi.org/10.1016/S0140-6736\(15\)01044-2](http://doi.org/10.1016/S0140-6736(15)01044-2)

2 Preliminary results from the global cost of not breastfeeding tool to be published by Alive & Thrive in January 2018

3 Data provided by Euromonitor (2017)

4 UNICEF (2016). The State of the World’s Children 2016: A fair chance for every child. New York: UNICEF. https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf

5 World Bank (2016). World Development Indicators <http://data.worldbank.org/data-catalog/world-development-indicators>