

# REVIEW OF THE CODEX STANDARD FOR FOLLOW-UP FORMULA

## *Policy Brief*

### CODEX ALIMENTARIUS MUST PUT CHILDREN'S HEALTH FIRST

#### CCNFSDU 2018: AN OPPORTUNITY TO PROTECT CHILDREN'S HEALTH

This November, the Codex Committee on Nutrition and Foods for Special Dietary uses will continue its review of the Follow-Up Formula Standard. The key consideration at this year's meeting is whether to define both categories of follow-up formula as breastmilk substitutes. In doing so, follow-up formula would fall under the same marketing guidelines as infant formula and ensure that companies are required to comply with the International Code of Marketing of Breast-milk Substitutes. These products must be considered as breastmilk substitutes to protect breastfeeding, improve child nutrition, and reduce preventable child deaths.

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 breast-milk 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 and health.

Yet protecting both consumer health and trade often 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 priority 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 and subsequent relevant World Health Assembly (WHA) resolutions.

The Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) will continue reviewing the Codex Standard for Follow-Up Formula in Berlin, Germany, November 26-30, 2018. The current draft of the Standard contains two categories of follow-up formula: one for older infants aged 6 to 12 months, to be called Follow-Up

Formula for older infants, and one for young children aged 12 to 36 months, the name of which is to be decided at this year's meeting.

#### 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 breast milk up to two years of age or beyond.
- The World Health Organization considers follow-up formulas not necessary. Their consumption replaces rather than complements the intake of breast milk.
- Follow-up formula is inappropriate for feeding infants under six months of age, yet is promoted with labels that look similar to infant formula. This causes confusion and misuse and also undermines exclusive breastfeeding in the first six months of life.
- Because follow-up formula has labels that look similar to infant formula, its promotion also undermines breastfeeding in the first six months of life and contributes to the misuse of these products, leading to potential health risks.



## 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.<sup>1</sup> Euromonitor data from 11 countries shows that countries where stunting is high—such as Nigeria—are experiencing some of the greatest market growth for follow-up formula products, whereas sales in countries where stunting doesn't exist—like Canada and France, are declining. The cost of not breastfeeding is high. Reduced human capital development and increased health system spending result in a 1% loss (on average) in Gross National Income each year—ranging from USD 66 billion in China to almost USD 1 billion in Kenya and Peru.<sup>2</sup>

Despite the important implications of the decisions made at meetings of the CCNFSDU for the health and well-being of infants and young children, low and middle-income countries often do not have the human or financial resources to attend and make their voices heard. As a result, the trade interests of high-income countries and the commercial interests of manufacturers of follow-up formula predominate. Only if there is active participation of delegates from low and middle-income countries—who place the protection of infants and young children above that of trade, will Codex meet its mandate of consumer protection.

### GROWTH IN FOLLOW-UP FORMULA MARKETS ACROSS COUNTRIES:<sup>3</sup>

Country	Stunting Rate (% of children under 5)	Follow-up Formula % Volume Growth	
		7-12 months of age	13+ months
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

\*Upper-Middle Income Countries (GNI Per Capita USD \$3,956 TO \$12,235)<sup>4</sup>, \*\*Lower-Middle Income Countries (GNI Per Capita USD \$1,006-3,955)<sup>4</sup>

## THE WORLD HEALTH ASSEMBLY MADE IT CLEAR—FOLLOW-UP FORMULAS ARE BREAST-MILK SUBSTITUTES—CODEX MUST NOW FOLLOW

The 2016 World Health Assembly took an important step when it adopted resolution WHA 69.9. The resolution warmly welcomed WHO guidance that explicitly states that follow-up formulas for children up to 36 months of age are breast-milk substitutes. Codex must take an equally important step and define follow-up formula, for both the 6-12 age group (to be named follow-up formula for older infants) and 12-36 month age group (name to be decided), as breast-milk substitutes and so ensure both policy coherence and that these products adhere to the International Code of Marketing of Breast-milk Substitutes.

CCNFSDU cannot let trade and commercial interests of some high-income countries and breast-milk substitute manufacturers dictate global policy, undermine breastfeeding and claim children's lives.

## FOUR ACTIONS MUST BE DEMANDED AT THE 40TH MEETING OF THE CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU)

### 1 THERE MUST BE ONLY ONE FOLLOW-UP FORMULA STANDARD

The Standard should not be split into two standards. Including both products in one standard was agreed at previous CCNFSDU meetings. Therefore, there is no reason to re-open the discussion as is being advocated by some high-income countries. Precedent has been set in the Infant Formula Standard for a single standard with sub-divisions for conceptually similar products and both categories of products are conceptually similar. Having two separate standards opens the door for each to be considered conceptually different and the product for 12-36 month old children not to be defined a breast-milk substitute.

### 2 THE STANDARD MUST BE ALIGNED WITH WHA 69.9 AND ACCOMPANYING GUIDANCE

The preamble for the Standard and/or the scope of each category of product must make specific reference to World Health Assembly Resolution 69.9, and the labelling recommendations in the WHO 'Guidelines on Ending the Inappropriate Promotion of Foods for Infants and Young Children' must be included in the labelling text of the Standard.

### 3 DEFINE BOTH THE FORMULA FOR 6-12 MONTH OLD INFANTS AND THE PRODUCT FOR 12-36 MONTH-OLD CHILDREN AS BREAST-MILK SUBSTITUTES

These products function as breast-milk substitutes because their consumption replaces rather than complements the intake of breast milk, therefore the definitions text of the Standard must directly refer to these products as breast-milk substitutes. Policy coherence between World Health Assembly and Codex Alimentarius is critical and WHA resolution 69.9 states explicitly that these products are breast-milk substitutes. In addition, the text in the labelling section of the Standard should be written so as to prevent these products from making any health or

nutrition claims and prevent any form of cross promotion with similar products such as infant formula for infants less than 6 months of age.

### 4 THE PRODUCT NAME FOR 12-36 MONTH OLD CHILDREN SHOULD NOT INCLUDE THE WORD "FORMULA" BUT RATHER BE CALLED "DRINK FOR YOUNG CHILDREN".

The World Health Organization has called these products unnecessary. Therefore, the name used to describe the product for 12-36 month old children must be neutral and contain no implied benefit/claim. Use of the proposed adjective 'formulated' could be interpreted as indicating a benefit.

### ONLY THE VOICES IN THE ROOM CAN MAKE THE CHANGE—WHAT CAN YOU DO TO INCLUDE MORE VOICES?

Find out who, if anyone, will be representing the country at the CCNFSDU, share this briefing paper with them, and urge them to attend the meeting and take a stance.

#### WE MUST ENSURE CODEX PROTECTS CHILDREN'S LIVES.

Over 800,000 children's lives could be saved with improved breastfeeding rates, most in low- and middle-income countries.<sup>1</sup>

2014	2019
Global breastmilk substitute sales	Projected market value
<b>\$44.8b</b> (US)	<b>\$70.6b</b> (US)

*This shows the industry's large, competitive claim on infant feeding.<sup>1</sup>*

#### REFERENCES:

- 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](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>

