

# REVIEW OF THE CODEX STANDARD FOR FOLLOW-UP FORMULA

## Policy Brief

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

#### CCNFSDU 2019: 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. A key consideration will be whether to define follow-up formula for young children (12-36 months) as breast-milk substitutes. In doing so, all follow-up formula for children aged 6-36 months 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 breast-milk 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 Germany, November 2019. 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.
- WHO 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 breast-milk substitutes, especially in low- and middle-income countries, is lucrative and growing. 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 0.7% loss (on average) in Gross National Income each year—ranging from USD 8 billion in Mexico to USD 66 billion in China.[2]

Despite the important implications of the decisions made at meetings of the CCNFSDU for the health and well-being of older 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.[3]

Country	Stunting Rate (% of children under 5).[4]	Follow-up Formula % Volume Growth	
		7-12 months of age	13+ months
China*	8	44.6	79.6
Brazil*	7	39.9	36.5
Peru*	13	33.8	61.4
Nigeria**	44	26.7	11.5
Kenya**	26	22.7	20.5
Indonesia**	36	18.9	47.8
South Africa**	27	18.0	22.9
Thailand*	11	12.3	23.2
Mexico*	10	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).[5], \*\*Lower-Middle Income Countries (GNI Per Capita USD \$1,006-3,955).[5]

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

The 2016, the 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.

In 2018, Codex took the step to define follow-up formula for older infants (6-12 month age group), and now in 2019, Codex must take an equally important step and also define follow-up formula

for the 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 41ST 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 upon 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. Both categories of products in this Follow-Up Formula Standard 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 as a breast-milk substitute.

### 2 THE STANDARD MUST BE ALIGNED WITH RELEVANT WHA RESOLUTIONS AND GLOBAL GUIDANCE

The preamble for the Standard and/or the scope of each category of product must make reference to relevant World Health Assembly resolutions and give full consideration to relevant global guidance.

### 3 THE STANDARD MUST DEFINE THE PRODUCT FOR 12-36 MONTH OLD CHILDREN AS A BREAST-MILK SUBSTITUTE AND PROHIBIT PROMOTION AND CROSS-PROMOTION

These products function as breast-milk substitutes because their consumption replaces rather than complements the intake of breastmilk, 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 comprehensive in terms of messaging required on these products, prevent them from

making any health or nutrition claims and prevent any form of promotion or cross-promotion with similar products such as follow-up formula for older infants 6-12 months of age and 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 Organisation 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. Recent assessment of products available on the Indonesian market show that almost all contained one or more added sugars and three quarters had added sucrose as an ingredient.[6] These products are not appropriate for inclusion in the diets of young children and their name should not imply that they are.

## 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. [1]

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

*This shows the industry's large, competitive claim on infant feeding.[1]*

## 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 will it 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 Alive & Thrive (2019). The Global Cost of not Breastfeeding. Alive & Thrive: [https://www.aliveandthrive.org/wp-content/uploads/2019/08/Global-Cost-of-Not-Breastfeeding\\_V5.pdf](https://www.aliveandthrive.org/wp-content/uploads/2019/08/Global-Cost-of-Not-Breastfeeding_V5.pdf)
- 3 Data provided by Euromonitor (2017).
- 4 UNICEF (2019). The State of the World's Children 2016. Children, food, and nutrition: Growing well in a changing world. New York: UNICEF. <https://www.unicef.org/media/60806/file/SOWC-2019.pdf>
- 5 World Bank (2016). World Development Indicators <http://data.worldbank.org/data-catalog/world-development-indicators>.
- 6 Data provided by Innova Market Insights (2019).