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ARCH

ASSESSMENT  
& RESEARCH  
ON CHILD FEEDING

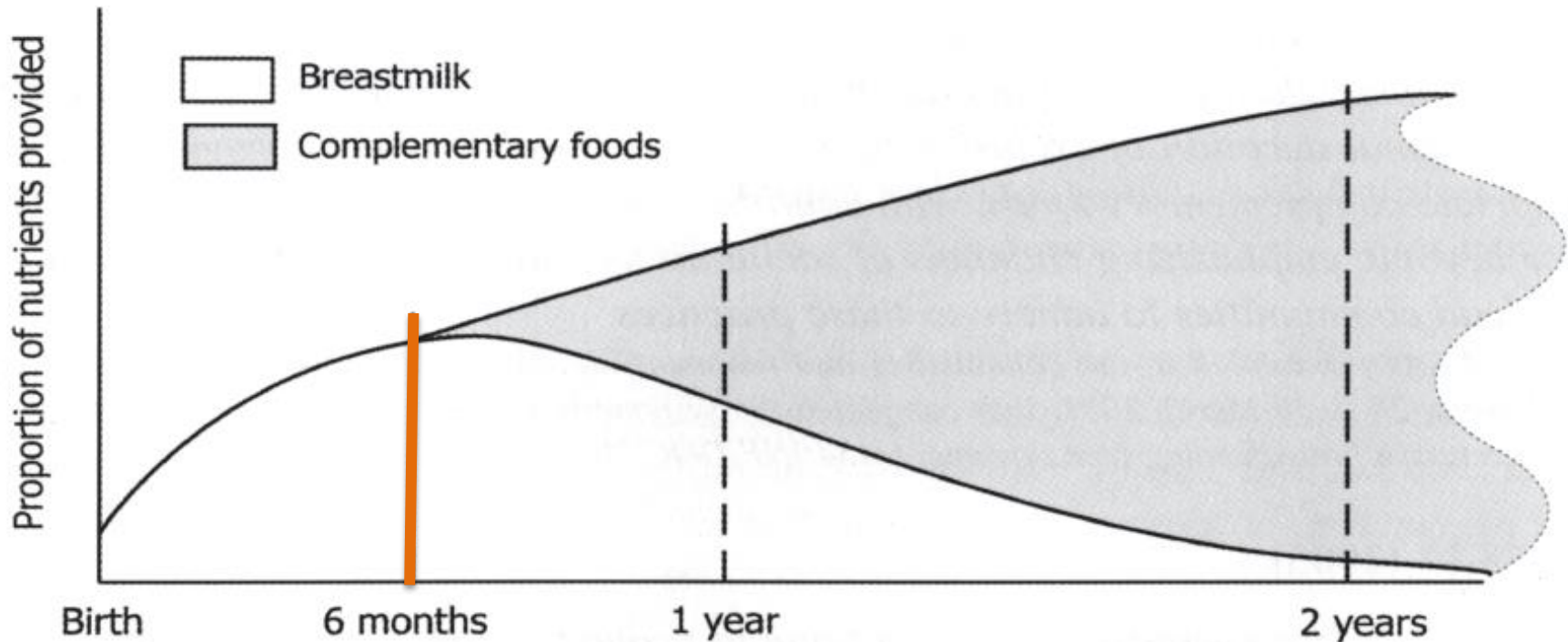


# The Code now explicitly includes Follow-up Formula and Growing-Up Milks: What does this mean?

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Consultant to Assessment and Research on Child Feeding Project: Helen Keller International

# OPTIMAL INFANT & YOUNG CHILD FEEDING

Adapted from F. Savage King and A. Burgess Nutrition for Developing Countries



Exclusive  
breastfeeding

**Breastfeeding  
remains mainstay  
of diet.**  
Gradual intro of  
complementary  
foods

In the second year, more and  
more family foods are given,  
yet **breastfeeding continues**

- A child should continue to receive breastmilk to '2 years and beyond'.
- Where infants (0-6 months) and older infants (6 – 12 months) cannot be fed human milk, the global recommendation is to use infant formula.
- In cases where the young child (12 – 36 months) cannot be fed human milk, the global recommendation is cow's milk.

(WHO & UNICEF 2003)

# PROMOTION / COMPOSITION CONTROLS: FOODS FOR INFANTS AND YOUNG CHILDREN

International Instruments  
Regulating the PROMOTION

National  
Instruments  
- laws /  
standards/  
guidelines

International Instruments  
Regulating the COMPOSITION

## World Health Assembly:

1. The International Code of Marketing of Breast-Milk Substitutes (*the Code*).
2. Subsequent relevant WHA resolutions now includes WHA 69.9 that welcomes WHO 'Guidelines for ending the inappropriate promotion of foods for infants and young children.'

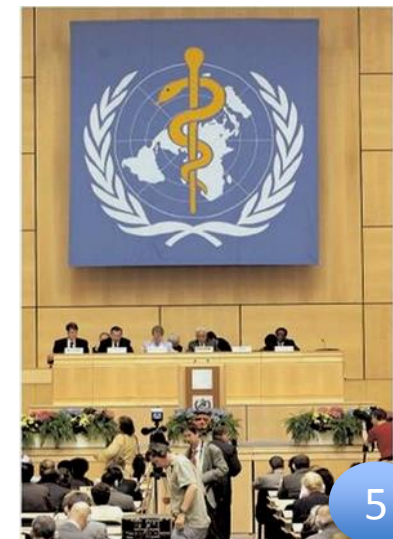
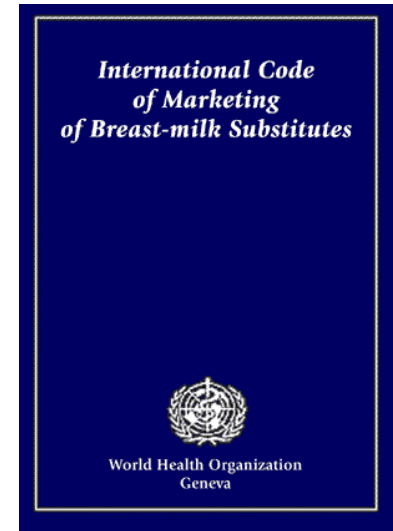
## Codex Alimentarius Standards for:

1. **Infant formula** and formulas for special medical purposes intended for infants.
2. Follow-up formula (Under review).
3. **Canned Baby Foods**.
4. **Processed Cereal-Based Foods** for Infants and Children.
5. Codex Guidelines on **Formulated Supplementary Foods** for Older Infants and Young Children.

# THE CODE AND WHA RESOLUTIONS



- **International Code of Marketing of Breast-milk Substitutes (*the Code*).**
- **Subsequent relevant World Health Assembly (WHA) resolutions:**
  - Clarify or strengthen provisions of the Code
  - Close loopholes
  - Address emerging marketing tactics
  - Same status as *the Code*



Must be seen and read as one

Recognises **need for infant formula when mothers do not breastfeed BUT** explicitly states:

- “They should **not be marketed or distributed in ways that may interfere** with the protection and promotion of breast-feeding.”
- “Recognising further...that **improper practices in the marketing** of breast-milk substitutes and related products can contribute to these public health problems.”
- “Convinced that it is important for infants to receive appropriate complementary foods...nevertheless such **complementary foods should not be used as breast-milk substitutes.**”

- “Believing in the risk involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, **the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.**”
- Affirms that “**governments are called upon to take action** appropriate to their social and legislative framework and their overall development objectives to **give effect to the principles and aim of this Code**, including the enactment of legislation, regulations or other suitable methods.”

“Breast-milk substitutes including infant formula; **other milk products**, foods and beverages, including bottle fed complementary foods, **when marketed or otherwise recommended as suitable, with or without modification, for use as a partial or total replacement for breast-milk; feeding bottles and teats.**”




## BREAST-MILK SUBSTITUTE

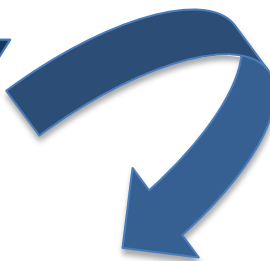
“Means **any food** being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.”

# FOLLOW-UP FORMULA AND GROWING UP / TODDLER MILKS





# EVIDENCE + ADVOCACY



**GLOBALLY,** ESTIMATED COSTS  
ASSOCIATED WITH  
NOT BREASTFEEDING AMOUNT TO

**\$300**  
BILLION ANNUALLY



**GLOBAL BMS SALES** (2014)

**\$44.8 billion**

shows the industry's large,  
competitive claim on infant feeding

- By 2019, the market value is projected to reach \$70.6 billion.
- Greatest market growth in Low and Middle Income Countries.
- One-third of the global spend (2013) was growing up milks - largest category.

**World Health Organisation** states “They are a potential risk due to higher protein intake and lower intake of essential fatty acids, iron, zinc and B vitamins.”

(Statement July 2013)

- **1986:** Declared Follow-up formula and Growing-up milks as **unnecessary**.  
(Resolution 39.28)
- **2010:** “Promotion of breast-milks substitutes and some commercial foods for infants and young children **undermines progress** in optimal infant and young child feeding” and called upon “infant food manufacturers and distributors to comply fully with their responsibilities under the Code...”  
(Resolution 63.23)

- **2010:** “To end inappropriate promotion of food for infants and young children nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards OR National legislation.”  
(Resolution 63.23)
- **2012:** “Requests Director General: To provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission.” (Resolution 65.6)

**2012:** Adopted the WHO Comprehensive Implementation Strategy on Maternal, Infant and Young Child Nutrition.





- **2016:**

- ...Codex should give full consideration to WHO guidelines and recommendations including the Code and subsequent WHA resolutions.

- ...Welcomes with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children.

- ...Calls on member states to implement the guidance...

- ...Calls on manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion...

- (Resolution 69.9)

WHO  
Guidance  
on ending the  
Inappropriate Promotion  
of foods for Infants and  
Young Children

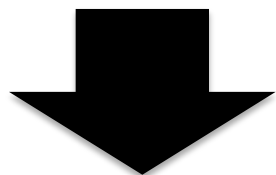
<http://archnutrition.org/resource/policy-brief-protecting-breastfeeding-24-months-beyond/>

# IMPORTANCE OF THE GUIDANCE



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- **Clarifies the inclusion of Follow-up formula and Growing-up milks as breastmilk substitutes** under the Code. May NOT be promoted.
- **Provides valuable guidance** on ending the inappropriate promotion of other foods for children from 6-36 months.



Potential to provide much needed and positive step forward for supporting optimal IYCF and **improving the lives of millions of children.**



Artist: Sandy Diogo

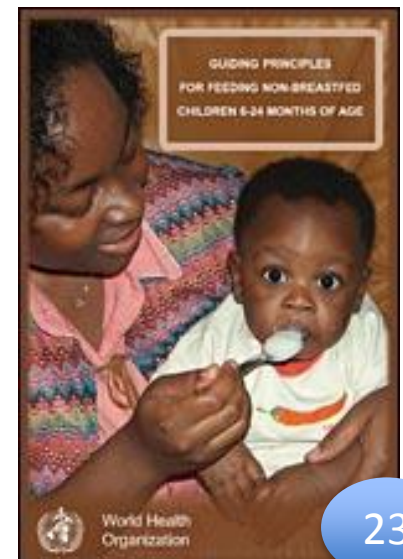
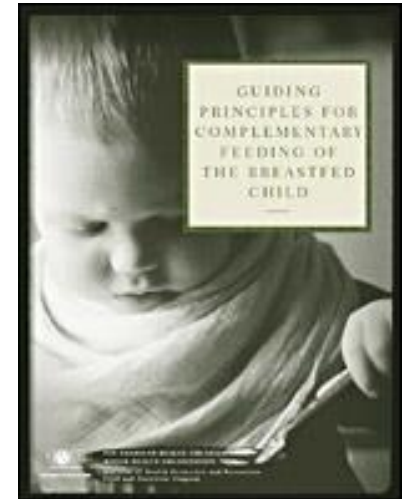
- Provides 7 recommendations pertaining to the marketing of **foods for children (6 – 36 months)**.
- Aims to:
  - Promote, protect and support **breastfeeding**;
  - Prevent obesity and **NCDs**;
  - Promote **healthy diets**;
  - Ensure that caregivers receive **clear and accurate information** on feeding.

1. Applies to **all commercially produced foods that are marketed as being suitable for infants and young children.**
2. Applies to the promotion of foods for infants and young children that occurs through **government programs, non-profit organizations, and private enterprises.**
3. **Is not applicable to vitamin and mineral food supplements and home-fortification products** (micronutrient powders / small-quantity lipid-based nutrient supplements).
4. Supports emphasis on use of **suitable, nutrient-rich, home-prepared, and locally available foods** that are prepared and fed safely.

- **Marketing** means product promotion, distribution, selling, advertising, product public relations and information services.
- **Promotion** is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

# RECOMMENDATION 1

- Guidance based on:
  - PAHO/WHO 'Guiding Principles for Complementary Feeding of the Breastfed Child'.
  - WHO 'Guiding Principles for Feeding Non-breastfed children 6 – 24 months'.
- Supports emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.



# RECOMMENDATION 2

- Products that function as breast-milk substitutes should not be promoted.
- BMS = Any milks (or products that could be used to replace milk, such as fortified soy milk) in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks).
- The Code covers all BMS.





# THESE PRODUCT ARE ALL BREASTMILK SUBSTITUTES





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So what  
does this mean  
for countries?

Countries need  
update/strengthen  
their  
policies/regulations.

- 1. Make the Code law** if they haven't already!
- 2. Ensure all the necessary products are included** in their regulations:
  - Extend to include any milk marketed up to **36 months** - Infant formula, Follow-up formula, Growing- up milks, Toddler milks...

- 3. Incorporate the WHO guidance** on the promotion of all foods for infants and young children into national regulations – includes complementary foods.
- 4. Consider all marketing** of foods that may impact the double burden.

Provide caregivers with clear and accurate information on feeding infants and young children

Countries need to  
engage in the Codex  
Alimentarius review of  
the Follow-up Formula  
Standard .

- Joint international body of the **WHO** and **FAO**.
- Collection of **internationally recognised** standards, codes of practice, guidelines and recommendations.
- Codex standards are often used by countries in their regulations or are referred to when their own standards are missing.
- Meetings often not attended; attended erratically; attended by Bureau of Standards; attended by individuals who have not been briefed / don't know the subjects and associated issues; or even attended by the private sector.

Codex should use this opportunity to meet its mandate to ‘take the Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines (WHA Resolution 54.2)’

Joint body of FAO and WHO thus Codex should ensure alignment with other WHO/FAO policies/guidelines



- Some felt that the FUF standard should be **scrapped**:
  - 6-12 months could use infant formula
  - 12-36 months could have milk.
- Others of the opinion that as they won't go away a **standard is necessary** to ensure quality and possibility exists to have them included as BMS.

**It WILL NOT GO AWAY so we MUST engage to make it the best possible Standard that protects child health.**

# REVIEW OF FOLLOW-UP FORMULA STANDARD



- Applies to both the **composition and labelling** of products.
- Deals with both follow-up formula for **older infants** (6-12 months) and follow-up formula for **young children** (12-36 months).
- Can have a profound impact on infant and young child nutrition and health.

# 3 CRITICAL ISSUES FOR CODEX



1. The Codex Standard must be **aligned** with WHA 69.9 and the accompanying guidance.
2. Names and definitions are critical. Follow-up Formula for children aged **12 - 36 months must not be called 'formula'**.
3. **All products included in the Standard must be defined as breastmilk substitutes** and fall under the International Code of Marketing of Breast-milk Substitutes.

# 1

## ALIGNMENT IS CRITICAL



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- Must be alignment between Codex documents and resolutions made at the **World Health Assembly (WHA)**, the world's highest authority for health policy setting.
- Codex standards and guidelines for foods for infants and young children **must support the priority areas identified by Member States** - includes the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.
- The work of both bodies must be **mutually reinforced**.

<http://www.who.int/nutrition/netcode/en/>



**THE SCOPE** of the Standard for Follow-up Formula **MUST**:

1. Make **specific and direct reference to all relevant WHA resolutions** including WHA 69.9.
2. Be clear as to the products covered to ensure no loopholes are created.

## What's in a name? – A great deal!

- Products for **older infants (6 -12 months)**:
  - Relatively easy - **Follow-up Formula**.
- Products for **young children (12-36 months)**:
  - Problem product as child could have milk.
  - Use of 'formula' is problematic.
  - Don't want to glamourize these products.

1. [Formulated / Supplementary] milk-based (or plant-based) [drink / beverage] for young children.
2. [Formulated / Supplementary] [drink / beverage] for young children [based on source of protein].
3. [Formulated / fortified] [drink / beverage] for young children [milk-based or plant-based]
4. Young child milk-based (or plant-based) [formulated / supplementary] [drink / beverage]

Our preference based on current options:

**Young child milk-based (or plant-based) drink**

Open to suggestions!





**THE DEFINITIONS** of both products included in the Standard for Follow-up Formula **MUST** make **specific and direct reference to them being breast-milk substitutes.**

[Follow-up formula for older infants means a product, specially manufactured for use as a substitute for breast-milk as part of the diet for older infants when complementary feeding is introduced.]

[(Name of Product) for young children means a product specially manufactured for use as a substitute for breast-milk in helping to meet the normal nutritional requirements of young children as part of the progressively diversified diet.]

# FOLLOW-UP FORMULA IS A BREASTMILK SUBSTITUTE



1. The evidence is clear - **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.

2. Follow-up formula is often promoted with labels that look similar to infant formula (**cross-promotion**).

Promotion of follow-up formula undermines breastfeeding and contributes to misuse of these products, contributing to increased health risks.



**THE LABELLING** section text of the Standard for Follow-up Formula **MUST**:

1. Explicitly state that these products must not discourage breastfeeding.
2. Require a statement supporting exclusive breastfeeding for the first 6 months and should continue to 2 years and beyond.
3. Control the use of images and endorsement.
4. Not allow for any nutrition or health claims to be made.
5. Not allow cross promotion.

INFANT FORMULA

FUF 6-12 MONTHS

FUF 12-36 MONTHS



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Brand names

Colour schemes / designs

Slogans / Mascots



Maternal & Child Nutrition

Maternal & Child  
Nutrition

DOI: 10.1111/mcn.12269

## Original Article

Cross-sectional survey shows that follow-up formula and growing-up milks are labelled similarly to infant formula in four low and middle income countries

**Catherine Pereira\***, **Rosalyn Ford\***, **Alison B. Feeley\***, **Lara Sweet\***, **Jane Badham\*** and **Elizabeth Zehner†**

\*JB Consultancy, Bryanston, South Africa, and †Helen Keller International, Washington D.C., USA

“Those who make claims about infant formula that intentionally undermine women’s confidence in breastfeeding are not to be regarded as clever entrepreneurs just doing their job, but as human rights violators of the worst sort.”

April 1999 - Stephen Lewis  
(then Deputy Executive Director, UNICEF)

*“Alone we can do so little; together  
we can do so much”*

Helen Keller



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