IBFAN Briefing
Follow on formula standard

CCNSFDU 36
What is our position?

The WHO Code of marketing of breastmilk substitutes, and the subsequent WHA resolutions should be the fundamental umbrella under which any standards for milk products for infants and young children sit.
Everyone agrees FUF not necessary

- WHO made a clear statement that there is no need for a standard for a FUF product
- The European Food Safety Agency do not see a special role for milks for children 1y+

- ‘Nutritional necessity should not be a defining feature when deciding whether to review a CODEX standard’ (EWG, FUF)
Using the standards we have

- Breastfeeding is accepted as the choice of milk in the first year of life for all infants, and therefore it is only logical that any breastmilk alternative sold for use in the first year should reflect the composition already agreed for IF.
- The case has not been convincingly made that the nutrient requirements for infants 6m-12m requires a separate formula standard, and complementary foods are able to contribute to nutrient intakes during this period.
Why not bring all standards together?

• Rename current IF standard as ‘Infant formula, formula for special medical purposes and milks for young children’

• Within this have

• a) IF standard for 0-12m

• b) Standard for milks for special medical purposes

• C) standard for milks for young children (12m-36m)
Key issues for standard for milk for young children

• Current milks marketed for children over 12m of age are frequently inferior to whole animal milk, and by addition of sugar and flavourings present a product that goes against infant and young child feeding guidelines.

• Key considerations in any standard should be risk reduction in terms of obesity, poor oral health, limitation of dietary choices, potential over-supply of added nutrients.
Standard for milks for young children

• Sugar capped as per whole animal milk, with lactose as primary source to ensure taste not sweeter than whole animal milk
• No flavourings added
• Minimum and maximum for nutrients which milk makes a considerable contribution to in the diets of young children who consume: vit A, riboflavin, niacin, vitamin B12, folate, calcium, iodine, magnesium, selenium and zinc
Careful consideration of nutrients added not normally present

- Iron
- Fatty acids
- Vitamin D

- Minimum and maximum needed
Priority discussions:

• These need to be on **labelling, marketing and advertising**

• The damaging impact of sweet, fortified milks on older children can only be mitigated if there are restrictions on how they are marketed.

• We must listen to global health community post ICN2 and act to protect young children from products which, all agree, are not needed.