IBFAN Comment to the Proposed Draft Standard for Processed Cereal-Based Foods for Infants and Young Children

Codex Stan 074-1981, Rev – 1 2006

Part B for Underweight Infants and Young Children

IBFAN would like to take this opportunity to thank India for the work done to prepare the 1st DRAFT – eWG 2013 (REP 13/NSFDU - Part B For Underweight Infants and Young Children).

IBFAN is pleased to participate in the eWG chaired by India and co-chaired by Botswana and for the opportunity to address this proposal in the interest of protecting the highest attainable standard of health for infants and young children.

General Comments:

IBFAN is of the opinion that this Codex Standard for Processed Cereal-based Foods for Infants and Young Children should be opened up and renamed as a standard to cover all foods for children 6-36 months. In this way all products for this vulnerable group could be covered by overarching strengthened principles regarding safety, composition, labeling and marketing. Such harmonization would facilitate the easy transposition into appropriate legislation.

IBFAN considers that it is not necessary and extremely risky to create a category of foods for children “at risk of becoming underweight”, especially if such foods are to be marketed commercially rather than administered under medical supervision. All foods marketed for young children that claim to meet Codex standards should be safe, of an adequate and appropriate quality and marketed responsibly. There should be no need for idealizing claims, imagery or text.

With this in mind, and in the interim, IBFAN is of the opinion that creating a Part B to the Standard for Processed Cereal-based Foods for Infants and Young Children is not necessary. The current standard can readily accommodate modifications proposed for the addition of Part B – the three key issues that have been raised in the Discussion Paper being:

- cereal content
- energy density
- lack of minimum protein content

Additionally, we also wish to address the high sugar content set by the current standard (Section 3.4 CARBOHYDRATES). Nutrient density is critical for the growth and development of older infants and young children. The high level of added carbohydrates as simple sugars permitted in the cereal-based products covered by the scope of this standard reduce nutrient density and set up taste preferences for sweet foods at the age of taste imprinting. High consumption of simple sugars in early life can lead to under-nutrition and obesity as well as vulnerability for diabetes.

We also wish to highlight the issue of the use of complementary foods before six months of age, and the subsequent reduction of breastmilk intake as a consequence. Inappropriate labeling of complementary foods without explicit age of introduction at six months remains problematic. In most countries terms such as “first” or “starter” foods are used to “stage” the introduction of cereals before the recommended age of six months. A survey by Sweet et al.\(^1\) in South Africa showed that 35% of labels did not state “do not use before the age of six months” and 88% of labels did not state the importance of exclusive breastfeeding for the first six months. Many cereal-based products continue to be labeled with recommended age of introduction at 4 or 5 months. This occurs despite the Codex standard for Processed Cereal-based Foods stating that these products are intended for infants and young children “from the age of six months onward”.

Such labeling is also contrary to the WHO recommended duration for exclusive breastfeeding for the first six months of life and World Health Assembly Resolutions, 39.28 and 49.15 that aim to ensure that the marketing of complementary foods do not undermine exclusive and sustained breastfeeding.

IBFAN is also concerned about the use of nutrition and health claims for optional ingredients added to cereal-based foods. Such claims are not only unsubstantiated and misleading but idealize products that have low nutritional value as complementary foods at a critical time of the growth and development of young children. Claims for visual and cognitive development are made for complementary foods with added polysaturated fatty acids, despite the fact that the Cochrane reviews have determined that these are not scientifically substantiated. Although not achieving an absolute majority, a majority of European Parliamentarians voted against this claim in 2011.\(^3\) Prebiotic and probiotic claims are made again without evidence.


\(^2\) Sweet L, Jerling L, Van Graan A Field-testing of guidance on the appropriate labelling of processed complementary foods for infants and young children in South Africa. Maternal and Child Nutrition 2013, 9 (Suppl. 1), 12–34.

\(^3\) European Parliament votes to block DHA health claim - but not by a large enough majority to guarantee action by the Commission http://info.babymilaction.org/pressrelease/pressrelease11.asp 11/11/12
IBFAN recommends that the Labelling section 8.1.2 be redrafted to explicitly prohibit nutrition and health claims and other idealizing pictures or text as these are simply marketing tools that distort parents perceptions regarding the nutritional value and safety of these products.

IBFAN recommends that these concerns can be addressed in the current standard as follows:

**Cereal Content**

The minimum cereal content can be increased to 50%

**Energy Density**

The energy density can be set at a minimum of $4.184 \text{ kJ/g (1.0 kcal/g)}$ of the reconstituted food.

**Lack of minimum protein content**

**3.3 PROTEIN**

3.3.1 The chemical index of the added protein shall be equal to at least 80% of that of the reference protein casein or the Protein Efficiency Ratio (PER) of the protein in the mixture shall be equal to at least 70% of that of the reference protein casein. In all cases, the addition of amino acids is permitted solely for the purpose of improving the nutritional value of the protein mixture, and only in the proportions necessary for that purpose. Only natural forms of L-amino acids should be used.

3.3.2 For products mentioned in points 2.1.1, 2.1.2 and 2.1.4, the protein content shall not exceed 1.3 g/100 kJ (5.5 g/100 kcal).

3.3.3 For products mentioned in point 2.1.2 the added protein content shall not be less than 0.48 g/100 kJ (2 g/100 kcal) and the total protein content shall not be less than 0.72 g/100 kJ (3 g/100 kcal).

3.4 **CARBOHYDRATES**

3.4.1 If sucrose, fructose, glucose, glucose syrup or honey are added to products mentioned in points 2.1.1 and 2.1.4:
- the amount of added carbohydrates from these sources shall not exceed 1.8 g/100 kJ (7.5 g/100 kcal);
- the amount of added fructose shall not exceed 0.9 g/100 kJ (3.75 g/100 kcal).

3.4.2 If sucrose, fructose, glucose, glucose syrup or honey are added to products mentioned in point 2.1.2:
- the amount of added carbohydrates from these sources shall not exceed 1.2 g/100 kJ (5 g/100 kcal);
- the amount of added fructose shall not exceed 0.6 g/100 kJ (2.5 g/100 kcal).

**8. LABELLING**

8.1.2 Taking into account paragraph 1.4 of the Guidelines for Use of Nutrition and Health Claims, nutrition claims may be permitted under national legislation for the foods that are the subject of the standard provided that they have been demonstrated in rigorous studies with adequate scientific standards.

IBFAN recommends that this section be reworded to read:

8.1.2 Taking into account paragraph 1.4 of the Guidelines for Use of Nutrition and Health Claims, nutrition claims may not be permitted for the foods that are the subject of the standard. Taking into account the WHA resolution 63.23 (4) to end inappropriate promotion of food for infants and young children, and to ensure that 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;