



World Health  
Organization

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Ms Glenis Willmott MEP  
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Brussels  
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In reply please  
refer to:

Your reference:

Geneva, 6<sup>th</sup> April 2011

Dear Ms. Willmott,

in response to your request for information, I would like to clarify that WHO does not have a recommendation about the addition of docosahexaenoic acid (DHA) to formula milk. The 2008 consultation on fats and fatty acids convened by FAO and WHO highlighted the importance of DHA as a component of human milk and its role in development of the brain and retina during foetal development and the first two years of life (Fats and fatty acids in human nutrition. Report of an expert consultation. FAO, 2010). The consultation did not provide any recommendations about supplementing synthesized DHA in infant formula, as to date no solid evidence exists to be able to say that adding DHA to infant formula will have important clinical benefits.

Were WHO to give such a recommendation, it would have to follow a strict guideline development process based on grading of all available evidence collected through systematic reviews by expert panels free from conflict of interest.

I take this opportunity to remind the European Parliament that WHO recommends exclusive breastfeeding for the first six months of life to achieve optimal growth, development and health and continued breastfeeding (with safe and appropriate complementary foods) for up to two years of age or beyond. The use of breastmilk substitutes is required in certain medical conditions (Acceptable medical reasons for use of breast-milk substitutes. WHO, 2009) and the final choice of whether to breastfeed rests with the mother.

The World Health Assembly Resolution WHA 39.28 states that "the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up milks") is not necessary" (WHA39.28, 1986). Those who are using (or need to use) infant formula can continue to do so after six months. Even when follow-up formula as a product in itself is not explicitly promoted as a breast-milk substitute, marketing techniques, e.g. packaging, slogans, and general promotion of such products may induce mothers to use infant formula or follow-up formula in the first 6 months of life and/or stop continued breastfeeding after this period.

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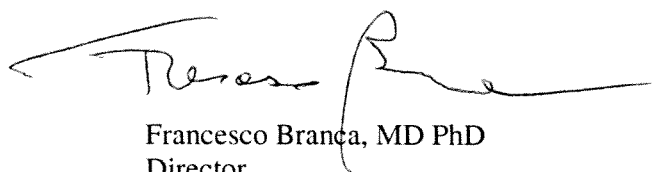
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Finally, on the issue of claims, the 58<sup>th</sup> World Health Assembly (2005) was “concerned that nutrition and health claims may be used to promote breastmilk substitutes as superior to breastfeeding” and thus called on Member States “to ensure that nutrition and health claims are not permitted for breastmilk substitutes, except where specifically provided for in national legislation” (WHA 58.32).

In 2010 the World Health Assembly adopted resolution WHA 63.23 calling on Member States “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”.

I hope this can help the discussion of resolution B7-0000/2011 that you have submitted to the European Parliament and I take the opportunity to send my best regards.

Yours sincerely,



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Department of Nutrition for  
Health and Development