



EPHA's contribution to the Consultation on the revision of Commission Directive 91/321/EEC on infant formula and follow-on formula (working document reference SANCO D4/HL/mm/D440180 Rev. 2)

The European Public Health Alliance – an introduction:

The European Public Health Alliance (EPHA) represents over 100 non-governmental and other non-for-profit organisations working in support of public health in Europe. EPHA aims to promote and protect the health of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies.

EPHA is responding to the invitation by the Health and Consumer Directorate General of the European Commission (DG Sanco) to the working document that will be the bases for the revision to the Directive on Infant Formula and Follow-on Formula. The response is based on the recommendations of the World Health Organisation and the specific advocacy positions of EPHA member organisations with expertise in this health area.

This document will be made publicly available on the EPHA website (www.ephha.org).

Context of this legislation:

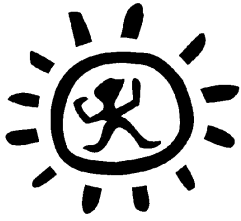
There is no overall food and nutrition strategy at EU level. For a number of years, many health NGOs have been calling for a comprehensive approach that would integrate population nutrition goals, the Common Agriculture Policy, food safety measures and legislation on food labelling, marketing and promotion.

The overall objective of the legislation must be the protection of the health of babies and infants and the protection, promotion and support of breastfeeding. Breast milk substitutes have no health advantage over breastfeeding. The benefits of breastfeeding are measurable throughout childhood and into adolescence. The importance and relevance of this legislation to longterm population health must not be underestimated.

Scientific evidence has consistently shown that the use of formula rather than breastfeeding increases

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39-41 rue d'Arlon 1000 Brussels Belgium - www.ephha.org - tel +32 2 230 3056 fax +32 2 233 3880



infant mortality rates, increases rates for illnesses such as infectious diseases, chronic diseases and auto-immune diseases and offers less than optimal development and growth, for example, lower cognitive and visual development and increased risk of obesity¹. The dramatic increase in overweight and obesity in Europe demonstrates the urgent need for action on nutrition.

This proposal for a recasting of the Commission Directive on infant formula and follow-on formula (91/321/EC) is the perfect opportunity for the EU to optimise the health of infants and children by implementing the recommendations from the World Health Organisation (through WHA Resolutions), international agreements supported by Member States².

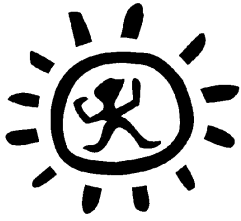
In the interest of parents, infants and public health, European legislation should be brought into line with the requirements of the *International Code of Marketing of Breast-milk substitutes* and the subsequent relevant World Health Assemblies Resolutions. In this context, the two key issues of the **marketing** and **promotion** of infant formulas and follow on formulas in the Commission's working document need to be revised.

Specifically:

- 1) No food other than infant formula (or formulas for special medical purposes) should be labelled as suitable for infants under the age of six months. European legislation should not permit the promotion of any breast milk substitute or any food or drink marketed as suitable for babies under six months of age, or any promotion of bottles and teats.

¹ "Risks of formula feeding: A brief annotated bibliography" INFACT Canada, updated May 2004 http://www.who.int/child-adolescent-health/NUTRITION/infant_exclusive.htm <http://www.babyfriendly.org.uk/home.asp>

² EU Member States have obligations under the Convention of Rights of the Child and the WHO Global Strategies on Infant and Young Child Feeding and Diet and Physical Activity. The Resolution which adopted the Code in 1981 (WHA 34.22) stated that: "...the adoption of and adherence to the *International Code...* is a minimum requirement and only of several important actions required in order to protect health practices in respect of infant and young child feeding...[WHA] urges all Member States to give full and unanimous support to the ... *International Code* in its entirety as an expression of the collective will of the membership of the World Health Organisation"



- 2) Free and low-cost supplies of breast milk substitutes should not be allowed in any part of the health-care system.
- 3) Nutrition information is essential and is not the same thing as health or nutrition claim. The nutrition panel on infant formula and follow-on products should list all ingredients, particularly those with religious or ethical significance.
- 4) Health and nutrition claims on foods for infants and young children undermine breastfeeding and are misleading in that they imply equivalency or health benefits for breast milk substitutes. Health and nutrition claims violate the *International Code of Marketing of Breast-milk Substitutes* and the subsequent relevant WHA Resolutions and should not be permitted. Breast milk substitutes -in replacing breast milk as the sole source of food for infants- are unlike other foods and require special marketing.
- 5) Correct labelling including information about the potential risks must be an important component of risk management in food safety for these products. Powdered infant formulas (including powdered breast milk fortifiers) must carry explicit warnings that the product is not sterile and may be contaminated by *Enterobacter sakazakii* and/or other pathogens. The safety of soya has been questioned³ and, if permitted, its risks should be explicitly stated on the label continued.
- 6) Ingredients shown by independently-funded research to be safe and essential for infant health should be mandatory for all products. While the potential for bias present in all research is recognised, this is reduced if research is commissioned and funded by a disinterested party rather than one active in the market. Research into infant feeding which influences public health policies must be free of commercial influence. However, this does not prohibit manufacturers carrying out essential research with the aim of improving products and ensuring their safety. All available data should, in addition, be subject to independent scientific review.

EPHA welcomes this opportunity to provide input into the revision of Directive 9/321/EEC on infant formula and follow-on formula.

³ UK Committee on Toxicity and the Scientific Advisory Committee on Nutrition, <http://www.food.gov.uk>