



International Baby Food Action Network

Red internacional de grupos pro alimentación infantil

Réseau international des groupes d'action pour l'alimentation infantile

1998 RECIPIENT OF THE RIGHT LIVELIHOOD AWARD

c/o GIFA Geneva Infant Feeding Association
Association genevoise pour l'alimentation infantile

IBFAN-GIFA
P.O. Box 157
11, ave. de la Paix
1202 Genève
Switzerland
Website

Phone (+41-22) 798 91 64

Fax (+41-22) 798 44 43

<http://www.gifa.org> and <http://www.ibfan.org>

Madame Paula Testori-Coggi
Director, Directorate D, Food
Safety
DG SANCO
European Commission
200 Rue de la Loi
Brussels B-1049
Belgium

Geneva, March 17, 2005

Concerns: Letter in support of IBFAN Comments on the working document on the draft Commission Directive on Infant Formulae and Follow-on Formulae (SANCO D4/HL/mm/D440180 rev 2 of February 2005)

Dear Madame Testori-Coggi,

On behalf of the Geneva Infant Feeding Association, GIFA, which serves as the European Regional Coordinating Office for the International Baby Food Action Network, IBFAN, we wish to make the following points in response to the above *Recast Commission Directive on Infant Formulae and Follow-on Formulae*.

We would like to support the comments made by the International Baby Food Action Network¹. We are very concerned about the impact these proposals might have in

¹ See annex 1

Switzerland and in other countries that import European products. Although the new proposals contain a few useful safeguards in relation to labelling, there are other proposals which we believe will be harmful to health. In particular we are worried that products will be imported from the EU bearing health or nutrition claims. Importing countries may not be able to ban the import of such products and this will undermine our efforts to protect breastfeeding and infant health.

In addition, many parents living in Geneva make their purchases in nearby France; for example, a recent alert published in French-speaking Swiss newspapers warned parents about the contamination of liquid infant formula manufactured by Nestlé Guigoz and marketed in France. Such contamination of a ready-to-feed product could have had a serious adverse health impact on infants whose parents, living in one country, were unaware of a product withdrawal in another neighbouring country. This cross-border warning illustrates how countries in Europe are all interlinked and how consumer health and safety issues in one country can affect the smallest and most vulnerable consumers in another.

We therefore kindly request that European legislation is brought into line with the requirements of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions (WHA). Indeed, all European States voted in favour of the International Code in 1981 when it was adopted by the WHA in 1981, and the ten subsequent relevant WHA resolutions were adopted by consensus. Similarly, all EU member states have ratified the Convention on the Rights of the Child (CRC) which guarantees every child's right to the highest attainable standard of health. Moreover, all EU Member States adopted by consensus the Global Strategy on Infant and Young Child Feeding. Hence, the revised EC Directive should reflect the spirit and the letter of these texts in clearly worded articles that allow for no misinterpretation and provide no loopholes.

All EU marketing is global and EC Directives should therefore incorporate international public health standards such as the International Code and its resolutions; these were adopted as UN recommendations by the highest global policy-setting body in the field of health: the Ministers of Health who constitute the World Health Assembly.

Below there follow our specific comments:

1. Comment on the scope of the *Recast Commission Directive on Infant Formulae and Follow-on Formulae* should thus be the same as that of the International Code. The 1992 EC Directive inserted the phrase "**intended for infants in good health**" in Article 1. This wording is inconsistent with the International Code's definition of infant formula as a product "**formulated... to satisfy the normal nutritional needs of infants... and adapted to their physiological characteristics**". This added wording in the 1992 EC Directive has created more than a decade of confusion that has allowed manufacturers to promote speciality products for infants, convincing parents that their infants are not in good health and that they have special nutritional needs. By using claims and other promotional tactics which violate the provisions of the Directive and the International Code, manufacturers are attempting to create a market for a whole range of new products, while at the same time medicalizing normal feeding occurrences such as re-gurgitation etc .

2. Comment on Whereas (1): In line with the Global Strategy on Infant and Young Child Feeding, IBFAN-GIFA proposes that a new text should be inserted to read:
"No product should be promoted in any way which undermines the practice of exclusive breastfeeding for six months and continued breastfeeding well into the second year".

Furthermore, it is an important requirement that bottles and teats shall be dealt with in a separate Directive. This was already promised in 1992 and 13 years is a long time to wait.

3. Comment on "Whereas 6" (Microbiological contamination) should be linked to "Whereas 23" (claims). Given that intrinsic contamination of powdered infant formula by pathogenic micro-organisms has been identified by the Codex Alimentarius Commission as "a known public health risk", the wording of the new EC Directive must state clearly that this product is not sterile and that parents and caregivers must be informed through explicit warnings on packaging that extra precautions must be taken in preparation, use and handling. Conversely, it is inappropriate for such products to carry health claims to lead parents to believe that such and such a product confers an intellectual or physiological benefit. Such health and nutrition claims should not be confused with health and nutrition information, as IDACE has wilfully attempted to do. Furthermore, such claims made for substitutes for breastmilk will distort public perceptions of the risk of artificial feeding products.

Thanking you for your attention in this matter,

With best wishes,

Yours sincerely,

Dorothee Haller,

President, IBFAN-GIFA

Lida Lhotska,

IBFAN Europe Regional

Coordinator, IBFAN-GIFA

Alison Linnecar

International Coordinator

IBFAN-GIFA

Annex 1: IBFAN-GIFA wishes to emphasise that the following points are included in the revision of this important piece of legislation:

- European legislation should not permit the promotion of any breastmilk substitute or any food or drink marketed as suitable for babies under 6 months of age, or any promotion of bottles and teats.
- 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 breastmilk substitutes. Nutrition and health claims are not the same as nutrition information (which is essential) and, in creating a perceived advantage, they confuse parents. Breast milk substitutes have no health

advantage over breastfeeding. 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.

- Ingredients shown by independently-funded research to be safe and essential for infant health should be mandatory.
- Powdered infant formulas (including powdered breastmilk fortifiers) must carry explicit warnings that the product is not sterile and may be contaminated by *Enterobacter sakazakii* and/or other pathogens.
- No food other than infant formula (or formulas for special medical purposes) should be labelled as suitable for infants under the age of 6 months.
- The safety of soy products should be questioned and, if permitted, its risks explicitly stated on the label continued.
- Follow-on milks are not necessary. If these products are permitted to be sold, then their promotion should be prohibited
- No free and low-cost supplies of breastmilk substitutes should be allowed in any part of the health care system.