



Baby Milk Action response to CMA Interim Report published on 8th November 2024

Baby Milk Action/IBFAN UK is the UK member of the International Baby Food Action Network (IBFAN) a network of over 250 citizens groups in more than 100 countries that was founded in 1979. In collaboration with WHO and UNICEF and civil society partners, IBFAN has worked to protect maternal and infant and young child health from misleading commercial promotion, campaigning for the adoption of the [International Code of Marketing of Breastmilk Substitutes](#), (the first global consumer protection tool of its kind) and its translation into European legislation. The many subsequent WHA Resolutions and decisions that clarify and strengthen the Code and keep pace with science and marketing developments. The Code and all these Resolutions aim to ensure that parents are not misled but are properly informed and supported. ^{i,ii iii}

This is our second submission to the CMA's investigation into the factors that influence parents to buy high priced products.^{iv} Our other submissions to [HM Treasury Autumn Budget Consultation](#) and to the [House of Lords Inquiry into Obesity](#) are also relevant.

As a founder of the Baby Feeding Law Group in 1997, we strongly support the [BFLG response to this consultation on the Interim Report](#). Our response will focus on additional aspects that could be further highlighted.

Additional comments

UK Law requires the essential composition of all infant formulas to be similar. We are pleased that the CMA Interim Report highlights that a well-functioning market would ensure that all consumers impartially informed of this fact.

During the many years of advocacy for effective EU legislation to safeguard the right of *all* children to highest possible level of health, including children who are not breastfed, the baby food industry lobbied for the inclusion of '*optional ingredients*' or "*other food ingredients, as the case may be*" and the right use idealising promotional claims. This use of ingredients that are not supported by any credible evidence, is referred by some as a '*mass uncontrolled trial*.'^v At the same time the baby food industry has promoted the use of the term "*history of safe use*" as evidence of nutritional adequacy and safety of ingredients.^{vi}

The unethical withholding essential ingredients from infant formula for commercial reasons is outlined in the 1997 SACN statement, that was an important part of our advocacy for a prohibition of claims, safer formulas and stronger European legislation and Codex Standards:

SACN 2007: We find the case for labelling infant formula or follow on formula with health or nutrition claims entirely unsupportable. If an ingredient is unequivocally beneficial as demonstrated by independent review of scientific data it would be unethical to withhold it for commercial reasons. Rather it should be made a required ingredient of infant formula in order to reduce existing risks associated with artificial feeding."

The fact that optional ingredients are not backed by credible evidence and are deceptively promoted is critically important and should underpin the CMA's final recommendations, regarding how parents make decisions on formulas. (See para 12.3)

2 Breastfeeding in a competitive market. Infant formula is a semi-medicinal product that is intended to be the sole food of infants who are not breastfed for the first six months of life. As such it is very different from other products the CMA may investigate. While legally compliant infant formula aims to provide adequate growth and development, its use can have irreversible negative effects on infant and maternal health. It cannot provide the same health, growth and immunological benefits as breastfeeding, which has to compete in this highly competitive market with no packaging, idealisation or advertising budget.

3 UK Human Rights Obligations. It follows that it would be an unacceptable and a violation of child rights for any recommendation from the CMA to further risk infant health in any way. As the BFLG states, the UK has ratified the *Convention on the Rights of the Child* (CRC) and the 2023 concluding observations of the CRC Committee once more called on the UK to (f) *Continue its efforts to promote breastfeeding, including by: (i) strengthening support for mothers, including through flexible working arrangements; (ii) fully implementing the International Code of Marketing of Breast-milk Substitutes and strengthening relevant legislation; and (iii) raising awareness of the importance of breastfeeding among families and the general public.*^{vii} It is worth repeating that nations that have ratified the CRC are bound to it by international law and have clear obligations. No country should try to undermine a human rights international law, nor should it misinterpret Member States' duties/obligations under it.^{viii}

4 Are the problems with pricing the result of “barriers to entry and expansion for infant formula manufacturers”? We believe not. We believe it is a deliberate tactic by the world's largest baby food companies to disparage and undermine confidence in baby food legislation, while diverting attention from the high profit margins and promotion costs that occur all over the world. The promotion practices all violate [globally agreed UN recommendations](#) that are intended to protect breastfeeding and-optimal infant and young child health.

5 Is UK legislation too strict? It is incorrect to suggest that there are 'strict rules' around the advertising and labelling of infant formula in the UK. Aside from the glaring omission of any real marketing controls relating to formulas for babies over 6 months, UK regulations pertaining to infant formula contain many serious loopholes that allow misleading marketing to continue. It is another industry tactic to refer to the regulations as being strict, when they are fully aware that they fail to meet the minimum requirements recommended by the World Health Assembly, the world's highest health policy setting body, requirements that the UK has supported since 1981 but failed to fully implement.

The fact that the UK's breastfeeding rates are among the lowest globally demonstrates that UK legislation must be strengthened at least in line with the International Code of Marketing of Breastmilk Substitutes, WHA Resolutions and WHO's Guidance on Digital Marketing. Aside from NHS savings from reduced health care costs, carers have a fundamental right to decide how they feed children. However, in order to exercise those rights, there must be effective protection from misleading and predatory marketing

IBFAN is a partner with WHO and UNICEF in the production of the biennial report, *Marketing of breast-milk substitutes: national implementation of the international code, status report (2024)* The report analyses the 144 (74%) of the 194 WHO Members States that have adopted legal measures to implement at least some of the provisions in the Code. Of these, 32 countries have measures in place that are substantially aligned with the Code. In this analysis the UK scores poorly, just 40/100 on the Global Code Status Report.^{ix} ^x

6 Exploitation of weaknesses in the UK law – the return of the ‘milk nurses’: A UK supermarket chain is exploiting the UK Law's lack of clarity on 'direct' and 'indirect' contact between mothers and baby feeding companies - an essential and fundamental recommendation of Article 5.5 of the *International Code* and Article 10.3 of EU Regulation 609/2013.^{xi} The supermarket is involving a major infant formula manufacturer in offering customers a package of health services while they shop. Health professionals are to be paid to provide support during pregnancy and infant feeding through the branded 'club' while claiming to be impartial and independent from the parent company. The use of 'milk nurses' is an age-old marketing tactic that companies have used to gain access to parents and provide them with misleading information that undermines breastfeeding. Global outrage about this and other practices led to the formation of the *International Code*.^{xii} ^{xiii}

7 The need for monitoring and enforcement: The [WHO/UNICEF/IBFAN 2024 Code Status report](#) identifies the need for countries to recognize their obligations under international human rights law to enact legally binding measures to eliminate inappropriate marketing practices and the critical importance of monitoring and enforcement provisions. *“Countries that have not included monitoring and enforcement provisions in their laws have similar rates of exclusive breastfeeding in the first 6 months and continued breastfeeding to two years, compared to countries with no legal measures on the Code...On the other hand, as more provisions are spelled out, the average rate of breastfeeding increases. This is evidence that the Code laws do work, but only if they are effectively monitored and enforced.”* Recommendation: For the protection of all children, however they are fed, the UK must implement efficient, publicly funded and commercially independent enforcement mechanisms, with meaningful fines to ensure corporate compliance.

8 The need to safeguard the policy setting process: Interference with the development of effective legislation

has been shown to be a key reason why so many laws provide inadequate protection of maternal and child health and increasingly WHO and UNICEF place emphasis on the need to ensure that legislative and executive processes are independent and free from such influence.^{xiv} Several important guides were produced in 2024: UNICEF's *Countering Industry Arguments Against Code Implementation: Evidence and Rights-Based Responses. Guidance for Advocates of the International Code of Marketing of Breast-Milk Substitutes* and WHO's *Supporting member states in reaching informed decision-making on engaging with private sector entities for the prevention and control of noncommunicable diseases: a practical tool.*^{xv xvi}

9 Precautionary Principle: As mentioned in our previous submission, in order to safeguard child health, the UK should follow the *Precautionary Principle* as set out in Article 191 of the Treaty on the Functioning of the European Union (TFEU): *"The precautionary principle is an approach to risk management, where, if it is possible that a given policy or action might cause harm to the public or the environment and if there is still no scientific agreement on the issue, the policy or action in question should not be carried out. However, the policy or action may be reviewed when more scientific information becomes available."*^{xvii} Adoption of the Precautionary Principle would safeguard UK infants and young children from novel ingredients and foods that the baby food industry is preparing to market. See below the section on Non-mandatory (optional) ingredients and Cell-Based formulas.

10 Policy solutions to high infant formula prices need to work for those most affected by these high prices. We strongly agree with the BFLG that an *inequalities* lens be applied and that promotion of price reductions is likely to be ineffective. It could also be short-term and counter-productive, placing child health at risk.. There are a multitude of factors related to maternal and child health and development in the short and long term that should be considered long before the supermarket shelf is reached. The initial cost of the product is just one. As BFLG says, those least able to afford formula are more likely to be reliant on it. As mentioned before, all citizens have a right to full support and independent advice on all matters related to infant and young child feeding and to be protected from the baby food industry's misleading and disempowering information.

11 Foods for Special Medical Purposes. We support the BFLG comments and First Steps Nutrition reports regarding FSMPs.^{xviii} The baby food industry has been exploiting parents worries and medicalising normal feeding occurrences for decades and lobbied hard for the adoption of the problematic 9 EU Directive on Foods for Special Medical Purposes in 1999.^{xix} While some conditions do require specialised formulas, the majority of sick babies need breastfeeding or donor human milk. However, they are fed, all babies and especially sick babies, need the protection of the *International Code of Marketing of Breast-milk Substitutes* and WHA Resolutions. The manufacturing and marketing of these products requires more – not less – care.

The weaknesses in the FSMP Directive led to much misleading promotion, not just in the EU but all over the world, but it was not until 2017 that the EU Commission acknowledged the extent of the problems: *"Over the past years, Member States' national competent authorities have reported increasing difficulties with the enforcement of the legislative framework applicable to FSMP. Member States' experts have in particular flagged that an increasing number of products are placed on the market as FSMP in their territory, but that doubts arise in certain cases as to whether the products really correspond to the definition of FSMP and therefore correctly fall within the scope of the FSMP legislation."*^{xx}

Despite stricter controls on FSMPs, there continues to be a lack of regulatory oversight and they are frequently used without medical supervision and cross-promoted with inadequate health warnings. *Anti-reflux* and *comfort milks* are marketed as FSMP, despite the lack of evidence that comfort milks alleviate colic or constipation and UK parents are unaware of the health risks associated with using FSMP inappropriately.

12. Codex Alimentarius standards – why they are relevant

While we strongly support BFLG point 3.2 on the need for Pre-authorisation of new products as an urgent priority, it is important to bear in mind that while the composition of European formulas are set internally,^{xxi} the majority of formulas under discussion are globally traded – and the framework for their composition, safety, labelling and marketing – is set at the Codex Alimentarius Commission – the body established by FAO and WHO in 1963 to protect consumer health and promote fair practices in food trade.^{xxii}

While governments have the sovereign right to adopt any legislation they consider necessary to protect child health as long as it does not violate international trade principles, it is a fact that Codex standards are used as the basis for legislation in many countries. This is problematic. The lack of transparency, poor conflict of interest safeguards, dominance of food corporations and powerful exporting nations leads to politically influenced consensus (rather than on relevant, convincing and credible evidence of the risks to health). For many decades the Codex Nutrition Committee

(CCNFSDU) has also relied on scientific advice from a European-based health professional association that is substantially compromised by its baby food industry funding. These factors have led to the weakening of standards in critically important areas. These factors have resulted in many Codex standards that are not fit for purpose and in no way conform to WHA recommendations. The fact that Codex standards are portrayed – incorrectly – as the ‘regulatory ceiling’ for trade purposes, has had a powerful chilling effect, reducing child protection and increasing risks to child health and survival – the opposite of what Codex is supposed to be for.

The 1981 [canned food standard](#) for example, had no limits on sugar and the 2006 [baby cereal standard](#) allows up to 30%. [The Codex Standard for Follow-up Formula](#), adopted in 1987,^{xxiii} stated that these products were not breastmilk substitutes, and made no mention of the fact that the [WHA39.28](#), adopted in May 1996, had requested the Director-General: (2) *to specifically direct the attention of Member States and other interested parties to the following:*

1. (a) *any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period;*
2. (b) *the practice being introduced in some countries of providing infants with specially formulated milks (so-called “follow-up milks”) is not necessary.*

Once adopted, the Codex Follow-up Formula Standard was used by exporting countries and companies in their attempts [to stop governments bringing in more health protective marketing controls that covered these new products.](#)

Since 1995 IBFAN has attended Codex meetings with the aim of bringing Codex standards into line with WHO recommendations and removing as many obstacles to Code implementation as possible.^{xxiv} Largely because of this advocacy, all the standards on foods for infants and young children adopted after 1995 now refer in some way to the [International Code, the Global Strategy and/or the subsequent WHA Resolutions](#) on infant and young child feeding. The *Codex Code of Ethics for International Trade* also requires Member States to “...make sure that the international code of marketing of breast milk substitutes and relevant resolutions of the World Health Assembly (WHA) setting forth principles for the protection and promotion of breastfeeding be observed.”

After an 11-year struggle, consensus was reached to include references to the International Code and Resolutions into the Preamble of the revised [Follow-up Formula for older infants and products for Young Children standard](#).^{xxv} This means that countries can now bring in laws that ban the promotion of all these products without fear of triggering costly, time-consuming challenges at WTO and elsewhere.^{xxvi xxvii} Despite many informal challenges from exporting nations, we understand that there have been no instances where the World Trade Organisation (WTO) has challenged governments for adopting effective health-protect laws that go beyond Codex requirements. The UK should therefore feel no constraints in moving forward to take any action it considers necessary to protect child health – prohibition of unnecessary and harmful artificial flavourings, additives and sweeteners, safer labelling for example.

12.1 Can Codex change and prioritise human and planetary health?

The harm caused to the global food system by the unrestricted trade of plastic-wrapped, synthetic, additive-laden ultra-processed foods (UPFs) and supplements is only now being recognised. European countries, WHO, IBFAN and others are calling for Codex to address the [Triple Planetary Crisis](#) (climate change, pollution and bio-diversity loss) and follow a [One Health](#) approach (optimising the health of people, animals and ecosystems).^{xxviii} It remains to be seen whether the new [Codex Strategic Plan for 2026-2031](#), spearheaded by the outgoing UK Chair, will lead to meaningful changes in the way Codex operates and the “*transformation of the world’s food systems [that] is needed urgently, based on a One Health approach that protects and promotes the health of humans, animals and the planet,*” called for by Dr Tedros Adhanom Ghebreyesus, WHO Director-General.^{xxix} Ensuring that health delegates who are well informed on these cross-cutting issues are properly represented at Codex would change the power dynamics.

The 44th [Codex Nutrition Committee](#) in October 2024 tested a [new draft prioritising system](#) where Codex members and observers were asked to assess and score the impact new standards might have, not only on trade, but on global public health and food safety. This seemed to prompt governments to be more alert to the risks of approving new global standards and guidelines and the role Codex has had, and still has, in flooding the world with unnecessary, harmful and wasteful products. Because of this more careful approach, several industry-inspired proposals on Probiotics, synthetic fibre, Plant-based formulas and foods and optional prebiotic ingredients in formulas that were not approved.

12.2 The UK must Safeguard policy-setting processes from undue commercial interest and defend the right to regulate corporations in the public interest.

Increasingly, law-making processes are subject to intense lobbying and

legal challenges from industry interests and diplomatic interventions from trading partners. While all governments have the sovereign right to adopt any legislation they consider necessary to protect child health as long as it does not violate international trade principles, the UK should be wary of trade agreements that include the Investor-State Dispute Settlement (ISDS) mechanism, since this could complicate its freedom to regulate in the public interest.

12.3 Codex on ‘Optional ingredients’ The CCNFSDU in October 2024 considered a proposal from the USA for optional ingredients in infant formulas and FSMPs: *Fructo-oligosaccharides (FOS)*, *oligofructose (OF)* and *oligofructan* (synthetic oligosaccharides). IBFAN argued that the use of terms such as ‘*human milk oligosaccharides*’ and ‘*HMO*’ falsely imply similarity with breastmilk and that if an ingredient is proven through credible science to be important, it should be mandatory in all formulas and added to the essential ingredient list.^{xxx} As said before, the supermarket shelf is not the place to make decisions that could fundamentally affect a child’s development. The FAO Codex Secretariat called for careful consideration on whether the work on optional ingredients was warranted, just to have methods of analysis listed in CXS 234-1999. There was no support for the industry-backed proposal.^{xxxi}

12.4 Codex and Probiotic claims: CCNFSDU also discussed a proposal from Malaysia, Argentina and China for new Guidelines on Probiotics. ([Para 104 REP24/NFSDUt](#)) The UK made a strong statement highlighting the fact that ‘*Probiotic*’ is considered a claim and that any new Guidelines should not imply a health benefit, unless such a claim is valid and backed by sound evidence. The EU and WHO and other countries warned that new Guidelines were unnecessary and would not help countries decide when the numerous claims in their markets are sound or bogus (the reason some countries were supporting the proposal. We warned that a new Guideline might in fact institutionalise the claim, forcing countries to accept it and all the subsequent misleading marketing. IBFAN also highlighted how the baby food industry is not complying with WHO’s safety advice to reconstitute powdered infant formula with water at 70 degrees. They know that this important safeguard that aims to destroy *Cronobacter* pathogens, would render the Lactobacilli probiotic ineffective and the claim meaningless. The US [Food and Drug Administration](#) (FDA) has warned “*that preterm infants who are given probiotics are at risk of invasive, potentially fatal disease caused by bacteria or fungi contained in probiotics.*” We were pleased that the decision was taken not to proceed with this proposal but instead to ask FAO and WHO to do a systematic review of current evidence and revise their [2021 Guidelines](#). In view of the risks we requested that care should be taken over the title of any new work, for example referring to *Products marketed as Probiotic*.

12.5 Codex and Cell-Based synthesised products. The infant and young child feeding market is fast growing and evolving. In addition to all the products mentioned (infant formula (IF) follow-on formula (FoF), infant or follow-on formula for special medical purposes (FSMPs) and the so called ‘growing up’ and toddler milks^{xxxii} (referred to by Codex Alimentarius as drinks for young children), the CMA should make recommendations to safeguard children from the promotion of many new products and supplements that are coming onto the market such as artificially produced cell-based products, probiotic supplements, commercialised donor milk.^{xxxiii} The marketing for these products is breaking new ground with claims that breastmilk is somehow deficient. In the past companies referred to breastmilk as the ‘gold standard. Any research on parent’s decisions must look at the power of such marketing and the safety of ingredients.

12.6 Codex and Plant-based formulas. While acknowledging the valid concerns about the role of dairy products in the climate crisis, IBFAN, FSNT and BFLG are concerned about ‘plant-based’ formulas. These Ultra-processed products are often high in free sugars and far from the healthy option that the term ‘plant’ implies. They should not be carrying health, nutrition or greenwashing claims. [WHO and FAO also referred to their work global food consumption, non-animal source foods and the UPF definition.](#)^{xxxiv}

12.7 Codex, sugar and Sweetness: The UK must seek to reduce its high UPF consumption rates while prohibiting artificial flavourings, additives and sweeteners in formulas and baby foods. At the Codex Nutrition meeting in Dresden, we supported the EU and Switzerland proposal to ask *the Codex Committee on Methods of Analysis and Sampling* [CCMAS](#) to consider validating a method for taste-testing baby formulas for sweetness. Our [global monitoring with Public Eye](#) exposed the double standards in the marketing of baby formulas and foods, finding products sold with no added sugar in Switzerland but sold with high levels in lower income countries. Since sweetness is addictive and sets up taste preferences in children, and since manufacturers can now ultra-process raw ingredients to achieve sweetness while claiming products are sugar free, taste testing the final product is an important public health measure that could reduce the harm caused by these products. Although strongly supported by many governments, the proposal was not taken up after opposition from four major exporters, the USA, Australia, Canada, New Zealand. The baby food industry claimed the tests would be too laborious, expensive and not validated..

12.7.1. Mandatory declarations on added sugar.

IBFAN has called for mandatory declarations on added sugar and sweeteners, highlighting that:

- A wide range of mono and disaccharides and other sweeteners are added to foods and all need to be identified as ‘added sugars’ to distinguish them from intrinsic sugars that are naturally found in foods and are otherwise nutritious.
- Consumers have a right to full and frank information about the quantity of ‘added sugars’ – expressed as a percentage of added sugar by weight in the ingredient list and as a sub-total of total sugars in the nutrient declaration panel.
- The impact and limitation of non-sugar sweeteners (NSS) should also be considered. The 2023 WHO Guidelines on the use of non-sugar sweeteners⁸ recommends that NSS not be used to manage weight or to reduce the risk of non-communicable diseases. This warning should be prominently communicated on labels of products containing NSS.
- WHO Euro has called for a ban on added sugars and sweeteners in food products for babies and children under the age of three, and has urged industry to “be proactive” and “support public health goals” by reformulating its baby food products

12.8 Codex and Greenwashing claims. Codex has been discussing whether to do new work on Sustainability Labelling. We have many concerns, especially in relation to baby feeding products. The same corporations that are undermining confidence in sustainable local agriculture, breastfeeding and biodiverse food systems through their promotion of unnecessary, risky, plastic-packaged products, are targeting mothers with greenwashing claims. Research carried out for the Codex discussions on the ‘*sustainability labelling*’ proposal showed that most sustainability labelling is industry led.^{xxxv} IBFAN is advocating for warnings rather than promotional claims on globally traded products, especially unhealthy UPFs, commercial milk formulas or foods for infants and young children to the age of 5 years. If claims are to be permitted (perhaps for locally sourced products) they should be substantiated with independent and verifiable evidence, government-led with legally binding appropriate safeguards and independently monitored. The resources needed for this are likely to be costly, counter-productive and wasteful. Public health resources should not be used to facilitate the needs of the processed food industry

Other questions have been answered by BFLG and we strongly support those responses.
Baby Milk Action/IBFAN UK, Cambridge UK

ⁱ Breastfeeding constitutes one of the single most effective ways to reduce inequalities, to fulfil the child’s right to life and to the enjoyment of the highest attainable standard of health. The International Code and Resolutions are designed to ensure that all parents receive objective and truly independent information, to remove obstacles to breastfeeding and ensure that breastmilk substitutes are used appropriately.

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ⁱⁱⁱ The International Code is embedded in many global declarations, standards and strategies, including Codex standards on formulas and baby foods, the [Codex Code of Ethics](#) for International Trade in Food, the [EU Action Plan of Childhood Obesity](#) 2014-2016 and the [Political Declaration on NCDs and Framework for Action](#) adopted in the [Second International Conference on Nutrition](#) in November 2014.

^{iv} [Baby Milk Action response to CMA Infant formula and follow-on formula market study, March 2024](#)

^v *Infant Formula: A Mass, Uncontrolled Trial in Perinatal Care* [Maureen Minchin M.A. \(Hons.\), I.B.C.L.C. March 1987 <https://doi.org/10.1111/j.1523-536X.1987.tb01445>](#).

^{vi} ESPGHAN Comments on the Circular Letter CL 2005/53-NFSDU and on the Synopsis of comments received until 30 April (prepared by Germany) *“The question arises whether the ranges of nutrient levels in infant formulae that are reported by ISDI, without documented occurrence of side effects, suffice to establish a “history of safe use”, or even of adequacy of such nutrient levels for infant formulae. ISDI suggests that a history of apparently safe use of products might be based on the use of commercially produced infant formula and the monitoring of spontaneous consumer reports of observations that may indicate a problem with a specific batch of formula. In some areas, such as Europe, Israel and the USA, there are consumer phone line services have been established where parents may call in, usually free of charge, to place questions or complaints to the manufacturer or distributor of an infant formula. ISDI explains that such customer reports are monitored and should provide a tool for post-marketing surveillance of infant formula safety. Based on the evaluation of these consumer phone line services and the absence of detected serious side effects, ISDI implies that a history of safe use has been established for the nutrient levels reported in their compilation. ESPGHAN wishes to emphasize that there is no evidence available to show that the evaluation of consumer phone line services is sensitive enough to detect adverse effects of infant formulae.”*

^{vii} Committee on the Rights of the Child Concluding observations on the combined sixth and seventh periodic reports of the United Kingdom of Great Britain and Northern Ireland* <https://digitallibrary.un.org/record/4013807?ln=en&v=pdf>

^{viii} The CRC recognises that children have a right to the highest attainable standard of health and that State Parties shall strive to ensure access to health care services. This includes the right of parents and other caregivers to be informed, have access to education and be supported in the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding, as emphasized under Article 24 of the Convention. The CRC General Comments Nos. 15 and 16 also stress the obligation for States to protect, promote and support breastfeeding through the implementation of the World Health Assembly *Global Strategy for Infant and Young Child Feeding* (GSIYCF) and set a direct obligation that companies abide by the IC and Resolution universally ‘in all contexts’

^{ix} [Marketing of breast-milk substitutes: national implementation of the international code, status report \(2024\)](#)

^x Copies of national regulations can be found on the [IBFAN website](#) <https://www.ibfan.org/international-regulations/>

^{xi} COMMISSION DELEGATED REGULATION (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding: 10.3 *Manufacturers and distributors of infant formula shall not*

provide, to the general public or to pregnant women, mothers or members of their families, free or low-priced products, samples or any other promotional gifts, either directly or indirectly via the health care system or health workers.

^{xii} Article 5.5 of the Code states: "Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

^{xiii} *The Corporate Examiner, Confronting the US Infant feeding Giants*, July August 1982, Vol II, no 7-8

^{xiv} Baby Milk Action founded the Baby Feeding Law Group (BFLG) in 1997. In 2000, with NGO partners and MEPs, we prompted changes that improved the transparency and structure of the EU's scientific advisory bodies and led to better advice on baby foods^{xiv} The formation of the [Conflicts of Interest Coalition](#) (endorsed by 160 Public Health NGOs, including 4 UK Royal Colleges) also helped in the strengthening of the [UN Political Declaration on NCDs](#), launched at the UN General Assembly that year.

^{xv} World Health Organization. <https://iris.who.int/handle/10665/378209>. License: CC BY-NC-SA 3.0 IGO

^{xvi} *Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics*, 2017 <https://worldnutritionjournal.org/index.php/wn/article/view/155>

^{xvii} <https://eur-lex.europa.eu/EN/legal-content/glossary/precautionary-principle.html>

^{xviii} *Specialised Infant Formulas: Overused, Overpriced and Obesogenic* Victoria L. Sibson, Susan Westland 23 July 2024

^{xix} <http://www.babymilkaction.org/wp-content/uploads/2022/06/FSMP-Briefing-Tuesday.pdf>

^{xx} [Commission Notice on the classification of Food for Special Medical Purposes](#) (FSMP) (2017/C 401/01)

^{xxi} [Guidance on the risk assessment of substances present in food intended for infants below 16 weeks of age](#), 26 April 2017 <https://www.efsa.europa.eu/en/efsajournal/pub/4849#>

^{xxii} <https://www.ibfan.org> PLASTIC TREATY FAILS: CAN CODEX CHANGE AND PRIORITISE HUMAN AND PLANETARY HEALTH? The Global Plastics treaty failed to reach a consensus in Busan, Republic of Korea GLOBAL PLASTICS TREATY: BABIES, YOUNG CHILDREN AND WOMEN ARE MOST AT RISK

^{xxiii} [CODEX STANDARD FOR FOLLOW-UP FORMULA CODEX STAN 156-1987 \(amended 1989\)](#)

<https://www.babymilkaction.org/wp-content/uploads/2022/12/Codex-FOF-89.pdf>

^{xxiv} The poor Codex Standard for Follow-up milks, adopted in 1987 led to the rapid growth of the global market these unnecessary and risky products. Exporting countries have used this standard in attempts to stop governments bringing in more health protective marketing controls. ^{xxiv} ^{xxiv}

^{xxv} [Follow-up Formula for older infants and products for Young Children standard](#). CXS 156-1987 Adopted in 1987. Amended in 1989, 2011, 2017. Revised in 2023. PREAMBLE *This standard is divided into two sections. Section A refers to follow-up formula for older infants, and Section B deals with drink for young children with added nutrients, or product for young children with added nutrients, or drink for young children, or product for young children. The application of this standard should be consistent with national/regional health and nutrition policies and relevant national/regional legislation and take into account the recommendations made in the International Code of Marketing of Breast-milk Substitutes (WHO, 1981),² as per the national/regional context. Relevant World Health Organization (WHO) guidelines and policies and World Health Assembly (WHA) resolutions were considered in the development of this standard and may provide further guidance to countries.*

^{xxvi} Compilation of IBFAN Press Releases, consultations responses to Codex since 2006. <https://www.babymilkaction.org/archives/34620>

^{xxvii} Russ K, Baker P, Byrd M, et al. *What you don't know about the Codex can hurt you: how trade policy trumps global health governance in infant and young child nutrition. International Journal of Health Policy and Management 2021; 10(12): 983-97. Baker et al. Globalization and Health (2021) 17:58. Advocacy at Work During the Codex Committee on Food Labelling Meeting INTERVENTIONS AT WTO AND CODEX RELATED TO NATIONAL IMPLEMENTATION OF THE WHO INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES. Kathryn Russ**

^{xxviii} [BFAN/ENCA comment on DRAFT STRATEGIC GOALS AND OUTCOME STATEMENTS FOR THE CODEX STRATEGIC PLAN 2026-2031, AS PROPOSED BY CCEXEC](#) November 2024

[IBFAN ENCA comments on the development of the Codex Strategic Plan 2026- 2031 – Part 1 – how Codex works as part of the multilateral system on food and trade CL2023/65/OCSEXEC](#) <http://www.fao.org/fao-who-codexalimentarius/resources/circular-letters/en>

^{xxix} Dr Tedros Adhanom Ghebreyesus, WHO Director-General welcome address: Codex Commission (CAC45. 2022)

^{xxx} [Artificial human milk oligosaccharides in infant milks: A review of evidence provided by Nestlé for their range of 'SMA Advanced' infant milk products](#). April 2019 First Steps Nutrition.

^{xxxi} [REPORT OF THE FORTY- FOURTH SESSION OF THE CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES](#)

[Dresden, Germany 02 – 10 October 2024](#). Para 142 DISCUSSION PAPER ON USE OF FRUCTANS, BETA-CAROTENE, LYCOPENE IN STANDARD FOR INFANT FORMULA AND FORMULAS FOR SPECIAL MEDICAL PURPOSES INTENDED FOR INFANTS (CXS 72- 1981) (Agenda item 8) 15 Para 146 of Report: *Noting that there was no support at this time for the recommendation, the chairperson recalled the reason for CCNSDU having started the work was to add methods of analysis to CXS 234-1999. The Chairperson noted that even if methods were not listed in CXS 234-1999, they could still be used by countries and that countries can decide at national level on what optional ingredients could be allowed in infant formula. The Chairperson noted that CCNFSDU should carefully consider how to proceed taking into account the workload of the committee and to first consider if methods of analysis were actually needed before proceeding to consider whether the nutrients were suitable as optional ingredients.*

^{xxxii} *Toddler milks are marketed as beneficial, but they're unnecessary and could be harmful*

<https://www.abc.net.au/news/2024-03-12/toddler-milk-nutrition-benefits-marketing-parents/103517864>

^{xxxiii} FDA adverse event report online, of the death of the baby girl from Evolve probiotic. <https://www.fda.gov/media/173048/download>

<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/infant-health-inc-formerly-evolve-biosystems-inc-667715-09282023>

^{xxxiv} First Steps NutritionTrust response to the SACN/COT consultation on plant-based drinks, September 2024.

[Plant-based milk alternatives in the diets of 1–4 year-olds](#) *Plant-Based and Dairy-Free Drinks: An Emerging Health Hazard for Young Children Rachel M. Childs, Robert J. Boyle, Victoria L. Sibson* 7 November 2024

^{xxxv} *Will bogus sustainability claims on processed foods save the planet?* <https://www.babymilkaction.org/archives/38380>