# IBFAN response to Consultation on WHO Guideline: Sugars intake for adults and children

## 1 Background/summary

The International Baby Food Network (IBFAN), founded in 1979, is a network of 273 groups in 168 countries that works to protect, promote and support breastfeeding as the norm for mothers and babies and to stop misleading marketing by the baby feeding industry. Additionally IBFAN advocates for safe, secure, local and culturally suitable food accessible to all as a human right. IBFAN members and groups include consumer organisations, health worker associations, parents' groups and a diversity of organizations that promote justice and human rights.

IBFAN is pleased that WHO is addressing the global epidemic of obesity and dental caries and the negative impacts that the consumption of nutrient empty sugar calories has on non-communicable chronic diseases (NCDs) such as diabetes, cancers, cardiac disease and hypertension.

There is no dietary or nutrition requirement for added or free sugars. Levels higher that 5% of total energy may be associated with significant negative outcomes including overweight and dental caries. We strongly support the target of intake levels of free sugars to below 5%. We believe that effective implementation of these recommendations would reduce the physical health and economic burdens linked to excessive consumption of sugar. We know of no evidence of harm to reducing free sugars to below 5% of total energy.[i]

While our comments focus mainly on infant and young child feeding, the consumption of added sugars by infants and young children can lead to the imprinting of a taste preference for sweet, energy dense, highly processed and high sugar foods in later life. Evidence is mounting about the importance of early life feeding and behaviour. The chances of children sliding into or out of obesity seem to be diminished as they grow older.[ii]

IBFAN is especially concerned with the negative impact that the marketing of food products with added sugars, trans-fatty acids and salt has on traditional food patterns and cultures in lower and middle-income countries.The marketing tactics used by the baby food products industry presents such foods as being healthier than family foods, mislead and distorts parents', health worker and public perceptions of normal healthy food.

In addition, governments are pressured to deregulate legislation that protects public health through trade agreements and subsequent diminished sovereign rights and duties to protect health. Organisations such as Institute for Trade, Standards and Sustainable Development [iii] are claiming that laws that cover all products for children below 36 months are trade restrictive and will not protect breastfeeding. To counter these flawed arguments governments need the support of WHO if they are to bring in much needed laws, specifically implementing all WHA Resolutions, to protect optimal infant and young child feeding practices and reduce NCDs.

## 2 IBFAN comments

Consumption of added sugars by infants and young children is of particular concern to IBFAN. We note that added sugars provide energy without nutrients, while during periods of rapid growth and development infants and young children require energy rich foods that are nutrient dense as an accompaniment to breastmilk.

Infant weight gain might be associated not only with type of milk consumed but also with mode of milk delivery. Regardless of milk type in the bottle, bottle-feeding might be distinct from feeding at the breast in its effect on infants' weight gain. Infants who are bottle-fed in early infancy are more likely to empty the bottle or cup in late infancy than those who are fed directly at the breast. Bottle-feeding, regardless of the type of milk, is distinct from feeding at the breast in its adverse impacton infants' ability to self-regulate milk intake.

Furthermore, we wish to point to the WHO analysis of the evidence for long term benefits of breastfeeding.[iv] The evidence shows that breastfed children grow normally and that formula fed infants have a higher risk to be overweight or obese indicating that

breastfeeding provides a protective effect against overweight and obesity in later life.

The primary carbohydrate found in human milk is lactose, while those in infant formulae are for the most part a mixture of lactose, corn based maltodextrin, corn syrup and sucrose (the latter banned in Europe for use as an infant formula carbohydrate). Additionally breastfeeding is a self-regulating behaviour [v, vi] by an infant, and breastmilk contains appetite regulating hormones, leptin and adiponectin, that manage intakes according to growth and developmental needs.[vii viii, 1]

There is substantial evidence of continued irresponsible marketing of foods and non-alcoholic beverages to children, in particular extending the use of processed formulas which contain higher levels of sugar than cow's milk,[ix] using idealising claims and messaging to convince parents that regular consumption of processed foods is essential. The foods that are most aggressively marketed to and for children are invariably ultra-processed, high in added sugars, transfatty acids and salt and have a low nutrient to energy density.[x xi xii]

## 3 Codex: Complementary foods and sugar

Several important discussions relating to infant and young child feeding are currently on the agenda of Codex Alimentarius. See section 4 for formulas for older babies.

Also of concern are Cereal-based foods for infants and young children that are marketed in many countries as the first complementary food for infants. The current Codex Alimentarius standard for cereal based foods Processed Cereal-Based Foods for Infants and young Children (CODEX STAN 74-1981) for infants and young children permits levels of added sugars as high as 30% of energy. In 2006 Thailand made a proposal to reduce the permitted levels of sugars in cereal based baby foods. This proposal was blocked by the US, EU and the Codex Secretariat.[xiii]

WHO should call for this issue to be opened up and brought in line with WHO recommendations.[15] WHO should also promote the 5 criteria drawn up by the STAG Working Group in June 2013 as essential principles to inform national, regional and global policies.

## 4 Codex: Formulas for older infants and young children.

Also on the agenda of Codex are formulas for older infants and young children (so-called Growing-Up Milks (GUMs) or Toddler Milks). These products often contain added sugars and their aggressive marketing remains in contradiction to the provisions of the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly Resolutions in many countries. IBFAN global monitoring shows overwhelming use of nutrition and health claims, idealisation and inappropriate/unclear age indication as areas of marketing abuse. [xiv xv] (See also section 9.)

GUMs or fortified 'Toddler milks' are used by many companies to cross-promote infant formulas and follow-up milks. Aggressive marketing of GUMs has lead the growth of the baby food market, approaching a value sales gain of 17% in 2012, followed by 12% for follow-up milks. Toddler milk now accounts for one-third of the global milk formula market by value.

- In its expert analysis, First Steps Nutrition says: "Fortified milks are frequently high in sugar and are likely to contribute to higher energy intakes, which may contribute to chronic disease, and the voluntary fortification of

- foods and drinks needs to be questioned as there is increasing evidence that giving additional nutrients to those who do not need them may have adverse consequences.
- Milk and dairy products in the diets of children are seen as pivotal to good nutrition and, where diets of young children have historically included dairy products, these provide a significant amount of energy and other nutrients (Westland and Crawley, 2012). However, in many areas of the world an indigenous diet is able to provide sufficient nutrition without

[1] *Growth factors, cytokines, and hormones in breast milk*: Leptin, adiponectin, IGF-I, ghrelin, and the more recently discovered hormones, obestatin, and resistin, are present in breast milk and involved in food intake regulation and energy balance. Breast milk biochemical components, such as protein quantity and quality, polyunsaturated fatty acids, oligosaccharides, cytokines and hormones, in particular leptin, adiponectin and resistin together with the breastfeeding practice itself can influence infants feeding behaviour and regulation of growth and appetite control later in life.

the inclusion of dairy products and the addition of these foods may not necessarily improve the diet for all. We use the term 'fortified milks' in this report to describe all milk-based drinks where specific nutrients have been added in order to make claims for the product. The international market for fortified milk products for children aged 1 year and over is vast, and growing rapidly, as infant milk and dairy companies expand their product ranges. This is reflected in the quantity and diversity of products available. The majority of products are based on cows' milk, but products based on goats' milk, soya milk and yak milk are also available. Many of the milks available on the international market contain ingredients which have not yet been added to milks in the UK. However, as manufacturing companies strive to differentiate their products from competitors, there is a real possibility that some of these ingredients may become available in products on offer worldwide whilst no regulation exists to ensure a permitted list of ingredients.[2]

- A report by the German Federal Institute for Risk Assessment (BfR) [xvi](16.08.2011) found that 'toddler' milk does not offer any advantage compared to reduced fat cow milk. "From a nutritional and physiological point of view these special toddler milks are not necessary", says BfR President, Professor Dr. Andreas Hensel. "The manufacturers of toddler milk drinks often refer to high consumption amounts on the packaging of their products. According to these recommended consumptions children would consume through children's milk alone high amounts of macronutrients and micronutrients. Within the framework of the overall diet this would favour in the long-term an oversupply with all nutrients. From a nutritional physiological and health point of view this is problematic."[xvii]

- In 2012 the Australian Government's infant feeding guidelines said: 'Toddler milks and special and/or supplementary foods for toddlers are not required for healthy children.'

- In 2013 the European Food Safety Authority concluded that GUMs have no additional value to a balanced diet. [xviii]

- A survey in 2010 by the Hong Kong Department of Health (HKSAR) found that "children who drank more milk (mainly formula milk) than the recommended volume generally consumed smaller amounts of grains, vegetables and fruits. Use of the bottle and parents' misconceptions about the nutritional benefits of formula milk might have contributed to the high milk intake and the choice of milk."[xix]

## 5 Ready to Use Foods for malnourished children

As stated above, it is clear that the top strategic priority of many transnational food companies is to change traditional food patterns and cultures and promote highly processed foods. In this context the promotion of business 'partnerships' in the conquest of child malnutrition inadvertently helps companies as they seek to influence national, regional and global policies in their favour. Malnutrition is now a profitable 'business.'

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[2] Fortified milks for children. First Steps Nutrition... What are the health consequences of additional sugar in the diets of children? *The potential contribution of these higher-calorie, energy-dense products to overweight and obesity in children has been suggested (Brand-Miller et al, 2013). Plain animal milk has a composition which may be protective against the development of insulin resistance and chronic disease (Pereira et al, 2002) and therefore if alternatives to this increase risk of chronic disease, this is of concern to public health. The consumption of easily absorbed sugars can stimulate excessive postprandial hypoglycaemia and insulinaemia, which may be linked to risks of obesity, type 2 diabetes and coronary heart disease (Brand-Miller et al, 2013). A study which measured metabolic responses to consumption of a range of fortified milks with added sugars has reported that some of the milks had a glycaemic index that was similar to consuming a sugar-sweetened soft drink (Brand-Miller et al, 2013). (The glycaemic index indicates how quickly the body produces insulin in response to a sugar load.)...Fortified milk with glucose sugars is likely to contribute to higher levels of dental decay in infants and children (Grenby and Mistry, 2000) and the added sugars in many milks may present risk of oral ill-health to older children. The health risks associated with regular consumption of fortified sweetened milk products by young children could therefore be significant.....The estimated added sugar content in the example fortified milks shown in these tables ranges from 1.1g/100ml to 13.5g/100ml. A typical 400ml per day serving of the milks with the highest added sugar content would provide 378g of added sugars to the diet of a child over a week, providing about 1,500kcal from sugars in fortified milks alone. Even those milks with an added sugar content of 4-6g/100ml would provide the equivalent of an additional 5 teaspoons of sugar a day and 140g of sugar per week, based on an average 400ml/day serving. ....The addition of these hidden calories in a milk drink ensures that, as demonstrated in Table 5, regular child consumers of fortified milks are likely to gain additional calories and have higher energy density diets. Based on UK dietary recommendations for a child aged 1-3 years and 4-6 years where added sugars are recommended to contribute no more than about 10% of food energy, 20g of added sugar a day would represent 80% of the daily added sugar allowance for a 1-3 year old and 55% for a 4-6 year old.*

Among other things, IBFAN is concerned about the high sugar content of many products being promoted for malnourished children. While these products can be convenient their use must be limited and carefully managed. IBFAN is calling for robust evidence of efficacy and impact on traditional foods before products are promoted. Further research must be conducted on the 'spillover' from the use of these products in emergency and therapeutic situations and the impact they may have on children's taste preferences. [xx]

Two systematic reviews by the Cochrane Collaboration [xxi]could not find evidence that commercial Ready-to-Use Foods and lipid-based supplements were any better than flour porridge made locally from enriched blended food for the treatment of severe and moderate acute malnutrition.

Great care must be taken to ensure that these products are used appropriately, and that given the risks, fundraising appeals are not focused on nutrition products.[xxii]

## 6 Special Formulas misclassified as Foods for Special Medical Purposes. (FSMPs)

The number of infants with metabolic disorders where breastfeeding is contra-indicated or where full or partial feeding with specialised formulas is needed, is extremely small [globally possibly less than 25,000 babies]. [xxiii] The growth in the market for products wrongly claiming to be FSMPs has been recognised by the European Commission.[3] FSMP labelling is used by companies to circumvent composition requirements and other safeguards, including the legal requirement for a 'breastfeeding is best' statement. The products invariably share the same branding as regular formulas alongside idealized claims and packaging. There is limited evidence of efficacy for many of the products claiming to be FSMPs and many contain thickeners and other ingredients that would not otherwise be allowed. Many are high in sugar, for example "High–energy formulas" supposedly for babies with faltering growth.

Other products such as PaediaSure Shake, marketed by Abbott Nutrition, are 'food supplement' drink mixes for children aged 1-10 years. This product contains 7.5g sugar per 100ml from sucrose and a serving for a 1 year old is suggested as 225ml, twice a day.

## 7 Formulas and supplements for pregnant and lactating women

IBFAN is concerned about the growth in the market for products for pregnant and lactating women that in our view contravene the International Code and specifically World Health Assembly Resolution 55.25.[4]

Through the promotion of such products companies claim to be supporting breastfeeding while undermining womens' confidence in their bodies' competence to do it. When products are cross-branded with formulas for babies the door is opened to a range of products for the whole life cycle, and leading to the perception that unprocessed, cheaper and often more nutritious foods are somehow lacking.

## 8 'Not Exceed' or 'Less than' 10%

We note that the guideline recommendation reads "not exceed" rather than "less than" 10%. The 'not exceed' phrase contradicts expert reports 797 and 916 (both of which recommended "less than" 10%) and the mass of evidence accumulated in the last ten years. The 'not exceed' phrase could be a backward step that could be exploited. It should be corrected.

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[3] *"Differing interpretation and enforcement of the definition of FSMPs by national authorities has contributed to a proliferation of these products in the market (the examples of products based on rice protein, not allowed for infant and follow-on formula, and of some anti-regurgitation products were mentioned). This in turn led to the use of wider and often similar distribution channels as those for infant formula and inevitably to labelling, advertising and marketing practices that were taking advantage of the absence of relevant rules for these products.'* SCOFAH Notes, 22.6.12

[4] WHA 55.23 urges Member States: *to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding.*

## 9 Conflicts of Interest

The European Food Safety Authority (EFSA) has published the preliminary work it will use for its forthcoming evaluation of essential formula ingredients as part of the ongoing overhaul of all EU baby food legislation.[xxiv] An extensive literature review found no scientific evidence, or insufficient evidence, to support the inclusion of many of the ingredients commonly used in formulas.

*"A meta-analysis…showed systematic bias from industry funding..articles sponsored exclusively by food and drinks companies [were] 4-8 times more likely to have conclusions favourable to the financial interests of the sponsoring company than those that were not..."* Profits and Pandemics, Lancet, Feb 12,2013.[xxv]

The predominance of industry-funded research has had a profound impact on the quality of research, the research base and consequently on the systematic reviews. It has also impacted on health professionals who are the main reference point for policy makers and through whom information is disseminated to the public. This has added to the confusion that parents and health workers face in making feeding decisions, and fueled the market for unnecessary baby feeding products.

While the potential for bias is present in all research, it is reduced if research is funded by a disinterested parties. Government and public health institutions have a special responsibility to address this imbalance by providing 100% public funding for public health research.

We are pleased that WHO is requiring contributors to complete a Declaration of Interest and understand the complexity of finding experts that are Conflict of Interest (COI) free. However, Annex 9 does not make it clear how such decisions are made. For example, the fact that Anna Lartey, receives funding from the Industry Council for Development (ICD) for a short course on food safety for nutritionists does not 'constitute any conflict of interest' for her role in NUGAG.

The rational seems to be that ICD has Official Status as an NGO with WHO. However this is a misnomer. ICD is clearly an industry front body funded by food companies Ajinomoto, Nestle, Mars and Unilever. While ICD has now decided to close down – to be absorbed into the International Life Sciences Institute – another industry funded body - surely such funding should be recognised as a COI – if only in the past.

## 10 IBFAN Recommendations

1. WHO to remove the contradictory term "not exceed."
2. WHO to recommend that governments set Target intake levels of free sugars to below 5% of total energy.
3. WHO to recommend an opening up of the Codex standard on cereal-based foods to reduce sugar levels [16]
4. WHO to increase its support to Member States to regulate the marketing of feeding products for infants and young children as per the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. This is a key preventive strategy to protect optimal infant and young child feeding and reduce sugar intakes for this vulnerable population. WHO to promote the 5 criteria drawn up by the STAG Working Group in June 2013 as essential principles to inform national, regional and global policies. Namely that promotion is inappropriate if: it undermines recommended breastfeeding practices; contributes to childhood obesity and noncommunicable diseases; the product does not make an appropriate contribution to infant and young child nutrition in the country; it undermines the use of suitable home-prepared and/or local foods; it is misleading, confusing, or could lead to inappropriate use.
5. WHO to increase its support to Member States to base policies on WHO Recommendations on the marketing of foods and non-alcoholic beverages to children.
6. WHO to go further and encourage Member States to ensure that food industries are not permitted to take part in nutrition education or counselling of parents and carers since this is a clear conflict of interest that is not permitted by several WHA Resolutions. Education is not the food industry's area of expertise or responsibility and their messaging will always, at some level, be compromised and biased.
7. WHO to rensure that robust evidence on efficacy, cost, long-term impact on nutrition, sustainability, and replacement of traditional feeding practices are considered before Ready to Use Foods are promoted. To ensure that Ready to Use Therapeutic foods are used appropriately, and that fundraising appeals are not focused on nutrition products.
8. WHO to continue its advocacy at Codes for Formulas for older babies to be covered by the marketing restrictions of the International Code and Resolutions.



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