



**JOINT FAO/WHO FOOD STANDARDS PROGRAMME**  
**CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES**

**Thirty-eighth Session**

**Hamburg, Germany, 5 – 9 December 2016**

**REVIEW OF THE STANDARD FOR FOLLOW-UP FORMULA**

*Comments of India, Indonesia, Kenya, Nigeria, African Union*

**INDIA**

**General Comment:**

Alignment of the Codex standards with World Health Assembly Resolution 69.9 (2016) and the accompanying guidance: It is essential that there is policy alignment between Codex instruments and the norms, standards, resolutions and recommendations adopted by the World Health Assembly, especially those relating to infant and young child feeding. This is essential for the protection of optimal infant and young child health and to support WHO infant and young child feeding recommendations. The decisions made at the WHA by Member States need to be imbedded into Codex standards and national legislation. Any Codex standard covering products targeted to children under 36 months must at the very least conform to WHA Resolution 69.9 (2016) and accompanying guidance (2016).

**Specific Comments:**

**Recommendation 1: Protein requirement of Follow-Up Formula of older infant (6-12m).**

India supports keeping the maximum level of protein requirement for older infants at 3.0g/100kcal

**Rationale:**

The WHO has clearly stated that this product is not necessary and that follow-up formula is unsuitable when used as a breast milk replacement from six months of age onwards (WHO 2013: information concerning the use and marketing of follow-up formula). However, if the draft standard is to be prepared then it is preferable to retain the same protein values as in Codex Infant Formula standards for a replacement feed for the period from 6 to 12 months. The frequency of feeds with FUF may be low, and it may not meet full requirements of infants >6 months. Breastfeeding would normally be the major source of protein requirements for older infants

**Recommendation 2: Vitamin K minimum requirements of Follow-Up Formula of older infant (6-12m).**

The WHO has clearly stated that this product is not necessary and that follow-up formula is unsuitable when used as a breast milk replacement from six months of age onwards (WHO 2013: information concerning the use and marketing of follow-up formula). The WHO has clearly stated that follow-up formula is not necessary and that the Standard Infant Formula is adequate as a replacement feed for the period from 6 to 12 months.

However, if the draft standard is to be prepared then it may be in line with Codex Infant formula standard i.e. minimum 4 µg/100 kcal.

**Recommendation 3: Vitamin C minimum requirements of Follow-Up Formula of older infant (6-12m).**

The WHO has clearly stated that this product is not necessary and that follow-up formula is unsuitable when used as a breast milk replacement from six months of age onwards (WHO 2013: information concerning the use and marketing of follow-up formula). Therefore, the standards for Vitamin C may be in line with Codex Infant Formula standard that is minimum 10 mg/100 kcal.

**Recommendation 4: Zinc minimum guiding upper level and associated footnote requirements of Follow-Up Formula of older infant (6-12m).**

The WHO has clearly stated that this product is not necessary and that follow-up formula is unsuitable when used as a breast milk replacement from six months of age onwards (WHO 2013: information concerning the use and marketing of follow-up formula). However, India supports that GUL for zinc may be in line with the Codex Standard for infant formula zinc GUL value of 1.5 mg/100 kcal

**Rationale:** Zinc is an essential trace element and it is widely prevalent especially in developing countries whose children constitute more than 60% and contribute to more than 80% of world stunted children. With a GUL of 1.5mg/100kcal even at the lower end of consumption the requirements will be met and will be within SUL as the consumption is relatively low

**Recommendation 5:** DHA requirement of Follow-Up Formula of older infant (6-12m).

India agrees with optional addition of DHA.

**Recommendation 6:** L(+) lactic acid producing cultures requirement of Follow-Up-Formula of older infant (6-12m).

India agree with optional addition of L (+) lactic acid producing cultures.

**Recommendation 7:** That CCNFSDU agree to divide the Standard for Follow-up formula in to two separate parts.

India reiterates its earlier position against division of FUF in two separate parts.

**Recommendation 8:** Principles for determining mandatory requirements for young children (12-36 m).

India does not agree with a separate section on young children. However, if the standards have to be developed, the principles laid out for mandatory composition are important and needs to be taken into consideration. For optional additions, India reiterates earlier position supporting option 2.

**Recommendation 9 – 19:** For the essential composition of follow-up formula for older young children (12-36m).

India does not agree with this recommendation

Rationale: As India does not support the creation of a separate standard for young children, we do not agree with these recommendations.

#### **Recommendation 20**

Section A: Reference to the essential composition and labeling of follow-up formula for older infants.

Section B: Deal with the essential composition and labelling of product for young children.

India reiterates earlier position against bifurcation of standard. However, if the standard has to be developed the product should be clearly distinguishable.

#### **Recommendation 21**

The modified text of the definition for FUF for older infant and for young children is as under:

[Follow-up formula for older infants means a product intended for use as the liquid part of ~~the~~ **a diversified** diet for older infants when complementary feeding is introduced, and

[Fortified milk product] OR [Processed milk product for young children] OR [Follow-up formula for young children] [means a product intended for use as a liquid part of the progressively diversified diet when nutrient intakes may not be adequate to meet the nutritional requirements of young children.]

#### **Rationale:**

The word diversified being used in the definition of FUF for older infants needs to be aligned with that proposed for FUF for young children.

#### **8.1.1 Scope and Labelling**

##### Scope

India proposes to include the revised text for section 9.6 under the scope of document as under:

The products covered by this standard are not breast-milk substitutes and shall **not** be presented as such. **Marketing of such products should confirm to provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and in conformity with National Act/Rule.**

#### **Rationale:**

The text of the section needs to be modified in accordance with the WHA 69.9 Resolution and the attached guidance on ending the inappropriate promotion of foods for infants and young children (2016) [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf) . The guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months. The guidance recommends, "Products that function as breast-milk substitutes should not be

promoted. A breast-milk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 36 months (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.

## INDONESIA

Indonesia would like to provide the following comment on the following recommendations:

**1. Recommendation 1**

Indonesia supports recommendation 1 for a minimum level of 1.8 g/100 kcal and a maximum level of 3.0 g/kcal for protein requirement. Indonesia also support value of 5.71 as a specific factor for conversion of nitrogen to protein in other soy products in footnote 2 and supports the inclusion of the modified footnote 6.

**2. Recommendation 2**

Indonesia supports the revised minimum level of 4.0 g/100 kcal for vitamin K.

**3. Recommendation 3**

Indonesia supports the revised minimum level of 10 mg/100 kcal for vitamin C.

**4. Recommendation 4**

Indonesia supports the revision of guiding upper level of 1.5 mg/100 kcal for zinc and the associated footnote for zinc.

**5. Recommendation 5**

Indonesia supports the recommendation of eWG not to specify the minimum and maximum level of DHA. The decision of minimum and maximum level of DHA should be left to the national authorities.

**6. Recommendation 6**

Indonesia supports eWG recommendation.

**7. Recommendation 7**

Indonesia supports eWG recommendation.

**8. Recommendation 8**

Indonesia supports option 2 for optional addition of other nutrients.

**9. Recommendation 9**

Indonesia supports the following requirement for energy density:

3.1.2 When prepared ready for consumption in accordance with the instructions of the manufacturer, the products shall contain per 100 ml not less than {60 kcal (250 kJ)}-and not more than 70 kcal (293 kJ) of energy.

**10. Recommendation 10**

Indonesia supports recommendation 10.

**11. Recommendation 11**

Indonesia supports recommendation 11.

**12. Recommendation 12**

Indonesia supports mandatory requirement for the addition of  $\alpha$ -linolenic acid with the level should not be less than 50 mg/100 kcal (12 mg/100kJ).

**13. Recommendation 13**

Indonesia would like to propose to set acceptance up to 3% of trans fatty acids in the raw material for the use of milk fat follow-up formula. Indonesia proposes to use the term partially hydrogenated oils and fats instead of commercially hydrogenated oils and fats.

**14. Recommendation 14**

Indonesia proposes the following amendment to recommendation 14:

Sugars, other than lactose should not exceed 40%25% of available carbohydrate.

**15. Recommendation 15**

Indonesia supports a minimum level of 1.0 mg/100kcal and maximum level of 3.0 mg/100kcal for iron and a minimum level of 10 mg/100 kcal and GUL of 70 mg/100 kcal for vitamin C

**16. Recommendation 16**

Indonesia supports the proposed minimum levels and GULs for calcium, riboflavin, and vitamin B12. Indonesia also supports ratio of calcium/phosphorous.

**17. Recommendation 16(2)**

Indonesia proposes to include zinc as a mandatory nutrient.

**18. Recommendation 17**

Indonesia proposes to include vitamin A as a the mandatory nutrient with minimum level of 75 µg RE/100kcal and maximum level of 225 µg RE/100kcal with the following amendment to the footnote :

<sup>10)</sup> expressed as retinol equivalents (RE)

1 µg RE = 3.33 IU Vitamin A = 1 µg all-trans retinol. Retinol contents shall be provided by preformed retinol. ~~while any contents of carotenoids should not be included in the calculation and declaration of vitamin A activity.~~

**19. Recommendation 18**

Indonesia proposes to include vitamin D as a mandatory nutrient with the proposed minimum level of 1.5 µg/100 kcal and maximum level of 4.5 µg/100 kcal.

**20. Recommendation 19**

Indonesia supports the maximum level of 85 mg/100 kcal for sodium.

**21. Recommendation 20**

Indonesia supports the proposed part of Standards for Follow-up Formula.

**22. Recommendation 21**

Indonesia supports recommendation 21 with the following amendments:

~~**Follow-up formula for older infants**~~ means a product intended for use as the liquid part of the diet for older infants when complementary feeding is introduced, and

~~**Fortified milk product**~~ OR ~~**Processed milk product for young children**~~ OR ~~**Follow-up formula for young children**~~ means a product intended for use as a liquid part of the progressively diversified diet when nutrient intakes may not be adequate to meet the nutritional requirements of young children.}

**KENYA**

Kenya would like to comment the eWG led by the Chair for their effort in developing the current document. In general we support alignment of products for older infants to that of young infants (0 – 6 months) given that there is no convincing evidence that the nutrient requirements of the two set of infants is significant. We would also reiterate our earlier comments that follow-up formula should be subject to the international code of marketing of breast milk substitute and subsequent resolution and that during discussion of labeling such consideration will be necessary.

**Issue: Recommendation 1** - That CCNFSDU agree to revise the protein requirements to 1.8 – 3.0 g/100 Kcal instead of the proposed 1.65 g/100kcal

**Comment:** We support adoption of protein content of 1.8 – 3.0 g/kcal as proposed

**Justification:** Protein is required in infants at relatively higher levels for optimal growth and development. The studies proposing reduction to 1.65 g/Kcal have not demonstrated the level to which it is certain that weight gain can be directly related to obesity. The WHO recommendation as well as EFSA opinion previous has supported a level of 1.8 g/Kcal and thus no new opinion has been published to the contrary.

**Issue: Recommendation 2** - That CCNFSDU agree to revise the minimum level for vitamin K to minimum of 4 µg/100 kcal

**Comment:** We support adoption of Vitamin K as proposed

**Justification:** Vitamin K has an important role in managing cases of hemorrhage and thus sufficient amount is important for the older infants. Given that there is generally deficiency of vitamins and mineral in most diets, it is important that the Vitamin K be enhanced in products targeting older infants.

**Issue: Recommendation 3** - That CCNFSDU agree to revise the minimum level for vitamin C as 10 mg/100kcal

**Comment:** We agree to revise Vitamin C as proposed

**Justification:** Vitamin C plays a critical in body immunity. It is also water soluble and thus the body is able without any risk of toxicity able to excrete it from the body. A level of 10 mg/Kcal therefore is safe and will provide to the body the required benefits.

**Issue: Recommendation 4** - That CCNFSDU agree to revise the minimum, guiding upper level and associated footnote for zinc by deleting the maximum

**Comment:** We agree to revise the minimum level and foot note as proposed.

**Justification:** Given that the level of addition does not provide a maximum level, there is therefore no need to provide a maximum in the note.

**Issue: Recommendation 5** - That CCNFSDU agree to the drafting of the optional addition of Docosahexanoic acid

**Comment:** We don't support adoption of the Docosahexanoic acid (DHA) for use in follow up formula as proposed.

**Justification:** The proposed adoption does not indicate both minimum and maximum addition levels which are critical for effective regulation of the use of DHA.

**Issue: Recommendation 6** - That CCNFSDU agree to the permission for the optional addition of L(+) lactic acid producing cultures

**Comment:** There is need for further studies on the use of probiotics in follow-up formula.

**Justification:** Probiotics such as L + Lactic acid producing cultures are generally known to have some beneficial effect however available literature have not conclusively indicated the levels at which the benefits are realized and cautions their use in person of low immunity levels. It is therefore important that these gray areas be addressed before the same is fully adopted for infant and young children.

**Issue: Recommendation 7** - That CCNFSDU agree to divide the Standard for Follow-up Formula in to two separate parts, section A and section B.

**Comment:** There is no justification to have Section A of the standard and thus Section B should be the basis of revision of follow-up standard

**Justification:** We have compared both section A as revised and Codex Stan 72 on infant formula and found that all the nutrients levels are similar. This will imply that follow-up formula may at the same time qualify as infant formula in terms of analysis. We therefore propose that follow-up formula for older infants be covered by infant formula and this standard address product for young children only.

**Issue: Recommendation 8** - That CCNFSDU agree to the following revised framework for the essential composition of follow-up formula for young children and identify the preferred option for the optional addition of other nutrients

**Comment:** We agree with the revised framework

**Justification:** The framework generally agrees with format of codex text.

**Issue: Recommendation 9** - That CCNFSDU agree to the requirements for energy density as 60 kcal/ 100 ml

**Comment:** We support the proposed level of 60 kcal/100 ml.

**Justification:** 60 kcal/100 ml is equivalent to the cow milk energy and since follow-up formula is in competition with cow's milk it will be, it is important that the products produce a product which is similar.

**Issue: Recommendation 17** - That CCNFSDU agree that vitamin A should not be included as a mandatory (core) nutrient for addition to [name of product] for young children

**Comment:** We support adoption of the alternative recommendation that Vitamin A should be made mandatory and adopt the proposed levels (60 – 180 µgRE).

**Justification:** Vitamin A deficiency continues to remain a public health concern in developing countries and thus addition of Vitamin A in follow up should not be provided as an option.

**Issue: Recommendation 18** - That CCNFSDU agree that vitamin D should not be included as a mandatory (core) nutrient for addition to [name of product] for young children

**Comment:** We support adoption of the recommendation

**Justification:** Requirement levels for Vitamin D should be left to the national authority to decide given that some countries generally do not have vitamin D deficiency at levels that may require fortification of products.

**Issue: Recommendation 19** - That CCNFSDU agree to the recommendation for sodium levels at maximum only

**Comment:** We support adoption of the recommendation

**Justification:** The most important aspect of sodium is to control the maximum levels due to the negative effects associated with sodium. Though there are benefits of sodium, regular diet would provide enough sodium as the body would require.

**Issue: Recommendation 20** - That CCNFSDU agree to divide the Standard for Follow-up Formula in to two separate parts as presented in Appendix 5

**Comment:** This recommendation is subject to decision related to recommendation 7

**Justification:** It is addressing separation of the standard between older infants and young children.

**Issue: Recommendation 21** - That the Committee will need to finalize the product definitions

**Comment:** We agree to the adoption of the definitions. In the second definition, we support adoption of 'follow up formula for young children' as the name of the product.

Justification:

These products are manufactured specifically to be used after a period of breastfeeding (i.e. first year of life) and thus the term 'follow up' is appropriate.

The other two terms - *[Fortified milk product] OR [Processed milk product for young-children]* - have the potential of misleading given that at country level there is initiative to fortify milk and so the products may confuse the general population.

## NIGERIA

**Recommendation 1:** Nigeria supports the adoption of protein content of 1.8 – 3.0 g/kcal as proposed by the eWG on the rationale that Protein is required in infants at relatively higher levels for optimal growth and development.

**Recommendation 7:** Nigeria supports the proposal to divide the standard for Follow-up Formula into two separate parts for better clarity. Section A to refer to the essential composition and labeling of Follow-up formula for older infants. Section B to deal with the essential composition and labeling of product for young children.

**Recommendation 21:** Nigeria agrees with the definition for follow-up formula for older infants "Follow-up formula for older infants means a product intended for use as the liquid part of the diet for older infants when complementary feeding is introduced".

However, we propose a slight modification to the definition for Follow-up formula for young children to read: "Follow-up formula for young children means a product intended for use as a liquid part of the progressively diversified diet ~~when~~ <sup>where</sup> nutrient intake may not be adequate to meet the nutritional requirements of young children". The term "fortified milk product/ processed milk product for young children" could be misleading to caregivers and ascribe to the product qualities which it does not have hence assuming that the product is a better option than cow's milk and hence compromise advice given on children nutrition.

## AFRICAN UNION

**Issue: Recommendation 1** - That CCNFSDU agree to revise the protein requirements to 1.8 – 3.0 g/100 Kcal instead of the proposed 1.65 g/100kcal

**Comment:** The AU supports adoption of protein content of 1.8 – 3.0 g/kcal as proposed

**Rationale:** Protein is required in infants at relatively higher levels for optimal growth and development. AU takes note that the studies that had hypothesized a connection between higher protein levels and obesity were not conclusive and did not specifically demonstrate this relation. Further work is required to provide convincing evidence to reduce the level of protein.

**Issue: Recommendation 2** - That CCNFSDU agree to revise the minimum level for vitamin K to minimum of 4 µg/100 kcal

**Comment:** The AU supports adoption of Vitamin K as proposed

**Rationale:** Vitamin K at the proposed level is safe to the target population and has health benefits to the

population especially in Africa.

**Issue: Recommendation 3** - That CCNFSDU agree to revise the minimum level for vitamin C as 10 mg/100kcal

**Comment:** The AU supports adoption of minimum level for Vitamin C as proposed

**Rationale:** Vitamin C is water soluble and thus even at higher level it is easily excreted from the body. In addition, given the important role of Vitamin C promoting immunity, it is important to provide a higher level to improve infants' immunity status.

**Issue: Recommendation 4** - That CCNFSDU agree to revise the minimum, guiding upper level and associated footnote for zinc by deleting the maximum

**Comment:** The AU supports adoption of the foot note as proposed

**Rationale:** Given that the level of addition does not provide a maximum level, there is no need to provide a maximum level in the note. Zinc is known to play an important role in immunity and that most of the population is generally deficient in zinc.

**Issue: Recommendation 5** - That CCNFSDU agree to the drafting of the optional addition of Docosahexanoic acid

**Comment:** The AU does not support adoption of the Docosahexanoic acid (DHA) for use in follow up formula as proposed.

**Rationale:** The proposed adoption does not indicate both minimum and maximum addition levels which are critical for effective regulation of the use of DHA.

**Issue: Recommendation 6** - That CCNFSDU agree to the permission for the optional addition of L (+) lactic acid producing cultures

**Comment:** The AU does not support adoption of the L + Lactic acid producing cultures in follow up formula as proposed.

**Rationale:** Probiotics such as L + Lactic acid producing cultures are generally known to have some beneficial effect, however, available literature have not conclusively indicated the levels at which the benefits are realized and cautions their use in person of low immunity levels. It is therefore important that these gray areas be addressed before the same is fully adopted for infant and young children.

**Issue: Recommendation 7** - That CCNFSDU agree to divide the Standard for Follow-up Formula into two separate parts, section A and section B.

**Comment:** The AU supports the contents of section B as the standard for follow-up formula.

**Rationale:** Based on the ongoing work on follow-up formula i.e. a nutrients compositional comparison of proposed section A and Codex Stan 72 (Standard for Infant formula and formulas for special medical purposes intended for infants), there is no difference. AU therefore does not find the need to allocate resources on Section A as proposed, rather the committee should consider advising that follow up formula made for older infants should be regulated under Codex Stan 72. This will avoid the risk of having two standards for similar products.

**Issue: Recommendation 8** - That CCNFSDU agree to the following revised framework for the essential composition of follow-up formula for young children and identify the preferred option for the optional addition of other nutrients

**Comment:** The AU agrees with the revised framework and support adoption of option 2

**Rationale:** Option 2 allows the application of the clause in a better way. Bullet 4 on option 1 appears to be a repetition of the intent of the clause.

*Bullet 4: [Additional nutrients may also be added to follow-up formula for young children provided these nutrients are chosen from the essential composition of follow-up formula for older infants and levels are:*

*- as per the min, max, GULs stipulated for follow-up formula for older infants; or*

*- amended if the nutritional needs of the local population and scientific justification warrants deviating from the level stipulated for older infants.*

*Note: all footnotes relevant to these listed essential nutrients for older infants, would also apply when added to [name of product] for young children]*

**Issue: Recommendation 9** - That CCNFSDU agree to the requirements for energy density as 60 kcal/ 100 ml

**Comment:** The AU supports the proposed level of 60 kcal/100 ml. However, AU does not support the additional information under this recommendation as indicated below:

*3.1.2 When prepared ready for consumption in accordance with the instructions of the manufacturer, the products shall contain per 100 ml not less than [60 kcal (250 kJ)] and not more than 70 kcal (293 kJ) of energy.*

*Additional option for further discussion:*

~~*[For products formulated for young children of more than 24 months of age, the product when prepared ready for consumption shall contain per 100 mL not less than 45 kcal (kJ)]*~~

**Rationale:** Follow up formula for young children ideally are competing with cow's milk whose energy content is 60 kcal/100 ml. Cow's milk is usually preferred for young children. At this age, the young child is becoming more active and thus requires more energy to cater for their increasing physical activity. Thus follow up formula should provide a high energy level.

**Issue: Recommendation 10 - 16**

**Comment:** The AU supports adoption of the recommendations as proposed

**Rationale:** The recommendations are consistent with known scientific evidence.

**Issue: Recommendation 17** - That CCNFDSU agree that vitamin A should not be included as a mandatory (core) nutrient for addition to [name of product] for young children

**Comment:** AU supports adoption of the alternative recommendation that Vitamin A should be made mandatory and adopt the proposed levels (60 – 180 µgRE).

**Rationale:** Vitamin A deficiency continues to remain a public health concern in developing countries, thus addition of Vitamin A in follow up formula should not be provided as an option.

**Issue: Recommendation 18** - That CCNFDSU agree that vitamin D should not be included as a mandatory (core) nutrient for addition to [name of product] for young children

**Comment:** The AU supports adoption of the recommendation

**Rationale:** Requirement levels for Vitamin D should be left to the national authority to decide given that some countries generally do not have vitamin D deficiency hence may not require fortification of products with this vitamin.

**Issue: Recommendation 19** - That CCNFDSU agree to the recommendation for sodium levels at maximum only

**Comment:** The AU supports adoption of the recommendation

**Rationale:** Although sodium has several physiological benefits, it could also present serious public health challenges if intake is not controlled. It is therefore important to control the maximum levels due to the negative effects associated with sodium. Regular diet would provide enough sodium as the body would requires.

**Issue: Recommendation 20** - That CCNFDSU agree to divide the Standard for Follow-up Formula into two separate parts as presented in Appendix 5

**Comment:** This recommendation is subject to decision related to recommendation 7

**Issue: Recommendation 7** - That CCNFDSU agree to divide the Standard for Follow-up Formula in to two separate parts, section A and section B.

**(Comment:** AU supports the contents of section B as the standard for follow-up formula.

**Rationale:** Based on the ongoing work on follow-up formula, a nutrients compositional comparison of proposed section A and Codex Stan 72 (Standard for Infant formula and formulas for special medical purposes intended for infants), there is no difference. As a result, AU does not find the need to allocate resources on Section A as proposed, rather the committee should consider advising that follow up formula made for older infants should be regulated under Codex Stan 72. This will avoid the risk of having two standards for similar products.)

**Rationale:** It is addressing separation of the standard between older infants and young children.

**Issue: Recommendation 21** - That the Committee will need to finalize the product definitions

**Comment:** AU agrees to the adoption of the definitions. In the second definition, we support adoption of 'follow up formula for young children' as the name of the product.

~~**[Fortified milk product]**~~ OR ~~**[Processed milk product for young children]**~~ OR **[Follow-up formula for young children]** [means a product intended for use as a liquid part of the progressively diversified diet when nutrient intakes may not be adequate to meet the nutritional requirements of young children.]



**Rationale:**

- These products are manufactured specifically to be used after a period of breastfeeding (i.e. first year of life) and thus the term 'follow up' is appropriate.
- The other two terms - **[Fortified milk product] OR [Processed milk product for young-children]** - have the potential of misleading caregivers to assume that the product is a better option than cow's milk and hence compromise advice given on children nutrition

**Issue: Scope** – As proposed

1.1 Section A of this Standard applies to the compositional, safety and labelling requirements of follow-up formula for older infants.

1.1.1 The application of Section A of this Standard should take in to account the recommendations made in the ..... (Include WHO documents, and WHA resolutions – ~~if deemed relevant and appropriate~~)

1.1.2

1.2 Section B of this Standard applies to the compositional, safety and labelling of (name of product) for young children.

1.2.1 The application of Section B of this Standard should take in to account the recommendations made in the ..... (Include WHO documents, and WHA resolutions – ~~if deemed relevant and appropriate~~)

**Comment:** AU suggests that the words, 'if deemed relevant and appropriate' as proposed in scope should be deleted

**Rationale:** These products should clearly be regulated under the international code of marketing of breast milk substitutes as in principle are used in competition of breast milk.