



JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEx COMMITTEE ON FOOD LABELLING

Forty-ninth Session

Ottawa, Canada

11-15 May 2026

COMMENTS FROM IBFAN

Agenda item 7:

Application of Food Labelling Provisions in Emergencies. April 2026

IBFAN is opposed to flexible labelling for food products intended for emergencies and recommends that the *Guidelines on the Application of Food Labelling Provisions in Emergencies* should be discontinued.

- Defining an emergency is a highly sensitive political action and is not within the mandate of Codex and beyond its scope.
- Codex Guidelines have far-reaching influence and potential for exploitation.
- Flexible labelling will put vulnerable populations experiencing food insecurity at risk
- Flexible labelling opens the door to double standards and exploitation of the most vulnerable
- Few National Governments have adequate emergency preparedness plans and safeguards.
- The uncontrolled dissemination of inadequately labelled products is a health and safety risk, especially for infants and young children.
- For agencies and NGOs working in emergency relief, flexible labelling can complicate the traceability and recall procedures of contaminated or unsafe food.

IBFAN's rationale for recommending that this agenda item be discontinued.

- Guidelines on defining an emergency and how an emergency is managed are within the mandates of UN agencies such as WHO, UNICEF, UNHCR and the World Food Program. Codex does not have a definition of what constitutes an emergency and this issue is beyond its remit.
- Decisions regarding a determination of an emergency may be highly sensitive and political. The dual mandate of Codex to both protect health and facilitate fair trade can often lead to compromised texts. Codex is therefore not the appropriate body to set policy and guidelines for such sensitive humanitarian issues. IBFAN raised these concerns during the development of the Guidelines for Ready to Use Therapeutic Foods (RUTFs).
- Codex guidelines granting approval for flexible labelling have the potential for exploitation by those who seek economic or political benefits in emergency situations. They can also undermine the adherence to globally adopted Codex and national guidelines and standards that are essential to the protection of consumer health.
- Flexible labelling will put vulnerable populations experiencing food insecurity at risk for nutrient inadequacy, violating their rights to appropriate food aid and to full and accurate nutrition information, including the safe use, preparation, handling and storage of food intended for emergencies.
- Populations in emergency situations are at risk for infections, and illness and may already be sub-optimally nourished due to food insecurity. They are likely to be experiencing stress and trauma. Flexible labelling may exacerbate their vulnerable status.
- Populations experiencing food insecurity and food deprivation should not be treated as requiring lower standards of labelling than those standards required for all populations. Lower standards for populations in need would be in contradiction to international human rights law such as the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights.

- Flexible labelling and flexible nutrient and ingredient content is not consistent with Codex principles and risks the use of ingredients that do not meet Codex standard. In previous Codex discussions IBFAN has had to challenge proposals to use ingredients not intended for human consumption such as cottonseed oil. Flexible labelling will increase such risks.
- The use of flexibility during emergencies undermines the importance of existing Codex labelling safeguards which are framed to protect consumer health.
- Few National Governments have adequate emergency preparedness plans and safeguards. Even fewer have safeguards to prevent inappropriate food donations during emergencies. Food Business Operators' policies that claim to follow the *International Code of Marketing of Breastmilk Substitutes* and subsequent World Health Assembly resolutions often contain loopholes that allow harmful marketing, labelling and donations during emergencies.
- Food provided in emergencies must be fully and accurately labelled in the local languages of those needing them and include all mandatory labelling provisions as required in the **General standard on the labelling of prepackaged foods (CXS 1-1985)**, ingredients, nutrient content, expiry date, the safe preparation, storage and handling.
- Foods for infants and young children provided in emergencies must comply with all the provisions of the *International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions*ⁱ and the *Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0 (Oct 2017)*² to ensure that breastfeeding is protected as the safe and secure feeding in emergencies to safeguard infant and young child health and lives. Moreover *Article 4.4 of the Code of Ethics for International Trade in Food – CXC-20-1979*, states that: **National authorities should be aware of their obligations under the International Health Regulations (2005) with regard to food safety events, including notification, reporting or verification of events to the World Health Organisation (WHO). They should also 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 breast-feeding be observed.**
- IBFAN has been exposing the risks of commercial exploitation of emergencies since the early 1980s. We are a founder and active member of the multi-agency Infant feeding in Emergencies Core Group, that was set up in 1999 to ensure coordinated infant and young child feeding policies and support in emergencies. IFE members work to protect breastfeeding, a practice that is resilient and provides food, care, immune support and protection from the worst of emergency conditions, and to ensure that if and when supplies are needed they are *"purchased, distributed and used according to strict criteria."*ⁱⁱ
- A major factor in the undermining of child health is the uncontrolled dissemination of **inappropriate foods during emergency crisis**. Donations of baby feeding products, especially Ultra Processed Products, can undermine efforts to protect breastfeeding and sound young child feeding.
- The uncontrolled dissemination of inappropriate donations with **false and misleading claims** during emergency crisis is a major factor in the undermining of efforts to protect breastfeeding and complementary feeding. For example, during the **Covid 19 Pandemic**, commercial formulas falsely claimed to provide immunity against infections.ⁱⁱⁱ **In Pakistan during the 2022 floods** formulas carrying misleading brand names such as 'Recover' were donated and distributed for use by malnourished children. Without the necessary safeguards and warnings such distribution could worsen a child's nutritional status and health and even lead to death.
- **Flexible labelling complicates Product Recalls:** When product recalls coincide with distribution in emergencies, batch numbers or manufacturing details may be obscured or omitted, complicating

ⁱⁱ The World Health Assembly 63.23 Resolution adopted in 2019, urged Member states: "to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers² on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria"

2. OG-IFE KEY POINTS REGARDING LABELLING

Labels must be in the language of the local/recipient population.

Labels must comply with the International Code and subsequent WHA resolutions

Complementary food packaging must be clearly distinguishable from breastmilk substitutes to avoid misuse.

Labels of complementary foods must not resemble those of infant formula to prevent cross-promotion.

Donated foods must meet specific nutrient and quality standards with appropriate labelling.

Labels must contain appropriate instructions and warnings.

Labels must not use images or text that discourage breastfeeding.

ⁱⁱⁱ [How companies are exploiting the COVID-19 pandemic..](https://www.babymilkaction.org/archives/24341) <https://www.babymilkaction.org/archives/24341>

the tracking and tracing of contaminated products. In humanitarian contexts, where communication is already delayed and infrastructure is broken, the absence of clear, standardized labelling could create a widespread and untraceable health crisis for infants.^{iv} Current widespread recalls of contaminated infant formula products including in parts of the world where there is conflict and occupation demonstrate the urgency to ensure that full labelling facilitates that ability to trace and recall products that may harm infants and young children.

- Codex CAC/GL 82-2013, Principles and Guideline for National Food Control Systems: Principle 5 – Consistency and Impartiality: *16. All aspects of a national food control system should be applied consistently and impartially. The competent authority and all participants acting in official functions must be free of improper or undue influence or conflict of interest.*

^{iv} Recall examples: Kendamil cereulide recall, Canada (February 2026) - ingredient swap due to a shortage causing a batch of contaminated formula, nearly 9 months between production and recall, highlighting the lag between contamination and traceability. ByHeart botulism recall, US (November 2025) - 31+ infants hospitalized; complicated by the company's active donation program to food-insecure families - a direct parallel to humanitarian distribution