

SNE position: New WHO Guideline on complementary feeding contradicts well-established medical advice

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SNE believes that the new WHO Guideline for complementary feeding of infants and young children 6-23 months of age risks undermining desired health outcomes.

On 16 October, the World Health Organization published its new Guideline for complementary feeding of infants and young children 6-23 months of age¹. SNE welcomes the stated purpose of this Guideline to provide evidence-based recommendations on complementary feeding and supports breastfeeding as the best source of nutrition for babies. However, we are very concerned about some of the recommendations, as well as the methodology used by the WHO, which based itself on weak science to put forward strong recommendations.

Firstly, SNE would like to draw attention to the fact that infant formula and follow-up **formula are not defined as 'complementary foods'** as per the relevant Codex standards and EU legislation. These product categories should therefore not be in the scope of this Guideline.

In addition, the WHO Guideline states that milk formulas 'are associated with **child mortality and morbidity**'. Europe's specialised nutrition industry strongly disagrees with this statement, which does not appear to be supported by any scientific evidence. On the contrary, it is widely accepted in the scientific literature and medical guidelines that formula is the only safe alternative to breastfeeding.²

Furthermore, the Guideline recommends the use of either formula or **animal milk** for infants 6-11 months who are not breastfed. Recommending animal milk before 1 year clearly goes against the generally accepted medical recommendation that cows' milk should not be introduced in the diet as breast-milk substitutes before one year of age. The European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN), for example, considers that cows' milk 'is 'a poor iron source and provides excess protein, fat and energy when used in large amounts''.³ Contrary to cows' milk, follow-up formula, which will soon be covered at international level by an updated Codex Standard⁴, is specifically adapted to the nutritional needs of older infants, both from a composition and safety point of view.

For young children 12-23 months of age, the Guideline recognises that '**milk formula provides supplemental sources of iron and other nutrients**' but still doesn't recommend its use, even if it could be beneficial in addressing nutritional deficiencies and helping to deliver the health outcomes the Guideline aims for.

SNE is also surprised that while the Guideline presents evidence that establishes that iron-fortified infant cereals have a beneficial effect on mental skill development scores and motor development scores, it nonetheless concludes that their consumption should not be encouraged.

¹ WHO Guideline for complementary feeding of infants and young children 6–23 months of age. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. <https://iris.who.int/bitstream/handle/10665/373358/9789240081864-eng.pdf?sequence=1>

² EFSA NDA Panel (EFSA Panel on Dietetic Products, Nutrition and Allergies), 2013. Scientific Opinion on nutrient requirements and dietary intakes of infants and young children in the European Union. EFSA Journal 2013;11(10):3408, 103 pp. doi:10.2903/j.efsa.2013.3408

³ Recommendation of the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN): https://www.espghan.org/knowledge-center/publications/Nutrition/2017_Complementary_Feeding

⁴ Draft Codex Standard for Follow-Up Formula for Older Infants and Product for Young Children - https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FMeetings%252FCX-720-43%252FFinal%252520Report%252FREPE23_NFSDe.pdf

Finally, SNE regrets that the guideline does not address food safety issues. Food safety is a key component of infant and young children nutrition, as recognised by the WHO Code of Marketing of Breast-Milk Substitutes, which was adopted to ‘contribute to the provision of safe and adequate nutrition for infants’.

The above-mentioned issues raise serious questions about the scientific methodology used by the WHO for this Guideline, as some of its recommendations appear not to be based on strong scientific evidence and therefore undermine WHO’s declared ambition for this guideline. SNE welcomes all opportunities to improve infant and young child health and nutrition outcomes but is particularly concerned by the potentially irreversible impact that some of these recommendations could have on the health of infants and young children. We therefore call on the WHO to revise its Guideline using a robust scientific methodology in line with public health goals.