



Landscape study: The Philippines

Complementary feeding and
the role of commercially
produced complementary
foods in young children's diets





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Abbreviations

ATNI	Access to Nutrition Initiative
ASC	Ad Standards Council
BMS	Breast-milk Substitutes
BOP	Back-of-Pack
CPCF	Commercially Available Complementary Foods
CF	Complementary Foods
DOH	Department of Health
ENNS	Expanded National Nutrition Survey
FDA	Food and Drug Administration
FDS	Family Development Sessions
FNRI	Food and Nutrition Research Institute
FOP	Front-of-pack
IYCF	Infant and Young Child Feeding
MIYCN	Maternal Infant and Young Child Nutrition
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency
NCP	Nutrition Center of the Philippines
NCR	National Capital Region
NPM	Nutrient Profiling Model
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

About the Access to Nutrition Initiative

The Access to Nutrition Initiative is hosted by the Access to Nutrition Foundation, an independent not-for-profit organization based in the Netherlands that works internationally.

ATNI's goal is to drive private sector action to address the global nutrition crisis. We do so by developing tools and initiatives to track and drive a greater contribution by the food and beverage sector to tackling the world's global nutrition challenges.

Every action we take is intended to encourage businesses to do more to achieve good health through improved diets and nutrition. Our engagement with companies and other stakeholders, our research and our partnerships are all focused on driving positive change.

Funding comes principally from philanthropic foundations and governments, and some fees for specific projects. ATNI does not take any funding from — nor undertake projects commissioned by — food and beverage companies or industry associations.

About the Nutrition Center of the Philippines

The Nutrition Center of the Philippines is a non-profit organization established in 1974 to help address malnutrition in the Philippines. NCP works with both government and non-government sectors to achieve nutrition security for all Filipinos, especially for those who are disadvantaged, through various types of research, program design and implementation, monitoring and evaluation, public health policy and product development.





1. Executive summary

Context

The Access to Nutrition Initiative's (ATNI) goal is to drive private sector action to address the nutrition challenges faced by all countries. ATNI aims to achieve this goal by undertaking research, and developing tools and initiatives to track and drive a greater contribution by the food and beverage sector to improving diets, particularly those of infants and young children.

In 2020, ATNI commissioned the [Nutrition Center of the Philippines \(NCP\)](#) to undertake two separate but linked pieces of research and assessment, on a pilot basis, to answer two key questions in respect older infants and young children in the Philippines:

- 1 **Landscape Analysis: Infant and Young Child Feeding:** What is the status of older infants' and young children's nutrition, diets and health, what influences it and how can it be improved?
- 2 **Product Profile of Commercially Produced Complementary Foods (CPCF):** More specifically, do these products meet the nutritional standards of the WHO Europe's newly developed nutrient profiling model (WHO NPM) designed to assess the nutritional quality of CPCF marketed as suitable for older infants and young children (6-36 months), and whether are they labelled in line with WHO recommendations.

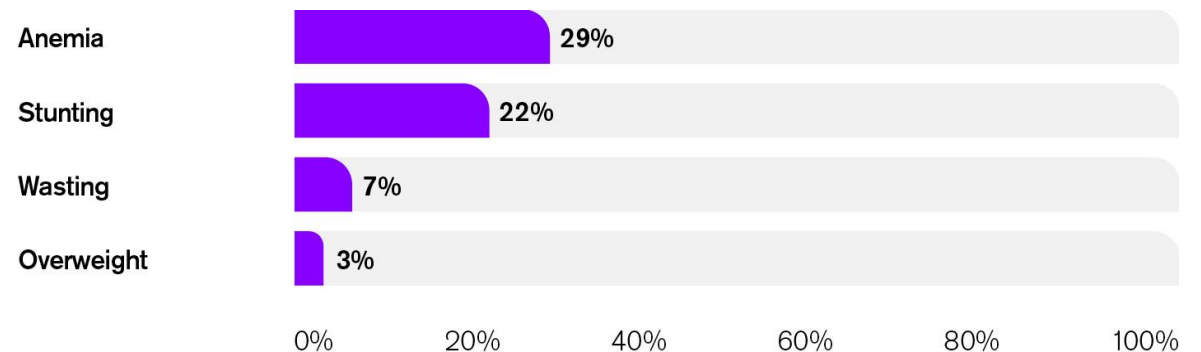
The ultimate goal of this research is to improve the nutritional quality of CPCF in the Philippines and to ensure that these foods are appropriately labelled.

Landscape Analysis: Infant and Young Child Feeding

Over the last couple of years, the United Nations Children's Fund (UNICEF) has published guidance and regional Action Frameworks that identify all of the ways in which governments, particularly, can improve older infants and young children's diets during the complementary feeding period. These Frameworks provide the context for this study.

The landscape analysis collates the most up-to-date statistics on the status of older infants and young children's diets in the Philippines. It found that Filipino children suffer from all forms of malnutrition. More than 20% of children are stunted and or have various micronutrient deficiencies; some 7% are wasted and 3% are overweight, conditions all due to inadequate nutrition in the first years of life.

Malnutrition among children aged 0-23 months in the Philippines, 2019





Exclusive breastfeeding rates in the first six months remain low at only 35% in 2019, although mark an improvement from the rate of 24.5% in 2015. The proportion of children 6- to 23-months-old that have a minimum acceptable diet, i.e., which met both minimum dietary diversity and minimum meal frequency to ensure both dietary quality and nutrient adequacy significantly, decreased between 2015 and 2019 from 18.6% to 9.9%.

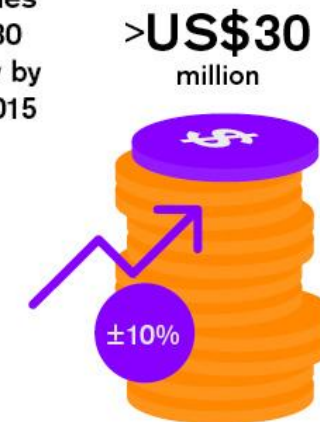
Recent studies conducted by the Philippines' Food and Nutrition Research Institute have shown that carbohydrate food sources dominate the food intake of older infants and young children at an age when their development requires more energy and macronutrients. These studies also found that the majority of children have poor protein and fat intake.

In addition, more than 50% of children have an inadequate dietary intake of iron, Vitamin A, calcium, Vitamin C and other B vitamins, and less than 10% consumed fruits or vegetables.

Just over half (52%) of children aged 6-23 months reportedly consume commercial baby food, but there is no publicly available data as to what proportion of their diets these products comprise.

Total sales of baby food (not including any types of formula) in the Philippines in 2020 were just over US\$30 million; their sales grew by around 10% between 2015 and 2020. Nestlé accounted for well over 90% of the baby food market in the Philippines by 2020.

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Having reviewed the status of older infants and young children's diets and nutrition, analysis was then undertaken of the factors and programs that affect children's nutritional status and infant and young child feeding (IYCF) practices, using the UNICEF Action Framework structure.

Adequate complementary feeding depends on many factors including: food accessibility and affordability, safe water, good sanitation and hygiene, appropriate food safety practices, sufficient and timely delivery of health and nutrition services and education, and the effectiveness of social behavioral change campaigns with consideration of the strong influence of cultural and social norms and beliefs.

To be effective, interventions for complementary feeding need to be comprehensive, with support of the government in relation to four key systems:

1. Health system
2. Agriculture system
3. Social protection system
4. Water, sanitation and hygiene (WASH) system.

The 2019 Expanded National Nutrition Survey showed that only 36% of households perceived that they are food secure. The coverage of essential nutrition actions (direct interventions delivered through the health system to improve the nutrition of mothers and children through the life-course) varies widely and is currently inadequate to address the levels of poor nutrition in the country. Although levels of handwashing with soap and water and access to improved sources of drinking water are quite high, 22.5% of households still have no access to improved sanitation facilities.

UNICEF conducted work in 2018 to identify national policies and programs that can affect complementary feeding and to identify gaps and opportunities. While many policies were found to be good, other emerging actions with significant opportunity for action were identified.

Examples include:

- Strengthening regulations specific to the marketing and promotion of commercially produced complementary foods for older infants and young children, and introducing through mandatory front-of pack (FOP) labelling for these foods;
- The inclusion of CF-based interventions in the free essential health package and social protection programs, and;
- Integration of nutrition issues with in-service and pre-service training curricula, and with WASH programs.



Product Profile of Commercially Produced Complementary Foods (CPCF)

The second part of the research was an assessment of the nutritional composition and labelling of CPCF found in the National Capital Region of the Philippines using the WHO Europe NPM designed **specifically** to assess CPCF marketed as suitable for older infants and young children (6-36 months). Although ATNI recognizes that this model was developed for the Europe region, it was used for this pilot study as there is not yet an equivalent model adapted for the south-east Asia region, or for the Philippines.

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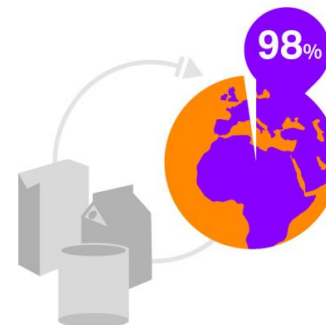
These products were made by 22 food companies, 19 of which are based outside of the Philippines.

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Almost all (98%) of the products were manufactured outside of the country, imported and distributed either by official distributors or by local sellers, typically through online selling platforms and large grocery retailers. Out of all the products, only seven of the nine made by Filipino companies carried the Philippine FDA Registration number on pack.

98% of the products were manufactured abroad.





Key findings

In terms of the proportion of the 211 products that met the three key nutrition criteria applicable to and assessed for every product, there were some positive results:

- Over one third (36%) met all relevant nutritional thresholds and are therefore suitable to be marketed for children between 6–36 months, i.e., 78 products.
- More than two-thirds (69%) of the products did not have any added sugars or sweeteners.
- Just over three-quarters (78%) of the products had the recommended sodium content.
- Almost all (98%) of the products met the recommended fat content based on current European Council regulations.

The proportion of products within each category that met ALL relevant nutritional thresholds were as follows:

- 54% of dry, powdered and instant cereal/starchy foods
- 43% of the soft-wet spoonable, ready-to-eat foods
- 11% of the 'other snacks and finger foods'
- one of the two meals with chunky pieces.

These figures demonstrate that some companies are making CPCF of the appropriate nutritional quality for older infants and young children. The companies were ranked according to the percentage of their products that met all applicable nutrient thresholds.

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36%

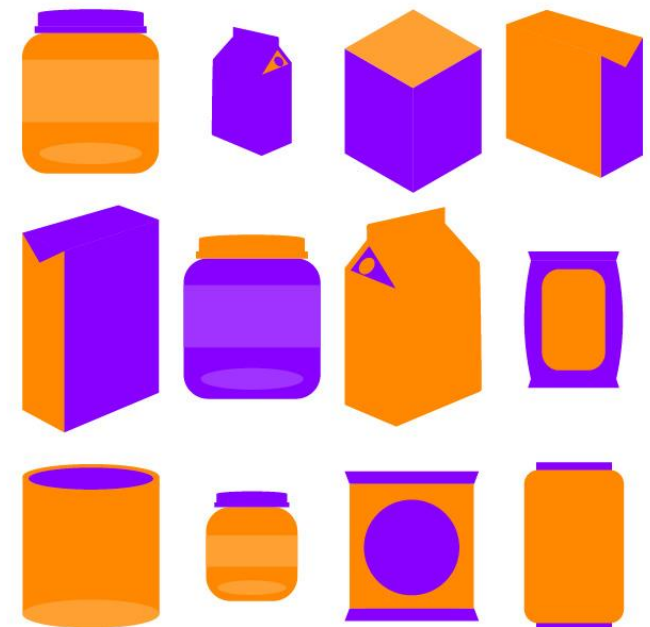


The key findings were that:

- All of the 12 products made by 3 companies met all applicable nutrient thresholds: Bubs, HJ Heinz and Nutri-Del.
- 2 companies have 50% or more products that met all applicable NPM thresholds
- 9 companies have between 25% and 49% of their products that met applicable nutrient thresholds
- 8 companies' products did not meet any of the applicable nutrient thresholds.

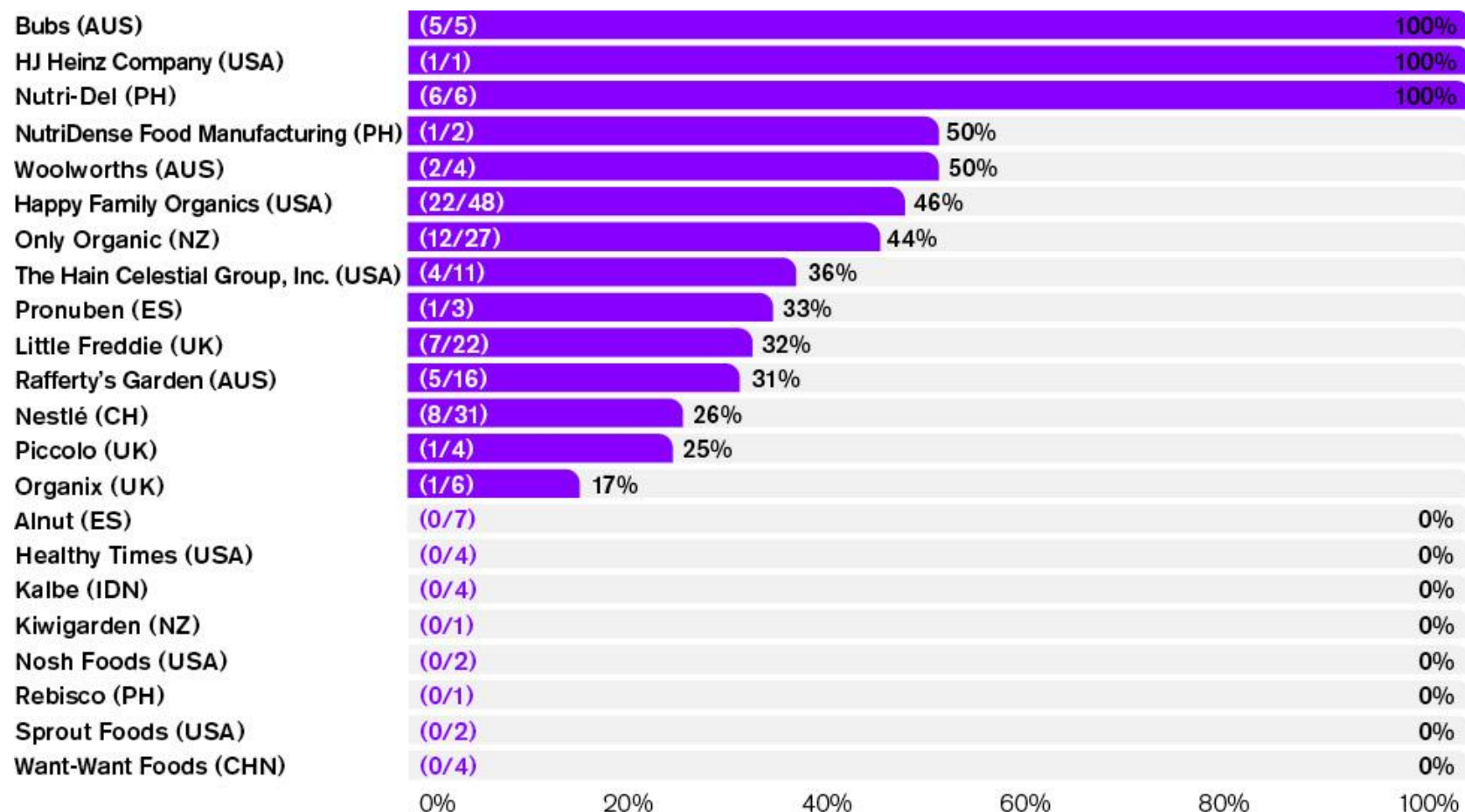
The pattern most evident is that those companies that perform poorly (with no products meeting all criteria) mainly do so because their products had added sugar/sweeteners and inappropriately high sodium levels.

12 products made by 3 companies met all applicable nutrient thresholds: Bubs, HJ Heinz and Nutri-Del.





Number and proportion of each company's products that met all applicable nutrient thresholds



Note: the number in brackets is first the number of products that met all applicable nutrient thresholds then the number of products assessed in total, e.g. for Bubs, 5 products of the 5 assessed met the thresholds.



Assessment of the product labels was undertaken to determine whether the CPCF products found on the market during the study period in August 2020 were labelled in line with WHA 69.9 and associated WHO guidance.

Some findings were positive. A large majority (89%) of products' packaging did not include health claims. Similarly, the vast majority of products were labelled in accordance with the recommendations of WHA 69.9, in that complementary foods should not be introduced earlier than six months of age. Many of the other findings were less encouraging. The total sugar content of well over half of the products assessed exceeded the level for which WHO Europe proposes a FOP warning label be used to show the percentage of energy from total sugar. More than four fifths (84%) made nutrition and /or composition claims and only 5% included a message about the importance of continued breastfeeding alongside complementary feeding, up to two years of age or beyond. Overall, none of the product labels by any company fully adhered to all WHA recommendations.

Of significant concern was that none of the products assessed was found to be BOTH of appropriate nutritional quality for this age group AND labelled according to WHO recommendations and guidance.

Conclusions and recommendations relating to CPCF composition and labelling

While some companies already make products of appropriate nutritional quality to be marketed as suitable for older infants and young children, the proportion of such products on the Philippine market is low. Considering that older infants and young children are a highly vulnerable group and the importance of establishing healthy eating habits (which confer benefits throughout life), early, it is critical that CPCF have both an appropriate composition and are appropriately labelled. All manufacturers of CPCF have the opportunity to make a positive contribution to improving the growth and development of older infants and young children in the Philippines – and elsewhere – by improving the formulation of their products. Moreover, the importance of labelling CPCF appropriately, according to current standards and the recommendations of the WHO, is also clearly apparent.

To set nutritional standards for CPCF manufacturers to follow, there is clear value in the WHO developing NPMs for these products adapted to each region as needed, with associated recommendations in relation to the labelling and marketing of these products adapted as necessary to each region's specific context. Such regional models could then be used by countries in the region, or countries could develop their own.

Recommendations to manufacturers

Twenty-two companies' CPCF were found on the market in the NCR during the study period. The vast majority were made outside the Philippines and imported.

In the light of WHA 69.9 which calls upon manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion, as outlined in the *'WHO guidance on ending the inappropriate promotion of foods for Infants and young children'*, ATNI makes the following recommendations to manufacturers of CPCF:

1. CPCF nutrition quality

Those manufacturers whose products did not meet these standards are urged to reformulate their products to improve their nutritional quality, according to the WHO NPM thresholds so that they are suitable for older infants and young children both in the Philippines and all other markets where they are sold. It is particularly important that they do not add sugars or sweetening agents to any food.

2. CPCF product labels

Publish or update any current policy to commit to adhere to Recommendation 4 of WHA 69.9, and update all labels with the recommended statements (set out in detail in the main body of the report).

3. CPCF labelling with respect to nutrition content

For certain CPCF, due to their nature, manufacturers are urged to provide more detailed and specific information on the percentage weight of ingredients in the ingredients list, and provide full information on the



weight of total fat, carbohydrates, sugar, or salt in all products. Further, ensure that the FOP name properly reflects the major ingredient(s) of the product. Packages with spouts should be phased out and where currently packaged in this way a clear statement should be included that *“Infants and young children must not be allowed to suck directly from the pouch/ pack/container.”*

Recommendations to policymakers

ATNI hopes that the findings of this study will be valuable in guiding the Philippines authorities in its ongoing consideration of potential updates to relevant national policies and regulations pertaining to the marketing of CPCF, and enforcement relevant existing regulations. ATNI urges the authorities to revisit WHA 69.9 and implement the measures in accordance with national context that it sets out. More specifically, related to this study ATNI urges the local authorities to:

1. CPCF nutrition quality

Develop a set of mandatory standards for the nutritional quality of foods that can be sold in the Philippines for the six-to-36-month age group, based on an NPM, as outlined in Recommendation 3 of WHA 69.9. This NPM could be the WHO Europe model or an adapted model for the Philippines or the south-east Asia region, and could be developed also to include relevant micronutrients.

2. CPCF marketing

Consider whether these findings provide insights into how relevant national policies, standards or regulations could be updated, and how existing regulations pertaining to the marketing of CPCF could be enforced, including, but not limited to, the rIRR of Executive Order 51.

3. CPCF labelling

Consider revising existing BOP labelling regulations to include a requirement that the percentage weight of ingredients in the ingredients list be included in labels, as well as other content information, to facilitate consumers' understanding as well as future assessments of products like that set out in

this report. Mandatory front-of-pack labeling could also be considered for the energy/calorie, sugar, salt or fat content of products. In respect of sugar content, it may be desirable to set different thresholds for FOP labels by CPCF category to indicate products that have a higher sugar content than appropriate for that category, and to consider including a warning on products with particularly high total sugar levels.

4. Use of claims on CPCF

While the Philippines FDA implements Codex guidelines CAC/GL 23-1997 in respect of nutrition and health claims for CPCF made in the country, the availability of a wide range of imported products means that many of those products make such claims. This implies that further steps may need to be taken by the authorities to ensure that imports of CPCF that carry claims are not allowed onto the market. The authorities could also potentially set out more detailed guidance as to the definition and types of claims that will be allowed, following the recommendations of WHO Europe in its report on ending inappropriate promotion of CPCF.



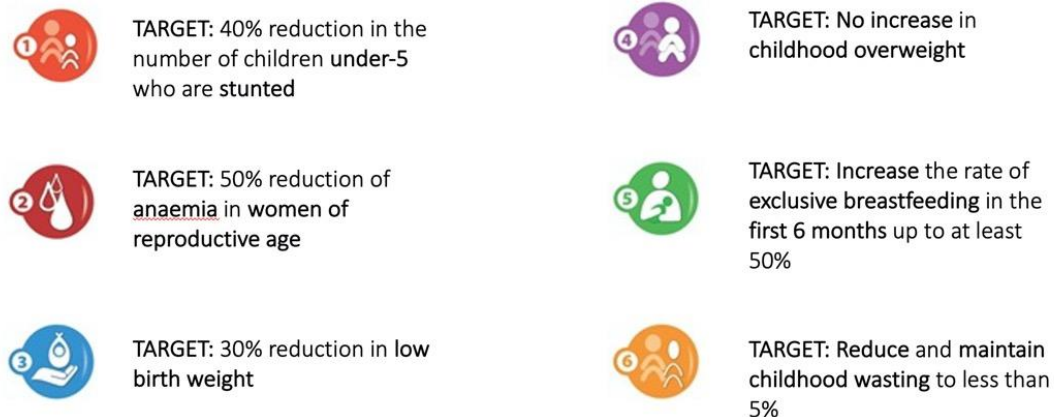
2. Context: The importance of good nutrition in the first 1,000 days

A healthy diet is essential to the growth and development of older infants and young children, once they transition from the recommended six months of exclusive breastfeeding onto complementary feeding with continued breastfeeding for two years or beyond. From this age, WHO and UNICEF recommends that children are gradually introduced to a range of foods and textures. While UNICEF and other experts encourage mothers and caregivers to base their children's diets on local, home-prepared foods, commercially produced complementary foods (CPCF) are also available – and increasingly so. These foods are made by multinationals and local manufacturers.

It is essential that they are formulated appropriately to meet the nutritional needs of older infants and young children. The benefits of proper older infant and young child feeding (IYCF) practices include:

- Better health outcomes in childhood
- Improved physical and cognitive development
- Weight management
- Prevention of chronic diseases (including diabetes and hypertension) in later adulthood.

Figure 1. WHO's 2025 global targets to improve maternal, infant and young child nutrition



In 2012, WHO's Member States endorsed a set of six global targets for 2025 to improve maternal, infant and young child nutrition - as shown in Figure 1 - and are monitoring progress towards achieving them.¹



However, as *The State of the World's Children 2019: Children, food and nutrition* reported, malnutrition – in the forms of stunting, wasting and overweight – means that globally one in three children are not growing optimally. Less visible, but just as worrying, is the extent of ‘hidden hunger’ due to vitamin and mineral deficiencies, which affects at least one in two children. Combined, these forms of malnutrition gravely limit children’s physical and intellectual potential, rob them of their vitality, perpetuate inequality across generations and add to the global burden of communicable and non-communicable diseases.²

While there has been some progress in addressing malnutrition in all its forms in recent years, the world is still far from meeting globally agreed targets. Progress has been further undermined by the COVID-19 pandemic, which has increased rates of household poverty and food insecurity, disrupted essential nutrition services and supply chains, and led to sharp increases in food prices.³

[UNICEF's Nutrition Strategy 2020-2030](#) highlights four key risks to children’s diets that can lead to various forms of malnutrition:

- Lack of dietary diversity
- Low feeding frequency
- Eating ultra-processed foods
- Drinking sugar-sweetened beverages

To help countries address the deficient diets of older infants and young children, UNICEF outlines six key strategic shifts needed to respond to the challenges. Two are particularly relevant to ATNI’s scope of work.

- 2 A *systems approach* to improve maternal and child nutrition outcomes that includes a focus on food systems with a priority on supporting actions across the food supply chain to deliver better foods and diets to children.

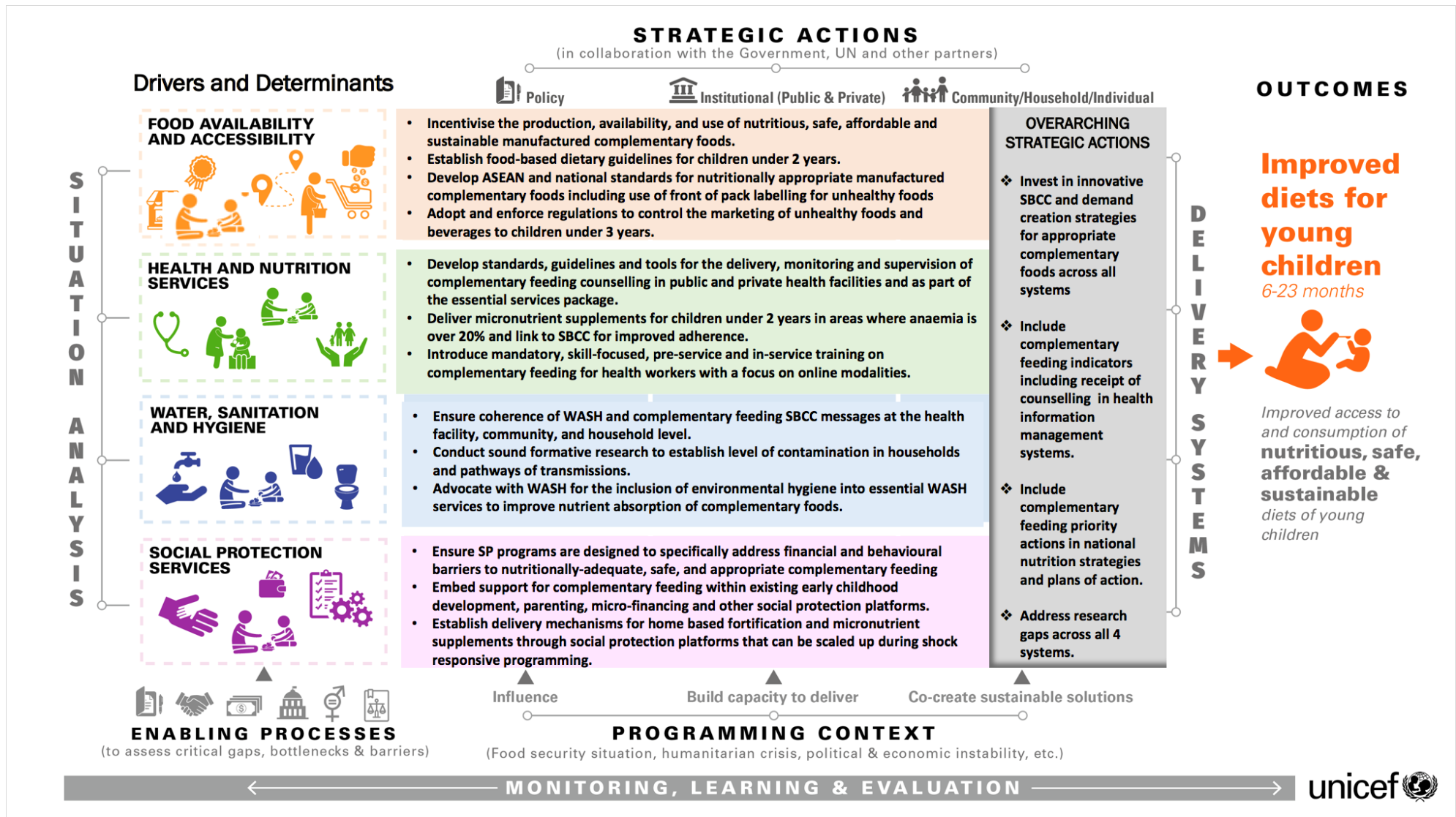
- 3 *Engagement with public and private sector actors* to ensure that governments set standards aligned with children’s best interests, and that create a level playing field for producers and suppliers. These actors, in turn, need to ensure that their actions (including food production, marketing and labelling) align with these standards.

Each UNICEF region has developed an Action Framework to guide countries’ work to improve the diets of older infants and young children, each following the same structure. They identify the four key systems that need to be simultaneously involved if the desired improvements are to be achieved. Those systems are: the food system, health system, WASH system and the social protection system. Figure 2 shows the summary of the EAPRO Action Framework for Improved Older Infant and Young Child diets¹.

¹ EAPRO is the East Asia and Pacific Regional Office of UNICEF.



Figure 2: UNICEF EAPRO region Action Framework proposes a system approach to improve the diets of older infants and young children





3. Understanding complementary feeding and the role of commercially produced complementary foods (CPCF) at the country level

In 2020, UNICEF published programming guidance on 'Improving Young Children's Diets during the Complementary Feeding Period'.⁴ It notes that while local and nutritious home-prepared foods should be the priority foods in young children's diets, the upward trend in the consumption of commercial and processed foods means that it is important to ensure that these foods are nutritionally adequate for older infants and young children.

The guidance proposes the following research questions to explore CPCF in various contexts:

- Types of CPCF products available in retail locations
- Target age groups of the CPCF products promoted
- Scale and type of promotional activities used to market CPCF products to caregivers
- Nutrient profiles of the CPCF products sold

Box 1: Definition of CPCF

CPCF are defined as all food and beverage products that are specifically marketed as suitable for feeding older infants and young children up to 36 months of age, and that are complementary to breast milk or breast-milk substitutes. CPCF are considered to be marketed as being suitable for this age group if they:

- are labelled with the words “baby”, “infant,” “toddler” or “young child”;
- are recommended for introduction at an age of less than 3 years;
- have a label with an image of a child who appears to be younger than 3 years of age or who is feeding with a bottle; or are in any other way presented as being suitable for children under the age of 3 years.

Source: Ending inappropriate promotion of commercially available complementary foods for infants and young children between 6 and 36 months in Europe, WHO Europe, 2019

Given ATNI's mission to improve diets for all, including those of older infants and young children, ATNI responded to these recommendations by facilitating and directing this research. Specifically, ATNI developed a methodology to pilot assessments of complementary feeding within individual countries. The intention was to map and understand the national landscape related to complementary feeding, and within that context to assess the nutritional quality of CPCF and their labelling. ATNI selected two middle-income countries with increasing exposure to commercial foods – the Philippines and Mexico – in which to pilot studies using this methodology. This report pertains to the Philippines; a separate report will be published later in 2021 for Mexico.



3.1 The two components of ATNI's research

In 2020, ATNI commissioned [NCP](#) to undertake two separate pieces of research: a Landscape Analysis of Infant and Young Feeding, based on existing evidence, and a Product Profile to assess the nutritional quality and labelling of CPCF available in the country.

The research aimed to answer two key questions for the Philippines:

- 1 What is the status of older infants' and young children's nutrition, diets and health, what influences it and how can it be improved?
- 2 How healthy are CPCF available to consumers in the country? More specifically: do they meet the nutritional standards of the WHO Europe's newly developed nutrient profiling model (NPM) specific to CPCF that are marketed as suitable for older infants and young children (6-36 months), and; are they labelled in line with WHO recommendations.

There were therefore two components to ATNI's research.

Landscape Analysis: Infant and Young Child Feeding in the Philippines

Based on available evidence, an overview of the nutritional status of older infants and young children, the local IYCF practices and their determinants, and the relevant policies and programs in place related to complementary feeding.

Product Profile: an assessment of the nutritional quality and labelling of CPCF available in the Philippines

*Based on the recommendations of WHO Europe set out in its 2019 report "Ending inappropriate promotion of CPCF for infants and young children between 6 and 36 months in Europe", an assessment of CPCF products, and a ranking of CPCF manufacturers, based on the percentage of their products available on the market during the study period that met **all** nutritional quality standards of WHO's NPM for CPCF. In addition, an assessment of the labelling of those products.⁵*

To ATNI's knowledge, the WHO NPM is the only model yet available to use to assess CPCF, and the research conducted in the Philippines using it is the first of its kind apart from the studies done by WHO Europe in various WHO Europe region countries when developing the model. Throughout this report this model is referred to as 'the WHO NPM'.



4. Landscape Analysis: Infant and Young Child Feeding in the Philippines

This element of the research provides an overview of the nutritional status of older infants and young children, local IYCF practices and their determinants, and the relevant policies and programs in place related to complementary feeding. This report provides a summary of the broader research conducted and published by NCP, available [here](#).

4.1 Nutritional status and feeding practices of older infants and young children

The Philippines' infants and young children suffer from the triple burden of malnutrition, i.e., a significant proportion are wasted or stunted, are deficient in micronutrients or are overweight, all due to inadequate nutrition early in life.^{6, 7, 8, 9}

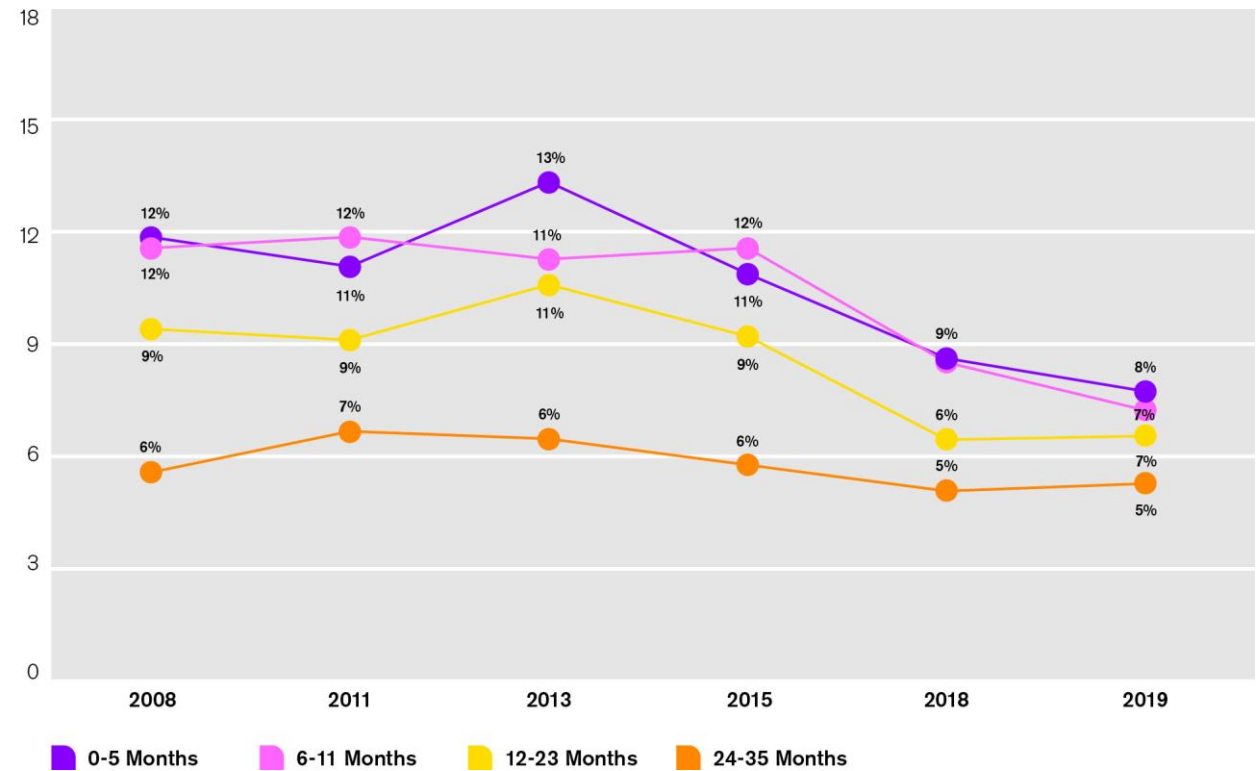
The details are set out on the following pages.



Wasting

Wasting, a measure of acute undernutrition, fell significantly from 2015 to 2019 in almost all age groups, except among children aged 24 to 35 months. Nevertheless, it remains a significant public health problem, with prevalence rates between 5-10%. See Figure 3.

Figure 3. Trends in the prevalence of wasting among 0 to 35-month-old children by age group



Note the figures are rounded.

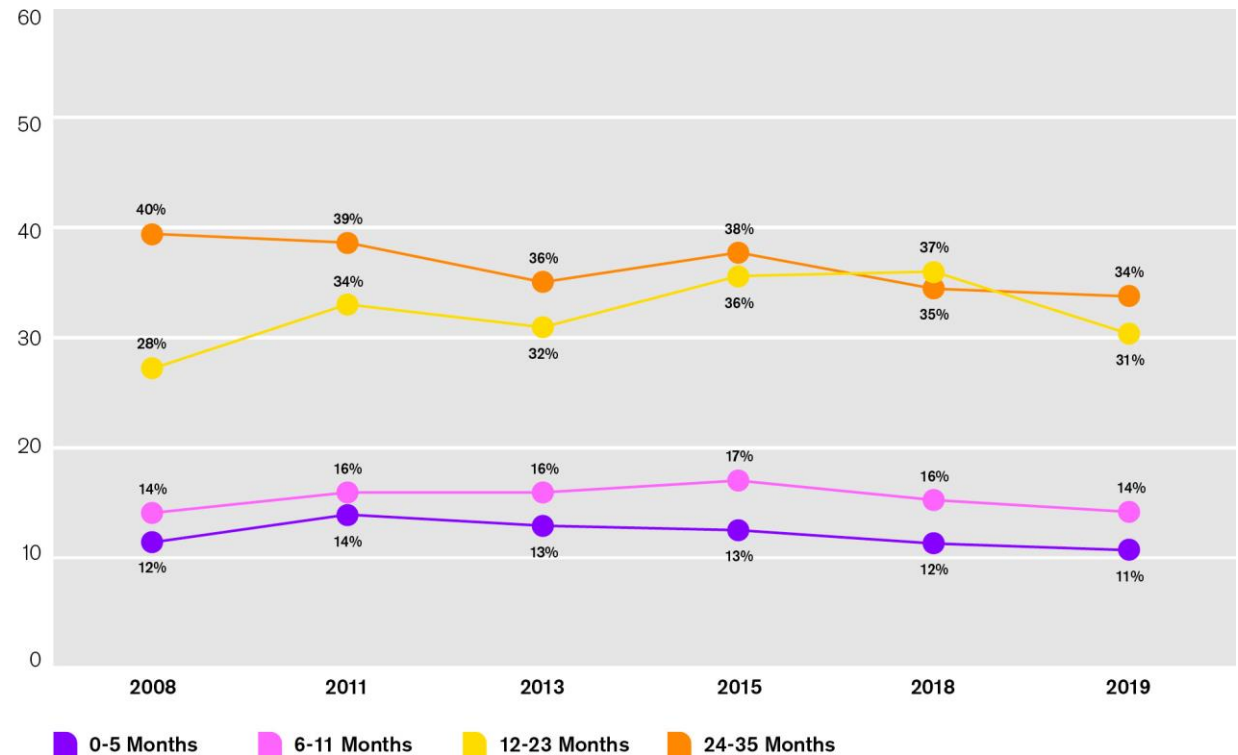
Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015a, 2016a, 2020c & 2020d



Stunting

Although rates of stunting among older infants and young children in the Philippines are decreasing in all age groups (0-35 months), stunting prevalence remains a public health problem. Levels range from 10% to over 30%, depending on the age group. Stunting rates increase dramatically from 6 months of age when breastmilk alone can no longer provide all the energy and nutrients the child needs in his or her growing years. Stunting prevalence doubles at the age of 12 to 23 months, coinciding with the period when complementary foods should be the major source of energy and nutrients for young children. See Figure 4.

Figure 4. Trends in prevalence of stunting among 0 to 35-month-old children by age group



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015a, 2016a, 2020c & 2020d



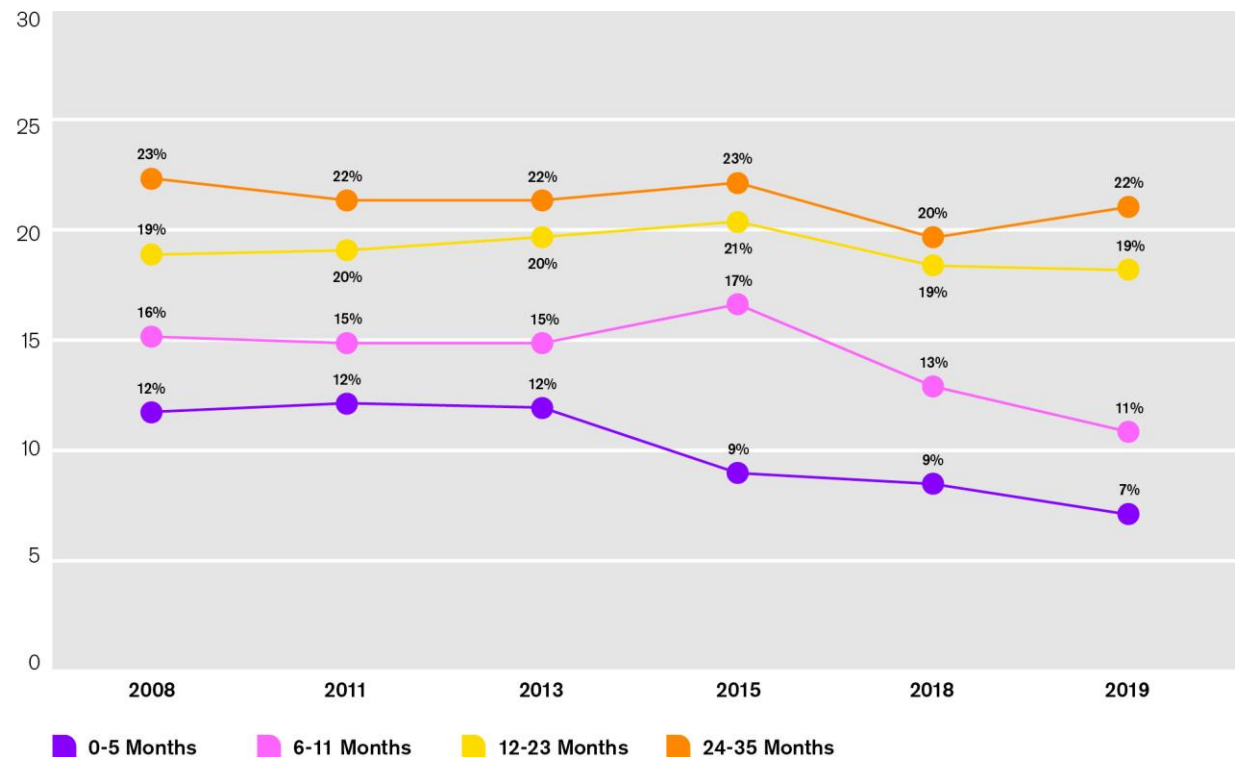
Underweight

Underweight also remains a public health concern with prevalence among children aged 0 to 35 months, ranging from approximately 5% to over 20%. See Figure 5.

Iron (anemia) and Vitamin A deficiencies

Although the prevalence of anemia significantly decreased among older infants and young children from 2018 to 2019, it is still considered a moderate public health problem in the Philippines compared to global prevalence. Among 6- to 11-month old children, it reduced to 38% in 2019 from 48.2% in 2018.^{10,11} Similarly, among children 12- to 23-months of age, 26.2% were anemic in 2019 compared to 35.4% in 2018.^{12,13} Vitamin A deficiency affected 17.9% of children aged 6 to 11 months, and 22.2% of children aged 12 to 23 months in 2018.¹⁴ (No figures were available for 2019.)

Figure 5. Trends in prevalence of underweight among 0 to 35-month-old children by age group



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015a, 2016a, 2020c & 2020d



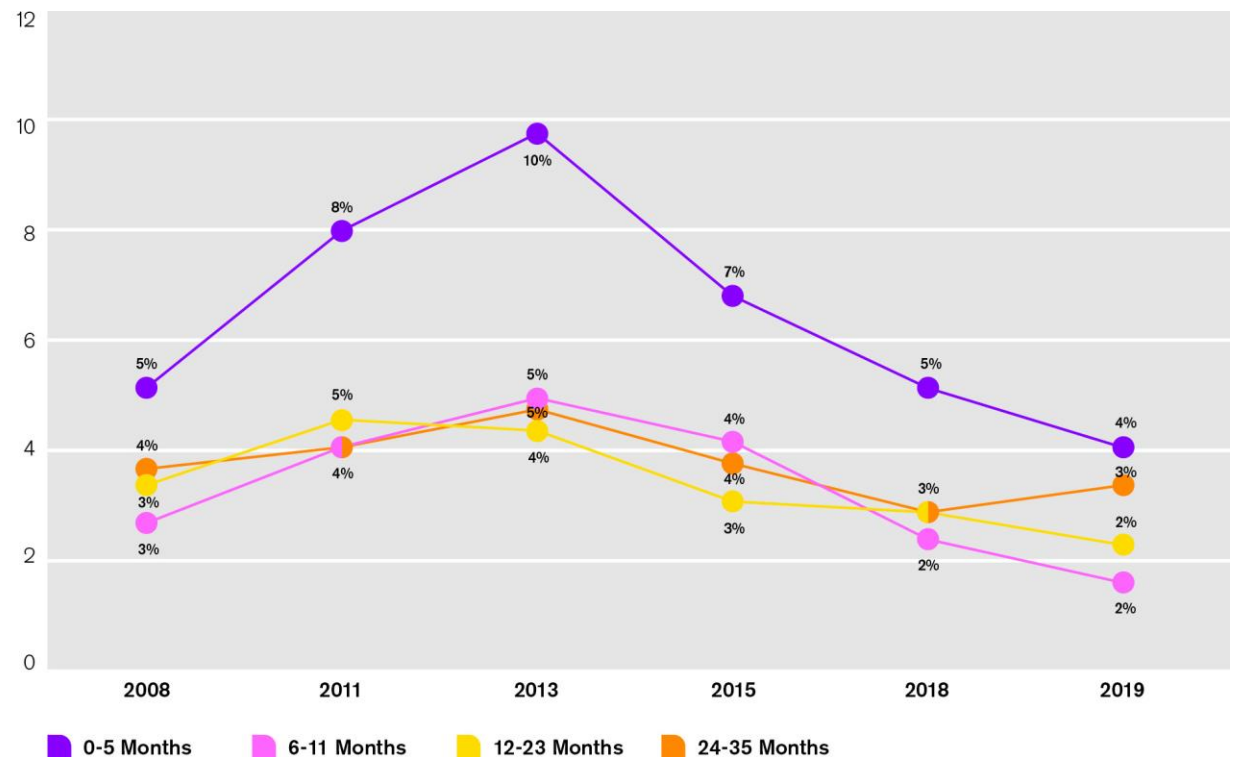
Overweight

Although the proportion of overweight children in aged 0 - 35 months is currently less than 5%, it has been identified as an emerging problem in 2019 National Nutrition Surveys. The Philippine Plan of Action for Nutrition 2017-2022 targets no further increase in child obesity by 2022 by fostering a healthy food environment and promoting positive nutrition behaviors towards consumption of healthier diets. See Figure 6.

“To prevent obesity, we need to start early, that is, in the First 1000 Days of life when we could also prevent undernutrition, which could also result in obesity in later life.”

Dr. Azucena Dayanghirang, Executive Director of the National Nutrition Council.

Figure 6. Trends in prevalence of overweight-for-height among 0 to 35-month-old children by age group



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015a, 2016a, 2020c & 2020d



4.2 Breastfeeding practices

Figure 7 illustrates the trends and levels of various phases of breastfeeding between 2015 and 2019 in the Philippines.

Breastfeeding within one hour of birth:

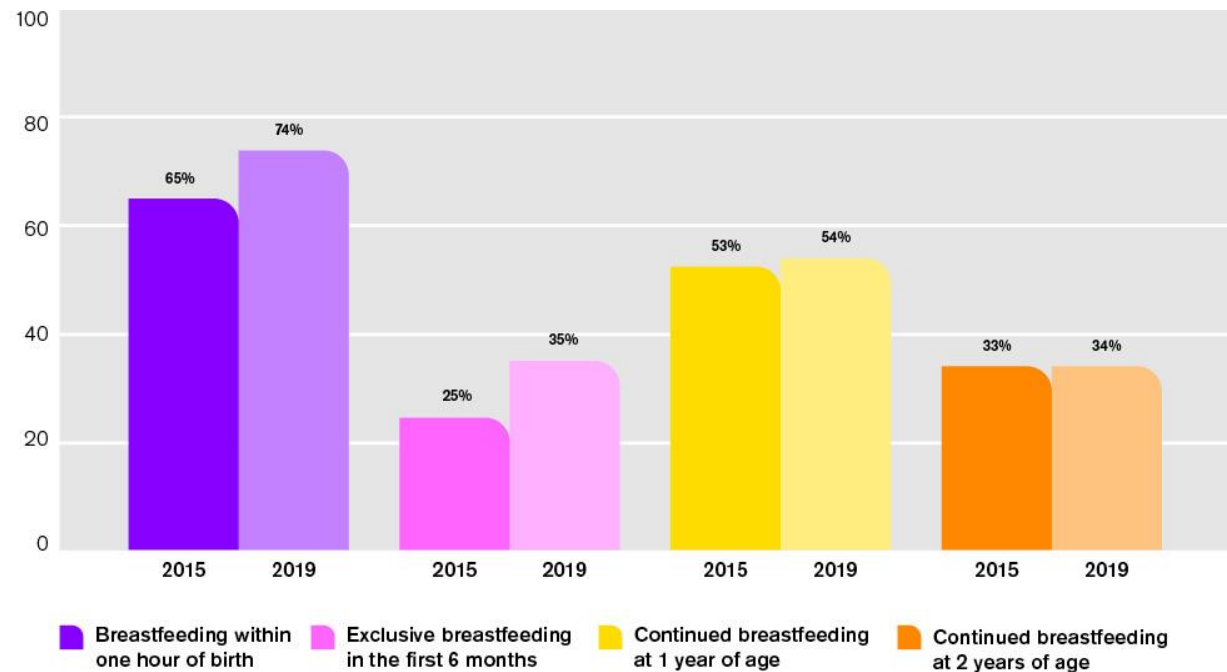
The recommended early initiation of breastfeeding increased from 65.1% in 2015 to 74% in 2019.

Exclusive breastfeeding in the first 6 months:

The Philippine Plan of Action 2017-2022 set a target to increase exclusive breastfeeding among 5-month-old children from 24.7% in 2015 to 33.3% in 2022.¹⁵ The country achieved this: by 2019, 35% of infants between birth and six months of age were exclusively breastfed. This is a significant improvement though there is still some way to go to reach the WHO global target of 50% by 2025. The highest proportion of exclusively breastfed infants was among newborns, with the proportion gradually decreasing over the following months.

Continued breastfeeding at 1 year and 2 years of age in 2019: By one year of age, 54% of older infants continued to be breastfed to some extent, a similar level to 2015; this decreased to 34% by 2 years of age, also showing barely any change since 2015.

Figure 7. Trends and levels of breastfeeding, 2015 and 2019



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015a, 2016a, 2020c & 2020d



4.3 Complementary feeding practices

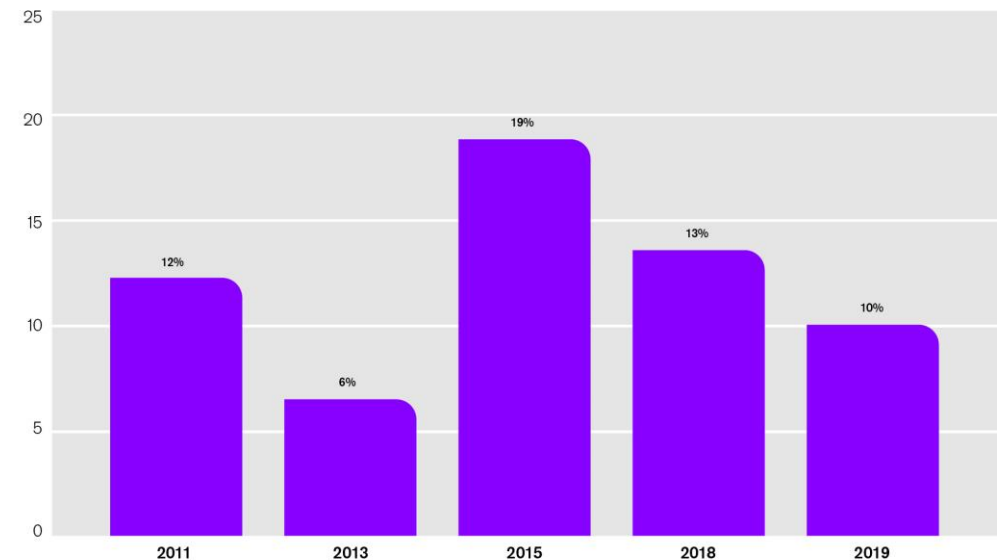
National nutrition surveys suggest that the majority of older infants and young children have inadequate diets due to poor complementary feeding practices.¹⁶

This is illustrated by these three standard measures of complementary feeding.

In 2019, about 84% of children aged six to eight months received CF at the right time, i.e., at or just after 6 months of age. Only 20% of children aged six to 23 months met the recommended minimum dietary diversity (MDD), with the proportion increasing as the age of the child increases. A high proportion (92%) of breastfed and non-breastfed children aged six to 23 months were given CF the minimum number of times per day, which is referred to as minimum meal frequency (MMF).

The proportion of children aged 6 to 23 months that have a minimum acceptable diet, i.e., defined as meeting both MDD and MMF to ensure both dietary quality and nutrient adequacy, as shown in Figure 8, significantly decreased from a high point in recent years of 18.6% in 2015 to 9.9% in 2019.

Figure 8. Trend in the proportion of children aged 6-23 months meeting the Minimum Acceptable Diet



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2020b

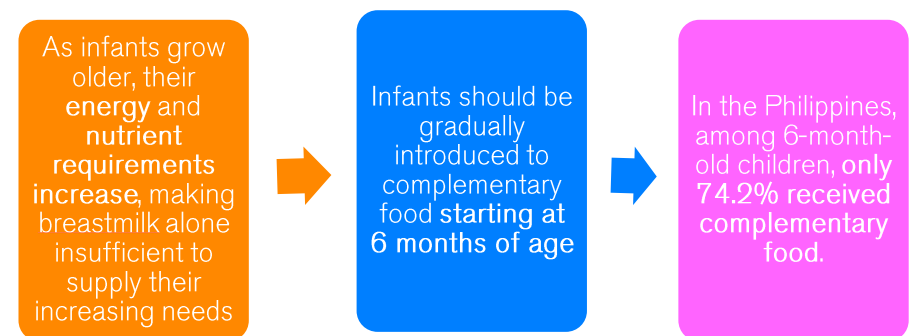


4.4 Diets of older infants' and young children's and role of CPCF

Recent studies on the diets of older infants and young children conducted by the Philippine's Food and Nutrition Research Institute (FNRI) have shown the following:

- infants aged six to 11 months are at the highest risk among young children of inadequate nutrient intake¹⁷
- carbohydrate food sources dominate the food intake at an age when their development requires more energy and macronutrients,
- the majority of children have a poor protein and fat intake
- a high proportion (> 50%) have an inadequate dietary intake of iron, Vitamin A, calcium, Vitamin C, and other B vitamins
- less than 10% consumed fruits or vegetables.¹⁸

Data on the types of complementary foods that young children eat and their contribution to diets is sparse and inconsistent. The 2019 ENNS survey carried out by FNRI found that just over half (52.1%) of older infants and young children aged 6-23 months reportedly consumed 'commercial baby food' but how those foods are defined is not clear and there is no data on what proportion of their diets these products comprise.¹⁹ In contrast, Kantar data showed that during 2020 CPCF were consumed by just over 20% of households with infants and young children.²⁰



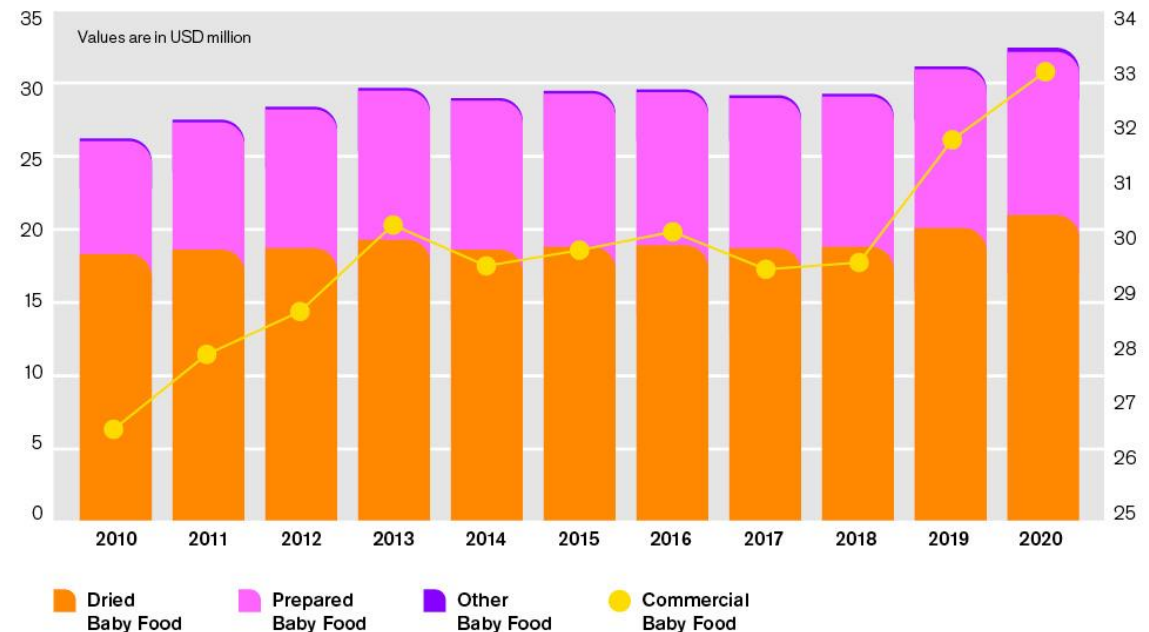


4.5 The growing commercial baby food market

The Philippine economy is one of the fastest-growing economies in Asia, having expanded by 23% over the last five years.²¹ The market for CPCF is well-established and has grown in parallel, though not as quickly. As shown in Figure 9, total sales of these foods in the Philippines in 2020 were just over US\$30 million, having grown by around 10% between 2015 and 2020.²²

In 2020, the majority of the sales in this segment comprised dried baby foods (US\$20 - 22 million) followed by prepared (i.e. ready-to-eat) baby foods (US\$10-12 million) and 'other' categories (US\$0.1 – 0.5 million).

Figure 9. Commercial baby food market size in the Philippines, 2010-2020



Source: Euromonitor International. Note here the term baby food is used to denote all types of baby food and not formulas. The term baby food in Euromonitor data and CPCF is used interchangeably.

Euromonitor International baby food category definitions

Dried baby food: products which require the addition of water before consumption, and which are usually sold in packets. Cereals and dehydrated soups are also included. **Prepared baby food:** baby products sold in jars, cans or retort flexible pouches which do not require any cooking prep other than heating. Includes pureed food, yogurts, desserts, soup and ice cream marketed for babies. **Other:** any other products marketed for babies are included in this category, e.g., baby rusks, teething biscuits, baby fruit juices, etc.

Note: ATNI's license with Euromonitor International does not allow specific data to be described or presented, only data ranges. The data captures official sales of these products. Other research undertaken by ATNI indicated that there also appear to be sales of so-called parallel imports, i.e., unofficial sales of products not intended for the Philippines' market.



According to Euromonitor International, in 2020, Nestlé accounted for well over 90% of the CPCF market in the Philippines while the rest of the manufacturers collectively accounted for the remaining small market share. The majority of the brand share is taken by Nestlé's Cerelac (dried baby foods) followed by Nestlé's Gerber prepared baby foods.²³ Kantar data for 2020 shows that Nestlé CPCF products were eaten by around 20% of households with infants and young children.²⁴

In the course of the research for this report, ATNI found many other CPCF brands for sale in the Philippines, made by 21 total companies in addition to Nestlé. Given their low market share, data on the specific volume or value of the sales of these companies is not available.





4.6 Factors and programs that affect older infant and young children's nutritional status and feeding practices

Adequate complementary feeding depends on many factors including: food accessibility and affordability, safe water, good sanitation and hygiene, appropriate food safety practices, sufficient and timely delivery of health and nutrition services and education, and the effectiveness of social behavioral change campaigns with consideration of the strong influence of cultural and social norms and beliefs.

As shown in UNICEF's 'Action Framework to Improve the Diets of Young Children during the Complementary Feeding Period', interventions for complementary feeding need to be comprehensive and have the support of different government sectors, such as health, agriculture, social protection, and WASH among others.

Looking first at the status of household food security, essential nutrition programs and WASH programs in the Philippines:

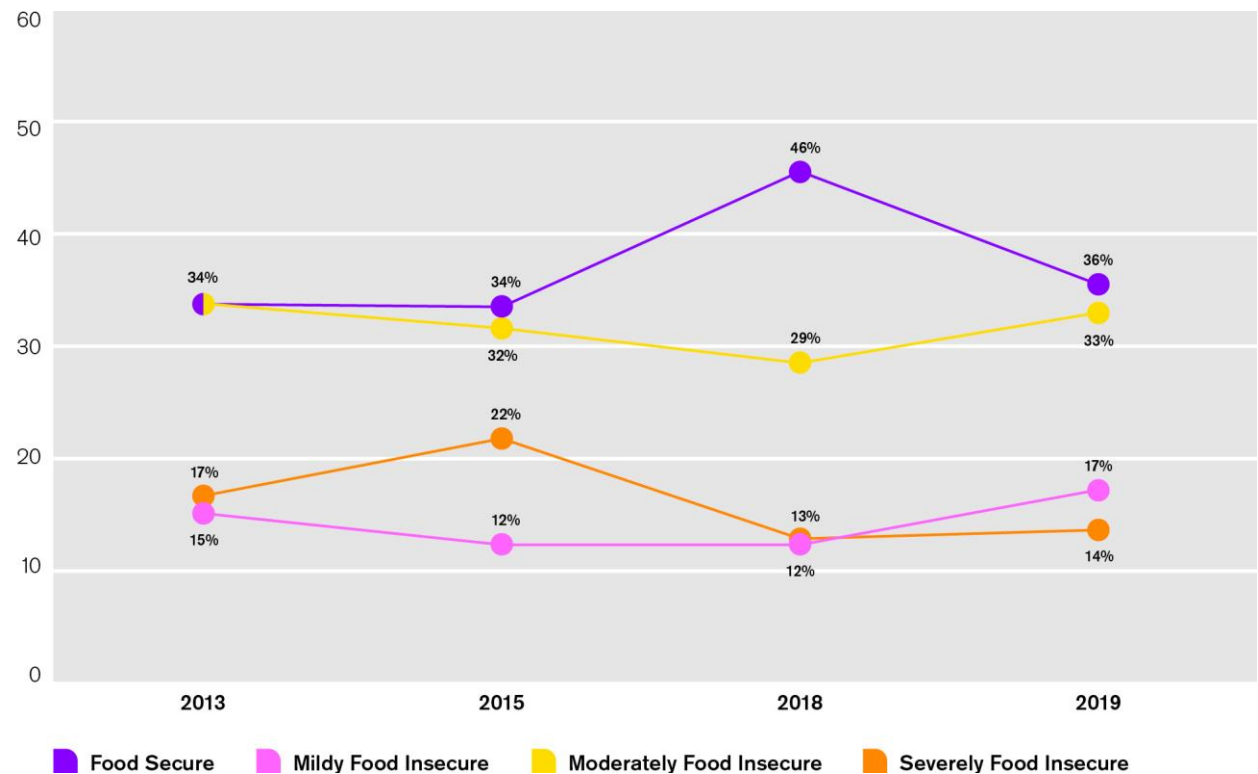
1. Household food security

At the household level, food security refers to the ability of the household to access sufficient, safe, and nutritious food, either through its own food production or purchases that meet their dietary needs and food preferences at all times.

A lack of household food security also affects complementary feeding, as households may not have access to appropriate, adequate and safe CF.

The 2019 Expanded National Nutrition Survey (ENNS) showed that only 36% of households in the Philippines perceived that they were food secure, as shown in Figure 10. Food insecurity was higher in households in rural areas, among male-headed households, poor households, households with heads of the family with lower educational attainment, those engaged in agriculture, and those without financial assistance from abroad.^{25 26 27}

Figure 10. Percentage of households by food security status



Source: Philippine's Department of Science and Technology Food and Nutrition Research Institute 2015c, 2016b, 2020d



2. Coverage of essential nutrition actions

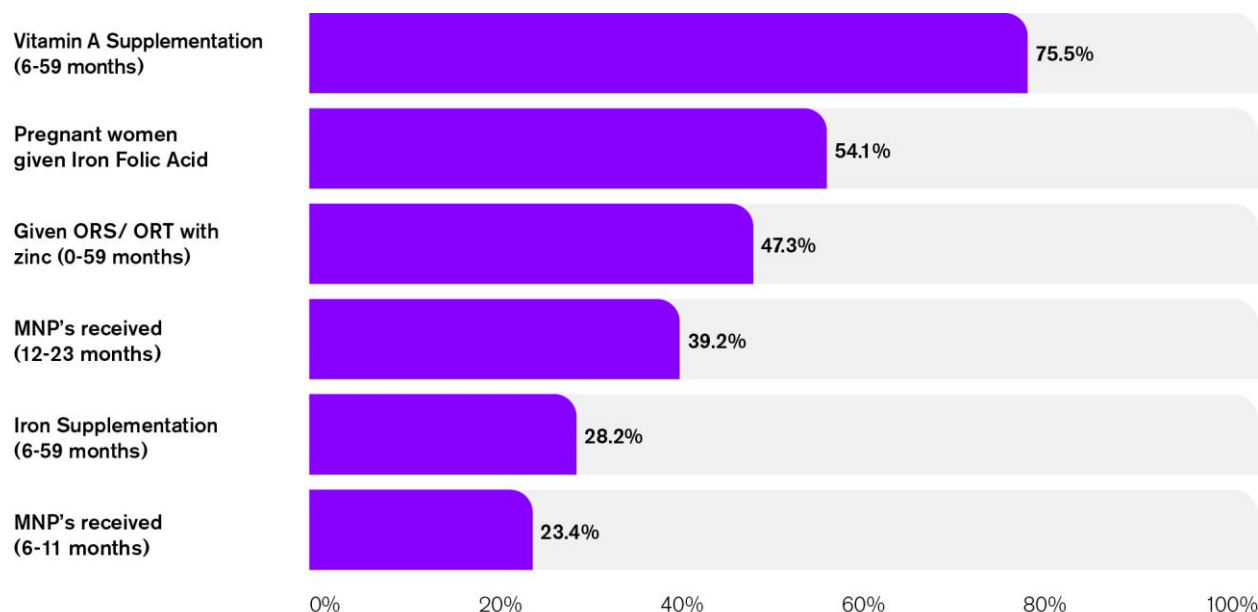
Essential nutrition actions refer to evidence-based direct nutrition interventions delivered through the health system that are relevant to improving the nutrition of mothers and children through the life-course. The study found that the coverage of these interventions varied widely. As illustrated by Figure 11, about 76% of children aged 6-59-months were given a Vitamin A supplement, while only 28.2% received free iron supplements through the government's micronutrient supplementation program.²⁸ Less than 40% of children 6- to 23-months received micronutrient powder (MNP), a supplement designed to be added to CF to improve micronutrient intake of young children.

Less than half (47.3%) of children aged 0-59 months who were ill with diarrhea were given oral rehydration salt/oral rehydration treatment with zinc supplements. Only half of pregnant women were given the required iron and folic acid supplementation in 2018,²⁹ important for the mother's health and survival, and for her infant's development.

3. Water, Sanitation and Hygiene (WASH)

Poor water, sanitation and hygiene practices are linked to poor health and nutrition outcomes such as diarrhoea and stunting. About 9 in 10 households (89%) wash their hands with soap and water and almost all households have improved sources of drinking water (97.4%). However, a significant proportion of households (22.5%) still have no access to improved sanitation facilities.³⁰

Figure 11. Proportion of recipients of nutrition interventions



Source: Philippine Statistic Authority & ICF, 2018; Field Health Services Information System Annual Report, 2018



4.7 Policies and programs on complementary feeding

Having reviewed the broader factors that can affect complementary feeding, this section of the report focuses on complementary feeding itself.

In the Philippines, while a number of policies and programs related to complementary feeding are in place, there is an opportunity to strengthen them. An online survey of stakeholders was conducted as part of UNICEF's "Landscape Analysis on Complementary Feeding" in 2018 to identify what policies and programs exist and what still needs to be enacted or implemented. Table 1 summarizes the conclusions and shows which policies and programs are already in place, which are being developed (emerging) and where there is the opportunity to develop them further.

In place: i.e. there is a policy that covers the majority or all of existing standards from global and regional guidelines. While food labelling and food safety standards are in place with supportive policies and regulations, as are age-specific dietary guidelines, counselling services, fortified CF provisions through health services, and maternity protection laws, there is scope for some to be scaled-up or improved.

Emerging: i.e. there is a policy but it includes few existing standards from global and regional guidelines or it is not enforced /implemented with adequate coverage, targeting and financial support. The standards may also be weak in terms of the scientific evidence base, wording or prioritization. Several emerging actions (i.e., ongoing initiatives or programs) were identified through consultation with the potential to integrate consideration of complementary feeding into existing monitoring systems and to utilize existing local resources.

Opportunities: i.e. no policy has yet been adopted. Various opportunities were identified in all four key systems (food system, health system, water and sanitation system, and social protection system). The next section explores two key opportunities in the food system to improve complementary feeding,

specifically related to food marketing and labelling, and food-based dietary guidelines. (Dietary linear programming is a highly technical area, not related to food composition of labelling per se, and is therefore not explored in depth.)



Table 1: Summary assessment of policies related to complementary feeding

	Policy / Action	Status
Food Systems	Regulation on inappropriate marketing and promotion of foods for young children	Opportunity
	Food labelling standards for complementary feeding	In place
	Front-of-pack labelling	Opportunity
	Age-specific dietary guidelines	In place
	Food-based dietary guidelines	Opportunity
	Based on dietary linear programming (see note)	Opportunity
	Promotion of locally readily available foods for improving quality of complementary feeding	Emerging
Health Sector	Complementary feeding interventions as part of the free essential package of health services	Opportunity
	Complementary feeding counselling at MCH contacts	In place - need to scale-up
	Complementary feeding counselling in pre- and in-service curricula for health workers	In place - need to scale-up
	Training curricula and materials up to date on complementary feeding	Opportunity
	Complementary feeding monitoring through HMIS or SDG reporting framework	Emerging
	Fortified complementary foods (home fortification with MNP/LNS) provision through health services	In place - need to scale-up
WASH	WASH included in IYCF pre- and in-service training	Opportunity
	Inclusion of WASH messages in complementary feeding counselling	Opportunity
	National food safety standards	In place
	Inclusion of food safety messages in complementary feeding counselling	Opportunity
Social Protection	Cash transfer scheme targeted to first 1000 days	Opportunity
	- with conditionality related to nutrition	Opportunity
	- with CF component including counselling or food provision	Opportunity
	CF content in family development sessions	Opportunity
	Maternity protection laws	In place

Source: Philippine Statistic Authority & ICF, 2018; Field Health Services Information System Annual Report, 2018

Note: Dietary linear programming is a mathematical technique that allows diets to be designed that address nutritional concerns and other constraints such as cost and acceptability with minimum changes (van Dooren C, 2018). It can be used to formulate optimal meals that will meet the required macro- and micronutrients at a minimum cost. Examples of using linear programming are a low-cost menu for cancer prevention, food packs in food aid and CF for 9-11-month-olds.



4.8 Good practices and identified gaps

4.8.1 Monitoring and legal measures relating to the labelling and marketing of CPCF

During the course of this research, NCP identified ways in which existing legal measures relating to labelling and marketing of CPCF could be strengthened to improve young children's diets.

Regulation of marketing of complementary foods

In the Philippines, the marketing of breast-milk substitutes (BMS) and CPCF must be compliant with the provisions of the *Philippine Milk Code* dating back to 1986 and associated regulations (known as RiRR, adopted in 2006). Promotional advertisements and other marketing communication, including digital marketing, are regulated by the Ad Standards Council (ASC). Food product advertisements, including BMS and CPCF products, should meet the minimum standards set by the ASC *for Responsible Advertising Guidebook* to all advertised food products.² Advertising, promotion and other marketing materials scope of the Milk Code must be reviewed and authorized by the Interagency Committee (IAC). This study highlights areas in which the RiRR and/or associated standards and guidance could be strengthened to give effect to the recommendations of WHA 69.9, in particular in relation to how CPCF are marketed – see Recommendations section of this report.

Monitoring of the marketing of complementary foods

World Vision Philippines, in partnership with the Department of Health, has begun implementing the Crowd-Based Monitoring Milk Code Compliance project. A [website](#) and mobile applications can be used by any member of the public or stakeholder to monitor and report Philippine Milk Code violations.

² Minimum standards are as follows: presentation should be respectful of country, law, religion, culture and traditions; does not show acts of profanity, obscenity, vulgarity, or those that are offensive or indecent; compliant with consumer protection and safety

The Food and Drug Administration (FDA) has responsibility for verifying the violations. However, there does not yet appear to be any information published on this website illustrating how many reports have been made and verified, nor the corrective action taken.

Regulation of importation and selling of packaged complementary food products (particularly on internet-based commercial platforms)

The increasing number and reach of internet-based sales platforms such as Facebook Marketplace, Shopee, Lazada, Healthy Options and Carousel has improved accessibility of packaged CPCF products to consumers in the Philippines. Imported brands such as Rafferty's Garden, Only Organic, Happy Family Organics and Bellamy's, among others noted later in this report, are now more accessible to those consumers with purchasing power.

A challenge for local authorities is to monitor compliance with Philippine food regulations such as product registration, importation permits, selling permits and package labelling across these rapidly growing platforms. Introduction of new nutritional quality standards, using the thresholds in the WHO NPM, or a similar model adapted to the context of the Philippines, would be beneficial to ensure that all such products imported or sold are appropriate and meet the dietary needs of older infants and young children.

Extended mandatory front-of-pack labelling of complementary foods

The Philippine FDA registers, regulates, and monitors compliance of packaged food products sold in the country with labelling regulations. NCP details these regulations in Annex 2 of its report. The FDA implements the Philippine Food Safety Act and has issued guidelines on the labelling of packaged food products, including CPCF. The FDA also abides by several relevant standards and prohibitions of Codex Alimentarius on food safety, composition and ingredients, claims, and labelling of packaged foods intended for older infants and young children. Current FOP labelling requirements, which aim to provide consumers with simple and immediate

guidelines; compliant with the standards for the protection of children; and any specific claims should be substantiated by independent evidence on its accuracy; among other standards.



information on the energy and nutrient content of the food product, is limited to energy or calorie content and is voluntary.³¹

There is an opportunity – and arguably a need, based on the results of this study – to extend these requirements to allow consumers to easily identify CPCF high in sugar, salt and/or fats.

“The Department of Health, National Nutrition Council, Food and Agriculture Organization, World Health Organization and UNICEF jointly call on the firm and continuous enforcement of the existing legislations, and to introduce front-of-pack labelling of commercially produced foods, and to regulate harmful practices such as the marketing of unhealthy foods to children.”

March 4th, World Obesity Day, 2021 ³²

Nutrient profile model and nutrition standards adapted to the Philippines' dietary patterns

Nutrient profiling is “the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health”.³³ It can be used to establish compositional thresholds and the nutritional quality of individual foods, and to guide product labelling and appropriate promotion of CPCF. In the Philippines, at present, there is no NPM adapted to the local context to assess the composition, labelling and use of health and nutrition claims on CPCF. (This is why the WHO Europe model was used to carry out the Product Profile assessment set out later in this report).

Box 2: ATNI's related research and recommendations on responsible marketing of CPCF

In 2020, ATNI commissioned a separate study in the Philippines to monitor the marketing of BMS and complementary foods marketed as suitable for older infants and young children between 6 and 36 months of age. The research was led by health research company Westat, with the support of NCP, and used the NetCode Protocol for Periodic Assessment. The purpose was to assess the compliance of all manufacturers of BMS and CF products found in the study area (the National Capital Region) with the International Code of Marketing of Breast-milk Substitutes, all subsequent relevant WHA resolutions including WHA 69.9, and national regulations. ATNI's report presenting the results of the study is available [here](#).

In total, 51 observations were made of non-compliance relating to 54 CPCF products included in that study (some of which were the same as those found in this study but some of which were different.) Fifteen (15) related to Nestlé products and 36 related to products made by several other companies. These were principally non-compliant product labels, i.e., information not provided in the local language, statements missing that the product should not be introduced for infants younger than six months or age and/or the appropriate age of introduction, and messages missing about the importance of continued breastfeeding for two years or beyond. ATNI's report sets out various recommendations on how current legal measures could be strengthened to incorporate WHO recommendations, principally those referred to in WHA resolution 69.9 of 2016.



However, the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology was commissioned by the National Nutrition Council to develop a NPM using locally available food and the local dietary pattern of Filipinos. The project started in January 2020 and is expected to be completed in 2021. The goal is to develop the NPM for children of one to 18 years of age, through adoption and localization of the [World Health Organization Nutrient Profile Model for the Western Pacific Region](#). FNRI plans to develop an algorithm and software into which the nutrient values of packaged food can be inputted to determine whether a food product is “healthy” or not. The nutrients to be included in the algorithm have yet to be decided and stakeholder consultations were ongoing at the time of writing.

Local thresholds on calorie, saturated fats, trans-fats, sugar, and sodium content for CPCF.

The Philippines does not have thresholds for maximum calorie content or density, saturated fats, trans-fats, sugars or sodium content specific for all types of packaged food products marketed as suitable for older infants and young children. Although the Philippine FDA has a Food Safety Law in place and abides by the Codex Alimentarius Standards for Processed Cereal-Based Foods for Infants and Young Children, Canned Baby Foods, and the Guidelines on Formulated Complementary Foods for Older Infants and Young Children, these standards do not allow the overall nutritional quality and appropriateness of particular CPCF types to be assessed. Developing such standards would be valuable in several ways:

- Limiting older infant and young children’s intakes of foods with significant content of sugars, sodium and unhealthy fats
- As a reference for limiting product marketing to older infant and young children’s
- As a basis for educating consumers and purchasers on products’ contents.

ATNI hopes that the analysis set out in chapter 5 of this report will be valuable in the country’s deliberations on developing a NPM suitable to the national context.

4.8.2 Other opportunities to support better complementary feeding

Integration of complementary feeding during mother's counselling.

Included in health service packages in government-run health facilities for mothers are health and nutrition counselling, either through individual or group sessions usually during scheduled regular check-ups. NCP’s evaluation studies in which mothers were asked about how well they had understood messages on complementary feeding during counselling sessions showed suboptimal results (50% to 70% reported a comprehensive understanding). Counselling messages are currently centered on compliance with intake of iron and folic acid supplements, and on breastfeeding practices.

Consideration needs to be given to the clarity, practicality, and appropriateness of the current complementary feeding messages being delivered, and the degree of knowledge and counselling skills of the message carriers. Opportunities to improve these messages and the competence of message carriers should be taken as soon as possible.

Integration of nutrition topics and relevant skills in pre-service curricula.

Key Maternal Infant and Young Child Nutrition (MIYCN) topics, including complementary feeding, have been integrated into the pre-service curriculum of medical and allied health courses. A review of the pre-service curriculum for Doctor of Medicine, Bachelor of Science in Nursing, and Midwifery revealed that these MIYCN topics may either be a separate course or integrated into courses such as maternal and child health, child growth and development, pediatrics, community health, nutrition, and diet therapy.³⁴

However, there is scope for counselling and clinical skills acquired during pre-service training to be enhanced to ensure that health care providers are equipped to provide MIYCN counselling. Students of medicine, nursing, midwifery, and nutrition are required to complete a varied number of patient-hours of experience, depending on their profession and the capacity of their school to provide this. Clinical exposure during an internship or related-



learning experiences needs to be improved further, and there is a need for capacity building among educators, clinical instructors, and preceptors. If pre-service training includes these topics and skills, in-service training can then be limited to polishing these skills, providing updates or advanced competencies.

Integration of complementary feeding education with existing social protection programs.

Conditional Cash Transfer beneficiaries who are pregnant or have a child up to five years old are required to take them for health check-ups and to attend Family Development Sessions (FDS), a continuing education program. These conditions create an opportunity to educate these women about appropriate complementary feeding practices and to make healthy nutritious products accessible.

At present, the FDS module focuses on the importance of complementary feeding and the different qualities (amount, frequency, consistency and types) of food for older infants and young children aged 6-24-months.³⁵ The health and nutrition sector could take advantage of opportunities to lobby for inclusion of education in optimal infant feeding practices as a condition for cash transfer beneficiaries. However, the program only enrolls 20% to 25% of pregnant women or families with children less than 2-years-old.³⁶ There is a need to work with the Department of Social Welfare and Development to prioritize enrolling families with pregnant women or young children in their social protection programs, in order for these social protection programs to benefit mothers of older infants and young children.

4.9 Conclusions

Many older infants and young children in the Philippines are not yet fed an optimal diet, as is the case in many other countries. This is illustrated by the levels of wasting, stunting, undernutrition, micronutrient deficiencies and levels of overweight as set out in this report. Currently, CPCF are consumed by more than half of older infants and young children in the Philippines, though it is unclear what proportion of their diets they comprise because such data is not available. Given the country's economic growth, and increasing sales of CPCF, it is reasonable to assume that the consumption of these products will increase with future economic growth and concomitant rising incomes.

CPCF can play a role in older infants' and young children's diets provided that they are of sufficient nutritional quality to meet the growth and development needs of older infants and young children and that they are marketed responsibly, and comprehensively and appropriately labelled, in accordance with WHO recommendations, Codex standards and guidelines and/or national regulations. The next section addresses whether this is currently the case.



5. Product Profile: an assessment of the nutritional quality and labelling of CPCF

5.1 Introduction

The second study that NCP carried out for ATNI was an assessment of the nutritional composition and labelling of CPCF. The NPM used was developed by WHO's Regional Office for Europe and published in 2019.

Figure 12 illustrates the sequencing of key publications and recommendations that underpin this report. In 2016, the WHA adopted resolution 69.9 that introduced new WHO guidance on ending the inappropriate promotion of foods for infants and young children. The aims of the guidance are to protect breastfeeding, prevent obesity and chronic diseases, promote a healthy diet, and ensure caregivers receive clear and accurate information on IYCF. Resolution WHA 69.9 also requested the WHO to provide technical support to Member States in implementing the guidance recommendations, including the development of nutrient profiling tools.

In response, WHO Europe developed an NPM for CPCF marketed as suitable for older infants and young children (defined as being between 6 and 36 months of age). This model was published in 2019 along with recommendations on ending inappropriate promotion of these foods based on the insights gained in developing and testing the model in that region.³⁷

ATNI used the WHO Europe NPM for this pilot study because to ATNI's knowledge it is the only one currently available specific to CPCF marketed as suitable for this age group.³ ATNI recognizes that it has not been adapted to the region or to the Philippines. However, the same nutritional principles underpin guidance on the appropriate diets for older infants and young children everywhere, and WHO's recommendations on how CPCF should be labelled and marketed apply universally.

The WHO NPM aims to define CPCF that are suitable to be marketed for older infants and young children up to 36 months (i.e., are of appropriate nutritional quality) and to ensure that permitted products are appropriately labelled. To achieve these aims, the model establishes compositional thresholds by product type, and provides guidance on how different types of products should be labelled i.e., providing necessary factual information and omitting inappropriate marketing messages. This NPM pays particular attention to CPCF high in total fat, trans fatty acids, total sugar and sodium, as called for in the WHO guidance. If a CPCF meets the proposed composition, nutritional quality and labelling requirements, it is considered appropriate to be marketed for consumption by the specified age group of children.

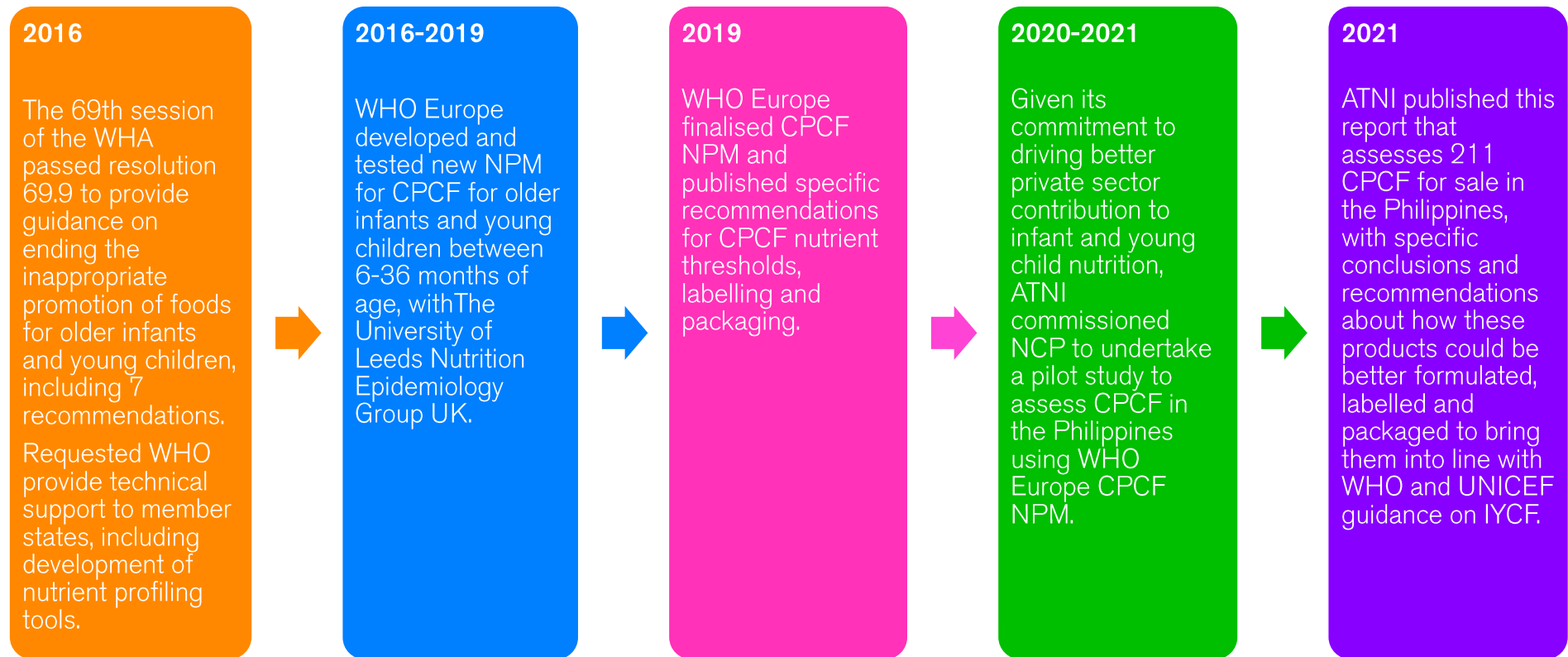
ATNI believes that the research presented here is the first assessment to employ the NPM to analyze the nutritional quality and labelling of CPCF other than for the purpose of developing and verifying the model. It is also the first assessment of its kind in the region.

The subsequent pages present the methodology used to assess the nutritional quality of the products and the associated results, followed by the methodology used to assess the product labels, and the associated results.

³ The WHO has also developed an NPM for the Western Pacific Region but it does not include or enable assessment of CPCF.



Figure 12: Sequencing of key publications that underpin this report





5.2 Nutritional quality assessment

5.2.1 Methodology – data capture

NCP identified and bought as many CPCF as possible marketed as suitable for older infants and young children aged 6-36 months in the National Capital Region (NCR). These products were locally available either in physical retailer or online between August 10th and August 28th, 2020. Further information about how the products were identified, how the nutrition content and labelling information was captured, and additional detail is available in the NCP report.

Data from the product labels were entered into an Excel template developed by the University of Leeds with all necessary fields and algorithms to automatically calculate the results. The accuracy of the data entry was checked at three separate stages of the analysis by different NCP staff members and/or advisors. The majority of products had extensive nutrition content information on the label; none therefore had to be excluded from the overall assessment and no values were imputed where nutrient content was missing. Further details are provided in the Limitations section of this report.

A total of 211 different CPCF, including flavor variations of the same product, were found and assessed, as shown in Table 2. The products were made by 22 manufacturers, 19 of which are based outside of the Philippines. The breakdown is shown in Figure 13. Almost all (98%) of the products were manufactured abroad, imported to the country and distributed either by official distributors or by local sellers, typically through online selling platforms and large grocery retailers.

Figure 13. Percentage of CACF products based on country of company headquarters

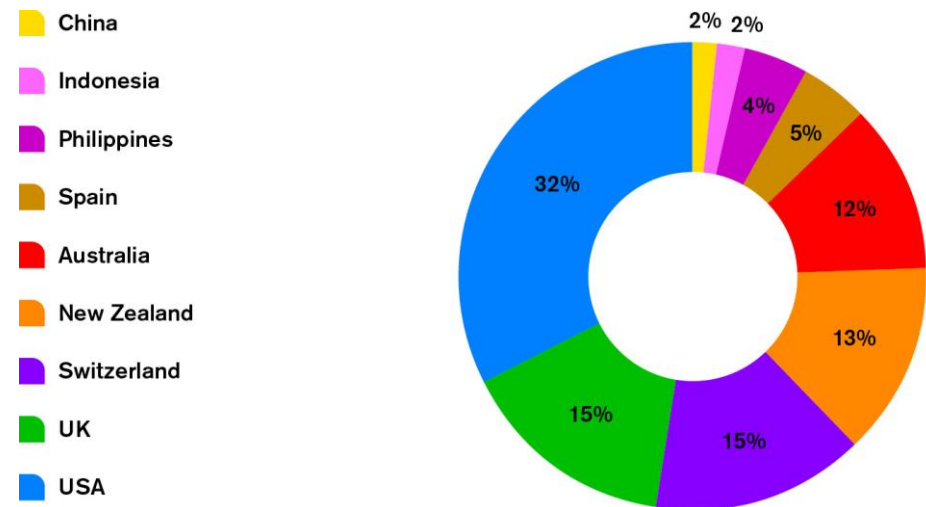




Table 2: CPCF dataset by company name, headquarters and brand

Company Name	Headquarters	Brand Name(s)	Total
Alnut	Spain	Byba	7
Bubs Australia	Australia	Bub Organic	5
H.J Heinz Company	USA	Heinz	1
Happy Family Organics	USA	Happy Baby Organics	37
		Happy Tot	11
Healthy Times	USA	Healthy Times	4
Kalbe	Indonesia	Milna	4
Kiwigarden	New Zealand	Kiwigarden	1
Little Freddie	United Kingdom	Little Freddie	22
Nestlé	Switzerland	Cerelac	12
		Gerber	19
Nosh Foods	USA	Baby Munchables	2
Nutri-Del	Philippines	Nutri-Del	6
NutriDense Food Manufacturing Corp	Philippines	Rimo	2
Only Organic	New Zealand	Only Organic	27
Organix	United Kingdom	Organix	5
		Organix Goodies	1
Piccolo	United Kingdom	Piccolo	4
Pronuben	Spain	Pronuben Baby	3
Rafferty's Garden	Australia	Rafferty's Garden	16
Rebisco	Philippines	Bibibons	1
Sprout Foods Inc.	USA	Sprout Foods	2
The Hain Celestial Group, Inc.	USA	Earth's Best Organic	11
Want-Want Foods	China	Baby Mun-Mum	3
		Toddler Mum-Mum	1
Woolworths	Australia	Baby Macro	4



Only seven of the nine products made by Filipino companies carried the Philippine FDA Registration number on pack; these seven products were made by Nutri-Dense and Nutri-Del. This appeared to indicate that many of the products are parallel imports and not marketed by the manufacturers themselves. Although these products were not therefore made and/or labelled to meet Filipino standards, the goal of this research was not to assess compliance with national regulations but to provide insight into the range and nature of CPCF being consumed by older infants and young children in the Philippines.

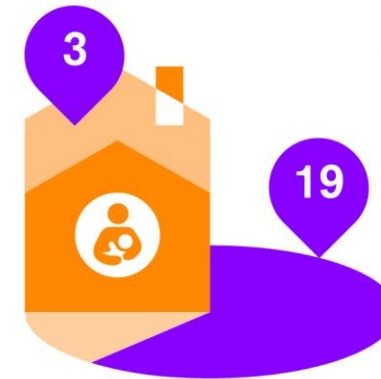
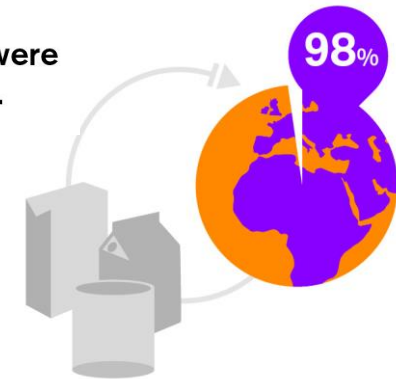
A total of 211 products marketed as suitable for infants and young children between 6 and 36 months of age were found and assessed.



As noted earlier in this report, Nestlé has well over 90% market share with its Cerelac and Gerber products, 31 of which were found and included in this study. Not all were produced specifically for the Philippines market; many were parallel imports.⁴ Therefore, the other 180 products made by the other companies account for the remaining small market share.

⁴ Information provided by the company.

98% of the products were manufactured abroad.



The products were made by 22 food companies. 19 of which are based outside of the Philippines.

Nestle has well over 90% market share with its Cerelac and Gerber products, 31 of which were found and included in this study. The other 180 products account only for the remaining small market share.





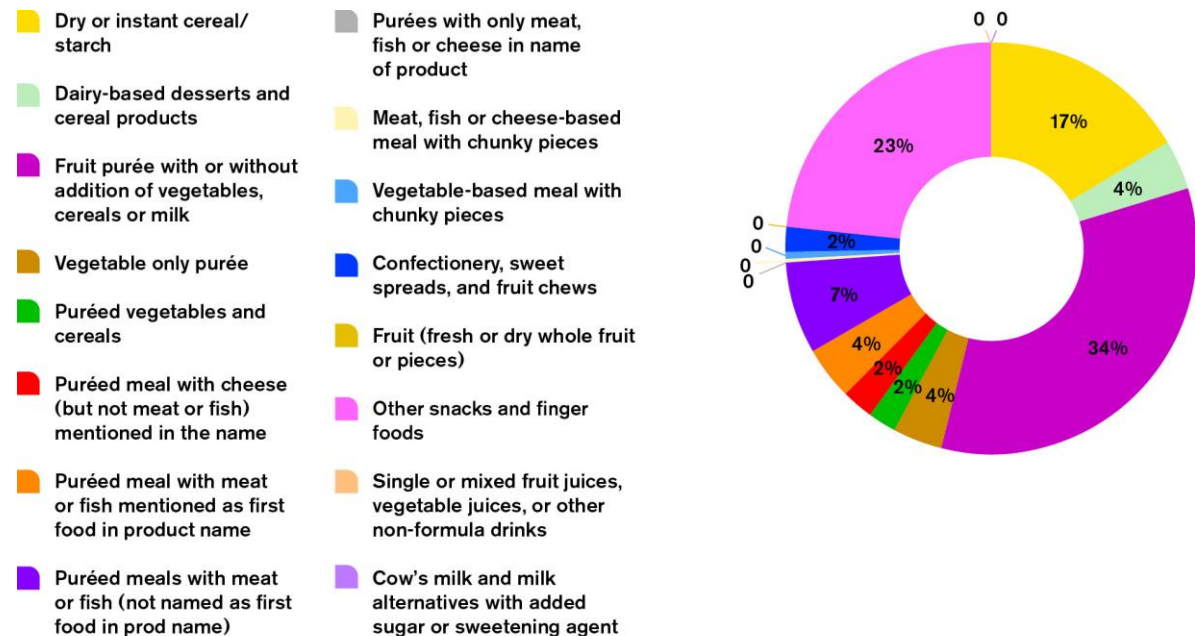
5.2.2 Methodology – product classification

The products were classified into five pre-determined food categories and sub-categories within the WHO NPM, in order to be assessed against the specific nutrient thresholds and criteria set for each product type, as shown in Table 3:

- 1 Dry, powdered and instant cereal/starchy food
- 2 Soft-wet spoonable, ready-to-eat foods, typically smooth or semi-puréed packaged in jars or pouches and can be spoon-fed
- 3 Meals with chunky pieces, often sold in trays or pots for older infants and young children
- 4 Dry finger foods and snacks
- 5 Juices and other drinks, products typically packaged in bottles, cans, or Tetrapaks, can be poured or served to infants as a drink in cups with/without spouts.

The products were further classified into a total of 16 separate sub-categories (See Annex 1). As Figure 14 shows, over 50% of the 211 products analyzed were fruit purées, snacks & finger foods.

Figure 14. Percentage of commercial complementary foods by product type





5.2.3 Methodology – nutritional quality assessment

The products' ingredient lists and nutritional content were assessed against the WHO NPM's nutrition criteria, which are specific to the sub-category. Table 3 summarizes the nutrition criteria used to assess different categories or sub-categories of foods.

To be suitable to be marketed for consumption by older infants and young children, all product types must have no added sugar or sweetening agent and no industrially produced trans fat.

Confectionery and sweet snacks, and fruit drinks, juices and sweetened cows' milk/milk alternatives should not be marketed as suitable for older infants and young children at all – therefore no nutrient criteria are set for these products.

Table 3. Applicability of nutrition criteria to each sub-category of food

	Soft–wet spoonable, ready-to-eat foods	Dry, powdered and instant cereal/ starchy food	Other snacks and finger foods	Meals with chunky pieces
Thresholds applicable to all products				
No added sugars/sweeteners	✓	✓	✓	✓
Sodium <50mg/100kcal & <50mg/100g	✓	✓	✓	✓
Fat not above EU council regulations 4.5 g/100 kcal (~ 40% energy)	✓	✓	✓	✓
Thresholds applicable to different categories				
Low % fruit in purées and dry cereals	✓	✓	n/a	✓
Finger food < 15% total energy from total sugar	n/a	n/a	✓	n/a
Purée energy density >60kcal/100g	✓	n/a	n/a	n/a
Products containing protein that met requirement	✓	✓	n/a	✓
Added water <25% in vegetable only purées	✓	n/a	n/a	n/a



According to the WHO NPM, sugars that should not be used in CPCF are: (i) all mono- and disaccharides (including sugars derived from fruits, sugarcane, palms, or root vegetables); (ii) all syrups, nectars, and honey (including molasses/agave/maple/blossom nectar/malted barley syrup/brown rice syrup, etc.); (iii) fruit juices or concentrated/powdered fruit juice, excluding lemon or lime juice; (iv) non-sugar sweeteners (such as saccharin, acesulfame, aspartame, sucralose or stevia). Added or inherent lactose was not included as an added sugar as it is a component of milk. Additionally, galacto-oligosaccharides, fructo-oligosaccharides, inulin, maltodextrin, maltodextrin and glycerol, which are often found in BMS, were also not classed as sweeteners.

The addition of unsweetened whole fruit is allowed. Blended, pulped, puréed or powdered 100% fruits (including dried fruit which has been puréed) are only permitted to be added as an ingredient in certain categories and in limited amounts, as they are high in free sugars.

As noted earlier in the report, the Philippine FDA has a Food Safety Law and abides by the Codex Alimentarius Standard for Processed Cereal-Based Foods for Infants and Young Children. The latter sets standards for some aspects of composition of this one type of CPCF. As an example for one product type, as shown in Table 4, the thresholds set within the WHO model being used here for these products are equivalent to or stricter than those in the Codex Standard. The FDA also abides by Codex Alimentarius Standard for Canned Baby Foods Codex Stan 73-1981. Among the nutrients assessed in this study, this standard only includes a maximum threshold for sodium which is 200 mg Na/100 g calculated on a ready-to-eat basis in accordance with directions for use. It prohibits the addition of sodium to fruit products and dessert products based on fruit. It also abides by Guidelines on Formulated Complementary Foods for Older Infants and Young Children CAC/GL 8-1991 which apply only to porridges containing cereals, and ready-to-use products among the product types assessed here.

Table 4: Nutrition thresholds in Codex Standards for Processed Cereals and the WHO Europe NPM model

	Codex Standard for Processed Cereal-Based Foods for Infants and Young Children CXS 74-1981 (Revised 2006. Amended in 2017, 2019)	WHO Europe NPM model, 2019
Protein	For cereals with an added high protein food which are or have to be prepared for consumption with water or other appropriate protein-free liquid, and rusks and biscuits which are to be used either directly or after pulverization, with the addition of water, milk or other suitable liquids: the protein content shall not exceed 1.3 g/100 kJ (5.5 g/100 kcal)	< 5.5 g/100 kcal total protein
Sugars	Criteria for adding sucrose, fructose, glucose, glucose syrup or honey to products	No added sugar/sweeteners
Fat	The lipid content shall not exceed 1.1g/100 kJ (4.5 g/100 kcal) The use of partially hydrogenated fats for these products is prohibited.	≤ 4.5 g/ 100 kcals total fats No industrially produced trans fatty acids
Sodium	The sodium content of the products described in Sections 2.1.1 to 2.1.4 of this Standard shall not exceed 24 mg/100 kJ (100 mg/100 kcal) of the ready-to-eat product.	Sodium < 50 mg/100 kcal



5.2.4 Key findings

Overall, just over a third of the CPCF assessed (36%, or 78 of 211 products) met **all** relevant nutritional thresholds and were of appropriate nutritional quality to be marketed as suitable for older infants and young children between 6 and 36 months of age. The other 64% of the products assessed should not be marketed as suitable for these children.

Over one third (36%) met all relevant nutritional thresholds, and are therefore suitable to be marketed for children between 6–36 months, i.e., 78 products.

36%

In terms of the three nutrition criteria applicable to and assessed for all products - relating to sugar, sodium and fat levels - findings varied, as shown in Table 4. However, in all cases the majority of products were compliant with recommended thresholds.

Sugar/sweetener content:

- More than two thirds (69%) of the 211 products did not have any added sugars or sweeteners, which is a positive finding. Nevertheless, 65 or 31% of the 211 products did not meet the criteria of excluding added sugars and sweeteners, and are therefore not suitable to be marketed to children.
- Just over half (56%) of the products in the '*other snacks and finger foods* category' (30 of 53 products in that category) should not be marketed as suitable for older infants and young children due to their high total sugar content; they should be classified as a sweet snack/sweet confectionary/ sweet spread/fruit chew.

Sodium content:

- Another relatively positive finding was that just over three quarters of the 211 products (78%) met the permitted sodium content range. The remaining 22% are therefore not suitable to market to children.

Fat content:

- Almost all of the 211 products (98%) met the recommended fat content permitted by the European Council regulations. Although the Philippine FDA has a Food Safety Law and abides by relevant Codex Alimentarius standards, those standards are limited to determining whether the products meet the minimum requirement for food safety and some elements of nutritional content. This positive result indicates that food manufacturers are able to produce CPCF with appropriate levels of fat for this age group.



Table 4: Key findings on nutritional quality

Nutrition criteria	% products meeting threshold	Number of products meeting threshold
Meets all relevant WHO NPM nutrient requirements	36%	78
No added sugars/sweeteners	69%	146
Appropriate sodium levels	78%	164
Appropriate fat level	98%	207

In terms of findings by product category set out in Table 5, just over half (57%) of the products assessed were soft-wet spoonable and ready-to-eat foods, followed by other snacks and finger foods (25%), dry, powdered and instant cereal/starchy food (17%) and meals with chunky pieces (1%). It is worth noting that no juices and other drinks marketed as suitable for children under 3 years of age were found on the market, in concurrence with the recommendations of the WHO NPM.

A very important metric is the proportion of products within a category that meets ALL relevant nutritional thresholds. These were:

- 54% of dry, powdered and instant cereal/starchy food
- 43% of the soft-wet spoonable, ready-to-eat foods
- 11% of the 'other snacks and finger foods'
- one of the two meals with chunky pieces

The results, by category on the three nutrients assessed, are also shown in Table 5. The majority of products (77%) in the other snacks and finger foods category contained added sugars or sweeteners; less than a quarter (23%) did not. Sodium content varied; although less than 50% of snack foods met the limits, almost all of those in the soft-wet spoonable, ready-to-eat foods

did (90%). All products, with the exception of 8% in the 'snacks and finger foods' category, had fat content within the recommended thresholds, which is a positive result.

Various other nutrient levels were also assessed as relevant to different product categories. Another notable positive finding was that approximately half of the snacks and finger foods (49%) delivered less than 15% of energy from total sugar.



Table 5: Percentage and number (in brackets) of products that met nutrition criteria applicable to each category

	Soft-wet spoonable, ready-to-eat foods	Dry, powdered and instant cereal/starchy food	Other snacks and finger foods	Meals with chunky pieces	TOTAL
% of total number of products assessed	57% (121)	17% (35)	25% (53)	1% (2)	211
% meeting all relevant nutritional thresholds	43% (52)	54% (19)	11% (6)	50% (1)	36% (78)
Nutrients assessed in all categories					
No added sugars/sweeteners	88% (107)	71% (25)	23% (12)	100% (2)	69% (146)
Sodium content within recommended thresholds	90% (109)	86% (31)	42% (22)	100% (2)	77% (164)
Fat content within recommended thresholds	100% (121)	100% (35)	92% (49)	100% (2)	98% (207)
Nutrients assessed in selected categories					
Low % fruit in purées and dry cereals	90% (45) *	83% (29)	n/a	100% (2)	n/a
Finger food <15% total energy from total sugar	n/a	n/a	57% (26)	n/a	n/a
Purée energy density >60kcal/ 100g	63% (71) **	n/a	n/a	n/a	n/a
Products containing protein that met requirement	49% (18) ***	100% (35)	n/a	50% (1)	n/a

* 45 out of 50 applicable products

** 113 applicable products

*** 37 applicable products

**** 8 applicable products



5.2.5 Ranking by company

Figure 15 ranks manufacturers according to the percentage of products that met ALL applicable WHO NPM nutrient thresholds. The findings were that:

- All of the 12 products made by 3 companies met all applicable nutrient thresholds: Bubs, HJ Heinz and Nutri-Del.
- 2 companies have 50% or more products that met all applicable NPM thresholds
- 9 companies have between 25% and 49% of their products that met applicable nutrient thresholds
- 8 companies' products did not meet any of the applicable nutrient thresholds.

The pattern most evident is that those companies that perform poorly (with no products meeting all criteria) can generally be attributed to the products being found to have added sugar/sweeteners and inappropriate sodium levels.

12 products made by 3 companies met all applicable nutrient thresholds: Bubs, HJ Heinz and Nutri-Del.

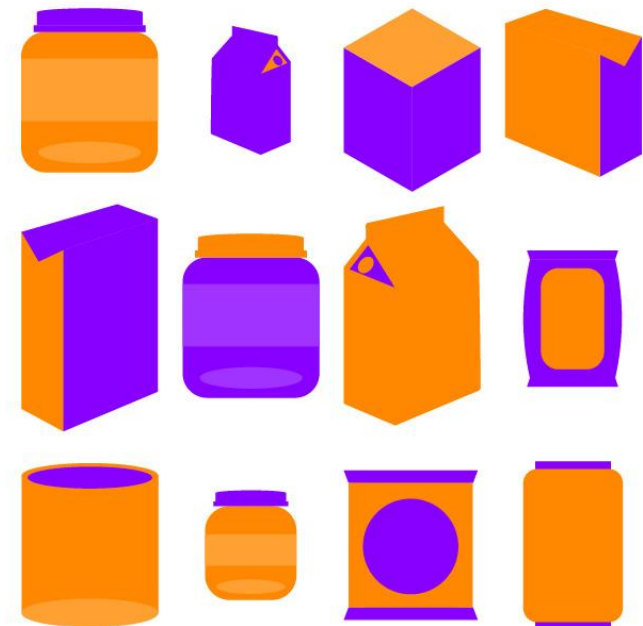
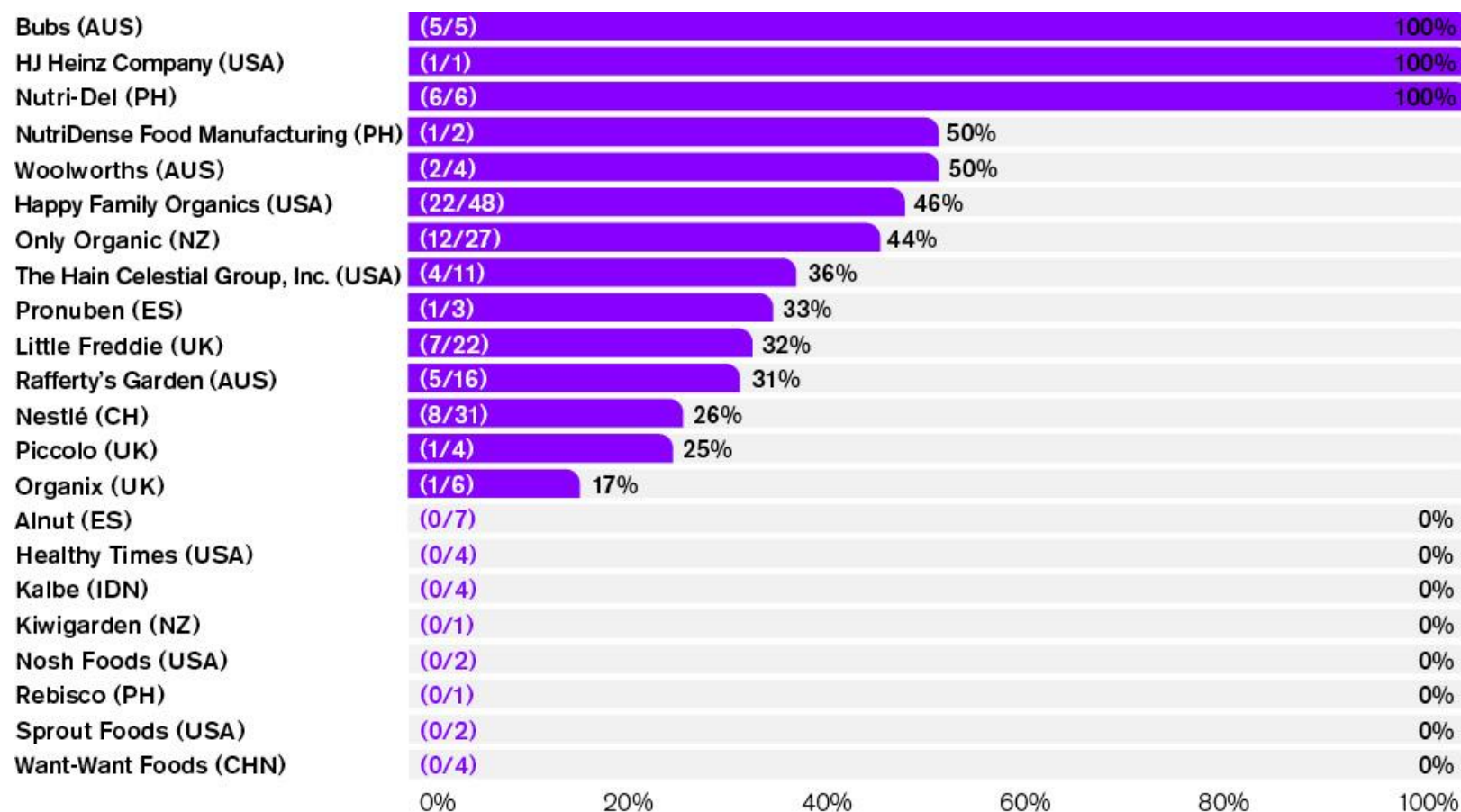




Figure 15. Number and proportions of each company's products that met all applicable nutrient thresholds



Note: the number in brackets is first the number of products that met all applicable nutrient thresholds then the number of products assessed in total, e.g. for Bubs, 5 products of the 5 assessed met the thresholds.



Table 6: Percentage of products that met nutrition thresholds of WHO NPM

Company name	Number of products	Percentage of products that met the nutrient thresholds of WHO NPM								
		All relevant WHO NPM nutrient criteria	No added sugars/sweeteners	Required low % fruit in purées and dry cereals ^a	Finger food ^b	Sodium ^c	Purée Energy Density ^d	Protein Requirements	Fat ^e	Added water (veg. purées) ^f
Bubs Australia	5	100%	100%	100%	NA	100%	NA	100%	100%	NA
H.J Heinz Company	1	100%	100%	NA	NA	100%	100%	NA	100%	NA
Nutri-Del	6	100%	100%	100%	NA	100%	NA	100%	100%	NA
NutriDense	2	50%	100%	100%	0%	50%	NA	100%	100%	NA
Woolworths	4	50%	100%	100%	NA	100%	67%	50%	100%	100%
Happy Family Organics	48	46%	63%	100%	50%	77%	81%	43%	100%	NA
Only Organic	27	44%	89%	94%	100%	85%	60%	53%	100%	NA
Hain Celestial	11	36%	91%	100%	0%	73%	63%	0%	100%	100%
Pronuben	3	33%	33%	100%	NA	100%	100%	100%	100%	NA
Little Freddie	22	32%	86%	38%	40%	73%	46%	100%	100%	NA
Rafferty's Garden	16	31%	94%	100%	NA	100%	40%	40%	100%	NA
Nestlé	31	26%	48%	92%	64%	77%	43%	100%	90%	80%
Piccolo	4	25%	100%	100%	NA	50%	50%	75%	100%	NA
Organix	6	17%	83%	20%	0%	100%	NA	100%	100%	NA
Alnut	7	0%	0%	100%	NA	100%	86%	0%	100%	NA
Healthy Times	4	0%	50%	NA	0%	50%	NA	NA	100%	NA
Kalbe	4	0%	0%	100%	0%	50%	NA	100%	100%	NA
Kiwigarden	1	0%	100%	NA	0%	0%	NA	NA	100%	NA
Nosh Foods	2	0%	0%	NA	50%	0%	NA	NA	100%	NA
Rebisco	1	0%	0%	100%	NA	100%	NA	100%	100%	NA
Sprout Foods	2	0%	100%	NA	100%	0%	NA	NA	50%	NA
Want-Want Foods	4	0%	0%	NA	25%	0%	NA	NA	100%	NA
Total % products that meet all applicable nutrient thresholds	211	36%	69%	87%	45%	78%	63%	73%	98%	88%

^aFruit puree content should be ≤ 5% by weight of product in purees and dairy products except for 2.2 fruit purees, and dried or powdered fruit should be ≤ 10% by weight in dry cereal products, to limit the sugar content/sweetness of these products

^b < 15% total energy from total sugar

^c Sodium <50 mg/100kcal & <50 mg/100g

^d Energy density ≥60 kcal/100g

^e At not above current European Council regulations

^f Added water should be <25% by weight of vegetable only purées



Analysis by company

Table 6 on the previous page sets out the proportion of each company's products that met each nutrient threshold. Given that Nestlé has well over 90% market share, the nutritional quality of its 31 products arguably have the greatest relative impact on older infants and young children's nutritional status in the Philippines compared to other companies assessed. Only eight of Nestlé's products (26%) met all relevant nutrient thresholds. Just less than half of its 31 products (15) contained no added sugar or sweeteners. The eight products that contained protein met the protein content requirements and only one dry cereal product had more fruit purée content than recommended. Nearly all (28) of the products had fat levels within the current European Commission regulations. Just over three quarters of the products (24) had sodium levels of less than 50mg/100kcal and less than 50mg/100g. Four out of the five vegetable purées contained less than 25% added water, in line with the model's recommendations for those products. Seven of 11 finger foods had the requisite amount of less than 15% of total energy from sugar.

While it is laudable that all of the CPCF made by Bubs, HJ Heinz and Nutri-Del met all applicable nutrient thresholds, shown at the top of the ranking, together these companies only sold 12 of the products assessed (i.e. 5%). Similarly, only six products in total were found made by NutriDense and Woolworths, the next two companies in the ranking, with 50% of their products meeting all appropriate nutritional quality thresholds. Next were the nine companies that together made 168 products, of which between 17% and 44% were appropriately formulated. It is particularly concerning that none of the 25 products of eight companies met the thresholds: those of Alnut, Healthy Times, Kalbe, Kiwigraden, Nosh Foods, Rebisco, Sprout Foods and Want-Want Foods.

Analysis by country of origin

No discernable pattern emerged related to the country of origin of the CPCF, as shown in Table 7

Table 7: Percentage of products that met all applicable nutrient thresholds

	Number of companies by country	100%	50% or more	25%-49%	0%
Australia	3	1	1	1	-
United States	6	1	1	2	2
Philippines	3	1	1	-	1
United Kingdom	3	-	-	3	-
New Zealand	2	-	-	1	1
Spain	2	-	-	1	1
Indonesia	1	-	-	-	1
China	1	-	-	-	1
Switzerland	1	-	-	1	-

Only one of the three top-ranking companies – *Nutri-Del* – is a Filipino company, whereas Kraft Heinz is a U.S.-headquartered company and Bubs is based in Australia. The majority of these companies' products are *dry, powdered and instant cereal/starchy foods* – 35 in total. This category as a whole was found to best meet the nutritional requirements among all food categories.

On the other hand, the poorest ranking products mainly belonged to the *other snacks and finger foods* category, the poorest performing category in the nutritional assessment with only 11% of products meeting the applicable nutrient thresholds.



The findings reveal that half of the foods in this category should not be marketed to children due to a high sugar content which exceeds the WHO NPM threshold of less than 15% of total energy from total sugar. The seven companies that made these products are based in various countries, but one of them, *Rebsico*, is a local Filipino snack food company. However, other companies whose products were assessed within the *other snacks and finger foods* category scored better.

Clearly, to improve the nutritional status of older infants and young children in the Philippines that eat CPCF, standards need to be set for all such products to ensure that they are of high nutritional quality. One challenge for the authorities may be to ensure that the many imported CPCF meet those standards, given how many companies' products are on the market, albeit few in number in some cases.



5.3 Product label assessment

5.3.1 Methodology

The purpose of this element of the research was to determine whether the CPCF products found on the market in the National Capital Region during the study period in August 2020 were labelled in line with relevant WHO recommendations for marketing CPCF.

All information required to undertake the label assessment was recorded in an Excel spreadsheet for each product. In brief, the types of product information present or omitted from the label included the following:

Selected marketing messages for CPCF as stipulated by The Code and/or subsequent relevant WHA resolutions⁵

- No text/image suggestive of product suitability for infants less than 6 months of age (*including references to milestones and stages*)
- Appropriate age of introduction (always over 6 months) to be stated
- Presence of message on the importance of breastfeeding for up to 2 years or beyond
- No images, text or other representation that is likely to undermine or discourage breastfeeding
- No nutrition/composition or health claims per Codex guideline CAC/GL 23-1997, and no marketing claims⁶.

⁵ While WHA 69.9 also recommends that the packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for BMS products to avoid any cross-promotion, this was not assessed, i.e., formulas made by companies whose CPCF were assessed were not bought to do this assessment. Similarly, no products were bought targeted at children over 36 months to assess whether they were appropriately labelled.

Other labelling criteria assessed

Nutrition/ingredients

- Percentage of energy from total sugar if total sugar content exceeds thresholds to identify which products would require a FOP sugar warning.⁷
- Percentage fruit and added water in the ingredient list
- Percentage protein for main meals that named a protein source in the product name on the front of the pack
- A product name that reflects the main ingredients.

Other

- Presence of a spout on the packaging and whether it includes a warning of its possible hazard
- Appropriate minimum and maximum age of the child for whom the product is intended.

5.3.2 Findings with respect to messages and claims on labels

Overall, many labels did not meet WHO's labelling recommendations in terms of messages required or which must not be used. Four elements of labels were assessed relating to such messages on the introduction of complementary feeding and the need for continued breastfeeding, and the presence of nutrition and/or health claims, in line with WHA 69.9 and WHO recommendations.

As Table 8 shows, while a large majority (89%) of products' packaging did not include health claims, many (84%) made nutrition and composition claims.

⁶ Codex CAC/GL 23-1997 states: Nutrition and health claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation.

⁷ Limits for different foods are set at 30% energy for dry cereals and fruit/vegetable purées, 40% for dairy-based foods, 20% for vegetable purées with cereals or milk, and 15% for savory and meal-type foods.



(Annex 2 of this report provides an extensive list of the wording of these types of claims which WHO Europe considers should not to be allowed under Codex CAC/GL 23 -1997)

Similarly, while the vast majority of products (87%) were labelled in accordance with the recommendations of WHA 69.9, in that complementary foods should not be introduced earlier than six months of age, only 5% included a message about the importance of continued breastfeeding alongside complementary feeding, up to two years of age or beyond.

Table 8: Percentage of products meeting each labelling criterion

Labelling criteria	% products meeting requirements	Number of products meeting requirements
NO health claims	89%	187
NO nutrition or composition claims	16%	34
Product NOT marketed as suitable for infants under 6 months of age	87%	183
Message on importance of continued breastfeeding	5%	10

5.3.3 Findings with respect to labelling of nutrient content

Similarly, many labels did not follow WHO Europe recommendations related to nutritional content, or in relation to products with spouts.

High sugar content

- The total sugar content of well over half of the products assessed (97 of 158 relevant products, or 61%) exceeded the level for which WHO

Europe proposes a FOP warning label be used to show the percentage of energy from total sugar. Of those 97 products, 71 were fruit purées. This was also the product category most often labelled as suitable for infants under 6 months of age.

Product names don't reflect main ingredients in descending order

- FOP product names should reflect the ingredients in descending order of content to ensure they do not mislead parents and caregivers. Nearly four fifths (79%) of the 211 CPCF (166 products) complied with this labelling requirement.

Percentage weight of components omitted

- The percentage weight of fruit or protein should be included on the label if the product contains fruit or protein sourced from meat, fish or cheese. However, only half of the 140 products containing fruit and almost three quarters (72%) of the 25 products with protein sources met these labelling requirements.

Missing labelling of water content

- None of the products that included water in the ingredients list stated the percentage of water weight.

Missing warning about consumption from spouts

- Two thirds (67%) of the 121 dairy-based or puréed foods were packaged with a spout. All lacked a clear statement that, *"Infants and young children must not be allowed to suck directly from the pouch/pack/container"*.

5.3.4 Results of the labelling assessment, by company

Table 9 presents the results by company, in terms of the percentage of products that met each labelling criterion assessed.

None of the companies' full set of products entirely met WHO's proposed labelling criteria assessed in this study, mainly because a large majority did



not include a statement on the importance of continued breastfeeding for up to two years of age and beyond.

Twenty of the 22 companies had composition and/or nutrition claims on their products. Only two products made by two companies (one each by H.J. Heinz and Rebisco) didn't carry such claims. The most common examples of composition and/or nutrition claims included "no added sugar", "no added salt", "no preservatives", "no artificial flavors", "source of fiber", and "source of iron". There were these types of claims on **all** of the products made by Nestlé, Rafferty's Garden, Hain Celestial, Alnut, Want-Want Foods, Kalbe, Bubs, Nutri-Del, Woolworths, Piccolo, Pronuben, Kiwigarden and Health Times.

Most (187, or 89%) of the 211 products assessed did not carry health claims. Four companies' products carried health claims. Nestlé was the company that had the highest proportion of products with health claims – 45%, or 14 products. The other 55% of its 17 products did not carry health claims. Some of the products made by Happy Family Organics (5 out of 48), Little Freddie (4 out of 22) and Alnut (1 out of 7) made health claims.

In terms of products with sugar levels high enough to require the type of FOP sugar content warning being proposed by WHO Europe, only four companies' products would not require one. All eight products made by Alnut and Heinz would require the warning label, as would 11 of Nestlé's products.

Interestingly, the companies for which all products included the statement on continued breastfeeding were those that ranked poorly in terms of the nutritional quality of their products: Pronuben (with only 1 product fully meeting the nutrient criteria) and Kalbe and Nosh foods (none of their products fully met the nutrition criteria).

Although most companies (14) did not label their products as suitable for under six months of age, in compliance with national law and the International Code of Marketing of Breast-milk Substitutes, eight companies did not meet this criterion for all of their products. Two of Nestlé's products were labelled in a way that could be interpreted by consumers as being suitable for

introduction earlier than six months of age because they had text and an image of a sitting baby, and only one had a message about the importance of continued breastfeeding for two years or beyond.

None of the dairy-based or puréed products made by Nestlé, Pronuben or HJ Heinz had spouts, which aligns with WHO Europe's recommendations to phase out pouches with spouts and replace them with packaging where the foods can be visible and would require a spoon for feeding. The other eight companies that package products with spouts did not fully meet this recommendation.

With regard to labelling of the nutritional content of the products, in multiple cases the percentage of fruit in a product was missing. This is important data because the WHO NPM proposes setting limits on the use of fruit purée and dried fruit purée as ingredients given their contribution to the sugar content of CPCF.



Table 9: Percentage of each company's products meeting recommendations on labelling

		All companies' products meet all labelling and marketing criteria?	% products with marketing messages and claims <u>in line with</u> WHO/ WHA				% products that meet nutrition-related labelling criteria			% products on which sugar content traffic light would be needed ^d	% products with a spout
Company Name	# of products	Columns 1 - 7	1. NOT marketed for under 6 months	2. Message about importance of continued breast feeding? ^a	3. No health claims – see Annex 2	4. No nutrition or composition claims – see Annex 2	5. Name reflects main ingredients in descending order?	6. % weight of fruit stated if contains fruit? ^b	7. % weight protein given where required in main meals? ^c		
Bubs Australia	5	N	60%	0%	100%	0%	100%	67%	NA	0%	NA
H.J Heinz Company	1	N	0%	0%	100%	100%	100%	100%	NA	100%	0%
Nutri-Del	6	N	100%	0%	100%	0%	100%	0%	NA	0%	NA
Healthy Times	4	N	100%	0%	100%	0%	50%	0%	NA	NA	NA
NutriDense	2	N	0%	0%	100%	50%	100%	NA	NA	0%	NA
Woolworths	4	N	100%	0%	100%	0%	75%	33%	100%	50%	100%
Only Organic	27	N	96%	0%	100%	7%	37%	91%	100%	54%	64%
Happy Family Organics	48	N	90%	0%	90%	54%	92%	5%	0%	83%	93%
Hain Celestial	11	N	100%	0%	100%	0%	82%	0%	0%	90%	10%
Pronuben	3	N	100%	100%	100%	0%	100%	100%	100%	67%	0%
Little Freddie	22	N	68%	0%	82%	5%	64%	100%	NA	65%	100%
Rafferty's Garden	16	N	50%	0%	100%	0%	56%	100%	100%	88%	100%
Nestlé	31	N	94%	3%	55%	0%	97%	61%	NA	55%	0%
Piccolo	4	N	100%	0%	100%	0%	75%	100%	100%	25%	100%
Organix	6	N	100%	0%	100%	17%	100%	100%	NA	0%	NA
Alnut	7	N	100%	0%	86%	0%	100%	57%	NA	100%	43%
Kalbe	4	N	100%	100%	100%	0%	100%	0%	NA	0%	NA
Kiwigarden	1	N	100%	0%	100%	0%	100%	100%	NA	NA	NA
Nosh Foods	2	N	100%	100%	100%	50%	100%	0%	NA	NA	NA
Rebisco	1	N	100%	0%	100%	100%	100%	NA	NA	0%	NA
Sprout Foods Inc.	2	N	100%	0%	100%	0%	0%	NA	NA	NA	NA
Want-Want Foods	4	N	100%	0%	100%	0%	100%	0%	NA	NA	NA
Products meeting WHO Europe labelling criteria 1-7	211		87%	5%	89%	16%	79%	50%	72%	61%	67%

^aFor two years and beyond

^bOnly applicable to products containing fruit

^cOnly applicable to categories 2.6, 2.7, 2.8 and 3.1. If % protein was missing, the product was rated as not meeting the WHO NPM criteria.

^dApplies to all foods suitable for the consumption of older infants and young children under 36 months

^eApplicable to the soft-wet ready-to-eat foods



6. Study limitations and wider considerations

There are several limitations to this research:

- CPCF that were available prior to and after the study period and products not available online but available in the retail markets in other regions of the Philippines were not included in the study. CPCF available at other times and in other regions may differ in their nutrient content and in their packaging and labelling information. Further studies in other regions would facilitate comparison.
- The WHO NPM was not designed specifically for the diet of Filipino older infants and young children or local food products.
- The WHO NPM is not the type of model that allows individual products to be given an overall nutritional quality value, as do the Health Star Rating or Nutriscore systems. This model instead has multiple nutrient content thresholds. A model that enables this kind of product-level overall nutrition quality score to be generated for CPCF in the Philippines or in the region might be a valuable additional tool.
- As the WHO NPM does not assess the level of micronutrients in CPCF it does not generate any insights about how appropriate or valuable particular products could be for older infants and young children with micronutrient deficiencies.
- The results have not been weighted in any way using sales volumes or values. Commentary has been provided as to which companies have a large or small market share in order for readers to be able to interpret the results with some sense of the relevance of the aggregate impact of an individual company's CPCF on the nutritional status of this population cohort.
- Some CPCF were difficult to classify into the WHO NPM categories, e.g., a product can be eaten as a biscuit and can also be turned into a cereal when mixed with water. Such a product was classified as a dry or instant cereal/starch rather than a finger food.
- Information on some key nutrients was zero or appeared lower than might be expected. Further checks were done on these products to determine whether they should be excluded from the assessment. For example, there was one product for which the fat content on the label was zero which could have been incorrect; however, it wasn't possible to make a conclusive decision therefore this product was retained for assessment. Of 39 products that listed sodium content as zero, having checked the ingredients list, 35 had no added salt; four listed sodium bicarbonate or sodium ascorbate as an ingredient, but not salt, and therefore it was judged that it was likely that the sodium level would be zero or close to zero and certainly below the model's sodium thresholds. With respect to total sugar content, there were 49 where this was listed as zero. Further checks indicated that this was likely correct for 45 of them, as they did not have any ingredients that contain natural sugars. Four did however, within the finger food category. They were therefore not included in the assessment related to the contribution of total sugar to energy for that category.
- The lack of necessary information on the packaging of many CPCF regarding the percentage weight of ingredients in the ingredients list meant it was challenging to determine whether the product met the nutrient thresholds or the labelling guidelines. Further, the limited label information on weight for total fat, carbohydrates, sugar, or salt in some products (*i.e.*, *<5mg instead of a specific weight; no data for saturated fat or total sugars; no information on nutrient weight per 100 gram serving*) required the reviewer to compute estimated amounts per 100 gram serving size or to assume values (*i.e.*, 4.9 instead of *<5*). For applicable food categories, where percentage weight of fruit was missing, following advice from an expert who built the WHO NPM, this was designated as the product having low fruit content and passing this criterion of the model. Conversely, when a product was missing protein data, it was designated as not passing the criterion of having sufficient protein content.



Despite these limitations, ATNI believes that considering the relatively large number and diverse range of CPCF assessed (211) falling into four of the five sub-categories within the WHO NPM, the study provides a robust initial assessment of the composition, nutritional quality and labelling of these products, which are eaten by more than half of Filipino children.

Other considerations are the lack of information currently available about the proportion of CPCF in the diets of older infants and young children in the Philippines, and therefore how significant the contribution is to their overall nutritional status. Ideally this data would be secured through the ENNS or similar regular national surveys, so as to better direct any interventions. On a related point, it may be valuable for other studies to be undertaken to look at the nutritional value of typical home-prepared foods to understand how they compare to CPCFs.



7. Recommendations

7.1 Recommendations to manufacturers

Twenty-two companies' CPCF were found on the market in the NCR during the study period. The vast majority were made outside the Philippines and imported. ATNI urges all manufacturers to do all they can to ensure that their CPCF provide young Filipino children with good nutrition, given the prevalence of poor nutritional status in the country and the growing consumption of these products.

Moreover, considering that older infants and young children are a highly vulnerable group and the importance of establishing healthy eating habits early (which confer benefits throughout life), it is critical that CPCF have both an appropriate composition and are appropriately labelled.

In light of WHA 69.9 which calls upon manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion, as outlined in the *'WHO guidance on ending the inappropriate promotion of foods for Infants and young children'*, ATNI makes the following recommendations to manufacturers of CPCF:

1. CPCF nutritional quality

- Many products met the thresholds of having no added sugars or sweeteners and had appropriate sodium and fat levels demonstrating that it is possible to make CPCF that meet the WHO NPM nutritional quality thresholds. Those manufacturers whose products did not meet these standards are urged to reformulate their products to improve their nutritional quality, according to the WHO NPM thresholds so that they are suitable for older infants and young children both in the Philippines and all other markets where they are sold. It is particularly important that they do not add sugars or sweetening agents to any food.

2. CPCF product labels

Develop a new policy, or update any existing policy, to commit to adhere to WHA 69.9, and update all labels with the following statements in line with Recommendation 4:

- the importance of continued breastfeeding for up to two years or beyond;
- the importance of not introducing complementary feeding before 6 months of age;
- the appropriate age of introduction of the food (not less than 6 months) and the maximum age of consumption where relevant.

Further, all manufacturers should ensure that product labels do not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk;
- recommend or promote bottle feeding;
- make any nutrition/composition or health claims per Codex CAC/GL 23-1997. (Annex 2 provides extensive examples of wording that should be considered a claim and avoided).

3. CPCF labelling with respect to nutrition content and spouts

For certain CPCF, manufacturers are urged to provide more detailed and specific information:

- Voluntarily provide information on the percentage weight of ingredients in the ingredients list, and provide full information on the weight of total fat, carbohydrates, sugar, or salt in all products
- Ensure that the FOP name properly reflects the major ingredient(s) of the product



- Phase out packages with a spout and where CPCF are currently packaged with a spout include a clear statement that *“Infants and young children must not be allowed to suck directly from the pouch/pack/container.”*

7.2 Recommendations to policymakers

ATNI hopes that the findings of this study will be valuable guiding the Philippines authorities when considering updates to national policies and regulations pertaining to the nutritional quality, labelling and marketing of CPCF in the Philippines, and in their enforcement of all prevailing relevant national regulations. This is in line with WHA 69.9 that urges Member States in accordance with national context to:

- Take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations while taking into account existing legislation and policies, as well as international obligations;
- Establish a system for monitoring and evaluation of the implementation of the guidance recommendations;
- End inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well informed infant and young child feeding decisions, and further support appropriate feeding practices by improving health and nutrition literacy;
- Continue to implement the International Code of Marketing of Breast-milk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

More specifically, related to this study:

1. CPCF nutrition quality

These findings highlight the need in Recommendation 3 of WHA 69.9, to develop a set of mandatory standards for the nutritional quality of foods that can be sold in the Philippines for the 6 to 36 month age group, based on an NPM, adapted as necessary to the Philippines or the south-east Asia region.

Consideration could be given to including micronutrients in any NPM developed for the Philippines to establish whether certain CPCF might be valuable additions to the diets of young children lacking in certain micronutrients.

2. CPCF marketing

These findings may provide insights into how relevant national policies, standards or regulations could be updated and how existing regulations pertaining to the marketing of CPCF could be enforced, including, but not limited to, the rIRR of Executive Order 51.

3. CPCF labelling

The research findings show that existing BOP labelling regulations could be revised to better support optimal nutrition of older infants and young children. The lack of information on the percentage weight of ingredients in the ingredients list made it challenging to determine whether CPCF met the nutrient thresholds or the labelling guidelines of the WHO Europe model. New standards could make it mandatory for this information and other critical information to be provided on product packaging.

Foods for older infants and young children currently do not have to carry front-of-pack labels in the Philippines. FOP labels are currently limited only to energy or calorie content and their use is voluntary. Parents and caregivers therefore have little at-a-glance information about the nutritional composition of any CPCF they may select. Mandatory front-of-pack labeling could be considered related to the energy/calorie, sugar, salt or fat content of



products. In respect of sugar content, it may be desirable to set different thresholds for FOP labels by CPCF category to indicate products that have a higher sugar content than appropriate for that category.

4. Use of claims on CPCF

While the Philippines FDA implements the Codex guidelines CAC/GL 23-1997 in respect of nutrition and health claims for CPCF made in the country, the availability of a wide range of imported products means that many of those products make such claims. This implies that further steps may need to be taken by the authorities to ensure that imports of CPCF that carry claims are not allowed onto the market.



8. Overall conclusions from the combined studies

ATNI is pleased with the results of this pilot research in the Philippines and extends its gratitude to NCP for their hard work in doing the underlying research on which this report is based.

ATNI works to identify ways in which the private sector can make a greater contribution to improving nutrition and diets, with a particular focus on infants and young children, given the critical importance of nutrition in the first 1,000 days. This is the first landscape study of complementary feeding and on the nutritional quality and labeling of CPCF that ATNI has published. While either element of the study can be undertaken separately, it is hoped that this report demonstrates the value of presenting both together.

Collating the latest national data on the nutritional status of older infants and young children and the various factors that affect their diets and feeding practices provides the context against which to set all ongoing and potential action by stakeholders. The approach taken here was to follow UNICEF's regional framework and map the status of programs within the four critical systems that affect older infants' and young children's diets – food, health, WASH and social protection – and then to look more closely at the potential for improvements of various policies and programs related to complementary feeding per se.

This study has also shown that the nutritional quality of CPCF can now be evaluated, thanks to the nutrient profiling model developed by WHO Europe specifically for these products. There is a clear value in WHO or other expert agencies developing NPMs for CPCF for each region with input from local stakeholders, with associated recommendations in relation to the labelling and marketing of these products, adapted as necessary to each region's specific context. Such regional models can then be used by countries in the region, or they can develop their own.

This type of analysis allows conclusions to be drawn about how CPCF can be reformulated to bring them into line with the dietary requirements of older infants and young children. Moreover, it has facilitated assessment of these products' labels, in terms of the marketing messages they contain and the completeness and nature of the nutrition information they offer. On this basis, recommendations can be made to companies about how to improve them.

It is hoped that the findings are also valuable in informing the work of others working to improve IYCF, including organizations like WHO and UNICEF, as well as to policymakers in the Philippines in the course of revising laws, standards, regulations and guidelines in relation to CPCF.

We would welcome feedback from stakeholders on this pilot study particularly on how the approach might be improved in similar studies in future.



Annex 1: Product types per company

Food category in NPM and Corresponding sub-categories	Alnut	Bubs Australia	HJ Heinz	Happy Family Organics	Healthy Times	Kalbe	Kiwi Garden	Little Freddie	Nestlé	Nosh Foods	Nutri-Del	NutriDense Food	Only Organic	Organix	Piccolo	Pronuben	Rafferty's Garden	Rebisco	Sprout Foods	The Hain Celestial grp	Want-Want	WoolWorhs
Total products per company	7	5	1	48	4	4	1	22	31	2	6	2	27	6	4	3	16	1	2	11	4	4
1 Dry, powdered and instant cereal/starchy food																						
1.1 Dry or instant cereals/starch		5 (100%)		3 (6%)		2 (50%)		4 (18%)	8 (26%)		6 (100%)	1 (50%)		5 (83%)				1 (100%)				
Total products in category 1	0	5 (100%)	0	3 (6%)	0	2 (50%)	0	4 (18%)	8 (26%)	0	6 (100%)	1 (50%)	0	5 (83%)	0	0	0	1 (100%)	0	0	0	0
2 Soft-wet spoonable, ready-to-eat foods, typically smooth or semi-pureed packaged in jars or pouches and can be spoon-fed																						
2.1 Dairy-based desserts and cereal	1							4					2				1					
2.2 Fruit purée with or without addition of vegetables, cereals, milk	6		1	22				9	7				9			2	9			5		1
2.3 Vegetable only purée									5											2		1
2.4 Puréed vegetables and cereals				1									2				2					
2.5 Puréed meal with cheese (but not meat or fish)													4		1							
2.6 Puréed meal with meat or fish													2		1	1	3					2
2.7 Puréed meals with meat or fish				4									6		2					3		
2.8 Purées with only meat, fish or cheese in name of product																						
Total products in category 2	7 (100%)	0	1 (100%)	27 (56%)	0	0	0	13 (59%)	12 (39%)	0	0	0	25 (92%)	0	4 (100%)	3 (100%)	15 (94%)	0	0	10 (91%)	0	4 (100%)
3 Meals with chunky pieces, often sold in trays or pots for older infants and young children																						
3.1 Meat, fish or cheese-based meal with chunky pieces													1									
3.2 Vegetable-based meal with chunky pieces																						
Total products in category 3	0	0	0	0	0	0	0	0	0	0	0	0	1 (4%)	0	0	0	1 (6%)	0	0	0	0	0
4 Dry finger foods and snacks																						
4.1 Confectionery, sweet spreads and fruit chews				3			1															
4.2 Fruit (fresh or dry whole fruit or pieces)																						
4.3 Other snacks and finger foods				15	4	2		5	11	2			1									
Total products in category 4	0	0	0	18 (38%)	4 (100%)	2 (50%)	1 (100%)	5 (23%)	11 (35%)	2 (100%)	0	1 (50%)	1 (4%)	1 (17%)	0	0	0	0	2 (100%)	1 (9%)	4 (100%)	0
5 Juices and other drinks, products are typically packaged in bottles, cans or tetrapacks and can be poured or served to infants as a drink in cups with/without spouts																						
5.1 Single or mixed fruit juices, vegetable juices, or other non-formula drinks																						
5.2 Cow's milk and milk alternatives with added sugar or sweetening agent																						
Should not be marketed as suitable for children < 36 months of age																						



Annex 2: Nutrition/composition, health and marketing claims

The WHO Europe report *'Ending inappropriate promotion of commercially available complementary foods for older infants and young children between 6 and 36 months in Europe'* sets out a wide range of examples of nutrition/composition, health or marketing claims which should be restricted. It proposes that mandatory guidelines be drafted by Member States to ensure that product promotions and labelling claims are not misleading or confusing, do not encourage (either implicitly or explicitly) early introduction, do not imply that commercial foods are nutritionally superior to home-prepared foods or otherwise undermine important public health recommendations for this vulnerable demographic. The following are the types of claims that WHO Europe proposes be prohibited on CPCF, as set out in Table 3 of that report.



Type of claim	Examples of claims that would not be permitted	Permissible statements
Composition and nutrition claims include statements like the following examples	<p>No added sugar, contains only naturally occurring sugars and salt, no added salt, contributes one of your five-a-day [fruit/vegetables], contains three types of vegetables, no added preservatives, no added coloring agents, no added seasoning, organic food, no added condiments, natural, fresh, contains vegetables, no allergens, no food additives, non-GMO food, no maltodextrin or modified starch, wholegrain, no added artificial flavor, contains the perfect balance of vitamins and minerals to help your body thrive, contains calcium, contains iron, contains vitamin C, contains a host of nutrients, contains dietary fiber, contains multiple vitamins, contains vitamin E, contains multiple minerals, contains vitamin A/β-carotene, contains vitamin B1, contains ω-3, low sodium, contains zinc, contains probiotics or prebiotics, contains protein or amino acids, contains vitamin B2, contains phospholipid, contains iodine, contains phosphorus, contains vitamin D, contains DHA, contains carbohydrate, contains magnesium, contains selenium, contains arachidonic acid, unique blend of nutrients</p>	<p>Statements relating to common allergens (such as: gluten-free or contains gluten; dairy/lactose-free or contains dairy/lactose; nut-free or contains nuts). Statements relating to religious or cultural food requirements (such as: meat-free, or vegetarian, or contains meat; Kosher; Halal).</p> <p>Descriptive words may be used within the ingredient list (such as organic carrots and wholegrain wheat flour)</p>
Health claims include statements like the following examples	<p>Nutritionally balanced, healthy, provides good nutrition to children, improves appetite, suitable for picky eaters, supports healthy growth, improves growth, good for digestion and absorption, supports learning to chew, supports learning to hold, combats constipation, good for bones and teeth, good for enteric flora, good for the brain, good for the eyes, supports vision and skin health, good for defecation, good for thyroxine synthesis, good for red blood cell synthesis and preventing iron deficiency anemia, good for metabolism, good for collagen synthesis, contributes to normal cognitive development, needed for the normal growth and development of bone, key minerals and vitamins that participate in the good functioning of baby's immune system, breakfast is one of the most important meals of the day, goodness of cereals, infant cereal is the ideal foundation to a healthy and balanced diet, perfectly balanced for growing babies, draws inspiration from the Mediterranean approach to health and well-being, extra goodness with wholegrain oats. The Department of Health and the World Health Organization recommend exclusive breastfeeding for the first six months. However, if you choose to wean earlier, our ingredients are suitable from 4 months.</p>	
Marketing claims include statements like the following examples	<p>Taste and quality: delight for tiny taste buds; tasty; yummy; delicious; in my home the whole family loves them; picked at the peak of ripeness; truly tasty; bursting with goodness and flavor; my flavors are a new journey for tiny taste buds; exotic dishes are full of variety and flavor; our delicious new range of jars; individually steam cooked; we use over 27 different fruits and vegetables Texture: smooth; easy-to-swallow texture and a simple flavor that is great for helping your little one as they start to explore solid foods; I'm textured; not lumpy and my yummy crispy bits will encourage your baby to begin to chew; ideally suited to promote exposure to textures; no bits/chunks; wider spout; perfectly smooth texture has been specially developed as an ideal first weaning food Convenience/lifestyle: convenient; great for a busy and active life; ideal for breakfast or meals on the go; simply to top up between meals; great way to make fruit fun; closest thing to homemade with all of the goodness and none of the guilt; inspired by my favourite home-cooked recipes; encourages self-feeding Conveying ideals on optimum feeding: making the right feeding choices for you and your baby; helps to build confidence and enjoyment with food; we've been pioneering research into infant and toddler nutrition for over 50 years to help you give your baby the best start in life; carefully prepared by our baby-food experts; we only use specially selected ingredients; grown by farmers we know and trust; we select the finest; nothing unnecessary; no junk; nothing nasty; setting standards; real fruit/vegetables; perfect for small hands; perfect; ideal; optimum; perfect way to start introducing your baby to solid food</p> <p>Others: the government advises that you don't need to wean your little one until they are 6 months old. Every baby is different; committed to giving 10% of profits to help fund food education charities; quality approved by Mumsnet Mums</p>	



Endnotes

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