



National Milk Producers Federation

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Agri-Mark, Inc.
Associated Milk Producers Inc.
Bongards' Creameries
Cooperative Milk Producers Association
Cortland Bulk Milk Producers Cooperative
Dairy Farmers of America, Inc.
Dairymen's Marketing Cooperative, Inc.
Ellsworth Cooperative Creamery
Farmers Cooperative Creamery
FarmFirst Dairy Cooperative
First District Assoc.
Foremost Farms USA
Land O'Lakes, Inc.
Lone Star Milk Producers
Maryland & Virginia Milk Producers Cooperative Association
Michigan Milk Producers Association
Mid-West Dairymen's Company
Mount Joy Farmers Cooperative Association
Northwest Dairy Assoc.
Oneida-Madison Milk Producers Cooperative Association
Prairie Farms Dairy, Inc.
Premier Milk Inc.
Scioto County Cooperative Milk Producers' Association
Select Milk Producers, Inc.
Southeast Milk, Inc.
St. Albans Cooperative Creamery, Inc.
Swiss Valley Farms
Tillamook County Creamery Association
United Dairymen of Arizona
Upstate Niagara Cooperative, Inc.
Zia Milk Producers, Inc.

Ambassador Jimmy Kolker HHS
Assistant Secretary for Global Affairs (ASGA)
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: World Health Organization's Proposed Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

Dear Ambassador Kolker:

On behalf of the nation's milk producers I am writing to request your assistance in correcting serious errors that appear in the World Health Organization's (WHO) report on Maternal, Infant and Young Child Nutrition, specifically in the Annex section entitled Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. While it is unclear what the precise problem was that WHO felt needed to be addressed, the proposal appears to now recommend against the inclusion of milk and milk products in a child's diet until that child reaches the age of three.

Such a recommendation goes against all established medical and nutritional advice on the importance of milk and milk products in the diets of young children. Good nutrition and access to an adequate diet are essential for child growth and development. The United Nations, the World Health Organization, the United States government and many other governmental and non-governmental medical and scientific organizations have recognized the important role of milk and dairy products in children's diets and have expressed that fact many times.

For example, the following extract is from the Food and Agriculture Organization of the United Nations' publication Milk and Dairy Products in Human Nutrition Questions and Answers.

What nutrients does milk provide?

Milk is a major source of dietary energy, high-quality protein and fat. It can make a significant contribution to meeting the required nutrient intakes of calcium, magnesium, selenium, riboflavin, vitamin B12 and pantothenic acid. Milk from some animal species can also be a source of zinc and vitamins A, C, D and B6. Bioavailability of some nutrients in milk, for example calcium, is high compared with that in other foods in the diet.

Should milk and dairy be included in the diet?

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Milk and dairy products can be important in diversifying the diet. They are nutrient dense and provide high quality protein and micronutrients in an easily absorbed form that can benefit both nutritionally vulnerable people and healthy people when consumed in appropriate amounts. It is important to recognise that a combination of food is necessary for a healthy diet and that milk and dairy products are not the only sources of essential nutrients.

What nutritional role does milk and dairy play in the treatment and prevention of malnutrition?

The critical window for adequate child growth and cognitive development is between conception and 24 months of age and hence many recent international nutrition initiatives focus on the first 1000 days. The components of milk that are thought to be particularly important to supporting child growth are protein, minerals and lactose. Milk-based food products have also been used successfully in the treatment of moderate and severe malnutrition in children. Milk fat contributes about half of the energy in whole milk. For this reason, animal milk can play an important role in the diets of infants and young children in populations with a very low fat intake, where the availability of other animal- source foods is limited. Skimmed milk is not recommended as a major food source during the first two years of life because it does not contain essential fatty acids and lacks fat-soluble vitamins.

In yet another section of the FAO website, FAO Senior Nutrition Officer Ellen Muehlhoff states “As part of a balanced diet, milk and dairy products can be an important source of dietary energy, protein and fat. They are also rich in micronutrients critical for fighting malnutrition in developing countries where the diets of poor people are often starch- or cereal-based and lack diversity. But while animal milks are not recommended for infants under 12 months, they are an efficient vehicle for delivering vital nutrients and improving growth for young children, whose nutrition is critical in the first 1000 days of life.”

Codex, in its Guidelines on Formulated Complementary Foods for Older Infants and Young Children states “Animal source foods such as meat, fish, poultry, eggs milk and milk products are nutrient dense and good sources of high quality proteins and micronutrients and incorporation of these foods or their derived protein concentrates in Formulated Complementary Foods as technologically feasible is encouraged.”

Similarly the WHO’s Guiding Principles for Feeding Non-Breastfed Children 6 – 24 Months of Age extensively notes the importance of milk and milk products in the target population: “...it is advisable to include milk products, as well as meat, poultry, fish or eggs, as often as possible”.

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Existing U.S. nutritional recommendations and programs similarly encourage dairy and extensive research in the U.S. has confirmed its benefits, including for young children. Several studies supporting this are being provided to HHS along with these comments. A few key points noted in those documents are as follows:

- Milk is the #1 food source of 9 essential nutrients (protein, vitamin D, calcium, potassium, vitamin A, riboflavin, B12, phosphorus, and magnesium) in the diets of U.S. children.
- Guidance from multiple U.S. health professional organizations and government agencies promotes the introduction and consumption of milk and other dairy foods by $\leq 1 - 3$ year old children.
- The AAP and AHA encourage exclusive breast feeding (or if breastfeeding is not possible, then infant formula) up to 12 months with the introduction of dairy milk at 1 year. Cheese and yogurt can be introduced earlier as complimentary foods.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food package includes up to 16 quarts of milk or milk alternatives for 1-4 year olds.

In stark contrast to all of the above positive assertions regarding the incorporation of milk and milk products in diets on infants over the age of one and older children, the World Health Organization's Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children contains a rather odd recommendation, Recommendation 2, which states:

Products that function as breast-milk substitutes should not be promoted. A breast-milk substitute should be understood to include any milk products (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.

We take serious issue with this recommendation. First, we do not consider milk and milk products to be breast milk substitutes for children beyond infancy. They are family foods which are healthy, nutritious and can and should be enjoyed by children older than one, and all family members. For clarity we concur with the experts that as a general rule milk should not be given to infants under the age of one. Second, we believe this ill-advised language is imprecise, vague and ambiguous, and in fact hope our interpretation is wrong.

The WHO document appears to indicate that if one were to promote the consumption of whole milk or other dairy products to family members over the age of one that would be

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contrary to Recommendation 2 and should be prohibited because that promotion would include infants over one and children up to three years of age. That is not consistent with the ubiquitous body of science in the public domain or decades of government recommendations around the globe. If on the other hand, the intent was not to outright prohibit the promotion of the consumption of milk and milk products to children under three, there is a drafting error that needs to be corrected. An error of this magnitude, however, suggests to us that considerably more time is needed to properly evaluate the potential impacts of this proposal and ensure that WHO recommendations on feeding infants and children up to age 3 have a sufficient scientific justification for why the proposed measures are warranted.

According to current UN recommendations, “infants should be exclusively breastfed for the first six months of life, and thereafter should receive appropriate complementary feeding with continued breastfeeding up to two years or beyond.” We agree with this recommendation. We also concur with the UN recognition that there are a number of infants who will not be able to enjoy the benefits of breastfeeding in the early months of life or for whom breastfeeding will stop before the recommended duration of two years or beyond. Other circumstances that may prevent a child from being breastfed include death or severe illness in the mother, or inability or lack of desire by the mother to breastfeed. In those cases, after the infant reaches the age of one, dairy can be part of their healthy and balanced diet and there should be no bar to promoting the consumption of milk and milk products to such an infant.

In addition to our concerns regarding Recommendation 2, we support the points made by the International Dairy Federation in its submission to the World Health Organization regarding Recommendation 3 and Recommendation 7. Those comments are also included along with this submission. A few key points from that IDF submission are noted below:

- “Comments on Recommendation 3: Products
The comment about limiting foods with added sugars, saturated or trans-fat and salt should be within the context of energy-dense, nutrient-poor foods and it should be made clear that this does not apply to nutrient-rich, healthy foods (some of which naturally contain saturated fat and trans fats). Rather than assuming that the presence of one or two nutrients means that a food is unhealthy, food and disease/health relationships (as opposed to nutrient and disease/health relationships) should be considered when defining healthy and unhealthy foods. This is because people do not consume nutrients in isolation, they consume foods which contain different combinations of nutrients.

As currently written, this guidance could prevent the promotion of some nutrient-rich foods that are highly suitable for young children, such as regular-fat cheese and whole milk. Both provide essential nutrients, are beneficial for teeth and are not associated with excessive weight gain. Also cheese has been

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recognized by WHO as a complementary food that may be fed to infants more than six months old (3).”

- Comments on Recommendation 7: Marketing foods to children

The problem with the current definitions used in the document (where unhealthy foods are defined as foods high in saturated fats, trans-fatty acids, free sugars or salt) is that foods such as cheese are mis-classified as unhealthy foods, despite the fact that they are NOT energy-dense, nutrient-poor foods. To prevent this, a food-based rather than nutrient-based classification is needed to determine which foods are and are not healthy for young children. Nutrition science has moved on since the 2010 recommendations were written.

As fundamentally vital as these nutritional issues are, we would like to also help put these issues into an economic context particularly from a trade perspective. While we clearly believe the U.S. should not adopt the Guidelines by WHO in this area due to their short-comings as nutritional recommendations for U.S. children, there are still potentially very significant consequences for the U.S. given the likelihood that U.S. export markets could adopt these recommendations. From a nutritional standpoint, the U.S. has an obligation not to disregard the harmful impacts on the health of young children in other countries that could result from Guidance discouraging their dairy consumption, particularly in light of the current reality that the vast majority of children globally are not exclusively breastfed until age 3.

From an economic standpoint, the U.S. exported \$5 billion worth of dairy products last year. In addition to consumer ready products such as cheese, yogurt and infant formula, those foreign sales also include whey, lactose and milk powder that are used as ingredients in the production of infant formula overseas. U.S. dairy exports account for approximately one day’s worth of milk production each week, making those sales critical elements in supporting American dairy farm families.

Medical and scientific experts around the world and the World Health Organization itself has long recognized the important benefits that are derived when milk and dairy products are included in children’s diets. We hope that you can assist us in resolving the serious errors that the WHO has proposed and in insisting on the importance of significantly more time for a proper examination of the available science supporting recommendations for proper nutrition of children up to age 3.

Sincerely,



Jim Mulhern
President and CEO