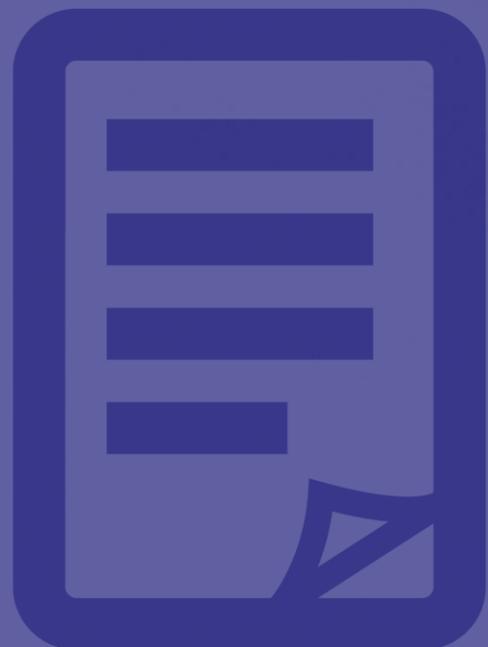




Údarás Sábháilteachta Bia NA hÉIREANN
Food Safety AUTHORITY OF IRELAND

2024

Reformulation targets for commercially available complementary food: consultation outcome



Reformulation targets for commercially available complementary food: consultation outcome

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Glossary

Term	Text
CACF	commercially available complementary food
EFSA	European Food Safety Authority
EU	European Union
FRT	Food Reformulation Task Force
FSAI	Food Safety Authority of Ireland
NPPM	Nutrient and Promotion Profile Model
OHID	Office for Health Improvement and Disparities
UK	United Kingdom
WHO	World Health Organization

1. Consultation background

[A Roadmap for Food Product Reformulation in Ireland](#) requires the Food Reformulation Task Force (FRT) to develop reformulation targets for commercially available complementary food (CACF) (Department of Health, 2021). CACF are foods and drinks marketed for infants and young children under 36 months (excluding infant and young child formulas and food supplements). The Roadmap outlines the FRT will build on work completed to date by the Food Safety Authority of Ireland (FSAI) on assessing the nutritional composition and appropriateness of CACF sold on the Irish market in 2012, 2018, and 2021. This work found inappropriate CACF, high in added sugar and salt, on the Irish market, demonstrating a need to improve the nutritional quality of CACF. Improvement of the nutritional quality of CACF is a priority given the vulnerability of the target population and the potential for long-term adverse health effects because of establishing taste preferences for sugar and salt, including an increased risk of obesity and chronic disease in later life. To address this, the FRT has developed draft reformulation targets for CACF, aligning with Irish infant and young child feeding policy and legislative requirements set out in Commission Directive 2006/125/EC of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children (Food Safety Authority of Ireland, 2011, European Commission, 2006). These targets are based on the World Health Organization (WHO) and the University of Leeds Nutrient and Promotion Profile Model (NPPM)(World Health Organization, 2022). The draft reformulation targets were issued for consultation between October and November 2023.

2. Purpose of this report

The purpose of this report is to summarise the stakeholder feedback collected as part of the consultation on proposed reformulation targets for CACF sold on the Irish market.

3. Consultation methods

A document outlining the draft CACF reformulation targets alongside the rationale and methodology behind their development, was published on the FSAI website for consultation. The consultation was open for stakeholder feedback between 27th October 2023 and 27th November 2023. The consultation documents can be found on the FSAI website [here](#). A notification on the consultation was sent to the FRT network of food businesses, trade bodies and other stakeholders. It was also posted on social media, and targeted emails were sent to key stakeholders. Feedback was collected using an online questionnaire consisting of six questions and an opportunity to provide an open-ended written response.

Consultation responses were extracted from the online survey platform and transferred to Microsoft Excel. Consultation responses were analysed using both quantitative and qualitative methods.

Responses to closed questions were analysed using frequency statistics in Microsoft Excel. Responses to open-ended questions were analysed using thematic narrative analysis. Responses are presented in this report by question.

The FSAI will now consider the feedback received. Any changes required based on stakeholder feedback will be reflected in the final reformulation targets for CACF and accompanying guidance. The reformulation targets for CACF will be published in full by June 2024.

The FSAI thanks all stakeholders for the time taken to provide feedback during this consultation process.

4. Overview of consultation responses

4.1 Number of responses and characteristics of respondents

In total, 19 responses were received. The sector of employment of consultation respondents is shown in Figure 1. Respondents who answered 'other' identified themselves as an independent dietitian, policy expert and a non-governmental organisation. Three food industry responses were received from trade bodies, providing representation for a larger number of stakeholders.

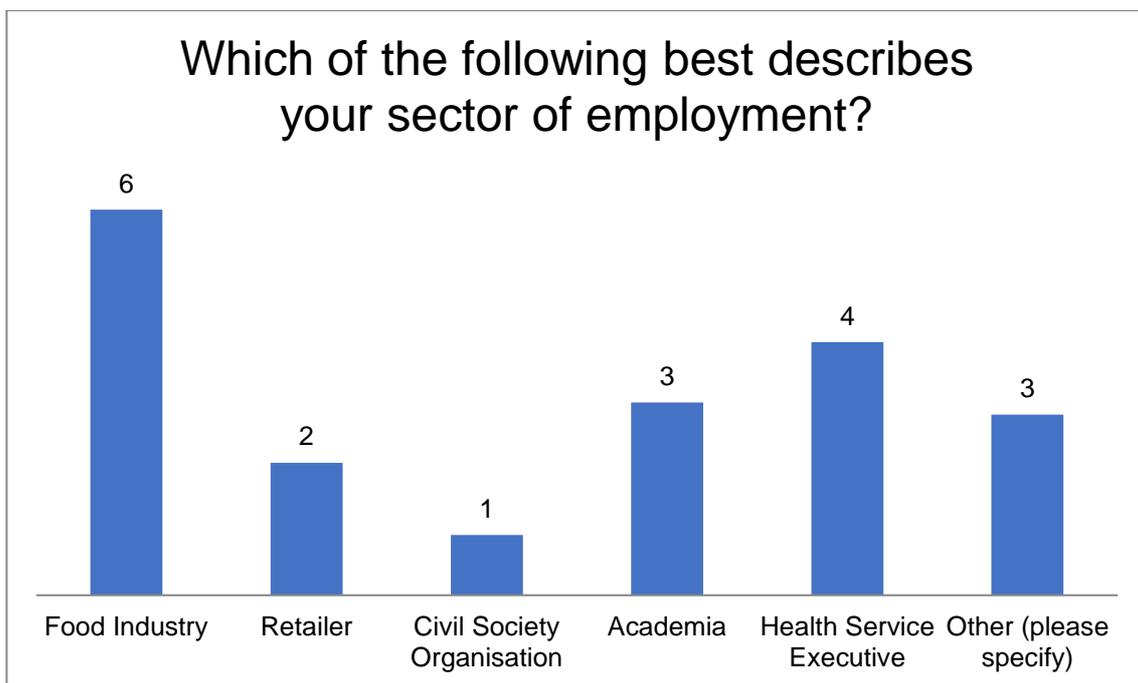


Figure 1 Overview of the sector of employment of consultation respondents

4.2 Summary of responses by question

4.2.1. Do you agree with the reformulation target for added sugar in commercially available complementary food?

Of those who responded to the consultation, 74% (n=14) agreed with the reformulation target for added sugar in CACF, and 26% (n=5) disagreed, this is shown in Figure 2. The 26% (n=5) of respondents who disagreed identified themselves as representing the food industry.

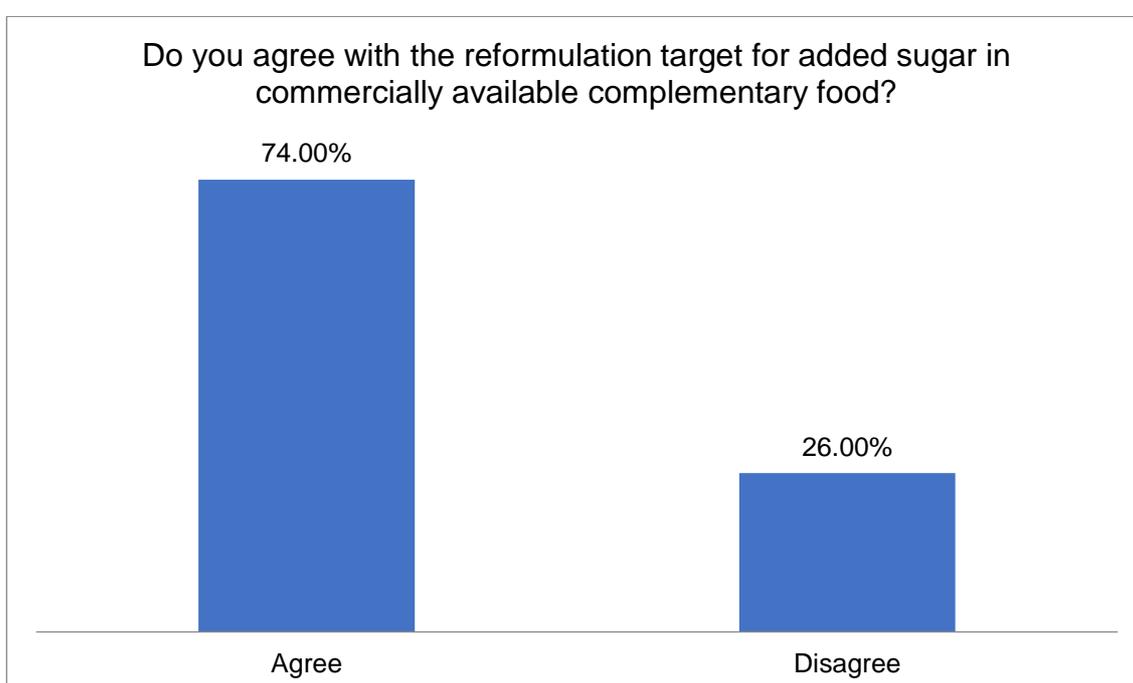


Figure 2 Percentage of respondents who agree or disagree with the reformulation target for added sugar in commercially available complementary food

Of the 19 responses, 15 provided additional commentary and context to their responses.

Of those who agreed, 10 provided additional commentary. Within this group, there was strong support for a reformulation target for added sugar in CACF. Respondents commended the approach of aligning with the WHO NPPM model. Some respondents who agreed, believed additional sugar targets were required, including total sugar targets as set out in the WHO NPPM model, particularly fruit purée products.

“However, our opinion is that the overall focus should be on the amount of free sugars, which means that total sugar targets are also needed. In particular, the use of fruit purees requires stricter controls.”

It was recommended that all efforts possible are made to align targets between Ireland and the United Kingdom (UK).

All five respondents who disagreed with the draft reformulation targets provided additional commentary. Several recurring issues were raised by respondents who disagreed with the targets. The first was the importance of sugar in some products for texture modification, particularly food product dissolvability.

“SNE (Specialised Nutrition Europe) acknowledges the technological need for sugar in baby biscuit products to ensure dissolvability and thus safety (SNE position paper available on request). They recommend a maximum level of 2.5 g/100 kcal from added mono- and disaccharides or sugars from fruit juice concentrates and honey to achieve this.”

The use of the European Food Safety Authority (EFSA) definition of added sugar was queried as this differs from the free sugar definition used in the WHO NPPM. It was described that free sugar can be a challenge to quantify, given it is not legally required to be included in nutrition declarations. Recommendations were made for different reformulation targets, such as the reformulation targets set in the UK by the Office for Health Improvement and Disparities (OHID), or targets suggested in the responses.

“We would advise that any recommendations include guidance on total sugars only. If free or added sugar targets are to be used, then there needs to be a greater level of clarity on the definition that is being used. We recommend that OHID definitions and targets be used for consistency.”

“We propose that added sugar is permitted in some snacks aimed at 12 months and over, but with product-specific limits. For example, this would be capped at 17g/100g for biscuits, and 27g/100g for bars. This is still lower than the majority of the products offered to little ones from outside the baby aisle yet permits a safe and meltable texture to avoid the risk of choking.”

A concern was raised that by reducing the offering of snacks specifically targeting infants and young children under 36 months of age, parents would purchase less nutritious snacks from the general food aisles.

4.2.2. Do you agree with the reformulation target for total sugar in savoury meals and snacks sold as commercially available complementary food?

Of those who responded to the consultation, 74% (n=14) agreed with the reformulation target for added sugar in CACF, and 26% (n=5) disagreed, this is shown in Figure 3. The 26% (n=5) of respondents who disagreed identified themselves as representing the food industry.

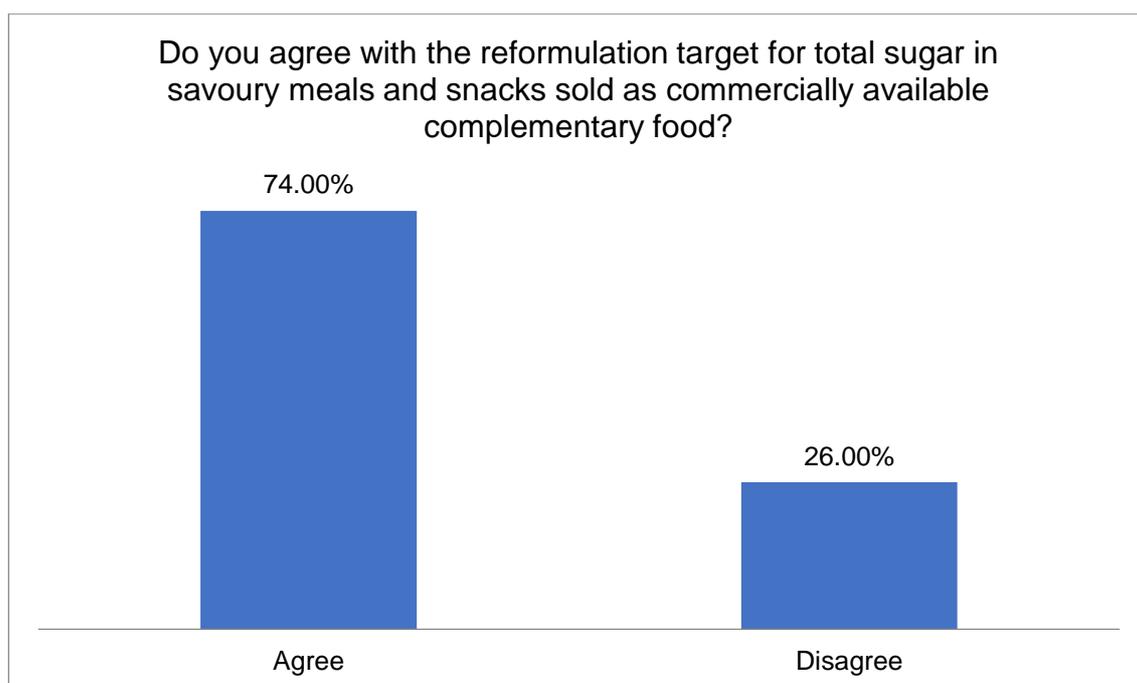


Figure 3 Percentage of respondents who agree or disagree with the reformulation target for total sugar in savoury meals and snacks sold as commercially available complementary food

Of the 19 responses, 12 provided additional commentary and context to their responses.

Of those who agreed, seven provided additional commentary. Within this group, there was strong support for a reformulation target for a sugar threshold in savoury meals and snacks. Respondents had identified some potential gaps in definitions that should be addressed.

“Guidelines require amendment in order to address the many sweet - fruit-based - snacks which exist in the CACF category to avoid any loopholes. The definition in footnote 5 has not included any fruit-based snacks on the market that are pulped and reformed fruit bars/melts/chews.”

Adopting a maximum fruit content in CACF was recommended as per that adopted in the NPPM and draft Public Health England targets issued for consultation in 2020.

“The lack of a numerical target for the statement included in the guideline ‘limit and reduce the amount of macerated /mashed / pureed fruit added as ingredients’ will be difficult to interpret and considerations could be given to maximum % of fruit puree added.”

Another response highlighted that using the term snack and finger food could give the impression that these are a required part of the diet, which is not the case. A request to make the guidance clear on this point was included.

Those who disagreed with the threshold for sugar in savoury snacks and meals all (n=5) provided additional commentary and context to their response. Several responses suggested exceptions be made to the draft sugar threshold of $\leq 15\%$ of energy from sugar in savoury snacks and meals. It was reported that this threshold is not attainable for all products within the category, including biscuits and crackers. Stakeholders outlined the functional role of sugar in some products, for example, the dissolvability of biscuits, which they described as necessary.

“We request that allowances above this level of 15% be made for situations wherein the sugar is added for technological purposes, such as dissolvability, to ensure the safe consumption of these products. It should be considered that sugars are not only added for sweetening purposes, but also because they provide an essential functional role in some foods. It is important to familiarise children with a variety of textures during the weaning process, and the safety of these textures remains critical.”

Feedback was provided concerning the target to “refrain from masking the flavour of less sweet or bitter vegetables with sweet vegetables and fruit, i.e., sweet and bitter fruit and vegetables should not be mixed to *mask the flavour of vegetables*”. It was advised that less sweet and bitter vegetables can be high in nitrates, which, if not combined with lower nitrate vegetables and fruit, exceeds the legal limits for nitrates as set out in Commission Directive 2006/125/EC of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children.

4.2.3. Do you agree with the reformulation target for added salt in commercially available complementary food?

Of those who responded, 95% (n=18) agreed with the reformulation targets for added salt in CACF, this is shown in Figure 4.

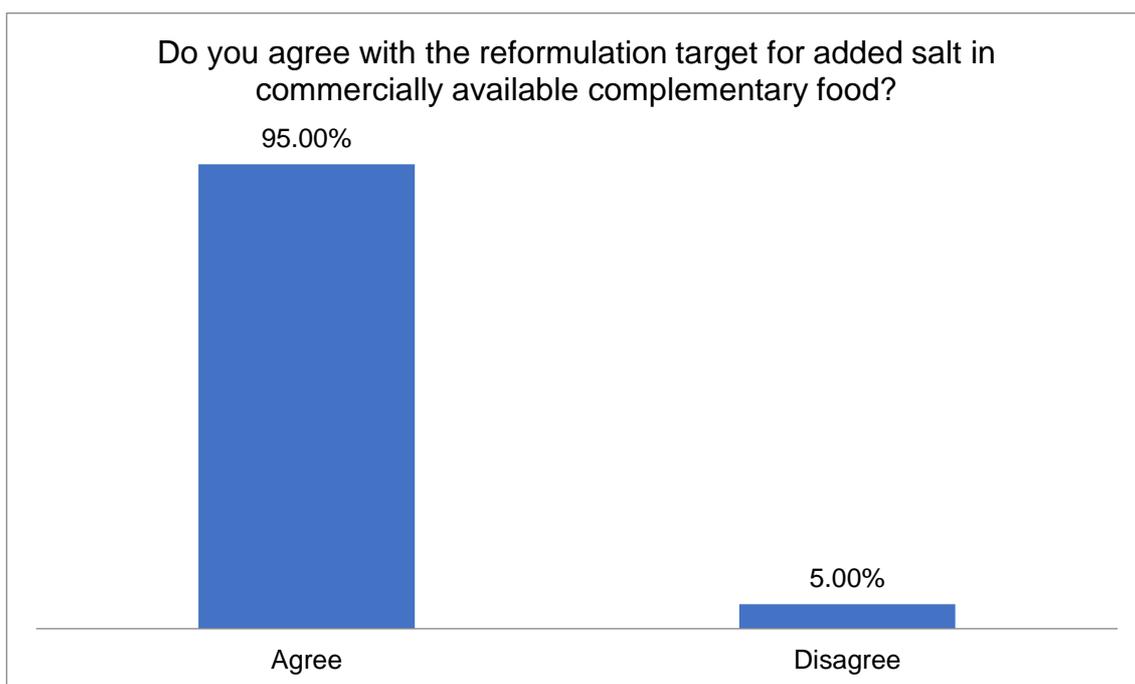


Figure 4 Percentage of respondents who agree or disagree with the reformulation target for added salt in commercially available complementary food

For the most part, respondents agreed with the proposed target of 'no added salt'.

"We do not add salt to any of our complementary food products. We agree with FSAI's reformulation targets for added salt in commercially available complementary foods."

Feedback was provided that additional guidance on the use of salt-containing ingredients could be helpful for manufacturers.

"Clarification on whether ingredients that contain salt such as stock could be used may be helpful for manufacturers."

Similarly, clarification on the use of cheese as an ingredient was requested.

“Agree though what does this mean for cheese containing salt?...the NPPM... stuck only to the 50/100mg thresholds for simplicity and to permit the use of cheese that contained some salt.”

4.2.4 Do you agree with the reformulation target for sodium salts in commercially available complementary food?

For the most part, there was agreement with a proposed target for sodium salts in CACF, with 79% (n=15) of respondents agreeing with the proposal, this is shown in Figure 5. In total, 21% (n=4) of respondents disagreed with the proposed target.

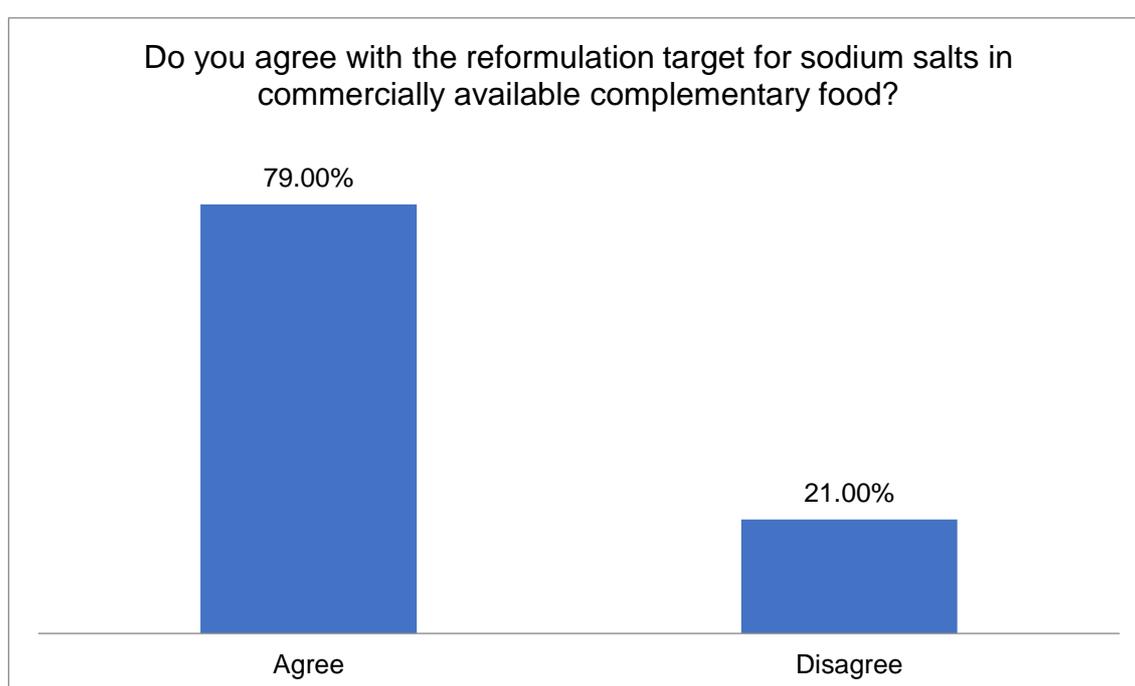


Figure 5 Percentage of respondents who agree or disagree with the reformulation target for sodium salts in commercially available complementary food

Requests were made to define sodium salts, as without this, it could be unclear what is meant by sodium salts.

“It is unclear if the added sodium salt levels are proposed to make up the total salt allowed in the final product. If this is the case, the proposed levels for salt are technically unfeasible”

“it should be made clear that this threshold relates to the total sodium and not the sodium salt content to (i.e. if added, sodium salts should be limited to...)”

It was also stated the thresholds for sodium salt should align with the legal limits set out in Commission Directive 2006/125/EC of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children.

“At present, and in accordance with EU Directive 2006/125/EC, there are legislative limits on the amount of sodium that may be present in complementary foods and sodium salts may only be added for technological purposes. FSAI guidance should conform to this.”

The issue of naturally occurring sodium in vegetables was raised and clarity was sought regarding whether the thresholds for sodium salts would apply to naturally occurring sodium in vegetables.

“Vegetables are a natural source of sodium in an infant and young child's diet and are a common first food that is recommended by the Health Service Executive during the complementary feeding phase.”

4.2.5. Do you agree with the scope of commercially available complementary food categories the sugar and salt targets apply to?

Over half of respondents, 58% (n=11), agreed with the scope and 42% (n=8) of respondents disagreed, this is shown in Figure 6. Those who disagreed identified themselves as industry representative, academics, civil society, non-governmental organisations, independent consultants, and experts in infant feeding policy.

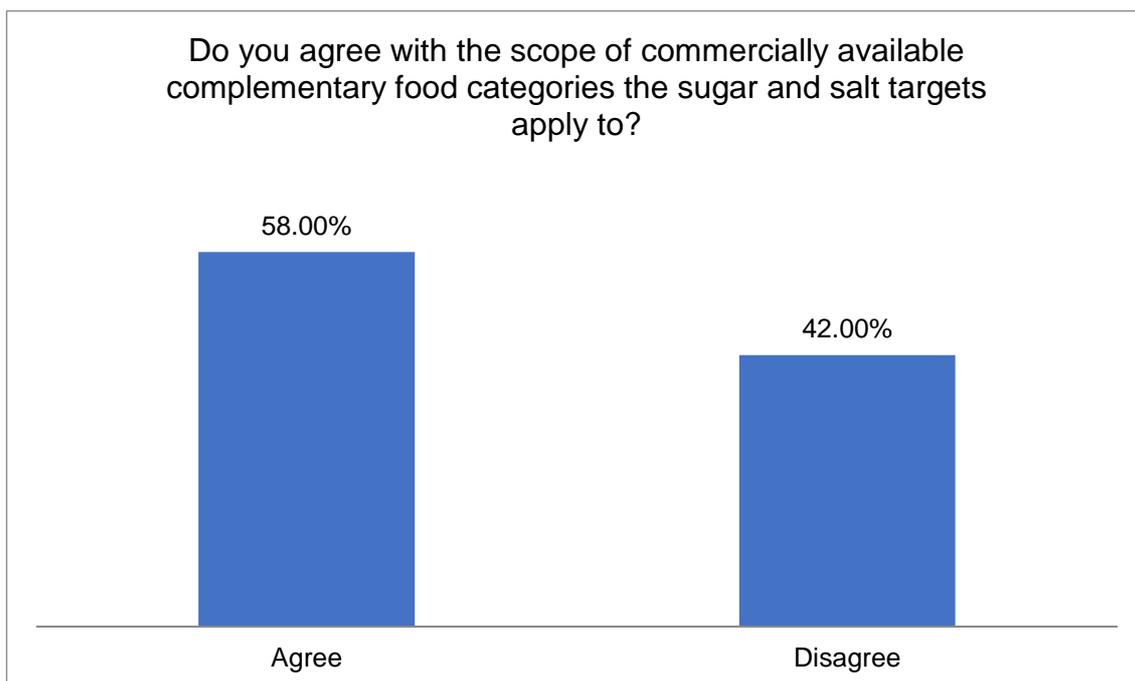


Figure 6 Percentage of respondents who agree or disagree with the scope of commercially available complementary food categories the sugar and salt targets apply to

Several respondents advised the targets should apply to a broader range of CACF, such as fruit purées, other dried and processed fruit products, and young child formula.

“Current recommendations do not tackle the naturally high levels of sugar in fruit-based meals / purees which contain 100% fruit..... infants need to be introduced to less sweet first tastes, as they have a natural disposition to sweet foods and a range of bitter flavours would expand their palate to encourage less fussy eating in future..... In addition, the exclusion of young child formula is inappropriate. These drinks are not essential in the diets of young children and yet are widely consumed.”

Similarly, in relation to the exclusion of young child formula, a respondent stated

“Commercially processed milk drinks for young children are not “infant formula”, no matter what manufacturers choose to market these products as. The FSAI, WHO, American Academy of Paediatrics and other bodies have endorsed the research that these processed milk drinks (including follow-on milks, growing up milks, enriched / fortified milks etc) are not necessary in the diet of a normal, healthy young child. These milk drinks are high in added sugar and fat and contribute to obesity and poor eating habits. It should not be left to the manufacturers to decide if their processed milk drinks are marketed as drinks (apparently allowed) or covered in this document as foods (undefined).”

Clarification on food products that fall under appropriate and inappropriate categories was requested, as well as the status of chocolate and non-chocolate confectionery.

“Would welcome a definition that clearly describes what products fall under the category of ‘inappropriate’ and ‘appropriate’.”

Several respondents made a request for guidance to extend to the labelling and marketing of CACF. It was explained that fruit purées, which are high in sugar, can be used as early weaning foods, displacing nutritionally superior breast or formula milk from the diet of young infants.

On a similar note, feedback was provided that the consultation should be restricted to products targeting 6-36 months rather than up to 36 months, in line with WHO infant feeding guidance.

“The recommendation does not address the inappropriate, misleading marketing and labelling of the foods which are being reformulated which is a missed opportunity to improve the diets of infants and young children.”

Additional sub-categorisation of food categories was sought, with specific targets for each subcategory provided. It was reported this would provide the clarity required by manufacturers to comply with this reformulation guidance.

“Recommendation would be to set targets for defined products, such as biscuits, fruit, and cereal bars, extruded snacks, crackers etc., with anything sitting outside of these categories would, by exclusion, not be permitted.”

“Guidelines for applications to other baby food categories beyond savoury meals and snacks should be considered for example dairy/cereals where high amounts of fruit puree may be used. There is also no statement on drinks, desserts, biscuits, and similar products to clarify that these have been excluded as they are not necessary or even advised to be included in the diet of an infant.”

4.2.6. An invitation to provide any other feedback relevant to the draft reformulation targets for commercially available complementary food

Of those who responded, 74% (n=14) provided additional comments. Many comments generally supported the concept of improving the diets of infants and young children whilst reiterating the issues outlined in sections 4.2.1 to 4.2.5.

“Well done on drafting these important guidelines, it's encouraging to see your optimistic targets to remove added sugars and pull-down sugar levels in meals and snacks.”

“We are pleased to see Ireland making progress on addressing some of the important issues with the commercial baby food offer”

“We are fully supportive of any measures which result in an improvement in the diets of infants and young children and are keen to work with FSAI to improve the nutritional quality of baby specific foods.”

There was support for the timeframe included in the consultation by some parties recognising the vulnerability of this group, meaning quick action is required.

“It's encouraging to see the achievement date set for 2025, a realistic timeline for an important audience – the health of infants and a young child.”

However, others reported the timeframe could be too short for manufacturers to comply with.

“It is unrealistic to expect that significant progress can be demonstrated in 2 years given that a final set of guidelines are yet to be published.”

Some suggestions for additional measures outside of the scope of the consultation were made, such as extending the requirements to on-pack labelling and including statements that snacks are inappropriate for infants <12 months.

“Introducing guidelines surrounding the selling of items to <6month olds and snacks to <12-month-olds would be appropriate and as well as guidance surrounding appropriate portion sizing to discourage the use of small, unrealistic portion sizes which makes items appear healthier than they are.”

Action to limit the sale and purchase of inappropriate CACF was suggested, advising it is essential these products are limited in the diets of infants and young children.

“We were pleased to read that some inappropriate CACF cannot be made appropriate by reformulation but given that acknowledgement we would be keen to see recommendations on how such inappropriate products are being addressed to limit their consumption. It is our opinion that this requires action on inappropriate marketing and labelling at the same time as reformulation”

Several respondents raised the importance of alignment with draft targets published by Public Health England and the expected updated version by OHID in the UK. It was suggested the UK model should be adopted in its entirety.

“A nutritional model which has been through a formal consultation process would be more suitable for use to develop nutritive guidelines. We are aware that OHID in UK have developed compositional guidance for infant foods that has been subject to formal consultation and that this guidance is currently being updated in line with latest evidence. We recommend that this model should be used once available. We also note that throughout ‘A Roadmap for Food Product Reformulation’ there is reference to aligning, where possible, with the PHE reformulation programmes approach and using the OHID guidelines, once published would provide further alignment which would be beneficial to food companies operating both in the UK and Ireland.”

Additional information on the products included in the baseline to monitor progress against was requested, as well as the definition used for product inclusion and the approach taken to product analysis.

5. Discussion

This consultation aimed to provide stakeholders with an opportunity to give feedback on the draft reformulation targets for CACF in Ireland. The consultation was open from the 27 October 2023 to the 27 November 2023, and 19 responses were received during this period. Responses raised some issues of importance for consideration by the FRT. Consultation feedback was not always consistent or complementary, or within the scope of the consultation. The FRT will consider competing requests on a case-by-case basis when addressing suggested revisions to the draft targets.

5.1 General feedback

Some respondents raised the importance of balancing reformulation targets with food safety requirements. The FRT agrees that this is of the utmost concern, and this has been considered when developing the draft CACF reformulation targets and will be considered if edits are made as a result of this consultation. A concern was raised throughout the consultation that by reducing the offering of snacks specifically targeting infants and young children under 36 months of age, parents would purchase less nutritious snacks from the general food aisles. However, no evidence to support this was provided.

5.2 Nutrients

There was general agreement with prioritising sugar and salt for reformulation in CACF. Definitions of added and free sugar and sodium salts were requested. The FRT will consider this feedback, and additional clarity will be provided in the finalised guidance. Suggestions were made to use alternative definitions for free and added sugar to that of the EFSA. This request is unlikely to be adopted as without a legal definition for free and added sugars in the European Union (EU), the FRT will refer to the EFSA definitions, where available.

5.3 Targets

A variety of feedback on targets was received; for the most part, a request to expand the number of targets was stated, particularly a total sugar threshold for 100% fruit purées and a full sugar threshold for desserts and porridges containing dried fruit.

Potential challenges to achieving the targets set out in the draft guidance, including food safety (about sodium salts), techno-functional (about sugar and dissolvability of finger foods / biscuits) and legal (about nitrates in bitter vegetables), were raised.

This feedback requires careful consideration by the FRT to determine if changes are necessary to the draft targets while considering the vulnerability of the target group.

5.4 Categories

A variety of feedback on the food categories included in this consultation was provided. There was consistent feedback on the need for additional detail on the categories of CACF to which the reformulation targets apply and the FRT will address this in the final guidance. Specifically, a request for additional detail in category definitions and ensuring they reflect the types of products sold on the market. A request was also received to clearly specify drinks are included in the definition of CACF. These requests will be addressed in the finalised guidance. The exclusion of infant formula milk and growing-up milk was queried. Regarding infant and follow-on formula there are detailed prescriptive composition limits set in law and hence their exclusion from the scope of CACF. The FRT will consider this feedback, and, where necessary, additions / edits will be made to reflect suggestions and concerns.

5.5 Timeframe

The period of implementation of A Roadmap for Food Product Reformulation in Ireland is between 2015 and 2025. Given this, the proposed deadline for the reformulation of CACF is 2025. Numerous stakeholders responding to the consultation outlined the importance of keeping this timeframe, given the vulnerability of the target population. On the other hand, the food industry outlined the challenge of meeting this short time frame. The FRT will consider the feedback provided concerning timeframes. As part of this consideration recognition will be given to the fact that there has been a general programme of sugar reduction in foods since publication of the Roadmap in 2021 and a programme to reduce salt in foods since 2004.

6. Conclusion

Some CACF sold on the Irish market are high in sugar and salt. A Roadmap for Food Product Reformulation in Ireland states, *“2025 targets will be developed for this category, based on the FSAI’s work in 2012 and repeated in 2018 addressing the nutritional composition and quality of products in this category. Infant milk formula is not included in the Roadmap”*. It outlines that the FRT will build on work completed by the FSAI on assessing the nutritional composition and appropriateness of CACF sold on the Irish market since 2012. Improvement of the nutritional quality of CACF is a priority given the vulnerability of the target population and the potential for long-term adverse health effects due to establishing taste preferences for sugar and salt, including an increased risk of obesity and chronic disease in later life.

Following this consultation, the FRT will consider the feedback provided by all stakeholders and, where proportionate, will reflect changes to the draft reformulation targets for CACF and accompanying guidance. The final reformulation targets for CACF are expected to be published by June 2024.

7. References

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2. EUROPEAN COMMISSION 2006. Commission Directive 2006/125/EC of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children.
3. FOOD SAFETY AUTHORITY OF IRELAND 2011. Scientific Recommendations for a National Infant Feeding Policy, 2nd Edition.
4. WORLD HEALTH ORGANIZATION 2022. Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region.



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