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COMMIT
Consortium for Improving Complementary Foods in Southeast Asia

Summary report

COMMIT to better first foods for young children:

A call to strengthen national regulations on commercially produced complementary foods in Southeast Asia

Parents and caregivers everywhere want their children's first foods to be nutritious and safe. And we know that children who eat a diverse range of nutritient-dense foods beginning at 6 months of age are more likely to grow and develop to their full potential. But how easy is it for parents to provide their young children with the nutritious first foods they need to thrive?

Families work hard to provide their young children with fresh fruits, vegetables, eggs and meat – but the cost of these nutritious foods is rising, putting them out of reach for many households.[1] Many families also face time constraints in balancing paid work with caregiving responsibilities – challenges that make it difficult to prepare nutritious home cooked meals for their children for every feeding. Rapid urbanization[2] and the proliferation of supermarkets, kiosks and convenience stores have also increased families' access to ultra-processed foods,[3, 4] and caregivers and children are exposed more than ever to persuasive marketing for these foods on radio, television and social media.[5, 6]

The food and beverage industry has been quick to capitalize on these trends by marketing packaged, ready-to-eat or instant foods and beverages as appropriate first foods for young children between 6 months and 3 years of age. In Southeast Asia, there are an increasing number of packaged complementary food products marketed as appropriate and even beneficial for young children, including instant cereals, porridges, puréed foods, food in pouches, snacks and ready-to-eat or instant meals. Across the region, sales of these packaged, processed foods – known as commercially produced complementary foods (CPCF) – have risen by 45 per cent over the past five years and this trend is expected to continue.[7]

CPCF are often marketed as 'healthy', 'all natural' or 'beneficial for children's growth and brain development'. The food and beverage industry frequently includes these types of claims on CPCF labels to portray their products as nutritious – even when they contain high levels of sugar, salt or fat. Such claims can misrepresent the actual nutritional quality of the product and mislead parents to perceive an unhealthy product as appropriate for their young child. These practices are unfair to parents and can be dangerous for young children.

We know what it takes to improve the nutrient quality of CPCF and ensure they are labelled fairly – but we need countries to adopt stronger regulations to ensure that the food and beverage industry complies with these best practices. For example, Codex Alimentarius (Codex) provides recommended limits or thresholds for the calorie, total fat, protein, and sodium content and use of sugar or sweetening agents in CPCF. Codex and the World Health Organization (WHO) also provide labelling recommendations to ensure that the statements, claims or images included on CPCF labels do not undermine breastfeeding or mislead caregivers about the nutritional composition of the product or its proported benefits. The WHO Regional Office for Europe developed a nutrient profile model specifically for CPCF to assess and help improve both their nutrient composition and labelling practices to ensure they they are nutritionally adequate and marketed in an ethical way.[8, 9]

But how often are food and beverage companies adhering to these internationally recommended 'best practices'? And how many governments in Southeast Asia have CPCF regulations that adequately protect children? For too long, we didn't know – **but the COMMIT Initiative has been working to change this.**

What is the COMMIT Initiative?

COMMIT is the Consortium for Improving Complementary Foods in Southeast Asia.[i] It was established to better understand the use, quality and regulation of CPCF in Southeast Asia. To this end, COMMIT conducted four assessments in seven countries: Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, the Philippines, Thailand and Viet Nam.

The COMMIT assessments aimed to:

1. Identify micronutrient gaps in the diets of young children.
2. Understand how parents use CPCF and what motivates their CPCF purchases.
3. Determine whether national CPCF regulations reflect international guidance on how to best protect children from inappropriate CPCF.
4. Assess whether the CPCF currently available in the region follow international guidance on both their nutrient composition and labelling practices.

These four assessments represent the most comprehensive study to date on CPCF in Southeast Asia. COMMIT purchased and analysed over 1,600 CPCF using an adapted version of the nutrient profile model for CPCF developed by the WHO Regional Office for Europe. We conducted in-depth assessments of national CPCF regulations and reviewed all evidence relevant to micronutrient gaps in young children's diets in the seven COMMIT countries. We also also interviewed mothers of young children aged 6 months to 2 years in the capital cities of Indonesia, Malaysia, the Philippines, Thailand and Viet Nam.

i COMMIT partners include Access to Nutrition Initiative; Alive & Thrive; Helen Keller International; JB Consultancy; School of Food Science and Nutrition, University of Leeds; UNICEF East Asia and the Pacific Regional Office; and World Food Programme Asia Pacific Regional Office.

What were the results?

1. Young children are frequently fed CPCF, primarily because parents believe they are convenient, nutritious and healthy.

Over three quarters (79 per cent) of mothers surveyed in Jakarta, Kuala Lumpur, Manila, Bangkok and Hanoi[ii] report feeding CPCF to their young children *at least once a day*, and 16 per cent feed their young children CPCF *at every feeding*. Instant cereals and porridges are the most commonly provided CPCF, but fruit and vegetable purées, snacks and finger foods, and dairy products are also frequently fed to young children.

Mothers' motivations for purchasing and providing CPCF to young children are largely practical: they are easy to prepare, easy to feed, and young children like them. Mothers also believe that CPCF are nutritious, good for their child's health and help diversify their diets.

2. Parents are conscious consumers; they frequently review CPCF labels to understand products' nutritional value when making purchasing decisions.

The large majority (81 per cent) of mothers surveyed report that they often refer to CPCF labels to assess the nutrient content of the product. Mothers frequently report that the nutritional value, quality of ingredients and health information provided on labels influences their CPCF purchasing decisions. The sugar content (low or no sugar) and salt content (low or no added salt) also frequently influence their CPCF purchasing decisions.

Sixty-two per cent of mothers report trusting the nutrient content claims on CPCF labels. Mothers report being most influenced by claims such as 'healthy', 'natural', 'no artificial colours', 'organic', 'no artificial ingredients' and 'fortified'.

3. Almost half of CPCF contain added sugar or sweeteners, and national regulations restricting the use of sugar and sweeteners are weak or absent.

Forty-four percent of the CPCF assessed by COMMIT contain added sugar or sweetener, including 72 per cent of CPCF snacks and finger foods and 37 per cent of instant cereals/porridges.

Despite parents' concerns about the sugar content in CPCF, and international guidance to reduce the amount of sugar that young children consume, COMMIT found that national regulations prohibiting or restricting the addition of sugar or sweeteners in CPCF are alarmingly insufficient.

National CPCF regulations in Cambodia and the Philippines do not include any regulations related to added sugar or sweeteners in CPCF, meaning that these ingredients can be freely included. National CPCF regulations in the Lao People's Democratic Republic require CPCF labels to include a message on the dangers of added sugar and sweeteners for young children, but do not restrict their actual addition to CPCF. While national regulations in Thailand prohibit the use of artificial sweeteners in CPCF, they do not prohibit or restrict the use of added sugars. National CPCF regulations in Malaysia and Viet Nam do not prohibit the use of added sugars or sweeteners in CPCF. They do, however, provide maximum thresholds for sugar and sweeteners in CPCF instant cereals/porridges, snacks and finger foods, but do not regulate the addition of sugar or sweeteners in CPCF purées (canned, jarred or in pouches) or meals. In Indonesia, national CPCF regulations prohibit the use of artificial sweeteners and define maximum sugar thresholds for all types of CPCF products, but do not prohibit the use of added sugar.

72 per cent of CPCF snacks and finger foods contain added sugar or sweetener.

ii The majority of women surveyed had at least a vocational or bachelors degree and over half were considered to be of high socioeconomic status.

4. More than a third of CPCF contain high levels of sodium, and national regulations restricting the sodium content of CPCF are insufficient.

Over a third (37 per cent) of CPCF assessed contain more sodium than recommended by international guidance. Over half (56 per cent) of snacks and finger foods and 29 per cent of instant cereals/porridges exceed the international guidance for sodium.

Similar to sugar, national regulations on the maximum sodium content in CPCF are either absent or insufficient. Cambodia, the Lao People's Democratic Republic and the Philippines do not regulate sodium content in any CPCF products. National CPCF regulations in Malaysia define sodium thresholds only for instant cereals/porridges and canned foods (e.g., purées or meals), while regulations in Viet Nam only define thresholds for instant cereals/porridges, snacks and finger foods.

The amount of sodium allowed in CPCF by national regulations is also higher than that recommended in international guidance. For example, the sodium thresholds defined in national CPCF regulations in Indonesia, Malaysia, Thailand and Viet Nam are double the internationally recommended level.

5. Nearly three quarters of infant cereals or porridges are fortified with essential vitamins and minerals, but fortification rates vary widely between countries. Moreover, national fortification regulations for CPCF are often absent, voluntary or pertain to only a subset of micronutrients or products.

Micronutrient deficiencies among children, which increase the risk of infectious illness and mortality, remain a major public health issue in Southeast Asia.[10] COMMIT identified micronutrient gaps in vitamin D, zinc, iron, and a potential gap in calcium, in the diets of young children across Southeast Asia. Where nutrient-poor diets are prevalent, well-fortified instant cereals/porridges can contribute to adequate micronutrient intake in early life and the prevention of micronutrient deficiencies.

Sixty-nine per cent of the instant cereals/porridges assessed are fortified; however, rates of fortification varied across countries: 97 per cent of cereals/porridges are fortified in the Philippines compared to less than half (46 per cent) in Malaysia and just one third (32 per cent) in Thailand. The most common fortificants across countries are vitamin B_1, iron and calcium. More than half of instant cereals/porridges are also fortified with zinc, vitamin A, vitamin D, vitamin E and vitamin C. When compared with Codex guidelines for CPCF fortification, most fortified instant cereals/porridges meet recommended levels for iron, zinc, calcium, vitamin A and vitamin D. However, adherence with Codex fortification guidance varies widely between countries.

There are currently no national regulations on fortification of instant cereals/porridges in Cambodia, Thailand or the Lao People's Democratic Republic. National CPCF regulations in the Philippines provide guidelines on the fortification of CPCF, but the guidelines are not mandatory. National CPCF regulations in Viet Nam only define minimum fortification levels for vitamins A, D, and B_1. National CPCF regulations in Indonesia define mandatory minimum requirements for 12 micronutrients, but the regulation only applies to products marketed to children under 24 months of age, leaving a gap for CPCF marketed for children 24–36 months of age. National CPCF regulations in Malaysia, however, define mandatory thresholds for several micronutrients.

6. The use of health and nutrition claims on CPCF labels is widespread, and national regulations restricting their presence are either absent, insufficient or not enforced.

Contrary to international guidance, 89 per cent of CPCF assessed include compositional claims on their labels, such as 'reduced salt', 'contains vegetables', or 'all natural' and half (50 per cent) include nutrient content claims, such as 'low in fat' or 'source of iron'. In addition, 85 per cent of product labels also include a range of other claims, such as 'nutritionally balanced', 'yummy' and 'great for a busy and active life'.

There are currently no regulations on the use of claims on CPCF labels in Cambodia or Thailand. In the Philippines and the Lao People's Democratic Republic, national CPCF regulations allow nutrient content claims, nutrient comparative claims and nutrient function claims if certain criteria are met. Regulations in the Philippines also restrict claims such as 'wholesome', 'healthful' or 'sound.' National CPCF regulations in Malaysia and Viet Nam allow nutrient content claims, nutrient function claims, nutrient comparative claims and claims for enrichment and fortification, if some conditions are fulfilled. However, in Viet Nam, claims about the inclusion of certain vitamins or minerals are permitted if these nutrients are included at or above 10 per cent of the Viet Nam recommended nutrient intake, rather than the 15 per cent nutrient reference value set by Codex.

7. CPCF labels often fail to include, and governments fail to adequately regulate, other essential information that parents need to make informed purchasing decisions that support recommended infant and young child feeding practices.

The labels on 100 per cent of CPCF assessed in the Philippines, 98 per cent of CPCF in the Lao People's Democratic Republic and 81 per cent of CPCF in Cambodia were not in the national language of that country. These products were instead labelled either only in English or in English and another non-national language. In the Philippines, there are no national regulations that require the use of Filipino on any part of a CPCF label (including ingredients list, nutrition information table or claims). In the Lao People's Democratic Republic, national regulations only require the inclusion of Laotian on domestically produced CPCF. Thus, there are no mandatory requirements for use of Laotian for imported CPCF (all CPCF identified and assessed by COMMIT in the Lao People's Democratic Republic were imported). In Cambodia, the exclusion of Khmer on CPCF labels violates national regulations that require the use of the Khmer on all processed food labels and highlights the need for greater enforcement of existing regulations.

A significant number of CPCF failed to include a recommended age of introduction on their labels, including more than 30 per cent of CPCF in Cambodia and Indonesia, more than a quarter of CPCF in Thailand, the Philippines and Viet Nam, and 19 per cent of CPCF in the Lao People's Democratic Republic. In addition, 22 per cent of CPCF in Viet Nam and 11 per cent in Cambodia included a recommended age of introduction of 4 months (below the WHO recommended age of 6 months for introduction of solid foods). In Cambodia and the Philippines, there are no national regulations requiring CPCF to include a minimum recommended age of introduction or age-range for use. National regulations in Indonesia mandate the inclusion of a recommended age of introduction and/or age range for use, but the COMMIT analysis reveals that this requirement is not adequately enforced. National regulations in Malaysia and Thailand require that CPCF labels include a statement that CPCF should "not be fed to infants under 6 months of age." National regulations in Viet Nam require the inclusion of 'the appropriate age of the child intended to use the product' with a minimum age of introduction of at least 6 months.

8. Most CPCF adhere to some, but not all, international guidance on the protection, promotion and support of breastfeeding. In national regulations, breastfeeding promotion messages are frequently omitted.

Very few CPCF labels – only 3 percent – have text or images suggesting that the product is superior or similar to breastmilk (e.g., claiming the product meets all your baby needs for growing up healthy' or including images showing breastfeeding in a negative light). Less than 1 per cent include text or images that promote bottle-feeding. However, only 26 per cent of CPCF include a message on the importance of breastfeeding up to (or beyond) 2 years of age, as recommended by WHO. Inclusion of a message on continued breastfeeding varied widely, with fewer than 2 per cent of CPCF including such a message in Viet Nam, Thailand, the Philippines and the Lao People's Democratic Republic, compared to 41 per cent of CPCF in Indonesia and 70 per cent in Malaysia.

There are currently no regulations on the inclusion of a message on the importance of continued breastfeeding on CPCF labels in Thailand, Indonesia, Viet Nam or the Philippines. National regulations in Cambodia and the Lao People's Democratic Republic require the inclusion of such a statement, but compliance is extremely low. In Malaysia, national CPCF regulations require that a statement be included on instant cereals/porridges and cereal-based snacks/finger foods labels, either printed on the label or printed on stickers added to product packaging.

What do these findings mean for young children in Southeast Asia?

These new findings make clear that a majority of the CPCF available in Southeast Asia are not nutritionally appropriate for young children and include claims that may mislead caregivers. Governments have also not done enough to adopt and enforce regulations to improve CPCF nutrient composition and labelling practices and bring them in line with international guidance.

Caregivers of young children are conscious consumers; they are aware of and concerned about the nutrient composition of the foods they feed their young children. Despite caregivers' desire to access nutritious foods, COMMIT found that many of the CPCF available and marketed for young children are undermining their health and nutrition.

Sugar and sodium intake in early in life can lead to adverse health impacts, such as weight gain and high blood pressure. Yet, an alarming number of CPCF include excess levels of salt and added sugar and sweeteners. Taste preferences are also developed during infancy and childhood and early exposure to salty foods and sweet foods and beverages may increase salt and sugar intake later in life. Despite the well-established risks of salt and sugar consumption in early childhood, and growing global concerns about overweight, obesity and non-communicable diseases, none of the seven COMMIT countries prohibit the addition of sugar and sweetners. Further, all seven countries allow higher sodium content than recommended in international guidance.

Caregivers are influenced by, and trust, the information and claims on product labels. The food and beverage industry often includes claims about a product's nutritional value, health benefits, taste or ingredients on labels to create the perception that a food product is healthy or nutritious, even when there is no evidence to support this.[11] Nearly all products assessed by COMMIT include such claims, often in violation of national CPCF regulations. A concerning number of products also fail to include labels in the national language or a recommended age of introduction, preventing caregivers from making informed choices when purchasing foods for their young children.

COMMIT also identified potential opportunities to improve CPCF and young children's diets. A majority of infant cereals/porridges are already fortifed, and often in line with Codex fortification recommendations. When appropriately fortified and regulated, such instant cereals/porridges could help improve micronutrient intake in young children. National regulations on CPCF fortification, however, must be adopted in all countries, and must address all micronutrients commonly lacking in the diets of young children.

There is nearly universal adherence to several of the WHO CPCF labelling recommendations designed to protect, promote and support breastfeeding, showing that while stronger regulation is still needed, improvements are possible.

A call to COMMIT to stronger national regulatory environments for CPCF

Children and caregivers everywhere deserve the opportunity to access healthy and nutritious food. While homemade first foods remain central to young children's diets, the reality is that many families are also choosing CPCF – and they have a right to access products that are nutritionally appropriate and safe. It is therefore critical that CPCF are appropriately formulated, regulated by governments, and marketed by the food industry in a transparent and responsible way.

COMMIT is calling for governments in Southeast Asia to:

- **Use their regulatory powers to protect children's rights to good nutrition by adopting stronger regulations for CPCF, in line with international guidance.**
- **Improve the monitoring and enforcement of national CPCF regulations.**
- **Support parents to make healthy feeding choices for their children, including through accessible and accurate labelling of CPCF.**

To support these actions, COMMIT developed a '*Compendium of international standards and guidelines for the improved composition and labelling of commercially produced complementary foods in Southeast Asia*'. The Compendium outlines the essential nutrient composition, production and labelling practice requirements recommended for adoption into national CPCF regulations. The Compendium is inclusive of all existing guidance from Codex, WHO, and European Union Commission Directive Standards for CPCF, and includes additional recommendations to address specific requirements in the Southeast Asian context.

Governments across Southeast Asia are encouraged to use the Compendium to update or develop new national CPCF regulations.

We all want to give our children the best start in life. Let's all do our part and COMMIT to better first foods for children 6 months to three years.

To learn more about COMMIT findings in all seven countries, and how countries can improve national CPCF regulations, refer to the COMMIT website.

The COMMIT website includes links to country-level reports, a Special Issue on COMMIT in *Maternal & Child Nutrition*, and the *Compendium of international standards and guidelines for the improved composition and labelling of commercially produced complementary foods in Southeast Asia*.

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