Consortium for Improving Complementary Foods in Southeast Asia (COMMIT)

Malaysia

COMMIT Synthesis report

COMMIT 1 Comprehensive nutrient gap assessment
COMMIT 2 Consumer survey
COMMIT 3 Legal and policy review
COMMIT 4 Nutrient profile model
COMMIT Synthesis report

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Consortium for Improving Complementary Foods in Southeast Asia

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COMMIT Synthesis Report: Malaysia

Every child has the right to adequate food and nutrition. Children who are fed enough of the right foods, in the right way, at the right time in their development, are more likely to survive, grow and develop to their full potential. Children's first foods – those provided to them during the period between 6 months of age and their third birthday – must include the essential nutrients, vitamins, and minerals their bodies need to fuel physical and cognitive development. Inadequate diversity, consistency, and frequency of foods during this period can increase the risk of all forms of malnutrition, including stunting, wasting, micronutrient deficiencies, overweight, obesity and diet-related non-communicable diseases. In contrast, good nutrition in the first years of life helps children thrive throughout childhood and across the life course, with benefits that carry across generations, fuelling prosperous families, productive workforces and powerful economies.[1]

Meeting young children's nutrient needs in early life is uniquely challenging. Children have greater nutrient needs per kilogram of body weight between 6 months and 2 years of age than at any other time in life.[2] In addition, families often face economic, physical, social and cultural barriers to providing their young children with enough nutritious foods during this critical developmental period.

The factors that influence how and what families feed their older infants and young children (aged 6 to 36 months) are also changing in an increasingly modern and urbanized world.[1, 3] Across Malaysia, more families are moving to cities,[4] and their diets are constrained due to poverty, inequities and the rising cost of nutritious food.[5] Increasingly, global trade markets and the growing presence and use of supermarkets and modern retailers[6] are changing the types of foods available to consumers and how they are purchased.[7] Caregivers and children in urban areas are exposed more than ever to influential marketing for processed foods in public spaces, in radio and television commercials and on social media.[8, 9] More women are also participating in the workforce, often while continuing to carry the greatest burden of caregiving and household duties, potentially restricting the time they have to prepare healthy, homemade foods for their children.

These changes are part of a nutrition transition across Southeast Asia, with convenience, time and aspiration serving as powerful influences on food choices.[10, 11] This changing food environment is resulting in a shift from traditional diets towards processed foods that are often higher in salt, sugar and unhealthy fats, and lower in essential nutrients[12] – and young children's diets are no exception. The availability, affordability and variety of commercially produced packaged foods marketed as suitable for older infants and young children is on the rise.[13] Known as 'commercially produced complementary foods' (CPCF), these products are often provided to children because they are cheap, convenient, readily available and children demand them.[3, 10, 11] The market for CPCF in Malaysia is well-established, with sales of CPCF reaching almost US$35 million in 2022.[14]

Well-regulated CPCFs can provide micronutrients in a form that is already familiar to caregivers. Fortified infant cereals, for example, are similar to traditional rice/cereal porridges fed to children across Southeast Asia. In fact, the 2003 UNICEF and World Health Organization (WHO) Global Strategy for Infant and Young Child Feeding noted that "industrially processed complementary foods also provide an option for some mothers who have a means to buy them and the knowledge and facilities to prepare and feed them safely."[15] However, most countries currently lack national legislation to appropriately regulate the nutrient composition and labelling practices of CPCF. This means that the products currently available for purchase may exceed recommended levels of sugar, salt, or fat, and may be labelled in ways that mislead consumers about the suitability of these products for older infants and young children.

Research conducted in Cambodia, Indonesia and the Philippines found that most of the CPCF products sold do not fully comply with global guidance on CPCF nutrient composition and labelling practices, and thus do not sufficiently protect and promote optimal feeding practices or healthy diets for older infants and young children.[16-18] Without a strong regulatory environment for CPCF, food environments are shaped primarily by the potential for profit, rather than the best interests of children.[9]

Programmes designed to increase the accessibility and affordability of nutritious, fresh foods are needed across Southeast Asia in order to improve the diets of older infants and young children, particularly the

diversity of their diets and their consumption of nutrient-rich foods. However, it is increasingly clear in Southeast Asia and across the world that improving household access to affordable, nutritious, fresh foods alone is not enough to reduce or prevent the increasing availability and consumption of CPCFs.[19]

Governments and partners must work together to ensure that the commercially produced foods promoted as suitable for older infants and young children are nutritionally adequate, safe, and marketed in a responsible way. Many CPCF are high in sugar, salt and fat and should not be promoted for or provided to children under 36 months of age. For other CPCF, targeted improvements to their nutrient composition – such as through fortification – can help improve their nutritional impact. All CPCF packaging must adhere to standardized labelling requirements to ensure consumers are provided with accurate information – rather than misleading claims – so that parents can make informed purchasing decisions.

The Consortium for Improving Complementary Foods in Southeast Asia (COMMIT)[i] was established to help ensure that the CPCF sold and consumed in the region contribute to healthy diets instead of unhealthy ones. COMMIT recognizes that one of the most effective ways to transform the food system and food environment is by supporting governments to set up regulatory environments that enable access to healthy food, adequately regulate unhealthy products and protect consumers from inappropriate marketing practices. To do this, COMMIT developed and implemented four activities to identify micronutrient gaps in the diets of older infants and young children, understand current consumer CPCF preferences, examine national legislation regulating CPCF nutrient composition and labelling practices, and analyse the current CPCF nutrient composition, labelling practices and micronutrient content using a nutrient profile model:

COMMIT Activity 1: Comprehensive nutrient gap assessment
A comprehensive nutrient gap assessment to identify limiting micronutrients in diets during the complementary feeding period.

COMMIT Activity 2: Consumer survey
Consumer perspective survey on the provision of CPCF to older infants and young children, motivations for CPCF provision and factors influencing CPCF purchases.

COMMIT Activity 3: Legal and policy review
Assessment of current national binding legal measures related to CPCF nutrient composition and labelling practices and their adherence to global CPCF guidance.

COMMIT Activity 4: CPCF nutrient profile model
Benchmarking of CPCF nutrient composition and labelling practices against an adapted version of the 2019 WHO Europe nutrient profile model designed specifically for CPCF.

Results from these activities will equip Government decision-makers with the information they need to implement robust and enforceable regulations on CPCF nutrient composition and labelling practices in Malaysia. The evidence generated through these activities is also useful for civil society organizations, academics, health professionals and actors to inform advocacy for stronger regulations and to foster accountability.

This report synthesizes the findings from each of the COMMIT activities, as well as other relevant global data, and presents the results in three sections: 1) older infants and young children's diets and factors influencing CPCF consumption; 2) national legal measures relevant to CPCF and their alignment with global guidance; and 3) how well the nutrient composition and labelling practices of CPCFs currently sold in Malaysia perform against a nutrient profile model and national legal measures. Finally, this synthesis report presents recommendations to improve the regulatory environment for CPCF in Malaysia.

For more detail on methods and results, please refer to COMMIT Activity country-level reports.

[i] COMMIT partners include Access to Nutrition Initiative; Alive & Thrive; Helen Keller International's Assessment and Research on Child Feeding Project; 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 Bureau.

1 Older infants' and young children's diets and factors influencing CPCF consumption

Healthy diets are affordable for 99 per cent of the general population in Malaysia.[5] Yet despite widespread affordability of nutritious foods, the diets of older infants and young children remain suboptimal. The most recent estimates of diet quality during the complementary feeding period indicate that only half of children 6 months to 2 years of age (53 per cent) are consuming a minimally diverse diet (i.e., at least five food groups per day) and only 44 per cent of young children between 1 and 2 years of age are still breastfed.[1, 20] Grains, such as rice porridge, continue to be the primary food provided to older infants and young children. While these foods may satisfy children's hunger, they often lack the essential nutrients required for optimal growth and development.[21] Limited dietary diversity and the absence of nutrient-rich foods, such as breastmilk,[ii] can increase the risk of micronutrient deficiencies, which take a devastating toll on children's brains and bodies.[21]

A comprehensive nutrient gap assessment (CONGA) was conducted for Malaysia to examine micronutrient gaps in the diets of children aged 6–23 months and assess the certainty of evidence available (COMMIT Activity 1). Using the CONGA methodology,[23] evidence on micronutrient availability, intake and deficiency was compiled and synthesized to identify micronutrient gaps during the complementary feeding period. Due to limitations in available evidence, no clear micronutrient gaps were able to be identified in Malaysia. However, the analysis identified potential micronutrient gaps for calcium, vitamin D and folate. More high-quality evidence is required to estimate the burden of micronutrient gaps during the complementary feeding period.

A mobile phone-based consumer survey examining if, how and why mothers purchased and fed CPCF to older infants and young children (COMMIT Activity 2) was administered to 100 mothers of children aged 6–24 months in Kuala Lumpur.[iii] While the vast majority of mothers (95 per cent) reported preparing home-cooked meals specifically for their child, 78 per cent also reported providing the child with packaged complementary foods purchased from a market or store. The types of CPCF provided to children varied: 90 per cent of mothers reported purchasing cereals or porridges, 80 per cent purchased purées, 69 per cent purchased dairy products, 55 per cent purchased foods or meals that contain meat and 42 per cent purchased snack foods.

Mothers reported providing their young children with CPCF frequently: Two thirds of mothers reported feeding their children with CPCF at least once per day. The CPCF were most often provided as snacks (reported by 78 per cent of mothers), when out of the house (72 per cent) or with full meals at home (51 per cent). Most mothers purchased CPCF in supermarkets (79 per cent).

When asked about their motivations for purchasing and providing CPCF to their children, nearly a quarter of mothers reported 'ease of preparation' as the main reason. Other common responses included 'to diversify the diet', 'they are easy to feed because of taste, shape or texture', 'my child likes eating it' or 'I think it is nutritious/good for my child's health'.

Mothers reported paying close attention to the nutrition information and claims on the CPCF product labels when deciding which products to purchase. The most commonly reported factors influencing the choice to purchase a CPCF product included: health information (78 per cent of mothers), quality of ingredients (75 per cent), low or no added sugar (64 per cent) and low or no salt (59 per cent). The most commonly reported factors influencing the choice to *not* purchase a CPCF product were: product sugar content (83 per cent) and salt content (82 per cent).

These new findings indicate that mothers of older infants and young children in Malaysia are conscious of the nutrient composition of the foods they feed their children and are influenced by the information and claims on product labels. Strong legislation regulating the labelling and composition of CPCF is therefore required to support parents to make informed choices and to improve the quality of children's first foods.

[ii] Between the ages of 12 and 23 months, it is estimated that children still receive 35-40 per cent of their energy needs from breastmilk, which is also a good source of essential fatty acids and micronutrients.[22]

[iii] The majority of survey respondents were considered to be of high socioeconomic status and have a university education.

2 National legal measures relevant to CPCF

Global guidance on regulations for CPCF nutrient composition and labelling practices are already available from Codex Alimentarius (Codex) and WHO. Countries are encouraged to incorporate the six relevant Codex Standards and Guidelines on CPCF nutrient composition and labelling practices, as well as WHO recommendations on CPCF labelling from the *Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children*[24] (referred to here as WHO Guidance) into their national CPCF legislation. To assess alignment between Indonesia national legal measures (policies, regulations, and others) and these global guidance documents, existing national legal measures relevant to CPCF in Indonesia were identified and compared to Codex Standards and Guidelines and the WHO Guidance (COMMIT Activity 3).

Two relevant binding legal measures related to CPCF were identified in Malaysia: the Food Act of 1983 and, its subsidiary legislation, the Food Regulations of 1985. These two legal measures are the primary sources of regulation on the composition of CPCFs in Malaysia. Both measures adopt the majority of their provisions from two Codex Standards: standard for canned baby foods, CXS 73-1981[25] and standard for processed cereal-based foods for infants and young children, CXS 74-1981.[26] Numerous amendments have been introduced to the Food Regulations of 1985, including a regulation on "special purpose food".[iv] The "special purpose food" regulation covers CPCFs, infant formula, follow-up formula, low-energy food and formula dietary food. Two articles from the "special purpose food" regulation specifically regulate canned foods (Article 390) and cereal-based foods (Article 391) for infants and children. These two pieces of legislation cover nearly the full market of CPCF in Malaysia, with the exception of fresh or dried fruit pieces, juices, milks and confectionary/junk foods.

The binding legal measures relevant to CPCF in Malaysia were found to be fully in alignment with Codex Standards on processed cereal-based foods[26] and canned foods[25] for older infants and young children, and on use of nutrition and health claims.[27] However, they are only partially aligned with Codex Guidelines on labelling[28, 29] and they are not in line with Codex Guidelines on Formulated Complementary Foods.[30] Further, Malaysia's legal measures were found to only be partially in line with WHO Guidance on CPCF labelling.[24]

Both Articles 390 and 391 do, however, cover products marketed to children aged 0–36 months, in line with Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children[30] (which defines young children as those up to 3 years of age) and WHO Guidance (which explicitly pertains to foods for children aged 6–36 months).[24]

[iv] Laws of Malaysia PU (A) 437/1985 - Food Regulation 1985, Part VIII – Standards and Particular Labelling Requirements for Food, Chapter: Special Purpose Food art.388-393A.

3 Performance of CPCF products against nutrient composition and labelling practice requirements in a nutrient profile model

In addition to recommendations on national legal measures, the WHO Guidance recommends that "nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion." Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health.[31] Nutrient profile models (NPMs) can be used, for example, to identify foods that include an excess of sugar, salt and fat. This information can then be used to guide restrictions on the sale or promotion of unhealthy or inappropriate products for children and other consumers.

While NPMs have been widely used to assess the quality of foods for older children and adults, they have only recently been applied to complementary foods for older infants and young children. The first ever NPM designed to assess the nutritional composition of CPCF was published as a draft by the WHO Regional Office for Europe (WHO Europe) in 2019, and included an additional component to assess the labelling practices of these products, given global guidance against inappropriate CPCF promotion.[32] The COMMIT Initiative adapted the WHO Europe NPM for use in Southeast Asia to assess the nutrient composition and labelling practices of CPCF products in the region (COMMIT Activity 4). This adapted WHO Europe NPM for CPCF was designed to benchmark the CPCF sold in Southeast Asia against nutrition composition and labelling practice requirements for 16 categories of CPCF products.[v] The adapted NPM provides explicit limits on the addition of sugars and sodium and requirements for other nutrients, as well as requirements for information and content of CPCF labels. For a CPCF to be considered *suitable to be promoted to older infants and young children up to 36 months of age*, it must pass *all* nutrient composition and labelling practice requirements in the adapted WHO Europe NPM for CPCF. It is important to note that the nutrient composition and labelling practice requirements used in the adapted WHO Europe NPM for CPCF are stricter than those in current Codex Standards and Guidelines and WHO Guidance.

For the assessment in Malaysia, all CPCF on the market in Kuala Lumpur were sampled. A total of 388 unique CPCF products were identified and assessed using the adapted WHO Europe NPM for CPCF. Key results from this assessment are highlighted below. Where possible, results from the adapted WHO Europe NPM for CPCF assessment are presented in the context of existing legal measures and findings from the other COMMIT activities.

Not all CPCF product labels include Bahasa Malaysia.

The ability to understand and interpret product labels is critical for caregivers to make informed choices when procuring food for their children. This is recognized in Articles 390 and 391, which state that for both canned and cereal based foods "labelling should appear in Bahasa Malaysia and may include translation in any other language." However, nearly a quarter (24.5 per cent) of the CPCF products assessed had labels either in English only or in a combination of English and another non-Malay language. This exclusion violates Articles 390 and 391.

Unhealthy CPCF products are marketed and promoted as suitable for consumption by older infants and young children.

Out of the 388 unique CPCF products assessed, a total of 14 were identified as 'prohibited products' based on their product category and thus automatically failed the adapted WHO Europe NPM for

[v] CPCF product categories included: Dry or instant cereals/starch; Dairy-based desserts and cereal products; Fruit purée; Vegetable only purée; Puréed vegetables and cereals; Puréed meal with cheese (but not meat of fish) mentioned in the name; Puréed meal with meat or fish mentioned as first food in product name; Puréed meals with meat or fish (but not named first in product name); Purées with only meat, fish or cheese in name; Meat, fish, or cheese-based meal with chunky pieces; Vegetable-based meal with chunky pieces; Fruit (fresh or dry whole fruit or pieces); Other snacks and finger foods. Three additional food categories were assessed that should be prohibited from promotion to children 6-36 months, including: Confectionery, sweet spreads and fruit chews; Single or mixed fruit juices, vegetable juices, or other non-formula drinks; Cow's milk and milk alternatives with added sugar or sweetening agent.

CPCF. All of these products were categorized as confectionary, sweet spreads and fruit chews. The review of legal measures found no binding legal measures in Malaysia that prohibit the promotion of these foods to older infants and young children. In the absence of such legal measures, these products are actively promoted as suitable for this age group, despite their high levels of sugar. Consumption of foods and drinks high in sugar, even naturally occurring sugars, is associated with increased risk of overweight and obesity, dental caries and a predisposition to consuming unhealthy diets later in life.[32]

Nearly half of CPCF products sold include added sugars or sweeteners.

Codex Standards establish a maximum amount of added carbohydrate from sucrose, fructose, glucose, glucose syrup or honey for cereal-based CPCF foods only. The sugar requirements in the adapted WHO Europe NPM for CPCF are stricter than current Codex Standards, and cover all CPCF product categories (cereals, ready-to-eat products, meals, and finger foods and snacks). The adapted WHO Europe NPM for CPCF requires that CPCF have *no added sugar or sweetener*.[vi] Of the CPCF products assessed against adapted NPM nutrient composition requirements, approximately 38 per cent included added sugar or sweetener, including over 69 per cent of CPCF snacks and finger foods and 14 per cent of dry or instant cereal CPCF products.

Malaysian mothers interviewed as part of the consumer survey (COMMIT Activity 2) stated that the sugar content of a product influenced their purchasing decisions, and that a product's high sugar content may cause them to reject a particular CPCF product. These findings highlight that the sugar content of CPCF is of great concern to caregivers, and thus should be well-regulated in national legal measures.

Currently, there is no national regulation in Malaysia prohibiting the addition of any sugar or sweetener to CPCF products. Instead, Article 391, modelled after existing Codex Standards, establishes a maximum amount of sucrose, fructose, glucose, glucose syrup or honey for cereal-based foods. There is no regulation on sugar content for other CPCF food categories.

Many CPCF products exceed sodium thresholds.

Like sugar, the sodium threshold in the adapted WHO Europe NPM for CPCF is stricter than current Codex Standards. The adapted WHO Europe NPM for CPCF included a requirement of <50 mg/100 kcal for cereal based CPCF and a requirement of <50 mg/100 kcal and <50mg/100g for most pureed CPCF. Of the CPCF assessed, only 65 per cent were within the required adapted NPM sodium range. Only 71 per cent of cereal-based CPCF products and 56 per cent of CPCF snacks and fingers foods met adapted WHO Europe NPM for CPCF sodium requirement.

Similar to concerns about sugar content, Malaysian mothers interviewed for the consumer survey reported 'low or no added salt' as a factor influencing their CPCF purchases. Currently, national regulation in Malaysia stipulates that the sodium threshold shall not exceed 100 mg /100 kcal for cereal-based products and shall not exceed 1g/1kg[vii] for canned foods. This regulation is in line with existing Codex Standards.

Less than half of dry or instant cereal CPCF products are fortified; but fortification levels largely meet Codex Guidelines

In addition to using the adapted WHO Europe NPM for CPCF to assess the nutrient composition and labelling practices of CPCF, COMMIT Activity 4 assessed the micronutrient content of CPCF products against the Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL 9-1991). Only 46 per cent of dry or instant cereal products were found to include fortification. The proportion of these fortified products meeting the Codex Fortification Guidelines for 16 micronutrients was then calculated.

Approximately 81 per cent dry or instant cereal products fortified with vitamins D, B_2 and B_6 met relevant Codex Fortification Guidelines, as did approximately 75 per cent of products fortified with iron, zinc and vitamin C, B_3, E, B_1 and A. However, only 63 per cent, 52 per cent and 50 per cent of products fortified with iodine, zinc and calcium, respectively, met relevant Codex Fortification Guidelines.

[vi] Including all syrups, honey, fruit juice, fruit juice concentrates or non-sugar sweeteners such as saccharin, acesulfame, sucralose, aspartame, and stevia

[vii] Calculated on the ready-to-eat basis in accordance with the direction for use.

Further, only 47 per cent of products fortified with vitamin B_{12} and zero products fortified with folic acid met the relevant Codex Fortification Guideline.

Currently, Food Regulations of 1985 mandates minimum or maximum micronutrient fortification levels for CPCF dry or instant cereal products. Eighty-seven per cent of dry or instant cereal products fortified with vitamin B_1 met the national minimum fortification level, as well as 73 per cent of products fortified with iron. However, only approximately half of products fortified with calcium or vitamins B_3, E, B_2, C, B_6 or D and less than half of products fortified with vitamin B_{12}, vitamin A, folic acid or iodine met national standards.

The majority of CPCF include a recommended minimum age of use of at least 6 months.

CPCF should not be recommended or labelled as appropriate for children under 6 months of age. The adapted WHO Europe NPM for CPCF assesses whether product labels include a minimum recommended age of use of at least 6 months (e.g., appropriate for 6+ months of age, or 12+ months of age). Of the CPCF products assessed, 92 per cent included a minimum recommended age of use of 6 months on the label (including 95 per cent of cereal-based CPCF).

Despite nearly universal inclusion of a recommended minimum age of use of at least 6 months on CPCF, there is currently no national legislation that requires a *minimum recommended age of use* to be printed on CPCF labels. However, Articles 390 and 391 require that both canned and cereal-based product labels include the words "NOT TO BE GIVEN TO INFANTS UNDER SIX (6) MONTHS OF AGE UNLESS ADVISED BY A HEALTH PROFESSIONAL." While this statement does not qualify as a 'recommended minimum age of use', it is nevertheless important language for CPCF product labels.

Most CPCF product labels include messaging on the importance of continued breastfeeding.

To protect and promote breastfeeding, WHO Guidance and the adapted WHO Europe NPM for CPCF require that CPCF product labels include a message on the importance of breastfeeding up to (or beyond) 2 years of age. In Malaysia, Article 391 requires cereal-based product labels to include the words: "FOR OPTIMAL INFANT HEALTH, BREASTFEEDING SHOULD CONTINUE UP TO TWO (2) YEARS OF AGE ALONG WITH COMPLEMENTARY FEEDING." Of the CPCF assessed using the adapted NPM, over 70 per cent included this statement (with all passing products including the same text phrasing in Malay either printed on the label or printed on stickers added to product packaging). It should be noted, however, that only 58 per cent of sampled cereal-based products included this message.

CPCF product labels often include claims on product composition or nutrient content.

The adapted WHO Europe NPM for CPCF does not allow claims of any kind, including those for nutrient content, nutrient function, or nutrient comparative claims. Approximately 92 per cent of CPCF were found to include non-permitted compositional claims on their labels. Many of the non-permitted compositional claims that prompted products to fail this requirement included language such as 'no artificial colours' and '100 per cent natural.' Interestingly, mothers interviewed in the consumer survey reported that the label terms that most influenced a CPCF purchase included compositional claims such as 'natural', 'no artificial colours' and 'no artificial ingredients.'

Malaysian mothers also reported that they read and consider the health and nutrition claims on CPCF product labels. Regulation on the appropriateness, relevance and accuracy of statements and claims on CPCF labels is thus critical to ensure that caregivers are provided with information they can trust.

The Food Regulations of 1985 does permit certain claims for both canned and cereal-based foods for infants and young children if some conditions are fulfilled. The following type of claims are permitted: nutrient content claims, nutrient function claims, nutrient comparative claims and claims for enrichment and fortification. These national regulations in Malaysia are in line with current Codex Standards.

4 Towards improved CPCF in Malaysia

COMMIT is the most comprehensive effort to date documenting the regulation, use and quality of CPCF in Malaysia. The four assessments summarized above demonstrate four key findings:

1) The evidence base relevant to micronutrient intake in older infants and young children needs to be strengthened in Malaysia. However, available evidence suggests that current diets may lack sufficient micronutrient content to adequately fuel their growth and development.
2) Mothers of older infants and young children purchase CPCF and are conscious of their nutrient composition and influenced by the information and claims on their labels.
3) There are critical gaps in the national CPCF regulatory environment.
4) Many of the CPCF products currently on the market in Malaysia are of poor nutritional quality and use labelling practices that may mislead consumers.

These findings make clear that while there is a good foundation for CPCF regulation in the country, the regulatory environment for CPCF in Malaysia must be strengthened and enforcement of national regulations prioritized. COMMIT therefore recommends that Malaysia develop new, or update existing, national CPCF standards to regulate CPCF nutrient composition and labelling practices, in line with international guidance.

To help guide the development of new or updated national standards for CPCF, 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 binding legal measures regulating CPCF. The Compendium is inclusive of all existing Codex, WHO, and European Union Commission Directive Standards for CPCF, and includes additional recommendations to address specific requirements in the Southeast Asian context. Malaysia is encouraged to use the Compendium to update or develop new national binding legal measures to help ensure that all CPCF on the market are nutritionally adequate and promoted in a responsible way.

COMMIT encourages inclusion of the following requirements when establishing a new national standard for CPCF:

Improve general CPCF regulation:

- Enforce mandatory CPCF labelling in the Bahasa Malaysia language.
- Require CPCF labels to depict a minimum recommended age of use of at least 6 months and any relevant appropriate age range.
- Prohibit the promotion of unsuitable CPCF product categories (e.g., confectionary and drinks) for older infants and young children.

Include CPCF nutrient composition requirements:

- Prohibit the use of added sugars/sweeteners in all CPCF products.
- Limit sodium content for all CPCF products.
- Mandate the fortification of CPCF cereals with essential micronutrients (e.g., zinc, iron, calcium).

Improve CPCF labelling requirements:

- Require all CPCF product labels to include a standardized statement on the importance of continued breastfeeding up to 2 years of age or beyond.
- Prohibit the use of health claims, nutrient function claims, nutrient comparative claims, and endorsements on all CPCF labels.
- Adopt criteria for the use of appropriate nutrient content claims on CPCF labels that are in line with national public health concerns and Codex.

Successful implementation of new or updated national CPCF legal measures is dependent on Government monitoring and enforcement. Useful lessons can be learned from the implementation of the International Code of Marketing of Breast-milk Substitutes to help ensure effective implementation of

CPCF legal measures, including clarifying the roles and responsibilities of relevant agencies and enhancing the capacity of technical enforcement staff.[27, 28]

Advocacy campaigns can help generate public support for establishing or updating CPCF legal measures. Such campaigns are effective in spotlighting the concerning levels of added sugars and salt in CPCF products and the misleading health claims found on their labels; this can help build awareness among caregivers and trigger demand for stronger regulation of CPCF products.

More needs to be done in Malaysia to protect older infants, young children, and their families from unhealthy CPCF products and misleading information and marketing on product labels. By developing or updating CPCF legal measures to improve the quality of CPCF products sold in Malaysia, and strengthening monitoring and enforcement of these regulations, Malaysia can help ensure that CPCF sold and consumed are appropriate for older infants and young children.

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SYNTHESIS REPORT

MALAYSIA

COMMIT

Consortium for Improving Complementary Foods in Southeast Asia