CODEX ALIMENTARIUS COMMISSION

Food and Agriculture Organization of the United Nations

World Health Organization

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**Agenda Item 5** **NFSDU/40 CRD 17**

**Original language only**

**JOINT FAO/WHO FOOD STANDARDS PROGRAMME**
**CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES**

**Fortieth Session**

**Berlin, Germany**
**26 – 30 November 2018**

# PROPOSED DRAFT GUIDELINE FOR READY-TO-USE THERAPEUTIC FOODS

*Comments of the Philippines*

## PHILIPPINES

### General

The Philippines supports the proposed Draft Revised Guidelines for Ready to Eat Foods. This has been consistent with the outcome of the electronic working group and consensus of the previous Committee Session as justified by generally accepted scientific evidence. These are also in line with the previous Philippine Positions.

### Specific

| | Type of Change | Proposed Changes |
|---|---|---|
| **Preamble**<br><br>RUTF are primarily intended for children with uncomplicated SAM from 6-59 months. | Editorial | Philippines recommends to use the updated Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund.<br><br>Revise third sentence of the first paragraph to read as: RUTF **are** primarily intended for **outpatienttreatment of SAMfrom a 6-59months of age**<br><br>In addition, the preamble may also add a paragraph or so stating the number of children in the world affected with SAM. **[Severe acute malnutrition (SAM) affects at least 19 million children at any one time.]** (Grellety and Golden, 2018) |
| **Description** | Editorial | We suggest a slight revision in the definition of SAM to read as "Severe Acute Malnutrition is definedby weight for height (or length) less than –3 Z-score of the median WHO growth standards, or by mid upper arm circumference (MUAC) <11.5 cm, or by the presence of bilateral **(pitting/ nutritional** oedema(WHO/UNICEF/IMTF, 2007**)** |
| **5. Suitable Raw Materials** | Substantial | Each raw material intended for use in RUTF should be evaluated for their content in:<br><br>• gelatinized starch (considered as easily digestible), for cereals and pulses<br><br>• anti-nutritional factors such as phytates (which can limit iron and zinc absorption) and antitrypsic factors |

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| | | Any new RUTF formula incorporating alternative ingredients should be thoroughly validated through published acceptability and efficacy studiesconducted by independent third parties to ensure that RUTF for children with SAM are acceptable, safe and efficacious. |
| **Section 5.2.1 Available Carbohydrates** | Substantial | The quantity of free sugar in the product should be restricted and should be in accordance with WHO guidelines and WHA recommendations. |
| **Section 5.1.2.1 Legumes and Pulses** | Substantial | It is important to state the use of local foods and to take into account local food consumption patterns in the basic composition of RUTF for cost-effective and safe ingredients. This is consistent with the decision in the 37th CCNFSDU Session. |
| **5.2.2 Food Additives and Flavours** | Substantial | The Philippines proposes to add this statement:<br>Where possible, no food additives shall be added. However, if technologically justified, only food additives and flavours appropriate for 6-59 month old infants and young children and their prescribed limits in reference to the General Standard for Food Additives (Codex Stan 192-1995) shall be permitted.<br>The Philippines could support food additives used in the currently permitted in STAN 72-1981 or STAN 156-1987 or GL 10-1979 |
| [Vitamin and mineral forms used must be soluble and easily absorbed by patients with SAM. Children with SAM have low or absent gastric acid which means that they should not be given inorganic salts of minerals that are insoluble or requiring an acid gastric environment for absorption, in order to avoid metabolic acidosis. It is important that RUTF should have a mineral composition that leads to a moderate excess of non metabolisable base. The non-metabolizable base can be approximated by the formula: estimated absorbed millimoles (sodium + potassium + calcium + magnesium) - (phosphorus + chloride.]<br>The amount of vitamins and minerals added to achieve the target level must be adjusted based on the chemical form and scientific evidence showing adequate stability and bioavailability in the finished product.**]** | Editorial | The Philippines supports deletion of the brackets retaining the following texts:<br>Vitamin and mineral forms used must be soluble and easily absorbed by patients with SAM. Children with SAM have low or absent gastric acid which means that they should not be given inorganic salts of minerals that are insoluble or requiring an acid gastric environment for absorption, in order to avoid metabolic acidosis. It is important that RUTF should have a mineral composition that leads to a moderate excess of non metabolisable base. The non-metabolizable base can be approximated by the formula: estimated absorbed millimoles (sodium + potassium + calcium + magnesium) - (phosphorus + chloride.<br>The amount of vitamins and minerals added to achieve the target level must be adjusted based on the chemical form and scientific evidence showing adequate stability and bioavailability in the finished product.**]** |
| **6. NUTRITIONAL COMPOSITION AND QUALITY FACTORS**<br>**6.1 Energy** | Editorial | The Philippines proposes that nutritional composition be in tabular form similar to previous Codex Standards:<br>Energy Values Unit Minimum Maximum GUL |

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| | | Kcal/100g 520 550 |
| **6.2 Protein** | Substantial | **The Philippines would want to reflect the actual rounded off calculated values of protein to 10-12% of the total energy**<br>Unit Minimum Maximum GUL<br>g/100g 13g 16.5g<br>g/kcal 2.4 3.2 |
| That CCNFSDU agree to keeping the statement "at least 50% of protein is provided by milk products" in square brackets until there is further guidance from FAO on determining protein quality using PDCAAS. ["at least 50% of protein is provided by milk products"] | | We agree to retain the bracketed statement "at least 50% of protein is provided by milk products" in square brackets until there is further guidance from FAO on determining protein quality using PDCAAS.<br>One study involvingrandomised 1874 children found out that RUTF containing less milk powder (10%) with standard RUTF (25% milk powder) may lead to slightly more children relapsing and to less weight gain than standard RUTF. (www.cochrane.org) |
| n-6 Fatty Acids | | The Philippines would want to recommend revised units of measure for N-6 Fatty Acids:<br>Unit Minimum Maximum GUL<br>mg/100kcal 333 1111 |
| n-3 Fatty Acids | | The Philippines would want to recommend revised units of measure for N-3 Fatty Acids:<br>Unit Minimum Maximum GUL<br>mg/100kcal 33278 |
| **Vitamin A** | | The Philippines supports retention of the bracketed proposed values for Vitamin A.<br>UnitMinMaxGUL<br>mg RE/100g0.8 1.1<br>mg/RE/100 kcal 0.15 0.2<br>ug/RE/100kcal 150 200 |
| **Vitamin D** | | The Philippines supports the minimum values for Vitamin D 22 ug/100 g or 4 ug/100 kcal<br>Vitamin D<br>Unit Min Max GUL<br>µg/100 g 15 2230<br>µg100 kcal 2.7 4<br>1 µg cholecalciferol = 40 IU vitamin D |
| **Vitamin E** | | We support this recommendation and proposes to keep to add α-TE in the first line, and to keep a point number with one decimal in the second line.<br>Unit Min Max GUL<br>mg α-TE / 100 g 20<br>mg α-TE /100 kcal 4 |
| **Calcium** | | Unit Min Max GUL<br>mg/100 g 300 600 |

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| | | mg/100kcal 58 109 |
| **Phosphorus** | | Unit Min Max GUL<br>mg/100 300 600<br>mg/100kcal 58 109 |
| **Magnesium** | | Unit Min Max GUL<br>mg/100 g 80 140<br>mg/100kcal 15.4 26 |
| **Vitamins and Minerals** | | The Philippines supports the proposed minimum and maximum values for Vitamin K; Vitamin B1 Vitamin B2; Vitamin C; Vitamin B6; Vitamin B12; Folic Acid; Niacin; Pantothenic Acid; Biotin, Sodium; Potassium; Iron; Zinc; Copper; Selenium and Iodine.<br>However, we are of the opinion that no sodium shall be added to RUTF. The proposed maximum limit should account for the inherent sodium content of the raw materials/ingredients used in its production.<br>The Philippines proposes the following upper limits to take into account the variability of raw materials and manufacturing processes.<br>Potassium-**We recommend to increase the limit for potassium to 1,600 mg/100 g.**<br>Iodine-**We propose to increase the limit of iodineto 160 µg/100 g.** |
| **Quality Factors** | Substantial | We however propose to include the quality factors that describe RUTF such as:<br>• **The taste and texture should be suitable for young children.**<br>• **This food should be soft or crushable, palatable and easy for children to eat without any preparation.** |
| **Shelf-life** | Substantial | We support the wordings that the RUTF should comply with relevant CODEX Alimentarius texts. In addition, statements indicating that **'RUTF should be resistant to contamination by micro-organisms.**and that **RUTF can be** transported and stored **safely within prescribed periods** without refrigeration **even at tropical temperatures**"should be added. |
| **8. Processing Technologies** | Substantial | The Philippines proposes to add the following statements:<br>• **Processing technologies described below are given as examples of treatment mainly on raw materials.**<br>• **Any technologies used for raw materials and for RUTF have to be validated according to Guidelines for the Validation of Food Safety Control Measures (CXG 69-2008), to prove that:**<br>**- they do not alter the nutritional** |

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| | | **<u>value</u>**<br>**<u>- they allow reduction of anti-nutritional factors</u>**<br>**<u>- they allow to guaranty the microbial quality of the food.</u>** |
| **11. Packaging** | Substantial | We support the proposed wordings in the guidelines. In addition, we propose for the consideration of the statement indicating that **"Each packed RUTF should be enclosed in a secondary packaging individually to avoid contamination."** |
| **12. Labeling**<br><br>• [Exclusive breastfeeding is recommended for the first 6 months of life, and continued breastfeeding is recommended for at least 24 months.]<br><br>**Additional Mandatory Labeling Requirements** | Editorial | The Philippines supports retention of the reference to Guidelines for Use of Nutrition and Health Claims since only the claim "for the dietary management of severe acute malnutrition" is allowed for RUTF.<br>We strongly support retentions of the bracketed statement:<br>Exclusive breastfeeding is recommended for the first 6 months of life, and continued breastfeeding is recommended for at least 24 months.<br>We propose to add this statement:<br>**<u>RUTF should be prescribed by a trained health and nutrition professional only.</u>**<br>We recommend removing the word rectal in the following sentence: The product is not to be used for parenteral, ~~rectal~~ or Nasogastric Tube (NG tube) administration. |

**References**:

Grellety and Golden, 2018. Nutrition Journal (2018) 17:80. *"Severely malnourished children with a low weight-for-height have similar mortality to those with a low mid-upper-armcircumference: II. Systematic literature review and meta-analysis".* https://doi.org/10.1186/s12937-018-0383-5

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**2. malnourished children between six months and five years old".**

**3. https://www.cochrane.org/CD009000/BEHAV_ready-use-therapeutic-food-home**

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WHO/UNICEF/IMTF Technical Review Committee Meeting on Management of Severe Acute Malnutrition. World Health Organization. Geneva. 28-29 June 2007