1. SCOPE

Comments: India reiterates its earlier position of including references regarding WHO and WHA resolutions under scope in line with Codex Stan 72 which is as follows:

“The application of this section of the Standard should take into account the recommendations made in the International Code of Marketing of Breast-milk Substitutes (1981), the Global Strategy for Infant and Young Child Feeding and World Health Assembly resolution WHA54.2(2001) and 69.9 (2016)”

Rationale: It is essential that there is policy alignment between Codex instruments and the norms, standards, resolutions and recommendations adopted by the World Health Assembly, especially those relating to infant and young child feeding. Any Codex standard covering products targeted to children less than 36 months must at the very least conform to WHO guidelines and WHA Resolution. This is essential for the protection of optimal infant and young child health and to support WHO infant and young child feeding recommendations. The decisions made at the WHA by Member States need to be imbedded into Codex standards and national legislation.

9.2 List of Ingredients

9.2.2 The specific name shall be declared for ingredients of animal or plant origin and for food additives. In addition, appropriate functional classes for these additives may be included on the label. The food additives INS number may also be optionally declared.

Comment: ‘The specific name shall be declared for ingredients of animal or plant origin and for food additives. In addition, appropriate functional classes for these ingredients and additives may be included on the label. The food additives INS number may also be optionally declared’.

Rationale: As per FSS (Packaging and labelling) 2011, Sub-regulation 2.4.1.2(xi), the declaration of specific name and functional class of the food additive is mandatory but not INS. As per General Standards for labelling of pre-packaged foods, ‘Functional class’ for food additives is mandatory. Hence, India proposed to delete ‘may’ from second line and include ‘shall’ to make it mandatory of declaration of functional classes as follows:

9.6.4 Products shall be distinctly labelled in such a way as to avoid any risk of confusion between infant formula, follow-up formula for older infants, (name of product) for young children, and formula for special medical purposes, in particular as to the text, images and colours used, to enable consumers to make a clear distinction between them. Cross promotion between product categories is not permitted on the [label/labelling] of the product.

Comment: India reiterates its earlier position of including references regarding cross promotion is essential for the protection of optimal infant and young child health and to support WHO infant and young child feeding recommendations. To make it clear, the WHO definition may be adopted and referred in the document.

i) Preamble

Comments: India may reiterate its earlier position which is as follows:
The Codex Alimentarius Commission acknowledges the need to [protect and support / recognize] breastfeeding as an unequalled way of providing ideal food for the healthy growth and development of infants and Young Children. At the same time Codex acknowledges that numerous formulae have been produced, intended for use, where [necessary / appropriate], as a substitute for human milk in meeting the normal nutritional requirements of infants and young children provided they are prepared under hygienic conditions and given in adequate amounts. In addition, various products have also been produced intended specifically for young children as they progress to a more diversified diet of family foods and these products should not discourage replace breastfeeding.

The production, distribution, sale and use of follow-up formula for older infants and [Follow-up Formula] for young children should only be consistent with national health and nutrition policies and relevant national/regional legislation, and the marketing of these products must be in accordance with take into account, [as appropriate,] the recommendations made in the International Code of Marketing of Breast-milk Substitute (1981) and the Global Strategy for Infant and Young Child Feeding. Relevant WHO guidelines and policies as well as relevant World Health Assembly (WHA) resolutions that have been [endorsed / supported] by member states [may also] should provide guidance to countries in this context.

This Standard is divided into two sections. Section A refers to Follow-up Formula for Older Infants (6 to 12 months of age), and Section B deals with [Name of Product] for Young Children (12 to 36 months of age). It does not apply to products covered by the Codex Standard for Infant Formula (CXS 72 – 1981).

2. Description:

Comment:- India may reiterates its earlier position that these products are considered as breath milk substitutes in line with WHO recommendations which is as follows:

“In 2016, the WHO published guidance to clarify that breast-milk substitutes “should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks).”

9.2 (list of ingredients) and 9.3 (Declaration of Nutritive value) have also to aligned with FUF for older infants (reviewed by CCFL and CAC)

Section 9.5.3 and 9.6.1: Restricting usage of pictures of feeding bottles on label

Comment: India may support to retain provision regarding restricting usage of pictures of feeding bottles on label which indirectly promote bottle feeding.

Rationale: As per the national standards, No containers or label relating to infant milk substitute or infant food shall have a picture of infant or women or both. It shall not have picture or other graphic materials or phrases designed to increase the saleability of the infant milk substitute or infant food. The terms “Humanised” or “Maternalised” or any other similar words shall not be used. The Package and/or any other label of infant milk substitute or infant food shall not exhibit the words, “Full Protein Food”, “energy Food”, “Complete food” or “Health Food” or any other similar expression.

Agenda Item 4d

Comment: Recommendation 10:- India does not support the addition of flavorings in follow-up formulas for older infants and young children.

Rationale: These flavorings can cause infants to develop a preference for these foods and can have a negative effect on food choices. Also, Flavors are not permitted in infant formula as per the Codex Infant Formula Standard (0 -12 moth) (Codex Stan 72).

Agenda Item 5b

General Comment: Additives listed shall be aligned with category 13.3 (FSMP) and developed as requirements of RUTF. It has been observed that Citric acid and fatty acid esters of glycerol, ascorbic acid and silicon dioxide are not allowed in FSMP category (13.1.3 and 13.3) which may be discussed before adoption. Hence, no blanket approval of 13.3 is recommended as it contains many additives including GMP category, which need to be considered before adoption for RUTF category.

Agenda Item 6a

General Comment: India congratulates Canada for bringing out detailed ‘Discussion Paper Risk Management Possibilities for the Reduction of Trans Fatty Acids’. India is largely in agreement with the different proposals regarding reduction of trans fatty acids. India is already working in several areas of the proposals which are as follows:
• Considering the health hazards associated with consumption of TFAs, Food Safety and Standards Authority of India (FSSAI) plans to eliminate it from the diet in a phased manner by 2022. TFA regulation of 3% by weight in fats/oils by 2021 and to 2% by weight by 2022 in fats/oils is under process. The regulation is also being extended to food products having fats/oils. Declaration of trans fatty acid content on the label is mandatory in case oils and fats and products oils and fats as ingredient.

• Trans Fat Free Logo has been released for foods not having trans-fat more than 0.2 g per 100 g of the food, in compliance with the Food Safety and Standards (Claims and Advertisements) Regulations, 2018.

**Agenda Item 7**

**General Comment:** India is in support of retaining the definition with the suggested footnotes for further use. Biofortification may become a method in future to address micronutrient deficiencies. The definition developed would be useful as a good reference for national authorities while developing bio fortified foods.

**Agenda Item 9b**

**General Comment:** The alignment of food additive provisions in CCNFSDU standards with the GSFA is necessary to remove ambiguity.

**Part C: Standard for Processed Cereal-based Food for Infants and Young Children (CXS 74-1981)**

**Specific Comment:** To evaluate the whether to include the following food additives currently in the Standard CXS 74-1981: monosodium tartrate (INS 335(i)), monopotassium tartrate (INS 336(i)), dipotassium tartrate (INS 336(ii)). According to the Report of the 50th session of the codex committee on food additives, it was recommended the revocation of the provisions for these food additives taking into consideration the lack of JECFA specifications: in the Standard for Processed Cereal-Based Foods for Infants and Young Children (CXS 74-1981); These provisions may need to be evaluated as per the advice in Box G of the decision tree on the alignment of food additives with GSFA.

**Agenda Item 11**

**General Comment:** India supports development of work proposals regarding probiotics and prebiotics as proposed under agenda item 13. As these are related products, India proposes to consider it as a single document which would also save time and energy of the Committee.