codex alimentarius commission





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Agenda Item 6

CX/NFSDU 01/6-Add.1

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

Twenty-third Session Berlin, Germany, 26-30 November 2001

DRAFT REVISED STANDARD FOR PROCESSED CEREAL-BASED FOODS FOR INFANTS AND YOUNG CHILDREN

Note from the WHO Secretariat

This note concerns **Agenda Item 6**, Draft Revised Standard for Processed Cereal-Based Foods for Infants and Young Children.

The Committee on Nutrition and Foods for Special Dietery Uses at its last 22nd Session session (ALINORM 01/26, paras 88-102) recognized that it was not possible to reach consensus on the fundamental issue of the Scope (namely the age or age range of these foods to the diet) at this stage and that it would not be possible to make further progress on the revision at the current session. The Committee therefore agreed to retain the Proposed Draft Revised Standard at Step 4 for further consideration at the next session and to ask the Commission how to proceed with this issue.

The WHO informed the 24th Session of the Commission (see ALINORM 01/21, Part IV-Add.4) that it had adopted a comprehensive resolution on infant and young child feeding¹. The resolution, in paragraph 2 (4), calls on WHO Member States:

to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on the optimal duration of exclusive breastfeeding, ² and to provide safe and appropriate complementary foods, with continued breastfeeding, for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

¹ WHA54.2, http://www.who.int/wha-1998/EB_WHA/PDF/WHA54/ea54r2.pdf and also attached as Annex I to the document CX/NFSDU 01/2.

² As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4, http://www.who.int/wha-1998/EB_WHA/PDF/WHA54/ea54id4.pdf, and also attached as Annex II to the document CX/NFSDU 01/2.

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This matter was considered by the 48th Session of the Executive Committee (Geneva, 28-29 June, 2001).

In the light of the outcome of the Health Assembly, which adopted its resolution by consensus, the Executive Committee of the CAC recommended that the Committee take into account the World Health Assembly resolution and that it should proceed to a conclusion of the revised standard as quickly as possible in order to satisfy the need for an adequate standard ensuring the quality and safety of these products in international trade (see also document CX/NFSDU 01/2).

To facilitate the work of the Committee, WHO has prepared the following text, which it believes reflects the global public health recommendation for the period of exclusive breastfeeding found in paragraph 2(4) of resolution WHA54.2. The Committee is invited to take this wording into account while revising the Proposed Draft Revised Standard.

Paragraph 1 (Scope) could read:

This standard covers processed cereal-based foods intended for feeding infants as a complement to breast milk or infant formula when, from the age of six months onwards, breastfeeding alone or infant formula are no longer sufficient to satisfy nutritional requirements, and for feeding young children as part of their progressively diversified diet.

Paragraph 3.8.1 (optional ingredients) could read:

In addition to the ingredients listed under 3.1, other ingredients suitable for infants who are more than six months of age and for young children can be used.

Paragraph 8.5.3 (information for use) could be deleted.

Paragraph 8.5.4 (information for use) could read:

The label shall state clearly that the product is not recommended for use below six months. The label shall also include a statement indicating that the decision when precisely to begin complementary feeding should be made in consultation with a health worker, based on the individual infant's specific growth and development needs. Additional requirements in this respect may be made in accordance with the legislation of the country in which the product is sold.