

codex alimentarius commission



FOOD AND AGRICULTURE
ORGANIZATION
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WORLD
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ORGANIZATION



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Agenda Item 9

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

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DISCUSSION PAPER ON THE PROPOSAL FOR NEW WORK TO ESTABLISH A STANDARD FOR PROCESSED CEREAL-BASED FOODS FOR UNDERWEIGHT INFANT AND YOUNG CHILDREN

Prepared by India

PROJECT DOCUMENT

1. The purposes and the scope of the standard:

The Revised Standard for Processed Cereal Based Foods for Infants and Young Children has far reaching implications on the nutrition of infants and young children in the world. It is a dilution of old standards of the baby foods. Developing world, especially India and other South Asian countries, require protection of health and nutrition of infants and young children. The scope of this proposal is to develop a separate Standard for Processed Cereal Based Foods for Underweight Infants and Young Children for meeting the challenge of improving nutrition of infants and young children which is the most critical age group in the developing world that determines the health of a person throughout the life span.

This standard will cover processed cereal-based foods intended for feeding infants as Complementary food from the age of 6 months onwards, and for feeding infant and young children having protein malnourishment.

2. Its relevance and timeliness:

The new standard is requested owing to high rate of under weight children in Developing Countries. Nutritionally and energy dense composition in the proposed standard will help to reduce the burden of malnutrition in the developing countries.

Under-nutrition is implicated in more than half of the 10.5 million preventable deaths of children under five years that occur in low- and middle-income countries each year. According to UNICEF estimates¹, more than one-quarter of all under fives in the developing world are underweight. This accounts for about 143 million underweight children in developing countries. More than 50% of

¹ Progress for Children, 2007, UNICEF as quoted in <http://www.childinfo.org/undernutrition.html>

young children's deaths from infectious diseases such as malaria, pneumonia, diarrhea and measles have under-nutrition as an underlying cause. Around 854 million people worldwide are undernourished. This is 12.6% of the estimated world population of 6.6 billion. Most of the undernourished – 820 million - are in developing countries. Geographically, South Asia has the highest (42%) level of under-nutrition.

In South Asia, the proportion of malnourished children under 5 is almost three times higher than the rest of the developing world. Bangladesh, India and Pakistan together are home to one-half of the world's malnourished children. Overall, 60% of South Asian women of childbearing age are underweight, and malnourished.²

India still carries a disproportionate amount of the burden as it accounts for 21% of the under-five children dying in the world.³ The National Family Health Survey (NFHS III), India reveals that undernutrition starts in children at the age of 6 months and peaks in age group of 12-23; 24-35 months. The same survey conducted in 2005-06 came up with the findings that 79% children of under 3 years of age group are anaemic. In India, one out of every three adult women is having chronic energy deficiency and therefore at risk of delivering babies with low birth weight. More than 96% of low birth weight occurs in the developing world and India is home to nearly 40% of all low birth weight babies in the developing World.

Rates of malnutrition in Bangladesh are among the highest in the world. More than 54% of preschool-age children, equivalent to more than 9.5 million children, are stunted, 56% are underweight and more than 17% are wasted. Bangladeshi children also suffer from high rates of micronutrient deficiencies, particularly vitamin A, iron, iodine and zinc deficiency.⁴

Pakistan has an alarmingly high level of malnutrition; 24% of the population is undernourished. The most recent estimates by the United Nations Food and Agriculture Organization (FAO) state that 37.5 million people in Pakistan are not receiving proper nourishment. A survey by the World Health Organization (WHO) shows that the number of underweight pre-school children (0-5 years of age) in Pakistan is 40 percent. Such children often remain weak and undernourished throughout life.⁵

Malnutrition has been identified as a major health problem in Sri Lanka too. According to the Demographic and Health Survey 2000, 22% of ever married women in the reproductive age group are malnourished, while 17% of children under five years have been born as low birth weight babies.⁶ The proportions of pre-school children who are stunted, wasted and underweight stand at 14%, 14%, and 29% respectively. Malnutrition is at its worst in the Estates with the percentage of underweight children as high as 44%.⁷

In Malaysia, a study that the overall prevalence of mild and significant underweight amongst children aged 2-15 years was 32.1% and 56.5% respectively. The prevalence of mild stunting was 25.6% while another 61.3% had significant stunting. The overall prevalence of mild and significant wasting was 39.0% and 19.5% respectively.⁸ On the hand, Thailand dramatically reduced severe and moderate degrees of undernutrition from 36 percent to 13 percent. According to the national reports, the current

² The Hunger Project Online Briefing Program, The Persistence of Hunger in South Asia, available at <http://www.thp.org/sac/unit2/index.html>

³ State of the World's Children 2008 Report, UNICEF

⁴ Nutrition Country Profiles, Bangladesh, Summary, FAO available at <http://www.fao.org/ag/agn/nutrition/bgd-e.stm>

⁵ Malnutrition in Pakistan: The hidden hunger by Muhammad Aslam & Ronald Inayat for tbl, available at <http://www.triplebottomline.com.pk/opportunity.asp>

⁶ SRI LANKA, "Nutritional Status of Pre-School Children in Sri Lanka", Department of Census and Statistics, Concluding Workshop RETA 6007: Enhancing Social and Gender Statistics, 24-27 June 2003 Bangkok, Thailand available at http://www.adb.org/Statistics/reta_files/6007/Sri_Lanka.pdf

⁷ Social Conditions of Sri Lanka, Department of Census and Statistics, www.statistics.gov.lk

⁸ Protein-energy malnutrition and soil-transmitted helminthiases among Orang Asli children in Selangor, Malaysia, Department of Parasitology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razek, Cheras, Kuala Lumpur, Malaysia, available at <http://www.ncbi.nlm.nih.gov/pubmed/15927939>

prevalence of severe and moderate undernutrition among pre-school children is less than 1.0%. Thailand uses its own growth monitoring standard instead of NCHS/WHO reference standard. However, the random survey on nutrition status carried out in 1993 by MOPH on a sample size of 11,773 pre-school children showed high prevalence of PEM especially in north-east, north and southern parts of the country. With a cut-off point $<-2SD$ NCHS median, the prevalence was shown to be 18 percent underweight, 16 percent stunted and 5.9 percent wasted.⁹

According to the estimates from the World Food Programme (WFP), around 13 million children in Indonesia suffer from malnutrition.¹⁰ In some Indonesian districts about 50% of infants and young children are underweight. In a survey report published in 2007 by Church World Service, CWS found that in four West Timor districts surveyed about 50% of infants and young children are moderately and/or severely underweight.¹¹ According to a report published by Lancet, the prevalence is significantly higher than in African countries overall, where 21.9% of small children are underweight.¹²

The situation in Africa too raises concern. In Ghana, current estimates indicate that about 28% of children under 5 years of age are underweight, as compared to 20% in Senegal and 12% in Cote de Ivoire. The main nutrition problems include inadequate intakes of energy and protein, iodine deficiency disorders, iron deficiency anemia and vitamin A deficiency.¹³ According to the Demographic and Health Survey conducted by Ghana Statistical Service in 2003, the proportion of children under five who are stunted has increased from 26% in 1998 to 30% in 2003. The proportion underweight decreased from 10% in 1998 to 7% in 2003. The proportion of children who are wasted also decreased from 25% in 1998 to 22% in 2003 (GSS and MI, 1999). These trends in nutritional status imply that the problem of malnutrition in Ghana may be due to chronic food shortages.¹⁴

In light of the above, it is necessary that any relevant prescribed standards should adequately address the needs and the realities of the abovementioned developing world and thus emerges the need for a separate standard.

3. The main aspects to be covered:

3.1 Cereal content in Cereal Based Foods to be at least 50%: The processed cereal based foods for infants and young children are based primarily on cereals since they are not only an important source of carbohydrates but also provide a good amount of protein and other nutrients like minerals and vitamins.

3.2 Minimum protein content to be at least 15%: The minimum content of protein shall not be less than 15% on a dry weight basis and the quality of the protein shall not be less than 70% of that of casein”.

3.3 Energy Density: The energy density of processed cereal-based foods should not be less than 4 kcal/g.

3.4 Diluting the nutritive value of the product by adding sugar should be avoided: Such foods need not have any sugar as this will provide freedom to the consumer to reconstitute the product with any nutritious liquid, sweet or savory.

⁹ Thailand, Country Profile: Nutritional Status available at http://www.searo.who.int/LinkFiles/FCH_65-68.pdf

¹⁰ Church World Service Indonesia, Facts, Malnutrition in Indonesia, http://www.churchworldservice.com/media/press-kit/pdf_files/CWS-IndonesiaMalnutritionFacts.pdf

¹¹ Church World Service Indonesia, "Nutrition and Health Survey of Underfive Children and Women in West Timor 2007," available at http://www.cwsindonesia.or.id/page/sasando/doc/2008-06-24_west_timor_bulletin_2008.pdf

¹² The Lancet, Vol. 371, January 19, 2008, p. 245, “Maternal and Child Undernutrition 1: global and regional exposures and health consequences,” “Childhood underweight, stunting, and wasting” available at www.thelancet.com

¹³ Nutrition in Ghana: Investing Now for the Year 2020, Nutrition Profile available at <http://www.geocities.com/cpslibrary/nutrition.html>

¹⁴ Ghana Demographic and Health Survey 2003, Ghana Statistical Service Accra, Ghana, Noguchi Memorial Institute for Medical Research Legon, Ghana, ORC Macro Calverton, Maryland, USA September 2004 available at <http://www.measuredhs.com/pubs/pdf/FR152/00FrontMatter.pdf>

4. An assessment against the Criteria for the establishment of work priorities:

The proposed new work will support governments in the developing world to improve the quality of the processed cereal based foods for underweight children adequately. It would also support progress towards achieving Goal 4 of the Millennium Development Goals that sets out to reduce by two third the mortality rate among children under five by the year 2015.

5. Relevance to the Codex strategic objectives:

The proposed new work is in line with the Codex Alimentarius Commission Strategic Plan 2008–2013 - **Goal 2: Promoting widest and consistent application of scientific principles and risk analysis point no 11**. The CAC has the goal of elaborating standards that cover the needs of its entire membership to ensure these standards are applicable globally. A constraint to this goal is the persistent lack of relevant data from all major parts of the world. The CAC will continue to encourage countries from both the developed and developing worlds to submit relevant data to the CAC and the parent organizations.

6. Information on the relation between the proposal and other existing Codex documents:

1. CODEX STANDARD FOR PROCESSED CEREAL-BASED FOODS FOR INFANTS AND YOUNG CHILDREN CODEX STAN 074-1981, REV. 1-2006
2. GUIDELINES ON FORMULATED SUPPLEMENTARY FOODS FOR OLDER INFANTS AND YOUNG CHILDREN CAC/GL 08-1991

7. Identification of any requirement for and availability of expert scientific advice;

None foreseen

8. Identification of any need for technical input to the standard from external bodies so that this can be planned for;

None foreseen

9. The proposed time-line for completion of the new work, including the start date. The proposed date for adoption at Step 5, and the proposed date for adoption by the Commission; the time frame for developing a Standard should not normally exceed five years:

Subject to approval, the new work could commence following the 32nd Session of the Codex Alimentarius Commission meeting (2009). Proposed Standard for Processed Cereal Based Foods for Underweight Infants and Young Children for developing countries could be circulated for government comments at Step 3 for consideration by the 31st Session of the CCNFSDU (2009). It is anticipated that the 32nd or 33rd Sessions of the CCNFSDU (2010; 2011) could advance the document to Step 5, and the 34th or 35th Sessions of the CCNFSDU (2012; 2013) could advance the document to Step 8.

A Technical Support Paper will be circulated as a CRD.