

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
Organization of the
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Organization

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Agenda Item 8

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

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Berlin, Germany
4 - 8 December 2017

NRVS-R FOR OLDER INFANTS AND YOUNG CHILDREN

Comments of Tanzania, Thailand, African Union and International Special Dietary Foods Industries (ISDI)

TANZANIA

Issue: The need to proceed with work on establishing NRVs for older infants and young children

Comment: Tanzania support the work to proceed as proposed in the discussion paper starting from TOR A, D, B and C

Rationale: The order of the TOR as proposed will provide for a logical progress of work and enable making decision to progress or not for each of nutrient under consideration at appropriate time. Despite the five Codex standard related to foods for older infants and young children prohibiting nutrition claims, establishing the NRVs at Codex level will provide a good reference for countries who may need to establish nutrition claims for this age group.

THAILAND

General comments

In principle, Thailand agrees to continue the work on NRV-R for Older Infants and Young Children and strongly proposes that this work be carried out by the Joint FAO/WHO Expert Meetings on Nutrition (JEMNU). This scientific advice mechanism (JEMNU) will have high credibility, well accepted by all parties concerned and will facilitate the work of the CCNFSDU faster.

Comments on NFSDU/39 CRD/2

Thailand would like to express our appreciations for the efforts of Australia for preparing the comments (NFSDU/39 CRD/2) for this agenda. Those comments are helpful and could be used as a basis to advance the work on this matter.

However, to deal with this complex issue on NRV-R for older infant and young children, the CCNFSDU should request the JEMNU to provide scientific advice based on the TOR agreed during the Session.

AFRICAN UNION

Issue: The need to proceed with work on establishing NRVs for older infants and young children

Comment: African Union supports the work to proceed as proposed in the discussion paper starting from TOR A, D, B and C

Rationale: The order of work as elaborated in the TOR will provide for a logical progress of work and enable making decision to progress or not for each of nutrient under consideration at appropriate time. Despite the five Codex standard related to foods for older infants and young children prohibiting nutrition claims, establishing the NRVs at Codex level will provide a good reference for countries who may need to establish nutrition claims for this age group.

INTERNATIONAL SPECIAL DIETARY FOODS INDUSTRIES (ISDI)

1. PURPOSE OF DOCUMENT

- i. To summarise CCNFSDU discussions on the establishment of nutrient reference values (NRVs) for older infants and young children

- ii. To build on the CCNFSDU37 (2015) proposal that to progress this work, an ewG should be established and expert advice should be sought as necessary from JEMNU (Joint FAO/WHO Expert Meetings on Nutrition). A workflow is proposed & outlined in Section 4 of this document.

2. BACKGROUND

Nutrient reference values are currently listed in two Codex documents:

Codex Guidelines on Nutrition Labelling (CAC/GL 2-1985)

NRVs are listed in the *Codex Guidelines on Nutrition Labelling (CAC/GL 2-1985)* for the general population (i.e. individuals older than 36 months). These guidelines do not list NRVs for older infants (6-12 months) and young children (12-36 months).

NRVs are defined in these Guidelines as a set of numerical values that are based on scientific data for purposes of nutrition labelling and relevant claims. They comprise the following two types of NRVs:

- Nutrient Reference Values – Requirements (NRVs-R) refer to NRVs that are based on levels of nutrients associated with nutrient requirements.
- Nutrient Reference Values – Noncommunicable Disease (NRVs-NCD) refer to NRVs that are based on levels of nutrients associated with reduction in the risk of diet-related noncommunicable diseases not including nutrient deficiency diseases.

These NRVs are used for labelling purposes to help consumers make choices that contribute to an overall healthful dietary intake, i.e.

- As outlined in section 3.4.4, of the *Codex Guidelines on Nutrition Labelling*, any nutrient for which an NRV has been established can be expressed as a percentage of the NRV
- As outlined in the *Codex Guidelines for the use of Nutrition and Health Claims (CAC/GL 23-1997)*, nutrient content claims are only permitted for those nutrients for which NRVs have been laid down in the *Codex Guidelines for Nutrition Labelling*. However, the *Codex Guidelines for the use of Nutrition and Health Claims* states that Nutrition and health claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation.

Codex Guidelines for Formulated Complementary Foods (CAC/GL 8-1991)

The Annex to the Guidelines for Formulated Complementary Foods lists reference nutrient intakes (INL98) for 22 vitamins and minerals, mostly from WHO (2004), for the purpose of guiding micronutrient composition for formulated complementary food for older infants and young children¹. Since this Codex text recommends that labelling be in accordance with the *Guidelines on Nutrition Labelling*, it is unclear whether new NRVs-R for older infants and young children or the 22 reference values listed in the Annex should be, or could be, applied to nutrition labelling of these products (REF: Section 7.1, CX/NFSDU 15/37/4). Furthermore, it is unclear if these reference values could be applied to the micronutrient composition for other foods intended for infants and young children (e.g. optional ingredients permitted in Follow-up formula, CODEX STAN 156-1987).

3. OVERVIEW - CCNFSDU DISCUSSION ON NRVs FOR 6-36 MONTHS

CCNFSDU36 (2014) agreed to establish an electronic Working Group (ewG), chaired by Australia, with three terms of reference (TOR). TOR-3 related to NRVs-R for the 6-36 month age group.

TOR-3: Consider the approach for establishing NRVs-R for 6–36 months of age for the nutrients for which NRVs-R are established for the general population (REF: Paragraph 81, [REP15/NFSDU](#))

The findings of this ewG were presented in an agenda paper ([CX/NFSDU 15/37/4](#)) for discussion at **CCNFSDU37 (2015)**. Section 7 (Approach to establish NRVs-R for older infants and young children) & Section 8 (Draft general principles for establishing NRVs-R for older infants and young children) of the agenda paper relate to TOR-3. There was consensus at CCNFSDU37 (2015) that the establishment of NRVs-R for older infants and young children would be beneficial and would support harmonisation across the globe; however, further consideration should be given to the intended use of these NRVs-R. To progress this work further, it was proposed that an ewG should be established and that expert advice should be

¹ **Formulated Complementary Foods for Older Infants and Young Children** means foods that are suitable for use during the complementary feeding period. These foods are specifically formulated with appropriate nutritional quality to provide additional energy and nutrients to complement the family foods derived from the local diet by providing those nutrients which are either lacking or are present in insufficient quantities.

sought as necessary from JEMNU (Joint FAO/WHO Expert Meetings on Nutrition) (REF: paragraphs 46-51, [REP16/NFSDU](#)).

At **CCNFSDU38 (2016)** there was interest to continue work through an eWG, it was not possible to find co-chairs to assist those countries who expressed interest in leading this work. Therefore, the Committee agreed to postpone discussion until the next session of the Committee. (REF: paragraphs 37-40, [REP17/NFSDU](#)).

4. PROPOSED WORKFLOW

This workflow builds on the CCNFSDU37 (2015) proposal that to progress this work, an ewG should be established and expert advice should be sought as necessary from JEMNU. This workflow clarifies the potential role of both the eWG and JEMNU.

Role of eWG: The initial step is to assess the need for the establishment of NRVs-R for older infants (6-12 months) & young children (12-36 months). If a need is established, 2 work-streams are then instigated (both can run in parallel):

1. Work-stream 1 focuses on the establishment of the NRVs-R. Much of this background work has already been conducted by the 2015 eWG led by Australia & scientific input can be received, as necessary, from JEMNU.
2. Work-stream 2 focuses on the amendment of relevant Codex texts to reflect the newly established NRVs-R (e.g. the Annex of the Codex Nutrition Labelling Guidelines, CAC/GL 2-1985, may need to be amended to include general principles for establishing NRVs for 6-36 months)

Role of JEMNU: The key role is to establish NRVs-R based on the PICO questions developed by the eWG².

² The terms of reference and rules of procedures of JEMNU, states the need for the Codex body or Member countries requesting information or scientific advice from JEMNU to formulate the PICO questions necessary for JEMNU to respond to specific requests. The PICO acronym stands for P - patient, problem or population; I – intervention; C - comparison, control or comparator; O – outcomes.

