

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
Organization of the
United Nations



World Health
Organization

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Agenda Item 5

NFSDU/43 CRD 12

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

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GENERAL PRINCIPLES FOR THE ESTABLISHMENT OF NRVs-R FOR PERSONS AGED 6 – 36 MONTHS

(AT STEP 4)

Comments by European Union, Mali, Maroc, Niger, Nigeria, Rwanda, South Africa, Uganda

THE EUROPEAN UNION

Comments are requested on:

- a) General principles for establishing nutrient reference values (NRVs-R) for persons aged 6 –36 months (CX/NFSDU 23/43/5, Appendix II, Part A);
- b) Pilot stepwise approach on the application of the General principles for establishing nutrient reference values (NRVs-R) for persons aged 6 – 36 months (CX/NFSDU 23/43/, Appendix II, Part B);
- c) NRVs-R for persons aged 6 – 36 months for vitamin B12, iodine, vitamin B6, riboflavin, niacin and vitamin C (CX/NFSDU 23/43/, Appendix II, Part C.

a) General principles for establishing nutrient reference values (NRVs-R) for persons aged 6 –36 months (CX/NFSDU 23/43/5, Appendix II, Part A);

1. PREAMBLE

The EU supports the establishment of a list of NRVs-R for infants and young children for voluntary micronutrient declaration for foods covered by the following Codex Standards and Guidelines:

- Processed Cereal-Based Foods for Infants and Young Children
- Canned Baby Foods
- Formulated Complementary Foods for Older Infants and Young Children
- Follow-up Formula (under review).

The EU would like to receive clarification about the reason to refer to “the labelling of pre-packaged foods for special dietary uses (FSDU) intended for persons aged 6–36 months”. As highlighted before, the EU considers that the values are intended for use in labelling of foods covered by the Standard for Processed Cereal-Based Foods for Infants and Young Children CXS 74-1981, the Standard for Canned Baby Foods CXS 73-1981*, the Guidelines on Formulated Complementary Foods for Older Infants and Young Children CAC/GL 8-1991, the Standard for Follow-up Formula CXS 156-1987 (under review). For clarity reasons, the EU proposes to clearly refer in the text to the relevant Standards and Guidelines.

Furthermore, the EU considers that the text is not in line with the agreement as stated in the report of CCNFSDU42 (REP22/NFSDU), “that the Annex on General Principles for the establishment of NRVs for the General Population in the Guidelines on Nutrition Labelling (CXG 2-1985) should be retained to the extent possible and only, when necessary, be adjusted to include specific requirements for other population groups such as persons aged 6-36 months (para 130).” And should be modified accordingly. While the Annex on General Principles for the establishment of NRVs for the General Population in the Guidelines on Nutrition Labelling reads (underline added) “these values may be used for helping consumers 1) estimate the relative contribution of individual products to overall healthful dietary intake, and 2) as one way to compare the nutrient content between products.” Additionally, the Annex on General Principles for the establishment of NRVs for the General Population in the Guidelines on Nutrition Labelling refers in the preamble to (underline added) “...

in establishing their own reference values for labelling purposes.” and to “In addition, governments may establish reference values for food labelling that take into account country or region specific factors that affect nutrient absorption, utilization, or requirements.” and to “Governments may also consider whether to establish separate food label reference values for specific segments...”.

The EU considers that the approach to calculate at the national level, population-weighted values may be less relevant as compared to the general population; however, the deletion of this principle provides Codex Members with less flexibility to adapt values to the national situation. The EU sees no urgent need to delete the principle and therefore proposes to retain the concept in an adapted version, in line with the agreement achieved at the last CCNFSDU Committee meeting: report from CCNFSDU42 (REP22/NFSDU), “that the Annex on General Principles for the establishment of NRVs for the General Population in the Guidelines on Nutrition Labelling (CXG 2-1985) should be retained to the extent possible and only, when necessary, be adjusted to include specific requirements for other population groups such as persons aged 6-36 months (para 130).”:

“For example, at the national level, population-weighted values for persons aged 6 – 36 month may be established by weighting science-based reference values for daily intakes for age-sex groups using census data for a country and proportions of each age-sex group”

The EU notes that the explanation provided in the Second Consultation Paper for deleting the above text, “The sentence referring to population weighted values for the general population at the national level was removed due to strong support against weighting values since the two sets of values are being derived from physiological requirements for persons aged 6–12 months and 12–36 months.” assumes that the text referring to physiological requirements in section 3 is agreed as it is currently proposed. The EU considers that this assumption may not be correct.

The EU supports to retain the text in the square brackets: [separate or combined] and to retain [or a larger group].

The EU proposes therefore the modified text:

“These Principles apply to the establishment of Codex Nutrient Reference Values-Requirement (NRV-R) for persons aged 6-36 months. These values are for use in labelling of foods covered by the Standard for Processed Cereal-Based Foods for Infants and Young Children CXS 74-1981, the Standard for Canned Baby Foods CXS 73-1981*, the Guidelines on Formulated Complementary Foods for Older Infants and Young Children CAC/GL 8-1991 and the Standard for Follow-up Formula CXS 156-1987 (under review)]. These values may be used for helping consumers 1) estimate the relative contribution of individual products to overall healthful dietary intake of persons aged 6 to 36 months, and 2) as one way to compare the nutrient content between products.

Governments are encouraged to use the NRVs-R, or alternatively, consider the suitability of the general principles below including the level of evidence required, and additional factors specific to a country or region in establishing their own reference values for labelling purposes. For example, at the national level, population-weighted values for persons aged 6 – 36 month may be established by weighting science-based reference values for daily intakes for age-sex groups using census data for a country and proportions of each age-sex group. In addition, governments may establish reference values for food labelling that take into account country or region specific factors that affect nutrient absorption, utilization, or requirements. Governments may also consider whether to establish separate or combined food label reference values for specific segments or a larger group of the population of persons aged 6 – 36 months.”

2. DEFINITIONS

The EU supports in principle the definition as shown in the Text Box 1. in CX/NFSDU 23/43/5 from UNU/FAO/WHO/UNICEF (2007), however, notes that this definition does not come from WHO and/or FAO. Instead, the definition has been taken from a publication by King et al. (2007) published in Food Nutr Bull (full reference: King JC, Vorster HH, Tome DG (2007). Nutrient intake values (NIVs): a recommended terminology and framework for the derivation of values. Food Nutr Bull. 28 (1 Suppl International): S16-26) and seems to be a modified version of a definition from the former Institute of Medicine. The EU notes that consequently, the reference provided in footnote 4, i.e. “UNU/FAO/WHO/UNICEF (2007)” is not correct but would be:

“King JC, Vorster HH, Tome DG (2007). Nutrient intake values (NIVs): a recommended terminology and framework for the derivation of values. Food Nutr Bull. 28 (1 Suppl International): S16-26” or to the original source, i.e. “IOM (1997, 1998, 2002)*”.

* Institute of Medicine. Dietary reference intakes for calcium, phosphorus, magnesium, vitamin D, and fluoride. Washington, DC: National Academy Press, 1997.

Institute of Medicine. Dietary reference intakes for thiamin, riboflavin, niacin, vitamin B6, folate, vitamin B12, pantothenic acid, biotin, and choline. Washington, DC: National Academy Press, 1998.

Institute of Medicine Panel on Micronutrients. Dietary reference intakes: Vitamin A, vitamin K, arsenic, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium, and zinc. Washington, DC: National Academy Press, 2002.

The EU notes that the current proposed definition is not referring to the age group 6 to 36 months, which should be added to clarify that the definition of Adequate Intake (AI) applies to the population group aged 6 to 36 months. This would be coherent with the approach taken for the other definitions, which refer to the specific age group 6 to 36 months. A coherent approach referring to the age group 6 to 36 months should be applied for all definitions. Furthermore, the EU notes that there is no coherence among the definitions with regard to the text in the beginning of the definition of Daily Intake Reference Values (DIRV) and Recognized Authoritative Scientific Body (RASB) “as used in these Principles”. If the reference to the age group 6 to 36 months is kept coherently in the definitions, the EU proposes to add at the beginning of the definitions for Individual Nutrient Level 98 (INL98), Upper Level of Intake (UL) and Adequate Intake (AI) the text “as used in these Principles”.

The EU considers that the definition of UNU/FAO/WHO/UNICEF encompasses all population groups, including persons aged 6 – 36 month and this definition is therefore appropriate to be used for this age group; “sustain health” for persons aged 6 to 36 month includes all aspects of health. The addition of footnote 3 (3 Growth and development is considered as a part of the broader term sustain health in persons 6–36 months of age) would cause doubts as to whether the UNU/FAO/WHO/UNICEF definition is in itself not appropriate for the age group of 6 to 36 month, which, in the EU’s view, is not the case. The EU therefore proposes to delete footnote 3.

“Adequate Intake (AI) is the observed or experimentally derived intake by a defined population group **of persons aged 6 to 36 months** that appears to sustain health³ (UNU/FAO/WHO/UNICEF (2007).

~~³Growth and development is considered as a part of the broader term sustain health in persons 6–36 months of age.”~~

Against the background that the proposed definition is not from UNU/WAO/WHO/UNICEF, the EU considers the definition from the European Food Safety Authority (EFSA) to be more appropriate and proposes the alternative text from EFSA¹ as below for consideration during the discussions:

The proposed definition for Adequate Intake (AI):

“Adequate Intake (AI): as used in these Principles is the average observed daily level of intake by a population group (or groups) of apparently healthy persons aged 6 to 36 months that is assumed to be adequate.”²

3. GENERAL PRINCIPLES

With regard to section 3.2, the EU does not support the addition of the text [informed by relevant evidence (2021 FAO report⁵)] and footnote 5. The EU notes that in section 3.1, it is clearly explained that “Relevant daily intake reference values provided by FAO/WHO that are based on a recent review of the science should be taken into consideration as primary sources in establishing NRVs”, the EU fully supports this principle. Section 3.2 should be aligned with this principle and should clarify firstly, that in the case that no suitable relevant daily intake reference values provided by FAO/WHO are available, values established by recognized authoritative scientific bodies may be considered.

Secondly, when no INL 98 is available or the INL 98 is not recent enough, other daily intake reference values can be considered and the criteria to select such values by recognized authoritative scientific bodies should include the rigor of the scientific methods, the quality of the underlying data and the strength of the evidence used to establish those values, which are reviewed on a case-by-case basis. The concept of using the AI in the absence of an INL98 is already contained in the text, stating this rule explicitly may limit the selection of the most appropriate values and therefore the text (“Where the INL98 cannot be determined, the AI should be used.”) should be deleted.

The EU considers that a combined set of NRVs-R for both older infants and young children combined needs to be established.

The EU would like to recall the relevant text in REP19/NFSDU:

¹ EFSA (2019): Adequate Intake (AI): An Adequate Intake is the average observed daily level of intake by a population group (or groups) of apparently healthy people that is assumed to be adequate. (<https://efsa.onlinelibrary.wiley.com/doi/epdf/10.2903/sp.efsa.2017.e15121>)

² EFSA (2019): Adequate Intake (AI), (<https://efsa.onlinelibrary.wiley.com/doi/epdf/10.2903/sp.efsa.2017.e15121>)

Recommendation 1 (Age groups)

114. The EWG Chair noted that the majority of the EWG members supported establishing two separate sets of NRVs-R for the older infants and young children based on the different nutritional requirements for these two age groups.

115. The Committee also noted the view that it was important to have a single set of NRVs-R (6 – 36 months) in case the product was intended for both the age groups in order to avoid confusing consumers (by having two sets of values on a label).

Conclusion

116. The Committee agreed to decide on whether or not to combine the two sets of NRVs-R depending on the actual values of nutrient requirements and in the meantime add Recommendation 1c on a separate set of NRVs-R for older infants and young children combined.

The EU is concerned that the proposed selection and derivation methods will prevent the development of a combined data set covering the age group from 6 to 36 months and considers it important to explicitly state in the text that the combination of data from different derivation methods is possible. Furthermore, the EU is concerned that section 2.3 does not provide for the development of a combined value covering the age group from 6 to 36 months. In order to test the adequacy of the proposed General Principles, the pilot should also include the development of a combined value covering the age group from 6 to 36 months along the proposed Draft General Principles for Establishing Nutrient Reference Values-Requirement for Persons aged 6 to 36 months.

The EU proposes the following text for section 3.2 Appropriate Basis for Establishing NRVs-R:

~~“[The NRVs-R should be based on Individual Nutrient Level 98 (INL98) informed by relevant evidence (2021 FAO report 5). Where the INL98 cannot be determined, the AI should be used. In certain cases~~ where there is an absence of, or an older, established INL98 for a nutrient for **a specific sub-group(s)**, it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies, **including AIs. The derivation of these values should be reviewed on a case-by-case basis. The derivation of these values from recognized authoritative scientific bodies can take into account, without indicating a hierarchy of the following elements**, the rigor of scientific methods, the ~~and~~ **underlying data** quality, the strength of evidence used to establish these values **and the most recent independent review of the science.**

The NRVs-R for persons aged 6 to 36 months should be determined by calculating the mean values for a chosen reference population group. NRVs-R derived by the Codex Alimentarius Commission are based on males and females aged 6 to 36 months.

NRVs-R for persons aged 6 to 36 months can be derived by combining data from differently ranked methods, from different underlying data quality, from different strength of evidence and stemming from differently recent independent reviews of the science.

b) Pilot stepwise approach on the application of the General principles for establishing nutrient reference values (NRVs-R) for persons aged 6 – 36 months (CX/NFSDU 23/43/, Appendix II, Part B):

The EU considers that firstly the Draft General Principles for Establishing Nutrient Reference Values for Persons aged 6 to 36 months need to be agreed before work on establishing. The text agreed for the General Principles may lead to modifications of the proposed stepwise approach, e.g. currently there is mention as step 3.2 “Consider the rigor of scientific methods, quality & strength of evidence used to set the DIRV.” May need to be revised to “without indicating a hierarchy, consider the rigor of scientific methods, the underlying data quality, the strength of evidence used to establish these values and the most recent independent review of the science.”

The EU would like to receive clarification about the process and criteria applied to decide whether relevant daily intake reference values provided by FAO/WHO would be considered as the primary data source or not.

c) NRVs-R for persons aged 6 – 36 months for vitamin B12, iodine, vitamin B6, riboflavin, niacin and vitamin C (CX/NFSDU 23/43/, Appendix II, Part C.

The EU maintains its view expressed at the last CCNFSDU meeting that first the General Principles need to be established before deriving actual recommendations for NRVs.

The EU notes that the Terms of Reference for the electronic working group was to pilot the draft General Principles on the listed 4 nutrients and additional 3 nutrients if time permits. The purpose was to illustrate how in practice the draft General Principles can be applied with examples. The EU understands that the Terms of

Reference did not include providing already recommendations for the establishment of NRVs for a number of nutrients, but that such recommendations should be made once the General Principles are agreed.

MALI

Contexte

Les valeurs nutritionnelles de référence (VNR) représentent la quantité quotidienne de macro et micronutriments nécessaire pour une bonne santé, tout en garantissant que le seuil supérieur de sécurité de l'apport ne soit pas compromis. Leur importance se traduit par des informations sur les produits (étiquetage) et par des conseils pour la fabrication de produits sains. Le Codex a déjà fixé des principes pour la mise en place des VNR-R de référence pour la population générale lesquelles ont déjà été incorporées dans CXG 2, directives pour l'étiquetage nutritionnel. Le Comité envisage d'élaborer des principes pour la mise en place des VNR-R pour les nourrissons plus âgés et les jeunes enfants (6-36 mois). Les principes provisoires doivent servir de projet pilote pour définir des VNR-R pour la vitamine B12, la vitamine B6, la riboflavine, la niacine, la thiamine, la vitamine C et l'iode. La majorité des intervenants s'est prononcée en faveur de l'utilisation des valeurs des apports nutritionnels de référence (ANREF) tels que définis par la FAO/OMS, sauf en cas d'absence de valeurs de référence, auquel cas les valeurs de référence fixées par les organismes scientifiques reconnus comme faisant autorité sont applicables. Toutefois, considérant que les valeurs des apports nutritionnels de référence de la FAO/OMS ne sont peut-être pas récentes, le Comité a décidé d'adopter un critère scientifique rigoureux pour classer les données, en particulier lorsque les données de la FAO/OMS ne sont pas récentes. Par ailleurs, le Comité a convenu que les principes devraient, dans la mesure du possible, être harmonisés avec les principes actuels relatifs à la mise en place des VNR-R pour la population générale, tels qu'annexés au CXG 2, sauf lorsqu'une approche différente est techniquement nécessaire.

Dossier 1: Préambule, définitions et principes

Position: Le Mali est favorable à l'adoption du préambule, des définitions et des principes relatifs à la mise en place de VNR-R pour les nourrissons plus âgés et les jeunes enfants. Le Mali est également favorable à la suppression des crochets dans le préambule.

Justification: Le texte élaboré par le GTE est tout à fait conforme aux principes relatifs à la mise en place de VNRs-R pour la population générale tels qu'annexés dans le document CXG 2-1985 et ne déroge que sur l'âge conformément aux recommandations du CCNFSDU. De plus, l'ouverture des crochets dans le préambule offre une certaine souplesse dans la présentation des VNR-R, notamment lorsque les gouvernements choisissent de définir leurs propres VNR-R sur la base des principes documentés.

Dossier 2: Approche par étapes relative à l'application des principes généraux provisoires visant à fixer des VNR-R pour les personnes âgées de 6 à 36 mois.

Position: Le Mali soutient les étapes définies dans le cadre du modèle d'approche par étapes devant être adoptées pour la mise en place des VNR-R pour les enfants âgés de 6 à 36 mois. Le Mali recommande que ces informations relatives aux étapes fassent partie des informations importantes disponibles sur la page web du CCNFSDU.

Justification: Grâce à ces étapes, les éléments de preuve et les sources de valeurs des apports nutritionnels de référence (ANREF) à utiliser pour fixer les VNR-R ont été classés par ordre de priorité chronologique. L'approche considère les données de la FAO/OMS comme source primaire, sauf lorsque les données des RASB (organismes scientifiques compétents reconnus) sont basées sur des preuves physiologiques lesquelles sont estimées plus solides. Dans les cas où aucune donnée n'est basée sur des preuves physiologiques, les données de la FAO/OMS sont retenues comme preuve primaire.

La publication de ce modèle par étapes sur la page web du CCNFSDU comme information pour le CCNFSDU garantira que cette information est facilement accessible à l'utilisateur.

Dossier 3: Les VNR-R proposées pour les enfants âgés de 6 à 36 mois conformément aux Principes généraux provisoires suivant l'approche par étapes révisée.

Position: Le Mali est favorable à l'adoption des VNR-R fixés et recommande au Comité de prévoir une nomenclature uniforme pour les vitamines.

Justification: Toutes les VNR-R dérivées étaient conformes aussi bien à l'approche par étapes qu'au rapport technique de la FAO (2021) portant sur la révision des méthodes de dérivation des valeurs de référence de l'apport nutritionnel pour les nourrissons plus âgés et les jeunes enfants, qui constituent des critères scientifiques fiables pour déterminer les VNR-R pour ce groupe d'âge.

MAROC

- ✓ **Concernant les Principes généraux pour l'établissement de VNR -B pour les enfants âgés de 6 à 36 mois (Point 5 de l'OJ)**

Position nationale : le Maroc suggère de ne pas modifier les valeurs nutritionnelles de références lorsqu'elles ne sont pas vraiment significatives par rapport à celles existantes publiées par la FAO/l'OMS. A cet effet, la pertinence des nouvelles valeurs n'est pas justifiée.

Concernant la justification technologique de divers additifs alimentaires (Point 6 de l'OJ)

- **Gomme gellane (SIN 418), à faible teneur en acyle, clarifiée**

Position nationale : Avis favorable

Argumentaire :

Epaississant et stabilisant, pour des préparations à base de protéines extensivement hydrolysées ou à base d'acides aminés afin de préserver la qualité nutritionnelle (justifications technologiques justifiées pour cette catégorie de produits). La gomme gellane a une finalité similaire à celle d'autres additifs prévus pour un emploi dans la même catégorie de produits, avec l'avantage par rapport aux additifs actuellement autorisés de pouvoir l'utiliser à un niveau inférieur.

- **Palmitate d'ascorbyle (SIN 304)**

Position nationale : Avis favorable

Argumentaire :

Le palmitate d'ascorbyle est utilisé comme additif alimentaire et est également considéré comme source de vitamine C (dans les préparations destinées aux nourrissons et les préparations destinées à des fins médicales spéciales), il prévient la dégradation des éléments nutritifs et conserve également les propriétés organoleptiques en empêchant l'oxydation des lipides.

- **Concentré tocophérol, mélangé (SIN 307b)**

Position nationale : Avis favorable, mais l'intérêt de l'association obligatoire avec Palmitate d'ascorbyle (SIN 304) nécessite l'appui par des données scientifiques.

Argumentaire :

En effet, vu la liste réduite d'additifs antioxydants approuvés dans les préparations destinées aux nourrissons, et vu le risque d'oxydation de ces produits notamment en cas d'adjonction d'huiles végétales, les avantages de l'emploi de concentré tocophérol mélangé seul ou en combinaison avec le palmitate d'ascorbyle comme système antioxydant est important, notamment, avec le risque de conditions de conservation et stockage parfois aléatoires.

Quant à l'association obligatoire de ces deux anti-oxydants pour garantir une meilleure sécurité de conservation de ces produits destinés à une population fragile, il faudra l'expliquer par des données scientifiques.

- **Phosphates (SIN 339(i), 339(ii) et 339(iii) et SIN 340(i), 340(ii) et 340(iii))**

Position nationale : Avis favorable à condition de fournir des données qui explicitent l'objectif technique de ces additifs.

L'objectif technique à expliciter : « l'emploi de phosphates de sodium et de potassium comme additifs peut effectivement réduire l'emploi d'autres additifs alimentaires (étant donné que leurs sources contribuent simultanément au contrôle des niveaux ciblés en sodium, potassium et phosphore dans les produits finis) ». Il est intéressant d'expliquer et de vérifier par plus de données.

Argumentaire :

Objectif fonctionnel : Régulateurs d'acidité et ajustement du PH ainsi que préserver la qualité nutritionnelle de l'aliment. Ils ont une finalité identique à celle d'autres additifs avec un niveau d'adjonction qui semble intéressant (45mg/100ml).

NIGER

Contexte

Les valeurs nutritionnelles de référence (VNR) représentent la quantité quotidienne de macro et micronutriments nécessaire pour une bonne santé, tout en garantissant que le seuil supérieur de sécurité de l'apport ne soit pas compromis. Leur importance se traduit par des informations sur les produits (étiquetage) et par des conseils pour la fabrication de produits sains. Le Codex a déjà fixé des principes pour la mise en place des VNR-R de référence pour la population générale lesquelles ont déjà été incorporées dans CXG 2, directives pour l'étiquetage nutritionnel. Le Comité envisage d'élaborer des principes pour la mise en place des VNR-R pour les nourrissons plus âgés et les jeunes enfants (6-36 mois). Les principes provisoires doivent servir de projet pilote pour définir des VNR-R pour la vitamine B12, la vitamine B6, la riboflavine, la niacine, la thiamine, la vitamine C et l'iode. La majorité des intervenants s'est prononcée en faveur de l'utilisation des valeurs des apports nutritionnels de référence (ANREF) tels que définis par la FAO/OMS, sauf en cas d'absence de valeurs de référence, auquel cas les valeurs de référence fixées par les organismes scientifiques reconnus comme faisant autorité sont applicables. Toutefois, considérant que les valeurs des apports nutritionnels de référence de la FAO/OMS ne sont peut-être pas récentes, le Comité a décidé d'adopter un critère scientifique rigoureux pour classer les données, en particulier lorsque les données de la FAO/OMS ne sont pas récentes. Par ailleurs, le Comité a convenu que les principes devraient, dans la mesure du possible, être harmonisés avec les principes actuels relatifs à la mise en place des VNR-R pour la population générale, tels qu'annexés au CXG 2, sauf lorsqu'une approche différente est techniquement nécessaire.

Dossier 1 : Préambule, définitions et principes

Position : Le Niger est favorable à l'adoption du préambule, des définitions et des principes relatifs à la mise en place de VNR-R pour les nourrissons plus âgés et les jeunes enfants. Le Mali est également favorable à la suppression des crochets dans le préambule.

Justification : Le texte élaboré par le GTE est tout à fait conforme aux principes relatifs à la mise en place de VNRs-R pour la population générale tels qu'annexés dans le document CXG 2-1985 et ne déroge que sur l'âge conformément aux recommandations du CCNFSDU. De plus, l'ouverture des crochets dans le préambule offre une certaine souplesse dans la présentation des VNR-R, notamment lorsque les gouvernements choisissent de définir leurs propres VNR-R sur la base des principes documentés.

Dossier 2 : Approche par étapes relative à l'application des principes généraux provisoires visant à fixer des VNR-R pour les personnes âgées de 6 à 36 mois.

Position : Le Niger soutient les étapes définies dans le cadre du modèle d'approche par étapes devant être adoptées pour la mise en place des VNR-R pour les enfants âgés de 6 à 36 mois. Le Niger recommande que ces informations relatives aux étapes fassent partie des informations importantes disponibles sur la page web du CCNFSDU.

Justification : Grâce à ces étapes, les éléments de preuve et les sources de valeurs des apports nutritionnels de référence (ANREF) à utiliser pour fixer les VNR-R ont été classés par ordre de priorité chronologique. L'approche considère les données de la FAO/OMS comme source primaire, sauf lorsque les données des RASB (organismes scientifiques compétents reconnus) sont basées sur des preuves physiologiques lesquelles sont estimées plus solides. Dans les cas où aucune donnée n'est basée sur des preuves physiologiques, les données de la FAO/OMS sont retenues comme preuve primaire.

La publication de ce modèle par étapes sur la page web du CCNFSDU comme information pour le CCNFSDU garantira que cette information est facilement accessible à l'utilisateur.

Dossier 3 : Les VNR-R proposées pour les enfants âgés de 6 à 36 mois conformément aux Principes généraux provisoires suivant l'approche par étapes révisée.

Position : Le Niger est favorable à l'adoption des VNR-R fixés et recommande au Comité de prévoir une nomenclature uniforme pour les vitamines.

Justification : Toutes les VNR-R dérivées étaient conformes aussi bien à l'approche par étapes qu'au rapport technique de la FAO (2021) portant sur la révision des méthodes de dérivation des valeurs de référence de l'apport nutritionnel pour les nourrissons plus âgés et les jeunes enfants, qui constituent des critères scientifiques fiables pour déterminer les VNR-R pour ce groupe d'âge.

NIGERIA

Background

This document was prepared by the EWG chaired by Ireland and co-chaired by the USA and Costa Rica. The physical working group will be meeting on 6 March 2023 at the same venue prior to the session to discuss comments received and prepare a revised proposal for discussion by CCNFSDU43.

Nutrient Reference Values (NRVs) are the daily amount of nutrients required for good health while maintaining a safe upper limit. NRVs are important in Nutrition labelling and formulation of healthy food products. The EWG has completed its task by redrafting the General Principles for Establishing NRVs-R for Persons Aged 6 – 36 Months, including the preamble and definitions sections. The EWG is also presenting a set of NRVs-R for vitamin B12, iodine, vitamin B6, riboflavin, thiamine, niacin and vitamin C based on the proposed draft General Principles and the pilot stepwise approach on the application of the General Principles for consideration by the Committee.

Comments:

a. Preamble, Definitions and Principles

Nigeria supports the adoption of the preamble, definitions and principles for establishment of Nutrient Reference Values-Requirement (NRVs-R) for persons aged 6–36 months, therefore support the text as it is with the square bracket removed.

Justification

The text developed by the EWG aligns fully with the principles for the establishment of NRVs-R in the General Principles for the establishment of NRVs for the General Population in the Guidelines on Nutrition Labelling (CXG 2-1985), which, when necessary, may be adjusted to include specific requirements for other population groups such as persons aged 6–36 months (as agreed by CCNFSDU 42). Adoption of the text within the square bracket will allow for flexibility where governments need to establish their own NRVs-R based on established and documented principles.

b. The Stepwise approach on the application of the proposed Draft General Principles for Establishing NRV-Rs for persons aged 6-36 months.

Nigeria supports the steps defined in the stepwise model for use in the establishment of the NRVs-R for persons aged 6-36 months. Further recommends that information on the stepwise process be made available on the Codex website since it is not proposed to be included in the Draft General Principles.

Justification:

The stepwise approach aligns with the draft General Principles and incorporates the scientific rigour outlined in the 2021 FAO Report. It also recognizes FAO/WHO data as the primary source, except where data is based on Recognized Authoritative Scientific Bodies (RASBs) based on specific physiological reasons.

c. Proposed NRVs -R for persons aged 6-36 months applying the Draft General Principles using the revised stepwise approach.

Nigeria supports the adoption of the established NRVs-R and recommends that CCNFSDU consider uniform nomenclature for the reference values of vitamins.

Justification:

All the NRVs-R complied to both the stepwise approach and the FAO (2021) Technical Report on the Review of derivation methods for Dietary Intake Reference Values for older infants and young children.

RWANDA

Section Paragraph or	Nature of comment (Indicate whether technical or editorial)	Comment/Proposed Changes	Rationale
(a) Proposed draft General Principles for Establishing Nutrient Reference Values (NRVs-R) for Persons Aged 6 – 36 Months	Technical	Rwanda agrees with the proposed draft General Principles for Establishing Nutrient Reference Values (NRVs-R) for Persons Aged 6 – 36 Months (Appendix II, Part A) taking into account the discussion in Appendix I, Section A.	
(b) Proposed pilot stepwise approach on the proposed draft general principles for establishing Nutrient Reference Values (Nrvs-R) for persons aged 6 – 36 months	Technical	Rwanda agrees with the proposed pilot stepwise approach on the proposed draft general principles for establishing Nutrient Reference Values (Nrvs-R) for persons aged 6 – 36 months	
(c) NRVs-R for persons aged 6 – 36 months for vitamin B12, iodine, vitamin B6, riboflavin, niacin, Thiamine, Vitamin C	Technical	Rwanda agrees with the NRVs-R for persons aged 6 – 36 months for vitamin B12, iodine, vitamin B6, riboflavin, niacin, Thiamine	
		Rwanda proposes the NRVs-R for Vitamin C to be 30 mg for older infants and young children	The proposed figure (30) is in line with the FAO 2021 report. Review of Derivation Methods for Dietary Intake Reference Values For Older Infants And Young Children and the proposed figure is in line with the stepwise approach for establishing NRVs-R

SOUTH AFRICA

- a) Preamble, definitions and principles

South African Position:

South Africa is in support of the revised proposed draft general principles for establishing nutrient reference values for persons aged 6 to 36 months as per (Appendix II- Part A)

Rationale:

South Africa has comprehensively reviewed all changes made on Appendix II-Part A for sections (1. preamble, 2. definitions, 3. general principles for the establishment of NRVs-R) as presented in Text Box 1: Draft General principles updated according to feedback from CP1 and CP2 (Appendix II-Part A). We find the changes to be adequately justified and do not have any further proposed changes to this section.

- b) The revised pilot stepwise approach on the application of the proposed Draft General Principles for Establishing Nutrient Reference Values (NRVs-R) for Persons Aged 6 – 36 Months

South African Position:

South Africa is in support of the revised proposed pilot stepwise approach on the proposed draft general principles for establishing nutrient reference values (NRVs-R) for persons aged 6-36 months as per (Appendix II-Part B).

Rationale:

This updated stepwise approach aligns with the draft General Principles and incorporates scientific rigour as outlined in the 2021 FAO report. The approach addresses the issues outlined in feedback to CP2. This stepwise process is also based on the one used in the revision of the Standard for Follow-up Formula (CXS 156-1987) - one of the FSDUs where the NRVs-R for the 6–36-month population will be used. This revised stepwise approach applies the draft General Principles for establishing NRVs-R for persons aged 6–36 months as presented in text box 2 of Appendix II-Part B.

- c) The proposed draft NRVs-R for persons aged 6 – 36 months for vitamin B12, iodine, vitamin B6, riboflavin, thiamine, niacin and vitamin C.

South African Position:

South Africa is in support of the proposed draft NRVs-R for vitamin B12, iodine, vitamin B6, riboflavin, thiamine, niacin, and vitamin C as per (Appendix II- Part C).

However, can we please verify the footnote on page 16 related to the niacin equivalent.

Currently reads: 1mg of niacin equivalent = 1mg of niacin + 60 mg of tryptophan?

Should this not read: 1mg of niacin equivalent = 1mg of niacin OR 60 mg of tryptophan?

Rationale:

The pilot application of draft general principles using the revised stepwise process to establish NRVs-R for vitamin B12, iodine, vitamin B6, riboflavin, thiamine, niacin, and vitamin C seems to be a clear, logical and scientifically rigorous process as summarised in Table 9 of CX/NFSDU 23/43/5.

UGANDA

Uganda welcomes and appreciates great work done by the EWG and in support with progression of the following;

- Proposed draft General principles for establishing the Nutrition Reference Values (NRVs-R) for persons aged 6-36 months
- The revised pilot stepwise approach on the application of the proposed Draft General principles for establishing Nutrient Reference Values (NRVs- R) for persons aged 6-36 month
- The proposed draft NRVs-R for persons aged 6-36 months for vitamin B12, Iodine, vitamin B6, riboflavin, thiamine, niacin and vitamin C taking into account the proposed stepwise approach for application of the General principles for establishing NRVs-R for persons aged 6-36 months

Uganda further notes and supports the amended text and proposals on the preamble, Definitions and general principles established for NRVs-R for persons aged 6-36 months since the principles will guide on the NRVs-R for the targeted vulnerable population (6-36 months) that was lacking in the Annex 1 of the Guidelines on nutrition labelling (CXG 2-1985). Uganda further, agrees with the proposed NRVs-R for persons aged 6-36 months applying to the draft General principles using the revised stepwise approach as specified in Table 9 of CX/NFSDU 23/43/5.