

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
Organization of the
United Nations



World Health
Organization

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Agenda Item 10

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

Forty-first Session

Dusseldorf, Germany
24 – 29 November 2019

DISCUSSION PAPER ON A PRIORITIZATION MECHANISM TO BETTER MANAGE THE WORK OF CCNFSDU

Comments by Canada

CANADA

General Comments

Canada thanks Germany for preparing the discussion paper on a prioritization mechanism to better manage the work of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU). Canada supports the development of a prioritization mechanism and supports as simple a process as possible while allowing for adequate in depth discussion. To this end, Canada would recommend a simplified decision tree, such as the one proposed in Annex A. **Specific Comments**

Canada is proposing a few modifications to the decision tree published in the discussion paper on a prioritization mechanism to better manage the work of CCNFSDU (CX/NFSDU 19/41/10) in order to simplify and streamline the process.

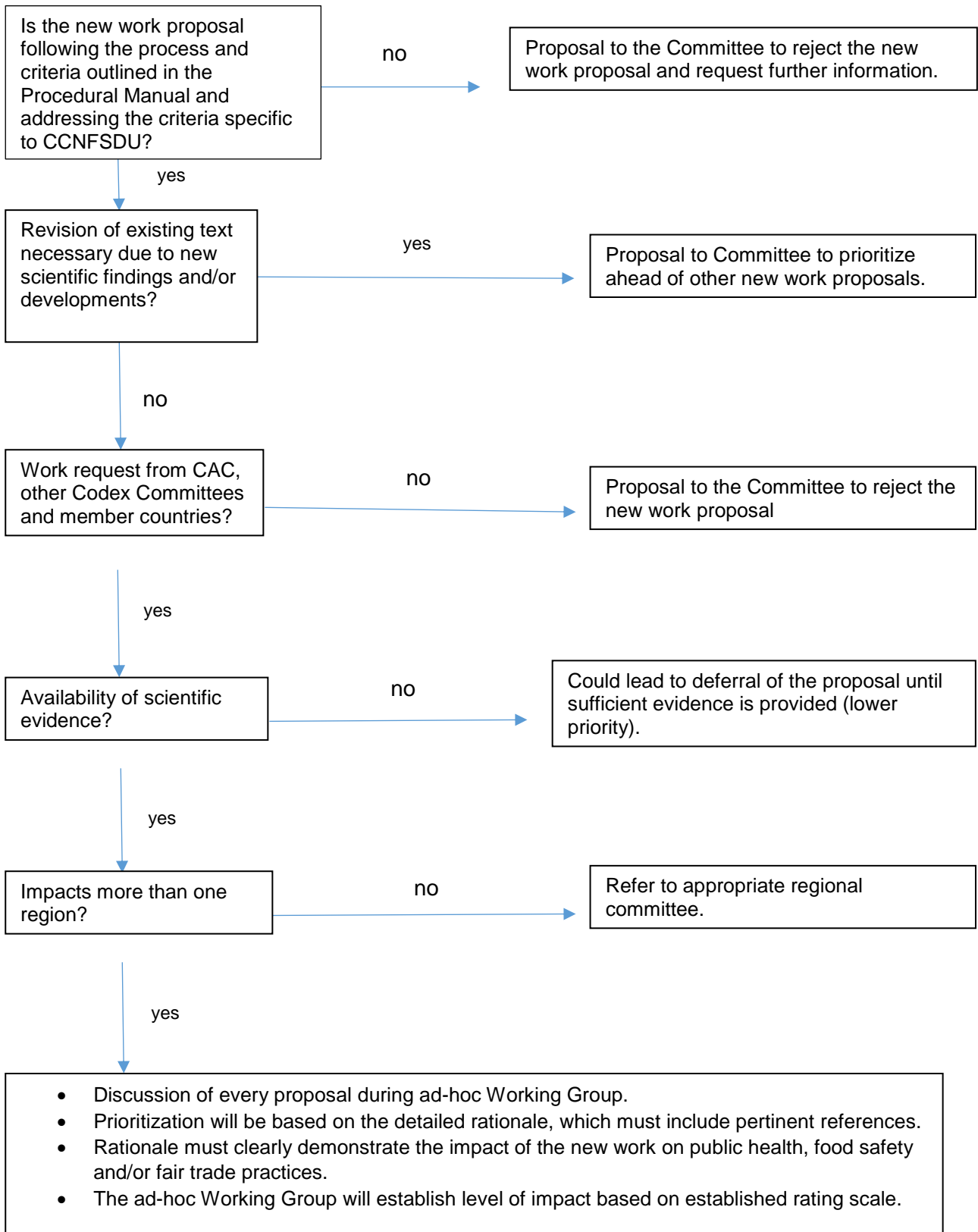
First, it is proposed that work requested by the Codex Alimentarius Commission (CAC) immediately go to the Committee for prioritization ahead of other work without considering the availability of scientific evidence. This may lead to a loophole in the framework where countries will introduce items at the CAC in order to bypass the prioritization mechanism at CCNFSDU. Therefore, Canada is proposing that work requested by CAC go through the same steps as work requested by other Codex Committees and member countries.

Second, the proposed framework does not distinguish whether the issue is global or regional in scope. If the work is regional in scope, then referral to the appropriate regional committee should be considered.

Third, target groups (vulnerable or large), under the proposed framework, are considered as criteria at the same level of importance as impact on public health, food safety and trade instead of being considered as an element of the rationale. For example, if the proposed work was aimed at a particular vulnerable group, such as children, but had no or low impact on public health, food safety and/or trade, it would still have to be considered by the committee. Therefore, we are proposing that the impact on target groups be part of the rationale to justify the level of impact on public health, food safety and/or trade, but not be considered as a criterion on its own.

Finally, the proposed framework relies on the requester to self-assess the impact on public health, food safety and trade, and only those proposals with a high impact for any of the three criteria would move to the committee for consideration. It would be extremely surprising if any requester would not rate at least one of the criterion as high in an effort to move the proposal to the committee. In addition, the proposed approach would provide a lower priority rating to a proposal with several criteria rated as having a medium impact whereas another proposal with a single criterion rated as high impact would have a higher priority rating. Therefore, Canada is proposing to rate the public health, food safety and/or trade rationale based on a rating scale adapted from the one developed by the Codex Committee on Food Hygiene (see Annex B).

ANNEX A: Revised decision tree for prioritization of new work proposals for CCFNSDU



ANNEX B: Criterion rating scale

Criterion	Rating
Impact on public health - What is the impact of chronic disease risk? - What is the impact on nutritional adequacy? - What is the impact on vulnerable populations?	Global, High impact: 10 Several regions, High impact: 7 Global, Low impact: 4 Several regions, Low impact: 2 No impact: 0
Impact on food safety	Global, High risk*: 10 Several regions, High risk*: 7 Global, Low risk*: 4 Several regions, Low risk*: 2 No impact: 0
Impact on fair trade practices - What is the potential or actual reduction of technical impediments to trade?	Global: 10 Most regions/countries: 7 Many regions/countries: 4 A few regions/countries: 2 No impact: 0

*Risk is defined as a function of the probability of an adverse health effect and the severity of that effect.