

CODEX ALIMENTARIUS COMMISSION



**Food and Agriculture
Organization of
the United Nations**



**World Health
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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DISCUSSION PAPER ON THE INCLUSION OF NEW PART B FOR UNDERWEIGHT CHILDREN IN THE STANDARD FOR PROCESSED CEREAL-BASED FOODS FOR INFANTS AND YOUNG CHILDREN (CODEX STAN 74-1981)

Comments from:

Botswana, Canada, Chile, EU, Thailand, IBFAN

Botswana

Botswana would like to thank India for chairing the Electronic Working Group (EWG) that prepared this elaborate discussion paper. Botswana would also like to thank all other EWG members for the good work.

POSITION

Botswana has the following comments on the draft proposal by India:

Botswana suggests integration of all categories of cereal based complementary foods to one Codex Standard, thus, the proposed or present Codex standards and guidelines for Complementary Foods for Infants and Young Children be in one single Codex Standard either with parts A, B, C etc or preferably as a single standard without parts incorporating all product categories, for example as shown in the Table below:

Table I Specifications for different categories of Cereal based foods for infants and young children

<div>Category</div> <div>Specification</div>	Cereal-based complementary foods for infants and young children to be prepared by addition of liquid milk or other protein rich liquids)	High Protein Cereal-based complementary foods for infants and young children (to be prepared by addition of water or other protein free liquids)	Raw Cereal-based complementary foods for infants and young children to be prepared after cooking	Biscuits or other Cereal-based complementary foods for infants and young children	Cereal-based complementary foods for underweight older infants and young children	Cereal-based complementary foods for Severely malnourished children	Others
Energy							
Protein							
Fat							
Vitamins ----							
Minerals ----							

X comments on specific paragraphs are inserted as blue texts in boxes under the relevant shaded paragraphs shown below:

2. BACKGROUND

Under-nutrition is a process that often starts in utero and may last, particularly for girls and women, throughout the life cycle. A stunted girl is likely to become a stunted adolescent and later a stunted woman. Besides posing threats to her own health and productivity, poor nutrition that contributes to stunting and underweight increases a woman's likelihood of adverse pregnancy and birth outcomes. Undernourished mothers also have a far higher risk of delivering babies with low birth weight – a condition that gravely heightens the baby's risk of death¹. The inter-generational cycle of undernutrition, manifested as low birth weight is compounded further by gender discrimination exclusion and poverty.

Comment 1: How a commercial product will address this situation? Does the Codex Committee foresee that governments will use these products in their public health/nutrition programmes? If so will this not undermine optimal feeding practices including continued breastfeeding and the use of indigenous culture specific homemade complementary foods? Although processed complementary foods have been part of

¹ The State of World's Children 2009, Maternal and Newborn Health, United Nations Children's Fund (UNICEF), December 2008

repertoire for improving older infant and young child nutrition these products are not affordable by poor families of the developing world and thus have little impact on reducing infant and young child malnutrition.

Footnote 3

Comment 2: A more recent WHO document (Strengthening action to improve feeding of infants and young children 6-23 months of age in nutrition and child health programmes - report of proceedings, Geneva, 6-9 October 08) appropriate nutrition in children 6-23 months of age requires interventions across the life span, from pregnancy into the first 2 years of life. They include support for maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding for 6 months, and the introduction of adequate complementary foods after 6 months of age with continued breastfeeding for 2 years of age and beyond.

Considering the fact that undernutrition is a global problem and many countries across the world are facing the challenge of reducing the number of underweight children to achieve the MDGs, it is important that the needs of all the countries in terms of appropriate standards for the processed cereal based foods for infants and young children is appreciated by the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU).

Comment 3: Commercial complementary foods are very limited measures to address under nutrition. There is no scientific basis to suggest that just by providing appropriate standards for processed cereal based foods will help in combating under-nutrition and support progress towards achieving the Millennium Development Goals. Hence, citing a reduction in number of underweight children to achieve MDGs with their use needs to be reviewed. The WHO International Code of Marketing of Breastmilk Substitutes emphasises the importance of the use local foods for complementary feeding and further states that every effort should be made to use locally available foods. Promotion of commercial complementary foods has the potential of creating dependence and undermining local agriculture, unless local foods are used for the production of processed foods. In rural areas of developing countries where foods are primarily home grown and incomes are lower, the use of imported processed complementary foods may be less appropriate and unsustainable resulting in further malnutrition.

In the revised standard for Processed Cereal Based Foods for Infants and Young Children, (CODEX STAN 074-1981 Rev. 1-2006), the minimum cereal content of the final mix is fixed as 25% and the minimum standards for protein content are not defined for all the products. India along with some other member countries was of the opinion that since the processed / commercial infant foods form part of the complementary feeding in children under 2 years, the energy density, protein quantity and quality therefore are important. Processed Cereal based foods providing energy density of 4kcal/g (16.74kj) and 12% protein would help in bridging the protein and energy gap of complementary foods in children under 2 years.

Comment 4: Since this work proposes to revise mainly sections 2 & 3 of the revised Codex standard 074-1982 Rev1-2006 related to cereal content, energy density and protein content, the routine process of revising the existing standard rather than to resorting to a separate standard can easily tackle some of these shortcomings. This will also address possible confusion among the users of the multiple standards for the same age groups of babies. The proposed 12% protein (and other parameters) are lower compared with the available products in the market that have protein content of 15%. Thus the proposed standard will be comparatively nutritional deficient compared to what is currently in the market e.g. *Cerelac*, *Farex*, and *Purity* brands of cereal based complementary foods have protein levels of 15%.

It is essential that a new 'Part B' containing the higher cereal, protein and energy contents be added to the Codex Standard for Processed Cereal Based foods for underweight Infants and young Children (CODEX STAN 74-1981 Rev. 2006) for preventing and as well as addressing the nutritional needs of underweight older infants and young children.

Comment 5A: Preventing under-nutrition as well as addressing nutritional needs of underweight children with commercial foods is not a magic bullet to address the problem and is not an accepted strategy either by the WHO, UNICEF, or the International Code of Marketing of Breastmilk Substitutes. Processed, fortified complementary are invariably very different from the traditional diet, which affects their acceptability, are more expensive than traditional local complementary foods and the cost is generally beyond the reach of many except the few rich families, whose infants and young children are not those most at risk of under nutrition. Lauding the benefits of fortified commercially processed complementary foods to address malnutrition may therefore be viewed as a marketing gimmick to push commercial baby foods over

indigenous foods and promoting corporate exploitation of infant and young child malnutrition in developing countries.

Comment 5B: Improved sanitation, improved food security, education, poverty alleviation, continued breastfeeding up to two years or beyond and advocacy for the use of appropriate locally produced and home made complementary foods are some of the recommended public health interventions to address malnutrition particularly in poor rural settings of developing countries.

4. Intended population

This proposal will cover processed cereal-based foods intended for feeding as complementary food from the age of 6 months onwards for underweight older infants and young children, as well as older infants and young children at risk for under-nutrition, due to inadequate complementary feeding practices using local foods.

Comment 6: Change “from 6 months” to “after 6 months”

Comment 7: How ‘at risk’ will be defined or determined?

Comment 8: Does it mean that almost all the infants and young children in a country will be the potential users of these products. This is a very alarming contention as it implies that under-nutrition can only be prevented by using the proposed products. What about the time tested WHO and UNICEF recommendations of optimal infant and young child feeding including continues breastfeeding up to 2 years and beyond coupled with the use appropriate indigenous energy dense and nutrient rich complementary foods?

Comment 9: Infant and young child mortality and morbidity have largely been due to unethical and inappropriate marketing of breastmilk substitutes. Many companies manufacturing infant formulas are also manufacturing complementary foods and thus a potential of such foods to compete with breastfeeding and local foods. Strong and enforceable consumer protection legislation and consumer education programme are therefore of critical importance to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.

Comment 10: Comments above also apply to the annex

Comment 11: contaminants sections of the combined standard to include maximum levels of Aflatoxins, heavy metals e.g Pb, melamine, nitrites and nitrates,

Comment 12: labeling section to include the following statements;

HOME PREPARED COMPLEMENTARY FOODS ARE ALSO SUITABLE FOR OLDER INFANTS AND YOUNG CHILDREN.

BREASTFEEDING IS RECOMMENDED FOR UP TO 24 MONTHS OF AGE AND BEYOND

CANADA

Canada would like to express its appreciation to India for its leadership in the preparation of the *Discussion Paper and Project Document on the Inclusion of a new Part B for Underweight Children in the Standard for Processed Cereal-Based Foods for Infants and Young Children*.

The Government of Canada is committed to improving infant and young child nutrition through the development of national and international policies and programs. Recognizing that undernutrition is a contributing factor in up to one-third of deaths of children under-five, Canada supports interventions to address undernutrition such as school feeding programs, vitamin A supplementation and salt iodization.

Canada would like to submit for consideration of the Committee the following comments on the Discussion Paper and Project Document.

1. We recognize the need to have available cereal-based foods with energy and nutritional value commensurate with the requirements of underweight children.
2. We would like to propose that consideration be given to the title of the proposed Section B identifying the characteristics of the food, e.g., “High energy and protein cereal-based food for infants and young children”. In this regard, we continue to deliberate whether there is a need for a separate section to this standard to address the products for underweight infants and young children, or whether the desired product could be defined within the current standard with appropriate changes/additions to the sections on product definitions, essential composition and labelling.

3. It is essential that the elements of the proposed Part B, if it is agreed to proceed, are in line with those in the Draft Revision of the Guidelines on Formulated Supplementary Foods for Older Infants and Young Children.

4. Definitions for “underweight” infants and young children may need to be included and considered in determining, in particular, the appropriate labelling (including targeting statements) for high energy and protein cereal-based foods. We would like to note the challenge that may be faced in defining infants and young children at risk for underweight, particularly for the purposes of labelling these products.

5. In line with the above comments we would suggest that the Project Document include under “Main aspects to be covered” the need to consider and set out requirements for the labelling of the proposed (including product name and directions for use)

CHILE

1. Pertinencia y actualidad. Evaluar si el texto propuesto aporta con medidas sanitarias orientadas a impactar sobre problema. El problema se presenta como perfil de riesgo en la introducción.	Este documento no parece pertinente, podría ser una norma interna país. No aporta vs la norma ya existente en Codex para Cereales.
Otro punto de vista, es realizar una estimación respecto si la norma mejorará o empeorará el flujo de intercambio internacional de este tipo de alimentos, en mediano y largo plazo.	No contribuye.
2. Examinar si las medidas propuestas en el anteproyecto son factibles de aplicar por los países en desarrollo. La mirada puede hacerse desde el punto de vista de la complejidad técnica, de las capacidades de laboratorio instaladas y del costo económico, entre otros aspectos.	No parece necesario normar al respecto, la norma actual es suficiente y sólo podría requerirse alguna adaptación local, en términos de situación nutricional país.
3. Que no sea una repetición de otras normas ya existentes.	Justamente aparece como sin diferencias significativas respecto a la actual (parte A).
4. En el caso que haya falencias, como ejemplo aspectos que faltan o existen, pero están insuficientemente tratados, proponer la forma cómo se podría mejorar o complementar con aportes nacionales y regionales.	Habría que definir muy claramente el ámbito de acción para diferenciarla de la norma existente.
5. Introducción	Concordamos con la necesidad de abordar el flagelo de la desnutrición, pero las normas existentes entendemos que ya lo permiten.

6. Objetivo y ámbito de aplicación	Relevamos la necesidad de aclarar el ámbito de acción y los objetivos.
7. Propuesta de posición nacional	Sugerimos revisar la necesidad de desarrollar una norma tan específica.

EU*European Union competence**European Union vote*

The European Union (EU) would like to thank India for the above mentioned document.

The EU notes that several questions concerning, particularly the rationale and the scope, remain unclear and would like to make the following comments and raise some additional questions.

Therefore, as outlined in the report of the 30th session ALINORM 09/32/26 paragraph 142, it is recognised that infants breastfed up to the age of six months generally do well in that age group and that problems only occurred in certain countries in some children once they started receiving complementary foods. It is not clear why breast-fed infants and young children from the age of six months onwards in developing countries would become underweight by taking the complementary foods as described in the existing and recently revised Codex Standard on Processed Cereal-Based foods for Infants and Young Children.

In addition, the ongoing revision of the Codex Guidelines on Formulated Supplementary Foods for Older Infants and Young Children would cover processed cereal-based foods and would address the need for higher levels of certain nutrients when lacking or present in insufficient quantities in the local diets.

In this regard, the EU questions how the following compositional requirements would coexist in two new different Codex texts in addition to the already existing Codex Standard on Processed Cereal-Based foods for Infants and Young children:

- It is proposed in the discussion paper that the energy density to be minimum 4kcal/g on dry weight basis. The proposal for revised guidelines on Formulated Supplementary Foods as regards the energy density of supplementary foods is also 4kcal/g on dry weight basis.
- The discussion paper suggests a minimum protein content to be at least 12g per 100g on dry weight basis (3g/100kcal) while in the proposal for revised guidelines on Formulated Supplementary Foods the energy from protein should not be less than 10% of the total energy of the product.
- As regards the cereal content proposed in the discussion paper, the minimum content proposed is 50% while the existing Standard on Processed Cereal-Based Foods establishes a minimum content of cereal of 25%. Finally, the proposal for revised guidelines on Formulated Supplementary Foods who would also cover processed cereal-based foods does not propose a minimum level.

As these products are intended to be commercially available, the EU believes that it will be almost impossible to differentiate them and the risk of confusion by potential users between all these products would be high.

THAILAND**General comment**

We would like to express our appreciation for India on preparing this document. We are of the opinions that this proposal is considered a significant initiation to move forward in malnutrition reduction for infants and young children in the future. We are pleased to propose our comments on this document as follows:

- **For energy density, we would like to propose that various types of fats and oils may be added into ready to eat foods.**
- **The multiple micronutrient fortification should be also considered for nutritional improvement of foods.**
- **The scope of the standard should cover both underweight and stunted children as well as normal infants and young children.**

IBFAN

IBFAN wishes to thank India for its important work to improve the Revised Standard for Processed Cereal Based Foods for Infants and Young Children (CODEX STAN 074-1981 Rev. 1-2006),

IBFAN has a number of general comments to make regarding this proposal.

1. IBFAN is deeply concerned about the state of undernutrition and malnutrition in countries with large low-income populations and the impact on the cost of nutritious foods for children resulting from the current economic crisis. However, the increased accessibility of expensive “added value” commercially prepared complementary foods is not the means to resolve the problems of undernutrition in poverty situations. The problem of undernutrition is complex and a range of agricultural, economic and educational approaches are needed.
2. The proposal does not take into account the global situation of the “double burden” of nutritional conditions – overnutrition and undernutrition existing side by side in many countries. Misra A, Khunrana L. Obesity and the metabolic syndrome in developing countries. J Clin Endocrinol Metab. 2008, Nov; 93 (11Suppl 1): S9 30.
3. In “developed” the problem of celiac disease is on the increase. There are suggestions that this may be linked to the high prevalence of cereal-based as “starter” foods at too early an age during infancy.
4. IBFAN is proposing that the current standard, the Revised Standard for Processed Cereal Based Foods for Infants and Young Children (CODEX STAN 074-1981 Rev. 1-2006), can readily be amended to take into account the revisions proposed by India.

IBFAN agrees with the proposed compositional changes:

1. **Cereal content in Cereal Based Foods to be at least 50%.** IBFAN agrees that a cereal-based food standard for infants and young children should have a minimum of 50% cereal content. This would benefit all children.
2. **Energy density of to be 4 kcal/g dry weight:** IBFAN agreed that the energy density should be no less than 4 kcal/g for dry weight of the cereal-based product.
3. **Products should have a minimum protein content of 12g /100 grams by dry weight.** IBFAN agrees that cereal based products should have an optimal protein content.

IBFAN also recommends the following additional changes to improve the Revised Standard for Processed Cereal Based Foods for Infants and Young Children (CODEX STAN 074-1981 Rev. 1-2006):

1. Reduction of energy content permitted by added sugars to less than 10% of the total energy of products.
2. Recognizing that the marketing of cereal-based foods can decrease the recommended duration of exclusive breastfeeding, and the critical importance of continued breastfeeding from 6 to 24 months or more, nutrition and health claims for cereal-based products should not be permitted. This is in accordance with the World Health Assembly resolution 63.23(4): ***to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation;***
3. Products with added cocoa should not be marketed for infants under the age of 12 months.