



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

DISCUSSION PAPER ON NRVs-R FOR OLDER INFANTS AND YOUNG CHILDREN

(Prepared by the Electronic Working Group chaired by Ireland and co-chaired by the United States of America and Costa Rica)

SUMMARY AND RECOMMENDATIONS

Background

At the 40th session of CCNFSDU (CCNFSDU40) a Discussion Paper assessing the need to establish NRVs-R for older infants and young children was considered. Some aspects of the seven recommendations outlined for progressing this work were agreed including the need:

- to establish three separate sets of NRVs-R (a set for older infants, a set for young children and a set for older infants and young children combined) – when the actual values are known, the number of sets required can be reconsidered.
- to standardise the age ranges throughout the Codex texts - but no conclusions were reached on the specific age boundaries for older infants and young children.
- to continue the work to develop NRVs-R for the four foods for special dietary uses (FSDU) Codex texts targeting older infants and young children for labelling nutrient declaration as well as reference criteria for vitamin and mineral composition.
- to consider further where these NRVs-R should be located.

The purpose of this eWG was to progress the work of establishing NRVs-R for older infants and young children by further consideration of these recommendations and the nutrients involved.

The Terms of Reference (ToR) for the work of this 2019 eWG were:

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| <p>A. To further consider recommendations 3 to 6 taking into account the decision on recommendation 2 in the Discussion Paper (CX/NFSDU 18/40/10); and</p> <p>B. To list and prioritize vitamins and minerals, and also to consider the inclusion of protein for NRVs-R for older infants and young children required based on existing Codex texts and determine which ones were to be allocated/applied to which Codex texts.</p> |
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Conduct of the eWG

The eWG was established in January 2019 and had 41 members (29 Codex Members, 1 Codex Member Organisation and 11 Codex Observers).

The Chair and Co-Chairs developed two Consultation Papers to explore ToR A and ToR B separately.

Responses to 1st Consultation Paper exploring ToR A:

- 23 eWG members responded
- 18 Codex Members
 - 1 Codex Member Organisation
 - 4 Codex Observers

Responses to 2nd Consultation Paper exploring ToR B:

21 eWG members responded

- 18 Codex Members
- 3 Codex Observers

RECOMMENDATIONS

ToR A

Standardisation of age ranges

There is strong majority support for standardising the age ranges for older infants and young children. This will ease the task of assessing the science behind potential values for NRVs-R from the six RASBs where age cut-offs vary. In addition, standardisation of age ranges for older infants and young children will reduce confusion and facilitate application of NRVs-R. This standardisation should be as close as possible to the age ranges that currently exist in relevant FSDU texts and seamlessly relate all age groups from older infants and young children up to the general population.

RECOMMENDATION 1

The age ranges for older infants and young children should be standardised throughout all relevant Codex texts as follows:

- **Older infants are aged from 6 months to not more than 12 months**
- **Young children are from the age of more than 12 months up to the age of 3 years (36 months)**

For the purposes of NRVs-R, this interpretation of when older infants become young children, is based on the point of differentiation being the end of the day on the 1st birthday.

If agreement on this is difficult to achieve, the current wording of the specific age boundaries in the Codex texts should continue to be used (even though these age boundaries are not exactly the same across all Codex FSDU texts, the meaning is generally understood).

Nutrient declaration and location of NRVs-R

There are many practical advantages to establishing NRVs-R for older infants and young children in the *Guidelines on Nutrition Labelling*. There was strong majority support from CMs and all COs for locating the NRVs-R in the *Guidelines on Nutrition Labelling*, but there was less clear-cut direction on which foods they should apply to (FSDU only or FSDU and general foods).

RECOMMENDATION 2

The NRVs-R for older infants and young children be located in the *Guidelines on Nutrition Labelling* and apply to FSDU.

Application of these NRVs-R to general foods require further discussion at plenary.

Note: While the majority of the eWG were in favour of applying these NRVs-R to general foods, a minority wanted these limited to FSDU only. One CM wanted application of NRVs-R to general foods for young children but not older infants.

Guiding vitamin and mineral composition

The feedback from the eWG highlights a range of factors that may influence whether NRVs-R should be used as reference criteria for vitamin and mineral composition in the *Guideline on Formulated Complementary Foods for Older Infants and Young Children*. A minority of those in favour wanted these NRVs-R to also apply as reference criteria for the optional addition of vitamins and minerals in all the FSDU texts under consideration for this age group. Clarity on the issues involved will be provided by the *General Principles* on how these NRVs-R are to be used and which foods they apply to.

RECOMMENDATION 3

The decision on whether these NRVs-R should be used to guide vitamin and mineral composition in the *Guideline on Formulated Complementary Foods for Older Infants and Young Children*, should be deferred until the *General Principles* are established.

This will also allow consideration of the potential use of these NRVs-R as reference criteria for the optional addition of vitamins and minerals in other relevant FSDU texts.

NRVs-R provide reference criteria for claims under national legislation

While the majority of CMs and all COs supported using these NRVs-R as reference criteria for nutrition and health claims, many mixed views were evident in the feedback. Among those in favour, some considered this would guide caregivers and may be useful for establishing national dietary guidelines. However, those who disagreed highlighted how conditions for claims may vary due to differing food supplies and public health policies (mandatory/voluntary food fortification and supplementation policies). In addition, while always scientifically valid, claims are primarily used to market food products and do not address specific nutrition and health needs of populations – which is the purpose of dietary guidelines. Finally, feedback also indicated that having the NRVs-R as reference criteria for claims could lead to confusion because these Guidelines already state that nutrition and health claims shall not be permitted for this age group except where specifically provided for in national legislation.

RECOMMENDATION 4

NRVs-R for older infants and young children should be established in the Guidelines on Nutrition Labelling and be used as reference criteria by jurisdictions where such claims are permitted.

ToR B*NRVs-R for vitamins and minerals*

A 100% of the feedback supported developing NRVs-R for older infants and young children for all of the vitamins and most of the minerals that have NRVs-R for the general population already established in the *Guidelines on Nutrition Labelling*. Due to the lack of scientific data on requirements and lack of evidence of relevance for healthy children, there was far less support for establishing an NRV-R for molybdenum for this age group. A small minority of CMs did not want NRVs-R to be established for copper, manganese and phosphorus because these nutrients do not have values derived by the primary source of daily intake reference values i.e. WHO/FAO. Nonetheless, using scientific data available from the six Recognised Authoritative Scientific Bodies (RASBs), NRVs-R for the general population for copper, manganese and phosphorus have been established in the *Guidelines on Nutrition Labelling*.

RECOMMENDATION 5

That NRVs-R for older infants and young children be established for all 13 vitamins (including folate instead of folic acid) and 9 minerals (excluding molybdenum).

NRV-R for protein

All the feedback agreed that an NRV-R should be established for protein for both older infants and young children because this is a key nutrient, essential for growth and development, that contributes to both under- and over-nutrition. Establishing NRVs-R for protein for older infants and young children is consistent with the NRVs-R for individuals older than 36 months in the *Guidelines on Nutrition Labelling*.

RECOMMENDATION 6

That an NRV-R be established for protein for older infants and young children separately and as a combined group.

Prioritisation when establishing NRVs-R

The main reasons for ranking nutrients as high-priority for the establishment of NRVs-R for older infants and young children included public health importance and if mandatory for composition or labelling in Codex FSDU texts. The main reasons for CMs and COs not providing a priority ranking was the difficulty of doing this before considering the scientific data available for each nutrient and before the General Principles on how these NRVs-R will be used have been established.

The Chairs note that this feedback on how NRVs-R for various nutrients should be prioritised provides very helpful insight on which nutrients are a priority in terms of public health importance and use in FSDU texts. It also highlights the limited scientific data available on nutrient requirements for this age group.

Establishing the General Principles will clarify the overall purpose of these NRVs-R and this may change how nutrients should be prioritised. Examination of the scientific data when developing the General Principles for establishing NRVs-R for older infants and young children may indicate that it is necessary to use the same RASB for each nutrient as was used to establish the NRVs-R for the general population. The reason for this is that using values from different RASBs to the one used for the general population NRV-R may yield NRVs-R for older infants and young children that are too high in comparison to the general population NRV-R. If it is the case that NRVs-R for older infants and young children should be derived from the same RASB

used to establish the values for the general population, these new NRVs-R could be established very quickly with no need for prioritisation.

RECOMMENDATION 7

That the priority rankings provided by the eWG be used to inform and help direct the work when the General Principles are being established.

Discussion paper

INTRODUCTION

At the 40th session of CCNFSDU (CCNFSDU40), seven recommendations were considered for the development of NRVs-R for Older Infants and Young Children. The subject of these recommendations and what was agreed is described below:

Recommendation 1 (CX/NFSDU 18/40/10)

It was agreed to develop two separate sets of NRVs-R for older infants and young children and one set of NRVs-R for both age groups combined. A decision on whether to establish the NRVs-R as the two separate sets or one combined set will be made when the actual values are considered.

Recommendation 2 (CX/NFSDU 18/40/10)

It was agreed to standardise the age ranges throughout the Codex texts on Foods for Special Dietary Uses (FSDU) for older infants and young children. However, there were no conclusions on the specific age boundaries defining older infants and young children.

Recommendation 3 (CX/NFSDU 18/40/10)

It was agreed to continue the work to develop NRVs-R for the four FSDU Codex texts targeting older infants and young children for labelling nutrient declaration.

Recommendation 4 (CX/NFSDU 18/40/10)

It was agreed to continue the work to develop NRVs-R as reference criteria for vitamin and mineral composition.

Recommendation 5 (CX/NFSDU 18/40/10)

It was agreed to consider further where these NRVs-R should be located and what foods they apply to.

Recommendation 6 (CX/NFSDU 18/40/10)

There was no discussion on this recommendation, which concerned making these NRVs-R available to provide reference criteria for nutrition and health claims in jurisdictions where such claims are permitted under national legislation.

Recommendation 7 (CX/NFSDU 18/40/10)

There was no discussion on this recommendation, which concerned developing a request to CCFL to provide advice on the amendments to Codex texts needed to clarify the use of NRVs-R for older infants and young children.

TERMS OF REFERENCE

The Terms of Reference (ToR) agreed for this 2019 eWG work were as follows:

- A. To further consider recommendations 3 to 6 taking into account the decision on recommendation 2 in the Discussion Paper (CX/NFSDU 18/40/10); and
- B. To list and prioritize vitamins and minerals, and also to consider the inclusion of protein for NRVs-R for older infants and young children required based on existing Codex texts and determine which ones were to be allocated/applied to which Codex texts.

PARTICIPATION AND METHODOLOGY

Management of eWG work

In January 2019, Codex Members and Codex Observers were invited to participate in the eWG for 2019 through the Codex Platform. The eWG was made up of 29 Codex Members (CMs), 1 Codex Member Organisation (CMO) and 11 Codex Observers (COs). The following abbreviations have been used throughout the paper:

CM(s) = Codex Member(s)

CMO = Codex Member Organisation

CO(s) = Codex Observer(s)

Consultation

Two consultations were carried out. The first Consultation Paper addressed ToR A and was held between March and April 2019. There were 23 responses to the first Consultation Paper (18 CMs, 1 CMO and 4 COs). The second Consultation Paper addressed ToR B and was held between May and June 2019. There were 21 responses to the second Consultation Paper (18 CMs and 3 COs).

Working in English and Spanish

The Consultation Papers were posted on the Codex Platform in English and Spanish. Responses to both Consultation Papers were received in English and Spanish. Costa Rica translated the two Consultation Papers into Spanish and translated all responses so that all feedback was available on the platform for the eWG in both languages.

Mentorship

Australia offered to continue assisting as a mentor/technical advisor to the eWG Chairs. This offer was gratefully accepted by the Chairs and the insight and knowledge that Australia provided to the work is acknowledged.

CONSULTATION FEEDBACK WITH DISCUSSION AND CONCLUSIONS

1. Feedback on the first Consultation Paper

The Chairs received responses to the first Consultation Paper from 23 eWG members (18 CMs, 1 CMO and 4 COs).

1.1 Specific age boundaries for older infants and young children

While it was agreed at CCFSDU40 to standardise the age ranges throughout the Codex texts, there was no agreed conclusions on specific age boundaries for older infants and young children. When establishing NRVs-R for this age group, specific age boundaries are important for a few reasons. Firstly, age boundaries are essential due to the rapid period of growth and development older infants and young children undergo. Secondly, there is some variation in age ranges used by Recognised Authoritative Scientific Bodies (RASBs) from which NRVs-R values are derived. Sometimes the age ranges vary from nutrient to nutrient within the same RASB. Considering the main work to establish NRVs-R for older infants and young children involves consideration of the scientific information in all the RASBs, standardisation of specific age boundaries at Codex level would be useful.

The feedback from the eWG is given in Appendix I Table 1 and summarised below:

There was general feedback from over a quarter of CMs (27%; *n*5) that the issue of specific age range boundaries is of lower priority compared with other issues that require debate and are more directly related to the establishment of NRVs-R for older infants and young children. This feedback acknowledged that even if the current wording of the specific age boundaries is not exactly the same across all Codex FSDU texts, the meaning is generally understood.

Older infants

Over three quarters (78%; *n*14) of CMs and one CMO (100%) want the age range for older infants standardised but there was less support (72%; *n*13) for the age range proposed. Over a quarter of CMs (28%; *n*5) and one CO (25%) believe the age range for older infants is already standardised as outlined in the Draft Revised *Standard for Follow-up Formula* (CXS 156-1987) currently under review at CCFSDU. This describes older infants as 'persons from the age of 6 months and not more than 12 months' - an upper age boundary that is consistent with that set out in the standard for infant formula (CXS 72-1981) where an infant is described as 'a person of not more than 12 months of age'.

The Chair's interpret that the difference between this and what was proposed in the consultation ('from 6 months to less than 12 months') is one day – the 1st birthday. This difference is irrelevant in terms of establishing NRVs-R.

Young children

Over three quarters (78%) of CMs and one CMO want the age range for young children standardised but only 56% (*n*10) of CMs agree with the age range proposed. Some CMs (*n*3) and one CO point out that the age range for young children of 'from the age of more than 12 months up to the age of 3 years (36 months)' is consistent across FSDU texts (apart from canned baby food).

Based on the Chair's interpretation, the difference between this and what was proposed in the consultation ('from 12 months to less than 36 months') is also just one day – the 1st birthday. This difference is irrelevant in terms of establishing NRVs-R. In addition, it should be noted that young children

are defined as individuals ‘from the age of more than 12 months up to the age of 3 years (36 months)’ in the Draft Revised *Standard for Follow-up Formula* (CX 156-1987) currently under review by CCNFSDU.

Two CMs wanted the age range for young children to include a 36-month span from 1 year up to less than four years rather than less than 36 months. However, the Chairs note that the NRVs-R for the general population in the *Guidelines on Nutrition Labelling* (CXG 2-1985) are identified ‘as individuals older than 36 months’. Therefore, the upper boundary in the age range for young children needs to be standardised to ‘up to the age of 3 years (36 months)’ as this aligns seamlessly with the age range for the general population.

In conclusion, there is strong majority support for standardising the age ranges for older infants and young children. This will ease the task of assessing the science behind potential values for NRVs-R from the six RASBs where age cut-offs vary. In addition, standardisation of age ranges for older infants and young children will reduce confusion and facilitate application of NRVs-R. This standardisation should be as close as possible to the age ranges that currently exist in relevant FSDU texts and seamlessly relate all age groups from older infants and young children up to the general population. The Chairs recommend the age ranges for older infants and young children that can meet these criteria are as follows:

- Older infants are aged from 6 months to not more than 12 months
- Young children are from the age of more than 12 months up to the age of 3 years (36 months)

For the purposes of NRVs-R, this interpretation of when older infants become young children, is based on the point of differentiation being the end of the day on the 1st birthday.

The Chairs further recommend that if agreement on this is difficult to achieve the current wording of the specific age boundaries should be used. Even though these age boundaries are not exactly the same across all Codex FSDU texts, the meaning is generally understood.

1.2 Location of NRVs-R for older infants and young children and foods they apply to

Discussion during CCNFSDU40 considered where these NRVs-R should be located and what foods they apply to. The feedback from the eWG is given in Appendix I Table 2 and summarised below:

A majority (66%) of CMs and all COs agreed that NRVs-R be established for labelling of nutrient declaration in the *Guidelines on Nutrition Labelling* to apply to all foods (general foods and FSDU) directed to older infants and young children. The main reasons were to provide guidance to caregivers on appropriate foods, which include a mix of FSDU and general foods.

Four CMs (22%) and one CMO (100%) disagreed and want NRVs-R for older infants and young children to apply only to FSDU because these foods are designed specifically for older infants and young children. One CM (6%) wants NRVs-R for older infants to apply to FSDU only, but NRVs-R for young children to apply to both FSDU and general foods.

There was strong support (88%) for locating the NRVs-R in the *Guidelines on Nutrition Labelling*, regardless of opinions on which foods NRVs-R for older infants and young children should apply to. One CMO (100%) wanted the NRVs-R to be established within the four FSDU to ensure that they would apply only to the FSDU foods.

There are the many practical advantages to establishing NRVs-R for older infants and young children in the *Guidelines on Nutrition Labelling* because these Guidelines:

- contain the definition for NRVs-R and list values for NRVs-R that have been established for the general population (older than 36 months).
- are referred to by three out of the four Codex FSDU texts (the *Standard for Canned Baby Foods* (CXS 73-1981) pre-dates the *Guidelines on Nutrition Labelling* and therefore does not refer to them).

When this Committee is amending the FSDU texts to facilitate use of the new NRVs-R, an amendment to the Standard for Canned Baby Foods (CXS 73-1981) might include reference the Guidelines on Nutrition Labelling to bring it into line with the other FSDU texts for this age group.

- allow for easier revision of the actual NRVs-R because this would involve revisions to one Codex text as opposed to four Codex texts.

On the question of whether NRVs-R for older infants and young children should only apply to FSDU or FSDU and general foods, there was less clear-cut direction from the eWG. While the majority (63%) were in favour of these NRVs-R applying to both FSDU and general foods, over a quarter (26%) disagreed and want them

to apply only to FSDU. In addition, one CM (6%) wanted these NRVs-R to apply only to FSDU for older infants but to both FSDU and general foods for young children.

Therefore, the Chairs recommend that the NRVs-R for older infants and young children be located in the *Guidelines on Nutrition Labelling* and apply to FSDU. The application of these NRVs-R to general foods needs to be discussed further at Plenary.

1.3 NRVs-R as reference criteria for vitamin and mineral composition

In one FSDU text (*Guideline on Formulated Complementary Foods for Older Infants and Young Children* (CXG 8-1991)) two different sets of NRVs-R are referred to - one for nutrition labelling and a second to guide vitamin and mineral composition. The feedback from the eWG on whether these NRVs-R should also apply as reference criteria for vitamin and mineral composition in this FSDU text is given in Appendix I Table 3 and summarised below:

Almost 80% of CMs (*n*15) and 50% of COs agreed that NRVs-R should apply as reference criteria for vitamin and mineral composition in the *Guideline on Formulated Complementary Foods for Older Infants and Young Children*. Three of these CMs added that these NRVs-R should also apply as reference criteria for the optional addition of vitamins and minerals to products covered by three of the FSDU Codex texts targeting this age group:

1. Processed Cereal-Based Foods (CXS 74-1981)
2. Canned Baby Foods (CXS 73-1981)
3. [name of product] for young children as part of the standard for Follow-Up Formula under revision (CXS 156-1987)

One CMO disagreed because NRVs-R for labelling purposes and compositional criteria may involve different issues. Therefore, revision of compositional criteria in this Codex text would best be carried out as a separate project.

Three CMs did not know and wanted more time to consider this. One of these CMs stated that there was no scientific reason to have multiple NRVs-R for this age group and that having different NRVs-R for labelling and compositional purposes creates confusion. Nonetheless, this CM suggested it would be better to decide on this after the overarching General Principles are established because this would assist in determining how these NRVs-R should be used and for which foods.

From this feedback it is becoming clear that the General Principles for NRVs-R for older infants and young children will need to cover the question of which foods they apply to and how they should be used. These General Principles will address whether these NRVs-R should be used as reference criteria for optional addition of relevant nutrients to food products.

The feedback highlights the potential range of factors that may influence whether these NRVs-R should be used as reference criteria for vitamin and mineral composition in the *Guideline on Formulated Complementary Foods for Older Infants and Young Children*. This indicates that this decision should be deferred until more clarity is provided through the establishment of the General Principles.

Therefore, the Chairs recommend that the decision on whether these NRVs-R should be used to guide vitamin and mineral composition in the *Guideline on Formulated Complementary Foods for Older Infants and Young Children*, should be deferred until the General Principles are established. This will also allow consideration of the potential use of these NRVs-R as reference criteria for the optional addition of vitamins and minerals in other relevant FSDU texts.

1.4 NRVs-R as reference criteria in the *Guidelines on Use of Nutrition and Health Claims in jurisdictions where such claims are permitted under national legislation*

There was no discussion at CCNFSDU40 on the use of NRVs-R as reference criteria in the *Guidelines on Use of Nutrition and Health Claims* (CXG 23-1997) in jurisdictions where such claims are permitted under national legislation. Therefore, this issue was re-visited by this 2019 eWG. The feedback from the eWG is given in Appendix I Table 4 and summarised below:

While the majority (72%; *n*13) of CMs and all COs support using the NRVs-R for older infants and young children as reference criteria in the *Guidelines on Use of Nutrition and Health Claims* in jurisdictions where such claims are permitted under national legislation, many mixed views were evident in the comments received.

Two CMs (11%) and three COs (75%) commented that these NRVs-R are established for older infants and young children, which makes them more appropriate than adult values for food products targeting this age group.

Among those in favour, there are varying opinions on how the NRVs-R would apply in the context of claims. Two CMs (11%) and one CO (25%) who support the NRVs-R as reference criteria for claims, state that this would provide useful guidance to caregivers and would be useful for establishing national dietary guidelines. However, it should be noted that dietary guidelines are not the same as nutrition and health claims. Dietary guidelines are developed by national or regional health authorities to advise people on the best food choices to address nutritional deficiencies and protect against the diet-related diseases prevalent in their region. While always scientifically valid, nutrition and health claims are primarily used to market food products and do not address specific nutritional and health needs of populations.

Of the CMs (22%; *n*4) and CMO (100%; *n*1) who disagreed, many stated that having the NRVs-R as reference criteria in the *Guidelines on Use of Nutrition and Health Claims* could lead to confusion about the relevance and the use of these on products targeting this age group. This is because these Guidelines already state that nutrition and health claims shall not be permitted for this age group except where specifically provided for in relevant Codex texts or national legislation. One CMO (100%) highlighted that the conditions for nutrition and health claims for this age group may vary to take account of differing national and regional public health policies - such as mandatory and voluntary fortification and supplementation policies.

One CM (6%) did not know as they were concerned that allowing NRVs-R to be reference criteria would mislead the consumer about the overall product by only having NRVs-R for the 'desirable' nutrients and not the less 'desirable' nutrients such as sugars and sodium.

Considering all responses, the Chairs recommend that these NRVs-R should be established in the *Guidelines on Nutrition Labelling* and be used as reference criteria by jurisdictions where such claims are permitted.

2. Feedback on the second Consultation Paper

The Chairs received responses to the second Consultation Paper from 21 eWG members (18 CMs and 3 COs).

2.1 Vitamins and minerals that need an NRV-R to be established for older infants and young children

All 13 vitamins and 10 minerals that have NRVs-R established in the *Guidelines on Nutrition Labelling* for individuals older than 36 months were considered. The feedback from the eWG is given in Appendix II Table 5 and summarised below:

All CMs (100%; *n*18) wanted NRVs-R to be established for older infants and young children for 12 of the vitamins listed, with 1 CM (6%) wanting an NRV-R to be established for folate (as per the *Guidelines on Nutrition Labelling*) instead of folic acid to account for naturally occurring forms present in food as well as synthetic forms such as folic acid found in fortified food and supplements. All COs (100%; *n*3) wanted NRVs-R to be established for all 13 vitamins.

Of the CMs:

- 18 (100%) wanted NRVs-R for older infants and young children for calcium, iron, zinc, iodine and magnesium
- 17 (94%) wanted NRVs-R for older infants and young children for phosphorus and selenium
- 16 (89%) wanted NRVs-R for older infants and young children for copper and manganese
- 9 (50%) wanted NRVs-R for older infants and young children for molybdenum

All COs (100%; *n*3) wanted NRVs-R for all minerals except molybdenum.

The reasons many CMs and COs supported the establishment of NRVs-R for older infants and young children for these vitamins and minerals are as follows:

- This is important because the use of NRVs-R for the general population older than 36 months is not appropriate
- This is important for the optimal health of older infants and young children
- This is consistent with the NRVs-R for the general population older than 36 months

Only half (50%) of CMs and none of the COs were in favour of establishing an NRV-R for molybdenum for a variety of reasons as follows:

- There is very little data on molybdenum requirements for this age group

- Data that exists relates to deficiency in children with metabolic disorders or those sustained on total parenteral nutrition
- Molybdenum is only relevant for Foods for Special Medical Purposes (FSMPs) and because NRVs-R apply to healthy populations, an NRV-R for molybdenum should not be established

Two CMs (11%) did not want an NRV-R to be established for copper and manganese, with one of these CMs also not agreeing to an NRV-R for phosphorus. The reason given by one CM (6%) is that these nutrients do not have daily intake reference values derived by WHO/FAO for older infants and young children which are the primary source of daily intake reference values in the General Principles for establishing NRVs-R for individuals older than 36 months. This CM stated that more clarity on establishing NRVs-R for these nutrients will be provided after the General Principles are established.

Two CMs (11%) wanted an NRV-R to also be established for potassium, with one CM (6%) wanting an NRV-R established for sodium, however, NRVs-R do not apply to these nutrients. As outlined in the *Guidelines on Nutrition Labelling*, potassium and sodium have an NRV-NCD¹ established for individuals older than 36 months in recognition of their association with risk of diet-related noncommunicable diseases.

Considering all feedback, the Chairs recommend that NRVs-R be established for all 13 vitamins (including folate instead of folic acid) and 9 minerals (excluding molybdenum).

2.2 NRV-R to be established for protein for older infants and young children

Declaration of the amount of protein is mandatory whenever nutrient declarations are applied. Therefore, providing more specific information relative to older infants and young children's protein requirements (through establishing an NRV-R for protein) may help inform carers about wise food choices.

The feedback from the eWG on whether an NRV-R should be established for protein for older infants and young children is given in Appendix II Table 6 and summarised below:

All CMs (*n*18) and the two COs who provided feedback on this question agreed that an NRV-R should be established for protein for both older infants and young children. One CO did not provide an answer as it is outside of their scope.

The reasons many CMs and COs were in favour of establishing an NRV-R for protein for both older infants and young children can be summarised as follows:

- Protein is a key nutrient that is essential for growth and development
- Protein contributes to both under- and over- nutrition
- Establishing an NRV-R for protein for older infants and young children is consistent with the NRVs-R for individuals older than 36 months in the *Guidelines on Nutrition Labelling*

Therefore, the Chairs recommend that an NRV-R be established for protein for older infants and young children separately and as a combined group.

2.3 Prioritisation of vitamins, minerals and protein when establishing NRVs-R for older infants and young children

If most NRVs-R established for the general population are needed for older infants and young children, the work required can be expected to take a number of years. The last question (Question 3) in the 2nd Consultation Paper asked the eWG to provide feedback on which nutrients should be prioritised so that there is minimal delay in establishing important NRVs-R for older infants and young children separately. The feedback on which nutrients are a high-priority (ranking 1), a mid-priority (ranking 2) and a low-priority (ranking 3) is summarised below:

While all respondents to the second consultation (18 CMs and 3 COs) provided comments on how the nutrients should be prioritised to establish these NRVs-R, only 61% of CMs (*n*11) and 33% of COs (*n*1) provided a ranking for the nutrients. One of these CMs only provided priority ranking for these nutrients for older infants and not for young children.

While all who responded (11 CM and 1 CO) provided feedback on which nutrients were high-priority (ranking 1), only 8 CMs and 1 CO provided feedback on mid-priority and low-priority nutrients. From

¹ NRVs-NCD refer to NRVs that are based on levels of nutrients associated with the reduction in the risk of diet-related noncommunicable diseases not including nutrient deficiency diseases or disorders

this feedback, high-priority nutrients (ranked as such by at least 40% of CMs and COs) were listed for older infants and young children separately. Using a similar approach, mid-priority nutrients (ranked as such by at least 25 - 30% of CMs and COs) and low-priority nutrients (ranked as such by at least 20% of CMs and COs) were listed. This list can be found in Table 1 below.

Table 1. Feedback received from eWG on high-priority, mid-priority and low-priority nutrients for the establishment of NRVs-R for older infants and young children separately

	NRVs-R Older Infants	NRVs-R Young Children
High-priority nutrients	Vitamin A Calcium Vitamin D Iron Protein Zinc Vitamin B12 Iodine	Vitamin A Calcium Vitamin D Iron Protein Zinc Vitamin B12
Mid-priority nutrients	Vitamin B6 Niacin Vitamin K Pantothenic Acid Phosphorus Copper Biotin Vitamin E Folic acid Magnesium Vitamin C Selenium Thiamin Riboflavin	Vitamin B6 Niacin Vitamin K Pantothenic Acid Phosphorus Copper Biotin Vitamin E Folic Acid Magnesium Vitamin C Selenium Thiamin Riboflavin Iodine
Low-priority nutrients	Molybdenum Manganese	Molybdenum Manganese

Of those that provided a priority ranking for nutrients, the reasons given concerned prioritisation due to public health importance and mandatory status for composition and labelling in the Codex FSDU texts. It was also mentioned by many that the adequacy of existing scientific evidence needs to be taken into account when prioritising the nutrients.

For the CMs (*n*7) and COs (*n*2) who did not provide a priority ranking, the reasons given were that this is a difficult task without first considering the scientific data available for each nutrient. It was also mentioned by one CM (6%) that the General Principles and overall purpose of the NRVs-R first need to be established before agreeing the basis of prioritising the nutrients.

It was suggested by some CMs (17%; *n*3) and one CO that guidance and recommendations from JEMNU be considered in order to prioritise the nutrients when developing the NRVs-R for older infants and young children. However, at CCFSDU40 it seemed unlikely that JEMNU would be available for this work because WHO are undertaking a rigorous review of the evidence for establishing daily intake reference values (not just for labelling) for this age group. Therefore, the work to establish these NRVs-R for labelling is only to provide interim values which will be updated as the WHO values are developed.

The Chairs would like to note that this feedback on how NRVs-R for various nutrients should be prioritised is very helpful as it provides insight on which nutrients are a priority in terms of public health importance and use in FSDU texts. It is also helpful as it raises the issue of what scientific data is available for each nutrient as data may be limited for this age group. Establishing the General Principles will clarify the overall purpose of these NRVs-R and this may change how nutrients should be prioritised. Examination of the scientific data when developing the General Principles for establishing NRVs-R for older infants and young children may indicate that it is necessary to use the same RASB for each nutrient as was used to establish the NRVs-R for the general population. The reason for this is that using values from different RASBs to the one used for the general population NRV-R may yield NRVs-R for older infants and young children that are too high in comparison to the general population NRV-R. If it is the case that NRVs-R for older infants and young children

should be derived from the same RASB used to establish the values for the general population, these new NRVs-R could be established very quickly with no need for prioritisation.

Therefore, the chairs recommend that the priority rankings provided by the eWG be used to inform and help direct the work when the General Principles are being established.

RECOMMENDATIONS

Recommendation 1

The age ranges for older infants and young children should be standardised throughout all relevant Codex texts as follows:

- **Older infants are aged from 6 months to not more than 12 months**
- **Young children are from the age of more than 12 months up to the age of 3 years (36 months)**

For the purposes of NRVs-R, this interpretation of when older infants become young children, is based on the point of differentiation being the end of the day on the 1st birthday.

If agreement on this is difficult to achieve the current wording of the specific age boundaries in the Codex texts should continue to be used (even though these age boundaries are not exactly the same across all Codex FSDU texts, the meaning is generally understood).

RECOMMENDATION 2

The NRVs-R for older infants and young children be located in the Guidelines on Nutrition Labelling and apply to FSDU.

Application of these NRVs-R to general foods require further discussion at plenary.

Note: While the majority of the eWG were in favour of applying these NRVs-R to general foods, a minority wanted these limited to FSDU only. One CM wanted application of NRVs-R to general foods for young children but not older infants.

RECOMMENDATION 3

The decision on whether these NRVs-R should be used to guide vitamin and mineral composition in the Guideline on Formulated Complementary Foods for Older Infants and Young Children, should be deferred until the General Principles are established.

This will also allow consideration of the potential use of these NRVs-R as reference criteria for the optional addition of vitamins and minerals in other relevant FSDU texts.

RECOMMENDATION 4

NRVs-R for older infants and young children should be established in the Guidelines on Nutrition Labelling and be used as reference criteria by jurisdictions where such claims are permitted.

RECOMMENDATION 5

That NRVs-R for older infants and young children be established for all 13 vitamins (including folate instead of folic acid) and 9 minerals (excluding molybdenum).

RECOMMENDATION 6

That an NRV-R be established for protein for older infants and young children separately and as a combined group.

RECOMMENDATION 7

That the priority rankings provided by the eWG be used to inform and help direct the work when the General Principles are being established.

FUTURE WORK AND NEXT STEPS

For CCNFSDU41, the Chair's have updated the original Project Document outlining the work to revise nutrient reference values to include a timetable for establishing NRVs-R for individuals aged 6 – 36 months. In addition, this updated Project Document revises section 5 to align the work to the current Codex Strategic Objectives (Codex Strategic Plan 2020 - 2025). This updated Project Document is included as Appendix III (with amendments shown in **bold underlined text**).

Based on the insight gained from this years eWG work, the following outlines the tasks that need to be completed to establish NRVs-R for older infants and young children. These tasks fall into the following three areas:

1. Developing General Principles

In the Annex to the *Guidelines on Nutrition Labelling*, the General Principles for establishing NRVs for the general population are outlined. In addition to considering how the NRVs-R are to be established, the General Principles for older infants and young children need to include other factors such as how these NRVs-R are to be used and which foods they should apply to.

2. Assigning NRVs-R for protein, 13 vitamins and 9 minerals for all three age groups (older infants only, young children only, older infants and young children combined). Based on the values assigned, decisions will need to be made on whether one or two sets are required.

3. Amending the labelling/composition provisions in relevant Codex texts will need to be undertaken in conjunction with CCFL. To avoid delays and confusion about work that requires the expertise and input of both CCFL and CCNFSDU, establishing a mechanism to facilitate close liaison will help expedite this aspect of the work. This needs to be explored in 2020.

There is some overlap in these tasks, for example, developing General Principles depends to some extent on the scientific data available for assigning NRVs-R for this age group. In addition, it may be that some, or all, of these NRVs-R are best assigned from the same RASBs that were used for the general population NRVs in order to cover the necessary range of nutrient requirements.

Adoption by Commission

Due to the overlap between developing the General Principles and assigning NRVs-R for the nutrients, it is difficult to gauge when the new Annex on General Principles for NRVs-R for older infants and young children would reach Step 5. Nonetheless, it is envisioned that the Annex on General Principles would be available for adoption by the Commission in advance of the list of NRVs-R. It may transpire that the actual NRVs-R for older infants and young children to be ultimately added to the table under 3.4.4.1 of the *Guidelines on Nutrition Labelling*, will be presented for adoption by the Commission as they become available.

Work for 2020 eWG

The General Principles for NRVs-R for older infants and young children need to be developed and will involve:

- how these NRVs-R are to be scientifically established (data is limited for this age group)
- how these NRVs-R are to be used
- which foods these NRVs-R should apply to
- exploring the scientific data available on each nutrient for this age group (how they are derived and the range of values available to choose from)
- comparison of possible NRVs-R for older infants and young children with the NRVs-R established for the general population to examine the range of requirements that would be covered (some values for NRVs-R may be similar to the NRVs-R for the general population and may not provide additional information)

In addition, formal communication with CCFL to provide information about the work on NRVs-R at CCNFSDU and how this will require input from CCFL on labelling sections within several Codex texts.

APPENDIX I**ANALYSIS OF FEEDBACK TO FIRST CONSULTATION PAPER****Table 1.** Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on the age range cut-offs to be standardised throughout all relevant Codex texts

Question 1a: Should the age range for older infants be standardised throughout all relevant Codex texts to be from 6 months to less than 12 months?	CMs		CMO		COs	
	(n)	%	(n)	%	(n)	%
Yes	(13)	72	(0)	0	(3)	75
No	(5)	28	(0)	0	(1)	25
No answer given	(0)	0	(1)	100	(0)	0
Question 1b: Should the age range for young children be standardised throughout all relevant Codex texts to be from 12 months to less than 36 months?						
Yes	(10)	56	(0)	0	(3)	75
No*	(8)	44	(0)	0	(1)	25
No answer given	(0)	0	(1)	100	(0)	0

* Four (50%) CMs who say 'No' want age ranges standardised but disagree with proposed 'from 12 months to less than 36 months'

Table 2. Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on the location of the NRVs-R and the foods which they apply to

Question 2a: Should NRVs-R be established for labelling of nutrient declaration in the Guidelines on Nutrition Labelling to apply to all foods (general foods and FSDU) directed to older infants and young children?	CMs		CMO		COs	
	(n)	%	(n)	%	(n)	%
Yes	(12)	66	(0)	0	(4)	100
No	(4)	22	(1)	100	(0)	0
Yes & No	(1)	6	(0)	0	(0)	0
No answer given	(1)	6	(0)	0	(0)	0
Question 2b: Should NRVs-R be established for labelling of nutrient declaration in the Guidelines on Nutrition Labelling to apply only to FSDU foods for older infants and young children?						
Yes	(4)	22	(0)	0	(0)	0
No	(11)	61	(0)	0	(4)	100
Don't know	(1)	6	(0)	0	(0)	0
Yes & No	(1)	6	(0)	0	(0)	0
No answer given	(1)	6	(1)	100	(0)	0
Question 2c: Should NRVs-R be established for labelling of nutrient declaration in each of the four Codex FSDU texts (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)) and not in the Guidelines on Nutrition Labelling?						
Yes	(0)	0	(1)	100	(1)	25
No	(17)	94	(0)	0	(3)	75
Yes & No	(1)	6	(0)	0	(0)	0

Table 3. Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on whether the NRVs-R should apply as reference criteria vitamin and mineral composition in the Guideline on Formulated Complementary Foods for Older Infants and Young Children

Question 3: Should NRVs-R apply as reference criteria for vitamin and mineral composition in the Guideline on Formulated Complementary Foods for Older Infants and Young Children?	CMs		CMO		COs	
	(n)	%	(n)	%	(n)	%
Yes	(15)	83	(0)	0	(2)	50
No	(0)	0	(1)	100	(0)	0
<i>Don't know</i>	(3)	16	(0)	0	(1)	25
<i>No answer given</i>	(0)	0	(0)	0	(1)	25

Table 4. Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on whether the NRVs-R should be available to provide reference criteria in the Guidelines on Use of Nutrition and Health Claims in jurisdictions where such claims are permitted under national legislation

Question 4: Should NRVs-R be available to provide reference criteria in the Guidelines on Use of Nutrition and Health Claims in jurisdictions where such claims are permitted under national legislation?	CMs		CMO		COs	
	(n)	%	(n)	%	(n)	%
Yes	(13)	72	(0)	0	(4)	100
No	(4)	22	(1)	100	(0)	0
<i>Don't know</i>	(1)	6	(0)	0	(0)	0

APPENDIX II**ANALYSIS OF FEEDBACK TO SECOND CONSULTATION PAPER****Table 5.** Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on the nutrients that need an NRVs-R established for older infants and young children

Question 1 - Older Infants: Consider the list of vitamins and minerals below and select (by clicking on the box) those that need an NRV-R to be established for older infants and young children in your jurisdiction.	CMs		COs	
	(n)	%	(n)	%
Vitamin A	(18)	100	(3)	100
Vitamin D	(18)	100	(3)	100
Vitamin E	(18)	100	(3)	100
Vitamin K	(18)	100	(3)	100
Thiamin	(18)	100	(3)	100
Riboflavin	(18)	100	(3)	100
Niacin	(18)	100	(3)	100
Vitamin B6	(18)	100	(3)	100
Vitamin B12	(18)	100	(3)	100
Pantothenic acid	(18)	100	(3)	100
Folic acid	(17)	94	(3)	100
Vitamin C	(18)	100	(3)	100
Biotin	(18)	100	(3)	100
Calcium	(18)	100	(3)	100
Iron	(18)	100	(3)	100
Zinc	(18)	100	(3)	100
Iodine	(18)	100	(3)	100
Magnesium	(18)	100	(3)	100
Phosphorus	(17)	94	(3)	100
Selenium	(17)	94	(3)	100
Copper	(16)	89	(3)	100
Manganese	(16)	89	(3)	100
Molybdenum	(9)	50	(0)	0
Question 1 - Young Children: Consider the list of vitamins and minerals below and select (by clicking on the box) those that need an NRV-R to be established for older infants and young children in your jurisdiction.				
Vitamin A	(18)	100	(3)	100
Vitamin D	(18)	100	(3)	100
Vitamin E	(18)	100	(3)	100
Vitamin K	(18)	100	(3)	100
Thiamin	(18)	100	(3)	100
Riboflavin	(18)	100	(3)	100
Niacin	(18)	100	(3)	100
Vitamin B6	(18)	100	(3)	100

Vitamin B12	(18)	100	(3)	100
Pantothenic acid	(18)	100	(3)	100
Folic acid	(17)	94	(3)	100
Vitamin C	(18)	100	(3)	100
Biotin	(18)	100	(3)	100
Calcium	(18)	100	(3)	100
Iron	(18)	100	(3)	100
Zinc	(18)	100	(3)	100
Iodine	(18)	100	(3)	100
Magnesium	(18)	100	(3)	100
Phosphorus	(17)	94	(3)	100
Selenium	(17)	94	(3)	100
Copper	(16)	89	(3)	100
Manganese	(16)	89	(3)	100
Molybdenum	(9)	50	(0)	0

Table 6. Feedback from Codex Members (CMs), Codex Member Organisation (CMO) and Codex Observers (COs) on whether protein needs an NRV-R established for older infants and young children

Question 2 - Older Infants: Do you consider that protein needs an NRV-R to be established for older infants and young children?	CMs		COs	
	(n)	%	(n)	%
Yes	(18)	100	(2)	67
No	(0)	0	(0)	0
No answer given	(0)	0	(1)	33
Question 2 - Young Children: Do you consider that protein needs an NRV-R to be established for older infants and young children?				
Yes	(18)	100	(2)	67
No	(0)	0	(0)	0
No answer given	(0)	0	(1)	33

APPENDIX III

**PROJECT DOCUMENT OF A PROPOSAL FOR NEW WORK TO REVISE NUTRIENT
REFERENCE VALUES OF VITAMINS AND MINERALS (CXG 2-1985)
UPDATED TO INCLUDE TIMELINES FOR NRVS-R FOR INDIVIDUALS AGED 6-36 MONTHS OF AGE**

(ALINORM 08/31/26, APPENDIX VII)

1. PURPOSE AND THE SCOPE OF THE PROPOSED NEW WORK

Section 3.4.4 of the Codex Guidelines for Nutrition Labelling (CX/GL 2-1985) provides that numerical information on vitamins, minerals and protein should be expressed as a percentage of the reference labelling value referred to as "Nutrient Reference Value" (NRV). Since the first introduction of this guideline in 1985, Section 3.4.4 was amended once in 1993 following the Report of a Joint FAO/WHO Consultation on Recommended Allowances of Nutrients for Food Labelling Purposes (Helsinki, Finland, 12-16 September 1988). At that time, it was indicated that the definition and review of these values was on an on-going process, subject to revision according to new scientific data by the Committee of Food Labelling (CCFL). The CCFL also recognized a need for general principles to guide the choice and amendment of NRVs, and had requested the advice of the Committee on Nutrition and Foods for Special Dietary Uses in this respect (ALINORM 93/40).

Currently the list of NRVs in Codex Guidelines for Nutrition Labelling covers 9 vitamins (A, D, C, thiamin, riboflavin, niacin, B6, folic acid and B12), 5 minerals (Calcium, Magnesium, Iron, Zinc, Iodine) and protein, which were in general based on the Reference RDAs for adult men. These values are indicated as a basis for expressing nutrient content in nutrition labelling of food supplements in the Codex Guidelines for Vitamin and Mineral Food Supplements (CXG 55-2005). Also the Codex Guidelines for Use of Nutrition and Health Claims (CXG 23-1997) indicates NRVs as a basis for criteria for nutrition and health claims.

At the 25th Session of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) agreed that the current list of NRVs in the Codex Guidelines for Nutrition Labelling was incomplete and required additions and updates. It was also pointed out that a set of principles should be developed for the establishment of NRVs taking into account the experience of member countries in the establishment of reference values for the purpose of labelling.

The purpose of the proposed new work is to develop the science-based general principles for establishing NRVs and to revise the list of NRVs in the Codex Guidelines for Nutrition Labelling, taking full account of the prior work related to nutrient reference values.

2. ITS RELEVANCE AND TIMELINES

WHA Resolution 57.17 endorsing the Global Strategy requested the Codex Alimentarius Commission to continue to give full consideration within the framework of its operational mandate, to measures which it might take to contribute towards the improvement of health standards of foods consistent with the aims and objectives of the Global Strategy.

Accordingly, the 28th Session of the Commission agreed to ask WHO and FAO to prepare a document focused on actions that could be taken by Codex including specific proposals for new work for consideration by the CCNFSDU and the CCFL. At its 29th Session of the Commission, it was agreed to complete a document containing concrete proposals for possible actions by Codex and to circulate for comments and consideration by the CCNFSDU and CCFL.

The CCNFSDU and CCFL had discussed extensively the proposals for actions and both Committees agreed for CCNFSDU to revise the NRVs of vitamins and minerals in the Guidelines for Nutrition Labelling (ALINORM 07/30/26). Therefore the proposal of this new work is timely as well as relevant.

3. THE MAIN ASPECTS TO BE COVERED

This work would involve a process to develop the general principles for establishment of vitamin and mineral NRVs for the general population as a first step.

The next step would be a process to review all available reference values and their scientific basis by the principles agreed upon and, if appropriate, update and extend the current list of vitamin and mineral NRVs in the Guidelines for the Nutrition Labelling.

Once the above is completed, the Committee would establish vitamin and mineral NRVs for labelling for individuals 6 months to 36 months of age. The Committee could then begin to work to establish principles that would apply to NRVs for this age group, using as a basis the principles identified for NRVs for the general

population and modifying them as appropriate. Once those principles are developed, the NRVs for this age group would be established.

4. AN ASSESSMENT AGAINST THE CRITERIA FOR THE ESTABLISHMENT OF WORK PRIORITIES

Consumer protection from the point of view of health, food safety, ensuring fair practices in the food trade and taking into account the identified needs of developing countries: This proposed new work would provide Codex and national/regional authorities principles to be used in establishing NRVs, thus assisting in establishing appropriate level of protection for consumers. The project could particularly assist countries that have limited experience with NRVs, particularly for selecting NRVs for labelling purposes.

Diversification of national legislations and apparent resultant or potential impediments to international trade: This proposed new work would provide internationally-recognized scientific general principles that Codex and national/regional authorities may use to carry out establishing NRVs for labelling purposes. Such internationally-agreed principles can help ensure consistent approaches for establishing NRVs for labelling purposes.

Scope of work and establishment of priorities between the various sections of the work: The scope of the work relates to work previously undertaken by Codex on a high priority basis.

Work already undertaken by other organizations in this field: This proposed new work is consistent with, complements, and builds upon work already undertaken by CCFL.

5. RELEVANCE TO THE CODEX STRATEGIC OBJECTIVES

This proposal is consistent with the following strategic goals presented in the Codex Strategic Plan 2008-2013:

Promoting Sound Regulatory Frameworks (Activity 1.3);

Promoting Widest and Consistent Application of Scientific Principles and Risk Analysis (Activities 2.3).

And the Codex Strategic Plan 2020-2025:

Identify needs and emerging issues (Goal 1, Objective 1.1)

Use scientific advice consistently in line with Codex risk analysis principles (Goal 2, Objective 2.1)

Promote the submission and use of globally representative data in developing and reviewing Codex standards (Goal 2, Objective 2.2)

6. INFORMATION ON THE RELATION BETWEEN THE PROPOSAL AND OTHER EXISTING CODEX DOCUMENTS

The Codex Guidelines on Nutrition Labelling (CXG 2-1985) and Codex Guidelines for Vitamin and Mineral Food Supplements (CXG 55-2005) indicate the NRVs as a basis for expressing nutrient content in nutrition labelling of all foods including conventional foods and food supplements. The Codex Guidelines for Use of Nutrition and Health Claims (CXG 23-1997) also indicates NRVs as a basis for criteria for nutrition and health claims.

7. IDENTIFICATION OF ANY REQUIREMENT FOR AND AVAILABILITY OF EXPERT SCIENTIFIC ADVICE.

Scientific advice from FAO/WHO could be identified at a later stage.

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 STEP 5 AND THE PROPOSED DATE FOR ADOPTION BY THE COMMISSION: THE TIME FRAME FOR DEVELOPING GUIDELINE SHOULD NOT NORMALLY EXCEED FIVE YEARS

Activity	Step/date
The CCNFSDU agrees the work to be undertaken	Nov, 2007
Commission approves New Work	July 2008

Step 5	2009/2010
Adoption by the Commission	2011/2012

UPDATE – THE PROPOSED TIMELINE FOR COMPLETION OF THE NRVS-R WORK INVOLVED FOR INDIVIDUALS 6-36 MONTHS OF AGE

In CCNFSDU40 a Discussion Paper on the need to establish NRVS-R for older infants and young children in Codex texts was considered. This Paper also considered the nutrition labelling provisions that need to be updated in relevant Codex texts. It was decided this work should continue. The following outlines the proposed timeline:

<u>Activity</u>	<u>Year/Step</u>
<u>Standardising age groups, determining which nutrients should have NRVs-R for older infants and young children and outlining a 5-year plan for this work</u>	<u>2019</u>
<u>Developing General Principles for the establishment of these NRVs-R and how they should be used including which foods they should apply to</u>	<u>2020/Step 3</u>
<u>Establishing NRVs-R for each nutrient</u>	<u>2021-2023/Step 5</u>
<u>Amending text in relevant Codex texts in liaison with CCFL</u>	<u>2024/Step 5</u>
<u>Adoption by the Commission</u>	<u>2025</u>

APPENDIX IV**LIST OF PARTICIPANTS**

Depending on the length of the EWG report, the Secretariat may decide to hyperlink the list of participants.

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