

# CODEX ALIMENTARIUS COMMISSION



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

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Agenda Items 2, 4, 5, 6, 7

NFSDU/43 CRD23

## JOINT FAO/WHO FOOD STANDARDS PROGRAMME

### CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

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*Comments by African Union (AU)*

#### **AGENDA ITEM 2: MATTERS REFERRED TO THE COMMITTEE BY CODEX ALIMENTARIUS COMMISSION AND/OR OTHER SUBSIDIARY BODIES (CX/NFSDU/ 23/43/3)**

##### **Matters for action**

**Issue 1:** Request from CCMAS41 relating to the methods for fructans, beta-carotene and lycopene in infant formula.

**Background:** CCFNSDU41 had send a request to CCMAS to adopt two methods: AOAC 2016.13 / ISO DIS 23443 for beta-carotene and lycopene; and AOAC 2016 17 / ISO DIS 22579 | IDF 241 for fructans endorsement as Type II and inclusion in CXS 234-1999 as method of analysis for Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants (CXS 72-1981) (REP20/NFSDU, Para 197). In response, CCMAS41 agreed to inform CCFNSDU that the methods for fructans, beta-carotene and lycopene were not endorsed as there were no accompanying provisions in the Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants (CXS 72-1981) and to request CCFNSDU to provide a rationale to support their proposal for methods for these ingredients / nutrients (REP21/MAS, Para 8).

**Position:** African Union proposes that CCMAS should consider the methods for adoption in CXS 234.

**Rationale:** CXS 72 and CXS 74 both of which are products for older infants and young children discourage use of fructose hence the need to provide a method to determine the fructose content. Similarly, lycopene which is a carotenoid (beta carotene) would be useful in determining the level of vitamin A. If the methods are not relevant, CCMAS should guide on how fructose, lycopene and carotenoids are to be tested.

#### **AGENDA ITEM 4: REVIEW OF THE STANDARD FOR FOLLOW-UP FORMULA (CODEX STAN 156-1987) (CL2022/24/OCS-NFSDU)**

##### **Background of review of the standard**

The revision of follow-up formula, commenced in 2012 during the CCFNSDU34. The Committee adopted a strategy to allow the revision of the standard to proceed in phases, this means sections where consensus had been reached were adopted, with discussions on the preamble and structure being the only remaining sections still under discussion. The Committee agreed that the age in question has a differentiation point at 12 months where the nutrition requirements start to change and thus the need to consider the nutrition requirements for older infants and that of young children separately. Taking this approach, the need to refer to WHA resolutions in the body of the standard was a major area of discussion which resulted in CCEXEC75 providing guidance on how external documents to Codex text could be referenced. CCEXEC75 guided that the Committee should endeavor to incorporate the necessary technical aspects into the standard instead of referring to WHA resolutions in whole (REP 18/EXEC 2-Rev 1 Para 14). This decision was re-affirmed by CCEXEC77 (REP19/EXEC2 Para 11). Based on the CCEXEC guidance, the Committee included most of the requirements in the labelling clauses in both parts of the standard and have since been adopted by CCFL. The remaining work on this revision relates to making decision on the options on whether: to have one standard for follow-up formula with two parts; or two separate standards; or have all standards addressing infant feeding in one standard.

In addition, the Committee should agree on the preamble of the standard. In the preamble, three paragraphs are provided where first paragraph would indicate that the standard has two parts, the second indicates reference to national policies and legislations and the third paragraph refers to WHO/WHA resolutions. However, the second and third paragraph are still in square brackets. CCEXEC82 (REP22/EXEC1 Para 14) recommended that the revision of this standard should be completed in 2023 during CCNFSDU43.

#### **Issue 1: Structure of the standard**

**Position:** African Union supports one standard with two parts, Part A covering Follow-up Formula for Older Infants and Part B covering Drink for Young Children with Added Nutrients, or Product for Young Children with Added Nutrients, or Drink for Young Children, or Product for Young Children.

**Rationale:** The two products are related and being recognized and used as breastmilk substitutes (REP22/NFSDU - Appendix III section A. 2.1.1. & Section B 2.1.1) thus it is appropriate to have two parts in one standard for ease of use and reference during implementation. It will also allow for a common preamble which will ensure the protection, promotion and supporting breastfeeding practices. A precedent has already been set in CXS 72 on infant formula for a similar structure.

#### **Issue 2: Preamble of the Standard**

This Standard is divided into two sections. Section A refers to Follow-up Formula for Older Infants, and Section B deals with Drink for Young Children with Added Nutrients, or Product for Young Children with Added Nutrients, or Drink for Young Children, or Product for Young Children.

[The application of this Standard should be consistent with national health and nutrition policies and relevant national/regional legislation and consider the recommendations made in the International Code of Marketing of Breast-milk Substitutes, as per the national context.]

[Relevant World Health Organization (WHO) guidelines and policies and World Health Assembly (WHA) resolutions were considered in the development of this Standard and may provide further guidance to countries.]

**Position:** African Union appreciates the efforts that have gone into facilitating consensus on the Preamble. African Union's Position on the Preamble is to accept the texts in square brackets in both paragraphs 2 and 3 of the Preamble and the final adoption of the standard. AU particularly notes the importance of this work and reiterate our commitment to working with delegations to resolve the divergent opinions that exist on the Preamble in order to have the standard adopted at CCNFSDU43.

**Rationale:** The proposed preamble is important in advising governments on the need to protect, promote and support breastfeeding. Reference to relevant WHO/WHA resolutions is important to ensure policy alignment, and reinforces the need for implementation of these resolutions which countries have signed up to.

### **AGENDA ITEM 5: GENERAL PRINCIPLES FOR THE ESTABLISHMENT OF NRVS-R FOR PERSONS AGED 6 – 36 MONTHS (AT STEP 4) CX/NFSDU 23/43/5**

#### **Background**

Nutrient Reference Values (NRVs) are the daily amount of macro and micro-nutrients required for good health while ensuring that the upper safe level of intake is not compromised. Their importance is in informing products (labelling) as well as guiding in the formulation of healthy products. Codex has already established principles for establishment of NRVs-R for the general population which have already been incorporated in CXG 2, Guidelines for Nutrition labelling. The Committee is considering developing principles for establishment of NRVs-R for older infants and young children (6-36 months). The draft principles are to be used as a pilot to establish NRVs-R for Vitamin B12, Vitamin B6, Riboflavin, Niacin, Thiamine, Vitamin C and Iodine. During CCNFSDU42 (REP22/NFSDU Para 127 – 169) detailed discussion were held on the approach that should be taken in developing the principles and NRVs-R. There was a general support that the use of Dietary Intake Reference Values (DIRV) as established by FAO/WHO be used except where they do not exist in which case DIRVs established by Recognized Authoritative Scientific Bodies (RASBs) may be applicable. However, considering that DIRVs from FAO/WHO may not be recent, the Committee agreed to adopt a rigorous scientific criterion to rank data especially where FAO/WHO data is not recent. Furthermore, the Committee agreed that the principles should, to the extent possible, be aligned to the current principles for establishing NRVs-R for the general population as annexed in CXG 2 except where technically a different approach may be required.

**Issue 1:** Preamble, definitions and principles

**Position:** African Union supports adoption of the preamble, definitions and principles for the establishment of NRVs-R for older infants and young children. African Union also supports the opening of square brackets in the preamble section.

**Rationale:** The text developed by the EWG is aligned with the principles for establishment of NRVs-R for general population as annexed in CXG 2-1985. Additionally, opening the square brackets in the preamble will enable flexibility on how the NRVs-R may be presented especially where governments choose to establish their own NRVs-R based on the documented principles.

**Issue 2:** Stepwise approach on application of the draft general principles to establish NRVs-R for persons aged 6–36 months.

**Position:** African Union supports the steps defined in the stepwise approach model to be used in the establishment of the NRVs-R for persons aged 6–36 months.

**Rationale:** The steps have chronologically prioritized evidence and sources of DIRVs to be used in establishing the NRV-Rs. The approach recognizes FAO/WHO data as primary source except where data from RASBs is based on physiological evidence which is considered stronger. In cases where none is based on physiology evidence, data from FAO/WHO is taken as primary evidence.

**Issue 3:** Proposed NRVs-R for persons aged 6–36 months applying the draft General Principles using the revised stepwise approach. **Position:** African Union supports the adoption of the established NRVs-R and recommends the Committee to consider uniform nomenclature for the vitamins.

**Rationale:** Sound scientific criteria was used to establish the NRVs-R.

**AGENDA ITEM 6: TECHNOLOGICAL JUSTIFICATION FOR SEVERAL FOOD ADDITIVES CL 2022/80/OCS - NFSDU****Background**

CCFA47 requested JECFA to verify the status of assessments of all food additives listed in food category 13.1.1 infant formulae and 13.1.3 formulae for special medical purposes for infants in the GSFA, that were endorsed by CCFA at its 39th and subsequent sessions. This was based on the concern by Member States that the ADI provided may not be applicable to infants (REP15/FA, para 12). JECFA did the verification and provided a list of food additives whose justification for use is to be provided by CCNFSDU (CRD15rev of CCFA49). Based on this request CCNFSDU41 established an EWG to collect information from the applicants on the following additives: low acyl clarified gellan gum (INS 418), ascorbyl palmitate (INS 304), mixed tocopherol concentrates (INS 307b) and phosphates (INS 339(i), 339(ii) and 339(iii) and INS 340(i), 340(ii), and 340(iii)) with the framework for considering technological justification for use in CXS 72-1981 and to review the information provided by the applicants and provide recommendations to the Committee on the technological justification for each food additive (REP20NFSDU, para. 168). In response to circular letter CL 2022/80/OCS – NFSDU, the Committee has received technological justifications for use of the food additives for consideration as indicated in Annex 1 of the circular letter.

**Position:** African Union agrees with the technological justification for all the food additives (low acyl clarified gellan gum, ascorbyl palmitate, mixed tocopherol concentrates and phosphates as per the information provided by the applicant. African Union notes that low acyl clarified gellan gum (INS 418) was not on the list provided in CRD15Rev of CCFA49. African Union, further, notes that ascorbyl palmitate, mixed tocopherol concentrates and phosphates had not been previously evaluated for use in infant formula (CRD15Rev of CCFA49) hence the need to request JECFA to undertake safety evaluations on these additives.

**Rationale:** The proposed technological function and use levels for the additives will be used as basis of safety evaluation/re-evaluation by JECFA for use in infant formula and formulae for special medical purposes for infants.

**AGENDA ITEM 7: PRIORITIZATION MECHANISM / EMERGING ISSUES OR NEW WORK PROPOSALS  
CX/NFSDU 23/43/8****Background**

CCEXEC70 recommended that all Codex Committees should develop an approach for the management of their work (REP15/EXEC Para 22). CCEXEC75 specifically asked CCFNSDU to consider a prioritization mechanism to better manage its work (REP18/EXEC2-Rev.1 Para 19(i)). Based on this guidance, the CCFNSDU Secretariat during CCFNSDU41 presented a discussion paper on this mechanism which was accepted by the Committee. The Committee during CCFNSDU42 established an EWG to revise the draft guideline for the preliminary assessment and identification of work priorities and prepare a revised proposed prioritization mechanism for use on a trial basis for consideration by CCFNSDU43. The EWG finalized its work and prepared a draft guideline for consideration by CCFNSDU43.

**Position:** African Union supports the adoption of the draft guideline for the preliminary assessment to identify and prioritize new work for CCFNSDU with the following comment:

Para 6 (Global Impact): There is need to add clarity to the description as provided on further information column to avoid ambiguity of its interpretation. It is proposed that the statement reads, 'What is the potential of the proposal to resolve, mitigate, prevent, or significantly reduce a global issue related to health of target population, trade practices and food safety?'