

# CODEX ALIMENTARIUS COMMISSION



Food and Agriculture  
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Agenda Item 9

CX/NFSDU 18/40/10

**JOINT FAO/WHO FOOD STANDARDS PROGRAMME  
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES  
Fortieth Session  
Berlin, Germany  
26 – 30 November 2018**

**Discussion paper on NRV-R for older infants and young children**

**ISDI comments on Agenda Item 9**

ISDI supports the use of NRVs for the nutritional labelling of Foods for Special Medical Purposes (FSMP) for older infants and young children, which may fall under CODEX STAN 180-1991.

The use of reference values are already permitted by this standard. Section 4.2.5 of CODEX STAN 180-1991 states '*In addition, where it is appropriate the quantity of nutrients may be expressed in terms of percentages of the relevant internationally recognized recommended daily allowances*'.

In many cases, these FSMPs meet the compositional requirements for the healthy population & only the nutrient(s) of concern is modified. A good example is extensively hydrolysed formula (to address allergy to cow's milk protein) which may be required over an extended period. Such formula is typically modified in terms of its protein source and therefore the use of NRVs should be permitted for other nutrients.

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**RECOMMENDATION 1a**

That a separate set of NRVs-R be established for older infants

**RECOMMENDATION 1b**

That a separate set of NRVs-R be established for young children

**ISDI comment:****ISDI agrees with Recommendations 1a and 1b.**

ISDI supports the establishment of NRVs-R for both populations, i.e. one set of NRVs-R to be established for older infants; another set of NRVs-R to be established for young children.

**Rationale:**

This approach will address the different nutritional needs of both populations taking into account their respective physiology, growth and development stages.

**RECOMMENDATION 2a**

That the age range for older infants be standardised throughout all relevant Codex texts to be from 6 months to less than 12 months

**RECOMMENDATION 2b**

That the age range for young children be standardised throughout all relevant Codex texts to be from 12 months to less than 36 months

**ISDI comment:**

**ISDI does not support recommendation 2a or 2b** as this recommendation is beyond the ToR of the eWG.

**Rationale:**

ISDI considers that the standardisation of the definitions of older infants and young children across all Codex texts goes beyond the Terms of Reference of this work on NRVs.

ISDI believes that the definitions are already standardised across Codex texts (see table below).

Standard	Infant	Older infant	Young children
<b>Infant formula</b>	The term <i>infant</i> means a person not more than 12 months of age.	N/S	N/S
<b>Follow-on formula</b>	The term <i>infant</i> means a person of not more than 12 months of age	N/S	The term <b>young children</b> means persons from the age of more than 12 months up to the age of three years (36 months).
<b>Proposed draft: Follow-on formula</b>	The term <b>infant</b> means a person of not more than 12 months of age.	The term <b>older infant</b> means a person from the age of 6 months and not more than 12 months of age.	The term <b>young child</b> means a person from the age of more than 12 months up to the age of three years (36 months).
<b>Formulated complementary foods</b>		<b>Older infants</b> means persons from the age of 6 months and not more than 12 months of age.	<b>Young children</b> means persons from the age of more than 12 months up to the age of three years (36 months).
<b>Canned baby foods</b>	The term <i>infant</i> means a person not more than 12 months of age.	N/S	The term <b>young children</b> means persons from the age of more than 12 months up to the age of three years.
<b>Processed cereal based foods</b>	The term <i>infant</i> means a person not more than 12 months of age.		The term <b>young children</b> means persons from the age of more than 12 months up to the age of three years (36 months).

The only possible exception is the definition for young children in the Codex standard for 'canned baby foods' (CODEX STAN 73-1981) – this does not include (36 months) at the end of the definition. ISDI considers in any case that:

- The revision of such definition should happen in the context of a standard specific revision and not via an horizontal approach based on this work on NRVs.
- The only recommendation could therefore be to assess the need to revise the definition of the “canned baby food” Standard (CODEX STAN 73-1981) via a specific work stream, based on discussion paper assessing such necessity.

### RECOMMENDATION 3

That NRVs-R, agreed under Recommendation 1, be established for labelling of nutrient declaration for:

- Guidelines on Nutrition Labelling - *only for foods specifically labelled for the age groups agreed under Recommendation 1*
- 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)
- Vitamin and Mineral Food Supplements

#### ISDI comment

**ISDI agrees with Recommendation 3 but proposes additional Codex text:**

- General Standard for the Labelling of and Claims for Prepackaged Foods for Special Dietary Uses (CODEX STAN 146-1985)

The following text should be considered if NRVs-R are deemed to be appropriate for older infants and young children receiving FSMs:

- Standard for the Labelling of and claims for Foods for Special medical Purposes (CODEX STAN 180-1991).

#### Rationale

At Codex level, foods targeting older infants and young children fall under the FSDU category, therefore ISDI recommends that NRVs-R for older infants and young children, be established for labelling of nutrient declaration for General Standard for the Labelling of and Claims for Prepackaged Foods for Special Dietary Uses (CODEX STAN 146-1985) as well.

### RECOMMENDATION 4

That NRVs-R, agreed under Recommendation 1, apply as reference criteria for vitamin and mineral composition in:

- Formulated Complementary Foods for older Infants and Young Children
- Vitamin and Mineral Food Supplements

#### ISDI comment

**ISDI agrees with Recommendation 4 but proposes additional Codex texts.**

ISDI supports that NRVs-R, agreed under Recommendation 1, apply as reference criteria for vitamin and mineral composition in Formulated Complementary Foods for older infants and young children (CAC/GL 8-1991) and Vitamin and Mineral Food Supplements (CAC/GL 55-2005)

ISDI would like to highlight that NRVs-R, agreed under Recommendation 1, should also apply as reference criteria for the optional addition of vitamins and minerals in the following Codex texts:

- Processed Cereal-Based Foods for Infants and Young Children (CODEX STAN 74-181)
- Canned Baby Foods (CODEX STAN 73-1981)
- [Name of the product] for young children as part of the Follow-up Formula Standard under review (CODEX STAN 156-1987)

## Rationale

Codex Standard for processed cereal-based foods (PCBFs) (CODEX STAN 74-1981) for older infants and young children as well as the Standard on canned baby foods (CODEX STAN 73-1981) set minimum limits on few micronutrients. That is the case for vitamin B1 in all PCBFs, vitamin A, D and Calcium in cereals, which are or have to be reconstituted with an added high protein food. The addition of all other micronutrients is considered as optional and compositional ranges are not specified by Codex for these.

With regards to [name of the product] for young children (Follow-up Formula Standard (CODEX STAN 156-1987) for which essential composition is set, optional nutrients may be added. General requirements will be specified in the revised codex standard for the addition of optional ingredients, including a requirement that the safety and suitability of the optional ingredient for particular nutritional purposes, at the level of use, is evaluated and demonstrated by generally accepted scientific evidence.

For these three product categories, the list of nutritional substances approved for this optional use is stipulated in the CODEX Advisory Lists of Nutrient Compounds for Use in Foods for Special Dietary Uses intended for Infants and Young Children (CAC/GL 10-1979).

These optional micronutrients shall be present in a significant amount to the products when added to not mislead consumers.

Adequate nutrition during the first years of infants' and young children's life is of extreme importance for ensuring short-term optimal growth and development, but also for building a strong foundation for healthy eating habits in later life. Indeed, most particularly the first three years of life are characterized by extraordinary changes, in terms of physical development, organ growth and maturation, personality as well as feeding skills.

These developmental changes determine specific nutritional needs in older infants and young children that require adequate and nutritionally balanced feeding to support their rapid growth and development after the age of 6 months. On a general basis, and besides other parameters, to cover age-specific nutritional needs, feeding of older infants and young children has to integrate to following aspects (WHO, 2009; Geliebter, 1988; Dewey, 2003; Butte, 2004):

- Providing a nutritionally adequate and balanced diet for optimal growth, health and development,
- The biggest challenge for these populations is to be able to deliver a large amount of nutrients, in a small amount of food. Indeed, infants and young children have very high nutritional needs compared to adults, for their body weight, yet, a very small gastric capacity, estimated at 30g/kg of body weight (around a third of that of an adult). Consequently, in order to achieve the necessary nutritional intakes, foods consumed by older infants and young children should be nutritionally dense (0,6-1,0 kcal/g) and served rather frequently (up to 5 times) during the day.

Furthermore, besides macronutrients, foods should provide a significant amount of vitamins and minerals.

- Provision of a wide variety of older infants and young children -appropriate healthy foods

Micronutrient malnutrition is affecting industrialized nations, but even more so the developing regions of the world. It is present in all age groups, but young children tend to be among those most at risk of developing micronutrient deficiencies. Most specifically, older infants and young children are vulnerable to micronutrient deficiencies due to their relative increased requirements for growth and development. Nutrition gaps and problem nutrients persist in infants and young children living in many developing regions (e.g. Africa, Asia and Latin America). Several nutritional surveys have allowed to identify several “problem nutrients” (i.e. nutrients present in insufficient intakes in infants’ and young children’s diets: Iron, zinc, and some B – complex vitamins (B6, riboflavin and niacin)) (WHO, 2006; Bruins, 2015; Dewey, 2003; Fahmida, 2016).

The addition of vitamins and minerals to processed foods can lead to relatively rapid improvements in the micronutrient (WHO, 2006; Bruins, 2015):

- In many situations, the addition of micronutrients to foods for older infants and young children is a valid approach for reducing micronutrient malnutrition as part of a food-based approach when and where existing food supplies and limited access fail to provide adequate levels of the respective nutrients in the diet.
- With the increasing number of fortified foods that are proposed on the market place, parents could make not healthy choices for their older infants and young children, using products that are designed for adults for the whole family. This may cause a risk of nutrient over dosage in the diet of their older infants and young children.
- Indeed, when consumed in excessive amounts, some nutrients, such as vitamins A, D, C, E and B6, folate, niacin as well as zinc, calcium, iodine, iron, magnesium, selenium, sodium, phosphorus and chloride may present a safety or health risk (WHO, 2006).

Applying NRVs-R for older infants and young children as reference criteria for the composition of optional vitamins and minerals in these additional food categories will help to address the specific global inadequacies in the diet for these populations.

## REFERENCES:

- Bruins MJ, Mugambi G, Verkaik-Kloosterman J, Hoekstra J, Kraemer K, Osendarp S, Melse-Boonstra A, Gallagher AM, Verhagen H. Addressing the risk of inadequate and excessive micronutrient intakes: traditional versus new approaches to setting adequate and safe micronutrient levels in foods. *Food Nutr Res.* 2015 Jan 27;59:26020
- Butte N, Cobb K, Dwyer J, Graney L, Heird W, Rickard K; American Dietetic Association; Gerber Products Company. The Start Healthy Feeding Guidelines for Infants and Toddlers. *J Am Diet Assoc.* 2004 Mar;104(3):442-54
- Dewey, K. G. & Brown, K. H. Update on technical issues concerning complementary feeding of young children in developing countries and implications for intervention programs. *Food Nutr. Bull.* 2003, 24(1): 5–28
- Geliebter A. Gastric distension and gastric capacity in relation to food intake in humans. *Physiol Behav* 1988; 44(4-5):665-668.

- Fahmida U, Santika O. Development of complementary feeding recommendations for 12-23-month-old children from low and middle socio-economic status in West Java, Indonesia: contribution of fortified foods towards meeting the nutrient requirement. Br J Nutr. 2016 Jul;116 Suppl 1:S8-S15
- WHO, 2006: Guidelines on food fortification with micronutrients/edited by Lindsay Allen et al.
- WHO, 2009: Infant and young child feeding Model Chapter for textbooks for medical students and allied health professionals

## RECOMMENDATION 5

That NRVs-R, agreed under Recommendation 1 and applying to those Codex texts agreed under Recommendation 3, be established in the *Guidelines on Nutrition Labelling*

### ISDI comment

#### ISDI agrees with Recommendation 5 with one additional point.

ISDI supports NRVs-R for older infants and young children be established in Guidelines on Nutrition Labelling (CAC/GL 2-1985).

References to these NRVs should also be included in the General Standard for the Labelling of and Claims for Prepackaged Foods for Special Dietary Uses (CODEX STAN 146-1985) and in related specific Codex texts listed in Recommendation 3.

The Standard for the Labelling of and claims for Foods for Special medical Purposes (CODEX STAN 180-1991) should contain a reference to these NRVs if they are deemed appropriate for older infants and young children receiving FSMPs.

### Rationale:

At Codex level, foods targeting older infants and young children fall under the FSDU category.

## RECOMMENDATION 6

That NRVs-R, agreed under Recommendation 1, 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

### ISDI comment

#### ISDI agrees with Recommendation 6.

NRVs-R for older infants and young children should be used as a reference for criteria for nutrition and health claims in national legislation where permitted.

## Rationale:

NRVs-R for older infants and young children would provide useful guidance for countries setting criteria for claims for these populations.

### **Request to CCFL**

#### **RECOMMENDATION 7 - Model questions subject to decisions made on Recommendations 1-6**

1. Provide advice on the amendments needed to clarify the use of NRVs-R for the age groups agreed under Recommendation 1 for nutrient declaration (and claims where permitted in national legislation) in the following Codex texts:
  - Guidelines on Nutrition Labelling - *only for foods specifically labelled for the age groups agreed under Recommendation 1*
  - 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)
  - Vitamin and Mineral Food Supplements
  - Guidelines on Use of Nutrition and Health Claims – *in jurisdictions where such claims are permitted under national legislation*
2. Provide advice on the amendments needed to clarify the use of NRVs-R for the age groups agreed under Recommendation 1 to guide vitamin and mineral composition in the following Codex texts:
  - Formulated Complementary Foods for Older Infants and Young Children
  - Vitamin and Mineral Food Supplements
3. Provide advice on the amendments needed to achieve the outcomes listed below:
  - Outcome 1: Generally, only one set of NRVs-R should appear on food labels – the only exception being foods specifically labelled for both older infants *and* young children

Outcome 2: All sets of NRVs (for the age groups agreed under Recommendation 1, and the general population) to be located in the *Guidelines on Nutrition Labelling* with relevant application between these Guidelines and the particular Codex texts agreed under Recommendation

## ISDI comment

### **ISDI agrees with Recommendation 7 with two additional points.**

In request No. 1, ISDI suggests to consider General Standard for the Labelling of and Claims for Prepackaged Foods for Special Dietary Uses for CCFL advice.



If NRVs are deemed appropriate for older infants and young children receiving FSMPs, the Standard for the Labelling of and claims for Foods for Special Medical Purposes (CODEX STAN 180-1991) should also be taken into consideration.

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