



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

Forty-fourth Session

Dresden, Germany

2 - 6 October 2024

GENERAL PRINCIPLES FOR THE ESTABLISHMENT OF NRVS-R FOR PERSONS AGED 6 –36 MONTHS (AT STEP 7)

(Comments by Burundi, Morocco Panama, Thailand)

Burundi

Issue 1: Definition of Adequate Intake

Position: Burundi agrees with the definition of Adequate Intake as provided by FAO/WHO and therefore support that the text be retained with the square brackets removed.

Rationale: The definition provided the level of intake that is considered adequate for healthy population of the age group that is expected to meet the amount of nutrients needed to maintain a nutritional state of the defined age group.

Issue 2: Consideration of Option 3

Position: Burundi agrees with option (3) whereby the combined NRV-R value for persons aged 6-36 months is determined by selecting the mean value of the proposed NRVs-R for older infants and young children.

Rationale: The option allows for flexibility and broader application on the level of nutrients required for infants and young children as it addresses concerns on the level of nutrients for the vulnerable age group to ensure that it is not either excessive or insufficient. The text is also in alignment with the established procedure used for general population NRVs-R which are determined by calculating the mean values for the widest applicable age range.

Burundi further notes that clarification on how the combined NRVs-R for persons aged 6–36 months should be used will be outlined in relevant Codex documents to clarify the use of the NRVs-R for persons aged 6-36 months.

Morocco

Définition de l'apport adéquat :

Position nationale : Le Maroc soutient la définition proposée de l'apport adéquat et la suppression des crochets vu que cette définition fournit le niveau d'apport considéré comme adéquat pour une population en bonne santé qui devrait répondre à la quantité de nutriments nécessaires pour maintenir un état nutritionnel.

Base appropriée pour l'établissement des VNR-B :

Position nationale :

Suite aux résultats de l'étude pilote et à titre de compromis, **le Maroc soutient l'option 3.**

Panama

Panama appreciates the work carried out in developing the general principles for establishing NRV-N for the child population. We believe that it is essential to consider regional variations in nutritional needs, given the diversity of diets and food practices in our countries.

It is essential to underline the importance of considering regional variations in nutritional needs. The diversity of dietary habits, as well as cultural and economic practices in our countries, means that a one-size-fits-all approach may not be completely effective. Therefore, including a section that recognises these differences and proposes strategies to adapt NRVs to specific contexts is necessary.

Panama supports the preamble and definitions as currently written in CX/NFSDU 24/44/4, Part A, Appendix I. We also support the inclusion of the proposed definition of Adequate Intake.

Adequate Intake (AI) is a reference value for a specific population that is based on observed or experimentally determined approximations or estimates of nutrient intake by a group (or groups) of presumably healthy people with no known evidence of deficiency, which appears in square brackets.

We suggest that mechanisms be put in place to periodically update these principles based on new scientific findings and emerging data on child health. This will help ensure that our recommendations are relevant and effective.

Regarding the combined NRV-N value for persons aged 6 to 36 months, it is essential that informed decisions are made based on a thorough analysis of the risks and benefits of each option. We propose that further study be conducted on how these decisions may impact both young infants and children, paying special attention to the most vulnerable groups within the age range.

Panama considers that the current method for determining the combined Nutrient Reference Value (NRV-R), which is based on calculating the average between two age groups, is not the most appropriate. Use the highest value of the NRV-R suggested for older infants and young children when establishing a combined NRV-R, provided that it does not exceed the available Upper Limit (UL). This strategy seeks to ensure that the nutritional needs of the population as a whole are adequately met, minimizing the risk of deficiencies and potential toxicities, while considering the established ULs.

Concerns that choosing the highest NRV-R for nutrients without a defined UL may lead to excessive intake are rejected, as the lack of an UL is due to the absence of evidence of adverse events. Given that the age difference is only 30 months and variations in NRV-R are minimal, intakes at the highest NRV-R are unlikely to cause adverse effects. In contrast, chronic consumption below the NRV-R increases the risk of deficiencies. Panama therefore considers choosing the highest NRV-R to be a more prudent approach.

In addition, we propose establishing an ongoing dialogue with child nutrition experts to ensure that the specific needs of this population are adequately addressed.

Spanish:

Panamá agradece el trabajo realizado en la elaboración de los principios generales para el establecimiento de VRN-N para la población infantil. Creemos que es fundamental considerar las variaciones regionales en las necesidades nutricionales, dada la diversidad de dietas y prácticas alimenticias en nuestros países.

Es fundamental subrayar la importancia de considerar las variaciones regionales en las necesidades nutricionales. La diversidad de hábitos alimentarios, así como de prácticas culturales y económicas en nuestros países, implica que un enfoque único podría no ser completamente efectivo. Por lo tanto, incluir un apartado que reconozca estas diferencias y proponga estrategias para adaptar los VRN-N a contextos específicos, es necesario.

Panamá apoya el preámbulo y las definiciones tal y como están redactados actualmente en CX/NFSDU 24/44/4, Parte A, Apéndice I. También apoyamos la inclusión de la definición propuesta de Ingesta adecuada.

La ingesta adecuada (IA) es un valor de referencia para una población específica que se basa en aproximaciones o estimaciones observadas o determinadas por vía experimental de la ingesta de nutrientes por un grupo (o grupos) de personas presumiblemente sanas sin evidencia conocida de deficiencia, el cual aparece entre corchetes.

Sugerimos que se implementen mecanismos que permitan actualizar periódicamente estos principios en función de nuevos hallazgos científicos y datos emergentes sobre la salud infantil. Esto contribuirá a que nuestras recomendaciones sean relevantes y efectivas.

Sobre el valor VRN-N combinado para personas de 6 a 36 meses, es esencial que se tomen decisiones informadas basadas en un análisis exhaustivo de los riesgos y beneficios de cada opción. Proponemos que se realice un estudio adicional sobre cómo estas decisiones pueden impactar tanto a los lactantes menores como a los niños pequeños, atendiendo especialmente a los grupos más vulnerables dentro de la franja de edad.

Panamá considera que el método actual para determinar el Valor de Referencia Nutricional (VRN-R) combinado, que se basa en el cálculo del promedio entre dos grupos de edad, no es el más adecuado. Utilizar el valor más alto de los VRN-R sugeridos para lactantes mayores y niños pequeños al establecer un VRN-R combinado, siempre que este no supere el Límite Superior (UL) disponible. Esta estrategia busca asegurar que se satisfagan adecuadamente las necesidades nutricionales de la población en su conjunto, minimizando el riesgo de deficiencias y potenciales toxicidades, a la vez que se consideran los UL establecidos.

Se rechaza la preocupación de que elegir el VRN-R más alto en nutrientes sin un UL definido pueda llevar a una ingesta excesiva, ya que la falta de un UL se debe a la ausencia de evidencia de eventos adversos. Dado

que la diferencia de edad es solo de 30 meses y las variaciones en los VRN-R son mínimas, es improbable que una ingesta en el VRN-R más alto cause efectos adversos. En cambio, un consumo crónico por debajo del VRN-R aumenta el riesgo de deficiencias. Por lo tanto, Panamá considera que optar por el VRN-R más elevado es un enfoque más prudente.

Además, proponemos establecer un diálogo continuo con expertos en nutrición infantil para asegurar que las necesidades específicas de esta población sean atendidas adecuadamente.

Thailand

1. We agree with the definition of Adequate Intake currently in square brackets [] in the Section 2 (DEFINITIONS AS USED IN THESE PRINCIPLES).
2. We agree with Option 3 whereby the combined NRV-R value for persons aged 6-36 months is determined by selecting the mean value of the proposed NRVs-R for older infants and young children.
3. We agree that the clarification on how these combined NRVs-R for persons aged 6–36 months should be used will be outlined in relevant text that relates to where the three sets of NRVs-R are presented in CXG 2-1985.