

## APPENDIX II

REVISIONS TO THE *GUIDELINES ON NUTRITION LABELLING* (CXG 2-1985)**Part A: General principles for establishing nutrient reference values for older infants and young children (6-36 months)****(For adoption at Step 8)****1. PREAMBLE**

These Principles apply to the establishment of Codex Nutrient Reference Values-Requirement (NRVs-R) for persons aged 6–36 months. These values may be used in the labelling of pre-packaged foods for special dietary uses (FSDU) intended for persons aged 6–36 months to help consumers 1) estimate the relative contribution of individual products to overall healthful dietary intake, and 2) as one way to compare the nutrient content between products.

Governments are encouraged to use the NRVs-R, or alternatively, consider the suitability of the general principles below including the level of evidence required, and additional factors specific to a country or region in establishing their own NRVs-R. In addition, governments may establish NRVs-R for food labelling that take into account country or region-specific factors that affect nutrient absorption, utilization, or requirements. Governments may also consider whether to establish separate or combined food label NRVs-R for specific segments of persons aged 6–36 months.

**2. DEFINITIONS AS USED IN THESE PRINCIPLES**

**Daily Intake Reference Values (DIRV)** refer to reference nutrient intake values provided by FAO/WHO or recognized authoritative scientific bodies that may be considered in establishing an NRV for persons aged 6–36 months based on the principles and criteria in Section 3. These values may be expressed in different ways (e.g., as single values or a range), and are applicable to persons aged 6–36 months or to a segment of this age group (e.g. recommendations for a specified age range).

**Individual Nutrient Level 98 (INL98)**<sup>1</sup> is the daily intake reference value that is estimated to meet the nutrient requirement of 98 percent of the apparently healthy individuals in the population aged from 6 to 36 months.

**Adequate intake (AI)** is a reference value for a specified population based on observed or experimentally determined approximations or estimates of nutrient intakes by a group (or groups) of presumably healthy people with no known evidence of deficiency.

**Upper Level of Intake (UL)**<sup>2</sup> is the maximum level of habitual intake from all sources of a nutrient judged to be unlikely to lead to adverse health effects in persons aged 6 to 36 months.

Other than FAO and/or WHO (FAO/WHO), a Recognized Authoritative Scientific Body (RASB) refers to an organization supported by a competent national and/or regional authority(ies) that provides independent, transparent\*, scientific and authoritative advice on daily intake reference values through primary evaluation\*\* of the scientific evidence upon request and for which such advice is recognized through its use in the development of policies in one or more countries.

\*In providing transparent scientific advice, the Committee would have access to what was considered by a RASB in establishing a daily intake reference value in order to understand the derivation of the value.

\*\*Primary evaluation involves a review and interpretation of the scientific evidence to develop daily intake reference values, rather than the adoption of advice from another RASB.

**3. GENERAL PRINCIPLES FOR ESTABLISHING NRVs-R****3.1 Selection of suitable data sources to establish NRVs-R**

Relevant daily intake reference values provided by FAO/WHO that are based on a recent review of the science should be taken into consideration as primary sources in establishing NRVs-R.

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<sup>1</sup> Different countries may use other terms for this concept, for example, Recommended Dietary Allowance (RDA), Recommended Daily Allowance (RDA), Reference Nutrient Intake (RNI), or Population Reference Intake (PRI).

<sup>2</sup> Different countries may use other terms for this concept, for example, Tolerable Upper Nutrient Intake Level (UL) or upper end of safe intake range

Relevant daily intake reference values that reflect recent independent review of the science, from recognized authoritative scientific bodies could also be taken into consideration. Higher priority should be given to values in which the evidence has been evaluated through a systematic review.

The daily intake reference values should reflect intake recommendations for persons aged 6 to 36 months.

### **3.2 Appropriate Basis for Establishing NRVs-R**

Ideally, the NRVs-R should be based on Individual Nutrient Level 98 (INL98). In certain cases, where there is an absence of, or an older, established FAO/WHO DIRV for a nutrient, it may be more appropriate to consider the use of other daily intake reference values or ranges that have been more recently established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.

Nevertheless, the derivation of these values from recognized authoritative scientific bodies, shall take into account the following elements: the rigour of scientific methods, the underlying data quality, the strength of evidence used to establish these values and the most recent independent review of the science.

NRV-Rs should be derived for persons aged 6-12 months and 12-36 months from suitable data sources according to 3.1 and the appropriate basis described above. The combined NRV-R value for persons aged 6–36 months should be determined by calculating the mean value of the two age groups 6–12 months and 12–36 months.

### **3.3 Consideration of Upper Levels of Intake**

The establishment of NRVs-R for persons aged 6 to 36 months should also take into account upper levels of intake (UL) established by FAO/WHO or recognized authoritative scientific bodies where/if available.

**Part B: NRVs-R for older infants and young children (6-36 months)****(For adoption at Step 5/8)**

Nutrient	Older Infants (6-12months)	Young Children (12-36 months)	6–36-months age group
Vitamin A* (µg RE)	250	300	275
Thiamin (mg)	0.3	0.5	0.4
Riboflavin (mg)	0.4	0.6	0.5
Vitamin B <sub>6</sub> (mg)	0.3	0.6	0.5
Protein (g)	11	13	12
Vitamin E(mg)	5	7	6
Niacin**(mg NE)	4	6	5
Pantothenic acid (mg)	3	3	3
Copper (µg)	220	300	260
Iodine (µg)	80	95	90
Potassium (mg)	725	850	790

\*: 1 µg retinol equivalents (RE) = 1 µg retinol

\*\*: 1 mg niacin equivalents (NE) = 1 mg niacin = 60 mg tryptophan

**Part C: Consequential amendments to CXG 2-1985****(For adoption)****Bolded and underlined red texts** are the those for which the consequential amendments are required.3.4.4.1 NRVs-R **for general population**3.4.4.2 NRVs-R **for older infants and young children (6-36 months)\*****\*These can be used for the labelling of foods for special dietary uses for older infants and young children (6-36 months) for which there are existing Codex texts**3.4.4 [...] The following NRVs **in Sections 3.4.4.1 and 3.4.4.3** are for the general population identified as individuals older than 36 months. They should be used for labelling purposes to help consumers make choices that contribute to an overall healthful dietary intake. [...]**The NRVs-R in Section 3.4.4.2 are for older infants and young children (6-36 months).**

In addition, consequential changes be made to certain sections (i.e. Sections 3.4.4, 3.4.4.1, 3.4.4.2 of the main body), Annex 1 be changed to Annex I: Part A and sections to be renumbered accordingly.