

# CODEX ALIMENTARIUS COMMISSION



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

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Agenda Item 4a, 4b, 4c, 4d, 5, 6

NFSDU/42 CRD 11

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

Forty-second Session

Virtual

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Comments by South Africa

Item	SA Position
<p>4 Review of the Standard for Follow-up Formula (CXS 156-1987)<sup>1</sup></p> <p>4a) Proposed draft revised standard for follow up formula for older infants and drink/product for young children with added nutrients or drink for young children:</p> <p>remaining sections (at Step 4)<sup>1</sup></p> <p>- Comments in reply to CL 2019/78-NFSDU</p>	<p><u>Recommendation 1:</u></p> <p><b>South African Position:</b></p> <p>SA supports the proposed text with the deletion of the square brackets as follows:</p> <p>Lactose should be the preferred carbohydrates in [name of product] based on milk protein.</p> <p>Mono- and disaccharides, other than lactose, should not exceed 2.5 g/100kcal (0.60 g/100kJ). National and/or regional authorities may limit this level to 1.25 g/100 kcal (0.30 g/100 kJ). Sucrose and/or fructose should not be added.</p> <p><b>Rationale:</b></p> <p>The text in square brackets in additional and is already covered in the text below:</p> <p>Mono- and disaccharides, other than lactose, should not exceed 2.5 g/100kcal (0.60 g/100kJ). National and/or regional authorities may limit this level to 1.25 g/100 kcal (0.30 g/100 kJ). Sucrose and/or fructose should not be added</p> <p><u>Recommendation 2:</u></p> <p><b>South African Position:</b></p> <p>SA supports the retention of the proposed text included in the square brackets to ensure future proofing of the text.</p> <p>The text to be retained is: <i>Substances shall not be added with the purpose of imparting or enhancing a sweet taste of [name of product]</i></p> <p><b>Rationale:</b></p> <p>Considering future technological innovations, the text should be added to prevent the use of substances which could be added with the purpose to impart or enhance sweet taste in the product. If such ingredients become available in future, they would not be permitted.</p> <p><u>Recommendation 3a:</u></p> <p><b>South African Position:</b></p> <p>SA supports the proposed text. We note the need for modification and separation of the relevant age groups depending on the final structure of the standard.</p> <p><b>Rationale:</b></p> <p>This text is suitably aligned to the text that appears in the current follow up formula standard, Infant Formula Standard with the exception of the age range and are very similar to provisions in the Standard for Canned Baby Foods and the Standard for Processed Cereal-based Foods for Infants and Young Children where relevant. Proposed texts are also important in ensuring good quality and safety of the products.</p> <p><u>Recommendation 4:</u></p> <p><b>South African Position:</b></p>

SA supports the proposed text.

**Rationale:**

SA takes note of the following in CX/NFSDU 19/41/5, page 13.

*'Additionally, a footnote has been added to indicate that the note which is included in the current Follow-up Formula Standard: 'within the limits for sodium in Section 3.2.6' is applicable to follow-up formula for older infants only as it is not relevant for [name of product] for young children due to there not being set levels for sodium. The section number 3.2.6 has also been corrected to 3.1.'*

Recommendation 5a/b:

**South African Position:**

SA supports the proposed text for recommendation 5a and b.

**Rationale:**

The Infant Formula Standard and the current Follow-up Formula Standard provisions relate to products that when prepared are in a liquid rather than solid form.

The current provision within the Follow-up Formula Standard reads as follows:

*3.5 Consistency and particle size When prepared according to the directions of use, the product shall be free of lumps and of large, coarse particles.*

Therefore, this text is also applicable to the follow up formula for older infants and [Name of product] for young children as these are also reconstituted into a liquid drink. In addition, the texts are important in ensuring good quality products and protect consumers health.

Recommendation 6a/b:

**South African Position:**

SA supports the proposed text for Recommendation 6a and b.

**Rationale:**

This text appears in the infant formula standard and also applies to the follow up formula for older infants and [Name of product] for young children.

Recommendation 7a/b:

**South African Position:**

SA supports the proposal in recommendation 7a and b.

**Rationale:**

Alignment of food additives in CCNFSDU Standards with the GSFA will bring about standardisation of the food additives used per commodity. Therefore, the best approach would be to retain the text until this process is complete.

Recommendation 8a/b:

**South African Position:**

- a) SA agrees to the administrative changes i – iii, and to aligning the names of food additives in the current Follow-up Formula Standard with those in the GSFA as per Appendix ii.
- b) SA supports that the text on 'Packaging gases' should be included in the Food Additive section and listed under the appropriate functional class, noting also Recommendation 13 to retain them in Section 7 Packaging.

**Rationale:**

a) administrative changes i, ii and iii are as follows:

i) Edit the names of the following functional classes to make them consistent with the terms used in the GSFA (CXS 192-1995):

ii) Addition of International Number System identifiers (INS)

iii) Tabulate the permissions for ease of use

These administrative changes together with aligning the names of the functional classes of food additives with those used in the GSFA will once again allow for consistency between the standards and the GSFA.

b) This is consistent with the approach taken in the infant formula standard and allows for alignment and consistency between the standards.

Recommendation 9a/b:

**South African Position:**

South Africa supports Option 2: Adopt the text from the Infant Formula Standards and the Standard for Processed Cereal based foods for Infants and Young Children for carry over of food additives and nutrient carriers.

**Rationale:**

Option 1: The heading is, "Carry-over of food additives and nutrient carriers" and option 1 does not cover nutrient carriers because section 4 of the preamble of the GSFA refers to only carry-over of food additives into foods.

Option 2: The proposed text makes reference to the carry over provision as specified in the preamble of the GSFA and also covers the issue of nutrient carriers.

Recommendation 10a/b:

**South African position:**

South Africa is NOT in support of Recommendation 10a and b.

**Rationale:**

It is our view that both follow-up formula for infants and [Name of product] for young children should not include flavourings.

In SA these are considered to be breastmilk substitutes and should align to the infant formula standard that currently does not include flavourings. These products replace the liquid part of the diet. Can contribute to developing sweet taste preferences.

Recommendation 11a/b:

**South African Position:**

SA supports the proposed text for Recommendation 11a and b.

**Rationale:**

Alignment to the recently reviewed text in the infant formula standard is found to be acceptable and allows for consistency between the standards.

Recommendation 12a/b:

**South African position:**

SA supports Recommendation 12a and b with the retention of the text in square brackets and removal of square brackets.

**Rationale:**

This text aligns to the recently reviewed infant formula standard and allows for consistency between the standards. The text in square brackets also assists in providing guidance for liquid formula that has been commercially sterilised.

Recommendation 13a/b:

**South African Position:**

SA supports Recommendation 13 a and b, with a minor amendment to section 7.1 referring to Carbon dioxide and nitrogen as "packaging media". 'Packaging gases' is a functional class recognised in the Codex GSFA, and this proposal is to ensure alignment of text.

**Rationale:**

This text aligns to the text in the infant formula standard and allows for consistency between the standards.

	<p><u>Recommendation 14a/b:</u></p> <p><b>South African Position:</b></p> <p>SA supports recommendation 14a and b.</p> <p><b>Rationale:</b></p> <p>The text aligns to the infant formula standard and allows for consistency.</p> <p><u>Recommendation 15 a/b:</u></p> <p><b>South African Position:</b></p> <p>SA supports Recommendation 15a and b.</p> <p><b>Rationale:</b></p> <p>The text aligns to the infant formula standard and allows for consistency between the standards.</p>
<p>4b) Draft scope, description and labelling for drink/product for young children with added nutrients or drink for young children (at Step 7)<sup>1</sup> - Comments in reply to CL 2021/03/OCS-NFSDU</p> <p>EWG-Report on draft product definition of drink/product for young children with added nutrients or drink for young children; and Nitrogen to protein conversion factors<sup>1</sup> CX/NFSDU 21/42/5 - Comments in reply to CL 2021/54/OCS-NFSDU</p>	<p><u>Recommendation 1:</u></p> <p><b>South African Position:</b></p> <p>SA is in support of Option 2 (deletion of the text in square brackets). SA also suggests inclusion of the term "product" in the name "Drink for young children", to read as "Drink/Product for young children", noting the CCFL 46 agreement to request CCNFSDU to consider whether exclusion of the term "product" in the name "Drink for young children" was an omission.</p> <p><b>Rationale:</b></p> <p>We are of the view that the bracketed text elevates the need for use of this products when they are in fact unnecessary and undermines the value of breast milk and locally available, nutrient rich and affordable whole foods. The text in square brackets should be deleted as the World Health Assembly (WHA), has agreed that these products are unnecessary. By including the text in square brackets, the impression is given by Codex that these products do in fact have a role to play in the diets of young children, which is not the case.</p> <p>The text in option 2 does sufficiently describe the intended role of the products in the diet and the purpose they have been manufactured for (i.e., that they are a liquid element within the diversified diet of young children). The procedural Manual requires that only where appropriate or necessary, additional definitions may be included when these are required to clarify the meaning of the standard.</p> <p>The purpose is already sufficiently covered in the text "a product manufactured for use as a liquid part of the diversified diet of young children". We are of the view that there is no need to extend the definition further. The products should therefore not be marketed to form part of the diverse diet as this has a strong potential to mislead consumers to use this product as a substitute for locally available, nutrient rich and affordable sources of a diversified diet from real/natural foods.</p> <p>The definition for follow up formula does not have added text. This is consistent with the approach taken in the infant formula standard and allows for alignment and consistency between the standards.</p> <p>In addition, we are in favour of footnote (1) in the highlighted text that allows some countries to have these products regulated as breast-milk substitutes. Hence, it is regulated under breast milk substitutes to protect the consumers from its marketing in South Africa.</p> <p><u>Recommendation 2:</u></p> <p><b>South African Position:</b></p> <p>SA supports the retention of the NCF of 6.25 in the standard(s) for Follow-up Formula for older infants and 'Drink/Product for young children with added nutrients' and 'Drink for young children' as per Recommendation 2, Appendix I.</p> <p><b>Rationale:</b></p> <p>'Drink for young children' cannot be considered in isolation from infant formula. It is our view that a decision needs to be taken whether the primary aim of determining protein</p>

	content is to ensure adequate delivery of amino acids or delivery of total protein before considering the most appropriate NCF. This change also has implications on the infant formula standard.
4c) Draft scope, description and labelling for follow-up formula for older infants (held at Step 7) <sup>1</sup>	<p><u>Section 4c:</u></p> <p><b>South African Position:</b></p> <p>No Comment on the draft scope, description and labelling for formula for older infants.</p> <p><b>Rationale:</b></p> <p>The draft scope, description and labelling for follow-up formula for older infants was finalized by CCNFSDU41 and held at Step 7.</p>
4d) Essential composition requirements for follow-up formula for older infants and drink/product for young children with added nutrients or drink for young children (held at Step 7) <sup>1</sup>	<p><u>Section 4d</u></p> <p><b>South African Position:</b></p> <p>No comment on essential composition requirements for follow-up formula for older infants and drink/product for young children with added nutrients or drink for young children.</p> <p><b>Rationale:</b></p> <p>The Essential composition requirements for follow-up formula for older infants and product/drink for young children with added nutrients or drink for young children were finalized and agreed at CCNFSDU40. They are held at Step 7.</p>
<p>5 Draft Guideline for Ready-to-use Therapeutic Foods (at Step 7)</p> <p>- Comments in reply to CL 2021/31/OCS-NFSDU</p>	<p><u>Send the Food Additive provisions to CCFA for endorsement</u></p> <p>Food additives were endorsed at CCFA52.</p> <p><u>Send the labelling provisions to CCFL for endorsement</u></p> <p>CCFL endorsed the labelling provisions and noted that consideration of the relevance of the guidelines on the Nutrition and Health Claims to RUTF could be addressed in CCNFSDU.</p> <p><b>South African Position:</b></p> <p>We are of the view that the referencing of the Guidelines on the Nutrition and Health Claims to RUTF is not necessary in the draft guideline.</p> <p><b>Rationale:</b></p> <p>RUTFs are FSMPs and they fall under the Standard for the Labelling of and Claims for Foods for Special Medical Purpose (CXS 180-1991), which is mentioned in the RUTF-Draft.</p> <p>- The Guidelines on the Nutrition and Health Claims states in 1.3 that these guidelines are intended to supplement the Codex General Guidelines on Claims and do not supersede any prohibitions contained therein.</p> <p>- In addition, the prohibition in 1.4 of the Guidelines on the Nutrition and Health Claims only applies to foods for infants and young children - but not for children up to 59 months. Therefore, adding the reference would add no real value to the guideline however if the committee agrees to add the reference it would not cause any harm.</p> <p><u>Preamble:</u></p> <p>The Committee agreed to simplify the text of the preamble to include aspects on basic composition of the product; target age group; and that RUTF was one of the options of dietary management of children with uncomplicated SAM, and the source information that was included in a footnote and to retain the preamble in square brackets for further consideration.</p> <p><b>South African Position:</b></p> <p>SA supports CRD 3 on the proposed revised preamble.</p> <p><b>Rationale:</b></p> <p>The discussions in the 2019 meeting agreed to simplifying the guideline as follows:</p>

	<p>-include aspects on basic composition of the product;</p> <p>-target age group;</p> <p>-and that RUTF was one of the options of dietary management of children with uncomplicated SAM</p> <p>Therefore, it is our view that this is adequately covered in the proposed revised preamble as per CRD3.</p> <p>In addition, SA agrees to keep references to a minimum since they become an integral part of a Codex text and require life-long monitoring and that mentioning a large number of other documents carries the risk of omitting some other relevant documents. Making reference to the Joint Statement of WHO, WFP, UNSCN and UNICEF is found to be acceptable as it does indeed set the frame for the proposed draft guideline for ready to use therapeutic foods (RUTF).</p> <p>Furthermore, SA finds the breastfeeding promotion passages included in section 12.4 (labelling) of the proposed RUTF guideline to be adequate in addressing breastfeeding promotion aspects.</p> <p><u>Essential Fatty Acids:</u></p> <p>The Committee considered a proposal to decrease the maximum level of n-6 fatty acids to 780 mg/100kcal and to increase the minimum level of n-3 fatty acids to 110 mg/100kcal to avoid negative effects that may arise from depletion of n-3 fatty acids in children with SAM and which may negatively affect their mental development. The Committee noted that more time was needed to examine the implication of the proposed values and agreed to put the values in square brackets for further consideration. The corresponding values in section 6.3 where placed in square brackets accordingly.</p> <p><b>South African Position:</b></p> <p>Await the WHO Systematic Review</p> <p><b>Rationale:</b></p> <p>The WHO systematic review will provide the much-needed scientific basis to determine the way forward.</p> <p><u>Magnesium:</u></p> <p>One Observer expressed concern over the high ratio of calcium to magnesium as well as over the generally low minimum and maximum levels being set for magnesium, stating that extensive science supporting higher levels exists and had been previously submitted to the Committee. It was proposed that the levels for magnesium be doubled to be closer to the proposed values for calcium, which was supported by a member and another observer. The Committee agreed to place the proposed values for magnesium in square brackets for further consideration at the next session.</p> <p><b>South African Position:</b></p> <p>We support retaining the current Joint Statement values for magnesium.</p> <p><b>Rationale:</b></p> <p>There is limited evidence to support a change in these values currently.</p>
<p>6 General Principles for the establishment of NRVs-R for persons aged 6 – 36 months</p> <p>- Comments in reply to CL 2021/56/OCS-NFSDU</p>	<p><u>Recommendation 1:</u></p> <p><b>South African Position:</b></p> <p>SA agrees with recommendation 1</p> <p><b>Rationale:</b></p> <p>It is our view that the 3 methods ranked in order of overall scientific rigor seems to be a comprehensive way of deriving DIRVs from WHO/FAO and 6 RASBs.</p> <p><u>Recommendation 2:</u></p> <p><b>South African position:</b></p>

Recommends the principles relating to the establishment of NRVs-R for persons aged 6-36 months should not be integrated into Annex 1 but rather be included as Annex 2 in CXG 2-1985.

**Rationale:**

The information shall not be integrated into Annex 1 to avoid confusion with the general principles for the general population.

Recommendation 3

**South African Position:**

SA is of the view that we can explore different sets of NRV's for the different age categories to assist in defining these values. However, for the purposes of labelling it will be practical to have one set of values. We recommend that these values are finalised first at CCNFSDU before guidance can be sought from CCFL on the criteria and the placement of the criteria in the main text of CXG 2-1985.

**Rationale:**

South Africa agrees that NRVs-R label presentation should not confuse or mislead consumers. This is in line with the General Principles referred to in the General Standard for the Labelling of and Claims for Pre-packaged Foods for Special Dietary Uses (CODEX STAN 146-1985).

Generally, only one set of NRVs-R should appear on food labels – the only exception being foods specifically labelled for older infants and young children.

South Africa is of the opinion that the decision regarding one set of NRV's should further be discussed when the values are defined.

Recommendation 4

**South African Position:**

SA supports the recommendation that the NRVs-R established for labelling should also apply as reference criteria for vitamin and mineral composition, but not protein, in the Guidelines on Formulated Complementary Foods for Older Infants and Young Children (CXG 8-1991).

**Rationale:**

South Africa is of the primary view that NRVs-R for older infants and young children should be established and be listed in the Codex Guidelines on Nutrition Labelling (CXG 2 -1985).

South Africa considers that the purpose of setting NRV-Rs is to use it in nutrition labelling to show the contribution to healthy nutrition intake of nutrients in a portion of food. Furthermore, NRV-Rs can guide the composition of specific products targeting this age group according to Codex criteria.

We are of the view that NRVs-R for Older Infants and Young Children that will be established for labelling can also apply as reference criteria for vitamin and mineral composition in the Guidelines on Formulated Complementary Food for Older Infant and Young Children (CXG 8-1991).

Recommendation 5

**South African Position:**

We propose the amendment of the current TOR for inclusion of these 3 issues:

1. South Africa supports the inclusion of sodium
2. South Africa supports an NRV-R for sodium and for potassium
3. South Africa supports that NRVs-R should be limited to labelling purposes in FSDU texts other than the Guidelines on Formulated Complementary Foods for Older Infants and Young Children (CXG 8-1991).

**Rationale:**

1. Inclusion of sodium

South Africa agrees that NRVs for sodium for both older infants and young children should be established. Such reference values are important for all parts of the population and in particular for this specific and sensitive target population.

There is scientific evidence that excess Sodium intakes have been linked with high blood pressure. South Africa has mandatory regulation to regulate sodium in certain food products at the manufacturing level to reduce sodium consumption.

NRVs-R for sodium for older infants and young children will be of great value to compare the sodium content of the foodstuffs and to ensure the foodstuffs do not exceed the recommended intake.

2. The type of NRV (NRV-NCD or an NRV-R) for sodium and potassium

Both Sodium and Potassium NRVs-R are appropriate as it is essential to ensure sufficient intake of these nutrients.

3. NRVs-R should be limited to labelling purposes in FSDU texts other than the Guidelines on Formulated Complementary Foods for Older Infants and Young Children (CXG 8-1991).

We agree FSDUs and Formulated complementary foods are the suitable target foods for these NRV-Rs. We do not see any value for other food groups at this time.