

November 5, 2010

Re: IFT CCNFSDU delegate report

Submitted by: Rosemary L. Walzem RD, PhD.

The 32nd session of CCNFSDU was held in Santiago, Chile, and chaired for the first time by Dr. Pia Noble, Head of Division of Specific Foods, Food Supplements and Food Additives, Federal Ministry of Food, Agriculture and Consumer Protection. Dr. Lorena Rodriguez, Ministry of Health, Chile acted as co-chair. The Committee was attended by 227 delegates representing 46 member countries, one Member Organization and 20 International Organizations.

Following no fewer than 5 presentations by various members of the Chilean government greeting the Committee members and noting the importance of the work, the committee went to coffee break and began work. The final report can be accessed at <https://www.ccnfsdu.de/index.php?id=569> in the near future. This report will provide highlights of issues relevant to IFT.

Note: IFT commented extensively on the definition of dietary fiber in 2007. In response to questions from CCMAS regarding methods of dietary fiber analysis, CCNFSDU, through a compromise proposal developed by the USA and the EU, Appendix VI of the report, noted that each of the eight methods that measure individual specific components could be proposed as Type I, while the three “other methods”, including the Englyst method for non-starch polysaccharides, could be proposed as Type IV methods. Further, the committee rejected CCMAS’s proposal to delete the AOAC 2001.03 method as it is applicable when resistant starches are not present while the AOAC 2009.01 is applicable when foods may or may not contain resistant starches. This issue may be one that IFT can provide comment on. A comment period is expected for this item prior to CCMAS’s next meeting.

A number of the matters of interest arising from FAO and WHO are significant for IFT.

1. WHO is working actively in the area of sodium/salt reduction. They have held 3 population salt reduction strategy platforms and are currently reviewing and analyzing evidence on the most appropriate levels of iodine for salt fortification. Regional office for the Americas has established a Regional Expert Group that recommends the mandatory declaration of sodium content on food and that an internationally recommended target of less than 2000 mg sodium per day is established. The committee was informed by WHO’s experts in a pre-meeting session that the US’s ~4g/day intake is rather low relative to the 10-15g/day amounts now known to be consumed in South American countries. IFT members in South America are likely to be very interested in strategies for salt/sodium reduction in a wide array of products. Notably, a number of dairy-related NGOs are concerned that milk will be labeled as a high sodium food and its nutritional value therefore compromised.
2. WHO has established a development process of the WHO Guidelines Review Committee (GRC) for developing WHO guidelines and recommendations termed Nutrition Guidance Expert Advisory Group (NUGAG). This Group has 4 subgroups: 1) micronutrients, 2) diet and health, 3) nutrition in the lifecourse and undernutrition, and 4) monitoring and evaluation. The subgroup focused on diet and health is currently reviewing information on total dietary fat and sugars on

obesity and other non communicable diseases (NCDs). This is also the group that will work on salt/sodium. IFT may want to find out more about how individuals become members of this advisory group and whether IFT members might be considered.

3. WHO is currently working actively on nutrient profiling in response to increasing requests for guidance from member states. Nutrient profiling is characterized as an “urgent priority” towards implementing Objective 3 of the NCD Action Plan endorsed by the 61st World Health Assembly. It was further indicated that nutrient profiling was viewed as a mechanism through which member states could implement recommendations, currently under development by WHO (NUGAG?), on the marketing of foods and non-alcoholic beverages to children. Efforts in connection with Objective 3 also include a joint meeting with the International Association for the Study of Obesity (IASO) to set in motion a process for developing recommendations, methodological framework and validation process for “field testing” of programs. Countries to be used as beta-test sites are being considered, and a final meeting on implementation of the country process and validation and technical review meeting will be held in Brazil in October/November 2011. Additional information and explanation of this apparently recent mechanism for policy development may be of interest and importance to IFT members. Additionally, IFT members may be able to provide expertise for the technical review meeting.

4. WHO distinguished NUGAG from the Joint FAO/WHO Expert Meetings on Nutrition (JEMNU) through the explanation that NUGAG functions to develop guidelines and recommendations, while JEMNU is a new procedural arrangement to replace the previous ad hoc expert consultation arrangement for provision of scientific advice to the Codex and Member States.

Note: IFT submitted comments to the Committee noting the linked nature of agenda item 3, 4, and 7. At issue was the specific description of “general population” and limitation of covered nutrients to those that are “essential.” The Committee reordered the agenda to discuss agenda item 7 after agenda item 3 so that items 3 (general principles for establishing NRVs for vitamins and minerals, Appendix II), 7 (NRVs associated with risk of diet related NCDs, Appendix IV), 4 (NRVs for labeling purposes in the Codex Guidelines on Nutrition Labelling, Appendix III) and 5 (General principles for addition of essential nutrients to foods) could be discussed in connection with each other.

As the discussion of items 3-5 & 7 progressed the committee moved towards the concept of combining item 3 and 7 as a document with common elements and subsections for vitamin/mineral NRVs and NRVs for NCDs. Thus there was clear acknowledgement of the linked nature of these items. The key qualifier for the definition of the general population became individuals older than 36 months, while values were to be derived from the widest applicable age range excluding pregnant and lactating women. This definition provides flexibility and accompanying text acknowledges that further specific subgroups may be identified for which NRVs could be developed. An important element developed in item 5 was the definition of an essential nutrient means any substance normally consumed as a constituent of food which is needed for growth and development and the maintenance of healthy life and which cannot be synthesized in adequate amounts by the body. Importantly, by not requiring inclusion of the concept of “whose unrelieved lack will lead to death” as a component of essential nutrients such as the omega-3 fatty acid DHA can be considered essential. Other terms that will be contentious in future discussions will be the level of proof needed to set NRV’s, namely

convincing or probable, and exclusive use of the word fortification as opposed to distinctions of restoration and enrichment. In a good compromise, the EU states that “generally accepted” was synonymous with “convincing” and these two terms are used in the report as convincing/generally accepted.

Progress was made on the topics of complementary foods and supplementary foods (for underweight children) although many issues remain contentious. New Zealand will develop a discussion paper to revise the existing follow on formula standard. The prospect of working on 3 infant/child related works was noted by the delegate from the EU as “thrilling.” The next meeting will be in Bad Soden am Taunus in Germany from November 14-18, 2011 and that there will be a physical working group on addition of essential nutrients and the complementary food standard. Electronic working groups will operate for agenda items 5 and 7, while scientific advice was requested from WHO for values encompassed in item 4.