FEATURE

Main Outcomes of the 39th Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU39) – Berlin – 4-8 December 2017

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The 39th session of the Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Used, held in Berlin (Germany) from 4 to 8 December 2017 had a packed agenda, resulting in a late evening discussion on the last plenary day. CCNFSDU is the Codex subsidiary body developing vertical Codex "commodity" standards on foods for infants and young children, foods for medical purposes, food supplements and food for other special dietary uses, e.g. meal replacements. CCNFSDU is also working on nutrition reference values used for nutrition labelling purposes and on nutrition and health claims.

The Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) (i) agreed upon and advanced important revised provisions of the Codex Standard on follow-up formulas on composition requirements and considered other amendments on labelling sections and the preamble for further discussion, including the first – and historical – request for scientific advice to the Food and Agriculture Organization (FAO)/World Health Organization (WHO) Joint Expert Meetings on Nutrition (JEMNU) on nitrogen-to-protein factors (soy and milk only); (ii) revised a list of methods of analysis for testing amounts of three nutrients in infant formulas; (iii) sent back for redrafting a possible specific mechanism or framework on how CCNFSDU shall consider the technological justifications for food additives used in foods for infant and young children; (iv) reviewed half of the proposed draft guidelines on ready-to-use foods for nutritionally deprived people (i.e. RUTFs); (v) postponed by one more year the consideration of developing Codex guidelines on Nutrition Profiling System(s); (vi) amended the proposed draft definition of "biofortification", while pointing out the term shall be revisited; (vii) agreed to consider next year possible future work on harmonized probiotic guidelines for use in foods, including food supplements; (viii) made significant progress on defining future conditions for making a "free" of fatty acids nutrition claim but postponed future decision by one year; (ix) sent back the proposed nutritional reference value (NRV) for EPA and DHA for more in-depth scientific review while expanding the scope in revising some sections to the Annex of the General Principles for establishing NRVs for the general population, and (x) adopted other decisions.

Four issues were added to the agenda: nutrition profiles, probiotics, methods of analysis for infant formulas, and a fourth one, conversion factors for soy and milk protein, discussed "on-the-side", at the time of the discussion but separate from the "protein" section of the follow up formula for older infants.

Nutrition Profiles

Put forward by Paraguay and Costa Rica, the discussion paper was available on the CCNFSDU39 website only a few days before the meeting. Although this discussion paper already included a project document – which serves as the basis for any Codex Committee to decide on new work, CCNFSDU39 did not decide to embark on the development of such guidelines and preferred to see how CCFL (the Codex Committee on Food Labelling) is to proceed with the agreed development of Codex Guidelines on Front-of-Pack nutrition labelling on its side (see article on outcome of CCFL44 in *World Food Regulation Review* (*WFRR*) October 2017). A WHO representative indicated that such nutrition profiling systems could be used for various purposes and policies, including front-of-pack nutrition labelling (i.e. Note of the drafters: the "colored" ones), to rank/classify foods (i.e. Note of the drafters: solely based on a nutrient density, on a per 100 gram basis and unfortunately not on their real contribution to the diet nutrient intake – making them per definition arguably

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misleading and discriminatory for many foods). CCNFSDU39 decided to postpone completely any work on nutrition profiling until next year's session and encouraged Costa Rica and Paraguay to refine the scope of work and define a list of possible questions to be included in a Codex circular letter to Codex members and observers, to be sent… only after next year's CCNFSDU session. In other words, CCNFSDU did not want to work on it (maybe because WHO announced they would publish their own nutrition profiles in 2018?) Future will tell if this is a missed opportunity by the CCNFSDU to anticipate what may happen prior to its next session and participate in shaping future Codex discussions on this fundamental matter, to address national technical barriers to trade and compatibility of the WTO/TBT Agreement with these WHO policies, and help ensuring that Codex standards are consistent and faithful to the Codex mandate's second pillar: help ensuring fair practices (i.e. harmonization of non-safety rules along a common benchmark) for foods in international trade.

Probiotics

CCNFSDU39 considered the discussion paper prepared by the International Probiotics Association (IPA). Yet, due to the very late arrival of the document, CCNHFSDU39 could not really discuss its content in detail. Given that Argentina expressed support for the initiative, CCNFSDU39 agreed that Argentina will take it over from there and will prepare a revised version of the discussion paper (possibly to include this time a more substantiated project document to include the concrete proposal for new work) for consideration at next year CCNFSDU40.

Methods of analysis for infant formulas

Based on a proposal from the USA, CCNFSDU39 agreed on a list of revised methods for the determination of three nutrients, i.e. Biotin, Vitamin D and Chloride, in infant formulas. The list of methods is now going to be reviewed for possible endorsement by the Codex body in charge of methods of analysis and sampling (i.e. the Codex Committee on Methods of Analysis and Sampling (CCMAS)) and it requested CCMAS to retype these methods while including them in the Codex standard on recommended methods of analysis and sampling (CXS 234, formerly CODEX STAN 234). On a separate issue and based on questions arising from the last CCMAS meeting, CCNFSDU39 encouraged countries and observers to provide further inputs on validation data to CCMAS directly on the relevant methods for chromium, molybdenum and selenium in infant formulas, in advance to the next CCMAS meeting (to meet early May 2018).

Nitrogen-to-Protein Conversion factors for soy and for milk proteins

In addition, CCNFSDU39 considered a fourth proposal – from Canada and the USA – also published just a couple of days before the meeting, requesting independent scientific advice by the Joint FAO/WHO Expert Meeting on Nutrition (i.e. JEMNU, a virtual body created in 2012, which remained a virtual body, until now) to further determine whether the current conversion factors used globally to investigate whether the "protein" value content (i.e. the one found on the nutrition fact panel/labelling) could still be determined by deriving it from the analytically obtained value for the "Nitrogen" value (by chemical digestion, e.g. Kjeldhal method) and what the appropriate conversions factors are to be used for (i) soy proteins (for the time being 5.71) and (ii) milk proteins (for the time being 6.38), although by measure of simplification, only a single one is commonly used e.g., in the Codex standard on infants and young children formulas (i.e. for the time being 6.25). As a matter of further background, the reader may note the recommendations of the FAO/WHO technical expert consultation held in 2002 that only an amino acid analysis should be used to determine the exact protein content for: (i) foods used as the sole source of nourishment, such as infant formula; (ii) foods/formulas designed specifically for special dietary conditions; (iii) novel foods. Probably, JEMNU, in response to the scientific questions following the WHO's PICO format for systematic reviews, will address the issue of conversion factors in a broader perspective. It is also worth noting that there are other conversion factors for other types of animal or vegetable proteins, but CCNFSDU39 restricted the request to JEMNU to soy and milk sources of proteins only. This historical decision by CCNFSDU39 was applauded by the participants as it was the very first time that JEMNU had been called upon to provide scientific advice, meant to be independent from WHO, FAO, and other bodies, and following the same engagement and trans-

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parency rules as those already set for similar bodies such as JECFA, JMPR and JEMRA.

Revision of the Codex Standard on Follow up Formula: significant progresses made on composition criteria, but still a (long?) way to go to finalise the revision on labelling and the preamble

As expected, the review of the 37 recommendations from the electronic working group (EWG) that worked between CCNFSDFU38 and CCNFSDU39 took up a large part of the CCNFSDU39 plenary.

CCNFSDU39, under the last-time-but-always-excellent chairwomanship of Mrs Pia Noble, reviewed most of them, and came to some significant conclusions on compositional criteria for follow-up formulas. CCNFSDU39 completed the revision of the essential requirements in follow up formula for older children (6-12 months old) in finding consensus on: (i) minimum and maximum amounts for proteins and lipids, (ii) minimum amounts and guidance upper level (GUL) for linoleic acid, (iii) minimum amounts for alpha-linolenic acid and ratios with linoleic acid, (iv) minimum and maximum amounts for total available carbohydrates, (v) minimum and maximum amounts for vitamin A and D, (vi) minimum amounts and GULs for Vitamin C, E, K, B6 and B12, and for Thiamine, Riboflavin, Niacin, Pantothenic acid, Folic acid and Biotin, (vii) minimum and maximum amounts for Iron, (viii) minimum amounts and GULs for Calcium, Phosphorus (including a range for the ratio calcium/phosphorus), (ix) minimum and maximum amounts for Sodium, Chloride, Potassium, (x) minimum amounts and GULs for Magnesium, Manganese, Iodine, Selenium, Copper and Zinc.

For optional ingredient additions and to reach a consensus about them, CCNFSDU39 has added a couple of references to "national legislation" and "to be determined by national authorities" and one may question the meaning of such references in international Codex standards such as this one on follow-up formulas. Namely, CCNFSDU39 agreed on (i) a maximum amount for Taurine, (ii) levels for total nucleotides and for L-carnitine to be determined by national authorities, (iii) GUL for an addition of DHA while having a footnote referring to (a) a minimum addition of 20 mg/100 Kcal, (b) content of concomitant addition of ARA shall be minimum of ratio 1:1, (c) the content of EPA possibly also present in the source of LC-PUFA used as origin of DHA shall not exceed the amount of added DHA, and, more surprisingly, (d) a sentence indicating that "Competent national and/or regional authorities may deviate from the above conditions, as appropriate for nutritional needs.", (iv) GULs for choline and Myo-inositol and (v) agreement in principle to add L(+) lactic producing cultures (and only L(+) types), provided that the safety and suitability of the addition of specific strains for particular beneficial physiological effects must be demonstrated by clinical evaluation and generally accepted evidence and (a) no significant amount of viable L(+) lactic acid-producing cultures are present in final formulas and (b) residual amounts shall not present any health risks.

CCNFSDU39 found also consensus on the composition criteria for follow-up formulas intended for young children (12-36 months old) as follows: (i) minimum amount for proteins (with unique conversion factor of 6.25 and quality of protein obtained by PER methodology not less than 85% of that of casein), (ii) minimum amount for total fat, alpha-linolenic acid and linoleic acid (but no specified ratio between these two), while adding a new and fairly unnoticed footnote to the lipids section stating "Partially hydrogenated oils and fats shall not be used in [name of the product] for young children", (iii) maximum amount(s) for total available carbohydrates (i.e. 12.5 g/100 Kcal), while adding a modified long footnote (still in square brackets – meaning still open to future discussions) which (a) emphasizes lactose as primary source of carbohydrates, (b) for non-milk protein based follow-up formula, preferred carbohydrates shall be ones which "have no contribution to the sweet taste" (e.g. starch), (c) mono- and di-saccharides other than lactose shall not exceed 2.5g/100 kcal of available carbohydrates with - again – a permitted deviation to national and/or regional authorities to lower that limit to 1.12 g/100 kcal, (d) a ban of using sucrose and/or fructose or any other carbohydrates which contributes to the sweet taste, (e) a ban of using other types of non-carbohydrate ingredients if they would impart or enhance (the EU asked the addition of "enhancing" addition) a sweet taste, and (f) another new footnote (not in square brackets) whereby, for those products with a protein level below 3.0 g/100 kcal, a maximum level of available carbohydrates up to 14 g/100

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Kcal may be permitted – i.e. as a right to deviate from the agreed normative 12.5 value – "by competent national and/or regional authorities"; (iii) minimum and maximum amounts for Iron (with a different and higher minimum value in the case of follow up formulas based on soy protein isolate), (iv) minimum amounts and GULs for Vitamin A, B12 and C, Calcium, Riboflavin and Zinc. CCFNFSDU39 had a hard time once again to find appropriate consensual minimum and maximum amounts and wording for the footnote for Vitamin D3, so hard that (a) the levels remained in square brackets and (b) an overall footnote to Vitamin D3 section states – once again – that "Competent national and/or regional authorities may deviate from the conditions as appropriate for the nutritional needs of their population".

CCNFSDU39 agreed also on text like the ones approved for follow-up formula for older infants (referring to other possible additions as the ones defined in the infant formula standard) but also specific wording which recognises also that voluntary additions agreed by CCNFSDU39 on follow-up formula for older infants, are also applicable for young children (i.e. the ones agreed on taurine, DHA/ARA/EPA, total nucleotides, choline, L-carnitine, Myo-inositol, and L(+) lactic producing cultures). However, and once more to be mentioned here, it is stated that such a list of voluntary additions may be "amended by national and/or regional authorities if the nutritional needs of the local population and scientific justification warrants such deviation".

CCNFSDU39 also discussed, with passionate interventions from some observers about the sections on definitions (with an intense debate about whether these follow-up formulas are "breast-milk substitutes" or not, well this may be quite challenging especially for young children where normal diet takes a growing importance compared to any breast-milk source (often rare after 1 year of breast-feeding)), about labelling (e.g. the naming of the sources of protein (milk, soy, others), and about the reference to functional classes and names of food additives (while the INS number would remain optional), and other changes to align date marking with recent approved revised provisions by CCFL44 on all prepackaged foods). In any case, all these sections go back to a dedicated EWG chaired by New Zealand, France and Indonesia who will prepare within the next 12 months a revised version for consideration (and possible adoption) at the next year CCNFSDU40.

Proposed draft Codex guidelines on ready-to-use ("therapeutic") foods (RUTFs) for nutritionally deprived people – first official review by CCNFSDU but incomplete

It was for CCNFSDU39 the first time to review paragraph by paragraph the proposed draft guidelines on specialised foods used in nutritional emergency situations e.g. in refugees' camps, countries at war and some emergency centres for treating people in critical malnutrition status in regions where food supplies are scarce, so called RUTFs. The review was structured based on the recommendations elaborated by a dedicated EWG who worked since last year CCNFSDU39.

CCNFSDU39 amended the proposed draft guidelines on RUTFs on (i) a simplified preamble, (ii) changes to section 4 about the Description of the products, (iii) amended various subsections of the list of raw materials and ingredients, up to the section about (available) carbohydrates.

Based on the discussions and changes enacted by the CCNFSDU39 and the comments submitted in advance (i.e. in writing and captured in the numerous conference room documents (CRDs)) for the parts not discussed this year, the amended text (attached to the report) and the non-discussed remaining parts of the text are now going to be further worked out by a new EWG, chaired by South Africa, Senegal and Uganda, to prepare a new text for further consideration at next year CCNFSDU40.

Definition of a nutritional value of reference for labelling purpose on EPA/DHA

As announced, CCNFSDU39 struggled to make significant progress on the proposed NRV-NCD value of 250 mg/day for EPA/DHA as nutrients which may contribute to reduce frequencies of health issues related to cardio-vascular diseases and/or positive biological endpoints/markers such as triglycerides levels in blood. CCNFSDU39 also noted diverging views expressed during the EWG which prepared some recommendations for this year's committee on how using – and moreover interpreting – the criteria defined by CCNFSDU and how these criteria could be used to include or exclude scientific opinions of national and/or international Recognized Authoritative Scientific Bodies (RASBs) on recommended daily values for EPA/DHA.

WHO representatives, during the CCNFSDU39 plenary as well as during a side event presentation

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made about the outcomes of the NUGAG systematic reviews on the claimed beneficial impact of a diet rich in total LC-PUFA and/or in their individual n3 and n6 components (i.e. NUGAG found nearly none), clarified that NUGAG conclusions are clear and that systematic reviews are now based on the GRADE approach on judging scientific studies published in peer-reviewed journals. CCNFSDU39 recognized that the General Principles For Establishing Nutrient Reference Values For The General Population was adopted a couple of years ago which is included as an Annex to the existing Codex Guidelines On Nutrition Labelling (i.e. the 2017 version of CXG 02) and may need to reflect those WHO new ways of performing systematic reviews.

As such, there has been no other choice for CCNFSDU39 than sending back the issue to a new EWG chaired by the Russian Federation and Chile, to prepare a set of recommendations to next year CCNFSDU40 on (i) comprehensive revised assessment of the most current scientific evidences as presented in the NUGAG systematic reviews (although GOED indicated in plenary that new scientific studies may be published in 2018, and one may wonder why this task is devoted to a Codex EWG and not to …. e.g. JEMNU?); (ii) clarify section 3.1 of the Annex to CXG 02 (rev. 2017) containing the General Principles whether opinions from RASBs which have not set any DIRV (for EPA/DHA and more generally) could be taken into account in discussing a Codex NRV; (iii) clarify what would be the WHO/NUGAG GRADE equivalent corresponding to the "relevant convincing/generally accepted scientific evidence" referred to in section 3.2.2 of the Annex to CXG 02 (rev. 2017) containing the General Principles; and (iv) discuss the definition of "convincing evidence" in the report of the joint FAO/WHO expert consultation dating from 2002 (15 years ago!) on "Diet, Nutrition and the Prevention of Chronic Diseases" and its applicability when developing a Codex NRV-NCD.

Definition of "Biofortification" and associated criteria: CCNFSDU39 is still working on what this concept covers exactly and has sent it back for further redrafting

CCFNSDU39 reviewed the outcome of a dedicated EWG for a possible Codex definition of "Biofortification" and a precise description of the associated criteria about (i) the Source Organisms, (ii) Nutrient and Related Substance, (iii) the (nutritional) outcome of such biofortification, (iv) the Intended Purpose(s), (v) the measurability of the increased levels of nutrients in biofortified organisms (probably to be merged within criteria (iii)), and (vi) the method(s) of production (with the back-and-forth debate on whether it includes modern biotechnology (i.e. gene modifications) or even more powerful breeding techniques or genome replication/modifications/editing techniques).

The debate raged as expected. However, CCFNDU39 made significant progress on the term of "Biofortification" itself. Primarily pushed by the EU which indicated that in the EU regulation and consumer perception the prefix "BIO" would be defined as related to organic farming techniques, CCNFSDU39 introduced synonyms in the draft definition to refer to "Agro-fortification", "Agri-fortification", or "Nutri-fortification", while referring – once more – to "member governments", i.e. read it as "competent national and/or regional authorities". That's not all of it… CCNFDU39 discussed also the concept itself of "fortification" as pointed out by the EU. The concept of "fortification" indeed swept away from the Codex alimentarius (i.e. the compendium of Codex norms), when CCNFSDU concluded the revision of the Codex Guidelines on Fortification (CAC/GL 09-1987, amended in 1989 and 1991), which became the current Codex guidelines on the addition of essential nutrients to foods (CXG 09, rev. 2015). The EU is only partly correct on that point: indeed, the revised CXG 09 do still refer to "Fortification" in a footnote which is attached to the first paragraph of its Introduction which reads "Different types of addition of essential nutrients for the purposes described in these Principles may be described by the term 'fortification' in certain Member Countries." Also, the main difference between the current Codex guidelines and their previous version is the expanded scope from the classical mandatory addition of nutrients in some staple foods to address major deficiencies in the population (e.g. Iodine in food grade salt) to mandatory and voluntary addition of essential nutrients. Conservative approaches want therefore to keep the term "fortification" associated to those "mandatory" additions whereas the modernists approach (which is nowadays the approach enshrined in the current Codex Guidelines CXG 09) refer to all types of additions (mandatory and voluntary).

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Other amendments were made to the definition around three aspects: (i) increase in nutrients must be measurable, (ii) not only the increase but also the bioavailability covered by the concept and must also be measurable, (iii) how this measurability is compared to any existing nutrient level baselines in the corresponding not-biofortified foods/organism?, (iv) method of production to be determined by the competent national and/or regional authority (again), and (v) that the concept (i.e. "biofortification") does not include what it is now called "conventional fortification" (not defined in Codex either) covered in the current CXG 9 (rev. 2015). During the discussion (and not reflected in the amended definition yet), the possible reduction of measurable levels of anti-nutrient factors (e.g. phytates versus fibre count, calcium impeding iron bioavailability) was also mentioned as benefits from "biofortification" techniques and it should probably be addressed somewhat in any future revised definition and/or associated notes.

Given the complexity of all the issues at stake and the variety of (diverging) points of view impossible to reflect in real time to the wording of that definition, CCNFSDU39 agreed to form a new EWG chaired by Zimbabwe and South Africa to try to come up with some ways out to be considered at next year CCNFSDU40 for a possible adoption while (i) refining the definition and associated notes, (ii) exploring alternative terms to biofortification, and (iii) make recommendations on how the definition would be used and where it could be best placed (in the compendium of norms of the Codex alimentarius? In the CAC Procedural Manual? Elsewhere?). It is a very hard task ahead for this EWG and it will also be the last chance for the CCNFSDU itself to finalise this work at its next session, as this work has already reached the time limit for completion and will be then subject to a critical review and decision by the CCEXEC on whether it can continue or simply it has to stop.

Conditions of Use of claim on "Free of Trans Fatty Acids (TFAs)"

Based on a discussion paper prepared by Canada, CCNFSDU39 reviewed the following proposed conditions of using the claim "Free" of TFAs: (i) the food should not contain more than 1 gram per 100 grams (1%) of fats and (ii) must meet the conditions set for "low" in saturated fats as already stated in the table of conditions for nutrient content claims in the current version of the Codex Guidelines for Use of Nutrition and Health Claims (CXG 23, rev. 2013). The claim "low" in saturated fat is currently defined as no more than 1.5g saturated fat per 100 grams (solids) or 0.75 saturated fat per 100 mL (liquids), and which represents a maximum of 10% of energy of saturated fat.

The main point of friction was the second part of the conditions of use related to the concept of "low" in saturated fats. It was pointed out that the consumption of saturated fats seems to show no clear association with cardiovascular diseases and mortality based on a recently published cohort study carried out in 18 countries and named PURE (published on 29 August 2017 in *The Lancet*, Volume 390, No. 10107, pp. 2050–2062, 4 November 2017). The representative of WHO was not quite supportive to the PURE prospective cohort study outcome and expressed concerns that TFAs may be replaced by increased amounts of saturated fats in reformulated foods, hence not certain ultimately to constitute a benefit to consumer health. CCNFSDU39 also considered comments related to the ratio of substitution of TFAs by saturated fats as the incremental increase of 5% of saturated fats consumption could lead to the equivalent negative health effects than that of 1% of TFA consumption. These findings were referred as coming out from the long term accumulated epidemiological data from the USA-based Nurses' Health Study (NHS) and Health Professionals' Follow-up Study (HPFS).

No changes were made to the draft conditions as presented by Canada and discussed at the CCNFSDU39 and the issue is directly sent to next year for further discussion at CCNFSDU40, while a circular letter will be issued to seek comments on those draft conditions from countries and observers in the coming months.

Discussion on a new specific process by which CCNFSDU may consider food additives in the food standards it elaborates

The European Commission described the outcome of the discussed held since 2016 within the EWGt hey have chaired, on how further defining criteria and a new mechanism or framework by which the CCNFDU may decide on technological justifications for using food additives in infant formulas and the very special issue of the applicability

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of existing criteria and procedures well defined in the Codex alimentarius Commission procedural manual for other Codex commodity committees and relationship with the Codex Committee on Food Additive responsible for the General Standard on Food Additives (GSFA). Indeed, the critical aspect, which is in the EU view not perfectly covered by current procedures, is the evaluation of the impact of such food additives during the first 12 weeks of early life nutrition and the justifications for the technological needs for using those food additives in such specialized foods. However, CCNFSDU39 agreed that any future criteria and framework/mechanisms would cover the whole scope of foods included in the CCNFSDU mandate.

After several rounds of debates and views, CCNFSDU39 agreed that a new EWG be formed and chaired by the EU and the Russian Federation to improve the elements presented at this session (i.e. included in document CX/NFSDU 17/39/8 to be used as a starting point). Comments made during CCNFSDU39 and submitted in writing in CRDs, shall be considered. The new EWG is tasked to (i) elaborate further on a mechanism or framework for considering the technological justifications of using food additives in infant formulas (as a starting point) and (ii) test such a mechanism or framework for new food additives recently reviewed by JECFA (i.e. xanthan gum (INS 415), pectin (INS 440) and gellan gum (INS 418). The pending list of food additives presented in the CRD15 of the CCFA 49th session (March 2017) will only be considered after a decision is made on the mechanism and these three first food additives.

Other decisions

NRV-R for older infants and young children

Given the late arrival of the document prepared by Australia, CCNFSDU39 was not able to address the issue comprehensively. However, CCNFSDU39 revised the proposed terms of reference of the future EWG to work out how the Committee will address the development of NRV-R for older infants and young children.

The EWG chaired by Ireland, Mexico and the USA is going to (i) assess the need and value of such NRV-R for this target population in identifying (a) the purpose(s) of such NRV-Rs in the relevant Codex texts on dietary uses for older infant and young children as well as the Codex Guidelines on Nutrition Labelling and (b) the specific age groups where such NRV-Rs may apply; and (ii) where needs are confirmed as outcome reached under (i), then analyse the nutrition labelling provisions in relevant Codex texts and, where appropriate, develop a request to CCFL (i.e. more exactly a recommendation to CCNFSDU40 that CCNFSDU adopts a request to CCFL) to provide advice on the potential for further amendments (to those Codex texts).

Matters referred by WHO and FAO to CCNFSDU39

These matters were noted and discussed at the beginning of the CCNFSDU39 session. FAO indicated several interesting on-going work on (i) a FAO Expert Working Group on protein quality assessment held in Rome from 6 to 9 November 2017 and focusing on follow-up formula for young children and RUTFs; (ii) the elaboration of an FAO/WHO Global Individual Food Consumption Data Tool (GIFT), which provides simple and accurate food-based indicators, derived from sex and age disaggregated data on individual food consumption; (iii) the Milan Global Nutrition Summit held on 4 November 2017 as part of the UN Decade of Action on Nutrition 2016 – 2025; and (iv) a joint FAO/WHO International Symposium held in December 2016 on Sustainable Food Systems for Healthy Diets and Improved Nutrition and their declinations at regional level held throughout 2017.

The WHO representative gave an update about WHO activities and among those, it is important to note (i) NUGAG Subgroup on Diet and Health work on (a) future draft guidelines on saturated fatty acids and trans-fatty acids - for "public" consultation, (b) draft guidelines on non-sugar sweeteners (not clearly defined still now), polyunsaturated fatty acids (including n-3, n-6 and total PUFA) and carbohydrates (starch and fibre) (c) ongoing evidence reviews on dietary patterns, (ii) new work of the NUGAG Subgroup on Policy Actions on (a) nutrition labelling policies (including FOP labelling schemes to be published in 2018), fiscal policies, trade and investment policies which affect diet and nutrition; and (b) on WHO's work on nutrient profiling (to be published in 2018), including the adaptations of nutrient profile

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models for different applications such as regulating food and beverages in schools and nutrition labelling, and the planned development of a regional nutrient profile model for the African Region ; (iii) preparation of the 13th General Program of Work which contains 5 nutrition-related targets (reduction in stunting, reduction in wasting, no increase of overweight/obesity in children and adolescents, elimination of industrially produced trans fatty acids (TFA) and reduction in salt/sodium intake) to guide WHO's work in 2019 – 2023; (iv) taking part in the implementation of the RESOLVE initiative to reducing preventable deaths from cardiovascular diseases (CVDs) through accelerating progress in improving treatments of high blood pressure, sodium reduction and elimination of industrially produced TFAs; and (v) updating the nutrient requirements for infants and young children (0 – 24 months) jointly with FAO.

CCNFSDU39 also showed an unusual and untypical intervention of France, supported by the USA and the EU - one could be qualified as strong in diplomatic and Codex terms - which pointed out a possible mistake in the WHO reporting to CCCNFSDU. France referred especially to the World Health Assembly (WHA) resolution on the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children (WHA69.9), which was simply "welcomed with appreciation" by the WHA. As such, France expressed the view that its content was not stricto sensu approved or endorsed by the WHA. USA even informed CCNFSDU39 that it had dissociated itself from another WHA Resolution (WHA70.11), because the evidences underlying certain recommendations included in that resolution were, in USA view, not sufficient to support them. The WHO representatives responded that all WHA resolutions are approved by the WHA (the highest governing body of WHO) and there was no mistake in that respect of the document presented to CCNFSDU39. However, the WHO representatives recognised that there are various grades under which such "approvals/adoptions" occur such as "welcomes", "welcomes with appreciation" or "notes with appreciation". But WHO representative highlighted that they always express a sort of approval by the WHA with the same strength, regardless of the different operative phrases used in the text of such resolutions and decisions. There is one thing which all these resolutions and decisions have in common, stated the WHO representatives: they are the resolutions and decisions of the WHA, full stop.

The WHO Representative noted that at the last WHA in May 2017, there were 2 Member States which had disassociated themselves from WHA70.11 on Appendix 3 of the NCD Action Plan (2013 – 2020) – which lists the "best buys" and other recommended interventions to address NCDs. However, it was underlined that no WHO Member State had disassociated from WHA69.9.

More details on CCNFSDU39 are available in the official report of the session published at www.fao.org/fao-who-codexalimentarius/meetings-reports/en/

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