The session was attended by 73 member countries (including India), one member organization and 41 observer organizations including FAO & WHO.


Decisions on the important agenda items concerning India are as follows:

**Agenda Item 4a: Review of the standard for follow-up formula (Codex Stan 156-1987): Draft scope, description and labelling for follow-up formula for older infants:**
India’s comments w.r.t scope to include relevant WHA and WHO resolutions and guidelines which was not agreed by the Committee mentioning that it will be discussed during preamble. The main discussion was around restricting Cross promotion under labelling section, which was supported by India also. As there was no consensus on the matter, the Committee proposed a new provision to address the concerns without referring to the
word cross promotion. Noting that General Standard for the Labelling of Prepackaged Foods (CXS 1 – 1985), mentions ‘Prepackaged food shall not be described or presented on any label or in any labelling by words, pictorial or other devices which refer to or are suggestive either directly or indirectly, of any other product with which such food might be confused, or in such a manner as to lead the purchaser or consumer to suppose that the food is connected with such other product, delegations including India in the spirit of compromise agreed to the new proposed provision. The Committee finalized the draft scope, description and labelling for follow-up formula for older infants and held at step 7. Further, it was also agreed to forward the new labelling provision added to reflect cross promotion and other editorial corrections carried out to CCFL for their information and endorsement.

Agenda Item 4b: Review of the standard for follow-up formula (Codex Stan 156-1987): Essential composition requirements for follow-up formula for older infants and [product] for young children: The committee agreed to add provision under optional ingredient to restrict ingredients added with the purpose of imparting or enhancing a sweet taste for young children which was supported by other delegations including India.

Agenda Item 4c: Review of the standard for follow-up formula (Codex Stan 156-1987): Proposed draft product definition and labelling for [product] for young children: India’s comments w.r.t scope to include relevant WHA and WHO resolutions and guidelines, the Chair informed that the issue has already been discussed in detail and it will be addressed while discussion on preamble as scope needs to be crisp. The key discussion under the agenda was whether this product could be considered as a breast milk substitute or not. India and majority of the delegations from the developing countries intervened and recommended to classify this product as breast milk substitutes which is based on WHO recommendations. In a spirit of compromise and in order to reach consensus, the Committee reached agreement on a revised definition with a footnote to say these products are breast-milk substitutes in some countries.

Nepal supported by India and many other delegations intervened for the definition and suggested to replace the sentence ‘which may contribute to the nutritional needs of young children’ by ‘but is not nutritionally adequate to meet the requirements of young children’ which was kept under square bracket and requested eWG to address the same. Regarding name of the product, the Committee in a spirit of compromise agreed to retain two names of the product ‘Drink/Product for young children with added nutrients’ and ‘Drink for young children’, with countries able to choose between the two options.

Further, Committee proposed to align the remaining section i.e. labelling with the already endorsed text of CCFL for older infants to maintain consistency. Including India majority of the delegations were agreed for the same. However, India’s intervention w.r.t declaration of
functional class of food additives mandatory instead of optional in both older infants and young children was agreed by the Committee. In addition, under additional labelling requirements India took a lead to develop the same in consultation with Nepal and other delegations. The developed additional labeling requirements were adapted in place of earlier proposed text with minor changes.

Agenda Item 4d: Review of the standard for follow-up formula (codex stan 156-1987): proposed draft follow up formula for older infants and [product] for young children: due to time constraints, the Committee agreed to defer discussion on this item to CCNFSDU42.

Agenda Item 5a and 5b: Proposed Draft Guideline for Ready-to-Use Therapeutic Foods (RUTF): India was of the view that the list shall be aligned with category 13.3 (FSMP) and developed as requirements of RUTF and no blanket approval of 13.3 is recommended as it contains many additives including GMP category also. Accordingly, Committees decision regarding limitation of additives used in RUTF by a closed list of additives was welcomed by Delegations including India. For the composition table for RUTF, India intervened and expressed the concern that since the nutritional requirements of SAM Children were based on weight of a child the proposed values for many minerals are exceeding the tolerable upper intake level (TUL) which is a safety concern. However, the Chairperson, mentioned that RUTF was a short term intervention for children with SAM, and that the TUL values were more applicable to a target population of healthy people and long-term intake of nutrients.

Further, India’s intervention in the preamble to revise the text as ‘RUTF was one of the options of dietary management of children with uncomplicated SAM from 6-59 months’ and to delete the text suggesting the use of the product for other age groups which is contradiction with the already finalised scope which clearly mentions that it is for 6 to 59 months has been agreed by the Committee. India also supported WHOs view that preamble of guidelines for RUTF shall refer to relevant WHO and WHA codes and resolutions. However, due to time constraints the whole preamble was kept in square bracket.

Committee recommended that the labelling of RUTF for children from 6 to 59 months with SAM be in accordance with the Standard for the Labelling of and Claims for Foods for Special Medical Purposes (CXS 180-1991), the General Standard for the Labelling of and Claims for Pre-packaged Foods for Special Dietary Uses (CXS 146-1985), and Guidelines on Nutrition Labelling (CXG 2-1985). During the discussion, India had made an intervention and pointed out that mentioning only 4.4 of CXS 180-1991 would leave many other requirements and hence 4.5 of CXS 180-1991 should also be covered which was agreed by the Committee. Further, India supported by UNICEF, ENCA requested Committee to mention that no health
claims are permitted for these products. The Chairperson clarified that the provision is already covered by the references mentioned and no need to explicitly cover again.

The Committee agreed to advance the guidelines for Ready-to-Use Therapeutic Foods to Step 5 for Adoption by CAC42 and forward the provisions for labelling to CCFL for endorsement; and forward the food additives to CCFA for endorsement.

**Agenda Item 7: Proposed draft definition for Bio fortification:** India supported the view expressed by some countries to retaining the definition with the suggested footnotes for the reason that Biofortification may become a method in future to address micronutrient deficiencies and the definition developed would be useful as a good reference for national authorities while developing bio fortified foods. However, the Committee recommended to discontinue this work in view of CCFLs clarification that current labelling texts were adequate for CCFL purposes and there was no need for a definition on biofortification in the context of food labelling and Committee also unable to find suitable purpose in context of Codex work.

**Agenda Item 8: Discussion paper on NRVS-R for older infants and young children:** As India has already specified RDA for different nutrients including protein for these age groups, India supported the work along with other delegations. Many delegations including India expressed the view that it should be applicable to all foods intended for the specified age group and it should be made available under Guidelines on Nutrition Labelling rather than specifying under individual standards. The Committee agreed to mention the same under Guidelines on Nutrition Labelling and further suggested that once the NRVs-R was established consideration should be given to how they were presented. Overall committee agree to continue its work on NRVs-R for older infants and young children and established an eWG to develop general principles to guide the establishment of NRVs-R for persons aged 6 to 36.

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