56th Joint Coordination Meeting of Arab and CCNE Codex Contact Points

PREPARATION FOR THE 45th SESSION OF THE CODEX ALIMENTARIUS COMMITTEE On NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU)

October 28, 2026

Agenda item 4: NRVs-R for persons aged 6–36 months

CX/ NFSDU 26/45/4
CX/ NFSDU 26/45/4 Add.1
CX/ NFSDU 26/45/4 Add.2

Presented by: Dr. Maha HOTEIT - Lebanon

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Agenda Item 4: Where we stand

Nutrient	6–12 mo	12–36 mo	6–36 mo	EWG status
Vitamin C (mg)	30	30	30	Agreed
Vitamin K (µg)	10	13	12	Agreed
Folate (µg DFE)	80	120	100	Agreed
Vitamin B12 (µg)	0.90	1.2	1.1	Under discussion
Biotin (µg)	6	14	10	Agreed
Magnesium (mg)	80	105	90	Under discussion
Iron (mg)	11	7	9	Under discussion
Selenium (µg)	15	15	15	Agreed
Manganese (mg)	0.50	0.50	0.50	Under discussion
Phosphorus (mg)	165	235	200	Agreed

10 nutrients proposed at Step 4

6 unanimously supported in the EWG

4 still under discussion: B12, Mg, Fe, Mn

Key dates

27 Oct 2026: Virtual working group

2–6 Nov 2026: CCNFSDU45, Nuremberg

Source: CX/NFSDU 26/45/4 (Table 2), Add.1 and Add.2

Four nutrients still under discussion

B12

Vitamin B12

0.90 / 1.2 / 1.1 µg (6–12 / 12–36 / 6–36 mo)

Divergence: EU and Norway favour 1.2 µg for older infants; UAE, Lebanon and ISDI support 0.90 µg.

Proposed position: Support the 0.90 µg compromise; ask for a written rationale for using the mean.

Mg

Magnesium

80 / 105 / 90 mg

Divergence: Combined 92.5 mg was rounded down to 90 mg; the EU prefers 95 mg.

Proposed position: Accept 90 mg if the rounding is justified, otherwise 95 mg; footnote that the 65 mg UL is supplemental only.

Fe

Iron

11 / 7 / 9 mg

Divergence: Values agreed; views split on stating the 10% absorption basis (New Zealand and Norway against).

Proposed position: Support the values with a footnote stating the 10% absorption basis.

Mn

Manganese

0.50 / 0.50 / 0.50 mg

Divergence: 0.50 mg was not consulted on in CP3; Egypt and Saudi Arabia back 0.50 mg, the UAE 0.83 mg.

Proposed position: Support 0.50 mg; record why it was lowered from 0.83 mg.

Cross-cutting points to raise

Phosphorus safety benchmark

~~3000 mg~~

↓

≈344 mg

older infants, 6–12 months

≈476 mg

young children, 12–36 months

Replace the Table 2 figure with the EFSA phosphate ADI used at Step 6 (EU, Colombia, Morocco, UK). The proposed NRVs-R stay below it.

1. **Inconsistent rounding**

   Half-values were rounded up for biotin, B12 and phosphorus but down for magnesium. Confirm the rule's source and how ties are handled.

2. **Combined 6–36-month values**

   Add a footnote on how they are derived, and guidance on when combined or age-specific values apply on labels.

3. **Labelling references, not composition targets**

   State that NRVs-R set no minimum or maximum content; keep consistent with Agenda Item 5.

4. **Editorial corrections**

   Paras 39, 70 and 139–140; Add.1 Tables 6, 9 and 10 (median vs mean, 234 → 235 mg, UL statements).

Proposed regional position and next steps

SUPPORT	Values for vitamins C, K, folate, biotin, selenium and phosphorus; the updated NIHN 2020 and NCM 2023 DIRVs
SUPPORT	B12 0.90 / 1.2 / 1.1 µg · Mg 80 / 105 mg · Fe 11 / 7 / 9 mg · Mn 0.50 mg
REQUEST	Corrected phosphorus benchmark; UL footnotes for magnesium and folate; 10% absorption footnote for iron; recorded rationale for manganese
REQUEST	Labelling guidance for combined values; implementation guidance and a transition period (UAE); editorial fixes

Suggestions for regional discussion; final positions rest with competent national authorities.

Next steps

27 Oct 2026

Virtual working group: raise points via Egypt and Saudi Arabia (EWG members) and other members

Before the session

VWG report issued as a CRD; review and update the regional position

2–6 Nov 2026

CCNFSDU45, Nuremberg: aim to complete the work; align with Agenda Item 5

After adoption

National implementation with coordinated timing and a transition period

Agenda item 5: Draft Standard for Foods for Older Infants and Young Children

CX/ NFSDU 26/45/5
CX/ NFSDU 26/45/5 Add.1

Presented by:
Dr. Mervat A. FOAD - Egypt
Dr. Mohamad ALSHEHABI - Syria

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Background

- At CCNFSDU44 (October 2024), the United States proposed a new standard for foods for older infants and young children, intended to replace CXS 73-1981 (Canned Baby Foods) and CXS 74-1981 (Processed Cereal-Based Foods).
- CAC47 approved the new work in November 2024. An Electronic Working Group chaired by the USA and co-chaired by the EU, Kenya and Panama developed the draft.
- Two consultation rounds (May 2025 and June 2026) revealed differing views on the standard's structure and how essential composition should be defined.The initial food-group-based approach prompted discussion of nutrient-based, product-category or combined approaches.
- The draft is at Step 4 for CCNFSDU45 (2–6 November 2026). Key issues include scope and definitions, whether beverages and humanitarian-aid foods are covered, and the scientific basis and feasibility of compositional requirements.

Source: CX/NFSDU 26/45/5, August 2026.

Analysis

1. SCOPE

1.1 Foods prepared according to this standard are intended for **[healthy]** older infants and young children.

- There was support for the text in section 1.1 except for the use of the term [healthy]
- - "Healthy": retain to distinguish general foods from medical products, or remove to avoid unnecessary restrictions.
- - Proposed exclusions: products covered by existing Codex texts on formulas, therapeutic foods, formulated complementary foods and supplements.

- ***The term "healthy" has been included in sections 1.1 and 1.2 in square brackets for further consideration by the committee.***

1.2 [**Formulated complementary foods for older infants and young children (CXG 8-1991), Vitamin and Mineral Food Supplements (CXG 55-2005).] [Foods not specifically [intended/presented as suitable for/marketed to] for older infants and young children are out of scope.] [Products considered to be breastmilk substitutes or [other beverages] provided to [healthy] older infants or young children are out of scope.]**

1. Scope

1.2

- **[Formulated complementary foods for older infants and young children (CXG 8-1991), Vitamin and Mineral Food Supplements (CXG 55-2005).]**

- Agreement of 1.2 made clear which Codex standards are not in scope for this standard. Proposal of a addition of Humanitarian-aid foods within the scope.

- **Terminology**: clarify "**intended for," "presented as suitable for**" or "**marketed to**."
- Addition of Humanitarian-aid foods within the scope.

[breast milk substitutes]

- More clarification is needed around breast milk substitutes. clarify whether references to existing standards sufficiently address their exclusion.

[**Beverages]:**

- - Some members and observers favor fruits and vegetable juices and other nutrient-rich beverages; require inclusion .
- The Committee will need which categories should be included.

1.2 has been placed in square brackets for further consideration/input from the committee

1.3 Section 1.3 has been amended with two different options in brackets for consideration.

- Option 1: only compliant foods should be marketed or presented as suitable.
- Option 2: non-compliant foods should not be marketed or presented as suitable.

2. Agreement term 'Description' rather than 'Definitions'

2.1 Product Definition: Term [beverages] in 2.1.1 and 2.1.2 for further consideration

2.2 Other Definitions

2.2.3 Definitions: define "marketed as suitable for," if retained

2.2.4 [The term Food Groups] has been added based on feedback from some Members and Observers.

Recommendations

PROPOSED POSITIONS ON SCOPE AND DEFINITIONS

1.1 "Healthy": Remove "healthy" while keeping the explicit exclusion of special medical formulas.

1.2 Scope terminology: Support the terms "intended for or presented as suitable," consistent with terminology used in Codex texts.

1.2 Breast-milk substitutes: Retain the explicit exclusion of breast-milk substitutes.

1.2 "Other beverages": Consider including specified beverage categories,such as fruit and vegetable juice and other nutrients- rich beverages, subject to nutritional justification and appropriate safeguards.

1.3 Suitability: Support Option 1, which establishes a positive condition that foods must meet to be marketed as suitable for the target age groups.

2 "Description": Retain "Description" rather than "Definitions."

2.2.3 "Marketed as suitable for": Define this term only if it is retained in the standard.

2.2.4 "Food groups" : Defer this definition until the compositional framework is clarified.

Recommendations

1. Agree on the standard's purpose, scope and general principles before finalizing detailed compositional requirements.

2. Request transparent scientific justification for nutrient reference values and thresholds, supported by dietary modelling and relevant national or regional data where available.

3. Clarify the compositional approach (product categories, food groups or a combination), including criteria for "meaningful amounts" and practical compliance methods.

4. Ensure clear scope boundaries and consistent terminology, including the treatment of foods supplied through humanitarian aid.

5. Assess sodium, sugars, protein, lipids and energy density together; seek evidence on nutritional impact and feasibility. Treat illustrative consultation values as provisional, not agreed limits.

6. Support focused intersessional work to resolve outstanding policy and technical questions and identify evidence needs before the next drafting stage.

Proposed CCNE message: support a clear, science-based and practical standard, without endorsing numerical limits until their rationale and feasibility are demonstrated.

These recommendations are indicative and are not an official Codex position.

Agenda item 6: Technological Justification for Several Food Additives

CX/ NFSDU 26/45/6

Presented by: Dr. Nada EL DARRA - Lebanon

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Item 6 at a glance

Six EWG recommendations on technological justification and outstanding evidence

6
EWG recommendations for CCNFSDU45

4
Additive groups supported with clarifications

1
INS 1205 infant formula: non-endorsement

1
INS 1205 other foods: further discussion

Process so far and next steps

2024

CCNFSDU44 concludes batch-2 review and requests further work

2025–2026

EU-chaired EWG collects use data and conducts four consultation rounds

24 Oct 2026

Regional expert group discusses technical analysis and proposed positions

2–6 Nov 2026

CCNFSDU45 considers six EWG recommendations in Nuremberg

Source: CX/NFSDU 26/45/6, paras 1–35; Annexes 1 and 2

Proposed outcomes: four justified, two INS 1205 decisions

EWG recommendations for infant formula and other infant/young-child foods

Additive / INS	Function	Conditions	Reported use	EWG proposal	Regional question
L(+)-lactic acid / 270	Acidity	GMP; Note 83	Up to 1,200 mg/kg	Rec. 1: justified	Need by formula?
Lecithin / 322(i)	Emulsifier	5,000 mg/L*; Note 585	500–5,000 mg/L	Rec. 2: justified	Combined use?
Citric acid / 330	Acidity	GMP; Note 55	0.02–850 mg/L	Rec. 3: justified	Lowest effective?
Citrates / 331, 332	Buffer / acidity	GMP; Note 55	0.1–12,000 mg/L	Rec. 3: justified	Mineral intake?
Mono-/diglycerides / 471	Emulsifier	4,000 mg/L*; Note 585	20–6,000 mg/L	Rec. 4: justified	Upper use > limit
INS 1205 / formula	Carrier / coating	CXS 72-1981	Safety data absent	Rec. 5: not justified	No safety commitment
INS 1205 / other foods	Encapsulation	Other infant texts	Evidence needed	Rec. 6: discuss	Efficacy / exposure

* “Maximum levels of 5,000 mg/L (INS 322(i)) and 4,000 mg/L (INS 471) are expressed in the product as consumed.”

Source: CX/NFSDU 26/45/6, paras 19–35; Annexes 1–2. Reported levels are not necessarily Codex maxima.

Four additive groups need regional attention

L(+)-lactic acid (INS 270)

Acidity regulator under GMP; only L(+)-form (Note 83).

Use may be specific to acidified formulas;

Suggested stance: Support; request formulation-specific evidence

Lecithin (INS 322(i))

Emulsification and nutrient distribution; 5,000 mg/L* maximum.

Combined use with INS 471 must satisfy Note 585.

Suggested stance: Support; clarify levels and combined use

Citric acid and citrates (INS 330/331/332)

pH control, buffering and mineral stability; GMP and Note 55.

Wide reported citrate use: up to 12,000 mg/L*.

Suggested stance: Support; clarify necessity and mineral totals

Mono-/diglycerides (INS 471)

Emulsifier; 4,000 mg/L* maximum; Note 585 with lecithin.

Reported use up to 6,000 mg/L* requires explanation.

Suggested stance: Support; clarify exceedance and impurities

*in the product as consumed.

Source: CX/NFSDU 26/45/6, paras 19–30; Annex 1; GSFA Notes 55, 83 and 585

Clarify the evidence, and read the decisions in our context

Outstanding technical and regulatory questions

- INS 1205 in formula: non-endorsement follows absent infant safety-data commitment; it does not prove no function.
- INS 1205 in other foods: request encapsulation efficacy, vitamin A retention, exposure and alternatives.
- Note 585: sum of fractions of lecithin and INS 471 maxima must be ≤1.
- Note 55: citrate salts must respect sodium, calcium and potassium limits.
- Technological justification is distinct from JECFA infant safety assessment.

Why it matters for Arab and CCNE countries

- Regional temperature and distribution conditions may affect nutrient stability.
- Test vitamin A retention under realistic local storage conditions.
- Collect formulation, exposure and additive-use data from regional markets.
- EWG participation was limited: 7, 2, 7 and 4 submissions in four rounds.
- EFSA infant guidance is complementary—not a JECFA conclusion or Codex limit.

Sources: CX/NFSDU 26/45/6, paras 6–35; Annexes 1–2; EFSA Scientific Committee (2017)

Suggested regional position for the VWG and CCNFSDU45

Support as proposed	Support with clarification	Ask for further evidence
• Rec. 1: INS 270 under GMP, L(+)-form only (Note 83). • Rec. 2: INS 322(i), 5,000 mg/L* (Note 585). • Rec. 3: citric acid/citrates under GMP (Note 55). • Rec. 4: INS 471, 4,000 mg/L* (Note 585).	• Request lowest effective levels and formulation-specific need. • Clarify reported INS 471 use up to 6,000 mg/L*. • Check combined emulsifier and mineral restrictions. • Keep JECFA infant safety assessment separate.	• Rec. 5: support non-endorsement of INS 1205 in formula. • Rec. 6: continue discussion for other infant foods. • Request efficacy, vitamin A stability, exposure, safety and alternatives.

*Maximum levels are expressed in the product as consumed.

Next steps

24 Oct	27 Oct	28 Oct	2–6 Nov
Expert group review	Virtual working group	Regional coordination	CCNFSDU45 session



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