

Report from the Thai Codex Meeting

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The best way to describe the 28th Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) meeting is as a national *and* geographic polarization. Most delegations are made up of government officials and interested parties – in other words the industry affected by the laws on food, health claims, and labeling being discussed. The health interests of the consumer do not come first and this is why the attendance and interventions from the International Non-Governmental Organizations (INGOs) is so important.



The National Health Federation delegation for the Codex Committee on Nutrition and Foods for Special Dietary Uses (28th Session), Chiang Mai, Thailand on October 30 - November 3, 2006 From left: Dr. Robert Verkerk (UK), Ingrid Franzon (Sweden), and Dr. Wong Ang Peng (Malaysia).

In particular, the National Health Federation was there in order to monitor this meeting and to provide an alternative viewpoint on food-standard issues – such as risk assessment – that would otherwise be sorely missing. It was a new challenge for me to head the NHF delegation to this year's meeting and I was ably supported by NHF's science advisor Dr. Robert Verkerk from the United Kingdom and NHF member Dr. Wong Ang Peng from Malaysia. The three of us initiated heated discussions at the meeting that illuminated the need for Codex standards to better consider consumers' metabolic, national, and geographic differences. As always, the NHF delegation definitely stands out from the crowd.

Codex Meetings

Codex Alimentarius comes under the direction of two United Nations organs: the Food and Agriculture Organization (FAO) and the World Health Organization (WHO). The tasks assigned to Codex are in turn carried out by various committees

such as the CCNFSDU, which are assigned to work out compromise solutions on issues on food, ones that all countries can live with. That is the intention; but it is not an easy task considering the geographic location, lifestyle, and diet of the World's participating countries. Decisions are made at Steps from 1 to 8, where Step 8 signifies finalization. After ratification by the Codex Commission, the proposition has to be implemented in import and export laws in all member states. In time, this will also come to affect national products.

Discussions with other INGOs present were enlightening. Some INGOs think that the decisions made will not concern their country. In other words, they believe that they can participate in forming Codex policy for the rest of the world, but be exempt from enforcing it in their own. Imagine what that would be like, a country that chooses not to implement Codex will no longer be able to import or export from other Codex countries. Surely this will in turn also affect everything produced in this country in the end – if this country is not to be totally isolated?

Those of us who believe in health freedom in the industrialized world tend to see Codex as a restrictive body. It was interesting to see some of the upsides of Codex in discovering how small industries in Thailand have been enabled by Codex. But the biggest question in my mind is whether or not Codex enables growth and development while at the same time imposing the industrial world's restrictive "benefits" on the rest of the World – and all the while making sure that national and industrial interests in the developed countries are prioritized.

Agenda Items of Interest

This particular Codex meeting offered several agenda items of interest: the World Health Organization's Global Strategy on Diet, Physical Activity and Health, nutrient risk assessment, health claims, and Nutrient Reference Values (NRVs), the last of which currently seems the most likely candidate to replace Recommended Daily Allowances (RDAs) for vitamins and minerals.

The NHF has also been taking an active part in the Working Group on risk assessment, a discipline that is being earmarked to become the key scientific justification for potential future bans on dietary supplements. Current risk-assessment methods are flawed and biased, so methodologies that are scientifically rational are urgently required and were central to the NHF's interventions in the discussions held during this year's meeting.

The Infant Formula Problem

One of the more interesting discussions that took place during the committee meetings had to do with fatty acids in infant formula for special needs. The Japanese delegate questioned why the proposed levels of arachidonic acid in infant formula were set to be no less than the levels of DHA. He pointed out that there is exceedingly little arachidonic acid in the breast milk of Japanese mothers and opposed the addition of

arachidonic acid in the formula as the proposed formula would force Japanese children to consume levels of arachidonic acid that are foreign to their race and culture.

The U.S. delegation claimed that American research shows that the levels of DHA and AA should be the same. One can also wonder if the high levels of arachidonic acid in the breast milk of mothers from industrialized countries could be as a result of their diet. After considerable discussion, the CCFSDU Chairman Dr. Grossklaus finally came to the conclusion that the committee had reached a consensus and decided in favor of DHA and AA remaining at the same level. Although the microphone was turned off, the whole assembly could hear the voice of the Japanese delegate shouting “No, no, no, no!”

At this point the Chairman made an unprecedented decision. He ruled that Japan (read, any country) should be allowed to follow its national custom and not be forced to use the internationally-produced infant formula. Even this is prohibitive for some nationalities; and as the African delegate from Benin pointed out, Japan may be able to make its own infant formula, but Benin is at the mercy of the producers. Benin expressed deep concern that the nutrients in infant formula should be as similar to real breast milk as possible.

The Japanese delegate was still broken at the coffee break that followed. Shaking his head, he said, “I don’t understand why they don’t listen to me!” This, almost as much as anything, was a sad example revealing the real backside of Codex. The countries with the strongest industrial and political power tend to get their voices heard, and at this particular meeting these were the United States and the European Union (EU). Decision by consensus is dependant upon voices being raised and opinions being heard. Language, culture, and understanding of the issues are dependant on so many things.

Despite the negative aspects of this discourse, this was in fact an unprecedented event for one particular aspect of health freedom! It was now the second time during the Codex meeting in Chiang Mai that we saw a move to accept an individual interpretation or ruling. Earlier in the meeting it was generally stated that if a child could tolerate the formula at the recommended dose, then the Guidance Upper Limits (GULs) would not have to be adhered to. In other words, any child who can consume the formula without ill-effect can therefore drink as much of the formula as the child (or mother) wishes without regard to whether the GULs have been exceeded. For Codex, this was a brave act indeed.

In fact, even more, the Committee did on the other hand succeed in establishing – perhaps unwittingly – a concept important to health freedom. NHF pointed this out, and for the record it is stated in the Codex Report at paragraph 28 that, “*With reference to the question of upper levels, the Observer from NHF supported the principle that ‘when children have already adapted well to the formula, there is no need to follow the upper limit’ and proposed that it should be applied to food supplements for all age groups.*”

The Chairman Misallocates Time

This infant-formula item finished at a Step 8, but blocked several other important issues from being addressed, that some delegations had traveled halfway round the World to take part in. Because the CCNFSDU discussions on infant formula and foods occupied some 75% of the Committee's time and energy, certain critical agenda items concerning health claims, NRVs, and risk assessment ended up getting the short end of the stick – only one-and-a-half hours the evening of the final session and even then only because the meeting was extended!

Was this marginalization intentional? Some have speculated that the continued low priority for these agenda items over successive CCNFSDU meetings is perhaps being orchestrated by Codex in order to allow the European Commission to make more progress in finalizing its own regulations in these areas. Once the Commission's own regulations are completed, it is said, they would then serve as the model for future Codex standards. NHF and other delegations are considering handing in a formal complaint about the lack of chairmanship that leads to this marginalization year after year.

Nevertheless, despite the marginalization of key agenda items, the NHF considers the earlier discussion on infant formulas to have generated an unexpected and important precedent – one that also affects future laws on food supplements. The EU and Codex are attempting to create rigid, "one size fits all" international guidelines for food-supplement ingredients, while the NHF believes that this approach fundamentally goes against individual and national rights and needs on the grounds of geographic, genetic, and metabolic differences. We shall see which view prevails.