



Expert committees and study groups¹

Report by the Secretariat

EVALUATION OF CERTAIN FOOD ADDITIVES

**Sixty-fifth report of the Joint FAO/WHO Expert Committee on Food Additives²
Geneva, 7-16 June 2005**

Main recommendations

1. The Committee made recommendations on the safety of several food additives and flavouring agents and prepared or reviewed specifications for a number of them. It also made several general recommendations, in particular on the principles of safety assessment of flavouring agents and enzymes produced by genetically modified organisms.
2. The Committee evaluated a total of 12 food additives and ingredients, five of them for specifications only. Acceptable daily intakes were established.
3. Summaries of the toxicological and related information on which the safety assessments of the compounds were made, and of the identity and purity of food additives and flavouring agents will be published, respectively, by WHO in its Food Additives Series, and FAO, in its compendium of food additive specifications.

Significance for public health policies

4. The Committee's work identifies and, if possible, quantifies the public health significance of additives and flavouring agents in food through a scientific assessment of risk. It highlights the complexity of the process, which includes collating and analysing all relevant data; interpreting studies of, for instance, carcinogenicity, genotoxicity, reproductive toxicity and teratogenicity; extrapolating to human beings the effects observed in experimental animals; and characterizing hazards to human beings, on the basis of available toxicological and epidemiological data.

¹ The Regulations for Expert Advisory Panels and Committees provide that the Director-General shall submit to the Executive Board a report of expert committees containing observations on the implications of the expert committee reports and recommendations on the follow-up action to be taken.

² WHO Technical Report Series, No. 934, 2006.

5. Although all Member States face the problem of assessing potential risks from chemicals in food, only a few national or regional scientific institutions can assess the relevant toxicological and related data. Member States therefore need to be provided with valid information on both the general aspects of risk assessment and the specific evaluations of food additives and flavouring agents covered in this report. The Committee's complex work in reaching an international consensus on the evaluation of these compounds means that no other body has comparable influence on public health decisions related to food safety.

6. The Committee's recommendations are used by the Codex Alimentarius Commission for setting international food safety standards. Such values are established only for substances that have been evaluated by the Committee and allocated an acceptable daily intake or other relevant safety statement, so ensuring that food commodities in international trade meet strict safety standards.

Implications for the Organization's programmes

7. The evaluation of chemicals in food by the committee is a continuing activity, and four meetings (three on food additives and contaminants, and one on residues of veterinary drugs in food) are scheduled for 2006-2007.

8. Who is a partner in the Joint FAO/WHO Food Standards Programme, which administers the Codex Alimentarius Commission. The Committee's work is crucial for the Commission.

9. Regional offices and WHO Representatives also make use of the Committee's evaluations when advising Member states on food safety regulatory programmes.

WHO EXPERT COMMITTEE ON SPECIFICATIONS FOR PHARMACEUTICAL PREPARATIONS

Fortieth report

Geneva, 24-28 October 2005¹

Main recommendations

10. The areas covered by this Committee are extensive and range from good manufacturing practices and regulatory guidance texts (on, for example, interchangeability of medicines, fixed-dose combination products and stability testing) to counterfeit and substandard medicines. The Committee made numerous specific recommendations on quality assurance which are detailed in the relevant sections of the report.

11. The Committee emphasized the importance of making sufficient resources available for these core normative functions of the Organization, in order to avoid duplication and sustain efforts worldwide.

12. The Committee adopted and recommended for use several new standards and guidelines, for example on good manufacturing and distribution practices (see Annex), as well as monographs for

¹ WHO Technical report series, No. 937, in press.

inclusion in *The International Pharmacopoeia* on antiretroviral agents (abacavir sulfate, efavirenz, lamivudine, stavudine, zidovudine, nelfinavir mesilate tablets, nelfinavir mesilate oral powder, saquinavir mesilate capsules) and antituberculosis medicines (rifampicin tablets, rifampicin capsules, rifampicin + isoniazid tablets, rifampicin + isoniazid + pyrazinamide + ethambutol HCl tablets, isoniazid + ethambutol HCl tablets, and rifampicin + isoniazid + pyrazinamide tablets). In addition, the Committee adopted revisions of the WHO guide on stability testing, the previously adopted list of comparators products to be published on the Internet in order to ease its regular updates, and several test methods for quality control of medicinal plant materials previously published.¹

Significance for public health policies

13. Increasing trade and commerce, as well as new supply routes of medicines, require new approaches to quality assurance in production and distribution worldwide. Reports of counterfeit and substandard medicines are constantly increasing in developing and developed countries. Problems in quality assurance of pharmaceuticals persist and vigorous implementation of good manufacturing and distribution practices is a prerequisite for prevention. A waste of money for the people who buy them, substandard medicines and counterfeit drugs can prolong treatment period, increase the emergence of drug resistance, exacerbate the conditions being treated, and even cause death. The statutory advice and recommendations provided in the Committee's report can help national authorities, in particular drug regulatory authorities, procurement agencies, and United Nations organizations and partnerships such as UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to combat these problems.

14. Without making headlines, the international guidelines, specifications and nomenclature developed under the aegis of the Committee serve all Member States, international organizations, United Nations agencies, and regional and interregional harmonization efforts and underpin important initiatives such as WHO's Prequalification project for medicines, the Global Malaria Programme, tuberculosis work and the "3 by 5" initiative. The aim is to provide technical and independent advice on quality assurance for essential medicines and those medicines used in the treatment of large populations for which often no international quality requirements are publicly available.

15. Medicines and laboratories could not be prequalified without the set of guidelines, standards, specifications and new guidance texts which were adopted by this Committee after a rigorous consultative process. Conversely, the Prequalification project provides valuable feedback to the Committee. Furthermore, members of drug regulatory authorities participating in the project obtain practical experience in joint inspections and joint regulatory assessment activities involving both developed and developing countries. Those practical aspects may be further passed on in training workshops.

Implications for the Organization's programmes

16. The Organization must continue to promote implementation of quality assurance tools and systems for medicines. It must also lead and coordinate international efforts to define and harmonize clear, independent and practical standards and guidelines for medicines, particularly in view of cross-border health issues and the increasingly international dimensions of trade. Patients' health should not be put at risk through substandard medicines; awareness needs to be raised that medicines have to be

¹ *Quality control methods for medicinal plant materials*. Geneva, World Health Organization, 1998.

of sufficient quality. Public and private resources should not be wasted on medicines that might be inefficient or even harmful.

17. Through a global approach the Organization will be able to act locally in assuring acceptable quality of medicines to protect patient safety. Internationally agreed standards in quality assurance will serve, not only within WHO, but also for other international, regional and national agencies and initiatives dealing with medicines. The new tools adopted for quality assurance will be used throughout the Organization in programmes dealing with medicines.

18. WHO should make good use of all its resources so that patients have access to good-quality medicines when they need them. Its priority objective must be to provide support, in the form of tools that will help to ensure the safety, efficacy and sufficient quality of medicinal products for maintaining and improving public health, to Member States and other parties involved in the supply of medicines.

ANNEX

Standards and guidelines adopted by the WHO Expert Committee on Specifications for Pharmaceutical Preparations

Available International Chemical Reference Substances

Supplementary guidelines on good manufacturing practices for heating, ventilation and airconditioning systems

Good manufacturing practices: supplementary guidelines on good manufacturing practices for the manufacture of herbal medicines (revision)

Good manufacturing practices: validation

Good distribution practices for pharmaceutical products

Model quality assurance system for assessment of procurement agencies

Guidelines on registration requirements to establish interchangeability of multisource (generic) pharmaceutical products (revision)

Proposal to waive in vivo bioequivalence requirements for the WHO Model List of Essential Medicines, immediate release, solid dosage forms

Guidelines for organizations performing in vivo bioequivalence studies

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