
Reports of advisory bodies

Expert committees and study groups¹

Report by the Director-General

EVALUATION OF CERTAIN CONTAMINANTS IN FOOD

Eighty-third report of the Joint FAO/WHO Expert Committee on Food Additives, Rome, 8–17 November 2016²

Main recommendations

1. The report contains the Expert Committee's evaluations of technical, toxicological, epidemiological, occurrence and dietary exposure data for six food contaminants (four naturally occurring toxins: aflatoxins, 4,15-diacetoxyscirpenol, fumonisins and sterigmatocystin; and two process contaminants: glycidyl esters and 3-chloropropane-1,2-diol esters), as well as the health impact of co-exposure of aflatoxins with fumonisins.
2. The report presents the Expert Committee's conclusions on the health implications of these contaminants from exposure through food, and identifies key exposure sources and prevention and control measures to reduce human exposure. Detailed information is provided on the occurrence of these contaminants in the food supply globally, and estimated exposure at the national and global levels.
3. The report also presents general considerations and guidance on the principles governing the health risk assessment of dietary exposure to food contaminants.
4. The assessments and recommendations by the Expert Committee will be discussed by the Codex Committee on Contaminants in Foods in order to provide recommendations to national authorities on appropriate risk management and risk-mitigation measures to reduce human exposure, where necessary.

¹ The Regulations for Expert Advisory Panels and Committees provide that the Director-General shall submit to the Executive Board a report on meetings 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. 1002 (<http://apps.who.int/iris/bitstream/10665/254893/1/9789241210027-eng.pdf?ua=1>, accessed 16 October 2017).

5. WHO will publish detailed monographs in the WHO Food Additives Series of the toxicological, epidemiological and other related information upon which the health risk assessments of the compounds were based.

EVALUATION OF CERTAIN FOOD ADDITIVES

Eighty-fourth report of the Joint FAO/WHO Expert Committee on Food Additives, Rome, 6–15 June 2017¹

Main recommendations

6. The report contains the Expert Committee's evaluations of technical, toxicological and dietary exposure data for nine food additives (Brilliant Blue FCF; β -carotene-rich extract from *Dunaliella salina*; Fast Green FCF; gum ghatti; Jagua (Genipin–Glycine) Blue; metatartaric acid; tamarind seed polysaccharide; tannins (oenological tannins); and yeast extracts containing mannoproteins).

7. Specifications for the following food additives were revised: microcrystalline cellulose; silicon dioxide, amorphous; sodium aluminium silicate; steviol glycosides; and sucrose esters of fatty acids.

8. The report presents general considerations and guidance on the principles governing the toxicological evaluation and assessment of dietary exposure to food additives, particularly on data requirements for products derived from natural sources.

9. The assessments, recommendations and comments by the Expert Committee will be discussed by the Codex Committee on Food Additives in order to provide recommendations to national authorities on the safe use of these food additives and to identify and recommend appropriate risk management and risk-mitigation measures to reduce human exposure, where necessary.

10. WHO will publish detailed monographs in the WHO Food Additives Series of the toxicological and other related information upon which the safety assessments of the compounds were based. FAO publishes summaries of the identity and purity of food additives.²

Significance for public health policies³

11. The Expert Committee identifies and, where possible, quantifies the public health significance of exposure to food additives and contaminants in food through scientific risk assessment. When a health concern is identified, clear recommendations are issued for action by national governments or through the Joint FAO/WHO Food Standards Programme (the Codex Alimentarius Commission and its subsidiary bodies).

¹ WHO Technical Report Series, No. 1007 (<http://apps.who.int/iris/bitstream/10665/259483/1/9789241210164-eng.pdf>, accessed 21 November 2017).

² For further information, see the FAO website (<http://www.fao.org/food/food-safety-quality/scientific-advice/jecfa/jecfa-publications/en/>, accessed 16 October 2017)

³ The following section is applicable to both the eighty-third and eighty-fourth reports of the Joint FAO/WHO Expert Committee on Food Additives.

12. The Expert Committee's recommendations are used by the Codex Alimentarius Commission in the development of international food safety standards and other guidance and recommendations. Such standards are science-based and are established only for substances that have been evaluated by the Expert Committee. This ensures that food commodities that are traded internationally meet strict safety standards to protect the health of the consumer and ensure fair practices in food trade.

13. The advice provided by the Expert Committee is also considered by Member States directly when national or regional food safety standards are being established.

14. All Member States face the problem of assessing the potential health risks of chemicals in food; however, only a few scientific national and regional institutions systematically assess all relevant toxicological, epidemiological and related data. It is therefore important that the reports of the Expert Committee provide Member States with valid information on both the general aspects of risk assessment and the specific evaluations of the food additives and food contaminants mentioned above.

15. The Expert Committee's work, in its complexity and in reaching an international scientific consensus on the evaluation of these compounds, is unique in its importance for and impact on global public health decisions related to food safety.

Implications for the Organization's programmes¹

16. The evaluation of chemicals in food by the Expert Committee is an ongoing activity. Four meetings of the Expert Committee were held or are planned in the biennium 2016–2017: in June and November 2016, and in June and October 2017.

17. In its capacity to assure the sound scientific basis for international standards and recommendations on food additives and contaminants in food, the work of the Expert Committee is crucial to the work of the Codex Alimentarius Commission, which is the principal organ of the Joint FAO/WHO Food Standards Programme.

18. The Expert Committee's evaluations are also used by Heads of WHO offices in countries, territories and areas and by regional offices when advice is provided to Member States on food safety issues.

¹ The following section is applicable to both the eighty-third and eighty-fourth reports of the Joint FAO/WHO Expert Committee on Food Additives.

TOBACCO PRODUCT REGULATION

Report of the eighth meeting of the WHO Study Group on Tobacco Product Regulation, Rio de Janeiro, 9–11 December 2015¹

19. The WHO Study Group on Tobacco Product Regulation publishes a series of reports which, in line with Articles 9 and 10 of the WHO Framework Convention on Tobacco Control,² identify evidence-based approaches to the regulation of tobacco products.

20. The eighth meeting of the Study Group focused on topics such as: characteristics of the content and appearance of cigarettes and cigarette design features; toxic chemicals found in aerosols from electronic nicotine delivery systems; toxicants in waterpipe tobacco and smokeless tobacco; and the applicability of the standard operating procedures of the WHO Tobacco Laboratory Network for measuring selected content and emission chemicals in cigarette tobacco products to electronic nicotine delivery systems, waterpipe tobacco and smokeless tobacco products.

Main recommendations

21. The report provides guidance on specific cigarette design features, as well as on testing and disclosure of the content and emissions of a wide range of smokeless and waterpipe tobacco products and of other devices such as electronic nicotine delivery systems, as summarized below.

- **Design features:** Member States should require that manufacturers and importers of tobacco products disclose information on the design features listed in Appendix 2 to the Partial Guidelines for Implementation of Articles 9 and 10 of the WHO Framework Convention on Tobacco Control to governmental authorities at specified intervals, including the results of tests conducted by the tobacco industry; require that manufacturers notify governmental authorities of any change in design features; and consider restricting or prohibiting other design features that may increase the attractiveness of tobacco products such as flavours and capsules, or that have the potential to increase addictiveness and smoke emissions.
- **Smokeless tobacco:** manufacturers should be required to disclose the pH level and levels of tobacco-specific nitrosamines, benzo[*a*]pyrene and nicotine in smokeless tobacco and to use existing technologies to reduce toxicity. In addition, regulators should consider requiring manufacturers of smokeless tobacco to improve storage conditions, such as refrigerating products before sale, affixing the date of manufacture to packaging, regulating packaging material and educating retailers on the effect of storage conditions on smokeless tobacco products.

¹ WHO Technical Report Series, No. 1001 (in preparation).

² For the text of the WHO Framework Convention on Tobacco Control, see <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1> (accessed 16 October 2017).

- **Waterpipe tobacco:** regulators should consider implementing an approach that focuses initially on measuring and reporting the chemical content of waterpipe tobacco products, and is subsequently expanded to selected chemicals and toxicants in emissions as the assessment and analytical methods for the content and emissions of waterpipe tobacco are internationally validated. Regulators could also require that manufacturers report on ingredients in waterpipe tobacco and expand smoking bans to include waterpipe tobacco products.
- **Electronic nicotine delivery systems:** manufacturers should provide specifications of the characteristics, fluids and methods for aerosol formation of such systems, including microchip processors and forms of high technology. All products should meet statutory consumer safety and quality standards and be sold in child-proof packaging, be non-refillable and be made for single use to avoid abuse and decrease the possibility of misuse. Sufficient data exist to support the extension of existing and pending standard operating procedures of the WHO Tobacco Laboratory Network to nicotine, humectants (solvents), carbonyls, benzo[*a*]pyrene and tobacco-specific nitrosamines in liquids and aerosols used in electronic nicotine delivery systems. The public health community should also examine metals to determine if there is a potential associated health risk.

Significance for public health policies

22. The Study Group's report provides helpful guidance in understanding the content, emissions and design features of selected products such as smokeless tobacco, waterpipes and electronic nicotine delivery systems, and highlights the public health impact of their toxicants or features.

Implications for the Organization's programmes

23. The report fulfils the Study Group's mandate to provide the Director-General with scientifically sound, evidence-based recommendations for Member States about tobacco product regulation.¹

EXPERT COMMITTEE ON THE SELECTION AND USE OF ESSENTIAL MEDICINES

Twenty-first meeting of the Expert Committee on the Selection and Use of Essential Medicines, Geneva, 27–31 March 2017²

24. The twenty-first meeting of the Expert Committee on the Selection and Use of Essential Medicines was held at WHO headquarters in Geneva from 27 to 31 March 2017. The Expert Committee reviewed 92 applications.

¹ In November 2003, the Director-General formalized the status of the former Scientific Advisory Committee on Tobacco Product Regulation from a scientific advisory committee to a study group.

² WHO Technical Report Series, No. 1006 (in preparation).

Main recommendations

25. The Expert Committee recommended the addition of 30 new medicines to the WHO Model List of Essential Medicines and 25 to the WHO Model List of Essential Medicines for Children. The total number of medicines now listed on the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children is 433 and 314, respectively.

26. Following a comprehensive review of antibacterials and their use in the treatment of 21 common or severe priority infectious syndromes, 10 and 12 new antibiotics were added to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children, respectively. The categorization of antibiotics into three groups – Access, Watch and Reserve (AWaRe) – was proposed in order to ensure access to recommended first- and second-choice antibiotics (Access), optimize the prescribing of antibiotics (Watch) and reduce resistance to antibiotics (Reserve).

27. New medicines for other priority communicable diseases (HIV, hepatitis C, tuberculosis and malaria) were added to the WHO Model List of Essential Medicines, as well as medicines for cancer, cancer pain, reproductive health and anaemia resulting from chronic renal disease.

28. The establishment of three standing working groups to support future applications to the WHO Model List of Essential Medicines was recommended: a working group on antibiotics to expand work on optimal dosages and duration of antibiotic courses and support country-level implementation of the new recommendations of the WHO Model List of Essential Medicines and the “AWaRe” categorization of antibiotics; a working group on cancer medicine prioritization; and a working group on timely access to the results of all clinical trials.

Significance for public health policies

29. The updated WHO Model List of Essential Medicines can form the basis of reimbursement and procurement actions and more targeted educational activities to improve prescribing practices. This extensive update strengthens the central role of the WHO Model List of Essential Medicines in universal health coverage and supports the development of more comprehensive pharmaceutical programmes at the national level.

30. The updated WHO Model List of Essential Medicines “AWaRe” categorization of antibiotics can be viewed as an important tool to stimulate and guide optimal use of antibiotics at the country level in the fight to reduce antimicrobial resistance. In addition, it supports the global action plan on antimicrobial resistance and the One Health Approach, clearly identifying those agents that should be preserved as “last resort” antibiotics and prioritized for national policy actions.

Implications for the Organization’s programmes

31. The update of the WHO Model List of Essential Medicines and WHO Model List of Essential Medicines for Children provides WHO programmes, other United Nations organizations and Member States with a robust tool to inform the selection, reimbursement, procurement and use of medicines.

32. The WHO Model List of Essential Medicines will be made available as a modern and comprehensive online information resource, thereby facilitating its dissemination, and will be referred to as the “eEML” (electronic Essential Medicines List). In addition, the eEML will be integrated with the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems, the Anatomical Therapeutic Chemical Classification and the International Nonproprietary Names codes, in order to ensure high interoperability and potential for use in medical software and platforms.

ACTION BY THE EXECUTIVE BOARD

33. The Executive Board is invited to note the report.

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