



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.11

A58/15
4 May 2005

Infant and young child nutrition

Report by the Secretariat

BACKGROUND

1. In connection with the discussion at the Fifty-seventh World Health Assembly on infant and young child nutrition,¹ a draft resolution was proposed by the delegations of the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nepal and Palau.² The draft resolution reflected concerns regarding the ready availability and intensive marketing of breast-milk substitutes in some developing countries, and the recent findings regarding *Enterobacter sakazakii* and other microorganisms in powdered infant formula causing serious disease in infants. The draft resolution also expressed the wish to ensure that the Codex Alimentarius Commission should give full consideration to recommendations made by the Health Assembly concerning quality standards for processed foods for infants and young children.

2. Some delegations expressed reservations in view of the short time available to analyse the text of the resolution in detail. In order to allow time for further discussion, it was therefore agreed to submit the draft resolution to the Executive Board at its 115th session in January 2005, to be forwarded to the Fifty-eighth World Health Assembly for its consideration.

3. The Executive Board at its 115th session considered the draft resolution together with amendments suggested by Member States.³ On this basis, the Board revised the draft, which met with the consensus of its members. The revised draft resolution for consideration of the Health Assembly is contained in resolution EB115.R12.

DEVELOPMENTS SINCE THE 115th SESSION OF THE EXECUTIVE BOARD (JANUARY 2005)

4. The Codex Committee on Food Hygiene at its 37th Session (14 to 19 March 2005) considered the proposed draft revision of the Recommended International Code of Hygiene Practice for Foods for Infants and Children. The revision is based on the outcome of a FAO/WHO joint expert workshop on

¹ See document WHA57/2004/REC/3, summary record of the eighth meeting, section 3.

² Document A57/A/Conf.Paper No.4.

³ See document EB115/7.

E. sakazakii and other microorganisms in powdered infant formula held in 2004.¹ The Committee agreed on the need to make rapid progress on the revision and to provide for further work, to be considered at the next session of the Committee scheduled for November 2006. However, the Committee holds in abeyance progress of the revision within the Codex Step Procedure,² mainly on the grounds that there was need for further risk assessment work. The draft proposal for specific microbiological criteria for *Enterobacter sakazakii* was not discussed and was returned for further work. As a result, the draft revision of the Code could be approved by the Codex Alimentarius Commission by mid-2007 at the earliest. Approval will be possible only if the revision is finalized at the next session of the Committee, and if the accelerated procedure for Codex document approval is applied to this text.

5. The latest outbreaks related to powdered infant formula include two in France: in October 2004 with *E. sakazakii* and in February 2005 with *Salmonella* Agona. In the latest outbreak, the incriminated product was exported to 11 countries and territories. WHO's new international network of food safety authorities (INFOSAN) was activated to alert especially the authorities in countries outside the European Union about this outbreak.

GENERAL COMMENTS

6. The Codex Alimentarius Commission is a joint subsidiary body of FAO and WHO with primary responsibility for implementation of the FAO/WHO Food Standards Programme. The standard-setting functions of the Commission require a large degree of autonomy as a safeguard of the scientific integrity and credibility of the Commission's work. At the same time, the Codex Alimentarius Commission is part of the overall structure of its parent organizations and, as such, is subject to general oversight on their part. This relationship was highlighted in resolution WHA56.23, whereby the Health Assembly requested the Director-General, inter alia, "to consider means to improve the efficiency of the Codex standard-setting process by meeting the unique governance needs of Codex within the overall structure of WHO and FAO".

7. In some countries, the government entities responsible for food regulation and standard setting are not organizationally related to the public health authorities that are traditionally responsible for implementing international recommendations emanating from WHO. This has led to some degree of uncertainty on the best way to advance the health agenda, mandated by the Health Assembly through its resolutions, working under standards, guidelines and recommendations. Concern has been expressed among standard-setting bodies – a considerably broader grouping (including those from the agriculture and trade sectors) – that health policy is separate from technical standards and that the two have different purposes and different applications. It is thought that although wider technical standards may be mindful of, or responsive to, health policy directives, they also have to take account of other aspects of risk management including practicability, and economic and legal matters.

8. With respect to the risks associated with *E. sakazakii* and other microorganisms in powdered infant formula, after reviewing the available scientific information, the FAO/WHO joint expert workshop concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and

¹ *Enterobacter sakazakii* and other microorganisms in powdered infant formula. Geneva, FAO/WHO, 2004 (Microbiological Risk Assessment Series, No. 6).

² See Joint FAO/WHO Food Standard Programme, Codex Alimentarius Commission. Procedural Manual, fourteenth edition. Rome, FAO/WHO, 2004.

Salmonella has been a cause of infection and illness in infants, including severe disease that could lead to serious developmental sequelae and death.

9. *E. sakazakii* has caused disease in all age groups. From the age distribution of reported cases it is deduced that infants (children less than one year old) are at particular risk. Among infants, those at greatest risk of *E. sakazakii* infection are neonates (first 28 days), particularly preterm infants, low birth-weight infants, or immunocompromised infants. Infants of HIV-positive mothers are also at risk, because they may be more likely to receive infant formula and, if they are HIV-positive, are more susceptible to infection. Feeding of infants of HIV-positive mothers, and of low-birth-weight infants, may be of particular concern for some developing countries, where the proportion of such infants is higher than in developed countries. Powdered infant formula that meets current standards is not a sterile product and may occasionally contain pathogens. The workshop did not identify a feasible method, using current technology, to produce commercially sterile powders or completely eliminate the potential for contamination.

ACTION BY THE HEALTH ASSEMBLY

10. The Health Assembly is invited to consider the draft resolution contained in resolution EB115.R12.

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