



European Food Safety Authority

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## NUTRITION UNIT

# EFSA'S ROLE IN NUTRITION

## DISCUSSION PAPER

### 1. COMPETENCES AND RESPONSIBILITIES

According to its Founding Regulation, the European Food Safety Authority is responsible for providing scientific advice and scientific and technical support on all fields having a direct or indirect impact on food and feed *safety*.<sup>1</sup> EFSA is empowered to provide information and communicate proactively and independently on *all matters* within food and feed *safety*. Furthermore, EFSA's Founding Regulation clarifies that the Authority is also responsible for providing scientific opinions on *animal health and welfare* and *plant health*.

For what specifically concerns **human nutrition**, the Founding Regulation specifies that:

- I. EFSA is entrusted with the task of providing **scientific advice or scientific or technical support** in relation to EU legislation:<sup>2</sup>

The different wording used for EFSA's tasks and powers in relation to human nutrition, as compared to that related to food and feed safety implies the delegation of powers attributed to EFSA in relation to food and feed safety is broader.

Under this interpretation, which is also supported by recital n. 36 of the Founding Regulation,<sup>3</sup> EFSA's Founding Regulation would not establish a general mandate for the Authority on matters regarding human nutrition. The consequence is that, without prejudice to its competences on food and feed safety, in relation to nutrition-related issues, **EFSA would enjoy exclusively the powers assigned** to the Authority by a specific sectoral legal act, by a specific request of the Commission submitted under one of these, or by its Founding Regulation under specific provisions (see below under II, III and IV). This would also imply that, contrary to areas falling under the concept of food or feed safety, it seems that **no self-tasking going beyond the human nutrition-related matters assigned to it under sectoral legislation** could be triggered by EFSA.

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<sup>1</sup> Article 22(2) of Regulation (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, as last amended.

<sup>2</sup> Article 22(5) of Regulation (EC) No 178/2002.

<sup>3</sup> Pursuant to which EFSA's wide ranging responsibilities "should include issues having a direct or indirect impact on the safety of the food and feed supply chains, animal health and welfare, and plant health. However, it is necessary to ensure that the Authority focuses on food safety, so its mission in relation to animal health, animal welfare and plant health issues that are not linked to the safety of the food supply chain should be limited to the provision of scientific opinions. The Authority's mission should also cover scientific advice and scientific and technical support on human nutrition in relation to Community legislation and assistance to the Commission at its request on communication linked to Community health programmes."

II. Without prejudice to its powers with respect to risk communication related to food and feed safety risks, and the requirement to publish its opinions immediately after adoption,<sup>4</sup> the Authority may be requested by the Commission **to provide assistance concerning communication** on nutritional issues linked to EU health programmes.<sup>5</sup> In the risk communication sphere, EFSA's powers on nutrition-related matters appear to be more limited compared to the food and feed safety domain, insofar as in the former case **no autonomous risk communication** powers have been given to the Authority. For what concerns questions specifically related to nutritional issues linked to EU health programmes,<sup>6</sup> EFSA is only delegated the task of providing *assistance* to the European Commission for the limited purpose of facilitating the Commission's efforts to communicate on these issues.

III. EFSA is required to perform **additional tasks** specifically mentioned in EFSA's Founding Regulation:

- a. EFSA received a direct, and broad, delegation **to set up data collection activities in relation to anything falling within its mission and under "food consumption and the exposure of individuals to risks related to the consumption of food"**.<sup>7</sup> This latter concept seems to be broad enough to be compatible with a large part of data collection activities connected with human nutrition.
- b. In functional terms instrumental to the accomplishment of its mission as described above, the Authority is given the duty of **identifying emerging risks**,<sup>8</sup> of **establishing networks**,<sup>9</sup> of **being the "recipient"** of the information, messages and alerts circulated via the Rapid Alert System for Food and Feed,<sup>10</sup> of **outsourcing studies**<sup>11</sup>, and of providing scientific or technical assistance at the request of the Commission to **improving cooperation between the EU, applicant countries, international organisations and third countries**.<sup>12</sup> These five tasks are relevant for human nutrition-related matters, insofar as falling under the Authority's mission as described in the previous paragraphs.

From the description of the interpretation to be followed under I. above, it follows that the analysis of the activities delegated to the Authority under each sectoral legal act is of fundamental importance to fully grasp the scope of EFSA's responsibilities and duties in human nutrition-related matters.

## 2. STOCK-TAKING OF EFSA'S MAIN ACTIVITIES IN RELATION TO HUMAN NUTRITION

According to its Founding Regulation, EFSA shall provide scientific advice and technical support on human nutrition in relation to EU legislation. The current EU legislation on nutrition covers:

- Nutrition labelling
- Nutrition and health claims
- Dietetic products
- Fortified foods, and
- Addition of vitamins and minerals

<sup>4</sup> Article 38 of Regulation (EC) No 178/2002.

<sup>5</sup> Article 22(5) of Regulation (EC) No 178/2002.

<sup>6</sup> See e.g. European Commission, *White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues*, COM(2007) 279 final of 30.5.2007.

<sup>7</sup> Article 36(1)(a) of Regulation (EC) No 178/2002.

<sup>8</sup> Article 34 of Regulation (EC) No 178/2002.

<sup>9</sup> Article 36(2) of Regulation (EC) No 178/2002.

<sup>10</sup> Article 35 of Regulation (EC) No 178/2002.

<sup>11</sup> Article 32 of Regulation (EC) No 178/2002.

<sup>12</sup> Article 23(i) of Regulation (EC) No 178/2002.

In relation to this legislation, EFSA provides support mainly through the work of its Panel on Dietetic Products, Nutrition and Allergies (NDA).

Since its establishment in 2003, the NDA Panel has been responsible for providing scientific advice on issues related to human nutrition, including (i) dietary reference values for nutrients (ii) tolerable upper intake levels for nutrients; (iii) dietetic products (iv) food allergens; (v) nutrition and health claims on foods; and (vi) safety of novel foods.

In line with § 1, above, the work plan of the NDA Panel has been determined mainly by requests for advice filed under the respective sectoral Acts by the European Commission. Since its inception, the Panel has issued more than 770 scientific outputs.

### **i. Dietary Reference Values for Nutrients**

The scientific advice on Dietary Reference Values (DRVs) for nutrients is important as the basis of European Union action in the field of nutrition. For example, such advice has in the past been used as the basis of nutrition labelling. The Scientific Committee on Food (SCF) report on nutrient and energy intakes dates from 1993, and it was considered that there was a need to review and update these earlier reference values to ensure that the European Union action in the area of nutrition is underpinned by the latest scientific advice.

In this context EFSA was requested to consider the existing DRVs for energy, macro- and micronutrients and dietary fibre in the light of new evidence.

Scientific opinions have been adopted on general principles for deriving and applying DRVs, and on DRVs for energy, macronutrients (carbohydrates and dietary fibre, protein, fats and fatty acids) and water. For micronutrients, the Panel has adopted DRVs for vitamin C, folate, niacin, biotin, pantothenic acid, zinc, iodine, selenium, manganese, molybdenum, fluoride, and chromium, while work on the other vitamins and minerals is on-going.

These opinions comprise detailed reviews of the nutrient's functions and the health consequences of nutrient intake in order to establish dietary requirements and to derive DRVs, which include Population Reference Intake, Adequate Intake, Reference Intake ranges for macronutrients, for different population groups. These scientific opinions represent a valuable scientific reference on the health effects of nutrients, including the evidence for the role of nutrition in diet-related diseases.

The Panel was also asked to provide advice on the translation of nutrient-based dietary advice into guidance, intended for the European population as a whole, on the contribution of different foods or categories of foods to an overall diet that would help to maintain good health through optimal nutrition (food-based dietary guidelines). The Panel noted that the differences between EU countries in the prevalence of nutrient imbalances and diet-related public health issues, together with the considerable disparities across countries in dietary habits and traditions, require that food-based dietary guidelines be established by country or region. Therefore, in its opinion adopted in 2009, the Panel reviewed the reasons and general principles for food-based dietary guidelines (FBDG), identified relevant scientific information for establishing FBDG for individual countries within the EU, and summarised steps for implementation, monitoring and evaluation for individual countries.

The Panel also provided advice in 2009 on the labelling reference intake values for energy and total fat, saturated fat, n-3 and n-6 fatty acids, carbohydrates, sugars, and salt to assist the European Commission in developing new legislation on food labelling (Regulation (EU) No 1169/2011<sup>13</sup>).

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<sup>13</sup> Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers, amending Regulations (EC) No 1924/2006 and (EC) No 1925/2006 of the European Parliament and of the Council, and repealing Commission Directive 87/250/EEC, Council Directive 90/496/EEC, Commission Directive 1999/10/EC, Directive 2000/13/EC of

## ii. Tolerable Upper Intake Levels for Nutrients

The NDA Panel adopted scientific opinions on Tolerable Upper Intake Levels (UL) for 12 vitamins and minerals in 2004 and 2005. This was a continuation of the work on UL previously carried out up to April 2003 by the SCF. These opinions were provided at the request of the European Commission for advice on the safety of vitamins and minerals to support the implementation of harmonised EU legislation for food supplements and fortified foods, and particularly to assist with the setting of maximum limits for micronutrients in these products. All opinions (34 on UL for individual nutrients as well as an opinion on principles for establishing UL) were published in a special compilation in 2006 (SCF and EFSA, 2006).

More recently, a scientific opinion on UL for omega-3 long-chain polyunsaturated fatty acids (DHA, EPA, DPA) and revised opinions on UL for calcium and vitamin D were adopted by the Panel in response to a request from the European Commission in the context of establishing conditions of use for authorisation of health claims on these nutrients.

The UL opinions are comprehensive evaluations of possible adverse health effects of individual nutrients at intakes in excess of dietary requirements and, where possible, establish Tolerable Upper Intake Levels (UL) for different population groups. In addition to the immediate regulatory applications, these scientific opinions represent a valuable scientific reference on the safety of nutrients which will be used by scientists and policy makers.

## iii. Dietetic Foods

In the framework of Regulation (EC) No 609/2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control, EFSA is asked to provide scientific advice to the European Commission for a number of implementing measures. Recently the NDA Panel has provided advice on nutrient requirements and dietary intakes of infants and young children, and on the essential composition of infant and follow-on formula. Notably, the Panel advised that the minimum nutrient contents proposed cover the nutritional needs of virtually all healthy infants born at term, and there is no need to exceed these amounts in formulae as nutrients in excess may put a burden on the infant's metabolism and/or physiological functions.

Work on the composition of total diet replacements for weight control and on guidance for foods for special medical purposes is ongoing. In the past, the Panel has also advised on the suitable age for the introduction of complementary foods into infants' diets, on the amounts of lactose which may be tolerated by lactose intolerant individuals and patients suffering from galactosaemia, and on various substances/nutrients proposed to be added to infant and follow-on formula, such as goat milk protein, fructooligosaccharides, lutein and hydrolysates of whey protein.

## iv. Food Allergens

Directive 2000/13/EC<sup>14</sup> on food labelling requires the mandatory labelling of ingredients present in foodstuffs, including all known allergens, in order to provide consumers with better information and to protect the health of those suffering from food allergies or intolerances. In response to a request from the European Commission, the NDA Panel in 2004 provided advice on the scientific basis for the identification of foods, food components and food ingredients which induce food allergies and food intolerance for labelling purposes. This relates to cereals containing gluten, crustaceans, eggs, fish, peanuts, soybeans, milk and dairy products including lactose, nuts, sesame seeds, celery, mustard, and sulphite at concentrations of 10 mg/kg and above.

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the European Parliament and of the Council, Commission Directives 2002/67/EC and 2008/5/EC and Commission Regulation (EC) No 608/2004. OJ L 304, 22.11.2011, p. 18–63.

<sup>14</sup> Directive 2000/13/EC of the European Parliament and of the Council of 20 March 2000 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs. OJ L 109, 6.5.2000, p. 29–42.

Given the possibility that certain derivatives of foods, which are known to contain allergens, may not trigger an allergic reaction, this same legislation also provides for possible exemption from their mandatory declaration in the ingredient lists of food labels. In response to a request from the European Commission, the NDA Panel evaluated 29 applications received concerning these derivatives and provided scientific advice regarding the likelihood of their triggering adverse reactions following their consumption by susceptible individuals under the conditions specified by the applicant. On the basis of the Panel's advice, the European Commission established a list of derivatives for which labelling exemptions were granted as laid down in Annex IIIa of Directive 2000/13/EC<sup>7</sup>.

At the request of the European Commission, the NDA Panel delivered in 2013 a scientific opinion on scientific and technical guidance for the preparation and presentation of well-structured applications for exemption from labelling of food ingredients or substances with known allergenic potential (as listed in Annex IIIa of 2003/89/EC, as amended) or products thereof. Following a request from the Food Safety Authority of Ireland, the NDA Panel adopted in October 2014 a scientific opinion on the evaluation of allergenic foods and food ingredients for labelling purposes. The opinion will help the European Commission and Member States to decide on whether or not to modify the list of allergens subject to mandatory labelling, and informs on the risk assessment options available on which allergen threshold concentrations in food could be set by risk managers for different purposes.

#### **v. Nutrition and Health Claims**

Regulation (EC) No 1924/2006<sup>15</sup> on nutrition and health claims made on foods specified a number of significant tasks for EFSA, including the provision of advice on nutrient profiles and on the scientific substantiation of health claims.

Article 4 of the Regulation foresees that the European Commission shall establish specific nutrient profiles that foods or certain categories of foods must respect in order to bear nutrition and health claims. At the request of the European Commission, the NDA Panel issued an opinion on nutrient profiles in 2008. The Panel's advice addressed the criteria that could be used for setting nutrient profiles, as well as the choice of nutrients and the advantages and disadvantages of different types of schemes. This advice served as a basis for the development of a nutrient profile scheme by the European Commission which is still the subject of on-going discussions with stakeholders.

The NDA Panel has carried out assessments of the scientific substantiation of health claims under the Regulation since 2007. Of all the areas within the remit of the Panel, the assessment of the scientific substantiation of health claims has proved to be the most challenging in terms of workload and complexity. To date, the Panel has adopted scientific opinions on applications under the individual authorisation procedure for:

- 119 health claims submitted under Article 13.5 (health claims based on newly developed scientific evidence and/or which include a request for the protection of proprietary data), and
- 111 health claims submitted under Article 14 (73 on claims for development and health of children and 38 on reduction of disease risk claims).

The Panel's advice is used as the basis for authorisation decisions by the European Commission and the Member States (with scrutiny by the European Parliament and the Council), the outcomes of which are published in the EU Register of Nutrition and Health Claims made on foods<sup>16</sup>. To date (November 2014), 22 claims submitted under the individual authorisation procedure have been authorised, 128 non-authorised, and the remainder are pending a decision on authorisation.

The Regulation also provided for so called 'general function claims', defined under Article 13.1 of the Regulation, to be assessed and authorised by a different procedure to that for other claims. Out of the 4 637 claims submitted to EFSA by the European Commission between July 2008 and March 2010, the NDA Panel completed

<sup>15</sup> Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods. OJ L 404, 30.12.2006, p. 9–25.

<sup>16</sup> <http://ec.europa.eu/nuhclaims/index.cfm?event=register.home>

evaluations of 2 849 claims (331 claims were withdrawn and 1 548 claims on “botanicals” have been placed on hold by the European Commission pending further consideration on how to proceed). As a result of these evaluations a total of 365 opinions were adopted by the NDA Panel between 2009 and 2012. These opinions have provided the basis for the European Commission to establish a list of 229 permitted health claims under the Art. 13(1) procedure<sup>12</sup>.

Because of the scientific and technical complexity of health claims, EFSA has placed considerable focus on consultation with stakeholders and on developing extensive guidance for applicants<sup>17</sup>. In addition to detailed guidance for the preparation and presentation of applications (adopted in 2007), guidance on the general principles employed by the Panel for scientific substantiation of health claims were developed in 2009 and updated twice since then, with the most recent revision published in 2011.

Following public consultation, the NDA Panel has also finalised six guidance documents on the scientific requirements for substantiation of health claims related to:

- gut and immune function (update of this guidance is ongoing)
- antioxidants, oxidative damage and cardiovascular health
- appetite ratings, weight management and blood glucose concentrations
- bone, joints, skin and oral health
- nervous system, including psychological functions
- physical performance.

These guidance documents define a range of claimed effects that are considered beneficial physiological effects under the Regulation, and address the types of human studies, outcome measures and study groups considered appropriate for the scientific substantiation of different claims.

## vi. Safety of Novel Foods

Novel foods and food ingredients are defined as those which have not hitherto been used for human consumption to a significant degree within the European Community (in practice before 15 May 1997). Regulation (EC) No 258/97<sup>18</sup> of January 1997 lays out detailed rules for the authorisation of novel foods and novel food ingredients. The scientific aspects of information necessary to support applications for putting novel foods and novel food ingredients on the European market were addressed by recommendations of the SCF and implemented by the European Commission through Commission Recommendation 97/618/EC<sup>19</sup>, and this guidance provides the basis for scientific evaluation of novel foods by the NDA Panel.

Applications for authorisation of novel foods are assessed in the first instance by Member States. Following an initial (favourable) assessment by the competent Authority of the Member State in which the application to market the novel food is first presented, there is the opportunity for other Member States to comment on the evaluation report. If there are comments and objections of a scientific nature raised by other Member States, the European Commission may request the NDA Panel to deliver a scientific opinion on the safety of the novel food.

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<sup>17</sup> <http://www.efsa.europa.eu/en/nda/ndaguidelines.htm>

<sup>18</sup> Regulation (EC) No 258/97 of the European Parliament and of the Council of 27 January 1997 concerning novel foods and novel food ingredients. OJ L 43, 14.2.1997, p. 1–6.

<sup>19</sup> 97/618/EC: Commission Recommendation of 29 July 1997 concerning the scientific aspects and the presentation of information necessary to support applications for the placing on the market of novel foods and novel food ingredients and the preparation of initial assessment reports under Regulation (EC) No 258/97 of the European Parliament and of the Council. OJ L 253, 16.9.1997, p. 1–36.

To date, 48 scientific opinions and 7 statements on Novel Foods have been adopted by the Panel. These scientific outputs serve as the scientific basis for EU Decisions on the authorisation of novel foods<sup>20</sup> under Regulation (EC) No 258/97.

A proposal for a new Regulation on novel foods and traditional foods from third countries may be adopted by the European Parliament in the first quarter of 2015. The proposal foresees a centralised assessment by EFSA which will lead to an increased workload in this area. At the request of the European Commission, the NDA Panel is currently preparing Guidance documents for the preparation and presentation of applications for authorisation of novel foods, and for the notifications and applications for authorisation of traditional foods from third countries.

### **3. ROLE AND RESPONSIBILITIES OF EUROPEAN COMMISSION, INTERNATIONAL AND THIRD COUNTRY BODIES COVERING ACTIVITIES IN EFSA'S REMIT**

From an analysis of stated roles and responsibilities of the European Commission and different international and third country bodies (Annex 1) carrying out nutrition activities covered by EFSA, it results that EFSA's role and responsibilities are limited. While in the European food safety system, scientific assessment (EFSA) is entirely separated from risk management and public health policies (EC and Member States), most organisations considered in this analysis have responsibilities in both areas. Therefore, in their reports and recommendations on nutritional issues they may embrace risk management aspects while EFSA, in its scientific outputs, just undertakes a pure exercise of scientific assessment. In consequence, it is of paramount importance to consider the role and responsibility of the body giving advice when comparing scientific outputs/reports/recommendations/guidelines of different organisations.

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<sup>20</sup> [http://ec.europa.eu/food/food/biotechnology/novelfood/authorisations\\_en.htm](http://ec.europa.eu/food/food/biotechnology/novelfood/authorisations_en.htm)

## **ANNEX 1 – Overview of roles and responsibilities of International and third country bodies covering nutrition activities in EFSA’s remit (provided by the European Commission or extracted from the public domain)**

### **1. EUROPEAN COMMISSION**

#### ***i) Directorate C (Public health)***

In Europe today, 6 of the 7 biggest risk factors for premature death – blood pressure, cholesterol, Body Mass Index, inadequate fruit and vegetable intake, physical inactivity and alcohol abuse – relate to how we eat, drink and move.

Under Article 168(1) to (3) TFEU, the Commission plays a role in coordinating and complementing Member States action in the field of public health in general and in nutrition and physical activity in particular. This coordination role is led by DG Sanco, with Directorate C (C4) in charge of nutrition policy and Directorate E (E4) managing food legislation touching on nutrition issues.

The Commission's White Paper on a strategy on nutrition, overweight, and obesity-related health issues aims at contributing to reduce the risks associated with poor nutrition and limited physical activity in the European Union. The governance structure associated to the Strategy includes the High Level Group on Nutrition and Physical Activity (with representatives from all Member States governments, ensuring sharing of knowledge and good practises as well as the coordination of national initiatives in key fields such as product reformulation) and the EU platform for action on diet, physical activity and health (a forum for European industry and NGOs to contribute to curb overweight and obesity).

An important role is also played by the research, agreement and collection of information on health indicators on nutrition (in collaboration with both DG Sanco C2 and WHO).

The Commission funds several initiatives on nutrition and physical activity through its Health and Research Programmes. It also receives additional funding from the European Parliament for pilot projects to improve future policy action in the area of nutrition and physical activity and to identify good practices that can be used to replicate these projects in other European cities or regions.

DG EAC (sport and physical activity), DG Research (Horizon 2020), DG Agri (School Milk and Fruit and Vegetables Schemes) and the Joint Research Centre also play important parts in the Commission's action on nutrition and physical activity.

#### ***ii) Unit E4 (Nutrition, food composition and information)***

On the regulatory side, the European Commission is responsible for managing the EU legislation on food safety, which includes nutritional considerations.

The EU legislation includes notably composition requirements for specific food products based on specific nutritional needs, such as for infant formulae and follow on formulae. The legislation also includes labelling and advertising provisions, which ensure, for example, that nutrition and health claims made on foods are scientifically substantiated. The European Commission also actively develop Codex international standards, which are often based on nutritional considerations.

For these regulatory activities, the Commission rely on the scientific advice of EFSA. These regulatory activities consist in developing new legislation or updating the existing ones, but also managing applications for authorisations via procedures detailed in these legislation, like for health claims.

#### ***iii) European Commission’s Joint Research Centre***

The Institute for Health and Consumer Protection (IHCP) is providing an expert base of knowledge to tackle nutritional and health issues within the context of EU Health and Consumer Policies.

The Institute's goal is to provide independent solid scientific advice to European Commission Services, EU Institutions and EU Member States in the field of nutritional science, and particularly in the implementation of the European strategy on nutrition, overweight, and obesity-related health issues. Scientists at the IHCP are reviewing state-of-the-art scientific developments in nutritional science, and their applicability and relevance for decision making in the areas of public health policy and nutritional recommendations.

Contributing to consumers' correct information is also extremely important. The Institute's nutritionists are often addressing questions on healthy diets and lifestyle, sometimes arising from contradictory information in the media. By translating complex or controversial scientific issues in a way that is understandable to the non-expert, the IHCP researchers are empowering consumers to make best informed nutritional and lifestyle choices.

Source: [http://ihcp.jrc.ec.europa.eu/our\\_activities/public-health/nutrition](http://ihcp.jrc.ec.europa.eu/our_activities/public-health/nutrition)

## 2. WORLD HEALTH ORGANISATION (WHO)

WHO fulfils its objectives through its core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting **norms and standards** and promoting and monitoring their implementation;
- articulating ethical and evidence-based **policy options**;
- providing technical support, catalysing change, and building sustainable institutional capacity;
- monitoring the health situation and assessing health trends.

Source: <http://www.who.int/about/role/en/>

## 3. FOOD AND AGRICULTURE ORGANISATION (FAO)

FAO's Nutrition Division aims to:

- create sustainable improvements in nutrition, especially among nutritionally vulnerable households and population groups
- provide information, assessments and analysis to combat hunger and reduce all forms of malnutrition
- assist countries in identifying people who are food insecure and vulnerable to nutritional problems.

Source: <http://www.fao.org/food/nutrition/en/>

## 4. US FOOD AND DRUG ADMINISTRATION (FDA)

### *i) Center for Food Safety and Applied Nutrition (CFSAN)*

CFSAN, in conjunction with the Agency's field staff, is responsible for promoting and protecting the public's health by ensuring that the nation's food supply is safe, sanitary, wholesome, and honestly labeled, and that cosmetic products are safe and properly labeled.

The Center's responsibilities on food include:

- the safety of substances added to food, e.g., food additives (including ionizing radiation) and color additives
- the safety of foods and ingredients developed through biotechnology
- seafood and juice Hazard Analysis and Critical Control Point (HACCP) regulations
- regulatory and research programs to address health risks associated with foodborne, chemical, and biological contaminants
- regulations and activities dealing with the proper labeling of foods (e.g. ingredients, nutrition health claims)
- regulations and policy governing the safety of dietary supplements, infant formulas, and medical foods
- food industry postmarket surveillance and compliance
- industry outreach and consumer education
- cooperative programs with state, local, and tribal governments
- international food standard and safety harmonization efforts

Source: <http://www.fda.gov/AboutFDA/CentersOffices/OfficeofFoods/CFSAN/WhatWeDo/default.htm>

## ***ii) Joint Institute for Food Safety and Applied Nutrition (JIFSAN)***

The Institute is the foundation of public and private partnerships that provides the scientific basis for ensuring a safe, wholesome food supply as well as provide the infrastructure for contributions to national food safety programs and international food standards.

The Joint Institute for Food Safety and Applied Nutrition (JIFSAN) was established between the United States Food and Drug Administration (FDA) and the University of Maryland (UM) in April 1996. The Institute is a jointly administered, multidisciplinary research, education and outreach program.

The Institute fosters the missions of FDA and the University through the creation of partnerships to increase the quantity and quality of research, which will provide the basis for sound public health policy. It promotes food safety, human nutrition, and animal health and production through integrated research, education, and outreach programs. Opportunities exist for collaborative projects with Federal and state agencies, private industry, consumer and trade groups, and international organizations with mutual interests.

**Mission:** To advance sound strategies to improve public health, food safety, and applied nutrition using risk analysis principles through cooperative research, education, and outreach programs.

**Vision:** To be a premier source of scientific information and education programs on food safety and applied nutrition that enables the development of sound public health policy and reduces the incidence of food-related illness.

### **Key Objectives**

- Increase the global knowledge of effective, available practices that promote food safety throughout the supply chain.
- Enhance the development and promote the use of risk analysis models and tools for decision making processes associated with food safety and applied nutrition.
- Promote collaborative research efforts related to risk analysis, food safety, and applied nutrition.
- Broaden the research educational opportunities for undergraduate and graduate students at University of Maryland
- Promote the development of private and public partnerships to improve food safety

Source: <https://jifsan.umd.edu/about/>

## 5. HEALTH CANADA

Health Canada is responsible for:

- Establishing policies, setting standards and providing advice and information on the safety and nutritional value of food.
- Promoting the nutritional health and well-being of Canadians by collaboratively defining, promoting and implementing evidence-based nutrition policies and standards.
- Administering the provisions of the Food and Drugs Act that relate to public health, safety and nutrition.
- Evaluating the safety, quality and effectiveness of veterinary drugs.

Source: <http://www.hc-sc.gc.ca/fn-an/index-eng.php>

## 6. FOOD STANDARDS AUSTRALIA NEW ZEALAND (FSANZ)

**FSANZ** is a bi-national Government agency. It develops and administers the Australia New Zealand Food Standards Code, which lists requirements for foods such as additives, food safety, labelling and GM foods. Enforcement and interpretation of the Code is the responsibility of state and territory departments and food agencies within Australia and New Zealand. Source: <http://www.foodstandards.gov.au/Pages/default.aspx>

In Australia, compliance with the Code for all foods is monitored by authorities in the states and territories. In New Zealand it is monitored by the Ministry for Primary Industries and public health units.