National Health Federation Comments Re Codex Discussion Paper on the Revision of Nutrient Reference Values for Food Labelling Purposes

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Category: Codex
Published: 09 July 2010

QUESTION 1

Will we focus on vitamins and minerals primarily?

Whilst the National Health Federation agrees that consumers should be protected from misleading nutritional information (and would argue that even some governments are by no means innocent when it comes to the dissemination of disingenuous advice in this area), we believe that the growing prevalence of obesity around the world represents a far greater potential threat to consusmers' health than do problems supposedly posed by labelling issues related to vitamins and minerals.

As such, unless Codex can agree that its prime purpose in setting NRVs should be to establish those nutrient levels that are necessary to achieve and maintain *optimum* health, we do not believe that it would be in consumers' best interests for Codex to focus exclusively on NRVs for vitamins and minerals if this would be done at the expense of establishing NRVs for macronutrients. Moreover, therefore, considering the many millions of lives that could potentially be saved by *prioritizing* work on NRVs for macronutrients, we very strongly believe that work on NRVs for vitamins and minerals should now be set aside until such time as the far more important work on NRVs for macronutrients has been completed.

What is your view to add NRVs of macro-nutrients?

Work on NRVs for macronutrients should become the Committee's first priority, as described above.

What is your view on establishing NRVs of other nutrients associate with increased and decreased risk of non communicable diseases?

Work on establishing NRVs for other nutrients should not even be considered until such time as the far more important work on NRVs for macronutrients has been completed.

QUESTION 2

If the discussion for NRVs should be focused on vitamins and minerals, there are two options for the basis of the values in relation to the nutrient requirements of a population.

Option 1:

Values that meet the requirements of 50 percent of an apparently healthy population

Option 2:

Values that meet the requirements of majority (97 to 98 percent) of an apparent healthy population

In case where above two values have not been established for certain vitamins and minerals, what can be used as another reference value for nutrient requirement?

As we described above in our answer to question 1, the National Health Federation does not agree that the discussions on NRVs should be focused on vitamins and minerals.

However, if the Committee decides to ignore the dangers posed by the growing worldwide incidence of obesity – by proceeding to work only on NRVs for vitamins and minerals – then the values set should reflect the very latest scientific findings showing that levels of intake above conventional RDA-based values can substantially reduce the risk of developing chronic disease. In our opinion, to assume that consumers are healthy merely because they don't suffer from classical nutritional deficiency diseases such as scurvy, rickets, beri-beri or pellagra is both highly irrational and scientifically untenable.

QUESTION 3:

After the values in relation to the nutrient requirement for establishing NRVs for labelling purposes are chosen, values that meet the requirement of either 50% or majority, the next consideration is the basis of selecting the values in relation to the requirement of nutrient in the whole of the population.

The options most often considered are:

Option 1:

The highest values from the different age-gender groups (such as pre-menopausal adult females for iron)

Option 2:

'A population-weighted average of the values-usually adult males and females equally weighed (EC)' or 'adult males and females equally weighted (USA)'

USA noted that the values for pregnant and lactating women should be excluded in establishing the NRVs for the general population aged [ ] and the values should also take into account science-based values for upper levels of intake.

USA also noted that a population weighed average using census data from one or more countries would be most applicable to establishing food label reference values at the national (or potentially regional) level.

What are the advantages and disadvantages of each option?

The National Health Federation believes that none of these options are useful, as they do not take sufficient account of key factors such as age, sex, bodyweight, race, geographical location, individual health status, or biochemical individuality.

Are there any other options to choose the values for establishing NRVs?

The NRVs should reflect the very latest scientific findings showing that levels of intake above conventional RDA-based values can substantially reduce the risk of developing chronic and degenerative diseases. Given the already substantial body of evidence documenting the remarkable safety record of vitamin-and-mineral food supplements, the primary aim in establishing such values should be to protect the health of consumers by ensuring their optmum nutrition.

QUESTION 4:

Are the recent reference values from authoritative scientific bodies acceptable for establishing NRVs? Or is there a need to stick to the FAO/WHO reference values?

Broadly speaking, the National Health Federation considers virtually all recently established reference values to be unacceptable, as they do not take sufficient account of key factors such as age, sex, bodyweight, race, geographical location, individual health status, or biochemical individuality – including the needs of particularly health-challenged individuals, who should not be discriminated against.

QUESTION 5:

Whether it is necessary to have reference values for different population groups?

It is most definitely necessary to have reference values for different population groups.

Are there any life stages other than 'general population' and 'infants and young children' to be considered for establishing revised NRVs?

The most scientifically rational solution would be for Codex to set NRVs for the following population groups:

Infants 0-6 months

Infants 7-12 months

Children 1-3 years

Children 4-8 years

Males 9-13 years

Males 14-18 years

Males 19-70 years

Males > 70 years

Females 9-13 years

Females 14-18 years

Females 19-70 years

Females > 70 years

Pregnancy

Lactation

In addition, Codex should draw up NRVs for special medical purposes and make additional recommendations that take into account factors such as race, geographical location, and biochemical individuality.