

# codex alimentarius commission



FOOD AND AGRICULTURE  
ORGANIZATION  
OF THE UNITED NATIONS

WORLD  
HEALTH  
ORGANIZATION



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**Agenda Item 4**

**CX/NFSDU 05/27/4**  
**September 2005**

## **JOINT FAO/WHO FOOD STANDARDS PROGRAMME**

### **CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES** **Twenty-seventh Session**

#### **DISCUSSION PAPER ON THE PROPOSALS FOR ADDITIONAL OR REVISED NUTRIENT REFERENCE VALUES FOR LABELING PURPOSES**

*Prepared by the Working Group led by South Africa*

#### **1. Background**

At the 25<sup>th</sup> Session of the Codex Committee on Nutrition and Foods for Special Dietary Uses, the Committee decided that there was a need to update the Nutrient Reference Values (NRV's) that had been established following the Helsinki Consultation (September 1988).

#### **2. MANDATE**

The Committee agreed in November 2004 that the electronic Working Group coordinated by the Delegation of South Africa would revise the discussion paper by addressing the following issues:

1. Principles for the establishment of NRV's, taking into account the guidelines developed by member countries in this area
2. NRV's for different population groups
3. Revision of the current list of nutrients

#### **3. Invitation and preliminary report**

The invitation, requesting comments and a preliminary report based on the mandate given by CCNFDSU in November 2004 was sent out on 29 March 2005 and on 6 April 2005, to all the individuals who indicated at the 25<sup>th</sup> Session that they want to participate.

The EU, USA, South Africa, CRN and NHF responded with comments.

The following summary reflected those comments.

#### 4. Criteria for the establishment of NRV's.

- 4.1 Since consumers all over the world assume that if a specific food contains a specific percentage of the NRV's for a nutrient, consumption of the reference quantity of the food is likely to provide specified percentages of his/her daily needs for the nutrient. Thus, they use the label as a source of nutrition information.
- 4.2 It was agreed at the CCNFSDU meeting of 2004 that NRV's should be based on amounts sufficient to promote optimum health. As a result of the general usage of the NRV's on food labels and the consumers' perception of what NRV's mean, the promotion of better health for the world through optimum nutrient intake, would be in line with the WHO/FAO's request that Codex, specifically the CCNFSDU and the CCFL, implement the WHO Global Strategy on Diet, Physical Exercise and Health.
- 4.3 If RDA's are used as a basis it should be the highest of the age-gender group recommendations for a specific nutrient unless the value is above the Tolerable Upper Intake Level (UL) for another group of adults.
- 4.4 NRV values should be science-based and should reflect the most recent scientific data on benefits vs risk that will promote optimum health and reduce the risk of disease in the majority of people.

#### 5. CRITERIA FOR THE ESTABLISHMENT OF DIFFERENT POPULATION GROUPS

A minimum of two sets of NRV's are recommended purely from a practical point of view in terms of label space and to avoid consumer confusion. National authorities can use specific NRV's that apply to products labeled and specifically marketed for a specific target group, e.g. pregnant women.

- 5.1 One set for infants and young children (birth through 3 years), provided that sodium, chloride and potassium are not included in the list of NRV's, the rationale being that neither the birth up to 3 years nor the birth through 3 years option would provide a safe and appropriate recommendation for the entire age range.
- 5.2 One primary set of NRV's for persons 4 years and older.

#### 6. Criteria for the selection of nutrients

Nutrients (initially only vitamins and minerals will be dealt with) to be included in the list of NRV's.

VITAMINS	
Vitamin A	Mcg
Vitamin C or ascorbic acid	Mg
Vitamin D	Mcg
<b><i>Vitamin E<sup>1</sup></i></b>	<b><i>Mg TE</i></b>
<b><i>Vitamin K<sup>1</sup></i></b>	<b><i>mcg</i></b>
Vitamin B <sub>1</sub> or thiamine	Mg
Vitamin B <sub>2</sub> or riboflavin	Mg
Nicotinic acid, nicotinamide or niacin	Mg
Vitamin B <sub>6</sub> or pyridoxine	Mg
Folic acid or folate	Mcg
Vitamin B <sub>12</sub> or cyanocobalamin	Mcg
<b><i>Biotin<sup>1</sup></i></b>	<b><i>Mcg</i></b>
<b><i>Choline<sup>1</sup></i></b>	<b><i>mg</i></b>

<b><u>Inositol</u><sup>1</sup></b>	<b><u>mg</u></b>
<b><u>Pantothenic acid</u><sup>1</sup></b>	<b><u>Mg</u></b>
<b>MINERALS</b>	
<b><u>Boron</u><sup>1</sup></b>	<b><u>Mcg</u></b>
Calcium	Mg
<b><u>Chloride</u><sup>1,2</sup></b>	<b><u>Mg</u></b>
<b><u>Chromium</u><sup>1</sup></b>	<b><u>Mcg</u></b>
Copper	Mg
<b><u>Fluoride</u><sup>1,3</sup></b>	<b><u>Mcg</u></b>
Iodine	Mcg
Iron	Mg
Magnesium	Mg
Manganese	Mg
<b><u>Molybdenum</u></b>	<b><u>Mcg</u></b>
<b><u>Phosphorus</u></b>	<b><u>Mg</u></b>
<b><u>Potassium</u></b>	<b><u>Mg</u></b>
Selenium	Mcg
<b><u>Sodium</u></b>	<b><u>Mg</u></b>
<b><u>Vanadium</u></b>	<b><u>Mcg</u></b>
Zinc	Mg

1 - New additions

2 - There was a request to add the following minerals to the list as well but with the provision that there is no need for targeted enrichment of food or food supplements with these minerals:

- Chloride
- Potassium
- Phosphorous
- Sodium

3 - Supplementation only recommended in areas where fluoride deficiency is endemic