



JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

**Thirty-seventh Session
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PROPOSED DRAFT ADDITIONAL OR REVISED NUTRIENT REFERENCE VALUES FOR LABELLING PURPOSES IN THE GUIDELINES ON NUTRITION LABELLING (VITAMIN A, D, E, MAGNESIUM, PHOSPHOROUS, CHROMIUM, COPPER, CHLORIDE AND IRON)

Comments of Colombia, European Union, India, Indonesia, Kenya, Philippine and IFMA

COLOMBIA

A continuación, se indica la posición del país frente al documento de valores de referencia de nutriente adicionales o revisados con fines de etiquetado, según la solicitud del comité de remitir las observaciones a las recomendaciones por escrito, de conformidad con el procedimiento uniforme para la elaboración de normas del Codex y textos afines.

RECOMENDACIÓN	POSICIÓN COLOMBIA
<p>Recomendación 1: VRN-N para la vitamina A Que el CCNFSDU acuerde mantener el VRN-N en 800 µg y basado en los valores del IOM.</p>	Colombia está de acuerdo en el VRN-N de 800 µg, basado en los valores del IOM.
<p>Recomendación 2: VRN-N para la vitamina D Que el CCNFSDU acuerde lo siguiente: A. Revisar al alza el VRN-N desde los 5 µg actuales B. Seleccionar 10 µg o 15 µg y basar este valor en la documentación del OCCR pertinente.</p>	El subcomité nacional solicita mayor información para tomar una decisión 10 µg o 15 µg, para países tropicales, los cuales reciben exposición similar todo el año, y por lo tanto también es necesario revisar la nota al pie.
<p>Recomendación 3: Nota al pie sobre los VRN-N para la vitamina D Que el CCNFSDU acuerde lo siguiente: A. Incluir una nota al pie relativa a los VRN-N B. Para la nota al pie, seleccionar el texto entre corchetes acorde con la decisión que se tome sobre la recomendación No. 2 <i>The NRV-R is based on minimal sunlight exposure [throughout the year] [in winter]. Competent national and/or regional authorities should determine an appropriate NRV-R that best accounts for population sunlight exposure and other relevant factors.</i></p>	
<p>Recomendación 4: VRN-N para la vitamina E Que el CCNFSDU acuerde establecer un VRN-N de 9 mg y lo base tanto en el valor del Consejo de Ministros de los Países Nórdicos como en la media de la EFSA, el NHRMC/MOH, el NIH y la FAO/OMS (todos AI).</p>	Colombia está de acuerdo en el VRN-N de 9 mg.
<p>Recomendación 5: VRN-N para el hierro Que el CCNFSDU acuerde lo siguiente: A. Modificar el VRN-N para el zinc hierro para que haga referencia al porcentaje de absorción alimentaria B. Cambiar el VRN-N único de 14 mg a dos VRN-N, de</p>	Colombia está de acuerdo con: A Modificar el VRN-N para el hierro según el porcentaje de absorción alimentaria, por cuanto de este depende su biodisponibilidad y absorción.

RECOMENDACIÓN	POSICIÓN COLOMBIA
14 mg (15 % de absorción alimentaria) y 22 mg (10 % de absorción alimentaria), y basar estos valores en los datos de la FAO/OMS	B. Tener dos VRN-N, de 14 mg (15 % de absorción alimentaria) y 22 mg (10 % de absorción alimentaria), basados en los valores de la FAO/OMS.
Recomendación 6: Descripción nutricional del hierro Que, siempre que se apruebe la recomendación 5, el CCNFSDU acepte las descripciones nutricionales de la FAO/OMS (2006) adaptadas que se correspondan con los VRN-N seleccionados	Colombia apoya aceptar las descripciones nutricionales de la FAO/OMS (2006) adaptadas que correspondan con los VRN-N seleccionados en la recomendación anterior.
Recomendación 7: Nota al pie relativa al VRN-N para el hierro Que, siempre que el CCNFSDU decida seguir la recomendación 5, también acuerde añadir al hierro los asteriscos indicadores de nota al pie (**) que actualmente se usan para la nota al pie relativa al zinc.	Colombia apoya añadir al hierro los asteriscos indicadores de nota al pie (**).
Recomendación 8: VRN-N para el magnesio Que el CCNFSDU acuerde modificar el VRN-N de 300 mg a 310 mg y que base dicho valor en la media de los valores derivados por el IOM, el NIH, la FAO/OMS ± el Consejo de Ministros de los Países Nórdicos (INL98 ± RI).	Colombia está de acuerdo en el VRN-N de 310 mg.
Recomendación 10: VRN-N para el cobre Que el CCNFSDU acuerde establecer un VRN-N de 900 µg y lo base en la documentación del IOM.	Colombia está de acuerdo con que se establezca el VRN-N de 900 µg, basado en la documentación de la IOM.
Recomendación 11: VRN-N para el cromo Que el CCNFSDU acuerde establecer un VRN-N de 30 µg y lo base en la documentación del IOM.	El subcomité nacional solicita realizar un análisis de información más exhaustivo, para establecer valor de referencia nutricional y un límite de consumo para toxicidad.
Recomendación 12: VRN-N para el cloruro Que el CCNFSDU acuerde lo siguiente: A. Establecer un VRN-N para el cloruro B. Seleccionar 2300 mg o 3000 mg y Basar dichos valores en una justificación a adecuada o la documentación de algún OCCR pertinente.	A. Colombia esta de acuerdo en establecer un VRN-N para el cloruro, basados en la recomendación de consumo de 5g sal establecidos en la estrategia nacional de reducción de sal y sodio con fines de VRN_ENT. B. Por tanto, se propone que el valor a establecer sea el VRN-N equimolar con el VRN_ENT para sodio de 3000 mg.
Recomendación 13: equivalentes alimentarios de la vitamina A y factores de conversión Que el CCNFSDU acuerde lo siguiente: A. Añadir una entrada para la vitamina A en el segundo cuadro del párrafo 3.4.4.1 de las <i>Directrices sobre etiquetado nutricional</i> . B. Incluir tanto los RAE como los RE y sus factores de conversión habituales como equivalentes alimentarios alternativos para la vitamina A presente de forma natural en los alimentos, tal como se ha mencionado en la sección 4.1. C. Incluir las dos formas principales del retinol añadidas a los alimentos, tal como se muestra en la sección 4.2. D. Suprimir el asterisco que acompaña actualmente al VRN-N para la vitamina A y la nota al pie	Colombia apoya: A. Añadir una entrada para la vitamina A en el segundo cuadro del párrafo 3.4.4.1 de las <i>Directrices sobre etiquetado nutricional</i> . B. Incluir tanto los RAE como los RE y sus factores de conversión, como equivalentes alimentarios alternativos para la vitamina A presente de forma natural en los alimentos. C. Incluir las dos formas principales del retinol añadidas a los alimentos. D. Suprimir el asterisco que acompaña actualmente al VRN-N para la vitamina A y la nota al pie correspondiente relativa a la declaración del β-caroteno

RECOMENDACIÓN	POSICIÓN COLOMBIA
correspondiente relativa a la declaración del β -caroteno.	
<p>Recomendación 14: Equivalentes alimentarios de la vitamina E y factores de conversión Que el CCNFSDU acuerde lo siguiente:</p> <p>A. Añadir una entrada para la vitamina E en el segundo cuadro del párrafo 3.4.4.1 de las <i>Directrices sobre etiquetado nutricional</i></p> <p>B. Incluir el α-tocoferol como la forma activa de la vitamina E presente de forma natural en los alimentos, tal como se ha mencionado en la sección 4.3</p> <p>C. Incluir las tres formas habituales de la vitamina E que se añaden a los alimentos, tal como se muestra en la sección 4.4</p>	<p>Colombia apoya:</p> <p>A. Añadir una entrada para la vitamina E en el segundo cuadro del párrafo 3.4.4.1 de las <i>Directrices sobre etiquetado nutricional</i></p> <p>B. Incluir el α-tocoferol como la forma activa de la vitamina E presente de forma natural en los alimentos.</p> <p>C. Incluir las tres formas habituales de la vitamina E que se añaden a los alimentos.</p>
<p>Recomendación 15: encabezado y nota al pie del segundo cuadro Que el CCNFSDU acepte las modificaciones propuestas en la sección 4.5.</p>	<p>Colombia apoya el cambio del encabezado y nota al pie del segundo cuadro así:</p> <p>Encabezado: Factores de conversión para los equivalentes de las vitaminas.</p> <p>Nota a pie de página: Los factores de conversión para los equivalentes de las vitaminas incluidos en el cuadro ofrecen información de apoyo para permitir determinar a las autoridades nacionales o regionales competentes cómo pueden aplicarse correctamente los VRN-N.</p>
<p>Recomendación 16: Definición de «OCCR» en las Directrices sobre etiquetado nutricional Que el CCNFSDU acuerde introducir la definición de «OCCR» en el anexo de las <i>Directrices sobre etiquetado nutricional</i>, en un nuevo párrafo 2.5.</p>	<p>Colombia, como en anteriores posiciones del GET, apoya introducir la definición de «OCCR» en el anexo de las <i>Directrices sobre etiquetado nutricional</i>, en un nuevo párrafo 2.5.</p>
<p>Recomendación 17: Registro de decisiones sobre los VRN-N Que el CCNFSDU acuerde lo siguiente:</p> <p>A. Incluir la información detallada de todos los VRN-N afectados por esta revisión en el anexo de las <i>Directrices sobre etiquetado nutricional</i>.</p> <p>B. Añadir el cuadro de la sección 6 al anexo, en una nueva sección 4 actualizada que incluya las decisiones adoptadas en esta reunión del CCNFSD</p>	<p>Colombia, como en anteriores posiciones del GET, apoya:</p> <p>A. Incluir la información detallada de todos los VRN-N afectados por esta revisión en el anexo de las <i>Directrices sobre etiquetado nutricional</i>.</p> <p>B. Que se añada el cuadro de la sección 6 al anexo, en una nueva sección 4 actualizada que incluya las decisiones adoptadas en esta reunión del CCNFSD</p>
<p>Recomendación 18: Proyecto de principios generales para establecer VRN-N para los lactantes de más edad y los niños pequeños Que el CCNFSDU apruebe el proyecto de principios generales presentado en la sección 8.</p>	<p>Colombia aprueba el proyecto de principios generales presentado en la sección 8.</p>
<p>Recomendación 19: Enmiendas consiguientes en la edad de la población general indicada en las Directrices sobre etiquetado nutricional Que, siempre que se siga la recomendación 18, el CCNFSDU acuerde cambiar «mayores de 36 meses» o «mayor de 36 meses» por «de 36 meses o mayores» o «de 36 meses o mayor» en el párrafo 3.4.4, el preámbulo del anexo y el PG 3.2.1.2 de las <i>Directrices</i></p>	<p>Colombia apoya el cambio de: «mayores de 36 meses» o «mayor de 36 meses» Por: «de 36 meses o mayores» o «de 36 meses o mayor» En el párrafo 3.4.4, el preámbulo del anexo y el PG 3.2.1.2 de las <i>Directrices sobre etiquetado nutricional</i>.</p>

RECOMENDACIÓN	POSICIÓN COLOMBIA
<i>sobre etiquetado nutricional.</i>	

EUROPEAN UNION

[European Union competence](#)

[European Union Vote](#)

The European Union (EU) would like to thank Australia, as Chair of the e-WG for the work done so far. The EU has the following comments on the Proposed Draft Additional or Revised Nutrient Reference Values for Labelling Purposes in the Guidelines on Nutrition Labelling (CX/NFSDU 15/37/4).

Recommendation 1: NRV-R for Vitamin A

That CCNFSDU agrees to retain the NRV-R as 800 µg and based on IOM

The EU would opt for a NRV that has been established taking into account the most recent scientific opinion delivered by RASBs, therefore the EU would support a value of 700 µg.

Recommendation 2: NRV-R for Vitamin D

That CCNFSDU agrees to:

- A revise upward the NRV-R from 5 µg
- B select either 10 µg or 15 µg and based on relevant RASB

The EU proposes to continue work on the decision about the NRV-R for vitamin D in 2016. The European Food Safety Authority (EFSA) plans to deliver a final opinion within June 2016. This time-frame reflects the very active research happening in this field, and the need to take into account all the latest scientific data.

Recommendation 3: Footnote to NRV-R for Vitamin D

That CCNFSDU agrees to:

- A establish a footnote to the NRV-R
- B adopt footnote wording including selection of text in square brackets in line with decision on Recommendation #2.

The EU, in principle, agrees with the inclusion of a footnote. However, the EU believes that the actual text should be discussed after having agreed on a NRV-R for vitamin D. The EU would therefore welcome a deferral of the discussion to 2016.

Recommendation 4: NRV-R for Vitamin E

That CCNFSDU agrees to establish a NRV-R of 9 mg and based equally on Nordic Council, and average of EFSA, NHRMC/MOH, NIH, WHO/FAO (all AIs)

The EU would opt for the NRV that has been most recently suggested by the RASBs; therefore the EU would support a value of 12 mg for Vitamin E.

Recommendations 5, 6 and 7, NRV-R for Iron, Dietary Description for Iron, footnote to NRV-R for Iron

That CCNFSDU agrees to:

- A modify the NRV-R to refer to % dietary absorption
- B revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption) and based on WHO/FAO.

Subject to agreement to Recommendation 5, that CCNFSDU agrees to the dietary descriptions adapted from WHO/FAO (2006) that correspond to the selected NRVs-R.

Subject to agreement with Recommendation 5, that CCNFSDU agrees to also attach to iron the ** footnote indicator currently attached to zinc.

The EU notes the overwhelming support of the eWG for establishing the two proposed NRVs-R. The EU can support the proposed values as well as the draft dietary descriptions and the footnote.

Recommendation 8: NRV-R for Magnesium

That CCNFSDU agrees to revise the NRV-R from 300 mg to 310 mg and based on average of IOM, NIH, WHO/FAO ± Nordic Council (INL98 ± RI).

The EU would favour a value of 330 mg based on the average of the values recommended by IOM, NIH, Nordic Council and EFSA. We believe this to be the value that best reflects the different candidate DIRVs of the RASBs.

Recommendation 9: NRV-R for Phosphorus

On the basis of eWG consideration, that CCNFSDU agrees to establish a NRV-R of 700 mg and based on IOM.

The EU would like to inform the Committee that EFSA published its final opinion in 2015. Therein, EFSA considered that the available data are insufficient to derive Average Requirements and Population Reference Intakes for phosphorus, and therefore set AIs for all population groups. For adults, the AI of 550 mg was set. The EU therefore proposes to correct the relevant table's entry, which includes a preliminary EFSA suggested value of 700 mg. The EU would opt for the NRV that has been most recently established by the RASBs, therefore the EU supports a value of 550 mg.

Recommendation 10: NRV-R for Copper

That CCNFSDU agrees to establish a NRV-R of 900 µg and based on IOM.

The EU notes that the proposed value is lower than the one proposed by the NHMRC/MOH and EFSA in their most recent opinion. EFSA concluded in its opinion that "Average Requirements" and "Population Reference Intakes" for copper cannot be derived for adults as there was no scientific evidence to support them; and proposed instead for adults "Adequate Intakes", which consider the range of average copper intakes estimated from dietary surveys in eight EU countries. In addition, balance studies were used as supportive evidence for deriving Adequate Intakes (AIs) for men. The EU is aware that AIs reflect intake in the EU, which may not be representative for other parts of the world. However, the balance studies taken into account seem to suggest that zero balance occurs at intakes higher than the proposed NRV-R value of 900 µg. Therefore, the EU considers that the proposed NRV-R of 900 µg could be too low. Consequently, the EU prefers to establish a higher NRV-R such as 1.5 mg which would reflect the values from both RASBs NHMRC/MOH and EFSA.

Recommendation 11: NRV-R for Chromium

That CCNFSDU agrees to establish a NRV-R of 30 µg and based on IOM.

The EU notes that according to the latest opinion of RASBs, that deriving an AR and a PRI for chromium for the performance of physiological functions is inappropriate. After having examined the latest scientific evidence, there seem to be no indication of beneficial effects associated with chromium intake in healthy subjects. Therefore, the setting of an AI for chromium does not seem to be justified; consequently, the EU would rather not establish a NRV-R for Chromium.

Recommendation 12: NRV-R for Chloride

That CCNFSDU agrees to:

- A establish a NRV-R for chloride
- B select 2300 mg or 3000 mg and based on relevant rationale or RASB.

The EU would propose to continue discussions in 2016 with a view to find a NRV for chloride. This would enable the Committee to consider the most recently established candidate DRIV by EFSA.

Recommendation 13: Vitamin A Dietary Equivalents and Conversion Factors

That CCNFSDU agrees to:

- A insert an entry for vitamin A in the second table to paragraph 3.4.4.1 of the Guidelines on Nutrition Labelling
- B include both RAE and RE and their conventional conversion factors as alternative dietary equivalents for Vitamin A occurring naturally in food as discussed in section 4.1
- C include two principal forms of retinol that are added to food as shown in section 4.2
- D delete the * currently attached to vitamin A NRV-R and related footnote relating to declaration of β-carotene.

The EU can support recommendations, A, B and D as proposed. With regard to C, the EU considers it is not necessary to include the 2 forms of retinol in the Codex Guidelines. The reason is that these 2 forms of retinol do not represent a comprehensive list of all forms of Vitamin A that can be added to foods, and such an inclusion would be inconsistent with the listing of other nutrients.

Recommendation 14: Vitamin E Dietary Equivalents and Conversion Factors

That CCNFSDU agrees to:

- A insert an entry for vitamin E in the second table to paragraph 3.4.4.1 of the Guidelines on Nutrition Labelling
- B include α-tocopherol as the active form of vitamin E occurring naturally in food as shown in section 4.3
- C include three common forms of vitamin E that are added to food as shown in section 4.4.

The EU can support recommendations A and B as proposed. With regard to C, the EU does not consider it necessary to include the 3 forms of Vitamin A. Again, the reason is that these do not represent a

comprehensive list of all forms of Vitamin E that can be added to foods and such an inclusion would be inconsistent with the listing of other nutrients.

Recommendation 15: Second Table Heading and Footnote

That CCNFSDU agrees to the proposed revisions in section 4.5 above.

The EU can support the proposed changes.

Recommendation 16: RASB Definition in Guidelines on Nutrition Labelling

That CCNFSDU agrees to insert the definition of RASB in the Annex to Guidelines on Nutrition Labelling at new paragraph 2.5.

Recommendation 17: Record of NRV-R decisions

That CCNFSDU agrees to:

- A record the details of all NRVs-R from this revision in the Annex to the Guidelines on Nutrition Labelling
- B insert the table in section 6 into the Annex at new section 4 updated to include decisions from this session of CCNFSDU.

The EU can support the recommendations.

Recommendation 18: Draft General Principles for NRVs-R for Older Infants and Young Children

That CCNFSDU agrees to the draft General Principles presented in section 8.

Recommendation 19: Consequential amendments to age of general population in Nutrition Labelling Guidelines

Subject to agreement to Recommendation #18, that CCNFSDU agrees to revise 'older than 36 months' to '36 months and older' in paragraph 3.4.4, the Annex Preamble and GP 3.2.1.2. in the *Guidelines on Nutrition Labelling*.

The EU would suggest a reflection on the best way to prioritise this work, given the undeniable effort required. Currently, nutrient content and health claims are not permitted for foods for infants and children, except where specifically provided for in the relevant Codex standards - which is currently not the case - or by national legislation. In order to assess the extent to which the development of NRVs-R would enable harmonisation, the EU recommends investigating if there are countries that permit nutrient content and health claims for older infants and young children.

Until such time as this information is available, the EU questions the usefulness of establishing NRV-Rs for older infants and young children at this point of time.

INDIA

General Comments:

India appreciates the opportunity to comment on the Proposed Draft Additional or Revised Nutrient Reference Values for Labelling Purposes in the Guidelines on Nutrition Labelling.

Specific Comments:

Section 3.3 Vitamin D NRV-R

Recommendation 2- NRV-R for Vitamin D

India proposes NRV –R for Vitamin D to be minimum 5 µg.

Section 3.3.1 Footnote to NRV-R for Vitamin D

Higher NRV-R may be required in countries with minimal exposure to sunlight throughout the year. Based on exposure to sunlight, the competent National Authority or Regional Authority should determine an appropriate NRV-R to either 10 or 15 µg, if needed.

Section 7.5: Alignment of DIRV Age Range with Agreed NRV-R Age Range for Older Infants

India supports the age range of all candidate DIRVs should be standardised to the agreed NRV-r age range.

Rationale: Single standard uniformity should be there i.e. 7-36 months, which is easy to understand for the consumers.

INDONESIA

Recommendation	Indonesia Comments
Recommendation 1 – NRV-R for Vitamin A	Indonesia proposes NRV-R of 700 µg based on EFSA. Indonesia considers that the value is in accordance with the requirement of Vitamin A for general population in Indonesia.
Recommendation 2 – NRV-R for Vitamin D	A. Indonesia agrees with the recommendation B. Indonesia proposes NRV-R of 15 µg for vitamin D based on IOM. Indonesia considers that the value is in accordance with the requirement of Vitamin D for general population in Indonesia.
Recommendation 3 – Footnote to NRV-R for Vitamin A	A. Indonesia agrees with the recommendation B. Indonesia proposes to open the square bracket as follows: <i>“The NRV-R is based on minimal sunlight exposure throughout the year or in winter. Competent national and/or regional authorities should determine an appropriate NRV-R that best accounts for population sunlight exposure and other relevant factors”</i>
Recommendation 4 – NRV-R for Vitamin E	Indonesia proposes NRV-R of 15 mg for Vitamin E based on IOM. Indonesia considers that the value is in accordance with the requirement of Vitamin E for general population in Indonesia
Recommendation 5 – NRV-R for Vitamin Iron	A. Indonesia agrees with the recommendation B. Indonesia agrees to revise the NRV-R from 14 mg to 14 mg (15% dietary absorption) and 22 mg (10% dietary absorption) and based on WHO/FAO.
Recommendation 6 – Dietary Description for Iron	Indonesia agrees with the recommendation
Recommendation 7 – Footnote to NRV-R for Iron	Indonesia agrees with the recommendation
Recommendation 8 – NRV-R for Magnesium	Indonesia proposes NRV-R of 365 mg based on IOM. Indonesia considers that the value is in accordance with the requirement of Magnesium for general population in Indonesia.
Recommendation 9 – NRV-R for Phosphorus	Indonesia agrees with the recommendation
Recommendation 10 – NRV-R for Copper	Indonesia agrees with the recommendation
Recommendation 11 – NRV-R for Chromium	Indonesia agrees with the recommendation
Recommendation 12 – NRV-R for Chloride	Indonesia believes that for the time being no need to establish NRV-R for chloride until EFSA Scientific Opinion is published
Recommendation 13– NRV-R for Vitamin A Dietary Equivalents and Conversion Factors	A. Indonesia agrees with the recommendation B. Indonesia agrees with the recommendation C. Indonesia doesn't agree with the recommendation. Indonesia considers that

	<p>declaration of vitamin A should be "Vitamin A"</p> <p>D. Indonesia agrees with the recommendation</p> <p>Note dalam <i>Guidelines on Nutrition Labelling</i> (CAC/GL 2):</p> <p>*for the declaration of β-carotene (provitamin A) the following conversion factor should be used: 1 μg retinol = 6 μg β-carotene</p>
Recommendation 14 – for Vitamin E Dietary Equivalents and Conversion Factors	<p>A. Indonesia agrees with the recommendation</p> <p>B. Indonesia agrees with the recommendation</p> <p>C. Indonesia agrees with the recommendation</p>
Recommendation 15 – Second Table Heading and Footnote	Indonesia agrees with the recommendation
Recommendation 16 – RASB Definition in Guidelines on Nutrition Labelling	Indonesia agrees with the recommendation

KENYA

Kenya recommends adoption of the recommendations as proposed except for the following

Recommendation 1: NRV-R for Vitamin A

That CCNFSDU agrees to retain the NRV-R as 800 μ g and based on IOM

Position: Support adoption of the recommendation. This based on the understanding of the need for the management of vitamin A deficiency which is still a challenge in the country.

Recommendation 2 and 3: NRV-R for Vitamin D

Issue: That CCNFSDU agrees to:

- A. Revise upward the NRV-R from 5 μ g
- B. Select either 10 μ g or 15 μ g and based on relevant RASB.

Position: We propose maintaining 5 μ g based on the fact that Vitamin D is not a nutrient of public health concern in the country. However, in addition, a footnote may be introduced to allow national authorities to adjust the levels up to 15 μ g to address Vitamin D deficiencies in their countries.

Recommendation 9: NRV-R for Phosphorus

Issue: On the basis of eWG consideration, that CCNFSDU agrees to establish a NRV-R of 700 mg and based on IOM.

Position: We recommend the adoption of 550 mg as opposed to 700 mg so as to maintain an effective Ca:P ratio for proper absorption of the phosphorus.

Recommendation 11: NRV-R for Chromium

Issue: That CCNFSDU agrees to establish a NRV-R of 30 μ g and based on IOM.

Position: Hold adoption of Cr. As there is little information on Cr and preferably request for more information. However, we note that Cr. Plays an important role in body metabolism.

Recommendation 12: NRV-R for Chloride

Issue: That CCNFSDU agrees to:

- A. establish a NRV-R for chloride
- B. select 2300 mg or 3000 mg and based on relevant rationale or RASB.

Position: We support adoption of part A of the recommendation and a 3000 mg for the NRV which is based on molar ratio of NaCl and on the understanding that the CAC had adopted a NRV of 2000 mg for Na.

PHILIPPINES

POSITION

The Philippines appreciates the works of Australia and the electronic working group for the progress made in the proposed draft.

The Philippines supports the proposed Suitable Nutrient Reference Values (Vitamin E, Iron, Phosphorus and Copper) since the values of these nutrients are identical, if not closely similar with the values of the Philippine Dietary Reference Intakes-Recommended Energy and Nutrient Intakes(PDRI-RENI)) for these nutrients.

In our view, the inclusion of footnote indicating that “Competent national or regional authorities should determine an appropriate NRV-R that best represents the dietary absorption from relevant diets” on iron and zinc is acceptable.

RATIONALE

The argument of global harmonization of nutrient-based dietary guidelines is based on the premise that the physiologic requirements are expected to be similar across healthy population groups. However, nutrient requirements are known to be affected by other factors such as genetic heterogeneity, usual diet composition, lifestyle, etc. (WHO/FAO Vitamin and Mineral Requirements in Human Nutrition, 2004). Our support for the proposed values of Vitamin E, Iron, Phosphorus and Copper stems from the fact that these values are similar if not closely similar with the Philippine recommended nutrient intakes for these nutrients. These recommended intakes which on the basis of current scientific knowledge are considered adequate for the maintenance of health and well-being of nearly all healthy persons in the population (Nutrition Review 50 (3:89, 1992).

RECOMMENDATION 4 – NRV-R for Vitamin E

Philippines agrees to establish NRV-R for Vitamin E based on recent review of the literature and the average values of EFSA, NHRMC/MOH, NIH, WHO/FAO (all AIs).

We support Vitamin E Dietary Equivalents and Conversion Factor. The CCNFSDU agrees to insert an entry for vitamin E in the second table to paragraph 3.4.4.1 of the Guidelines on Nutrition Labelling and include α -tocopherol as the active form of vitamin E occurring naturally in food as shown in section 4.3.

RECOMMENDATION 5 – NRV-R for Iron

We are in agreement with 14 mg NRV-R (15% dietary absorption; Diversified diets, rich in meat fish, poultry, and/or rich in fruit and vegetables and 22 mg (10% dietary absorption; Diets rich in cereals, roots or tubers, with some meat, fish, poultry and/or containing some fruit and vegetables) for iron based on WHO/FAO. Inclusion of this footnote will give flexibility to national governments to establish NRVs that will best correspond to the % absorption of iron and zinc in the country's diets considering the variations in the typical composition and food sources of these minerals in the local diets.

RECOMMENDATION 9 – NRV-R for Phosphorus

The Philippines supports the proposed NRV-R for Phosphorus of 700 mg based on IOM recommendation.

RECOMMENDATION 10 – NRV-R for Copper

The Philippines agrees to establish a NRV-R of 900 μ g for Copper based on IOM recommendation.

Although the Philippines uses recommended energy and nutrient intakes (RENI) for specific age groups, we are of the opinion that the proposed Nutrient Reference Values maybe considered as useful reference values for nutrients without established PDRI. This nutrient includes Copper.

IFMA - International Federation of Margarine Associations

IFMA would like to provide the following comments on specific sections of the document.

Recommendation		Comments
1. NRV-R for Vitamin A	That CCNFSDU agrees to retain the NRV-R as 800 μ g and based on IOM.	Given the relatively low UL of vitamin A and the availability of carotenoids in most diets, it is better to keep the recommended value for

		vitamin A at its lower edge, i.e. 700 µg (in line with EFSA).
2. NRV-R for Vitamin D	That CCNFSDU agrees to: A. revise upward the NRV-R from 5 µg B. select either 10 µg or 15 µg and based on relevant RASB.	IFMA supports 10 µg as this is the most recent review. 5 µg is really too low, also viewing the high prevalence of deficiency around the globe and across population groups.
3. Footnote to NRV-R for Vitamin D	That CCNFSDU agrees to: A. establish a footnote to the NRV-R B. adopt footnote wording including selection of text in square brackets in line with decision on Recommendation #2.	We would not recommend a footnote as it does not seem useful. Most people around the globe have minimal sunlight exposure as: - they are dressed according to certain religious standards, - they live close to the Arctics where half of the year there is less sunlight, - or the people have dark skin.
4. NRV-R for Vitamin E	That CCNFSDU agrees to establish a NRV-R of 9 mg and based equally on Nordic Council, and average of EFSA, NHRMC/MOH, NIHN, WHO/FAO (all AIs).	IFMA could accept a NRV-R of 9 mg as it is the average of all relevant values taken into account. However, we could also support a value of 12 mg, in line with most recent EFSA's opinion.
Vitamin A Dietary Equivalents and Conversion Factors	That CCNFSDU agrees to: A. insert an entry for vitamin A in the second table to paragraph 3.4.4.1 of the Guidelines on Nutrition Labelling B. include both RAE and RE and their conventional conversion factors as alternative dietary equivalents for Vitamin A occurring naturally in food as discussed in section 4.1 C. include two principal forms of retinol that are added to food as shown in section 4.2 A. delete the * currently attached to vitamin A NRV-R and related footnote relating to declaration of β-carotene.	IFMA agrees with A, B, C and D.
Vitamin E Dietary Equivalents and Conversion Factors	That CCNFSDU agrees to: A. insert an entry for vitamin E in the second table to paragraph 3.4.4.1 of the Guidelines on Nutrition Labelling B. include α-tocopherol as the active form of vitamin E occurring naturally in food as shown in section 4.3 include three common forms of vitamin E that are added to food as shown in section 4.4.	IFMA agrees with A, B, and C.

5. Second Table Heading and Footnote	That CCNFSDU agrees to the proposed revisions in section 4.5 above.	IFMA fully supports this!
6. RASB Definition in Guidelines on Nutrition Labelling	That CCNFSDU agrees to insert the definition of RASB in the Annex to Guidelines on Nutrition Labelling at new paragraph 2.5.	IFMA fully supports this!
7. RECORD of NRV-R DECISIONS	That CCNFSDU agrees to: A. record the details of all NRVs-R from this revision in the Annex to the <i>Guidelines on Nutrition Labelling</i> insert the table in section 6 into the Annex at new section 4 updated to include decisions from this session of CCNFSDU.	IFMA fully supports this!
8. Draft General Principles for NRVs-R for Older Infants and Young Children	That CCNFSDU agrees to the draft General Principles presented in section 8.	IFMA fully supports this!