

Request for advice

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It is important for public health that the population has an adequate supply of essential micronutrients. We know that a habitual diet does not contain enough of some of these essential micronutrients to meet the needs of (certain groups of) the population. The Ministry of Health, Welfare and Sport therefore follows an active policy with regard to these essential micronutrients. This policy covers both the use of supplements (vitamin D for young children, folic acid for pregnant women and women who want to have a baby) and fortification of foodstuffs. The addition of vitamins A and D to margarine, butter, and oil is permitted and encouraged under the Agreement on the vitamin fortification of spreadable fats. The addition of iodine to table salt (and alternative products), bread and bread substitutes (via salt used in breadmaking) and meat products (via nitrite pickle) is also permitted.

On the other hand it is important to ensure that people do not consume too much of certain essential micronutrients, as this could be harmful to health. That is why foodstuffs cannot in principle be fortified with essential micronutrients that have a 'narrow margin'. The micronutrients in question are vitamin A, vitamin D, folic acid, selenium, copper and zinc. A 'narrow margin' in this context means that the recommended dietary allowance (RDA) and the safe upper level of intake are relatively close to one another, which means that people can easily run the risk of consuming too much of a certain vitamin, mineral or trace element. The addition of iodine to foodstuffs is prohibited for the same reason. There are however exceptions to these rules: iodine can be added to salt (used in breadmaking

and preparing meat products) and vitamins A and D can be added to spreadable fats. Controlled additions seek to ensure that consumers do not ingest too much or too little. As far as the other essential micronutrients that do not have a narrow margin are concerned, fortification of foodstuffs is permitted up to 100% of the recommended dietary allowance per daily intake.

Three developments are taking place at the moment leading to a need to review micronutrient policy. They are set out below.

Following the judgement of the Court (2 December 2004, EC Commission v. Netherlands, C-41 102), the Netherlands has had to give up its absolute ban on fortification with substances such as folic acid. Requests for exemption from the ban on adding micronutrients can only be rejected if it can be demonstrated that placing the specific product on the market would endanger public health. According to the Court's judgement, the absence of a nutritional need for the fortification of foodstuffs, which has in the past been an important argument used by the Netherlands in rejecting requests for exemption, no longer constitutes adequate grounds. The EU regulation on voluntary fortification of foodstuffs with vitamins, minerals and some other substances will take effect in the course of the next year or two. Policy on the fortification of foodstuffs with micronutrients will then be harmonised throughout the EU. This regulation will set minimum and maximum amounts of vitamins and minerals that can be added. The same procedure will be carried out for dietary supplements in order to minimise the risk of overdoses of micronutrients by people consuming fortified foodstuffs and taking dietary supplements. It is true that the regulation deals with voluntary fortification and therefore by definition does not resolve the problem of possible deficits in the supply of essential micronutrients. But the regulation does allow EU member states to continue or introduce mandatory fortification of foodstuffs if this is necessary on public health grounds. The question is whether the Netherlands should maintain its current system of voluntary fortification of spreadable fats with vitamins A and D and the fortification of table salt, salt used in breadmaking and nitrite pickle with iodine or whether it should move to a system of mandatory fortification. Another point is that science is producing new findings. Increasingly, researchers are discovering that the health benefits of a supply of certain micronutrients at levels (far) above the current dietary reference values. As this might also lead to a risk of excessive intake, which needs to be considered in the light of the other effects, the Ministry's policy could be based on a risk-benefit analysis. Risk-benefit analysis models are being devised. One example is the role that folic acid is thought to play in preventing cardiovascular diseases. The United States has examined the advantages and disadvantages of extra folic acid supply and has decided to introduce mandatory fortification of flour (for use in bread making and other applications). Ireland and the United Kingdom are currently considering whether to follow suit.

The challenge facing me is to devise a policy, within the context of the new European regulation, under which the largest possible proportion of the population will receive sufficient essential micron-

utrients while the smallest possible proportion of the population will run the risk of consuming more than the safe upper level of intake.

In the light of this, I am asking the Health Council to address the questions set out below.

For what essential micronutrients for which dietary reference values have been established in the Netherlands and in what situation does the habitual diet not offer sufficient guarantees that the population, or groups of the population, will have an adequate supply? Please use food consumption data, nutritional status data and other relevant scientific information when addressing this issue. What is the best way of ensuring an adequate supply of essential micronutrients in these situations? The Council is requested to look at all available policy instruments for each essential nutrient in its deliberations. What might the health benefits of an active fortification policy (whether with mandatory fortification or not) be for (groups of) our population in the light of a risk-benefit analysis for essential micronutrients such as folic acid and vitamin D (and any other relevant vitamins and/or minerals)?

I would very much appreciate receiving your advisory report around the middle of 2007.

(signed)

The Minister for Health, Welfare and Sport

H. Hoogervorst