

Comment on:

**Codex Committee on Nutrition and Foods for Special Dietary Uses
Electronic Working Group**

**Principles and Criteria for the Development of NRVs for Labelling Purposes
for Nutrients Associated with Risk of Diet-Related Noncommunicable Diseases**

May 2010 Consultation Document

General Comment:

The Discussion Paper should be rearranged to provide at the beginning a clear explanation of the purpose and use of the concept. This explanation is imperative to ensure that the NRV-NCD are understood to be NRV, and not to as Dietary Reference Intakes (DRI, including INL₉₈, RDA, PRI, UL, UNL and similar). In particular it is important to for the eWG and draft document to recognize that NRVs are for use in food labels, and they may be useful in relationship to health claim, but they, in themselves, are not health claims.

At present, the draft document does not provide any explanation as to how the consumer is to interpret a NRV-NCD in a manner any different from other NRVs. For nutrients for which excessive intakes might increase the risk of a NCD (e.g., fat, salt, sugar), the NRV-NCD would imply a maximum amount compatible with low risk of the NCD. For other nutrients (possible example: vitamin D), the NRV would have the opposite meaning—that is, the minimum amount that would be compatible with low risk of the NCD. These opposite meanings present at problem that is not solved or even addressed by the current draft.

The current draft declares that NRV are designated to apply to the usual type of NRV and to NRV-NCD. That decision is appropriate, but the means of communication of the opposite meanings to the consumer is not described and made clear. It must be for the inclusion of NRV-NCD to be useful to the consumer.

Specific Comments: In this section, the questions posed by the eWG are copied in the boxes, and CRN's comments are inserted just after each question.

Question 1a. Please comment on the removal of brackets from “NRVs-NCD” in the first sentence and third sentence, and on removal of all other brackets in the first sentence.

It is premature to remove square brackets when no adequate means of distinguishing on the label between NRV that suggest maximum values and those that suggest minimum values.

Question 1b. Which term do you support using in this preamble and why? If you support using “a means”, would you also support making this change in the vitamin and mineral NRV preamble?

This is not an issue: There is no difference whatever in the meaning of “one way” and “a means.” We should address real issues.

Question 1c: Should a sentence be added to the Preamble to clarify that it may be appropriate for governments to establish additional food label reference values? If so, what are your views about adding the following after the third sentence?

“In assessing the suitability of these principles and criteria, it is recognized that governments may appropriately establish additional reference values for labelling purposes.”

NRVs are needed for additional nutrients, but this would require authoritative scientific review that identifies target intakes similar to the RDA. These values would be needed for non-essential nutrients such as lutein, lycopene, and others.

Question 2a: Please comment on whether the term “chronic” should be added to the definition.

Most of the disease examples for NCDs that relate to nutrients are chronic, but inclusion of the term adds no additional information. Some diseases may be chronic or not, depending on the nutrient intake. The term chronic may be omitted without damaging the document.

Question 2b: Given that it is the role of CCFL to establish a definition of NRVs and that the definition may be placed in the Guidelines on Nutrition Labelling, please comment on whether there would be a need to include a definition of “NRVs” in these general principles in addition to the definition of “NRVs-NCD”.

Yes, there is a need for both definitions. Provision of the definitions, however, would not necessarily provide clarity on how the label would communicate this difference to the consumer.

Question 2c: Please comment on the need to provide a definition for any of the additional terms suggested by one or more Codex members at the last session or that were used in the 2008 FAO/WHO Expert Consultation. If you believe it important to define an additional term(s), please provide rationale with proposed definition.

The Codex meaning of the UL is clear. The NRV-NCD for nutrients that may increase the risk of a NCD, e.g., fat, salt, and sugar, would have meaning with strong similarity (but little similarity in means of derivation) to the UL for other nutrients. The similarities and differences should be made clear.

Question 3a: What term(s) do you recommend be used to describe the level of scientific evidence in the first and third bullets in Sec. 3.1?

The terms used are appropriate.

Question 3b: Should the Committee consider an NRV-NCD for a nutrient if its main effect is based on substituting for another nutrient in the diet? If yes, and if the evidence meets additional criteria for an NRV-NCD, do you believe that it would be appropriate to clarify in any final Codex provisions that the nature of the evidence is for a substitution effect?

The mechanism of direct effect or substitution effect should not be an issue. The significant issue is whether the evidence demonstrates a relationship between the nutrient and the NCD.

Question 3c: Please comment on any additional suggested edits to Sec. 3.2 with a rationale, including consideration of whether the same principles apply for selection of suitable data sources to establish NRVs-NCD as for vitamin-mineral NRVs.

This section should recognize the similarity of a NRV-NCD and the level of intake that would justify a health claim. The data and evidence requirements should be similar.

Question 3d: Do you recommend retaining the current heading for Section 3.3 which uses similar wording as the vitamin and mineral NRV general principles, or replacing it with “Determining NRVs-NCD” as suggested by at least one delegation at the last session?

Question 3e: Do you recommend retaining 3.3.3 with its associated text as a separate section or including the text as a subsection to 3.3.2?

3d: Since both types are NRVs, the similar wording should be retained.

3e: Clarity, not location, is the important issue.

Question 3f: Do you support adding a principle(s) related to Upper Levels of Intakes and/or Upper Level of Acceptable Macronutrient Distribution Range in Section 3.3? If yes, please comment on appropriate wording and placement of the principle(s).

Yes. For some nutrients for which the NRV-NCD suggests a limit of intake, the basis may be a UL. For others it may be the AMDR.

Question 3g: Please comment on the need to include the above draft principle or any additional principles in Section 3.3 with a rationale.

Yes, a rationale is needed.