Republic of the Philippines NATIONAL NUTRITION COUNCIL

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NNC GOVERNING BOARD Resolution No.5 Series of 2012

Adopting the Revised Policy on Mandatory Food Fortification Pursuant to Section 8 of RA 8976 on Mandatory Food Fortification

WHEREAS, Republic Act 8976 entitled "An Act Establishing the Philippine Food Fortification Program and for Other Purposes" or the Philippine Food Fortification Act of 2000 established the Food Fortification (FF) Program as a response to the problem on micronutrient deficiencies particularly of vitamin A, iron, and iodine;

WHEREAS, one of the components of RA 8976 is mandatory food fortification which involves the addition of iron in rice, iron and vitamin A in wheat flour, and vitamin A in refined sugar, and in cooking oil;

WHEREAS, Section 8 of RA 8976 designates the NNC as the advisory body on food fortification. As such, NNC was tasked to "conduct a periodic review of the micronutrients added to food." This review will provide the basis for determining the need for continued mandatory fortification;

WHEREAS, to facilitate the review, the NNC engaged the services of the Nutrition Center of the Philippines to provide the information base on which the decision on the policy on mandatory food fortification will be made;

WHEREAS, the review noted that results of national nutrition surveys showed a decline in vitamin A deficiency (based on the level of vitamin A in the blood) between 1993 and 2008, specifically among children 6 mos-5 years from 40% to 15%; among pregnant women from 18% to 10%, and among lactating women from 20% to 6%;

WHEREAS, the review further noted that although anemia also showed a decline between 2003 and 2008 specifically for preschool children; there was relatively little change among infants 6-11 months old the age groups where iron requirements are highest as shown by the table on the next page;

Physiologic Group	Anemia Prevalence (%)				Percent Change
	1993	1998	2003	2008	
Philippines (overall prevalence) ²	28.9	30.6	1	19.5	
Children 6 months to <1 yr	49.2	56.6	66.2	55.7	16 (2003-2008)
Preschool children 1-5 yrs	25.7	29.6	29.1	20.9	28 (2003-2008)
School children 6-12 yrs	42.0	35.6	37.4	19.8	47 (2003-2008)
Adolescents 13- 19 yrs (male	No data	26.2		10.4	60 (1998-2008)
Adolescents 13- 19 yrs (female)		33.2		18.2	45 (1998-2008)
Adults 20-39 yrs (male)	No data	14.5		6.8	53 (1998-2008)
Adults 40-59 yrs (male)	No data	27.7		12.7	54 (1998-2008)
Adults 40-59 yrs (female)	No data	33.3	-	22.7	32 (1998-2008)
Elderly \geq 60 yrs	45.6	43.9		33.0	25 (1998-2008)
Pregnant	43.6	50.7	43.9	42.5	3 (2003-2008)
Lactating	43.0	45.7	42.2	31.4	26 (2003-2008)

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WHEREAS, the review noted that the reduction in anemia occurred in age groups that are not direct recipients of iron supplements and deworming tablets, both of which are interventions that may have an impact on hemoglobin levels;

WHEREAS, it is well established from scientific literature that twice yearly vitamin A supplementation reduces child mortality by 23%, reduces overt signs of vitamin A deficiency such as night blindness and xerophthalmia, and results in transient increases in blood vitamin A (serum retinol) levels;

WHEREAS, it is well-established from scientific literature that food-based interventions such as consumption of vitamin A-rich foods (vegetables, fruits, and animal foods) and fortified food, results in sustained increases in serum retinol as long as these foods are consumed;

WHEREAS, given these information, the most plausible explanation for the reduction in vitamin A deficiency and anemia seen between 2003 and 2008 is food fortification (both mandatory and voluntary);

WHEREAS, folate deficiency and neural tube defects in the Philippines can be described as follows:

- 1. Approximately 50% of Filipino females aged 13-45 years old have inadequate red blood cell folate (FNRI, 7th NNS);
- 2. Approximately 25% of 6 month -5 year old children had inadequate red blood cell folate (QIDS);
- 3. The Philippine Birth Defects Surveillance Project recorded 214 cases of neural tube defects over approximately 200,000 births, suggesting 2,600 cases annually;

WHEREAS, based on scientific literature, the risk of neural tube defects increases with lower red blood cell folate levels and folic acid has been shown to prevent neural tube defects that occur in the first 28 days of life;

WHEREAS, evidence from many countries have shown that folic acid supplementation and dietary advice have not been effective in reducing neural tube defects because of the need to have adequate folate status before conception;

WHEREAS, folic acid fortification of flour has been shown to be effective in increasing red blood cell folate and reducing neural tube defects in many countries;

WHEREAS, some countries have concerns about the short-term and long-term effects of folic acid fortification including those related to potential development of medical conditions;

WHEREAS, global wisdom as contained in the Copenhagen Consensus of 2008 and 2011, ranked food fortification as number 3 among the "most promising solutions to ten of the most pressing challenges facing the world today" based on cost-benefit assessment;

WHEREAS, the review reported that:

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- 1. The oil and flour industries, in general, comply with mandatory fortification;
- 2. Fortification of rice is mostly NFA rice;
- 3. Sugar has not been fortified with vitamin A due to the difficulty of ascertaining ownership owing to the existing *quedan* system;
- 4. There is evidence and guidance from the literature that different types of iron fortificants for flour and iron premixes in rice may be more effective and acceptable than the current standards;

- 5. Smuggling of unfortified oil and flour threaten the public health intervention of fortification and places at a competitive disadvantage the compliant manufacturers and importers;
- 6. A considerable portion of cooking oil in the market is unlabeled and unfortified and sold as dip-out oil (*"takal"*), and that used cooking oil from the fast food industry is allegedly being sold in the market;
- 7. Coconut and palm oil, as opposed to corn, canola, soy and olive oil, are most likely to be consumed by the poor;
- 8. While the Department of Health is the lead agency for fortification and program management, ownership and coordination is a well-recognized problem both within the DOH and among other government agencies;
- 9. There is a poor management information system for the Philippine Food Fortification Program;
- 10. The regulatory agencies are limited in their capacity to monitor the industries covered by mandatory food fortification; and
- 11. Promotion of food fortification and recognition of industry partners can be improved.

WHEREAS, the Technical Working Group on Mandatory Food Fortification and the NNC Technical Committee have reviewed the results of the review and have identified appropriate recommendations;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, in consideration of the foregoing, we the NNC Governing Board do hereby adopt the following policies:

- 1. Continued mandatory food fortification of the following staples to be a key strategy to address micronutrient deficiencies in the country
 - a. Coconut and palm cooking oil with vitamin A
 - b. Wheat flour with vitamin A and iron
 - c. Rice, both NFA and commercial rice with iron, with a shift to the use of extruded fortificant
- 2. Lifting of mandatory fortification of sugar with vitamin A
- 3. Maintain the current levels of fortification, i.e. ¹/₃ of the recommended energy and nutrient intake or RENI until the release of the results of the 8th national nutrition survey and the conduct of studies that will establish data on tissue stores of vitamin A, and on iron deficiency anemia to provide the basis for revising levels of fortification.

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- 4. Fortification with folic acid could be considered after the conduct of further studies to explore the need, feasibility, stability, safety, and regulation of folic acid fortification of flour.
- 5. Organization of an Inter-agency Food Fortification Technical Working Group within one month from the adoption of this resolution as a subgroup of the NNC Technical Committee; to formulate and manage the strategic and annual plan of the National Food Fortification Program.

RESOLVED FURTHER, that we as members of the NNC Governing Board will ensure that our respective agencies will carry out our designated roles specified in RA 8976 and ensure that related activities are funded in our regular budgets and augmented when needed by external funding assistance

RESOLVED FURTHER, for the Food and Drug Administration, the Philippine Coconut Authority, the National Food Authority, and the Sugar Regulatory Administration to issue within ninety days from the approval of this Resolution the appropriate regulations to implement this Resolution as provided for by Section 6 of RA 8976

RESOLVED FURTHER, for the National Nutrition Council Secretariat to ensure that the revised policy on mandatory fortification as expressed in this Governing Board Resolution is disseminated as widely as possible, including its publication in major dailies, to enable the food industry involved and other stakeholders to align their efforts along the priority concerns;

RESOLVED FURTHER, for the implementation of this Governing Board Resolution to be evaluated by 2016;

RESOLVED FURTHER, for the National Nutrition Council Secretariat, as overall in charge of coordinating the food fortification program, to monitor and ensure the implementation of this Governing Board Resolution in cooperation with the other agencies concerned and the industries covered by mandatory food fortification.

Approved this 31st day of October 2012.

HONORABLE ENRIQUE T. ONA, MD Secretary of Health and Chairperson National Nutrition Council Governing Board

Attested by:

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