



July 2006

Submission from the Dietitians Association of Australia

Proposal P295 – Consideration of mandatory fortification with folic acid

The Dietitians Association of Australia (DAA) cannot support mandatory fortification until there is a commitment from the Commonwealth, State and Territory Governments in Australia and the New Zealand Government for extensive monitoring and review, and continuing education.

Whilst there are diverse views on this topic from members, there is a consensus amongst our members that a comprehensive monitoring and review program is essential for any mandatory fortification of the food supply to assess the effectiveness of, the continuing need for, and any adverse effects resulting from, the mandating of fortification.

DAA recognises that mandatory fortification of foods with folic acid may reduce the severity and incidence of neural tube defects. However, there are concerns about the consistency with the Ministerial Council's Policy Guideline on *Fortification of Food with Vitamins and Minerals*

Specifically:

1. Specific Order Policy Principles for Mandatory Fortification

The 'Specific Order' Policy Principles state that the mandatory fortification should:

be only in response to demonstrated significant population health need taking into account the severity and prevalence of the health problem.

- It is estimated the preferred approach will reduce NTDs by 14-48 cases per year in Australia of an estimated total of 338 NTD conceptions. It is questionable whether this small percentage of conceptions and cases, despite the severity, represents a population health problem.

deliver effective amounts of added vitamins or minerals to the target group to meet the health objective.

- If the preferred approach is adopted of adding sufficient folic acid to achieve the residual level of 200 µg of folic acid in 100 g of bread-making flour, dietary modeling has shown that it will not deliver the amount shown to be effective to prevent NTDs in the target group.

- The Draft Assessment Report claims that ongoing voluntary fortification, supplementation and health education and will be required in addition to mandatory fortification to be effective. Funding and coordination of ongoing health education components are outside the scope of the food regulatory system. Commonwealth, State and Territory Governments in Australia and the New Zealand Government have to take responsibility for health education in order to meet the health objectives.

2. Additional Policy Guidance for Mandatory Fortification

Monitor/Review – any agreement to require fortification should require that it be monitored and formally reviewed to assess the effectiveness of, and continuing need for, the mandating of fortification.

- DAA has significant concerns that appropriate monitoring will not be undertaken as there has been a history of failure to implement monitoring systems in response to fortification of the food supply, despite ministerial policy and recommendations from advisory groups. There is still no monitoring or review of the mandatory fortification of bread-making flour with thiamin more than 20 years after its introduction and DAA believes, without firm commitment from Commonwealth, State and Territory Governments in Australia and the New Zealand Government, that mandatory fortification of bread-making flour with folic acid will also fail to be monitored and reviewed.
- The level of monitoring and surveillance required for mandatory fortification to assess the effectiveness of, and continuing need for, the mandating of fortification is beyond the role of FSANZ. DAA cannot support mandatory fortification of bread-making flour with folic acid without a prior ongoing commitment to support a comprehensive, nationally coordinated monitoring and review program from the Commonwealth, State and Territory Governments in Australia and the New Zealand Government
- DAA believes that monitoring and review is essential to any fortification of the food supply and that such a program should include the following:
 - health status (including but not limited to NTD incidence, B12 deficiency, multiple birth incidence and monitoring of cancers with some link to folate metabolism);
 - nutritional status such as serum folate and RBC folate status;
 - nutrient intake;
 - food consumption pattern;
 - food composition; and
 - compliance monitoring for industry.
- Ideally, baseline data on health status, nutritional status and nutrient intake would be collected before implementation of mandatory fortification with folic acid. Without baseline data the ability to evaluate the program will be severely hampered.

- Monitoring of health outcomes, nutritional status, nutrient intake and food consumption patterns must be across all States and Territories of Australia and New Zealand. Special attention needs to be paid to, but not restricted to, women of child-bearing age, Indigenous women and women from culturally and linguistically diverse (CALD) backgrounds. The latter group need to be included as they may not have wheaten bread as a staple in their diets.
- DAA acknowledges that responsibility for monitoring health outcomes and nutritional status is beyond the role of FSANZ. However, FSANZ is responsible for ensuring that food regulations protect public health and safety. FSANZ needs to be able to evaluate the safety and effectiveness of, and continuing need for, fortification as well as any unintended consequences (whether adverse or beneficial).

Additional Comments

- DAA believes that mandatory fortification of bread-making flour with folic acid is only part of a solution to reducing the incidence of NTDs. As stated in P295, in addition to mandatory fortification, ongoing voluntary fortification, supplement promotion and broad-based education programs for women of child-bearing age are essential because :
 - The level of mandatory supplementation proposed will not enable most women to achieve an intake of the recommended 400 µg per day required to reduce the risk of NTDs at an individual rather than a population level;
 - Women who have a higher risk of having a NTD affected pregnancy and will still require special care and support;
 - Women may incorrectly believe that they no longer need to take a folic acid supplement to minimise their personal risk of having a NTD affected pregnancy;
 - It is estimated 20% of women of child bearing age do not consume bread for health or other reasons; and
 - Folate status is not the only nutritional consideration for healthy pregnancy and a healthy baby.
- Supplement promotion and education programs will require ongoing investment and DAA believes this is a government responsibility which should be included in their cost/benefit analysis.
- DAA considers human development programs at secondary school to be a valuable and timely opportunity for targeting adolescent girls regarding this issue.

Labelling

- If mandatory fortification of bread-making flour is introduced, the DAA requests that dietary folate equivalents be listed in the Nutrition Information Panel as well as having folic acid in the ingredients list. This will allow consumers choice of whether or not to consume the products and allow them and their carers to calculate the approximate quantity of folate equivalents each day which could be of assistance in the decision as to whether or not a supplement is required.

Conclusion

The Dietitians Association of Australia (DAA) cannot support mandatory fortification until there is a commitment from the Commonwealth, State and Territory Governments in Australia and the New Zealand Government for extensive monitoring and review, and continuing education. DAA recognises mandatory fortification is a valid public health strategy to reach the intended target groups but that this is only part of a solution. Therefore, DAA also calls for the immediate implementation of a comprehensive public health approach to reduce the incidence of NTD pregnancies.

Acknowledgement

This submission was developed by members of the DAA Food Standards Advisory Committee with contributions from DAA members with an interest in this area.