

Large-Scale Food Fortification (LSFF) Partner Convening - April 16, 2024

Working session 17: What is the LSFF evidence base?

Global Evidence Base for LSFF: Nutrition Outcomes

Micronutrient deficiencies and strategies to address them

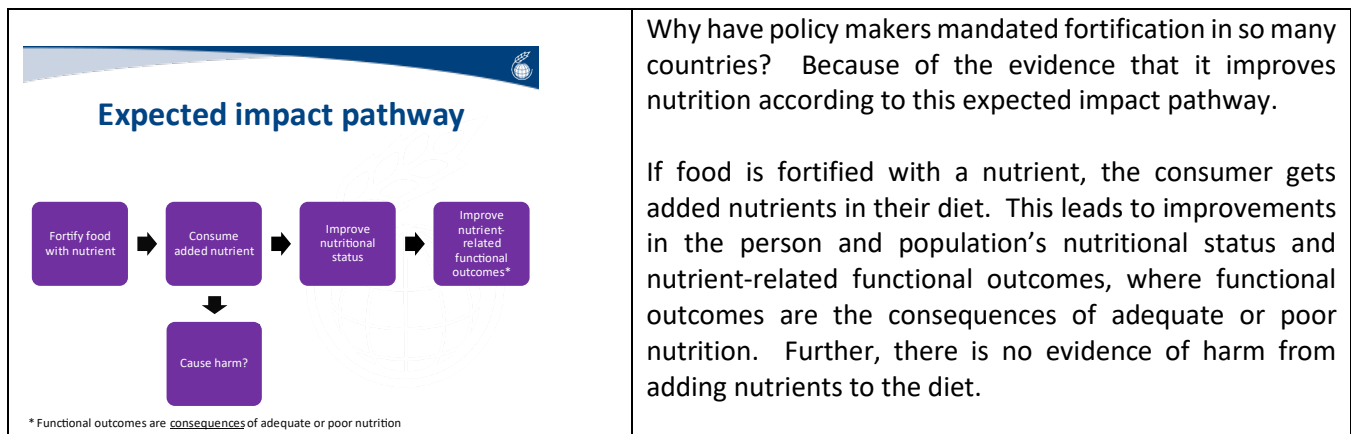
Micronutrients are those vitamins and minerals that our body needs in small quantities to function optimally.¹ At the global level, at least 50% of preschool children and women of reproductive age suffer from one or more micronutrient deficiency.² This suggests that micronutrient deficiencies are a public health problem.

Food fortification, also known as enrichment, is the addition of vitamins and minerals to foods during their processing.³ It is one of the many and complementary strategies that can be used to prevent and control micronutrient deficiencies.



Currently, 143 countries mandate the fortification of maize flour, oil, rice, salt or wheat flour.⁴

Expected impact pathway for LSFF



Evidence from fortifying grains (wheat flour, maize flour, rice) with folic acid (a form of vitamin B9)

- **Fortify food with nutrient:** Seventy (70) countries include folic acid in their wheat flour, maize flour or rice fortification standards.⁵ *Adding folic acid to grains through fortification is a standard practice globally.*
- **Consume added nutrient:** After introduction of mandatory fortification of wheat flour, maize flour and rice with several nutrients, including folic acid, mean folate intakes increased for women and men.⁶ *Fortifying grains with folic acid leads to an increase in the intake of folate.*
- **Improve nutritional status:** After mandatory grain fortification with folic acid in the USA, Canada, Chile and Costa Rica, serum folate values increased.⁷ *Fortifying grains with folic acid improves the folate status of the population.*



Food Fortification Initiative

Enhancing Grains for Healthier Lives

- **Improve nutrient-related functional outcomes:** After mandatory fortification of grains with folic acid, the odds decreased of a woman having a pregnancy affected by a birth defect of the brain and spine (called neural tube defects).⁸ After mandating the fortification of several foods with folic acid in Costa Rica, spinal lesions deemed too large to close surgically decreased.⁹ *Fortifying grains with folic acid reduces neural tube defects and their severity.*
- **Cause no harm:** Proceedings of a 2019 expert workshop held at the National Institutes of Health in the United States concluded that “Observations indicating adverse effects from excess folic acid intake, elevated folate status, and unmetabolized folic acid (UMFA) remain inconclusive; the data do not provide the evidence needed to affect public health recommendations.”¹⁰ *Fortifying grains with folic acid does not harm the population.*

Health impact of fortifying foods with other nutrients

A meta-analysis¹¹ summarizing the results of many studies combined concluded:

- Fortification of salt with iodine in low- and middle-income countries reduced the prevalence of iodine deficiency and the prevalence of goiter by approximately 75%.
- Fortification of fish sauce, maize flour, milk, rice, soy sauce and wheat flour with iron in low- and middle-income countries reduced the prevalence of iron deficiency by 58% and anemia prevalence by 34%.
- Fortification of maize flour, oil and sugar with vitamin A increased serum retinol levels by 0.31 mcg/dl, indicating an improvement in vitamin A status in low- and middle-income countries.

Fortification with iodine, iron and vitamin A improves nutritional status and functional outcomes.

Summary

Global evidence indicates that fortification with folic acid improves nutrient intake, nutritional status, and functional outcomes (where functional outcomes are the consequences of adequate or poor nutrition), without causing harm to the population.

Fortification with iodine, iron, and vitamin A improves nutritional status and functional outcomes.

How to cite this document

Food Fortification Initiative. Global evidence base for large-scale food fortification: nutrition outcomes. Food Fortification Initiative: Atlanta, USA. 2024.

¹ Pope J, Nizielski S. Nutrition for a Changing World. 2022.

² Stevens GA, Beal T, Mbuya MNN, Luo H, Neufeld LM; Global Micronutrient Deficiencies Research Group. Micronutrient deficiencies among preschool-aged children and women of reproductive age worldwide: a pooled analysis of individual-level data from population-representative surveys. *Lancet Glob Health*. 2022 Nov;10(11):e1590-e1599.

³ World Health Organization & the Food and Agriculture Organization of the United Nations. Guidelines on food fortification with micronutrients. 2006.

⁴ Global Fortification Data Exchange. Mandatory fortification. <https://fortificationdata.org/interactive-map-fortification-legislation/>

⁵ Global Fortification Data Exchange. Total number of nutrients in food vehicles. <https://fortificationdata.org/map-number-of-nutrients/>

⁶ Dietrich M, Brown CJ, Block G. The effect of folate fortification of cereal-grain products on blood folate status, dietary folate intake, and dietary folate sources among adult non-supplement users in the United States. *J Am Coll Nutr*. 2005 Aug;24(4):266-74.

⁷ Berry RJ, Mulinare J, Hamner HC. Folic acid fortification: Neural tube defect risk reduction—a global perspective. In: *Folate in Health and Disease* (2nd ed), Bailey LB (ed). CRC Press, Boca Raton, 2010.

⁸ Keats EC, Neufeld LM, Garrett GS, Mbuya MNN, Bhutta ZA. Improved micronutrient status and health outcomes in low- and middle-income countries following large-scale fortification: evidence from a systematic review and meta-analysis. *Am J Clin Nutr*. 2019 Jun 1;109(6):1696-1708.

⁹ Caceres, A., Jimenez-Chaverri, A. L., Alpizar-Quiros, P. A., & Wong-McClure, R. (2023). Pre and postnatal care characteristics and management features of children born with myelomeningocele in the post-folate fortification era of staple foods in Costa Rica (2004-2022). *Child's Nervous System: ChNS: Official Journal of the International Society for Pediatric Neurosurgery*, 39(7), 1755–1764.

¹⁰ Maruvada P, Stover PJ, Mason JB, et al. Knowledge gaps in understanding the metabolic and clinical effects of excess folates/folic acid: a summary, and perspectives, from an NIH workshop. *Am J Clin Nutr*. 2020;112(5):1390-1403.

¹¹ Keats EC, Neufeld LM, Garrett GS, Mbuya MNN, Bhutta ZA. Improved micronutrient status and health outcomes in low- and middle-income countries following large-scale fortification: evidence from a systematic review and meta-analysis. *Am J Clin Nutr*. 2019 Jun 1;109(6):1696-1708.