Programmatic Implications of Safe Upper Level

IZiNCG Symposium
Oporto, Portugal. 23rd September 2010.
Children (24-59 m) usual zinc intake in Uganda

Zinc Intake (mg/d), Ch. 24-59 m

- 5th
- 10th
- 25th
- 50th
- 75th
- 90th
- 95th

- Kampala
- South-West
- North

EAR
Additional intake of zinc in children (24-59 m) due to food fortification in Kampala (Uganda)

| Zinc Intake (mg/d), Ch. 24-59 m |
|-------------------|-----------------|
| EAR               | UL              |
| 8.0               | 12.0            |
| 10.0              | 14.0            |
| 12.0              | 16.0            |

- EAR - H.Bioav
- No fortif.
- +w.flour
- +w+m.flours

![Graph showing zinc intake across different percentiles with and without food fortification]
Additional intake of zinc in women of reproductive age due to food fortification

**UL = Zinc Intake (mg/d), WRE**

- 45 mg/d

**EAR**

**EAR - H.Bioav**

The graph shows the zinc intake (mg/d, WRE) across different quintiles (5th, 10th, 25th, 50th, 75th, 90th, 95th) for different conditions:

- No fortif.
- +w.flour
- +w+m.flours
Conclusions: In Uganda

1. Zinc inadequacy affects 24-59 m children, specially in Kampala (the capital).

2. Zinc fortification of flours could reduce dietary inadequacy in children, but an important portion of them could reach the current UL value.

3. Even in the presence of flour fortification, zinc intake of women of reproductive age is far from the UL value.

4. UL value for zinc in children deserves to be reviewed.