

codex alimentarius commission



FOOD AND AGRICULTURE
ORGANIZATION
OF THE UNITED NATIONS

WORLD
HEALTH
ORGANIZATION



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AGENDA ITEM NO. 8

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

**CODEX COMMITTEE ON FOOD LABELLING
THIRTIETH SESSION
HALIFAX, CANADA, 6 - 10 MAY 2002**

**PROPOSED DRAFT RECOMMENDATIONS FOR USE OF
HEALTH AND NUTRITION CLAIMS
(ALINORM 01/22A, APPENDIX VIII)**

GOVERNMENT COMMENTS AT STEP 3

COMMENTS FROM:

**BRAZIL
CHILE
COLOMBIA
MALAYSIA
NEW ZEALAND
NORWAY
SPAIN
SWEDEN**

**CONFEDERATION OF THE FOOD & DRINK INDUSTRIES OF THE EU (CIAA)
INTERNATIONAL SOFT DRINK COUNCIL (ISDC)**

PROPOSED DRAFT GUIDELINES FOR THE USE OF NUTRITION AND HEALTH CLAIMS - (ALINORM 01/22A, APPENDIX VIII)

GOVERNMENT COMMENTS AT STEP 3

BRAZIL:

2. Definitions

2.1. Nutrition claim

Brazil suggests that " dietary fibre " be added to this paragraph, which would read as follows: "Means any representation which states, suggests or implies that a food...content of protein, fat, **dietary fibre**, as well as the content of vitamins and minerals. This suggestion is to comply with our proposal on item 4.1.

2.2.2. Enhanced Function Claims

Brazil suggests the exclusion of the brackets of the expression "**or psychological**" and the maintenance of the expression. We consider that may exist such type of substances that can influence the psychological state, as caffeine, for example.

2.2.3. Reduction of disease risk claims

Brazil suggests the inclusion in the last line of the paragraph after item 2, the word in bold. The text would read as follows: "...risk factors, which consumers do not interpret them as **isolated** prevention claims."

4. Nutrition Claims

Brazil suggests to substitute the word "fibre" by "dietary fibre" in item 4.1.

7. Health Claims

7.1.2. To comply with the paragraph in the beginning of the document, Brazil suggests to change de text, which would read as follows: " The health claim must support national health policy and goals and should be accepted or be acceptable to the competent authorities of the country where the product is sold."

7.1.5 (i). Brazil suggests to exclude the word "significant " from the expression "a ~~significant~~ or high source".

This suggestion is made in order to comply with item (ii), where the claims are referred to CAC/GL 23-1997.

7.1.6. Brazil suggests to substitute the expression "...subject of a nutrient function claim..." by "....subject of a health claim...."

This suggestion is made in order to comply with the new conditions established on items “enhanced claim” and “risk reduction claim”.

7.5. Brazil suggests to include the word “ **and publicity**” after the word claim, at the end of the item, in order to guarantee that publicity doesn’t advertise different information, from that declared on the label. The text would read as follows: “The following information should appear on the label or labelling of the food bearing health claims and **publicity** ”

TABLE OF DIFFERENT TYPES OF CLAIMS SUBJECT TO THE CONDITIONS IN THESE GUIDELINES

Brazil suggests to include a second paragraph before the table, with the following text:

“The health claim examples should be associated with a sentence referring to healthy LIFE HABITS (REGULAR EXERCISE AND A HEALTHY DIET).”

Brazil suggests to substitute the health claims of the risk reductions for Calcium, Folate and Saturated fat, according to the examples below which are more complete:

To Calcium:

"Regular exercise and a healthy diet with enough calcium helps teen and young adult white and Asian women maintain good bone health and may reduce their high risk of osteoporosis later in life." Food A is high in calcium.”

To Folate:

"Healthful diets with adequate folate may reduce a woman's risk of having a child with a brain or spinal cord birth defect." Food C is high in folate.”

To Saturated fat:

"While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of this disease." Food G is low in saturated fat.”

CHILE:

Chile would like to make some comments and clarifications regarding the documents being consulted. The issues for which we suggest amendments are shown and highlighted in bold as follows:

In the title where it says: PROPOSED DRAFT RECOMMENDATIONS FOR THE USE OF HEALTH CLAIMS

Include at the end: AND NUTRITION CLAIMS

Reasoning:

The change in the title is to make it agree with the information indicated in points 3 and 4 of this document.

We agree to include the second text box. However, we consider that this type of messages must be worked out through a positive list, meaning that each country should indicate the appropriate health messages according to their own health policies and problems. Therefore, we propose the following:

Health claims must be consistent with national health policy, including nutrition policy, and support such policies. Health claims should be supported by specific consumer nutritional education. **Only health claims for the labelling and publicity of foods that comply with the requisites established for each case and that fall within the framework of the Guidelines approved by each country will be allowed.** Claims of the type described in section 3.4 of the Codex General Guidelines on Claims are prohibited.

Comments: For example, in Chile we have Decree No. 1212 of the Ministry of Health, which establishes: a) the messages that are allowed, b) the requisites that a food that includes any message must comply with, and c) the context in which the message is allowed (see tables 1 and 2 in the Annex).

1. Scope

1.1 We accept the proposal to include: ... **and health claims**

1.2 to 1.4. We agree

2. Definitions

2.1. Must be modified as the way is presently worded does not include dietary fibre nor cholesterol. Therefore the text should read:

2.1. Nutrition claim means any representation which states, suggests or implies that a food has particular nutritional properties including but not limited to the energy value and to the content of protein, fat and carbohydrates, as well as the content of vitamins and minerals, **cholesterol and dietary fibre**. The following do not constitute nutrition claims:

a), b), c) We agree.

2.1.1 Change the expression that says: "Source of calcium" by "**Good** source of calcium".

Reasoning:

The description "source of", is ambiguous, while the description "good source of", is a good description that has a precise meaning according to the FDA definition and the Chilean legislation, meaning that the food has between 10 and 19% of the reference value of a certain nutrient (see Table 3 in the Annex).

2.1.2 We propose to modify the wording as it does not presently include food factors such as cholesterol, dietary fibre or phytochemicals. Therefore, the text should reflect the following wording:

2.1.2 Comparative claim is a claim that compares the nutrient levels, **the food factors (cholesterol or dietary fibre)** and/or energy value of two or more foods. (Examples: "reduced...."; "less than...."; "fewer...."; "increased...."; "more than....".)

2.2 We propose to modify the definition to make it more understandable in Spanish by saying:

2.2 Health claim means any representation that states, suggests, or implies that a relationship exists between a food, **a nutrient**, or a constituent of that food and a **health related condition**. Health claims include the following types, **among others** :

2.2.1 We agree. However, we propose to modify the definition and add that each country should define the list of allowable claims to avoid confusing the consumer, as the amount of nutrients and functions that each of them may have could cause confusion in the consumer. Therefore, the proposed text would be as follows:

2.2.1. Nutrient Function Claim means a nutrition claim that describes the physiological role **of one of the nutrients or food factors such as cholesterol, dietary fibre, lycopene, etc**, in the growth, development, and normal functions of the body. **Each country, according to its own food and nutritional situation, must establish the list of relationships allowed for this category and the requirements that must be met to include such relationships. We propose that in the future, the possibility of having a list of nutrient- function relationships should be considered. That list should be globalized, meaning it should gain consensus from all countries.**

2.2.2 We agree with all the definition, however we propose that the context of the message be modified, as the message must take into account the following elements: a) that, aside from the relationship being highlighted, there are many other food consumption factors that have an influence, and that b) the relationship claimed may contribute to

The example can be as follows: "Among others, some non-digestible oligosaccharides could contribute to improve the development of specific bacterial flora in the gut"

On the other hand, we also believe that this type of messages should be made within the context that each country, according to its own food and nutritional situation, must establish the list of relationships allowed in this category and the requirements that must be complied by the food to include such relationships. Therefore, the proposed text should read:

2.2.2. Enhanced Function Claims - These claims concern specific beneficial effects of the consumption of foods and their constituents in the context of the total diet on physiological or psychological functions or biological activities but do not include nutrient function claims. Such claims relate to a positive contribution **to a condition related to health** or to the improvement of a function or to modifying or preserving health. **Each country, according to its own food and nutritional situation, must**

establish the list of relationships allowed in this category and the requirements that foods must meet to include such relationships.

Examples: “**Among other factors**, Certain non-digestible oligosaccharides **could** improve the growth of specific bacterial flora in the gut”

“**Among other factors**, an adequate consumption of folate **may contribute to** reduce plasma homocysteine levels.”

- 2.2.3 We agree with the definition, but suggest adding that each country, according to its own food and nutritional situation, must establish the list of relationships allowed in this category. Therefore, we propose the following text:

2.2.3. Reduction of disease risk claims - Claims relating the consumption of a food or food constituent, in the context of the total diet, that could contribute to the reduction of risk **of developing a health-related condition. Each country, according to its own food and nutritional situation, must establish the allowable messages, the context in which those messages may be made, and the requirements that foods must meet to include such relationships.**

Comments: In Chile, the authorised relationships and the requisites that must be met are the ones shown on Tables 1 and 2 of the Annex; the context for those relationships is indicated.

3. **Nutrition labelling**

We suggest amending it, as we consider that nutrition labelling must be compulsory for foods that make a nutrition claim or a health claim. Therefore, we propose the following text:

Any food for which a nutrition **and/or health claim** is made should be labelled with a nutrient declaration in accordance with Section 3 of the Codex Guidelines on Nutrition Labelling.

4. **Nutrition claims**

- 4.1. We suggest amending it, to include the term dietary fibre and cholesterol, to read as follows:

The only nutrition claims permitted shall be those relating to energy, protein, carbohydrate, and fat and components thereof, **dietary fibre, cholesterol** and sodium and vitamins and minerals for which Nutrient Reference Values (NRVs) have been laid down in the Codex Guidelines for Nutrition Labelling.

5. **Nutrient Content Claims**

- 5.1 We agree. However, Chile suggests modifying the conditions specified in the Codex table. We propose this because the table proposed by the Codex gives the requisites for each nutritional descriptor based on 100 g or 100 ml of food. This system distorts reality as rarely does the amount customary consumed coincide with 100 g or 100 ml. Therefore, it is not a system that reflects reality not is it a practical system. For

example, a food, per 100 g or per 100 ml, could be low in calories or in sodium, but if the amount customary consumed is 200 or 250 g or ml, it would imply that in practice the amount consumed is high, while on the contrary, a food per 100 g or per 100 ml may be high in fibre, but if the amount customary consumed is small, 10 or 15 g, it will not mean anything. Therefore, as discussed above, we propose to use **a system based in the requisites that each descriptor has in relation to the amount customary consumed**, as this better reflects what the food really contributes and what the consumer actually gets. The system that we are applying in Chile is summarized in Table 3 of the Annex and is fully in agreement with the system defined by FDA and used in the USA. As an example we compare the Codex Alimentarius requirements with the requirements of Chile and of the FDA for some descriptors (see Table 4 in the Annex).

- 5.2. We propose to amend it to conclude those cases that naturally have little or a lot of a nutrient. Therefore, we propose the following text::

5.2. Where a food is by its nature low in or free of, **or which is a good source of, or high in** the nutrient that is the subject of the claim, the term describing the level of the nutrient should not immediately precede by the commercial name or trade mark of the food but should use, to educate consumers, phrases such as: "Cereals are foods free of (name of the nutrient)" or "Vegetable oils are foods free of cholesterol" or "Orange juice is a food high in vitamin C". This means that the messages must show it is a characteristic of all this type of foods.

6. We agree.

- 6.1. to 6.3. We agree.

- 6.4 Where it says "*ligero*" we suggest using "*liviano*" [Translator's Note: Comments apply to the Spanish version].

Reasoning: In Spanish the term "*ligero*" gives the idea of fast, while a better translation of "light" in Spanish is "*liviano*", as it gives the idea that it has less weight, meaning less quantity.

7. **Health claims**

- 7.1. We agree.

- 7.1.1 We agree

- 7.1.2 We propose amending the wording as follows:

7.1.2. Any health claims must be accepted by or be acceptable to the competent authorities of the country where the product is sold. Only health claims **that do not contravene** national health policy and goals **must** be allowed.

- 7.1.3 to 7.1.6. We agree

7.2., 7.3. and 7.4 We propose changing the verb as follows:

Where it says: should

It should say: must

7.2. y 7.5. We propose changing the verb as follows:

Where it says: should

It should say: must

7.3. We propose changing the verb as follows:

Where it says: “claimed”, we suggest it should say: “declared”, [Translator’s

Note: Comments refer to the Spanish terms: alegada(o) to declarada(o), i.e. in the masculine as well as in the feminine forms]

7.5.1. We agree

7.5.2. We agree

7.5.3. Change “claimed” (*alegado*) by “declared” (*declarado*)

7.5.4. We agree

7.5.5. We agree

Reasoning:

The amendments proposed from point 7.2. to point 7.5. are justified as a better reflection of our intentions. The term “should” is conditional and we believe that it should be compulsory, therefore we propose the term “must”.

The change from “claimed” (*alegado*) to “declared” (*declarado*) is justified as providing more clarity in Spanish.

8. Claims related to dietary guidelines or healthy diets

This point must be clarified, made more precise and limited in scope, as it is apparently mixed with some types of health claims. A definition is required regarding the meaning of this type of claims to allow evaluating the scope they could have.

ANEX

TABLE 1

**DECREE No. 1212 OF THE MINISTRY OF HEALTH
HEALTH CLAIMS: RELATIONSHIP BETWEEN A DIET OR A NUTRIENT AND A
HEALT RELATED CONDITION**

RELATIONSHIP	REQUIRED CONDITIONS: DESCRIPTORS	FOOD REQUIREMENTS ¹
Total Fat and Cancer	Low in fat; if it is meat or fish it must be extra lean	3 g or less of fat
Saturated Fat and Cholesterol and Cardiovascular diseases	Low in total fats, low in saturated fats and low in cholesterol. If it is meat or fish it must be extra lean	3 g or less of fat; 1 g or less of saturated fats and 15% or less of saturated fats' calories, and 20 mg or less of cholesterol
Low fat diets, rich in dietary fibre and antioxidants contained in fruits and vegetables, and Cancer	That the food shall be or shall contain fruits and vegetables and shall be: low in total fats and, without fortification, be a good source of dietary fibre or vitamin A or vitamin C	3 g or less of fat and, without fortification: a minimum of 2.5 g of total dietetic fibre a minimum of 100 ug ER or a minimum of 6 mg of Vitamin C
Dietary Fat and Cancer	That the food shall be or shall contain grains, fruits and vegetables and shall be: low in total fats and, without fortification, be a good source of dietary fibre	3 g or less of total fat and 2.5 g or more of fibre
Dietary Fat and Risk of Cardiovascular diseases	That the food shall be or shall contain grains, fruits and vegetables and shall be: low in total fats, low in saturated fat, low in cholesterol and, without fortification, contain no less than of 0.6g of soluble fibre.	3 g or less of fat; 1 g or less of saturated fats and 15% or less of calories from saturated fats, 20 mg or less of cholesterol and, without fortification, 0.6 g or less of soluble fibre
Sodium and Hypertension	Low in Sodium	140 mg or less of Sodium
Calcium and Osteoporosis	High in Calcium with good bioavailability, and a Calcium/Phosphorus ratio higher or equal to 1.	160 mg or more of Calcium with good bioavailability
Folic acid and Neural Tube Defects	High in Folic Acid	80 ug or more of folic acid
Nutritional Anaemia and Iron	High in Iron with good bioavailability	2.8 mg or more of Iron with good bioavailability
Lactobacillus Sp., Bifidobacterium Sp. , and other specific Bacillus and Intestinal Flora	Foods that have live bacillus added should contain 100% of the amount of live bacillus at the end of the useful life of the food	Lactobacillus must be resistant to stomach acid and to other secretions of the digestive system. It should comply with Section V of the Regulations

¹ Per reference amount customary consumed per eating occasion; if the amount customary consumed is 30 g or less, the requirements that the food must meet are given per each 50 grams of the food or per each 50 ml if normally consumed re-hydrated.

TABLE 2

**DECREE No. 1212 OF THE MINISTRY OF HEALTH
 TEMPLATES OF HEALTH MESSAGES FOR EACH RELATIONSHIP BETWEEN
 A DIET OR A NUTRIENT AND A HEALTH RELATED CONDITION THAT ARE
 ACCEPTED FOR NUTRITIONAL LABELLING IN CHILE**

RELATIONSHIP	³⁰⁶ CONTEXT FOR THE MESSAGES ¹
Total Fat and Cancer	Development of cancer depends on many factors. Diets low in total fats may reduce the risk of some cancers.
Saturated Fat and Cholesterol and Cardiovascular diseases	While many factors affect cardiovascular diseases, diets low in saturated fats, trans fatty acids and cholesterol may reduce the risk of these diseases
Low fat diets, rich in dietary fibre and antioxidants contained in fruits and vegetables, and Cancer	Cancer is a disease associated with many risk factors. Low fat diets rich in fruits, and vegetables may reduce the risk of some types of cancer.
Dietary Fat and Cancer	Development of cancer depends on many factors. Low fat diets rich in dietary fibre contained by some legumes, whole grain cereals, fruits, and vegetables may reduce the risk of some types of cancer.
Dietary Fat and Risk of Cardiovascular diseases	Cardiovascular diseases are associated with many risk factors. Diets low in saturated fats and cholesterol and rich in fruits and vegetables, legumes and some whole grain cereals with some types of dietary fibre, particularly soluble fibre, may reduce the risk of these diseases.
Sodium and Hypertension	Development of hypertension depends on many factors. Diets low in salt or sodium may reduce the risk of developing high blood pressure.
Calcium and Osteoporosis	Regular exercise and a healthy diet with enough calcium helps teens and young adults and women to maintain good bone health and may reduce their risk of osteoporosis later in life.
Folic acid and Neural Tube Defects	An adequate consumption of folic acid by women in the period before conception and during their first month of pregnancy has been associated with a reduction of risks regarding neural tube defects and other congenital malformations at birth.
Nutritional Anaemia and Iron	An adequate consumption of Iron of good bioavailability is the main factor in the prevention of nutritional anaemia due to lack of iron.
Lactobacillus Sp., Bifidobacterium Sp. , and other specific Bacillus and Intestinal Flora	The daily consumption of foods, milk or dairy products that contain these live bacillus contribute to maintain the balance of the intestinal flora

¹ See requirements on Table 1 (**Decree No. 1212 of the Ministry of Health**)

TABLE 3
ARTICLE 120 OF THE FOOD HEALTH REGULATIONS
DESCRIPTORS THAT MAY BE USED IN NUTRITIONAL CLAIMS IN CHILE

DESCRIPTOR	REQUIREMENTS
FREE OF: Calories Fat Saturated fats Cholesterol ² Sugars Sodium	Per reference amount customary consumed per eating, the food has less than: 5 kcal 0.5 g of total fat 0.5 g of saturated fats and less than 0.5 of trans fatty acids 2 mg of cholesterol 0.5 g of sugar 5 mg of Sodium
VERY LOW IN: Sodium	Per reference amount customary consumed per eating, the food contains no more than (or if the portion is of 30 g or less, per each 50 g of the food ³, contains no more than:) 35 mg de Sodium
LOW IN: Calories Fat Saturated fats Cholesterol ² Sodium	Per reference amount customary consumed per eating, the food contains no more than: (or if the portion is of 30 g or less, per each 50 g of the food ³, contains no more than:) 40 kcal 3 g de fat 1 g of saturated fats and 15 % of calories from saturated fats (as percentage of total calories) 20 mg de cholesterol 140 mg de sodium
REDUCED ¹ IN: Some nutrient Calories Cholesterol ²	The product has been nutritionally modified and has been reduced in: 25% or more of a specific nutrient compared to the food used as reference 25% or more of calories compared to the food used as reference 25% or more of cholesterol compared to the food used as reference
LIGHT IN: Calories Sodium or Cholesterol ²	The product has been nutritionally modified and has, per reference amount customary consumed per eating: 1/3 less calories or 1/2 of the fats compared to the food used as reference If the untreated food has 50% or more of fat calories, the reduction per reference amount customary consumed must be: 50% or more. If, per reference amount customary consumed, the Sodium or Cholesterol contents have been reduced to: less than 50% compared to the food used as reference.
EXTRA LEAN Meats	Per reference amount customary consumed, and per 100 g, contains no more than: 5 g of total fat, 2 g of saturated fat and 95 mg of cholesterol
GOOD SOURCE OF: Some nutrient or dietary fibre	Per reference amount customary consumed contains: 10% to 19% of the daily reference value for a nutrient of dietary fibre
HIGH IN: Some nutrient or dietary fibre	Per reference amount customary consumed contains: 20% or more of the daily reference value for a nutrient of dietary fibre
FORTIFIED⁴ WITH: Some nutrient or dietary fibre	If it had been fortified, per reference amount customary consumed, with: 10% or more of the daily reference value for a nutrient of dietary fibre.

¹ Can not be used if the food meets the requirements that would allow it to be described as “a low source of”.

² Can not be applied to foods that contain, per reference amount customary consumed, more than 2 g of saturated fats or more than 4% of trans fatty acids.

³ Per 50 ml of reconstituted foods in the case of products usually consumed re-hydrated.

⁴ The fortification or enrichment of foods must be authorised by the Ministry of Health (Article 120, point g).

TABLE 4

**COMPARISON OF REQUISITES THAT MUST BE COMPLIED FOR SOME
NUTRITIONAL CHARACTERISTICS ACCORDING TO CODEX OR
ACCORDING TO THE FDA AND THE CHILEAN REGULATIONS**

NUTRITIONAL CLAIM	CODEX (Requirements per each 100 g or 100 ml)	FDA y REGULATIONS OF CHILE (Requisites per reference amount customary consumed)
Low in energy	No more than: 40 kcal (170 kJ) per 100 g (solids) Or 20 kcal (80 kJ) per 100 ml (liquids)	No more than 40 kcal per amount customary consumed. If the amount customary consumed is small (equal or less than a 30 g or equal or less than a 2 table spoons), it contains no more than de 40 kcal per each 50 g or ml of the product.
Low in total fats	No more than : 3g per 100 g (solids) 1.5 g per 100 ml (liquids)	No more than 3 g per amount customary consumed. If the amount customary consumed is small (equal or less than a 30 g or equal or less than a 2 table spoons) it contains no more than de 3 g per each 50 g or ml of the product.
Low in cholesterol	No more than: 20 mg per 100 g (solids)* Or No more than 10 mg per 100 ml (liquids)* Must be low in saturated fat	No more than 20 mg per reference amount customary consumed. If the amount customary consumed is small (equal or less than a 30 g o equal or less than a 2 table spoons), it contains no more than de 20 mg per each 50 g of the product (o 50 ml in products that are consumed reconstituted). Can not be applied to foods with more than 2 g of saturated fats per portion or more than 4% of trans fatty acids.
Low in Sodium	0.12 g per 100 g	140 mg per reference amount customary consumed. If the amount customary consumed is small (equal or less than a 30 g o equal or less than a 2 table spoons), it contains no more than 140 mg of Sodium per each 50 g of the product (o 50 ml in products that are consumed reconstituted).
Very Low in Sodium	40 mg per 100 g	35 mg per reference amount customary consumed. If the amount customary consumed is small (equal or less than a 30 g o equal or less than a 2 table spoons) it contains no more than 35 mg of Sodium per each 50 g of the product (o 50 ml in products that are consumed reconstituted).

* Does not define the level of trans fatty acids to meet the requisite of low in cholesterol

COLOMBIA:

	Conclusion
<p>Nutrition claims should be consistent with national nutrition policy and support that policy. Health claims should be supported by specific consumer education. Claims of the type described in section 3.4 of the Codex General Guidelines on Claims are prohibited.</p> <p>1. Scope</p> <p>1.1 These guidelines relate to the use of nutrition and <u>health claims</u> in food labelling</p>	We agree
<p>2.2: <u>Health claim means any representation that states, suggests, or implies that a relationship exists between a food or a constituent of that food and health. Health claims include the following:</u></p> <p>2.2.1 Nutrient Function Claims – a nutrition claim that describes the physiological role of the nutrient in growth, development and normal functions of the body.</p> <p>[Examples:</p> <p>“Calcium aids in the development of strong bones and teeth”;</p> <p>“Protein helps build and repair body tissues”;</p> <p>“Iron is a factor in red blood cell formation”;</p> <p>“Vitamin E protects the fat in body tissues from oxidation”.</p> <p>“Contains folic acid: folic acid contributes to the normal growth of the foetus”]</p>	We agree
<p>2.2.2 Enhanced Function Claims – These claims concern specific beneficial effects of the consumption of foods and their constituents in the context of the total diet on physiological [or psychological] functions or biological activities but do not include nutrient function claims. Such claims relate to a positive contribution to health or to the improvement of a function or to modifying or preserving health.</p> <p>[Examples: “Certain non-digestible oligosaccharides improve the growth of specific bacterial flora in the gut”</p> <p>“Folate can help reduce plasma homocysteine levels”</p> <p>“X may assist in increasing alertness”]</p>	We agree
<p>2.2.3 Reduction of disease risk claims – <u>Claims relating the consumption of a food or food constituent, in the context of the total diet, to the reduced risk of developing a disease [or health-related condition]. The claim must consist of two parts:</u></p> <p><u>1) Information on an accepted diet-health relationship; followed by</u></p> <p><u>2) Information on the composition of the product relevant to the relationship unless the relationship is based on a whole food or foods whereby the research does not link to specific constituents of the food. Risk reduction means significantly altering a major risk factor(s) for a disease [or health-related condition]. Diseases have multiple risk factors and altering one of these risk factors may or may not have a beneficial effect. The presentation of risk reduction claims must ensure, for example, by use of appropriate language and reference to other risk factors, that consumers do not interpret them as prevention claims.]</u></p> <p>[Examples:</p> <p>“Iron can help reduce the risk of anaemia. Food X is a high source of iron.”;</p> <p>“A diet low in saturated fat may reduce the risk of heart disease. Food X is low in saturated fat.”;</p> <p>“Folate may reduce a woman’s risk of having a child with neural tube defects. Food X is high in folate.”</p> <p>“Sufficient calcium intake may reduce the risk of osteoporosis in later life. Food X is high in calcium.”]</p>	We agree
<p>7. HEALTH CLAIMS</p> <p>7.1 <u>Health claims should be permitted provided that the following conditions are met:</u></p> <p>7.1.1 – <u>Health claims must be based on current relevant scientific substantiation and the level of proof must be sufficient to substantiate the type of claimed effect as recognised by generally accepted scientific review of the data and the scientific substantiation should be reviewed as new knowledge becomes available.</u></p>	
<p>7.1.2 – <u>Any health claim must be accepted by or be acceptable to the competent authorities of the country where the product is sold. Only health claims that support national health policy and goals should be allowed.</u></p>	We agree
<p>7.1.3 – <u>The claim about a food or food constituent must be stated within the context of the total diet.</u></p>	We agree
<p>7.1.4 – <u>The claimed benefit should arise from the consumption of a reasonable quantity of the food or food constituent in the context of a normal diet.</u></p>	We agree

7.1.5 – If the claimed benefit is attributed to a constituent in the food, the food in question should be: (i) - a significant or high source of the constituent in the case where increased consumption is recommended; or (ii) – “low in”, “reduced in”, or “free of” the constituent in the case where reduced consumption is recommended. Where appropriate, the conditions for nutrient content claims and comparative claims will be used to determine the levels for “high”, “low”, “reduced”, and “free”.	We agree		
7.1.6 – Only those nutrients for which a Nutrient Reference Value (NRV) has been established in the Codex Guidelines on Nutrition Labelling or those nutrients which are mentioned in officially recognised dietary guidelines of the national authority having jurisdiction, should be the subject of a nutrient function claim.	We agree		
7.2 Health claims should have a clear framework for qualifying and/or disqualifying conditions for eligibility to use the specific claim, including the ability of competent national authorities to prohibit claims made for foods that contain nutrients or constituents in amounts that increase the risk of disease [or adverse health-related conditions]. The health claim should not be made if it encourages or condones excessive consumption of any food or disparages good dietary practice.	We agree		
7.3 The Health Claims should be enforceable: If the claimed effect is attributed to a constituent of the food, there must be a validated method to quantify the food constituent that forms the basis of the claim.	We agree		
7.4 The impact of health claims on consumers’ eating behaviours and dietary patterns should be regularly monitored and evaluated.	We agree		
7.5 The following information should appear on the label or labelling of the food bearing health claims: 7.5.1 – A statement of the quantity of any nutrient or other constituent of the food that is the subject of the claim.. 7.5.2 Information on the target group, if appropriate. 7.5.3 Information on how to use the food to obtain the claimed benefit, if appropriate. 7.5.4 If appropriate, advice to vulnerable groups on how to use the food and to groups, if any, who need to avoid the food.	We agree		
DIFFERENT TYPES OF CLAIMS SUBJECT TO THE CONDITIONS IN THESE GUIDELINES The purpose of these examples is only to illustrate the differences between different types of health and nutrition claims. Special conditions for use of these claims are found in the guidelines.			
COMPONENT	TYPE OF CLAIM	CLAIM	
Calcium, and in the same way there are examples for Iron, Folic Acid and general examples	Nutrient content claim	Food A is a source of calcium	
	Comparative claim	Food A contains x % more calcium than...	
	Nutrient function claim	Calcium aids in the development of strong bones and teeth. Food A is a source of/rich in calcium.	
	Enhanced function claim	Calcium may help to improve bone density. Food A is a source of/rich in calcium.	
	Reduction of disease risk claim	Sufficient calcium intake may reduce the risk of osteoporosis in later life. Food A is high in calcium.	

MALAYSIA:

Section 2: DEFINITIONS

Malaysia would like to propose the deletion of the specific examples as currently given in Section 2 of the Proposed Draft Guidelines. Malaysia must stress that such explicit examples as in the Draft may be misconstrued by countries to be the ones that are accepted by Codex without having to comply with the conditions in paragraph 7.1 which includes the submission of scientific substantiation before a claim can be accepted by the competent authorities. Furthermore, these examples are not exhaustive. They were included to

illustrate the difference between the various types of nutrition and health claims.

Malaysia therefore proposes that if the examples are to be included in the Draft Guidelines, these specific examples be replaced with generic examples instead. These generic examples are proposed as follows:

- 1 Nutrient Content Claim
e.g. Food A is a source of nutrient T.
- 2 Comparative Claims
e.g. Food B contains X % more nutrient W than...(state the comparison).
- 3 Nutrient Function Claims
e.g. Nutrient C helps in.... (state the physiological role of Nutrient C to the body).
Food X is rich in Nutrient C.
- 4 Enhanced Function Claims
e.g. Nutrient D contributes to the..... (state the specific beneficial effect of consuming Nutrient D). Food Y is rich in Nutrient D.
- 5 Reduction of Disease Risk Claims
e.g. Nutrient E help to reduce the risk of disease Z. Food F is high in Nutrient E.

Malaysia therefore proposes that the illustration of examples given in Section 2 and in the Table of Examples to be deleted and replaced with the above proposed examples.

NEW ZEALAND:

The New Zealand Government would like to make the following comments.

Point 1.4

New Zealand believes that the age for infants and young children in this particular section should be restricted to 'at least up to 2 years'. The sentence should then read:

“Health claims are not permitted for foods for infants and young children, **at least up to 2 years**, unless specifically provided for in relevant Codex standards.”

Point 2.2.1

Nutrient function claims should be considered a nutrition claim and not an example of a health claim.

Point 4.1

Use of Nutrient Reference Values (NRVs) is restrictive as it does not include all essential nutrients for which RDAs have been determined. There is a need to broaden NRVs. New Zealand would prefer this point to be expanded and be worded more in line with point 7.1.6. Suggest that this point be rewritten to read:

“The only nutrition claims permitted shall be those relating to energy, protein, carbohydrate, and fat and components thereof, fibre, sodium and vitamins and minerals for which Nutrient Reference Values (NRVs) have been laid down in the Codex Guidelines for Nutrition Labelling **or those nutrients which are mentioned in officially recognised dietary guidelines of the national authority having jurisdiction**.”

NORWAY:

GENERAL COMMENTS

Having the potential to play an important role in guiding consumers to choose healthy diets, health claims for foods could moreover constitute an important tool for improving consumer knowledge of how to follow a national nutrition policy. We therefore consider it an essential goal for the Codex Guidelines for Use of Nutrition and Health Claims to be closely linked to national health and nutrition policies.

Important issues concerning these guidelines are that the claims are true and not misleading. The claims should be easy to understand for the consumers, and the guidelines should be clear and easy to understand for the industries and the authorities. As a solution to these we find the two steps principle (the Swedish Code) to fulfil the criteria mention above.

As an overall comment we find the design of the guidelines difficult to read and to understand. Especially we find it difficult to differentiate between the different definitions of health claims, even with the examples. The definitions on health claims in the suggested guidelines are all, in one way or another, *functional claims*. Therefore we suggest merging the three definitions under health claims (Nutrient Function Claims, Enhanced Function Claims and Reduction of Disease Risk Claims) in to one definition – Health Claims, see specific comments for more information. If a re-definition of the health claims will delay the progress in the guidelines, we support the three definitions of health claims, providing the two steps principle is used.

The health claims must be true and not misleading. The effect of the nutrient and/or the constituent has to be documented through substantiated research on the food to ensure the claimed effect is appropriate on the food asserting the claim. The amount of the food must be realistic to the amount eaten in a normal diet, and the length of the study has to be long enough to show that the physiological effect last.

Consumer education should aim to make the consumer capable to ask informed questions and develop skills to act as informed consumers regarding legislation and basic nutrition. It is important that the producer of the products with health claims contribute to consumer education as mentioned in the preamble. Part of such education could be to mention on the label other good common sources of the nutrient or constituent. This will help to put the food with health claims in the context to the nationally recommended diet. General information on food and health in the context of a normal healthy diet, and specific information about the allowed use of nutrition and health claims is also important and should be made easily accessible for the consumer.

SPECIFIC COMMENTS

As the guidelines are presented we understand that we only should comment on Preamble, 1. Scope, 2. Definitions and 7. Health claims.

In our comments below, the changes suggested in each section are given in italics.

Preamble

Add*be*.....

Health claims must be consistent with national health policy including nutrition policy, and support such policies. Health claims should *be* supported by specific consumer education. Claims of the type described in section 3.4 of the Codex General Guidelines on Claims are prohibited.

1. Scope

Since the use of health claims must be consistent with national nutrition policy as established in the preamble, we suggest to include a new paragraph in scope:

1.5 These guidelines apply only for food and food ingredients and do not include food supplements (pills, capsules, extracts etc).

2. Definitions

As mentioned in the general comments, we suggest two alternatives:

Alternative 1: We suggest putting all the definitions under health claims to one claim with the following wording:

2.2 Health claim - any claim that states, suggests or implies that a relationship exists between a food or a constituent of that food and health. *The claim could relate to*

- *the physiological role of a nutrient or a constituent in food on growth, development and normal functions of the body*
- *the beneficial effect of the consumption of foods and their constituents in the context of the total diet on physiological functions or biological activities*
- *the consumption of a food or a food constituent in the context of the total diet and to the reduced risk of developing a disease*

The health claim should consist of two parts:

- a. *Information on an accepted diet-health relationship,*

Followed by:

- b. Information on the composition of the product relevant to the relationship unless the relationship is based on a whole food or foods whereby the research does not link to specific constituents of the food.*

(Examples:

“Iron can help reduce the risk of anaemia. Food A is a high source of iron.”

“A diet low in saturated fat may reduce the risk of heart disease. Food B is low in saturated fat.”

“Folate may reduce a woman’s risk of having a child with neural tube defects. Food C is high in folate.”

“Sufficient calcium intake may reduce the risk of osteoporosis in later life. Food D is high in calcium.”)

Alternative 2: We support the definitions in 2.2, 2.2.1, 2.2.2 and 2.2.3 provided that the claims are expressed by using the two steps principle, (the Swedish Code).

7. Health Claims

7.1 Health claims should be permitted provided that the following conditions are met:

We suggest adding two sentences to paragraph **7.1.1:**

The studies should be done over time on healthy people, who are representative for the target group, in relation to expected consumption within the context of a nutritionally recommended diet.

and

The results from the studies on health effects should be published, have undergone a critical review and be available to the public.

The wording of the paragraph will then be:

7.1.1 Health claims must be based on relevant scientific substantiation and the level of proof must be sufficient to substantiate the type of claimed effect as recognised by generally acceptable scientific data. *The studies should be done over time on healthy people, who are representative for the target group, in relation to expected consumption within the context of a nutritionally recommended diet. The results from the studies on health effects should be published, be a subject to a critical review and be available to the public.* The scientific substantiation should be reviewed as new knowledge becomes available.

We suggest melting together 7.1.3 and 7.1.4 to one paragraph and change ..total diet.... to *nutritionally recommended diet*. The wording will then be:

7.1.3 The claim about a food and a food constituent must be valid in the context of the nutritionally recommended diet. The claimed benefit should arise from the consumption of a reasonable quantity of the food or food constituent in the context of a normal diet.

We suggest to delete ..if appropriate..... in paragraph 7.5.3

The wording will then be:

7.5.3 Information on how to use the food to obtain the claimed benefit.

In consistency with our general comments on consumer education we suggest to add a new paragraph within 7.5 with the wording:

7.5.6. Information on the label must mention other foods that are good sources of the constituent that are associated with coherence to the health claim.

Finally we suggest a new paragraph 7.6:

7.6 The following general information should be easily accessible for all consumers:

7.6.1 General information on food and health and what is a nutritionally healthy and normal diet.

SPAIN:

The following comments are made regarding the Spanish version:

Generic comment :

- We propose the substitution, both in the title of the Proposed Draft as well as in the text itself, of the terms: “Declaraciones de propiedades de salud” “Declaraciones nutricionales” and “Propiedades de salud” for “Alegaciones saludables”, “Alegaciones nutricionales” and “Propiedades saludables”.

We recommend this because in Spain we use the term “Alegaciones...” instead of “Declaraciones de...”, and the term “Propiedades de salud” could create confusion in consumers as it could attribute to a food product preventive, therapeutic or curative properties regarding a human disease, which is forbidden both by the Codex Standard as well as by the Spanish Food Labelling Standard.

Specific comments

On section 1. Scope:

To improve the clarity we propose substituting subsections 1.2. and 1.4., by:

“ 1.2. These guidelines will apply to all foods for which nutritional and health claims are made”.

1.4. Health claims are not allowed for foods for infants and young children unless specifically provided for in relevant Codex Standards relating to Foods for Special Dietary Uses and Foods for Special Medical Purposes”.

On section 2. Definitions :

- We propose substituting subsection 2.2.1. by the following:

“2.2.1 Nutrient Function Claims mean claims that describe the physiological function of the nutrient in growth, development and normal functions of the body”.

- We propose substituting subsection 2.2.2 by the following text that improves wording and understanding for that subsection:

“2.2.2 Enhanced Function Claims - These claims concern specific beneficial effects of the consumption of foods and their constituents, in the context of a total and balanced diet, on physiological functions or biological activities, but do not include nutrient function claims. Such claims relate to a positive contribution for maintaining health

- We propose eliminating subsection 2.2.3, which is shown in square brackets, as we consider that generic claims regarding the reduction of risk for diseases related to food consumption should not be made in the labelling of a food, as recommendations for certain population groups with special health conditions must be made on individual basis by health professionals.

On section 4. Nutrition claims

- On subsections 4.1, 6.3. and 7.1.6 we propose changing the terms: “Valores de referencia de nutrientes (VRN_s) (Nutrient Reference Values) by “Valores nutricionales de referencia (VNR_s) (Nutritional Reference Values)”.

On Section 7. Health Claims:

- We propose, for subsections 7.1, 7.1.2, 7.1.4, 7.1.5., 7.1.6., 7.2, 7.3, 7.4 and 7.5, to change the term “should” by the term “must”.
- In subsections 7.1.3 and 7.1.4, we propose adding, at the end of those subsections, the term “and balanced”.
- We propose changing subsection 7.2, by the following:

“7.2. Health claims should have a clear framework for qualifying and/or disqualifying conditions for eligibility to use the specific claim, including the capacity of competent national authorities to prohibit claims. The health claim should not be made if it encourages or condones excessive consumption of any food or disparages good dietary practice”.
- In subsection 7.4, first line, where it says: “... should be monitored and...”, it should say: “... should be controlled and...”.
- In subsection 7.5, first line, where it says: “... should appear on the label or labelling of...”, it should say: “...should appear on the label and advertising of ...”.

SWEDEN:

In reply to the proposal for health claims in Codex CL 2001/19-FL Sweden would like to make the following comments.

General comments

Sweden finds the draft proposal (ALINORM 01/22A appendix VIII) much more satisfactory than the previous proposal, and a positive and significant step forward.

Sweden looks forward to the results of the intercession-working group regarding the amelioration of examples.

Comments in Detail

Introductory statement (in the box before definitions)

Sweden supports the proposed wording.

2.2.1 Nutrient Function Claims

These claims are always generic. The two-step-principle is well suited for these kinds of claims, as shown in the table “Different types of claims subject to the conditions in these guidelines”.

2.2.2 Enhanced Function Claims

As long as psychological claims haven't been discussed, exemplified and consequences have been carefully considered Sweden believes that the wording “or psychological” should be kept within square brackets. There is a risk that mental and cognitive function claims could be misleading.

2.2.3 Reduction of Disease Risk Claims

The square brackets should be removed and the wording ‘or health-related condition’ be retained.

7.1 Health Claims should be permitted provided that the following conditions are met:

Sweden supports the wordings.

CONFEDERATION OF THE FOOD AND DRINK INDUSTRIES OF THE EU (CIAA):

I. GENERAL COMMENTS

1. The Confederation of the Food and Drink Industries of the EU (CIAA) urges the Codex Alimentarius Commission and the CCFL to advance the discussion about health claims given the importance of this subject to consumers around the world and of a balanced regulatory framework.
2. The aim of health claims is to provide consumers with useful information, which may assist them in choosing products in the context of a healthy and balanced diet. The use of health claims on the labels of food products can play a significant role in assisting an individual in making dietary choices and thus contribute positively towards maintenance of good health and the reduction of the risk of various disease conditions.
3. CIAA emphasises that a claim should be complete, truthful and not misleading and supported by appropriate evidence.
4. CIAA therefore welcomes the development of guidelines for scientific criteria for health claims by the Codex Committee on Nutrition and Foods for Special Dietary Uses, which will be annexed, to the present guidelines.
5. Moreover, CIAA has developed a Code of Practice for the Use of Health Claims which lays down general principles and guidelines for substantiation and assessment as well as for their communication.
6. The Codex recommendations on health claims currently at step 3 of the procedure provide the basis for a good framework for the use of health claims. As they currently stand, the recommendations recognise the important role food has to play in consumer health and reflect work in nutritional science that has firmly established the link between food and risk reduction. More importantly, the recommendations provide, for the first time, a framework, which embraces two key principles, the protection of consumer health by requiring the scientific substantiation of health claims according to agreed criteria and by the provision of accurate and scientifically grounded information.
7. CIAA wishes to recall that Codex standards should establish general principles and should therefore be concise and precise in order to be recognised world-wide for their vital role in protecting consumers and facilitating international trade.

II. DETAILED COMMENTS:

Codex Proposed Draft	CIAA Comments
Nutrition claims should be consistent with national nutrition policy and support that policy. Only nutrition claims that support national nutrition policy should be allowed.	
<u>Health claims must be consistent with national health policy including nutrition policy, and support such policies. Health claims should supported by specific consumer education. Claims of the type described in section 3.4 of the Codex General Guidelines on Claims are prohibited.</u>	<p>To be replaced by: <i>“Health claims should be made only when there is sufficient scientific evidence of a contribution to good dietary practice.”</i></p> <p>This box could potentially create barriers to trade and should be removed.</p>
<p>1. Scope 1.1 These guidelines relate to the use of nutrition <u>and health</u> claims in food labelling</p>	
<p>1.2 These guidelines apply to all foods for which nutrition <u>and health</u> claims are made without prejudice to specific provisions under Codex standards or Guidelines relating to Foods for Special Dietary Uses and Foods for Special Medical Purposes.</p>	
<p>1.3 These guidelines are intended to supplement the Codex General Guidelines on Claims and do not supersede any prohibitions contained therein.</p>	
<p>1.4 <u>Health claims are not permitted for foods for infants and young children unless specifically provided for in relevant Codex standards.</u></p>	
<p>2. Definitions 2.1 Nutrition claim means any representation which states, suggests or implies that a food has particular nutritional properties including but not limited to the energy value and to the content of protein, fat and carbohydrates, as well as the content of vitamins and minerals. The following do not constitute nutrition claims : a) the mention of substances in the list of ingredients; b) the mention of nutrients as a mandatory part of nutrition labelling; c) quantitative or qualitative declaration of certain nutrients or ingredients on the label if required by national legislation.</p>	
<p>2.1.1 Nutrient content claim is a nutrition claim that describes the level of a nutrient contained in a food (ex. : “source of calcium”; “high in fibre and low in fat”)</p>	
<p>2.1.2 Comparative claim is a claim that compares the nutrient levels and/or energy value of two or more foods (ex: “reduced”; “less than”; “fewer”; “increased”; “more than”.)</p>	

<p>2.2 <u>Health claim means any representation that states, suggests, or implies that a relationship exists between a food or a constituent of that food and health. Health claims include the following:</u></p>	
<p>2.2.1 <i>Nutrient Function Claims</i> – a nutrition claim that describes the physiological role of the current in growth, development and normal functions of the body [ex: “calcium aids in the development of strong bones and teeth”, “protein helps build and repair body tissues”, “iron is a factor in red blood cell formation”, “vitamin E protects the fat in body tissues from oxidation”, “contains folic acid: folic acid contributes to the normal growth of the fetus”]</p>	
<p>2.2.2 <i>Enhanced Function Claims</i> – <u>These claims concern specific beneficial effects of the consumption of foods and their constituents in the context of the total diet on physiological (or psychological) functions or biological activities but do not include nutrient function claims. Such claims relate to a positive contribution to health or to the improvement of a function or to modifying or preserving health [ex : “certain non-digestible oligo-saccharides improve the growth of specific bacterial flora in the gut”, “Folate can help reduce plasma homocysteine levels”, “X may assist in increasing alertness”]</u></p>	<p>Remove: “<i>in the context of the total diet</i>”.</p> <p>CIAA agrees with the principle but considers that this provision should be laid down under “conditions for use”.</p> <p>CIAA supports the changes (i.e. the introduction of “psychological” after “physiological”) and is of the opinion that the square brackets should be removed.</p> <p>Examples: “Certain non-digestible oligo-saccharides improve the growth of specific bacterial flora in the gut. <i>Product X contains...</i>” “<i>Margarine Y helps to reduce cholesterol levels</i>”.</p>
<p>[2.2.3 <i>Reduction of disease risk claims</i> – <u>Claims relating to the consumption of a food or food constituent, in the context of the total diet, to the reduced risk of developing a disease [or health-related condition]. The claim must consist of two parts:</u></p> <ol style="list-style-type: none"> 1) <u>Information on an accepted diet-health relationship; followed by</u> 2) <u>Information on the composition of the product relevant to the relationship unless the relationship is based on a whole food or foods whereby the research does not link to specific constituents of the food</u> 	<p>Remove: “<i>in the context of the total diet</i>”.</p> <p>To be replaced by: “It is recommended that the claim consists of two parts”.</p> <p>The reference to an “accepted” diet-health relationship gives room for diverse national interpretation and should not be a precondition for making a claim.</p>
<p><u>Risk reduction means significantly altering a major risk factor(s) for a disease [or health-related condition]. Diseases have multiple risk factors and altering one of these risk factors may or may not have a beneficial effect. The presentation of risk reduction claims must ensure, for example, by use of appropriate</u></p>	<p>If a claim is validated for a product, it should be possible to make the claim as such, e.g. “<i>Fermented milk X helps to reduce the risk of intestine infections</i>”</p>

<p><u>language and reference to other risk factors, that consumers do not interpret them as prevention claims.]</u> <u>[Ex: “Iron can help reduce the risk of anaemia. Food A is a high source of iron”; “A diet low in saturated fat may reduce the risk of heart disease. Food B is low in saturated fat”; “Folate may reduce a woman’s risk of having a child with neural tube defects. Food C is high in folate”; “Sufficient calcium intake may reduce the risk of osteoporosis in later life. Food D is high in calcium”].]</u></p>	<p>Examples: <i>“Margarine Y helps to reduce the risk of CVD”.</i></p>
<p>3. Nutrition Labelling Any food for which a nutrition or health claim is made should be labelled with a nutrient declaration in accordance with section 3 of the Codex Guidelines on Nutrition Labelling.</p>	
<p>4. Nutrition claims 4.1 The only nutrition claims permitted shall be those relating to energy, protein, carbohydrate, and fat and components thereof, fibre, sodium and vitamins and minerals for which Nutrient Reference Values (NRVs) have been laid down in the Codex Guidelines for Nutrition Labelling.</p>	
<p>5. Nutrient content claims 5.1 When a nutrient content claim that is listed in the Table to these Guidelines or a synonymous claim is made, the conditions specified in the Table for that claim should apply.</p>	
<p>5.2 Where a food is by its nature low in or free of the nutrient that is the subject of the claim, the term describing the level of the nutrient should not immediately precede the name of the food but should be in the form “a low (naming the nutrient) food” or “a (naming the nutrient)-free food”.</p>	
<p>6. Comparative claims Comparative claims should be permitted subject to the following conditions and based on the food as sold, taking into account further preparation required for consumption according to the instructions for use on the label :</p>	
<p>6.1 The foods being compared should be different versions of the same food or similar foods. The foods being compared should be clearly identified.</p>	
<p>6.2 A statement of the amount of difference in the energy value or nutrient content should be given. The following information should appear in close proximity to the comparative claim:</p>	
<p>6.2.1 The amount of difference related to the same quantity, expressed as a percentage, fraction, or an absolute amount. Full details of the comparison should be given.</p>	

<p>6.2.2 The identity of the food(s) to which the food is being compared. The food(s) should be described in such a manner that it (they) can be readily identified by consumers.</p>	
<p>6.3 The comparison should be based on a relative difference of at least 25 % in the energy value or nutrient content, except for micronutrients where a 10 % difference in the NRV would be acceptable, between the compared foods and a minimum absolute difference in the energy value or nutrient content equivalent to the figure defined as “low” or as a “source” in the Table to these Guidelines.</p>	
<p>6.4 The use of the word “light” should follow the same criteria as for “reduced” and include an indication of the characteristics, which make the food “light”.</p>	
<p>7. Health claims 7.1 <u>Health claims should be permitted provided that the following conditions are met:</u></p>	
<p>7.1.1 <u>Health claims must be based on current relevant scientific substantiation and the level of proof must be sufficient to substantiate the type of claimed effect as recognised by generally accepted scientific review of the data and the scientific substantiation should be reviewed as new knowledge becomes available.</u></p>	
<p>7.1.2 <u>Any health claim must be accepted by or be acceptable to the competent authorities of the country where the product is sold. Only health claims that support national health policy and goals should be allowed.</u></p>	<p>To be removed or to be replaced by: <i>“Health claims should be made only when there is sufficient scientific evidence of a contribution to good dietary practice.”</i></p>
<p>7.1.3. <u>The claim about a food constituent must be stated within the context of the total diet.</u></p>	<p>To be replaced by: <i>Health claims should only be made for a food as part of a total dietary pattern.</i></p>
<p>7.1.4. <u>The claimed benefit should arise from the consumption of a reasonable quantity of the food or food constituent in the context of a normal diet.</u></p>	
<p>7.1.5. <u>If the claimed benefit is attributed to a constituent in the food, the food in question should be:</u></p> <ul style="list-style-type: none"> (i) <u>a significant or high source of the constituent in the case where increased consumption is recommended; or</u> (ii) <u>low in, reduced in, or free of the constituent in the case where reduced consumption is recommended</u> <p><u>Where appropriate, the conditions for nutrient content claims and comparative claims will be used to determine the levels for “high”, “low”, “reduced”, and “free”.</u></p>	

7.1.6. <u>Only those nutrients for which a Nutrient Reference Value (NRV) has been established in the Codex Guidelines on Nutrition Labelling or those nutrients which are mentioned in officially recognised dietary guidelines of the national authority having jurisdiction, should be the subject of a nutrient function claim.</u>	To be extended to: “others nutrients for which recommended intake values exist based on established and recognised scientific knowledge.”
7.2 <u>Health claims should have a clear framework for qualifying and/or disqualifying conditions for eligibility to use the specific claim, including the ability of competent national authorities to prohibit claims made for foods that contain nutrients or constituents in amounts that increase the risk of disease or an adverse health-related condition. the health claim should not be made if it encourages or condones excessive consumption of any food or disparages good dietary practice.</u>	First sentence and last fine words of second sentence to be removed. This provision allows for various interpretations, which will undermine fair practices in food trade. The concerns over the relationship between individual product and general diet are death with the scientific substantiation (Guidelines to be adopted in 7.1.1) and in 7.1.3 and 7.1.4
7.3 <u>if the claimed effect is attributed to a constituent of the food, there must be a validated method to quantify the food constituent that forms the basis of the claim.</u>	to be removed. this should be included in the scientific substantiation
7.4 <u>The impact of health claims on consumers’ eating behaviours and dietary patterns should be monitored.</u>	To be removed. This is a matter for national competent authorities.
7.5 <u>The following information should appear on the label or labelling of the food bearing health claims :</u>	
7.5.1 <u>A statement of the quantity of any nutrient or other constituent of the food that is the subject of the claim.</u>	
7.5.2 <u>Information on the target group, if appropriate.</u>	
7.5.3 <u>Information on how to use the food to obtain the claimed benefit, if appropriate.</u>	
7.5.4 <u>If appropriate, advice to vulnerable groups on how to use the food and to groups, if any, who need to avoid the food.</u>	
7.5.5 <u>Maximum safe intake of the food where necessary.</u>	
8. Claims related to dietary guidelines or healthy diets Claims that relate to dietary guidelines or “healthy diets” should be permitted subject to the following conditions :	
8.1 Only claims related to the pattern of eating contained in dietary guidelines officially recognised by the appropriate national authority.	
8.2 Flexibility in the wording of claims is acceptable, provided the claims remain faithful to the pattern of eating outlined in the dietary guidelines.	
8.3 Claims related to a “healthy diet” or any synonymous term are considered to be claims about the pattern of eating contained in dietary guidelines and should be consistent with the guidelines.	

8.4	Foods which are described as part of a healthy diet, healthy balance, etc., should not be based on selective consideration of one or more aspects of the food. They should satisfy certain minimum criteria for other major nutrients related to dietary guidelines.	
8.5	Foods should not be described as “healthy” or be represented in a manner that implies that a food in and of itself will impart health.	
8.6	Foods may be described as part of a “healthy diet” provided that the label carries a statement relating the food to the pattern of eating described in the dietary guidelines.	

INTERNATIONAL SOFT DRINK COUNCIL (ISDC):

The International Soft Drink Council (ISDC) is an NGO representing the interests of the international soft drink industry. ISDC is pleased to submit the following comments :

ISDC believes that the guidelines are important for food labeling and urges CCFL to progress this as a high priority issue as quickly as possible. We have specific comments on the following points of the proposed draft guidelines:

- 1.4. ISDC recommends that this paragraph be modified to delete “and young children” because some claims, e.g., “tooth friendly” or calcium related are helpful to parents of young children. The revised text would read:

1.4 Health claims are not permitted for foods for infants unless specifically provided for in relevant Codex standards.

- 2.2.2 ISDC supports the retention of the text “or psychological” and removal of the brackets around it.

- 2.2.3 ISDC supports the inclusion and retention of this paragraph (“Reduction of disease risk claims”).