

Labelling, nutrition and health claims: what's happening in Southeast Asia ?

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There are no mandatory nutrition labelling requirements for foods in countries in the Southeast Asian region, except for special categories of foods and when nutritional claims are made. Nutrition and health claims are also not specifically permitted under current regulations. There is however increasing interest among authorities in the region to formulate regulations for nutrition labelling for a wider variety of foods. There are concerns about lack of manpower for regulating bodies to monitor nutrition labels and claims and about inadequate resources to give analytical services to the food industry. The importance of consumer education on nutrition labelling is emphasised.

Nutrition labelling of foods is one of the strategies used to assist consumers in adopting healthy dietary practices. The primary objective of nutrition labelling is to describe the nutritional qualities of a food product factually and informatively. It is aimed at providing a means for conveying information of the nutrient content on the label, thereby assisting consumers in making better food choices when planning their daily meals. Although nutrition education is not the primary aim of nutrition labelling, it does provide support to nutrition education activities as it encourages the use of sound nutrition principles in the formulation of meals for family members.

Nutrition labelling is equally important to the food industry as labelling provides a means for food manufacturers and retailers to become more aware of the nutritional properties of their products and to emphasise these properties to consumers. Food manufacturers have a social responsibility to contribute positively to the healthy lifestyle programs of health authorities. There is increasing interest in developing nutrition labelling around the world, even for developing countries, and a wide range of types and approaches are now being practised.

This paper summarises the status of nutrition labelling, nutrition and health claims in some South East Asian countries, namely Malaysia, Singapore, Thailand, Philippines and Indonesia. The food regulations and other relevant documents from these countries were obtained as sources of information for this paper. In addition, reference was also made to the summary and recommendations of a workshop on nutrition labelling organised during the 4th Asia-Pacific Food Analysis Network (APFAN) Conference in 1998 in Chiang Mai, Thailand.

Nutrition labelling in Malaysia

There is currently no mandatory nutrition labelling of foods in Malaysia, except for regulations pertaining to the labelling of "special purpose foods". Regulations 388 to 393 of the Malaysian Food Regulations 1985 (Ministry of Health Malaysia, 1998) provide for obligatory nutrition labelling of foods such as infant formulae and cereal-based foods for infants and young children. These foods are to be labelled with the energy, protein, carbohydrate, fat, vitamin and mineral contents. In addition, as provided for under Regulation 26, foods enriched or fortified with permitted vitamins, minerals, essential amino acids or essential fatty acids shall be labelled with the type and quantity of the nutrient.

There are, however, a number of products in the market

now with voluntary nutrition labelling, most of which are imported foods. There is no uniformity in the various formats of nutrition labelling. Some of these labels are very brief, with only a few nutrients, whereas others go to the full extent of listing over 15 nutrients. Some are expressed as per 100 g (or per 100 mL) whereas others refer to amounts per serving. Some of the labels express the amounts in relation to recommended daily intakes (RDA or RDI).

In recent months, there has been a move by the Ministry of Health towards mandatory labelling for a wide variety of foods. The proposal is to have mandatory labelling for a number of core nutrients, namely energy, carbohydrates, protein and fat for a wide variety of foods. The categories of foods requiring labelling include the following: prepared cereal foods, milk products, flour and sugar confections, canned meat, canned vegetables, canned fruit, soya sauce and tomato sauce

The proposed format of labelling closely follows the Codex Alimentarius guidelines (FAO/WHO 1999). Nutrients are to be declared per 100 g or per 100 mL or per package if the package contains only a single portion. In addition, this information may be given per serving as quantified on the label. Nutrients may also be given as a percentage of the Nutrient Reference Value. The proposal has been sent to various organisations for public comment. It is also posted on the Ministry of Health website: dph.gov.my/division/fqc.

Discussions within the Ministry of Health on the implementation of the proposed nutrition labelling included conducting consumer education activities. Leaflets to promote the "read the label" habit amongst consumers have been prepared. The different elements of the food label are explained, including the listing of nutrients. It is recognised that a great deal remains to be done in consumer education. This can be carried out in collaboration with professional bodies such as the nutrition, dietetics and food science societies in the country.

Health and nutrient claims in Malaysia

There are no specific provisions for health and nutrition claims in the 1985 Malaysian Food Regulations. Nevertheless, there are several labelling requirements that are related to health and nutrition claims. For example Regulation 18(3) prohibits the description of any food which includes the word "compounded", "medicated", "tonic" or "health" or any other words of the same significance. Regulation 26(7) also stipulates that no label on a food shall claim to be "enriched, fortified, vitaminised, supplemented or strengthened" or that the food is a source of one or more vitamins or minerals unless a reference quantity of the food

contains not less than the amount of the nutrient in question specified in Table II to the Twelfth Schedule. However, the label on a food to which an essential amino acid or essential fatty acid or both has been added may bear a claim that the food is enriched or supplemented with these nutrients.

Although there are no specific provisions in the current regulations, various claims are already being made on several products. Claims of low fat, low or no cholesterol, high in fibre, and high in various vitamins, minerals and fatty acids (such as omega-3 fatty acids) are being made on various products in the market. Without any official guidelines or regulations, there is no common understanding among manufacturers and the consumer on how much is "high" or "low". These claims can therefore be misleading to the consumers.

To prevent abuse by manufacturers and thereby misleading of consumers, the Ministry of Health Malaysia has recently introduced a proposal to regulate the use of nutrient content claims, namely claims for "low" or "free" for energy, fat, saturated fat, cholesterol, sugars, sodium, and claims for "source" and "high" for protein, vitamins and minerals. These proposed regulations closely follow the Codex guidelines, which have already been adopted at step 8 with regards to energy, fat, cholesterol, sugars and sodium, whereas those claims pertaining to protein, vitamins and minerals have been returned to the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) for further deliberations. These proposals have been sent for public comment and have also been posted on the MOH website.

There is an increasing number of "health foods" in the market that may be difficult to classify as food or drug, sometimes referred to as "grey area" products. The working group on Nutrition and Health Claims that has been established under the authority of the National Advisory Committee on Food Regulations has also been given the task of examining these products and making a decision on which authority should regulate a particular "grey area" product or a food and drug interface product. Obviously a great deal remains to be done in this area.

Nutrition labelling in Singapore

In Singapore, mandatory nutrition labelling is only required for foods enriched or fortified with permitted vitamins, minerals, essential amino acids and fatty acids (Regulation 11) (Ministry of Health Singapore 1990). It is required to state the amount of the nutrient present in a specified quantity of the food. Mandatory nutrition labelling also applies to special purpose foods, including infant formula (Regulation 252); for these foods, the amounts of energy, protein, carbohydrate, fat, vitamins and minerals per 100 mL of the formula prepared according to directions. Foods making nutrition claims are also required to have a nutrition information panel with energy, carbohydrate and fat (or other nutrients). Although the number of foods requiring mandatory nutritional labelling is limited, various foods in the market already have these labels on their products voluntarily.

In 1997, a voluntary program to introduce nutrition labelling for a wider variety of general foods was introduced. A Nutrition Labelling Handbook was published by the Ministry of Health Singapore (1998) which explains in detail the format of a typical nutrition information panel. Serving size of each food is to be provided and listing for a core group of eight nutrients in per serving as well as per 100 g (or 100 mL) of the food. The booklet also explains that the acceptable methods of nutrient analysis are direct chemical analysis or indirect analysis using established nutrient food composition databases. Nutrient verification criteria are also given in the booklet.

Nutrient and health claims in Singapore

In the current Regulations, a nutrition claim is defined as a

representation that suggests or implies that a food has a nutritive property, whether general or specific and whether expressed affirmatively or negatively. This includes reference to energy, salt, sodium, potassium, amino acids, carbohydrates, cholesterol, fats, fatty acids, protein, starch or sugars.

No claim for "source" of energy is permitted unless there is at least 300 kcal in the suggested amount of food consumed per day. For claims for "source" of protein, at least 20% by weight of the calories should be derived from protein and there is at least 10 g of protein in the suggested amount of food consumed per day.

Regulation 9 prohibits the making of various misleading statements or claims. These include claims for therapeutic or prophylactic actions, and words implying that a food will prevent, alleviate or cure any disease or condition affecting the human body, or improve health or physical condition.

New guidelines on nutrition claims are being finalised and will be introduced shortly. A "Healthier Choice" Label Program was introduced as part of the overall Nutrition Labelling Program in 1997. In foods claiming "high", "low", "reduced" etc, it is mandatory to include a nutrition information panel, approved by the National Heart Association and the Ministry of Health.

Nutrition labelling in Thailand

The Ministry of Public Health Thailand (1998) introduced mandatory nutrition labelling for the following categories of food:

- foods with nutrition claim, comparative claim or nutrient function claim
- foods with claims of specific benefits or functions to the body or specific ingredients
- foods for specific target groups, eg school children, executives, elderly
- other foods prescribed by the Food and Drug Administration Office

It is thus the only SE Asian country currently requiring mandatory nutrition labelling for a wide variety of foods and also prescribing labelling of the most number of nutrients.

The Regulations provide examples of a full format and a brief format. In the former, 15 nutrients are required to be listed, expressed as per serving of the food and as percent of the Thai Recommended Dietary Intake (RDI). The label (termed as Nutrition Facts), also allows for insertion of simple guides on nutrition, eg prescribing the maximum, or amounts of, several nutrients including, fat, cholesterol and sodium. The Regulations explain the procedure for prescribing serving size, with a list of the serving size for a variety of foods. Rounding rules for expressing the values are also given.

Nutrition claims in Thailand

Three types of nutrition claims are identified in the Regulations of Thailand, namely nutrient content claim, comparative claim and nutrient function claim. Examples of nutrient content claim are "source of calcium", "high in fibre and low in fat" etc. The Regulations prohibit the making of making a claim of "free" or "low" if the food is naturally "free" or "low" in that nutrient. Comparative claims permit the manufacturer to make claims such as "less than or fewer", "more than", "reduced", "lite" etc. Conditions for nutrient content claims and comparative claims are listed in detail in a table in the Regulations.

Examples of nutrient function claims are:

- "calcium is an important component of bone and teeth";
- "folate is an important component in red cell formation"

In order to make these claims, various criteria must be met, eg the nutrient should be present in certain quantities. The claim must not have any message that implies that consuming of such nutrient can prevent or cure any disease.

Nutrition labelling in the Philippines

The Philippines Regulations also prescribe mandatory nutrition labelling for a limited number of foods, including enriched or fortified foods (Ministry of Health Philippines 1984). Nutrition information may be given in tabulated form and presented on the basis of the food as packaged, while another column declares the nutrient amounts after cooking, in relation to average or usual serving in terms of slices, pieces or a specified weight or volume. Nutrients are also to be expressed as per cent of the Philippines recommended dietary allowances (RDA). The Regulation also stipulates the minimum amounts of the nutrients that must be present at any point of inspection. The methods of sampling and analysis (generally by the AOAC methods) are briefly mentioned in the Regulations.

The Regulations also clearly prohibit claims that:

- the food is effective in the "prevention, cure, mitigation or treatment of any disease or symptoms"
- a balanced diet cannot supply adequate nutrients
- the food has dietary properties when such properties are of no significant or proven value in human nutrition
- a natural vitamin is superior to an added or synthetic vitamin

If foods are to be exported to the USA, they are required to follow the United States Nutrition Labelling and Education Act (USNLEA) requirements

Nutrition labelling and claims in Indonesia

Nutrition labelling is mandatory for foods making nutrition claims, including energy, protein, fat and carbohydrate content, as well as levels of vitamins and minerals (Department of Health Indonesia 1994). The regulations are also applicable to the voluntary labelling of all other types of foods.

In nutrition labelling, the following are required to be listed: energy value, total amounts of protein, available carbohydrate (does not include dietary fibre) and fat, amounts of other nutrients for which a claim is made, and other nutrients which are considered relevant for the preservation of good nutritional status

Energy values should be given in kJ and kcal per 100 g or per 100 mL. In addition, information can also be given per serving as stated on the label. Data on amounts of protein, carbohydrate and fat are to be given in g per 100 g or per 100 mL of the food. For vitamins and minerals, the amounts are to be given in metric units and also expressed as percent of the RDA. The nutrient content values on the labels should be derived from an analysis of a representative sample of the food.

The Regulations provide detailed conditions for claims of "source" of energy and protein, fat and fatty acid content and enrichment with vitamins and minerals.

The Regulations prohibit the making of the following claims:

- a balanced and varied diet still requires to be supplemented with vitamins
- good health and longevity can only be maintained by vitamin supplements
- normal healthy individuals can look younger and live longer with vitamin supplements
- that there is evidence of widespread vitamin deficiency

Conditions for making claims for foods for weight loss, diabetics, "tonic" foods and foods to "restore" health are also stipulated in the Regulations:

APFAN Workshop on nutrition labelling

A workshop on nutrition labelling was organised during the 4th Asia-Pacific Food Analysis Network (APFAN) Conference, 16-19 November 1998 held in Chiang Mai, Thailand (APFAN 1998).

The main discussion topics were the current status of

nutrition labelling in various countries and their experiences in implementation. The latter include efforts in nutrition education and examining the analytical needs for the program. Discussions also touched on implications for the food industry and the consumer as well as future plans of the various countries.

The main problems identified by the Workshop included:

- Nutrition labelling is expensive for the food industry
- Inadequate laboratories to give analytical services to the food industry and lack of manpower and equipment
- Consumer understanding of nutritional labels varies widely in the region
- Lack of manpower for regulating bodies to check on accuracy of nutrition labels

The Workshop made the following recommendations:

- Countries should consider formulating regulations for nutrition labelling, starting with voluntary labelling
- Follow Codex guidelines on nutrition labelling in terms of format, components to be included and mode of expression (eg per 100 g)
- Allow the use of recognised databases for nutrition labelling in developing countries (at least for some foods)
- Use harmonised methods of sampling and analysis for nutrition label components
- Consider use of harmonised recommended dietary intakes (RDI), eg Nutrient Reference Values (NRV) proposed by Codex
- Analytical laboratories should work towards technical competency accreditation
- It is important to educate consumers on nutrition labelling

Conclusions

It is expected that regulatory activities related to nutrition labelling and nutrition claims in countries in the region will increase in the near future. These would include greater attention to "health" foods and health claims. There is also greater demand from consumers for regulations on nutrition labelling as well as clearly stipulated requirements for nutrition and health claims. The manufacturers would also welcome clear guidelines on these matters to facilitate marketing of their products within the requirements of the law.

There are efforts by authorities of countries in the region to harmonise the development of nutrition labelling and nutrition claims. However, reviewing the various developments in the past year, it would appear that a great deal remains to be done in this effort in harmonisation.

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