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Nutrition labelling & health claims: Codex guidelines

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Outline of presentation

- Provide an overview of current status and recent regulatory developments in nutrition labeling, nutrition and health claims
 - ❖ Codex Alimentarius
 - ❖ 5 SEAsian countries + China and Japan
- Challenges in implementing regulations
 - ❖ Including good food composition data
- Recent Codex work on labelling and claims

- **From a public health point of view, food labels can be a useful source of nutrition information**
 - ❖ **assist consumer in choice of food**
 - ❖ **encourage use of nutrition principles when making food choices, preparing meals**
- **Two main types of nutrition information on labels**
 - ❖ **nutrition labelling**
 - ❖ **nutrition and health claims**
- **Such information also beneficial to food industry**
 - ❖ **Enables manufacturers to highlight nutritional quality of their products**
 - ❖ **Highlight the functions or health benefits of certain nutrients or “functional” components in food**

- **Codex Alimentarius has published guidelines to governments in establishing national regulations**
 - ❖ **established through the Joint FAO/WHO Food Standards Programme, aimed at protecting health of the consumers and ensuring fair trade practices in the food trade**
- **Two Codex standards are of relevance, namely**
 - ❖ **Guidelines on Nutrition Labelling and Guidelines on Nutrition and Health Claims.**

Codex Alimentarius



**Food labeling
complete text
(5th edn, 2008)**

Food Labelling

Fifth edition



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Codex Nutrition Labeling guide

CAC/GL 2-1985
(Rev. 1-1993; 2003)



Food Labelling

Fifth edition

First published over 15
years ago, with several
amendments



Nutrition labelling

- Nutrition labelling is a description intended to inform the consumer of nutritional properties of a food
- Often taken to mean Nutrient Declaration
 - which is a standardised statement or listing of the nutrient content of a food (energy, protein, carbohydrate, fat, vitamins, minerals, etc)
 - Often known as Nutrition Information Panel (NIP)

- **Nutrient declaration should be mandatory for foods for which nutrition claims are made; voluntary for all other foods**
- **Where nutrient declaration is applied, the declaration of the following should be mandatory**
 - ❖ **Energy, protein, available carbohydrate (i.e., excl dietary fibre), fat; and**
 - ❖ **any other nutrient for which a nutrition or health claim is made**
- **Energy and nutrients should be declared as per 100 g or per 100 ml or per serving**

Codex Nutrition and Health Claims

**CAC/GL 23-1997
(Rev. 1-2004)**



Food Labelling

Fifth edition



Nutrition claims

- **Nutrition claim means any representation which states, suggests or implies that a food has particular nutritional properties**
- **Nutrition claims**
 - **Nutrient content claim**
 - **Comparative claim**

Health claims

- **Health claims means any representation that states, suggests or implies that a relationship exists between a food or a constituent of that food and health, includes**
 - ❖ **nutrient function claim**
 - ❖ **other function claim and**
 - ❖ **reduction of disease risk claims**

Nutrient function claims

- **describes the physiological role of the nutrient in growth, development and normal functions of the body, eg**
 - ❖ **Calcium aids in the development of strong bones and teeth**
 - ❖ **Iron is a factor in red blood cell formation**

Other function claims

- **describes specific beneficial effects of the consumption of a food constituent in improving or modifying a physiological function**
- **Example:**
 - ❖ **Plant sterols helps in lowering blood cholesterol**

Reduction of disease risk claim

- relates the consumption of a food or food constituent to the reduced risk of developing a disease or health related condition
- Example:
 - ❖ **Soy protein reduces risk to heart disease**

Function claim vs disease risk reduction

- **Function claim: “Iron is a factor in red blood cell formation”**
- **Disease risk reduction claim: “Iron can help reduce the risk of anaemia”**
- **nutrient function claim: “calcium is important for bone and teeth formation”**
- **disease risk reduction claim: “calcium reduces risk to osteoporosis”**

Nutrition labelling and health claims in Asia

- **Food regulatory agencies welcome efforts of food companies to disseminate such nutrition information to consumers**
 - ❖ **However, they have to ensure that such information is factual and appropriately presented**
 - ❖ **Hence increased interest and efforts of authorities to improve regulatory control of nutrition labeling and health claims**
- **More countries are looking towards Codex Alimentarius for guidance in establishing national regulations**

Nutrition labelling in Asia

**..... Indonesia, Malaysia,
Philippines, Singapore,
Thailand, China, Japan**

- **There is no harmonised regulations on nutrition labelling in the Asian countries**
- **Malaysia enforced mandatory nutrition labeling for wide variety of foods in 2005**
 - ❖ **more than 50 categories of commonly consumed foods, contributing significantly to dietary intake**
- **In other Southeast Asian countries (Singapore, Thailand, Indonesia and Philippines) and China, mandatory nutrition labeling is only applicable to:**
 - ❖ **foods for special dietary uses (eg infant formula, cereal-based foods for children)**
 - ❖ **foods making nutrition claims**
 - ❖ **fortified or enriched foods**

- many products in these countries do have voluntary nutrition labeling with format guidelines provided by the respective regulatory agency
- format and requirements for NIP differ widely for countries in the region
 - ❖ Malaysia, Philippines, and Singapore require 4 core nutrients (energy, carbohydrate, protein and fat)
 - ❖ China and Indonesian format has 5 core nutrients (the 4 above plus sodium)
 - ❖ Thailand format more similar to the USFDA format (14 nutrients)
- Declaration per 100 g /ml and/or per serving differs for the various countries
- Only Malaysia uses Codex NRV on NIP; other countries use national RDAs

Nutrition & Health claims in Asia

**..... Indonesia, Malaysia,
Philippines, Singapore,
Thailand, China, Japan**

Status of nutrition claims

Country	Nutrition claim
Indonesia	Yes, nutrient content claim, comparative claim; criteria for claim based on NRV Indonesia
Malaysia	Yes, nutrient content claim, comparative claim; format and criteria generally similar to Codex
Philippines	Yes, nutrient content claim, comparative claim; format generally similar to Codex; criteria based on RENI Philippines
Singapore	Yes, nutrient content claim, comparative claim; criteria for claim based on RDA not NRV
Thailand	Yes, nutrient content claim, comparative claim; format generally similar to Codex; criteria based on Thai RDI rather than NRV
China	Yes, nutrient content claim, comparative claim; format and criteria generally similar to Codex
Japan	Yes, nutrient content claim only; format generally similar to Codex; but different criteria used

Status of nutrient function claims

Country	Nutrient function claim
Indonesia	Yes, in new regulations to be enforced; 4 macronutrients (protein, fat, linoleic acid, carbohydrates), 8 vitamins, 3 minerals
Malaysia	23 claims for protein, 9 vitamins, 5 minerals
Philippines	Yes, according to Codex; no positive list
Singapore	26 claims for 3 macro nutrients (protein, lactose, dietary fibre), 7 vitamins, 5 minerals
Thailand	29 claims for protein, dietary fibre, 13 vitamins, 14 minerals
China	60 claims for 8 macronutrients (energy, fat, protein, saturated fat, cholesterol, carbohydrate, sugar, dietary fibre), 6 minerals, 11 vitamins
Japan	17 claims for 12 vitamins, 5 minerals

Status of other function claims

Country	Other function claim
Indonesia	Yes, in new regulations to be enforced; dietary fibre (psyllium, inulin, oat), prebiotic, probiotic, plant sterol and stanol esters
Malaysia	21 claims for other food components (eg inulin, FOS, GOS, GOS+lcFOS mixture, polydextrose, resistant starch, sterol, beta-glucan, soy protein)
Philippines	Yes, according to Codex; no positive list
Singapore	7 claims for probiotics, prebiotics (eg inulin, oligofructose, GOS+lcFOS mixture)
Thailand	Not permitted
China	Not permitted
Japan	FOSHU (797 products approved as at end August 2008)

Status of disease risk-reduction claims

Country	Disease risk-reduction claim
Indonesia	Yes, in new regulations to be enforced; folate, calcium, dietary fibre psyllium, inulin, oat), plant sterol and stanol esters, soy protein, soy isoflavone
Malaysia	Not permitted
Philippines	Yes, according to Codex; no positive list
Singapore	5 nutrient-specific claims permitted since April 2009; calcium+vit D and osteoporosis; Na and high b.p.; sat and trans fat and CVD; whole grains, fruits, vege and CVD and cancer
Thailand	Not permitted
China	Not permitted
Japan	Only calcium and osteoporosis and folate and neural tube defect

Summary status of nutrition & health claims

- **There are no harmonised nutrition and health claims regulations in Asian countries**
- **There are considerable differences in the permitted nutrition and health claims**
 - ❖ **Nutrition claims are permitted in all the countries reviewed; however criteria for claims differ among countries, some similar to Codex**
 - ❖ **All countries allow nutrient function claims; types of claims differ; most countries have a positive list of permitted claims**
 - ❖ **Other function claims are permitted in all countries, except in China and Thailand. The claims relate to several bioactive components including several dietary fibres and non-digestible oligosaccharides, and plant sterols**

Summary status of nutrition & health claims

- **... considerable differences in permitted claims**
 - ❖ **Disease risk reduction claims are considered higher level claims and are permitted only in a few countries, namely Indonesia, Philippines, Singapore and Japan**
 - ❖ **and only for a few nutrients or bioactive compounds or food**

Nutrition and health Claims (2)

- **Regulatory system related to claims differ considerably**
 - ❖ **Most countries adopt a positive-list approach**
 - ❖ **Claims not on the listed are not permitted, but industry may apply on a case-by –case basis**
 - ❖ **Approval based on scientific substantiation of proposed claim**

- **There will certainly be increased interest and activities in the region amongst consumers, food industry and regulatory agencies**

**Challenges in
implementing nutrition
labelling and claims**

Challenges faced by authorities

- **Concerned with effective communication of labelling and claims information to consumers**
 - ❖ **Difficulty faced by consumers in understanding nutrient declaration format**
 - ❖ **misunderstanding of claims, potential misuse, simplistic interpretation of claims**
- **Lack of data on how consumers understand and utilise such information**
 - ❖ **Realise need to educate consumers on appropriate use of labelling and claims information on labels**
- **Inadequate resources for enforcement of regulations**

Challenges faced by food industry

- **Lack of expertise and expenses to obtain nutrient content for declaration, particularly for smaller industries**
- **Unclear regulations on the permitted health claims**
- **Lack of clear regulatory framework for application of amendments to regulations, including nutrition claims**
- **Lack of expertise to submit applications for nutrition claims**
- **Long lag time between application for amendment to final approval**

- Looking for simpler schemes, eg FOP health indicators and logos, GDAs, colour codings
 - ❖ Need to determine which ones acceptable, understood by consumers
 - ❖ Simple schemes are easy to understand but the fear is over simplification, misuse of labelling information

MY CHOICE
BASED ON INTERNATIONAL DIETARY GUIDELINES

Healthier Choice

720 Cal per 100g

Each 250 ml bowl contains

Calories	Sugars	Fat	Saturates	Sodium
140	3.0g	1.0g	0.3g	0.3g
7%	3%	1%	1%	10%

of an adult's guideline daily amount*

A serving (5g) provides...

SODIUM	2 mg	SUGAR	0 g
TOTAL FAT	3 g	ENERGY	27 cal
SATURATED FAT	1 g		

Per serving

FAT	7.7g
SATURATES	2.0g
SUGAR	42.2g
SALT	2.0g

■ HIGH ■ MEDIUM ■ LOW

% GDA
www.mcdonaldsmenu.info

kcal	25%	495kcal
SUGAR	36%	27g
FAT	37%	25g
SATURATED FAT	15%	40g
SALT	46%	2.3g

- **One area relevant to this conference is good food composition data and laboratory capability**
- **For truthful nutrition labeling, food manufacturers must ensure accurate data on the composition of the nutrients contained in the food**
- **Similarly, for nutrition and health claims, accurate data on the amounts of the nutrients or food components are needed**
- **For scientific substantiation of the claimed health effects, accurate quantitation of the amounts of these nutrients or components is essential**
- **For regulatory agencies, well-equipped laboratories and well-trained personnel are required for surveillance and enforcement purposes**

**Codex work on nutrition
labelling and health claims
continues**

Recognising the heavy and growing burden of non-communicable diseases in almost all countries, in 2004 WHO has developed



WORLD HEALTH ORGANIZATION

GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23).

The Strategy, together with the Resolution by which it was endorsed (WHA57.17), are contained in this document.

- **An Action Plan on how Codex can assist in the implementation of the Global Strategy has been actively deliberated within the Codex Committees on Food Labeling (CCFL) and Nutrition and Foods for Special Dietary Uses (CCNFSDU)**
- **Member countries agreed to work further on several topics, including revision of the Guidelines on Nutrition Labeling**
 - ❖ **Expanding list of nutrients to be labelled, NRV for macronutrients, improving legibility of NIPs ...**
 - ❖ **In 2010 session of CCFL**
- **Review of Nutrient Reference Value (NRV)**
 - ❖ **Now only 9 vitamins and 5 minerals**