

## GUIDELINES FOR USE OF NUTRITION AND HEALTH CLAIMS

CAC/GL 23-1997, Rev. 1-2004<sup>1</sup>

Nutrition claims should be consistent with national nutrition policy and support that policy. Only nutrition claims that support national nutrition policy should be allowed.

Health claims should be consistent with national health policy, including nutrition policy, and support such policies where applicable. Health claims should be supported by a sound and sufficient body of scientific evidence to substantiate the claim, provide truthful and non-misleading information to aid consumers in choosing healthful diets and be supported by specific consumer education. The impact of health claims on consumers' eating behaviours and dietary patterns should be monitored, in general, by competent authorities. Claims of the type described in section 3.4 of the Codex General Guidelines on Claims are prohibited

### 1. SCOPE

1.1 These guidelines relate to the use of nutrition and health claims in food labelling and, where required by the authorities having jurisdiction, in advertising.

1.2 These guidelines apply to all foods for which nutrition and health 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.

1.3 These guidelines are intended to supplement the Codex General Guidelines on Claims and do not supersede any prohibitions contained therein.

1.4 Nutrition and health claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation.

### 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.

2.1.1 **Nutrient content claim** is a nutrition claim that describes the level of a nutrient contained in a food.

(Examples: "source of calcium"; "high in fibre and low in fat";)

2.1.2 **Nutrient Comparative claim** is a claim that compares the nutrient levels and/or energy value of two or more foods.

(Examples: "reduced"; "less than"; "fewer"; "increased"; "more than".)

2.2 **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:

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.

#### Example:

“Nutrient A (naming a physiological role of nutrient A in the body in the maintenance of health and promotion of normal growth and development). Food X is a source of/ high in nutrient A.”

<sup>1</sup> The Codex Guidelines for Use of Nutrition Claims were adopted by the Codex Alimentarius Commission at its 22<sup>nd</sup> Session (1997) and amended at its 24<sup>th</sup> Session (2001). The Guidelines were revised at its 27<sup>th</sup> Session (2004) with the insertion of provisions for health claims.

**2.2.2 Other Function Claims** - These claims concern specific beneficial effects of the consumption of foods or their constituents, in the context of the total diet on normal functions or biological activities of the body. Such claims relate to a positive contribution to health or to the improvement of a function or to modifying or preserving health.

**Examples:**

“Substance A (naming the effect of substance A on improving or modifying a physiological function or biological activity associated with health). Food Y contains x grams of substance A.”

**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, to the reduced risk of developing a disease or health-related condition.

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.

**Examples:**

“ A healthful diet low in nutrient or substance A may reduce the risk of disease D. Food X is low in nutrient or substance A”

“ A healthful diet rich in nutrient or substance A may reduce the risk of disease D. Food X is high in nutrient or substance A”

### 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.

### 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.

### 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.

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".

### 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:

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.

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:

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.

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.

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.

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".

## 7. HEALTH CLAIMS

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

7.1.1 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 and the relationship to health as recognised by generally accepted scientific review of the data and the scientific substantiation should be reviewed as new knowledge becomes available<sup>2</sup>. The health claim must consist of two parts:

- 1) Information on the physiological role of the nutrient or on an accepted diet-health relationship; followed by
- 2) Information on the composition of the product relevant to the physiological role of the nutrient or the accepted diet-health relationship unless the relationship is based on a whole food or foods whereby the research does not link to specific constituents of the food.

7.1.2 Any health claim must be accepted by or be acceptable to the competent authorities of the country where the product is sold.

7.1.3 The claimed benefit should arise from the consumption of a reasonable quantity of the food or food constituent in the context of a healthy diet.

7.1.4 If the claimed benefit is attributed to a constituent in the food, for which a Nutrient Reference value is established, the food in question should be:

- (i) - a source of or high in 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 applicable, the conditions for nutrient content claims and comparative claims will be used to determine the levels for “high”, “low”, “reduced”, and “free”.

7.1.5 Only those essential 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 recognized dietary guidelines of the national authority having jurisdiction, should be the subject of a nutrient function claim.

7.2 Health claims should have a clear regulatory 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.

7.3 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.

7.4 The following information should appear on the label or labelling of the food bearing health claims:

7.4.1 A statement of the quantity of any nutrient or other constituent of the food that is the subject of the claim.

7.4.2 The target group, if appropriate.

7.4.3 How to use the food to obtain the claimed benefit and other lifestyle factors or other dietary sources, where appropriate.

7.4.4 If appropriate, advice to vulnerable groups on how to use the food and to groups, if any, who need to avoid the food.

7.4.5 Maximum safe intake of the food or constituent where necessary.

7.4.6 How the food or food constituent fits within the context of the total diet.

7.4.7 A statement on the importance of maintaining a healthy diet.

## 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 recognized by the appropriate national authority.

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<sup>2</sup> Reference to the Scientific Criteria for Health Related Claims being developed by the Codex Committee on Nutrition and Foods for Special Dietary Uses should be inserted here.

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.

TABLE OF CONDITIONS FOR NUTRIENT CONTENTS

COMPONENT	CLAIM	CONDITIONS
		NOT MORE THAN
Energy	Low	40 kcal (170 kJ) per 100 g (solids) or 20 kcal (80 kJ) per 100 ml (liquids)
	Free	4 kcal per 100 ml (liquids)
Fat	Low	3 g per 100 g (solids) 1.5 g per 100 ml (liquids)
	Free	0.5 g per 100 g (solids) or 100 ml (liquids)
Saturated Fat	Low <sup>3</sup>	1.5 g per 100 g (solids) 0.75 g per 100 ml (liquids) and 10% of energy
	Free	0.1 g per 100 g (solids) 0.1 g per 100 ml (liquids)
Cholesterol	Low <sup>3</sup>	0.02 g per 100 g (solids) 0.01 g per 100 ml (liquids)
	Free	0.005 g per 100 g (solids) 0.005 g per 100 ml (solids)  and, for both claims, less than: 1.5 g saturated fat per 100 g (solids) 0.75 g saturated fat per 100 ml (liquids) and 10% of energy of saturated fat
Sugars	Free	0.5 g per 100 g (solids) 0.5 g per 100 ml (liquids)
Sodium	Low	0.12 g per 100 g
	Very Low	0.04 g per 100 g
	Free	0.005 g per 100g
<b>NOT LESS THAN</b>		
Protein	Source	10% of NRV per 100 g (solids) 5% of NRV per 100 ml (liquids) or 5% of NRV per 100 kcal (12% of NRV per 1 MJ) or 10% of NRV per serving  2 times the values for “source”
	High	
Vitamins and Minerals	Source	15% of NRV per 100 g (solids) 7.5% of NRV per 100 ml (liquids) or 5% of NRV per 100 kcal (12% of NRV per 1 MJ) or 15% of NRV per serving  2 times the value for “source”
	High	

<sup>3</sup> In the case of the claim “low in saturated fat”, trans fatty acids should be taken into account where applicable. This provision consequentially applies to foods claimed to be “low in cholesterol” and “cholesterol free”.