

codex alimentarius commission



FOOD AND AGRICULTURE
ORGANIZATION
OF THE UNITED NATIONS

WORLD
HEALTH
ORGANIZATION



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AGENDA ITEM NO. 6

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

**CODEX COMMITTEE ON FOOD LABELLING
THIRTY-FIRST SESSION
OTTAWA, CANADA, 28 APRIL - 2 MAY 2003**

**DRAFT GUIDELINES FOR USE OF HEALTH AND NUTRITION CLAIMS
(ALINORM 03/22, APPENDIX VII)**

GOVERNMENT COMMENTS AT STEP 6

COMMENTS FROM:

**CANADA
NORWAY**

INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN)

DRAFT GUIDELINES FOR USE OF HEALTH AND NUTRITION CLAIMS - (ALINORM 03/22, APPENDIX VII)

GOVERNMENT COMMENTS AT STEP 6

CANADA:

Title: The title should be changed to Nutrition and Health Claims to reflect the order in which the claims appear in the Guidelines.

Preamble: The square brackets should be removed in the second boxed preamble.

Section 1.4: Nutrition claims are appropriate for foods for infants and young children. Delete “Nutrition and”.

Section 2.2.1 Nutrient Function Claims:

The examples of claims within the square brackets should be deleted.

We suggest that there should be a standardized approach to making nutrient function claims analogous to that for risk reduction claims. The following text should be added to 2.2.1 before the example:

The claim must consist of two parts:

- 1) Information on the physiological role of the nutrient; and
- 2) Information on the amount of the nutrient in the food expressed in terms of a nutrient content claim where such a claim is defined or in terms of the amount of the nutrient in a specified quantity of the food consistent with the nutrient declaration.

Section 2.2.2 Other Function Claims:

Psychological should be deleted from the text.

We suggest that there should be a standardized approach to making other function claims analogous to that for risk reduction claims. The following text should be added to 2.2.2 before the example:

The claim must consist of two parts:

- 1) Information on the beneficial effect; and
- 2) Information on the composition of the product relevant to the beneficial effect unless the beneficial effect is based on a whole food or foods.

NORWAY:

GENERAL COMMENTS

As commented last year, 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. 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 meant to be eaten, 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 lasts.

Consumer education should aim to make the consumer capable of asking questions and develop skills to act as informed consumers within legislation and basic nutrition. It is important that the producer of the products with health claims contributes to consumer education as mentioned in the preamble. Part of such education could be to mention on the label other good sources of the nutrient or substance (the three steps principle). This will help to put the food with health claims in the context to the nationally recommended diet.

SPECIFIC COMMENTS

Heading

The words health and nutrition should change places in the heading to be in consistency with the text in the guidelines.

PROPOSED DRAFT GUIDELINES For USE OF *NUTRITION AND HEALTH* CLAIMS

Preamble

Delete the square brackets.

1. Scope

1.4 Delete the square brackets.

2. Definitions

Taking nutrition and health policy into consideration, we suggest that all health claims should consist of three steps. Therefore we propose to move the two sentences where it is suggested how the claims should be expressed from 2.2.3 to 2.2. In addition we suggest for the education part of the information that the third step should include other sources of nutrient or substance.

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 health claim should consist of three parts:

1. *Information on an accepted diet-health relationship (naming the effect of the nutrient/substance X on growth, development and normal functions of the body or the effect of nutrient/substance X on improving or modifying a physiological function or biological activity associated with health)*
2. *Food A is a good source of nutrient/substance X or Food A contains y gram of nutrient/substance X*
3. *Examples of other foods, which are good sources of nutrient/substance X.*

As indicated last year, we still find the definitions under health claims difficult to differentiate. Especially we find it difficult to differentiate between 2.2.1 and 2.2.2. Our suggestion is to merge them:

2.2.1 **Function claims** – claims that describe

- the physiological role of the nutrient or the substance in growth, development or normal functions of the body *or*
- the specific beneficial effects of the consumption of foods or their constituents on physiological functions or biological activities

Alternatively, we propose following changes in 2.2.2:

2.2.2 **Other Function Claims**

Delete the square brackets in the heading; delete the wording in the square brackets in the paragraph. The last sentence in the paragraph should be deleted, since this is a premise for using health claims:

The claims concern specifically effects of the consumption of foods and their constituents in the context of the total diet on physiological functions of biological activities but do not include nutrient claims.

2.2.3 Reduction of disease risk claims

We propose to delete the sentences concerning what the claims should consist of since they are moved to 2.2:

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 a health-related condition. Risk reduction means significantly altering a major risk factor for a disease or health-related condition. Disease 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 the consumers do not interpret them as prevention claims.

7. Health Claims

7.5

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

7.5.6. *Information on the label should mention other foods that are good sources of the nutrient/substances that are associated with coherence to the health claim.*

INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN):

Scope

1.4 Remove the brackets from [**Nutrition and**] and delete the phrase **unless specifically provided for in relevant Codex standards**, so the phrase reads:

Nutrition and Health claims are not permitted for foods for infants and young children.

IBFAN is opposed to health and nutrition claims for foods for infants and young children, for a number of reasons:

- a) Health promotion is the responsibility of the health care system. By sanctioning those with commercial interest to make nutritional and health claims, the information can no longer be considered independent advice.
- b) Where health and nutrition claims are permitted, abusive practices of misleading claims, unsubstantiated claims and inappropriate claims are noted. The process of monitoring and retraction of misleading claims is slow, so that by the time the manufacturer withdraws the claims; the public impressions have been made.
- c) Claims are by nature misleading as the benefit for a food or nutrient is made outside of the context of a balanced diet.
- d) In the case of infant foods, claims for breastmilk substitutes and commercial complementary foods can interfere with infant feeding policies for optimal infant and young child health. Nutrition in the early years can impact health for a lifetime. Moreover claims would idealize such products and hence would be in violation of Article 9 of the World Health Organization International Code of Marketing of Breast-Milk Substitutes.

Some examples of misleading claims made to parents:

In the US and Canada an infant formula with revamped fatty acids boasts in promotions directly to parents and health care workers that their formula is “The only formula clinically proven to result in higher early mental development scores because it has DHA and ARA also found in breastmilk...”.

“I recently had a parent state to me that this formula is suppose to make their child smarter. In my opinion, this is a clear example of how deceptive advertising will lead to misinformed customers. I have had other questions regarding this formula from other misled parents.” *Comment from a Canadian dietitian*

Brand X with Iron “takes our infant formula one step closer to breast milk”.

A baby cereal promoted in the Philippines claims to “maximize baby’s sensory-perceptual development”.

Another infant formula label claims their product is “easier to digest”.