# GUIDELINES FOR USE OF NUTRITION AND HEALTH CLAIMS

**CAC/GL 23-1997**

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].

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.

[1] Advertising means any commercial communication to the public, by any means other than labelling, in order to promote directly or indirectly, the sale or intake of a food through the use of nutrition and health claims in relation to the food and its ingredients.

Adopted in 1997. Revised in 2004. Amended in 2001, 2008, 2009, 2010 and 2011. Annex adopted 2009.

**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."

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".

## Table of conditions for nutrient content claims

| COMPONENT | CLAIM | CONDITIONS (not more than) |
|---|---|---|
| Energy | Low | 40 kcal (170 kJ) per 100 g (solids)<br>or<br>20 kcal (80 kJ) per 100 ml (liquids) |
| | Free | 4 kcal per 100 ml (liquids) |
| Fat | Low | 3 g per 100 g (solids)<br>1.5 g per 100 ml (liquids) |
| | Free | 0.5 g per 100 g (solids) or 100 ml (liquids) |
| Saturated Fat[2] | Low | 1.5 g per 100 g (solids)<br>0.75 g per 100 ml (liquids)<br>and 10% of energy from saturated fat |
| | Free | 0.1 g per 100 g (solids)<br>0.1 g per 100 ml (liquids) |
| Cholesterol[2] | Low | 0.02 g per 100 g (solids)<br>0.01 g per 100 ml (liquids) |
| | Free | 0.005 g per 100 g (solids)<br>0.005 g per 100 ml (liquids)<br><br>and, for both claims, less than:1.5 g saturated fat per 100 g (solids)<br>0.75 g saturated fat per 100 ml (liquids)<br>and 10% of energy from saturated fat |
| Sugars | Free | 0.5 g per 100 g (solids)<br>0.5 g per 100 ml (liquids) |

| COMPONENT | CLAIM | CONDITIONS (not less than) |
|---|---|---|
| Sodium | Low | 0.12 g per 100 g |
| | Very Low | 0.04 g per 100 g |
| | Free | 0.005 g per 100 g |
| Protein | Source | 10% of NRV per 100 g (solids)<br>5% of NRV per 100 ml (liquids)<br>or 5% of NRV per 100 kcal (12% of NRV per 1 MJ)<br>or 10% of NRV per serving |
| | High | 2 times the values for "source" |
| Vitamins and Minerals | Source | 15% of NRV per 100 g (solids)<br>7.5% of NRV per100 ml (liquids)<br>or 5% of NRV per 100 kcal (12% of NRV per 1 MJ)<br>or 15% of NRV per serving |
| | High | 2 times the value for "source" |
| Dietary Fibre | Source | 3 g per 100 g[3] or 1.5 g per 100 kcal<br>or 10 % of daily reference value per serving[4] |
| | High | 6 g per 100 g[3] or 3 g per 100 kcal<br>or 20 % of daily reference value per serving[4] |

2 In the case of the claims for saturated fat and cholesterol, trans fatty acids should be taken into account where applicable.
3 Conditions for nutrient content claims for dietary fibre in liquid foods to be determined at national level.
4 Serving size and daily reference value to be determined at national level.

## 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 recognized by generally accepted scientific review of the data and the scientific substantiation should be reviewed as new knowledge becomes available.[5] 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.

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[5] See Annex.

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.

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.

# ANNEX: RECOMMENDATIONS ON THE SCIENTIFIC SUBSTANTIATION OF HEALTH CLAIMS[1]

## 1. SCOPE

1.1 These Recommendations are intended to assist competent national authorities in their evaluation of health claims in order to determine their acceptability for use by the industry. The recommendations focus on the criteria for substantiating a health claim and the general principles for the systematic review of the scientific evidence. The criteria and principles apply to the three types of health claims as defined in Section 2.2 of the Guidelines for use of nutrition and health claims.

1.2 These recommendations include consideration of safety in the evaluation of proposed health claims, but are not intended for the complete evaluation of the safety and the quality of a food, for which relevant provisions are laid out by other Codex Standards and Guidelines or general rules of existing national legislations.

## 2. DEFINITIONS

For the purposes of this Annex:

2.1 Food or food constituent refers to energy, nutrients, related substances, ingredients, and any other feature of a food, a whole food, or a category of foods on which the health claim is based. The category of food is included in the definition because the category itself may be assigned a common property of some of the individual foods making it up.

2.2 Health effect refers to a health outcome as defined in sections 2.2.1 to 2.2.3 of the Guidelines.

## 3. SCIENTIFIC SUBSTANTIATION OF HEALTH CLAIMS

### 3.1. Process for the substantiation of health claims

The systematic review of the scientific evidence for health claims by competent national authorities takes into account the general principles for substantiation. Such a process typically includes the following steps:

(a) Identify the proposed relationship between the food or food constituent and the health effect;

(b) Identify appropriate valid measurements for the food or food constituent and for the health effect;

(c) Identify and categorise all the relevant scientific data;

(d) Assess the quality of and interpret each relevant scientific study;

(e) Evaluate the totality of the available relevant scientific data, weigh the evidence across studies and determine if, and under what circumstances, a claimed relationship is substantiated.

### 3.2. Criteria for the substantiation of health claims

3.2.1 The following criteria are applicable to the three types of health claims as defined in section 2.2 of the Guidelines for use of nutrition and health claims:

(a) Health claims should primarily be based on evidence provided by well-designed human intervention studies. Human observational studies are not generally sufficient *per se* to substantiate a health claim but where relevant they may contribute to the totality of evidence. Animal model studies, *ex vivo* or *in vitro* data may be provided as supporting knowledge base for the relationship between the food or food constituent and the health effect but cannot be considered as sufficient *per se* to substantiate any type of health claim.

(b) The totality of the evidence, including unpublished data where appropriate, should be identified and reviewed, including: evidence to support the claimed effect; evidence that contradicts the claimed effect; and evidence that is ambiguous or unclear.

(c) Evidence based on human studies should demonstrate a consistent association between the food or food constituent and the health effect, with little or no evidence to the contrary.

3.2.2 Although a high quality of scientific evidence should always be maintained, substantiation may take into account specific situations and alternate processes, such as:

(a) 'Nutrient function' claims may be substantiated based on generally accepted authoritative statements by recognised expert scientific bodies that have been verified and validated over time.

(b) Some Health claims, such as those involving a relationship between a food category and a health effect, may be substantiated based on observational evidence such as epidemiological studies. Such studies should provide a consistent body of evidence from a number of well-designed studies. Evidence-based dietary guidelines and

[1] This document should be read in conjunction with the *Working Principles for Risk Analysis for Food Safety for Application by Governments* (CAC/GL 62-2007)

authoritative statements prepared or endorsed by a competent authoritative body and meeting the same high scientific standards may also be used.

### 3.3. Consideration of the evidence

3.3.1 The scientific studies considered relevant for the substantiation of health claim are those addressing the relationship between the food or food constituent and the health effect. In case of a claimed health effect that cannot be measured directly, relevant validated biomarkers may be used (e.g. plasma cholesterol concentrations for cardiovascular disease risk).

3.3.2 The scientific data should provide adequate characterization of the food or food constituent considered as responsible for the health effect. Where applicable, the characterization includes a summary of the studies undertaken on production conditions, batch-to-batch variability, analytical procedures, results and conclusions of the stability studies, and the conclusions with respect to storage conditions and shelf-life.

3.3.3 The relevant data and rationale that the constituent for which the health claim is made is in a form that is available to be used by the human body should be provided where applicable. If absorption is not necessary to produce the claimed effect (e.g. plant sterols, fibres, lactic acid bacteria), the relevant data and rationale that the constituent reaches the target site or mediates the effect are provided. All available data on factors (e.g. forms of the constituents) that could affect the absorption or utilisation in the body of the constituent for which the health claim is made should also be provided.

3.3.4 The methodological quality of each type of study should be assessed, including study design and statistical analysis.

(a) The design of human intervention studies should notably include an appropriate control group, characterize the study groups' background diet and other relevant aspects of lifestyle, be of an adequate duration, take account of the level of consumption of the food or food constituent that can be reasonably achieved in a balanced diet, and assess the influence of the food matrix and total dietary context on the health effect.

(b) (b) Statistical analysis of the data should be conducted with methods recognized as appropriate for such studies by the scientific community and with proper interpretation of statistical significance.

3.3.5 Studies should be excluded from further review and not included in the relevant scientific data if they do not use appropriate measurements for the food or food constituent and health effect, have major design flaws, or are not applicable to the targeted population for a health claim.

3.3.6 By taking into account the totality of the available relevant scientific data and by weighing the evidence, the systematic review should demonstrate the extent to which:

(c) the claimed effect of the food or food constituent is beneficial for human health;

(d) a cause and effect relationship is established between consumption of the food or food constituent and the claimed effect in humans such as the strength, consistency, specificity, dose-response ,where appropriate, and biological plausibility of the relationship;

(e) the quantity of the food or food constituent and pattern of consumption required to obtain the claimed effect could reasonably be achieved as part of a balanced diet as relevant for the target population for which the claim is intended;

(f) the specific study group(s) in which the evidence was obtained is representative of the target population for which the claim is intended.

3.3.7 Based on this evaluation and the substantiation criteria, competent national authorities can determine if, and under what circumstances, a claimed relationship is substantiated.

## 4. SPECIFIC SAFETY CONCERNS

4.1 When the claim is about a food or food constituent, the amount should not expose the consumer to health risks and the known interactions among constituents should be considered.

4.2 The expected level of consumption should not exceed relevant upper levels of intake for food constituents.

4.3 The exposure assessment should be based on an evaluation of the distribution of usual total daily intakes for the general population[2,3] and, where relevant, those for vulnerable population groups. It should account for the possibility of cumulative intake from all dietary sources, and of nutritional imbalance due to changes in dietary patterns in response to information to consumers that lays emphasis on the food or food constituent.

## 5. RE-EVALUATION

Health claims should be re-evaluated. Competent national authorities should re-evaluate health claims either periodically or following the emergence of significant new evidence that has the potential to alter previous conclusions about the relationship between the food or food constituent and the health effect.

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[2] Food and Nutrition Board, Institute of Medicine, National Academy of Sciences. Dietary Reference Intakes: A Risk Assessment Model for Establishing Upper Intake Levels for Nutrients. Washington, D.C. National Academy Press, 1998, p. 8.

[3] European Commission, Scientific Committee on Food. Guidelines of the Scientific Committee on Food for the Development of Tolerable Upper Intake Levels for Vitamins and Minerals. SCF/CS/NUT/UPPLEV/11 Final. 28 November 2000. p.4.

附件二

# GUIDELINES ON NUTRITION LABELLING

CAC/GL 2-1985

PURPOSE OF THE GUIDELINES

To ensure that nutrition labelling is effective:

- In providing the consumer with information about a food so that a wise choice of food can be made;
- in providing a means for conveying information of the nutrient content of a food on the label;
- in encouraging the use of sound nutrition principles in the formulation of foods which would benefit public health;
- in providing the opportunity to include supplementary nutrition information on the label.

To ensure that nutrition labelling does not describe a product or present information about it which is in any way false, misleading, deceptive or insignificant in any manner.

To ensure that no nutrition claim is made without nutrition labelling.

PRINCIPLES FOR NUTRITION LABELLING

**A. Nutrient declaration**

– Information supplied should be for the purpose of providing consumers with a suitable profile of nutrients contained in the food and considered to be of nutritional importance. The information should not lead consumers to believe that there is exact quantitative knowledge of what individuals should eat in order to maintain health, but rather to convey an understanding of the quantity of nutrients contained in the product. A more exact quantitative delineation for individuals is not valid because there is no meaningful way in which knowledge about individual requirements can be used in labelling.

**B. Supplementary nutrition information**

– The content of supplementary nutrition information will vary from one country to another and within any country from one target population group to another according to the educational policy of the country and the needs of the target groups.

**C. Nutrition labelling**

– Nutrition labelling should not deliberately imply that a food which carries such labelling has necessarily any nutritional advantage over a food which is not so labelled.

## 1. SCOPE

1.1 These guidelines recommend procedures for the nutrition labelling of foods.

1.2 These guidelines apply to the nutrition labelling of all foods. For foods for special dietary uses, more detailed provisions may be developed.

## 2. DEFINITIONS

For the purpose of these guidelines:

2.1 ***Nutrition labelling*** is a description intended to inform the consumer of nutritional properties of a food.

2.2 Nutrition labelling consists of two components:
(a) nutrient declaration;
(b) supplementary nutrition information.

2.3 ***Nutritient declaration*** means a standardized statement or listing of the nutrient content of a food.

2.4 ***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.

Adopted 1985. Revisions 1993 and 2011. Amendment 2003, 2006, 2009 and 2010. Annex adopted 2011.

2.5 *Nutrient* means any substance normally consumed as a constituent of food:
(a) which provides energy; or
(b) which is needed for growth, development and maintenance of life; or
(c) a deficit of which will cause characteristic bio-chemical or physiological changes to occur.

2.6 *Sugars* means all mono-saccharides and di-saccharides present in food.

2.7 *Dietary fibre* means carbohydrate polymers[1] with ten or more monomeric units[2] , which are not hydrolysed by the endogenous enzymes in the small intestine of humans and belong to the following categories:

- Edible carbohydrate polymers naturally occurring in the food as consumed,
- carbohydrate polymers, which have been obtained from food raw material by physical, enzymatic or chemical means and which have been shown to have a physiological effect of benefit to health as demonstrated by generally accepted scientific evidence to competent authorities,
- synthetic carbohydrate polymers which have been shown to have a physiological effect of benefit to health as demonstrated by generally accepted scientific evidence to competent authorities

2.8 *Polyunsaturated fatty acids* means fatty acids with cis-cis methylene interrupted double bonds.

2.9 *Trans Fatty Acids*[3]*:* For the purpose of the Codex *Guidelines on Nutrition Labelling* and other related Codex Standards and Guidelines, trans fatty acids are defined as all the geometrical isomers of monounsaturated and polyunsaturated fatty acids having non-conjugated, interrupted by at least one methylene group, carbon-carbon double bonds in the trans configuration.

## 3. NUTRIENT DECLARATION

### 3.1 Application of nutrient declaration

3.1.1 Nutrient declaration should be mandatory for foods for which nutrition claims, as defined in Section 2.4, are made.

3.1.2 Nutrient declaration should be voluntary for all other foods.

### 3.2 Listing of nutrients

3.2.1 Where nutrient declaration is applied, the declaration of the following should be mandatory:

3.2.1.1 Energy value; and

3.2.1.2 The amounts of protein, available carbohydrate (i.e. dietary carbohydrate excluding dietary fibre), fat, saturated fat, sodium[4] and total sugars; and

3.2.1.3 The amount of any other nutrient for which a nutrition or health claim is made; and

3.2.1.4 The amount of any other nutrient considered to be relevant for maintaining a good nutritional status, as required by national legislation or national dietary guidelines[5].

3.2.2 When a voluntary declaration of specific nutrient, in addition to those listed in section 3.2.1, is applied, national legislation may require the mandatory declaration of the amount of any other nutrients considered relevant for maintaining a good nutritional status.

3.2.3 Where a specific nutrition or health claim is applied, then the declaration of the amount of any other nutrient considered relevant for maintaining a good nutritional status as required by national legislation or national dietary guidelines should be mandatory.

3.2.4 Where a claim is made regarding the amount and/or the type of carbohydrate, the amount of total sugars should be listed in addition to the requirements in Section 3.2.1. The amounts of starch and/or other carbohydrate constituent(s) may also be listed. Where a claim is made regarding the dietary fibre content, the amount of dietary fibre should be declared.

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[1] When derived from a plant origin, dietary fibre may include fractions of lignin and/or other compounds associated with polysaccharides in the plant cell walls. These compounds also may be measured by certain analytical method(s) for dietary fibre. However, such compounds are not included in the definition of dietary fibre if extracted and re-introduced into a food.

[2] Decision on whether to include carbohydrates from 3 to 9 monomeric units should be left to national authorities.

[3] Codex Members may, for the purposes of nutrition labelling, review the inclusion of specific trans fatty acids (TFAs) in the definition of TFAs if new scientific data become available.

[4] National authorities may decide to express the total amount of sodium in salt equivalents as "salt".

[5] Countries where the level of intake of trans-fatty acids is a public health concern should consider the declaration of trans-fatty acids in nutrition labelling.

3.2.5 Where a claim is made regarding the amount and/or type of fatty acids or the amount of cholesterol, the amounts of saturated fatty acids, monounsaturated fatty acids and polyunsaturated fatty acids and cholesterol should be declared, and the amount of trans fatty acid may be required according to national legislation, in addition to the requirements of Section 3.2.1 and in accordance with Section 3.4.7.

3.2.6 In addition to the mandatory declaration under 3.2.1, 3.2.3 and 3.2.4 vitamins and minerals may be listed in accordance with the following criteria:

3.2.6.1 Only vitamins and minerals for which recommended intakes have been established and/or which are of nutritional importance in the country concerned should also be declared.

3.2.6.2 When nutrient declaration is applied, vitamins and minerals which are present in amounts less than 5% of the Nutrient Reference Value or of the officially recognized guidelines of the competent authority per 100 g or 100 ml or per serving as quantified on the label should not be declared.

3.2.7 In the case where a product is subject to labelling requirements of a Codex standard, the provisions for nutrient declaration set out in that standard should take precedence over but not conflict with the provisions of Sections 3.2.1 to 3.2.6 of these Guidelines.

## 3.3 Calculation of nutrients

### 3.3.1 Calculation of energy

The amount of energy to be listed should be calculated by using the following conversion factors:

| | |
|---|---|
| Carbohydrates | 4 kcal/g – 17 kJ |
| Protein | 4 kcal/g – 17 kJ |
| Fat | 9 kcal/g – 37 kJ |
| Alcohol (Ethanol) | 7 kcal/g – 29 kJ |
| Organic acid | 3 kcal/g – 13 kJ |

### 3.3.2 Calculation of protein

The amount of protein to be listed should be calculated using the formula:

Protein = Total Kjeldahl Nitrogen x 6.25

unless a different factor is given in a Codex standard or in the Codex method of analysis for that food.

## 3.4 Presentation of nutrient content

3.4.1 The declaration of nutrient content should be numerical. However, the use of additional means of presentation should not be excluded.

3.4.2 Information on energy value should be expressed in kJ and kcal 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 or per portion provided that the number of portions contained in the package is stated.

3.4.3 Information on the amounts of protein, carbohydrate and fat in the food should be expressed in g 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 or per portion provided that the number of portions contained in the package is stated.

3.4.4 Numerical information on vitamins and minerals should be expressed in metric units and/or as a percentage of the Nutrient Reference Value 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 or per portion provided that the number of portions contained in the package is stated.

In addition, information on protein may also be expressed as percentages of the Nutrient Reference Value[6].

The following Nutrient Reference Values should be used for labelling purposes in the interests of international standardization and harmonization:

[6] In order to take into account future scientific developments, future FAO/WHO and other expert recommendations and other relevant information, the list of nutrients and the list of nutrient reference values should be kept under review.

| | | |
|---|---|---|
| Protein | (g) | 50 |
| Vitamin A | (µg) | 800[7] |
| Vitamin D | (µg) | 5[8] |
| Vitamin C | (mg) | 60 |
| Thiamin | (mg) | 1.4 |
| Riboflavin | (mg) | 1.6 |
| Niacin | (mg) | 18[8] |
| Vitamin $B_6$ | (mg) | 2 |
| Folic acid | (µg) | 200 |
| Vitamin $B_{12}$ | (µg) | 1 |
| Calcium | (mg) | 800 |
| Magnesium | (mg) | 300 |
| Iron | (mg) | 14 |
| Zinc | (mg) | 15 |
| Iodine | (µg) | 150[8] |
| Copper | Value to be established | |
| Selenium | Value to be established | |

3.4.5 In countries where serving sizes are normally used, the information required by Sections 3.4.2, 3.4.3 and 3.4.4 may be given per serving only as quantified on the label or per portion provided that the number of portions contained in the package is stated.

3.4.6 The presence of available carbohydrates should be declared on the label as "carbohydrates". Where the type of carbohydrate is declared, this declaration should follow immediately the declaration of the total carbohydrate content in the following format:

"Carbohydrate ... g, of which sugars ... g".

This may be followed by the following: "x" ...g

where "x" represents the specific name of any other carbohydrate constituent.

3.4.7 Where the amount and/or type of fatty acids or the amount of cholesterol is declared, this declaration should follow immediately the declaration of the total fat in accordance with Section 3.4.3.

The following format should be used:

| | | | |
|---|---|---|---|
| Total Fat | | ... | g |
| of which | saturated fatty acids | ... | g |
| | trans fatty acids | ... | g |
| | monounsaturated fatty acids | ... | g |
| | polyunsaturated fatty acids | ... | g |
| Cholesterol | | ... | mg |

## 3.5 Tolerances and compliance

3.5.1 Tolerance limits should be set in relation to public health concerns, shelf-life, accuracy of analysis, processing variability and inherent lability and variability of the nutrient in the product, and, according to whether the nutrient has been added or is naturally occurring in the product.

3.5.2 The values used in nutrient declaration should be weighted average values derived from data specifically obtained from analyses of products which are representative of the product being labelled.

3.5.3 In those cases where a product is subject to a Codex standard, requirements for tolerances for nutrient declaration established by the standard should take precedence over these guidelines.

[7] For the declaration of β-carotene (provitamin A) the following conversion factor should be used: 1 µg retinol = 6 µg β-carotene

[8] Nutrient Reference Values for Vitamin D, Niacin and Iodine may not be applicable for countries where national nutrition policies or local conditions provide sufficient allowance to ensure that individual requirements are satisfied. See also section 3.2.6.1 of the Codex Guidelines on Nutrition Labelling.

## 4. PRINCIPLES AND CRITERIA FOR LEGIBILITY OF NUTRITION LABELLING

### 4.1 General principles

In the case of nutrition labelling whether applied on a mandatory or voluntary basis, the principles of Sections 8.1.1, 8.1.2, 8.1.3 and 8.2 of the General Standard for the Labelling of Prepackaged Foods (CODEX STAN 1-1985) should be applied. Sections 8.1.1, 8.1.2 and 8.1.3 should be applied to any supplementary nutrition labels.

### 4.2 Specific features of presentation

4.2.1 These recommendations related to specific features of presentation are intended to enhance the legibility of nutrition labelling. However, competent authorities may determine any additional means of presentation of nutrition information taking into account approaches and practical issues at the national level and based on the needs of their consumers.

4.2.2 Format – Nutrient content should be declared in a numerical, tabular format. Where there is insufficient space for a tabular format, nutrient declaration may be presented in a linear format.

4.2.3 Nutrients should be declared in a specific order developed by competent authorities and should be consistent across food products.

4.2.4 Font – The font type, style and a minimum font size as well as the use of upper and lower case letters should be considered by competent authorities to ensure legibility of nutrition labelling.

4.2.5 Contrast – A significant contrast should be maintained between the text and background so ~~as to be~~ that the nutrition information is clearly legible.

4.2.6 Numerical Presentation – The numerical presentation of nutrient content should be in accordance with the provisions of Section 3.4.

## 5. SUPPLEMENTARY NUTRITION INFORMATION

5.1 Supplementary nutrition information is intended to increase the consumer's understanding of the nutritional value of their food and to assist in interpreting the nutrient declaration. There are a number of ways of presenting such information that may be suitable for use on food labels.

5.2 The use of supplementary nutrition information on food labels should be optional and should only be given in addition to, and not in place of, the nutrient declaration, except for target populations who have a high illiteracy rate and/or comparatively little knowledge of nutrition. For these, food group symbols or other pictorial or colour presentations may be used without the nutrient declaration.

5.3 Supplementary nutrition information on labels should be accompanied by consumer education programmes to increase consumer understanding and use of the information.

# ANNEX: GENERAL PRINCIPLES FOR ESTABLISHING NUTRIENT REFERENCE VALUES OF VITAMINS AND MINERALS FOR THE GENERAL POPULATION

## 1. PREAMBLE

These principles apply to the establishment of Codex Nutrient Reference Values for labelling purposes (NRVs) for vitamins and minerals for the general population identified as individuals older than 36 months. These values may be used for helping consumers 1) estimate the relative contribution of individual products to overall healthful dietary intake and 2) as one way to compare the nutrient content between products.

Governments are encouraged to use the NRVs, or alternatively, consider the suitability of the general principles below and additional factors specific to a country or region in establishing their own nutrient reference values for labelling purposes. For example, at the national level, population-weighted values for the general population may be established by weighting science-based reference values for daily intakes for age-sex groups using census data for a country and proportions of each age-sex group. In addition, governments may establish nutrient reference values for food labelling that take into account country or region specific factors that affect nutrient absorption, ~~or~~ utilization, or requirements. Governments may also consider whether to establish separate food labelling reference values for specific segments of the general population such as pregnant and lactating women.

## 2. DEFINITIONS

2.1. *Individual Nutrient Level 98 ($INL_{98}$)*[9] is the daily nutrient intake value that is estimated to meet the nutrient requirement of 98 percent of the apparently healthy individuals in a specific life stage and sex group.

2.2. *Upper level of intake (UL)*[10] is the maximum level of habitual intake from all sources of a nutrient judged to be unlikely to lead to adverse health effects in humans.

## 3. GENERAL PRINCIPLES FOR ESTABLISHING VITAMIN AND MINERAL NRVs

### 3.1 Selection of suitable data sources to establish NRVs

3.1.1 Relevant and recent daily nutrient intake values provided by FAO/WHO should be taken into consideration as primary sources in establishing NRVs.

3.1.2 Relevant and recent values that reflect independent review of the science, from recognized authoritative scientific bodies other than FAO/WHO could also be taken into consideration. Higher priority should be given, as appropriate, to values in which the evidence has been evaluated through a systematic review.

### 3.2 Selection of the appropriate basis

3.2.1 The NRVs should be based on Individual Nutrient Level 98 ($INL_{98}$). In cases where there is an absence of an established $INL_{98}$ for a nutrient for a specific sub-group(s), it may be appropriate to consider the use of other reference values or ranges that have been established by recognized authoritative scientific bodies. The derivation of these values should be reviewed on a case-by-case basis.

3.2.2 The general population NRVs should be determined by calculating the mean values for a chosen reference population group older than 36 months. Nutrient Reference Values derived by the CCNFSDU are based on the widest applicable age range for each of adult males and adult females.

3.2.3 For the purpose of establishing these NRVs, the values for pregnant and lactating women should be excluded.

### 3.3 Consideration of upper level of intake

The establishment of general population NRVs should also take into account upper level of intake established by recognized authoritative scientific bodies.

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[9] Different countries may use other terms for this concept, for example, Recommended Dietary Allowance (RDA), Recommended Daily Allowance (RDA), Reference Nutrient Intake (RNI), or Population Reference Intake (PRI).

[10] Different countries may use other terms for this concept, for example, Tolerable Upper Nutrient Intake Level (UL), or upper end of safe intake range.

Appendix IV

**Proposed draft amendments to the Guidelines on Nutrition Labelling (CAC/GL 2-1985)**

**At step 8**

**Insert a new definition 2.4 as follows and renumber subsequent definitions:**

"2.4 ***Nutrient Reference Values (NRVs)**** are a set of numerical values that are based on scientific data for purposes of nutrition labelling and relevant claims. NRVs are based on levels of nutrients associated with nutrient requirements, or with the reduction in the risk of diet - related noncommunicable diseases."

- See also the Annex for the General Principles for the Establishment of Nutrient Reference Values.

Appendix II

## Proposed draft amendments to the Guidelines for the Use of Nutrition and Health Claims (CAC/GL 23-1997)

### At Steps 5/8

**Insert a new definition as follows:**

"2.1.3 ***Non-addition claim*** means any claim that an ingredient has not been added to a food, either directly or indirectly. The ingredient is one whose presence or addition is permitted in the food and which consumers would normally expect to find in the food"

**Insert a new 5.2 as follows:**

"5.2 A claim to the effect that a food is free of salt can be made, provided the food meets the conditions for free of sodium listed in the Table to these Guidelines."

**Renumber existing 5.2 to 5.3**

**Amend existing 6.3 and 6.4 as follows:**

"6.3 The comparison should be based on a relative difference of at least 25% in the energy value or nutrient content including sodium, except for micronutrients where a 10% difference in the NRV would be acceptable, between the compared foods and 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 In addition to the conditions set out in Section 6.3, the content of trans fatty acids should not increase for foods carrying a comparison claim for decreased saturated fatty acids content."

**Add a new section 6.5 as follows:**

6.5 The use of the word "light" or a synonymous claim should follow the criteria listed in Section 6.3 of these Guidelines and include an indication of the characteristics which make the food "light".

**Insert a new section 7 as follows and renumber existing section 7 to 8.**

"7. **Non-Addition Claims**

7.1 Non-Addition of Sugars

Claims regarding the non-addition of sugars to a food may be made provided the following conditions are met.

(a) No sugars of any type have been added to the food (Examples: sucrose, glucose, honey, molasses, corn syrup, etc.);

(b) The food contains no ingredients that contain sugars as an ingredient (Examples: jams, jellies, sweetened chocolate, sweetened fruit pieces, etc.);

(c) The food contains no ingredients containing sugars that substitute for added sugars (Examples: non-reconstituted concentrated fruit juice, dried fruit paste, etc.); and

(d) The sugars content of the food itself has not been increased above the amount contributed by the ingredients by some other means (Example: the use of enzymes to hydrolyse starches to release sugars).

7.2 [reserved]

7.3 Additional Conditions

Additional conditions and/or disclaimer statements may be used with non-addition claims to assist consumer understanding of the claims within countries. Disclaimer statements should appear in close proximity to, on the same side and in the same prominence as the claim. These may be developed based on evidence of consumer use and understanding."

附件三



**Appendix III**

**Proposed draft amendments to the Guidelines for Use of Nutrition and Health Claims (CAC/GL 23-1997)**

**At Step 5**

**Insert a new section 7.2 as follows:**

7.2 Non-Addition of Sodium Salts

Claims regarding the non-addition of sodium salts to a food, including "no added salt", may be made provided the following conditions are met.*

(a) The food contains no added sodium salts (Examples: sodium chloride, sodium tripolyphosphate, etc.);
(b) The food contains no ingredients that contain added sodium salts (Examples: Worcestershire sauce, pickles, pepperoni, soya sauce, etc.); and
(c) The food contains no ingredients that contain sodium salts that are used to substitute for added salt (Examples: seaweed, depending on how it is used).

*National authorities may permit the addition for technological purposes of sodium salts other than sodium chloride where such addition would not result in the food not meeting the conditions for "low in sodium" claims as described in the Table to these *Guidelines.*

附件六



Appendix V

## Proposed draft amendments to the Guidelines on Nutrition Labelling (CAC/GL 2-1985)

### At Steps 5/8

**Amend sections 3.1.1 and 3.1.2 to read as follows:**

"3.1.1 Nutrient declaration should be mandatory for all prepackaged foods for which nutrition or health claims, as defined in the *Guidelines for Use of Nutrition and Health Claims* (CAC/GL 23-1997), are made.

3.1.2 Nutrient declaration should be mandatory for all other prepackaged foods except where national circumstances would not support such declarations. Certain foods may be exempted for example, on the basis of nutritional or dietary insignificance or small packaging."

# NUTRIENT FUNCTION CLAIM
## "CLASSICAL NUTRIENTS"

| Nutrient | Claim |
|---|---|
| Protein | Protein helps build and repair body tissues |
| | Protein is essential for growth and development |
| | Protein provides amino acids necessary for protein synthesis |
| Calcium | Calcium aids in the development of strong bones and teeth |
| Folic acid | Folic acid is essential for growth and division of cells |
| | Folate plays a role in the formation of red blood cells |
| | Folate helps to maintain the growth and development of the foetus |
| Iron | Iron is a factor in red blood cell formation |
| | Iron is a component of haemoglobin in red blood cell which carry oxygen to all parts of the body |
| Iodine | Iodine is essential for the formation of thyroid hormone |
| Magnesium | Magnesium promotes calcium absorption and retention |
| Zinc | Zinc is essential for growth |

- Gazetted: PU(A) 88/2003



# NUTRIENT FUNCTION CLAIM
## "CLASSICAL NUTRIENTS"

| Nutrient | Claim |
|---|---|
| Vitamin A | Vitamin A aids in maintaining the health of the skin and mucous membrane |
| | Vitamin A is essential for the functioning of the eye |
| Vitamin $B_1$/ Thiamine | Vitamin $B_1$/Thiamine is needed for the release of energy from carbohydrate |
| Vitamin $B_2$/ Riboflavin | Vitamin $B_2$/Riboflavin is needed for the release of energy from protein, fats and carbohydrates |
| Niacin | Niacin is needed for the release of energy from protein, fats and carbohydrates |
| Vitamin $B_{12}$/ Cyanocobalamin | Vitamin $B_{12}$/Cyanocobalamin is needed for red blood cell production |
| Vitamin C | Vitamin C enhances absorption of iron from non-meat sources |
| | Vitamin C contributes to the absorption of iron from food |
| Vitamin D | Vitamin D helps the body utilise calcium and phosphorus |
| | Vitamin D is necessary for the absorption and utilization of calcium & phosphorus |
| Vitamin E | Vitamin E protects the fats in body tissues from oxidation |

Gazetted: PU(A) 88/2003

# OTHER FUNCTION CLAIM
## "OTHER FOOD COMPONENTS"

| Component | Claim |
|---|---|
| Beta-glucan | Beta-glucan from [oat soluble fibre] helps lower or reduce cholesterol* |
| Inulin and oligofructose (fructo-oligosaccharide) | Inulin helps increase intestinal bifidobacteria and helps maintain a good intestinal environment* |
| | Oligofructose (fructo-oligosaccharide) helps increase intestinal bifidobacteria and helps maintain a good intestinal environment* |
| | Inulin is bifidogenic* |
| | Oligofructose (fructo-oligosaccharide) is bifidogenic* |
| | Inulin is prebiotic* (2009) |
| | Oligofructose (fructo-oligosaccharide) is prebiotic* (2009) |
| Plant sterol or plant stanol | Plant sterol or plant stanol helps lower or reduce cholesterol* |
| Sialic acid | Sialic acid is an important component of the brain tissue* |

- Gazetted: PU(A) 88/2003 & PU(A) 306/2009



# OTHER FUNCTION CLAIM
## "OTHER FOOD COMPONENTS"

| Component | Claim |
|---|---|
| Beta-glucan | Beta-glucan from [barley] helps lower or reduce cholesterol* |
| *Bifidobacterium lactis* | *Bifidobacterium lactis* helps improve a beneficial intestinal microflora* |
| | *Bifidobacterium lactis* may help to reduce the incidence of diarrhoea* |
| DHA and ARA | DHA and ARA may contribute to the visual development of infant* |
| HAMRS | High Amylose Maize Resistant Starch (HAMRS) helps improve/promote colonic/bowel/intestinal function/environment* |
| Isomaltulose | Isomaltulose is slowly hydrolysed to glucose and fructose, and therefore it provides longer lasting energy compared to sucrose* |
| | Isomaltulose is a slowly release source of energy compared to sucrose* |
| | Isomaltulose provides longer lasting energy compared to sucrose* |
| | Isomaltulose is slowly hydrolysed to glucose & fructose, compared with sucrose* |
| Lutein | As a predominant macular pigment in the retina, lutein is able to filter blue light and may protect the eye* |

- With prior written approval of the 'Director'

# OTHER FUNCTION CLAIM
## "OTHER FOOD COMPONENTS"

| Component | Claim |
|---|---|
| Oat soluble fibre (beta-glucan) | Oat soluble fibre (beta-glucan) helps to lower the rise of blood glucose provided it is not consumed together with other food* |
| Oligosaccharide mixture containing 90% (wt/wt) GOS and 10% (wt/wt) lcFOS: | Oligosaccharide mixture containing 90% (wt/wt) GOS and 10% (wt/wt) lcFOS is prebiotic* |
| | Oligosaccharide mixture containing 90% (wt/wt) GOS and 10% (wt/wt) lcFOS is bifidogenic* |
| | Oligosaccharide mixture containing 90% (wt/wt) GOS and 10% (wt/wt) lcFOS helps increase intestinal bifodobacteria and helps maintain a good intestinal environment* |
| | Oligosaccharide mixture containing 90% (wt/wt) GOS and 10% (wt/wt) lcFOS helps to improve the gut/intestinal immune systems of babies/infants* |
| Oligofructose-inulin mixture | Oligofructose-inulin mixture containing 36-42% oligofructose (DP 2-10) and 50-56 % inulin (DP >10) helps to increase calcium absorption and increase bone mineral density when taken with calcium rich food* |

- With prior written approval of the 'Director'
- Specific conditions required (*)



# OTHER FUNCTION CLAIM
## "OTHER FOOD COMPONENTS"

| Component | Claim |
|---|---|
| Patented cooking oil blend | Patented cooking oil blend helps to increase HDL cholesterol and improve HDL/LDL cholesterol ratio* |
| Plant sterol ester | Plant sterol ester helps lower or reduce cholesterol* |
| Polydextrose | Polydextrose is bifidogenic* |
| | Polydextrose helps increase intestinal bifidobacteria and helps maintain a good intestinal microflora* |
| Resistant dextrin/ Resistant maltodextrin | Resistant dextrin / Resistant maltodextrin is a soluble dietary fibre that helps to regulate / promote regular bowel movement especially of people with a tendency to constipation* |
| Soy protein | Soy protein helps to reduce cholesterol* |

- With prior written approval of the 'Director'
- Specific conditions required (*)

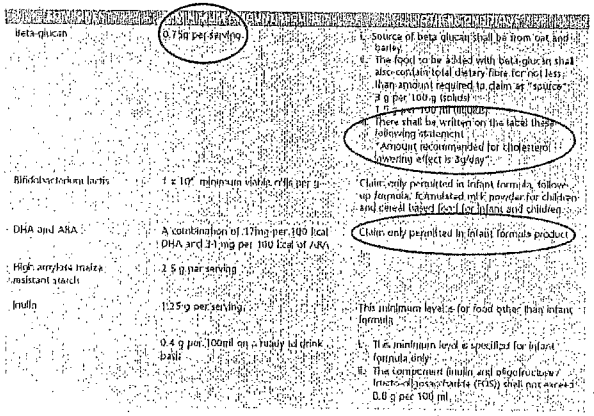


# CONDITIONS: OTHER FUNCTION CLAIM

Specific conditions required for "other function claims" (*)

- Minimum amount of the relevant "food component" that must be present
- Additional labelling requirements, if relevant
- Restriction to selected foods, if relevant

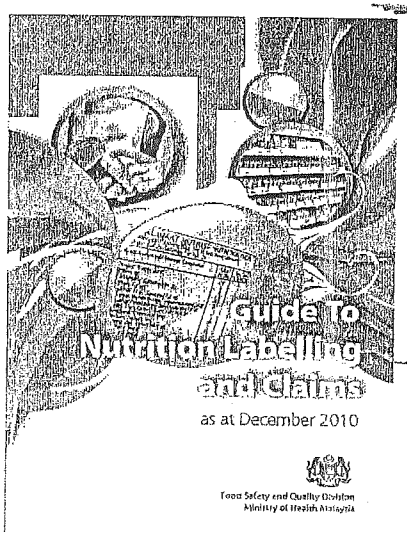
Example:



| | | |
|---|---|---|
| Beta-glucan | 0.75g per serving | i. Source of beta-glucan shall be from oat and barley<br>ii. The food to be added with beta-glucan shall also contain total dietary fibre for not less than amount required to claim as "source"<br>3 g per 100 g (solid)<br>1.5 g per 100 ml (liquid)<br>There shall be written on the label these following statement :<br>"Amount recommended for cholesterol lowering effect is 3g/day" |
| Bifidobacterium lactis | 1 x 10⁷ minimum viable cells per g | Claim only permitted in infant formula, follow-up formula, formulated milk powder for children and cereal based food for infant and children |
| DHA and ARA | A combination of 17mg per 100 kcal DHA and 34 mg per 100 kcal of ARA | Claim only permitted in infant formula product |
| High amylose maize resistant starch | 2.5 g per serving | |
| Inulin | 1.25 g per serving<br>0.4 g per 100ml on ready to drink basis | This minimum level is for food other than infant formula<br>i. The minimum level is specified for infant formula only<br>ii. The component inulin and oligofructose / fructo-oligosaccharide (FOS) shall not exceed 0.8 g per 100 ml |



# REVISED GUIDE BOOK




- Updates on Nutrition Labelling & Claims Regulations contained in revised Guide Book
- To assist industry and enforcement officers understand regulations
- Website: http://fsq.moh.gov.my

# PROPOSED AMENDMENT *

## 1. NUTRITION LABELLING (ADDITIONAL INFORMATION ON % NRV)

- In addition, nutrition information **SHALL** be expressed as a % of NRV
- Based on energy needs = 2000 kcal

| Serving size: 200 ml<br>Servings per package: 5 | | | |
|---|---|---|---|
| | Per 100 ml | Per serving (200 ml) | % NRV Per serving |
| Energy | 100 kcal (420 kJ) | 200 kcal (840 kJ) | 10 % |
| Carbohydrate | 23.8 g | 47.6 g | 15.9 % |
| Total sugars | 11.5 g | 23.0 | |
| Protein | 1.1 g | 2.2 g | 4.4 % |
| Fat | 0 g | 0 g | 0 % |

** Subject to official approval and gazettement process*



# PROPOSED AMENDMENT *

## 2. NUTRITION LABELLING (EXPAND THE LIST OF NRV)

LIST OF NUTRIENT REFERENCE VALUE (NRV)
PU (A) 88/2003

| Nutrient | Unit | NRV |
|---|---|---|
| Vitamin A | µg | 800 |
| Vitamin D | µg | 5 |
| Vitamin E | mg | 10 |
| Vitamin C | mg | 60 |
| Thiamin | mg | 1.4 |
| Riboflavin | mg | 1.6 |
| Niacin | mg | 18 |
| Vitamin $B_6$ | mg | 2 |
| Folic acid | µg | 200 |
| Vitamin $B_{12}$ | µg | 1 |
| Calcium | mg | 800 |
| Magnesium | mg | 300 |
| Iron | mg | 14 |
| Zinc | mg | 15 |
| Iodine | µg | 150 |
| Protein | g | 50 |

| Nutrient | Unit | Value |
|---|---|---|
| Choline | mg | 550 |
| Carbohydrate | g | 300 |
| Fat | g | 66.7 |

** Subject to official approval and gazettement process*



# PROPOSED AMENDMENT *

## 3. RELATED TO PERMITTED CLAIMS

1) Definition of "other function claim"

→ A claim which provides a positive contribution to health or to the improvement of a function or to modifying or preserving health by a food or other component

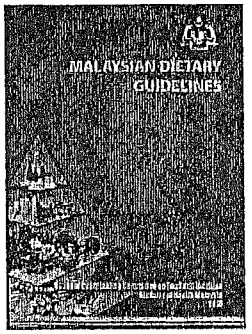
2) Claims related to Dietary Guidelines

→ Only key messages or any other words of the same significance that are specified in the current Malaysian Dietary Guidelines (MDG)

** Subject to official approval and gazettement process*



# KEY MESSAGES – MDG 2010




1. Eat a variety of foods within your recommended intake
2. Maintain body weight in a healthy range
3. Be physically active everyday
4. Eat adequate amount of rice, other cereal products (preferably whole grain) and tubes
5. Eat plenty of fruits and vegetables everyday
6. Consume moderate amounts of fish, meat, poultry, egg, legumes and nuts
7. Consume adequate amounts of milk and milk products
8. Limit intake of foods high in fats and minimise fats and oils in food preparation
9. Choose and prepare foods with less salt and sauces
10. Consume foods and beverages low in sugar
11. Drink plenty of water daily
12. Practise exclusive breastfeeding from birth until six months and continue to breastfeed until two years of age
13. Consume safe and clean foods and beverages
14. Make effective use of nutrition information on food labels

# PROPOSED AMENDMENT *
## 4. CONDITIONS FOR NUTRIENT CONTENT CLAIM (NEW COMPONENTS)

| COMPONENT | CLAIM | NOT MORE THAN |
|---|---|---|
| Gluten | Free | 0.002 g per 100 g (solids or liquids) |

| COMPONENT | CLAIM | NOT LESS THAN |
|---|---|---|
| Omega 3 | Source * | 0.3 g per 100 g |
| | High * | 0.6 g per 100 g |

* These claims are only permitted if the total of SFAs and TFAs is not more than 28% of the total fatty acids content of the food

** Subject to official approval and gazettement process*



# PROPOSED AMENDMENT *
## 5. NUTRIENT COMPARATIVE CLAIM

- "Reduced gluten"
- Foods consisting of one or more ingredients from wheat (all Triticum species), which have been specially processed to reduce the gluten content
- Level of gluten content in total:
  0.002 g – 0.01 g per 100 g

** Subject to official approval and gazettement process*



# PROPOSED AMENDMENT *
## 6. OTHER FUNCTION CLAIMS (NEW COMPONENTS)

| Component | Claim related | Specific conditions |
|---|---|---|
| D-ribose | energy recovery during/ after physical activities | - Min amount: 3 g per serving<br>- Formula dietary foods<br>- Additional labelling requirements |
| Calcium 3-hydroxy-3-methyl butyrate monohydrate (HMB) | regain strength | - Min amount: 1.5 g per serving<br>- Formula dietary foods<br>- Additional labelling requirements |

** Subject to official approval and gazettement process*



# PROPOSED AMENDMENT *
## 7. OTHER FUNCTION CLAIMS (MINIMUM AMOUNT REQUIRED - REVISED)

| COMPONENT: INULIN | |
|---|---|
| Existing regulation – PU(A) 306/2009 | 2 g per serving |
| Director's written approval (2009) | 1.25 g per serving |

| COMPONENT | MINIMUM AMOUNT REQUIRED | CONDITIONS |
|---|---|---|
| Inulin | 1.25 g per serving<br><br>0.4 g per 100ml on a ready to drink basis | This minimum level is for food other than infant formula<br><br>I. This minimum level is specified for infant formula only<br>II. The component (inulin and oligofructose / fructo-oligosaccharide (FOS)) shall not exceed 0.5 g per 100 ml |

** Subject to official approval and gazettement process*

# PROPOSED AMENDMENT *
## 7. OTHER FUNCTION CLAIMS
## (MINIMUM AMOUNT REQUIRED - REVISED)

| COMPONENT : PLANT STEROL / PLANT STANOL / PLANT STEROL ESTER | |
|---|---|
| Existing regulation – PU(A) 306/2009 (plant sterol / plant stanol) | 1.3 g per 100 g (solids)<br>160 mg per 100 ml (liquids) |
| Director's written approval (2009) (to include plant sterol ester) | 0.65 g per serving |
| Director's written approval (2010) | 0.4 g per serving (in a "free basis" form) |

| COMPONENT | MINIMUM AMOUNT REQUIRED | OTHER CONDITION |
|---|---|---|
| Plant sterol / plant stanol / plant sterol ester | 0.4g per serving in a "free basis" form | 1. Types of plant sterol or plant stanol permitted: "plant sterol/plant stanol, phytosterols/ phytostanol, sitosterol, campesterol" |

** Subject to official approval and gazettement process*



# THANK YOU

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