

## NOURISHING framework

### N Nutrition label standards and regulations on the use of claims and implied claims on food

This table provides examples of the types of policy action that can be taken within this policy area, examples of where these policy actions have been implemented, and a brief description of what the action involves. It provides a global snapshot, largely of policies already implemented; it is not necessarily comprehensive. The examples were collated through a review of international reports of policy actions around the world, academic articles reporting on policy actions, and online government resources.

We welcome feedback. Please contact us at [policy@wcrf.org](mailto:policy@wcrf.org) if you would like to add any further examples of implemented policies, see the policy documents that we reference, or have any further questions or comments.

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
<p><b>Mandatory nutrient lists on packaged food</b></p> <p>Most other countries follow Guideline CAC/GL 2-1985 from the Codex Alimentarius Commission in requiring nutrition labels only when a nutrition or health claim is made and/or on foods with special dietary uses</p>	<p><b>Australia, Canada, Chile, China, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Gulf Cooperation Council members (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE), Honduras, Hong Kong, India, Indonesia, Israel, Japan, MERCOSUR countries (Argentina, Brazil, Paraguay, Uruguay, Venezuela), Mexico, New Zealand, Nicaragua, Philippines, Russia, Taiwan, Thailand, United States</b></p>	<p>Producers and retailers are required by law to provide a list of the nutrient content of pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (eg per 100g/per serving).</p>

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	<p><b>EU countries</b>  <b>Iceland</b>  <b>Liechtenstein</b>  <b>Norway</b>  <b>Switzerland</b></p>	<p>EU Regulation 1169/2011 on the Provision of Food Information to Consumers, passed in 2011, requires a list of the nutrient content of most pre-packaged foods to be provided on the back of the pack from 13 December 2016. This Regulation is also applicable in Iceland, Norway and Liechtenstein as members of the European Economic Area. In Switzerland, nutrient content labelling is only mandatory for products bearing nutrient or health claims or sold to the EU (but most manufacturers already label nutrient content on their food products voluntarily).</p> <p>Information updated 28/02/2017</p>
	<p><b>Malaysia</b></p>	<p>In Malaysia, a nutrient list detailing energy, protein, carbohydrates and fat per 100g/100ml and per serving must be provided on select categories of packaged foods, including bread, confectionery, dairy products, canned food, fruit juices, salad dressings and mayonnaise; ready-to-drink beverages must also include total sugars. A nutrient list is also mandatory for any product bearing a nutrition claim, products with added vitamins and minerals, and special purpose foods for infants and young children. Details are provided in the Malaysian Guide to Nutrition Labelling and Claims (2010), which reflects labelling legislation from 2003 (as incorporated into the Food Act of 1983 and Food Regulations of 1985) and subsequent amendments.</p>
	<p><b>South Korea</b></p>	<p>In South Korea, a nutrient list must be provided on select categories of pre-packaged foods, including cookies/candies/popsicles, breads and dumplings, cocoa products, jams, oils, noodles and pasta, drinks and beverages, and foods of special use. The Foods Labelling Standards were first enacted in 1996, and the Labelling Standard for Health Functional Food in 2004; both Standards have been revised several times since then. Based on the 1st Master Plan on Reducing Sugar Intake 2016–20 and the 2016 White Paper by the Ministry of Food and Drug Safety, further categories will be required to bear nutrient lists with a three-stage implementation between 2017 and 2022 (including cereals, ready-to-eat products and ready-to-cook products in 2017; dressings and sauces in 2018–19; Korean-style boiled grain-/meat-/fish-based foods and processed foods based on fruit- or vegetable purees/pastes in 2020–22).</p>
<p><b>Trans fats included in mandatory nutrient labels</b></p>	<p><b>Argentina, Brazil, Canada</b>  <b>Chile, Hong Kong, Paraguay,</b>  <b>South Korea, Taiwan</b>  <b>United States, Uruguay</b></p>	<p>Nutrient lists on pre-packaged food must, by law, include the trans fat content of the food. The rules generally define how the trans fat content must be listed, and on what basis (eg per 100g/100ml or per serving). If the trans fat content falls below a certain threshold, it may be listed as 0g (eg less than 0.5g per serving, or less than 0.3g per 100g of food product). Chile requires mandatory trans fat labelling only once the total fat content per serving exceeds 3g.</p> <p><b>Evaluations</b>  Doell D et al. (2012) Updated estimate of trans fat intake by the US population. <i>Food Additives and Contaminants</i> 29(6), 861-874<sup>i</sup></p>

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		<p>Van Camp et al. (2012) Changes in fat contents of US snack foods in response to mandatory <i>trans</i> fat labelling. <i>Public Health Nutrition</i> 15(6), 1130-1137<sup>ii</sup></p> <p>Lee JH et al. (2010) <i>Trans</i> Fatty Acids Content and Fatty Acid Profiles in Selected Food Products from Korea between 2005 and 2008. <i>Journal of Food Science</i> 75(7), C647-C652<sup>iii</sup></p> <p>Ricciuto L et al. (2008) A comparison of the fat composition and prices of margarines between 2002 and 2006, when new Canadian labelling regulations came into effect. <i>Public Health Nutrition</i> 12(8), 1270-1275<sup>iv</sup></p> <p>Friesen R, Innis SM (2006) <i>Trans</i> Fatty Acids in Human Milk in Canada Declined with the Introduction of <i>Trans</i> Fat Food Labeling. <i>The Journal of Nutrition</i> 136(10), 2558-2561<sup>v</sup></p> <p>Evaluations added 28/02/2017</p>
<p><b>Clearly visible "interpretative" labels and warning labels</b></p>	<p><b>Australia New Zealand</b></p>	<p>In 2014, the governments of Australia and New Zealand started to implement a Health Star Rating (HSR) system as a voluntary scheme for industry adoption. It is a joint Australian, state and territory governments and New Zealand government initiative developed in collaboration with industry, public health and consumer groups. The HSR system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain "positive" aspects of a food such as its content of fruit, vegetables, nuts and legumes, and in some instances, dietary fibre and protein. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). Implementation is overseen by the Australia and New Zealand Ministerial Forum on Food Regulation, the Front-of-Pack Labelling Steering Committee, the Trans-Tasman Health Star Rating Advisory Committee, the New Zealand Health Star Rating Advisory Group and a recently established Technical Advisory Group. The Technical Advisory Group is currently evaluating progress as well as conducting a formal review of the HSR system, including an assessment of the underlying algorithm. Recommendations for the HSR system's improvement will be presented in 2019.</p>
	<p><b>Chile</b></p>	<p>In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20.606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193) which came into effect on 27 June 2016. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100ml), saturated fat (4g/100g or 3g/100ml), sugar (10g/100g or 5g/100ml) and sodium (400mg/100g or 100mg/100ml) content considered "high" in foods and beverages. All foods that exceed these limits will have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, CALORIES or SUGAR OR SODIUM, as well as "Ministry of Health". A warning message will be added to products per</p>

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		category that exceeds the limit (eg a product high in fat and sugar will have two stop signs). The regulatory norms provide specifications for the size, font and placement of the warning message on products. The limits for calories, saturated fat, sugar and sodium will be implemented using an incremental approach, reaching the defined limits by 1 July 2018. (See “R – Restrict food advertising and other forms of commercial promotion” and “O – Offer healthy food and set standards in public institutions and other specific settings” for details of the law’s school food and advertising regulations.)
	<b>Denmark</b> <b>Iceland</b> <b>Lithuania</b> <b>Norway</b> <b>Sweden</b>	The Swedish government set nutritional criteria for the use of the Keyhole logo established in Sweden in 1989 and launched as a common Nordic label on 17 June 2009 in Sweden, Denmark and Norway. The Lithuanian Ministry of Health signed the agreement to join the Keyhole programme in 2013 and approved criteria for products to bear the logo in 2014. In Iceland, the programme entered into force in November 2013. The aim of the Keyhole logo is to help consumers choose products that contain less fat, salt and sugar. Use of the logo is voluntary, but products must conform to the nutrition criteria which are identical among participant countries of the programme. New, stricter requirements came into force on 1 March 2015, with a transition period until 1 September 2016 for products adhering to the old requirements. Under the new requirements, Keyhole products will need to contain less salt, sugar and saturated fat, and more whole grains. For the first time, criteria were introduced for maximum salt content in meat and fish products.
	<b>Ecuador</b>	A regulation of the Ministry of Public Health of Ecuador published in November 2013 (No. 4522, El Reglamento de Etiquetado de Alimentos Procesados) requires packaged foods to carry a “traffic light” label in which the levels of fats, sugar and salt are indicated by red (high), orange (medium) or green (low). Full compliance with the regulation was required by 29 August 2014.
	<b>EU countries</b> <b>Iceland</b> <b>Liechtenstein</b> <b>Norway</b> <b>Switzerland</b>	EU Regulation 1169/2011 on the Provision of Food Information to Consumers, passed in 2011, permits EU Member States to develop voluntary guidelines for front of pack nutrition information, to be used in addition to the mandatory nutrition information on the back of pack. Information on energy value, fat, saturated fat, sugar and salt content is permitted. Different styles of presentation (eg % Guideline Daily Allowances or traffic lights) are permitted. This Regulation is also applicable in Iceland, Norway and Liechtenstein as members of the European Economic Area and Switzerland based on its bilateral agreements with the EU.
	<b>Finland</b>	National legislation regarding the compulsory use of warning labels on high-salt foods in Finland has been in place since 1993. The legislation is applied to all the food categories that make a substantial contribution to the salt intake of the Finnish population. Foods that are high in salt are required to carry a "high salt content" warning. A "high salt content" must be labelled if the salt content is more than 1.3% in bread, 1.8% in sausages, 1.4% in cheese, 2% in butter, and 1.7%

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		<p>in breakfast cereals or crisp bread.</p> <p>A heart symbol system was introduced in 2000 by the Finnish Heart Foundation and the Finnish Diabetes Foundation. The heart symbol indicates that a product is a better choice regarding sodium and salt content compared with another product in the same food category. The heart symbol system is acknowledged by the Finnish national authorities, and the National Nutrition Council recommends consumers to use products bearing the heart symbol.</p>
	<p><b>Belgium</b> <b>Czech Republic</b> <b>Netherlands</b> <b>Poland</b></p>	<p>The Choices logo, a voluntary, industry-initiated scheme, is widely used in Belgium, Czech Republic, Netherlands and Poland. The logo identifies healthier options in each food group. Products must meet nutritional criteria set by an independent scientific committee. In the Netherlands, the Choices logo was introduced in 2006, and is now actively supported by the Dutch government. It received EU approval for use in 2013. In Belgium, the logo was introduced in 2007, in the Czech Republic in 2011, and in Poland in 2008.</p>
	<p><b>Nigeria</b></p>	<p>The Nigerian Heart Foundation developed the voluntary Heart Check front-of-pack labelling programme in collaboration with the National Agency for Food and Drug Administration and Control (NAFDAC). Products must meet nutritional criteria, set by the Nigerian Heart Foundation and approved by NAFDAC, on added sugar, sodium, fat as well as dietary fibre; oils and related products must meet criteria on trans fat and cholesterol. The Nigerian Heart Foundation grants permission to use the Heart Check logo on packaged food following a joint approval by NAFDAC and Nigerian Heart Foundation. The logo is in use since 2005; the criteria were last amended in January 2016.</p>
	<p><b>Singapore</b></p>	<p>The government of Singapore introduced a Healthier Choice symbol in 1998 with defined nutrition criteria. Food manufacturers and retailers can voluntarily use the label on front-of-pack for products that meet the nutritional criteria. In 2003, the use of the symbol was extended to food service operators such as hawkers and restaurants. Food service operators can display the symbol next to dishes meeting the criteria. There is also a Healthy Snack symbol for products that are individually packed in small portions and meet specific nutrition guidelines. A refreshed Healthier Choice symbol, based on revised nutrient guidelines, will take effect from September 2015 and existing products with the current symbol will have to be depleted by 1 January 2018. Products carrying the current symbol will need to re-apply to carry the revised symbol. Currently there are nutrition guidelines covering &gt;60 food categories.</p>

	<p><b>Slovenia</b></p>	<p>In 1993, the Slovenian Heart Foundation initiated the Little Heart logo (formerly Protects Health label), a stylised heart that can be used on pre-packed foods and menus in public canteens that meet the requirements of the European Commission's Regulation No 1924/2006 on Nutrition and Health Claims made on Foods. Underneath the heart symbol, the specific nutritional properties are listed that the product meets (eg low fat content, rich in fibre) and which make it a healthier choice compared with other food products in the same category. The initiative is supported by the Slovenian Ministry of Health and the Ministry of Agriculture, Forestry and Food.</p> <p>Information updated 28/02/2017</p>
	<p><b>South Korea</b></p>	<p>The South Korean Special Act on Safety Control of Children's Dietary Life recommends colour-coded labelling for use on the front of pre-packaged children's 'favourite foods' including cookies/candies/popsicles, breads, chocolates, dairy products, sausage (fish or meat based), some beverages, instant noodles and fast foods (seaweed rolls, hamburgers, sandwiches). Guidance for the front-of-pack colour-coded labelling was issued by Public Notice (2011), and outlines three permitted designs using green, amber and red to identify whether products contain low, medium or high levels of total sugars, fat, saturated fat, and sodium.</p>
	<p><b>Thailand</b></p>	<p>A Notification to the Ministry of Public Health (2007) issued by the Thai Food and Drug Administration requires five categories of snack foods to carry a Guideline Daily Allowance (GDA) label. The label includes text aimed to help consumers understand the GDA and requires a warning label that reads "Should consume in small amounts and exercise for better health".</p> <p>In August 2016, the voluntary Healthier Choices logo was launched in Thailand, a front-of-pack labelling scheme to help consumers identify healthier food choices (Notification of the Ministry of Public Health No. 373, B.E.2559 2016, Re: The Display of Nutrition Symbol on Food Label, 12 February 2016). The logo was developed in collaboration between the National Food Commission, the Ministry of Health's Food and Drug Administration, the Health Promotion Foundation and Mahidol University. The Healthier Choices logo is owned by the Thai Food and Drug Administration, and its use is managed by the Nutrition Promotion Foundation of Mahidol University. The logo can be applied to beverages, sauces and condiments, dairy products, ready-to-eat meals, instant food and snacks; it is intended to eventually cover all food products. To be eligible for the logo, fish sauce must not contain more than 6mg of sodium per 100ml, and soy sauce not more than 5mg sodium per 100ml. Beverages must not contain more than 6g of sugar per 100ml if they are sold in single-serving containers; beverages sold in containers which exceed 150% of a single serving, sugar may not exceed 18g per container. All other foods may not exceed 500kcal and have to reach at least 20 points out of an achievable 40 points on the required nutrient content. The point system contains minimum and maximum levels of total fat, saturated fat, total sugar, protein, sodium, calcium fibre and iron in six categories, ranging from 0 (worst) to 5 (best).</p> <p>Information updated 28/02/2017</p>

	<p><b>United Kingdom</b></p>	<p>In 2013, the UK government published national guidance for a voluntary Front of Pack Nutrition Labelling Scheme for pre-packaged products. The guidelines are for colour-coded labels which use green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar.</p> <p>Through the English government’s voluntary pledge programme, the Responsibility Deal, 23 companies have made voluntary commitments (“pledges”) to adopt the government’s recommended Front of Pack Nutrition Labelling Scheme (last company signed up in February 2014). This pledge was created in June 2013 and continues to exist even though the Responsibility Deal, while not officially terminated, has not seen any activity since elections in May 2015 replaced the 2010–15 coalition government.</p> <p><b>Evaluation</b> Knai C et al. (2015) Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. <i>Food Policy</i> 54, 1-10<sup>VI</sup></p>
<p><b>On-shelf labelling</b></p>	<p><b>Fiji Solomon Islands</b></p>	<p>The Food Safety Act 2009 in Fiji and the Pure Food (Food Control) Regulations 2009 in the Solomon Islands require on-shelf labelling for canned luncheon meat, canned meat containing other food that has more than 20% fat, and for all minced meats and sausages sold unpackaged. The label should read "This brand of canned luncheon meat/canned meat with (name of the other food) is high in fat. For a healthy diet eat less". It is reported to not be widely implemented.</p>
<p><b>Calorie and nutrient labelling on menus and displays in out-of-home venues</b></p>	<p><b>Australia</b></p>	<p>Legislation in the Australian Capital Territory (Food Regulation 2002) and the states of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (eg fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. The display must be clear and legible. Average adult daily energy intake of 8,700kj must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation.</p>
	<p><b>Bahrain</b></p>	<p>In 2010, the Nutrition Section of the Ministry of Health of Bahrain developed voluntary menu labeling recommendations for fast food chain restaurants. Nutrients are mostly displayed per portion and include calories, fat, protein, carbohydrates, salt and sugar. Menu labeling may be done in a variety of ways such as on panels at ordering counters and checkouts or on food tray sheets. The main fast food chains operating in Bahrain have implemented the menu labeling recommendations (such as Burger King, McDonald’s, Dairy Queen, KFC, Subway and Jasmi’s).</p>
	<p><b>Canada</b></p>	<p>In effect since 1 January 2017, Ontario’s Healthy Menu Choices Act, 2015 (passed in May 2015 as part of the Making Healthier Choices Act, 2015 (Bill 45) and accompanied by Ontario Regulation 50/16) requires food service premises that are part of a chain of 20 or more food service premises in Ontario (as well as certain cafeteria-style food service premises) to display calories for “standard food items” on menus, labels and display tags. Regulated food service</p>

		<p>premises include restaurants, quick-service restaurants, convenience stores, grocery stores, movie theatres, public-facing cafeterias, food trucks and others. “Standard food items” are restaurant-type food or drink items (eg ready-to-eat items) that are sold or offered for sale in servings that are standardised for portion and content. Menus include paper menus, menu boards, electronic menus, drive-through menus, online menus or menu applications, advertisements and promotional flyers. Food service premises must also display information on daily caloric requirements. Ontario’s 36 public health units are responsible for implementation of the Act. The Ministry of Health and Long-Term Care developed an implementation guide, fact sheets and a frequently asked questions document to facilitate and streamline implementation.</p> <p>Information updated 28/02/2017</p>
	<p><b>Malaysia</b></p>	<p>Based on the voluntary 2008 Guidelines of Advertisement and Nutrition Labelling for Fast Food Restaurants, Malaysian fast food restaurants are encouraged to display nutrient information on energy, carbohydrates, protein, fat and sodium for food and total sugar for beverages. Restaurants are free to decide how they display this information (eg on-pack labelling, brochures, posters in the outlet). Implementation of the Guidelines is not monitored but the Ministry of Health periodically engages with the fast food industry to urge companies to implement the Guidelines.</p>
	<p><b>South Korea</b></p>	<p>Since 2010, the South Korean Special Act on Safety Control of Children’s Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus.</p>
	<p><b>Taiwan</b></p>	<p>Since July 2015, convenience store chains, drink vendor chains and fast food chains have to label the sugar and caffeine content of prepared-when-ordered drinks (eg coffee- and tea- based drinks, fruit and vegetable juices) according to a regulation based on the Act Governing Food Safety and Sanitation. The amount of sugar added to drinks (specified in sugar cubes) and its calorie content have to be displayed on drink menus and/or notice boards in a prescribed minimum font. In addition, different colours have to be used to signal the level of caffeine contained in coffee drinks. It is reported that many stores are not compliant with these labelling requirements due to lack of resources.</p>
	<p><b>United Kingdom</b></p>	<p>In England, as part of the government’s Responsibility Deal, 45 out-of-home businesses have committed to provide calorie information on menus and display boards, including some leading companies (last company signed up in December 2013). Although voluntary, the label must follow a standard government model. The Out of Home Calorie Labelling pledge was implemented in September 2011 and continues to exist even though the Responsibility Deal, while not officially terminated, has not seen any activity since elections in May 2015 replaced the 2010–15 coalition government.</p> <p><b>Evaluation</b>  Knai C et al. (2015) Has a public-private partnership resulted in action on healthier diets in England? An analysis of the Public Health Responsibility Deal food pledges. <i>Food Policy</i> 54, 1-10<sup>1</sup></p>



	<p><b>United States</b></p>	<p>Section 4205 of the US Patient Protection and Affordable Care Act (2010) created a new clause 403(q)(5)(H) in the Federal Food, Drug, and Cosmetics Act (1938) which requires that all chain restaurants with 20 or more establishments display energy information on standard menu items. The implementing regulations were published by the Food and Drug Administration on 1 December 2014. Implementation, delayed several times, is now set for 5 May 2017. Two states (California, Vermont), seven counties (eg King County, WA and Albany County, NY) and two municipalities (New York City, Philadelphia) have already implemented regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu labelling regulations for establishments not covered by national law (eg food trucks or restaurants not part of a chain which have not self-certified to voluntarily comply with the calorie labelling requirements). The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers. Implementation for vending machine operators is required by 26 July 2018.</p> <p>The State of Colorado has a voluntary Smart Meal Seal program developed in 2005, where participating restaurants display point-of-purchase labelling to promote healthier food options. Food options must meet nutrition requirements set by the Colorado Department of Public Health and Environment. Participating restaurants must offer at least two main courses or side options that meet or exceed all of the established nutrition criteria.</p> <p><b>Evaluations</b></p> <p>Krieger JW et al. (2013) Menu Labeling Regulations and Calories Purchased at Chain Restaurants. <i>American Journal of Preventive Medicine</i> 44(6), 595-604<sup>vii</sup></p> <p>Dumanovsky et al. (2011) Changes in energy content of lunchtime purchases from fast food restaurants after introduction of calorie labelling: cross sectional customer surveys. <i>BMJ</i> 343:d4464<sup>viii</sup></p> <p>Finkelstein et al. (2011) Mandatory Menu Labeling in One Fast-Food Chain in King County, Washington. <i>American Journal of Preventive Medicine</i> 40(2), 122-127<sup>ix</sup></p> <p>Elbel B et al. (2009) Calorie Labeling And Food Choices: A First Look At The Effects On Low-Income People In New York City. <i>Health Affairs</i> 28(6), 1110-1121<sup>x</sup></p> <p>Evaluation added 28/02/2017</p>
<p><b>Warning labels on menus and displays in out-of-home venues</b></p>	<p><b>Latvia</b></p>	<p>In January 2016, the parliament of Latvia approved the Law on the handling of energy drinks, implemented on 1 June 2016. Retailers are required to display all energy drinks separately from other food items, and display a note at the point of sale stating "High caffeine content. Not recommended for children and pregnant and breastfeeding women". The Law also contains marketing restrictions (see "R – Restrict food advertising and other commercial promotion").</p>

	<b>United States</b>	Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300mg of sodium or more. It came into effect on 1 December 2015 and applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke."
<b>Rules on nutrient claims (ie nutrient content and nutrient comparative claims)</b>	<b>Australia New Zealand</b>	Nutrition, Health and Related Claims Standard 1.2.7 (2013) introduces rules on the use of nutrition content claims (ie levels of fat for a low fat claim) in Australia and New Zealand. Industry will need to comply with the Standard by January 2016. Although nutrition content claims need to meet certain criteria set out in the Standard, there are no generalised nutritional criteria that restrict their use on "unhealthy" foods.
	<b>Costa Rica El Salvador Guatemala Honduras Nicaragua</b>	A 2012 Central American Technical Regulation (67.01.60:10) establishes rules on the use of specified nutrient content claims (ie levels of fat for a low fat claim). Claims are not permitted on products that may promote or sanction excessive consumption of these nutrients or undermine good dietary practice. Although nutrition content claims need to meet certain criteria set out in the Regulation, there are no generalised nutritional criteria that restrict their use on "unhealthy" foods.
	<b>EU countries</b>	Regulation 1924/2006 establishes EU-wide rules on the use of specified nutrient content and comparative claims (ie levels of fat for a low fat claim). As of January 2010, only nutrition claims as listed in the Regulation's annex are permitted. In theory, these nutrition claims may only be used on foods defined as "healthy" by a nutrient profile. This nutrient profiling restriction was due to be implemented in 2010 but no model has yet been established. Therefore, permitted nutrition claims can be used as long as the conditions for use of the claim as set out in the annex are met. Once nutrient profiles are established, nutrition claims may only be used on food products deemed "healthy", though two notable exceptions will apply: nutrition claims referring to the reduction of fat, saturated fats, trans fats, sugars and salt/sodium will be allowed without reference to a profile for the specific nutrient, provided the claims comply with the conditions of the Regulation; and a nutrition claim may be used even if a single nutrient exceeds the nutrient profile as long as a statement in relation to this nutrient appears on the label in close proximity to, on the same side and with the same prominence, as the claim (the statement must read: 'High [name of nutrient] content'). This Regulation is also applicable in Iceland, Norway and Liechtenstein as members of the European Economic Area; Switzerland amended its foodstuff law based on its bilateral agreements with the EU to include permitted EU nutrient claims.
	<b>Indonesia</b>	The Indonesian Regulation HK.03.1.23.11.11.09909 (2011) on The Control of Claims on Processed Food Labelling and Advertisements establishes rules on the use of specified nutrient content claims (ie levels of fat for a low fat claim). The Regulation applies to any food product or beverage that has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat and natrium per serving

		(13g total fat, 4g saturated fat, 60mg cholesterol and 480mg sodium). The Regulation sets out certain exceptions from this rule, detailed in its annexes, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and fitosterol; certain disease risk reduction claims).
	<b>Malaysia</b>	<p>The Malaysian Guide to Nutrition Labelling and Claims (as at December 2010) establishes rules on the use of nutrient content claims (ie levels of fat for a low fat claim) and nutrient comparative claims (eg comparison between an old and new product formulation). The Guide also contains a list of permitted nutrient function claims (ie a claim about the physiological role of a nutrient), including the minimum required amount and additional conditions to be fulfilled (eg the source of the nutrient). Disease risk reduction claims are prohibited. Although nutrition content claims need to meet certain criteria set out in the Guide, there are no generalised nutritional criteria that restrict their use on "unhealthy" foods. Labelling legislation was overhauled in 2003 and all new legislation was incorporated into the existing Food Act of 1983 and Food Regulations of 1985. The Malaysian Guide to Nutrition Labelling and Claims (as at December 2010) contains the legislation as of 2003 as well as all amendments up to December 2010.</p> <p>Regulation NOM-051-SCFI/SSA1 (2010) sets rules for the use of nutrition content claims. It prohibits the use of false and misleading claims on labels, especially those that relate to dietary guidance, eating habits and nutritional properties of foods. No disease risk reduction claims are allowed. Although nutrition content claims need to meet certain criteria set out in the Regulation, there are no generalised nutritional criteria that restrict their use on "unhealthy" foods.</p>
	<b>South Africa</b>	Section 15(1) of the Foodstuffs, Cosmetics, and Disinfectants Act (by means of regulation of 2010, effective from March 2012) defines the nutrient content claims permitted in South Africa and establishes rules for their use (eg levels of fat permitted in a food product bearing a low fat claim). Nutrient content claims must be substantiated by nutritional information, and the use of terms such as "health," "healthy" and "wholesome" or "nutritious" is not allowed. Although nutrition content claims need to meet certain criteria set out in the regulation, there are no generalised nutritional criteria which restrict their use on "unhealthy" foods.
	<b>South Korea</b>	The rules on the use of nutrient claims were established in July 2000 under Section 4 of the South Korean Food Sanitation Act (food labelling). The law regulates which claims are permitted, defines the conditions that must be met for the claim, and governs the language that may be used.
	<b>United States</b>	In the US, nutrient content claims are generally limited to an FDA-authorized list of nutrients (Food Labeling Guide 1994, as last revised in January 2013). Packages containing a nutrient content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol or 480mg of sodium. Sugar and whole grain content are not considered.

<b>Rules on health claims (ie nutrient function and disease risk reduction claims)</b>	<b>Australia</b>	<p>The Australian Nutrition, Health and Related Claims Standard 1.2.7 (2013) includes rules for the use of general level (ie nutrient function) and high level (ie disease risk reduction) health claims on food labels and in advertisements. Industry need to comply with the Standard by January 2016. High level health claims must be pre-approved and listed. General level health claims can either be pre-approved and listed in the Standard or self-substantiated according to requirements of the Standard. Both types of health claims are only permitted on food that meet nutritional criteria, as defined by the nutrient profiling scoring criterion set out in the Standard.</p>
	<b>Costa Rica El Salvador Guatemala Honduras Nicaragua</b>	<p>A 2012 Central American Technical Regulation (67.01.60:10) permits and regulates the use of nutrient function and disease risk reduction claims. Claims must be substantiated through information demonstrating the nutritional composition of the food, and the relationship between the claimed function of the food product and the beneficial effect on diet and health. The Ministry of Health has responsibility to approve the use of claims on foods containing high levels of nutrients that can increase risk of illness or health problems. Claims are not permitted on products that may promote or sanction excessive consumption of these nutrients or undermine good dietary practice. There are no generalised nutritional criteria which restrict their use on "unhealthy" foods.</p>
	<b>EU Countries Iceland Liechtenstein Norway Switzerland</b>	<p>Regulation 1924/2006 (applicable as of July 2007) establishes EU-wide rules on the use of health claims (claims on nutrient function, disease risk reduction and children's health). Companies may only use health claims that are substantiated and authorised by the European Commission and Member States (various regulations authorising health claims to date). The European Food Safety Authority is responsible for verifying the scientific substantiation of claims; it has done so for claims currently in use and continues to do so for claims that are proposed and applied for by companies which want to use health claims in the EU. In theory, health claims may only be used on foods defined as "healthy" by a nutrient profile. This nutrient profiling restriction was due to be implemented in 2010 but no model has yet been established. Therefore, permitted health claims can be used as long as the conditions for use of the claim as set out in the respective regulations are met. Once nutrient profiles are established, health claims may only be used on food products deemed "healthy". This Regulation is also applicable in Iceland, Norway and Liechtenstein as members of the European Economic Area; Switzerland amended its food-stuff law based on its bilateral agreements with the EU to include permitted EU health claims.</p>
	<b>Indonesia</b>	<p>The Indonesian Regulation HK.03.1.23.11.11.09909 (2011) on The Control of Claims on Processed Food Labelling and Advertisements permits a limited number of listed nutrient function and disease risk reduction claims. The Regulation applies to any food product or beverage which has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat and natrium per serving (13g total fat, 4g saturated fat, 60mg cholesterol and 480mg natrium). The Regulation sets out certain exceptions from this rule, detailed in its annexes, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and fitostanol; certain disease risk reduction claims).</p>

	<b>South Korea</b>	<p>The rules for the use of health claims are set out in the South Korean Health Functional Food Code, based on Article 17 of Section 3 (Standards, Specifications, Labelling and Advertisements) of the Health Functional Food Act 2004 (which has been amended several times). The Act allows for claims to be expressed in both words and diagrams. The Code lists the wording for allowed claims, sets out standards for manufacturing to be observed for each nutrient, and how much the actual nutrient content of the product may deviate from the labelled content (in percentage, ie beta-carotene must be within 80–150% of the labelled amount). The Code includes the recommended daily intake amount, generally expressed as a range between the minimum to maximum amount. If intake of a nutrient may cause negative health effects, a warning label has to be applied.</p>
	<b>United States</b>	<p>The use of disease risk reduction claims is permitted in the United States. They are governed by specific rules in the Nutrition Labeling and Education Act (1990) and the Food and Drug Administration Modernization Act (1997). There are three categories of claims permitted:</p> <ol style="list-style-type: none"> <li>1. Claims judged by the Food and Drug Administration (FDA) to have "significant scientific agreement" (currently 12 claims).</li> <li>2. Claims supported by a published, current and authoritative statement by a federal scientific body or the National Academy of Sciences (currently six claims).</li> <li>3. "Qualified claims": these claims do not meet the above-mentioned standards but may be used if there is some scientific evidence to substantiate the claim provided they include a disclaimer referencing the scientific uncertainty. The FDA considers a number of factors in approving a claim, including the strength of the evidence and potential public health impact.</li> </ol> <p>Health claims are generally not permitted if a food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Sugar and whole grain content are not considered. Companies may make nutrient function claims without notifying FDA, but such claims must be truthful and not misleading. Dietary guidance statements (eg, "Doctors recommend 3 servings of whole grains per day") are also permitted without FDA pre-approval but must be truthful and not misleading.</p>

A number of other organisations provide access to policy databases. Some are listed below:

### **International**

[WHO Global Database on the Implementation of Nutrition Action](#)

[WHO Noncommunicable Disease Document Repository](#)

### **Europe**

[WHO Europe Database on Nutrition, Obesity and Physical Activity](#)

### **United States**

[The Rudd Center for Food Policy and Obesity – Legislation Database](#)

[National Association of State Boards of Education – State School Health Policy Database](#)

[National Cancer Institute – Classification of Laws Associated with School Students](#)

[Centers for Disease Control – Chronic Disease State Policy Tracking System](#)

### **Canada**

[Prevention Policies Directory](#)

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<sup>i</sup> <http://www.tandfonline.com/doi/abs/10.1080/19440049.2012.664570> (accessed on 23/01/2017)

<sup>ii</sup> <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/709BAC861289EE869B74E0D3CFD27E7A/S1368980012000079a.pdf/div-class-title-changes-in-fat-contents-of-us-snack-foods-in-response-to-mandatory-span-class-italic-trans-span-fat-labelling-div.pdf> (accessed on 20/01/2017)

<sup>iii</sup> <http://onlinelibrary.wiley.com/doi/10.1111/j.1750-3841.2010.01737.x/abstract> (accessed on 26/01/2017)

<sup>iv</sup> <https://www.cambridge.org/core/journals/public-health-nutrition/article/div-classtitlea-comparison-of-the-fat-composition-and-prices-of-margarines-between-2002-and-2006-when-new-canadian-labelling-regulations-came-into-effectdiv/1A1ABEAB4EC7870D5C61496D3F85367B> (accessed on 23/01/2017)

<sup>v</sup> <http://jn.nutrition.org/content/136/10/2558.long> (accessed on 23/01/2017)

<sup>vi</sup> <http://www.sciencedirect.com/science/article/pii/S0306919215000391> (accessed on 20/10/2016)

<sup>vii</sup> <http://www.sciencedirect.com/science/article/pii/S0749379713001761> (accessed on 20/10/2016)

<sup>viii</sup> <http://www.bmj.com/content/343/bmj.d4464> (accessed on 24/01/2017)

<sup>ix</sup> <http://www.sciencedirect.com/science/article/pii/S0749379710006124> (accessed on 31/01/2017)

<sup>x</sup> <http://content.healthaffairs.org/content/28/6/w1110.long> (accessed on 20/10/2016)