

BULLETIN INTENDED FOR INTERESTED PARTIES

Update from the European Commission's Working Group meeting on health claims, 24 February 2014

At this meeting we discussed a large number of health claims, including those mentioned below. We would welcome your comments on the items in the first part of this bulletin; those items noted in the second part are for your information.

- A. Please send your comments in relation to the following items, to nutritionlegislation@dh.gsi.gov.uk, by Monday 31 March.
- 1. Health claims referring to children's development and health (document attached) EFSA has recently published positive opinions on a number of claims about children's development and health e.g. magnesium contributes to normal development of bone (EFSA-Q-2008-150) and iron contributes to normal cognitive development (EFSA-Q-2008-199). The claims relate to nutrients that are mandatorily present in certain products for infants and young children. Acknowledging Article 2(1)(a)(iii) of Directive 2000/13/EC, the working document provides draft text for a recital and alternate conditions of use (COU) for such claims when used on mandatory and non-mandatory ingredients.
- 2. Discussion of conditions of use for a health claim related to hydroxyanthracene derivatives and improvement of bowel function (Q-2013-00650) (document attached) Issues to consider for this potential claim are whether it would be considered medicinal and how safety issues should be addressed in the conditions of use.
- 3. Discussion of conditions of use for a health claim related to "non-fermentable carbohydrates" and maintenance of tooth mineralisation (Q-2013-00040) and
- 4. Discussion of conditions of use for a health claim related to "non-digestible" carbohydrates and reduction of post-prandial glycaemic responses (Q-2013-00615) (documents attached)

Questions raised in the working group meeting were: whether it is useful to integrate these two claims into the existing Article 13 claims for sugar replacers and how to define "non-digestible carbohydrates" and "non-fermentable" carbohydrates.

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5. Discussion of a health claim related to glycaemic carbohydrates and contribution to recovery of normal muscle function after strenuous exercise (Q-2013-00234) (no document)

This claim must be clearly targeted at people doing strenuous exercise and must not be presented in a way that would encourage over consumption of glucose. Therefore, important considerations for this claim are how to define: "strenuous exercise"; how to tell consumers the precise dose and frequency of glucose consumption required; and how to define the types of foods that the claim could be used on.

6. Discussion of a working document on five health claims related to glucose and energy-yielding metabolism (Q-2012-00266, 267, 268, 269, 270) (no document) We've reported discussions on these claims previously and concerns that they must not be used to encourage over consumption of glucose. Considering the EFSA opinions, and authorised claims related to sugars / carbohydrates, we would welcome suggestions for how the claims could be authorised in a way that would not contradict public health messages.

B. These items are for information

- 7. Draft Commission Regulation on the authorisation of health claims related to calcium and/or vitamin D (EFSA-Q-2010-01233, Q-2009-00940, Q-2008-721) and the refusal of authorisation of five Article 14(1)(a) health claims (document attached)
- 8. Draft Commission Regulation authorising a health claim for "replacing saturated fats with unsaturated fats in the diet has been shown to lower / reduce blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease" (Q-2009-00458) (document attached)
- 9. Draft Commission Regulation refusing to authorise eight health claims (Q-2013-00574, 00575, 00576, 00579, 00249, 00353, 00354, 00578) submitted under Article 13(5) of 1924/2006 (no document)

These claims were submitted to EFSA after 14 December 2012. The Regulation will apply on the twentieth day following its publication in the Official Journal of the European Union and the claims will not be given a six-month transition period following rejection.

Prepared by Nutrition Legislation Team, Obesity & Food Policy Branch, Health & Wellbeing Division

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