

هيئة الإمارات للمواصفات والمقاييس  
Emirates Authority for Standards & Metrology (ESMA)



مشروع نهائي

UAE.S/ FDS 2333:2018

الادعاءات الصحية والتغذوية  
المسموح باستخدامها في الأغذية وظروف استخدامها  
Permitted Health and Nutrition Claims  
Made on Food and Their Conditions of Use

دولة الامارات العربية المتحدة  
UNITED ARAB EMIRATES

إعداد

اللجنة الفنية الوطنية لقطاع مواصفات المنتجات الزراعية  
هذه الوثيقة مشروع لمواصفة قياسية إماراتية تم توزيعها لإبداء الرأي والملحوظات بشأنها، لذلك فإنها  
عرضة للتغيير والتبديل، ولا يجوز الرجوع إليها كمواصفة قياسية إلا بعد اعتمادها من مجلس إدارة الهيئة.

## Foreword

Emirates Authority for Standardization & Metrology (ESMA) has a national responsibility for standardization activities. One of ESMA main functions is to issue Emirates Standards /Technical regulations through specialized technical committees (TCs).

ESMA through the technical program of committees TC: Technical committee for standard of animal products “has updated the GSO standard No. UAE.S/ 2333” Permitted Health and Nutrition Claims Made on Food and Their Conditions of Use“ The draft standard has been prepared by (United Arab Emirates).

It has been approved as United Arab Emirates Technical Regulation by ESMA Board of Directors in its meeting No.( ..),held on.. / ../ H , ../ .. / G.  
The approved standard will replace and supersede the standard No.( GSO/ 2333:2013).

## **Permitted Health and Nutrition Claims Made on Food and Their Conditions of Use**

### **1. SCOPE**

- 1.1 This standard relates to the use of nutrition and health claims in food labelling and, where required by the authorities having jurisdiction, in advertising.
- 1.2 This standard apply to all foods for which nutrition and health claims are made without prejudice to specific provisions under UAE standards or Guidelines relating to Foods for Special Dietary Uses and Foods for Special Medical Purposes.
- 1.3 This standard is intended to supplement the UAE 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 UAE standards or national legislation.
- 1.5 Nutrition claims should be consistent with national nutrition policy and support that policy. Only nutrition claims that support national nutrition policy should be allowed.

### **2. COMPLIMENTARY REFERENCES**

- 2.1 UAE.S 9: Labeling of the packaged foods.
- 2.2 GSO 1366: General requirements for handling of Foods for Special Medical.
- 2.3 UAE.S 2233: Requirements of Nutritional Labeling.
- 2.4 GSO/CAC/GL1: General Guidelines on Claims.
- 2.5 CAC/GL 23: Annex: Recommendations on the Scientific Substantiation of Health Claims”

### **3. DEFINITIONS :**

- 3.1 Claim: any representation which states, suggests or implies that a food has particular attributes/ characteristics relating to its origin, nutritional properties, nature, processing, composition or any other quality.
- 3.2 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:
  - The mention of substances in the list of ingredients;
  - The mention of nutrients as a mandatory part of nutrition labelling;

- Quantitative or qualitative declaration of certain nutrients or ingredients on the label if required by national legislation.

- 3.2.1 Nutrient content claim is a nutrition claim that describes the level of a nutrient contained in a food.  
(Examples: “source of calcium”; “high in fiber and low in fat”.)
- 3.2.2 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”.)
- 3.2.3 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.
- 3.3 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:
- 3.3.1 Nutrient function claims – a nutrition claim that describes the physiological role of the nutrient in growth, development and normal functions of the body.  
Example:  
“Nutrient A (naming a physiological role of nutrient A in the body in the maintenance of health and promotion of normal growth and development). Food X is a source of/ high in nutrient A.”
- 3.3.2 ***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.”
- 3.3.3 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.”

3.4 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

#### 4. NUTRITION LABELLING

Any food for which a nutrition or health claim is made should be labelled with a nutrient declaration according to item No. 2.3.

#### 5. NUTRITION CLAIMS

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 item No. 2.3.

#### 6. NUTRIENT CONTENT CLAIMS

6.1 When a nutrient content claim that is listed in the Table 2. or a synonymous claim is made, the conditions specified in the Table 2 for that claim should apply.

6.2 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 2 to This standard.

6.3 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”.

## 7. 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:

7.1 The foods being compared should be different versions of the same food or similar foods. The foods being compared should be clearly identified.

7.2 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:

7.2.1 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.

7.2.2 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.

7.3.1 For comparative claims about energy or macronutrients and sodium, the comparison should be based on a relative difference of at least 25% in the energy value or the nutrient content respectively 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 2.

7.3.2 For comparative claims about micronutrients other than sodium the comparison should be based on a difference of at least 10% of the NRV between the compared foods.

7.4 In addition to the conditions set out in Section 7.3, the content of trans fatty acids should not increase for foods carrying a comparison claim for decreased saturated fatty acids content.

7.4 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”.

## 8. Non- Addition Claim

### 8.1 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 hydrolyze starches to release sugars).

## 8.2 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, including but not limited to sodium chloride, sodium tripolyphosphate;
- (b) The food contains no ingredients that contain added sodium salts, including but not limited to Worcestershire sauce, pickles, pepperoni, soya sauce, salted fish, fish sauce; and
- (c) The food contains no ingredients that contain sodium salts that are used to substitute for added salt, including but not limited to seaweed.

## 8.3 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.

## 9 HEALTH CLAIMS

9.1 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

9.2 Competent national health authorities should monitor the impact of health claims on consumers eating behaviors and dietary pattern, in general

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

9.3.1 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. 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.

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

9.3.3 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.

9.3.4 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”.

- 9.3.5 Only those essential nutrients for which a Nutrient Reference Value (NRV) has been established in item No. 2.3.
- 9.4 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.
- 9.5 If the health 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.
- 9.6 The following information should appear on the label or labeling of the food bearing health claims:
- 9.6.1 A statement of the quantity of any nutrient or other constituent of the food that is the subject of the claim.
- 9.6.2 The target group, if appropriate.
- 9.6.3 How to use the food to obtain the claimed benefit and other lifestyle factors or other sources, where appropriate.
- 9.6.4 If appropriate, advice to vulnerable groups on how to use the food and to groups, if any, who need to avoid the food.
- 9.6.5 Maximums daily intake of the food or constituent where necessary.
- 9.6.6 How the food or food constituent fits within the context of the total diet.
- 9.6.7 A statement on the importance of the maintaining a healthy diet.

## 10 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 without prejudice to what mentioned in item 2.1:

10.1 Only claims related to the pattern of eating contained in dietary guidelines officially recognized by the GCC appropriate national authority

10.2 Flexibility in the wording of claims is acceptable, provided the claims remain faithful to the pattern of eating outlined in the dietary guidelines.

10.3 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.

10.4 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.

10.5 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.

10.6.1 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.

## 11 List of Permitted health, and nutrition claims used on food:

11.1 In addition to the prohibitions contained in GSO standards mentioned in sections 2.3 and 2.4 the following claims should not be permitted:

11.1.1 Claims which make reference to the rate or amount of weight loss.

11.1.2 Claims which make reference to recommendations of individual doctors or health professionals cannot be made on food

11.1.3 Claims which suggest that health could be affected by not consuming the food.

11.1.4 Claims show that a food can be used in the prevention, alleviation, treatment or cure of a disease, disorder or particular physiological condition.

- 11.2 Health Claims (including function claims) listed in table no. (1) are permitted to be used on food. These claims should be accompanied with all necessary conditions (including restrictions & warnings) for their use.
- 11.3 Addition or use of substance or combination of substances mentioned in table no. (1) in food product and have pharmacological, immunological properties or metabolic action should be authorized by the concerned national health authorities.
- 11.4 Wording and presentation of claim to be made on food product should be truthful, clear, reliable and useful to the consumer. Flexibility with the wording of claims (including graphics and symbols) will be allowed provided those adjusted claims have the same meaning for consumers as the listed in the tables (1 and 2) and they are not misleading.
- 11.7 Any claim made on foods is prohibited unless it is permitted in accordance with GSO standards.
- 11.8 Claims (including proprietary claims) to be made on food product and not included in the tables of permitted claims (table 1&2) or in GSO standards shall seek approval from the relevant authorities in GCC countries.

**Table 1 : List of Permitted health used on food**

Health Claims listed in EU legislation (see link below) are permitted to be used on food. These claims should be accompanied with all necessary conditions (including restrictions & warnings) for their use:

[http://ec.europa.eu/food/safety/labelling\\_nutrition/claims/register/public/?event=search](http://ec.europa.eu/food/safety/labelling_nutrition/claims/register/public/?event=search)

**Table 2 : List of nutrition claims used on food**

s/n	Nutrient/ description	Claim	Conditions of use of the claim
1.	Omega-3 fatty acids	Source of omega-3 fatty acids	A claim that a food is a source of omega-3 fatty acids, and any claim likely to have the same meaning for the consumer, may only be made where the product contains at least 0.3g alpha-linolenic acid per 100g and per 100kcal, or at least 40mg of the sum of eicosapentaenoic acid and docosahexaenoic acid per 100g and per 100kcal.
2.	Omega-3 fatty acids	High omega-3 fatty acids	A claim that a food is high in omega-3 fatty acids, and any claim likely to have the same meaning for the consumer, may only be made where the product contains at least 0,6g alpha-linolenic acid per 100g and per 100kcal, or at least 80mg of the sum of eicosapentaenoic acid and docosahexaenoic acid per 100g and per 100kcal.
3.	Mono-unsaturated fat	High monounsaturated fat	A claim that a food is high in monounsaturated fat, and any claim likely to have the same meaning for the consumer, may only be made where at least 45% of the fatty acids present in the product derive from monounsaturated fat under the condition that monounsaturated fat provides more than 20% of energy of the product.
4.	Poly-unsaturated fat	High polyunsaturated fat	A claim that a food is high in polyunsaturated fat, and any claim likely to have the same meaning for the consumer, may only be made where at least 45% of the fatty acids present in the product derive from polyunsaturated fat under the condition that polyunsaturated fat provides more than 20% of energy of the product.
5.	Unsaturated fat	High unsaturated fat	A claim that a food is high in unsaturated fat, and any claim likely to have the same meaning for the consumer may only be made where at least 70% of the fatty acids present in the product derive from unsaturated fat under the condition that unsaturated fat provides more than 20% of energy of the product.
6.	Energy	Low energy	A claim that a food is low in energy, and any claim likely to have the same meaning for the consumer, may only be made where the product does not contain more than 40 kcal (170 kJ) per 100 g (solids) or 20 kcal (80 kJ) per 100 ml (liquids)
7.	Energy	Energy-reduced	A claim that a food is energy-reduced, and any claim likely to have the same meaning for the consumer, may

s/n	Nutrient/ description	Claim	Conditions of use of the claim
			only be made where the energy value is reduced by at least 30 %, with an indication of the characteristic(s) which make(s) the food reduced in its total energy value
8.	Energy	Energy-free	A claim that a food is energy-free, and any claim likely to have the same meaning for the consumer, may only be made where the product does not contain more than 4 kcal (17 kJ)/100 ml.
9.	Fat	Low fat	A claim that a food is low in fat, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 3 g of fat per 100 g for solids or 1,5 g of fat per 100 ml for liquids
10.	Fat	Fat-free	A claim that a food is fat-free, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 0,5 g of fat per 100 g or 100 ml. However, claims expressed as 'X % fat-free' shall be prohibited.
11.	Saturated fat	Low saturated fat	A claim that a food is low in saturated fat, and any claim likely to have the same meaning for the consumer, may only be made if the sum of saturated fatty acids and trans-fatty acids in the product does not exceed 1,5 g per 100 g for solids or 0,75 g/100 ml for liquids and in either case the sum of saturated fatty acids and trans-fatty acids must not provide more than 10 % of energy.
12.	Cholesterol	Low Cholesterol	0.02 g per 100 g (solids) 0.01 g per 100 ml (liquids)
13.	Cholesterol	Free Cholesterol	0.005 g per 100 g (solids) 0.005 g per 100 ml (liquids) and, for both claims, less than: 1.5 g saturated fat per 100 g (solids) 0.75 g saturated fat per 100 ml (liquids) and 10% of energy from saturated fat, trans fatty acids should be taken into account where applicable.
14.	Saturated fat	Saturated fat-free	A claim that a food does not contain saturated fat, and any claim likely to have the same meaning for the consumer, may only be made where the sum of saturated fat and trans-fatty acids does not exceed 0.1 g of saturated fat per 100 g (solids) Or 0.1 g per 100 ml (liquids)
15.	Sugars	Low sugars	A claim that a food is low in sugars, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 5 g of sugars per 100 g for solids or 2,5 g of sugars per 100 ml for liquids.

s/n	Nutrient/ description	Claim	Conditions of use of the claim
16.	Sugars	Sugars-free	A claim that a food is sugars-free, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 0,5 g of sugars per 100 g or 100 ml.
17.	Sugars	With no added sugars	As motioned in Clause 8.1 of this standard
18.	Sodium/salt	Low sodium/salt	A claim that a food is low in sodium/salt, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 0,12 g of sodium, or the equivalent value for salt, per 100 g or per 100 ml.
19.	Sodium/salt	Very low sodium/salt	A claim that a food is very low in sodium/salt, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 0,04 g of sodium, or the equivalent value for salt, per 100 g or per 100 ml.
20.	Sodium/salt	Sodium-free or salt-free	A claim that a food is sodium-free or salt-free, and any claim likely to have the same meaning for the consumer, may only be made where the product contains no more than 0,005 g of sodium, or the equivalent value for salt, per 100 g.
21.	Sodium/salt	No added sodium/salt	As motioned in Clause 8.1 of this standard 8.2
22.	Fiber	Source of fiber	A claim that a food is a source of fiber, and any claim likely to have the same meaning for the consumer, may only be made where the product contains at least 3 g of fiber per 100 g or at least 1,5 g of fiber per 100 kcal or 10 % of daily reference value per serving
23.	Fiber	High fiber	A claim that a food is high in fiber, and any claim likely to have the same meaning for the consumer, may only be made where the product contains at least 6 g of fiber per 100 g or at least 3 g of fiber per 100 kcal or 20 % of daily reference value per serving.
24.	Protein	Source of protein	A claim that a food is a source of protein, and any claim likely to have the same meaning for the consumer, may only be made where at least 10% of NRV per 100 g (solids) 5% of NRV per 100 ml (liquids) or 5% of NRV per 100 kcal (12% of NRV per 1 MJ) or 10% of NRV per serving

s/n	Nutrient/ description	Claim	Conditions of use of the claim
25.	Protein	High protein	2 times the values for "source"
26.	Vitamin/s and/or mineral/s	Source of [name of vitamin/s] and/or [name of mineral/s]	A claim that a food is a source of vitamins and/or minerals, and any claim likely to have the same meaning for the consumer, may only be made where the product contains at least 15% of NRV per 100 g (solids) 7.5% of NRV per 100 ml (liquids) or 5% of NRV per 100 kcal (12% of NRV per 1 MJ) or 15% of NRV per serving
27.	Vitamin/s and/or mineral/s	High [name of vitamin/s] and/or [name of mineral/s]	2 times the value for "source"
28.	Contains [name of the nutrient or other substance]	Contains [name of the nutrient or other substance]	A claim that a food contains a nutrient or another substance, for which specific conditions are not laid down in this Regulation, or any claim likely to have the same meaning for the consumer, may only be made where the product complies with all the applicable provisions of this standard. For vitamins and minerals the conditions of the claim 'source of' shall apply.
29.	Increased	Increased [name of the nutrient]	A claim stating that the content in one or more nutrients, other than vitamins and minerals, has been increased, and any claim likely to have the same meaning for the consumer, may only be made where the product meets the conditions for the claim 'source of' and the increase in content is at least 30% compared to a similar product
30.	Reduced	Reduced [name of the nutrient]	A claim stating that the content in one or more nutrients has been reduced, and any claim likely to have the same meaning for the consumer, may only be made where the reduction in nutrient content is at least 25 % compared to a similar product, except for micronutrients, where a 10 % difference in the Nutrient Reference values as set in GSO 2233 shall be acceptable, and for sodium, or the equivalent value for salt, where a 25 % difference shall be acceptable.
31.	reduced saturated fat	reduced saturated fat	The claim "reduced saturated fat", and any claim likely to have the same meaning for the consumer, may only be made: (a) if the sum of saturated fatty acids and of trans-fatty acids in the product bearing the claim is at least 30 % less

s/n	Nutrient/ description	Claim	Conditions of use of the claim
			than the sum of saturated fatty acids and of trans-fatty acids in a similar product; and (b) if the content in trans-fatty acids in the product bearing the claim is equal to or less than in a similar product
32.	reduced sugars	reduced sugars	The claim "reduced sugars", and any claim likely to have the same meaning for the consumer, may only be made if the amount of energy of the product bearing the claim is equal to or less than the amount of energy in a similar product.
33.	Light/lite	Light/lite	A claim stating that a product is 'light' or 'lite', and any claim likely to have the same meaning for the consumer, shall follow the same conditions as those set for the term 'reduced'; the claim shall also be accompanied by an indication of the characteristic(s) which make(s) the food 'light' or 'lite'.

## References:

- CAC/GL 23 "Guidelines for Use of Nutrition and Health Claims".
- EU Regulation for Nutrition and Health Claims 1924.