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Prepared By: Nergiz Ozbag

Approved By: Rishan Chaudhry

Report Highlights:

The Ministry of Health is the competent authority for identifying principles, procedures, and enforcement related to health claims made on the labels, presentation, and advertising of foods and food supplements for the end consumer. Currently, there are a total of 234 health claims listed in the Guideline on Health Claims for Foods and Food Supplements which are allowed to be made.

Turkiye's Health Claims Policy for Foods and Food Supplements

Health claims for food and food supplements were regulated by Ministry of Agriculture and Forestry (MinAF) until December 2018 through the Turkish Food Codex Regulation on Nutritional and Health Claims. On December 5, 2018, the Government of Turkiye (GOT) published the Law no. 7151 amending some laws and decrees related to various health issues. Article 31 of this amending law abolished rules and conditions related to health claims in the Turkish Food Codex Regulation on Nutritional and Health Claims and authorized the Medicine and Medical Devices Agency (MMDA) of the Ministry of Health (MoH) related to evaluation, approval, presentation, advertising, and labelling rules, and conditions related to health claims for food and food supplements.

On April 20, 2023, MMDA published the [Regulation on Health Claims for Foods and Food Supplements \(new Regulation\)](#) (in Turkish) in the Official Gazette dated with no. 32169, and updated on August 23, 2023. MMDA also published the [Guideline on Health Claims for Foods and Food Supplements](#) for the implementation of the new Regulation via its website, on May 25, 2023.

The Regulation on Health Claims for Foods and Food Supplements

According to the Regulation on Health Claims for Foods and Food Supplements (new Regulation), except dietary foods for special medical purposes, health claims may be made on the labeling, presentation, and advertising of foods and food supplements to be placed on the market for the end consumer.

If there is a concern about the public health related to health claim(s), where needed, it may be amended, suspended, or cancelled by the MMDA after the re-evaluation of the health claim in question based on new scientific evidence. Business operators have the right to object to the decision of the MMDA within 30 days of the date of the notification related to the health claim. The objection will be evaluated within 30 days and the result notified to the business operator. MMDA's decision is final.

For products which are appropriate for making health claims, to comply with the provisions of the Regulation and the Guideline, trademarks or product names may contain health claims, provided they are related and limited to the health claims made for that product. There is no need to apply to MMDA for a permit, as the responsibility belongs to the business operator.

General Principles

- 1) The use of health claims shall not:
 - a. be false, ambiguous, or misleading,
 - b. give rise to doubt about the safety and/or the nutritional adequacy of other products,
 - c. encourage or condone excess consumption of a certain product,
 - d. refer to changes in bodily functions which could give rise to or exploit fear in the consumer, either textually or through pictorial, graphic, or symbolic representations.

- 2) The use of health claims shall only be permitted if the average consumer can be expected to understand the benefits as expressed in the claim.
- 3) Health claims shall refer to the food ready for consumption in accordance with instructions for use.
- 4) Health claims shall only be permitted if the following information is included in the labelling, or if no such labelling exists, in the presentation and advertising:
 - a. a statement indicating the importance of a varied and balanced diet and a healthy lifestyle,
 - b. the quantity of the food and pattern of consumption required to obtain the claimed beneficial effect,
 - c. where appropriate, a statement addressed to persons who should avoid using the food,
 - d. an appropriate warning for products that are likely to present a health risk if consumed to excess.
- 5) Health claims, excluding food supplements, are allowed on the label, in a presentation, or in an advertisement if at least two of the following conditions are met with respect to the nutrient profile:
 - a. a maximum sodium amount is 100 mg/100 kcal,
 - b. a maximum 10 percent of the energy value comes from saturated fatty acids,
 - c. a maximum 10 percent of the energy comes from added sugar,
 - d. a minimum of 55mg/100kcal inherent calcium,
 - e. health claims are not allowed for foods for special medical purposes.
- 6) Health claims for food supplements, foods for special dietary purposes, drinking water, natural mineral water and alcohol-free beverages produced by using natural mineral water are only allowed without prejudice to their vertical legislation.
- 7) For a product for which it is appropriate to use a health claim, the trademark, brand name, product name, company name, logo, or label images may contain a health claim, provided it is related and limited to the health claim made for the product in question. There is no need to get a permit from MMDA, as the responsibility belongs to the business operator.

Restrictions on the use of certain health claims

The following health claims shall not be allowed:

- 1) Claims which suggest that health could be affected by not consuming the food.
- 2) Claims which refer to the rate or amount of weight loss.
- 3) Claims which refer to health professionals, national, and/or international health agencies/institutes.

- 4) Claims intended for dietary foods for special medical purposes and beverages containing more than 1.2 percent by volume of alcohol.

Transitional measures in the new Regulation

According to the new Regulation, products which are already on the market with health claims in compliance with [the abolished regulation](#) are allowed to be marketed until December 31, 2024.

Products contracted to be produced but not produced or produced but not placed on the market within the scope of the abolished regulation may be placed on the market until December 31, 2024.

The Guideline on Health Claims for Foods and Food Supplements

MMDA published the [Guideline on Health Claims for Foods and Food Supplements](#) (in Turkish) on May 25, 2023, via its website to explain the principles and rules in detail for using health claims on the labels, presentation, and advertisements of food and food supplements and published health claims which may be used, in the Annexes of the Guideline. While there was an application procedure for the new health claims requested by business operators in the abolished regulation, there is no such application process in place in the new regulation, and MMDA does not plan to expand the list of health claims which exist in the Annexes of the Guideline unless the European Food Safety Authority (EFSA) publishes a new one. The Scientific Committee of MMDA will decide whether or not to evaluate a new health claim where necessary, if it is published by EFSA.

MMDA increased the total number of “health claims other than those related to the reduction of disease risk and to children's development and health” from 174 to 210 in the Annex-1 of the Guideline, while the number of other claims remained the same compared to the abolished regulation. The Guideline allows business operators using health claims which have equivalent expressions (strengthening the meaning is not acceptable) with the claims published in the Annexes, without applying for a permit or notifying MMDA, so long as they comply with the provisions of the Regulation and the Guideline. However, business operators are facing problems related to the implementation of this requirement, since the “equivalent expression which will not change or strengthen the meaning of the claim” is subjective. So, Post strongly encourages exporters to contact their local business partners in Turkiye before exporting their commodities.

There are five Annexes of the Guideline which are:

Annex-1: Health Claims Other than those Related to the Reduction of Disease Risk and to Children's Development and Health

Health claims listed in this Annex describe or refer to:

- 1) The role of a nutrient or other substance in growth, development, and the functions of the body,
or,

- 2) psychological and behavioral functions, or
- 3) slimming or weight-control or a reduction in the sense of hunger or an increase in the sense of satiety or to the reduction of the available energy from the diet.

These health claims may be based on generally accepted scientific evidence or based on newly developed scientific evidence or based on protected proprietary registered data.

There are currently 210 health claims allowed for use in this category. Some examples are as follows:

Nutrient, substance, food, or food category	Claim	Condition for the claim
Alpha-linolenic acid (ALA)	ALA contributes to maintaining normal cholesterol level in blood.	The amount of ALA in the product must meet at least the condition for being “source” declaration regarding omega 3-fatty acids given in the Annex-4 of the Regulation. The consumer should be informed that the beneficial effect will be achieved in case of taking 2 g ALA per day.
Betaine	Betaine contributes to normal homocysteine metabolism	Product must contain at least 500 mg betaine/serving. The consumer should be informed that beneficial effect will be achieved in case taking 1.5 g betaine/day. Consumer should be informed that taking more than 4 g /day may significantly increase blood cholesterol level.
Biotin	Biotin contributes to normal functioning of nervous system.	The amount of biotin in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Regulation.
Calcium	Calcium contributes to normal blood clotting.	The amount of calcium in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Calcium	Calcium has a role in the cell division and specialization process.	The amount of calcium in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.

Chitosan	Chitosan contributes to maintaining normal cholesterol level in blood.	The amount of chitosan in the daily consumption amount of the product must be 3 g. The consumer should be informed that the beneficial effect will be achieved by taking 3 g of chitosan per day.
Choline	Choline contributes to maintaining normal liver function.	One serving or 100 g or 100 ml of product must contain at least 82.5 mg of choline.
Chromium	Chromium contributes to maintaining normal blood glucose level.	The amount of trivalent chromium in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in Annex-4 of the Guideline.
Alpha-Cyclodextrin	Consuming alpha-cyclodextrin as part of a starch-containing meal contributes to slow the post-meal blood glucose increase.	As part of the meal, the serving of the product must contain 5 g of alpha-cyclodextrin for every 50 g of starch. The consumer should be informed that the beneficial effect will be achieved when alpha-cyclodextrin is taken as part of the meal.
Arabinoxylan (produced from wheat endosperm)	Consuming arabinoxylan as part of the meal contributes to slowing the post-meal blood glucose increase.	A serving of the product as part of the meal must contain at least 8 g of arabinoxylan-rich fiber (at least 60 percent by weight) obtained from wheat endosperm for every 100 g of carbohydrates. The consumer should be informed that the beneficial effect is due to the consumption of arabinoxylan-rich fiber obtained from wheat endosperm as part of the meal.
Copper	Copper contributes to the protection of cells from oxidative stress.	The amount of copper in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Copper	Copper contributes to normal skin pigmentation	The amount of copper in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.

Docosahexaenoic acid (DHA)	DHA contributes to the maintenance of normal brain functions.	100 g and 100kcal of the product must contain at least 40mg DHA. Consumer should be informed that the beneficial effect will be achieved in case of taking 250 mg of DHA per day.
Prune from <i>Prunus domestica L.</i> plant variety	Prune contributes to the normal function of intestine	The daily consumption amount of the product must include 100 g of prunes. Consumer should be informed that the beneficial effect will be achieved in case of taking 100 g of prunes per day.
Choline	Choline contributes to the normal lipid mechanism	One serving size or 100 g or 100 ml of the product must contain at least 82.5 mg choline.
Iron	Iron contributes to the reduction of fatigue	The amount of iron in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Lactase enzyme	Lactase enzyme helps to digest lactose in individuals who have difficulty digesting lactose.	It is only made in food supplements that contain at least 4500 FCC (Food Chemical Codex) units of lactase enzyme. Target consumers should be informed that it must be consumed with every meal containing lactose.
Olive oil polyphenols	Olive oil polyphenols contribute to the protection of blood lipids from oxidative stress.	Product must contain at least 5 mg hydroxytyrosol and its derivatives (e.g. oleuropein complex and tyrosol). The consumer should be informed that the beneficial effect will be achieved when 20 g olive oil per day is taken.
Phosphorus	Phosphorus contributes to the normal function of cell membranes.	The amount of phosphorus in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Plant sterols and plant stanols	Plant sterols and plant stanols contribute to the maintenance of normal blood cholesterol levels.	The consumer should be informed that the beneficial effect to the consumer can be achieved by taking 0.8 g of plant sterols and plant stanols per day.

Resistant starch	Replacing digestible starch with the resistant starch contributes to slowing the post-meal blood glucose increase.	As a result of the replacement of digestible starch in the product with resistant starch in the total starch must be at least 14 percent.
Riboflavin (Vitamin B2)	Riboflavin (Vitamin B2) contributes to the maintenance of normal vision.	The amount of riboflavin in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Sugar-free chewing gum	Sugar-free chewing gum helps reducing dry mouth	The amount of sugar in the chewing gum must meet the condition for the “sugar-free” declaration in the Annex-4 of the Regulation. The consumer should be informed that the beneficial effect will be achieved by chewing for at least 20 minutes after consuming food and beverages.
Vitamin C	Vitamin C contributes to normal collagen formation which is necessary for the normal function of blood vessels.	The amount of vitamin C in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Regulation.
Wheat bran fiber	Wheat bran fiber contributes to accelerating intestinal transit	The amount of fiber in the product must meet at least the condition for the “high fiber” declaration in the Annex-4 of the Regulation. The consumer should be informed the declared effect will be achieved when at least 10 g of wheat bran fiber is consumed per day.
Zinc	Zinc contributes to normal protein synthesis.	The amount of zinc in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.

Annex-2: Health Claims Related to Reduction of Disease Risk

In addition to the requirements laid down in the Regulation and the Guideline, for health claims related to reduction of disease risk, the statement indicating that the disease to which the claim is referring has multiple risk factors and that altering one of these risk factors may or may not have a beneficial effect must exist on the label or presentation or advertising.

There are currently 13 health claims allowed in this category which are given below.

Nutrient, substance, food, or food category	Claim	Condition for the Claim
Calcium and Vitamin D	Calcium and Vitamin D reduce the loss of bone minerals in postmenopausal women. Low bone mineral concentration is a risk factor for bone fractures due to osteoporosis.	This declaration is used only for food supplements produced for women aged 50 and over, containing at least 400 mg Calcium and 15 µg Vitamin D in the daily consumption amount. The consumer should be informed that the beneficial effect will be achieved with a daily intake of 1200 mg Calcium and 20 µg Vitamin D from all sources.
Calcium	Calcium reduces the loss of bone minerals in postmenopausal women. Low bone mineral concentration is a risk factor for bone fractures due to osteoporosis.	This claim is made only for products produced for women aged 50 and over, containing at least 400 mg of calcium in the daily consumption amount. The consumer should be informed that the beneficial effect will be achieved with a daily intake of 1200 mg of calcium from all sources.

Vitamin D	Vitamin D reduces the risk of posture disorders due to muscle weakness. Poor posture is a risk factor for bone fractures in men and women aged 60 and over.	This claim is made only for products produced for women aged 60 and over, containing at least 15 µg of vitamin D in the daily consumption amount. The consumer should be informed that the beneficial effect will be achieved with a daily intake of 20 µg of vitamin D from all sources.
Mono and/or polyunsaturated fatty acids	Replacing saturated fats with unsaturated fats in the diet reduces/lowers blood cholesterol levels. High cholesterol is a risk factor in the development of coronary heart diseases.	The amount of unsaturated fat in the product must meet the condition for the “high unsaturated fat” declaration given in the Annex-4 of the Guideline.
Folic acid	Taking supplemental folic acid increases the folate level of the expectant mother. Low folate level is a risk factor for neural tube defects in the development of the fetus.	This declaration is only used for food supplements that contain at least 400 µg of folic acid in the daily consumption amount. Consumers during pregnancy should be informed that the beneficial effect will be achieved when 400 µg folic acid is taken daily as a supplement for at least 1 month before and 3 months after pregnancy.
Barley beta-glucans	Barley beta-glucans reduce/lower blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease.	The consumer should be informed that the beneficial effect will be achieved when taking 3 g of barley beta-glucans per day. One serving of the product must contain at least 1 g of barley beta-glucan.

Chewing gum sweetened with 100 percent xylitol	Chewing gum sweetened with 100 percent xylitol reduces dental plaque. Increased dental plaque (tartar) is a risk factor for caries formation in children.	The consumer should be informed that the beneficial effect will be achieved by taking 2-3 g of 100 percent xylitol gum at least three times a day after meals.
Oat beta-glucan	Oat beta-glucan reduces/lowers blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease.	The consumer should be informed that the beneficial effect will be achieved when taking 3 g of oat beta-glucans per day. One serving of the product must contain at least 1 g of oat beta-glucan.
Vegetable stanol esters	Vegetable stanol esters reduce/lower blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease.	The consumer should be informed that the beneficial effect will be achieved by taking 1.5-2.4 g of vegetable stanol per day. Reference to the size of the effect is made only for foods in the category of dairy products such as spreadable oils, butter etc., mayonnaise and salad dressings. If the size of the effect is to be stated, the consumer should be informed that the cholesterol level can only be reduced by 7-10 percent and that the required consumption period to achieve this effect is 2-3 weeks.
Plant sterols/plant stanol esters	Plant sterols/plant stanol esters reduce/lower blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease.	The consumer should be informed that the beneficial effect will be achieved by taking 1.5-2.4 g of vegetable stanol per day. Reference to the size of the effect is made only for foods in the category of dairy products such as spreadable oils, butter etc., mayonnaise and salad dressings. If the size of the

		effect is to be stated, the consumer should be informed that the cholesterol level can only be reduced by 7-10 percent and that the required consumption period to achieve this effect is 2-3 weeks.
Phytosterols: sterols extracted from plants, free or esterified with food-grade fatty acids	Plant sterols reduce blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease.	The consumer should be informed that the beneficial effect will be achieved by taking 1.5-2.4 g of vegetable stanol per day. Reference to the size of the effect is made only for foods in the category of dairy products such as spreadable oils, butter etc., mayonnaise and salad dressings. If the size of the effect is to be stated, the consumer should be informed that the cholesterol level can only be reduced by 7-10 percent and that the required consumption period to achieve this effect is 2-3 weeks.
Sugar-free chewing gum	Sugar-free chewing gum helps neutralize plaque acids. Plaque acids are risk factor for the development of tooth decay.	The consumer should be informed that the beneficial effect will be achieved by chewing 2-3 g of sugar-free gum for 20 minutes after meals, at least three time a day. It must comply with the “sugar-free” nutrition declaration condition in Annex-4 of the Guideline.
Sugar-free chewing gum	Sugar-free chewing gum helps reducing tooth demineralization. Tooth demineralization is a risk factor for the development of dental caries.	The consumer should be informed that the beneficial effect will be achieved by chewing 2-3 g of sugar-free gum for 20 minutes after meals, at least three time a

		day. It must comply with the “sugar-free” nutrition declaration condition in Annex-4 of the Guideline.
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Annex-3: Health Claims Related to Children’s Development and Health

There are currently 11 claims allowed in this category which are given below.

Nutrient, substance, food or food category	Claim	Condition for the Claim
Calcium and Vitamin D	Calcium and Vitamin D are necessary for the normal growth and development of children’s bones.	The amount of calcium and Vitamin D in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Calcium	Calcium is necessary for the normal growth and development of children’s bones	The amount of calcium in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Docosahexaenoic acid (DHA)	Docosahexaenoic acid (DHA) contributes to the normal vision development of babies up to 12 months of age.	When used in follow-on formulas, the amount of DHA in the product must be at least 0.3 percent of the total fatty acids. The consumer should be informed that the beneficial effect will be achieved when 100 mg of DHA is taken per day.
Docosahexaenoic acid (DHA)	Maternal intake of docosahexaenoic acid (DHA) contributes to the normal brain development of the fetus and breast-fed babies.	The daily consumption of the product must contain at least 200 mg DHA. The consumer should be informed that beneficial effect in pregnant or breastfeeding women will be achieved when 200 mg of

		DHA is taken in addition to the recommended daily intake of omega-3 fatty acids for adults (e.g. 250 mg of DHA and EPA).
Docosahexaenoic acid (DHA)	Maternal intake of docosahexaenoic acid (DHA) contributes to the normal eye development of the fetus and breast-fed babies.	The daily consumption of the product must contain at least 200 mg DHA. The consumer should be informed that beneficial effect in pregnant or breastfeeding women will be achieved when 200 mg of DHA is taken in addition to the recommended daily intake of omega-3 fatty acids for adults (e.g. 250 mg of DHA and EPA).
Alpha-linolenic acid (ALA) and linoleic acid (LA), essential fatty acids	Essential fatty acids are necessary for the normal growth and development of children.	The consumer should be informed that the beneficial effect will be achieved when taking 2 g of Alpha-linolenic acid (ALA) and 10 g of linoleic acid (LA) per day.
Iodine	Iodine contributes to the normal growth of children.	The amount of iodine in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Phosphorus	Phosphorus is necessary for normal growth and bone development of children.	The amount of phosphorus in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.

Protein	Protein is essential for normal growth and bone development of children.	The amount of protein in the product must meet at least the condition for the “source” declaration regarding the protein given in the Annex-4 of the Guideline.
Vitamin D	Vitamin D contributes to the normal function of the immune system of children.	The amount of vitamin D in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.
Vitamin D	Vitamin D is necessary for normal growth and bone development of children.	The amount of vitamin D in the product must meet at least the condition for the “source” declaration regarding the vitamins and/or minerals given in the Annex-4 of the Guideline.

Annex-4: Nutrition Claims and Their Conditions for Making Health Claims

Energy/Nutrient	Nutrition claim	Condition for the claim
Energy/Calorie/nutrients	Reduced/ Less ⁽¹⁾	-There must be at least a 30 percent reduction in the amount of energy/nutrients compared to a similar product. ⁽²⁾⁽³⁾ -When the claim regarding the energy value is made, it is also stated which feature of the food results the decrease in the total energy value.
Energy/Calorie	Low	-Energy value in 100 g of solid food must not be more than 40 kcal (170kJ) or, -Energy value in 100 ml of liquid food must not be more than 20 kcal (80kJ).

		-For table sweeteners; the energy value in 1 serving must not be more than 4 kcal (17 kJ) and the sweetness must be equivalent to 6 g of sucrose (about 1 teaspoon of sucrose)
	Energy free/Clorie free	-The energy value in 100 ml of liquid food must not be more than 4 kcal (17kJ)
		-For table sweeteners; the energy value in 1 serving must not be more than 0.4 kcal (1.7 kJ) and the sweetness must be equivalent to 6 g of sucrose (about 1 teaspoon of sucrose).
Fat	Low	-The amount of fat in 100 g solid food must not be more than 3 g ⁽⁴⁾ or, - The amount of fat in 100 ml liquid food must not be more than 1.5 g. ⁽⁴⁾
	Fat free	- The amount of fat in 100 g solid food or 100 ml liquid food must not be more than 0.5 g. ⁽⁴⁾ -In “fat free” foods, the claim “.... percent fat free” indicating the reduction in the amount of fat, cannot be made.
Saturated fat	Low	-The total of saturated fatty acids and trans fatty acids in 100 g of solid food must not be more than 1.5 g or, -The total of saturated fatty acids and trans fatty acids in 100 ml of liquid food must not be more than 0.75 g and, -The energy provided by the sum of saturated fatty acids and trans fatty acids must not exceed 10 percent of the total energy.
	Saturated fat free	The total of saturated fatty acids and trans fatty acids in 100 g of solid or 100 ml of liquid food must not be more than 0.1 g.

Omega 3 fatty acids	Source/contain/...added	-The amount of alpha-linolenic acid (ALA) in 100 g and 100 kcal of food must be at least 0.3 g or -The total amount of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) in 100 g and 100 kcal of food must be at least 40 mg.
	High ⁽⁵⁾	The amount of alpha-linolenic acid (ALA) in 100 g and 100 kcal of food must be at least 0.6 g or -The total amount of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) in 100 g and 100 kcal of food must be at least 80 mg.
Monounsaturated fat	High ⁽⁵⁾	At least 45 percent of the fatty acids in the food must consist of monounsaturated fats and these monounsaturated fats must provide more than 20 percent of the energy of the food.
Polyunsaturated fat	High ⁽⁵⁾	At least 45 percent of the fatty acids in the food must consist of polyunsaturated fats and these polyunsaturated fats must provide more than 20 percent of the energy of the food.
Unsaturated fat	High ⁽⁵⁾	At least 70 percent of the fatty acids in the food must consist of unsaturated fats and these unsaturated fats must provide more than 20 percent of the energy of the food.
Trans fat	Does not contain trans fat	The amount of trans fatty acids in fats or foods containing fats an ingredient must be less than 1 g per 10 g of total fat.
Sugar	Low	-The amount of sugar in 100 g of solid food must not be more than 5 g or, - The amount of sugar in 100 ml of liquid food must not be more than 2.5 g

	Sugar free	- The amount of sugar in 100 g of solid or 100 ml of liquid food must not be more than 0,5 g.
	Does not contain added sugar/with no added sugar	-The food must not contain any mono- or disaccharides or any other food added for sweetening purpose. If the food naturally contains sugar, the phrase “NATURALLY CONTAINS SUGAR” is indicated on the label.
Sodium/ Salt	Reduced/Less	-A reduction of at least 25 percent in the amount of sodium or equivalent salt must be achieved compared to a similar product.
	Low	-In 100 of solid or 100 ml of liquid food, there must not be more than 0,12 g of sodium or more than 0,31 g of salt.
	Very Low	-In 100 g of solid or 100 ml of liquid food, there must not be more than 0,04 g of sodium or more than 0,1 g of salt.
	Sodium free/salt free	In 100 g of solid or 100 ml of liquid food, there must not be more than 0.005 g of sodium or more than 0.013 g of salt.
Fiber	Increased/More	-The values given for the “source” claim must be met and the food must contain at least 30 percent more fiber than a similar product.
	Source/Contain/...added	-The amount of fiber in 100 g of food must be at least 3 g or, - The amount of fiber in 100 kcal must be at least 1,5 g.
	High ⁽⁵⁾	-The amount of fiber in 100 g of food must be at least 6 g or, -The amount of fiber in 100 kcal must be at least 3 g.
Protein	Increased/More	-The values given for the “source” claim must be met and the food must

		contain at least 30 percent more protein than a similar product.
	Source/Contain/...added	-At least 12 percent of the energy value of the food must be provided by protein.
	High ⁽⁵⁾	At least 20 percent of the energy value of the food must be provided by protein.
Vitamins and/or Minerals	Reduced	For micronutrients given in the Annex-5 of the Guideline, there must be at least 10 units decrease in the percentage of the micronutrient contained in the product, meeting the nutritional reference value compared to a similar product.
	Source/Contain/...added	The amount of vitamins and/or minerals in the product must be in a certain amount as defined in Annex-5 of the Guideline.
	High ⁽⁵⁾	Two times for the “source” claim must be met.

⁽¹⁾ For foods that comply with the conditions specified for this declaration; provided that the statement “...reduced” or “less...” is included on the label, referring to the energy or relevant nutrient, another similar statement may also be included.

⁽²⁾ The fat part of this declaration requirement does not apply to foods classified according to their fat content.

⁽³⁾ This claim condition does not apply to sodium/salt and micronutrients (vitamins and minerals) given in Annex-5 of the Guideline.

⁽⁴⁾ These claim conditions do not apply to foods classified according to their fat content.

⁽⁵⁾ The word “plenty” can be used instead of the word “high”.

Annex-5: Reference Intake Amount Related to the Use of Health Claims

Reference Daily Intake Values for vitamins and minerals

1. Vitamins and minerals that health claim can be made for and their nutrition reference values are:

Nutrient	Nutrition Reference Value ⁽¹⁾	Nutrient	Nutrition Reference Value ⁽¹⁾
Vitamin A (µg)	800	Chloride (mg)	800
Vitamin D (µg)	5	Calcium (mg)	800
Vitamin E (mg)	12	Phosphorus (mg)	700
Vitamin K (µg)	75	Magnesium (mg)	375
Vitamin C (mg)	80	Iron (mg)	14
Thiamin (mg)	1,1	Zinc (mg)	10
Riboflavin (mg)	1,4	Copper (mg)	1
Niacin (mg)	16	Manganese (mg)	2
Vitamin B6 (mg)	1,4	Fluoride (mg)	3,5
Folic Acid (µg)	200	Selenium (µg)	55
Vitamin B12 (µg)	2,5	Chromium (µg)	40
Biotin (µg)	50	Molybdenum (µg)	50
Pantothenic Acid	6	Iodine (µg)	150
Potassium (mg)	2000		

(1)The determined nutrient reference values are valid for healthy individuals aged four years and above.

2. The following values are used to determine the specific amount for vitamins and minerals:

The amount is considered a specific amount:

- 1) For products other than beverages and milk and dairy products, if 100 g or 100 ml of the product meets at least 15 percent of the nutritional reference value specified in this Annex,
- 2) For beverages, if 100 ml of the product meets at least 7,5 percent of the nutritional reference value specified in this Annex, or
- 3) If the product is presented in single-portion packaging or the packaging consist of only a single consumption unit, If the product in question meets at least 15 percent of the nutritional reference value specified in this Annex.

Attachments:

No Attachments.