

Part 4

Marketing Implications

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Claims Strategies from a marketing perspective

How do companies deal with the claims requirements?

There are three types of companies using health claims

1. Companies that look for opportunities for highlighting beneficial effects of existing products
 - For natural products (e.g. milk, cheese, kiwi, nut, ...)
 - For products because of their nutritional properties (e.g low in fat)
 - For products with added vitamins/minerals
2. Companies that need communication of health benefits for consumer communication
 - E.g. for dietary supplements to inform consumers about the product's indication
 - E.g. children products to inform consumers about the specific intended use
3. Companies that explore the use of a new food ingredient

Use of Nutrition and Health Claims is a Marketing Tool

Publicity for the healthiness of a food

Attract attention to specific features of the product's composition

To identify specific target groups for whom the product is useful

To differentiate the product from competing products

...

Two consequences:

Decisions on whether and how to use health claims are taken by commercial people, not by scientists

Legislation is focused largely on protecting consumers against misleading information and not on stimulating research

Use of Nutrition and Health Claims is a Marketing Tool

Decisions on whether and how to use health claims are taken by commercial people, not by scientists

This basically means that the claim:

- must serve the product positioning in the market
- must be consumer friendly
- must be strong
- must differentiate the product from other products
- must be exclusive for the company
- must come on the market quickly
- must be such that it can be adapted to changing environment
- must fit within the limits of the budget

How do companies deal with these strict requirements?

Looking for the easy way

- Use the strongest claims that are allowed and available

 - Sometimes this may be a nutrition claim

 - In most cases this is a claims for vitamins/minerals, included in a list

 - In the US for dietary supplements, this is virtually any structure/function claim

 - This means that doing research for a specific claim needs incentives

- Use claims that are not considered as health claims

 - General non-specific health benefits

 - Claims relating to ingredients (e.g. contains milk, organic, natural, ...)

 - Claims for products that are not covered (e.g. foods for particular nutritional use)

- Use exemptions in the law

 - e.g. brand names and trade marks

- Go to other less strict jurisdictions

How do companies deal with these strict requirements?

What is the added value of a claim?

Contains calcium

Is a source of calcium

Is rich in calcium

Calcium is necessary for bones

Calcium contributes to strengthening of bones

Calcium makes bones stronger

Calcium increases bone density

Calcium reduces the risk of osteoporosis

Calcium Improves osteoporosis lesions

Calcium for the dietary management of osteoporosis

Calcium treats osteoporosis

Calcium prevents osteoporosis

How do companies deal with these strict requirements?

What is the added value of a claim?

e.g. US qualified claims:

Selenium may reduce the risk of certain cancers. Some scientific evidence suggests that consumption of selenium may reduce the risk of certain forms of cancer. However, FDA has determined that this evidence is limited and not conclusive.

Green tea may reduce the risk of breast or prostate cancer although the FDA has concluded that there is very little scientific evidence for this claim.

One study suggests that consuming tomatoes does not reduce the risk of pancreatic cancer, but one weaker, more limited study suggests that consuming tomatoes may reduce this risk. Based on these studies, FDA concludes that it is highly unlikely that tomatoes reduce the risk of pancreatic cancer.

How do companies deal with these strict requirements?

For most fields of health there are approved function claims

Zinc contributes to

- a normal function of the immune system
- maintenance of normal bone
- maintenance of normal vision
- normal acid-base metabolism
- normal cognitive function
- normal DNA synthesis and cell division
- normal fertility and reproduction
- normal metabolism of fatty acids
- normal metabolism of vitamin A
- the protection of cell constituents from oxidative damage

How do companies deal with these strict requirements?

For most fields of health there are approved function



Vitamin C to support the normal function of the immune system



How do companies deal with these strict requirements?

Marketing language is often quite inventive

Examples:

Sustaining your vitality while ageing / anti-ageing properties

Promotes physical and mental well-being

Vitalising / invigorating

Promotes digestive health / digestive system

Avoid inconveniences / ease discomfort / effects on immune system

References to parts of the body with a specific function (e.g. activity of heart, liver, muscles, joints etc.)

How do companies deal with these strict requirements?

How to ensure that flexibility of the wording continues to have the same meaning as the approved claim?

See national guidance in the EU

How do companies deal with these strict requirements?

Alternative ways of communicating

The image displays three overlapping web pages illustrating alternative communication methods for health information:

- Top Page (5 A Day):** A banner for the "5 A Day" campaign, featuring a basket of fruit.
- Middle Page (NHS):** The NHS website, showing the "5 A Day" banner with a basket of fruit. The banner text reads: "Visit our new Web site, FruitsandVeggiesMatter.gov! There you can calculate your personal fruit and vegetable needs, find healthy fruit and vegetable recipes, and learn new ideas for eating fruits and vegetables." The page includes a sidebar with links to various health topics and a search bar.
- Bottom Page (CDC):** The CDC website, showing the "5 A Day" banner with a basket of fruit. The banner text reads: "Visit our new Web site, FruitsandVeggiesMatter.gov! There you can calculate your personal fruit and vegetable needs, find healthy fruit and vegetable recipes, and learn new ideas for eating fruits and vegetables." The page includes a sidebar with links to various health topics and a search bar.

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Content source: [Division of Nutrition, Physical Activity and Obesity, National Center for Chronic](#)

How do companies deal with these strict requirements?

Alternative ways of communicating

Social Media Landscape



How do companies deal with these strict requirements?

Repositioning products

Dietetic food

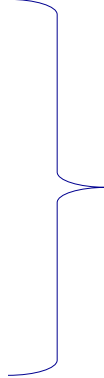
FSMP

“ For the dietary management of
[disease, disorder, medical condition] “

Medical devices

Medicinal product

Traditional Herbal Medicinal Product



Legislation is being
changed for this reason
in the EU

How do companies deal with these strict requirements?

Using claims that are out of the scope of the Regulation

Examples	1	2	3	4	5
	Nutrition claims	Health claims	Ingredients claims	Other Regulated Claims	Puffery borderline claims (slogans)
	<p>‘Source of Calcium’</p> <p>‘High in fibre’</p> <p>‘Light’</p> <p>Comparative claims</p>	<p>‘Calcium helps maintain strong teeth and bones’</p> <p>‘Food X helps decrease cholesterol, which contributes to reducing the risk of heart disease’</p>	<p>‘100% Fruit’</p> <p>‘With fresh milk’</p> <p>‘With barn eggs’</p> <p>‘Free from preservatives’</p>	<p>‘Natural’</p> <p>‘Organic’</p> <p>‘Suitable for vegetarians’</p> <p>‘Hallal’</p> <p>‘Gluten free’</p>	<p>‘X gives you wings’</p> <p>‘Y makes your children happy’</p> <p>‘Z gives you a fizz’ (if fizzy)</p> <p>Famous pop-song titles</p> <p>‘Superfruit !’</p>

Aspects to consider

Is a similar claim already approved?

Is the claim sufficiently different from an already approved one?

e.g. DHA and EPA contribute to the maintenance of normal blood pressure

What is the market potential for the claimed benefit

How much evidence is there already available?

Nutrient profiles

Nutrient profiles

Why ?

Classification of foodstuffs depending on their nutritional composition in order to identify healthier food options

Focus is on those nutrients that are reputed to have a negative impact on health:

Energy

(Saturated) Fats

Sugars

Sodium / Salt

Fear that use will be extended

Traffic Light labelling

Marketing to children

Taxation

...



Nutrient profiles

EU Discussions

02/06/08:

First working document - Discussion
Eurofir categories discussion (06/10/08)

21/10/08:

Second working document

16/12/08:

Third working document

13/02/08:

Fourth working document - Preliminary draft proposal
Interservice consultation
Impact assessment
Barroso letter



**BLOCKED AT
POLITICAL LEVEL**

17/03/08:

Fifth document - Unofficial not presented to the MS

5th working document

Food category	Sodium (mg/100g)	Sat. fat (g/100g)	Sugars (g/100g)
Non alcoholic beverage	300	2	8
Vegetable oil / spreadable fat	500	30	10
Fruit, vegetable, nut products	400	5	15
Nuts, seed or kernel	400	10	10
Meat based products	800	8	10
Fish and fish products	800	10	10
Dairy product, except cheese	300	2.6	15
Cheese	900	20	15
Cereal and cereal products	400	5	15
Biscuits and fine bakery wares	500	8	25
Breakfast cereal	500	5	25
Ready meal, soup and sandwich	400	5	10
Soy products (3-10% soy protein)	300	2	8
Soy products (> 10% soy protein)	800	8	10
Other food	300	2	10

Nutrient Profiles

What was intended ...

Food category		Nutrition or Health Claim	Nutrition Claim with derogation	No claim possible
Beverages		Mineral water / Ice teas	Soft drink / Soy drink	-
Vegetable oils / Spreadable fats		Olive oil rapeseed oil	Coconut oil, palm oil / Butter	Salted butter
Fruits, vegetables, nuts		With low or no added salt sugars or fat	Compote with added sugars	Pastries, fruit dessert with cream
Meat (products)		Meat / Lean ham	Cured ham	Pâtés
Seafood (products)		Fish	Smoked fish	With added fat, salt
Dairy products		Whole milk / Yoghurt	Cream	Dessert products
Cheeses		Low fat cheese	Fresh cheeses	Hard cheeses
Cereal and cereal products		Rice, Pasta / Low salt bread	Brown bread	Cakes / Biscuits
Breakfast cereals		Low sugar breakfast cereals, porridge	Coated with sugars, or with honey	Breakfast cereal with chocolate
Ready meals, soups and sandwiches		Paella / Ready meal fish and pasta	Salad tuna with vegetables / Pizza	Sandwich, Cheddar cheese and pickle, white bread / Pork pie
Other foods		Spoonable soy	Confectionary	Chocolate

National developments

Example: Netherlands draft “blue tick mark” logo

Annex

This Annex belongs to Article 1, under b.

The two forms of the *Blue Tick Mark* are as depicted below:



Reference
VGP

BEWUSTE KEUZE BINNEN DEZE PRODUCTGROEP	CONSCIOUS CHOICE WITHIN THIS PRODUCT GROUP
GEZONDERE KEUZE BINNEN DEZE PRODUCTGROEP	HEALTHIER CHOICE WITHIN THIS PRODUCT GROUP

Nutrient profiles are already applied

In qualifying criteria for health claims in the US

e.g. Soy Protein and Risk of Coronary Heart Disease

Low saturated fat,
Low cholesterol, and
Low fat

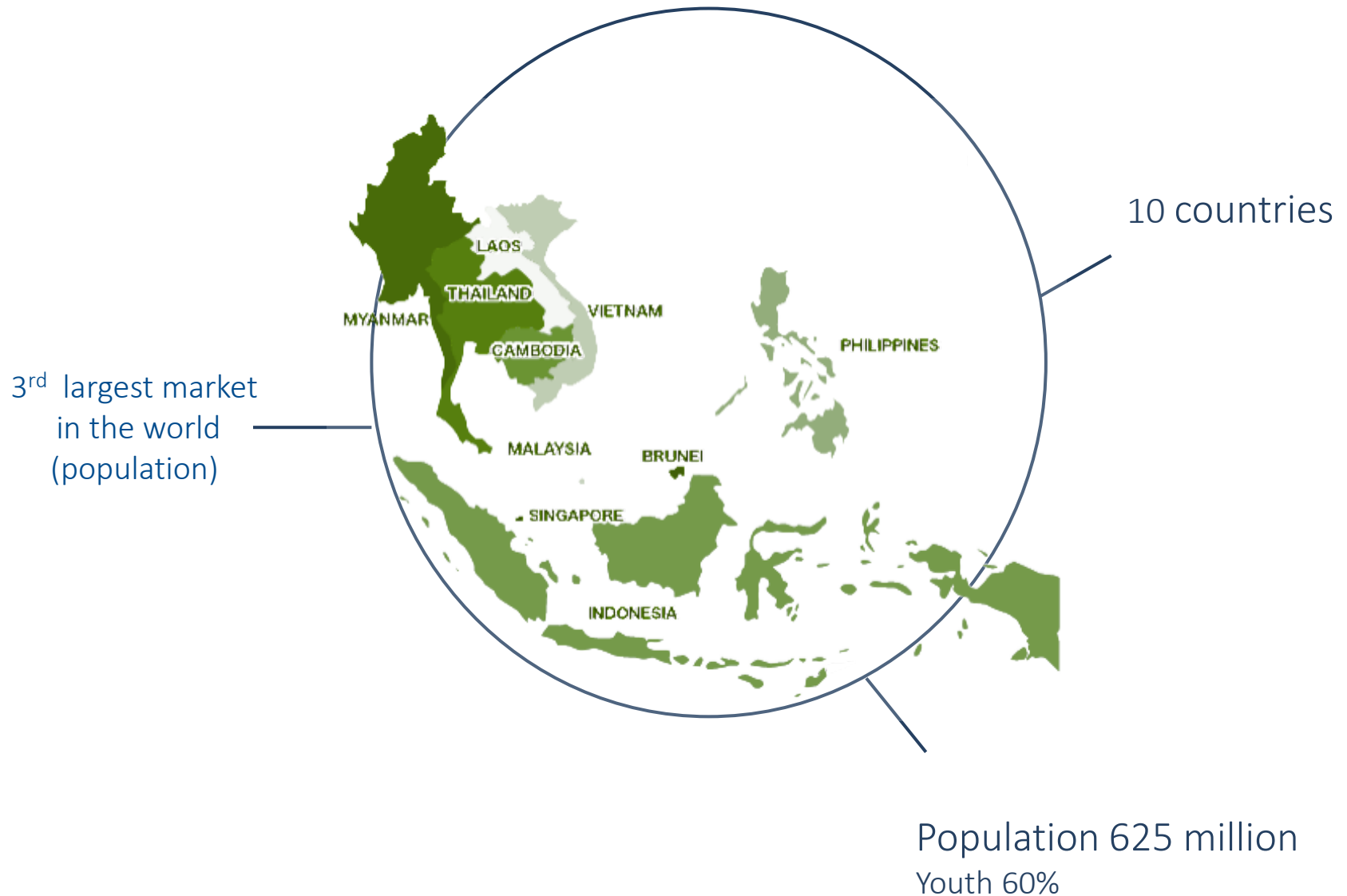
By claims that are being refused

e.g. Glucose contributes to normal energy-yielding metabolism during exercise

The use of such a health claim would convey a conflicting and confusing message to consumers, because it would encourage consumption of sugars for which, on the basis of generally accepted scientific advice, national and international authorities inform the consumer that their intake should be reduced.

How to market foods with claims in ASEAN

The case of ASEAN



ASEAN History

67

ASEAN formed by 5 founding
Members: Indonesia, Malaysia, the
Philippines, Singapore and Thailand
Objective- for political security in the
region

92

Signed ASEAN Free Trade Agreement
Reduce tariff and non-tariff barrier in
intra-ASEAN trade

90s

Brunei Darussalam, Cambodia,
Myanmar, Lao PDR and Viet Nam
(CLMV) joined in 1990s.
Interest in economic integration

07

Agree to form ASEAN Economic
Community (AEC)
Sign AEC Blueprint,
Commit for full integration by 2015.



Priority sectors for ASEAN Economic integration

Agro-based products

Wood-based products

Automotive

Air travel

Electronic

e-ASEAN

Fisheries

Healthcare

Rubber based products

Tourism

Textile

Logistics



Cosmetic
Medical device
Pharmaceutical
Traditional
Medicine and
Health
Supplement

Current regulations on Health Supplements

Countries	HS Regulations (?)	Relevant Regulations
Brunei Darussalam	Y	Pharmaceuticals
Cambodia	N	(Pharmaceuticals)
Indonesia	Y	Pharmaceuticals
Lao PDR	N	(Pharmaceuticals)
Malaysia	Y	Pharmaceuticals
Myanmar	N	(Pharmaceuticals)
Philippines	Y	Food
Singapore	Y	Pharmaceuticals
Thailand	Y	Food
Viet Nam	Y	Food

ASEAN TMHS Scientific Committee (ATSC)

Technical requirements
reviewed by ATSC

- Safety substantiation requirements
- Claims and claim substantiation requirements
- Products at interface
- Negative list of active ingredients
- Restricted list of additives/excipients
- Limits of heavy metal
- Limits of microbial contamination
- Limits of pesticides residues
- Minimizing TSE risks
- Maximum levels of vitamins and minerals
- Stability and shelf life study requirement

ASEAN agreement on traditional medicines & health supplements

What will happen after signing of the agreement?

The ASEAN Traditional Medicines and Health Supplements Committee (ATMHSC) will be established

- Coordinating, reviewing, monitoring for the implementation of the agreement
- Reviewing and updating the annexes of the agreements (technical requirements)

A scientific committee may also be established to provide technical advice/recommendation

- Members may be from the current ATSC

Definition

A Health Supplement means any product that is used to supplement a diet and to maintain, enhance and improve the healthy function of human body and contains one or more, or a combination of the following:

- a) Vitamins, minerals, amino acids, fatty acids, enzymes, probiotics and other bioactive substances.
- b) Substances derived from natural sources, including animal, mineral and botanical materials in the forms of extracts, isolates, concentrates, metabolite
- c) Synthetic sources of ingredients mentioned in (a) and (b) may only be used where the safety of these has been proven.

It is presented in dosage forms (to be administered) in small unit doses such as capsules, tablets, powder, liquids and it shall not include any sterile preparations (i.e. injectable, eyedrops)

ASEAN guidelines on claims and claims substantiation studies requirements

Task lead by the
Indonesia/Philippines/HS trade
association

Discussed at Scientific Committee

Aim: to develop guidelines, which
provide information on the
acceptable type of claims and
substantiation requirements

Agreed HS claims framework

Type of claims	Scope	Examples
General or Nutritional	<p>For Nutritional Support & General Health Maintenance</p> <p>Benefits derived from supplementation beyond a person's daily dietary intake</p>	<ul style="list-style-type: none">• Supplements nutrition• Supports healthy growth and development• Nourishes the body• Helps to maintain good health
Functional	<p>Relate to a positive contribution to health or to the improvement of a function or to modifying or preserving health in the context of the total diet on normal functions or biological activities of the body</p> <p>Maintains or enhances structure or function of the body, excluding disease related claims</p> <p>Supports health and to relieve/ reduce/ lessen/ ease* minor body discomforts in some physiological processes (e.g. ageing, menopause, pregnancy)</p>	<ul style="list-style-type: none">• Aids in digestion to relieve indigestion• Supports health in ageing• Supports health in menopause
Disease risk reduction	<p>Significantly altering or reducing a risk factor of a disease or health related condition</p>	<ul style="list-style-type: none">• helps to reduce risk of osteoporosis by strengthening bone

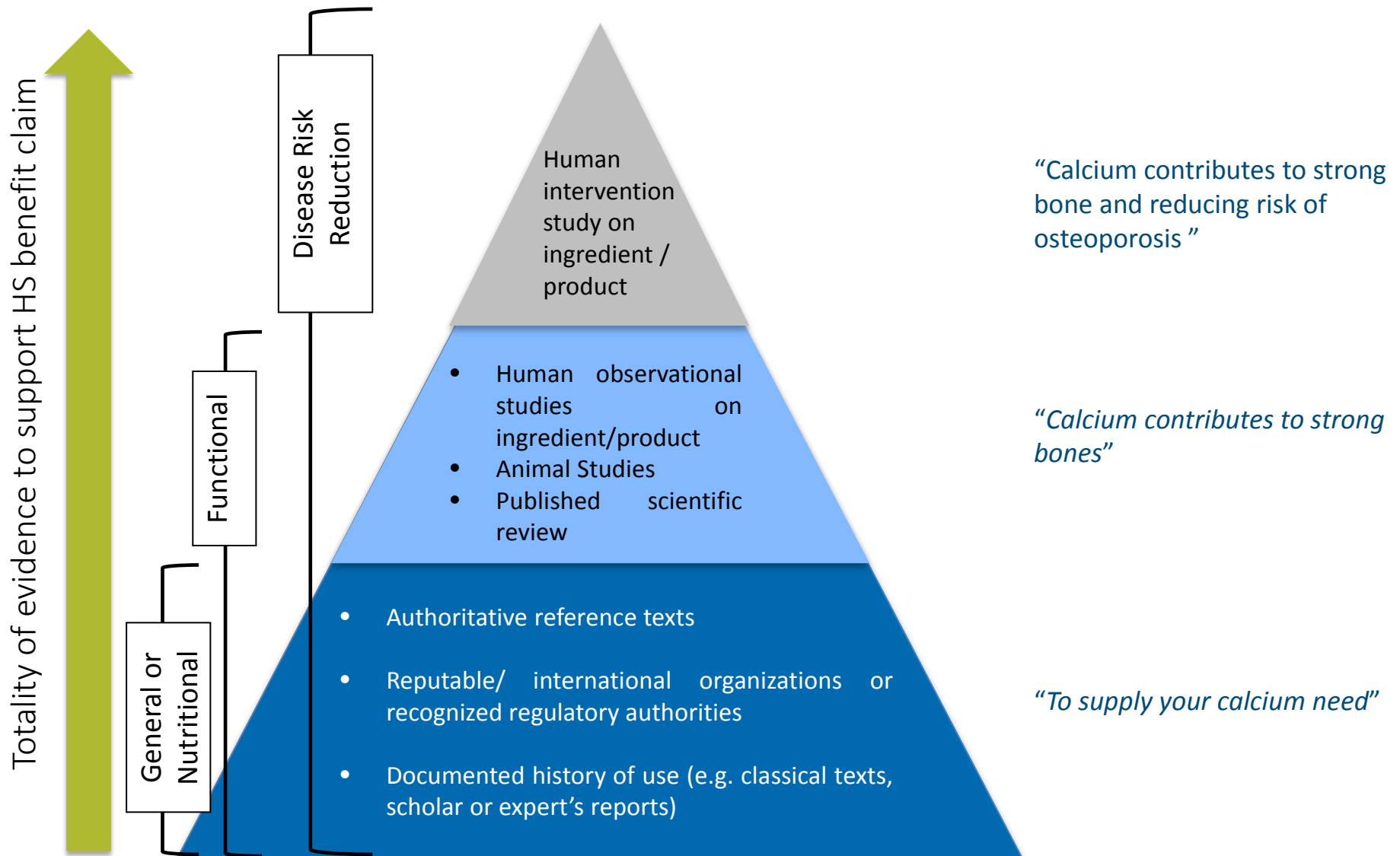
ASEAN guidelines on claims and claims substantiation studies requirements

The principles of Health Supplement claims substantiation are:

Proportional degree of supporting evidence corresponding to the type of HS claims

Totality of scientific evidence that demonstrates the beneficial effect

HS claims substantiation



Functional Food Claims In ASEAN

National rules apply. No harmonization in ASEAN.

Brunei Darussalam: Very restrictive. Only nutrient content claims allowed, and not even for vitamins and minerals. No health claims allowed.

Indonesia: Nutrient content/comparative claims, nutrient function claims and disease risk reduction claims are allowed. Products need to be registered

Malaysia: Nutrient content/comparative claims, nutrient function claims and other function claims are allowed, when included in a list. Disease risk reduction claims are not allowed.

Singapore: Nutrient content/comparative claims, nutrient function claims that are on the permitted list are allowed, as well as 5 specific diet related health claims (similar to disease risk reduction claims – US style). Also the phytosterol claims has been allowed.

Thailand: Nutrient content/comparative and nutrient function claim, included in a positive list, are permitted. All with accepted probiotic claims exist. No approvals yet for reduction of disease risk claims.

Viet Nam: nutrient content/comparative claims, nutrient function claims and disease risk reduction claims are permitted.

No specific rules in Cambodia, Lao PDR, Myanmar, Philippines