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In the European Regulation 1924/2006 and especially its first recital; the evaluation of health claims (HC) by European Food

level of consumer protection, [and] give the consumer the necessary information to make choices in full knowledge of the

was adopted, it can be asked whether EFSA HC process of evaluation that led to a marginal number of accepted claims is consistent with this objective, not just for protecting consumers nonetheless for allowing them to decide freely and make informed choices. The aim of this paper is to demonstrate that the inclusion of a ranking of the weight of evidence in the antiation of HC would allow consumers to benefit from the very high standard of scientific evaluation performed by EFSA. The definition of standards of proof is a generalized practice and rests on the principle that evaluations of health practices should be understood in terms of descriptions ranging from formal proof from high-power double-blind placebo-controlled studies to rankings based on the consensus views of experts or even agreement among professionals. Grading of weight of evidence not of scientific expertise is pervasive in all the recommendations or consensus meetings of health authorities or learned societies. This approach would stimulate research and product innovation as industrials would see a positive return on investment. The transition from an all-or-nothing system of health claims to a system graded by weight of evidence would be an alternative to the current system.

This approach would be more consistent with the rationale of European Regulation which aims both to provide consumers with the best possible information by giving them the opportunity to exercise their free will in full knowledge of the facts and to promote research that meets sound scientific and medical grounds providing a basis for such information. The true target population is often a population experiencing discomfort or with a risk factor of illness but not the entire population. The idea of healthy population must change a

in order to show the existence of a clinical benefit, some discomfort should actually be present and/or a biological parameter actually be disturbed either by short fall or surfeit. Everything then hangs on the definition and assessment that separates the physiological and the pathological states. Limits have been set for many metabolic risk factors such as the level