Nutrition labelling:

A policy measure for promoting healthy diets

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Scope of Presentation

• Presentation seeks to outline the risks associated with poor nutrition, the changing global context, the concept of healthy diets, references to nutrition labelling in international instruments and ongoing work

• Presentation does not:
  – Seek to interpret WTO law
  – Interpret international standards or their relationship with specific measures implemented by WTO Members
  – Pass judgment on the merits of nutrition labelling measures implemented or considered by WTO Members
Objectives of labelling: information to encouragement

Ensuring access to information and that consumers are not misled

Enabling consumers to make healthy choices

Encouraging healthy choices and formulation of nutritious foods

Labelling is one part of a comprehensive approach, with objectives depending on domestic circumstances and other measures in place
Unhealthy diet and poor nutrition are leading causes of the global disease burden (2013)

Source: Lancet, Sep 2015

- 11.3 M deaths
  241.4 M DALYs
- 1.7 M deaths
  176.9 M DALYs
- 4.4 M deaths
  134 M DALYs
The double burden of malnutrition exists in the same countries, in the same communities, in the same household and even in the same individuals.

There are important differences in the distribution of different forms of malnutrition, but the trends are similar.

Multiple forms of malnutrition exist:
- 795 million people chronically hungry
- 159 million stunted children and 50 million wasted children (16 million severely)
- Over two billion people suffer from micronutrient deficiencies
- 42 million overweight children under five years of age and
- Over 600 million obese and almost two billion overweight adults

Existence of malnutrition in all its forms is the "new normal"
Today, important agreements exist:

- Increasing recognition of the links between early childhood nutrition and development of obesity and diet-related NCDs later in life
  (i.e. metabolic efficiencies serving well in condition of fetal undernutrition become maladaptive in the obesogenic environment leading to the development of: 1) abnormal lipid profiles; 2) altered glucose and insulin metabolism; 3) overweight & obesity)

- Focusing on the 1st 1000 days is critical in addressing the double burden of malnutrition
Concept of healthy diet and nutrition

- Gained considerable attention in the international community in recent years as a result of:
  - Adoption of CIP-IYCN and 6 Global Nutrition Targets by WHA in 2012
  - Adoption of 9 voluntary Global NCD Targets and Global NCD Action Plan by WHA in 2013
  - ICN2 in November 2014: Adopted 6 global nutrition targets
    - Adopted diet & nutrition-related NCD targets
  - SDG in September 2015: Also adopted global nutrition and NCD targets

**Goal:** Increase activities conducted at the national, regional and global levels to implement the recommended actions included in the ICN2 Framework for Action aimed at achieving the global targets for improving maternal, infant and young child nutrition and for NCD risk factor reduction by 2025 and the corresponding SDG targets to be achieved by 2030
Global context

- **UNGA resolution** --- "Increasing activities to implement the **recommended actions** included in the ICN2 Framework for Action aimed at **achieving the global targets for improving maternal, infant and young child nutrition and for NCD risk factor reduction** to be achieved by 2025 and the corresponding SDG targets to be achieved by 2030"
A healthy diet according to WHO

- **Breastfeed** exclusively babies for the first 6 months and continuously breastfeed until two years and beyond.

- **Energy** intake should **balance** energy expenditure.

- Keep **total fat** intake to less than 30% of total energy intake, with a shift in fat consumption away from **saturated fats** to **unsaturated fats**, and towards the elimination of industrial **trans fats**.

- Limit intake of **free sugars** to less than 10% (or even less than 5%) of total energy intake.

- Keep **salt** intake to less than 5 g/day.
  Eat at least 400g of **fruit and vegetable** a day.
### Ranges of population nutrient intake goals

<table>
<thead>
<tr>
<th>Dietary factor</th>
<th>Goal (% of total energy, unless otherwise stated)</th>
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<tbody>
<tr>
<td>Total fat</td>
<td></td>
</tr>
<tr>
<td>- Saturated fatty acids</td>
<td>15-30%</td>
</tr>
<tr>
<td>- Polyunsaturated fatty acids (PUFAs)</td>
<td>&lt;10%</td>
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<tr>
<td>- n-6 Polyunsaturated fatty acids (PUFAs)</td>
<td>6–10%</td>
</tr>
<tr>
<td>- n-3 Polyunsaturated fatty acids (PUFAs)</td>
<td>5–8%</td>
</tr>
<tr>
<td>Trans fatty acids</td>
<td>1–2%</td>
</tr>
<tr>
<td>Monounsaturated fatty acids (MUFAs)</td>
<td>By difference&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Total carbohydrate</td>
<td></td>
</tr>
<tr>
<td>- Free sugars&lt;sup&gt;c&lt;/sup&gt;</td>
<td>55–75%</td>
</tr>
<tr>
<td>Protein</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10–15%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&lt;300 mg per day</td>
</tr>
<tr>
<td>Sodium chloride (sodium)&lt;sup&gt;e&lt;/sup&gt;</td>
<td>&lt;5 g per day (&lt;2 g per day)</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>≥400 g per day</td>
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<tr>
<td>Total dietary fibre</td>
<td>From foods&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>Non-starch polysaccharides (NSP)</td>
<td>From foods&lt;sup&gt;f&lt;/sup&gt;</td>
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</tbody>
</table>
WHO Global Strategy on Diet, Physical Activity and Health

endorsed by 57th WHA in 2004 (WHA 57.17)

"4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to evidence-based action it might take to improve the health standards of foods, consistent with the aims and objectives of the Strategy"

- Areas for further development include:
  - Labelling to allow consumers to be better informed about the benefits and content of foods
  - Evidence-based health claims that will help consumers to make informed and healthy choices with respect to the nutritional value of foods
Revising Codex Guidelines on Nutrition Labelling

3. NUTRIENT DECLARATION

3.1 Application of nutrient declaration

3.1.1 Nutrient declaration should be mandatory for all prepackaged foods for which nutrition or health claims, as defined in the Guidelines for Use of Nutrition and Health Claims (CAC/GL 23-1997), are made.

3.1.2 Nutrient declaration should be mandatory for all other prepackaged foods except where national circumstances would not support such declarations. Certain foods may be exempted for example, on the basis of nutritional or dietary insufficiency or small packaging.

3.2 Listing of nutrients

3.2.1 Where nutrient declaration is applied, the declaration of the following should be mandatory:

3.2.1.1 Energy value; and

3.2.1.2 The amounts of protein, available carbohydrate (i.e. dietary carbohydrate excluding dietary fibre), fat, saturated fat, sodium* and total sugars; and

3.2.1.3 The amount of any other nutrient for which a nutrition or health claim is made; and

*This is not visible in the image.
Revising Codex Guidelines on Nutrition Labelling

GUIDELINES ON NUTRITION LABELLING

Updated in 2015

PURPOSE OF THE GUIDELINES
To ensure that nutrition labelling is effective:
• In providing the consumer with information about the nutritional content and quality of foods and related products;
• In providing a means for conveying information to the consumer about the nutritional content and quality of foods and related products;
• In encouraging the use of sound nutrition principles;
• In providing the opportunity to include supplementary information.

To ensure that nutrition labelling does not deceive, mislead or give a false impression.

(c) quantitative or qualitative declaration of certain nutrients or ingredients on the label if required by national legislation.

2.5 Nutrient means any substance normally consumed as a constituent of food:
(a) which provides energy; or
(b) which is needed for growth, development and maintenance of life; or
(c) a deficit of which will cause characteristic bio-chemical or physiological changes to occur.

2.6 Nutrient Reference Values (NRVs)\(^1\) are a set of numerical values that are based on scientific data for purposes of nutrition labelling and relevant claims. They comprise the following two types of NRVs:

Nutrient Reference Values - Requirements (NRVs-R) refer to NRVs that are based on levels of nutrients associated with nutrient requirements.

Nutrient Reference Values - Noncommunicable Disease (NRVs-NCD) refer to NRVs that are based on levels of nutrients associated with the reduction in the risk of diet-related noncommunicable diseases not including nutrient deficiency diseases or disorders.

2.7 Sugars means all mono-saccharides and di-saccharides present in food.

2.8 Dietary fibre means carbohydrate polymers\(^2\) with ten or more monomeric units\(^2\), which are not hydrolysed by the endogenous enzymes in the small intestine of humans and belong to the following categories:

World Health Organization
Revising Codex Guidelines on Nutrition Labelling

GUIDELINES ON NUTRITION LABELLING

CAC/GL 2-1985

Updated in 2015

PURPOSE OF THE GUIDELINES

To ensure that nutrition labelling:

• In providing the consumer with accurate information
• In providing a means of comparison
• In promoting a healthy diet
• In providing the consumer with the information necessary for a meaningful choice of food
To ensure that nutrition labelling is not misleading, deceptive or confusing.

3.4.4.2 NRVs-NCD

Intake levels not to exceed

Saturated fatty acids 20 g

Sodium 2,000 mg

Intake levels to achieve

Potassium 3,500 mg

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8 This value is based on the reference energy intake of 8,370 kilojoules/2,000 kilocalories.

9 The selection of this nutrient for the establishment of an NRV was based on "convincing evidence" for a relationship with NCD risk as reported in the report Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series 916. WHO, 2003.

10 The selection of these nutrients for the establishment of an NRV was based on "high quality" evidence for a relationship with a biomarker for NCD risk in adults as reported in the respective 2012 WHO Guidelines on sodium and potassium intake for adults and children.
Codex work increasingly requested to be coherent & align with WHO policies and guidelines
Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition
(endorsed together with the 6 Global Nutrition target 2025 by the 65th WHA in May 2012)

Under Action 3:
As part of the action to stimulate development policies and programmes outside the health sector that recognize and include nutrition, it stated that “Trade measures, taxes and subsidies are an important means of guaranteeing access and enabling healthy dietary choices. They can be powerful tools when associated with adequate information for consumers through nutrition labelling and responsible food marketing, and with social marketing and promotion of healthy diets and healthy lifestyles.”

Global Action Plan for the Prevention and Control of Noncommunicable Diseases
2013-2020 (adopted by the 66th WHA in May 2013 together with 9 voluntary NCD Global Targets 2025)

Under Objective 3:
One of the policy options for Member States is to “Promote nutrition labelling, according to but not limited to, international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.”
ICN2 Declaration - 10 Commitments (November 2014)

1. Eradicate hunger and prevent all forms of malnutrition
2. Increase investments
3. Enhance sustainable food systems
4. Raise the profile of nutrition
5. Strengthen human and institutional capacities
6. Strengthen and facilitate, contributions and action by all stakeholders
7. Ensure healthy diets throughout the life course
8. Create enabling environment for making informed choices
9. Implement the commitments through the Framework for Action
10. Integrate vision and commitments into the post-2015 agenda

ICN2 Framework for Action

Recommended actions for sustainable food systems promoting healthy diets

Recommendation 15: Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

Recommended actions for nutrition education and information

Recommendation 19: Implement nutrition education and information interventions based on national dietary guidelines and coherent policies related to food and diets, through improved school curricula, nutrition education in the health, agriculture and social protection services, community interventions and point-of-sale information, including labelling.
Nutrition Labelling
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Report of the Commission on Ending Childhood Obesity
(WHO Director-General to transmit to the 69th WHA in May 2016)

**Recommendation 1:** Implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents

1.6 Implement a standardized global *nutrient labelling system*

1.7 Implement interpretive *front-of-pack labelling*, supported by public education of both adults and children for nutrition literacy.
Front-of-pack labelling (FOPL)

- Today, more and more proliferation of FOP systems and symbols
- First introduced in late 1980s by non-profit organizations and government agencies
- Now developed by food industry, retailers, non-industry experts, non-profit organizations, and government agencies
- Potential purposes of FOP include:
  - Provide targeted nutrition information (i.e. nutrients to limit or nutrients to encourage)
  - Help consumers select healthier foods through:
    - Facilitating comparisons of food items within categories & across categories
    - Summarize overall nutritional value of a product
    - Provide information about contribution of food groups
- Encourage healthy product development and reformulation by manufacturers
Objectives of the meeting were to:

1. review the types of front-of-pack labelling systems that are currently being implemented/proposed and identify their benefits and limitations

2. review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems

<table>
<thead>
<tr>
<th>Ordinal rating</th>
<th>Summary Indicator</th>
<th>Endorsement logo</th>
<th>Nutrient-based</th>
<th>Hybrid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of FOPL supporting healthier food choices (Aim 1)</td>
<td></td>
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<tr>
<td>Consumer preferences for FOPL schemes</td>
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<tr>
<td>Consistently liked when applies traffic light colour-coding</td>
<td>Consistently disliked</td>
<td>Inconsistently liked and disliked</td>
<td>Consistently disliked</td>
<td>Consistently liked when applies traffic light colour-coding</td>
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<tr>
<td>Consumer perceived understanding</td>
<td></td>
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<tr>
<td>Limited evidence</td>
<td>Inconsistent, may lead to misinterpretations of product qualities</td>
<td>Consistently perceived as difficult to interpret</td>
<td>Consistently perceived as easy to understand when applies traffic light colour-coding</td>
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<tr>
<td>Evidence of FOPL supporting healthier food product reformulation (Aim 2)</td>
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<tr>
<td>Food product reformulation</td>
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<tr>
<td>Limited evidence</td>
<td>Limited evidence</td>
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WHO Technical Meeting on
Nutrition Labelling for Promoting Healthy Diet
Lisbon, Portugal, 9 – 11 December 2015

Objectives of the meeting were to:

1. review the types of front-of-pack labelling systems that are currently being implemented/proposed and identify their benefits and limitations
2. review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems
3. review case studies of countries with experience in implementing front-of-pack labelling
4. identify issues and considerations for the design and implementation of front-of-pack labelling systems in order to develop guiding principles and a guidance framework for implementing front-of-pack labelling

Country experiences reviewed:
- Chile
- Ecuador
- Finland
- France
- Mongolia
- Netherland
- New Zealand
- Switzerland
- Thailand
- USA
- Tunisia
- UK
Next steps
A policy measure for promoting healthy diet

• Field-test in countries in early 2017
• Provide support to countries in developing FOPL (e.g. Mongolia, Sri Lanka, etc)

Work of Codex:
• WHO will support the new work of CCFL in revising the relevant sections related to FOPL initiated by Costa Rica & NZ