

**WTO Thematic Session on Regulatory Cooperation between Members:
Food Labelling**
Geneva, Switzerland, 9 November 2016

Nutrition labelling:

A policy measure for promoting healthy diets

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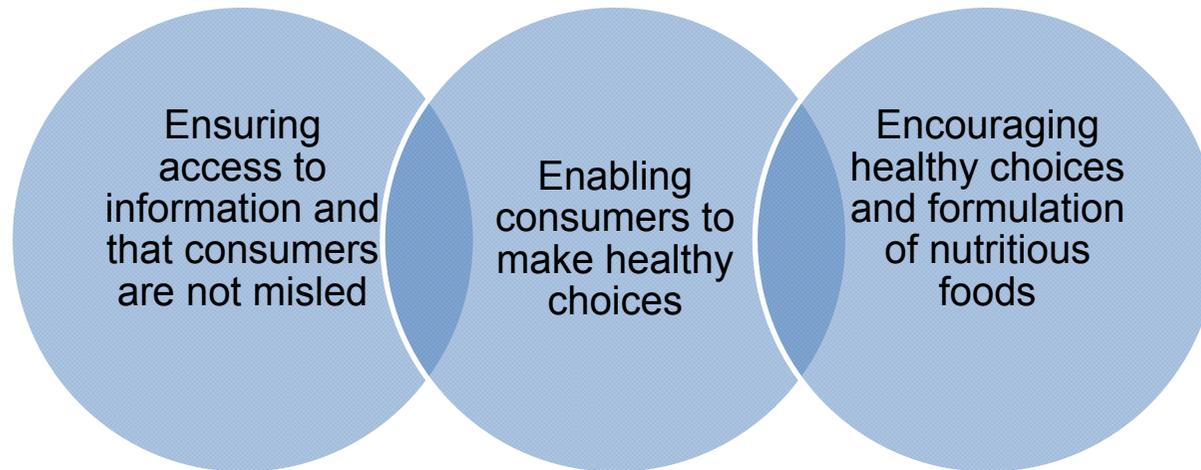
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Scope of Presentation

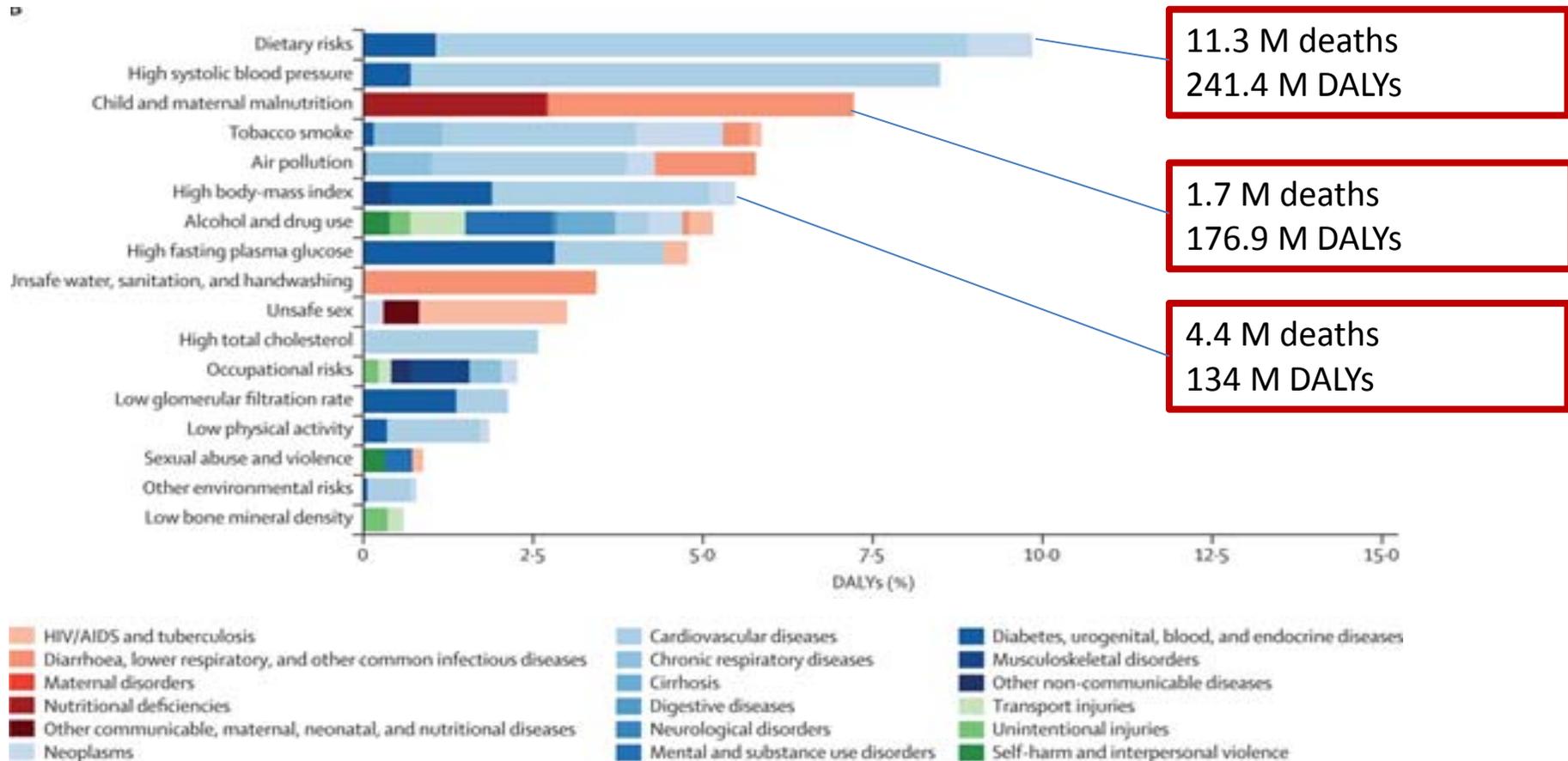
- Presentation seeks to outline the risks associated with poor nutrition, the changing global context, the concept of healthy diets, references to nutrition labelling in international instruments and ongoing work
- Presentation does not:
 - Seek to interpret WTO law
 - Interpret international standards 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



Labelling is one part of a comprehensive approach, with objectives depending on domestic circumstances and other measures in place

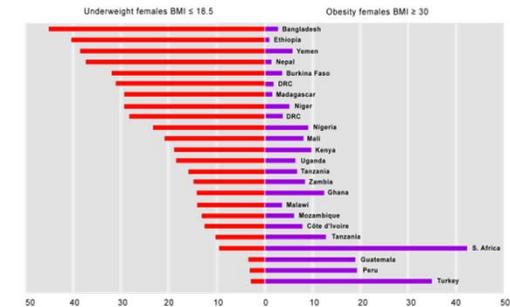
Unhealthy diet and poor nutrition are leading causes of the global disease burden (2013)



Source : Lancet, Sep 2015

Changing global context

- ❑ 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"

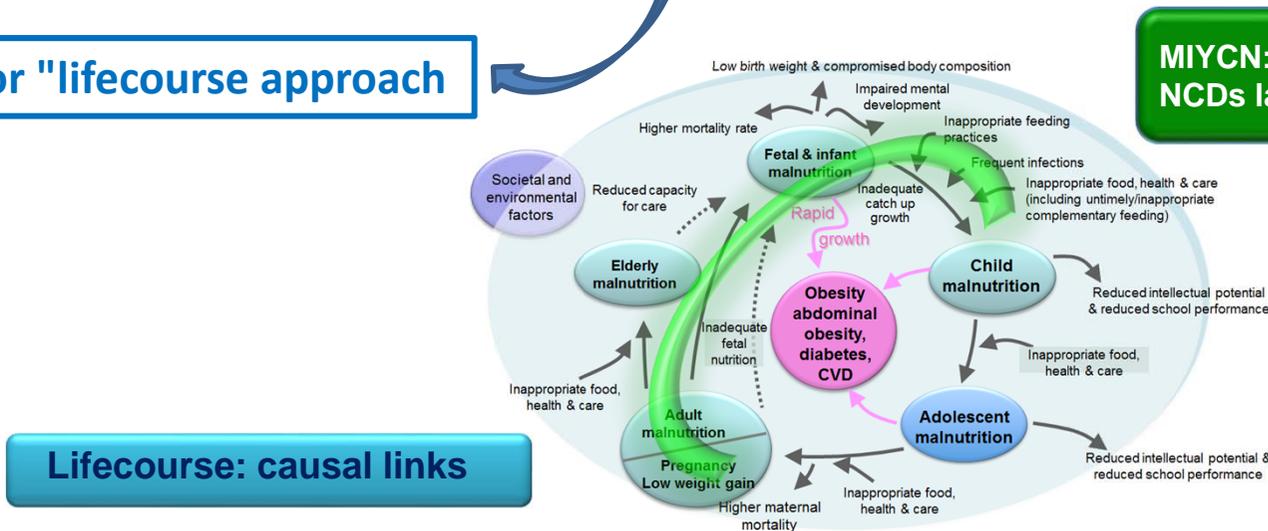
Changing global context

□ 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

Need for "lifecourse approach"

MIYCN: The 1st step in preventing NCDs later in life



Lifecourse: causal links

Concept of healthy diet and nutrition

□ Gained considerable attention in the international community in recent years as a result of:

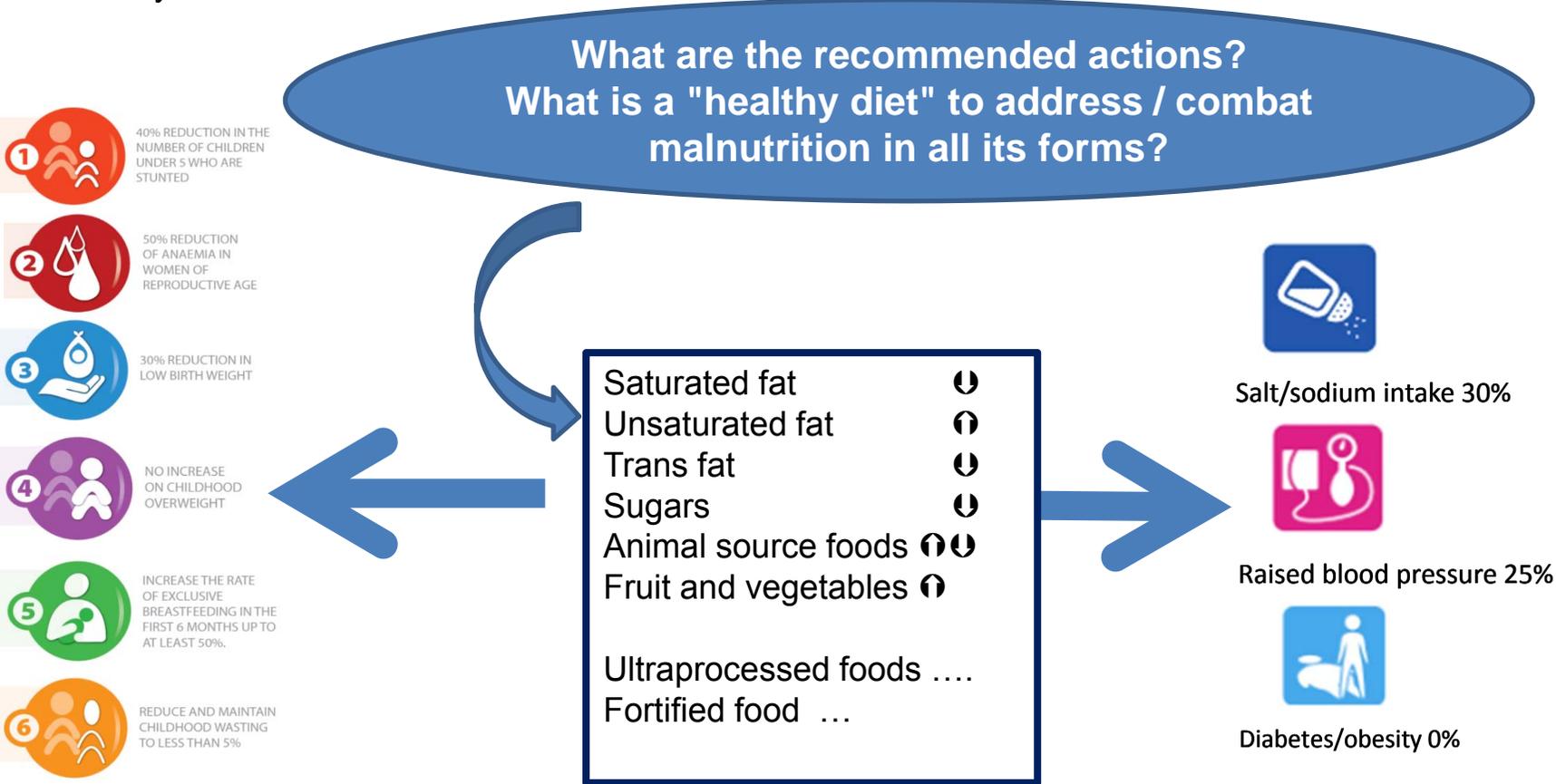
- Adoption of CIP-IYCN and 6 Global Nutrition Targets by WHA in 2012
- Adoption of 9 voluntary Global NCD Targets and Global NCD Action Plan by WHA in 2013
- ICN2 in November 2014
 - Adopted 6 global nutrition targets
 - Adopted diet & nutrition-related NCD targets
- **SDG** in September 2015 → Also adopted global nutrition and NCD targets
- UNGA proclaiming ***Decade of Action on Nutrition (2016 – 2025)*** in April 2016



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

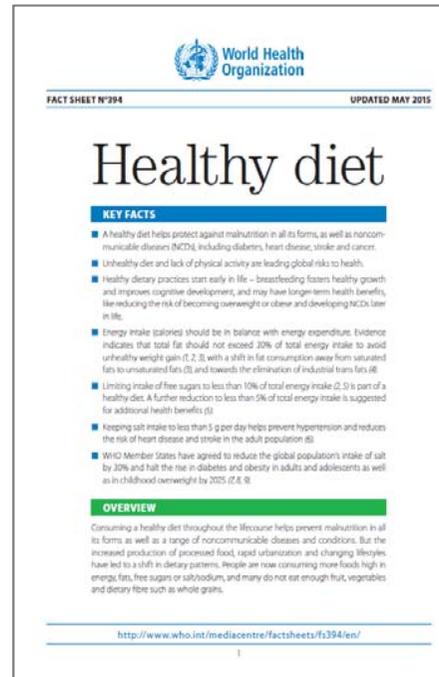
Global context

- 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

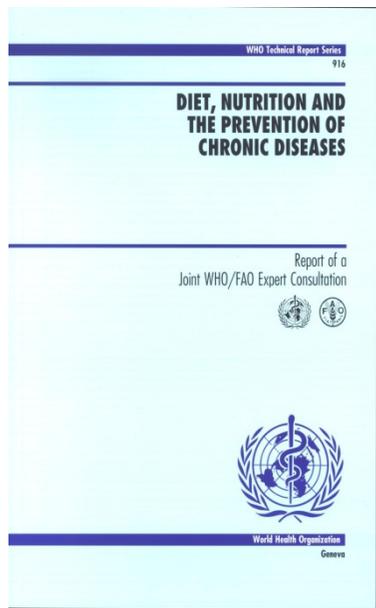
- ❑ **Breastfeed** exclusively babies for the first 6 months and continuously breastfeed until two years and beyond
- ❑ **Energy** intake should **balance** energy expenditure
- ❑ Keep **total fat** intake to less than 30% of total energy intake, with a shift in fat consumption away from **saturated 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



Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (TRS916)

Ranges of population nutrient intake goals

Dietary factor	Goal (% of total energy, unless otherwise stated)
Total fat	15-30%
Saturated fatty acids	<10%
Polyunsaturated fatty acids (PUFAs)	6-10%
n-6 Polyunsaturated fatty acids (PUFAs)	5-8%
n-3 Polyunsaturated fatty acids (PUFAs)	1-2%
Trans fatty acids	<1%
Monounsaturated fatty acids (MUFAs)	By difference ^a
Total carbohydrate	55-75% ^b
Free sugars ^c	<10%
Protein	10-15% ^d
Cholesterol	<300 mg per day
Sodium chloride (sodium) ^e	<5 g per day (<2 g per day)
Fruits and vegetables	≥ 400 g per day
Total dietary fibre	From foods ^f
Non-starch polysaccharides (NSP)	From foods ^f



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

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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 is

- in providing the consumer with
- in providing a means for conveyance
- in encouraging the use of sound nutrition information
- in providing the opportunity to make informed choices

To ensure that nutrition labelling is not misleading, deceptive or insignificant

To ensure that no nutrition claim is made unless it is substantiated

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 insignificance 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, sodium⁵ and total sugars; and
- 3.2.1.3 The amount of any other nutrient for which a nutrition or health claim is made; and

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GUIDELINES ON NUTRITION LABELLING

CAC/GL 2-1985

Updated in 2015

PURPOSE OF THE GUIDELINES

To ensure that nutrition labelling is effective:

- In providing the consumer with information about the product
- in providing a means for conveying information about the product
- in encouraging the use of sound nutrition principles
- in providing the opportunity to include supplementary information

To ensure that nutrition labelling does not describe the product in a misleading, deceptive or insignificant manner

To ensure that no nutrition claim is made with

(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 polymers² with ten or more monomeric units³, which are not hydrolysed by the endogenous enzymes in the small intestine of humans and belong to the following categories:

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Updated in 2015

PURPOSE OF THE GUIDELINES

To ensure that nutrition labelling is:

- In providing the consumer with accurate information
- in providing a means of comparison between products
- in encouraging the consumer to make a more informed choice
- in providing the opportunity for the consumer to make a more informed choice

To ensure that nutrition labelling is not misleading, deceptive or otherwise unfair.

To ensure that no

3.4.4.2 NRVs-NCD

Intake levels not to exceed

Saturated fatty acids 20 g^{8,9}

Sodium 2 000 mg¹⁰

Intake levels to achieve

Potassium 3 500 mg¹⁰

⁸ This value is based on the reference energy intake of 8370 kilojoules/2000 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

CODEX ALIMENTARIUS COMMISSION

Food and Agriculture Organization of the United Nations

World Health Organization

Viale delle Terme di Caracalla, 00153 Rome, Italy - Tel: (+39) 06 57051 - E-mail: codex@fao.org - www.codexalimentarius.org

Agenda Item 1

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

EXECUTIVE COMMITTEE OF THE CODEX ALIMENTARIUS COMMISSION

71st Session

FAO Headquarters, Rome, Italy, 20-23 June 2016

PROVISIONAL AGENDA

Item	Subject	Document
1.	Adoption of the Agenda	CX/EX/EC 16/7/11
2.	Critical Review (Draft Standards and Related Texts for Adoption, Monitoring of Standards Development and Proposals for the Elaboration of New Standards and Related Texts)	
3.	Codex work on antimicrobial resistance - Comments	
4.	Codex Work Management and Functioning of the Executive Committee - Comments	
5.	Codex Strategic Plan 2014-2019: General Implementation Status	
6.	Preparation of Codex Strategic Plan 2020-2025	
7.	Codex Budget planning (2016-17) and report on expenditures (2014-15)	
8.1	FAO/WHO Scientific Support to Codex (report on activities)	
8.2	FAO/WHO Scientific Support to Codex (budget and expenditure)	
8.3	FAO/WHO Scientific Support to Codex (increasing sustainability)	
9.1	Applications from International Non-governmental Organizations for Observer Status in Codex	
9.2	Observer Status	
10.	Relations between FAO and WHO policies, strategies and guidelines and Codex work	
11.	Discussion paper on Codex work and correspondence	

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Agenda Item 10

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

EXECUTIVE COMMITTEE OF THE CODEX ALIMENTARIUS COMMISSION

71st Session

FAO Headquarters, Rome, Italy, 20 - 23 June 2016

RELATIONS BETWEEN FAO AND WHO POLICIES, STRATEGIES AND GUIDELINES AND CODEX WORK¹

(Prepared by FAO and WHO)

Introduction

1. The 38th Session of the Commission, when considering the adoption at Step 8 of the the Addition of Essential Nutrients to Foods, took note of the reservations expressed by 3.3.2 that the Codex should support the implementation of relevant WHO guidelines to protect public health. The Representative of WHO informed the Commission that FAO the issue of how best and in what way Codex could support or interact with the p guidelines of FAO/WHO and that resulting recommendations would be presented to next session through the Executive Committee as appropriate.²
2. This document recapitulates the provisions on the relations between FAO/WHO and Commission as seen in the Statutes and Rules of Procedure (paras 3-5), recalls some e between FAO/WHO and Codex in recent years (para. 6) and provides a brief analy gained in those examples (paras 7-13), and, in conclusion, suggests a way forward.

Relations between FAO/WHO and the Commission as defined in Codex Statutes and Rules of Procedure

3. The Codex Alimentarius Commission was established by Resolution 12/61 of the FAO Conference in November 1961 and Resolution WHA16.42 of the World Health Assembly in May 1963. As the executive organ of the Joint FAO/WHO Food Standards Programme, the Commission is a joint body of FAO and of WHO. As far as FAO is concerned, the Commission is one of the bodies that fall under Article VI of the FAO Constitution.
4. The Statutes of the Codex Alimentarius Commission entered into force after adoption by the FAO Conference and by the World Health Assembly and were subsequently revised by the same in 1966 and 2006.³

¹ In accordance with Article 9 of the Statutes, the Commission adopted its Rules of Procedure, which were

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Agenda Item 1

JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX ALIMENTARIUS COMMISSION

39th Session

FAO Headquarters, Rome, Italy, 27 June - 1 July 2016

PROVISIONAL AGENDA

Item	Subject	Document
1.	Adoption of the Agenda	
2.	Report by the Chairperson on the 71 st Session of the Executive Committee	
3.	Final adoption of Codex texts at Steps 8, 5/8 and 5A - Comments	
4.	Adoption of Codex texts at Step 5 - Comments	
5.	Revocation of Codex texts	
6.	Proposals for New Work	
7.	Discontinuation of Work	
8.	Amendments to Codex Standards and Related Texts	
9.	Codex Work Management and Functioning of the Executive Committee - Comments	
10.	Relations between FAO and WHO policies, strategies and guidelines and Codex work	

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Agenda Item 10

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CODEX ALIMENTARIUS COMMISSION

39th Session

FAO Headquarters, Rome, Italy, 27 June - 1 July 2016

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(Prepared by FAO and WHO)

Introduction

1. The 38th Session of the Commission, when considering the adoption at Step 8 of the General Principles for the Addition of Essential Nutrients to Foods, took note of the reservations expressed by delegations on section 3.3.2 that the Codex should support the implementation of relevant WHO guidelines and global strategies to protect public health. The Representative of WHO informed the Commission that FAO/WHO were examining the issue of how best and in what way Codex could support or interact with the policies, strategies and guidelines of FAO/WHO and that resulting recommendations would be presented to the Commission at its next session through the Executive Committee as appropriate.²
2. This document recapitulates the provisions on the relations between FAO/WHO and the Codex Alimentarius Commission as seen in the Statutes and Rules of Procedure (paras 3-5), recalls some examples of interactions between FAO/WHO and Codex in recent years (para. 6) and provides a brief analysis of the experiences gained in those examples (paras 7-13), and, in conclusion, suggests a way forward.

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Nutrition Labelling

A policy measure for promoting healthy diet

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)



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 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.*”

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

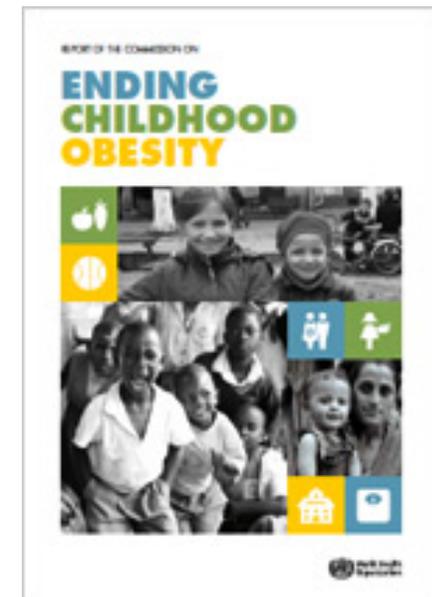
A policy measure for promoting healthy diet

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



American Heart Association's Heart Guide (1987)



Swedish National Food Administration's Green Keyhole (1989)

- ❑ 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

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

	Ordinal rating	Summary indicator	Endorsement logo	Nutrient-based	Hybrid
<i>Evidence of FOPL supporting healthier food choices (Aim 1)</i>					
Consumer preferences for FOPL schemes	Consistently liked when applies traffic light colour-coding	Consistently disliked	Inconsistently liked and disliked	Consistently disliked	Consistently liked when applies traffic light colour-coding
Consumer perceived understanding	Consistent perceived as easy to understand when applies traffic light colour-coding	Limited evidence	Inconsistent, may lead to misinterpretations of product qualities	Consistently perceived to be difficult to interpret	Consistent perceived as easy to understand when applies traffic light colour-coding

	Ordinal rating	Summary indicator	Endorsement logo	Nutrient-based	Hybrid
<i>Evidence of FOPL supporting healthier food choices (Aim 1)</i>					
Objective tests of performance under experimental conditions	Mostly consistent evidence that traffic light colour-coding enables consumers to identify healthier products out of a pair or selection and to make quicker comparisons	Limited evidence that consumers find it difficult to understand what these cover	Limited evidence	Consistent evidence that numerical information (particularly percentages) is not as useful for aiding comprehension, or that comparisons between products are slower	Limited evidence

	Ordinal rating	Summary indicator	Endorsement logo	Nutrient-based	Hybrid
<i>Evidence of FOPL supporting healthier food choices (Aim 1)</i>					
Performance in real-world or applied experimental trial	Limited evidence	Limited evidence	Limited evidence	Limited evidence	Limited evidence
Health impacts of FOPL	Limited evidence	Limited evidence	Limited but mostly consistent evidence that logos are associated with better dietary intakes	Limited evidence	Limited evidence

	Ordinal rating	Summary indicator	Endorsement logo	Nutrient-based	Hybrid
<i>Evidence of FOPL supporting healthier food product reformulation (Aim 2)</i>					
Food product reformulation	Limited evidence	Limited evidence	Limited but mostly consistent evidence that logos have influenced favourable changes over time	Limited evidence	Limited evidence

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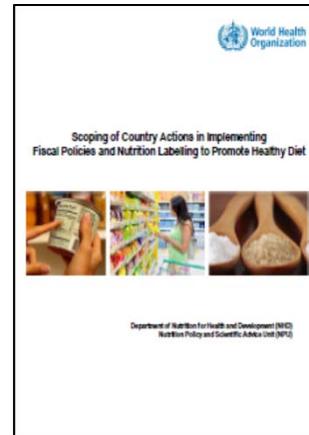
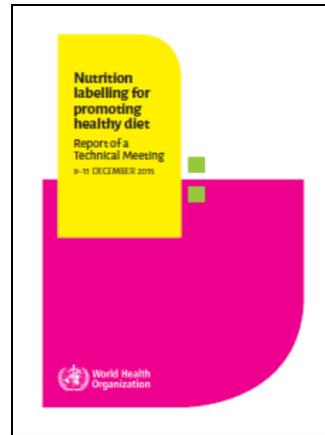
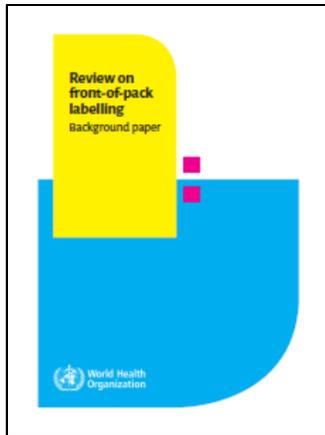
1. review the types of front-of-pack labelling systems that are currently being implemented/proposed and identify their benefits and limitations
2. review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems
3. review case studies of countries with experience 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:

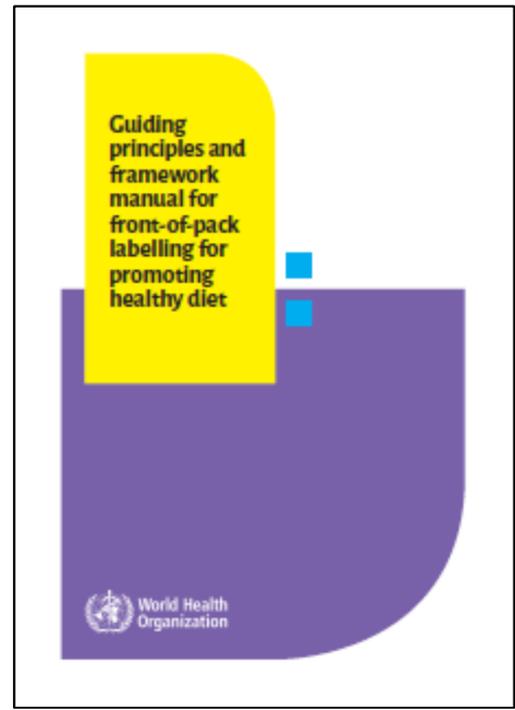
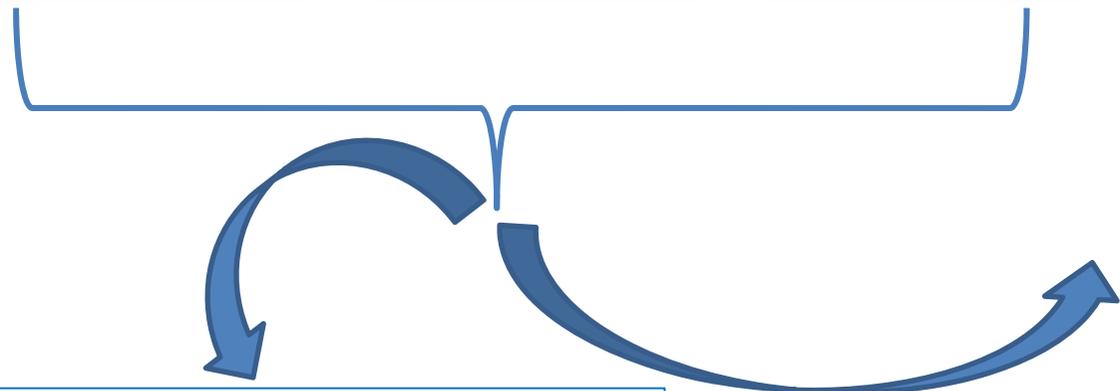
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|-----------|---------------|---------------|-------|
| – Chile | – Mongolia | – Switzerland | – USA |
| – Ecuador | – Netherland | – Thailand | |
| – Finland | – New Zealand | – Tunisia | |
| – France | – Portugal | – UK | |

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