



POLICY BRIEF: PRODUCING AND PROMOTING MORE FOOD PRODUCTS CONSISTENT WITH A HEALTHY DIET

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This policy brief is one of five relating to the commitment by Heads of State and Government at the High Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in September 2011 to call upon the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs). A separate discussion paper summarises lessons learnt to date and possible approaches to support Member States to realize this commitment. All papers are available on the website of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) <http://www.who.int/nmh/ncd-coordination-mechanism/en/>.

SUMMARY

- Food product reformulation and labelling are essential elements of an overall approach to providing healthier food supply and preventing and controlling NCDs.
- These are best considered within the context of the overall food supply chain, which involves a wide range of sectors and private entities.
- Product reformulation initiatives are increasing, with many initiatives to date focused on salt reduction, but their reach is still limited.
- Governments can do more to call on the private sector to produce and promote more food products consistent with a healthy diet, in particular products that are low in fat, sugar and salt, have no trans fats and less saturated fats.
- The use of nutrient labelling and, to a lesser extent, interpretive labelling is increasing but there is still considerable scope for their wider use, particularly in low- and middle-income countries.
- Experience to date suggests that government regulation plays an important role in making clear the policy objectives of product reformulation and food labelling, and in setting standards and targets.
- Food reformulation on its own is insufficient to create healthy diets and needs to be accompanied by measures to improve the affordability and accessibility of healthy foods, particularly fruit, vegetables and other fresh products.

PURPOSE

This policy brief outlines progress made by Member States in realizing the commitment to call upon the private sector to consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate,



trans fat content.¹ It sets out where we stand today, identifies any barriers and challenges to progress, and summarizes which approaches have best driven progress.²

BACKGROUND

At the UN General Assembly High Level Meeting in September 2011, Heads of State and Government committed to reduce the exposures of populations to unhealthy diets and physical inactivity. This included a commitment to call upon the private sector, *inter alia*, to consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans fat content.

The importance of these measures was affirmed at the Second International Conference on Nutrition (ICN2) in November 2014.³ Recommendations for governments included, *inter alia*: encouraging a gradual reduction of saturated fat, sugars and salt/sodium and trans fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed; and exploring 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.

To accelerate national efforts to address NCDs, the World Health Assembly has adopted nine global targets for 2025 and endorsed a set of actions in the WHO Global NCD Action Plan 2013-2020 that, when implemented collectively by Member States, international partners and WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025. These targets will be monitored through 25 indicators. Two of the nine targets are directly relevant to this paper – to halt the rise in diabetes and obesity, and to reduce salt intake by 30%. Two of the 25 indicators will help measure progress: policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt; and the age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

WHY IS THE PRODUCTION AND PROMOTION OF FOOD PRODUCTS CONSISTENT WITH A HEALTHY DIET IMPORTANT FOR NCD PREVENTION AND CONTROL?

Unhealthy diets and physical inactivity are key risk factors for the major NCDs such as cardiovascular diseases, some cancers, and Type II diabetes. Unhealthy diets are a major contributor to the rapid global rise in overweight and obesity over the past two decades, which presents a major global public health challenge. Overweight and obesity among both children and adults have been increasing rapidly in all regions, with 42 million children

¹ See paragraph 44(b) of resolution A/RES/66/2

http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

² See also the related policy briefs on reducing marketing of unhealthy food and beverages to children, and on reducing the use of salt in the food industry.

³ ICN2. Conference outcome document: framework for action <http://www.fao.org/3/a-mm215e.pdf>



under five years of age affected by overweight in 2013 and over 500 million adults affected by obesity in 2010.

Overweight and obesity in childhood are associated with significant reductions in quality of life and frequently lead to overweight or obesity in adulthood. Adult obesity has serious health consequences; it is a major risk factor for common NCDs that cause long-term morbidity and premature mortality. An important contributor to the obesity problem is the widespread production and marketing of energy-dense, nutrient poor foods and non-alcoholic beverages that are high in fat, sugar and salt.

In order to achieve a healthy diet, energy intake should balance energy expenditure. Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats. Limiting intake of free sugars to less than 10% of total energy is also part of a healthy diet and a further reduction to less than 5% of total energy is suggested for additional health benefits. Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in adults.⁴

In May 2004, the World Health Assembly adopted the WHO Global Strategy on Diet, Physical Activity and Health. The Strategy provides recommendations for Member States, WHO, international partners, private sector, civil society and nongovernmental organizations on the promotion of healthy diets and regular physical activity for the prevention of noncommunicable diseases. Improving the availability of food products that support a healthy diet is an essential part of this Strategy and the prevention and control NCDs.

APPROACHES TO PRODUCING AND PROMOTING MORE FOOD PRODUCTS CONSISTENT WITH A HEALTHY DIET

The UN General Assembly High Level Meeting declaration identifies two complementary approaches to support this action:

- reformulating products to provide healthier options that are affordable and accessible
- providing nutritional facts and following labelling standards, including information on sugars, salt and fats and, where appropriate, trans fat content.

Both of these actions are best considered as part of an overall framework for promoting healthy diets and reducing obesity that includes the wider food system as well as public health approaches to creating a more supportive environment for healthy eating.

Product reformulation is fundamental to improving the quality of the food supply but, as noted above, healthier options need to be affordable and accessible. Such measures may be undertaken voluntarily by the food industry or in response to government regulation. Approaches include reformulation to reduce salt, sugar and/or fat content, elimination of trans fats, replacement of saturated fats with unsaturated fats, a reduction in the energy

⁴ WHO fact sheet on healthy diets, September 2014 <http://www.who.int/mediacentre/factsheets/fs394/en/>

[WHO global co-ordination mechanism on the prevention and control of noncommunicable diseases \(GCM/NCD\)](#)



density of processed foods, and a reduction in portion size (or at least offering smaller portion sizes). All such approaches have been undertaken, although reduction in salt content is by far the most common to date, arguably because it is the easiest to achieve.

Nutrition labelling has two important benefits: first, it provides information for consumers to support them to make healthy dietary choices; and second, it creates incentives for manufacturers to reformulate products as the nutritional value (or not) of products is explicit. Labelling schemes that are easy to understand for most consumers, such as colour-coded schemes, have been shown to have an impact on both consumers' choices and manufacturers' practices.

Reformulation and labelling are more likely to be successful if considered as part of the overall food supply chain. This recognises that there are many sectors and private sector entities that need to contribute to – and/or may be impacted by – initiatives to create a healthier food supply. The importance of this supply chain approach as part of a 'food system' was affirmed in the ICN2 Conference, which recommended actions for governments to ensure sustainable food systems promoting healthy diets. For food reformulation to produce an impact on population dietary intake, the reformulated products should be consumed by the majority of the population; therefore they need to be of a similar or lower price than that of the original products, be widely available and preferably be available in public institutions. A successful example in many countries is that of semi-skimmed/reduced fat milk.

The involvement of non-health sectors in the food supply chain impacts on the nature and feasibility of policy responses to make healthier food more available. Likewise, the nature of the engagement with private sector entities – producers, manufacturers, distributors, retailers, marketing agencies – will vary, depending on where they sit in the supply chain.

Additionally, the actions of one part of the supply chain may be influencing another part, for example retailers can drive the behaviour of manufacturers in response to their own drivers, including consumer demand. Given this interrelationship, a further useful approach is to consider the 'value chain' created by food products as they move through the supply chain.⁵ Efforts to improve the nutritional value of food are more likely to succeed if value can be added in other ways – in particular economic value. Additional costs associated with product reformulation may reduce the perceived economic value to producers, so value will need to be added in other ways, for example through promoting the health benefits to consumers who may be willing to pay a premium.

WHAT PROGRESS HAS BEEN MADE AND WHAT ARE THE BARRIERS TO PROGRESS?

As noted in the WHO Director-General's 2013 progress report on noncommunicable diseases to the UN Secretary General,⁶ an increasing number of private sector entities have started to produce and promote more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salts, fats and trans fat content. Unfortunately, these food products are not affordable, accessible and available in most developing countries. There is a need for

⁵ See Hawkes et al in UNSCN News 2013, pp39-47,

http://www.unscn.org/files/Publications/SCN_News/SCNNEWS40_final_standard_res.pdf

⁶ http://www.un.org/ga/search/view_doc.asp?symbol=a%2F68%2F650&Submit=Search&Lang=E



governments to continue to develop policies and supporting regulatory frameworks that support the production and manufacture of, and facilitate access to, foods that contribute to a healthy diet and provide greater opportunities for the utilization of healthy local agricultural products and foods.

Government regulations are in place in a number of countries to require producers and retailers to list nutrients on most pre-packaged foods, while in most others this is only required for foods that make a health or nutrition claim. Likewise, some (largely high-income) countries also regulate to require interpretive labelling, for example 'traffic light' systems are used in a number of countries.

There is still considerable potential for more widespread adoption of nutrient lists and interpretive labelling. The latter has been actively resisted by food industry players in some countries, even while they have been working with governments to include such labelling in other countries on similar products.

The WHO Director-General's report notes that there has been some progress with voluntary reformulation,⁶ which is often supported by so-called best practice guidelines. However, efforts to date have largely been confined to high-income countries and are mainly focused on reducing salt. These efforts lead to 'healthier' products that are often more expensive for consumers and less accessible to poor consumers, so may contribute to widening inequalities. There is still a need for overall economic modelling of actions to improve access to and availability of healthier foods to identify how this can be achieved for poorer communities and in low- to middle-income countries.

There are many challenges and barriers to increasing the scale and pace of product reformulation. These include:

- The complexity of the food supply chain, with the involvement of a range of sectors and many different private sector entities
- The cost and availability of alternative 'healthier' ingredients, which may have supply limitations, for example alternative mono/polyunsaturated fats, while saturated fats (such as in palm oil) are by far the cheapest option, in part due to subsidies and substantial investment in their production
- Consumer acceptability of alternatives, for example artificial sweeteners, that may be perceived to carry their own health risks
- New technologies may be required to make the changes, which may be accessible to large producers but not small and medium sized ones
- Changes in product formulation at the manufacturing stage may be resisted by affected suppliers, for example of salt or sugar.

There is also a limit to the impact of this strategy on its own. Price and availability of healthier dietary options, in particular the availability of fresh products, legumes, fruit and vegetables, should also be considered in order to produce a substantial dietary change. This requires incentives for their production, better supply chains (for example, with reduced loss during transport and storage), price incentives and greater availability in public institutions.



WHICH APPROACHES HAVE BEST DRIVEN PROGRESS?

WHO's Global database on the Implementation of Nutrition Action (GINA) provides valuable information for countries on the implementation of numerous nutrition policies, including initiatives on product reformulation and nutrition labelling.⁷ It provides an interactive platform for sharing standardized information on nutrition policies and action; commitments made and who is doing what, where, when, why and how – including lessons learnt.

Many product reformulation efforts to date have focused on reducing salt content of processed foods.⁸ One important finding from these initiatives to reduce salt is that they show successfully that people's tastes can change – this has wider implications for efforts to reduce salt, as well as fat and sugar, content.

Salt reduction is arguably the most straightforward reformulation option, which is supported by good evidence for effectiveness as well as successful experience in an increasing number of countries. Thus, it presents a good 'start point' for government engagement with industry.

As noted, reformulation efforts are more likely to be successful if carried out as part of a wider strategic effort across the food supply chain, and aim to add value in some way across that chain. Acting across the entire food supply chain and the range of sectors that influence it – the 'food system' – is essential to support healthy eating. This requires a sophisticated approach that may be beyond the current capability and capacity of many LMIC and there is considerable potential for North-South and South-South cooperation in this area.

Nutrient and/or interpretive labelling is occasionally provided voluntarily by manufacturers and retailers, but generally government (statutory) regulation is required. A key benefit of statutory regulation is that it allows governments to explicitly state their policy goals and objectives, which the food industry is then required to deliver on. In the case of food labelling, it has the further advantage of laying out clear standards for labelling that cover placement and content of labels, as well as nutrition profiles for foods making health or nutrient claims.

⁷ <http://www.who.int/nutrition/gina/en/>

⁸ See policy brief 5 on reducing salt content.



FOR FURTHER READING

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About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives. Under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see <http://www.who.int/nmh/ncd-coordination-mechanism/en/>

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