How to engage with private sector from a Food Regulatory Agency perspective: Iran experience

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Food safety and security stakeholders

- **High Council of Health and Food Security**
  - With cabinet power presided by the president of Islamic Republic and MOH as the secretariat

- **Ministry of Health**
  - In charge of food safety:
    - Iran Food and Drug Administration
    - Public health network

- **Ministry of Agriculture:**
  - In charge of food security
  - And partly food safety
    - Iran Veterinary Organization

- **National Standard Organization**
  - Food Standards

- **Private Sector**
  - Supply chain
Private sector engagement

• **High Council of Health and Food Security:**
  – Policy making regarding multi-sectoral approaches to food safety and security issues
  – Harmonizing and ensuring collaboration and coordination between competent authorities in food security, safety and nutrition
    *Food industry represented at meetings* related to both food safety and security matters

• **Iran Food and Drug Administration:**
  – In charge of food and health products regulation, licensing, registration, marketing authorization, PMS, labeling and etc.
    *A technical committee comprised of 5 people, headed by IFDA president, appointed by the minister of health are in charge of all major decisions.* **Two representatives from private sector: one from Food industry and one a nutritionist**

• Chamber of commerce are to be invited to any governmental policy making sessions (Parliament act)
• Twice annual meeting with the minister of health as with other ministers
• IFDA officials meet industry syndicates and associations on regular basis
• Monthly meetings with different food sectors
• Awards to healthy products along with penalties and fines
• Joint programs throughout of the year (such as World Food Day)
• Talks are usually on how and when to achieve the goals not on the real substance
The NCD targets for Iranian population at a glance

- **Target 1:** A 25% relative reduction in risk of premature mortality from CVDs, cancer, diabetes, chronic respiratory diseases
- **Target 2:** At least 10% relative reduction in the harmful use of alcohol
- **Target 3:** A 20% (10%) relative reduction in prevalence of insufficient physical activity
- **Target 4:** A 30% relative reduction in mean population intake of salt/sodium
- **Target 5:** A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- **Target 6:** A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure
- **Target 7:** Halt the rise in diabetes and obesity
- **Target 8:** At least 70% (50%) of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes
- **Target 9:** An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities
- **Target 10:** At least 50% of diabetic and hypertensive individuals (who are receiving treatment) have to achieve treatments goals for controlling blood sugar and systolic blood pressure
- **Target 11:** A 20% relative reduction in mortality from traffic injuries
- **Target 12:** A 10% relative reduction in drug use
Targets and indicators to be achieved by private sector engagements

• Reduce average population salt intake to WHO recommended levels (from 10.5 g/day to max 5 g/day)
• Zero trans fatty acid (step by step reduction of TFA content in edible oils and food products (currently at 10% in confectionary oils, 5% ghee like oils, 2% household oils and etc)
• Food fortification to prevent NCDs (floor fortification with Iron, folic acid, Vit E and etc)
• Empowering consumers for making a healthy choice (via enforcing food labeling and traffic light nutrition labeling).
  — Introduced in 2014 allowing 2 years for the industry to cope, achieving 70% success rate so far
• Identification of harmful products and procedures
  — Foods with high content of fat, sugar and salt considered as harmful and are subject to higher VAT and mass media promotion limitation
• Conducting post market surveillance (PMS) to control and monitor the foods and drinks on the market;
• Green apple awards given to products with healthy criteria: less sugar, less fat, less salt and etc.
  — Ten years in place. Ceremonies are held twice annually and around 30-50 products are awarded
Healthy and safe food (Green Apple) logo is awarded for:

- Reduction of energy via use of less carbohydrate and fats in formula.
- Reduction of contaminants and chemicals less than 50 as permitted limit.
- Reduction of risk factors as trans fatty acids, saturated fatty acids, salt, ...
- Using natural and functional component in formula
- So far IFDA has held 14 ceremonies to award Healthy and safe food award (Green Apple) to more than 200 selected products
Traffic light labelling

- Improvement of food labeling and design nutritional traffic light on food
- Easily interpreted information using color codes: Red, amber and green ‘traffic light’ shapes on the front of food packages show consumers, at a glance, whether a product is high, medium or low in fat, trans fatty acid, sugar, and salt and overall energy.
- This makes it easy to identify healthier food choices (green or amber lights, rather than red).
- Has the potential to change our patterns of food supply and consumption.
- Promote nutritional literacy of the community and giving consumers the choice.
- Encourage producer to change formulation to have less amber or red lights.

- Serving size
- Energy
- Sugar
- Fat
- Salt
- Trans Fatty Acids
Samples of foods with traffic light labelling