



International Food & Beverage Alliance
Submission on the WHO Discussion Paper (version dated 1 August 2022) on the
Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030

The International Food & Beverage Alliance (IFBA) welcomes the opportunity to provide comments on the “Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020” (version dated 1 August 2022). ¹

This submission supplements IFBA’s comments on the first WHO discussion paper (version dated 8 June 2022) on the draft updated Appendix 3. ²

General Comments

The update of Appendix 3 requires an inclusive and collaborative consultation

The update of draft Appendix 3 is an important step to help inform the development of the *Implementation roadmap 2023-2030 for the WHO Global Action Plan for the Prevention and Control of NCDs* and to accelerate progress towards achieving the voluntary global targets for NCD prevention and control. We reiterate our concern and disappointment that the WHO has chosen to exclude all non-State actors not in official relations with the WHO, from the consultations on the draft updated Appendix 3.

UN and WHO strategies recognize that an effective response to achieving the global NCD targets requires a whole-of-society approach and collaboration of all stakeholders. Since IFBA’s founding in 2008, members have been working with the WHO and Member States and sharing their knowledge and expertise to help advance positive public health outcomes. We value these collaborations and believe an inclusive consultative process leveraging the experiences and best practices of all non-State actors is critical to the policy development and implementation process. We recommend the WHO reconsider their position and invite all relevant non-State actors to participate in the next round of consultations in September.

¹ IFBA is a group of eleven international food and non-alcoholic beverage companies – The Coca-Cola Company, Danone, Ferrero, General Mills, Grupo Bimbo, Kellogg’s, Mars, Mondelēz International, Nestlé, PepsiCo and Unilever – who share a common goal of helping people around the world achieve balanced diets and healthy, active lifestyles. IFBA is a non-commercial, non-profit making organization, in special consultative status with ECOSOC.

² IFBA Comments on the WHO Discussion Paper (version dated 8 June 2022) of the Draft Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030. 26 June 2022

IFBA fully supports many of the proposed diet-related recommendations in the draft Appendix 3

As noted in our comments on the 8 June draft of Appendix 3 we support many of the proposed interventions on reformulation, front-of-pack labelling, behaviour change communication, portion control and package size as they reflect the actions IFBA and its members have been implementing voluntarily on a global basis since 2008 in support of UN and WHO's strategies to promote healthy diets and address noncommunicable diseases.

Reformulation policies for healthier food and beverage products (H1): IFBA members are working continuously to improve the nutrition of their foods and beverages and positively influence the diets of people around the world. We have removed trillions of calories and thousands of tonnes of sodium, fat and sugar from the marketplace and added thousands of products compatible with a healthy and balanced diet.³ Most recently, we launched the first-ever collective commitment by the food industry to implement globally set standardized targets for sodium reduction in manufactured foods by 2025 and 2030. We adopted the WHO's objective to eliminate industrially produced trans fat (iTfAs) from the global food supply by 2023 and are well on our way to achieving that goal. We also committed to share our knowledge on iTfAs reduction with the broader industry and SMEs and in June 2022, published a practical guide, based on state-of-the-art research, to help food manufacturers phase out iTfAs from bakery and confectionery foods. We have worked successfully with governments around the world to improve global health through public-private partnerships, including strategies to reduce salt, saturated fats and sugar and know much more can be achieved with a focus on increasing the opportunities for public-private partnerships.

For years, IFBA members have been reformulating and innovating products to include more whole grains, fibre, fruits and vegetables, nuts and pulses and low-fat dairy. We have also been working to alleviate undernutrition and reduce the risk of malnutrition by fortifying commonly consumed products with essential micronutrients, delivering hundreds of billions of servings of micronutrient-fortified foods and beverages. Food fortification or nutrient enhancement is widely recognized as among the most impactful and cost-effective nutrient interventions. We urge the WHO to consider revising the proposed reformulation intervention to include a recommendation to promote positive nutrition and micronutrient fortification.

Front-of-pack labelling as part of comprehensive nutrition labelling policies (H2): Front-of-pack labelling (FOPL) is a cost-effective strategy to help consumers make healthier choices and informed food purchases. IFBA's policy on nutrition information, "Principles for a Global Approach to Fact-based Nutrition Information," is an easy-to-understand approach to nutrition labelling to give consumers easy access to the amount of calories, sugar, sodium and nutrients in each serving or portion and includes a commitment to display calories front-of-pack.⁴ Beyond that commitment, IFBA members support and participate in many different voluntary and government endorsed FOPL schemes around the world. We

³ 2020 IFBA Progress Report

⁴ <https://ifballiance.org/publications/nutrition-information-commitments/>

need public-private partnerships to leverage consumer insights to determine the public health impact of FOPL and help inform the policy-making process.

Behaviour change communication and mass media campaign for healthy diets (H4): Behaviour change is fundamental to consumers' adoption of healthier diets. However, successfully changing consumer behaviour is difficult to achieve as it requires a whole-of-society approach. We believe public-private partnerships among governments, civil society and business, beyond the food and beverage sector and including the media industry and tech companies are critical to developing comprehensive strategies aimed at improving nutrition education and literacy and implementing media campaigns aimed at motivating new behaviours. IFBA members have a wealth of expertise in nutrition science, market research, marketing and consumer insights. We are committed to sharing our expertise and participating in collaborative efforts to help achieve this intervention.

Limiting portion and package size to reduce energy intake and the risk of overweight/obesity (H9): IFBA members are committed to promoting responsible consumption, offering smaller packages to enable portion control and providing portion guidance. We know there is more to do and are ready, willing and able to explore further initiatives.

Achieving global health requires a whole-of-society effort. We believe public-private partnerships represent not only the most cost-effective way to address global health challenges, but are, in fact, the only way to tackle complex global issues. IFBA members have been collaborating with governments, civil society, academia and business for many years in initiatives designed to improve global health. We know from experience that public-private partnerships work and good partnerships deliver positive change. We believe all of the proposed interventions in the draft Appendix 3 will benefit greatly from a concerted effort to explore further collaborative multistakeholder actions and public-private partnerships. We are committed to do our part.

Recommended interventions must be based on solid evidence of likely effectiveness

We are all working to help achieve the voluntary global targets for NCD prevention and control identified in the WHO *Global NCD Action Plan* and recognize there is much more to be done if we are to succeed in reaching these goals by 2030. We appreciate the WHO's leadership in proposing strategies and policy interventions, driving Member States to implement appropriate policies and encouraging non-State actors to take action to further these goals.

Proposed updates to the appendices of WHO's *Global Action Plan for the Prevention and Control of NCDs 2013-2020* are based on a mandate of "ensuring that the action plans *remain based on scientific evidence* (emphasis added) for the achievement of previous commitments for the prevention and control of noncommunicable diseases." ⁵ The draft updated Appendix 3 also recognizes that proposed policy interventions must be cost-effective and achieve measured positive health outcomes - and many of the proposed interventions achieve this objective. However, the recommended interventions on

⁵ Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. World Health Assembly 72(11), 28 May 2019, paragraph 3(a).

marketing to children and taxation of sugar-sweetened beverages in the current draft updated Appendix 3 are only based on weak or scarce evidence from either a cost-effectiveness or health outcome basis.

We believe that policy interventions must be grounded in science and based on solid evidence of likely effectiveness and positive health outcomes. We urge the WHO to support further research to close the evidence gaps before making such recommendations. IFBA and its members remain at the disposal of the WHO and its Member States to provide evidence, insights and perspectives on these issues as deemed appropriate.

Specific Comments

Specific interventions with WHO-CHOICE analysis

Intervention H5: Policies to protect children from the harmful impact of food marketing

We note that new to the 1 August discussion paper of the draft updated Appendix 3 and included in the list of costed policy interventions are “policies to protect children from the harmful impact of food marketing.” We also note the deletion of the recommendation in the first discussion paper (H7, without WHO-CHOICE analysis) to implement WHO’s 2010 *Set of recommendation on the marketing of foods and non-alcoholic beverages*. (2010 *Set of recommendations*).

We recognize that childhood obesity is a major public health problem that requires multistakeholder solutions. IFBA and its members have and continue to develop and promote initiatives designed to help prevent childhood obesity offering products for a healthier diet and promoting nutrition education, good eating habits and active play. Members also support programmes such as EPODE, Ensemble Prévenons l’Obésité Des Enfants (Together Let’s Prevent Childhood Obesity), a public-private partnership recognized by the international scientific community as innovative in tackling the problem of childhood obesity ⁶ and Partnership for a Healthier America, a nonprofit created in conjunction with former First Lady Michelle Obama’s Let’s Move! effort to reduce childhood obesity.

We fully recognize and support the need for responsible food and beverage marketing practices, particularly to children. IFBA and its members have a long and successful history of adopting and implementing voluntary industry initiatives aimed at improving the landscape around children’s advertising.

Our Global Responsible Marketing Policy, sets a common global standard for all members (many individual members go beyond) and prohibits the marketing of any products to children under 13 years of age that do not meet specific nutrition criteria, based on accepted science-based dietary guidance. Some members have chosen not to market their products to children under 13 years of age at all.

⁶ J-M Borys, P. Richard, et al, “Tackling Health Inequities and Reducing Obesity Prevalence: The EPODE Community-Based Approach,” *Ann Nutr Metab*. 2016; 68 Suppl 2:35-8

The IFBA global policy is aligned with the WHO's 2010 *Set of recommendations*, which formally recognizes industry self-regulation as a means of implementing the policy objective of reducing the impact of the marketing of products high in fat, sugar and salt (HFSS) on children.

IFBA's approach to responsible marketing, which has been in place since 2008 has evolved and been strengthened over time to accommodate a changing media environment and to address the content of our marketing communications. In 2022, the policy was strengthened yet again with, among other things, the adoption of a set of common global nutrition criteria) which governs what products can be marketed to children under 13 years of age. The IFBA policy and regional and national responsible marketing pledges are monitored for compliance by third parties and supported with proper enforcement mechanisms by independent self-regulatory organizations (SROs).

The IFBA approach has proven to be effective and cost-effective, highly adaptable to the unique needs and conditions of different countries and has led to positive changes in the marketplace:

- the nutritional composition of foods marketed to children has improved – foods are now lower in salt, sugar and saturated fat and provide more whole grains, non-fat dairy, fruits and vegetables, while other products such as chocolates, candies, potato crisps, soft drinks and ice creams are no longer marketed to children. For example:
 - in Canada, under industry's Canadian Children's Food and Beverage Advertising Initiative, between 2007 and 2015, sugar in cereals was reduced 17-60%; no product advertised had more than 200 calories; and kids' meals contained fruit, yogurt and low-fat milk. ⁷
 - in the U.S.A., in 2017, ten years after the launch of the Children's Food & Beverage Advertising Initiative (CFBAI) all cereals on the product list contained less than 10 grams of total sugars; sugar in yogurts had been reduced by 10-25%; and more cereals provided a half-serving or more of whole grains – 80% in 2017 compared to 20% in 2009. ⁸
- children's exposure to HFSS ads has been substantially reduced over time and the current levels of exposure, as evidenced by several recent studies (as noted in our comments on the 8 June draft of Appendix 3) are very low. For example:
 - in the EU, from 2009 to 2014, children were exposed to 83% less HFSS ads around children's programmes; 48% less across all programmes; and 32% less ads for EU Pledge members' products, regardless of nutrition criteria. ⁹

⁷ The Canadian Children's Food and Beverage Advertising Initiative, 2015 Compliance Report. Advertising Standards Canada, September 2016. Available: <https://adstandards.ca/resources/library/childrens-food-and-beverage-advertising-initiative-cai/>

⁸ The Children's Food & Beverage Advertising Initiative, Category-Specific Uniform Nutrition Criteria, 2nd ed. 2018 White Paper, September 2018. Available: <https://bbbprograms.org/programs/all-programs/cfbai/cfbainutritioncriteria>

⁹ [EU Pledge 2016 Monitoring Report.pdf \(eu-pledge.eu\)](#)

- in the U.S.A., from 2007 to 2017, the number of ads by CFBAI participants for cereals and sweet snacks viewed on children's TV programming had declined by 50% or more while ads for fruit and vegetables had more than doubled (106%).¹⁰
- a recent study by the World Federation of Advertisers and Nielsen in 12 countries around the world concluded that on average only 1.45% of online ads served to children under 12 years of age are for HFSS foods and beverages.¹¹
- the Nielsen results have been corroborated by a study recently commissioned by the European Commission which showed that just 1.7% of ads that children see online in the EU are for food products.¹²
- a 2019 analysis commissioned by the UK government concluded that children under 16 years of age were exposed to just 13.2 seconds (0.22 minutes) of HFSS advertising per day online.¹³
- children's exposure to products compatible with a balanced diet and healthy lifestyle has increased (as noted in our comments on the 8 June draft of Appendix 3). For example:
 - an analysis of food ads in 2021 by the Better Business Bureau's National Program, the Children's Food and Beverage Advertising Initiative, found that the majority of advertising on television featured nutrient-dense foods that positively contribute to children's diets.¹⁴
- regional and national voluntary initiatives based on the core tenets of the IFBA policy have been implemented by non-IFBA members in more than 50 countries.

We are concerned that in current draft Appendix 3 the WHO has chosen to dismiss voluntary industry initiatives promulgated under the WHO's 2010 *Set of recommendations* - which have proven effective in reducing children's exposure to HFSS products - in favor of a proposed intervention based on very weak evidence of its likely effectiveness.

In the recently published "Draft WHO guideline on policies to protect children from the harmful impact of food marketing," the WHO admits its "conditional" policy recommendations are based on "very low certainty evidence" on the effect of policies on children's exposure to food marketing and the power of food marketing as well as on children's dietary intake and product change.¹⁵ This admission is underscored in the current draft Appendix 3 which states that evidence of policies to reduce the power

¹⁰ Willie C. Frazier, III and J.L. Harris, Trends in Television Food Advertising to Young People: 2017 Update, UConnRuddCenter.org, May 2018.

¹¹ The Digital Avatar Project used four avatars (simulated consumer profiles) to track advertising activity across 12 markets (Belgium, Brazil, Czechia, Denmark, Ireland, Japan, Mexico, Netherlands, Nigeria, Philippines, South Africa and Spain). Through the findings, Nielsen estimated the general pervasiveness of 'HFSS' advertising, as well as the probabilistic rate of a child's exposure to 'HFSS' advertising. Available:

<https://wfanet.org/knowledge/item/2022/03/29/Only-145-of-online-ads-served-to-children-are-for-'HFSS'-foods>

¹² Study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar, ECORYS, 2021

¹³ <https://www.gov.uk/government/consultations/total-restriction-of-online-advertising-for-products-high-in-fat-sugar-and-salt-hfss/evidence-note#child-exposure>

¹⁴ 2020 CFBAI and CCAI Compliance Report. December 2021. Available: <https://bbbprograms.org/programs/all-programs/cfbai>

¹⁵ "Draft WHO guideline on policies to protect children from the harmful impact of food marketing" June 2022.

and exposure is “scarce.”¹⁶ The WHO also acknowledges there are no relevant studies on the impact of exposure to food marketing on diet-related NCDs (or validated surrogate indicators).

Furthermore, the proposed recommendation is based on an unsubstantiated “assumption” that simply by adopting and implementing such policies, the alleged “abundant” marketing of foods high in fat, sugar and salt will result in “a reverse impact of equivalent magnitude.”

Recommending an intervention that is much more restrictive than the existing 2010 *Set of recommendations* on the basis of very limited evidence and unsubstantiated assumptions as to the effectiveness or public health outcome on diet-related NCDs, runs the risk of promoting regulation that is both disproportionate and ineffective.

In many countries the IFBA policy is the only collective standard applied in the marketplace. We supported the intervention in the first draft of the updated Appendix 3 of the implementation of the 2010 *Set of recommendations* as it focuses on policy outcomes, providing a necessary variety of approaches to achieve the policy objective, including self- and co-regulatory initiatives. There is no one size fits all strategy – what works in one country may not work in another. We encourage the WHO to consider how self- and co-regulatory systems can be incentivized to deliver more, not less, and not in substitution to, but within the right regulatory frameworks and with proper government recognition.

We urge the WHO to support further research to better understand the relationship between marketing and health-related outcomes in children, including how marketing can be leveraged for health promotion, as well as empirical research to better understand the impact of different policies to restrict food marketing to children.

We also encourage the WHO to focus on how the public and private sectors can collaborate to identify what approaches work locally and broaden standards so that they apply beyond leading international companies, to others, levelling the playing field and ensuring universal enforcement at the national level.

Intervention H7: Taxation on sugar-sweetened beverages as part of comprehensive fiscal policies to promote healthy diets

We note the results of the analysis on the proposed intervention on sugar-sweetened beverage (SSB) taxation are preliminary and may change.

Leading health authorities, including the WHO, recommend reducing free sugars consumption as part of a more comprehensive approach to help reduce obesity and other chronic diseases. IFBA and its members fully support the recommendation and have been working for many years on a multi-pronged strategy to sugar reduction:

- reformulating products to reduce added sugar
- innovating to deliver low- and no-calorie options
- making packages smaller to enable portion control

¹⁶Annex to the Technical briefing for Appendix 3 of the Global Action Plan for Non-Communicable Diseases, Interventions to promote healthy diets, p. 15

- providing portion guidance

These efforts have proven effective in reducing sugar in the marketplace. For example, The Coca-Cola Company removed 900,000+ tonnes of sugar from its global portfolio from 2017-2021 through efforts to reformulate more than 1,000 beverages; since 2016, PepsiCo has reformulated several beverage brands, including 7UP, Mountain Dew, and Mirinda recipes with 30-50% less added sugars across 46 countries; and by 2020, Unilever had reduced sugar by 23% across its ready-to-drink teas, powdered iced tea and milk tea products.

IFBA members also participate in a number of sugar reduction initiatives around the world. For example, in the U.S.A., members of the American Beverage Association’s “Balance Calories Initiative” (BCI) have committed to decrease beverage calories in the American diet by 20% per person by 2025. A BCI report released in early 2022 found that average calories per 8-oz serving declined between 10% and 15% since 2014 in five select communities where the beverage industry is measuring progress. In Mexico, the Mexican Beverage Industry Association pledge has committed to reduce the calorie content of its member companies’ portfolios by 20% between 2018 and 2024. In the European Union and UK, the European soft drinks industry (UNESDA) pledged to reduce average added sugars in soft drinks by another 10% from 2019 to 2025 - representing a 33% overall reduction in average added sugars over the past two decades.

We recognize that obesity is a complex, systemic issue with no simple solution. Addressing this critical global issue requires a comprehensive intervention strategy. An 2014 analysis by McKinsey Global Institute of 44 interventions to address obesity that were being discussed or piloted somewhere in the world, including subsidized school meals, calorie and nutrition labelling, restrictions on marketing high-calorie foods and beverages, public health campaigns and a tax on high-sugar and high-fat products found that taxes were among the least effective interventions while portion control and product reformulation – the very actions IFBA members have been championing for years - were among the highest-impact intervention areas.¹⁷

Further work is needed to assess the impact of fiscal measures on diet and health outcomes.

As stated in our comments on the first discussion paper on the draft Appendix 3, while researchers claim that “modelling” demonstrates that positive health outcomes will result from taxation, today, there are still no demonstrated positive health outcomes from the selective taxation of a single beverage category in a consumer’s diet.

Two recent reviews of implemented SSB taxes around the world, referenced in the Technical Briefing for Appendix 3, also found no evidence of a positive health outcome:

¹⁷ Richard Dobbs, et al. Overcoming obesity: An initial economic analysis, McKinsey Global Institute, 2014. Available: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-the-world-could-better-fight-obesity>

- A 2020 review by the World Bank of the latest global evidence of the effectiveness of SSB taxes found that “given the majority of health-focused SSB taxes have only recently been introduced, it is too early to evaluate their impacts on population-level health outcomes.”¹⁸
- A 2022 systematic review and meta-analysis of the literature on implemented SSB taxes commissioned by the WHO to provide comprehensive guidance on the outcomes associated with SSB taxation worldwide concluded that studies to assess how SSB taxes are associated with dietary intake, BMI and health outcomes are lacking and “further research on SSB taxes is needed to understand associations with diet and health outcomes...”¹⁹
 - “Whereas study quality was generally high for price and sales evaluations, consumption assessments were often deemed as low quality. Large representative studies to identify changes in SSB consumption for both children and adults are currently lacking. Meta-analyzed estimates of tax-related changes in consumption were not statistically significant, potentially due to a small number of studies with limited statistical power.”
 - “BMI outcomes were assessed for US-based sales taxes only, with no association identified in 4 studies and a negative association in 1 study. Similarly, diet changes were assessed for small US sales taxes, with no change in total calorie intake in 1 study and increased intake in another. No evidence was available yet for BMI and dietary outcomes based on recent excise taxes in either the US or globally.”

We urge the WHO to support further research to determine if a SSB tax will deliver a cost-effective, public health outcome before such an intervention is recommended.

27 August 2002

¹⁸ World Bank (2020) Taxes on Sugar-Sweetened Beverages: Summary of International Evidence and Experiences. Washington DC: World Bank. Available from: <http://hdl.handle.net/10986/33969>.

¹⁹ Andreyeva T, Marple K, Marinello S, Moore TE, Powell LM (2022) Outcomes Following Taxation of Sugar-Sweetened Beverages: A Systematic Review and Meta-analysis. JAMA Network Open 5(6): e2215276.