

International Food & Beverage Alliance
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.

The International Food & Beverage Alliance (IFBA)¹ welcomes the opportunity to provide comments on the Draft Updated Appendix 3 of the WHO *Global Action Plan on the Prevention and Control of Noncommunicable Diseases, 2013-2020*, now extended to 2030 (WHO *Global NCD Action Plan*).

The WHO *Global NCD Action Plan* recognizes that effective NCD prevention and control requires a whole-of-society approach and engagement of all stakeholders, including the private sector.

We note that since the updated draft Appendix 3 was first published, there has been a change in the range of non-State actors invited to participate in the web-based consultations - participation is now limited to those in official relations with WHO. We are disappointed that the private sector is excluded from the consultations. The food and beverage industry has a long and successful history of positive engagement with the WHO on an informal basis, including in the consultations around updating the 2017 version of Appendix 3.

Since IFBA's inception 14 years ago, we have supported WHO, UN and Member State strategies through a series of substantial and progressive actions aimed at improving global health and nutrition, including most recently, the adoption of the first-ever collective commitment by the food industry to implement globally set standardized targets for sodium reduction in manufactured foods and the adoption of the WHO's objective to eliminate industrially produced trans fat from the global food supply by 2023.

We believe the WHO and Member States have, and will continue, to benefit from the expertise and contributions of the private sector, and whose collaboration will be critical to the implementation of the Appendix 3 interventions. We respectfully suggest that moving forward, the WHO invite comments and the participation of all relevant non-State actors to the next round of consultations in September.

General Comments

We note the main reason for updating Appendix 3 is to take into consideration: 1) the emergence of new evidence of cost-effectiveness or new WHO recommendations since the adoption of the *Global NCD Action Plan* and; 2) to refine the existing formulation of some interventions based on lessons learnt.

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.

The proposed 2022 updated Appendix 3 revises the menu of options for Objective 3 (to reduce risk factors for NCDs) and Objective 4 (enable health systems). Our comments are limited to Objective 3, and specifically to the proposed interventions relating to “Unhealthy diet” and the Technical briefing on “interventions to promote healthy diets.”

We fully support the recommendation to address “Unhealthy diet” with an overarching/enabling action to implement the WHO 2004 *Global Strategy on Diet, Physical Activity and Health*. The actions identified in this strategy for the private sector are the very actions IFBA members have been implementing voluntarily since 2008.

In general, we support many of the proposed interventions in the updated draft Appendix 3 on product reformulation, nutrition labelling, portion control and package size, behaviour change communications, marketing to children and nutrition education – all of which reflect IFBA’s commitments and represent the core of our work to improve global health and nutrition. Obviously, technical, food safety and regulatory constraints observed by the industry need to be taken into account.

We support science- and evidence-based cost-effective interventions to improve diets. We believe all proposed recommendations to update Appendix 3, whether based on new evidence of cost-effectiveness or new WHO recommendations, should be grounded in strong science and evidence.

We note that in some instances, the WHO has indicated the evidence base is “scarce,” such as the studies evaluating the impact of nutrition labelling policies on dietary intake, nutrition status or NCD-risk related outcomes “in real world settings”. (*Annex to healthy diet technical brief, H2*). In our view further work is needed to assess the cost-effectiveness and impact of some of the proposed interventions before regulatory options, including fiscal policies, are recommended and activated.

Specific Comments

Specific interventions with WHO-Choice analysis

Intervention H1: “Reformulation policies for healthier food and beverage products”

IFBA supports the proposal to expand the reformulation intervention from reducing only sodium to also addressing saturated fatty acids and sugar in food and beverage products. Having said that, these nutrients are available in multiple food categories beyond packaged products, including street food and restaurants and home cooking. To be effective, the intervention should address all sources of these nutrients.

We are working continually to innovate and improve the nutrition of our foods and beverages – reducing nutrients of concern such as sugars, sodium and saturated fat; and increasing palatability and consumer appeal of nutrient-dense foods considered beneficial for good health.

Reformulation is complex and challenging. Consumers will not knowingly sacrifice taste for health. Experience has shown that a gradual and stepwise approach is necessary to give consumers time to adjust and avoid choosing non-reformulated options. Technology will also evolve over time to provide solutions which may not be immediately available.

IFBA members' efforts, which have been undertaken voluntarily by companies in support of the goals established by governments and the WHO, 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.² As the intervention references reformulation policies for healthier food and beverage products, we suggest the WHO consider adding a recommendation encouraging the reformulation and innovation of products that not only *excludes* ingredients of public health concern, but also *includes* ingredients considered beneficial for good health – whole grains, fibre, fruits and vegetables, nuts and pulses and low-fat dairy, as well as micronutrient fortification, such as folic acid, vitamins, calcium and iron.

We note the intervention to eliminate trans-fatty acids (TFA). This appears to represent a change in the definition of the intervention from the 2017 Appendix 3 which called for the elimination of *industrial* trans-fats and is inconsistent with the WHO's priority targets in its 13th General Programme of Work, which calls for the elimination of *industrially-produced* trans fat, as distinguished from naturally occurring trans fats. For the sake of consistency and policy coherence, we would recommend that the definition revert back to *industrially-produced* trans fat.

As mentioned above, IFBA members have committed to eliminate industrially produced trans fat from the global food supply by 2023 and we are well on our way to achieving this goal. The success of members' efforts is the result of replacing partially hydrogenated oils (PHOs) – the main source of trans fat in processed foods with non-PHO solutions - unsaturated fats such as high oleic oils, without sacrificing texture, structure and taste. We support a ban on PHOs and in further support of our commitment to help other manufacturers do the same, IFBA has published a guideline to eliminating industrially produced trans fats and PHOs.³

We also need to acknowledge that there is no "one size fits all" solution. The markets we operate in are heterogenous which makes a global benchmark of limited effect. Therefore, it is key to create a framework that matches impactful industry efforts with the unique circumstances of each market.

We also stress the need for a credible, simple and globally recognized approach to monitoring progress.

² [2020 IFBA Progress Report](#)

³ International Food & Beverage Alliance and American Oil Chemists Society. (June 2022) Path to Phasing out Industrially-Produced Trans Fats, Bakery and Confectionery Manufacturer's Guide for iTFA Replacement. Available: <https://ifballiance.org/publications/manufacturers-guide-to-eliminate-industrially-produced-trans-fat/>

Intervention H2: “Front-of-pack labelling as part of comprehensive nutrition labelling policies”

We support front-of-pack labelling (FOPL), as well mandatory nutrients declarations in line with CODEX Alimentarius. FOPL is a valuable and complementary public health tool with the potential to encourage behaviour change by helping consumers make informed dietary choices and improve their eating habits. FOPL schemes can also stimulate the food industry to reformulate and develop healthier products.

IFBA members provide clear, objective, fact- and science-based nutrition information on their products, online and at point-of-sale. Globally, we have implemented an easy-to-understand approach to nutrition labelling to give consumers easy access to the amount of calories, sugar, sodium and other nutrients in each serving or portion and how each contributes to daily nutritional needs for a balanced, healthy diet. At the end of 2020, 99.7% of IFBA members’ products globally displayed nutritional information on-pack; and 95.8% of products displayed calories front-of-pack.⁴ In addition to our global commitment, IFBA members participate in voluntary and government-endorsed FOPL schemes around the world.

There are many different types of FOPL schemes in use globally. We would suggest the WHO consider clarifying the intervention to ensure that any FOPL system considered is easy-to-understand, objective, fact- and evidence-based, drawing on the latest nutritional science and dietary guidelines, and are effective in helping inform consumers about dietary choices best for them.

Intervention H4: “Behaviour change communication and mass media campaign for healthy diets”

We support this intervention and note there is no change compared to the 2017 Appendix 3 update.

We believe behaviour change is fundamental to consumers’ adoption of healthier diets and consumer behaviour is the ultimate measure of success of any policy or company intervention in this field. However, successfully changing consumer behaviour is a challenging and lengthy process requiring comprehensive approaches including the availability of healthier products, nutrition education and literacy, strategies to motivate new behaviours and enabling environments. It also requires an understanding of the barriers that prevent people from adopting a new behaviour; the triggers that provoke people to start a new behaviour and the motivations that will help them sustain a new behavior. Mindful eating behaviours could be incorporated in dietary guidelines to help this shift with consumers. Promoting behaviour change and empowering consumers to make the right choices will require a concerted and collective effort by all stakeholders. IFBA members have a wealth of expertise in nutrition science, market research, marketing and consumer insights. We also understand the technological and regulatory constraints to innovation and renovation. We welcome the opportunity to

⁴ All IFBA companies reporting on nutritional information and nine companies reporting on FOPL.

share our expertise and participate in collaborative efforts with governments and other stakeholders to help achieve this intervention.

Intervention H6: “Taxation on sugar-sweetened beverages as part of comprehensive fiscal policies to promote healthy diets”

We note the cost-effectiveness analysis of this intervention is currently being updated and will be included in the second draft WHO Discussion Paper. Taxes meant to discourage the consumption of a particular category of product are known to have mixed results because consumers can easily substitute other products containing the same nutrient. Furthermore, this can lead to unintended consequences and market distortions that can undermine the objective of the tax. Sound evidence is needed to show that taxation will achieve behaviour change or improve health outcomes on prevalence of obesity or overweight. We look forward to reviewing the analysis and providing our comments in due course.

We are aware that the WHO has been actively calling for taxation of sugar-sweetened beverages since 2016, when it published a report on “Fiscal Policies for the Diet and Prevention of NCDs.” We respectfully request that the WHO revise the draft Appendix 3 to remove intervention H6 from the proposed menu of policy options. As the WHO purports, proposed interventions must be designed and implemented to achieve cost-effective, measured positive health outcomes. We have witnessed several researchers since 2014 claim that “modelling” demonstrates that positive health outcomes will result from taxation – and yet in 2022 there are still no demonstrated positive health outcomes from the selective taxation of a single beverage category in a consumer’s diet. This intervention will not meaningfully help achieve the voluntary global targets for NCD prevention and control that are identified in the WHO’s *Global NCD Action Plan*. As the WHO briefed Member States in April 2017, WHO’s CHOICE analysis did not support sugar-sweetened beverage taxation from either a health outcome or a cost-effectiveness basis. If an updated Appendix 3 is really intended to stand up to scrutiny as the best, most-evidence supported interventions, then it is critical that the WHO acknowledge when interventions previously proposed simply haven’t proven their value, then or now, and instead move forward with those that can achieve real results.

Other interventions from WHO guidance (without WHO-CHOICE analysis)

Intervention H7: “Implement WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children”

We note there is no change to this intervention compared to the 2017 Appendix 3 update.

We recognize the need for responsible marketing practices and support the proposed intervention to implement the WHO’s *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*.

IFBA's *Global Responsible Marketing Policy* is in line with the WHO *Set of Recommendations on food and non-alcoholic beverage marketing to children* which formally recognizes industry self-regulation as a means of implementing the policy objective of reducing the impact on children of the marketing of foods high in fat, sugar and salt.

The IFBA policy applies in every country where IFBA members market their products 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. This policy has led to positive changes in the nutritional composition of foods marketed to children – foods are now lower in sugar, salt and saturated fat and provide more whole grains, non-fat dairy, fruits and vegetables. For example, in the U.S.A., an analysis of food ads in 2021 by 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.⁵ A study by Nielsen, commissioned by the World Federation of Advertisers in 2021, looked at online environments in 12 markets around the world and concluded that on average only 1.45% of online ads served to children are for foods and beverages high in fat, sugar or salt.⁶

Self-regulation is cost-effective, measurable and flexible. While we recognize the implicit advantages of a statutory response to ensuring a level playing field across the whole industry, we also believe the ability to take a flexible approach to regulation provides significant advantages in responding to challenges. A range of policy options – including industry-led self-regulation and co-regulatory approaches need to be considered and their benefits and costs assessed. We would recommend that the WHO include self-regulation and co-regulation as effective and cost-effective interventions for Member States to consider.

Intervention H10: "Limiting portion and package size to reduce energy intake and the risk of overweight/obesity"

A major component of healthy eating is portion control and the right portion guidance. We support this intervention and note there is no change to the 2017 Appendix 3 update.

As part of our product and reformulation and portfolio strategy IFBA members offer portion control and smaller package sizes to help people have a healthy and balanced diet with choice.

⁵ 2020 CFBAI and CCAI Compliance Report. December 2021. Available: <https://bbbprograms.org/programs/all-programs/cfbai>

⁶ 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>

The role of portion control needs to play a critical role in the strategy including our ongoing work on product reformulation and innovation.

Intervention H11: “Nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to promote healthy diets”

We support this intervention and note there is no change compared to the 2017 Appendix 3 update.

We believe the private sector has a role to play in promoting nutrition education and healthy lifestyles in the communities we serve. IFBA members have been collaborating successfully, for many years, with Member States and civil society around the world in community, school and workplace initiatives aimed at promoting nutrition education, healthy eating and healthy lifestyles. All IFBA members offer workplace wellness programmes designed to promote the health and wellbeing of their employees.

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