Online public consultation on the "Draft WHO guideline on use of non-sugar sweeteners"

Comments by the International Food and Beverage Alliance

Introduction

The International Food and Beverage Alliance (IFBA) welcomes the opportunity to provide comments on the "Draft WHO guideline on use of non-sugar sweeteners".

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.

Since its establishment in 2008, IFBA has been championing voluntary food industry action to improve nutrition and health outcomes, in support of the World Health Organisation's (WHO) actions to tackle Non-Communicable Diseases (NCDs). In line with calls by the United Nations and the WHO, IFBA members are continuously working to help consumers improve their dietary quality and manage their caloric and sugar intake. We contribute to lowering sugar and caloric intake by formulating products with less or no sugar, including by using low- and no-calorie sweeteners and other ingredients as alternatives to sugars, by offering smaller portion sizes and providing portion guidance.

A range of commitments have been made by IFBA members to remove sugar from the food supply. These include reformulating products, developing new products with low- or no-sugar, and providing smaller portions. These commitments are published on IFBA's website.[1]

The WHO draft guideline

The draft guideline suggests that non-sugar sweeteners (NSS) should not be used as a means of achieving weight control or reducing risk of non-communicable diseases (*conditional recommendation).

This recommendation is based on evidence of overall *low* certainty, and in the absence of any credible research challenging the safety of NSS. Indeed, NSS are widely recognized as safe by competent authorities from around the world. This guideline, therefore, risks adversely impacting policy making, by hindering the use of NSS as a means of lowering sugar/caloric intake, which may ultimately undermine public health outcomes.

In addition, the title of the draft recommendation: "WHO draft guideline: use of non-sugar sweeteners" could be misleading as the WHO guidance covers only one area of NSS usage, namely weight control & reduction. Therefore, since there was not adequate evidence to review the effect of NSS on oral health in the 2022 systematic review, the existing wording is not founded on scientific evidence and will lead to misunderstanding. Accordingly, it is recommended to re-word the final WHO NUGAG declaration in order to confirm the greatest understanding, message and interpretation of the final recommendation and only reference the precise results from the systematic review and meta-analysis and not generalize to all NCDs.

NSS can be used for a number of other purposes, including the production of energy-reduced food (food with reduced energy by at least 30%), non-cariogenic food or food with no added sugar, dietary foods intended for low-caloric diets as it is included in Food Regulations at local or regional level.

[1] https://ifballiance.org/commitments/product-formulation/reducing-sugar-and-calories/

1. Scientific evidence underpinning the WHO guideline should be strong

IFBA supports science- and evidence-based policy recommendations that effectively help deliver positive public health outcomes. In this instance, we do not believe that it is appropriate to make a recommendation not to use NSS for weight control and reducing the risk of NCDs when the evidence underpinning the recommendation is of low quality and the recommendation is classified as "conditional".

Member States and other stakeholders – including non-state actors – look to WHO to make science-based recommendations to inform the development of their policy responses and therefore expect such recommendations to be supported by strong scientific consensus and based on evidence directly related to the object of the guideline.

The draft guideline does not challenge the safety of NSS, but it suggests, on the basis of low-quality evidence, that NSS should not be used for weight management or NCD risk-reduction based on long-term population studies. The draft guideline does not address directly the well-evidenced short-term benefits of NSS for multiple vulnerable demographics.

The guideline reaches beyond the matter of the safety and recommended intake of NSS by making assumptions on their ultimate role in the diet. The overall draft recommendation is based, among other things, on the suggestion that NSS could – in addition to being a safe, sugar free alternative to high-caloric sugar – ultimately shape the overall diet of consumers:

"*Because free sugars are often found in highly processed foods and beverages with undesirable nutritional profiles, simply replacing free sugars with NSS results in a food or beverage in which any other unhealthy elements are mostly retained, and as a result, the overall quality of the diet remains largely unaffected*." [2]

This overreach of the guideline's scope is in conflict with actions taken worldwide by public health authorities and private sector organisations to reduce sugar intake. The statement is furthermore not supported by science and discounts the many nutritious and affordable products that positively contribute to overall diet quality by delivering under-consumed food groups like whole grain, dairy and fruits, as well as important nutrients like fiber, protein, and vitamins/minerals.

It is regrettable that the draft guidelines are based on low-quality evidence, chiefly relying on observational studies, which cannot establish a causal relationship. It is concerning that the draft guideline seems to uphold the conclusions from the prospective cohort studies and weight them more heavily than the results of Randomized Control Trials (RCTs), despite the findings from RCTs that suggest that NSS may be effective for short term weight loss (decrease in BMI and body weight) and helping people reduce energy intake as well as total sugar intake. The WHO-commissioned meta-analysis of RCTs reinforced the findings of an earlier, 2019 WHO-commissioned review,.[3] and acknowledges the moderate-to-high certainty clinical trial evidence showing either beneficial effects or an absence of detrimental effects from non-sugar sweetener consumption on body fatness and waist circumference, body weight, BMI, fasting glucose, glycated hemoglobin, systolic blood pressure, diastolic blood pressure, HDL cholesterol.[4] This stronger evidence was seemingly dismissed in favor of the very-low-to-low-certainty observational evidence (known to suffer from residual confounding and reverse causality). Evidence selected for this guideline should adhere to the GRADE systematic review guidelines.

2. The available scientific evidence does not challenge the safety of NSS

[2] WHO draft guideline, p. 45.
[3] World Health Organization, Rios-Leyvraz, Magali & Montez, Jason. (2022). Health effects of the use of non-sugar sweeteners: a systematic review and meta-analysis. https://apps.who.int/iris/handle/10665/353064.
[4] See Annex 6 'GRADE Evidence Profiles' in the Draft Guidelines (see p.57)

The benefits of low- and no-calorie sweeteners when used in place of sugars are supported by a wealth of well-conducted, acute, short- and longer-term randomized controlled trials in humans, which provide high quality evidence. Failing to consider the collective evidence on the health effects of non-sugar sweeteners and to accurately translate the totality of available evidence into a recommendation in view of the hierarchy of scientific evidence, may hinder public health efforts to reduce sugars and calorie intake, provide lower and no added sugar options for those with diabetes, and impact oral health.

There is an extensive body of evidence from both animal models and human studies that support the safety of NSS for the general population including the elderly, children, pregnant and lactating women, within Acceptable Daily Intake (ADI) limits.

All NSS undergo extensive safety evaluation processes by international and national regulatory food safety bodies both before and after their approval for use in the market. The FAO/ WHO Joint Expert Committee on Food Additives (JECFA)[2], the US Food and Drug Administration (FDA)[3] and EFSA[4], have confirmed the safety of all approved NSS as food additives.

In addition, results from meta-analyses of RCTs confirm that NSS have no adverse impact on cardiometabolic risk factors, including glucose and insulin levels, blood lipids and blood pressure. In the presence of higher-quality evidence from RCTs, low certainty evidence from observational studies should be interpreted with caution. As it is indicated in the WHO draft document, global data on NSS usage and intake are unclear as robust longitudinal statics is not readily available for most countries outside North America, Europe and Australasia.

3. NSS are a critical tool for product formulation and to meet public health goals

NSS are used to replace sugars in food and beverage products, resulting in lower-sugar foods and beverages that can contribute to positive dietary outcomes in several ways: to lower calorie intake when there is excess sugar intake; for diabetes meal planning; and for nutritional strategies for dental health. All these objectives are aligned with the priorities adopted by the UN and the WHO on NCDs, and NSS are one of many tools to respond to these specific challenges. This includes responding to the WHO's recommendation on the intake of free/added sugars, adopted in 2015[5], and which was classified as a "strong" recommendation.

In 2018, the Political Declaration of the UN High Level Meeting on NCDs called upon the private sector to "*strengthen its commitment*" to make further efforts to reformulate foods and beverages to reduce the excessive use of salts, sugars and fats.[6] The industry has responded to this challenge by stepping up efforts to reformulate products. NSS are a critical part of this response.

During the 75th World Health Assembly, Member States endorsed a global strategy on oral health, with one of the overarching goals being to reduce oral disease.[7] Because low- and no-calorie sweeteners are non-fermentable by oral bacteria, they can contribute to good oral health when used as a replacement for sugar.[8] The European Food Safety Authority argues that "*there is sufficient scientific information to support the claims that intense sweeteners, as all sugar replacers, maintain tooth mineralization by decreasing tooth demineralization if consumed instead of sugars*"[9]. These benefits are also widely recognized by health authorities in Canada, Australia and Germany and the

[5] Guideline: sugars intake for adults and children, World Health Organisation, 2015.
[6] See 2018 UN High Level Meeting on NCDs Political Declaration, A-73-L-2-EN at OP 44, available at https://digitallibrary.un.org/record/1645265?ln=en .
[7] See https://www.who.int/news-room/feature-stories/detail/landmark-global-strategy-on-oral-health-adopted-at-world-health-assembly-75
[8] FDI Policy Statement: Sugar substitutes and their role in caries prevention. Adopted by the FDI General Assembly, 26th September 2008, Stockholm, Sweden
[9] EFSA, Scientific opinion on the substantiation of health claims related to intense sweeteners. EFSA Journal 2011;9(6):2229. Available online: http://onlinelibrary.wiley.com/doi/10.2903/j.efsa.2011.2229/epdf

FDI World Dental Federation. The global economic burden of dental caries treatment is already significant, with combined direct and indirect costs estimated at as much as US$245 billion, and failing to acknowledge the well-established benefits of NSS use in dental health is a risk to public health efforts to address caries and related conditions such as gum disease and tooth loss.

Similarly, during the same World Health Assembly, Member States supported the creation of the first-ever global targets for diabetes, as part of WHO's Global Diabetes Compact.[10] The draft guideline excludes people with diabetes (10% of the global population, according to International Diabetes Federation) from the scope of their conditional recommendation. This is a missed opportunity to reinforce action around diabetes management, including with low- and no- calorie sweeteners.

Indeed, health organizations around the world recognize that low- and no- calorie sweeteners can be safely used to replace sugar in the nutritional management of diabetes. Diabetes UK produced a Position Statement on low- and no-calorie sweeteners which concludes that: "LNCS are shown to be safe and they can be used as part of a strategy for adults and children in the management of weight and diabetes".[11]Both the American Diabetes Association (ADA)[12] and the US Academy of Nutrition and Dietetics (AND)[13], in their nutrition recommendations for type 1 and type 2 diabetes, conclude that the use of low- and no-calorie sweeteners have the potential to reduce overall calorie and carbohydrate intake. Finally, the EU authority recognizes that "*the consumption of foods containing intense sweeteners instead of sugar induces a lower blood glucose rise after their consumption compared to sugar-containing foods*."[14]

NSS usage can help maintain weigh as a part of balanced diet (especially energy-reduced food, low caloric food). Healthy diet, regular physical activities, people education to encourage heathy eating habits – weight loss requires a holistic approach. NSS can significantly reduce daily energy intake (-569 kJ) and daily sugar intake (-38,4 g) as is indicated in the WHO draft.

Conclusion

We call on the WHO to revisit the scope and the conclusions of the draft guideline to take into consideration the priorities identified by the United Nations 2018 Political Declaration on NCDs, as well as subsequent WHO Strategies on diabetes and on oral health, including Resolution WHA74.5 on oral health adopted in May 2021.

NSS play a critical role in the management of and response to these challenges, and their safe use is recognized and encouraged by competent authorities around the world. It is regrettable that a conditional recommendation based on weak evidence does not recognize that role, given the risks that it may negatively impact the ability of food manufacturers to use NSS to reduce sugar consumption and have long-term unintended consequences. There is concern that the recommendation could reinforce consumer skepticism around the safety of NSS, and may ultimately lead to a net increase in sugar consumption, which is surely not in the public health interest. Rather

[10] https://www.who.int/news-room/feature-stories/detail/first-ever-global-coverage-targets-for-diabetes-adopted-at-the-75-th-world-health-assembly

[11] Diabetes UK. The use of low or no calorie sweeteners. Position Statement (Updated December 2018). Available at: https://www.diabetes.org.uk/professionals/position-statements-reports/food-nutrition-lifestyle/use-of-low-or-no-calorie-sweetners.

[12] Evert AB, Dennison M, Gardner CD, Garvey WT, Lau KHK, MacLeod J, Mitri J, Pereira RF, Rawlings K, Robinson S, Saslow L, Uelmen A, Urbanski PB, Yancy Jr. WS. Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report. Diabetes Care. 2019 May;42(5):731-754;

[13] Franz M. J. et al. Academy of Nutrition and Dietetics Nutrition Practice Guideline for Type 1 and Type 2 Diabetes in Adults: Systematic Review of Evidence for Medical Nutrition Therapy Effectiveness and Recommendations for Integration into the Nutrition Care Process. Journal of the Academy of Nutrition and Dietetics 2017;117(10):1659-79

[14] Commission Regulation (EU) No 432/2012 of 16 May 2012 establishing a list of permitted health claims made on foods, other than those referring to the reduction of disease risk and to children's development and health

than advising against the use of NSS on the basis of weak evidence and in a “conditional” manner, it would be advisable for WHO to recommend further research to build the evidence base.