

Online consultation on the Global Oral Health Action Plan

Comments by the International Food and Beverage Alliance

Introduction

The International Food & Beverage Alliance (IFBA) welcomes the opportunity to provide comments on the WHO's Draft Global Oral Health Action Plan (the "Draft Action Plan"), dated 12 August 2022.

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 industry action to improve nutrition and health outcomes, in support of the World Health Organisation's (WHO) actions to tackle Non-Communicable Diseases (NCDs), including oral diseases. 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 sugar intake and to ensure oral health.

1. The role of the private sector in support of the WHO's Oral Health Global Action Plan

The WHO's Draft Oral Health Global Action Plan rightfully highlights the urgency of the public health challenge posed by the global burden of oral diseases and lays down critical actions for Member States, WHO, international partners, civil society and the private sector.

We are encouraged by the WHO's recommendation for stakeholders to "*work with the private sector to encourage them to reduce portion sizes and reformulate products to lower sugar levels*", underlining the positive role that the private sector can play by reformulating foods and beverages to reduce added sugars.¹

This recommended action is in line with the most recent Political Declaration of the UN High Level Meeting on NCDs, calling 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.

Heeding this call, IFBA members have been working towards lowering sugar intake by formulating products with less or no sugar, including by using low- and no-calorie sweeteners and other ingredients as alternatives to sugars, and 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 commitments are published on IFBA's website.²

2. The importance of non-sugar sweeteners

Non sugar sweeteners are a critical tool for product formulation and a key asset in the industry's efforts to reduce added sugar intake and to improve oral health. The recent consultation by the WHO on "Draft WHO guideline on use of non-sugar sweeteners" suggests that non-sugar sweeteners (NSS) should not be used as a means of achieving weight control or reducing risk of non-communicable diseases. Although the draft guideline does not explicitly address NSS' role in contributing to oral health, there is a risk that the guideline undermine the overall support for and reliance on these alternatives to sugar. Doubts over their effects, impact and safety may risk increasing intake of sugars and, in turn, may affect oral health.

¹ Draft Oral Health Action Plan, Action 22, p.9

² <https://ifballiance.org/commitments/product-formulation/reducing-sugar-and-calories/>

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.³ IFBA members have previously noted that the WHO Draft Guideline recommendation is deemed “conditional”, given that it is based on overall low certainty, and does not provide any evidence challenging the safety of NSS.

Given the critical role played by NSS in the management of good oral health, we reiterate our calls for the WHO to revisit the scope and the evidence base underpinning the conclusions of the draft NSS Guideline, and 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 are a critical tool to promote oral health, and WHO Guidelines should reflect their valuable contribution to this WHO priority.

3. Evidence underpinning targets Sugar-Sweetened Beverages Taxation

The WHO’s Draft Action Plan sets a Global Target of 70% of countries implementing a sugar-sweetened beverage (SSB) tax by 2030. This ambitious objective seems premature given that the WHO’s concurrent consultation on Draft Updated Appendix 3 of its Global NCD Action Plan 2013-20304 suggests that the WHO’s own impact analyses are preliminary and are “subject to validation”. WHO’s own modelling results show that SSB taxation is the lowest ranked intervention among the “Unhealthy Diets” measures. Considering the acknowledgement by WHO that the work is incomplete and outcomes are preliminary at best, it seems premature for WHO to set global targets.

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:

- 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.”⁵
- 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...”⁶
 - “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.”

³ FDI Policy Statement: Sugar substitutes and their role in caries prevention. Adopted by the FDI General Assembly, 26th September 2008, Stockholm, Sweden

⁴ <https://www.who.int/teams/noncommunicable-diseases/updated-appendix-3-of-the-who-global-ncd-action-plan-2013-2030/>

⁵ 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>.

⁶ 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.

- “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.

4. The benefits of sugar free products for oral health

Research has demonstrated the health benefits of chewing sugar-free gum, the oral health benefits of which are widely recognized by experts, dental associations, and regulatory authorities around the world. A 2017 health economic study analyzed the effect that increasing the average consumption of sugar-free gum would have on dental expenditures due to caries treatment in 25 industrialized countries representing 77.1% of global GDP.⁷ The modeling showed that increasing sugar-free gum consumption by one more piece per day (seven pieces per week), in addition to a complete oral hygiene routine, could lead to US\$4.1 billion savings in dental care costs worldwide annually due to caries prevention. Other market-specific studies have reached similar conclusions.^{8,9}

In recent years, a program of research led by the Faculty of Dentistry, Oral & Craniofacial Sciences at King’s College London has provided the most robust evidence to date of the oral health benefits of chewing sugar-free gum. These studies have shown that people who regularly chewed sugar-free gum developed 28% less caries than those who did not. The impact of chewing sugar-free gum on the development of dental caries also compared favorably to other preventative oral care interventions such as using fluoride toothpastes, using fluoride supplements, oral health education, and supervised tooth brushing.¹⁰ Chewing has been shown to reduce the load of *Streptococci mutans* (a contributor to tooth decay which is mostly found on the surfaces of teeth) in the oral cavity,¹¹ and also to reduce the quantity of plaque in the oral cavity in comparison to non-sugar-free chewing or no chewing controls.¹²

In addition, the use of sugar-free gum to protect oral health has been endorsed by a number of governmental and federal authorities. The European Commission has approved six oral health claims for sugar-free chewing gum, while federal health departments and bodies in Canada,¹³ Australia,¹⁴ and Germany¹⁵ are among those to have publicly endorsed the oral health benefits of chewing.

⁷ Rychlik R et al. A global approach to assess the economic benefits of increased consumption of sugar-free chewing gum. *Am J Dent*. 2017 Apr;30(2):77-83.

⁸ Claxton L, Taylor M, Kay E. Oral health promotion: the economic benefits to the NHS of increased use of sugarfree gum in the UK. *British Dental Journal*. 2016; 220(3): 121.

⁹ Zimmer S., Spyra A, Kreimendahl F. Elevating the use of sugar-free chewing gum in Germany: cost saving and caries prevention. *Acta Odontologica Scandinavica*. 2018. 76:6, 407-414.

¹⁰ Newton JT et al. A Systematic Review and Meta-Analysis of the Role of Sugar-Free Chewing Gum in Dental Caries. *JDR Clin Trans Res*. 2020 Jul;5(3):214-223.

¹¹ Nasseripour M et al. A systematic review and meta-analysis of the role of sugar-free chewing gum on *Streptococcus mutans*. *BMC Oral Health*. 2021;21:217.

¹² Nasseripour M et al. A systematic review and meta-analysis of the role of sugar-free chewing gum on plaque quantity in the oral cavity. *Frontiers in Oral Health & Preventive Dentistry*. 2022

¹³ Health Canada. Summary of Health Canada’s assessment of a health claim about sugar-free chewing gum and dental caries risk reduction. Available at: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-labelling/health-claims/assessments/sugar-free-chewing-dental-caries-risk-reduction-nutrition-health-claims-food-labelling.html>

¹⁴ Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015-2024. Available at: http://iaha.com.au/wp-content/uploads/2016/02/Australias-National-Oral-Health-Plan-2015-2024_uploaded-170216.pdf

¹⁵ Association of the Scientific Medical Societies in Germany. Caries prevention in permanent teeth – basic recommendations. Available at: https://www.awmf.org/fileadmin/user_upload/Leitlinien/083_D_Ges_fuer_Zahn-_Mund-_und_Kieferheilkunde/083-021le_S2k_Caries_prevention_2017-03.pdf

Sugar-free gum, mouth washes and rinses, flavored dental flosses and picks contain low and no calorie sweeteners (LNCS) which are used to replace sugar to encourage use in line with consumer taste preferences. The continued use of these sweeteners in sugar-free mouth washes and rinses, flavored dental flosses and picks, and chewing gum should be encouraged by regulatory and scientific authorities for oral health benefits. Noncariogenic carbohydrate sweeteners do not promote dental caries as they are slowly metabolized by bacteria resulting in a rate and amount of acid production significantly less than seen with sucrose or other fermentable carbohydrates. This in turn does not cause the loss of important minerals from tooth enamel. Due to the high incidence of dental caries globally, along with the associated health and economic burdens, simple and cost-effective solutions are desirable. The low levels of sweeteners contained in sugar-free gum are not a health concern since globally combined intake levels do not reach the Acceptable Daily Intake (ADI)¹⁶.

Low-cost, widely available interventions like sugar-free gum can play a key role in delivering the Global Action Plan's target of achieving a relative reduction of 10% in the global prevalence of oral diseases like dental caries by 2030.

Conclusion

IFBA members support the WHO's effort to establish a Draft Action Plan on Oral Health, and are grateful for the opportunity to provide some constructive input to the consultation. We hope this input is helpful to develop a second draft of this important Action Plan and remain at your availability for any further input or clarification.

¹⁶ Martyn D, Darch M, Roberts A, et al. Low-/No-Calorie Sweeteners: A Review of Global Intakes. *Nutrients*. 2018;10(3):357. Published 2018 Mar 15. doi:10.3390/nu10030357