

SUBMISSION BY THE INTERNATIONAL FOOD & BEVERAGE ALLIANCE ON THE PAN AMERICAN HEALTH ORGANIZATION'S STRATEGY AND PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES AND PROPOSED RESOLUTION TO THE 150TH SESSION OF THE EXECUTIVE COMMITTEE

The International Food & Beverage Alliance (IFBA) commends the Pan American Health Organization (PAHO) for continuing to raise the level of attention on noncommunicable diseases (NCDs) with the development of a strategy and regional roadmap for the prevention and control of NCDs in the Americas in the period 2012-2020.

The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2) called for the establishment of multistakeholder action for the prevention and control of NCDs through effective partnerships. We applaud PAHO on the launch of the Pan American Forum for Action on Noncommunicable Diseases (PAFNCD), a regional platform for the facilitation of multistakeholder partnerships among governments, nongovernmental organizations, professional associations, academic institutions and the private sector. PAFNCD will also serve as a model for national-level partnership platforms. IFBA is honoured to serve on the Interim Advisory Group of this platform.

IFBA is a group of ten of the world's leading food and non-alcoholic beverage companies – The Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg's, Kraft Foods, Mars, Nestlé, PepsiCo and Unilever – who share a common goal of helping consumers around the world achieve balanced diets and healthy, active lifestyles. In May 2008, we made five global commitments to the WHO in support of the WHO 2004 *Global Strategy on Diet, Physical Activity and Health (the 2004 Global Strategy)*, including commitments to reformulate and develop products that support the goals of improving diets, to provide nutrition information, to restrict the marketing of foods high in fat, sugar and salt to children, to promote balanced diets and active, healthy lifestyles, and to work in partnership with others to address global public health challenges.

The members of IFBA wish to provide comments on the PAHO "Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases (CE150/14, 27 April 2012) (the PAHO Strategy and Plan of Action), and in particular on those objectives and indicators specific to the food and non-alcoholic beverage industry:

- On marketing to children of food and non-alcoholic beverages: *See pg. 6*
- On multisectoral and multistakeholder action: *See pg. 3*
- On a flexible policy framework: *See pg. 2*
- On sodium reduction strategies: *See pg. 5*
- On the elimination of trans fats: *See pg. 9*

General Comments

Support for an “all-of-society” approach – (Core Principles, Paragraph 19(b))

We are pleased to see the PAHO Strategy and Plan of Action recognizes that an “all-of-society approach is needed for NCDs” requiring strategic alliances that include sectors outside of health, and involving governments, civil society and the private sector. In fact, the PAHO Strategy and Plan of Action encourages an approach that includes government, the private sector and civil society at the regional, subregional and national levels. (*Paragraph 5*). We agree that effective responses to NCDs require an “all-of-society” approach. We believe strategic alliances and collaborative partnerships represent one of the strongest and most cost-effective ways to address public health challenges. We also believe the collective impact of industry, government and civil society is exponentially greater than the efforts of any single stakeholder. The WHO 2004 *Global Strategy on Diet, Physical Activity and Health* recognized this, and experience has shown that in acting together we can make a difference. IFBA is committed to doing its part.

Evidence-based policy development

We support the PAHO Strategy and Plan of Action recommendation to strengthen the incorporation of evidence-based public policies in all relevant sectors of government and society. It is in the best interests of all stakeholders that public health policies and interventions be evidence-based and measureable. The private sector can provide governments with evidence, analysis and technical input for the development and implementation of sound public policy to prevent and control NCDs.

A flexible policy framework – (Core Principles, Paragraph 19(j))

The Core Principle set out in Paragraph 19(j) indicates that “stronger policy and regulatory capacities are the foundation of NCD prevention and control.” We believe that this principle should be interpreted to mean a flexible policy framework as recommended in the 2010 WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*.¹ Self-regulation complements a legislative framework but does not operate in isolation from it. Voluntary efforts have the advantage of being cost-effective for governments, flexible enough to adapt to local needs, and quicker to implement. A flexible policy framework approach also enables any unintended consequences of regulation to be addressed quickly. To be clear, it is not a choice between regulation and self-regulation. Industry is not against the idea of statutory regulation as a point of principle. Regulation in and of the food industry in some areas, such as food safety, is sensible and entirely necessary. However, as governments look to implement the PAHO Strategy and Plan of Action, and specifically the indicators on sodium reduction

¹ WHO Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children: http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf, para. 22

and marketing to children, a flexible policy framework, including self-regulation, should be given equal consideration.

The voluntary actions IFBA members have taken to implement the WHO *Global Strategy on Diet, Physical Activity and Health* since 2004 – on a global basis – on responsible marketing, product reformulation (including sodium reduction and trans fats removal), nutrition labelling and in workplace wellness programmes – have demonstrated that self-regulation is effective.

Alignment with WHO proposed 2025 targets in *A Comprehensive Global Monitoring Framework for NCDs and Voluntary Global Targets for the Prevention and Control of NCDs*

We believe some flexibility and local adaptations of targets and the proposed baseline may be needed based on the specific country situation, to reflect historical performance and what can reasonably be expected going forward.² For example, IFBA members have been voluntarily making incremental reductions in salt levels in food products over many years. If a 2010 baseline is adopted, a number of these changes will be missed. Unlike the WHO approach, the PAHO Strategy and Plan of Action establishes the target year as 2020. Consideration should be given as to how the different target years can work in harmony.

Specific Comments

Background - Pg. 3, Paragraph 9. As mentioned above, we believe that all policies and interventions for NCD prevention and control, including the design and definition of targets and indicators must be evidence-based, peer-reviewed by subject matter and measurable. We support the WHO “best buys” on healthy eating and active living outlined in Annex A.

Goal - Pg. 7, Paragraph 20. We support the overall goal of the PAHO Strategy and Plan of Action to reduce avoidable mortality and morbidity from NCDs in the Americas.

Key Objectives -

Multisectoral policies and partnerships for NCD prevention and control (Paragraph 22 (1)).

We agree with, and support, the key objective to strengthen the incorporation of evidence-based public policies for NCD prevention and control in all relevant sectors of government and society. See comments above under “Evidence-based policy development.”

² IFBA, “Submission by the International Food & Beverage Alliance on the Second World Health Organization Discussion Paper (Dated 22 March 2012) on a Comprehensive Global Monitoring Framework including Indicators and a Set of Voluntary Global Targets for the Prevention and Control of Noncommunicable Diseases.” 19 April 2012. <https://www.ifballiance.org/sites/default/files/IFBA%20Submission%20on%20Second%20WHO%20Discussion%20Paper%20on%20a%20Comprehensive%20Global%20Monitoring%20Framework%20%2819%20April%202012%29.pdf>

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We understand the important and unique role our industry has to play in addressing NCDs and have committed to do our part through product innovation and reformulation, nutrition education, restrictions on how and what products we advertise to children under 12 years of age and workplace wellness programmes. We support collaborative efforts, leveraging our research efforts -through relationships with academia and ingredients suppliers in our product development activities, and our core capabilities – innovation capacity, supply chain logistics and consumer insights - to promote balanced diets and increased physical activity.

We agree that effective responses to NCDs require an “all-of-society” approach and believe that collective action represents one of the most cost-effective ways to address public health challenges.

IFBA members are participating in a number of initiatives in the PAHO region. For example:

- In Argentina, the food industry signed an agreement in October 2011 with the Argentine Ministries of Health, Agriculture, Social Development, Science and Technology and the National Institute of Industrial Technology to voluntarily reduce the amount of salt and sodium used in the preparation of processed foods. This agreement is an extension of the *Menos SAL, Mas VIDA* (Less Salt, More Life) initiative launched by the Ministry of Health in 2009-2010 which included an agreement with bakeries to reduce salt in French bread and other bakery products by 25% between 2010 -2011.
- The Brazilian Association of Food Industries and the Ministry of Health entered into a “Cooperation Agreement on the Development of Local Actions for Promoting Healthy Lifestyles,” to reduce key nutrients in industrialized products, and establish goals for sugar, sodium saturated and trans fats reductions. The first phase of the Cooperation Agreement (completed in 2010) focused on trans fats elimination and resulted in the removal of 230 tonnes of industrially produced trans fats from the food supply. The next phase is focused on sodium reduction and the resulting food products are expected to have 30% less sodium by 2020.
- In Mexico, IFBA members are participating in the government’s strategy designed to mitigate the escalating obesity epidemic in the country under the “Acuerdo Nacional para la Salud Alimentaria” (the National Agreement for Nutrition and Health (ANSA).
- “Alianza por una Vida Saludable” (AVS) was launched in 2005 by the Mexican food industry with the objective of combining the efforts of the food and beverage industry with other public and private institutions, including ConMéxico (Mexican Council of the Consumer Products Industry), the National Association of Convenience Stores (ANTAD), the Confederation of Industrial Chambers of the United Mexican States (CONCAMIN), the National Agricultural Council (CNA), the National Chamber of the Restaurant Industry and Spicy Foods (CANIRAC) and the Mexican Foundation for health (FUNSALUD), to generate and support actions to promote the adoption of healthy lifestyles among the Mexican population. To date, AVS members have: i) developed or reformulated more than 1,700 products with reduced levels of calories, sugars, fat and sodium and increased levels of fibre, vitamins and minerals and other functional properties; ii) implemented the “Check and Choose” labeling system to help consumers identify the content of calories, saturated fats, sugars

and sodium in products; and iii) adopted voluntary measures (i.e. the PABI Code) in the marketing and advertising of foods and non-alcoholic beverages to children.

- In April, 2011, on the occasion of the World Economic Forum (WEF) on Latin America, convened by WEF and PAHO in Brazil, the food industry adopted the “Dietary Sodium/Salt Reduction in the Americas 2011 Statement of Rio de Janeiro,” with the goal of working towards a consumption target of 5 grams of salt per day by 2020.
- In May, 2012, IFBA, together with governments, civil society, academia and other members of the private sector, participated in the first meeting of the PAFNCD. Convened by PAHO and hosted by Brazil’s Ministry of Health, this multistakeholder forum offered a platform for all interested parties to contribute to an effort that will leverage the unique capabilities, strengths and expertise of each stakeholder to tackle NCDs.

Reduction of NCD risk factors and strengthening of protective factors (Paragraph 22 (2)).

We agree with, and support, the reduction of NCD risk factors and the recommended action of using health promotion strategies. Promoting balanced diets and active, healthy lifestyles is one of the five commitments IFBA made to WHO in 2008. For many years, IFBA members have supported hundreds of initiatives around the world, at the global, regional, national and local level to promote balanced diets and physical activity in the marketplace, in the workplace and in communities. Examples of our efforts may be found on our website and in our public, annual progress reports, also available on our website.³

Specific Objective 2.3: *Promote healthy eating and active living for health and well-being and to prevent obesity.*

Indicator 2.3.3: *Number of countries that reduce age-standardized mean population intake of salt to less than 5 grams per day.**

We share the objectives which underpin the mandate of the WHO to develop a population-based salt reduction strategy and support the aim of achieving a target of less than 5g of salt per day by the end of 2025 (in alignment with the targets proposed by WHO for 2025).⁴

Globally, our members have reformulated or innovated tens of thousands of products since 2004 to provide better-for-you options, including several thousand products with lower sodium levels. Salt reductions have been achieved through recipe reformulations; the introduction of salt replacers, and salt enhancements such as aromas, herbs and spices. IFBA members have publicly committed to

³ IFBA website: <https://www.ifballiance.org/>. Please visit the Resources page for our annual progress reports and other information and publications at: <https://www.ifballiance.org/resources.html>

⁴ IFBA, “Submission by the International Food & Beverage Alliance on the Second World Health Organization Discussion Paper (Dated 22 March 2012) on a Comprehensive Global Monitoring Framework including Indicators and a Set of Voluntary Global Targets for the Prevention and Control of Noncommunicable Diseases.” 19 April 2012, 4- 7. <https://www.ifballiance.org/sites/default/files/IFBA%20Submission%20on%20Second%20WHO%20Discussion%20Paper%20on%20a%20Comprehensive%20Global%20Monitoring%20Framework%20%2819%20April%202012%29.pdf>

continue their efforts to reformulate products and develop new products with lower sodium levels. Accordingly, we continue to invest in research and development resources and consumer insights to explore innovative approaches to reduce the salt in our products and raise awareness and create a demand for lower sodium products.

Working with governments and others, we also participate in initiatives globally, to voluntarily reduce the sodium in our products. *See comments above under “Multisectoral policies and partnerships for NCD prevention and control.”*

Indicator 2.3.4: *Number of countries with regulations that restrict marketing to children of food and nonalcoholic beverages consistent with WHO guidelines.*

We are concerned that this indicator may be interpreted to mean that the only effective response to restricting marketing to children of products high in fat, sugar and salt is statutory regulation. We respectfully recommend that, in order to align the indicator with the intent and language of the 2010 WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*, the word “regulations” be replaced with “a flexible policy framework.”

The 2010 WHO *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* (2010 WHO *Recommendations on Marketing*) adopted by Member States specifically provide for a flexible policy framework - including statutory regulation, industry-led self-regulation, and various co-regulatory mechanisms - which either exist within the framework of a government mandate or are not formally linked.

We wish to highlight three key points as to why all policy options should be given equal consideration:

- (1) Not all countries have the same capacity to fund the sort of institutions which will be required to enforce and monitor compliance with statutory regulation.
- (2) Statutory regulation may be an unnecessarily heavy mechanism to address an issue in which the evidence of a direct link between food and beverage TV advertising and the rise in obesity is in doubt. In one of the most comprehensive studies to date on the subject, the UK Government’s Foresight Office in the Government Office for Science developed a complex web of interconnected determinants which lead to overweight and obesity. This obesity system map identified more than 100 factors.⁵ By establishing an effective self-regulatory model for restricting the marketing and advertising of products high in fat, sugar and salt to children, IFBA has already taken decisive action on the small element among this complex web that exposure to food advertising may represent. Countries should be encouraged to examine this evidence in detail prior to adopting statutory regulation.

⁵ Foresight. *Tackling Obesities: Future Choices – Building the Obesity System Map*. (Government Office for Science, 2007). Available at: <http://www.bis.gov.uk/assets/foresight/docs/obesity/12.pdf>

(3) The policies adopted voluntarily by IFBA members on a global basis - which are in line with the aims of the 2010 WHO *Recommendations on Marketing* - are working, with studies showing a major reduction in the exposure of children under 12 years of age to marketing communications for products high in fat, sugar and salt. For example:

- In Canada, Advertising Standards Canada (ASC) in 2009 undertook a comparative study of children's advertising pre-introduction of the Canadian Children's Food and Beverage Advertising Initiative (CAI) and post its inception to better understand how the landscape of advertising to children under 12 has changed. In 2004, only 63% of food and beverage products advertised were better-for-you products. By contrast, in 2008, more than 95% of food and beverage products advertising to children under 12 were for better-for-you products.⁶ In 2010, ASC conducted a spot check of child-directed television advertising. Of the television advertising for food and beverage products, almost 80% was for products covered under the CAI, and almost 80% of these products were either a source of a nutrient or part of a food group that has been identified by Health Canada as one to be encouraged in Canadian children's diets, such as fibre, whole grains or dairy products.⁷
- In the U.S., according to the December 2011 report issued by the Council of Better Business Bureaus on the Children's Food and Beverage Advertising Initiative (CFBAI) for 2010, the nutrition profile of products shown in child-directed advertising continued to improve through product reformulation and innovation. An in-house review of children's programming in 2010 found that advertised products contribute important nutrient shortfalls (potassium, fibre, calcium, magnesium and vitamin E) or food groups to encourage in children's diets.⁸ The December 2011 report also reported that the landscape of child-directed food and beverage advertising had changed significantly. For example, ads for soft drinks decreased by nearly 100% from 2004 to 2010; ads for snack bars and ads for all snack foods decreased by approximately 100% and 71% respectively; breakfast cereal advertising decreased by approximately 40% between 2004 and 2010 and the nutrition profile of advertised cereals changed significantly through reformulations to reduce sugars, fats or sodium and to increase positive nutrients, and through the creation of new products meeting nutrition standards. Ads for fruit and vegetable juices increased by approximately 200%.⁹

IFBA has chosen to voluntarily address the issue of marketing to children on several different fronts:

(1) First, in 2008, IFBA members voluntarily committed to change how and what they advertise to children under 12 years of age, and adopted a global policy covering television, print and internet

⁶ The Canadian Children's Food and Beverage Advertising Initiative: 2010 Compliance Report: <http://www.adstandards.com/en/childrensinitiative/2010ComplianceReport.pdf>, 27-28

⁷ *Id.* i-ii

⁸ The Children's Food & Beverage Advertising Initiative in Action. A Report on Compliance and Implementation During 2010 and a Five Year Retrospective: 2006-2011. (December 2011): <http://www.bbb.org/us/storage/16/documents/cfbai/cfbai-2010-progress-report.pdf>, 9-10

⁹ *Id.* 48-50

advertising in child-directed media. The policy provides minimum criteria for advertising and marketing communications that are paid for, or controlled by, IFBA companies in every country where they market their products. Members commit either to only advertise “better for you” products i.e. that meet specific criteria based on accepted scientific evidence and/or applicable national and international dietary guidelines (for example, CODEX Alimentarius created by WHO and the Food and Agriculture Organization of the United Nations (FAO), the U.S. Food and Drug Administration (FDA), the U.S. Institute of Medicine (IOM) and EURODIET, a project funded by the European Commission), or not to advertise to children under 12 years. This policy, which is in line with the aims of the 2010 WHO *Recommendations on Marketing*, is designed to *reduce* the impact on children of the marketing of foods high in saturated fats, trans-fatty acids, sugars or salt and *increase* their exposure to foods and beverages compatible with a balanced diet and healthy, active lifestyle. At the end of 2011, IFBA enhanced the commitments to cover more television programming and to improve coverage in the online world by including all marketing communications on company-owned websites.¹⁰

- (2) We engage third-party auditors to monitor our compliance with our global policy, and report publicly on our progress. For the third year running, compliance monitoring data shows a very high rate of compliance with the global policy. In 2011, third-party monitor, Accenture Media Management (Accenture) reported a 97.6% compliance rate for television advertising and 100% for print and internet advertising in child-directed media. Accenture examined more than one million television advertisements on more than 1,200 channels over a three-month period in ten countries – Australia, Brazil, China (Guangzhou region), India, Mexico, New Zealand, Russia, South Africa, Thailand and the Ukraine. They also examined print and internet advertisements in seven of these countries – Australia, Brazil, China, India, New Zealand, Russia and South Africa.¹¹ Each year, to ensure fair representation, the monitoring exercise provides a “snapshot” of a globally representative sample of markets. Some markets are repeated to obtain a comparison year on year. In the PAHO region, Accenture has reported on compliance in Mexico for the past three years, in Brazil for 2011 and in Chile for 2010.
- (3) While the IFBA global policy covers marketing communications directed to children by IFBA members in every market where their products are sold around the world, there are many regional and local food companies that do not belong to IFBA. To encourage these companies to follow our lead, regional and national pledges, based on the core tenets of the IFBA *Global Policy on Advertising and Marketing Communications to Children* have been launched around the world. Pledges now cover 46 countries including five countries in the PAHO region - Brazil, Canada, Mexico, Peru and the U.S.A.. Our experience has shown that engagement by and support from national governments in forming voluntary marketing pledges in highly effective in bringing more regional

¹⁰ IFBA’s Global Policy on Advertising and Marketing IF Communications to Children is available at :

<https://www.ifballiance.org/commitment-3-responsible-marketing-advertising-children.html>

¹¹ Accenture. *2011 Compliance Monitoring Report for the International Food & Beverage Alliance on Global Advertising on Television, Print and Internet* (March 2012) is available at:

<https://www.ifballiance.org/sites/default/files/IFBA%20Accenture%20Monitoring%20Report%202011%20FINAL%20010312.pdf>

and local companies to the table. We hope that PAHO will help us extend these efforts by encouraging governments to consider national pledges as an effective approach to implementing the WHO 2010 *Recommendations on Marketing* and recommend local companies to join.

Indicator 2.3.5: *Number of countries with national policies to eliminate industrially produced trans fats from the food supply.*

As part of IFBA's 2008 commitment to reduce key ingredients of public health concern from our products, trans fats have been virtually eliminated or significantly reduced in most products of IFBA members. Manufacturing processes have been designed which severely restrict the use of partially hydrogenated fats.

We support the PAHO initiative to eliminate industrially produced trans fats from the food supply and work with governments to assist in these efforts. For example, IFBA members are participating in the "Trans Fat Free Americas" agreement established by PAHO in 2008 and in the UK government's "The Public Responsibility Deal," a collaborative approach, established in March 2011 that aims to create an environment that can empower and support people to make informed, balanced choices that will help them lead healthier lives. Participating IFBA members each committed to the elimination of artificial trans fats by the end of 2011, and at the end of the year, each member had satisfied its target to remove all artificial trans fats from their products.

Proposed Resolution (CE150/14, Annex B)

2.(b), (c) and (e). We recognize that the PAHO Strategy and Plan of Action clearly recommends a multisector "all-of-society" approach, requiring strategic alliances involving governments, civil society and the private sector. The term "multisector" has often been used to refer only to government action, while "multistakeholder" has been used to include civil society and the private sector as well. Given the intent of the PAHO Strategy and Plan of Action to adopt an "all-of-society" approach, we respectfully recommend that these paragraphs be revised to include the term "multistakeholder" in addition to "multisector."

2.(b). The PAHO Strategy and Plan of Action is predicated on a multisector "all-of-society" approach that includes government, the private sector and civil society (*Paragraphs 5, 11, 22(1); Core Principles, paragraph 19(b); Specific Objective 1.1*). To ensure the proposed resolution is consistent with the intent of the PAHO Strategy and Plan of Action, we respectfully recommend adding the words, "and the private sector," to the end of this clause 2.(b), so it will read, "establish or strengthen multisector mechanism to promote dialogue and partnerships across relevant government, nongovernmental sectors and the private sector;"

13 June 2012