



World Cancer
Research Fund
International

POLICY ACTIONS TO ADDRESS NUTRITION, OBESITY AND NCDS

Who is doing what and what effect is it having?

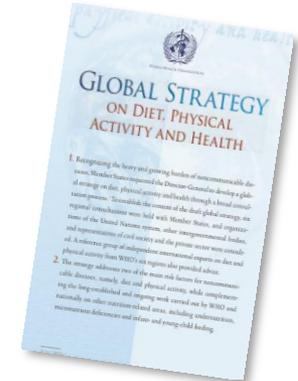
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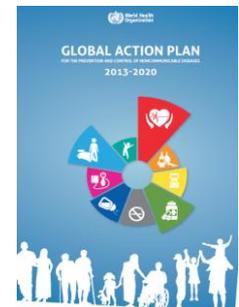
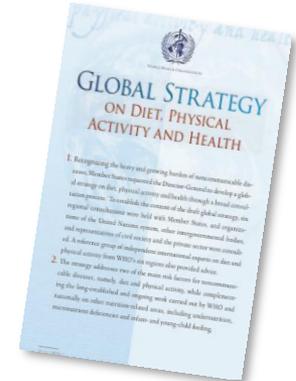
INTERNATIONAL POLICY RECOMMENDATIONS

- 2004 WHO Global Strategy on Diet, Physical Activity and Health
- 2011 UN Political Declaration on NCDs
- WHO Global Action Plan on NCDs 2013-2020



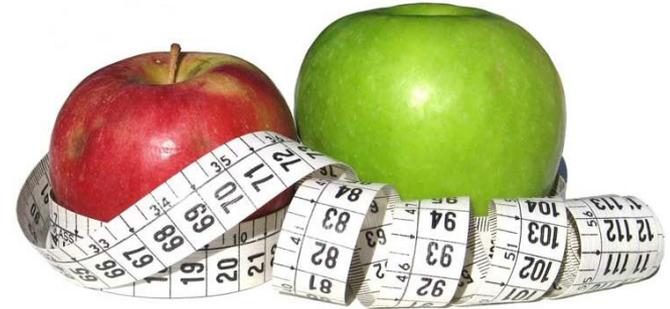
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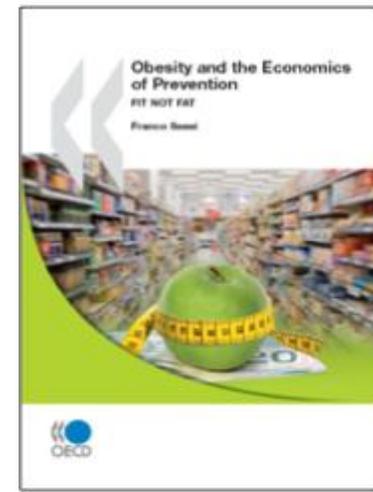
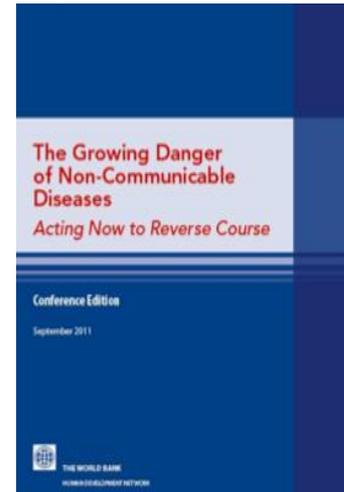
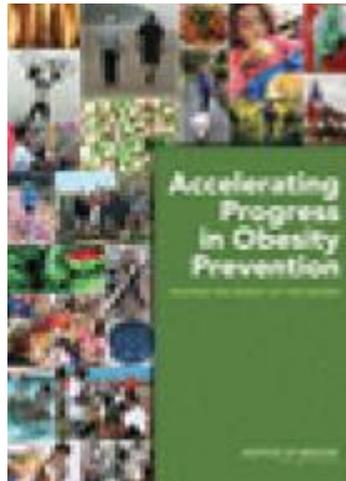
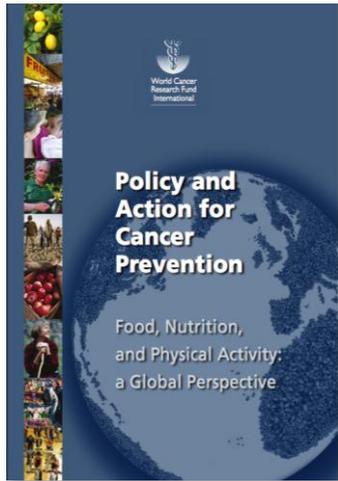


WHO GLOBAL NCD ACTION PLAN 2013-2020

- Promote breastfeeding
- Nutrition labelling
- Healthy food in public institutions & workplaces
- Reduce food marketing to children
- Economic tools
- Reduce salt, sat fats, trans, sugar, calories
- Healthier foods in retailers and caterers
- Agricultural sector
- Public campaigns & social marketing
- Nutrition education in schools



FURTHER POLICY PROPOSALS



Common themes

- Population-based interventions
- Multiple interventions, rather than single policies in isolation
- Tackle determinants of dietary and food choices
- Create an enabling environment
- “Nod” to food systems

Consensus policies: WCRF International NOURISHING Framework

 www.wcrf.org/policy_public_affairs/nourishing_framework/

- *Formalizes a comprehensive policy package that brings together the key domains of action and policy areas to promote healthier eating*
- *Provides global level recommendations for a comprehensive response, within which policymakers have the flexibility to select specific policy options suitable for their national/local contexts and target populations*
- *Establishes a framework for reporting, categorizing and monitoring policy actions around the world, and through which the evidence for each of the fields of action and policy options can be systematically categorized, updated, interpreted and communicated*

Countries are taking action

N

Nutrition label standards and regulations on the use of claims and implied claims on foods

e.g. Nutrient lists on food packages; clearly visible 'interpretive' and calorie labels; menu, shelf labels; rules on nutrient & health claims

Examples of policy actions	Examples of where implemented	What the action involves
<p>Mandatory nutrient lists on packaged foods^a</p> <p>^aMost other countries follow Guideline CAC/GL 2-1985 from the Codex Alimentarius Commission in requiring nutrition labels only when a nutrition or health claim is made and/or on foods with special dietary uses</p>	<p>Australia Canada Chile China Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua Hong Kong, SAR Israel MERCOSUR countries (Argentina, Brazil, Paraguay, Uruguay, Venezuela) Mexico New Zealand United States</p>	<p>Producers and retailers are required by law to provide a list of the nutrient content of pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving).</p>
	<p>EU countries</p>	<p>An EU-wide regulation on the "Provision of Food Information to Consumers" passed in 2011 requires a list of the nutrient content of most pre-packaged foods to be provided on the back of the pack from 2016</p>

**Clearly visible
"interpretative" labels**

Australia	<p>In 2013, the government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). The implementation of the HSR system will be overseen in 2014 by a Front-of-Pack Labelling Oversight and Advisory Committee.</p>
Denmark Iceland Norway Sweden	<p>The government has set nutritional criteria for the use of the Keyhole logo. The aim is to help consumers choose products that contain less fat, salt and sugar. Use of the logo is voluntary, but products must conform to the nutrition criteria. In March 2014, the Norwegian government initiated a consultation on the criteria used in the Keyhole symbol.</p> <p style="text-align: right;">INFORMATION UPDATED 10/03/2014</p>
Ecuador	<p>A regulation of the Ministry of Health published in 2013 will require packaged foods to carry "traffic light" labels with red, orange and green signals. It has not yet been implemented.</p>
Singapore	<p>The government has a 'Healthier Choice' symbol with defined nutrition criteria. Food manufacturers and retailers can voluntarily use the label on front-of-pack for products that meet the criteria.</p>
South Korea	<p>The Special Act on Safety Control of Children's Dietary Life recommends colour-coded labelling for use on the front of pre-packaged children's 'favourite foods' including cookies/candies/popsicles, breads, chocolates, dairy products, sausage (fish meat based), some beverages, instant noodles and fast foods (seaweed rolls, hamburgers, sandwiches). Guidance for the front-of-pack colour-coded labelling was issued by Public Notice (2011), and outlines three permitted designs using green, amber and red to identify whether products contain low, medium or high levels of total sugars, fat, saturated fat, and sodium.</p>
Thailand	<p>A Notification to the Ministry of Public Health (2007) issued by the Food and Drug Administration requires five categories of snack foods to carry a "Guideline Daily Allowance" label. The</p>

R Restrict food advertising and other forms of commercial promotion e.g. Restrict advertising to children that promotes unhealthy diets in all forms of media; sales promotions; packaging; sponsorship

<p>Framework legislation is in place for the regulation of food marketing to children</p>	<p>Chile</p>	<p>In 2012, the Chilean government approved a "Law of Food Labeling and Advertising." The government convened an expert committee on children's marketing and requested them to develop regulatory norms to implement the law with the aim of reducing children's exposure to unhealthy food advertising. The norms have been developed as part of the same process of developing norms on "warning labels" (see "N") but not implemented.</p>
	<p>Peru</p>	<p>In 2013, the "Promoting Healthy Food for Children Act" was passed into law in Peru. The law includes a range of provisions designed to discouraged unhealthy diets, including food advertising. The law states that advertising that is directed to children and adolescents under 16 years old and is disseminated through any format or media, should not stimulate the consumption of food and non-alcoholic drinks, with "trans" fat, high content of sugar, sodium and saturated fats. The law requires implementing regulations in order to be applied.</p>

Mandatory limits on level of salt in food products

Argentina	<p>In 2013, the government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods (law no. 26.905 on Maximum Levels of Sodium Consumption). Large companies have to meet the sodium targets by December 2014, small and medium sized companies by June 2015. Infringements by producers and importers may be sanctioned, the most severe penalties being fines of up to one million pesos, in case of repeat infringements up to ten million pesos, and the closing of the business for up to five years.</p> <p style="text-align: right;">INFORMATION UPDATED 10/03/2014</p>
Belgium	<p>Legislation (since 1985) establishes a 2% maximum salt content in bread.</p>
Bulgaria	<p>In 2011/12, Bulgaria introduced mandatory maximum salt levels for breads (three types of flour and three typical national bread types), milk products (cheese), meat and poultry products and lutenica (vegetable relish on tomato base).</p> <p style="text-align: right;">INFORMATION UPDATED 10/03/2014</p>
Greece	<p>Mandatory maximum levels of salt permitted in bread, tomato juice and tomato concentrates/purees have been in place since 1971.</p>
Paraguay	<p>In 2013, the Ministry of Public Health and Social Wellbeing enacted a mandatory reduction of 25% of salt content in wheat flour used in widely consumed breads and farinaceous products (from 2g salt/100g to 1.5g salt/100g). Companies had to switch to using wheat flour not exceeding 1.5g salt per 100g by June 2013 (resolution 248).</p> <p style="text-align: right;">INFORMATION UPDATED 10/03/2014</p>
Portugal	<p>In 2009, the government adopted new legislation that established a maximum level of salt in bread at 1.4g/100g.</p>
South Africa	<p>In 2013, the South African Department of Health adopted</p>

Inform people about food and nutrition through public awareness

e.g. Education about food-based dietary guidelines, mass media, social marketing; community and public information campaigns

<p>Development and communication of food-based dietary guidelines</p>	<p>Argentina Australia Brazil Chile China India Guatemala Mexico Netherlands New Zealand Nordic Cooperation Region (Denmark, Finland, Iceland, Sweden) Singapore South Africa Thailand United Kingdom United States</p>	<p>Food-based dietary guidelines are an information and communication tool involving the translation of recommended nutrient intakes or population targets into recommendations of the balance of foods that populations should be consuming for a healthy diet. They typically promote increased intake of fruits and vegetables and limiting intake of salt/sodium and sugar. They may also include guidance on physical activity and healthy weight, and provide different guidelines for different population groups. Different countries use different formats of presenting the guidelines including cooking pots (Guatemala), pyramids (India, United States), plates (UK) and circles (Argentina).</p>
<p>Development and communication of guidelines for specific food groups</p>	<p>China Mexico</p>	<p>China has developed guidelines specific to snacks, "Guidelines on Snacks for Chinese Children and Adolescents" (2008).</p> <p>Mexico developed a set of "Beverage Guidelines for Healthy Hydration" in 2008.</p>
<p>Public awareness, mass media and informational campaigns and social marketing on healthy eating</p>	<p>Chile</p>	<p>"Choose to Live Healthily" (Elige Vivir Sano) is an initiative of the Chilean First Lady in collaboration with government ministries. It promotes healthy eating, physical activity and healthy living. Public awareness campaigns are a core component, including a social marketing programme and a website (http://www.eligevivirsano.cl).</p>
	<p>Mexico</p>	<p>As part of the national strategy on the prevention of overweight, obesity and diabetes (La Estrategia Para Un</p>

COLLABORATIONS

Nutrition

Global database on the Implementation of Nutrition Action (GINA)



CONTACT | DONATE | G

Main menu

Projects

World Health Organization Collaborating Centre for

World Health Organization Collaborating Centre for Population Salt Reduction (WHO CC SALT)



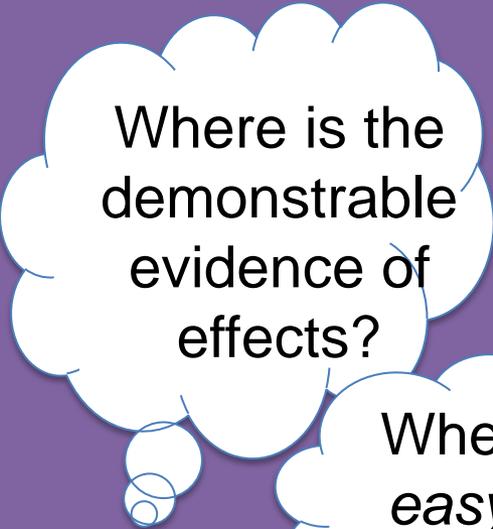
INFORMAS

BUT PROGRESS IS PATCHY

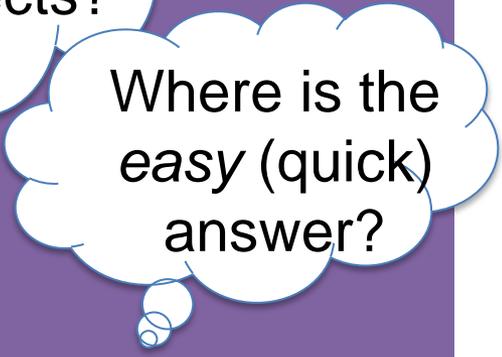
- Many countries taking no policy actions, or only in select areas
- Policy actions are not necessarily implemented
- In 2010, 76% of 185 of the Member States of the WHO reported having a policy on unhealthy eating, but less than 40% had implemented it with a dedicated budget
- Clear difference between higher and lower income countries
 - Over 50% of low-income countries said they had no policy on diet compared with 9% of high-income countries
 - almost all high-income countries report some kind of initiative to promote fruit and vegetable consumption among school children yet very few middle income countries have such schemes (FAO)

WHY?

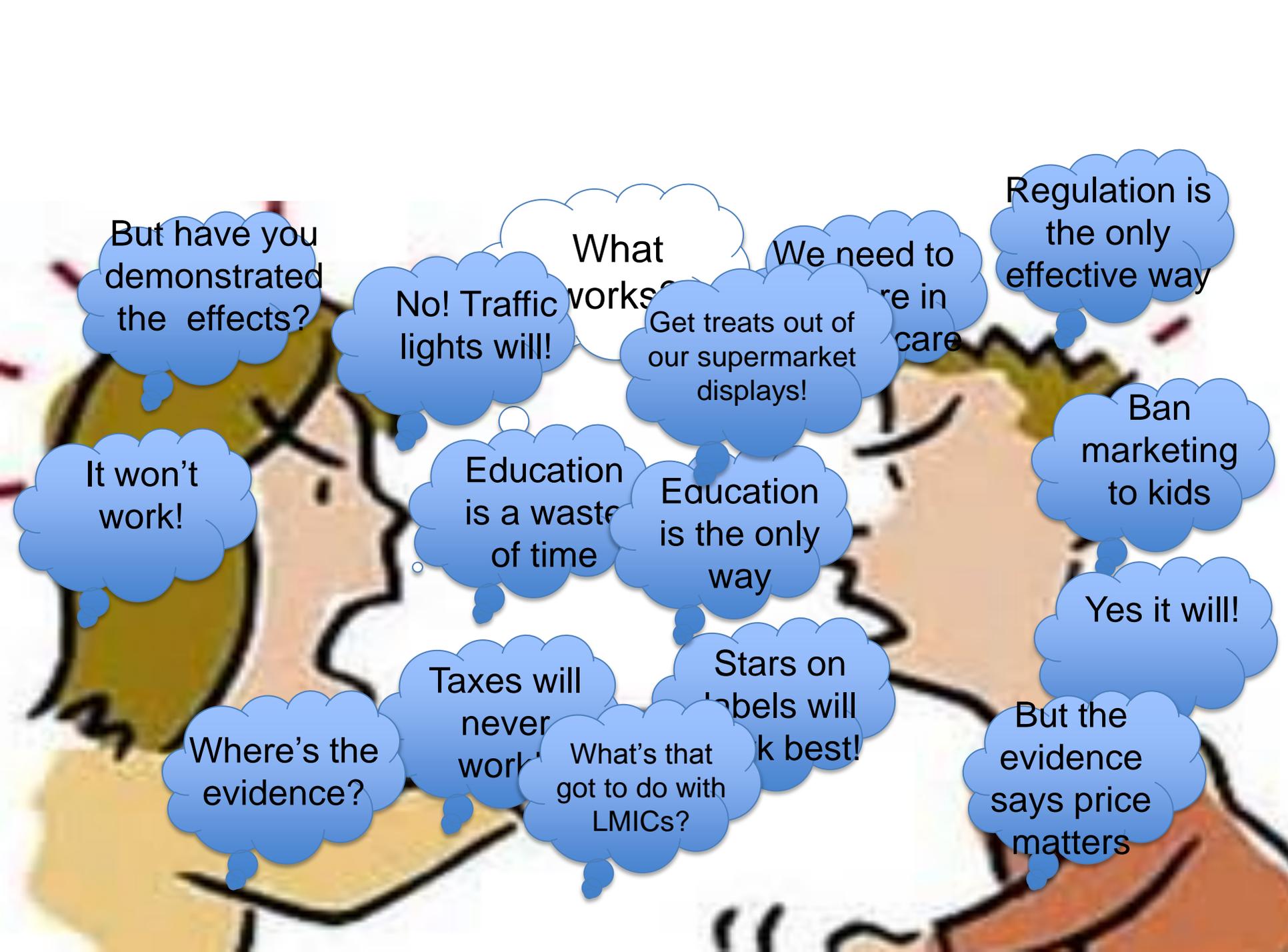
1. Costs
2. Regulatory fatigue
3. Political (un)acceptability
4. Scepticism
5. Opposition
6. Governance
7. Perception of lack of effectiveness
8. Confusion around the evidence



Where is the demonstrable evidence of effects?



Where is the easy (quick) answer?



But have you demonstrated the effects?

No! Traffic lights will!

What works?

We need to be in care

Regulation is the only effective way

Get treats out of our supermarket displays!

It won't work!

Education is a waste of time

Education is the only way

Ban marketing to kids

Yes it will!

Where's the evidence?

Taxes will never work

What's that got to do with LMICs?

Stars on labels will work best!

But the evidence says price matters

MOVING FORWARD

Assessing the evidence through the lens of *how we expect food policy actions to work*

1. Overcoming barriers to access and utilization of nutritious foods & healthier options
2. Providing an enabling environment for healthy preference learning
3. Helping people to shift their choices at point of sale towards healthier options
4. Amplification of effects through food systems

What does the available evidence base tell us about what effect policies have had?

N Nutrition label standards and regulations on the use of claims and implied claims on foods

e.g. Nutrient lists on food packages; clearly visible 'interpretive' and calorie labels; menu, shelf labels; rules on nutrient & health claims

- US nutrient list
 - Overall use = 80%
 - *“Participants with good nutrition knowledge, perceptions & beliefs were twice as likely to check food labels for nutrient content of foods”*
- India & China nutrient list
 - Overall use 30-40% - and this among more knowledgeable groups
- UK traffic light labelling
 - *People who lacked nutritional knowledge were less likely to use it*
 - *Preferences (taste, family, brand) acted to outweigh the presence of the label*
- Netherlands Choice
 - *Placing the choice logo in worksite cafes had no effect among a population with low intention to eat healthily*

0 Offer healthy foods and set standards in public institutions and other specific settings

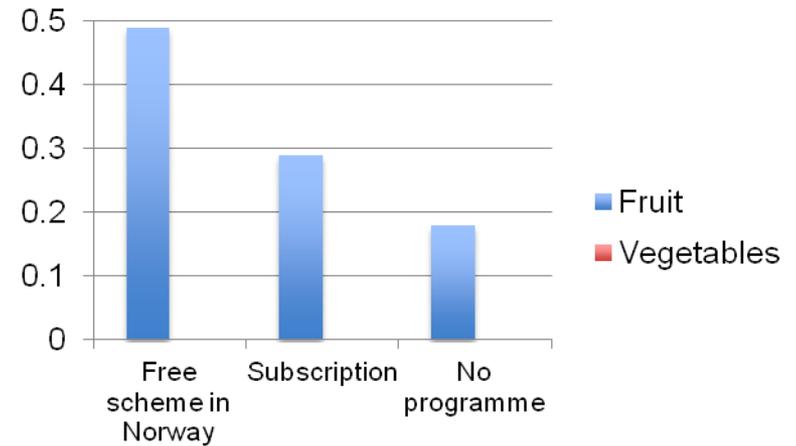
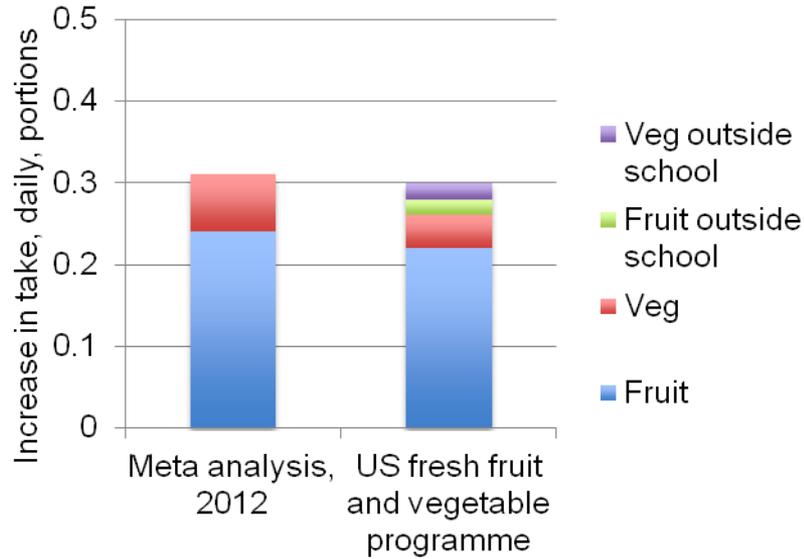
e.g. Fruit and vegetable programmes; standards in education, work, health facilities; award schemes; choice architecture

The evidence

1. Making fruits & vegetables available in schools overcomes barriers to access
 - free schemes can be more effective; effect can be greater among lowest consumers
 -increases preferences
 - modest effect but increases when actions sustained over time & multicomponent; some effect beyond the school gate



“Fruit and veg programmes 5-12 yr olds



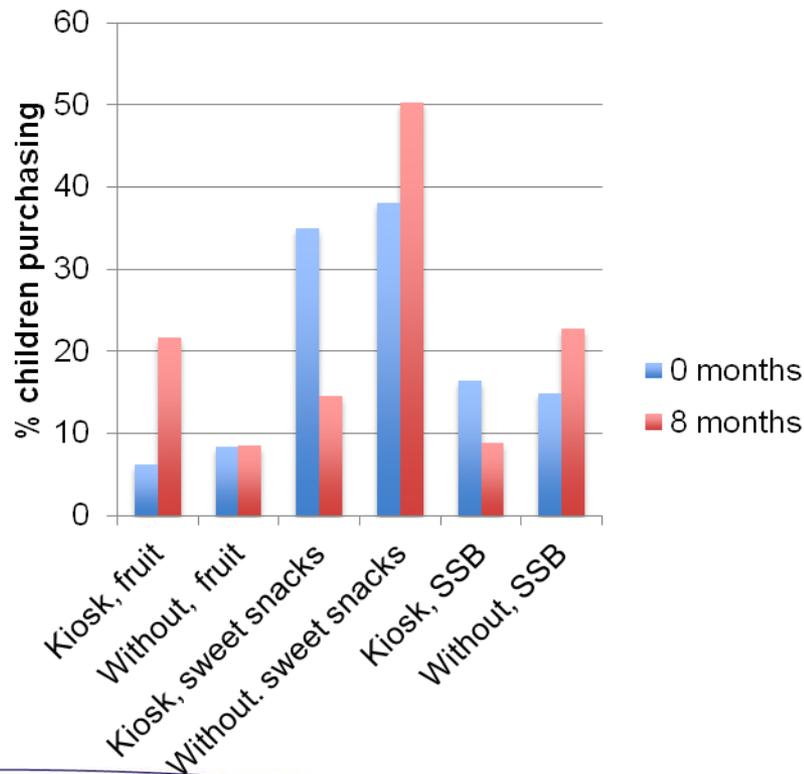
Sources.

Systematic reviews: Howerton et al 2007; da Sa & Lock, 2008; van Cauwenberghe et al, 2010; Evans et al, 2012.; Mozaffarian et al., 2012); Wang & Stewart, 2012

Individual studies: Bartlett et al 2013; Bere et al 2010, Bustos et al, 2011

2. School food standards

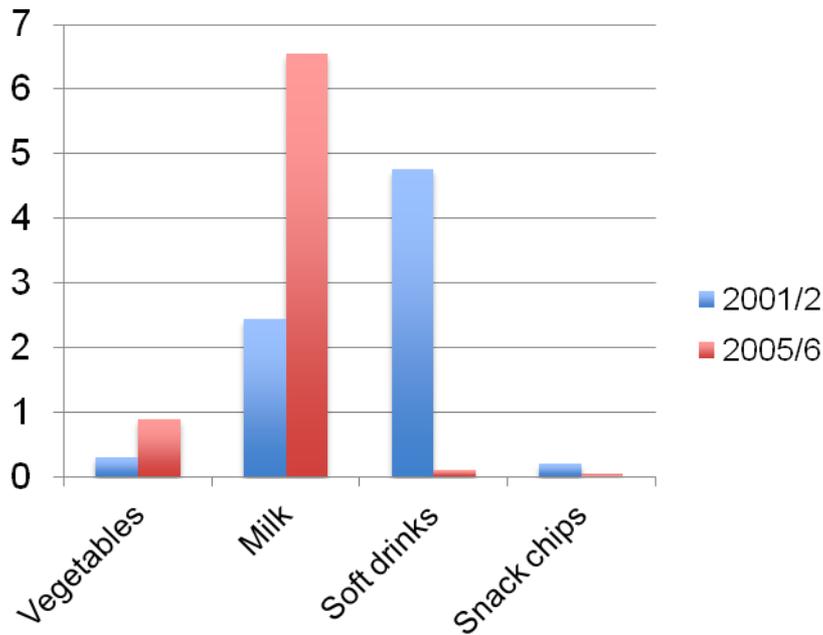
“Healthy kiosk” intervention, Chile 9-12 yr olds



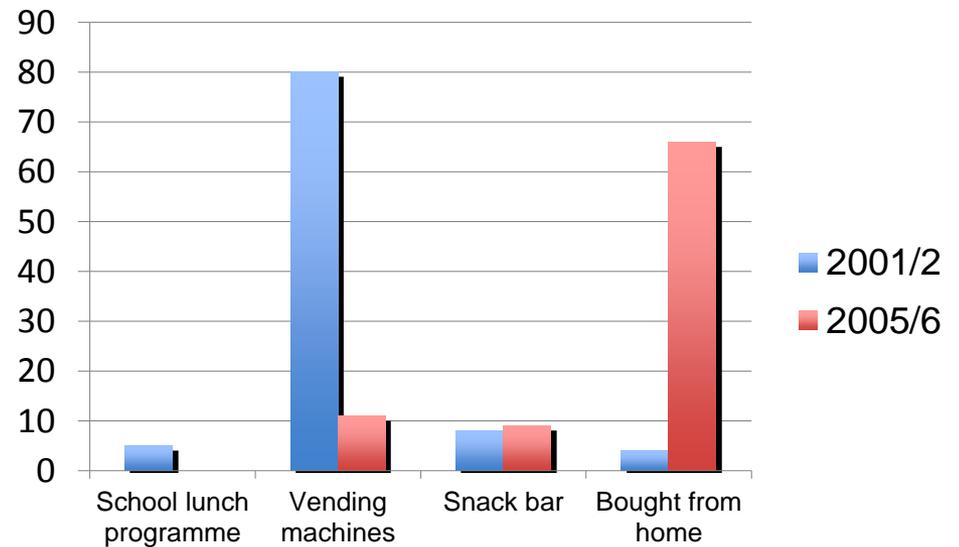
The evidence

- Healthier food in schools can **help people to shift their choices at point of sale towards healthier options**
- But **changing preferences takes time**; therefore most effective if applied to all channels, include communication to all involved in food provision & consumption, & parents; start in young age groups

Effect of school food standards on number of school lunch servings in Texas middle schools



Source of soft drinks consumed (%)



In this study, no evidence that impacts on total weekly consumption of soft drinks

Sources.

Systematic reviews: Chiriqui et al 2012;

Individual studies: Cullen et al, 2006, 2008, 2009; Taber et al 2011

U Use economic tools to address food
affordability and purchase incentives

e.g. Targeted subsidies; price promotions at point of sale; unit pricing; health-
related food taxes

The evidence

- Financial incentives **can help people make a healthier choice at point of sale**
- Targeted subsidies (e.g. vouchers) help **overcome affordability barriers** for healthy foods

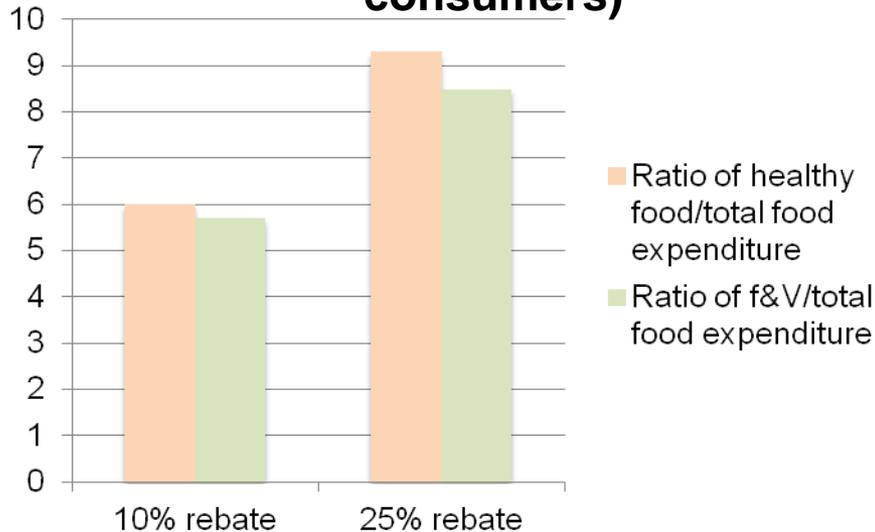
What can I buy?



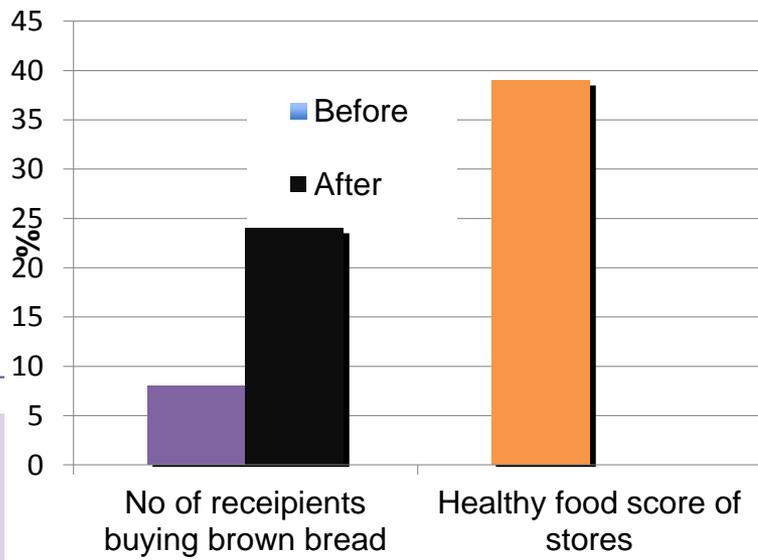
Healthy Start vouchers help you give your children a great start in life. Find out more about what you can buy with your vouchers.



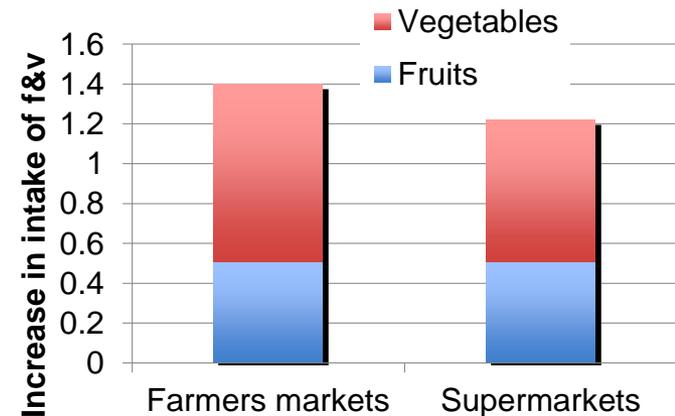
Effect of a cash back “rewards” scheme in South Africa (relatively high income consumers)



Effect including brown bread in WIC packages, US



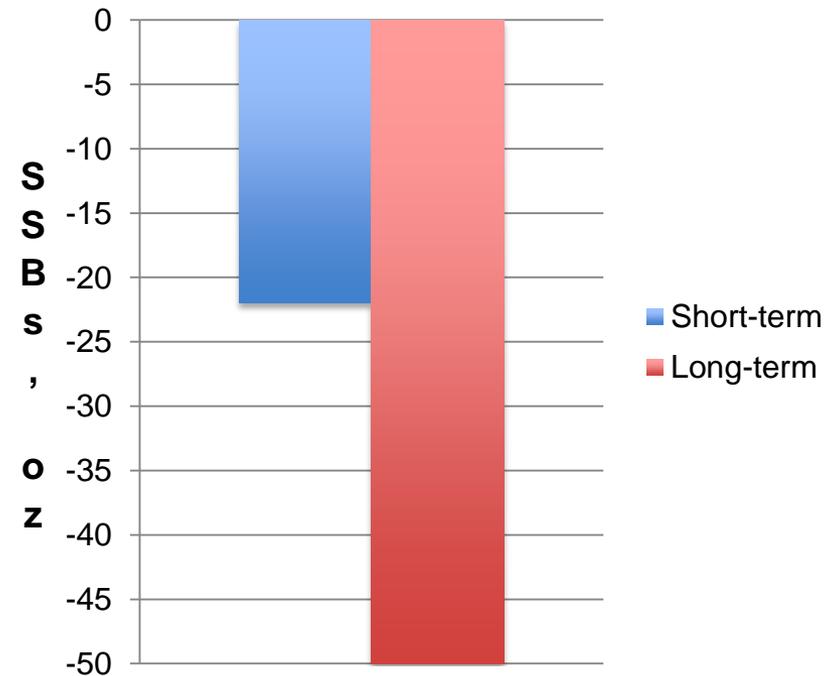
Effect of including fruit and vegetable vouchers in US WIC program for low income women



Sources: Herman et al, 2008; Andreyva et al 2012 & 2013; Sturm et al, 2013

Taxes can help
people shift their
healthier choices –
and shift preferences

Modelled decline in per capita
monthly demand for SSBs of 0.5/oz
tax, USA



Sources.

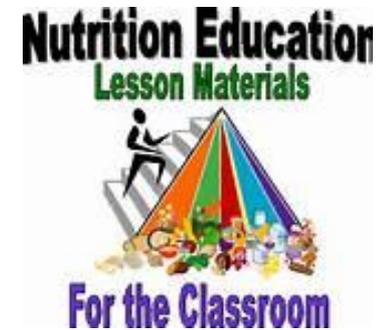
Systematic reviews: Andreyeva et al., 2010; Thow et al, 2011; Eyles et al 2012, Mytton et al, 2012. **Individual studies:** Martos, 2013; Zhen et al 2010

G Give nutrition education and skills

e.g. Nutrition, cooking/food production skills on education curricula; workplace health schemes; health literacy programmes

The evidence

- Interventions to provide education can be effective, but this depends on the pre-existing attitude, knowledge and habit strength of the targeted group



PRINCIPLES FOR INTERPRETING THE EVIDENCE AND EVALUATING THE EFFECTS

- **Base on an understanding of how we would expect policies to work - who the policy will work for and in what context**
 - Don't expect the unexpected! Evaluate according to feasible and “expected” outcome.
- **Learn from failures as well as successes**
 - Don't reject policy as “not working” just because it does not work for some; instead, assess why; embrace variability
- **Be time appropriate**
 - Ensure evaluation is measuring outcome that could be expected within timescale

PRINCIPLES FOR DESIGNING EFFECTIVE POLICY

- **Understand how policies work**
 - Base on an understanding the mechanisms through which policies work; focuses on achieving a feasible objective which the evidence suggests it can achieve
- **Tailor and contextualize**
 - Start with *people* and the *context* in which they are making choices - and ask what will be most effective for that group and in that context based on the characteristics of the problem: *what will work for whom and where?*
- **Reinforce**
 - Include actions for mutual reinforcement

WE CAN MOVE FORWARD CONFIDENTLY TO SAY

- **Some effects of food policy actions will be immediate; others will emerge over time, depending on the action and the population**
- **The effects will be heterogeneous owing to within-population variations (socioeconomic status, preference profile)**
- **Policy actions can appear to be ineffective when designed to meet unrealistic objectives not supported by the evidence and /or evaluated prematurely**
- **Any policy action can be ineffective when poorly designed to meet its objectives**

HOW TO TAILOR POLICIES TO BE EFFECTIVE

- **Identify the problem**
 - Is the problem one of – or a combination of - access, utilization, learned unhealthy preferences, or a choice environment that makes unhealthy choices easier?
- **Identify the policy**
 - Identify what policy action could address the problem e.g. making fruits and vegetables more available & affordable to people who want them but lack access
- **Identify what reinforcement needed to amplify effects for all groups**
 - E.g. add behaviour change communication where not just lack of access but low preference; ensure ability of children to learn healthy preferences not being unfairly intruded upon

HOW DO WE KNOW WHAT SUCCESS LOOKS LIKE?

- Are people able to access and utilize nutritious foods & healthier options?
- Are children growing up in an environment that enables the learning of preferences for healthy diets, and discourages external intrusion?
- Are people making healthier choices at point of sale?
- Is the effect of policies being optimally amplified through changes in the food supply chain and food systems?

Only then can we evaluate the impact of the policies on eating behaviours, dietary intake & and obesity & diet-related NCDs

CONCLUSION

WE NEED POLICY ACTIONS TO PROMOTE HEALTHIER DIETS AND ADDRESS OBESITY AND NCDs BUT WE NEED THAT ACTION TO BE EFFECTIVE

- **If well-designed, policy actions can and will work: there is demonstrable evidence of effects of food policy actions – and it is what we would expect it to be**
- **“What works” are policies designed, tailored and contextualized to the population they seek to influence**
- **There is plenty of evidence available to learn from to design effective policies**
- **“Complex analytics needed to assess what will work for whom – but analysis of effects necessary to show that well-designed policies can work**



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THANK YOU

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