



## Zero draft Recommendations towards a Global Convention to protect and promote healthy diets

### *Examples of countries implementing the proposed measures*

#### **Background**

Non-communicable diseases including cardiovascular disease, cancers and diabetes account for over 63% of deaths globally. Since 1980 worldwide obesity has nearly doubled, in part, owing to the rapid homogenization of diets towards foods which are high in saturated fat, salt and sugar. Globally 44% of the diabetes burden, 23% of the ischaemic heart disease burden and up to 41% of certain cancer burdens are attributable to overweight and obesity.<sup>1</sup>

NCDs are set to increase disproportionately in low and middle income countries over the next 20 years, and that the rapid rise in the magnitude of these health problems is predicted to impede poverty reduction initiatives and economic growth.

The set of recommendations towards a Global Convention to protect and promote healthy diets has been developed to encourage policy makers to build on the work of the United Nations to combat obesity and non-communicable diseases (NCDs).

It has been modelled on the WHO Framework Convention on Tobacco Control (WHO FCTC). These recommendations reflect an established global consensus among countries, public health experts and NGOs that a comprehensive package of policy tools is needed to protect and promote healthy diets.

Adoption of the Convention will support countries with implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,<sup>2</sup> and the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020.<sup>3</sup>

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<sup>1</sup> WHO Factsheet No311 Obesity and Overweight, March 2013.

<sup>2</sup> Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, Resolution 66/2 adopted by the United Nations General Assembly, 19 September 2011.

<sup>3</sup> Global Strategy on Diet, Physical Activity and Health, Fifty Seventh World Health Assembly, WHA 57.17 22 May 2004.

Parts I and II of the Convention cover the introduction, objective, guiding principles and general obligations of the convention. Articles 1-5 outline the use of terms; an overview of the relationship between this Convention and other agreements and legal instruments; and an overview of the objective and Guiding Principles for the Convention, including what it covers and excludes; general obligations for governments and policy coherence in food systems.

In this paper, we summarise the key measures proposed in Parts III and IV of the Convention on Healthy Diets and outline examples of where countries are implementing the measures. The examples included in this paper are provided for illustrative purposes in order to demonstrate political feasibility. They are not meant to provide a comprehensive picture of global developments. The case studies have largely been drawn from the WCRF International NOURISHING Framework. Full details of the examples provided can be accessed at [www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING).

### **DEFINING HEALTHY DIETS AND HEALTHY FOODS (PART III)**

#### *Food and beverage dietary guidelines and classifications (Article 6)*

In order to support and inform the implementation of policies to protect and promote healthy diets, the draft Convention calls on governments to:

- Establish and implement national evidence-based nutrient recommendations and food based dietary guidelines (FBDGs).
- Develop health-related Government-approved nutrient profile models in order to identify and distinguish between those products which are deemed ‘unhealthy’ (for which a decrease in consumption is recommended in the FBDGs) and those which are deemed to be ‘healthy’ (for which it is recommended that consumption is maintained or increased).

#### *Examples of countries with FBDGs and nutrient profile models*

- A number of countries have established food-based dietary guidelines which translate recommended nutrient intakes or population targets into recommendations on the balance of foods that populations should be consuming for a healthy diet. Among them
  - Guatemala’s guidelines are displayed using cooking pots,
  - India and the US display the guidelines as pyramids,
  - the UK displays the guidelines as plates,
  - Argentina displays the guidelines as circles.
- The UK developed a nutrient profiling model which defines unhealthy foods, whose advertising is prohibited during TV and radio programmes that have 20% or more viewers under 16 years old relative to the general viewing population.
- In Ireland, a nutrient profiling model defines unhealthy foods whose advertising and other forms of commercial communication is prohibited in children’s TV and radio programmes where over 50% of audience are under 18.

## MEASURES RELATING TO THE PROMOTION AND PROTECTION OF HEALTHY DIETS BY ADDRESSING DEMAND (PART IV)

### *Education, skills, communication, and public awareness (Article 7)*

The Convention calls on governments to promote and strengthen public awareness of nutrition and healthy eating using all available communication tools, as appropriate. Towards this end, governments are urged to adopt and implement effective legislative, executive, administrative or other measures to promote:

- Broad access to information and knowledge about nutrition and healthy diets through public awareness and social marketing campaigns
- Food and nutrition knowledge and skills training in primary and secondary school education programmes
- Health and nutrition promoting environments, by including nutrition education and health literacy in public institutions
- The inclusion of nutrition and healthy eating in the training curriculum of health and social care professionals.

#### *Examples of countries implementing education, skills and public awareness initiatives*

- In Chile, public awareness campaigns and social marketing are used to promote healthy eating as part of the "Choose to Live Healthily" (Elige Vivir Sano) initiative led by the First Lady in collaboration with government ministries.
- South Africa, Tonga and Argentina are among a number of governments involved in campaigns that promote the consumption of "5 a day" fruit and vegetable portions.
- The Estonian National Institute for Health Development runs an online campaign to reduce salt consumption.
- In Vietnam, the Ministry of Education and Training incorporates nutrition education into the school curriculum at all levels and provides capacity building for teachers as part of the Vietnam National Nutrition Strategy.
- In Uganda, agriculture is part of the primary school curriculum and there is extensive vegetable gardening in schools.
- In Singapore, the Health Promotion Board in Singapore encourages employers to establish a Workplace Nutrition Programme.

### *Provision of nutrition information (Article 8)*

Nutrition information is an important element of national strategies. It enables consumers to act on nutritional advice and dietary recommendations, make informed choices about what they eat, and can serve to encourage consumers to choose healthier options. The Convention calls on governments to:

- Adopt and implement measures to ensure that consumers have clear information about the nutritional quality of a food or beverage product at the point of choice.
- Ensure that priority nutrients relevant to non-communicable diseases (energy content, fat, saturated fat, sugar and salt levels) are clearly labelled and highly visible on the front of the packaging, with the provision of additional information on the back of the packaging.
- Provide nutrition labelling in line with Codex Principles for Nutrition Labelling.<sup>4</sup>

*Examples of countries with 'interpretive' food labels on packages and in out of home venues*

Several countries have requirements for food labels such as clearly visible labels on food which highlight harmful nutrients such as sodium and/or positive aspects of food components such as fruit and vegetables or fibre, displays on calorie labels, displays in out of home venues, and warning labels. Examples include:

- Australia has developed an interpretive 'Health Star Rating' label for packaged food; use of the label is voluntary.
- Denmark, Iceland, Norway and Sweden have set nutritional criteria for the use of the Keyhole logo to help consumers choose healthier products.
- Ecuador has regulated for packaged foods to carry "traffic light" labels (not yet implemented).
- The Singaporean government has a voluntary 'Healthier Choice' symbol for use on the front of pack.
- The UK government has a voluntary 'traffic light' scheme for use on the front of pack.
- An act in the US requires chain restaurants with 20 or more outlets to display energy information on menus (not enforced); while an act in South Korea requires chain restaurants with 100 or more outlets to display nutrient information on menus.

*Ensuring responsible food and beverage advertising, promotion and sponsorship (Article 9)*

Restricting advertising, promotion and sponsorship of unhealthy food and beverage products will help to reduce consumption, while promotion of healthier options will help to increase their consumption. In addition, there is particular need to protect children and to protect all members of the public from misleading claims made about health promoting attributes of a food or beverage products. The Convention urges Governments to undertake appropriate legislative and/or other measures to restrict the advertising, promotion and sponsorship of unhealthy food and beverage products. These measures should:

- Include restrictions related to cross-border advertising, promotion and sponsorship originating from its territory.

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<sup>4</sup> Guidelines on Nutrition Labelling, Codex Alimentarius Commission, CAC/GL 2-1985, as modified 2013.

- Include restrictions and control of which health and nutrition claims are permitted for use, and on which food and beverage products they are permitted. These should take account of Codex guidelines.<sup>5</sup>
- The measures shall restrict the use of direct or indirect incentives (including gifts, vouchers, and other incentives) that encourage the purchase of unhealthy food and beverages relative to healthier options.
- Restrict promotional practices at retail and/or point of choice, including in-store positioning and signage that encourage purchase of unhealthy foods relative to healthier options.

*Examples of countries with measures to ensure responsible food and beverage advertising promotion and sponsorship*

- In Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua, a Central American Technical Regulation sets rules on the use of nutrient function and disease risk reduction claims. Claims must be substantiated through information demonstrating the nutritional composition of the food and the relationship between the claimed function of the food product and the beneficial effect on diet and health.
- In EU countries, Iceland, Norway, Liechtenstein and Switzerland a regulation has established rules on the approval and use of nutrient claims (eg levels of fat for a low fat claim) and health claims (ie nutrient function and disease risk claims). Only claims authorised by the European Commission and Member States in collaboration with the European Food Safety Authority are allowed for use. Once nutrient profiles are established claims will only be permitted on “healthy” foods.
- In Indonesia a regulation on “The Control of Claims on Processed Food Labeling and Advertisements” permits a limited number of listed nutrient function and disease risk reduction claims. The Regulation appears to limit the use of claims to processed foods which meet nutrient criteria (maximum levels of total fat, saturated fat, cholesterol and sodium).
- In South Africa, an act defines permitted nutrient content claims and establishes rules for their use (e.g. levels of fat for a low fat claim). Nutrient content claims must be substantiated by nutritional information and the use of terms such as "health" "healthy" and "wholesome" or "nutritious" is not allowed.
- In France all television advertising for processed foods and drinks or food and drinks containing added fats sweeteners and/or salt must be accompanied by a message on the principles of dietary education as defined by a 2007 Decree and approved by the National Institute of Health Education.

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<sup>5</sup> Guidelines for the use of nutrition and health claims, Codex Alimentarius Commission, CAC/GL 2-1985 as modified 2013.

## *Controls on advertising, promotion and sponsorship to children (Article 10)*

As a minimum, Governments should ensure that the legislation outlined in Article 9 should **restrict advertising, promotion and sponsorship** in order to protect children from exposure to the promotion of unhealthy food and beverage products. In addition the legislation should not advertise, promote or permit sponsorship by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics or health effects. This should align with the WHO's Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, including mechanisms for monitoring.

The Convention also calls on governments to:

- Require, if no comprehensive ban is in place, the disclosure to relevant governmental authorities of expenditures by the food and beverage industry on forms of advertising, promotion and sponsorship of unhealthy food and beverages not prohibited.
- Prohibit or restrict sponsorship of international events, activities and/or participants by companies and brands associated with unhealthy foods and beverages.
- Agree to cooperate in a move towards the development of an international code of marketing of foods and beverages designed to protect the population from exposure to the promotion of unhealthy foods and beverages defined according to government-approved nutrient profile models (see Article 5).

### *Examples of countries with controls on advertising, promotion and sponsorship to children*

- In Norway the government restricts all broadcast advertising to children through legislation. A voluntary initiative agreed in 2013 calls on industry to follow standards (set largely by government) on a further range of communications channels. It applies to marketing to children under the age of 13.
- In Peru, the "Promoting Healthy Food for Children Act" includes a range of provisions designed to discourage unhealthy diets, including food advertising. The act states that advertising that is directed to children and adolescents under 16 years old in any format or media, should not stimulate the consumption of food and non-alcoholic drinks containing trans fat or a high content of sugar, sodium and saturated fats. The act requires implementing regulations in order to be applied.
- In South Korea, TV advertising is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and other children's programmes. The restrictions apply to all TV communication and internet advertising targeting children.
- In Spain, a Law on Nutrition and Food Safety states that kindergartens and schools should be free from advertising. Implementation is not enforced.
- In the UK, advertising of unhealthy foods, as defined by a nutrient profiling model, is prohibited during TV and radio programmes that have 20% more viewers under 16 years old relative to the general viewing population (includes sponsorship of TV programmes). Similar restrictions exist in Ireland for programmes where over 50% of audience are under 18. The rules also apply to commercial communications for unhealthy foods directed at children in other programmes.

### *Interventions to influence positive consumption patterns (Article 11)*

The Convention recognises that **availability, accessibility and affordability of food and beverages** affect consumption patterns and can thus be used to positively influence diet. It calls on governments to recognise the importance of working with the relevant primary producers, retail, processing and catering sectors to ensure the availability of, and access to, foods that are consistent with national dietary recommendations.

#### *Examples of countries implementing measures to influence positive consumption patterns*

- In Singapore, the Healthier Hawker programme encourages street vendors to use healthier oils in cooking and to purchase other ingredients with improved nutrition profile (e.g. wholegrain). The programme also works with oil manufacturers to lower the price of these products.
- In the UK, the Healthy Start programme provides pregnant women and/or families with children under the age of four who are in financial need with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables.
- A number of initiatives have been introduced in the US to incentivise healthy eating:
  - In 2009, the US Department of Agriculture (USDA) implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve WIC-provided foods from a health perspective. WIC authorised stores are required to stock certain healthier products (e.g. wholegrain bread).
  - New Jersey encourages the establishment of farmers' markets in "food desert" communities.

### *Economic, planning and licensing measures (Article 12)*

Governments are urged to use economic, planning and licensing measures to address the availability, accessibility and affordability of food. These measures should take into account national dietary standards and health objectives in relation to improving diets, as well as the food security status of the population. These measures may include:

- Taxes and levies for specified food categories, such as those for which increased consumption is not recommended in national FBDGs, or for which a reduction in consumption would contribute towards national health objectives.
- Subsidies, including distribution subsidies, or tax incentives or other schemes to improve access to specified foods or food categories consistent with national FBDGs or for which an increased consumption would contribute towards national health objectives
- Planning and retail licensing controls or incentives to limit or promote the availability of, and access to (in line with national FBDGs), food sources in order to protect and promote public health through improved food consumption patterns.

*Examples of countries implementing economic planning and licencing measures*

- In 2013, Tonga lowered import duties from 20% to 5% for imported fresh tinned or frozen fish in order to increase affordability and promote healthier diets.
- In the US, New York City made 1000 new licenses available for Green Carts – street vendors who sell exclusively fresh fruit and vegetables while the city’s FRESH programme provides tax breaks for the development of supermarkets (with at least 30% of retail space for perishable goods) in areas with high levels of diet-related disease.

**PART V: MEASURES RELATING TO THE PROMOTION AND PROTECTION OF HEALTHY DIETS BY ADDRESSING SUPPLY**

*Improved nutritional quality of foods and reduced levels of potentially harmful nutrients (Article 13)*

Governments must recognise that as well as providing nutrition information to consumers, it is desirable to reduce levels of potentially harmful nutrients in foods and levels of those that are consumed in excessive quantities counter to dietary advice.

The Convention urges each government to adopt and implement measures to:

- Remove all artificial trans-fats from food and beverage products sold within their jurisdiction. In implementing this measure, governments should be mindful of the risk of increasing saturated fat levels.
- Establish and set national targets for the gradual reduction of the salt content in foods, prioritising those that make the largest contribution to their nation’s diets.
- Provide guidance and set targets for gradual reductions in saturated fat, sugar and energy content of food and beverage products, prioritising those food categories that make the largest contribution to the nation’s diet and without compromising the safety of products.
- Provide guidance on responsible and realistic portion sizes.
- Take steps to prevent food and beverage access inequalities.

*Examples of countries implementing measures to ensure improved nutritional quality of foods and reduced levels of potentially harmful nutrients*

- In Argentina, the Less Salt, More Life Initiative aims to reduce population-level salt consumption. Its components are: the reduction of salt in processed foods and bread through voluntary agreements and targets; and creating public awareness of the health effects and need to reduce salt. The aim is to achieve a 5-10% reduction of salt content between 2013 and 2015. An evaluation has found that more than 80% of food products comply with the targets. In 2013, the government also adopted a law on mandatory maximum levels of sodium permitted in certain products, with penalties for infringements by producers and importers. The mandatory sodium targets have to be met by end of 2014 or mid-2015 (depending on the size of the producer).
- Brazil has a national strategy for reducing sodium consumption. It aims to achieve a maximum daily salt intake of 5g by 2020, by reducing the intake from added salt and processed foods. The strategy involves setting voluntary reformulation targets and education and information campaigns.
- In the Czech Republic, producers of dehydrated culinary products voluntarily committed in 2008 to gradually decrease the sodium content in their branded products (mainly soups and ready meals) by 2014. The commitment included voluntary food labeling of sodium content.
- In Denmark, a law introduced in 2003 prohibits the sale of products containing trans fats, a move that effectively bans its use in products destined for sale on the Danish market.
- Ghana has set standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalization of trade. The relevant standards establish maximum percentage fat content for poultry parts and deboned carcasses of beef, pork and mutton.
- In Paraguay, 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 in 2013.
- In the UK, a national salt reduction programme initiated by the government's Food Standards Agency (FSA) in 2003 has led to 20-50% reduction in salt levels on processed foods, and a reduction in population salt consumption levels from 9.5g per day in 2001 to 8.1g in 2011. In England, the programme transferred from the FSA to the Department of Health, under the auspices of the Public Health Responsibility Deal in 2010.

*Nutritional standards for food services in schools, hospitals and public institutions (Article 14)*

Governments are urged to apply **national nutrition and food-based standards to food service operations** catering to schools, hospitals, childcare services, social services, uniformed services, prisons, government offices and other facilities subject to public oversight. These should include:

- The provision of, and easy access to, safe drinking water;

- Rules on the nutritional content of food sold in canteens and available on the premises (including in vending machines); and
- Purchasing and commissioning activities to promote consumption of healthier foods and limit consumption of unhealthy foods.

*Examples of countries implementing nutritional standards for food services in schools hospitals and public institutions*

- In Bulgaria, the reduction of salt fat and sugar content in food served in all canteens in schools kindergartens and childcare centers has been mandated and the recipe books used by school caterers have been updated accordingly.
- In Canada, school fruit and vegetable programmes operate at the province and territory level under the guidance of ministries of education. For example the British Columbia programme provides fresh fruits or vegetable snacks to schools every other week 13 times in the school year.
- In Estonia, the Ministry of Social Affairs adopted updated regulations on nutrition requirements applicable to food served in school and pre-school canteens in 2008. These requirements contain upper limits for salt sugar and fat content.
- In Latvia, the government implemented legislation in 2006 that prohibited the sale/availability of soft drinks with added colours sweeteners preservatives and caffeine on all school premises. Food served in educational institutions hospitals and long-term social care institutions may not exceed maximum salt limits set in the legislation.
- England and Scotland have mandatory nutritional standards for school food. England, Scotland and Northern Ireland have mandatory food-based standards that also apply to food provided in schools other than school lunches. These standards apply to all state schools and restrict foods high in fat salt and sugar as well as low quality reformed or reconstituted foods.
- In the UK, vending machines dispensing crisps chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. Guidance issued by the Welsh government defines what is allowed and not allowed. In 2008 the Scottish government issued guidelines on the provision of competitively priced fruit and vegetables in hospital settings and the removal of all soft drinks with a sugar content greater than 0.5g per 100ml (pure fruit juice is exempt).
- Australia and New Zealand have developed guidance for food provided in the workplace and public institutions (including health care facilities). For example in New Zealand local public health service units oversee the WorkWell programme including a focus on healthy eating and provide toolkits for companies to use.

The country actions included in this document have been taken from the WCRF International NOURISHING Framework. For more information see [www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)