



International Association of
Consumer Food Organizations
(IACFO)

Association Internationale des
Organisations de Consommateurs
De Produits Alimentaires

Asociación Internacional de
Organizaciones de Alimentos
para el Consumidor

Internationaler Verband der
Nahrungsmittel Organisationen
für Verbraucher

Associazione Internazionale delle
Organizzazioni degli Alimentari
per il Consumatore

食品國際消費者機構

Agenda Items 1 and 9

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**JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON FOOD LABELLING (CCFL)**

Forty Third Session

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**PROPOSAL FOR NEW WORK CONCERNING
A GLOBAL STANDARD FOR FRONT OF PACK INTERPRETIVE
NUTRITION LABELLING**

**Comments of the
International Association of Consumer Food Organizations (IACFO)**

IACFO proposes that the Codex Committee on Food Label undertake new work to develop a new global standard for interpretive front-of-pack nutrition labelling (FOP).

The 2015 edition of the Codex *Procedural Manual* notes that Article 1 of the *Statute of the Codex Alimentarius Commission* identifies the first propose of Codex as:

(a) protecting the health of the consumers and ensuring fair practices in the food trade;

The manual sets out the following five general criteria to consider for the committee when commencing new work. In our view, as explained below, beginning work on interpretive front-of-pack nutrition labelling meets all of the criteria.

(a) Diversification of national legislations and apparent resultant or potential impediments to international trade. According to the European Food Information Council, front-of-pack nutrition labelling has been implemented or officially proposed in at least 12 countries (Australia/New Zealand, Chile, Ecuador, France, India, Indonesia, Peru, South Africa, South Korea, Thailand, and the United Kingdom) where approximately 1.5 billion residents of World Trade Organization Countries live, including prohibiting front-of-package marketing claims or mandating public health nutrition messages on the fronts of packages. The January 2016 [WHO Executive Board noted \(in EB 138/8\)](#) that the governments of Bolivia and Fiji are also developing consumer-friendly nutrition labels and that the Cook Islands, Fiji, Kiribati, Samoa and Tuvalu are revising their labelling regulations. Recent reports of the [WTO Technical Barriers to Trade Committee meetings](#) reveal that there are [differences of opinion](#) between some of these countries and Canada, the United States, the European Union, and others about the concordance between, for example, nutrition “stop signs” and warning labels with Codex Standards and WTO rules.

(b) Scope of work and establishment of priorities between the various sections of the work.

Barring unforeseen barriers to consensus, a global standard could be finalized in 4-6 years depending on whether CCFL meetings continue at 18-month intervals or resume an annual schedule. Some advice may be needed from the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU), working in parallel, perhaps considering the application of the daily Nutrient Reference Values and information about ingredients (as opposed to nutrients) of public health significance in FOP labelling. We are mindful that many government nutrition policy specialists are not attending the 2016 session of the CCFL because none of the agenda items pertain to nutrition and few relate even indirectly to human health.

(c) Work already undertaken by other international organizations in this field and/or suggested by the relevant international intergovernmental body(ies).

The Director General of the World Health Organization, Codex's parent organization, has publicly recognized the public health value of the front-of-pack nutrition labelling at the January Executive Board meeting. The [WHO Report of the Commission on Ending Childhood Obesity recommends](#): "Implement interpretive front-of-pack labelling supported by public education of both adults and children for nutrition literacy."¹ This report, though final, will be officially launched at the upcoming May 2016 World Health Assembly meeting in Geneva. The [WHO Regional Office for Europe held an expert meeting on front-of-pack nutrition labelling](#) in Lisbon, Portugal in December 2015 with a report to be published imminently. However, none of these public health authorities are expressly recognized by the World Trade Organization as authoritative for resolving trade disputes in the way that the Codex Alimentarius Commission's Committee on Food Labelling is.

(d) Amenability of the subject of the proposal to standardization. Some claim-triggered front-of-pack nutrition claim rules, Nutrient Reference Values, and Quantitative Ingredient Declarations (QUID) are already governed by Codex standards, however, mandatory front-of-package rules were not widely used when Codex nutrition labelling standards were most recently updated in 2012. Agreed-upon principles to guide and facilitate health-promoting FOP label innovations could help promote public health and inform WTO deliberations and discussions.

(e) Consideration of the global magnitude of the problem or issue. Like the criteria for commencing new work as established by the [Codex Committee on Food Hygiene \(CCFH\) 2013](#) (approved by the Codex Commission in July 2014), addressing public health risks should be a key factor in deciding whether to take on new work. The CCFH developed a method for quantifying food safety risk to help with priority-setting. By analogy, the [Institute for Health Metrics and Evaluation's Global Burden of Disease calculator](#), based at the University of Washington in Seattle, notes that the total health burden of dietary risks globally in 2013 was more than 11 million deaths, and 241 million disability-adjusted life-years lost, signifying a very high public health risk. That calculator also estimates life losses on a country-by-country basis and indicates that, globally, the rate of loss has been rising, not falling during the period that back-of-pack nutrition labelling became commonplace, internationally. In Canada, for instance, approximately 51,000 deaths are attributable to dietary risks, of which 10,000 deaths are attributable to diets low in fruit, and nearly 5,000 deaths are due to diets high in processed meat, neither factor of which is usefully conveyed by the sort of nutrition labelling described in the current Codex [Guidelines on Nutrition Labelling](#).

¹ The [Report](#) explains: "Healthy eating habits can be nurtured from infancy and have both biological and behavioural dimensions. This requires caregiver understanding of the relationship between diet and health, and behaviours to encourage and support the development of such healthy habits. Simple, easy to understand food labelling systems can support nutrition education and help caregivers and children to make healthier choices."

General Justification and Background

Of course, once elaborated and adopted, a front-of-pack nutrition labelling guideline would not oblige national governments to mandate such labelling. However, it would protect existing laws from World Trade Organization (WTO) challenge, and encourage and empower other countries to issue nutrition regulations with higher public health impact without fear of WTO disputes. More than 50 countries have already mandated back-of-pack nutrition labelling for most prepackaged foods, a significant share of 194 United Nations member countries and nearly as many countries as typically attend CCFL meetings.

Nutrition-related illness is estimated to cause 40% of deaths due to non-communicable diseases (such as cardiovascular disease, diabetes, and certain cancers),² and approximately 20%-25% of *all* deaths in various world regions. (Higher rates of deaths are attributed to nutrition in regions with insufficient health care infrastructure to sustain the lives of, e.g., patients with hypertension or diabetes.)

As the Committee knows, in 2011, the United Nations General Assembly held a High Level Meeting on the Prevention and Control of Non-communicable Diseases and unanimously pledged to:

*...reduce the impact of...tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures...*³

The success of Member States' policy reforms depends on receiving authoritative technical guidance (esp. on monitoring and target-setting) and policy leadership from international standard-setting bodies such as Codex and/or WHO. Other international institutions, including the World Health Organization (WHO),⁴ World Bank (WB),⁵ and Organization of Economic Cooperation and Development (OECD)⁶ recommend corrective nutrition labelling to improve health and productivity.

Simplified nutrition labelling measures are especially well-suited to countries with large elderly populations (e.g., many developed countries) and countries with inadequate resources and infrastructure for pharmaceutical, surgical, and other treatment services (many developing countries). And, food labelling can be both an important source of information and motivation for consumers to change their diets and companies to make their recipes healthier.

Codex standards should promote adoption of and experimental innovation with national front-of-pack (FOP) labelling systems.

CCFL's efforts to develop a global guideline for mandatory back-of-pack nutrition labelling followed more than two decades—45 per cent of Codex's institutional lifespan by its adoption in 2012—after the United States Congress passed the first national mandatory nutrition labelling legislation in 1990. That delay is not due

2 Beaglehole R, Bonita R, et al. UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. *The Lancet*. Volume 378, Issue 9789, 2011. 378;449-455 citing WHO Risk factor estimates for 2004 from:

www.who.int/healthinfo/global_burden_disease/risk_factors/en/index.html

3 Paragraph 43, United Nations General Assembly. Sixty-Sixth Session. A/66/L.1. Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. September 19-20, 2011 Available at: http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

4 E.g., Resolution 57.17 of the 57th session of the World Health Assembly passed May 22, 2004 adopting the "Global Strategy on Diet, Physical Activity and Health" at: http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf) and series of subsequent WHA resolutions and WHO technical reports.

5 World Bank. *The Growing Danger of Non-Communicable Diseases*. September 2011. Washington, D.C. Available at: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/WBDeepeningCrisis.pdf>

6 E.g., Franco Sassi. *Obesity and the Economics of Prevention*. Organization for Economic Cooperation and Development. 2010. Paris. Available at: www.sourceoecd.org/socialissues9789264063679

to slow standard-setting deliberations by this Committee, but rather by a conscious choice by Committee members to follow global trends in national laws, rather than lead them. The enormous burden of non-communicable diseases requires global policy leadership, not merely the consolidation of national reforms.

Mandatory *front-of-pack* nutrition labelling promises to better assist consumers to locate and select the healthiest products on store shelves by eliminating the need for customers to physically pick-up each package to consult the back of the label and by preventing FOP nutrition marketing claims from undermining back-of-pack nutrition disclosures. Stressing the most important health features of the food (usually involving calories and/or sodium and free sugars, trans fat/saturated fat as well as fruit and vegetable content) on the FOP could also help neutralize the confusion caused by FOP nutrition-marketing-claims that are often based on a single nutrient with a minor nutritional benefit or mask important nutritional shortcomings. Confusion created by nutritionally selective marketing claims and weak, inconsistent nutrition criteria for such claims likely undermine public health.

Ensuring the greatest consumer benefit would involve mandatory FOP objective labelling using uniform (at least within countries) nutrition criteria, colour emphasis, and numerical ratings, all of which could amplify the effectiveness of FOP labelling. These are among the issues for the Committee to consider if it undertakes new work.