

Position Statement

Front-of-Pack Labelling (FOPL) on Unhealthy Food/Drink Products

A Position Statement of Indian Organisations Protecting Public Health



Introduction

India is facing a public health crisis of rising obesity, diabetes, cancers, hypertension, cardiac diseases, renal disease and mental health, the Non-Communicable Diseases (NCDs). It is estimated that nearly 5.8 million people die from NCDs every year out of total deaths of about 9 million, contributing to about 60% of annual deaths.¹ The comprehensive national nutrition survey (CNNS) 2016, shows that more than half of the 5–19-year-olds show biomarkers of NCDs².

There is substantial scientific evidence showing that increased consumption of ultra-processed unhealthy food/drink products (UPFs) is associated with high risks of NCDs and all cause mortality.³ Higher consumption of ultra-processed foods (>4 servings daily) was independently associated with a 62% relatively increased hazard for all cause mortality⁴ and a recent meta-analysis showed that compared to low consumption, high consumption of UPF increased death risk by 29%.⁵ To create healthy food environment global experts call for warning labels on these food products.⁶

The fact is consumption of unhealthy food and drink products is rapidly rising in India.⁷ These industrially processed packaged food products are usually high in sugar, salt, or saturated fats, which are detrimental to health. At the same time, evidence shows that ultra-processing itself is detrimental to the health of people independent of the nutrient content.⁸ According to the World Heart Federation, “*Poor diet is responsible for more deaths worldwide than any other risk factor, and is a leading cause of obesity, type 2 diabetes, and cardiovascular disease*”⁹. Studies show association with renal function decline¹⁰. In a narrative review in 37 of the 43 studies examined, dietary exposure to ultra-processed foods was linked to overweight, obesity, cardio-metabolic hazards, cancer, type 2 diabetes, and cardiovascular illnesses, irritable bowel syndrome, depression, frailty problems in adults and all-cause mortality. Cardio-metabolic risks and asthma were two of the most common among children and adolescents.¹¹ Artificial sweeteners (particularly aspartame and acesulfame-K), commonly used in several food products, are linked to an increased cancer risk¹².

The Indian Academy of Pediatrics (IAP)’s “*Guidelines on the Fast and Junk Foods, Sugar Sweetened Beverages, Fruit Juices, and Energy Drinks*”¹³ suggested a new acronym ‘JUNCS’ foods, for all unhealthy foods (Junk foods, Ultra-processed foods, Nutritionally inappropriate foods, Caffeinated/colored/ carbonated foods/beverages, and Sugar-sweetened beverages). It recommended limiting the consumption of the JUNCS foods through policy options including front of pack labelling (FOPL), restriction of marketing, higher taxation and improved school food environments.

In this statement we focus on the FOPL, which means information to be provided to the consumer upfront as a matter of human right as well as a public health intervention¹⁴. FOPL has arisen from the domain of behaviour change communication as a tool to achieve specifically desired public health goals; in this case, the reduction of overweight and obesity and consequent NCDs through the pathway of reduced consumption of foods that are too high in salt, sugar and fats as per standards set by the WHO (PAHO, 2021).¹⁵ FOPL is a simple, inexpensive, practical and effective tool to inform consumers about the public health implications of the food that they are purchasing for consumption. Currently in use are Nutrient warning labels, color-coded traffic lights, Nutri-Score, Health Star Ratings (HSR), and Guidelines for Daily Allowance (GDA). Studies do suggest that consumers spend as little as ten seconds in selection of food items, therefore a label that would quickly and effectively lead to the ability of the consumer to identify unhealthy products would be the need of the hour.

The Global Evidence of Impact of Different Labels

Several countries in the Latin American such as Chile, Mexico¹⁶, Uruguay, Brazil, Peru and Israel have accepted the use of warning labels as FOPL that has demonstrated change in consumption and outcomes. The consumption of sugary beverages in Chile decreased by about 24% after the introduction of this policy package including marketing restrictions¹⁷. Most studies indicate that warning labels are the preferred mode of FOPL in order to reduce the consumption and impact on the immediate problem of increase consumption and weight gain¹⁸.

'High-in' Warning Labels were found to be most effective, which communicates clear, non-quantitative messages about high levels of nutrients of concern and demonstrated the greatest efficacy in reducing the perceived healthfulness of a sweetened fruit¹⁹. The advantage of warning labels is that; unlike HSR, they serve to identify specific harmful components such as salt, sugar and fat. This factor is the most relevant to reduce consumption of unhealthy foods and thus prevent NCDs. A meta-analysis of over 100 research studies published in 2021 indicated that nutrient warning labels are more effective than traffic lights and Nutri-Score labels in discouraging unhealthy product purchases and lowering purchases of calories and saturated fat²⁰.

"No empirical evidence was found that implementation of traffic-light labeling changed soft-drink purchase habits in Ecuador, but there is evidence that it reduced sugar content in carbonated beverages in the country."²¹ Another study from Ecuador found that traffic-light labeling did not have the expected effect of reducing purchases of carbonated soft drinks during its first year of implementation, especially those high in sugar.²² A meta-analysis of five experiments assessing the effects of Health Star Rating (HSR) labels on sales found no significant effect on calories or sugar consumed, no impact on saturated fat or salt purchased.²³ Another systematic review showed HSR did not reveal an effect on food purchases compared with the control.²⁴ Participants in a shopping trial in Canada who saw "high in" nutrient warning signs bought less calories, sugar, and saturated fat from beverages and less calories and sodium from foods than those who didn't see the FOP label. Labels such as traffic lights, Health Star Ratings, and nutrition grade (i.e., Nutri-Score) did not show much effect.²⁵

This joint position statement has been developed by the under signed organisations concerning various issues of health, public health, consumer rights, food, nutrition, women and children's health. This lays emphasis on the key strategy i.e. FOPL to reduce the consumption of ultra-processed unhealthy food or drink products in order to curtail the non-communicable diseases (NCDs). This Statement is developed through a consultative process after having comprehensively reviewed the scientific evidence. The Statement makes recommendations to the policymakers.

We the undersigned;

Appreciating the fact that FSSAI is working towards the FOPL and the NITI Aayog is considering policy measures like FOPL, higher taxation and restriction on marketing of unhealthy foods to reduce the consumption of unhealthy foods^{26,27};

Knowing that NCDs can be curtailed by reducing the consumption of unhealthy food products and drinks, restriction of marketing of ultra-processed foods especially to children and Front-of-Pack Warning Labels on the food products;

Knowing that WHO Southeast Asia region (SEARO) has developed comprehensive nutrition profile models to categorise the food products and drinks whether they are high in a particular nutrient like salt, sugar or fat based on extensive expert consultations and country experiences including India²⁸, and that the World Health Organisation has provided guidance on food marketing as well as development of FOPL^{29,30};

Concerned that the FSSAI's has taken a decision to include 'Health Star Rating' (HSR), a threshold which is 2-3 times higher nutrient content than recommended by WHO, and the addition of positive nutrients, in the draft regulation;

Concerned that the FSSAI has provided exceptionally long transition period of 4 to 5 years for implementing these measures on a mandatory basis;

Concerned that conflicts of interest prevailed at several consultations held to arrive at the decision;

Aware that 'misleading marketing' continues aggressively and targeted at children, and the food industry makes health claims by use of '*jaggery*' in place of sugar or with the use of some *fiber, fruit or nuts* and conceals the sugar content, which is the key information;

Aware that food industry uses 'health claims' occupying the FOPL, which confuses messages;

Realising that aggressive marketing and absence of FOPL contributes to increasing consumption of unhealthy food/drink products;

Knowing that it is the responsibility of the Government of India to warn the consumers about which food product is safe to consume and which is not;

Noting that the steps being taken by FSSAI may not help to achieve the intended objectives going by the scientific evidence;

Emphasising that scientific evidence, which in this case favours warning label on the unhealthy packaged food products, should guide the development of a public health policy to reduce the consumption of UPFs and the NCDs,;

Recommend the following actions based on scientific evidence, in order to achieve the objectives to reduce the consumption of unhealthy ultra-processed food products high in sugar, salt and fat and to and contribute to the reduction of NCDs;

1. 'Warning labels 'in 'symbols' or as 'high in' or 'excess of' nutrients of concern should be mandatory in the draft regulation of labelling and display and not the Health Star rating.
2. Thresholds for salt, sugar and fats should be based on the WHO SEARO' nutrient profile modeling.
3. Positive nutrients like *fruit, vegetable, nuts, and fiber* should not be weighted for labelling as these are used for making health claims for marketing.
4. Marketing of unhealthy foods/drinks targeting children should be immediately stopped through legislation.
5. Decisions on such public health issues should be made without any conflicts of interest even at a consultative level, interaction with the food industry may happen on a separate platform to hear their suggestions and discuss with experts to make decisions with public health interest in the center stage.
6. Once the notification on FOPL is finalized, a maximum of 12 to 18 months may be given to the food industry to comply with.
7. Government should lead a comprehensive public campaign through health systems, on which foods are safe to eat and which are not.

Developed by

Nutrition Advocacy in Public Interest (NAPi) <http://www.napiindia.in/>

Endorsing Organisations

1. Alliance for Sustainable & Holistic Agriculture (ASHA)-Kisan Swaraj Network
2. Association of Physicians of India (Malwa Branch)
3. Breastfeeding Promotion Network of India (BPNI)
4. Centre for Science and Environment (CSE)
5. Commonwealth Association for Health and Disability(COMHAD)
6. Consumer Voice
7. Cuts International
8. Epidemiology Foundation of India (EFI)
9. Indian Academy of Pediatrics (IAP)
10. Indian Association of Preventive & Social Medicine (IAPSM)
11. Indian Public Health Association (IPHA)
12. Indian Rheumatology Association (IRA)
13. Initiative for Health & Equity in Society (IHES)
14. Kidney Warriors Foundation
15. Non Communicable Diseases Prevention Academy (NCDPA)
16. Obesity Surgery Society of India (OSSI)
17. Pediatric and Adolescent Nutrition Society (PAN) -IAP Nutrition Chapter
18. People's Vigilance Committee on Human Rights (PVCHR)
19. Public Health Foundation of India (PHFI)
20. Public Health Resource Society (PHRS)
21. The Maharaja Sayajirao University of Baroda.
22. Foundation for People-centric Health Systems (FPHS)
23. Diabetes India
24. Indian Society of Nephrology

¹Non-Communicable Disease and their risk factors, National Health Portal, <https://www.nhp.gov.in/healthyliving/ncd2019>

²Sachdev, H.S., Porwal, A., Sarna, A. et al. Intra individual double-burden of anthropometric undernutrition and “metabolic obesity” in Indian children: a paradox that needs action. Eur J Clin Nutr 75, 1205–1217 (2021). <https://doi.org/10.1038/s41430-021-00916-3> accessed on 5 April 2022.

³Egnell, M., Crosetto, P., d’Almeida, T. et al. Modelling the impact of different front-of-package nutrition labels on mortality from non-communicable chronic disease. Int J Behav Nutr Phys Act 16, 56 (2019). <https://doi.org/10.1186/s12966-019-0817-2> accessed on 5 April, 2022

⁴Rico-Campà, A., Martínez-González, M. A., Alvarez-Alvarez, I., Mendonça, R. D., de la Fuente-Arrillaga, C., Gómez-Donoso, C., & Bes-Rastrollo, M. (2019). Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study. BMJ (Clinical research ed.), 365, l1949. <https://doi.org/10.1136/bmj.l1949> accessed on 5 April, 2022

⁵Taneri PE, Wehrli F, Roa Diaz ZM, Itodo OA, Salvador D, Raeisi-Dehkordi H, Bally L, Minder B, Kieft-de Jong JC, Carmelli JL, Bano A, Glisic M, Muka T, Association Between Ultra-Processed Food intake and All-Cause Mortality: A Systematic Review and Meta-Analysis, American Journal of Epidemiology, 2022;, kwac039, <https://doi.org/10.1093/aje/kwac039> accessed on 5 April, 2022

⁶Ultra-processed Foods Need a Warning Label to Protect Consumers by World Food Policy Center, Duke Stanford, March 2022, <https://www.youtube.com/watch?v=z7WzF8JS8s>

⁷Passport Packaged Food in India Euromonitor International January, <https://www.euromonitor.com/packaged-food-in-india/report> accessed on 5 April,2022

⁸Inclusion of ultra-processed foods within the regulatory framework A concept note for the Scientific Committee (SC) of the FSSAI by NAPi and BPNI, 14 Feb,2022, <https://www.napiindia.in/docs/Concept-Note-for-regulating-UPF.pdf>

- ⁹ Champagne B, Arora M, ElSayed A, et al. World Heart Federation Policy Brief: Front-Of-Pack Labelling: Unhealthy Changes in the Global Food System. *Glob Heart*. 2020;15(1):70. Published 2020 Oct 16. doi: <https://globalheartjournal.com/articles/10.5334/gh.935/>
- ¹⁰ Rey-García J, Donat-Vargas C, Sandoval-Insausti H, Bayan-Bravo A, Moreno-Franco B, Banegas JR, Rodríguez-Artalejo F, Guallar-Castillón P. Ultra-Processed Food Consumption is Associated with Renal Function Decline in Older Adults: A Prospective Cohort Study. *Nutrients*. 2021; 13(2):428. <https://doi.org/10.3390/nu13020428>
- ¹¹ Elizabeth L, Machado P, Zinöcker M, Baker P, Lawrence M. Ultra-processed foods and health outcomes: a narrative review. *Nutrients*. 2020 Jul;12(7):1955. <https://pubmed.ncbi.nlm.nih.gov/3263002/>
- ¹² Debras C, Chazelas E, Srour B, Druesne-Pecollo N, Eseddik Y, et al. (2022) Artificial sweeteners and cancer risk: Results from the NutriNet-Santé population-based cohort study. *PLOS Medicine* 19(3): e1003950. <https://doi.org/10.1371/journal.pmed.1003950>
- ¹³ Gupta P, Shah D, Kumar P, Bedi N, Mittal HG, Mishra K, Khalil S, Elizabeth KE, Dalal R, Harish R, Kinjawadekar U. Indian Academy of Pediatrics guidelines on the fast and junk foods, sugar sweetened beverages, fruit juices, and energy drinks. *Indian Pediatrics*. 2019 Oct;56(10):849-63. <https://pubmed.ncbi.nlm.nih.gov/31441436/>, accessed on 5 April, 2022
- ¹⁴ Vargas-Meza J, Jaúregui A, PachecoMiranda S, Contreras-Manzano A, Barquera S (2019). Front-of-pack nutritional labels: Understanding by low- and middle-income Mexican consumers. *PLoS ONE* 14(11): e0225268. <https://doi.org/10.1371/journal.pone.0225268> accessed on 5 April, 2022
- ¹⁵ Front-of-package labeling - PAHO/WHO | Pan American Health Organization accessed on 2 February 2022. <https://www.paho.org/en/topics/front-package-labeling>
- ¹⁶ Basto-Abreu A, Torres-Alvarez R, Reyes-Sánchez F, González-Morales R, Canto-Osorio F, et al. (2020) Predicting obesity reduction after implementing warning labels in Mexico: A modeling study. *PLOS Medicine* 17(7): e1003221. <https://doi.org/10.1371/journal.pmed.1003221> accessed on 5 April, 2022
- ¹⁷ Taillie LS, Reyes M, Colchero MA, Popkin B, Corvalán C (2020) An evaluation of Chile's Law of Food Labeling and Advertising on sugarsweetened beverage purchases from 2015 to 2017: A before-and-after study. *PLoS Med* 17(2): e1003015. <https://doi.org/10.1371/journal.pmed.1003015> accessed on 5 April, 2022
- ¹⁸ Scientific Evidence for Use of Warning Labels and Health Star Rating on Unhealthy-Ultra-processed Food Products by NAPi and BPNI, March 2022, https://www.bjni.org/wp-content/uploads/2022/04/Sc-Evidence-for-warning-and-HSR-labels-on-unhealthy-food_-30-March.pdf
- ¹⁹ Jáuregui A, White CM, Vanderlee L, Hall MG, Contreras-Manzano A, Nieto C, Sacks G, Thrasher JF, Hammond D, Barquera S. Impact of front-of-pack labels on the perceived healthfulness of a sweetened fruit drink: a randomised experiment in five countries. *Public Health Nutrition*, 25(4), 1094-1104. <https://doi.org/10.1017/s1368980021004535> accessed on 5 April, 2022
- ²⁰ Song J, Brown MK, Tan M, MacGregor GA, Webster J, Campbell NR, Trieu K, Ni Mhurchu C, Cobb LK, He FJ. Impact of color-coded and warning nutrition labelling schemes: A systematic review and network meta-analysis. *PLoS medicine*. 2021 Oct 5;18(10):e1003765.
- ²¹ Peñaherrera V, Carpio C, Sandoval L, Sánchez M, Cabrera T, Guerrero P, Borja I. Efecto del etiquetado de semáforo en el contenido nutricional y el consumo de bebidas gaseosas en Ecuador [Effect of traffic-light labelling on nutritional content and on consumption of carbonated beverages in Ecuador. Efeito da rotulagem nutricional com modelo de semáforo no consumo de refrigerantes no Equador]. *Rev Panam Salud Pública*. 2018 Dec 27;42:e177. Spanish. doi: 10.26633/RPSP.2018.177. PMID: 31093205; PMCID: PMC6398322.
- ²² Sandoval LA, Carpio CE, Sanchez-Plata M (2019) The effect of 'Traffic-Light' nutritional labelling in carbonated soft drink purchases in Ecuador. *PLOS ONE* 14(10): e0222866. <https://doi.org/10.1371/journal.pone.0222866> accessed on 5 April, 2022
- ²³ Croker H, Packer J, Russell SJ, Stansfield C, Viner RM. Front of pack nutritional labelling schemes: a systematic review and meta analysis of recent evidence relating to objectively measured consumption and purchasing. *J Hum Nutr Diet*. 2020 Aug;33(4):518-537, <https://pubmed.ncbi.nlm.nih.gov/32364292/> accessed on 5 April, 2022
- ²⁴ An R, Shi Y, Shen J, Bullard T, Liu G, Yang Q, Chen N, Cao L. Effect of front-of-package nutrition labeling on food purchases: a systematic review. *Public Health*. 2021 Feb;191:59-67, <https://pubmed.ncbi.nlm.nih.gov/33517247/> accessed on 5 April, 2022
- ²⁵ Acton RB, Jones AC, Kirkpatrick SI, Roberto CA, Hammond D. Taxes and front-of-package labels improve the healthiness of beverage and snack purchases: a randomized experimental marketplace. *International Journal of Behavioral Nutrition and Physical Activity*. 2019 Dec;16(1):1-5. <https://jibnpa.biomedcentral.com/articles/10.1186/s12966-019-0799-0>
- ²⁶ Minutes of FSSAI Stakeholders meeting 15th Feb. 2022. https://www.fssai.gov.in/upload/advisories/2022/02/6214b53d81294Minutes_FOPL_22_02_2022.pdf
- ²⁷ NitiAayog. Annual Report 2021-22, https://www.niti.gov.in/sites/default/files/2022-02/Annual_Report_2021_2022_%28English%29_22022022.pdf accessed on 5 April 2022
- ²⁸ World Health Organization. WHO Nutrient Profile Model for South-East Asia Region. New Delhi: WHO, Regional Office for South-East Asia. 2017. <https://apps.who.int/iris/handle/10665/253459> accessed on 5 April, 2022
- ²⁹ World Health Organization. Food marketing exposure and power and their associations with food-related attitudes, beliefs, and behaviours: a narrative review, <https://apps.who.int/iris/rest/bitstreams/1408388/retrieve> accessed on 5 April, 2022
- ³⁰ World Health Organization. Implementing nutrition labelling policies: a review of contextual factors, 2021, <https://apps.who.int/iris/rest/bitstreams/1369774/retrieve>, accessed on 5 April, 2022

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