Summary report on the

Technical consultation on reducing sugar intake in the Eastern Mediterranean Region

WHO-EM/NUT/270/E

Amman, Jordan
26–27 July 2015

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized a technical consultation on reducing sugar intake in the Eastern Mediterranean Region from 26 to 27 July 2015 in Amman, Jordan. The technical consultation was attended by international and regional experts and WHO staff from country, regional and headquarters levels.

The objectives of the technical consultation were to:

- review the levels, patterns and sources of sugar consumption in countries of the Eastern Mediterranean Region; and
- develop a regional roadmap to help countries to take action on reducing sugar intake in accordance with WHO guidelines on sugars intake in adults and children through identifying key cost-effective and strategic interventions and priority actions for Member States and WHO, as well as key partners, where required.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, in his welcome address highlighted that the new WHO sugar guideline was part of WHO's effort to reach targets set by the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 in order to halt the rise in diabetes and obesity and reduce the burden of premature deaths due to noncommunicable diseases by 25% by 2025.

He noted that the global monitoring framework included ambitious targets for reducing risk factors and strengthening the health system response to noncommunicable diseases. Meeting these targets required serious efforts to scale up implementation of the commitments made in the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases, and endorsed in several Regional Committee resolutions, he said.

Reducing free sugars intake to less than 10% of total daily energy intake (roughly 50 grams) was recommended by WHO for the first time in 1989 and further elaborated by a joint WHO/Food and Agriculture Organization of the United Nations (FAO) Expert Consultation in 2002. The new updated WHO guideline called for further reduction of free sugars intake to less than 5% of total energy intake if possible (roughly 25 grams; 6 teaspoons) per day, he noted.

Dr Alwan observed that promoting healthy diet was a key theme of the Second International Conference on Nutrition (ICN2), convened jointly by FAO and WHO in November 2014. At ICN2, more than 170 countries had adopted the Rome Declaration on Nutrition and a Framework for Action, which highlighted the need for global action to end all forms of malnutrition, including obesity and diet-related noncommunicable diseases.

There was solid evidence that keeping intake of free sugars to less than 10% of total energy intake reduced the risk of overweight, obesity and tooth decay, he said. Making policy changes to support this would be key if countries were to live up to their commitments to reduce the burden of noncommunicable diseases. Based on French and Mexican data there was now clear evidence of a fall in soft drink intake with taxes of at least 10% of the retail price.

The Regional Director concluded by stating that urgent action was essential to reduce preventable mortality and disability, and the toll that noncommunicable diseases exacted on individuals, families, communities and economies. Over the past year, many Member States had accelerated action on the prevention and control of noncommunicable diseases, including reduction of salt and fat intake, and some had made important strides. He outlined that an expected outcome of the meeting was the development of a policy statement on sugar reduction and an action plan for implementation.

2. Summary of discussions

The meeting identified many challenges facing the Region. Excessive sugar consumption is one factor promoting overweight and obesity, dental caries (tooth decay) and diabetes in the Region. However, it was noted that although there is big problem of obesity and diabetes in the Region, there are considerable differences in rates between countries. It was agreed that the priority health outcomes for developing a policy statement and action plan should be reductions in unhealthy weight gain, dental caries and cardio-metabolic risk factors.

All countries import most of their sugar, except Pakistan, which is a big producer. Sugar intake in the Region has increased since 2000 from 28 kg to 32 kg per capita, making it one of the highest regions for sugar intake, exceeding WHO recommended levels in most countries. For instance, sugar intake in Saudi Arabia is estimated at 80 grams per capita. The main sources of sugar intake are tea, soft drinks, sweets and chocolate/sweets. Various forms of sugar subsidy are common in the Region. Food aid and subsidies include sugar as a key item in the food basket.

However, there is a lack of reliable data on diet, obesity and diabetes in the Region. It was felt that FAO data are not reliable and are based on a food balance sheet, which does not take into consideration hidden sugars. Much of the sugars consumed today are “hidden” in processed foods not usually seen as sweets. For example, 1 tablespoon of tomato ketchup contains around 4 grams (around 1 teaspoon) of free sugars. A single can of sugar-sweetened soda contains up to 40 grams (around 10 teaspoons) of free sugars. There is also a lack of consumption data in the Region, as most countries have not conducted national food consumption surveys. The food supply chain, trade and economics of sugar in the Region should also be studied.

It was agreed that lower intake of sugar is recommended in the Region and policies should be developed accordingly. This should include the new lower target (5% of total energy intake). A list of policy actions were identified and discussed, as outlined below.

It was felt that awareness-raising among people and advocacy to influence policy-makers was needed using evidence, international experiences and lessons learnt. This should employ cost-effectiveness and economic arguments, mobilize civil society, implement effective use of media, such as through national media campaign and social media, and sensitize health and medical service providers in promoting healthy diets, as well as non-health authorities, including those in trade, industry, customs and education.

Fiscal measures, taxation on sugary drinks and removal of subsidies were discussed. Taxation on sugary drinks was suggested, but it was felt that more data are needed to understand the source of sugars consumption in each country in order to consider actions to implement taxation. There is a need to set up an effective monitoring system to monitor people’s consumption patterns to evaluate the effect of taxation so that any replacement effect can be assessed to ensure the effectiveness of the taxation measures. There is also a need to review the experiences of countries that have been implementing taxation to understand how taxation is being implemented in those countries; for instance, to look at what is being taxed, the criteria used to select food items or beverages to tax, the level of tax and how the revenue is being used.

In terms of subsidies, there is a need to understand the kind of subsidies that are being implemented in the countries in the Region in order to identify effective ways of making difference. There is also a need to coordinate with United Nations agencies and nongovernmental organizations distributing food in emergencies to

inform them of WHO's recommendations and guidance on healthy diet to address noncommunicable diseases in emergency situations.

The reformulation of food products through regulation and voluntary action was discussed. This could include reducing the content of free sugars in soft drinks, starting with imported products reformulation in certain countries or sub-regions, such as the countries of the Gulf Cooperation Council (GCC). It was noted that this should not mean the use of artificial sweeteners as replacement of free sugars. Comprehensive studies on the levels of sugars in sugary products, including soft drinks and traditional sweets, should be conducted. Work should also be undertaken with the *Codex Alimentarius* to reflect WHO recommendations at the regional and national level.

Actions in special settings including schools (on food availability and education) and government-controlled establishments were discussed. Policies identified included a ban on sugary drinks in canteens, vending machines and restaurants, and procurement policies for government institutions based on the nutrient profile model. The need to set up monitoring systems to ensure full implementation of procurement and food supply policies in different settings was noted.

In terms of the regulation of advertising and marketing, full implementation of WHO recommendations on the marketing of food and non-alcohol beverages to children and regulating the marketing of unhealthy food such as soft drinks, candies and confectionary to children through the use of the WHO regional nutrient profile model were identified. There is a need to understand how advertising is done in the Region. It was felt that options for a regional approach to marketing (on television, radio, internet and social media) should be considered. Food labelling (including ingredient labelling) and health claims also need regulating, with revision of the criteria for food

labelling to reflect the sugars, trans fatty acids, saturated fatty acids content of food, where necessary.

Implementing mandatory *Codex Alimentarius* labelling, including for legibility and readability, is also needed, and front of pack labelling, for example traffic light labelling, should be considered. Support is also needed for setting appropriate regional conditions on health claims, taking into account international practices.

Another area discussed was generating data and the identification of priority research. It was felt that a regional protocol or method for assessing sugars intake in countries was needed. A regional meeting was needed for researchers to standardize and update food composition tables, reflecting sugar, trans fatty acids, saturated fatty acids and salt contents, including in traditional foods and dishes. A monitoring system for measuring consumption patterns of targeted products and overall dietary pattern was also felt to be needed. Engaging research centres, institutes of public health, academia and WHO collaborating centres in research for nutrition in the Region was also felt to be important.

The regional priority actions identified at the intercountry meeting on nutrition held on 7–9 June in Amman, Jordan, were discussed and reviewed to ensure harmonization and alignment with the recommendations of the meeting in an attempt to consolidate efforts and ensure the effective implementation of policy actions at both national and regional levels.

3. Recommendations

To Member States

1. Reduce the content of free sugars in soft drinks, starting with imported product reformulation in certain countries or subregions, i.e. GCC, but it should be noted that this should not mean the use of artificial sweeteners as replacement of free sugars.

2. Implement procurement policies at government institutions based on the nutrient profile model.

3. Enact full implementation of WHO recommendations on the marketing of food and non-alcohol beverages to children.

4. Regarding food labelling (including ingredient labelling) and health claims: revise criteria for food labelling to reflect sugars, trans fat acids and saturated fatty acids content of food; implement mandatory *Codex Alimentarius* labelling, including for legibility and readability; consider front of pack labelling, such as traffic light labelling; and support regional work in setting appropriate conditions on health claims and taking into account international practices.

5. Increase awareness and sensitize health and medical service providers and increase their involvement in promoting healthy diets.

6. In the case of reducing sugars in products (whether food items or beverages), unlike salt and sodium, carefully monitor replacement issues, whether at the product level or at the level of consumption, in order to assess the expected effect.

7. For implementation of reformulation or other policy actions, including regulating marketing or implementing pricing policies, action should be undertaken in the following areas simultaneously: putting in place regulation with enforcement; implementing awareness-raising among consumers and policy-makers; and monitoring consumption patterns.

8. Establish a monitoring system for measuring consumption patterns of targeted products and overall dietary patterns.

To WHO

9. Develop a policy statement and action plan on sugar reduction before December 2015.

10. Conduct a study to understand the kind of subsidies which are being implemented in the countries in the Region in order to understand effective way of making difference.

11. Ensure harmonization and, if possible, integration of the proposed regional priority actions (proposed by the June meeting), with national multisectoral noncommunicable diseases policies, which a number of the countries in the Region are in a process of developing, especially since four of the seven actions are linked to obesity and noncommunicable diseases prevention (the breast feeding regulatory package, behavioural change communication programmes, the low birth weight and maternal nutrition advocacy initiative, reformulation, labelling and marketing initiatives to create a healthy food environment).

12. In setting up a regulatory framework for enforcement, coordinate with existing regulatory bodies, such as the GCC Standardization Organization; if regulatory actions can be strengthened where frameworks exist, it may influence actions in the Region as a whole.

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