

Summary report on the
**Regional expert meeting
on policy action for
healthy diets, with
a focus on the Gulf
Cooperation Council
countries**

Dubai, United Arab Emirates
27 February–1 March 2023



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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1. Introduction

To accelerate policy action for healthy diets, the WHO Regional Office for the Eastern Mediterranean and the Ministry of Health and Prevention of the United Arab Emirates held an expert meeting on policy action for healthy diets, with a focus on the Gulf Cooperation Council (GCC) countries, from 28 February to 1 March 2023 in Dubai, United Arab Emirates. Representatives of six GCC countries participated, along with experts and WHO staff and consultants from WHO headquarters, the Regional Office and country offices.

The objectives of the meeting were to:

- encourage countries of the Region to scale up implementation of food systems action for healthy diets;
- provide expert guidance to Member States and share experience on how to implement four key areas of action (food reformulation, public food procurement, fiscal policies and nutrition labelling);
- share country experience in implementing policies in these four areas;
- update countries on the latest WHO guidance and initiatives; and
- identify country support needs and opportunities for collaboration.

The meeting was opened by Dr Hussain Alrand, Assistant Undersecretary for Public Health Sector, Ministry of Health and Prevention, United Arab Emirates, who welcomed participants and underlined the commitment of the United Arab Emirates to the achievement of the Sustainable Development Goals (SDGs) and global and regional nutrition targets and to implementation of WHO's recommendations for healthy food environments.

Dr Rana Hajjeh, Director of Programme Management, WHO Regional Office for the Eastern Mediterranean, delivered a message on behalf of Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean. She outlined how more than a quarter of children under-5 in

the Region (over 22 million children) have had their growth stunted by chronic malnutrition, with long-term consequences for their health and well-being, and more than 7 million are affected by acute malnutrition. At the same time, a further 7 million are overweight and the Region has some of the highest rates of adult obesity and overweight in the world and the prevalence of diet-related noncommunicable diseases (NCDs), such as diabetes and cardiovascular disease, is high. Unhealthy diets are a major contributor to the burden of malnutrition in the Region, with food systems failing to deliver affordable healthy diets for all. In some countries, up to 90% of the population cannot afford a healthy diet. Policy action to transform food systems and create healthier food environments is urgently needed.

She noted that countries in the Region are committed to working towards the SDGs and global and regional nutrition targets, including commitments to having no increase in childhood overweight and halting the rise in diabetes and obesity in adults. Member States are being guided by the *Strategy on nutrition for the Eastern Mediterranean Region 2020–2030* and *Regional framework for action for obesity prevention 2019–2023*, and WHO is promoting implementation of the “food systems for health” package of actions to improve the nutritional quality of food along the food supply chain and create healthier food environments. However, despite some progress in countries, accelerated implementation of these policy actions is needed, and technical support on how to implement several of these policy actions is required.

Finally, she observed that although the COVID-19 pandemic had hindered progress in action on NCDs, there was now renewed momentum to tackle NCDs and improve health systems. Another key priority, she noted, was to protect food security and healthy diets in the context of environmental change and to implement a One Health approach to protect human, animal and planetary health. A multisectoral approach was therefore essential to address these challenges, she said.

2. Summary of discussions

Situation update for the Eastern Mediterranean Region, with particular focus on the GCC countries

Average intakes of fruits and vegetables in the Region are too low, and almost all countries exceed the recommended maximum intakes of trans fatty acids (TFA) and salt/sodium, with average intakes of saturated fats exceeding recommendations in more than half. In addition, intakes of sugar and sugar-sweetened beverages (SSBs) are high. The prevalence of diet-related NCDs, such as cardiovascular disease and diabetes, is also high.

The prevalence rates of overweight and obesity in the GCC countries are among the highest globally. Among children under five, the prevalence of overweight has dramatically increased by 117%, from 3.5% in 2000 to 7.6% in 2020 in GCC countries (excluding United Arab Emirates, for which no data was available). Among school children and adolescents (aged 5–19), all GCC countries were above the global prevalence for overweight in 2016 and four (Kuwait, Qatar, Saudi Arabia and United Arab Emirates) were among the countries with the highest prevalence in the Region. Among adults, all GCC countries had above double the global average for obesity prevalence, with the highest prevalence in Kuwait (38%), Qatar (35%), Saudi Arabia (35%) and United Arab Emirates (32%).

In relation to child wasting, in contrast, progress towards global and regional targets has been made in GCC countries since the early 2000s (a prevalence of 5.1% during 2011–2020 for GCC countries, not including United Arab Emirates for which data was not available). Stunting has also decreased in the GCC countries (not including United Arab Emirates for which data was not available) from 12.6% in 2000 to 5% in 2020, and some progress has been made towards the global target. However, only one GCC country (United Arab Emirates) is on track to meet the global and regional targets for exclusive breastfeeding.

Over the last decade, much progress has been made across the Eastern Mediterranean Region in the development and adoption of programmes and policies for nutrition and healthy diets. However, challenges exist in the effective implementation of policies and there remains an urgent need to accelerate and scale up policy action.

Food systems actions for healthy diets

WHO offers a menu of food systems actions for healthy diets. These actions are proven, scalable and cost-effective and have already been implemented in many countries. Furthermore, they have been endorsed by the World Health Assembly and their implementation is monitored by WHO. The six areas of food systems action are: nutrition labelling; marketing regulation; healthy public procurement; reformulation; fortification; and fiscal policies.¹

Reformulation of processed food products to eliminate TFA and reduce salt/sodium, sugars and saturated fat levels

WHO provides resources to support country efforts to eliminate trans fats and for food reformulation to reduce levels of salt/sodium, sugars and saturated fats. These include the following:

- REPLACE, a six-module package to eliminate industrially-produced trans fat from the global food supply.² In 2022, 43 countries globally including two GCC countries (Oman, Saudi Arabia), had implemented WHO recommended best practice policy of a mandatory national limit of 2 g of industrial TFA per 100g of total fat in all foods and a ban on the production or use of partially-

¹ Food systems for health. Geneva: World Health Organization (<https://www.who.int/initiatives/food-systems-for-health>, accessed 5 May 2023).

² REPLACE trans fat-free by 2023. Geneva: World Health Organization (<https://www.who.int/teams/nutrition-and-food-safety/replace-trans-fat>, accessed 5 May 2023).

hydrogenated oils as an ingredient in all foods; a further 17, including three GCC countries (Bahrain, Kuwait and United Arab Emirates) have less restrictive TFA limits in place.

- WHO initiatives to accelerate TFA elimination include building regulatory and laboratory capacity, supporting replacement with healthy oils, disseminating country good practices, communication and advocacy, and guidance.
- SHAKE the salt habit, a technical package to help countries achieve the globally agreed target of reducing sodium intakes by 30% by 2025.¹ The package is currently being updated.
- WHO global sodium benchmarks covering 65 different food subcategories, to support countries in setting national policies and strategies on salt reduction.² Countries are expected to adopt the global sodium benchmarks to reduce their populations' sodium intake and industries are expected to implement these benchmarks.

Some technical challenges need to be overcome to reduce salt levels in key food sources of sodium, including bread, processed meats and cheese. Depending on the product these challenges relate to processing and product quality, shelf life and safety, and taste perception. Experience has shown, however, that it is feasible to produce high-quality bread with a lower sodium level and that consumers readily accept such products. Similarly, salt reduction in processed meats (where salt plays a role in safety) is feasible, and models are available to guide producers. In soups, sauces and ready-to-eat meals, salt is primarily added for taste purposes and can be reduced gradually with consumer acceptance. Experience shows that between 20% and 60% reductions are feasible in most food categories.

¹ SHAKE the salt habit. Geneva: World Health Organization; 2017 (<https://www.who.int/publications/i/item/WHO-NMH-PND-16.4>, accessed 5 May 2023).

² WHO global sodium benchmarks for different food categories. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240025097>, accessed 5 May 2023).

Salt reduction efforts have been made in Sharjah, United Arab Emirates. Activities included dialogue with the bakery sector, training for bakers, recommendations on salt levels and communication activities to raise awareness. Based on a 2018 United Arab Emirates technical specification on salt levels in bread, a pilot project for Arabic bread was conducted. Further studies to assess salt levels are being conducted on different types of bread.

Experience from the United Kingdom of Great Britain and Northern Ireland regarding its salt, sugar and calorie reduction programmes have shown such programmes to be feasible and achievable. Between 2000 and 2023, salt reduction efforts included setting incremental salt reduction targets for more than 80 categories of food. The first target (to be met by 2010) for the average level in bread was 1.1 g salt/100 g, with a target of 0.85 g/100 g to be met by 2024. The average level is currently around 0.9 g/100 g. Similar results have been achieved across many food categories. Average population salt intakes and blood pressure declined between 2000 and 2011 and it is estimated that around 18 000 cardiovascular incidents (including 9000 cardiovascular deaths) were prevented, saving the country US\$ 1.8 billion per year in health care costs. However, changes to the programme's governance between 2011 and 2023 making industry responsible for setting its own targets and monitoring its progress caused a loss of momentum.

A similar sugar reduction programme set a target for a 20% reduction across the most popular products. To date, an overall reduction of 3.5% has been achieved, with reductions varying between categories (from 14% in yoghurts and breakfast cereals to 0.9% in chocolate). The United Kingdom levies an SSB tax that has prompted a 46% reduction in the total sugar content of soft drinks and resulted in a fall of 34% in sugar sales from soft drinks. Experience in the United Kingdom has shown that voluntary guidelines require enforcement and monitoring,

while legislation and fiscal measures can ensure progress. Programmes need to be comprehensive and data-driven to be effective and there is a need for multisectoral collaboration to make progress in food eaten outside the home.

Saudi Arabia also has experience with salt reduction and other healthy diet measures. The Saudi Healthy Food Strategy has a mission to improve the nutritional value of food products and raise awareness of healthy food. The salt reduction programme includes (a) setting a mandatory upper limit for salt in bread and laban (yoghurt) drinks of 1 g/100 g final product and (b) setting voluntary guidelines for the maximum amount of salt in 21 food categories. As part of the monitoring and analysis of 297 bread products in 2019, following the introduction of the regulation, it was found that 85% complied with the maximum salt limit. An assessment of 261 products across 21 food categories found that 47% were within the voluntary guidelines. Under this strategy, the use of partially hydrogenated oils has also been banned in all food products and mandatory nutrition labelling is in place with voluntary front-of-pack traffic light labelling (which should become mandatory in 2024 or 2025). Since 2020, calorie labelling has also been required on menus and while a recent assessment found that only 73% of establishments were in compliance with accurate calorie declarations, overall sales of lower-calorie dishes in restaurants have increased.

In Kuwait, dialogue with the Kuwait Flour Mills and Bakery Company, which produces 80% of the total bread in the country, made it possible to reduce salt levels in pitta bread and other baked products by 20%. Dialogue with local companies producing corn and potato chips also resulted in three companies reducing the salt levels in their products. Six local manufacturers of fruit juice drinks and nectars reduced the amounts of added sugar in their products. Furthermore, a collaboration between the Public Authority for Food and Nutrition and the Kuwait

Flour Mills and Bakery resulted in TFA being eliminated and reductions in sugar, salt, energy and portion sizes of bakery products targeted at school children being made. In addition, the Ministry of Health has removed items high in fat, salt and sugar from menus for patients and medical staff in all public hospitals. A standard on traffic light labelling has been drafted, and a smartphone app called Food Switch (which suggests healthier alternatives to scanned products) is being promoted. An SSB tax is pending but has still not been implemented; barriers to implementation include the lack of a baseline population survey, that the approach is voluntary rather than mandatory and a lack of incentives (except relating to the right to sell products in schools).

In discussion, it was noted that although 24-hour urinary sodium measurement is the gold standard technique for measuring population sodium intakes and the impact of a wide reformulation programme covering many food categories, it is not the most appropriate means of monitoring the impact of changes in only one food product category. Rather, it is more effective to measure the reduced sodium content in the product. WHO has a protocol for small-scale 24-hour urine studies. Research by WHO points to widely varying levels of salt in bread (for example, 0.4 g/100g in Egypt compared with 1.7 g/100 g in Kuwait), pointing to the feasibility of further reductions in bread in those countries with higher levels. It was stressed that to reach the global and regional targets for a 30% reduction in sodium intake, it is important to set targets for salt reduction (ideally mandatory) across a wide range of food categories. The unacceptability of multinational food companies supplying products with higher salt/sugar/fat levels in some countries than others was highlighted, and the importance of global ethical accountability to hold food manufacturers to account was emphasized.

Promoting healthy diets in schools, hospitals and other public institutions – public food procurement and service policies

Governments worldwide have a unique opportunity and responsibility to lead by example through the implementation of healthy public food procurement and service policies, requiring that all foods and beverages served or sold in public settings contribute to the promotion of healthy diets. Healthy public food procurement and service policies can also contribute to increased productivity and educational attainment; create purchasing power, which can increase demand for and availability of healthier food and reduce costs; strengthen local food systems by promoting purchasing from local producers; and improve health equity across populations.

The WHO Action framework for developing and implementing public food procurement and service policies for a healthy diet¹ proposes key policy steps, based on the policy cycle: policy preparation; policy development; policy implementation; and monitoring, enforcement and evaluation. It is important to look at existing mechanisms of food procurement and identify appropriate entry points. It can be easier to strengthen existing frameworks than develop new ones (e.g. in schools). It is also important to establish nutrient criteria, and a WHO regional nutrient profile model is available.² In addition to healthy procurement criteria, complementary actions – nudges – to create healthier food environments can also be used.

¹ Action framework for developing and implementing public food procurement and service policies for a healthy diet. Geneva: World Health organization; 11 January 2021 ([who.int/publications/i/item/9789240018341](https://www.who.int/publications/i/item/9789240018341), accessed on 4 May 2023).

² Nutrient profile model for the marketing of food and non-alcoholic beverages to children in the WHO Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 (<https://apps.who.int/iris/handle/10665/255260>, accessed 5 May 2023).

Action to improve school food is the most commonly implemented area of healthy public procurement and service policies. For example, in the United Arab Emirates, to reduce childhood obesity, the MASAR project aims to create a healthy school environment through a set of interventions to raise health awareness among students and their families, improve food quality in schools and create opportunities to engage in safe physical activity during school hours. The project also offers support to students, and their parents who are experiencing weight issues through behavioural intervention programmes. The SEHHI programme aims to create healthier environments through the placement of healthier options on shelves and at checkouts in supermarkets and improving the food environments in educational and health care facilities.

In discussion, the importance of publishing results and lessons learned from the country experience was emphasized. Monitoring and reporting on the process, as well as final outcomes, is also very important. Relatively simple criteria, pilot studies, sentinel studies and the use of routine data are all elements to incorporate into surveillance systems and monitoring/evaluation arrangements. The important role of municipalities in creating healthier food environments was also underlined, along with the importance of coordinated multisectoral action and high-level political commitment. In addition, it is key to promote a better understanding of the investment case for action on healthy diets.

Fiscal policies: unhealthy food taxation and subsidies for healthy diets

The evidence base on unhealthy food taxation and subsidies for healthy diets includes two WHO-commissioned systematic reviews – one on

SSB taxation¹ and one on food taxes and subsidies.² The review on SSB taxes included 86 studies (slightly over half of which were national studies, with the largest number coming from Mexico), of which 62 were included in a meta-analysis. On average, the study found a statistically significant 15% reduction in the purchase of SSBs and clear evidence of increasing SSB prices following the implementation of SSB taxes. Although the taxes are not fully passed on to consumers, higher prices lead to a significant reduction in purchases without evidence of significant substitution to untaxed beverages.

In the WHO review of food taxes and (non-agricultural) subsidies, 54 studies were included (mostly from the Americas) and, of these, 15 were included in a meta-analysis. The review found that subsidies tend to target fruit and vegetables and are mostly aimed at low-income populations only. Subsidies on fruit and vegetables increase their purchases, but the results suggest that fairly large subsidies are needed to see measurable gains. There is no strong evidence of changes in fruit and vegetable consumption, and studies are generally lacking. From the limited available studies on food taxes, it appears that they increase prices and reduce purchases.

WHO has published a manual on SSB taxation policies to promote healthy diets, which can help guide policy design and implementation.³ Supported by country examples, the manual provides considerations when deciding on the type of tax, taxable products, the tax base and structures, tax rates and administration capacity. WHO has also established a global monitoring

¹ Andreyeva T, Marple K, Marinello S, Moore TE, Powell LM. Outcomes Following Taxation of Sugar-Sweetened Beverages: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2022;5(6):e2215276. doi:10.1001/jamanetworkopen.2022.15276.

² Andreyeva T, Marple K, Moore TE, Powell LM. Evaluation of economic and health outcomes associated with food taxes and subsidies: a systematic review and meta-analysis. *JAMA Netw Open*. 2022;5(6):e2214371. doi:10.1001/jamanetworkopen.2022.14371.

³ WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240056299>, accessed 5 May 2023).

framework for SSB tax implementation. Drawing on experience with a similar framework for tobacco control, the new framework will enable monitoring of SSB tax implementation over a substantial period, enhance understanding of different policy approaches worldwide to identify and confirm best practices, enable sharing of country successes and provide a useful tool for researchers to analyse the impact of tax increases and tax structure. As part of this work, data collection was carried out between June 2022 and January 2023, including in the Region. These data sets will be important to better assess the SSB taxation situation and compare policy implementation across countries and regions.

To lower the sugar content of processed food products in Morocco, the country has implemented a sugar tax and the Nutri-Score front-of-pack labelling scheme. Plans to introduce an SSB tax faced stiff opposition from the agri-food sector lobby. Advocacy efforts then continued for two years with different political parties in Parliament and the Moroccan Obesity Task Force was created. The Task Force intervened in Parliament with the slogan “The health of our children is not negotiable”. An important element was the inclusion of data specific to Morocco in advocacy efforts. The SSB tax was finally adopted by the Moroccan Parliament in the 2019 finance bill. In the 2020 finance bill, a progressive tax on SSBs, in proportion to sugar concentration, was established. In 2023, this tax was extended to biscuits, dairy products and derivatives, jams and similar foods.

Monitoring arrangements have been established, including a planned national survey on nutrition status, a consumer survey, the mid-term review in 2025 of progress towards the SDGs and two university PhD research projects to analyse the sugar levels in high-sugar processed foods on the market between 2022 and 2025 and assess their consumption throughout the life-course in Morocco. The food industry has started to reduce sugar content in certain processed foods and citizens are increasingly aware of the harmful effects of overconsumption of sugar.

In discussion, it was suggested to hold a regional meeting to explain the results of the SSB tax implementation survey. The importance of developing an evidence base, and of using the right evidence, was noted, and it was suggested that there is a need to increase support to countries to generate systematic evidence. It was felt that the experience in Morocco highlighted that community engagement is essential for success. The challenge of removing subsidies for sugars was raised, and it was suggested that this should be a priority for the Region.

Initiative on Climate Action and Nutrition (I-CAN)

The Initiative on Climate Action and Nutrition (I-CAN) was launched at the Conference of the Parties of the UN Framework Convention on Climate Change (COP27) at Sharm El Sheikh, Egypt, in November 2022. Climate change is impacting food, diets, health, social protection and WASH (water, sanitation and hygiene) systems that are fundamental to good nutrition. At the same time, food systems are responsible for a third of global greenhouse gas emissions. Dietary choices steer production systems and environmental footprints, but climate and nutrition goals are often pursued in isolation rather than being based on integrated action. There is a need to address, therefore, the nexus between nutrition and climate change.

I-CAN will help foster collaboration to accelerate transformative action to address the critical nexus of climate change and nutrition. It is a multistakeholder, multisectoral global flagship programme, co-led by the Egyptian Ministry of Foreign Affairs and the WHO Secretariat to the Alliance for Transformative Action on Climate and Health (ATACH). Many Member States pledged support for I-CAN at the 69th session of the WHO Regional Committee for the Eastern Mediterranean in September 2022.

The current challenge for I-CAN is to bring more Member States on board before COP28, under the presidency of the United Arab Emirates,

in late 2023. Next steps include preparing a side event at the Regional Committee in 2023 and engaging and supporting the work of the I-CAN working group under ATACH. The United Arab Emirates offered to work with Egypt and WHO to support I-CAN at COP28.

Nutrition labelling for healthy diets

Nutrition labelling is recognized as an important means to meet consumer requirements for accurate, standardized and comprehensible information on the content of food items to enable healthy choices. Nutrition labelling includes rules on ingredient listing, health and nutrition claims, nutrient declarations and supplementary nutrition information such as front-of-pack labelling. The Codex Alimentarius Guidelines on Nutrition Labelling¹, which address nutrient declarations and supplementary nutrition information, were published in 1985 but are still not universally implemented. Ingredient lists, which should be part of mandatory labelling, are still not implemented well and many countries have not yet adopted regulations on claims.

The Codex guidelines were updated in 2021 with a new annex on front-of-pack nutrition labelling, aligned with the WHO guiding principles and framework manual for front-of-pack labelling for promoting healthy diets.² There are many schemes for front-of-pack labelling and WHO does not endorse or recommend any particular scheme. Rather, it provides guidance for the development and implementation of a front-of-pack labelling system and its monitoring and evaluation. Examples

¹ Codex Alimentarius guidelines on nutrition labelling. Rome: Food and Agriculture Organization of the United Nations; 2021 (https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXG%2B2-1985%252FCXG_002e.pdf, accessed on 4 May 2023).

² Guiding principles and framework manual for front-of-pack labelling for promoting healthy diets. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/m/item/guidingprinciples-labelling-promoting-healthydiet>, accessed 5 May 2023).

of front-of-pack labelling schemes include traffic light labelling and summary indicators such as the health star rating or Nutri-Score. In the GCC countries, traffic light systems are being used to differing degrees in Qatar, Saudi Arabia and United Arab Emirates.

A recent review on front-of-pack labelling found that it is not possible to meaningfully compare the different systems; the impact of each system must be evaluated against its own goals. Additional resources^{1,2} are available to support implementation and WHO guidelines on the different elements of nutrition labelling are in preparation.

For the Eastern Mediterranean Region, which to date only has limited implementation of front-of-pack labelling, there are lessons to be learned from research and international experience. Front-of-pack schemes can be classified into: front-of-pack nutrition systems, divided into those where nutrients are kept separate (e.g. traffic lights) and those where nutrient levels are summarized to give an overall rating (e.g. health star rating and Nutri-Score); endorsement logos or claims, which can also be either nutrient specific or summary (e.g. the Nordic Keyhole, Weqaya as used in Abu Dhabi); and warning symbols (e.g. Chilean health warnings). Some systems are interpretive – such as colour-coding to guide consumers or clear warnings – while others are simply informative and do not aid the interpretation of the label’s meaning. A logical model for the impact of food labelling on health shows the different effects on consumers and producers.

Research into front-of-pack labelling needs to consider both the underlying nutrient profile model and graphic design. There are different ways to look at which scheme is effective, depending on

¹ Nutrition labelling: policy brief. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240051324>, accessed 5 May 2023).

² Implementing nutrition labelling policies: a review of contextual factors. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240035089>, accessed 5 May 2023).

whether the question relates to the nutrient profile model or the design, the impact on consumer or industry behaviour, the impact on cognitive functions or actual behaviour and whether the aim of the scheme is to be informative or persuasive. A relatively new area of research relates to ecolabelling and the possibility of using environmental impact models to indicate the impact of different foods on environmental sustainability. There are now multiple endorsement ecolabels (claims), but summary schemes that give an overall rating are also being developed, and it is clear that there are many lessons to draw from nutrition labelling for the development of ecolabels.

One of the front-of-pack nutrition labelling schemes is Nutri-Score which is a colour-coded, graded summary indicator, which ranges from A to E (with A indicating the best nutritional quality). The underlying algorithm, adapted from the Food Standards Agency/Ofcom model from the United Kingdom, generates a score between -15 and $+40$. The model has been tested with numerous studies and large-scale experimentation. Nutri-Score was adopted as a voluntary scheme (mandatory implementation was not possible under EU rules) in France in 2014 and is now on the labels of products produced by more than 500 companies, accounting for 57% of market share in 2022. Over time, the position of the food industry has moved from opposition to support. Sales data in France and Spain have found an increase in sales of products labelled with a Nutri-Score of A or B and a decline in sales of those labelled E. The scheme has now been officially adopted in seven countries, with a new transnational governance mechanism, and discussions are ongoing on a mandatory EU-wide harmonized scheme.

One country in the Eastern Mediterranean Region, Morocco, is in the process of introducing Nutri-Score under the National Action Plan for the reduction of the consumption of sugar, salt and fat, and against a backdrop of studies suggesting that thresholds of salt and sweet taste recognition are

higher than for European populations. Given that a high proportion of the population have poor literacy, and following a pilot survey in rural areas, the Nutri-Score logo format has been adapted to include a star rating. Nutri-Score labels were tested in the Moroccan context and have been shown to be an effective system to inform consumers about the nutritional quality of foods. Currently, the use of Nutri-Score is voluntary. It is being used in university restaurants, for example, which collectively serve more than 65 000 meals each day. As part of the school health strategy, the Ministry of Education is implementing Nutri-Score in school canteens. A legislative text on mandatory front-of-pack labelling has been drafted and is awaiting the joint signature of the Ministry of Health and the Ministry of Agriculture. The soft drinks lobby is continuing to oppose the legislation.

In discussion, the important role of a robust nutrient profile model to underpin any front-of-pack labelling scheme was emphasized. The challenges for small countries, which are predominantly dependent on imported food, in imposing nutrition labelling rules on major international food companies were raised. The rights of sovereign states to introduce mandatory requirements was underlined and it was suggested that the Gulf Cooperation Council countries (and potentially other countries in the Region) could collaborate to decide on a unified system, which would reduce confusion, greatly simplify the situation for importers and strengthen the position of the governments.

Other areas of food systems action for healthy diets

The WHO menu of food systems actions for healthy diets also includes food fortification and the regulation of marketing of food to and for children.¹ Food fortification is the practice of deliberately increasing the

¹ Another important area is food safety, which was not addressed at this meeting but is an important area of WHO support to Member States.

content of one or more micronutrients (i.e. vitamins and minerals) in a food or condiment to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health¹ Food vehicles for fortification vary, but include salt, wheat flour, maize flour, rice, edible oils and fats, milk, sauces and condiments. Fortification is an evidence-informed intervention that contributes to the prevention, reduction and control of micronutrient deficiencies. There remains potential to boost the health and well-being of both populations and economies in the Region through effective implementation of food fortification in line with WHO guidance, which is based on extensive work both in the Region and globally

This is an exciting period for food fortification because there is global momentum with different communities coming together to advocate for it. WHO guidelines are available on the following: salt iodization²; fortification of wheat flour with iron, folic acid and zinc³; fortification of maize flour with iron⁴ and fortification of rice with iron, folic acid and vitamin A⁵. Guidelines on the fortification of edible oils and fats are under development, and guidance on the fortification of milk and condiments is in preparation. It is important to consider fortification

¹ Food fortification [website]. Geneva: World Health Organization; 2023 (https://www.who.int/health-topics/food-fortification#tab=tab_1, accessed 5 May 2023).

² Guideline: fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/handle/10665/136908>, accessed 5 May 2023).

³ Monitoring flour fortification to maximize health benefits: a manual for millers, regulators, and programme managers. Geneva: World Health Organization; 2021 (<https://www.who.int/news/item/13-09-2021-monitoring-flour-fortification-to-maximize-health-benefits-a-manual-for-millers-regulators-and-programme-managers>, accessed 5 May 2023).

⁴ WHO guideline: fortification of maize flour and corn meal with vitamins and minerals. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241549936>, accessed 5 May 2023).

⁵ Guideline: fortification of rice with vitamins and minerals as a public health strategy. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/i/item/9789241550291>, accessed 5 May 2023).

within the context of NCDs and WHO has published a policy brief demonstrating that universal salt iodization and sodium intake reduction are compatible, cost-effective strategies of great public health benefit.¹

In January 2023, Colombia, in collaboration with other Member States, proposed a draft resolution to the WHO Executive Board on accelerating efforts to prevent micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective fortification.² This should support the acceleration of efforts on fortification with iron and folic acid. In the next few years, WHO support to Member State efforts on fortification will include the publication of further guidelines and programmatic guidance, as well as the publication of a global fortification report and alignment with the WHO global food safety strategy and, ultimately, the development of a fortification roadmap 2030.

The Eastern Mediterranean Region has a long history of food fortification, starting with salt iodization, and iron deficiency anaemia rates and severity have been reduced in countries with flour fortification. Countries with either mandatory or voluntary standards for staple food fortification include Djibouti, Egypt, Libya, Morocco, Sudan and Tunisia, as well as the GCC countries. Some GGC countries have made their national standards mandatory (e.g. Bahrain, Oman and Saudi Arabia for wheat flour fortification), while voluntary wheat fortification is implemented in Kuwait, Qatar and United Arab Emirates. Only Oman currently has a standard for oil fortification (a voluntary standard for fortification with vitamins A and D). In Lebanon, guidelines on vitamin D were launched

¹ Universal salt iodization and sodium intake reduction: compatible, cost-effective strategies of great public health benefit. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240053717>, accessed 5 May 2023).

² WHO Executive Board draft decision EB152/CONF.5 on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. Geneva: World Health Organization, 2023 (https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_CONF5-en.pdf, accessed 5 May 2023).

by the American University of Beirut Medical Centre in November 2022 that recommend testing and supplementation for vitamin D deficiency among institutionalized adults and community-dwelling adults at high risk (the suggested dose is 600–2 000 IU with calcium).

In discussion, it was suggested that it would be useful to replicate the Lebanese vitamin D guideline development across the Region and/or for the GCC countries. However, it was noted that systematic reviews and meta-analyses on this topic would have serious limitations because of the variability in assay methods and laboratory variability, factors that are taken into account in the GRADE process.

Protecting children from harmful food marketing

The different forms of food marketing were outlined. It was pointed out that marketing increases purchases, this in turn increases profits and can, ultimately, increase further investment in marketing. WHO guidance on the topic is available.

Policy action for healthy diets in GCC countries

Representatives of the GCC countries participated in a panel discussion session, providing an overview of measures and policies currently in place and setting out recommendations going forward.

In Bahrain, legislative measures include the adoption of the International Code of Marketing of Breast-milk Substitutes and legislation relating to the monitoring and pre-importation registration of foods for infants and young children up to three years old. The GCC Standardization Organization standard on trans fat elimination was transposed to national legislation in December 2022. Since 2018, a mandatory decree has been in place to limit the maximum amount of salt in bakery products; monitoring found 65%

compliance and suggests that levels of salt in traditional bread are difficult to control. In 2021, the sale of energy drinks to under-18s was prohibited, and energy drinks are taxed at a rate of 100%, while soft drinks are subject to a 50% tax. Since 2002, mandatory wheat flour fortification with iron and folic acid has been in place, resulting in a 90% drop in the incidence of neural tube defects in newborn infants. Since 2020, a law relating to canteens in both public and private schools has been implemented.

In Kuwait, a programme for maternal, infant and young child nutrition was launched in 2020, which includes breastfeeding promotion, the Baby-Friendly Hospital Initiative, and Code-implementing legislation; since 2014 a Ministerial Decree on Code implementation has been in place and is being updated to improve enforcement. Mandatory standards are in place for food sold in public school canteens, and all schools are expected to be following these standards by the end of 2023. In the health sector, training has been provided to reduce sugar in hospital menus. Growth monitoring has been introduced in schools and a system of referral to primary care for overweight children has been established, with training provided to dietitians and nurses on infant and young child feeding and on anthropometric measurements. Awareness programmes for children, parents and adults have also been implemented, and new food-based dietary guidelines are in preparation. In relation to the food supply, salt in bread has been reduced and a programme to reduce sugars in nectars and juice drinks has been implemented. Finally, the GSO standard on TFA limits and a partially hydrogenated oils ban have been implemented.

The policies and measures in place in Oman include the latest national nutrition strategy launched at the end of 2021, and in 2022 an action plan for the implementation of the strategy was published. Measures in place include a salt reduction initiative, a tax on soft drinks, energy drinks and carbonated drinks, and implementation of WHO best practice legislation to eliminate TFAs. A campaign was conducted to promote breastfeeding

(from a very low exclusive breastfeeding baseline), along with a campaign on salt, sugar and fat reduction. Some reformulation efforts have started, focusing on reducing sugars in some drinks. Revised food-based dietary guidelines have recently been published. The work of a multisectoral NCD committee was halted during the COVID-19 pandemic but will soon be revived.

In Saudi Arabia, dietary goals and food-based dietary guidelines have been issued. In the health care sector, nutrition clinics have been set up in hospitals, and a comprehensive virtual hospital has been established, including a nutrition clinic which answers questions on diet-related NCDs. A healthy schools programme is in place, as is a breastfeeding promotion programme, accompanied by the implementation of the Code and efforts to expand the Baby-Friendly Hospital Initiative approach to primary care. Some of the healthy food environment measures in place include voluntary traffic light labelling, restrictions on marketing to children and actions to reduce salt in government food procurement. Criteria for high nutritive value foods are being established.

A national nutrition strategy has recently been launched in the United Arab Emirates, and a national nutrition committee, with representation from multiple sectors, has been established. All SSBs are now taxed at a rate of 50% and energy drinks at 100%. School canteen guidelines have been implemented across all public schools and in some private schools and will be extended to cover all schools. Voluntary traffic light labelling is in place, and the Government is promoting implementation. Work is now beginning to regulate the marketing of foods to children in school settings. In addition, multiple mass media campaigns have been conducted.

In discussion, it was noted that there is currently a momentum for the implementation of measures to create healthier food environments in GCC countries. However, it was felt that countries need support, to tackle the

more challenging areas, such as restricting marketing to children (particularly in relation to cross-border marketing, digital marketing and monitoring of marketing), front-of-pack labelling and extension of taxation to unhealthy foods beyond SSBs. A message that emerged strongly was that it would be better if these issues were tackled at a pan-GCC level. A harmonized approach creates an easier operating environment for national authorities and for the food industry. The need to involve the Gulf Health Council and the GCC Standardization Organization was emphasized.

The importance of community engagement was underlined. It was seen as vital to find and empower civil society and champions in the community who can advocate and raise awareness of the need for policy measures. It was suggested that the pilot testing of initiatives is important to assess how the community responds. The potential value of harnessing the knowledge and expertise of behavioural scientists, and the use of nudging techniques (particularly structural nudges that consumers are not aware of) was highlighted.

The fundamental importance of a multisectoral approach was also emphasized. It was seen as important to create networks across sectors to really drive change. The engagement of ministries of environment and civil society is particularly important, for example, in order to be able to address nutrition and environmental sustainability in a coherent way. Different approaches to the involvement of the private sector – at different stages of the process – were discussed, recognizing that industry is responsible for the implementation of many of the measures. There was a very clear message, however, on the need to take robust steps to manage conflicts of interest. In particular, there has to be a clear line to exclude the private sector and other conflicts of interest in relation to setting policies on infant feeding and marketing of breast-milk substitutes and foods for infants and young children.

It was also felt to be vital to ensure that arrangements for monitoring and evaluating the impact of policies, strategies, regulatory measures and other interventions are in place from the beginning. There was interest in establishing a standard food and nutrition surveillance system across the GCC countries and harmonizing some standards and specifications.

Transparency, fundamental to good governance, was also highlighted. There was seen to be a need to increase the transparency of the policy-making process, which will also be important for building trust and facilitating community engagement. One aspect of this is to make the economic investment case for policy action, which will be vital for fostering the engagement of other sectors.

3. Conclusions

- There is potential for GCC countries to achieve more through collective action than by working individually.
- The information provided and the discussions during the meeting will feed into the development of a draft framework for action on healthy diets for the GCC countries, which will be circulated to Member States for review and comment (see Annex 1).

Annex 1. Proposed framework for action for healthy diets for Gulf Cooperation Council Member States

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Food system actions			
Food reformulation – trans fat elimination	<ul style="list-style-type: none"> GSO Standard 2483/2015 set trans fatty acids (TFA) limits for 2% of total fat in vegetable oils and soft spreadable margarines, and 5% of total fat in other foods, requires mandatory TFA labelling and sets criteria for claims. New GSO standard 2483/2021 includes a ban on partially hydrogenated oil (PHO) – countries are in the process of implementing. Bahrain, Kuwait, Saudi Arabia, Qatar and the United Arab Emirates have implemented the 2015 GSO standard on TFA limits. Oman, Bahrain and United Arab Emirates have banned production, import and marketing of PHO. The new GCC standard is being adopted in national legislation in Kuwait. Qatar also has a voluntary TFA reduction initiative. Oman and Saudi Arabia now have policies in place recognized by WHO as best practice. 	<ul style="list-style-type: none"> All countries to ensure implement national measures – whether by upgrading existing measures or introducing new legislation – in line with WHO best practice. All countries to implement appropriate arrangements for monitoring and enforcement. Organization of training and technical support to develop a roadmap for replacement of TFA sources with healthy oils and fats at GCC-wide level. Organization of GCC training and support to build laboratory capacity to measure TFA content in foods. Establishment of a GCC working group to develop a GCC-wide food reformulation programme to progressively reduce salt levels in foods, based on the WHO Global Sodium Benchmarks and regional experience, in (a) processed foods and (b) foods in the out-of-home sector (e.g. restaurants, cafés, street foods). 	<p>Development, implementation and enforcement of legal measures:</p> <ul style="list-style-type: none"> Ministries of Health Ministries of Trade/Commerce/Industry Food control authorities Municipalities <p>Compliance with law/implementation of best practice:</p> <ul style="list-style-type: none"> Food industry <p>Technical support and guidance:</p> <ul style="list-style-type: none"> WHO Gulf Standards Organization
Food reformulation – salt reduction	<ul style="list-style-type: none"> GSO 2612/2021 has voluntary specification with salt in 21 food categories. Different mandatory limits for salt in bread and some other bakery products in different countries. Saudi Arabia: Mandatory limit on salt in bread and laban drink (yoghurt) since 2019, with monitoring. Voluntary guidelines for maximum salt levels in 21 other food categories (47% compliant in recent monitoring). Guidelines updated in 2021 to include 24 categories. Saudi Arabia is working with the GSO to update the GCC standard. 		

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Food reformulation – sugar reduction	<ul style="list-style-type: none"> • Oman: salt reduction initiative started in 2019. • United Arab Emirates: reformulation programme has reduced salt levels in bread since 2019. • Kuwait: Reduced salt in bread produced by main supplier and several brands of potato chips. • Bahrain: Mandatory salt limit in bakery products has resulted in dramatic reductions in salt levels over 3 years. • Qatar: implemented salt reduction initiative in most bakeries in Qatar (reduced salt in bread by 20%). • No GCC-wide measures. • Voluntary reformulation work has been conducted or is ongoing in some countries (e.g. Kuwait partnership with one major company to reduce sugar in bakery products targeted at children; Kuwait and Oman on sugar reduction in nectars and juice drinks; Bahrain conducted a study in 2023 to analyse the sugar content in sugar-sweetened beverages (SSB) sold in school canteens to determine a database of sugar content and to start gradual reduction. • Qatar: Voluntary reformulation work has been conducted with local private sector companies to reduce sugar in their products (e.g. dairy products). 	<ul style="list-style-type: none"> • GSO to introduce new standards with mandatory salt levels for commonly consumed foods across the Region. • Development of a GCC-wide protocol for monitoring salt/sodium levels in foods. • All countries to implement appropriate arrangements for monitoring and enforcement. • All countries to further develop reformulation programmes to reduce levels of free sugars in (a) processed foods and (b) out-of-home foods. 	
Food reformulation – reducing energy and portion size and	<ul style="list-style-type: none"> • No GCC-wide measures. • Saudi Arabia has initiated a voluntary pledge with the private sector to reduce energy, salt, sugar, fat intake and portion size. • Very limited voluntary reformulation work in some countries (e.g. Kuwait partnership with one major company to reduce sugar and salt 	<ul style="list-style-type: none"> • All countries to further develop reformulation programmes to include reductions in total and saturated fat, energy and/or portion size and/or increases in whole grains in (a) pre-packed foods and (b) out-of-home foods. 	


Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
increasing whole grains	<p>in bakery products targeted at children also covers calories and portion sizes).</p> <ul style="list-style-type: none"> • Qatar: Voluntary reformulation work has been conducted with local private sector companies to reduce fat, salt and sugar in their products (e.g. dairy products). 		
Fiscal measures (taxes and subsidies)	<ul style="list-style-type: none"> • GCC law on SSB taxation – 100% for energy drinks, 50% for sugar-sweetened drinks, 50% for carbonated drinks. Not yet fully implemented for all drinks in all countries, but there are plans to extend coverage where needed. • Some countries have removed subsidies from some products or shifted subsidies to healthier foods (Saudi Arabia removed subsidies on sugar and infant formula). Others are planning to shift subsidies (United Arab Emirates). Bahrain has a partnership with the main milling company to subsidize wheat flour which is fortified with iron and folic acid. 	<ul style="list-style-type: none"> • All countries to fully implement the GCC tax law and effective tax on sugar-sweetened beverages. • Establishment of a GCC working group to define appropriate strategies for taxation of foods high in fats, sugar or salt (HFSS). • All countries to progressively shift subsidies from fats/oils, sugar, bread, etc., to other foods that contribute to healthy diets. • Eliminate subsidies for infant formula where these exist. 	<p>Development, implementation and enforcement of fiscal measures:</p> <ul style="list-style-type: none"> • Ministries of Health • Ministries of Finance • Ministries of Trade/Commerce/Industry <p>Technical support and guidance:</p> <ul style="list-style-type: none"> • WHO • Gulf Standards Organization
Healthy public procurement and service policies (schools, hospitals, public institutions etc)	<ul style="list-style-type: none"> • No GCC-wide measure at present. • Saudi Arabia is currently working on developing a guideline for public procurement. • There is legislation on school food in Bahrain (since 2020), Kuwait (mandatory to be effective for all schools by end of 2023) and Qatar (currently the school canteen guidelines are mandatory in governmental schools and voluntary in private schools) and three sets of voluntary school canteen guidelines in United Arab Emirates covering public and private schools (future plan is to provide unified guiding principles for canteen guidelines). United Arab Emirates has also piloted healthy lunch 	<ul style="list-style-type: none"> • Development of a GCC-wide action plan on healthy public food procurement and services. • Each country to ensure healthy public food procurement and provision of healthy food in public institutions (including schools, hospitals, military, prison and other government institutions). 	<p>Development, implementation and enforcement of policies:</p> <ul style="list-style-type: none"> • Ministries of Health • Ministries of Education • Ministries of Trade/Commerce/Industry • Public procurement bodies • Food control authorities <p>Technical support and guidance:</p> <ul style="list-style-type: none"> • WHO

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Nutrition labelling	<p>box policy and Abu Dhabi's SEHHI programme aims to create healthier food environments in education and health care facilities (removing unhealthy options, ensuring 30% are healthier options and having trans-fat-free school canteens). Kuwait government hospitals implementing healthy food served to patients and health workers.</p> <ul style="list-style-type: none"> • GSO Technical Regulation 9/2013 and 2333 set out mandatory requirements for nutrition information. Proposal for a GSO voluntary standard on traffic light labelling is under discussion. • Voluntary front-of-pack traffic light labelling is in place in Saudi Arabia, United Arab Emirates and, in some settings, in Qatar. Saudi Arabia and Qatar intend to make front-of-pack traffic lights mandatory. • Calorie labelling on menus in Saudi Arabia (since 2019 with evidence of increased sales of lower calorie menu items) and in Qatar (mandatory display of calories, while full nutrition information must be made available upon request). United Arab Emirates and Bahrain have voluntary labelling in food establishments and intend to introduce mandatory calorie labelling. 	<ul style="list-style-type: none"> • Further development and adoption of a GCC technical regulation on nutrition labelling, including mandatory ingredient listing, nutrient declarations and front-of-pack labelling (with a simple graphical representation of the nutritional quality of products). • All countries to implement the GCC standard on a mandatory basis with robust enforcement. • All countries to implement, as a minimum, mandatory calorie (kcal) information on menus/menu boards for out-of-home foods. • Development of a GCC regulatory measure to restrict HFSS food marketing to children (under 18 years), based on the WHO Set of Recommendations on Marketing of Foods and Non-alcoholic Beverages to Children and including cross-border and digital marketing. 	<ul style="list-style-type: none"> • Gulf Standards Organization <p>Development, implementation and enforcement of labelling regulation:</p> <ul style="list-style-type: none"> • Ministries of Health • Ministries of Trade/Commerce/Industry • Food control authorities <p>Technical support and guidance:</p> <ul style="list-style-type: none"> • WHO • Gulf Standards Organization <p>For development of the regulatory measure:</p> <ul style="list-style-type: none"> • Gulf Standards Organization • Ministries of Health • Media regulatory authorities • Ministries of Trade/Industry • Ministries of Education • Municipalities
Restricting marketing of unhealthy food to children	<ul style="list-style-type: none"> • Proposal for a GCC measure (similar to Saudi Arabian measure) to restrict marketing of HFSS is under discussion. • Saudi Arabia has adopted a measure to restrict marketing of HFSS foods to children. • United Arab Emirates: Restrictions on HFSS marketing in most schools are in place and in Abu Dhabi marketing is restricted in the vicinity of schools; the Abu Dhabi SEHHI Programme includes 	<ul style="list-style-type: none"> • Development of a GCC regulatory measure to restrict HFSS food marketing to children (under 18 years), based on the WHO Set of Recommendations on Marketing of Foods and Non-alcoholic Beverages to Children and including cross-border and digital marketing. 	<p>For development of the regulatory measure:</p> <ul style="list-style-type: none"> • Gulf Standards Organization • Ministries of Health • Media regulatory authorities • Ministries of Trade/Industry • Ministries of Education • Municipalities

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Mass media campaigns	<p>creating healthier food environments in supermarkets (one major chain participating).</p> <ul style="list-style-type: none"> Qatar intends to introduce mandatory restrictions on marketing unhealthy food to children. <p>GCC mass media campaigns by the Gulf Health Council on health topics (including healthy eating).</p> <p>National communication campaigns have been conducted (e.g. including campaigns on: salt, sugar, fat reduction; breastfeeding promotion; and promoting healthy lifestyles, nutrition and physical activity).</p>	<ul style="list-style-type: none"> Each country to implement the GCC standard and ensure adequate enforcement. All countries to implement appropriate, wide-reaching and sustainable social marketing campaigns on healthy diet and physical activity to complement regulatory measures. 	<p>For technical support and guidance:</p> <ul style="list-style-type: none"> WHO <p>Compliance with the law/implementation of best practice:</p> <ul style="list-style-type: none"> Food industry Advertising and media sectors Ministries of Health Gulf Health Council
Breastfeeding	<p>GSO Code on marketing of breast-milk substitutes, is implemented in all countries.</p> <p>Some existing issues with cross-promotion, poor enforcement, etc., in some places. Legislation does not always cover foods for infants and young children (up to 3 years).</p> <p>Bahrain and Kuwait are updating their measures.</p> <p>Qatar has issued a ministerial decree for the accreditation of baby-friendly hospitals and a national code to regulate the marketing of breastmilk substitutes has been drafted.</p> <p>The new GCC standard on infant formula, follow-on formula and formulas for special medical purposes was adopted in national legislation in Bahrain in December 2022.</p>	<ul style="list-style-type: none"> All countries to strengthen implementation and enforcement of Code-implementing legal measures. All countries should implement a package of policies and interventions to promote, protect and support breastfeeding including the Baby-Friendly Hospital Initiative and other measures to create an enabling environment. 	<p>For development of the policies and measures:</p> <ul style="list-style-type: none"> Ministries of Health Media regulatory authorities Ministries of Trade/Industry <p>For technical support and guidance:</p> <ul style="list-style-type: none"> WHO UNICEF

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Food fortification	<ul style="list-style-type: none"> Bahrain, Oman, Saudi Arabia have mandatory wheat flour fortification; Kuwait, Qatar and United Arab Emirates have voluntary wheat fortification. Bahrain has voluntary rice fortification. Oman has oil fortification. United Arab Emirates has voluntary fortification of wheat flour, rice, dairy products, baby food and infant formula, and salt iodization. GSO 2539/2021 will be updated again in 2023 (proposed by Saudi Arabia) for fortification of wheat flour, rice, dairy products, baby food and infant formula and salt iodization. Saudi Arabia updated its mandatory fortification policy in 2021 and Qatar intends to review and develop related policy. 	<ul style="list-style-type: none"> GSO to update GSO 2539/2021 in line with WHO guidance. All countries to adopt the revised standard and review existing fortification efforts to ensure effective implementation and enforcement. 	<p>For development of the policies and measures:</p> <ul style="list-style-type: none"> Gulf Standards Organization Ministries of Health Food standards bodies Ministries of Trade/Industry Food control authorities <p>For technical support and guidance:</p> <ul style="list-style-type: none"> WHO <p>Compliance and implementation of best practice:</p> <ul style="list-style-type: none"> Millers and other food industry sectors
Governance, monitoring and surveillance			
Assessment	<ul style="list-style-type: none"> No GCC-wide assessments. Patchy arrangements at country level for assessments of health and nutrition status and their determinants. Poor use of data which do exist (e.g. collected through health facilities). Significant progress has been realized in updating the food composition databases in several countries (e.g. Kuwait) 	<ul style="list-style-type: none"> All countries to carry out regular nutrition assessments and risk factor surveys at national and/or local level. All countries to conduct assessments to identify the main sources of saturated or trans fats, salts and sugars in diets. Establish a unified GCC food composition data (if appropriate by adapting the subregional database developed by Kuwait). 	<p>Development/improvement of surveillance and monitoring arrangements:</p> <ul style="list-style-type: none"> Ministries of Health Municipalities Statistics authorities Academic institutions WHO

Commitments	Current situation (March 2023)	Proposed interventions at GCC and national level	Roles and responsibilities
Monitoring	<ul style="list-style-type: none"> No GCC-wide monitoring arrangements. Some targeted monitoring of policy impact in place, in other places monitoring and evaluation of policy implementation is lacking. 	<ul style="list-style-type: none"> All countries, with WHO support, to strengthen human, logistic and institutional capacity for surveillance, monitoring and evaluation. All countries to establish national targets along with SMART commitments for action, and to monitor and report on progress. 	
Coordination	<ul style="list-style-type: none"> GCC Nutrition Committee exists but is undergoing reorganization. At the national level some multisectoral coordination committees have been established/revived (United Arab Emirates), while others have stopped functioning since the COVID-19 pandemic (Oman). Nutrition strategies or action plans have recently been launched/updated in Kuwait (2020), Oman (2022), United Arab Emirates (2022), Qatar. 	<ul style="list-style-type: none"> Revitalize the work of the GCC Nutrition Committee. Establishment of several GCC working groups (see above) to develop effective collective policy action. Each country to establish or revive, as necessary, multisectoral coordination mechanisms for the development and implementation of nutrition policy. 	<ul style="list-style-type: none"> GCC Nutrition Committee All sectors, with Ministry of Health leadership
Community participation and civil society engagement	<ul style="list-style-type: none"> No GCC-wide measures. 	<ul style="list-style-type: none"> All countries to actively engage with civil society and promote community participation to raise awareness and build support for policies on healthy diet, as well as creating demand for more healthy options. 	<ul style="list-style-type: none"> All sectors, with Ministry of Health leadership Municipalities Civil society, including health nongovernmental organizations

The image features a decorative background. On the left side, there is a vertical strip with a repeating pattern of light blue circles on a grey background. The right side is divided into two main color blocks: a large yellow block at the top and a dark blue block at the bottom. The contact information is printed in white text on the yellow block.

World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhoury Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int