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FOOD AND AGRICULTURE
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**CODEX COMMITTEE ON FOOD LABELLING
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**IMPLEMENTATION OF THE WHO GLOBAL STRATEGY ON DIET, PHYSICAL
ACTIVITY AND HEALTH:**

**PROPOSED DRAFT REVISION OF THE GUIDELINES ON NUTRITION LABELLING
(CAC/GL 2-1985) CONCERNING THE LIST OF NUTRIENTS THAT ARE
ALWAYS DECLARED ON A VOLUNTARY OR MANDATORY BASIS
(CL 2009/15-FL, ALINORM 09/32/22 – APPENDIX II)**

GOVERNMENT COMMENTS AT STEP 3

COMMENTS FROM:

**CANADA
KENYA
MALI
NORWAY**

**EUROPEAN COMMITTEE OF SUGAR PRODUCERS (CEFS)
INTERNATIONAL ASSOCIATION FOR DEVELOPMENT OF NATURAL GUMS (AIDGUM)**

IMPLEMENTATION OF THE WHO GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH:

PROPOSED DRAFT REVISION OF THE GUIDELINES ON NUTRITION LABELLING (CAC/GL 2-1985) CONCERNING THE LIST OF NUTRIENTS THAT ARE ALWAYS DECLARED ON A VOLUNTARY OR MANDATORY BASIS (CL 2009/15-FL, ALINORM 09/32/22 – APPENDIX II)

GOVERNMENT COMMENTS AT STEP 3

CANADA:

The report of the 37th session of the CCFL (ALINORM 09/32/22) indicated that the Committee had come to consensus on retaining protein, available carbohydrates and fat in the list of nutrients to always be declared. As well, saturated fats and total sugars were added to the list. The proposal for the declaration of cholesterol was not retained by the Committee. The following nutrients are still listed in square brackets:

- *trans* fatty acids (TFA)
- added sugars
- dietary fibre

Additionally, although consensus was obtained for the inclusion of sodium in the list of nutrients to always be declared, the terminology of sodium versus salt was not agreed to. Thus New Zealand agreed to lead an eWG to discuss the terminology for sodium/salt for nutrition labelling purposes.

Trans Fatty Acids

For Canada, and many other nations, *trans* fatty acids have been identified as a nutrient of public health concern with specific recommendations for populations to limit their intake of these fatty acids. In the mid-1990s, Canada had one of the highest population intakes of *trans* fatty acids in the world. Canada was the first country in the world to require this nutrient to be declared as part of our list of 13 mandatory nutrients which is a part of our ongoing strategy to reduce *trans* fatty acids in the Canadian food supply.

The 2002 Joint WHO/FAO Expert Consultation on Diet, Nutrition, and the Prevention of Chronic Diseases recommended that mean population intake of TFA should be less than 1% of daily energy intake. In the report of the 37th session of CCFL, the WHO proposed that the Committee consider a footnote to paragraph 3.2.1.4 to indicate that countries whose diets exceeded 1% of total energy from *trans* fatty acids should consider the declaration of *trans* fatty acids in nutrition labelling. The 2009 WHO Scientific Update on *Trans* Fatty Acids¹ further indicated that there is sufficient epidemiological and experimental evidence to support revising the recommendation from the 2002 WHO/FAO Expert Consultation so that it encompasses the great majority of the population, and not just the population mean, to protect large subgroups from having high intakes. For these reasons, Canada would support the inclusion of *trans* fatty acids as part of the list of nutrients to always be declared. If there was clear evidence to suggest that a country does not have large subgroups of population at risk of having high intakes (e.g. exceeding 1% of total

energy from *trans* fatty acids), they may have a legitimate reason not to include *trans* fatty acids as part the list of nutrients to always be declared.

Total Sugar/Added Sugars

Canada is supportive of the inclusion of total sugars in the list of nutrients to always be declared, however, does not support the additional need to declare “added sugars” in the nutrient declaration. From an analytical standpoint, it is very difficult, complex and costly and often impossible to distinguish added sugars from intrinsic sugars. There are also other means by which labelling can be used by consumers to distinguish products which contain added sugars and to estimate the significance of the addition, including the list of ingredients. On the other hand, Canada also recognizes that total sugars does not accurately reflect all the easily digestible carbohydrate found in foods, such as maltodextrins.

Dietary Fibre

The WHO Global Strategy on Diet, Physical Activity and Health does not specifically identify dietary fibre as a nutrient of concern. CCNFSDU has recently agreed to a definition of dietary fibre and a list of methods has also been reviewed by CCNFSDU and advanced to adoption at Step 8 at the Commission for 2010. As such, it may now be possible for this Committee to consider including dietary fibre in the list of nutrients to always be declared. However, it must also be noted that the new definition of dietary fibre established by CCNFSDU potentially includes a variety of substances and as such, the declaration of this nutrient would no longer be a good proxy for the beneficial foods identified in the Global Strategy such as whole grains, legumes, fruits and vegetables.

Sodium/Salt

Canada is supportive of the Committee’s strong support for the inclusion of sodium in the list of nutrients to always be declared. In terms of the debate as to whether the term “sodium” or “salt” should be used to represent the nutrient “sodium” for the purposes of nutrition labelling, Canada is supportive of the use of the term “sodium” as it accurately represents the nutrient in the food, rather than the ingredient name “salt”. Canada feels that the use of the term “salt” may be confusing and potentially misleading for consumers, as sodium is contributed to foods not only by table salt (NaCl), but also by various ingredients such as soy sauce and hydrolyzed vegetable proteins, as well as food additives such as sodium bicarbonate, sodium phosphate and sodium citrate. Sodium is also a naturally occurring component found in some foods. It may be confusing to see a food such as milk labelled as containing salt, despite there being no salt added to milk.

If the issue is truly around facilitating consumer understanding of what sodium represents, then there are opportunities for supplementary nutrition labelling – such as the additional declaration of “salt” or “Salt Equivalents” - to help support national education efforts ongoing in individual countries. Canada believes that at the root of the issue is the need for consumer education about sodium, its sources in the diet including salt, its role in the human body and the risk factors associated with excessive consumption of sodium related to high blood pressure, a major risk factor for heart disease and stroke; renal disease; stomach cancer; low bone mineral density; etc. As a majority of sodium intake in Canada and many other nations is predominantly from processed foods, the inclusion of sodium in nutrition labelling can aid consumers in choosing appropriate foods for their particular dietary needs.

¹ R Uauy, A. Aro, R. Clarke, Ghafoorunissa, M. R. L'Abbe, D Mozaffarian, C.M. Skeaff, S Stender and M Tavella (2009) WHO Scientific Update on Trans Fatty Acids: Summary and Conclusions *European Journal of Clinical Nutrition* (2009) 63, S68-S75; doi:10.1038/ecjn.2009.15

KENYA:

3.2 Listing of Nutrients

3.2.1 Where nutrient declaration is applied, the declaration of the following should be mandatory:

3.2.1.1 Energy value; and

3.2.1.2 The amounts of protein, available carbohydrate (i.e. dietary carbohydrate excluding dietary fibre), fat, saturated fat, [trans-fatty acids], [sodium/salt], total sugars, [added sugars], and [Dietary fibre];

Kenya would like to submit the following comments on the issues mentioned above on 3.2.1.2:

Trans-fatty acid

- We propose that there is need to take consideration on WHO update on scientific background papers 'May 2009 in the European Journal of clinical Nutrition Vol. 63 supplement 2 indicating that countries whose diet exceeds 1% of total energy from trans-fatty acids should declare this in labelling'.
- There is need to declare trans-fatty acids and saturated fats separately to ensure that manufactures do not substitute one nutrient for the other.

Sodium/Salt

The terminology to be used: We propose to use the word 'salt' which is easily understood by consumers and should be in the list of ingredients.

Dietary fibre

We propose the retention of 'dietary fibre' because it aids on digestion and consumers' choice.

Total sugars, [added sugars]

We propose the inclusion of 'total sugars as opposed to added sugars noting that it is difficult to differentiate between intrinsic and extrinsic sugars analytically which could create difficulties in enforcement.

For nutrition labelling, targeted populations are interested in total sugar.

MALI:

1. Proposed Draft Revised Guidelines on Nutrition Labelling (Section 3.2 Listing of Nutrients) ALINORM 09/32/22 (Appendix II)

Mali agrees with: "That at the international level, nutrition labelling should be limited to energy value, protein, available carbohydrate, and fat, as well as every nutrient being the object of a claim. The labelling of additional nutrients should be left to the discretion of the national authorities who will take into account the nutritional needs of their population."

Mali suggests taking into account total sugars instead of added sugars as it would be very difficult for laboratories in developing countries to verify the labelling statements concerning the quantity of added and naturally present sugars.

2. Proposed Draft Revision of the Guidelines on Nutrition Labelling (CAC/GL 2-1985) concerning the list of nutrients that are always declared on a voluntary or mandatory basis: Declaration of salt and sodium .

Mali proposes to retain the term “salt” to ensure a better comprehension by consumers in developing countries.

NORWAY:

Norway supports and strongly recommends including added sugar(s) in the nutrient declaration as an important action that will ensure consumers appropriate information. We believe that it is important to give factual food information that enables consumers to make fully informed choices on matters that may affect their health.

Information about the content of added sugars is an essential element for the implementation of the goals identified in national dietary recommendations as well as in the WHO/FAO Global Strategy on diet, physical activity and health (2003) in order to limit the intake of foods high in added sugars.

Justification

- **Consumer information**

In order to deal with the global increase of the incidence in overweight and obesity labelling is an appropriate and important tool in assisting consumers to make informed and healthier food choices. To include added sugars in the nutrient declaration is one way to ensure consumers appropriate information. We recognise that added sugars is not a nutrient but an ingredient, hence is not an evident element of the nutrient declaration. However, we believe that it is important for the consumers to recover the amount of added sugars in the food labelling where the nutrient declaration seem to be an appropriate alternative.

- **Intrinsic and added sugars**

Sugars are generally divided into two main groups: 1) those which are incorporated within the structure of intact fruit and vegetables (i.e. intrinsic sugars); and 2) saccharides which are added to foods and drinks by the manufacturers, cooks or consumers (i.e. added sugars). An argument against focusing on added sugars is that the human body cannot distinguish between intrinsic and added sugars. Usually dietary guidelines do not include recommendations to restrict intrinsic sugars since these are not considered to be associated with adverse health outcomes. Added sugars (including the concentrated sugars in honey, syrups and fruit juices) are believed to have adverse effects on health. This is specifically outlined in paragraph 22 in the WHO Global Strategy where it is recommended to limit the overall intake of free sugars in the diet.

- **Definition of the term added sugars**

Several terms have been used to categorize sugars. In the Codex guidelines on nutrition labelling section 2.6 sugars is defined as all mono-saccharides and di-saccharides present in food. This definition comprises both intrinsic and added sugars. The WHO considers added sugars and the

concentrated sugars in honey, syrups and fruit juices to have broadly comparable adverse effects. Therefore WHO refer to these sugars as a group named: “free sugars”. The Joint WHO/FAO Expert Consultation¹ define “free sugars” as “all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices”. For labelling purposes we believe that it is necessary to elaborate a definition of the term added sugar(s). A basis for further discussion on this subject could be as following: “Added sugar(s) is defined as all monosaccharides and disaccharides added for the purpose of sweetening a food or for replacing other function roles of sugar in a food.”

An argument against using the term “free sugars” is that it is not well understood by the consumers, hence difficult to communicate. We believe that the term added sugar shall also comprise naturally occurring sugars in all ingredients which are used for sweetening purposes by the manufacturer.

- **Scientific evidence on added sugars on health**

Added sugars is not an essential nutrient. Except for dietary energy, it does not contribute with significant amounts of nutrients. Intake of added sugars may both decrease the nutrient density and increase the energy density of the diet² Sugars may also have negative effects in relation to serum lipids, body weight and dental caries. There is strong evidence between the sugar availability and dental caries¹. If the intake of added sugars is limited one may achieve health benefits without losing any nutritional advantages.

In the report published by World Cancer Research Fund, 2007⁴, it is recommended to limit consumption of energy dense foods and to avoid sugary drinks. WCRF states that “high energy-dense foods, in particular sugary drinks and “fast foods”, are probably a cause of weight gain, overweight, and obesity.

The abovementioned reports are also supported by a recently published scientific statement by the American Heart Association (AHA)³. AHA concludes that excessive consumption of sugars has been linked with several metabolic abnormalities and adverse health conditions, as well as shortfalls of essential nutrients. It is indicated that higher intake of soft drinks is associated with greater energy intake, higher body weight, and lower intake of essential nutrients. Excessive consumption of added sugars is contributing to overconsumption of discretionary calories by Americans.

- **Dietary recommendations from official authorities.**

In effort to promote healthy diets several countries and international bodies have given recommendations regarding added sugars intake. It is important that the consumers are given the opportunity to recognize this information in the food labelling. WHO and other health authorities, including the Norwegian and Nordic authorities², recommend to limit the intake of added sugars to 10 percent of the total dietary energy intake (E%). Norwegian health authorities have for several years recommended that the intake of added sugars is limited to 10 % of total energy intake which is based on a reasonable, comprehensive view of dietary composition, nutrient density, dietary requirements for vitamins and minerals, and health problems related to sugar intake. The basis of this recommendation is that higher intakes of added sugars threaten the nutrient quality of diets by providing significant amount of energy without specific nutrients. High intake of added sugars might then be associated with a decrease in the nutrient density of the diet due to the displacement of nutrient rich foods

- **Performing control with added sugars**

It has been argued that the declaration of added sugars cannot be made mandatory because it will be difficult for control authorities to verify this information by means of inspections when inspecting processed products. The Norwegian Food Safety Authority acknowledges this difficulty. However, this is not exclusive to the question of declaring added sugars and has been regulated in other fields like QUID labelling of some foods, and labelling of origin and provenance.

In several countries competent authorities may perform controls by means other than chemical or physical analysis. Operators may be legally obliged to maintain documentation of processing activities, e.g. the addition of any sugars to their products. The decisive arguments on this issue should rather be that control authorities may require documentation of compliance with all prevailing legislation within the field of food law, and that all food business operators may be legally obliged to provide control authorities with such information on demand.

References:

1. Joint WHO/FAO Expert Consultation on diet, nutrition and the prevention of chronic diseases held in 2002.
2. Nordic Nutrition Recommendations 2004 – Integrating nutrition and physical activity. Nord 2004; 13, Nordic Council of Ministers, Copenhagen 2005.
3. [Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association](#). Johnson RK, Appel LJ, Brands M et al; American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention. *Circulation*. 2009 Sep 15;120(11):1011-20. Epub 2009 Aug 24.
4. World Cancer Research Fund / American Institute for Cancer Research. Food, nutrition, physical activity and the prevention of cancer: a global perspective. Washington DC: AICR, 2007.

EUROPEAN COMMITTEE OF SUGAR PRODUCERS (CEFS):

In anticipation of the 38th Session of the Codex Committee on Food Labelling (CCFL), CEFS, representing the European sugar producers, would like to present the following comments relating to the proposed draft amendments to the Codex Guidelines on Nutrition Labelling CAC/GL 2-1985 regarding the list of nutrients to be always declared on a voluntary or mandatory basis (*Appendix II to Alinorm 09/32/22, at step 3*).

- In the international context, CEFS supports a nutrition declaration focusing on energy, protein, carbohydrates, and fats

These nutrients are the subject of widely agreed dietary recommendations (e.g., WHO recommendation that an optimum diet should consist of at least 55% of the total energy intake from a variety of carbohydrates, 10-15% from protein and 30-35% from fat). Having regard to the diversity of national situations both in terms of resources and consumer knowledge about nutrition, CEFS believes that these four essential nutrients should form the common minimum base for the nutrition declaration at international level.

- Where sugars content is declared, this should always refer to “total” sugars

- “Total sugars” is the preferred term to describe sugars

In the 2007 FAO/WHO Scientific Update on Carbohydrates in Human Nutrition¹, “total sugars” and their division into “mono-” and “disaccharides” are recognised as “*the most useful*” terms to describe dietary sugars, whereas on the other hand, terms such as “free sugars”, “added sugars” or “extrinsic and intrinsic sugars” are considered as “*less useful*”.

- “Added” sugars labelling has no merit in terms of consumer information and can even mislead the consumer

At its 37th Session, the CCFL noted the following information provided by WHO in an E-mail: “WHO recognizes that total sugars is the only practical way of labelling the sugars content of food since added sugars cannot be distinguished analytically from intrinsic sugars. If the Committee wants to include both total sugars and added sugars, that’s fine although not sure of the benefits. But if they are debating to choose either total sugars or added sugars, it should be total sugars” (see p.5 of Alinorm 09/32/22).

There is no convincing scientific justification for a distinction between “free”, “added”, etc. and “other” sugars². The human body makes no distinction between “free” or “added” sugars and naturally occurring ones. Sugars deliver the same amount of calories (4kcal/g) whether they are “added” or “naturally occurring” and can all potentially be cariogenic in absence of proper oral hygiene^{3,4}, which, besides, is also true for starch⁵. Consequently, information on “added” sugars content would not provide consumers with any meaningful information as to the nutritional value or physiological influence of a food. On the contrary and as recalled by the 2007 FAO/WHO Scientific Update on Carbohydrates, “free”/“added” sugars labelling can prove misleading as it triggers “*confusion for the consumer and suggests properties of foods that are not related to sugars themselves, but to the food matrix*”.

“Added” sugars labelling is also of concern from an analytical point of view⁶. The 2007 FAO/WHO Scientific Update on Carbohydrates indicated that “*while ingredient lists can be used to identify the source of sugars in foods, analytically it is not readily possible to distinguish their origin in processed foods*”. Provisions on “added” sugars labelling would cause enforcement issues. Two recent reports produced by the Swedish and Norwegian food safety agencies that looked at claims on sugars showed that it is very difficult for control authorities to assess whether certain sweet ingredients (*e.g. concentrated fruit juice – if sugars present in fruit juice are finally not considered as “added” -, whey powder, grounded raisins, etc.*) are used for their sweetening properties or for other purposes^{7,8}.

¹ FAO/WHO Scientific Update on Carbohydrates in Human Nutrition. European Journal of Clinical Nutrition (2007) 61 (Supplement 1).

² Johnson I.T., Southgate D.A.T., Durnin J.V.G.A.: Intrinsic and non-milk extrinsic sugars: does the distinction have analytical or physiological validity? Int. J. Food Sci. Nutr. 1996; 47:131-140.

³ Grobler S.R.: The effect of a high consumption of citrus fruits and a mixture of other fruits on dental caries in man. Clin. Prev. Dent 1991; 13: 13-17.

⁴ Hussein I., Pollard, M.A., Curzon M.E.: A comparison of the effects of some extrinsic and intrinsic sugars on dental plaque pH. Int. J. Paediatr. Dent. 1996; 6:81-86.

⁵ van Loveren C.: Diet and dental caries. Eur. J. Paediatr. Dent. 2000; 1: 55-62.

⁶ AFSSA (Agence Française de Sécurité Sanitaire des Aliments) – Saisine n° 2006-SA-0140.

⁷ Norway Food Safety Agency’s report on misleading claims on sugars “Villedende merking av sukkerinnhold”.

http://www.mattilsynet.no/mattilsynet/multimedia/archive/00043/Sluttrapport_T_ilsyn_43939a.pdf

⁸ Sweden Food Safety Agency’s report on misleading claims on sugars “Vilseledande märkning- socker”.

http://www.slv.se/upload/dokument/rapporter/markning/Rapport_Vilseledande_markning_socker.pdf

- *“Added” sugars do not play any specific role in the development of chronic diseases that would justify a particular treatment as compared to other sugars and carbohydrates*

The scientific evidence for a link between sugars (whether total or “free”/“added”) and any noncommunicable disease is inconclusive. The annex to the WHO Technical Report 916 (2003)⁹ shows that there is no “convincing”, “probable” or even “possible” evidence for a link between “free” sugars (frequency of consumption or amount) and obesity. In addition, the FAO/WHO Expert Consultation on Carbohydrates in Human Nutrition (1997)¹⁰ highlighted that *“there is no direct evidence to implicate either [sugars or starch] in the etiology of obesity”*. Most recently, the EFSA^{11,12} pointed out that *“the evidence relating high intake of sugars (mainly as added sugars), compared to high intakes of starch, to weight gain is inconsistent”*. Finally, there is a clear consensus that frequency of consumption and not the amount of fermentable carbohydrates (not only sugars, whether total or “free”/“added”), is relevant with regard to caries^{1,10,13,14,15}.

INTERNATIONAL ASSOCIATION FOR THE DEVELOPMENT OF NATURAL GUMS (AIDGUM):

With regard to including dietary fibre as an ingredient in foods that should be included in food and nutrition labelling, AIDGUM supports this concept. Dietary intake information in most countries particularly developed countries, show that few individuals consume enough fibre to meet existing national dietary fibre consumption recommendations. These recommendations range from about 25-30 grams per day in different countries with such recommendations. Labelling fibre content in foods, including added fibre, should help encourage consumers to increase their fibre intake, so that they will meet dietary reference recommended levels.

ⁱ R Uauy, A. Aro, R. Clarke, Ghafoorunissa, M. R. L’Abbe, D Mozaffarian, C.M. Skeaff, S Stender and M Tavella (2009) WHO Scientific Update on Trans Fatty Acids: Summary and Conclusions *European Journal of Clinical Nutrition* (2009) 63, S68-S75; doi:10.1038/ecjn.2009.15

⁹ **World Health Organization / Food and Agriculture Organization** (2003). Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series 916. WHO. Geneva. pages 147-149.

¹⁰ **FAO/WHO** (1997) Expert Consultation on Carbohydrates in Human Nutrition.

¹¹ **European Food Safety Authority**. Scientific Opinion on Nutrient Profiles - The EFSA Journal 2008, 644, 1-44, p 14.

¹² **European Food Safety Authority**. Draft Opinion of the Scientific Panel on Dietetic Products, Nutrition and Allergies on a request from the Commission related to dietary reference values for carbohydrates and dietary fibre.

¹³ **Kafatos A.G. and Codrington C.A. Eds (2001) Eurodiet** - Reports and Proceedings. Public Health Nutrition 4:2(a) Special Issue.

¹⁴ **Institute of Medicine**, Food and Nutrition Board (2002). Dietary Reference Intakes for Energy, Carbohydrate, Fibre, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids. The National Academies Press. Washington DC.

¹⁵ **DoH (Department of Health) (1991)**. Dietary reference values for food energy and nutrients for the United Kingdom. Report of the Panel on Dietary Reference Values of the Committee on Medical Aspects of Food Policy, HM Stationary Office, London.