codex alimentarius commission E

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

WORLD HEALTH ORGANIZATION

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Agenda Item 9 **CX/NASWP 08/10/11 Add.1**

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

FAO/WHO COORDINATING COMMITTEE FOR NORTH AMERICA AND THE SOUTH WEST PACIFIC

Tenth session

Nuku'alofa, Tonga, 28-31 October 2008

NUTRITIONAL ISSUES WITHIN THE REGION

Replies to CL 2008/12-NASWP, Part D of WHO

(i) Nutritional issues within the country or region such as: obesity, nutritional profiles, and any public health-oriented actions taken including the use of nutritional labelling and claims

WHO WPRO (Regional Office for the Western Pacific)

Improving nutrition and health in the Pacific through improved food standards[1]

Background

During the last 100 years in the Pacific, demographic, lifestyle and food supply changes influenced by European contact and influence on trade and development, have taken place with exceptional speed. The consequence has been a nutrition transition, an epidemic of non-communicable diseases (NCD) that has resulted in an apparent decline in population health. Added to this, large population groups of women and children are still suffering from a range of vitamin and mineral deficiencies (VMD) that have all but disappeared in more developed countries. This double burden of disease is further exacerbated by a food supply that is controlled from beyond the Pacific. Dietary change through increased food imports in the Pacific was noted as early as 1975 with the rise of nutrition problems not apparent before colonisation[2]. Most Pacific countries are now food dependent.

Non-communicable diseases (NCD) are the leading causes of death and morbidity in Pacific Island countries. By the year 2020, it is estimated that 70% of the global burden of disease will relate to NCD. However, NCD in the Pacific already exceed this level (75%) and are continuing to rise.[3] Some of the highest rates of obesity and diabetes in the world have been recorded in the Pacific islands. WHO-supported NCD (STEPS) surveys conducted between 2002 and 2008 in 15 countries show that as much as 80% of the adult population aged 25-45 years is at high risk (high risk is defined as high prevalence for at least 3 of the following risk factors (inappropriate diet, tobacco use, low physical activity, overweight/obese and raised blood pressure)[4]. Left unabated, the increasing NCD burden will not only lead to premature death and disability for thousands of people but threatens to overwhelm already-stretched health resources and services.

Vitamin and mineral deficiencies (VMD) still affect a substantial proportion of Pacific island populations. Iron deficiency anaemia (IDA) in women and children is known to be a moderate or severe public health

[1] WHO Regional Office for the Western Pacific, contribution based on a paper by Mr Robert G Hughes, University of Queensland, Australia, October 2008

[2] McGee TG. Food dependency in the Pacific: A preliminary statement. Working Paper No.2. Canberra. Development Studies Centre, Australian National University, 1975.

[3] World Health Organization. World Health Report 2002. World Health Organization, Geneva. 2002.

[4] National STEPS Survey reports and Factsheets. WPRO Manila 2008.

problem in 18 countries[5]. Vitamin A deficiency (VAD) is a problem in another 5 countries and in Micronesia and the Marshall Islands some of the highest rates in the world have been recorded. Iodine deficiency disorders (IDD) are also prevalent in Fiji and PNG.[6] However, this may only be the tip of the iceberg since many Pacific countries do not have complete VMD data. Some forms of VMD if not prevented or left untreated can result in permanent disability and death. However, VMD is preventable through the consumption of foods rich in micronutrients.

Since 1992 many Pacific governments have recognised these threats to health and have invested in the development of National Plans of Action on Nutrition (NPAN)[7] to prevent and control NCD and VMD. Additionally, many Pacific island regional meetings have been held to implement food security and health protection measures. At present, nearly every Pacific country has in place health policies or plans associated with food and/or nutrition. Most of Pacific government policy NPAN and health plan implementation objectives and outcomes have been based on population behaviour change to promote healthy eating and physical activity levels. However, the rates of NCD appear to be increasing and there is little decline in VMD.

NCD and VMD may be different disease states and public health issues but the links between VMD and NCD in the Pacific are strong. There is now evidence that VMD during pregnancy and early childhood increase the risks of NCD later in life[8].

In the 2007 WHO/SPC Ministers of Health Meeting in Vanuatu, Ministers agreed that because of the unique situation of the Pacific, common, cross border and regional approaches were perhaps the only way to defend against health system challenges. The Ministers concluded that a "*whole of society approach*" - a Pacific island regional approach to NCD and VMD prevention and control be taken. The Ministers acknowledged that the health and wellbeing of the Pacific Island populations are the responsibility of the whole of government and civil society. The Ministers supported the establishment of a Pacific Island regional food fortification programme, the Pacific Food Fortification Initiative (PFFI) and the creation of the Pacific Food Fortification Partners Group (PFPG). All Ministers agreed that food trade (imports) had a direct effect on health of Pacific people. They directed WHO and SPC to:

- *"Convene a Food Summit at the Pacific regional level or the sub-regional level, with representatives from concerned ministries such as health, agriculture, trade and finance. The potential scope and the desired outcome of such a meeting should be determined in consultation with Pacific governments"*
- *"Lobby the Pacific Island Forum Secretariat to consider the health implications of decisions made on regional economic development and trade as they too are responsible for the health of Pacific people"*.[9]

The PFPG consists of member Pacific countries, FAO, WHO, SPC, UNICEF and representatives from the private sector. The Purpose of the PFFI is to implement mandatory fortification of selected staple foods based on a set of regionally appropriate food fortification guidelines/standards through three processes.

1. Develop national policies and legislation to enable national mandatory food fortification to be implemented.
2. Develop Pacific Island regional standards for fortifying flour and rice with iron and selected other micronutrients, such as folate.
3. Consider fortification of other foods such as complementary foods for young children and infant formula, salt iodization and vitamin A fortification of oils.

In December 2007 a FAO/WHO meeting was held in Manila on Food Standards to Promote Health and Fair Trade in the Pacific. Representatives of various Pacific government sectors and members of the PFPG

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[5] Moderate 20-29.9%, Severe >40%. Iron Deficiency Anaemia. Assessment, Prevention and Control. A Guide for Programme Managers. United Nations Children's Fund. United Nations University. WHO

[6] VMD data contained in the WPRO CHIPS database Manila 2007.

[7] FAO/WHO. World Congress on National Action Plans on Nutrition. Rome 1992

[8] Barker DJP, Gluckman PD, Godfrey KM, Harding JE, Owen JA, Robinson JS. Fetal nutrition and cardiovascular disease in adult life. *Lancet* 1993;341: 938-41. Barker DJ. Fetal origins of coronary heart disease. *BMJ* 1995;311: 171-4. Eriksson JG. The fetal origins hypothesis—10 years on. *BMJ* 2005;330:1096-1097.

[9] Vanuatu Commitment, Report of the WHO/SPC Pacific Health Ministers Meeting, Port Vila 12-15 March 2007. WHO 2007.

recommended that in order to create food standards to control VMD and NCD and also promote fair trade in the Pacific there was a need to:

- Develop Pacific Island regional guidance on food regulations and standards based on general principles such as truth in labelling, the consumer's right to know, the protection of health and the promotion of fair trade;
- Address food regulations and standards that contribute to VMD and NCD control efforts of the Pacific countries at an inter-ministerial Pacific Food Summit, to ensure the highest level of political support for such an approach; and
- Give consideration to the form of food regulations that may be used to control or limit specific nutrients in foods that contribute to micronutrient deficiencies and non-communicable diseases in the Pacific.

Delegates at the meeting also recommended that FAO and WHO should take the lead and present reports to the FAO/WHO Coordinating Committee for North America and the South-West Pacific (CCNASWP) at the 10th meeting in Nuku'alofa, Tonga on the use of food regulations and standards to control the nutrient content of foods that contribute in a significant manner to the expansion of NCD in the Pacific[10].

The Pacific Food Summit may take place in 2009 or early 2010, with a lead-up meeting to be held in Sydney in November 2008[11] to be attended by government and food industry representatives, organized by the Global Health Institute (http://www.dhi.gov.au/ghi/index.htm).

As a follow-up to the Manila meeting, WHO and partners with the PFPG conducted two short surveys during June-July 2008 in 14 Pacific countries to determine foods available from 30 grocery stores to determine the implications for food fortification and non-communicable disease risk. The underlying purpose of the surveys was to provide information and issues for opening a dialogue with government and the food industry at the meeting to be held in Sydney in November 2008.[12]

Experts selected 8 processed foods most favourable for fortification (babyfoods, breakfast cereals, infant-based cereal foods, cooking oils, instant noodles, rice, salt, wheat flour) and 10 foods most likely to present a NCD risk (canned fish, canned meat, dairy products, margarine, mayonnaise, mutton flaps, processed meat, soft drinks, soy sauce, turkey tails). Information was also collected on foods already fortified, food labels, nutrition information panel, the source of the foods (country of origin) and the manufacturer, importers, producers of the foods.

It was found that a wide range of the selected foods was available for the 14 Pacific countries. A total of 26 exporting countries were listed on the labels of the selected foods. Nutrition panels were on the vast majority of foods. Additionally, at least one brand of each of these foods was fortified in at least 10 countries. Breakfast cereals and wheat flour were the foods most frequently fortified (in 10 countries). However, many contained excessive sugar and salt. Fortified noodles were available in 8 countries, but many contained excessive fat and salt. Fortified rice was available in 7 countries and fortified (iodised) salt was available in 8 countries. Australia, New Zealand and China were the source of supply for most of the foods. However, manufacturers in Fiji, PNG and Vanuatu made a substantial contribution. It appears that high fat, high salt and high calorie processed foods are now freely available in the stores of the Pacific countries surveyed and similar (but not as wide a range) as their availability in Australia and New Zealand. To a lesser degree low calorie, low fat, low salt and low or no-sugar foods are also available.

Inappropriate diet is the major risk factor for VMD and one of the 5 major risk factors for NCD. Heart diseases are the major cause of death in the Pacific. The major contributors to heart diseases are obesity, diabetes and high blood pressure (hypertension) and the underlying contributors are foods high in fat, sugar and salt.

In May 2004 the 57th World Health Assembly (WHA) endorsed the "*WHO Global strategy on diet, physical activity and health*" (DPAS)[13]. The WHA Resolution Paragraph 4 requests the Codex Alimentarius

[10] WHO. Report of the FAO/WHO Meeting on Food Standards to Promote Health and Fair Trade in the Pacific. Manila 3-5 December 2007. WHO WPRO 2008(in press).
[11] See http://www.sph.emory.edu/wheatflour/sydney08/
[12] Hughes RG. Availability of store foods and implications for food fortification and NCD risk in 12 Pacific countries. Report to WHO WPRO August 2008.
[13] WHO Global strategy on diet, physical activity and health. WHO Geneva 2004

Commission to improve health standards of foods consistent with the aims of DPAS[14]. DPAS emphasises the need to limit the consumption of fats, salt and refined sugars, and to increase consumption of fruit and vegetables and levels of physical activity. Particularly, DPAS recommends a prevention-oriented multi-sectoral approach and to engage all sectors. Paragraph 61 of DPAS calls attention to the role of the food industry as a significant and responsible player in promoting health in accordance with national guidelines and international standards and to limit levels of fat, sugar and salt in existing food products. Because many food companies operate globally, international cooperation is crucial.

Pacific governments have responded to DPAS in similar fashion to the acceptance and development of NPANs nearly 20 years ago. While most Pacific governments have been strong to promote dietary behaviour change among the population, they have difficulty in making structural changes[15] (such as prescribing the levels of fat, sugar and salt entering national diets) as their food supplies are controlled from beyond their shores. Policies and plans must include a mix of demand measures (such as behavioural change) and supply changes (structural changes such as food price, availability, composition and marketing) to succeed.

As Pacific regional dependence accelerates, regulatory instruments to protect health have become more and more important. Pacific governments rely more and more on the Codex Alimentarius Commission's (Codex) food standards as uniform international rules and provisions that assist the development of national food and health legislation.

The Pacific food and health debate is a mix of dependency and cooperation. Single countries require collaborations or support to achieve success. Many countries are food dependent and are supported economically by more developed countries. Through this dependence, Pacific governments have formed regional bodies such as the Pacific Island Forum and launched regional initiatives such as PICTA. Pacific governments rely more and more on international organisations such as FAO for agriculture support, WHO for support on health and Codex for support on provision of a safe healthy food supply.

WHO together with governments around the world have determined that foods high in fat, sugar and salt present a serious NCD risk. For individuals, participants from an Expert FAO/WHO consultation recommended daily fat consumption should be limited to 15-35% of energy with no more than 10% from saturated fat[16] and no more than 10% from sugar[17]. Salt consumption should be limited to less than 5g/day[18]. Definitions of low, medium and high levels of fat, sugar and salt in food products have been determined (by the UK Food Standards Agency) so that a healthy diet can be described as one consisting primarily of individual processed food products that contain no more than 20% fat (with no more than 5% saturated fat), 15% sugar and 1.5% salt[19]. The next step in this process is for the development of food quality standards in accordance with these definitions. How is this to be done?

How best to proceed: presenting the case for the Pacific

Many Pacific Island Countries are currently in the process of reviewing, updating or developing new food laws and regulations. Therefore, it is an opportune time to consider food standards to improve nutritional quality. As noted by the 9th Session of CCNASWP, the resources to develop national food standards in Pacific countries are limited[20] and in this context it makes scientific and economic sense to develop Pacific Island regional food quality guidelines and standards for consideration and/or adoption by member countries.

Most Pacific countries base their food regulatory revision on the standards, guidelines and recommended codes of practice developed by the Codex Alimentarius Commission. The use of Codex standards has

[14] Resolution of the 57th World Health Assembly. 22 May 2004. WHA57.17 Agenda item 12.6.
[15] Structural changes are deep reaching government interventions that alter the way authority, capital, information, and responsibility flow. See www.businessdictionary.com/definition
[16] http://www.wpro.who.int/media_centre/press_releases/pr_20030304.htm WHO/FAO Independent Expert Report on Diet and Chronic Disease.
[17] WHO. Diet, Nutrition and the prevention of Chronic Diease. WHO Geneva 2003.
[18] Reducing salt intake in populations. Report of a WHO Forum and Technical Meeting. Paris 5-7 October 2006. WHO Geneva 2007.
[19] http://www.eatwell.gov.uk/healthydiet/nutritionessentials/fatssugarssalt/ UK Food Standards Agency Criteria for fats, sugars and salt 2008.
[20] 9th Session of the FAO/WHO Regional Coordinating Committee for North America and the South West Pacific. Apia, Samoa, 10-13 October 2006. ALINORM 07/30/32, para 77.

multiple benefits for Pacific countries, as its texts represent the international state of the art in food safety and quality, and also helps facilitate international food trade due to their recognition under international (WTO) and regional (PICTA) trade agreements.

A Pacific Island regional approach is a more practical means of achieving better health in general. There are many food related diseases that are common to all Pacific countries. Whilst individual national disease prevention programmes have achieved success, a regional approach avoids duplication of valuable resources, attracts more donor and technical support and achieves greater sustainability and international acceptance.

Pacific nutritional quality standards will simplify enforcement and monitoring for each Pacific country and may help greatly in resolving legal and trade issues. Pacific Island regional standards will also present a "single voice" or "Pacific block" that would require exporting countries to comply whereas individual country standards may not be recognised.

Pacific country populations suffer from NCD and VMD at higher rates than most other countries around the world and are economically dependent on more developed countries, especially those of the Pacific Rim. As stated earlier, a major contributor to the incidence of these diseases in an inappropriate diet identified as high in fat, sugar and salt and low in essential micronutrients. Pacific health services have responded with improved treatment and care but realise that services will be overwhelmed if general public health measures are not put in place. The argument for government intervention is strong and solutions lie in the success of structural changes implemented by governments combined with public health programmes encouraging population behaviour change, including diet. The food industry has a major role to play in influencing the availability and affordability of healthy foods.

Most Pacific countries have well developed health, nutrition and food policies, plans and public health programmes to stimulate behaviour change and a few governments have legislation in terms of food laws, regulations and standards to ensure a safe (contaminant-free) food supply. However, the legislation does not ensure the nutritional quality of individual foods available to the public.

Legislation on foods high in fat, sugar and salt and low in essential micronutrients are now in place in many countries around the world. Fortified wheat flour is now mandatory in 54 countries representing 27% of the world wheat flour output[21]. Fiji has had flour fortification legislation since 2004. Over 33 countries worldwide now have taxes on high-sugar foods such as soft drinks including six Pacific countries [22]. In French Polynesia, for example, the tax contributes to the Prevention Fund for the health, education, youth and sport sectors[23]. It now seems only a matter of time before high-fat foods receive the same attention. In the Asia-Pacific many common foods are now fortified with Vitamin A and iodine. In nearly all countries iodized salt is available and in 13 countries, 50% of all salt consumed is iodized. Nearly 100% of salt available in Fiji is iodized[24].

Food regulation is probably the best available policy instrument that can be used to influence the composition, availability and accessibility of food and help protect food security[25]. The best options for food regulations that include nutritional quality standards are that they be harmonized among the Pacific island countries and be consistent with Codex Alimentarius guidance.

Conclusions

Pacific island countries are facing health threats that are likely to undermine their future development and fragile economies. These threats are far more serious than for their more developed Pacific Rim partners. Due to this unique health situation, a Pacific island regional regulatory approach to support national health programmes has been suggested by political leaders. As a consequence a Pacific island regional food fortification initiative has been developed. However, Pacific island countries will continue to work towards

[21] Trends in wheat flour fortification with folic acid and iron worldwide, 2004-2007. CDC Morbidity and Mortality Report, 11 January 2008;Vol 57 No.1.
[22] Northern Mariana Islands, Fiji, French Polynesia, FSM, & Nauru have higher duty rates on sugary drinks. Marshall Islands have a sugary drink tax.
[23] French Polynesia country profile. CHIPS database. WHO WPRO Manila 2008.
[24] WPRO and SEARO databases 2008.
[25] Milio N. Nutrition policies for food rich countries: a strategic analysis. Baltimore: The Johns Hopkins University Press, 1990.

regionally harmonized food standards with FAO and WHO guidance and in accord with international standards.

Elsewhere in the world many countries have produced legislation to fortify some foods and limit the amounts of fats, sugar and salt in many other foods. Additionally, many countries have introduced controls on marketing food products, especially to children. The Pacific Islands should benefit from these changes in the direction of global and national food supplies.

Request to the representatives to the FAO/WHO Coordinating Committee for North America and South-West Pacific

It is proposed that CCNASWP consider asking the relevant Committees of the Codex Alimentarius Commission:

- to advance work to establish guidance on what levels of fat, trans-fat, sugar and salt should be labelled "high";
- to advance work on an international consumer-friendly nutrient content labelling system; and
- to advance work on an international approach to regulating advertising of food high in fat, trans-fat, sugar or salt to children.

It is proposed that CCNASWP also consider and provide guidance to the Pacific island countries regarding alternative means to ensuring a common Pacific islands approach to reducing the role that imported and domestically-produced processed food plays as a risk factor for NCDs in the Pacific.

It is further proposed that CCNASWP also discuss the important role that food fortification can play in alleviating micronutrient deficiencies in the Pacific where imported processed food plays such a major role in the diet. Fortification should be seen as a part of a complementary set of actions including education and promotion of local foods to address micronutrient deficiencies in the Pacific.