



JOINT FAO/WHO FOOD STANDARDS PROGRAMME

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PACIFIC**

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**PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (NCDs) AND
MICRONUTRIENT DEFICIENCIES IN THE CCNASWP REGION**

(prepared by FAO and WHO)

Background

1. This report has been prepared for the Codex Coordinating Committee for North America and the South West Pacific (CCNASWP) on the subject of the prevention and control of Noncommunicable Diseases (NCDs)¹, and vitamin and mineral deficiencies (VMD). This paper provides the Committee with an update on the issues dealt with in a paper presented to the Tenth Session of the CCNASWP in October 2008 (the 2008 paper)².

Scope of this paper

2. The CCNASWP region includes Australia, Canada, New Zealand and the United States, however, the scope of this paper is confined to the position of Pacific island countries.

3. With regards to the technical scope of this paper, the focus is limited to NCDs and VMDs while it is acknowledged that child undernutrition as manifested in stunting, wasting and underweight is still of great significance in some Pacific island countries, in particular Papua New Guinea, Solomon Islands and Vanuatu, and continue to present serious issues among pre-school children in these countries.

4. The prevention and control of NCDs and VMDs require a 'whole of society approach', involving multiple sectors and multiple disciplines. Following this approach, the Pacific food summit held in Vanuatu in 2010 agreed on a framework for action of Food Security in the Pacific³, the goal of which was to ensure that all people in the Pacific at all times have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Similar food summits have been held at national levels.

5. Noting these programmes in place to address NCDs and VMDs, this paper focuses on action which can be undertaken by CCNASWP to contribute to the broader efforts to prevent and control NCDs and VMDs.

Nutrition related noncommunicable diseases in the Pacific

6. Limited access to local foods, including fruits and vegetables, a heavy reliance on imported foods, limited control of marketing of unhealthy foods to children and limited nutritional knowledge are some examples of issues impacting on the rates of NDCs in Pacific island countries.

¹ Noncommunicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The four main types of noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes. NCDs are caused, to a large extent, by four shared risk factors: unhealthy diet (high in sugars, fat and salt), physical inactivity, harmful use of alcohol and tobacco use. For the purpose of this paper, NCDs refers to diet-related NCDs.

² [ftp://ftp.fao.org/codex/Meetings/CCNASWP/ccnaswp10/na1011ae.pdf](http://ftp.fao.org/codex/Meetings/CCNASWP/ccnaswp10/na1011ae.pdf)

³ http://www.foodsecurepacific.org/documents/FINAL%20TOWARDS%20A%20FOOD%20SECURE%20PACIFIC_June1.pdf

7. As was noted in the 2008 paper NCDs are the leading cause of death and morbidity in the Pacific region among adults. It was also noted that addressing nutrition issues is a critical factor for the prevention of NCDs in the region.

8. The major nutritional influences on NCDs are⁴:

- High intake of energy dense, micronutrient poor food (also a contributing factor to VMD);
- High intake of sugars (including from sources such as sugar-sweetened soft drinks and fruit juice);
- Low intake of fruits and vegetables and foods which are high in fibre;
- High intake of Trans-fatty acids and Saturated fats; and
- High salt/sodium intake.

9. The 2008 paper also considered the issue of VMD and noted that VMD still affects a substantial proportion of Pacific Island populations. Particular concerns were expressed about the severity of vitamin A deficiency, iron deficiency and iodine deficiency (representing a moderate to severe public health risk for some countries).

10. Further, the paper noted that many Pacific island countries do not have up to date data about VMD's and as a result suggested that it was possible that VMD rates in the Pacific may have been higher than reported.

11. The 2008 paper:

- concluded that the incidence of NCDs and VMDs could be reduced using well designed food standards; and
- submitted proposals for CCNASWP to pass onto relevant Committees of the Codex Alimentarius Commission for consideration.

12. The proposals made were, to advance work on guidance on what levels of total fat, trans-fatty acids, saturated-fatty acids, sugars and salt/sodium should be labelled as "high"; to advance work on international consumer friendly nutrition labelling; and to advance work on an international approach to regulating the marketing of foods high in fat, sugars and salt to children.

Developments since 2008

Nutrition status in the Pacific region

13. Based on available information, since 2008 there has been no significant change in the incidence of NCDs and VMDs in the Pacific region. NCD rates and VMD rates remain at levels which pose a public health risk for most Pacific countries, as well as posing a risk to economic and social development of the region.

14. In addition, the high rates of child undernutrition, in particular stunting in some countries (Papua New Guinea, Solomon Islands and Vanuatu) continue to pose serious concerns.

15. The NCD situation was declared a "crisis" by Pacific Island Forum Leaders.

16. WHO developed a set of recommended "best buys"⁵ for the reductions of NCDs. In relation to nutrition the relevant "best buys" are:

- The reduction of salt intake in food;
- Replacement of trans fat with polyunsaturated fat; and
- Increasing public awareness through mass media on diet and physical activity.

17. The recent Pacific NCD Forum held in Auckland in July 2012 endorsed the "best buys" approach as a basis for action in the Pacific region.

⁴ Joint WHO/FAO 2002.

⁵ http://www.who.int/nmh/publications/ncd_report2010/en/

18. In terms of actioning these “best buys”, to date:

- A number of Pacific island countries are participating in projects designed to reduce salt intake in food.
- No countries have legislated to require the replacement of trans fats with polyunsaturated fats.
- The potential for mass media campaigns is limited by country’s health budgets which are under pressure during a time of worldwide economic down turn.

Food Regulatory Actions taken by Pacific countries since 2008

19. A number of Pacific island countries have undertaken work to use food standards to reduce the incidence of NCDs and VMDs.

20. For example:

- Fiji and Solomon Islands have developed food legislation to regulate fat levels in certain foods and to provide consumers with better information about food composition. Other countries are in the process of adopting similar measures including maximum levels of salt in certain processed foods.
- WHO and FAO, has also supported a number of countries (the Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Samoa, Solomon Islands and Tuvalu) to develop food standards designed in part to address the diet-related NCD risk factors and has encouraged the countries to take a harmonized approach to their food standard setting.
- Several countries have adopted legislation that requires mandatory fortification of foods with vitamins and minerals to address VMD’s.
- The FAO and WHO Pacific Food Safety and Quality Legislation Expert Group (PFSQLEG) is used as a forum to discuss the development and enforcement of food law in Pacific island countries.

21. Several countries have also either attempted to ban specific food products which they believed contributed to poor health in their populations, although in most cases without the necessary scientific evidence to justify these bans. An example is the ban on the importation of turkey tails by Samoa. The ban has been reviewed as part of the process of Samoa’s accession to WTO and it was decided that within 12-months after accession, the current Prohibition Order would be revoked and a 300% import duty applied and studies on options to combat NCDs be conducted. Eventually the tariff would be reduced to 100% and flanked by recommendations from the study on how to promote healthier diet and life style choices to combat obesity, diabetes & other NCDs. Other countries have used non-regulatory approaches to discourage importers from importing fatty meat products that are believed to contribute to high levels of obesity in certain countries. This includes agreements between Ministry of Health and importers about not importing certain products or selecting “light” varieties.

22. Through public-private partnership development, a number of Pacific countries are also participating in projects designed to reduce the levels of salt in the food supplies.

23. However, consistent progress across the region has been hampered by:

- the capacity and capability of individual countries to undertake the complex work necessary to develop and implement new food laws, including gathering evidence and scientific justification for developing and implementing regulatory measures;
- a lack of an agreed international or regional approach to using food standards to address diet-related NCDs;
- limited capacity to effectively enforce food law; and
- rapid changing dietary patterns caused by trade liberalization increasing the availability and accessibility to cheap, processed foods which are high in fat, salt and sugars and low in micronutrients such as soft drinks, fatty meat products and highly processed starch-based products (e.g. instant noodles, white flour and rice, etc) in an environment where initiatives to strengthen access to local food have been limited.

Discussion

24. The 2008 paper for CCNASWP concluded that:

“Food regulation is probably the best policy instrument to influence the composition, availability and accessibility of food to help protect food security”.

25. Work in the region since 2008 has demonstrated the potential for success using food laws to help address undernutrition and diet-related NCDs simultaneously. Using regionally harmonised approaches facilitates food law development, enforcement approaches and trade.

26. However, the full potential of food regulation as an intervention has yet to be realised because of slow and inconsistent progress in the development of suitable new food laws in the Pacific and poor evaluation. Additionally, limited enforcement capacity with regard to inspection services and food inspectors’ capacity and resources, also severely impact on the implementation of the legislation, once it is gazetted.

27. While some countries have made progress, many have not and the burden of NCDs and VMDs in the region remains a serious public health concern.

Potential areas for strengthening food control systems to reduce VMDs

28. Common fortification levels already exist for use by countries in the Pacific region to facilitate the fortification of wheat flour (Wheat Flour, 2007⁶). For salt, template text, based on the WHO/UNICEF/ICCIDD recommendations⁷ has been developed for the level of iodine to be added to salt⁶, and has been used by a number of countries. (Both are used in conjunction with the relevant Codex standards).

29. Some countries have developed new food laws which incorporate these standards as regulations but further progress is dependent on the capacity and capability of countries with high rates of VMDs to draft and implement the necessary laws.

30. There is also a need to review the common levels for wheat flour and salt fortification, in light of the WHO 2009 global recommendations (for wheat flour) and in consideration of new information from Pacific island countries on VMD's and food consumption patterns.

31. The scope of expanding food fortification programme to other foods (e.g. rice and oil) is being considered by a number of countries and opportunities and constraints for introducing additional fortification programmes in Pacific island countries need to be further assessed.

Potential areas for strengthening food control systems to reduce diet-related NCD risk factors

32. Areas where food standards have the potential to reduce NCD rates are:

- Food labelling requirements:
 - Mandatory nutrient declarations for all prepackaged foods; including a regionally agreed approach to facilitate enforcement. (Consumer friendly approaches and also agreements to require foods which have high levels of energy, fats, total sugars and salt/sodium to be labelled as such, should be considered.
- Regulate food composition to control nutrients which have been shown to be major contributors to NCDs (for example, to reduce salt, sugars and fat levels or ban trans fatty acids in processed fats and oils.
- Nutrient profiling⁸ which is a scientific method for the assessment of the nutritional quality of food and beverage items, can be used by national authorities to implement these measures

33. The difficulty faced by Pacific island countries who wish to act on these additional areas is that there are no international and regional standards or agreed approaches on these issues. Also regional dietary guidelines need to be updated.

⁶ <http://www.wpro.who.int/foodsafety/documents/pifs/en/index.html>

⁷ http://www.who.int/nutrition/publications/micronutrients/iodine_deficiency/WHO_NUT_96.13/en/index.html

⁸ http://www.who.int/nutrition/publications/profiling/WHO_IASO_report2010/en/index.html WHO is currently updating the guiding principle and framework manual for the development and adaptation of nutrient profile models, taking taking into consideration of the outcomes of the country field-testing conducted in 2011 - 2012.

34. In the absence of international progress on these issues, Pacific island countries need to consider if the NCD burden facing the region represents a special and pressing case for regional action to develop regional standards and what role CCNASWP would have in this regard. If a regional approach (not necessarily within Codex) was to be taken this would necessitate research and development required on suitable food standards and approaches tailored to the nutritional problems facing the region.

Potential areas for improvement – enforcement of food law

Food inspection is an essential service to support the administration and implementation of food laws. Food inspectors are the key functionaries who have day-to-day contact with the food industry, trade and often the public. The reputation and integrity of the food control system depends, to a very large extent, on their integrity and skill. Therefore, food inspection is a critical component of ensuring that food standards developed for reducing NCD's and VMD are followed by food businesses.

Conclusions

Since the Committee last considered the issue of NCD and VMD rates in the Pacific Region in 2008, there is little evidence to suggest any improvement in VMD rates, and in fact NCD rates have worsened.

It is noted food laws remain the best policy instrument available for influencing the composition, availability and accessibility of healthy food and to help protect food and nutrition security.

However, the progress that has been made in developing new food laws to address NCDs and VMD in the Pacific region has been hampered by the lack of either international or regionally accepted standards and by restrictions on the capacity and capability of many countries to develop and enforce suitable national food laws.

Recommendations

It is recommended that CCNASWP consider and provide guidance on the following issues:

- Following the agreement in Codex to require mandatory nutrient declarations for all pre-packaged foods, develop a regionally agreed approach to facilitate enforcement. This approach could include:
 - Simple, consumer friendly approaches in an agreed language to facilitate common use across the Pacific .
 - Agreements to require foods which have high levels of energy, fats, total sugars and salt/sodium to be labelled as such.
- Regionally harmonized approach to determine the composition of food (i.e. nutrient profiling) to control levels of nutrients which have been shown to be contributors to NCDs;
- Review the levels used for fortification of wheat flour and salt iodization and the need for other fortification initiatives, in consideration of the WHO 2009 global recommendations (for wheat flour), new information from Pacific island countries on VMD's, food consumption patterns and the public health impact of any deviation from the global recommendations;
- CCNASWP should consider if the above recommendations are most appropriately acted on by the CCNSAWP process or other forums such as PFSQLEG.
- Assist the work undertaken by CCFL on date marking and by CCNFSDU on nutrient reference values, including those associated with risks of NCDs to ensure the associated challenges observed by Pacific island countries are well understood, so that the solutions will meet the needs of Pacific island countries.
- Possible strategies to guide/influence the work of relevant codex committees to address identified issues of relevance to region.