

OPEN LETTER

To:

Ministers responsible for Agriculture, members of the AGRIFISH Council

Brussels, 15 October 2020

Subject: Call for a mandatory EU-wide Front of Pack nutrition labelling system with a public health mindset

Dear Ministers,

Ahead of the 19th and 20th of October AGRIFISH Council meeting and future Council Conclusions on the topic, the undersigned organisations and Members of the European Parliament want to express their support for the **adoption of a harmonised, interpretative and mandatory EU front-of-pack (FOP) nutrition labelling system** and ask the Ministers responsible for Agriculture to **put public health perspectives above** trade considerations or regional/local business preferences. Indeed, public health is the very reason for the Commission's decision to put forward a proposal by end 2022. The Commission states in the Farm to Fork Strategy that it will propose such a scheme "to enable consumers to make health conscious food choices"¹.

The adoption of a formal and comprehensive system² provides a **unique opportunity to fully empower consumers** to make the choices that are best for them; while creating a healthier food environment, improving dietary patterns and promoting healthy lifestyles.

Poor nutrition is a major well-known risk factor for chronic (non-communicable) diseases³ (see annex below). A well-designed mandatory FOP nutrition labelling system has the potential to assist greatly in prevention and lowering the risk of developing chronic diseases and obesity, the prevalence of which is growing across Europe. Many European countries have seen a dramatic increase in the consumption of ultra-processed foods in recent decades, with research estimating that these food products contribute to up to half of total daily energy intake⁴. In the EU, over 950,000 deaths and over 16 million Disability Adjusted Life Years (DALYs)⁵ - lost years of "healthy" life - are attributable to dietary risks due to unhealthy diets⁶, including high intake of sugar, salt and saturated fats. FOP nutrition labelling systems are effective evidence-based policy tools to address these modifiable risk factors.

¹ Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee, and the Committee of the Regions - A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system. May 2020. Available at: https://eur-lex.europa.eu/resource.html?uri=cellar:ea0f9f73-9ab2-11ea-9d2d-01aa75ed71a1.0001.02/DOC_1&format=PDF

² European Heart Network. Front-of-pack (FOP) nutrition labelling – European Heart Network position. July 2020. Available at: <http://www.ehnheart.org/publications-and-papers/position-papers-and-statements/1283:nutri-score-could-become-eu%E2%80%99s-front-of-pack-nutrition-labelling-if-its-underlying-algorithm-is-revised.html>

³ Deschasaux M, Huybrechts I et al. Association between nutritional profiles of foods underlying Nutri-Score front-of-pack labels and mortality: EPIC cohort study in 10 European countries. *BMJ* 2020;370:m3173

⁴ Fiolet, T., Srour, B., Sellem, L., Kesse-Guyot, E., Allès, B., Méjean, C., & Hercberg, S. Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort. 2018. *BMJ*, 360, k322

⁵ World Health Organisation. Metrics: Disability-Adjusted Life Year (DALY). Definition. Available at: https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

⁶ Estimates from the Global Burden of Disease study. Burden of Disease in the EU in 2017. Available at: <https://ec.europa.eu/jrc/en/health-knowledge-gateway/societal-impacts/burden>

The COVID-19 pandemic has further outlined the vulnerability of people living with chronic diseases and the importance of prevention and early action frameworks, designed to identify people at risk and lower the risks associated with modifiable factors. It is more than ever essential to adopt a “health-in-all-policies” approach in areas that can benefit and promote Europeans’ health, including food and agriculture.

Recently, seven member states submitted a “non-paper”⁷ for consideration by the Council that raises serious concerns from a health perspective. We would like to point at the following principles that we believe should be cornerstones of the future system:

- The future FOP labelling system should be mandatory for all EU member states.
 - › Mandatory schemes are preferable as these will ensure that all food and (non-alcoholic) drinks are covered and, thus, are more likely to help reduce the risks associated with modifiable, diet-related, factors contributing to the onset of chronic diseases and its complications.
 - › Beyond health considerations, there is a need for a harmonised scheme across Europe to provide citizens with the same level of information, regardless of their country of residence. Currently, over ten different FOP labelling schemes exist in the EU. Extensive evidence shows that the presence of different competing FOP schemes may impair consumer understanding⁸.
 - › Consumers have the rights to access nutrition information presented in an easy and transparent way. Moreover, from an internal market perspective this would also create a simplified operating environment for food manufacturers.
- Interpretative FOP labels appear to be preferred to FOP informative labels⁹. FOP endorsement logo schemes, some of which have been established for long, have a high-level of recognition and trust¹⁰. Interpretative FOP labels will help consumers make informed and healthy food and drink choices: available research shows that the majority do not have the time nor knowledge to compare the information among different food products. Studies highlight that consumers – regardless of their age, cultural background or socio economic status – find traditional nutrition information on the back or side of the package difficult to read and to interpret, especially when there are many numerical and technical details¹¹. Further, evaluative schemes incentivise food reformulation¹².
- Exemptions will undermine the aim of the system to be implemented uniformly and consistently. Further, specific types of foods such as foods for infants and young children should not be exempted. This is a crucial age of development where quality nutrition plays a great role in health and wellbeing and many risks associated with unhealthy diet begin in childhood. Allowing certain food producers and products to opt out of using such a label would prevent consumers from having a full overview and would confuse or mislead them about the healthfulness of products.

⁷ Information note submitted by the Italian and the Czech delegations on behalf of the Cyprus, Czech, Greek, Hungarian, Italian, Latvian and Romanian delegations on front of pack nutrition labelling to be dealt with under "Any other business" at the Council ("Agriculture and Fisheries"). September 2020. Available at <https://data.consilium.europa.eu/doc/document/ST-10846-2020-INIT/en/pdf>

⁸ S Storcksdieck genannt Bonsmann, G Marandola, E Ciriolo, R van Bavel, J Wollgast, Front-of-pack nutrition labelling schemes: a comprehensive review, EUR 29811 EN, Luxembourg, Publications Office of the European Union, 2020, ISBN 978-92-76-08971-1, doi:10.2760/436998, JRC113586

⁹ Talati, Z. et al., Consumers' response to front-of-pack labels that vary by interpretive content. *Appetite* 101:205-213. 2016

¹⁰ Kelly B, Jewell J. What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European Region? Copenhagen: WHO Regional Office for Europe. 2018

¹¹ Ibid source 8

¹² Ibid source 8

- Uniform reference values (e.g. per 100g or ml) should be indicated for all products. Any change to this principle will not aid citizens who may have to make calculations to compare the nutritional quality of different products.
- A thorough FOP labelling policy monitoring and evaluation programme should be put in place to assess implementation and impact, such as purchasing and consumption changes, nutritional knowledge in consumers and potential health benefits¹³.

Health is a fundamental right embedded in EU treaties, and a **collective responsibility** within the European Union. It is the backbone of strong and sustainable economies and societies. We therefore count on you to **adopt an approach for the EU front-of-pack labelling system that will ensure a high-level of protection for European citizens and provide for better public health.**

Thank you in advance for your consideration. The undersigned remain willing to contribute and provide our expertise to the discussion.

Yours sincerely,

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Sarah Wiener, Member of European Parliament (Greens/EFA, Austria)


Prof. Em. Raymond Vanholder, Acting Chairman, European Chronic Disease Alliance (ECDA)

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ecda United to reverse the rise in chronic disease

European Chronic Disease Alliance (ECDA) – The European Chronic Disease Alliance (ECDA) is a Brussels-based coalition of 11 European health organizations representing major chronic diseases and sharing the same interests in combating preventable chronic diseases through European policies that impact health. Together, we represent over millions of patients and over 200,000 health professionals. ECDA plays a leading role in the prevention and reduction of chronic diseases by providing policy recommendations based on contemporary evidence.
www.alliancechronicdiseases.org



European Public Health Alliance (EPHA) – EPHA is a leading European NGO alliance advocating for better health. A member-led organisation made up of public health NGOs, patient groups, health professionals and disease groups, we work to improve health and strengthen the voice of public health in Europe. As part of its priorities EPHA advocates for policies to tackle the common risk factors to non-communicable diseases (NCDs), and advance a transition towards resilient, sustainable food systems with health-enabling food environments.
www.eph.org

¹³ United European Gastroenterology. Ultra-processed foods: an EU health crisis. Position Paper. 2020. Available at: <https://ueg.eu/files/1288/0e9fa1f3e9e66792401a6972d477dcc3.pdf>



European Oncology Nursing Society (EONS) – EONS is a pan-European membership organisation for cancer nurses – the largest group of healthcare workers in the oncology workforce. EONS provides leadership in all areas of cancer nursing: research, practice, continuing education, communications and advocacy for better recognition of cancer nursing across Europe. Our vision is that cancer nursing will be recognised by the cancer community, national and European level policy makers, as a profession with specialised training and qualifications available across the continent. www.cancernurse.eu



European Patients' Forum (EPF) – EPF is an umbrella organisation of patient organisations across Europe and across disease-areas. Our 75 members include disease-specific patient groups active at EU level and national coalitions of patients. www.eu-patient.eu For inquiries, please contact Katie Gallagher katie.gallagher@eu-patient.eu



European Public Health Association (EUPHA) – EUPHA is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20 000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. www.eupha.org

Annex – Burden of disease attributable to diet-related risk factors in the EU

(Estimated percent (%) of disability-adjusted life years (DALYs), listed by disease, attributable to diet-related risk factors in the EU in 2017 – estimates from the latest Global Burden of Disease study)

Source: EU Commission Health Knowledge Gateway [Portal](#)

Ischemic heart disease	
<i>Dietary risks - 68.7%</i>	<i>Percent (%) of DALYs</i>
Sodium	10.4
Sugar sweetened beverages	2.8
Stroke	
<i>Dietary Risks - 41.0%</i>	<i>Percent (%) of DALYs</i>
Sodium	9.7
Diabetes mellitus	
<i>Dietary Risks - 37.0%</i>	<i>Percent (%) of DALYs</i>
Sugar sweetened beverages	3.5
Hypertension	
<i>Dietary Risks - 17.1%</i>	<i>Percent (%) of DALYs</i>
Sodium	17.1
Chronic kidney disease	
<i>Dietary Risks - 7.4%</i>	<i>Percent (%) of DALYs</i>
Sodium	7.4
Other cardiovascular and circulatory diseases	
<i>Dietary Risks - 6.7%</i>	<i>Percent (%) of DALYs</i>
Sodium	6.7
Stomach cancer	
<i>Dietary Risks - 19.8%</i>	<i>Percent (%) of DALYs</i>
Sodium	19.8