

Recommendations towards a Global Convention to protect and promote **healthy diets**



This set of recommendations towards a Global Convention to protect and promote healthy diets has been developed to encourage policy makers to build on the work of the UN to combat obesity and non-communicable diseases (NCDs). Ten years after the launch of the WHO Global Strategy on Diet Physical Activity and Health, no country has succeeded in significantly reversing the rising tide of obesity or diabetes. Cardiovascular diseases are rapidly increasing in many lower middle-income countries. Change is urgently needed.

This document has been modelled on the WHO Framework Convention on Tobacco Control (WHO FCTC), the most powerful tool the international community has to help reduce the NCD burden. The WHO FCTC is also among the fastest treaties in history to be negotiated, adopted and entered into force, and provides new legal dimensions for global health cooperation. Unhealthy dietary patterns now rank above tobacco as the world's leading driver of preventable NCDs. The strength of commitment from the international community embodied in the WHO FCTC is now required to achieve a global transformation in diets.

These recommendations reflect an established global consensus among countries, public health experts and NGOs that a comprehensive package of policy tools is needed to protect and promote healthy diets. They are based on policy proposals by non-governmental organisations, governments and public health professionals. (1, 2, 3, 4, 5, 6, 7) This first draft is not intended to be a finished product, but rather to act as a catalyst for international debate and for the creation of a robust process that will culminate in a strong and effective agreement.

Articles 1-6 include: the use of terms; objective, guiding principles and general obligations; policy coherence in the food system; and measures to nationally define healthy diets and healthy foods.

Measures to protect and promote healthy diets are contained in Articles 7-14.

They include:

- Education, skills, communications and public awareness
- Provision of nutrition information
- Ensuring responsible food and beverage advertising, promotion and sponsorship
- Controls on advertising, promotion and sponsorship
- Improved nutritional quality of foods and reduced levels of potentially harmful nutrients
- Nutritional standards for food services in schools, hospitals and public institutions, and
- Interventions to influence positive consumption patterns.

Some of the measures laid out here have already been implemented, or partially implemented, in some countries. Commitment to these measures in the form of a Global Convention would offer a better chance to secure healthy diets for all.

The Parties to this Convention

Determined to give priority to the need to protect public health and to reduce the global burden of diet-related disease,

Deeply concerned that the majority of deaths that occur globally are now as a result of non-communicable diseases including cardiovascular disease, cancers and diabetes for which poor diet is a major risk factor,

Alarmed that worldwide obesity has nearly doubled since 1980 and that 44 per cent of the diabetes burden, 23 per cent of the ischaemic heart disease burden and up to 41 per cent of certain cancer burdens are attributable to overweight and obesity, (8)

Conscious that concurrently there is a global trend towards the increased consumption of foods that are high in energy density, saturated fats, trans-fats, salt and free sugars,

Acknowledging that the evidence around the factors contributing to poor diet has developed considerably in recent years and that food choices are greatly influenced by the environment in which these choices are made,

Alarmed that NCDs are set to increase disproportionately in low and middle-income countries over the next 20 years, and that the rapid rise in the magnitude of these health problems is predicted to impede poverty reduction initiatives and economic growth,

Mindful of the recommendations within the Global Strategy on Diet, Physical Activity and Health adopted by the World Health Assembly on 22 May 2004 (9) for populations and individuals to: achieve energy balance and a healthy weight; limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of artificial trans-fatty acids; increase consumption of fruit and vegetables, and legumes, whole grains and nuts; limit the intake of free sugars and limit salt consumption from all sources and ensure salt is iodized,

Recognising the consensus among the international community to take action to prevent and control non-communicable diseases (NCDs) in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases adopted on 19 September 2011 (10), and the explicit commitment to advance the implementation of the Global Strategy on Diet, Physical Activity and Health through the introduction of policies and actions aimed at promoting

healthy diets, as well as increasing physical activity,

Aware that WHO Member States have endorsed a WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, which sets out a menu of policy options for interventions relevant to tackling unhealthy diets as well as relevant voluntary global targets for NCDs,

Recognising the important role of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases,

Reasserting the recognition within the Universal Declaration of Human Rights (11) adopted by the UN General Assembly on 10 December 1948 that the right to a standard of living adequate for health and well-being includes food,

Recalling Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on 16 December 1966 (12), which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recalling further that the Convention on the Rights of the Child (13), adopted by the United Nations General Assembly on 20 November 1989 provides that State Parties to that Convention recognise the right of the child to the enjoyment of the highest attainable standard of health,

Conscious of the initiatives that are already underway in many WHO Member States as well as at regional level to encourage healthier diets and make it easier for people to make healthier choices, including through the exchange of best practice,

Mindful of the WHO Global Strategy for Infant and Young Child Feeding endorsed by the World Health Assembly and UNICEF in 2002 (14),

Conscious of the relevance of the work of the UN System Task Team on the post 2015 United Nations Development agenda (15) and its emphasis on the core values of human rights, equality and sustainability and of the acknowledgement by the United Nations Conference on Sustainable Development (16) (Rio+20), that addressing NCDs is a priority for social development and investment in people and that there is an emerging consensus, (17)

Cognisant of the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children adopted by the World Health Assembly on 21 May 2010 (18) which calls for national and international action to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt,

Emphasising the work by WHO to guide Member States in determining how to define healthier and less healthy foods for the purposes of controls over food marketing, labelling and broader consumer education,

Reasserting the importance of WHO Member States responsibility to protect and promote public health through strong leadership, ensuring multi-sectoral action and the importance of a life course approach,

Alert to global food insecurity and continuing food price volatility which is affecting those on low incomes the hardest, and the importance of a co-ordinated approach to addressing food supplies and developing coherent policies to tackle the double burden of under-nutrition and diet-related NCDs,

Conscious of the progress that the WHO Framework Convention on Tobacco Control (19) has made in galvanising global action to reduce the harmful effects of tobacco use,

Acknowledging that alcohol is part of many people's dietary intake and its consumption has an important impact on health, but conscious that there are initiatives underway in many Members States and at a regional level which otherwise address alcohol harm issues,

Aware that a number of factors influence food choices but that there are enormous opportunities to improve diet quality through policy interventions to shape the food that is offered, the price that is paid for it, and how it is marketed and promoted,

Fully conscious that the food supply chain is increasingly globalised and that the components of that food system which deliver a greater variety of safe and nutritious foods through secure supply chains have contributed to improved nutritional health status, whilst the greater volume of foods high in saturated fats, trans-fatty acids, free sugars or salt have driven up the burden of diet-related illnesses,

Aware of the need for the international community to work collectively to enforce responsible trade and investment practices, and for the retention of the sovereignty of Member States to enact policies and regulations to support the health of populations,

Mindful of the need to protect and promote health without undue influence from non-state actors with commercial interests,

Determined to promote healthier diets and ultimately reverse the trends in obesity and diet-related diseases based on current and relevant scientific, technical and economic considerations, propose, as follows:

Part I Introduction

Article 1 Use of Terms

Food: any substance, whether processed, semi-processed or raw, which is intended for human consumption, and includes drink, chewing gum and any substance which has been used in the manufacture, preparation or treatment of "food" but does not include cosmetics or tobacco or substances used only as drugs or breast-milk substitutes (20).

Food based dietary guidelines: government-approved national or regional recommendations for the general population which provide a categorisation of foods and beverages in order to define the appropriate balance of foods to be consumed for the promotion and protection of health.

Nutrient profiling: the science of ranking or classifying specific food and beverage products according to their nutritional composition for reasons related to preventing disease or promoting health.

Nutrient profile model: a government-approved system for classifying or ranking food products according to their nutritional composition for reasons related to preventing disease or promoting health.

Healthy food: a specific food or beverage which is recommended for maintained or increased consumption based on national or regional, government-approved, food-based dietary guidelines or which is identified as 'healthy' according to a government-approved nutrient profile model.

Unhealthy food: a specific food or beverage which is recommended for reduced consumption based on national or regional, government-approved food-based dietary guidelines or which is identified as 'unhealthy' according to a government-approved nutrient profile model.

Food marketing: any marketing communication, including advertising, promotions, sponsorship, giveaways such as toys and direct marketing, intended to influence consumer behaviour in relation to a food or beverage product or brand or food service.

Food advertising: the promotion of a food or beverage or related brand or service by an identified sponsor using paid-for media.

Cross-border food marketing: food marketing received outside the national jurisdiction from which it originates.

Children: minors as defined by national authorities, but in any case all persons under 16 years of age.

Health and nutrition claims: as defined by the Codex Alimentarius Commission and/or defined by national laws and standards.

Article 2 Relationship between this Convention and other agreements and legal instruments

1. In order to better protect human health, Parties are encouraged to align current national measures and legal instruments with this Convention and to implement measures beyond those required by this Convention and its protocols. Nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.

2. The provisions of the Convention and its protocols shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or sub-regional agreements, on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols.

Part II Objective, guiding principles and general obligations

Article 3 Objective and Guiding Principles

The objective of this Convention and its protocols is to protect current and future generations from avoidable, diet-related ill health by providing a health promoting food environment through a framework of dietary protection and promotion measures, to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of diet-related disease.

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, inter alia, by the principles set out below:

1. **Every person shall be informed** of the health, social and economic consequences of poor diets and of the requirements of a healthy diet.
2. **Strong political commitment** is necessary to develop and support, at the national, regional and international levels, comprehensive multi-sectoral measures and coordinated actions, taking into consideration the need to:
 - a. promote the health of all persons and reduce inequalities in access to

- a healthy diet by supporting every individual's right to nutritious food and the particular needs of vulnerable groups
- b. promote the participation of local communities in the development and implementation of socially and culturally appropriate strategies and programmes
- c. secure the commitment and engagement of the food and beverage industry, including producers, manufacturers, retailers and food service, and
- d. recognise and mitigate conflicts of interest in the development and implementation of strategies and programmes.

3. **A coordinated response** is needed, harnessing all sectors to ensure policy coherence and the implementation of effective programmes at various levels of administration across the food supply, and identifying national and international synergies between the need to encourage a healthier diet and to address food security and broader sustainability. Parties shall aim to incorporate the prevention of NCDs into other policy-making areas besides health, including but not limited to: trade, foreign investment, taxation, education, food security, agriculture, food production, food safety, urban development, sustainable development, overseas aid, climate change and environmental protection.

4. **Cross-agency coordination** within the UN is needed on health, trade, food security, environment and economic and international development to ensure that agreements on trade liberalisation, procurement and investment do not constrain Parties' policy choices to tackle the risk factors for NCDs, including the promotion of healthier foods and diets.

5. **Technical and financial assistance** is needed to support food commodity growers and workers including those whose livelihoods may be adversely affected as a consequence of policies to protect and promote healthy diets. This shall be recognised and addressed in the context of national and international strategies for sustainable development.

6. **Effective monitoring and evaluation** of public policies is essential and shall involve the participation of social movements, academia, and public interest non-governmental organisations.

Article 4 General obligations

1. Each Party shall develop, implement, periodically update and review comprehensive multi-sectoral national nutrition strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party:
2. Towards this end, each Party shall, in accordance with its capabilities:
 - a. develop and promote national nutrition recommendations, food-based dietary guidelines and nutrient profile models;
 - b. establish and finance a national coordinating mechanism or focal points for delivery of national nutrition strategies, plans and programmes; and
 - c. institute regular monitoring and reporting mechanisms.
3. In setting and implementing their policies to protect and promote healthy diets, Parties shall act to protect these policies from undue commercial and other vested interests of the food and beverage industries.
4. The Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties.
5. The Parties shall cooperate, as appropriate with competent international and regional intergovernmental organisations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties.
6. The Parties shall, within the means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention, through bilateral and multilateral funding mechanisms.

Article 5 Policy coherence in food systems

The Parties recognise that other activities they undertake have an influence on food availability, food prices and consumption patterns, and thus can be used to positively influence diet.

1. Each Party shall take measures to ensure that the effects of policies and activities in other sectors and departments are consistent with the promotion and protection of healthy diets. These measures may include:

- a. **development of an integrated food policy** across government departments in order to harness the food supply chain for improved health
- b. a requirement for **diet impact assessments of policies and actions** within and across departments and agencies including but not limited to: agriculture, regional development, social support, education, health services, defence, justice, telecommunications, transport, energy, trade, industry and finance
- c. **reviews of contract criteria** for publicly-funded purchases of food and beverages, and commissioning of catering services
- d. **reviews of research priorities** including agriculture and food technology research
- e. **reviews of industry support priorities**, and the criteria for export support schemes and foreign direct investment licenses and approvals
- f. **reviews of incentives** available to food-supply chain actors to produce healthy foods and reduce production and promotion of unhealthy foods, and
- g. **reviews of food prices and new food marketing methods** as these evolve and influence purchasing behaviour and consumption patterns.

Part III Defining healthy diets and healthy food

Article 6 Food and beverage dietary guidelines and classifications

Each Party, so as to support and inform the implementation of policies to protect and promote healthy diets through measures such as nutrition education programmes (Article 6), product labelling (Article 7), public health interventions or the introduction of marketing controls (Article 8), or taxation or subsidies (Article 11), shall:

1. Establish and implement national evidence-based nutrient recommendations and food-based dietary guidelines (FBDGs).

These shall take into account evidence from national and international sources and shall be updated periodically in the light of changes in dietary and disease patterns and evolving scientific knowledge.

2. Develop health-related government-approved nutrient profile models

in order to identify and distinguish between those products which are deemed 'unhealthy' (for which a decrease in consumption is recommended in the FBDGs) and those which are deemed to be 'healthy' (for which it is

recommended that consumption shall be maintained or increased). These shall be used to inform the introduction of health-promoting measures such as marketing controls (Article 8), taxation (Article 11) and to assist in the monitoring of food environments and evaluate the implementation of policies.

3. Ensure that the processes for the development of nutrition recommendations, FBDGs and nutrient profile models are free from undue influence from non-state actors with commercial interests.

Part IV Measures relating to the promotion and protection of healthy diets

Article 7 Education, skills, communication and public awareness

Each Party shall promote and strengthen public awareness of nutrition and healthy eating using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

1. Broad access to information and knowledge about nutrition and healthy diets through **public awareness and social marketing campaigns** which are informed and developed by public health experts and free from any commercial conflicts of interest. These shall be permanent, regularly evaluated programmes that help the public to become familiar with healthy diets. They shall promote the consumption of healthy foods and warn against the dangers of regular consumption of unhealthy foods that increase the risk of obesity and diet-related diseases. Campaigns shall be linked to supporting actions across the community and shall aim to deliver maximum benefit and impact.
2. Food and nutrition **knowledge and skills training in primary and secondary school education** programmes which include information about nutrition, practical cooking and food skills, agricultural and culinary traditions, and which meet recognised standards for food education.
3. **Health- and nutrition-promoting environments**, by including nutrition education and health literacy in childcare centres, workplaces, prisons, clinics, hospitals and other public institutions.
4. **The inclusion of nutrition and healthy eating in the training curriculum**

of health and social care professionals to support the provision of dietary advice to vulnerable groups and individuals.

Article 8 Provision of nutrition information

The Parties recognise the importance of enabling consumers to make informed choices about what they eat and recognise that consumers may not always be in a position to assess the nutritional quality of foods and beverages. Provision of nutrition information is an important element of national strategies, enabling consumers to act on nutritional advice and dietary recommendations and encouraging consumers to choose healthier options.

1. Each Party shall adopt and implement, in accordance with its national law, **measures to ensure that consumers have clear information about the nutritional quality of a food or beverage** product at the point of choice.
2. These measures shall ensure that priority nutrients relevant to non-communicable diseases (energy content, fat, saturated fat, sugar and salt levels) are clearly labelled and highly visible on the front of the packaging, with the provision of additional information in line with national recommendations on the back of the packaging. All information shall be provided in an easily accessible form that consumers can understand and interpret.
3. Nutrition labelling for pre-packaged food should be provided, in line with Codex Principles for Nutrition Labelling (21) and include:
 - a. a nutrition declaration
 - b. supplementary nutrition information.
4. The nutrition declaration shall be provided per 100g and per portion of the food and include the:
 - a. Energy value
 - b. The amounts of protein, available carbohydrate (ie dietary carbohydrate excluding dietary fibre), fat, saturated fat, sodium and total sugars
 - c. The amount of any other nutrient for which a nutrition or health claim is made, and
 - d. The amount of any other nutrient considered to be relevant for

maintaining a good nutritional status, as required by national legislation or national dietary guidelines.

5. The supplementary nutrition information shall be provided on the front of pack and include the priority nutrients for public health (energy, fat, saturated fat, sugar and salt), in the following form:

- a. A statement of the amount of the nutrient present and an interpretative indication of whether the amount is high, medium or low in relation to national dietary guidelines, for example by using colour coding or a similar scheme
- b. The expression of the amount per recommended portion as a percentage of the reference intake that is recommended.

6. Guidance to underpin this supplementary information shall be provided to ensure that:

- a. the portion sizes recommended for consumers are realistic
- b. there are criteria to ensure that this information is provided clearly, consistently and prominently in the field of vision
- c. priority shall be given to processed foods where the nutritional quality is most difficult for consumers to assess.

7. The Parties recognise that foods eaten outside the home may make a significant contribution to energy intakes. Each Party shall ensure that consumers have access to information about the nutritional content of foods at the point of choice in these settings.

- a. As a minimum measures shall require the provision of information on the energy content of foods or beverages sold in chain restaurants, being defined as those responsible for ten or more outlets nationally
- b. This information shall be provided on a per portion basis prominently, and in written form at the point of choice, including for example on menu boards and on menus
- c. In addition, each Party may require the provision of additional information on the saturated fat, sugar and salt content of products, along with information about energy.
- d. In all cases, information on the recommended daily reference intakes shall be provided prominently and in close proximity to the nutrition information.

8. For the purposes of this Article, the terms 'packaging' and 'labelling' in

relation to food and beverage products, applies to any packaging or labelling used in the retail sale of the product.

Article 9 Ensuring responsible food and beverage advertising, promotion and sponsorship

The Parties recognise that restricting advertising, promotion and sponsorship of unhealthy food and beverage products will help to reduce consumption and that promotion of healthier options will help to increase their consumption. Parties also recognise the particular need to protect children and to protect all members of the public from misleading claims made about health promoting attributes of a food or beverage product.

1. Each Party shall undertake appropriate legislative, executive, administrative and/or other measures to restrict the advertising, promotion and sponsorship of unhealthy food and beverage products.

- a. These measures shall include, subject to the legal environment and technical means available to that Party, **restrictions related to cross-border advertising, promotion and sponsorship originating from its territory.**

- b. They shall also include **restrictions and control of which health and nutrition claims are permitted for use**, and on which food and beverage products they are permitted. These should take account of Codex guidelines (22) and require that:

- i. Health and nutrition claims or other messaging used in the advertisement or promotion of a product be in accordance with a nutrient profile model, as described in Article 5 so that they do not encourage increased consumption of unhealthy food
- ii. The health claim restrictions shall eliminate unsubstantiated and misleading claims to prevent products high in saturated fat, sugar and/or salt from bearing health claims, and permit only the use of claims which are scientifically proven
- iii. Nutrition claims and their conditions of use are clearly defined, in line with national dietary recommendations and consistent with Codex definitions

- iv. Those products which are permitted to bear a health or nutrition claim shall include nutrition labelling as described in Article 7.

- c. The measures shall **restrict the use of direct or indirect incentives**

(including gifts, vouchers, and other incentives) that encourage the purchase of unhealthy food and beverages relative to healthier options;

d. They shall also **restrict promotional practices at retail and/or point of choice**, including in-store positioning and signage that encourage purchase of unhealthy foods relative to healthier options.

Article 10 Controls on advertising, promotion and sponsorship to children

1. As a minimum, and in accordance with its constitution or constitutional principles, Parties shall ensure that the legislation outlined in I Article 9 (1) shall:

a. **restrict advertising, promotion and sponsorship** in order to protect children from exposure to the promotion of unhealthy food and beverage products and shall not advertise, promote or permit sponsorship by any means that are false, misleading or deceptive or likely to create an erroneous impression about the product's characteristics

or health effects. This shall be in accordance with the WHO's Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, including mechanisms for monitoring

b. **require, if no comprehensive ban is in place, the disclosure to relevant governmental authorities of expenditures by the food and beverage industry on forms of advertising, promotion and sponsorship** of unhealthy food and beverages. Those authorities may decide to make those figures available, subject to national law, to the public and to the Parties, and

c. prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles, restrict, sponsorship of international events, activities and/or participants therein, by companies and brands associated with unhealthy foods and beverages.

2. Parties are encouraged to implement measures beyond the obligations set out in paragraph 1.

3. Parties shall agree to cooperate in a move towards the development of an international code of marketing of foods and beverages designed to protect the population from exposure to the promotion of unhealthy foods and beverages defined according to government-approved nutrient profile models (see Article 5).

4. Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.

5. Parties which have a ban on certain forms of food and beverage advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border food and beverage advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.

6. Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for comprehensive regulation of cross-border advertising, promotion and sponsorship.

Article 11 Improved nutritional quality of foods and reduced levels of potentially harmful nutrients

The Parties recognise that as well as providing nutrition information to consumers, it is desirable to reduce levels of potentially harmful nutrients in foods and levels of those that are consumed in excessive quantities counter to dietary advice.

1. Each Party shall, within a period of five years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, measures to:

a. **remove all artificial trans-fats from food and beverage products sold within their jurisdiction**. In implementing this measure, the Parties will be mindful of the risk of increasing saturated fat levels.

b. establish and **set national targets for the gradual reduction of the salt content in foods**, prioritising those that make the largest contribution to their nation's diets.

c. **provide guidance and set targets for gradual reductions in saturated fat, sugar and energy content of food and beverage products**, prioritising those food categories that make the largest contribution to the nation's diet and without compromising the safety of products, and

d. provide guidance on responsible and realistic portion sizes.

2. In implementing these measures, the Parties shall take steps to prevent food and beverage access inequalities and will take account of products which, although consumed in relatively small quantities at a population level, may make a more significant contribution to the diets of particular groups.

Article 12 Nutritional standards for food services in schools, hospitals and public institutions

1. Each party shall apply **national nutrition and food-based standards to food service operations** catering to schools, hospitals, childcare services, social services, uniformed services, prisons, government offices and other facilities subject to public oversight. These shall include:

- a. the provision of, and easy access to, safe drinking water
- b. rules on the nutritional content of food sold in canteens and available on the premises (including in vending machines), and
- c. purchasing and commissioning activities to promote consumption of healthier foods and limit consumption of unhealthy foods.

Article 13 Other interventions to influence positive consumption patterns

1 The Parties recognise that availability, accessibility and affordability of food and beverages affect consumption patterns and can thus be used to positively influence diet.

2 The Parties recognise the importance of working with the relevant primary producers, retail, processing and catering sectors to ensure the availability of, and access to, foods that are consistent with national dietary recommendations.

Article 14 Economic, planning and licensing measures

1. Each Party shall use **economic, planning and licensing measures** to address the availability, accessibility and affordability of food, taking into account its national dietary standards and health objectives in relation to improving diets, as well as the food security status of the population. These measures may include:

- a. **taxes and levies for specified food categories**, such as those for which increased consumption is not recommended in national FBDGs, or for which a reduction in consumption would contribute towards national health objectives. This may be combined with a commitment to hypothecate part of the proceeds from such taxes and levies to subsidise the promotion of healthy foods, or for other health promotion activities
- b. **subsidies or other schemes to improve access** to specified foods or food categories consistent with national FBDGs or for which an increased consumption would contribute towards national health objectives, and
- c. **planning and retail licensing controls or incentives** to limit or promote the availability of, and access to (in line with national FBDGs), food sources in order to promote and protect public health through improved food consumption patterns.

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Consumers International

We are the global campaigning voice for consumers. Established in 1960, CI is the world federation of consumer rights groups. With over 240 member organisations spanning 120 countries, we serve as the only independent and authoritative global voice for consumer rights. We are a registered UK charity.

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World Obesity Federation

World Obesity Federation is the new name for the International Association for the Study of Obesity (IASO) and International Obesity TaskForce (IOTF).

We represent professional members of the scientific, medical and research communities from over 50 regional and national obesity associations. Through this global community we work to alert the world to the growing crisis caused by soaring levels of obesity and to drive global efforts to reduce, prevent and treat obesity.

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