

ANNEX II: ADDED SUGARS

EU FRAMEWORK FOR NATIONAL INITIATIVES ON SELECTED NUTRIENTS

Introduction

On 3 February 2011 the High Level Group (HLG) agreed on the EU Framework for National Initiatives on Selected Nutrients. The HLG members asked the Commission services to develop concrete benchmarks and major food categories to focus action on for this new framework in a similar way as for the salt reduction initiative of the EU. Based on the results of an expert meeting on 17 February and the discussions in the HLG in 2015, a proposal for a new annex to the EU Framework for National Initiatives on Selected Nutrients was developed.

At the Informal Meeting of Health Ministers in Riga in 21-22 April 2015, the majority of the Ministers of Health of the European Union expressed clear support and necessity of having a common framework for action to reduce free sugars in food and called for such framework to be developed to decrease overweight, obesity and Non Communicable Diseases risk factors.¹

In the scope of this annex, (total) sugars and added sugars are defined according to the European Food Safety Authority (EFSA)²: the term “sugars” covers monosaccharides and disaccharides, the term “added sugars” refers to sucrose, fructose, glucose, starch hydrolysates (glucose syrup, high-fructose syrup) and other isolated sugar preparations used as such or added during food preparation and manufacturing. Sugar alcohols (polyols) such as sorbitol, xylitol, mannitol, and lactitol, are usually not included in the term “sugars”. In the scope of this annex, the term “added sugars” is additionally considered to include sugars present in honey, syrups, and fruit juices and fruit juice concentrates.

This is the case because, for reformulation purposes, they can be described as providing energy while not significantly contributing other nutrients to foods.

This annex focuses on added sugars and complements the general EU Framework for National Initiatives on Selected Nutrients by setting detailed benchmarks and major food categories to focus action at EU level.

The annex can support Member States with the design, implementation and evaluation of reformulation and product improvement strategies in the context of their public health policies to reduce overweight and obesity, and nutrition-related non-communicable diseases, in the general population and especially in children.

It is meant as a tool for the benefit and voluntary use of Member States. Member States may focus their initiatives also on other target nutrients, food categories and strategies to bring intakes in line with recommended levels to fit national specificities. In addition, it is understood that a reinforcement of policies at Member State level may both contribute to and be supported by stronger concerted action at EU level.

¹ http://www.vi.gov.lv/images/userfiles/Prezidentura/nonpaper_nutrition.pdf and http://www.vi.gov.lv/images/userfiles/Prezidentura/vi_vest_1998.pdf

² European Food Safety Authority: Scientific Opinion on Dietary Reference Values for carbohydrates and dietary fibre. EFSA Journal 2010; 8(3):1462 [77 pp.]. EFSA Journal 2010; 8(3):1462

It is also meant as an additional incentive and practical guidance for the food industry in its initiatives to contribute to healthier lifestyles through a healthier diet. In this sense, its input is an important orientation to the collaborative work taking place at both national and European level, namely under the EU Platform on Diet, Physical Activity and Health.

Why an annex for added sugars?

The overall goal of Annex II of the EU Framework for National Initiatives on Selected Nutrients on added sugars is to contribute towards achieving population intake levels and dietary patterns in line with the national, EFSA and the World Health Organization (WHO) recommendations.

According to EFSA^{2,3}, there is some evidence that high intakes of sugars in the form of sugars sweetened beverages might contribute to weight gain and the relationship of patterns of consumption of sugars-containing foods to dental caries, weight gain and micronutrient intake should be considered when establishing nutrient goals for populations and recommendations for individuals and when developing food-based dietary guidelines. A number of EU Member States have established recommendations for added sugars as less or not more than of 10% of the total energy intake, while individual Member States recommend higher or lower maximum intakes, 15 and 5%, respectively.

WHO recommends a reduced intake of free sugars⁴ throughout the life course in order to reduce the risk of Non Communicable Diseases in adults and children. It recommends an intake of free sugars in both adults and children of less than 10% of total energy intake based on moderate quality evidence from observational studies of dental caries.

Added sugars, energy intake, energy density, nutrient density and pack sizes

In general, the reduction of the added sugars should not lead to an increase of the absolute amount of caloric content, saturated fat, trans fat or salt, but should lead to a decreased energy content. However, even if energy content remains unchanged reductions of added sugars can be encouraged, if naturally-present nutritional components that are recommended to be consumed are increased (e.g.: fibre).

The reduction of added sugars can lead to lower, higher or unchanged energy content of the reformulated food, depending on the substance that replaces the added sugars. There is evidence to support the focus of future actions on decreasing energy density (energy content per weight unit of food or beverage) because of the association of high energy density diets with increased risk of weight gain¹. Sugars have calories, but no other nutritional value.⁵

Reducing added sugars could be the most effective way of reducing energy density for some products, particularly for products with high water and low fat content.

As sugars also give bulk to foods, the bulk needs to be compensated by other ingredients, which are often fats or other carbohydrates.

³ EFSA: Scientific Opinion relating to the setting of nutrient profiles for foods bearing nutrition and health claims. EFSA Journal 2008, 644, 1-44

⁴ WHO Guideline: Sugars intake for adults and children
http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1

⁵ In the sense that sugars provide significant energy without contributing with specific nutrients to the diet.

For products with low water and high fat content, reducing sugars may actually lead to an increase in energy density if they are replaced with fats since fat contains more calories per gram than sugars; sugars reductions leading to higher energy content should be avoided.

Where added sugars are replaced by other carbohydrates which have the same energy content, this reformulation can lead to a nutritionally improved product if the amount of naturally-present nutritional components that are recommended to be consumed increases (in such cases, that would be the preferred option).

Where sugars reductions are difficult, where nutrient density is generally low and is difficult to be increased, and for product categories that are generally recommended to be eaten only in small amounts and only occasionally due to their overall nutritional profile, reducing portion and/or pack sizes⁶ offered may be the preferred approach as compared to reformulation.

Overall, it is preferred that the reduction of added sugars also leads to a reduction of the sweet taste in order to allow for adaptations of the taste to lower levels of added sugars.

At Member State level, the approach chosen to reduce the consumption of added sugars and/or energy via reformulation and product improvement and/or portion and pack size may differ, depending on the national situation.

Major food categories to focus action on

It is suggested that priority is given to food categories that commonly represent major sources of added sugars in Member States' diets, that have a high public health impact or that are recommended to be consumed. According to these criteria, the relevant food categories where efforts should be focussed are (non-exhaustive, non-ranking list):

- Sugars Sweetened Beverages
- Sugars sweetened dairy and dairy imitates
- Breakfast cereals
- Bread and bread products
- Confectionary
- Bakery products (e.g.: cakes and cookies)
- Ready meals (including ready to prepare products like dry soups, dried mashed potatoes, rice mixture)
- Savoury snacks
- Sauces (including ketchup)
- Sugars sweetened desserts, ice cream and topping
- Canned fruits and vegetables
- *School food offer*
- *Catering meals*

Each Member State should define a list and order of priorities based on the respective health needs, traditions, and pattern of consumption. In addition, at Member State level, the benchmarks and initiatives taken to reduce the consumption of added sugars may differ by product category.

It is acknowledged that starting points may differ considerably from one Member State to another and time required to reach a certain level may also vary considerably.

⁶ Pack size describes a portion that is separately packed and is therefore clearly identifiable as such by consumers and likely to be consumed at one eating occasion. Resorting to measures such as solely re-labelling a pack as having more servings may not have a sufficient impact.

Benchmark

On the basis of the relevant experience in Member States that have national plans, it is proposed to set a general benchmark for added sugars **reduction of a minimum of 10% by 2020** in food products against the Member State baseline levels at the end of 2015 **or to move towards 'best in class' levels.**⁷

Food producers are encouraged to exceed the benchmarks or improve the 'best in class' levels for added sugars content for all categories of food.

Timeline

Member States should achieve broad endorsement of this vision by national economic operators by the end of 2016. Furthermore, Member States will have a monitoring system in place by the end of 2017.

Implementation

The Commission will facilitate discussions with European federations and multinational companies to support and link the various Member States activities at national level.

Federations of food business operators will be involved in the implementation of the Annex, e.g. by setting benchmarks or reduction goals per product category.

⁷ 'Best in class' levels are understood as the lowest levels identified in food products in the EU in the same category.

General principles

Looking at all ingredients

Reformulation of food should lead to an overall improved nutritional quality. When aiming at reducing nutrients of concern, reformulation action should not result in increases in the use in any of other nutritional elements of concern or in raising the energy density or calorie count. For example, if nutrients that provide bulk to a food are reduced such as sugars, the bulk may be compensated by e.g. fat leading to an overall increase in energy contents and decrease in nutrient density. The present and near-future technical feasibility of actions must be taken into account when discussing the exact course of action.

Acting on mainstream products

In order to maximise the impact of reformulation, food business operators would prioritise the products with the largest market share. Furthermore, care should be taken that reductions are delivered across the full range of food products from premium to economy items so that all population groups can benefit.

Applying to new products

Following on the previous point, consistency should also be maintained when companies introduce new products on the market. These should be as nutritionally balanced and contain at least as little nutritional components of concern as the ones are being reformulated.

Empowering consumers

In accordance with the EU legislative framework, whenever possible, consumer awareness and education and information campaigns should be taken forward to support the reformulation work and to create consumer demand for products with lower sugars content.

Awareness may create 'buy-in' from consumers in reformulation activities and empowers them to improve their habits. This action should cover not only sugars and sugars intakes and their relation to health, but also healthy eating and healthy lifestyles in general. Raising awareness about the healthier options present on the market is also crucial. Nutritional labelling also helps consumers to make informed and healthier choices.

When relevant, the transition and getting used to of the consumer should be eased by progressiveness in the introduction of change. This will allow for the customer base to adjust the palate without risking potentially counterproductive moves towards less balanced substitutes or alternatives. The consumer will thus be able to more easily change buying and eating habits.

Involving all industry

A broad endorsement of a common vision on reformulation in line with public health goals, should be sought with food business operators and their European, national and local associations. The reformulation efforts should aim to encompass the entire food chain, as a way of ensuring maximum reach and positive health impact, while minimizing health inequalities. This is also important to contribute to a level playing field for industry.

This is not to preclude that certain companies act as first-movers. In fact, some companies, given their resources, product mix and corporate social responsibility agendas, may wish to lead or go beyond the general agreements.

In parallel, involving SMEs is particularly important since they often rely on a smaller or more specialised portfolio of products.

Ensuring the participation of SMEs is important to promote equity among industry players and in the access of citizens to reformulated products. For this purpose, disseminating research results, technical feasibility studies and best practice compilations, as well as best practice examples may prove valuable.

The Commission may facilitate discussions with European federations and multinational companies to support the Member States at national level.

Engaging the distribution

The success of reformulation action can be improved by involving not only food producers but the entire food chain, such as distributors, retailers and caterers.

Retailers are particularly relevant as they market their own brands and are decision makers on where and how products are placed in supermarket aisles, shelves and checkout counters. They can also play an important role in promoting reformulated products and smaller portion sizes.

Distributors, catering and restaurant are another example of multipliers and potentially supportive stakeholders. They can cooperate to make reformulation more effective by changing the default option to reformulated and smaller sized foods.

Distribution of food reformulated products in schools, hospitals and other public places via vending machines plays an important role in achieving the goals of food reformulation action.

Addressing inequalities

Citizens of lower socio-economic groups are often compelled to buy products marketed at lower prices. This makes it especially important that such products receive at least as much attention as higher margin or new introductions.

Reformulation action should be conscious of and directly engage with the challenge of decreasing inequalities in the field of nutrition. The particularities of more vulnerable population should be taken into consideration and accompanying measures such as awareness and education campaigns should also consider this important target group as priority.

Protecting children

Following the Strategy for Europe on Nutrition, Overweight and Obesity related health issues and the Action Plan on Childhood Obesity, children are a priority for action in what relates nutrition and physical activity in general and reformulation in particular.

Reformulation actions at the Member States level should lead to reduction of the offer of high fat, sugars or salt foods at the market in general, and especially in products which are marketed to children.

Infants and young children are developing taste preferences and therefore it may be prudent to formulate products for them with low sweetness and low added sugars.

Monitoring

Monitoring is being best dealt with at national level and is the responsibility of each Member State, Protocols and procedures should be transparent and independent, and as harmonized as possible to allow for inter-country comparability.

It is recognized that devising and implementing an effective monitoring system is a particularly challenging task and the Commission may be asked to provide additional support to the Member States in this area.

The work of the Joint Action on Nutrition and Physical Activity, especially its work package that relates to the piloting of a European database of food product composition, as well as the collaboration with the WHO, are possible areas to explore.