

FOPL: Why Health Star Rating Label is not Suitable for India?

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Background

The main objective of the webinar was to discuss challenges, share experiences and lessons learnt and propose alternative solutions and an effective label that would be more suitable for India and the common consumer.

The virtual webinar was attended by around 60 delegates from across the country and abroad, including health experts, national and international organisations, industry representatives, various state Food Safety Commissionerate, AIIMS, Indian Medical Association, academic and research institutions, and more than one than 14 states. The video recording of the webinar is available on [CUTS YouTube's](#) channel.

Panelists

1. Alexandra Jones, Research Fellow, Food Policy and Law, The George Institute for Global Health, Australia
2. Pankaj Bhardwaj, Vice Dean (Research), AIIMS Jodhpur
3. Saroja Sundaram, Executive Director, Citizen consumer and civic Action Group (CAG), Chennai
4. Amit Khurana, Director, Centre for Science and Environment (CSE), New Delhi
5. George Cheriyan, Director, CUTS (Moderator)

Proceedings

George Cheriyan, Director, CUTS International, moderated the session and delivered his opening address. He briefly touched upon the webinar objectives, explained the context for the new consumer representatives, and shared the background of the front-of-package labelling (FoPL) process in India and the purpose. He spoke about consumer-friendly labelling as a cost-effective messaging strategy. He further added how it could help consumers make informed and healthier food choices by assisting them to correctly, quickly and easily identify products containing unhealthy ingredients such as sugar, salt, and fat. And he spoke that there is an urgent need for this FoPL than ever before. He also highlighted that Non-communicable diseases contribute about 62 percent of total preventable premature deaths in India, including CVDs, Cancer, and Diabetes. He also quoted that various studies during the pandemic show that people with pre-existing non-communicable diseases (NCDs) and Comorbidities are more vulnerable to the pandemic. One of the main reasons for the increasing number of NCDs is unhealthy food with high-fat sugar and salt. He also stated that promoting healthy diets and reducing the consumption of ultra-processed food high in fat, sugar, and salt will play a critical role in combatting NCDs. Cheriyan, said most consumers in India spend only 10 seconds selecting each item and do not compare their nutrition facts given on the back of the package. Therefore there is a need for easily understandable FoPL, which could aid the consumers to make healthy food choices.

He stated that any such regulation would form a significant stepping stone for the country to target foods high in salt, sugar, and fat (HFSS), the leading cause of the increasing number of NCDs in the country. However, various news reports have shown that FSSAI prefers to opt for the Health Star Rating (HSR) Label, which is a matter of concern. The country has a considerable number of poor, illiterate vulnerable populations.

To help consumers make healthier choices, Australia and New Zealand had introduced the voluntary HSR system in 2014 that is quite similar to the energy rating label used on our electrical appliances. But recent studies show that their system is highly flawed as unhealthy food products can still get a high score as the rating is based on the overall nutritional value.

Any inclusion of healthy ingredients, like fibre and protein, to an otherwise unhealthy product could easily cancel out its unhealthy ingredients (i.e., sugar, saturated fats, and salt).

More importantly, the system does not effectively assist the vulnerable consumers who need it the most. While HSR, including our energy star label introduced in 2009, does help some middle- to high-income consumers. Only four Indian households are currently aware of BEE's star labels.

He also quoted the views of Grant Schofield, Chief Health and Nutrition Advisor to the Ministry of Education, New Zealand, 'the Health Star rating is already dead in the water. The algorithm is flawed in the combination of fat, salt, and sugar. Previously, very high sugar foods can get 4+ health stars. He also added further that we should learn from the experiences of Australia and New Zealand and be cautious against the adoption of HSR. Indian regulators must choose a simple and interpretive label that aids consumers to choose between healthy and less healthy products."

Alexandra Jones, Research Fellow, Food Policy and Law, The George Institute for Global Health, Australia, gave a detailed presentation on labelling and learnings from Australia's first five years of HSR (Health Star Rating).

She said consumer trust is still a problem in Australia. Industry sits on the committee, which decides about HSR and creates mistrust among consumers. She further said HSR is only voluntary in Australia; hence, the industry uses it selectively on products that get high starts and do not display those with low openings. Her suggestion for India was what India aimed specifically? Does India want to warn people away from foods with high-risk nutrients? Or want to guide them towards healthier choices; this will impact which front of pack India chooses. And India needs to test what format works well in the Indian population.

Pankaj Bhardwaj, Vice Dean (Research), AIIMS Jodhpur, while highlighting the need for influential warning labels from a health perspective, cautioned that people with comorbidity and pre-existing NCDs are more vulnerable at higher risk of getting infected by the COVID-19 virus.

He said that around 71 percent of all deaths globally are attributed to Non-communicable diseases. And when it comes to premature deaths, 85 percent of these premature deaths occurring due to NCDs are reported from India. Looking at the NCD deaths, it can be seen that 77 percent of all deaths are reported from India. So when we look at the kind of the reasons or the kind of risk factors which lead to these NCDs, or Non-communicable diseases, then definitely unhealthy diets add to that. He mentioned that in 2017, India would be the second-largest population of 73 million diabetic patients after China, and by 2045 is going to be doubled. And there are details of the International Diabetic Foundation, which calls our

country the diabetic capital in World. An unhealthy diet is that the overconsumption of ultra-processed food and drinks will increase the risk of obesity or type two diabetes.

Then he talked about the health impacts and studies going on currently. As per WHO, if we look at processed food, the danger starts from the cardiovascular risk to hypertension to diabetes and leads to cancer-causing.

According to Bhardwaj, around six peer-reviewed articles showed a considerable correlation that they find out with the NCD outcomes ranging from obesity to cardiovascular health to cancers and adding to mental health like depression, asthma, and gastrointestinal diseases, and fertility complications. In the end, he said that there is a need to have critical nutrients of public health concerns to make that level or that upper limit intake.

Saroja Sundaram, Executive Director, Citizen consumer and civic Action Group (CAG), Chennai, spoke about FoPL from a consumer perspective. She reminded regulators how the existing detailed nutritional summary provided in the back of the product never served the purpose due to the language barrier and consumer ignorance about its meaning. So she strongly advocated for a FoPL that is always simple and easily interpretable by a consumer, thereby helping them identify unhealthy products.

She also talked about the longitudinal aging study of India 2021 report, undertaken by the Ministry of Health and Family Welfare through the International Institute of Population Sciences, revealing that 45 percent of grown-up Indians about the age of 45 are suffering from hypertension another 40 percent look prehypertension. And also, undetected, untreated, and undertreated hypertension has been ranked as the highest risk factor for heart disease. On the other hand, we have increasingly moved towards consuming processed food, and this culture has grown over the last few decades. Hence, there is an urgent need to address this.

Amit Khurana, Director, Centre for Science and Environment, New Delhi, expressed that it was disheartening to see that even after eight years, the country is still discussing FoPL. A complicated FoPL will not work in India, which is so linguistically diverse that every 100 km, the local language changes. Need of the hour is an easy-to-understand warning label.

He mentioned how the nutrition back of the pack nutrition label is not working in India. He strongly advocated for FoPL, especially an interpretive and straightforward warning label, which overcame language and literacy barriers.

India must learn from the mistakes of other countries and adopt best practices. Then he concluded by saying the regulator's role and how they should overcome the industry tactics.

Summing Up and Vote of Thanks

While summing up, Simi TB briefly summed up the proceedings. The webinar provided an overview of FoPL and where India stands concerning regulation related to FoPL and the progress about FSSAI consultations, and why health and advocacy experts in India are strongly pitching in for simple but effective warning labels. Jones presented the Australian experience regarding voluntary health star labeling, showed what India can learn from it, and underlined that there is no global consensus on a particular type of FoPL. Every country has to choose the label based on its moods and situation. Next, Bhardwaj spoke about the health crisis due to the consumption of unhealthy food products and why the country urgently needs an explicit warning label.

Sundaram spoke about the whole issue from a consumer perspective and expressed concern regarding the growing health crisis and the urgent need to address it. She also reminded how the existing detailed nutritional summary provided in the back of the product never served the purpose due to the language barrier and consumer ignorance about its meaning. Hence, FoPL should always be simple, easily interpretable by consumers, and help them identify unhealthy products. Khurana gave a more extensive overview of FoPL and spoke about why India desperately needs it. This effectively sums up why a country like India needs a simple, effective, and easy-to-understand warning label that should address the language barrier.

Simi expressed sincere gratitude towards Jones, Bhardwaj, Sundaram, and Khurana for sharing their valuable thoughts on the topic. She also thanked participants, especially the representative of various State Food Safety commissioners, health experts, etc., for actively participating in the webinar.