Next Steps on Reformulation: OHA Policy Position

The Obesity Health Alliance (OHA) brings together 49 leading health charities, medical royal colleges and campaign groups to advocate for evidence-informed policies to address the factors that drive obesity.

This document outlines the consensus view of OHA members on reformulation and what the Government should do next.

Summary

- Reformulation by the food industry, to systematically reduce free sugars, salt, fat and overall calories in the foods we eat could help people achieve a healthier diet, reduce risk of disease and has the potential to address overweight and obesity.
- The food industry's response to the existing voluntary target programme to reduce sugar from products has been inconsistent and wholly insufficient. The Government should introduce a new incentive to drive further reformulation of processed food. To be effective, this must be backed by regulation, such as a fiscal lever or duty to be paid by food and drink manufacturers who don't make their products healthier.

What is reformulation

Reformulation describes efforts by food and drink manufacturers to lower the 'unhealthy' components (e.g. saturated fats, trans fats, sugar, salt) of products at the time of production, without worsening the profile of other ingredients (i.e. increasing energy content).

Ideally this should be done while trying to maintain taste and texture and carried out in a gradual, and unobtrusive way. Manufacturers can reformulate packaged foods as well as products sold in restaurants, cafes, and takeaway foods. Reformulation should take place across whole categories of food, not just those aimed at health-conscious individuals.

While reformulation strategies are typically aimed at making products healthier, food companies regularly change product recipes for a variety of reasons including those related to cost, the supply chain or consumer feedback.

Why do we need reformulation policies?

Foods that particularly contribute to excess energy intake – and drive excess weight - tend to be commercially produced processed foods usually with high sugar, salt, fat and calorie content and limited nutrients needed for health. Producing, marketing and selling processed foods in large quantities is profitable for the food industry, making it harder for individual companies to take action to improve their products without financial risk. Reformulation policies set out by governments, particularly mandatory policies, create a level playing field for industry.

Reformulation has clear limits. In some food categories there are products that can only be adjusted so far to become marginally 'healthier' rather than 'healthy', because of the contribution of fat, sugar and salt to the texture, taste, bulk and technical cooking requirements of food. Reformulation alone will not shift population diets to those containing fewer processed products and more fresh foods overall. But given the dominance of unhealthy products in our current food system, it is a vital policy to improve population diets. Reformulation should be part of a comprehensive public health

strategy alongside policies to reduce marketing and availability of unhealthy food and drinks and ensure equitable access to healthy food.

Evidence for effectiveness

Two recent reviews concluded that food reformulation has the potential to improve population health, with recipe changes leading to improvements in diet and health outcomes.[1,2] To deliver significant benefits, reformulation approaches should have a wide scope across food categories to offset the impact of people switching to similar products that have not been reformulated.[2] Evidence also highlights that gradual incremental reformulation, rather than abrupt changes to recipes, is less likely to be noticed by consumers and reduces the risk of eating more to compensate.[2]

Reformulation of food and drink products is a useful tool to address dietary health as it does not rely on people consciously changing their eating and drinking habits and it has the potential to reach the whole population, regardless of income, ethnicity or educational status.[2]

Potential to address inequalities

An effective and comprehensive reformulation programme will improve the nutritional value of the food consumers buy before it lands on the shelves. This stands to benefit everyone but particularly those on low incomes who typically eat more processed foods, which are much higher in sugar and salt, and low in fibre and fruit and vegetables.[3] However it is vital that as many products are reformulated as possible, as when only a subset of products are reformulated (e.g expensive products), this could lead to disparities in the benefit.[4] An analysis of the soft drinks industry levy (SDIL) which explored the impact of the policy on different consumer segments, found the levy had the greatest effect on less affluent consumers, who also tended to be more likely to purchase soft drinks as consumers on lower incomes are more price-sensitive and therefore change their purchasing behaviour to avoid paying more.[5]

Mandatory versus voluntary reformulation

Reformulation policies are in place globally. For example, 57 countries have salt reduction policies in place, and of those a third (19) are mandatory. In South Africa, where there are mandatory salt targets across a range of product categories, population salt intake fell by 1.15g/day between 2015

[1] Federici, C., Detzel, P., Petracca, F. et al. The impact of food reformulation on nutrient intakes and health, a systematic review of modelling studies. BMC Nutr 5, 2 (2019). https://doi.org/10.1186/s40795-018-0263-6

[2] Gressier, M, Swinburn, B, Frost, G, Segal, AB, Sassi, F. What is the impact of food reformulation on individuals' behaviour, nutrient intakes and health status? A systematic review of empirical evidence. Obesity Reviews. 2021; 22:e13139

[3] National Food Strategy analysis of NDNS: Public Health England & Food Standards Agency. (2020). National Diet and Nutrition Survey: Rolling programme Years 9 to 11 (2016/2017 to 2018/2019). HMG. Available at: https://assets.publishing.service.gov.uk/government/uploads/ system/uploads/attachment_data/file/943114/NDNS_UK_Y9- 11_report.pdf

[4] McLaren L., McIntyre L., Kirkpatrick S. Rose's population strategy of prevention need not increase social inequalities in health. *Int. J. Epidemiol.* 2010;39:372–377. doi: 10.1093/ije/dyp315

[5] Fearne, A., Borzino, N., De La Iglesia, B., Moffatt, P. & Robbins, M. (2021) Using supermarket loyalty card data to measure the differential impact of the UK soft drink sugar tax on buyer behaviour. *Journal of Agricultural Economics*, 00, 1– 17. https://doi.org/10.1111/1477-9552.12462

and 2018/19, a significant public health impact made possible by the regulatory nature of the policy.[6]

The SDIL can be considered as a mandatory reformulation measure, as it was structured to ensure that sugar reduction was incentivised as companies could reduce sugar levels in drinks to avoid paying the levy. Given poor progress with voluntary reformulation programmes in the UK, mandated programmes should now be considered, building on the example set by the SDIL and global momentum.

Our view of government action to date

- The Public Health Responsibility Deal (RD): Launched in 2012, the RD was a public-private partnership involving voluntary pledges between industry and government with the aim of improving public health. An independent evaluation found that while a pledge to reformulate food and drink products was commonly listed in industry partner's plans, very few actively implemented this pledge. The claims made about sugar reduction could not be substantiated by the companies' own self-reported data and sales of sugary products actually increased by 11% in that period.[7]
- Soft drinks industry levy (SDIL): Implemented in April 2018, the SDIL applies a tiered tax on soft drinks with 5g or more of sugar per 100ml. By February 2019, only 15% of soft drinks were liable for the levy, compared to 52% before its announcement in 2015.[8] The average sugar content in soft drinks fell by 29%,[9] which it is estimated will result in 74,000 fewer children and teenagers living with overweight and 36,000 fewer children and teenagers living with obesity per year over the next 10 years.[10]
  The regulatory nature of the levy has been highly effective in incentivising reformulation and should be used as a template for further reformulation policy.
- Sugar reduction programme: a voluntary sugar reduction target of a 20% reduction in sales-weighted averages of sugar by 2020 (from a baseline of 2015) across nine categories – but to date this has led to just a 3% reduction overall, with some categories such as cereal and yoghurts making good progress, while others such as confectionery and puddings making minimal progress and even seeing increases in sales-weighted averages. There has been better progress in milk based drinks, which are due to be included in the SDIL if sugar reduction targets are not met by 2021.
  This programme has failed to incentivise effective sugar reduction, largely due to its lack of regulatory levers. The use of specific, time-bound commitment to extend the SDIL to milk-based

[6] Charlton KE, Corso B, Ware L, Schutte AE, Wepener L, Minicuci N, Naidoo N, Kowal P. Effect of South Africa's interim mandatory salt reduction programme on urinary sodium excretion and blood pressure. Prev Med Rep. 2021 Jun 29;23:101469. doi: 10.1016/j.pmedr.2021.101469. PMID: 34381665; PMCID: PMC8333157.

[7] Durand MA, Petticrew M, Goulding L et al (2015). An evaluation of the Public Health Responsibility Deal: informants' experiences and views of the development, implementation and achievements of a pledge based, public-private partnership to improve population health in England. Health Policy 119 (11);1506 –14.

[8] P Scarborough et al. 2020 'Impact of the announcement and implementation of the UK Soft Drinks Industry Levy on sugar content, price, product size and number of available soft drinks in the UK, 2015–19: a controlled interrupted time series analysis' PLoS Medicine https://doi. org/10.1371/journal.pmed.1003025

[9] ibid

[10] L. Cobiac et al. 2021 'Impact of the Soft Drink Industry Levy on health and health inequalities of children and adolescents in England' prepublication

drinks if sugar reduction targets are not met appears to be an effective incentive for reformulation.

- Calorie reduction programme: running from 2020 to 2024, voluntary targets ranging from 5-20% have been set to reduce calories in the foods that contribute the most to excess calorie intakes. The first progress report is due in 2022.
  We consider this unlikely to lead to sufficient reformulation by industry, due to the voluntary nature of the programme and lack of industry buy-in.
- Salt reduction programme: following the success of the original programme, progress has stalled. Updated voluntary targets were published in 2020 with the ambition to further reduce population salt intakes to 7g per day. The next progress report is due in 2022.
  We consider this unlikely to lead to sufficient reformulation by industry, due to the voluntary nature of the programme and lack of industry buy-in.
- Commercial baby and infant food – no action taken since a consultation on voluntary sugar and salt targets in 2019.

<u>Our recommendations</u>

Voluntary action by the food industry has failed to achieve significant reformulation. Further government action is needed to incentivise reformulation, building on the success of the Soft Drinks Industry Levy.

- The Government should commit to comprehensive reformulation programmes, across sugar, salt and excess calories and introduce incentives to ensure progress. Reformulation programmes must effectively incentivise further reformulation of processed food and be backed by regulation, such as a fiscal lever or duty to be paid by food and drink manufacturers who don't make their products healthier. The measures introduced should be backed by evidence to ensure positive outcomes on individual consumption and population health.
  - The sugar and salt levy proposed by the National Food Strategy would be one way to incentivise significant reformulation. This could lead to an estimated 4–10g reduction in sugar consumption per day, equivalent to a cut of between 1–3.6kg of sugar annually.
- Reporting and monitoring of reformulation should be independently conducted, mandatory and available for scrutiny. We do not support a move to increased food industry self-reporting.
- The voluntary calorie reduction programme should be replaced by a mandatory programme if the first progress report does not show significant progress across the board (at least 25% towards meeting the target).
- The Government should publish targets for commercial baby and infant food reformulation that align with WHO guidelines and set out plans for mandating targets if sufficient progress is not met.
- The Government should lower the threshold of the soft drinks industry levy to 4.5g of sugar per 100g and progressively uprate the overall rate to incentivise further reformulation.
- Revenue raised by fiscal levers to incentivise reformulation should be reinvested in programmes to support access to healthy food.
- Reformulation policy should be part of a comprehensive healthy weight strategy for government, with coordinated policies to address the drivers of obesity including access and availability of food, and marketing.

For more information please contact: Caroline Cerny, caroline.cerny@obesityhealthalliance.org.uk