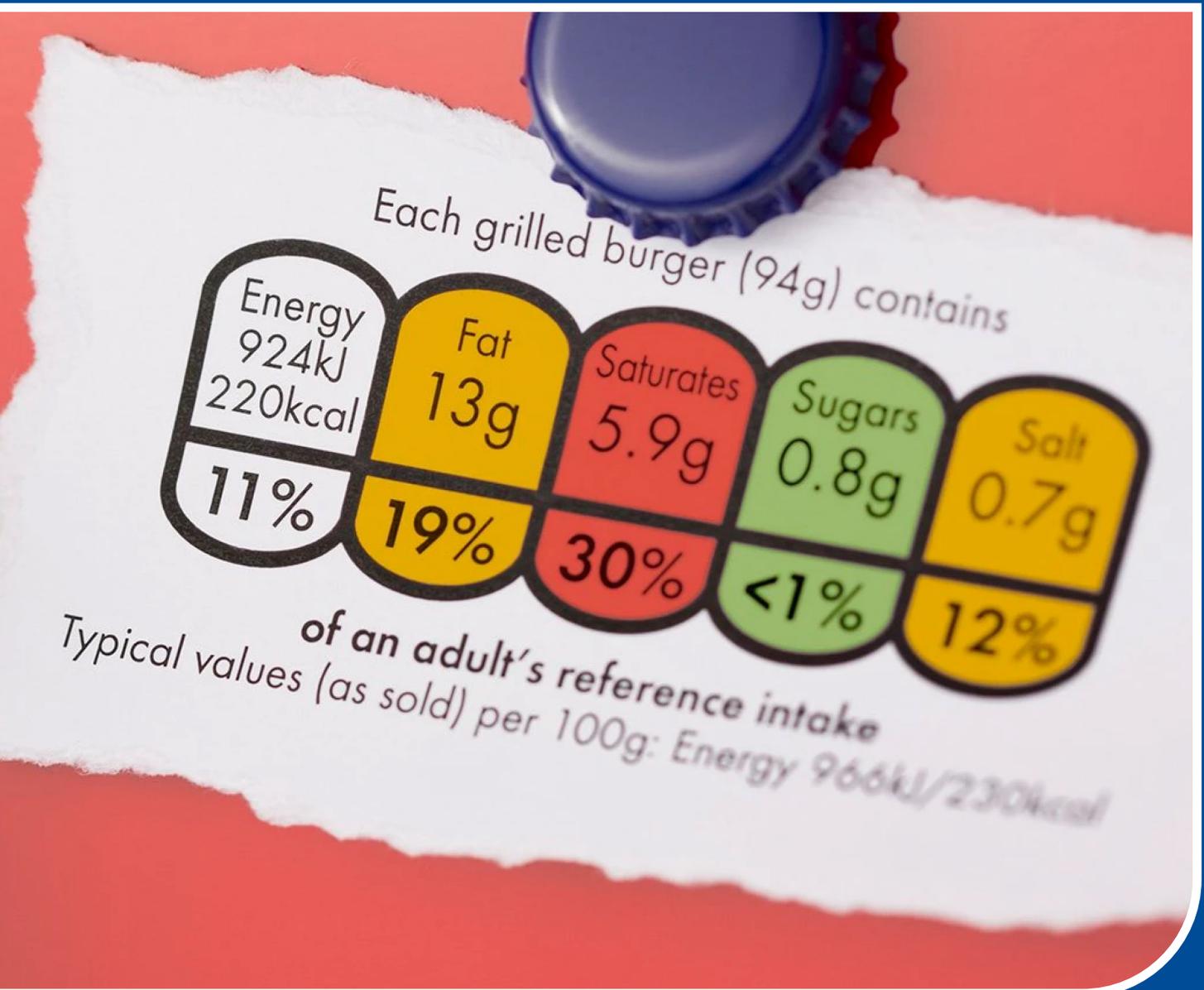


The Potential of a Front-of-Package Labeling System for Qatar

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TABLE OF CONTENTS

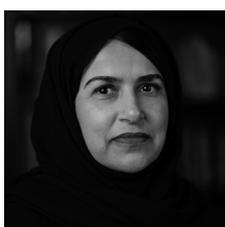
FOREWORD	04
BACKGROUND: BURDEN OF DIET-RELATED NON-COMMUNICABLE DISEASES IN THE EASTERN MEDITERRANEAN REGION	05
SECTION 1: OVERVIEW OF FRONT-OF-PACKAGE LABELING SCHEMES	06
SECTION 2: QATAR'S ADOPTION OF FRONT-OF-PACKAGE LABELING: OPPORTUNITIES, RISKS AND CHALLENGES	10
SECTION 3: CONCLUSIONS AND RECOMMENDATIONS	14
ACKNOWLEDGMENTS	15
REFERENCES	16

FOREWORD

The World Health Organization (WHO) estimates that non-communicable diseases (NCDs) kill more than 40 million people each year. Data shows that, in 2019, 74 percent of global deaths were due to NCDs. Unhealthy diets are one of the main causes of overweight and obesity, contributing to the risk of diet-related NCDs. The increase in the consumption of food products with high caloric values, and low to no nutritional value is concerning.

Globalization has facilitated near-universal access to unhealthy food products, shifting traditional dietary patterns to increased consumption of processed and ultra-processed foods and beverages. Brand recognition, widespread availability, low cost, and advertising and marketing strategies drive the increase in consumption of energy-dense and nutrient-poor foods across the global population. In many instances, consumers are left with confusing information on a product's sugar, sodium, or fat content – putting them at higher risk of making uninformed choices that lead to overweight, obesity, and diet-related NCDs.¹

The situation constitutes a grave public health problem, with a serious impact on the enjoyment of multiple human rights. Likewise, the NCD epidemic directly burdens health systems that must deal with the treatment and care of these diseases, posing a high economic toll on countries. Therefore, states must adopt measures to prevent the NCD epidemic, as well as mitigate their adverse impacts through addressing unhealthy diets, physical inactivity, alcohol consumption, and tobacco use. In this context, front-of-package labeling (FOPL) – food labels that provide easy-to-understand information on nutrition – stands out among the priority measures to tackle the consumption of unhealthy diets and protect human rights by enabling healthy food environments that encourage healthy diets.



A handwritten signature in black ink, appearing to read 'N. Afdhal', with a stylized flourish at the end.

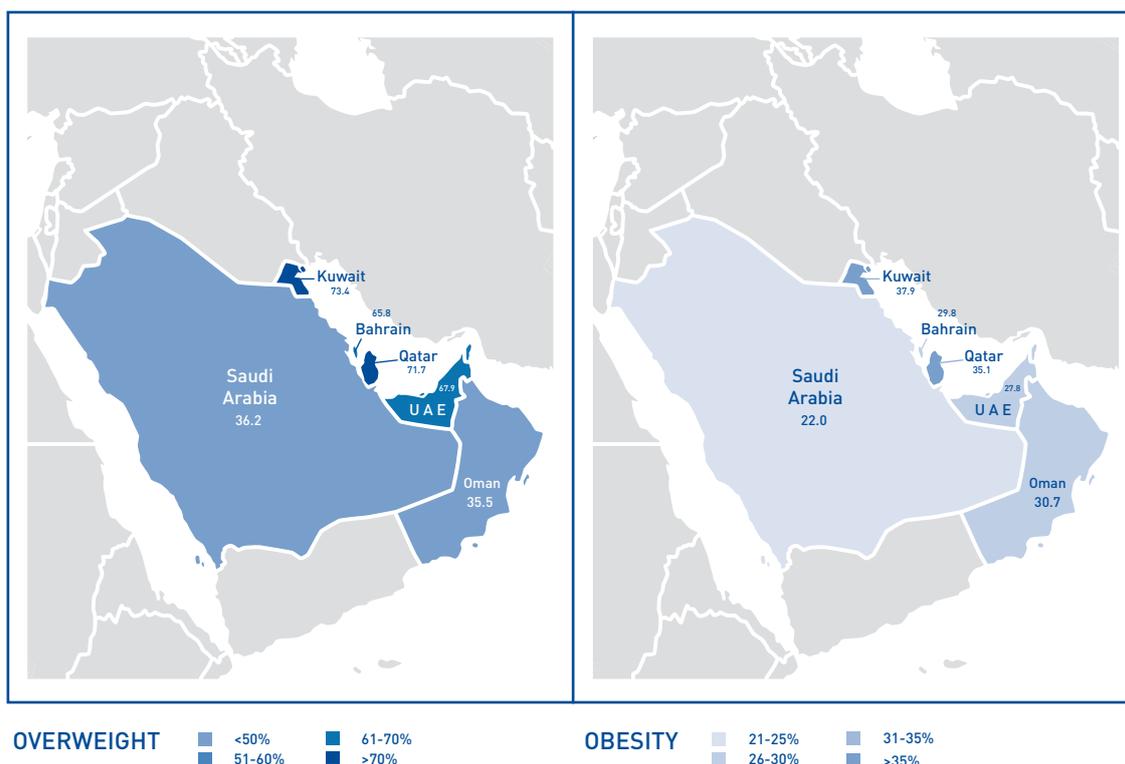
N Sultana Afdhal

Chief Executive Officer
World Innovation Summit
for Health (WISH)

BACKGROUND: BURDEN OF DIET-RELATED NON-COMMUNICABLE DISEASES IN THE EASTERN MEDITERRANEAN REGION

The Eastern Mediterranean Region has a high prevalence of non-communicable diseases (NCDs) and associated risk factors, resulting in substantial direct and indirect costs. NCDs account for more than 2.2 million deaths annually,^{2,3} and are projected to increase to more than 3.8 million by 2030.⁴ Further, 20 percent of the region's deaths due to NCDs can be directly attributed to unhealthy diets.⁵ Half of the Gulf Cooperation Council (GCC) statesⁱⁱ have obesity rates of 30 percent or above, and rates of overweight are even higher (see Figure 1).⁶ Qatar is no exception. NCDs have been the leading cause of death in Qatar. Most Qataris are overweight (71.7 percent), with over 35 percent being obese.⁷ The region has six of the ten countries in the world with the highest diabetes prevalence, with 16.3 percent for Qatar.⁸

Figure 1. Prevalence of overweight and obesity GCC countries, 2020



Source: WHO (2022)⁹

ⁱThe WHO Regional Office for the Eastern Mediterranean serves 22 countries and territories in the Middle East, North Africa, the Horn of Africa and Central Asia.

ⁱⁱBahrain, Kuwait, Oman, Saudi Arabia, Qatar, United Arab Emirates (UAE)

NCDs impose a substantial toll in GCC countries. The total direct and indirect costs (healthcare costs, and lowered life expectancy, disability, and diminished contribution to the economy) associated with NCDs amounted to \$36.2 billion for the GCC region, which was 1.5 times the official amount for healthcare spending.^{10,11} The estimated impact of NCDs on workforce productivity is even higher: annual absenteeism represents a cost \$15.3 billion (0.5 percent of GDP), and the cost of presenteeismⁱⁱⁱ is at \$65.3 billion (2.2 percent of GDP). Other indirect costs include “premature mortality, reduced labor force participation, care provided by family and friends, and intangible costs such as pain and suffering”.¹²

In Qatar specifically, diet-related NCDs can be attributed to sedentary lifestyles, due in part to extreme heat as well as diet.¹³ In addition to traditional Qatari cuisine, which incorporates high-fat ingredients and refined carbohydrates, the proliferation of fast-food chains has contributed to unhealthy eating habits.¹⁴ The World Health Organization (WHO) has stated that the top priority for Qatar is to establish “a sustained mechanism for eliminating the noncommunicable diseases risk factors through policies such as reduction of consumption of salt, sugar and trans-fat acid in food, smoking habit and increasing access to sport facilities.”¹⁵ Front-of-package labeling (FOPL) strategies can help to achieve this goal.

SECTION 1: OVERVIEW OF FRONT-OF-PACKAGE LABELING SCHEMES

Governmental interventions mandating front-of-package labeling (FOPL) have proven effective in enabling consumers to make healthier choices and discouraging consumption of unhealthy diets. Despite the recognition of FOPL as a powerful tool to promote public health and human rights in response to the growing NCD epidemic, there does not yet exist a universally accepted FOPL system.

Governments have employed a range of voluntary or mandatory FOPL schemes, as detailed in Figure 2.

ⁱⁱⁱ ‘Presenteeism’ is when workers who are ill come to work, perform at suboptimal levels, and risk spreading infection to other workers.

Figure 2. Common types of FOPL systems

Type	Characteristics	Example(s)
Endorsement logos	<ul style="list-style-type: none"> Nutrient levels combined to give an overall assessment of absolute healthfulness Positive evaluative judgements only (on better-for-you foods) Products are eligible to carry the endorsement symbol only if a nutrition standard is met Nutrient cut-off points binary (i.e. if a product meets the standard it can carry the label) 	 Keyhole  Choices
Nutrient-specific interpretive labels	<ul style="list-style-type: none"> Information on individual nutrients kept separate Both positive and negative evaluative judgements (graded directive assessment of nutrients) Nutrient cut-off points graded (e.g. high, medium and low) 	 Multiple traffic light system
Nutrient-specific warning labels	<ul style="list-style-type: none"> Information on individual nutrients kept separate Products that exceed a nutrition standard identified (negative judgements of worse-for-you foods) Nutrient cut-off points binary (i.e. if a product exceeds the threshold, it must carry the label) 	 Chilean warning label
Summary indicator systems	<ul style="list-style-type: none"> Nutrient levels combined to give an overall assessment of relative healthfulness Both positive and negative evaluative judgements (graded directive assessment of food overall) Can appear on all eligible products Nutrient cut-off points graded (e.g. high, medium, low) 	 Health Star Rating  Nutri - Score

Source: Adapted from WHO Regional Office for Europe (2020)¹⁶

Comparative scientific studies have shown nutrient-specific *warning* labeling to be the most effective system for consumers to clearly understand and identify unhealthy products and allow them to make healthier decisions. In contrast, other systems have been found less effective. Endorsement systems, which provide a limited amount of information about a positive attribute of a product, have proven inadequate at informing consumers about a product's healthfulness.¹⁷ Informative systems, such as Daily Guideline Amounts, provide a truncated version of the nutritional facts on the front of the package.¹⁸ These systems have confused consumers – especially vulnerable populations that may lack the required reading and comprehension skills – and have had little impact on consumer decisions. Summary indicator systems, which score products for overall healthfulness, have been found easy to comprehend but insufficient to inform consumers about the content of critical nutrients.¹⁹ Nutrient-specific color-coded systems (traffic-light systems) have similarly demonstrated minimal effect in informing consumer decisions, especially when compared to warning label systems.²⁰

Front-of-package *warning* labeling (FOPWL) schemes on products with excessive critical nutrients (for example, Argentina, Colombia, Chile, Mexico, Israel, Peru, and Uruguay) are particularly effective at informing consumer decisions. Warning labels inform consumers by placing a 'HIGH IN' or 'EXCESS' warning/stop sign for every critical nutrient that exceeds the accepted threshold.²¹ Warning labels' design represents a superior option for capturing consumers' attention, being easy to understand among various populations, thus changing consumption patterns. Just one month after Uruguay mandated warning labels, 77 percent of consumers reported they had noticed the warning labels when making food purchases, and 58 percent reported modifying their purchasing decisions after seeing the warning.²² In Chile, FOPWL led to a decrease of nearly 24 percent in the purchase of sugar-sweetened beverages in the years following implementation. According to Chile's Ministry of Health evaluations, more than 90 percent of people surveyed reported that the labels were comprehensible, and 68 percent reported using the labels to change their consumption habits.²³

FOPL approaches in the Eastern Mediterranean Region

Eastern Mediterranean Region countries have introduced FOPL schemes as part of a broader public health strategy to promote healthy diets.²⁴ This strategy also includes salt reduction initiatives,²⁵ sugar taxes,^{26,27} regulatory limits on trans-fatty acids,^{28,29,30} healthy school lunch strategies,³¹ and government-led public health campaigns to reduce diet-related NCDs.³² Ten Eastern Mediterranean Region countries have policies relating to trans-fatty acids, and are adding regulatory or legislative reinforcement to those policies. By 2019, 13 countries had partially implemented salt reduction policies, four countries had adopted policies related to food marketing toward children,³³ and eight countries had introduced sugar taxes.³⁴

A number of FOPL schemes have been implemented or are under development in the Eastern Mediterranean (as shown in Figure 3).

Figure 3. FOPL schemes in the Eastern Mediterranean Region

Country	Description of scheme(s)	Date introduced
 Islamic Republic of Iran	Nutrient-specific traffic light labeling covering energy, sugars, total fat, trans fats, and salt	2014
 Kingdom of Saudi Arabia	Nutrient-specific traffic light labeling covering fat, saturated fat, total sugars, and salt	2018
 Morocco	Multiple summary indicator systems, including Nutri-Score, are under consideration	Under development
 Tunisia	Endorsement logo includes a tick for healthy food choices	Under development
 United Arab Emirates	<ul style="list-style-type: none"> • Endorsement logo on foods/ dishes or meals that meet certain nutritional (voluntary) • Nutrient-specific traffic light labeling covering fat, saturated fat, sugars, and salt 	<ul style="list-style-type: none"> • 2014 • 2020

Source: Jawaldeh et al. (2020)³⁵

Saudi Arabia adopted the traffic light system and thresholds for fat, saturated fat, total sugars, and salt. The back-of-pack nutrition mandates also include requirements to declare added sugars.³⁶ The system was initially introduced as voluntary but may become mandatory in the future.³⁷

The UAE introduced an FOPL traffic light system for fats, sugars, and salt on prepackaged foods as part of its National Program for Happiness and Wellbeing.^{38,39} The Moroccan National Nutrition Program and Action Plan 2019–2029 for reducing consumption of salt, sugar, and fat also considered the adoption of FOPL to describe the overall nutritional quality of foods,⁴⁰ and legislation is now in development for implementation of the NutriScore system.⁴¹ In Tunisia, a front-of-pack health logo was implemented to help consumers identify healthier food choices.⁴² Currently, there are no FOPWL systems in the Eastern Mediterranean Region.

SECTION 2: QATAR'S ADOPTION OF FRONT-OF-PACKAGE LABELING: OPPORTUNITIES, RISKS AND CHALLENGES

Opportunities

Considering that obesity, overweight and diet-related non-communicable diseases (NCDs) constitute an epidemic that impacts the enjoyment of several rights, such as the right to health, adequate food, and information, Qatar must take adequate measures to respect, protect and guarantee those rights. Among immediate obligations, states must “[a]dopt measures to prevent, treat and control epidemic diseases” and “provid[e] access to information concerning the main health problems in the community, including methods of preventing and controlling them”.⁴³

International experts have agreed that the international human rights framework requires states to take measures in all areas of policy formulation to alleviate the burden of diet-related NCDs. This includes accurate nutritional information being available to promote healthy choices. Particularly, the former United Nations Special Rapporteur on the right to health, Dr Dainius Pūras, stated that front-of-package warning labeling (FOPWL) “is in line with States’ obligation to protect the right to health because food that is not labeled may be harmful as it prevents consumers from making healthy and informed choices”.⁴⁴

The right to adequate food also becomes relevant in the decision to adopt an FOPWL system, given that the effective enjoyment of this right requires a healthy, sufficient and sustainable diets. The right to adequate food goes beyond the mere lack of hunger; it encompasses the availability and accessibility of food in sufficient quantity and quality to satisfy the dietary needs of individuals in a way that is respectful of the enjoyment of other human rights.

The obligations arising from the rights to health, information and adequate food require the adoption of measures to promote healthy diets, through the direct regulation of the activities of the food and beverage industry, which are directly involved in the diet-related NCDs epidemic. The human rights framework requires prioritizing the adoption of measures that make it easier for people to make healthy decisions and by discouraging the consumption of products that contribute to the development of such diseases. Consequently, adopting an FOPWL scheme would allow Qatar to fulfill its human rights obligations.

Qatar's stringent enforcement arm provides an additional opportunity to ensure effective implementation of the system. The current legal framework allows municipal inspectors to randomly check food products in wholesale and retail markets. The consequences are expensive for the importer when there is a discrepancy. Because more than 80 percent of food supplies in Qatar are imported, the Ministry of Public Health established a food importer guideline to ensure the entry of suitable food supplies to the nation.⁴⁵ But the regulations do not go far enough to incorporate FOPWL, despite the adoption of a 2018 Regional Framework on Obesity Prevention, which recommended implementation of front-of-package labeling (FOPL) for all pre-packaged foods,⁴⁶ or the influence of Gulf Cooperation Council (GCC) neighbors who have adopted FOPL schemes. These precedents would facilitate the implementation of a law establishing a FOPWL system, as the infrastructure needed to monitor and enforce compliance is already in place.

Risks and challenges

The adoption of an FOPL system in Qatar will likely meet resistance from the industry. Usually, industry challenges are based on international trade and investment law arguments.^{47,iv} However, Qatar is likely to succeed in the adoption and implementation of an FOPL scheme. Most of the challenges that the industry has traditionally raised are either ill-founded or the caselaw^v does not support them.⁴⁸ Although trade challenges have been raised against other countries' FOPL schemes, to date only one such trade challenge has amounted to an actual trade dispute.

The World Trade Organization (WTO) recognizes states' right to legislate and take measures they deem necessary to protect the health and life of their citizens. States have the power to adopt measures that represent a higher level of health protection than that which would be achieved with the sole application of trade agreements. The exercise of this power recognizes that the right to life and health are more important than protecting trade rights. The international trade dispute resolution system has established that trade obligations must be compatible with national public health policies, and recognized the prevalence of the latter over commercial agreements.⁴⁹

The adoption of measures that establish special requirements for the labeling of unhealthy products does not constitute a barrier to trade. Under certain circumstances, a technical regulation may impose costs, and this may limit the opportunities available for imported products. However,

^{iv} The main arguments that would likely be raised against a Qatari FOPL scheme under the WTO Technical Barriers to Trade Agreement are that an FOPL scheme: (i) is not health-related; (ii) is more trade restrictive than necessary, while other less-restrictive measures have not been adequately considered; and (iii) is discriminatory and protectionist. These three arguments are likely to be the main ones raised under the WTO Agreement on the Application of Sanitary and Phytosanitary Measures. Others include: (i) that the FOPL scheme is not in line with Codex or any other international standard; and (ii) that FOPL could arouse fear in consumers, which is prohibited by Codex.

^v Caselaw can be defined as the precedent that is set from previous legal cases that were heard judicially.

the existence of a cost connected to compliance with a technical regulation is not sufficient to demonstrate that it restricts trade.

Nations enjoy broad powers to adopt measures to facilitate access to adequate information in relation to products that are harmful to health. This criterion could well be applied to unhealthy foods and beverages under the extensive international scientific evidence that links them with the development of NCDs. Qatar is currently implementing the following national projects:⁵⁰

- 1. Food and Beverage Guidelines for Cafeterias and Vending Machines:** The Food and Beverage Guidelines Evaluation Tool is administered in all hospitals and workplaces that are implementing the guidelines, and an annual report is written based on the findings.
- 2. School Canteen Guidelines:** The role of the Health Promotion and NCD Section of the Public Health Department at the Ministry of Public Health is to monitor the implementation of these guidelines and to inspect the nutritional content of new food and beverage products that will potentially be supplied within the school canteens.
- 3. Food and Beverage Labeling at Restaurants and Coffee Shops:** Monitoring is the sole responsibility of the Ministry of Commerce and Industry of the State of Qatar.
- 4. Initiative to reduce fat, sugar and salt consumption in Qatar:** The Health Promotion and NCD Section of the Public Health Department at the Ministry of Public Health is in direct contact with the food industry regarding updates on reformulation of their products.

At the regional level, within the framework of the GCC, the adoption of a Qatari FOPL scheme cannot be considered an obstacle to trade. Yet Qatar should expect and anticipate resistance to FOPL legislation at all stages of development. Industry resistance and opposition may take the form of outright rejection of the law and/or its purpose; arguments that legislation is too broad, unfair or unlawful; and arguments that the law is not capable of achieving its stated objectives, or is flawed in some material way. Industry may suggest that they can self-regulate, and that government mandates will add to their costs, which must be passed on to the consumers. Opposition may also take more subtle forms, such as through industry-backed draft sections to the law or industry-backed civil society organizations coming out against the law. Industry may also seek or threaten litigation of the issue before a tribunal, and call to question the legality of the legislation and/or the authority to promulgate it.

The food and beverage industry has strongly opposed FOPL systems. Their arguments for not implementing FOPL include the negative impacts on trade; high implementation costs; and that it is the consumer's responsibility to make educated consumption decisions.⁵¹ Qatar should consider that industry efforts to delay or stop a regulatory measure will require an enormous amount of time, resources, and political will to overcome well-funded and co-ordinated industry opposition tactics. Furthermore, it takes a robust legal scheme to enforce FOPL requirements once adopted. The food and beverage industry's success in dismantling aspects of FOPL could diminish the effectiveness of labeling in yielding healthier consumer decisions. However, several countries have demonstrated that overcoming industry opposition is possible and worthwhile for supporting the right to health through informed consumer decisions.

SECTION 3: CONCLUSIONS AND RECOMMENDATIONS

Qatar can learn from global, regional and Gulf Cooperation Council (GCC) experiences, and supplement its existing regulation to adopt a front-of-package labeling (FOPL) system, dismantle targeted and misleading marketing tactics, and protect the human right to health.

Qatar should take effective measures to tackle diet-related non-communicable diseases (NCDs), and prevent food and beverage industry actions aimed at influencing decision-making processes. To protect the health and rights of their citizens, Qatar should address widespread exposure to unhealthy food products, and take legislative action to adopt an FOPL scheme to discourage the consumption of harmful foods and beverages, ultimately reducing the prevalence of diet-related NCDs.

An effective FOPL framework should

- clearly state the scope, aim, and public health objectives in the context of the law;
- provide evidence showing that this intervention will achieve the law's purpose. This will be useful to diffuse potential litigation and prevent the law's misuse and/or misinterpretation and misapplication;
- be transparent and free from conflicts of interest, with a government-led development process to ensure independence and maximize credibility. The process requires engagement with industry, consumers and other stakeholders, but governmental processes should incorporate robust safeguards from conflicts of interest;
- designate and authorize an appropriate government agency or body to implement, monitor, report on, and enforce the law. This is necessary to ensure that the designated authority is empowered to efficiently implement the law and can be held accountable for that implementation as well as subsequent monitoring and enforcement;
- allocate sufficient financial, structural, governance, human resources, and capacity to the designated authority to ensure successful implementation;
- clearly state the penalties, sanctions, and any other consequences for infractions, including what punitive measures may be taken if a breach occurs. This may serve to deter breaches. Investigations and any adjudication proceedings should be publicly disclosed, as fear of such 'bad publicity' is itself a strong deterrent for many industry members.

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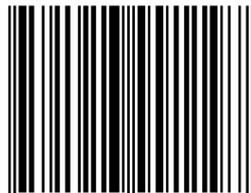
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