

## Building Momentum evidence table: effects of implemented FOPL systems

Summary of what is known to date (last updated: 20/02/2020)

### Nutrient-specific front-of-pack labelling (FOPL) systems

Label	Country	Effects of implemented FOPL
Warning label	Chile	<p>In Chile, six-months post implementation, public support for the warning label was strong, it was affecting purchasing behaviour and having a positive impact on product reformulation.<sup>1</sup> Long-term evaluations of the warning label are underway to understand the health impacts.<sup>2</sup></p> <p>One-year post implementation focus groups of mothers of young children from Santiago, Chile, showed that the new regulations and FOPL scheme were well understood as a means to reduce childhood obesity. Mothers recognised that products were less healthy when they contained a greater number of warning labels, compared to those that had less labels.<sup>3</sup></p> <p>Chile has an enforcement system in place with sanctions for non-compliance.<sup>4</sup> Of the more than 3000 inspections conducted in the first year post-implementation, 71% were fully compliant with the Law, and 42.6% of non-compliant inspections were related to the implementation of the warning label. Evaluations of the FOPL are also being conducted by the academic sector to assess attitudes and perceptions of the label and its effect on purchases and consumption, which is being supported by the IDRC, Bloomberg Philanthropies and the University of North Carolina.<sup>5</sup></p>

		Purchases of high-in beverages significantly declined following implementation of Chile’s Law of Food Labeling and Advertising; these reductions were larger than those observed from single, standalone policies, including sugar-sweetened-beverage taxes previously implemented in Latin America. The study found that the purchase volume of high-in beverages decreased by 22.8 mL per capita per day or 23.7% after the regulation was implemented. <sup>6</sup>
Traffic light label	Ecuador	In Ecuador, one-year post implementation, the traffic light label was widely recognized and understood by consumers and thought to provide useful and important information. Research also found that people consumed fewer products with ‘high’ labels and chose more often products with ‘medium’ and ‘low’ labels. <sup>7,8</sup>
	UK	A 2009 study investigated sales data from a UK retailer in 2007 for a small sample of food products in two categories ‘ready meals’ and sandwiches. The study investigated the percentage change in sales four weeks before and after traffic light labels were introduced by the retailer. For the selected ready-meals, sales of the products displaying the label increased (by 2.4% of category sales) in the four weeks after the introduction of traffic-light labels, whereas sales of the selected sandwiches did not change significantly. The study found that there was no association between changes in product sales and the healthiness of the products. This short-term study based on a small number of ready meals and sandwiches found that the introduction of a system of four traffic-light labels had no discernable effect on the relative healthiness of consumer purchases. <sup>9</sup>

### Summary indicator FOPL systems

Label	Country	Effects of implemented FOPL
Choices Label	Netherlands	In the Netherlands, the Choices Logo resulted in the reformulation of existing products and the development of new products with a healthier product composition. Soups were most frequently reformulated in order to carry the logo and new product development was highest in the snack category. Sodium was the nutrient reformulated in the most product groups and dietary fibre was significantly higher in new products, compared to reference products in categories. <sup>10</sup>

		The Choices Logo was withdrawn in 2016 from the Netherlands and ended in 2018.
Health Star Rating System	Australia	<p>In Australia, three years post-implementation, the Health Star Rating (HSR) system appeared on 28 per cent of eligible products. 76.4 per cent of products that displayed the HSR had <math>\geq 3.0</math> stars displayed. Uptake was highest on convenience foods (44%), cereals (36.7%), and fruit and vegetable products (35.9%). More than 100 manufacturers were using the system, but three retailers were responsible for 54% of the uptake.<sup>11</sup></p> <p>A 2019 study found awareness and trust in HSR was increasing, though campaign reach remained low. Consumers liked, could understand and use the HSR logo, though effects on purchasing were largely unknown. HSR was present on 20–28% of products but biased to those that scored better (HSR<math>\geq 3.0</math>). Necessary stakeholders were mostly engaged. The research found that a substantial body of work supports continuation and strengthening of HSR. Reasonable refinements to HSR's star graphic and algorithm, action to initiate mandatory implementation, and strengthened HSR governance present the clearest opportunities for improving public health impact.<sup>12</sup></p> <p>Australia and New Zealand undertook a five year review of the Health Star Rating System.<sup>13</sup></p>
	New Zealand	In New Zealand, four years post-implementation, the HSR system had a 20.9 per cent uptake level.(28) Reformulation of products that did display the HSR was greater than that of non-HSR-labelled products of the same period (for example: energy reduction, sodium content). <sup>14</sup>
Healthier Choice Symbol	Singapore	In Singapore, by 2013 3,000 products displayed the Healthier Choice Symbol (HCS) across 75 product categories. Sales of products displaying the HCS were increasing by 5 per cent each year. Consumption of HCS products has been associated with better diet quality. Data from a Two-Day Dietary Study by Singapore's Health Promotion Board in 2010 showed that individuals who consumed HCS products were half as likely to exceed the recommended intake of saturated fat (OR = 0.55; 95% CI = 0.34–0.89) and more than twice as likely to meet dietary recommendations for calcium (OR = 2.54; 95% CI = 1.21–

		5.34) than individuals who did not consume any HCS products, after controlling for age, gender, ethnicity, education level, monthly household income group and energy intake. <sup>15</sup>
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## How to cite this table

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<sup>1</sup> Ministerio de Salud, Gobierno de Chile. (2017). Informe de evaluacion de la implementacion de la ley sobre composicion nutricional de los alimentos y su publicidad. Available from: <https://www.minsal.cl/wp-content/uploads/2017/05/Informe-evaluación-implementación-Ley-20606-Enero-2017.pdf>

<sup>2</sup> Food and Agriculture Organization of the United Nations, Pan American Health Organization. (2017). *Approval of a new food act in Chile: Process Summary*. Santiago, Rome, Italy.

<sup>3</sup> Correa T et al. (2019). Responses to the Chilean law of food labelling and advertising: exploring knowledge, perceptions and behaviours of mothers of young children. *International Journal of Behavioural Nutrition and Physical Activity* 16(21), 1-10.

<sup>4</sup> Food and Agriculture Organization of the United Nations, Pan American Health Organization. (2017). *Approval of a new food act in Chile: Process Summary*. Santiago, Rome, Italy.

<sup>5</sup> Ministerio de Salud, Gobierno de Chile. (2017). Informe de evaluacion de la implementacion de la ley sobre composicion nutricional de los alimentos y su publicidad. Available from: <https://www.minsal.cl/wp-content/uploads/2017/05/Informe-evaluación-implementación-Ley-20606-Enero-2017.pdf>

<sup>6</sup> Taillie LS, Reyes M, Colchero A, Popkin B, Corvalán C (2020) An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before and-after study. *PLoS Med* 17(2): e1003015. <https://doi.org/10.1371/journal.pmed.1003015>

<sup>7</sup> Díaz A, Veliz P, Rivas-Mariño G, Vance C, Martínez L, Vaca C. Etiquetado de alimentos en Ecuador: implementación, resultados y acciones pendientes. *Rev Panam Salud Publica Pan Am J Public Heal* 2017;41:e54.

<sup>8</sup> Freire WB, Waters WF, Rivas-Mariño G, Nguyen T, & Rivas P (2017) A qualitative study of consumer perceptions and use of traffic light food labelling in Ecuador. *Public health nutrition*, 20(5), 805-813

<sup>9</sup> Sacks G, Rayner M, Swinburn B. (2009) Impact of front-of-pack 'traffic-light' nutrition labelling on consumer food purchases in the UK. *Health Promotion International* 24(4), 344-352

<sup>10</sup> Vyth EL, Steenhuis IHM, Roodenburg AJC, Brug J, Seidell JC. (2010). Front-of-pack nutrition label stimulates healthier product development: a quantitative analysis. *International Journal of Behavioral Nutrition and Physical Activity* 7(65).

<sup>11</sup> Jones A, Shahid M, Neal, B (2018) Uptake of Australia's Health Star Rating System. *Nutrients* 10(8): 997.

<sup>12</sup> Jones A, Thow AM, Mhurchu CN, Sacks G, Neal B (2019) The performance and potential of the Australasian Health Star Rating system: a four-year review using the RE-AIM framework. *Australian and New Zealand Journal of Public Health* 43(4): 355-365.

<sup>13</sup> MP Consulting (2019) Health Star Rating System Five Year Review Report – May 2019.

<sup>14</sup> Mhurchu CN, Eyles H, Choi YH (2017) Effects of a voluntary front-of-pack nutrition labelling system on packaged food reformulation: The Health Star Rating system in New Zealand. *Nutrients* 9(8):918.

<sup>15</sup> Foo, L. L., Vijaya, K., Sloan, R. A., & Ling, A. (2013). Obesity prevention and management: Singapore's experience. *Obesity Reviews*, 14, 106-113.