

WARNING AGAINST HARM

Lessons and recommendations to advance labelling policy across risk factors for noncommunicable diseases



Table of contents

Executive summary	4
Introduction	
The importance of labelling policy across NCD risk factors	8
Large pictorial health warnings on tobacco products	12
Front-of-package nutrition labelling through warning labels on HFSS foods	16
Alcohol labelling including health warning labels	24
Recommendations on labelling policy across NCD risk factors	28
Recommendations for governments	29
Recommendations for NCD civil society	30
References	32

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Executive summary

Noncommunicable diseases (NCDs) are the leading drivers of ill health and death globally, despite many NCDs being preventable by reducing exposure to the major NCD risk factors – namely tobacco use, unhealthy diets and alcohol use, together with physical inactivity and air pollution. Labelling policies (including front-of-package labels and health warnings) across products directly linked to the main NCD risk factors are public health interventions recommended by the World Health Organization (WHO) to reduce their consumption and ultimately improve people’s health outcomes. However, as analysed in this paper, mandatory labels and health warnings on tobacco, alcohol and foods and non-alcoholic beverages that are ultra-processed and/or high in fat, sugar and/or salt (hereinafter, “HFSS foods”) are far from the norm in many countries.

The WHO Framework Convention on Tobacco Control (FCTC) has led to strong policy consensus and implementation of mandatory health warnings on tobacco products almost worldwide; and in this paper, we present tobacco labelling policy as a “global success”¹ (**green in policy development**). However, there has been a lack of prioritisation and consistent guidance on the most effective systems and policy design elements for front-of-package nutrition labelling (FOPNL) of foods and non-alcoholic beverages. In this paper, we present mandatory nutrient-specific warning labels based on the models implemented in Latin America as a policy intervention that needs further uptake globally to implement FOPNL with a focus on NCD prevention (**yellow in policy development**). Furthermore, although there are recent promising developments in alcohol labelling, worldwide this receives low prioritisation (including for comprehensive health warnings) despite the strong evidence that there is no safe level of alcohol use. Therefore, in this paper, we present alcohol labelling (including health warnings) as an area that requires more policy uptake (**red in policy development**).



When advocating, developing and implementing labelling policies, it is important to understand that the labelling of products that present health risks is required by international human rights law, as part of people's right to health, which includes the right to know. This means countries are obliged to provide appropriate information relating to health and nutrition, and to ensure third parties do not limit people's access to health-related information and services.

Based on lessons learnt from the tobacco control response, the paper also looks at design elements that labelling policies should consider when being developed, including around the content, position and presentation of labels. The front of a product package is the principal field of vision of a consumer at the point of sale, and placing easy-to-understand supplementary information (including health warnings) on a prominent location and ensuring the labels are highly visible (e.g., are large enough, have contrasting colours, use graphic elements) is recommended to optimise label effectiveness, and help identify the most effective messages that will encourage behaviour change for each product.

Labelling policies should be implemented as part of a comprehensive package of NCD prevention policies together with marketing restrictions, fiscal measures, and other population-wide policies across unhealthy products, reducing their availability, affordability and promotion, while promoting healthy literacy, and increasing access to healthy options in the case of food. Moreover, labelling and marketing policies on unhealthy products are strongly interlinked, and therefore, labelling policies should include relevant restrictions on health claims, packaging design (including through plain packaging for tobacco products) or other marketing strategies to ensure health-harming industries cannot leverage marketing opportunities to undermine labelling policies, also optimising the public health impact of combining labelling and marketing policies.

In regard to tobacco, food and alcohol labelling and health warnings, health-harming industry interference in both the development and implementation of labelling policies is a recurrent and often significant barrier to progress.

There is a lot that can be learnt from overcoming tobacco industry strategies – including scientific and narrative, legal, reputational management and marketing, and on-label tactics – in the development and implementation of tobacco health warnings to protect labelling policies across other NCD risk factors.

For instance, as we have seen with tobacco, and more increasingly food and alcohol industries, there is often a commitment from industry actors to implement some labelling elements on a voluntary basis and discourage countries from enforcing more ambitious and effective labelling policies. This demonstrates that governments should focus on implementing mandatory comprehensive approaches that cannot be implemented on a selective basis. Moreover, comprehensive labelling policies with specific design requirements can counter marketing and on-label tactics by industry actors, as analysed in the field of tobacco and nutrition labelling. Providing a clear mandate and guidance to the enforcement agencies in charge of monitoring the implementation of labelling policies is also essential to also ensure compliance.

The tobacco control response has demonstrated how legal challenges raised by industry can be overcome on public health grounds, and the possibilities to apply health exceptions and flexibilities in relevant trade agreements. The translation of FCTC Article 5.3 into national law or policies has been crucial for many countries to protect the development of tobacco control policies. Countries should aim to develop transparent and accessible government-led policymaking processes that include comprehensive conflict of interest policies, which encompass other industry sectors with vested interests (i.e., including alcohol and HFSS food industries). Moreover, the ever-growing body of evidence on the effectiveness of health warnings on unhealthy products, including on their impact on consumer knowledge about health risks, purchase intentions, sales evolution, and ultimately health outcomes, should be used as a tool to counter the scientific and narrative tactics of health-harming industries.

Based on these lessons learnt, this paper concludes with a call to action and policy recommendations for governments and civil society, which are summarised below.

CALL TO ACTION

We call on all countries to implement tobacco health warnings in line with FCTC; adopt mandatory nutrition-specific warning FOPNL to prevent diet-related NCDs, learning from the experience of countries such as Chile, Mexico and Argentina; and prioritise the implementation of alcohol labelling based on the lessons learnt from tobacco and nutritional labelling. We urge governments to commit by the 2025 UN High-Level Meeting on NCDs to implementing these three labelling policies.

RECOMMENDATIONS FOR GOVERNMENTS

1

Enact mandatory health warning policies on labelling across NCD risk factors, including tobacco, HFSS foods and alcohol.

2

Ensure the development and implementation of labelling policies are safeguarded against industry interference.

3

Engage stakeholders from all relevant sectors and institutions, identifying likely supporters and opponents.

4

Be comprehensive and specific on the design elements of health warnings and other implementation considerations for labelling policies. To optimise policy design, consider:

- a. Mapping regulations relevant to the labelling of products beyond public health-focused labelling policies.
- b. Performing consumer pre-marketing testing of health warnings and labels with support from the research community to define the most effective context-specific design considerations.
- c. Accompanying labelling policies with media campaigns and, depending on the national contexts, integrating education on labelling policies in school curricula.
- d. Including relevant restrictions on health claims, packaging design (including through plain packaging for tobacco products) or other marketing strategies.

5

Monitor implementation and facilitate the sharing of best practices among national enforcement bodies in charge of monitoring the labelling of tobacco, HFSS food and alcohol products.

6

Implement labelling policies as part of a comprehensive package of policies to reduce tobacco and alcohol use and promote healthy diets.

7

Fund research to increase the evidence base on the effectiveness of health warnings across NCD risk factors and the ongoing monitoring of labelling policies.

8

Support and contribute to the development of repositories and surveillance mechanisms for mandatory FOPNL and alcohol labelling policies, as we have seen for tobacco health warnings.

9

Request guidance from WHO and other relevant UN bodies on how to overcome trade challenges around labelling policies.

10

Report on countries' progress in implementing labelling policies as part of relevant accountability processes.

RECOMMENDATIONS FOR NCD CIVIL SOCIETY

1

Showcase examples of countries implementing and successfully complying with mandatory health warnings across tobacco, HFSS food and alcohol products.

2

Engage with the media to raise public (and political) awareness about the importance of health warnings and other labelling policies on unhealthy products.

3

Collaborate with and learn from tobacco control, nutrition and alcohol policy advocates in your country and/or region.

4

Synthesise arguments opposing labelling policies and gather evidence available to counter them.

5

Monitor the implementation of labelling policies and report policy breaches, including through media.

6

Compile and denounce tactics used by industry actors to deter, delay or weaken labelling policies, including via marketing tactics.

7

Perform shadow reporting on labelling policies for countries not prioritising these across NCD risk factors.

8

Follow and engage in Codex proceedings, especially of the Codex Committee on Food Labelling.

9

Collaborate with consumer and human right organisations.

10

Build coalitions for change by working with other civil society organisations with mutual interests and academia.

Finally, this paper also introduces the importance of requiring health warnings beyond labels, and the role that environmental impact labels on unhealthy products can also have on our health, given the interlinks between planetary and human health – areas that require further research and discussion.

INTRODUCTION

The importance of labelling policy across NCD risk factors

Being informed about the composition and harms of products intended for personal consumption should be a straightforward request. However, as analysed in this paper, mandatory labels and health warnings on unhealthy products such as tobacco, alcohol and foods and non-alcoholic beverages that are ultra-processed and/or high in fat, sugar and/or salt (hereinafter, “HFSS foods”) are far from the norm in many countries. Moreover, there are differing degrees of global guidance and national implementation of labelling policy across these products.

This paper aims to highlight lessons learnt and current gaps in labelling policy across products directly linked to the main noncommunicable disease (NCD) risk factors, and to provide concise recommendations for a comprehensive approach to labelling and health warnings across these unhealthy products.

Together with physical inactivity and air pollution – tobacco use, unhealthy diets and alcohol use are considered the main risk factors of NCDs, which are the leading drivers of ill health and death globally, responsible for 74% of all deaths. NCDs include conditions such as heart disease and stroke, cancer, diabetes, chronic respiratory disease, and mental and neurological conditions.² However, many NCDs and the growing prevalence of obesity worldwide can be prevented by reducing exposure to these modifiable risk factors, mitigating commercial practices that promote unhealthy products, and increasing health literacy.

Health promotion and NCD prevention efforts must therefore be core elements of national responses to achieve the Sustainable Development Goal (SDG) target 3.4 on reducing NCD premature mortality by one third by 2030. The **NCD ‘best buys’ and other recommended interventions by the World Health Organization (WHO)** provide such a framework for action on NCDs, including labelling, marketing, and fiscal policy recommendations across products directly linked to the main NCD risk factors.^{3,4}



Labelling policies (including front-of-package labels and health warnings) are public health interventions recommended by WHO to reduce tobacco and alcohol use and promote healthy diets, and ultimately improve people’s health outcomes.^{3,4} These policies move the burden of seeking health information away from consumers, obliging companies to facilitate access to essential health information, and holding governments accountable for enforcement, so that people are equipped with tools that will allow them to make informed choices about their health.

Indeed, labelling policies have several intermediate objectives, including improving consumer awareness and understanding of health risks, changing purchase intentions, and reducing consumption of unhealthy products.^{5,6,7} Measuring the impact of labelling policies on these intermediate objectives is crucial as they are often easier to measure and can help governments build the case for labelling policies based on a broader set of objectives, as well as on consumer protection grounds.

The WHO Framework Convention on Tobacco Control (FCTC), a legally binding international treaty, includes obligations for Parties to enforce tobacco labelling and packaging policies (Article 11) but also manage tobacco

industry interference (Article 5.3).⁸ This has led to strong policy consensus and implementation of mandatory health warnings on tobacco products almost worldwide. In this paper, we present tobacco labelling policy as a “global success”¹ (*green in policy development*). However, there has been a lack of prioritisation and consistent guidance on the most effective systems and policy design elements for front-of-package nutrition labelling (FOPNL) of foods and non-alcoholic beverages, with recent positive developments in Latin America with the adoption of mandatory octagonal “high-in” / “excess” warnings on food products with excessive content of critical nutrients.^{1,9} In this paper, we present mandatory nutrient-specific warning labels as a policy intervention that needs further uptake globally to implement FOPNL with a focus on NCD prevention (*yellow in policy development*). Furthermore, although there are recent promising developments on alcohol labelling in Ireland and potentially the European Union (EU), worldwide there is little prioritisation of alcohol labelling (including for comprehensive health warnings)⁷ despite the strong evidence that there is no safe level of alcohol use¹⁰ and that governments must protect people’s right to health. Therefore, in this paper, we present alcohol labelling (including health warnings) as an area that requires more policy uptake (*red in policy development*).

Table 1. Interventions recommended by WHO on labelling policy within the Appendix 3 of the Global NCD Action Plan 2013–2030 (also known as the NCD ‘best buys’ and other recommended interventions)^{II,3,4}

NCD risk factor	Type of intervention	WHO recommended intervention
Tobacco use	NCD ‘best buy’ ^{III}	Implement large graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging
Unhealthy diets	NCD ‘best buy’ ^{III}	Front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers’ understanding and choice of food for healthy diets
Alcohol use	Recommended intervention with no cost-effectiveness analysis	Provide consumers with information, including labels and health warnings, about contents of alcoholic beverages and the harms associated with alcohol consumption

I Critical nutrients include sugars, saturated fats, trans fats and sodium.

II The Appendix 3 of WHO’s Global NCD Action Plan 2013–2030 (also known as the NCD ‘best buys’ and other recommended interventions) was updated in May 2023 following the World Health Assembly decision **WHA76(9)**, which brought important changes for the labelling recommendations across tobacco, alcohol and food policy. Table 1 lists the labelling interventions as recommended in the updated Appendix 3, which at the moment of writing this brief can only be accessed in draft format under **EB152/6**.

III An NCD ‘best buy’ is a policy intervention with a cost-effectiveness ratio below or equal to 100 I\$ per healthy life year gained.

The labelling of products that present health risks is required by international human rights law

The *right to health* is encompassed within Art. 12 of the International Covenant on Economic, Social and Cultural Rights,¹¹ Art. 24 of the Convention on the Rights of the Child,¹² in most regional human rights instruments and in at least 115 national constitutions.¹³ The *right to know* is understood as included in the *right to health* – paragraph 37 of the General Comment 14 of the Committee on Economic, Social, and Cultural Rights notes Parties' obligation to disseminate appropriate information relating to health and nutrition, and to ensure third parties do not limit people's access to health-related information and services.¹⁴ Moreover, the *right to health* includes States' obligation to regulate third actors (including corporations) to prevent them from violating such right.¹³

Furthermore, the *right to freedom of expression* under the International Covenant on Civil and Political Rights includes the right to seek, receive and impart information (including consumer information).¹⁵ The UN Guidelines for Consumer Protection also define access to information as one of the objectives of consumer protection,¹⁶ and consumer protection is encompassed in over 50 national constitutions and included in statutory laws in over 100 countries.¹⁷

“The adoption and implementation of [food] front-of-package warning labelling is a rights-compliant response. By delivering clear and complete information in a simple way, it encourages consumers to make informed decisions about their diets, without making additional efforts or requiring qualified knowledge.”

Dainius Pūras, UN Special Rapporteur on the Right to Health (2014-2020), July 2020^{IV,18}

Labelling policies must consider the content, position and presentation of the information provided

Labelling policies may entail obligations around **content disclosures** (e.g., list of ingredients); **nutrient declarations** (especially relevant for food and alcohol labelling); and supplementary information including **health warnings** (e.g., text or graphic labels providing information on the health harms of tobacco, alcohol or HFSS foods consumption). Based on lessons learnt from the tobacco control response, the front of a product package is the principal field of vision of a consumer at the point of sale, and placing easy-to-understand supplementary information (including health warnings) on a prominent location (i.e., main display areas) and ensuring the labels are highly visible (e.g., are large enough, have contrasting colours, use graphic elements) is recommended to optimise label effectiveness, and help identify the most effective messages that will encourage behaviour change for each product.

Labelling policies can also establish limitations and requirements on **health claims** or other types of claims, often used by commercial actors as a marketing tactic to improve the perception of their unhealthy products, thereby increasing consumption (e.g., a “low fat” yogurt can have excessive levels of sugar). These regulations should explicitly forbid that the labelling or packaging of a tobacco product implies it is less harmful than another as per FCTC Article 11,⁵ or that a formula milk product is superior to breastmilk as per the International Code of Marketing of Breast-Milk Substitutes.¹⁹ Codex standards and guidelines on food labelling recommend the alignment of health and nutrition claims on food with national policies, the need for claims to meet specific nutrient conditions, and to include nutrient declarations in foods with a claim.⁶ In regards to alcohol, EU Regulation on No 1924/2006 on nutrition and health claims made on foods, prohibits health claims made in relation to beverages containing more than 1.2% of alcohol-by-volume (ABV). This includes claims such as “easily digestible” as confirmed by the Court of Justice of the EU (*Deutsches Weintor eG v Land Rheinland-Pfalz*).²⁰

IV Dainius Pūras' statement was also endorsed by Michael Fakhri, Special Rapporteur on the right to food, and members of the Working Group on Business and Human Rights.¹⁸

Labelling and marketing policies on unhealthy products are strongly interlinked

Labelling obligations have an impact on the packaging of products, and therefore on their marketing potential, especially at the point of sale.^V To optimise the behavioural change impact of labelling policies on unhealthy products, the design of labels can be oriented to lower the attractiveness and marketing potential of these products' packages (e.g., using large and up-front warnings). Labelling policies can also be accompanied by packaging or other marketing regulations. For instance, the Guidelines for implementation of FCTC Article 11 recommend that health warnings are also accompanied with the plain packaging of tobacco products to make these less appealing, and avoid their promotion and any distraction from the warnings.⁵ Or in Chile, Mexico and Argentina, HFSS foods with 'high-in' or 'excess' octagonal warning labels, have claim restrictions and cannot be marketed with cartoons to avoid targeting their promotion to children.²¹

Moreover, several countries that have adopted a mandatory nutrient-specific warning FOPNL on HFSS foods have included additional marketing restrictions on products with warning labels (e.g., Argentina has forbidden the promotional giveaway of labelled products).^{21,22} This is especially relevant for unhealthy products which do not have a full ban on their advertising, promotion, and sponsorship, and also highlights the importance of implementing a comprehensive package of policies to address NCD risk factors.

Labelling policies should be part of a comprehensive package of interventions for NCD prevention

Given the various factors that increase exposure to NCD risk factors, there is no single "silver bullet" policy for NCD prevention. Labelling policies should be implemented as part of a comprehensive package together with marketing restrictions, fiscal measures, and other population-wide policies across unhealthy products, as recommended in the Appendix 3 of WHO's Global NCD Action Plan 2013–2030.^{3,4} This will optimise the synergic benefits of combining public health interventions, including by reducing the availability, affordability and promotion of these unhealthy products, while promoting healthy literacy, and increasing access to healthy options in the case of food.

The next sections of this paper analyse lessons learnt and current gaps around labelling policy for tobacco, HFSS foods and alcohol, concluding with a call to action and list of recommendations for policymakers and civil society to build a comprehensive approach to labelling policy and warning labels across NCD risk factors.



Image comparing a famous breakfast cereal brand for kids under Chile's labelling and marketing regulation with a version allowing cartoons display and other promotional features. (image source)

V The 4 Ps of the marketing mix present the different elements that are used by commercial actors to promote the sale of consumer goods and services, these elements being the product (including its packaging), price, promotion, and place.¹²⁰

Large pictorial health warnings on tobacco products

Tobacco use is estimated to kill more than 8.7 million people annually,²³ with 80% of tobacco users living in low- and middle-income countries.²⁴ Most smokers who are aware of the dangers of tobacco, want to quit.²³ Therefore, ensuring that information on the harmful content and health impact of tobacco products is clearly stated is an essential element of a comprehensive package of tobacco control measures to protect people's right to health.

Tobacco health warnings have been shown to be effective in providing consumers with information on the health risks of tobacco products, denormalise tobacco use, minimise the marketing potential of tobacco products packaging, and ultimately lead to behaviour change. Scientific evidence shows that large pictorial health warnings *increase awareness* about the risks associated with tobacco in both smokers and non-smokers; *dissuade* youth and other non-smokers from taking up smoking; *reduce* the number of cigarettes smoked, smoking in front of children and pregnant women, and smoking at home; *persuade* smokers to quit; and *prevent relapse*.²⁵

A global mandate and clear guidance on tobacco labelling has been key to achieve progress

As a response to the global epidemic of tobacco, the WHO Framework Convention on Tobacco Control (FCTC) entered into force in 2005 as the first WHO international treaty with currently 183 Parties.²⁶ The FCTC has been instrumental in the implementation of tobacco package health warnings as “a global success story”.

Article 11 of the FCTC requires Parties within three years of ratifying the treaty: 1) to incorporate large (50% or more but no less than 30% of the principal display areas), clear, visible, legible, rotating health warnings, which can include pictures or pictograms, on all tobacco products packaging; 2) to provide information on relevant constituents and emissions as defined by national authorities;^{VI} 3) to provide all the information in the Party's principal language(s); and 4) to ensure the packaging and labelling of tobacco products does not create the false impression that a particular tobacco product is less harmful than another.⁸ The Guidelines for implementation of FCTC Article 11 (hereinafter “FCTC Art. 11 Guidelines”) provide further recommendations on design elements (recommending warning labels greater than 50% of the principal display areas and the use of pictorials due to their higher effectiveness), plain packaging, and enforcement considerations to ensure the effectiveness of tobacco packaging and labelling.⁵



VI FCTC Article 10 obliges Parties to implement effective measures for public disclosure of tobacco products' toxic constituents and emissions.⁸

As a result of the FCTC and its guidelines, tobacco health warnings are widely mandated. By 2022, 103 countries (40 high-income countries, 57 middle-income countries and 6 low-income countries) required warnings of 50% or more, also requiring them to include pictorials.²⁷ **Reasons for a high implementation rate of tobacco warnings include the cost of implementation being mainly paid for by the tobacco industry and not the government; that they are seen as a simple, effective and politically attractive policy; there is substantial international experience to learn from and, very importantly, strong international pressure to enact warnings.**¹ However, as of 2022, 41 countries still do not meet FCTC’s 30% minimum label size requirement with half of these countries (21) having no warning requirement at all.²⁷

Policy design considerations for tobacco health warnings have an impact on their effectiveness

The FCTC Art. 11 Guidelines attest that the “effectiveness of health warnings and messages increase with their prominence” and recommend the use of pictorial health warnings covering more than 50% of the principal display areas.⁵ Compared to small and text-only warnings, large pictorial warnings on tobacco products have been repeatedly proven to be more noticeable, better communicate health risks, elicit emotional responses, dissuade non-smokers from taking up smoking, decrease tobacco consumption, increase motivation to quit tobacco usage, prevent relapses from former smokers, and retain effectiveness over time.²⁸ In addition, pictorial warnings also contribute to health equity as they help inform low-literacy populations, younger demographics, and people who may not speak the principal language,²⁸ and are considered an NCD ‘best buy’.^{3,4}

As a highly cost-effective measure, “replacing small text warnings with large (at least 50% of pack) graphic warnings contribute to a 5% (2%-8%) short-term relative reduction in smoking prevalence and a 10% (5%-15%) long-term reduction through greater cessation and reduced initiation” and their effectiveness may be further enhanced with plain packaging and media campaigns.²⁹

Table 2. Further elements to enhance labelling effectiveness aside from the size and use of pictorials as identified in FCTC Art. 11 Guidelines⁵

Location	Placing warnings on top of principal display areas, and ensuring warnings are not obstructed by other markings (whether those are for commercial purposes or to meet other requirements)
Colour	Using full colour for pictorials and contrasting colours for the text and background
Rotation	Having multiple health warnings and messages appearing concurrently and/or by setting a date after which the health warning and message content changes to avoid desensitization
Message content	Ensuring warning messages are simple, culturally appropriate, and tailored for the tobacco product, and can provide tobacco cessation messages (e.g., through a helpline number) ^{VII}
Source attribution	Making a context-specific assessment of whether indicating the source of the health warning (e.g., Ministry of Health) is likely to increase credibility or reduce impact

VII Tobacco cessation messages on tobacco products can improve the quitting response from individuals. Moreover, warnings can also be used to support other tobacco control measures. For instance, messages on the annual cost of tobacco use can complement tobacco taxes, and second-hand smoke warnings can complement smoke-free laws.¹

WARNING AGAINST HARM

Lessons and recommendations to advance labelling policy across risk factors for noncommunicable diseases

On tobacco's constituents and emissions, it is recommended that only qualitative statements are provided, not to give the false impression that a tobacco product for having a lower nicotine or tar figure might be less harmful.^{VIII} The guidelines also provide recommendations on development process, legal, enforcement and monitoring and evaluation (M&E) considerations for tobacco labelling and packaging policies, and encouraging international cooperation.⁵

For instance, exchanges of knowledge, experience and resources has been common with tobacco health warnings, such as **WHO's database of tobacco pictorial health warnings** for use or adaption by countries, or the **EU picture library**, which was tested on 8,000 participants in 10 EU countries. Pre-marketing testing is indeed recommended by the guidelines as it can help avoid unintended effects and ensure cultural appropriateness of labels, while it can be done in parallel with the policy development without delaying the process, and it does not need to be costly nor a complex process (e.g., a focus group discussion or Internet-based consultations).⁵

Combining tobacco health warnings and plain packaging policies is highly recommended and effective

Tobacco products packaging is an essential marketing channel utilised by the tobacco industry, and thus, the FCTC Art. 11 Guidelines also recommend implementing plain packaging policies together with health warnings; that is, "to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style."⁵

The goals of plain packaging include to denormalise and reduce the attractiveness of tobacco products, eliminate package techniques that may suggest that some products are less harmful than others, ensure that the tobacco industry cannot use the packaging as a form of advertising and promotion nor to distract users from the health warnings, and increase the prominence and effectiveness of warnings.³⁰ Moreover, plain packaging is also envisaged in the Guidelines for Implementation of Article 13, which requires Parties to ban (or restrict, if a Party is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles) all forms of tobacco advertising, promotion and sponsorship.³¹

Australia was the first country to implement plain packaging in 2012, and by 2021, 16 more countries had also implemented plain packaging policies.³² Research from Australia revealed that smokers with a plain rather than branded pack are 81% more likely to have thought about quitting at least once a day and to rate quitting as a high priority in their lives, 70% more likely to say that they find cigarettes less satisfying, and 66% more likely to think that their cigarettes are of poorer quality.³³



A cigarette package in Turkey. Turkey has the world's largest health warnings (85% front/100% back) in combination with plain packaging.³⁴ (image source)



A cigarette package that is clearly targeting a specific demographic (women and girls) also creating a distraction from the health warning. (image source)

VIII According to FCTC Art. 11 Guidelines, information on relevant constituents and emissions should be provided in qualitative statements such as "smoke from these cigarettes contains benzene, a known cancer-causing substance" and "smoking exposes you to more than 60 cancer-causing chemicals"; but Parties should not require quantitative or qualitative statements on tobacco products packaging that might imply that one tobacco product is less harmful than another, such as the tar, nicotine and carbon monoxide figures or statements such as "these cigarettes contain reduced levels of nitrosamines"⁵

A lot can be learnt from the tobacco industry tactics against health warnings for other NCD risk factors

Despite FCTC Article 5.3 requirement to protect tobacco control from vested interests,^{IX} industry actors oppose and continue to interfere in tobacco labelling and packaging policies, as illustrated through the following non-exhaustive list of industry tactics.

Scientific and narrative tactics

Discrediting proven science on the cost-effectiveness of health warnings and plain packaging; funding and/or influencing research, leading to results that are not independent, less stringent, and supportive of commercial interests; and also relaying the idea that health warnings are costly to implement and have a disproportionate impact on the economy and employment, creating additional political and public debate.³⁵

Legal tactics

Delaying the implementation of laws through legal challenges; and intimidating governments with the threat of litigation or litigation to delay policy implementation (e.g., **JT International (Thailand) v. Minister of Public Health**), challenge a country's constitutionality or fundamental rights (freedom of expression, property rights, freedom to conduct a business) (e.g., **JT International SA v. Commonwealth of Australia**), or argue infringement of intellectual property rights, trade and/or investment agreements (e.g., **Philip Morris SÀRL v. Uruguay**).

Reputational management tactics

Faking support and gaining respectability – for instance, by 2008, PMI was placing 30% text-only warnings on tobacco products on a voluntary basis in many countries to discourage them from enforcing policies beyond FCTC's minimum requirements;¹ and aiming to influence policy through front groups, such as the Foundation for a Smoke-Free World, that pretend to be non-profit organizations despite representing industry interests.^{35,36}

Marketing and on-label tactics

Producing distracting or misleading packaging designs, using easily removable stickers for warnings, printing them in low resolution, writing them in foreign language, using weak message content, minimising their size or the size of package surfaces, etc.³⁵

Comprehensive labelling policies with specific design requirements can counter these marketing and on-label tactics. Providing a clear mandate and guidance to the enforcement agencies in charge of monitoring implementation and rotation of warnings is essential to ensure compliance. Also, industry actors have more resources than civil society to influence the political, media and cultural spheres. The translation of FCTC Article 5.3 into national law and the adoption of conflict-of-interest policies is therefore crucial to ensure industry does not interfere in policy development processes, deterring, delaying or weakening the outcomes. Moreover, the ever-growing body of evidence on tobacco health warnings and of jurisprudence, can support against the scientific, narrative and legal tactics of tobacco industry. These countermeasures can bring lessons learnt to protect the development and implementation of labelling policies across NCD risk factors.



IX FCTC Article 5.3. says: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."⁸

Front-of-package nutrition labelling through warning labels on HFSS foods

Unhealthy diets have become the leading NCD risk factor causing more than 12 million deaths in adults every year.³⁷ The clear and accurate labelling of foods and beverages is therefore crucial to protect people's right to health and consumer information, facilitating people's understanding and informed choice of food to promote healthier diets and environments. Food labelling policies can encompass requirements on disclosing lists of ingredients, nutritional declarations, supplementary nutritional information (including FOPNL, for instance, through warnings), and conditions and restrictions on the health and nutrition claims (e.g., "high in fibre", "low-fat") that can be included on food packages.⁶

Codex provides some general principles for food labelling, including that "[p]repackaged food shall not be described or presented on any label or in any labelling in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character in any respect."³⁸ According to Codex texts, all pre-packaged foods shall carry a list of ingredients in descending order of weight. Nutrient declarations, which provide a standardized listing of the nutrients contained in a food product that are of nutritional importance,^x are often placed on the back or side of packages and should be mandatory at least for all pre-packaged foods for which nutrition or health claims are made.⁶ But research shows that back or side-of-the-package nutrient declarations, while valuable, can have a larger impact when combined with front-of-package labels, as the latter are more visible and support individuals with quick decision-making at the point of sale.³⁹

Supplementary nutrition information (including FOPNL such as warnings) is indeed intended to "increase the consumer's understanding of the nutritional value of their food and to assist in interpreting the nutrient declaration."⁴⁰ Yet, only 16 countries have adopted mandatory FOPNL policies.^{xi,41} This is the case despite FOPNL being considered an NCD 'best buy',⁴ the existence of Codex Guidelines on FOPNL (CXG 2-1985, Annex 2)⁴⁰ and the recent successes of mandatory nutrient-specific warning FOPNL policies that have been implemented in many

countries of Latin America since 2016, including Chile, Mexico, Peru and Argentina.⁴²

What's Codex?

The Codex Alimentarius Commission (Codex) is a joint UN body by the Food and Agriculture Organization (FAO) and WHO responsible for developing international food standards, guidelines, and codes of practice that contribute to the safety and quality of food and ensure fair practice in the international trade of food.⁴³ Over the past few decades, Codex activities have increasingly started to include the development of standards and guidelines that can support diet-related NCD prevention (such as on FOPNL).⁴⁰ While Codex texts are non-binding, they are linked to World Trade Organization (WTO) obligations. WTO Member States are expected to align regulations with Codex texts except where inappropriate or ineffective in their national context, and measures which implement Codex texts are presumed to be consistent with WTO obligations unless shown otherwise.

This means that an **ambitious Codex standard can help countries to adopt policies on those lines and strengthen their position in the event of a trade dispute**. Unfortunately, Codex is a platform where industry is present, while NCD civil society's voice and engagement in Codex processes has been limited until now. It is also important to see Codex standards and guidelines as minimum recommendations, and not the highest achievement. In fact, countries can go beyond Codex texts to strengthen the implementation and enforcement of their policies. Also, as Codex gathers country experiences with the implementation of standards and guidelines, the more action is taken by Member States towards higher standards, the richer their contribution can be in Codex discussions.

X According to Codex guidelines, when included, nutrient declarations must always indicate the energy value, protein, carbohydrate, fat, saturated fat, sodium, and total sugar levels of a product. Specifying the level of trans-fatty acids (TFA) is recommended when TFA intake levels are a public health concern in a country. Nutrient levels may also be expressed as percentages of the nutrient reference values (NRV) where an NRV has been established. Codex Guidelines on Nutrition Labelling introduce NRV-Requirements and NRV-NCD, which are based on levels of nutrients associated with nutrient requirements or with the reduction in the risk of diet-related NCDs respectively. When information is provided per portion, the label should state the number of portions contained in the package.⁴⁰

XI As of February 2023. Please note that in Ecuador, the label may appear on the front, side or back of the package; and in Bolivia, it has not been implemented yet. Venezuela and Canada FOPNL systems are expected to enter into force in 2024 and 2026 respectively.⁴¹

A single FOPNL system should be implemented that facilitates interpretation of NCD risks

Unlike with tobacco, there is still little global consensus on (and therefore limited implementation of) food FOPNL policies. Codex Guidelines on FOPNL say “[i]t can include symbols/graphics, text or a combination thereof that provide information on the overall nutritional value of the food and/or on nutrients included in the FOPNL.”⁴⁰ Codex Guidelines on FOPNL then clarify that one FOPNL system should be recommended by the government in each country, or if multiple FOPNL systems coexist, these should be complementary, not contradictory to each other. WHO Guiding Principles and Framework Manual for FOPNL (hereinafter “WHO FOPNL Framework”) further recommends that a single FOPNL system be used to optimise impact.⁴⁴

There are indeed several ways of approaching FOPNL, including through:

1) Interpretive summary indicators:

Provide one overall indication on the healthiness of the product, including overall traffic light systems like Nutri-Score, star-based systems, and endorsement health logos;

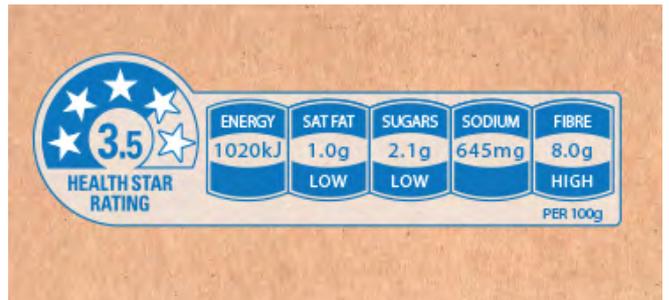
2) Non-interpretive nutrient-specific labels:

Provide quantitative information on nutrients with no advice, such as monochromatic guidelines for daily amounts (GDA) and facts-up-front (FUF) systems; and

3) Interpretive nutrient-specific labels:

Provide information for one or more nutrients with guidance, including nutrient-specific traffic light systems or “high-in” / “excess” warning symbols.⁴⁵

Australia’s and New Zealand’s voluntary Health Star Rating (HSR) labelling is an example of a combined system – providing an overall summary indicator (interpretive system) but also optional nutrient-specific information which is not necessarily interpreted. Industry can voluntarily interpret nutrients as “low” or “high” and may be more likely to apply those that can give a positive impression of the product (i.e., by showing “low” in sodium, total sugar or saturated fat or “high” in fiber),⁴⁶ giving a health halo to products that are not necessarily healthy.



Example of a Health Star Rating label.



The above two images compare an interpretive nutrition-specific traffic light label with nutrient-specific warnings.

FOPNL policies must be mandatory!

While PAHO recommends mandatory implementation of FOPNL for population-wide protection, both Codex Guidelines on FOPNL and WHO FOPNL Framework currently still indicate that FOPNL can be implemented either through voluntary or mandatory approaches.^{40,44} However, evidence shows that industry compliance of voluntary measures is low, especially if there is mention of a negative aspect of the product;⁴⁷ that voluntary FOPNL (usually summary indicators) are applied selectively;⁴⁸ and that applying labels to only some products (based on industry's willingness) can lead to misleading perceptions of the healthfulness of products available.⁴²

Indeed, voluntary approaches do not contribute to some of the Codex principles for FOPNL, including the fact that FOPNL should allow "consumers to make appropriate comparisons between foods"^{XII}, and that it "should be implemented in a way that facilitates the broad availability of FOPNL for consumer use."⁴⁰ Moreover, **FOPNL systems such as nutrient-specific warning FOPNL require a mandatory approach** as industry has no incentive in displaying information that discourages consumption of their products.⁴⁸

Furthermore, when governments only consider mandatory approaches, industry actively lobbies for the selection of systems that will better benefit their commercial interests. For instance, Nestlé has become supportive of the Nutri-Score labelling system in Europe, mentioning how they are already implementing it voluntarily,⁴⁹ and this is probably due to push back on the potential prospect of mandatory nutrient-specific warning FOPNL systems.

The WHO FOPNL Framework recommends that an interpretive system is used, that its design is understandable to all population subgroups, and that the nutritional criterion of the FOPNL content enables interpretation of products against risks for diet-related NCDs.⁴⁴ Setting the policy objectives of FOPNL should indeed support a government's choice of the FOPNL system best fit for purpose. For instance, governments are more likely to choose interpretive nutrient-specific labels such as warnings on critical nutrients if they want to focus on obesity and NCD prevention, as this FOPNL system helps consumers easily and quickly identify which products contain excessive amounts of critical nutrients, reducing demand for these products.

When comparing systems, non-interpretive systems do not address well-established disparities associated with the understanding of nutritional information, and interpretive systems assist consumers with processing nutritional declarations – the main purpose of FOPNL. However, interpretive summary indicators do not provide interpretive nutrient-specific information^{XIII} and can give a health halo to certain unhealthy products if the nutrient profiling model is not comprehensive enough. Interpretive nutrient-specific traffic light systems (and Australia's and New Zealand's HSR system) can also be confusing when a product indicates conflicting colours or values for different critical nutrients on a package. Thus, the Pan American Health Organization (PAHO) recommends nutrient-specific "high-in" / "excess" warning labels as the FOPNL system best fit for purpose, based on the positive results already observed in Chile, Mexico and other countries implementing these warning labels.^{9,50}

What nutrient profiling model should be used?

A nutrient profile model is a tool used to define the products that are subject to food regulations based on specific nutrient criteria. The nutrient profiling model to be used for FOPNL will depend on the selected system. For interpretive summary indicators, the model applies an algorithm to obtain the overall nutrition profiling of a food product; for non-interpretive nutrient-specific labels, it bases criteria on nutrient reference values; and for interpretive nutrient-specific labels, it sets threshold amounts of nutrients to meet a nutrition guideline.⁴⁴ WHO regional offices have developed nutrient profiling models – in some cases, specifically for marketing policies: **AFRO, EMRO, EURO, PAHO, SEARO, WPRO**. These models set such threshold amounts, which can be used as a reference by countries when developing FOPNL and other nutrition policies, facilitating policy development and coherence across these policies. In Latin America, the **PAHO Nutrient Profile Model** (2016) was used by Mexico, followed by Argentina for their FOPNL policies; and Peru will update its FOPNL criteria in accordance with PAHO's model after a judicial decision.⁹

XII But this is not possible if implementation is partial and selective. WHO FOPNL Framework also says: "The FOPL system should enable appropriate comparisons between food categories, within a food category, and between foods within a specific food type."⁴⁴

XIII Australia's and New Zealand's HSR system does have a combined model also providing nutrient-specific information, but this information is interpreted on a voluntarily basis and therefore interpretation is not always provided.⁴⁶

Getting the design of mandatory nutrient-specific warning FOPNL policies right is crucial

Only 10 countries have implemented (or adopted) mandatory nutrient-specific warning FOPNL on HFSS foods, most of them based in Latin America, with Chile having pioneered this system in 2016, followed by Peru, Israel, Mexico, Uruguay, Argentina, Brazil, Colombia, Venezuela (implementation for 2024) and Canada (implementation for 2026). Chile, Peru, Mexico, Uruguay, Argentina, Colombia and Venezuela use black-and-white octagonal “high-in” / “excess” warnings to indicate the excessive content of critical nutrients, while Brazil and Canada use a table format with a magnifying glass image,^{XIV} and Israel’s model has red circle warnings.²¹

As countries have been implementing mandatory nutrient-specific warning FOPNL, this system has been evolving across countries to better inform choices and protect health. The trend has been to have **larger** warnings (PAHO recommends that the full set of warning labels should cover at least 30% of the principal display area, which Argentina’s policy does); to use the term “**excess**” instead of “high in” on warnings as it improves efficacy (Mexico, Uruguay, Argentina and Colombia use “excess”); and to specify the location of warnings (Peru, Mexico and Argentina require that the labels are **placed in the top** of the principal display area following PAHO’s advice). PAHO’s guidance also recommends having **contrasting background devices** to optimise their salience. Moreover, Mexico and Argentina also have precautionary labels on non-sugar sweeteners (NSS)^{XV} and caffeine for children; and Chile, Mexico, Uruguay, Argentina, Colombia and Venezuela specify endorsement from Ministry of Health on the warning.^{9,21}



XIV Some may argue that the use of a magnifying glass image as in Brazil and Canada do not meet the criteria to be considered a “warning label”. Moreover, the study carried out in Jamaica for the CARICOM FOPNL standard process (2021) showed that octagonal warning labels outperformed other labelling models (including magnifying glass labels).⁶¹

XV NSS are low- or no-calorie alternatives to free sugars, such as aspartame, acesulfame K, saccharin, sucralose, neotame, cyclamate and stevia. WHO recommends against the use of NSS to control body weight or reduce NCD risk, based on a systemic review that has shown they do not confer any long-term benefit in reducing body fat in adults or children, suggesting also that there may be potential undesirable health effects from long-term use of NSS.¹²¹

Mandatory nutrient-specific warning FOPNL should be accompanied by marketing restrictions and other policies

As with tobacco, mandatory nutrient-specific warning FOPNL policies should also be accompanied with marketing considerations, applying marketing restrictions to labelled (thus unhealthy) products and preventing that their marketing be targeted to children. As exemplified below, many countries with this FOPNL system have been implementing additional policies that have an impact on the marketing (including packaging) and availability of products containing one or more warning labels.

Health and nutrition claims considerations

To avoid a health halo effect, in Mexico, labelled products are prohibited from featuring any health claims and nutritional claims if they relate to the nutrient of concern in the label (e.g., a product cannot display “reduced sugar” if it has the label “excess of sugar”), which has been estimated to prevent most processed and ultra-processed foods from displaying health and nutrition claims.⁵¹ Colombia also prohibited health claims on labelled products and added restrictions for non-labelled products. In Argentina, labelled products cannot have complementary nutritional statements, nor logos/phrases sponsored or endorsed by scientific societies or civil society associations dedicated to medicine, nutrition and/or sports.²¹

Marketing policy considerations

In Chile, Mexico and Argentina, persuasive elements such as child-directed creative content (e.g., children’s characters, cartoons, celebrities, athletes or pets, gifts, contests) cannot be placed on labelled products.²¹ In Argentina, labelled products cannot be given for free, and there is full ban on children-directed marketing of labelled products. These rules were not respected during FIFA Qatar 2022 and were condemned by FIC Argentina.⁵² In Chile, the advertisement of labelled products is also forbidden during children’s programming (TV, cinema, online), and in 2018, the restriction of advertisement was extended to all TV content from 6 a.m. to 10 p.m., with a study showing that children saw 73% fewer TV ads for unhealthy foods and drinks following these restrictions.⁵³ In Mexico, industry must request prior permission to advertise a labelled product (including via Internet and other digital channels).⁵⁴

Other health-promoting policy considerations

In Argentina, the Federal Council of Education must promote policies that include a minimum amount of nutritional food education in **educational establishments**. In both Argentina and Chile, schools cannot offer, market or advertise labelled products. Moreover, Argentina includes a provision that the State will prioritise the purchase of non-labelled products for **public procurement**. As part of its FOPNL law, Peru created an **observatory** for nutrition and the study of overweight and obesity.²¹ Countries could also consider implementing excise taxes on labelled products.

Development and implementation challenges, including industry opposition, must be overcome

For the development and implementation of FOPNL, Codex and WHO principles strongly align on the need for consumer research and pre-marketing testing to identify the best context-specific system and design of the FOPNL. They also flag the need for continued monitoring and evaluation of FOPNL policies to improve and adjust the selected system as needed, and measure its short- and longer-term objectives, including consumer knowledge about health risks, purchase intentions, sales evolution, and ultimately health outcomes. It is important that FOPNL policies are implemented with mass education campaigns to increase consumers’ understanding and use of the FOPNL. The development and criteria for FOPNL should also be transparent, thus supporting consumer education, involvement from civil society, and ensuring processes involving external stakeholders are safeguarded against conflicts of interest.⁴⁴ Many of these considerations can also be drawn from the experience with the FCTC Art. 11 Guidelines and implementation of tobacco health warnings.

The pioneering example of Chile

In 2016, Chile implemented the first mandatory nutrient-specific warning FOPNL system, following quantitative and qualitative studies conducted with different population groups. These studies showed this system was the best model in terms of visibility, understanding, and shaping purchase intentions. Six months after implementation, research showed that public support was strong, purchasing patterns were changing and products were being reformulated.⁴⁵ Compliance with the law was approximately 75% between June-December 2016, with compliance reaching over 80% in 2018 following 2,600 inspections.⁹ This resulted in a significant reduction of purchases of products with warning labels for calories, sodium, saturated fats, and sugars by 23.8%, 36.7%, 15.7% and 26.7% respectively, from 2015 to 2017.⁵⁵

It is important to note that Codex and WHO principles encourage the engagement of relevant stakeholders including private sector in government-led FOPNL development processes. The WHO FOPNL Framework further clarifies the need to ensure such engagements are done transparently, making information about them accessible.^{40,44} While the food industry can be heterogeneous compared to the tobacco and alcohol industries, sometimes producing both essential healthy products and non-essential unhealthy products, their track record in interfering in policy processes – for instance, by deterring, delaying, weakening and challenging the development and implementation of mandatory nutrient-specific warning FOPL policies as reflected in the following examples from CARICOM and Mexico – is well documented.⁵⁶ It is therefore crucial that FOPNL policy processes are safeguarded against conflicts of interest and undue influence from industry actors with vested interests in FOPNL.



CASE STUDY 1

Industry delaying the adoption of FOPNL in the Caribbean

The Caribbean Community (CARICOM) is a regional multilateral organisation of 15 Member States. In 2018, the *CARICOM Regional Organization for Standards and Quality* (CROSQ) started a revision process of the CARICOM Regional Standard for Specification for labelling of pre-packaged foods to incorporate octagonal warning FOPNL and PAHO’s Nutrient Profile Model to the standard. In 2021, CARICOM Member States voted on the final draft standard⁵⁷ which did not reach the required 75% support threshold, opening another regional consultative process.⁵⁸ This happened despite the support of PAHO⁵⁹ and Caribbean Public Health Agency (CARPHA).⁶⁰

The private sector is highly mobilized, resourced and politically connected in the region, influencing CARICOM processes through industry associations as well as powerful chambers of commerce. In 2020, the Caribbean Private Sector Organisation (CPSO) was formed as an Associate Institution of CARICOM, legitimising the engagement of commercial actors with vested interests and giving them direct access to decision-makers. During the octagonal warning FOPNL standard consultations, the private sector exploited the weaknesses in the governance of the national standard processes, including the inadequate process guidance and documentation especially around balanced stakeholder consultations and voting protocols. These transparency and accountability challenges have been accentuated by weak access-to-information legislation in the region.

Throughout the process, the private sector sent communications to the National Standards Bodies detailing their lack of support for the octagonal warning FOPNL; and hosted radio shows, webinars and lobbying meetings with high-level decision-makers to counter public health efforts. They refuted the 2021 study conducted in Jamaica⁶¹ by the University of Technology, the Jamaica Ministry of Health and Wellness and PAHO, which showed octagonal warning FOPNL outperformed other labelling models; and even questioned the normative role of PAHO, attempting to delegitimize the organisation’s role as a stakeholder in the process. All these tactics likely contributed to the unfavourable vote outcomes of 2021, with private sector capitalising on the weakened economic state of the region due to the COVID-19 pandemic, creating a narrative of fear around the octagonal warning FOPNL and the impact it would have on productivity. In Jamaica, a vote in favour of the final draft standard was reversed in an unorthodox last-minute change, which raised concerns around voting irregularities and industry interference,⁶² as documented by national media including through a powerful TV investigative piece: **Food for Thought**.

Worryingly, during the second round of consultations (2021-2023), Member States were asked to consider the findings of a study on warning labels funded by the private sector (CPSO), which was contested by PAHO, CARPHA, UNICEF, Organisation of Eastern Caribbean States (OECS) Commission, University of the West Indies and civil society, providing extensive and evidence-based commentary including citing conflicts of interest. In July 2023, a final revised draft standard still incorporating octagonal warning FOPNL and PAHO’s Nutrient Profile Model was put for vote until October 2023. Member States will have to submit their position: approve (with or without comments), disapprove (comments required), or abstain (with or without comments). If approved, in addition to requiring adoption from the CROSQ Council and the Council for Trade and Economic Development (COTED), each CARICOM country will have to translate the standard into national regulation as CARICOM standards are not mandatory but aim to support harmonisation.

Under the leadership of the **Healthy Caribbean Coalition (HCC)**, civil society has been a key stakeholder calling for octagonal warning FOPNL in the region. Together with PAHO, UNICEF and the OECS Commission, HCC launched the campaign **Now More than Ever: Better Labels, Better Choices, Better Health**. HCC has been monitoring the process from the beginning, drawing attention to and denouncing industry interference and irregularities, has supported national campaigns, and has continuously advocated regionally by leveraging civil society coalitions to mobilise and build capacity among advocates, including youth. From September 2023, HCC and partners have worked on a follow-up digital campaign in support of warning FOPNL from under the hashtag **#ActOnFacts** (see image on the right). They released an open letter to CARICOM Standards Bodies’ stakeholders urging approval and have garnered support for the octagonal warning FOPNL from over 700 Caribbean citizens.

This case study was developed with support and input from Healthy Caribbean Coalition.



CASE STUDY 2

Industry weakening the implementation of FOPNL in Mexico

In 2020, Mexico implemented a nutrient-specific warning FOPNL policy following an amendment to the General Health Law (11/29/2019).⁶³ The policy has come with a series of advertising restrictions implemented since 2021 through regulations. Regional and national-level industry opposition was faced during policy development, and it is important to analyse how it has persisted throughout the implementation phase as well. For instance:

Undermining policy implementation and non-compliance

Companies have used tactics to either not comply or undermine the implementation of food warning labels by misplacing them (e.g., within a multipack) or creating two fronts and placing label(s) on only one of them.^{64,65} Mexico's Federal Consumer Protection Agency (PROFECO) and the Federal Committee for Protection from Sanitary Risks (COFEPRIS) have the obligation to monitor implementation and apply sanctions ranging from fines to producers and sale points to the withdrawal of products from the market.⁶³ PROFECO has been publicly calling out products that do not display labels.⁶⁶ Local civil society actors, including **México SaludHable**, **Salud Crítica** and **El Poder del Consumidor**, have been key in monitoring and supporting enforcement.



Challenging the evidence on effectiveness

Despite the growing evidence base on the effectiveness of nutrient-specific warning FOPNL, industry has continued to argue otherwise. This has included misleading media headlines such as **Mexico's 'Junk Food' Warning Labels Are Junk** or **Labelling Does Not Impact The Sale of Junk Food**. A public campaign by the sugar industry has been suggesting that this policy is leading to healthy sugar-containing products being reformulated with unhealthy sweeteners to avoid labels,^{XVI} and sent printed materials to key members of Mexico's Senate with such messages (see image on the left).⁶⁷ Industry-funded front groups, such as the International Life Sciences Institute (ILSI), have been also seeding confusion about the effectiveness of warnings labels via so-called academic events in countries that have already implemented or are considering these labelling policies.⁶⁸ Civil society has remained crucial in monitoring and denouncing these tactics.

Using legal threats, internationally and nationally:

Industry has been lobbying against Mexico's nutrient-specific warning FOPNL policy towards the US government, claiming intellectual property breaches of the US-Mexico-Canada Free Trade Agreement.⁶⁹ Industry has been focused on challenging the additional regulations on the marketing

of labelled products, especially around the ban on child-directed creative content and the obligation to request permission to advertise labelled products including via the Internet.⁷⁰ Mexico's Supreme Court has received multiple writs of unconstitutionality against Mexico's nutrient-specific warning FOPNL policy,⁷¹ and civil society has been galvanising international support, including from the UN Special Rapporteurs on the Right to Food and Health, to challenge industry legal claims.⁷²

Leveraging policy for marketing purposes

Also alarming, industry has been giving a healthy halo to ultra-processed products that have been reformulated not to feature warning labels, especially those aimed at children such as Danonino (see image on the right). This highlights the importance of regulating the marketing targeted to children more generally to avoid these commercial tactics.⁷³ It is also key that labelling policies are accompanied by comprehensive awareness campaigns. Moreover, countries should consider requiring warning labels that signal the ultra-processing of food products as an independent and additional level of unhealthiness.⁷⁴

This case study was developed with the support and input from Salud Crítica and México SaludHable.



XVI Products that do not reach a threshold of sugar content considered unhealthy should not display the "excess sugar" label, and Mexico's nutrient-specific warning FOPNL policy also requires warning labels on products containing NSS.⁹

It is critical to learn from these experiences and the implementation of FCTC Article 5.3 in tobacco control into national laws or policies, to identify mechanisms that can also help safeguard FOPNL policy processes against conflicts of interest and undue influence from industry actors, and to constantly adapt to industry tactics. WHO developed the tool Safeguarding against possible conflicts of interest in nutrition programmes to help health officials identify and manage conflicts of interest in situations where there is a proposed engagement with a non-State actor in nutrition programmes (including in policy-making)⁷⁵ and PAHO translated this into regional triage tool that can be used as guidance by countries.⁷⁶ The recently published UNICEF Programme Guidance on Engaging with the Food and Beverage Industry can also be an inspiration to countries.⁷⁷

Learning how these development and implementation challenges are being overcome is important as new countries start developing FOPNL policies as a cost-effective policy option to promote healthy diets and prevent NCDs. South Africa has prepared a draft regulation for a triangular “high-in” warning FOPNL system, which was open for public consultation from April-July 2023;⁷⁸ the Food Safety and Standards Authority of India (FSSAI) is currently exploring a FOPNL regulation and might be considering a symbol-based warning system;⁷⁹ and the U.S. Food and Drug Administration recently announced it will test different FOPNL systems with the idea to have a proposed regulation by December 2023.⁸⁰ It is time to see more mandatory FOPNL policies being implemented worldwide. And **while each country should be identifying its own policy objectives and performing local consumer research and pre-marketing testing to identify the best FOPNL system and design for their national context, the nutrient-specific warning FOPNL system is already showing positive results in reducing the demand of unhealthy foods for the prevention of NCDs.**



Alcohol labelling including health warning labels

Alcohol use is responsible for over 5% of the global burden of disease and contributes to more than three million deaths each year.⁸¹ However, there is limited awareness about the health risks associated with alcohol consumption,⁸² and these have often been communicated inconsistently. For instance, industry has been perpetuating the popular belief that moderate alcohol consumption is good for cardiovascular health despite evidence showing that alcohol is associated with a higher risk of heart diseases and stroke.⁸³

The International Agency for Research on Cancer (IARC) also recognised alcohol as a Class 1 carcinogen in 1987, and even moderate consumption of alcohol has been causally associated with at least seven types of cancer (i.e., breast, mouth, pharynx, larynx, oesophagus, liver and colorectum cancers).⁸⁴ However, there is still limited public knowledge about the association between alcohol and cancers, and this is often perceived as a result of heavy drinking, despite evidence showing there is no safe level of alcohol use.⁸⁵

Alcohol labelling must be prioritised as a public health intervention

While labelling has been identified as a policy priority to inform about the health risks of tobacco use, unhealthy diets and alcohol use, alcohol labelling (including the content, nutritional and health information to be provided on alcohol products) is often the least regulated. There are indeed large gaps in the prioritization, guidance and research on alcohol labelling, despite WHO's recommendation to require alcohol labelling within the Appendix 3 of the Global NCD Action Plan 2013–2030,⁴ (see Table 1) and the new Global Alcohol Action Plan 2022–2030^{XVII} as part of a comprehensive alcohol policy approach.⁸⁶ One reason for the lack of attention to alcohol labelling (including health warnings), compared to the NCD 'best buys' on tobacco and food labelling, is the limited number of real-world cases to assess and the difficulty in generalizing from existing cases as they are restricted to a few high-income countries.

The alcohol labelling experiment in Yukon (Canada) is an example of industry interference and why there is limited real-world evidence

In November 2017, Yukon's capital, Whitehorse, undertook a Health Canada-funded eight-month experiment introducing three messages on alcohol containers (a health warning on alcohol and cancer, Canada's drinking guidelines at the time, and information about the number of standard drinks within the product) using bright colours (red and yellow). Within one month of implementation the experiment was halted as industry had threatened to take legal action, and it was resumed in early 2018 without the inclusion of cancer warnings. "[E]ven though placing cancer warnings on alcohol containers had to be stopped, after just 47,000 containers were labelled over 30 days, both the survey and sales data indicate significant reductions in alcohol consumption during the intervention relative to comparison sites."⁸⁴

However, real-world and experimental studies have shown the effectiveness of health warnings on alcohol products in building awareness about health risks, as it has been proved across other unhealthy products. Evidence on how alcohol labelling can lead to behaviour change – reducing consumption and purchases and preventing uptake, and therefore improving health outcomes in the longer-term – is still emerging as the labelling approaches that have been evaluated had different scopes and levels of enforcement (many were voluntary practices) and the impact of these policies was measured over a very limited time. **Researchers have also highlighted that mandated warnings usually do not incorporate relevant design factors that can enhance their effectiveness (e.g., prominent location, use of pictorials, etc.).⁷**

XVII WHO's action plan (2022 - 2030) to effectively implement the Global strategy to reduce the harmful use of alcohol includes this action ask for Member States: "Ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings."⁸⁶

Codex can help overcome trade challenges around alcohol labelling in the absence of a convention

Codex is also an important stakeholder in the discussion of alcohol labelling. Alcohol is not exempted from Codex standards and guidelines on labelling as alcohol is often categorised as “food”/ “foodstuff” under many jurisdictions.^{XVIII} Moreover, alcohol contributes to the nutrients and calorie intake of those who consume it. Yet, alcohol products are usually excluded from national food labelling requirements (including around nutritional declarations), “thereby creating a considerable regulatory divergence among countries” as explained by WHO at the 47th meeting of Codex Committee on Food Labelling (CCFL47). In this meeting in May 2023, the Codex Secretary confirmed Codex texts on labelling apply to alcoholic beverages, but they are not implemented on alcohol products in many Member States. It was decided that ahead of CCFL48 (2024), the Codex Secretariat will develop a circular letter delving into what actions Codex could take on this matter, and that WHO will develop a discussion paper based on the circular letter’s outcome.⁸⁷

The lack of clarity on how Codex texts on labelling should apply to alcohol has led to very few countries having comprehensive requirements on content disclosures (including list of ingredients) and nutrient declarations for alcoholic beverages compared to food products. Even more, some jurisdictions exempt alcoholic beverages from providing a list of ingredients and nutritional declaration (e.g., EU Regulation N. 1169/2011 on food information to consumers). This leads to a serious consumer information gap around alcohol that is inconsistent with people’s right to health. For instance, a no/low-alcohol drink that is below the ABV threshold to be considered an alcoholic beverage in a given jurisdiction (e.g., 1.2% ABV in the EU) might include a list of ingredients and a nutrient declaration for that product, but not other alcoholic beverages under that same jurisdiction.⁸⁸

In the same jurisdiction, a low-alcohol beer (0.5% ABV) includes a nutrient declaration but not necessarily in drinks with higher alcohol content, such as in the image's cider (4.5% ABV) which contains added sugar.

Thailand’s efforts to implement graphic health warnings on alcohol products were refrained due to trade concerns

In 2010, Thailand announced they will change their alcohol labelling regulation to add graphic health warnings similarly to those on tobacco products (using pictures and covering 30-50% of alcohol containers). For several years, this was discussed at WTO’s Committee on Technical Barriers to Trade, and Thailand was asked to demonstrate evidence on the use of graphic health warnings, the links between alcohol and the specific harms depicted in warnings, and how it might affect the industry. Thailand dropped this law project eventually;^{7,89} and it adopted in 2015 another regulation forbidding messages and pictures (athletes, artists, cartoons) on alcohol containers that can mislead consumers or exaggerate “the benefit or quality of alcoholic beverage.”^{89,90}

In the case of Thailand, it is also interesting to analyse how countries such as Australia, which has led on tobacco labelling and packaging policies (and even alcohol labelling through mandatory pregnancy warning labels at a later stage), have been major opponents of Thailand’s public health-oriented law project on alcohol labelling.⁹¹ This also shows the importance of monitoring WTO’s Committee on Technical Barriers to Trade discussions and aiming to hold governments accountable for policy coherence nationally and internationally.



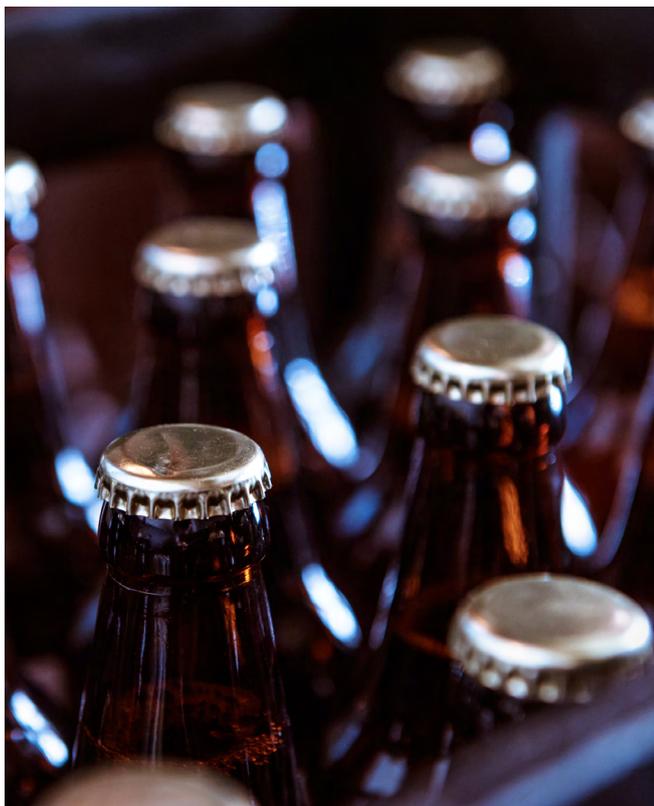
XVIII For instance, Codex Guidelines on FOPNL say: “In addition, other foods could be considered for exclusion at a national level dependent on the type of FOPNL being developed, such as alcoholic beverages and other foods for special dietary uses.”⁴⁰

Implementation of comprehensive alcohol labelling policies must be accelerated

Civil society has been advocating for the implementation of comprehensive alcohol labelling policies, such as with the Oslo Declaration, asking for **mandatory ingredient, nutrition declaration and warning labels on alcohol products**, to facilitate informed consumer decisions.⁹²

The Global Status Report on Alcohol and Health 2018 flagged that alcohol content labelling (e.g., % of alcohol content) is required in a majority of countries, but only a small number of countries require information such as calories or additives through nutrient declarations and full lists of ingredients.⁹³ As of 2019, only 47 Member States have health warning requirements on alcohol containers, but most of these warnings relate to underage drinking, drinking during pregnancy and breastfeeding, drinking and driving,⁹⁴ or mention excessive drinking is harmful⁹⁵ which is misleading given the evidence showing there is no safe level of alcohol use.

Some countries also include drinking guidelines in labels (i.e., advising on number of standard units per container) but this is ineffective in transmitting that there is not a risk-free level of alcohol use – information provided on labels should be consistent with evidence and enhance health literacy. To date, despite lack of awareness about the associations between cancers and alcohol, only three jurisdictions have attempted to add health warnings about cancer to alcohol products (Ireland, South Korea, and Yukon in Canada under a research context).⁸⁴



Ireland's long battle to implement a comprehensive alcohol labelling policy

In 2019, per capita consumption of alcohol for a person over the age of 15 per year in Ireland was 10.8 litres which is equivalent to 40 bottles of vodka, 113 bottles of wine, or 436 pints of beer.⁹⁶ As a response to this health emergency and to increase consumer knowledge, Ireland recently signed into law the Public Health (Alcohol) (Labelling) Regulations 2023, to be effective from 22 May 2026. This new law will ensure alcohol products sold in Ireland specify calories content, grams of alcohol, and warnings on alcohol and pregnancy, and the risk of liver disease and fatal cancers from alcohol use. The labels will also include a link to a website managed by Ireland's Health Service Executive with further information, and licensed alcohol outlets and websites selling alcohol products will need to provide health information to consumers.⁹⁷

This makes Ireland the first country in the world to adopt a comprehensive alcohol labelling policy that includes warnings about the direct causality between alcohol and cancer.⁹⁸ This was a long-awaited milestone since Ireland adopted its Public Health (Alcohol) Act 2018, including Section 12 on Labelling. Industry opposition to this process has been no exception, with an analysis showing that most of the news coverage around alcohol warning labels in Ireland presented perspectives from the alcohol industry and contested the messaging within the upcoming health warnings and their evidence behind it.⁹⁹ During the formal notification periods to the European Commission and WTO, many Member States raised concerns; however, the European Commissioner for Health and Food Safety, Stella Kyriakides, responded that "the notified measures were justified on public health grounds considering the situation in Ireland and that any resulting restrictions for the internal market that the measures may have[,] were proportionate to the objective pursued."¹⁰⁰ That said, Member States can still raise objections at any time and there are ongoing discussions at the WTO's Committee on Technical Barriers to Trade, with several Member States having already raised specific trade concerns.¹⁰¹

As has been seen with tobacco and food, the alcohol industry has been committed to implementing some alcohol labelling elements (especially pictograms relating to pregnancy, underage drinking and drinking and driving) on a voluntary basis with a focus on "drink responsibly"; discouraging countries from enforcing more ambitious and effective alcohol labelling policies.⁹⁵ The alcohol industry has also been pushing for off-label information and health warnings where legislative processes on alcohol labelling are underway, as in the EU.¹⁰²

Alcohol labelling and Europe's Beating Cancer Plan

The EU identified alcohol policy as a priority within Europe's Beating Cancer Plan and proposed the requirement of a list of ingredients, nutrition declaration and health warnings on alcoholic beverage labels.¹⁰³ Indeed, the EU Food Information to Consumers Regulation (2011) currently excludes alcohol products containing more than 1.2 % ABV from the obligation to provide a list of ingredients and a nutritional declaration. But in 2017, a European Commission report concluded that "the Commission has not identified objective grounds that would justify the absence of information on ingredients and nutrition information on alcoholic beverages or a differentiated treatment for some alcoholic beverages, such as 'alcopops'".¹⁰⁴ Following this, the European alcohol industry associations presented a self-regulation proposal in 2018, suggesting that they would either provide such information on-label or off-label (via a link, QR code, bar code or other means) and would decide on how to display the information. The European Commission is currently undergoing an inception impact assessment on its planned proposal on alcohol labelling, to complement the revision of the EU Food Information to Consumers Regulation.¹⁰²

Getting the design and scope of alcohol labelling right, especially for health warnings

The WHO Regional Office for Europe (WHO Europe) issued a series of policy options for alcohol labelling, from the inclusion of lists of ingredients and nutritional declarations on containers, to policy design considerations for alcohol health warnings, including that:

- Warnings should be placed on a standard location;
- Warning size should be specified as a minimum percentage of the container, and the text size should be the same as for all other information provided on the container;
- Warning text should be clearly separated from the rest of the information, provided in the official language(s) of the country, bolded and in capital letters, and with a contrasting background;
- Warning messages should be rotating and could be advised by the corresponding public health body; and
- Informational images should be taken from ongoing education campaigns.¹⁰⁵

Many of these recommendations come from lessons learnt from the tobacco health warnings' extensive evidence base, but alcohol health warnings are often not on the front of package, do not rotate and none include pictures depicting the harms by alcohol (but rather pictograms for specific warnings).⁹⁵ It is important therefore to ensure alcohol labelling (including health warnings) policies are mandatory, specific and on-label (and not via a QR as promoted by industry,¹⁰² which limits access).

Regarding the message content, evidence shows that messaging should be clear, direct, and short to enhance comprehension and impact. Unfortunately, the more straightforward or causal the messaging is, the greater the risk of opposition from industry and exporter countries. For example, India was recommended to switch health warnings from "consumption of alcohol is injurious to health" to "consumption of alcohol can be injurious to health" within the WTO Committee on Technical Barriers to Trade.¹⁰⁶ For alcohol labelling, it would be also important to assess the effectiveness of messages relating to the harm to others versus messages on self-harm, as has been done for tobacco warnings.^{107,108}

The more specific that labelling policies are about design, the better implemented they will be. For instance, in Nigeria, all alcohol products must indicate a list of ingredients, allergens, nutritional information, percentage of ABV, and a statement on underage drinking and "responsible drinking". However, there is little standardization on the label design (e.g., on the size, font, and position) which has an impact on the effectiveness of implementation. Specifying those design elements is crucial to ensure industry complies effectively and to improve consumers' attention.⁷

Ensuring alcohol labelling policies encompass all alcohol drinks in their scope of application is also crucial. Some countries may have differing requirements for different categories of alcoholic beverages (i.e., cider, beer, wine, and spirits),⁹⁵ despite evidence showing there is no safe level of alcohol use.¹⁰ This differing approach can be due to protectionist trade interests (e.g., Moldova has health warning requirements for alcohol products but wine is excluded as it is regulated separately).^{95,109} It is also important that countries prohibit health claims on alcoholic beverages as the EU does, through Regulation No 1924/2006.¹¹⁰ Countries should consider doing the same when reviewing or developing alcohol labelling policies.

Due to the complexity of alcohol labelling, the lack of international guidance and a standardised approach, and the strong interference from the alcohol industry, there is a significant gap in information about alcohol labelling modalities and regulations around the world. The most significant amount of information is on the European region and there needs to be significantly more surveillance and research across the world to understand how this issue is addressed in other regions and how effectively.⁹⁵

Recommendations on labelling policy across NCD risk factors

The following call to action and policy recommendations are based on the analysis of this policy brief and are primarily targeted to governments. This section also includes suggested coordinated actions for civil society to advocate for labelling policies across NCD risk factors.

CALL TO ACTION

Being informed about the composition and warned about the harms of products that are available for personal consumption is a human right. It is time that the burden of seeking health information about tobacco, HFSS food and alcohol products moves away from consumers and onto the producers. Given information provisions and warnings have not been effectively undertaken by industry actors, national policymakers must enact mandatory labelling policies across NCD risk factors as part of a comprehensive package of interventions for NCD prevention.

We call on all countries to implement tobacco health warnings in line with FCTC; adopt mandatory nutrition-specific warning FOPNL to prevent diet-related NCDs, learning from the experience of countries such as Chile, Mexico and Argentina; and prioritise the implementation of alcohol labelling based on the lessons learnt from tobacco and nutritional labelling. We urge governments to commit by the 2025 UN High-Level Meeting on NCDs to implementing these three labelling policies.

These policies will lead to increased health literacy at the population level and contribute to building health-enabling environments by supporting individuals in making informed choices about the products they consume, improving their health outcomes over time.



RECOMMENDATIONS FOR GOVERNMENTS

1

Enact mandatory health warning policies on labelling across NCD risk factors, including tobacco, HFSS foods^{XIX} and alcohol – voluntary industry commitments have proven ineffective, keeping consumers in the dark about the health harms of the products.

2

Ensure the development and implementation of labelling policies are safeguarded against industry interference – for instance, via the translation of FCTC Article 5.3 and its Guidelines into national law or policies, and by developing transparent government-led policymaking processes and comprehensive conflict of interest policies that encompass other industry sectors with vested interests (i.e., including alcohol and HFSS food industries).

3

Engage stakeholders from all relevant sectors and institutions, identifying likely supporters and opponents – to encourage a more unified voice among all stakeholders supportive of health promotion and a risk-reduction strategy mitigating interference from opposing actors.

4

Be comprehensive and specific on the design elements of health warnings and other implementation considerations for labelling policies – for instance, specify the location, size, shape, colours and message content for health warnings to ensure industry actors implement them effectively and reduce scope for exploitation of loopholes. To optimise policy design, consider:

- a. **Mapping regulations relevant to the labelling of products beyond public health-focused labelling policies** – this will identify support for the measure and appropriate legislative mandates for governments to develop, implement and enforce the measures, and identify any existing laws that may provide a legal basis for health warnings and labelling regulations (e.g., consumer laws) and useful learnings that can be transferred to developing public health-focused labelling policies.
- b. **Performing consumer pre-marketing testing of health warnings and labels with support from the research community to define the most effective context-specific design considerations** – this can be done quickly, simply and with few resources, and can support the case for implementation during policy development; where possible, studies in simulated or real-world contexts should also be considered to report on behaviour changes.
- c. **Accompanying labelling policies with media campaigns and, depending on the national contexts, integrating education on labelling policies in school curricula** – this will increase population understanding and use of health warnings.
- d. **Including relevant restrictions on health claims, packaging design (including through plain packaging for tobacco products) or other marketing strategies** – as we have seen with tobacco health warnings and FOPNL policies, this will enhance the impact of labelling policies, by restricting the marketing strategies that industry actors might use to reduce the impact of warning labels.

5

Monitor implementation and facilitate the sharing of best practices among national enforcement bodies in charge of monitoring the labelling of tobacco, HFSS food and alcohol products – to allow the exchange of knowledge and increase consistency where relevant.

6

Implement labelling policies as part of a comprehensive package of policies to reduce tobacco and alcohol use and promote healthy diets – implementing labelling policies together with other public health interventions across NCD risk factors recommended by the Appendix 3 of the Global NCD Action Plan 2013–2030 (e.g., fiscal and marketing policies) will bring stronger results.

7

Fund research to increase the evidence base on the effectiveness of health warnings across NCD risk factors and the ongoing monitoring of labelling policies – this includes evaluating the many objectives of labelling policies such as consumer knowledge about health risks, purchase intentions, sales evolution, and ultimately longitudinal studies on health outcomes; as well as identifying products and behaviours contributing to the public health issue; and funding implementation research to increase the understanding on the enablers to scale up labelling policies, as in **this recent study (June 2023) on the FOPNL law in Peru**.

8

Support and contribute to the development of repositories and surveillance mechanisms for mandatory FOPNL and alcohol labelling policies, as we have seen for tobacco health warnings – the development of warning libraries and status reports for tobacco health warnings has supported further implementation of warnings, and these can be developed with support from the research community and civil society.

9

Request guidance from WHO and other relevant UN bodies on how to overcome trade challenges around labelling policies, especially for alcohol labelling – including through Codex and the possibilities to apply health exceptions and flexibilities in relevant trade agreements.

10

Report on countries' progress in implementing labelling policies as part of relevant accountability processes – including through the Human Rights Council's Universal Periodic Reviews and the SDG Voluntary National Reviews.

XIX Governments can also consider implementing a different mandatory FOPNL system, based on the country's policy objectives and results from local consumer research and pre-marketing testing. Our recommendation is based on the positive outcomes from nutrient-specific warning FOPNL policies already documented in Latin America,⁹ and studies showing nutrient-specific warning FOPNL policies outperform in discouraging the consumption of unhealthy products for the prevention of NCDs, such as the one in Jamaica.⁶¹

RECOMMENDATIONS FOR NCD CIVIL SOCIETY

1

Showcase examples of countries implementing and successfully complying with mandatory health warnings across tobacco, HFSS food and alcohol products – including through a repository of case studies, best practices and lessons learnt, to inspire other countries to advance their labelling policies learning from how others have overcome policy barriers (including industry opposition).

2

Engage with the media to raise public (and political) awareness about the importance of health warnings and other labelling policies on unhealthy products – as part of people's right to health and consumer information, showcasing how industry leverages products' packaging to deceive or manipulate consumers when product's labelling and packaging is unregulated.

3

Collaborate with and learn from tobacco control, nutrition and alcohol policy advocates in your country and/or region – to assess development, implementation or review opportunities of labelling policies across NCD risk factors, learning from best practices based on previous policy development processes and implementation challenges for specific unhealthy products.

4

Synthesise arguments opposing labelling policies and gather evidence available to counter them – for instance, this could include counterarguments on the negative economic impact of implementing these policies, their cost implications, and trade barriers.

5

Monitor the implementation of labelling policies and report policy breaches, including through media – to ensure labelling policies are complied with and to encourage compliance where not.

6

Compile and denounce tactics used by industry actors to deter, delay or weaken labelling policies, including via marketing tactics – to serve as guidance for countries developing, implementing or reviewing labelling policies to protect and improve the design of policies accordingly.

7

Perform shadow reporting on labelling policies for countries not prioritising these across NCD risk factors – especially through the Human Rights Council's Universal Periodic Reviews, making the case for labelling policies an essential element to achieve the human right to health.

8

Follow and engage in Codex proceedings, especially of the Codex Committee on Food Labelling – to ensure standards on nutrition and alcohol labelling are strengthened, also encouraging Member States to go beyond these standards in their national implementation.

9

Collaborate with consumer and human right organisations – to make the case for labelling policies as a consumer and human right in addition to being essential public health interventions.

10

Build coalitions for change by working with other civil society organisations with mutual interests and academia – to make better use of available evidence and of the provisions of international agreements; this could include compiling existing international and national legislation on labelling policies across NCD risk factors in a database (similar to the **Tobacco Control Laws** platform by Campaign for Tobacco-Free Kids) and developing guidance on how to monitor and counteract industry tactics.

Warning beyond the packaging

Health warnings on unhealthy product packages have been shown to be an effective intervention to increase health literacy and reduce the consumption of such products. However, their large availability and pervasive marketing increases consumer exposure to these products. Therefore, health warnings remain a relevant intervention beyond the packaging, including on product units where relevant, and in points of sale and consumption, ads, and media depiction.

In 2023, Canada became the first country to require health warning labels on the **paper of individual cigarettes** reaching; for instance, for young people who may not be exposed to their packaging.¹¹¹ The country will also show warnings when cigarettes are depicted in media, making them less attractive. India also announced regulations on the **depiction of tobacco in online content** (i.e., Netflix and other streaming media services) requiring 30-second “anti-tobacco health spot[s]” and 20-second audio-visual disclaimers on tobacco harms at the start and middle of programmes, and to include a static warning at the bottom of the screen when tobacco is shown.^{112,113}

Chile’s Law of Food Labelling and Advertising requires that **ads of food products containing HFSS labels** include warning messages if they are advertised outside restricted times.²¹ Ireland’s new Public Health (Alcohol) (Labelling) Regulations 2023 also demands health warnings in **licensed premises and websites selling alcohol products**.⁹⁷ California (USA) requires points of sale and consumption with exposure to “chemicals that cause cancer, birth defects or other reproductive harm”¹¹⁴ to have warning signs that mention these risks, including **where alcohol is sold or served, including bars**.¹¹⁵ Most countries of the Eurasian Economic Union where there is not a full ban on alcohol advertisement have the obligation to include health warnings in **alcohol advertisements**.⁹³

It is important to see these different channels to display health warnings as complementary approaches to labelling and packaging policies that should not jeopardise efforts (nor be seen as alternatives) to ban or restrict the advertisement, promotion and sponsorship of unhealthy products. These different approaches should be considered for implementation across unhealthy products when relevant.

Warning about environmental impacts for people’s health

Planetary and human health are highly interlinked. For instance, climate change and air pollution, a major NCD risk factor, are driven by the use of fossil fuels; the promotion of active transport can reduce carbon emissions and air pollution, while promoting physical activity; and climate change has strong implications on food systems, reducing crop yields and the availability and affordability of fresh foods for healthy diets.¹¹⁶

Health and environmental warnings in points of sale of fossil fuels can be a strategy to raise awareness about these links and encourage changes in attitudes and behaviours towards fossil fuels.¹¹⁷ In 2019, Cambridge, MA (USA) was the first city to enforce a health and environmental warning in fuel pumps through yellow labels that includes the caption “major consequences on human health and the environment, including contributing to climate change.”¹¹⁸

Moreover, current food systems significantly contribute to carbon emissions, pollution and loss of diversity, with the health implications these environmental determinants have on health.¹¹⁹ There is therefore also a public health interest in displaying environmental impact labels on foods. For instance, **FoodSwitch** is a mobile app developed by The George Institute for Global Health that provides simplified nutritional information on products and also includes a rating system that scales the impact of products on planetary health (measured by greenhouse gas emissions).

Environmental impact labels should also be considered in labelling policies across unhealthy products.

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