The NCD Alliance
Putting non-communicable diseases on the global agenda

WHO Draft Guideline: Sugars intake for adults and children

About the NCD Alliance

The NCD Alliance is a unique civil society network of over 2,000 organizations in more than 170 countries focused on raising the profile of non-communicable diseases (NCDs) on the global development agenda. Founded in 2009, the NCD Alliance unites five international NGO federations and a network of global and national NGOs, scientific and professional associations, academic and research institutions, private sector entities, and dedicated individuals. The NCD Alliance works closely with key partners, including the World Health Organization and Member States, to catalyze action on NCDs at all levels.

Summary:

- The NCD Alliance applauds WHO on the systematic and transparent approach it has taken to developing the sugar guidelines, particularly in its adoption of the highly robust and transparent GRADE system.
- We strongly support the developmental target towards a further reduction in intake level of free sugars to below 5%. We urge WHO to change it from a *"conditional"* to a "*strong"* recommendation.
- We recommend revising a recommendation to read "*in both adults and children, WHO recommends that intake of free sugars ~~not exceed~~* ***be less than*** *10% of total energy*."
- The scale of the NCD burden is unprecedented. We urgently need a step change from the approaches taken so far if we are to successfully tackle NCDs. And that should start with reviewing what we are currently doing.
- There is no dietary or nutrition requirement for added or free sugars. Consumption of free sugars is associated with significant poor health outcomes including overweight, dental caries, NCDs, displacement of nutritious foods and energy-dense, nutrient poor diets.
- Individuals and populations palates can adapt towards a reduced preference for sweetness.
- We support the focus of the review on obesity and dental caries. The evidence shows a clear and link between consumption of free sugars and weight gain and tooth decay. Tooth decay is a major cause of pain and suffering in children, and its consequences track into adulthood. Obesity poses an important and growing risk for serious diet-related noncommunicable diseases, including diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer.
- We draw attention to the statement on page 8 that *"there were no strong disagreements among the Nutrition Guidance Expert Advisory Group members on any aspect of the guideline."*
- The recommendations on how the guidelines can be used by policy planners should be extended to include policies on economic and fiscal measures such as food taxes; reformulation; agriculture policies; marketing restrictions of foods high in sugar as well as saturated fat and salt; nutrition and health claims (as part of labelling).
- Further research is needed to assess the impact of a variety of policies on free sugar consumption including fiscal policies such as taxes, trade policies, trade and investment policies, agriculture policies, policies related to the marketing of foods high in free or added sugars
- We recommend that the guidelines provide supplementary targets on per-capita intake of free sugars for countries that do not yet have diet and nutrition surveys.

Specific Comments

Background (page 5-6)

The NCD Alliance requests that the four major NCDs – diabetes, cancer, cardiovascular disease, and chronic respiratory diseases - are clearly mentioned in the background section. The majority of the 36 million deaths due to NCDs are caused by these four diseases and their economic impact – on health budgets, communities, and families - are significant.

We welcome the reference to free sugar intake in the form of sugar-sweetened beverages throughout the document. However, the background section of the guideline restricts its remarks on the consumption of these drinks to the consequent reduction in intake of foods containing more nutritionally beneficial calories. This sentence alone does not fully explain the risks associated with high intake of these products and can therefore be misleading for consumers. High intake of sugar-sweetened beverages is a direct risk factor for obesity, diabetes and other diet-related NCDs and we strongly recommend that this is clearly specified throughout the guideline.

The recommendations (page 11)

The NCD Alliance strongly supports the proposed WHO recommendations:

- Reduced intake of free sugars throughout the life-course (*strong recommendation*).

We strongly urge that following is changed from a provisional to a strong recommendation, as a developmental target:

- Further reduction to below 5% of total energy (~~*conditional*~~ ***strong*** *recommendation*).

We particularly support the target towards a further reduction in intake level of free sugars to below 5% for the following reasons:

- The scale the NCD burden is unprecedented. We need a radical departure and step change from the approaches taken so far if we are to successfully tackle them. And that should start with reviewing what we are currently doing.
- There is no dietary or nutrition requirement for added sugars
- Consumption of added sugars is associated with significant negative outcomes including overweight, dental caries, the displacement of nutritious foods from the diet as well as energy dense, nutrient poor diets
- As noted by the proposal, there is no harm associated with reducing the intake of free sugars to less than 5% total energy
- People's palates can adapt to a preference for less sweet tastes as a result of gradual reductions. This has been demonstrated from successful salt reduction initiatives around the world, as well changes in preference from sugared to sugar free tea and coffee.
- Many alternatives are available to added sugars in most countries. These include minimally processed natural and whole foods, particularly fruit, vegetables, nuts, pulses and whole grains. However, there is a predominance of added sugars in snack and discretionary foods.

- The impacts on sugar producing countries should be explored by FAO with support provided to low- and middle-income countries, farmers and producers who rely on sugar production as a major source of income. This should include diversifying from sugar production to producing other plant-based foods of public health benefit owing to their relative nutrient density, such as fruit, vegetables, nuts, pulses and whole grains.

We are concerned that there appears to be a weakening of the recommendation relating to the recommendation on <10% of energy intake from free sugars. In the current guideline, this recommendation has been changed from previous WHO policy from "<10% energy" to "not exceed 10%", which could be interpreted that 10% is acceptable. Given the new emerging evidence of a benefit for much lower sugar intake of <5% energy intake, we recommend that the following recommendation is amended so that it is in line with the recommendations contained within the WHO 797 and WHO 916 reports:

- In both adults and children, WHO recommends that the intake of free sugars ~~not exceed~~ **be less than** 10% of total energy (*strong recommendation*).

Additional per capita guidelines

We recommend that the guidelines provide supplementary and parallel recommendations on per-capita availability and/or consumption of sugar at the macro-level. Many countries do not yet have regular diet and nutrition surveys which can reliably monitor food and nutrient intakes in the population. Establishing per capita consumption targets will allow countries to begin to develop and monitor the impact of policies straight away. These per capita targets would be in line with the levels associated with the evidence on dental caries and sugar consumption:

- A developmental recommendation: Per capita intake of less than 10kg/person/year (approximately 5% of total energy intake)
- A recommendation that: Per capita intake of less than 18kg/person/year (approximately 10% of total energy intake)

Summary of the evidence (page 9)

We welcome the comprehensive systematic reviews and meta-analysis which have been commissioned to inform the guidelines, and commend the use of the robust GRADE methodology to assess the strength of the evidence and make recommendations.

Summary of evidence: body weight

We support the focus of the review on body weight. The evidence shows a clear and reversible link between consumption of free sugars and weight gain. Obesity poses an important and growing risk for serious diet-related NCDs, including diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer.

Summary of evidence: dental caries

The evidence shows that there is a clear dose-response relationship between sugar consumption and tooth decay in children and adults. Tooth decay is a major cause of pain and suffering in children, and its consequences track into adulthood as a major source of poor nutrition, embarrassment and self esteem.

The evidence is sufficient and there is strong consensus among independent experts

Given the scale of the problem, action must take place now and the world cannot afford to wait until further evidence becomes available before governments and policy makers start to act.

Significantly, we draw attention to the statement on page 8 that "there were no strong disagreements among the NUAG (WHO Nutrition Guidance Expert Advisory Group) members on any aspect of the guideline." We wish to add our strong support for the recommendation to limit free sugar intakes to less than 5% of energy intake.

Research gaps and future initiatives: implications for future research (page 14)

The evidence that sugar plays a major role in obesity, tooth decay and associated NCDs is sufficient to support the proposed recommendations.

Research is needed to assess the impact of a variety of policies on free sugar consumption including:

- fiscal policies such as taxes, where they have been introduced
- trade policies, such as trade liberalisation and foreign direct investment policies
- agriculture policies
- policies related to the marketing of foods high in free or added sugars (as well as saturated fat and salt)

Remarks (page 12)

Free sugars include monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit concentrates.

We strongly agree with this. It is important that the issue of misleading labels is also addressed. We need to look at much more clear labelling system and education for consumers worldwide. Products may often be labelled as "sugar-free" when they are in fact flavoured with sugars disguised as concentrated fruit juices e.g. apple concentrate. Or in other cases, cane or beet sugar, or corn syrup, could be labelled as a "vegetable extract" or "juice".

For countries with low free sugars intake, levels should not be increased. Higher intakes of free sugars threaten the nutrient quality of diets by providing significant energy without specific nutrients.

We strongly agree with this. In addition, free sugar intakes need to be reduced in countries where they are much higher.

These recommendations were based on the totality of evidence regarding the relationship between free sugars intake, and body weight and dental caries.

We strongly agree that the recommendations are based on the totality of the evidence. This should include epidemiology, animal experiments, treatment trials, expert consensus, the importance of outcomes, and the evidence of an absence of harm. We therefore strongly support the use of GRADE methodology in the development of these guidelines.

Increasing or decreasing dietary sugars is associated with parallel changes in body weight, and the relationship is present regardless of the intake of free sugars. The excess body weight associated with free sugars intake results from excess energy intake.

We agree with this statement based on the evidence provided in the report. This adds weight to the recommendation that free sugars must be reduced to below 5%.

The recommendation to limit free sugars intake to less than 10% of total energy is based on observational studies that use dental caries as an outcome.

The evidence for obesity, based on the studies provided, and the urgent need for global action to tackle obesity, strongly suggests that a developmental recommendation of <5% of energy from free sugars would be beneficial.

The recommendation to further limit free sugars to less than 5% of total energy is based on ecological studies in which a linear relationship between sugars and dental caries was observed.

A similar causal relationship between sugars intake and weight gain has been demonstrated by the evidence. Therefore studies would be likely to show that a reduction to less than 5% would be beneficial for reducing obesity as well as for dental caries. However, this should not delay the WHO from making the below 5% recommendation.

The recommendation to further limit free sugars intake to less than 5% of total energy is further based on the recognition that dental caries tracks from childhood to adulthood; in order to minimize lifelong risk of dental caries, the consumption of free sugars should be as low as possible.

We agree with this statement, and would add that it also applies to obesity. A preference for sugar in childhood predisposed a preference for sugar in adulthood. Overweight and obese children are likely to be overweight and obese adults and at and increased risk of developing NCDs.

Any additional comments

Translation and implementation (page 13)

We support the proposed recommendations on how the guidelines can be used, and suggest these are extended as follows:

- In addition to the guideline being disseminated through all WHO channels, we also recommend that its message needs to be actively promoted. The NCD Alliance commits to supporting and collaborating with its promotion through our activities and campaigns.
- The guidelines can be used by programme managers and policy planners to develop measures to reduce intake of free sugars through public health interventions (labelling, consumer education

and the establishment of food based dietary guidelines). We recommend that this list is extended to include:

  - Economic and fiscal measures such as food taxes
  - Reformulation
  - Agriculture policies (subsidies and incentives) – informed by per capita intakes where appropriate
  - Marketing restrictions of foods high in sugar as well as saturated fat and salt
  - Nutrition and health claims (as part of labelling)

- Recommend that appropriate tools are developed in order to facilitate the adoption of this guideline and the implementation of measures which comply with its recommendations.

Last para on page 13 – "it is feasible to achieve this recommendation while respecting national dietary customs, because a wide variety of fresh foods are naturally low in sugars". This should be amended to acknowledge that not just fresh but many other whole foods (plant based foods) are low in sugars, for example, nuts, cereals, pulses and whole grains.

Monitoring and implementation, p14

Welcome the expansion of the WHO Global Database on the Implementation of Nutrition Action (GINA) to monitor and capture country progress on translating the guidelines into action.