Nutrient Profile Models: A valuable tool for developing healthy food policies
This Nutrient Profile Models position paper was developed by the Global Health Advocacy Incubator (GHAI) in partnership with the Global Center for Legal Innovation on Food Environments, Resolve to Save Lives and Vital Strategies.

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1. Introduction

Unhealthy diets have a direct impact on overweight, obesity and malnutrition, and are key contributing factors to non-communicable diseases (NCDs) and to their related premature morbidity and mortality in all regions of the world. Consequently, it is critical that states proactively and comprehensively address diet-related NCDs’ preventable risk factors. Food products that contain excessive levels of unhealthy nutrients and ingredients, such as sugar, sodium, saturated fat, trans fats and non-sugar sweeteners, are typically markers of processed and ultra-processed food and drink products (UPPs), which are known to pose a greater risk for malnutrition, obesity and NCDs like diabetes and cardiovascular disease. Most processed food and drink, and particularly UPPs, contribute to malnutrition in all forms.

Therefore, governments should take immediate action to reduce the consumption of UPPs (or flatten the curve in regions where consumption is still low but growing) and promote access to healthy and nutritious food.

International human rights law compels states to act. The right to health extends not only to timely and appropriate health care, but also to the underlying determinants of health, including food, nutrition and a healthy environment. In turn, the right to adequate food entitles every person to physical and economic access to food that is nutritionally adequate and culturally acceptable, as well as sustainable. Food must be accessible in ways that do not interfere with the enjoyment of other human rights, such as the right to health.

The widespread availability and aggressive promotion of unhealthy products contribute to the creation of unhealthy environments, which threatens the enjoyment of the rights to health and adequate food, among other interdependent rights. In this context, states must take concrete, deliberate and targeted measures to transform these unhealthy environments—not only by refraining to engage in any conduct likely to result in preventable, diet-related morbidity or mortality—but also by preventing enterprises from depriving individuals of their access to adequate food. This comprises government regulation of the food and beverage industry to offer accurate, easily understandable and transparent information that empowers consumers and makes healthier alternatives the more affordable, accessible and, subsequently, the preferred options.

Worldwide, authoritative bodies—including state governments and the World Health Organization (WHO)—recognize the value of Nutrient Profile Models (NPMs) to objectively, transparently and reproducibly evaluate the nutrients and ingredients in foods and nonalcoholic beverage products as a basis for healthy food policies.

This document presents best practices—based on scientific evidence, free from conflicts of interest—for defining, selecting and using effective NPMs, to identify nutrients and ingredients of concern. NPMs
outlining thresholds of these concerning nutrients and ingredients can and should inform the design of food policies with the objective of reducing the consumption of unhealthy products at the population level.

This document summarizes scientific evidence, NPMs already developed, and lessons learned from several countries that have implemented food policies, and where loopholes in the NPMs offered opportunities for the food industry to continue promoting UPPs—consequently threatening the effectiveness of the policies to protect the right to food. This document also equips civil society advocates and decision makers with information to select the highest standards for their country’s NPM, based upon emerging evidence and implementation experiences, to better protect the right to food for all, in their own contexts.
2. What is a Nutrient Profile Model?

According to the WHO, nutrient profiling is “the science of classifying or categorizing food and drink products according to their nutritional composition for reasons related to preventing disease and promoting health.”

NPMs are developed to categorize food and drink products and establish thresholds of nutrients of concern and should also constitute all non-sugar sweeteners (NSSs) and potentially other ingredients and additives that are harmful to health when consumed in excess and, therefore, should be limited in standard diets.
3. Why is it important to define a robust NPM?

The goal of a NPM is to discourage consumption of unhealthy products excessive in nutrients and ingredients of concern which can reduce diet quality and harm health. UPPs include most of these foods and drinks, as they are often excessive in sugar, sodium, saturated fat, trans-fat, NSSs, or other ingredients of concern. Robust NPMs should be based on strong scientific evidence free of conflict of interest, defined in a transparent manner without industry interference, and should be easy to implement.

NPMs are applied as a tool to guide the design, implementation, monitoring, enforcement and evaluation of various regulatory strategies regarding UPPs, and to prevent and control NCDs. Such strategies might include:

- Front-of-package warning labels (FOPWL)
- Marketing restrictions
- Regulation of school food environments, procurement and services
- Food procurement for public institutions
- Taxation policies
- Regulation of social food assistance programs to vulnerable groups

Ideally, NPMs should be:

**Consistent with WHO recommendations:** The model should limit nutrients and ingredients of concern as outlined in the *WHO Population Nutrient Intake Goals*, which are based upon daily energy requirements. The *WHO Population Nutrient Intake Goals* account for diets in all age groups, including children.

**Relevant across populations:** The model should be applicable to the country’s general population, and not only for special subgroups, like children, or targeting people living with NCDs. The goal is to discourage the consumption of unhealthy products across the population.

**Ingredient- and nutrient-specific:** The model should include thresholds for nutrients and ingredients of concern that are associated with NCDs and are markers of UPPs.

**Applied to two categories—solid and liquid—and not to multiple product-specific categories:** Adopting more than two categories creates implementation difficulties, as well as opportunities for the food industry to manipulate the thresholds and interfere with the NPM design.

**Establish one threshold for each nutrient and ingredient of concern:** The model should use one threshold for solids and one for liquids, with thresholds based on whether a product has a nutrient above the maximum level of consumption recommended by WHO.

**Applied to only processed products and UPPs to limit the consumption of the nutrients and ingredients of concern:** The model should not be applied to unprocessed or minimally processed foods like fresh foods and culinary ingredients, among others.
Reasons not to include “nutrients to encourage” in a NPM

The inclusion of nutrients to encourage—like micro and macro nutrients (e.g., vitamins, minerals, fiber and protein)—as part of NPMs is NOT recommended for several reasons:

- The existence of “nutrients to encourage” in a product does not reduce the health damage associated with excessive nutrients and ingredients of concern. It is biologically impossible for the contents of vitamins, protein, or fiber to offset the adverse impact of sugar, sodium, saturated fats, trans fats or NSSs.

- The presence of information about “nutrients to encourage” used, for example, in the front-of-package design has led to the “health halo effect,” in which information presented in a confusing way leads to misperceptions about the overall healthfulness of the product.58

- Merging or adding information about “nutrients to encourage” into a NPM—which is intended to inform demand and offer reduction policies targeted at processed and ultra-processed products with excessive amounts of nutrients and ingredients of concern—will divert the purpose of the policy, decrease its effect, and increase consumer confusion.

- The proposal to incorporate “nutrients to encourage” in a NPM is strongly linked to the “positive nutrition approach” that the food industry is using globally with the intention to reformulate their UPPs and promote them as a false solution to hunger and undernutrition.59,60

- NPM scoring systems like Nutri-Score, Food Compass, and Health Star Rating integrate “nutrients to encourage” and “nutrients to discourage” into a summarized score; this does not allow consumers to understand individual levels of nutrients and ingredients of concern.

- NPM scoring systems allow ultra-processed-food corporations to promote processed products and UPPs by adding micronutrients or other “nutrients to encourage” through fortification. This could further leverage the consumption of the excessive sodium, sugars, saturated fats and/or trans fats found in such products, jeopardizing the policy objective.

- Policies using a NPM focused on only excessive amounts of nutrients and ingredients of concern help consumers to avoid excessive amounts of sodium, sugars, total fats, saturated fats and trans fats, effectively improving quality diets and preventing NCDs.61,62
4. How are NPMs applied?

NPMs can be applied using two effective approaches:

A. Adoption of PAHO, SEARO or AFRO WHO NPMs

All WHO regions published a NPM between 2015 and 2019. However, there is heterogeneity among them. Some of them propose a NPM applicable to only marketing restrictions to children, like Eastern Mediterranean Region (EMRO), Europe (EURO), and Western Pacific Region (WPRO). The Pan American region (PAHO), on the other hand, has a NPM that applies to several healthy food policies, and the NPM for the African Region (AFRO) and the NPM for the South-East Asia Region (SEARO) have a NPM not only validated for marketing restrictions to children, but also that establishes thresholds that could be adapted for other food policies.

PAHO, SEARO and AFRO regional NPMs classify products as having an excessive amount of nutrients of concern when the proportion of nutrients exceeds the WHO-recommended maximum intake. These three WHO regional NPMs align with the WHO-recommended intake limit for nutrients of concern, including thresholds adjusted according to energy requirements (also known as caloric denominators) that can be applied to the entire population, including children.

The following table summarizes how the PAHO, SEARO and AFRO regional NPMs define the thresholds for products excessive in nutrients and ingredients of concern. Some minor differences exist between them; for example, the PAHO NPM doesn’t divide products into solids and liquids, and addresses the inclusion of NSSs, while SEARO and AFRO do divide solids and liquids, and establish a stricter standard than PAHO for free sugars in beverages (5% limit of total energy).

Recommended criteria for identifying food and drinks excessive in nutrients and ingredients of concern curated from PAHO, SEARO and AFRO regional NPMs

<table>
<thead>
<tr>
<th>SODIUM</th>
<th>FREE SUGARS</th>
<th>NON-SUGAR SWEETENERS</th>
<th>TOTAL FAT</th>
<th>SATURATED FAT</th>
<th>TRANS FAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 1 mg of sodium per 1 kcal OR ≥ 300 mg/100 g of product OR ≥ 40 mg/100 ml in beverages that do not provide any energy*</td>
<td>≥ 10% of total energy from free sugars in solids and ≥ 5% of total energy from free sugars in liquids**</td>
<td>any amount of non-sugar sweeteners ***</td>
<td>≥ 30% of total energy from total fat****</td>
<td>≥ 10% of total energy from saturated fat</td>
<td>≥ 1% of total energy from trans fat</td>
</tr>
</tbody>
</table>
PAHO, SEARO and AFRO define only ≥ 1 mg of sodium per 1 kcal. Based on the limitation it represents for sodium in products with high caloric density, Mexico, Argentina and Colombia added the option of ≥300 mg of sodium per 100g of product and 40 mg/100 ml in beverages that do not provide any energy to reduce this limitation of the NPM for sodium. This is recommended by PAHO.\textsuperscript{73}

PAHO defines 10% of total energy from free sugars in solids and liquids, while SEARO and AFRO defines 10% of total energy from free sugars in solid products and 5% of total energy from free sugars in liquids.

Included in PAHO NPM. In SEARO and AFRO NPMs, though NSSs are not part of the NPMs, it is acknowledged these additives are commonly used as a substitute for sugar, are not essential, have no nutritional value, and do not have a positive impact on diet.\textsuperscript{74}

While PAHO, SEARO and AFRO NPMs recommend including total fats, it is not essential to include them as the priority are saturated fats and trans fats.

While PAHO, SEARO and AFRO WHO NPMs did not include energy density as part of the NPM, some countries decided to include it, based on their context. See the Annex (NPM Case Studies), in which Mexico and Argentina included energy density as part of their NPMs.

SEARO and AFRO, in addition to establishing thresholds for nutrients of concern for solids and liquids based on the WHO recommendation of consumption for general nutrition policies, also validated the NPM for marketing to children, classifying products into 18 categories. To establish a NPM as the basis of various regulatory strategies that can be implemented and enforced, it is recommended to set the thresholds for only two categories (solids and liquids), and avoid the use of multiple food categories, as it complicates the design and implementation of policies and creates opportunities for industry manipulation and interference.

Adopting a regional model brings some benefits compared with developing a new NPM for an individual country. Adopting WHO regional NPMs with rigorous standards—as PAHO, SEARO and AFRO have—requires fewer resources and a shorter timeline for implementation. The use of a regional framework also helps with possible political, judicial or administrative challenges by industry. It is important to continue to monitor implementation experiences in other countries and emerging evidence that could further improve a policy’s standard. For instance, in Mexico, the PAHO NPM was adopted with improvements in the sodium threshold and the inclusion of NSSs, based upon lessons learned in Chile.

B. Country Development of a New NPM

If a country decides to develop a new NPM, it should be developed by policymakers and institutions free from conflicts of interest, and it should be scientifically demonstrated as superior or at least as effective as available best practices in reducing the consumption of excessive nutrients and ingredients of concern. Based upon currently available evidence, existing best practices are the PAHO, SEARO and AFRO WHO NPMs with the adaptations shown in the table above.

Chile was the first country to design its own NPM to implement multiple mandatory related healthy food policies (FOPWL and marketing restrictions, among others) in
2016. Chile’s NPM did not include NSSs, and food and beverage companies reformulated their products to replace sugar with NSSs, allowing them to remove FOPWL from many products and to continue promoting them. After analyzing the Chilean experience and after the publication of PAHO NPM, Mexico improved sodium thresholds and included NSSs and caffeine in its NPM. These innovations improving the PAHO NPM standard have also been implemented in other countries, such as Argentina and Colombia.

**Industry tactics to hinder the adoption of NPMs**

Given the importance of NPMs in the design of healthy food policy, the food industry has been undermining, delaying and weakening the technical definitions and goals of NPMs. Some examples of industry interference in NPM development include:

- Opposition to the adoption of best practice NPMs (PAHO/SEARO/AFRO).
- Proposals for NPMs based on serving size, which are easier to manipulate and inconsistent within product categories.
- Lobbying to increase the exclusion of food and beverage groups from NPMs, in order to reduce the scope of the products with warning labels and/or affected by other policies, like marketing restrictions.
- Pressure for less-strict thresholds for nutrients and ingredients of concern, in order to reduce the scope of the products included in the policy and protect company brands, which can dilute the potential impact of the policies.
- Establishment of NPMs based on the market offer rather than on science and consumer health protection.\(^76\)
- Pressure for a higher number of food and beverage categories in the NPM, which creates more thresholds to establish and monitor, and more opportunities for industry manipulation.\(^77\)
- Lobbying to introduce NPMs based on scoring systems that highlight “nutrients to encourage,” offering industry opportunities to fortify unhealthy products and position their brands as healthy, despite products containing excessive levels of nutrients and ingredients of concern.
Nutrient profile models are intended to discourage the consumption of products excessive in nutrients and ingredients of concern and are needed to help decision makers implement food policies that promote and protect healthy diets, and subsequently prevent NCDs. Implementation of robust and evidence based NPMs are necessary for public health, as NPMs may guide the design, implementation, and ultimate impact of multiple healthy food policies.

Governments are encouraged to adopt and implement a NPM based on strong scientific evidence free of conflict of interest and taking in consideration the lessons learned in other countries by establishing the following recommendations:

- Guarantee that the adoption and implementation process remain unaffected by food industries and other corporate stakeholders.
- Adopting PAHO, SEARO or AFRO regional NPMs to define products excessive in nutrients and ingredients of concern with adaptations to the country context when needed. These established models represent the highest standard to identify food and beverages with excessive amounts of nutrients and ingredients of concern, and their adoption requires fewer resources than the creation of a new NPM as it is less time consuming and is more appropriate for the entire population covering different age groups including children.
- All nutrients and ingredients of concern should be included in a NPM, incorporating sodium, sugar, saturated fat, trans fat and NSSs. As scientific evidence evolves and there are more lessons learned from implementation experience, this list might grow.
  - Countries should adopt a strict criterion of at least 5% of total calories for sugar in liquids based on AFRO and SEARO NPM.
  - Adopt the NPM only for two categories—solids and liquids—for each nutrient/ingredient of concern so implementation and enforcement are feasible.
  - Keep monitoring the emerging evidence and lessons learned to continue improving the standards and the protection of the right to adequate food.
NPM Case Studies

Mexico

Mexico adopted FOPWL in October 2020. The warning labels consist of black octagons that signal excessive amounts of calories, sugar, saturated fat, trans fat or sodium. They also include two warning ‘captions’ for children on products containing non-caloric sweeteners and caffeine. Food and beverage manufacturers must place labels and captions on packaged products that exceed the cut-off points. For small packages, a seal with a number indicating how many labels apply to that product may be used. Exemptions exist for culinary ingredients and products intended for young children (age 3 years and younger), which are regulated by a different law.78

The NPM behind Mexico’s FOPWL is based on the PAHO model.79 The criteria used by PAHO to determine whether a product has excessive levels are shown in the Tables below. NSSs are also included because they can encourage the consumption of sweet foods and beverages, particularly in individuals who are exposed to them early in life. Comparisons with other NPMs show that PAHO’s is stricter and less permissive than other commonly used models.80,81

<table>
<thead>
<tr>
<th>TABLE 1: The Pan American Health Organization’s nutrient profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Fat</strong></td>
</tr>
<tr>
<td>≥ 30% of total energy comes from fat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2: The nutrient profile used to design warning labels in Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Energy</strong></td>
</tr>
<tr>
<td>Solids, per 100 g Liquids, per 100 ml</td>
</tr>
</tbody>
</table>
Context-specific nutrient profiling

Of the six cut-off points in the PAHO profile, Mexican FOPWLs use the ones for free sugars, saturated fats, trans fats and sodium, also expressing nutrient content relative to total weight or volume (per 100 g/ml). National experts also adopted the criterion for energy in solid foods that were used to develop FOPWLs in Chile; it deems products excessive in calories if they contain $\geq 275$ kcal per 100 g.

The Mexican NPM has unique cut-off points for calories and sodium in liquids. Beverages have excess calories if they contain $\geq 70$ total kcal or $\geq 8$ kcal of free sugars per 100 ml. This was done to fairly evaluate drinks in which the calorie source is exclusively sugar. For sodium, $\geq 300$ mg per 100 g was added as an alternative parameter to $\geq 1$ mg per kcal, which is recommended by PAHO as an “absolute ceiling,” considering it is the maximum amount of sodium a food could have in its natural state. Lastly, a specification of $\geq 45$ mg of sodium covers non-caloric beverages. Combining these different elements allowed researchers to create a context-specific NPM upon which to base warning labels in Mexico. The regulation itself not only labels foods, but also prohibits the use of claims and characters—including cartoon and licensed characters, celebrities, athletes and influencers—on products with FOPWLs. This applies to all media through which products are advertised, including stores, the internet, television and billboards, etc.

Argentina

In Argentina, the parliament approved a law that included the PAHO NPM, because local evidence showed the PAHO NPM was more effective than other NPMs and was strongly validated by the National Food guidelines’ consumption recommendations. The regulatory decree implementing the standard was published in the official gazette in 2022. The standard establishes the mandatory inclusion of octagonal FOPWLs on products containing excess sugars, total fats, saturated fats, sodium or calories. Additionally, the standard includes two mandatory legends on products containing NSSs and caffeine. The Argentinian government established a phased implementation approach, with nine months for the first phase and 24 months for the second phase, where the full PAHO NPM will be in effect (see Implementation table below).

The law also requires multiple school environment interventions, food procurement policies and the prohibition of advertising, promotion and sponsorship of products with FOPWLs aimed at children. Furthermore, products carrying the warning labels cannot contain children’s characters or toys, or advertise nutritional or health claims, such as “contains vitamins” or “rich in fiber.”
Prior to this law, Argentina had a law that established a back-of-pack nutrient and ingredient declaration that did not include sugars. The current law includes the declaration of total and added sugars in foods and non-alcoholic beverages.

The Argentine law, combined with its regulations, capitalizes on the regional labeling experience and the evolving evidence based upon nutrient profiling and food policies. Argentina is the second country in the region, after Mexico, to achieve the highest standards in the regulation of front-of-package labeling, using the PAHO NPM with the innovative improvements adopted in Mexico regarding sodium, NSSs and caffeine. Additionally, inspired by lessons learned in the Chilean experience, Argentina adopted—for the first time—four policies in one comprehensive law: The PAHO NPM parameters were used to regulate labeling, advertising, promotion, sponsorship, food procurement and school environments comprehensively and systematically.86

**Implementation**

Argentina’s implementation of warning labels and precautionary legends was progressive and carried out in two stages over two years:

<table>
<thead>
<tr>
<th>First Stage</th>
<th>Second Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cut-off points for nutrients of concern; any content of NSSs and caffeine</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Added sugars</strong></td>
<td></td>
</tr>
<tr>
<td>≥20% of total energy from added sugars</td>
<td>≥10% of total energy from added sugars</td>
</tr>
<tr>
<td><strong>Total fats</strong></td>
<td></td>
</tr>
<tr>
<td>≥35% of total energy from total fat</td>
<td>≥30% of total energy from total fat</td>
</tr>
<tr>
<td><strong>Saturated fats</strong></td>
<td></td>
</tr>
<tr>
<td>≥12% of total energy from saturated fat</td>
<td>≥10% of total energy from saturated fat</td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td></td>
</tr>
<tr>
<td>≥5 mg sodium per 1 kcal or ≥600 mg/100 g Non-alcoholic beverages without energy intake ≥40 mg of sodium every 100 ml</td>
<td>≥1 mg sodium per 1 kcal or ≥300 mg/100 g Non-alcoholic beverages without energy intake ≥40 mg of sodium every 100 ml</td>
</tr>
<tr>
<td><strong>NSSs and/or caffeine</strong></td>
<td></td>
</tr>
<tr>
<td>When the list of ingredients includes NSSs and/or caffeine</td>
<td></td>
</tr>
<tr>
<td><strong>Calories</strong></td>
<td></td>
</tr>
<tr>
<td>Solids ≥300 kcal/100g Non-alcoholic beverages ≥50 kcal/100ml</td>
<td>Solids ≥275 kcal/100g Non-alcoholic beverages ≥25 kcal/100 ml</td>
</tr>
<tr>
<td>The label “EXCESS IN CALORIES” will apply only when exceeding the established calorie limits and combined with one or more labels of excess sugars and/or total fats and/or saturated fats.</td>
<td></td>
</tr>
</tbody>
</table>
6. Endorsements

This NPM position paper has been endorsed by:

- ACT Promoção da Saúde Brasil
- Alianza de Pacientes Uruguay
- amandla.mobi South Africa
- Anxiety and Depression Support Group - Baguio Youth Advocates Philippines
- Asian Medical Students Association (AMSA) Philippines
- Center for Indonesia’s Strategic Development Initiatives (CISDI) Indonesia
- Center for Peace and Development Initiatives (CPDI) Pakistan
- Center for Policy Studies and Advocacy on Sustainable Development Philippines
- Coalition for Americas’ Health /Coalición América Saludable (CLAS)
- Community of Practice in Latin American and Caribbean on Nutrition and Health (Colansa)
- Colectivo de Abogados y Abogadas José Alvear Restrepo (CAJAR) Colombia
- Consumer Unity and Trust Society (CUTS International) India
- Corporate Accountability and Public Participation Africa (CAPPA) Nigeria
- Costa Rica Saludable
- Consumer VOICE India
- Desiderata Institute Brazil
- El Poder del Consumidor Mexico
- Federación Argentina de Graduados en Nutrición (FAGRAN) Argentina
- FIAN Brasil
- Forum Warga Kota (FAKTA) Indonesia
- Fundación Diabetes Uruguay (FDU)
- Fundación Interamericana del Corazón (FIC) Argentina
- Fundación para el Desarrollo de Políticas Sustentables (FUNDEPS) Argentina
- Gatefield Impact Nigeria
- Ghana Academy of Nutrition and Dietetics (GAND) Ghana
- Ghana Public Health Association (GPHA) Ghana
- Healthy Living Alliance (HEALA) South Africa
- HealthBridge Foundation of Canada, Vietnam Office
- Health Futures Foundation, Inc. (HFI), Philippines
- HealthJustice Philippines
- The Heart Foundation of Jamaica (HFJ)
- Heart and Stroke Foundation of Barbados (HSFB)
- Instituto Brasileiro de Defesa do Consumidor (IDEC) Brazil
- Instituto Nacional de Salud Pública (INSP) Mexico
- InterAmerican Heart Foundation (IAHF) - Fundación InterAmericana del Corazón (FIC) Argentina
- ImagineLaw Philippines
- JanMitra Nyas (JMN) India
• Lake Health and Wellbeing *Saint Kitts and Nevis*
• Liga de Consumidores Con Tal Cual *Colombia*
• Mathiwos Wondu-Ye Ethiopia Cancer Society (MWECS) *Ethiopia*
• Medical Action Group (MAG) *Philippines*
• MentalHealthPH *Philippines*
• NCD Alliance of Ethiopia (THENA)
• Network for Health Equity and Development (NHED) *Nigeria*
• Nutrition Advocacy in Public Interest (NAPi) *India*
• Nutrition Center of the Philippines, Inc. (NCP)
• Organización Multidisciplinaria Para La Intregración Social (OMIS) *Uruguay*
• Pakistan National Heart Association (PANAH) *Pakistan*
• Pakistan Youth Change Advocates (PYCA) *Pakistan*
• People’s Health Movement Ghana (PHM)
• Peoples’ Vigilance Committee on Human Rights (PVCHR) *India*
• Philippine Cancer Society, Inc. (PCSI) *Philippines*
• Philippine Legislators’ Committee on Population and Development (PLCPD) and Child Rights Network (CRN) *Philippines*
• PROGGA (Knowledge for Progress) *Bangladesh*
• Psoriasis Philippines (PsorPhil)
• Red Papaz *Colombia*
• Rheumatology Educational Trust Foundation Inc. (RETFI)/ Lupus Inspired Advocacy (LUISA) *Philippines*
• Salauat Astana *Kazakhstan*
• Social Watch Philippines
• Tanzania Women’s Lawyers Association (TAWLA) *Tanzania*
• WomanHealth Philippines
• World Association for Psychosocial Rehabilitation (WAPR) *Philippines*
• World Public Health Nutrition Association (WPHNA)
• Yayasan Lembaga Konsumen Indonesia (YLKI) *Indonesia*
• Youth for Mental Health Coalition Inc. (Y4MH) *Philippines*
3 WHO. Guideline: sugars intake for adults and children, 2015
4 WHO. Guideline: sodium intake for adults and children, 2012
21 The right to health is enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR) (art. 12), as well as in other treaties, such as the Convention on the Rights of the Child (art. 24), the Convention on the Elimination of All Forms of Discrimination against Women (art. 12), and others
23 The right to adequate food is enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR) (art. 11), as well as in other treaties, such as the Convention on the Rights of the Child (art. 24 and 27), the Convention on the Elimination of All Forms of Discrimination against Women (art. 12), and others.


See also Dainius Pūras. Statement by the UN Special Rapporteur on the Right to Health on the Adoption of Front-of-Packaging Warning labelling to Tackle NCD. 2020

WHO. Nutrient profiling: report of a WHO/IASO technical meeting. 4-6 October 2010


WHO. Nutrient Profile Model. 2019


WHO. Nutrient Profile Model. 2019. Regional Office for Europe


48 WHO. *Action framework for developing and implementing public food procurement and service policies for a healthy diet.* 2021. License: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/handle/10665/338525
49 WHO. *Action framework for developing and implementing public food procurement and service policies for a healthy diet.* 2021. License: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/handle/10665/338525
50 WHO. *WHO handbook for guideline development.* 2nd ed. 2014. https://apps.who.int/iris/handle/10665/145714
51 WHO. *Guideline: sugars intake for adults and children.* 2015
52 WHO. *Guideline: sodium intake for adults and children.* 2012
53 WHO. *Guideline: saturated fatty acid and trans-fatty acid intake for adults and children.* 2023. License: CC BY-NC-SA 3.0 IGO
54 WHO. *Guideline: use of non-sugar sweeteners.* 2023. License: CC BY-NC-SA 3.0 IGO.
57 PAHO. *Nutrient Profile Model.* 2016. Washington, D.C
63 WHO. *Nutrient Profile Model to implement the set of recommendations on the marketing of foods and non-alcoholic beverages to children.* Regional Office for South-East Asia. 2019;ISBN 978-92-9022-544-7
64 WHO. *Nutrient Profile Model to implement the set of recommendations on the marketing of foods and non-alcoholic beverages to children.* Regional Office for South-East Asia. 2019;ISBN 978-92-9022-544-7
66 WHO. *Guideline: sugars intake for adults and children.* 2015
68 FAO. *Fats and fatty acids in human nutrition: report of an expert consultation.* Food and Nutrition Paper 91. 2010
69 FAO. *Fats and fatty acids in human nutrition: report of an expert consultation.* Food and Nutrition Paper 91. 2010
72 PAHO. *Nutrient Profile Model.* 2016. Washington, D.C.
74 WHO. *Guideline: use of non-sugar sweeteners.* 2023. License: CC BY-NC-SA 3.0 IGO
75 Ares G, Torres M, Machin L, Antunez L. *Caffeine warning labels may increase young adults’ intention to purchase energy drinks.* Food Quality and Preference, Volume 112. 2023;105003, ISSN 0950-3293. https://doi.org/10.1016/j.foodqual.2023.105003
76 PAHO. *Front-of-Package Labeling as a Policy Tool for the Prevention of Noncommunicable Diseases in the Americas.*
77 For more information on industry tactics, it is recommended to read the third annual industry report, Marketing Exposed: A Global Public Health Threat for Food Policy, produced by GHAI. https://uppindustrywatch.net/Marketing_Exposed_Report.pdf
83 Ministerio de Salud de la Argentina. Análisis del nivel de concordancia de Sistemas de perfil de nutrientes con las Guías Alimentarias para la Población Argentina. 2020. https://bancos.salud.gob.ar/recursos/analisis-del-nivel-de-concordancia-de-sistemas-de-perfil-de-nutrientes-con-las-guias

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