



CALL FOR EVIDENCE

Food, Diet and Obesity:

The George Institute for Global Health submission to the House of Lords Committee on Food, Diet and Obesity

The
George
Institute
for Global Health

The George Institute for Global Health is pleased to contribute to the UK Government's call for evidence on the links between food, diet, and obesity. Research produced by The George Institute for Global Health and other world-leading health and medical research institutes across the world indicates that the limited uptake of healthy and sustainable diets is associated with increased rates of diet-related non-communicable diseases (NCDs), including overweight and obesity, dental caries, diabetes, and some cancers. Unhealthy foods and beverages are pervasively marketed, and are a powerful tool used by food manufacturers to alter food preferences, stimulate unhealthy food purchases, and adversely impact human health.

We commend the House of Lords for establishing the Select Committee and stand ready to collaborate in addressing research gaps identified in the call for evidence. Recent global projections released on World Obesity Day predict that by 2035, over half of adults worldwide will be living with overweight or obesity. Without swift action to address the complex, chronic disease, the health of individuals will continue to suffer, persisting health inequalities and escalating economic and social costs to unsustainable levels.

As a global medical research institute, we have highlighted findings and recommendations from our research that are pertinent to the United Kingdom (UK) context. While the scope of this enquiry is not focused on assessing the impact on the environment of food and treatments for obesity, we consider this an important topic that should be addressed in a future enquiry.

ABOUT THE GEORGE INSTITUTE

The George Institute is a leading independent global medical research institute established in Sydney, with additional major centres in China, India, and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: NCDs and injury. Our work aims to generate effective, evidence-based, and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life and the most substantial economic burden, particularly in resource-poor settings. In doing so, we strive to address the unmet needs of underserved populations in a just and sustainable manner, from the perspectives of our planet and communities.

Our food policy team works to reduce death and disease caused by diets high in salt, harmful fats, added sugars, and excess energy. The research group conducts multi-disciplinary research with a focus on generating outputs that will help governments and industry deliver a healthier food environment for all. The George Institute also owns and manages a mobile app that empowers consumers to make better food choices by providing simple nutrition information on a scanned product and suggesting healthier alternatives to 'switch' to. FoodSwitch collects nutrition information from annual in-store supermarket visits and crowd-sourcing images of new products through consumers who use the app. The data collected informs our research and advocacy work to improve food environments.



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OUR VISION:

A healthy society where people live long and fulfilling lives free of chronic disease

This submission provides steps that we believe the UK Government must take to achieve this vision. We thank the House of Lords Committee for considering these recommendations and would be happy to provide any further information.

In summary, based on our evidence, we advise that the House of Lords Committee implement the following actions:

1. Enforce comprehensive and mandatory policy measures, encompassing nutrition labelling policies, reformulation policies to encourage healthier food and beverage options, regulation on unhealthy food and beverage marketing and on advertising and taxes for less healthy products. Increase the affordability of healthier food alternatives (e.g. use of subsidies).
2. Develop guidance around the role of ultra-processed foods (UPF) and high fat, sugar, and salt (HFSS) products in a healthy diet for tackling obesity, including a regulatory definition for UPF that is objective, verifiable and precise, using information readily found on the pack, such as the ingredients list and nutrition information panel.
3. Mandate the inclusion of coloured front-of-pack labels on food and beverages to assist consumers in evaluating food quality and making informed decisions and provide detailed guidance on the design elements of health warnings and other considerations for implementing labelling policies.
4. Engage meaningfully with communities and relevant stakeholders in shaping nutrition outcomes, granting them formal roles throughout the policy cycle, thereby facilitating the co-design of nutrition policies.
5. Design policies relevant to diet and obesity that are gender-responsive and transformative, with their implementation monitored for any sex or gender differences. This should include funding research that is disaggregated by sex and gender, at time of collection, analysis and dissemination
6. Develop and implement policies that are protected from industry influence and accompanied by a transparent process for monitoring, reviewing, and enforcement. This entails establishing clear and strict conflict of interest policies and mandating the disclosure of interactions between government and industry, including financial contributions.

KEY TRENDS IN FOOD, DIET AND OBESITY, AND THE PRIMARY DRIVERS OF OBESITY, INCLUDING THE EVIDENTIAL BASE FOR IDENTIFYING THESE TRENDS

The UK government must design policies relevant to diet and obesity that are gender-responsive and transformative, with their implementation monitored for any sex or gender differences. Research suggests that women and men are disproportionately impacted by overweight and obesity. In England, for instance, women aged 25-54 tend to have higher rates of obesity compared to men, whereas men aged 55-74 exhibit higher obesity rates. These trends stem from a complex interplay of genetic, sociocultural, behavioural, and environmental factors.

To effectively address obesity, *both men and women need to be meaningfully engaged in the development, implementation, and monitoring of food policies.*

Women play a pivotal role as agents of change and repositories of knowledge. They can offer innovative, evidence-based approaches that leverage new technologies and unconventional strategies to address obesity on a broad scale. This was evident in our collaboration with the WHO's NCD Labs, where we sourced grassroots innovations for the prevention and control of obesity.¹

Furthermore, *the UK government should strengthen the evidence base on sex differences and gender inequities by funding research that disaggregates data by sex and gender from collection to analysis and dissemination.* This endeavour, supported by capacity building and funding, will enable a deeper understanding of the intersecting disadvantages in obesity determinants, risk factors, access barriers to services, and pathways to quality care for individuals living with obesity.



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THE DEFINITION OF A) ULTRA-PROCESSED FOOD (UPF) AND B) FOODS HIGH IN FAT, SUGAR, AND SALT AND THEIR USEFULNESS AS TERMINOLOGIES FOR DESCRIBING AND ASSESSING SUCH PRODUCTS

The George Institute strongly supports the development of guidance around the role of UPF and high-fat, sugar, and salt products in a healthy diet and for tackling obesity.

The most used definition of UPF is the NOVA food classification system. However, this definition can be difficult to apply consistently across food products, given its subjective nature and the fact it classifies products according to processing rather than by elements commonly provided on the pack (e.g., ingredients list and nutrition information panel).² While there is literature on ingredient markers of ultra-processing, the list is not exhaustive, and assumptions must be made when applying an ingredient-based approach to NOVA to the packaged food supply.³ NOVA also does not account for nutrients of concern, which means that all ultra-processed foods are classified together even if they contain different nutritional qualities (e.g., packaged wholegrain breads are considered the same as energy drinks). For these reasons, as it stands, NOVA is unlikely a suitable definition for use in regulatory policy.⁴

There is currently no regulatory definition of UPF in the United Kingdom. *The George Institute believes that setting a definition for UPF is a key step in developing policies for UPF. The definition should be objective, verifiable, and precise.* For ease of use by policymakers, researchers, and the food industry, it would also be ideal for the definition to use information readily found on the pack - such as the ingredients list and nutrition information panel.

The definition of HFSS varies across jurisdictions, however most definitions, including the definition in the UK, are based on nutrient thresholds for sodium, sugar, and saturated fat - information that can be found on a product's nutrition panel. Given that HFSS definitions rely on nutrient cut-offs, the definition can be readily applied to packaged foods without the need for assumptions.

Recently there has been growing interest in combining UPF and HFSS definitions. The George Institute supports this hybrid approach for regulatory strategies as it helps to identify foods that are ultra-processed with a poor nutritional profile, i.e., products that should be the target of food policy interventions.

HOW CONSUMERS CAN RECOGNISE UPF AND HFSS FOODS, INCLUDING THE ROLE OF LABELLING, PACKAGING AND ADVERTISING, THE COST AND AVAILABILITY OF SUCH FOODS AND THEIR IMPACT ON HEALTH OUTCOMES

In a recent study, we evaluated the effectiveness of five types of front-of-pack labels (FoPLs) – Health Star Rating, Multiple Traffic Lights, Nutri-Score, Reference Intakes, and Warning Label – by analysing data from surveys conducted with 18,393 adults across 18 countries, including the UK. Our goal was to assess how well these labels help consumers choose healthier options and avoid unhealthy foods. Our analysis revealed that *different FoPLs vary in their ability to assist consumers in identifying healthier food choices, with coloured spectrum labels being the most effective.*⁵ Among these, Nutri-Score performed the best, followed by Multiple Traffic Lights, while Reference Intakes showed the weakest performance overall. *Effective FoPLs not only steer consumers towards healthier options but also discourage them from choosing unhealthy ones.*

The George Institute has examined whether warning labels have an impact on consumers' understanding and food choices, especially for those who prefer unhealthy foods. The study involved 2,680 adults from 18 countries, including the United Kingdom. Participants were asked about their preferences and perceptions of product healthiness before and after being exposed to products with warning labels. Our findings revealed that while some consumers noticed the warning labels, their visibility was low. Only one-third of those who noticed the labels correctly identified the least healthy option. Around half of the participants stuck with the least healthy option even after exposure to the warning labels, while just over one-fourth switched to the healthiest option.

*Our results suggest that while warning labels can help some consumers improve their assessments of food quality and make better choices, other FoPLs that are more noticeable and easier to understand are more effective.*⁶

To enhance the design of FoPLs and draw the attention of consumers, The George Institute recommends incorporating bright colours and easily readable font sizes and placed in a clearly visible location in a standardised format.⁷



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THE EFFECTIVENESS OF GOVERNMENT PLANNING AND POLICYMAKING PROCESSES IN RELATION TO FOOD AND DRINK POLICY AND TACKLING OBESITY

Our research findings underscore the importance of using reformulation as a tool to reduce the negative impact of processed food on our health. While efforts to reduce harmful nutrients in processed foods are necessary and have the potential to confer health benefits, they will also be insufficient to improve dietary health if overall dietary patterns remain high in unhealthy food and drinks, particularly UPFs.

The UK Government should enact mandatory reformulation and compositional limits to (i) improve nutrient profiles of processed foods and (ii) reduce energy, serving sizes, and nutrients of concern including salt and sugar. Given the lack of any demonstrable efficacy, we do not support ongoing investment in initiatives that rely on voluntary buy-in from industry.

For instance, in Australia the Healthy Food Partnership was established almost six years ago but has shown limited adherence to best-practice recommendations.⁸ Reformulation targets took more than five years to agree, and the resulting targets apply to a narrow range of product categories and are so weak that even if met by all manufacturers they would not make a significant impact on population health.^{9, 10, 11, 12} Similar voluntary reformulation initiatives in the United Kingdom have also failed to show meaningful effects, except for a limited window between 2010-2013 when there was a credible political threat to make targets mandatory. It is now time that the United Kingdom adopts a mandatory approach to reformulation targets.

*Furthermore, our research reaffirms that for regulatory measures concerning food and drink policies and obesity mitigation to be effective, they must be accompanied by robust processes for implementation, monitoring, review, and enforcement.*¹³ Our review of evidence from six countries spanning 35 studies since 2011 reveals inadequate reporting on these processes, hindering the evaluation of the presence and effectiveness of regulatory measures. Improving the reporting on governance processes is crucial to advancing the understanding of how to enhance healthier food retail environments. It can facilitate sharing insights from strategies and policy interventions adopted in other countries. Further, it can allow us to identify design features conducive to sustained improvement of food labels as an example.

THE ROLE OF THE FOOD AND DRINK INDUSTRY IN DRIVING FOOD AND DIET TRENDS AND ON THE POLICYMAKING PROCESS

Our research on FoPLs underscores the importance of limiting industry involvement in policy development and implementation. Insights from Southeast Asia highlighted various tactics of industry interference to avoid implementation of FoPLs. Industry entities often present themselves as partners through corporate social responsibility (CSR) initiatives, which may include providing food, promoting physical activity programs, and offering consumer education. However, they also fund research and advocate for alternative FoPLs that do not align with evidence-based best practices, hindering government action.¹⁴

Moreover, our research indicates that *exposure to advertising of unhealthy products by the food industry can positively shape how both parents and children perceive products, increase their desire to consume such products, and enhance perceptions of their social acceptability.* In an online survey conducted in Australia involving 1302 parents and their children aged 8 to 14 years, we observed that parents are equally, if not more, vulnerable to these influences compared to children. While parents recognise advertisements, their understanding of the impact of advertising on themselves and their children can be limited, compromising their ability to resist such influence. *Therefore, educating parents about how advertising exposure and repetition can subconsciously alter perceptions and intentions is essential, especially given their critical role as caregivers and decision-makers in their children's dietary habits.*¹⁵

To address undue industry interference, we recommend the following actions for the UK Government:

1. Identify and rectify conflicts of interest in food and nutrition policies at both national and subnational levels, using tools such as the WHO's conflict of interest safeguarding tool. This involves establishing clear and stringent conflict of interest policies and mandating disclosure of interactions between government and industry, including financial contributions.
2. Strengthen legal frameworks and institutional capacity to withstand industry pressure and legal challenges and enforce penalties for violations of labelling laws.
3. Ensure meaningful engagement of communities and relevant stakeholders in shaping nutrition outcomes, granting them formal roles throughout the policy cycle. Academia, for instance, plays a crucial role in documenting and condemning industry tactics aimed at undermining labelling policies, such as marketing strategies.



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Importantly, our research across seven countries, involving 1,079 individuals from the UK, indicates that **most of the public believes that the government should primarily be responsible for food policy and regulation**, with limited input from the private sector. Specifically, 66% of participants in the UK expressed their support for government intervention.¹⁶ Among various aspects of government involvement, the highest levels of support across the seven countries were observed for initiatives such as broadcasting public education campaigns about healthy eating (71%), ensuring affordability of healthy foods (70%), and determining the nutrition information to be displayed on food products (69%).

THE IMPACT OF RECENT POLICY TOOLS AND LEGISLATIVE MEASURES INTENDED TO PREVENT OBESITY

Our research provides compelling evidence regarding the impact of recent policy tools and legislative measures aimed at preventing obesity, particularly of taxes on unhealthy products. We analysed data from 20 studies conducted between 2015 and 2021 across eight countries and found that such **taxes are effective in improving health outcomes, particularly among economically disadvantaged populations who are disproportionately affected by NCDs**.¹⁷ Lower-income consumers often derive disproportionate benefits from health-related food taxes, as they tend to consume more foods that are high in fat, sugar, and salt and are therefore at a greater inherent risk of obesity and nutrition-linked NCDs. These consumers also typically react more strongly to changes in food prices. The enhanced health benefits reaped by lower-income groups from HFSS food taxes could help to mitigate the inherently regressive nature of these taxes, when viewed from a comprehensive welfare standpoint. Furthermore, implementing these taxes helps to address the negative externalities stemming from the consumption of unhealthy foods by incorporating the wider social and economic costs associated with diet-related health issues into the price of HFSS foods, encouraging healthier eating patterns across diverse demographic groups.

The impact of the tax, however, will depend greatly on its design, including the ability to manage loopholes (i.e. tax avoidance or evasion), and it must be high enough to incentivise consumers to change their purchasing behaviours and promote reformulation (e.g., tiered taxes, where the tax rate increases with the content of an undesired nutrient or dietary factor). Reformulation policies should encourage manufacturers to not only reduce the quantity of undesired nutrients (e.g., sodium, sugar) but also to replace ingredients and additives with whole or minimally processed foods.

Studies from Mexico, which was one of the first countries to implement HFSS taxation for the prevention of NCDs, have consistently demonstrated that the implementation of taxes on nonessential energy-dense foods resulted in significant decreases in their purchase, particularly among lower-income groups and households with stronger preferences for taxed items. This underscores the effectiveness of health taxes on HFSS foods in addressing health disparities, especially when accompanied by subsidies for healthier alternatives like whole grains, low-fat dairy, fruits, and vegetables.

Implementing combined approaches results in reduced consumption of taxed products and increased consumption of healthier alternatives, suggesting that similar strategies should be considered in the UK.



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FUTURE POLICY TOOLS THAT COULD PROVE EFFECTIVE IN PREVENTING OBESITY.

We conducted a review of recent research focusing on public attitudes toward various nutrition policies related to food availability, affordability, reformulation, labelling, and promotion in seven countries: Australia, Canada, China, India, New Zealand, the UK, and the United States of America (USA). Approximately 1000 adults from each country participated in an online survey, totalling 7559 respondents. *The findings suggest strong support for a wide range of nutrition interventions across these countries, indicating that governments could potentially take a more proactive approach in developing and implementing such initiatives.*¹⁸ Significant levels of public support were observed for the assessed interventions across all seven countries and five intervention categories. Support was particularly robust for interventions concerning food labelling and reformulation.

While policy tools to prevent obesity are important, we need to also strengthen healthcare systems to effectively manage and treat obesity, providing access to safe treatments, medications, support services, and specialised healthcare professions for all individuals living with obesity. Failure to integrate obesity into healthcare services neglects the population living with obesity in the UK and undermines efforts to achieve Universal Health Coverage (UHC) by 2030. Therefore, while the current inquiry is not focused on treatment, we recommend exploring it in a future call for evidence. This recommendation is particularly pertinent given systemic challenges, including weight bias, that often impede access to care.¹⁹

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