

MEMO

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From: Voedingsjungle; dr. Manon van Eijsden and Michelle van Roost
dr. Annet Roodenburg, HAS University of Applied Science
prof. Daan Kromhout, University of Groningen
prof. Jaap Seidell, VU University
prof. Kees de Graaf, Wageningen University & Research
prof. Tiny van Boekel, Wageningen University & Research
with the support of more than 175 nutrition scientists and
nutrition & health care professionals
To: Ministry of Health | Judith Hulst and Inge Stoelhorst
Subject: Nutri-Score | Recommendations scientific committee Nutri-Score

In response to an invitation of The Ministry of Health, this memo formulates recommendations on the adaptation of the Nutri-Score algorithm. In short, we propose to consider the following three adaptations:

1. Differentiation between food groups: differentiate between basic food groups (part of dietary recommendations) and non-basic food groups (not part of dietary recommendations). Only basic food groups should be allowed to receive green labels, non-basic food groups should be labelled only in the colors emerald, orange or dark orange/red.
2. Differentiation within food groups: use food-group specific criteria to make it easier to differentiate within a food group. By allowing different thresholds in criteria in different groups, one can better differentiate. For example, currently the Nutri-Score algorithm allows breakfast cereals with nearly 25% sugar to receive a green label. With food-group specific criteria this can be prevented.
3. Including only nutrients related to non-communicable disease (NCDs) and removing the possibility to compensate too much 'nutrients with negative health impact' with more 'nutrients with positive health effects'. Current nutrients related to NCDs are energy, saturated fat, trans fat, total sugar, added sugar, sodium/salt as disqualifying nutrients. Naturally present (non-added) fiber could be added as a qualifying nutrient. If food-group specific criteria are formulated, the nutrients to be included should also be food-group specific. Fibers for example are relevant for bread and bread products but not for beverages.

Our recommendations are based on the first principle of WHO guiding principles for FOPL systems. The WHO states that a FOPL system should be aligned with national public health and nutrition policies and food regulations. As studies suggest that colour-coded labels, such as the Nutri-Score logo may help consumer to make healthier food choices, it is very important that the algorithm is correctly aligned with the dietary guidelines of the respective countries. For the Netherlands these are the Dutch Health Council's dietary guidelines of 2015.

The Dutch Health Council, established in 1902, is an advisory body with the task of informing the government and parliament about the state of knowledge regarding public health and health issues (healthcare) research' (art. 22 of the Health Act). In 2015, based on thorough review of the scientific literature, the Health Council published Dutch dietary guidelines that identify foods that provide health benefits, i.e. foods that for example reduce the risk of cardiovascular disease or type 2 diabetes. Based on these guidelines and in collaboration with the National Institute for Public Health

and the Environment (RIVM), the Netherlands Nutrition Centre has calculated various diets that comply with the Dutch dietary guidelines and with the Dietary Reference Values. The result is the 'Wheel of Five': a recommended dietary pattern that offers the best possible combination of health benefits and nutrient provision, based on traditional Dutch foods. The Wheel of five also excludes food groups for which the Dutch Health Council recommends that consumption should be limited – these are the non-basic food groups, such as snacks, beverages, and sauces, that do not contribute key nutrients to the diet.

In a similar way, other European countries have defined dietary guidelines and dietary advice. If governments are to introduce Nutri-Score as a communication tool, it is important that the Nutri-Score algorithm aligns with their dietary guidelines. Even if front-of-pack labels and dietary guidelines serve different goals, both tools need to provide a single coherent message. Failure to do so will threaten the credibility and sustainability of both: consumers will be confused and will lose trust in health messages of their government. For this reason, we propose the adaptations as described above:

1. Differentiation between food groups to make a clear distinction between basic and non-basic foods;
2. Differentiation within food groups to better classify healthier products within a food group;
3. Including only nutrients related to non-communicable disease (NCDs) and removing the possibility to compensate too much 'nutrients with negative health impact' with more 'nutrients with positive health effects'.

With these three recommendations, the algorithm may be adopted such that the resulting colour-coding may truly help consumers with the healthier choice. It will then show a clear differentiation between basic and non-basic foods. It will stimulate reformulation but will protect consumers against misleading health messages as the addition of positively assigned ingredients cannot mask unhealthy nutrients.