

***Building on the success of front-of-pack nutrition labelling in the UK: a public consultation***

Consultation Response from Obesity Action Scotland

Closing date: 21<sup>st</sup> October 2020

**6a) Do you use the Multiple Traffic Light label to make choices about the food and drinks that you buy?**

Not relevant

**6b) Please explain your choice:**

Use of FOPNL should be made mandatory (online as well) and should be easily accessible without shoppers having to purposely seek out the information.

As an organisation, we cannot answer individually; however, the following evidence should be considered (this is not personal preference):

A 2018 survey by Diabetes UK and ComRes found that of 2,121 UK adults surveyed, 87% agreed that traffic light labelling allows people to make informed choices about what food they buy<sup>1</sup>. Females were significantly more likely to agree than males (90% vs 84%); however, agreement was high across both sexes, and there was no significant difference observed between social grades<sup>1</sup>.

A systematic review by Cecchini and colleagues found that the presence of any food labelling on packaging would increase the amount of people purchasing healthier products by 18%.<sup>2</sup> The researchers also found that traffic light labelling was more effective than other food labelling schemes, increasing the purchasing of healthier products by over 29% compared to no labelling. Contrastingly, a wider body of evidence suggests that although FOPNL help consumers differentiate between healthiness of products within food categories, showing that the system is valuable to consumers<sup>3</sup>, knowing that a product is healthier does not necessarily translate into healthier behaviours<sup>4</sup>. This is likely due to the numerous other factors that drive food purchasing, including, but not limited to, price promotions, location promotions and advertising. Thus, FOPNL encourages healthier choices, but remains only one of a number of food environment changes needed to have a real impact on population health and healthy weight. Additionally, a comprehensive review published this year by the European Commission found that older adults and people with overweight or obesity were more likely to report a need for a FOPNL<sup>5</sup>.

A study comparing five FOPNL systems across 12 countries, including the UK, with over 12,000 participants, found that the multi traffic light (MTL) system was the most favourably perceived, with participants liking and trusting the MTL system the most and agreeing that it provided the information required<sup>6</sup>. Participants were most in favour of MTL systems becoming mandatory on food packaging, although Nutri-score outperformed MTL on understanding product healthiness. A UK study found that ‘reds’ were more impactful than ‘greens’, i.e. participants in the study were 11.4 times *less likely* to identify a food with red lights as healthy, compared to being 6.1 times *more likely* to identify a food with green lights as healthy<sup>7</sup>. Foods with ‘better colours’ on saturated fat and salt were significantly more likely to be chosen as healthy, compared to total fat and sugar – which may have implications for reformulation.

Furthermore, market research conducted by IGD between 2015 and 2016 found that<sup>8</sup>:

- Consumers who did not engage with FOPNL did so for a variety of reasons, including that they were only going to be consuming it in small amounts, they believed it was a healthier option (e.g. a ready meal) than a takeaway so there was no need, it was not something that they consumed regularly or they were using exercise to ‘counterbalance’ their consumption.
- ‘Information overload’ was a barrier to engagement, as was difficulty reading due to issues such as small font and positioning on the packaging. These issues were also highlighted by consumers in Northern Ireland in research by the Food Standards Agency, where more than half of those surveyed (58%) stated that small font made labels difficult to read and 44% stated that too much numerical data was confusing<sup>9</sup>.
- Consumers also stated that news stories demonising certain foods and dietary components added to the confusion, leading them to not know where to start when looking at FOPNL.
- Shoppers are not always aware that FOPNL is available to them online, but are also unlikely to complete extra steps (e.g. scroll down, click through to a new tab) to access this information.

## 8. How could the Multiple Traffic Light label be made easier to use?

We believe that FOPNL should be mandatory and standardised, which would not only benefit consumers, but will also benefit businesses by creating a level playing field. Text on FOPNL should be large enough to read, in an easy to read font with consistent colouring and use of plain English. FOPNL should be available to online shoppers on the same page as the item being purchased (without any need to click through).] Portion size is already a source of confusion as there is no standardisation; however, to make this less confusing for shoppers, portion sizes should reflect the image used on the front of pack.

As an organisation, we cannot answer individually; however, the following evidence should be considered (this is not personal preference):

- Portion size information on the MTL is confusing to consumers: it is not standardised and sometimes it is not easily available<sup>8</sup>. This concern was also highlighted in the UK Department of Health and Social Care’s own research, with Kantar Worldpanel in 2016<sup>10</sup>. Often, the portion size listed is not what is reflected in the accompanying image, which consumers say is misleading. This has previously been highlighted in the scientific literature, where front of pack images on breakfast cereal packaging display full bowls of cereal that do not match with the suggested serving size, adding to confusion<sup>11,12</sup>. Importantly in terms of obesity

prevention, images of portions displayed in pictorial form have been linked to overconsumption<sup>13</sup>.

- Consumers can get confused between ‘per 100g’ and ‘per portion’ and what it means, and which they should go by. Some respondents in a UK survey believed that the traffic light information corresponded with the portion listed, rather than per 100g<sup>8</sup>. This has been highlighted in previous literature<sup>14</sup>.
- Many respondents in the above survey claimed that they would be more likely to look at FOPNL if all products had MTL as it provided a “good shortcut to information”, without having to flip to the back of pack. It was also seen as being more eye-catching and easier to compare between similar products.
- Shoppers are sceptical about the quality of food if there is no MTL there as they believe that companies simply do not want you to see how much e.g. sugar is in their product. Packaging displaying colours other than traffic lights, e.g. all one colour, also added to confusion<sup>8</sup>.
- Calorie (kcal) labelling was more easily understood, provided less confusion and there was a high awareness of calorie recommendations per day; however, listing by kilojoules (kJ) was a source of confusion and few saw any benefit in listing this<sup>8</sup>.
- Finally, the term ‘reference intake’ was confusing to many: consumers did not know what it was, how it worked for different nutrients, was not on all products and was time consuming<sup>8</sup>. Consumers also stated that it was more confusing when reference intakes appeared on packaging that used a single colour, rather than alongside traffic light labelling. Consumers in Northern Ireland also highlighted a need for more visual data, clearer terminology and consistency of labelling between brands<sup>9</sup>. Consistency was highlighted as the top improvement that could be made to the way information is displayed on FOPNL (38% of those surveyed)<sup>9</sup>.
- A representative survey of 2121 UK adults found that 83% of respondents agreed that traffic light labelling on all food and drink packaging should be required by law, with no significant difference between social grades<sup>1</sup>. 56% agreed that they would be more likely to buy a product that used traffic light labelling, again with no significant difference observed across social grades<sup>1</sup>.

All of this evidence suggests that consistency is key for FOPNL, in order to support habitual use. This is supported by a recent report by the WHO European Region, finding that consumer understanding increases with consistency, better supporting consumers to make food selections<sup>15</sup>.

Finally, at the moment in the UK there are different methods of identifying healthier /less healthy foods. For example, the MTL, Ofcom Nutrient Profiling Model, Eat Well Guide, or discretionary foods as defined by Food Standards Scotland.<sup>16</sup> This, in itself, can be confusing for general public. The introduction of mandatory FOPNL is an important step in consistency but should seek to simplify and homogenise the numerous schemes and messaging, not introduce any additional complexity.

### **New International Examples**

Questions for all respondents

## **12. What aspects of the Nutri-score label do you like/ dislike?**

As an organisation, we cannot answer individually

### 13. What aspects of the Chilean health warning label do you like/dislike?

As an organisation, we cannot answer individually

### 14. Both Nutri-Score and health warning labels have been introduced in countries around the world. Can you provide any further evidence on the impact of these labels, on the following aspects?

- **Understanding or identification of healthier choices: Yes**

There have been many relatively new research papers on food and drink labelling published recently.

A narrative review reported that the majority studies indicated that FOPNL helped shoppers to distinguish between healthy and less healthy foods.<sup>17</sup> The most successful in this regard were MTL, warning labels, and Nutri-Score.

A Dutch study showed favourable perceptions of FOPNL with only marginal food choice differences between MTL, warning labels, Nutri-score, Health Star Rating and Reference Intakes.<sup>18</sup> In this study, Nutri-score demonstrated the highest overall performance in helping consumers rank the products according to their nutritional quality.<sup>18</sup>

A recent UK study conducted in an online setting, showed that health warning labels, especially those with image and text, had the potential to reduce selection of energy-dense snacks.<sup>19</sup>

It was suggested that health warning labels can have a smaller 'halo' effect than MTL or health star rating.<sup>20</sup> The 'halo' effect is an example of positive bias, when consumers 'evaluate products more favourably as a result of on-pack nutrition information' additional to the FOPNL, such as a disease risk reduction claim or a nutrient content claim.<sup>20</sup>

- **Healthier purchasing behaviours: Yes**

A recent narrative review indicated that "many studies using a simulated shopping situation reported that shoppers exposed to FOPNL had an increased intent to purchase healthier foods. Warning labels were the most consistently successful FOP design followed by MTL, Nutri-Score, and labels that included stars, while GDA failed in almost every study."<sup>17</sup>

An experimental online study, conducted in Mexico, showed that warning labels as well as the MTL led to a better overall nutritional shopping quality compared to the Guideline Daily Amounts information.<sup>21</sup>

### 15. Are there any other Front of Pack Nutrition Labels that you think Government should consider? Please provide evidence on the following to explain your answer:

- Understanding or identification of healthier choices
- Healthier purchasing behaviours

Yes, there are other FOPNL schemes; however, we do not recommend considering them at this time. As outlined in Question 8, there is good evidence that MTL is effective; and with room for improvements as we have suggested:

- Portion size information on the MTL is confusing to consumers: it is not standardised and sometimes it is not easily available<sup>8</sup>. This concern was also highlighted in the UK Department of Health and Social Care's own research, with Kantar Worldpanel in 2016<sup>10</sup>. Often, the portion size listed is not what is reflected in the accompanying image, which consumers say is misleading. This has previously been highlighted in the scientific literature, where front of pack images on breakfast cereal packaging display full bowls of cereal that do not match with the suggested serving size, adding to confusion<sup>11,12</sup>. Importantly in terms of obesity prevention, images of portions displayed in pictorial form have been linked to overconsumption<sup>13</sup>.
- Consumers can get confused between 'per 100g' and 'per portion' and what it means, and which they should go by. Some respondents in a UK survey believed that the traffic light information corresponded with the portion listed, rather than per 100g<sup>8</sup>. This has been highlighted in previous literature<sup>14</sup>.
- Many respondents in the above survey claimed that they would be more likely to look at FOPNL if all products had MTL as it provided a "good shortcut to information", without having to flip to the back of pack. It was also seen as being more eye-catching and easier to compare between similar products.
- Shoppers are sceptical about the quality of food if there is no MTL there as they believe that companies simply do not want you to see how much e.g. sugar is in their product. Packaging displaying colours other than traffic lights, e.g. all one colour, also added to confusion<sup>8</sup>.
- Calorie (kcal) labelling was more easily understood, provided less confusion and there was a high awareness of calorie recommendations per day; however, listing by kilojoules (kJ) was a source of confusion and few saw any benefit in listing this<sup>8</sup>.
- Finally, the term 'reference intake' was confusing to many: consumers did not know what it was, how it worked for different nutrients, was not on all products and was time consuming<sup>8</sup>. Consumers also stated that it was more confusing when reference intakes appeared on packaging that used a single colour, rather than alongside traffic light labelling. Consumers in Northern Ireland also highlighted a need for more visual data, clearer terminology and consistency of labelling between brands<sup>9</sup>. Consistency was highlighted as the top improvement that could be made to the way information is displayed on FOPNL (38% of those surveyed)<sup>9</sup>.
- A representative survey of 2121 UK adults found that 83% of respondents agreed that traffic light labelling on all food and drink packaging should be required by law, with no significant difference between social grades<sup>1</sup>. 56% agreed that they would be more likely to buy a product that used traffic light labelling, again with no significant difference observed across social grades<sup>1</sup>.

#### **Link to Dietary Advice**

Questions for all respondents

## **16. Do you think the Government should ensure that the recommended Front of Pack Nutrition label reflects latest dietary advice on free sugar?\***

### **Yes**

Yes, we think that the Government should ensure that the recommended FOPNL reflects latest dietary advice on free sugar. The aim of this consultation is to gather views and evidence to “ensure that the UK’s label remains the most effective at informing healthier choices.” If the FOPNL does not reflect the current dietary advice on free sugar, then consumers are not best supported to make healthier choices.

Since the SACN’s new recommendations on free sugar and fibre were published in 2015, there has been a difference between this latest advice and what is communicated on FOPNL. This could have been confusing consumers for the last 5 years, especially that messages in public health nutrition campaigns, such as Change 4 Life, have been based on the latest advice.

Updating the FOPNL according to the latest advice will remove the confusion. It will, however, create a discrepancy with the back of pack label sugar definition and threshold, which are currently mandated by the EU FIC regulation. As the EU FIC regulation will be no longer binding in the UK after a transition period, we suggest that the back of pack is also updated to reflect latest UK dietary advice on free sugar.

Additionally, some or majority of consumers may not notice the change in sugar definition (from total to free) paying more attention to colours on the front of pack, than to the back of pack information. A systematic review indicated that consumers can more easily interpret and select healthier products with nutrient-specific FOPNL that incorporate colour and text and rather than text only.<sup>22</sup>

Finally, labelling can indirectly motivate companies to put healthier products on the market<sup>23</sup> and it can stimulate reformulation.<sup>24</sup> For example, it was shown that calorie labelling drives businesses to reformulate products to reduce calories.<sup>25</sup> The effect of labelling on reformulation is in addition to informing healthier consumer choices; and as such, it can lead to improvements in population’s diet even if consumers do not engage with the labelling.<sup>15</sup> Ensuring that FOPNL reflects latest dietary advice on free sugar, is therefore very likely to support the current reformulation efforts.<sup>26</sup>

## **17. Do you think the Government should ensure that the Front of Pack Nutrition label reflects the latest dietary advice on fibre?\***

### **Yes**

Yes, we think that the Government should ensure that the FOPNL reflects the latest dietary advice on fibre. We agree that including fibre as part of FOPNL could be an effective way of encouraging shoppers to pay attention to fibre content. This is important because we have been meeting the Scottish Dietary Goal for fibre for years and have been consuming only approximately half of the recommended amount of fibre.<sup>27</sup>

The aim of this consultation is to gather views and evidence to “ensure that the UK’s label remains the most effective at informing healthier choices.” Adding fibre to the MTL would support consumers in understanding the nutrient content of their food and making healthier choices.

There is no mandatory requirement for the fibre recommendations to be placed on food labels, and fibre content can be voluntarily declared at the back of pack nutrition label.

When fibre information is on the label, it usually\* does not include percentage of the recommended intake but only content (in grams) per 100g and content per portion (in grams). Where there is no RI information on the back of pack label, there should be no consumer confusion. In other words, if the fibre was included on the MTL with a corresponding traffic light, it would not be showing different information than on the back of pack. Additionally, it will not change how the MTL looks, adding only one more ‘lozenge’ to the graphic.

\*we could not find any product where the percentage of recommended fibre intake was included at the back of pack nutrition label

### **Public Sector Equality Duty Questions for all respondents**

**18a) Do you think that Front of Pack Nutrition Labelling is likely to have an impact on people on the basis of their age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership?**

**Yes**

**19b) Please explain your answer and provide relevant evidence.**

There is a need to ensure labelling is clear (including large font), simple, written in plain English, contains the most important information and is consistently applied. Additionally, labelling must be as accessible online as it is in-store. Therefore, standardised FOPNL should also be applied uniformly online, where it should be presented clearly beside the product.

Age has been previously highlighted as a barrier to using FOPNL<sup>10</sup>. Researchers in 2009 found that those aged 65+ had more difficulty interpreting FOPNL than younger age groups, whatever type of label was used<sup>28</sup>. However, a more recent survey by Diabetes UK found that those aged 65+ were significantly more likely than younger age groups to agree that FOPNL should be made mandatory by the UK government (87%) and that FOPNL helps people make informed choices about the food and drink they purchase (90%)<sup>1</sup>. A UK study of MTL effectiveness found a significantly greater interest in overall health in the older age group (56+) compared to the younger age group (18-55)<sup>7</sup>, which may somewhat explain the survey results. However, while the study found similar patterns in the identification of healthier products in older and younger age groups, the magnitude was reduced in the older age group, put down to a greater variance in responses in the older age group. This suggests that while older adults often have greater health concerns and so may be more interested in nutrition

labelling, they have more difficulty interpreting the information provided<sup>5</sup>. The same MTL effectiveness study found that whilst nutrition knowledge was significantly higher in women than men, there was no significant difference between men and women in identifying healthier products using MTL<sup>7</sup>.

International studies have found little evidence of ethnicity as a barrier to FOPNL use<sup>29,30</sup>; however, one study in New Zealand found that although the ability to obtain information from FOPNL was similar across groups, there were marked differences across ethnic groups in the ability to correctly identify healthier food using the label information<sup>31</sup>. These differences lessened with increased income, suggesting a combination of factors may influence understanding and interpretation of FOPNL. Earlier UK research has found ethnicity to be a barrier in interpreting FOPNL<sup>28</sup>.

There are over 14 million people in the UK with disabilities<sup>32</sup>. Individuals living with learning disabilities, mental health conditions or a disability that affects their mobility experience higher obesity prevalence than those without these conditions<sup>33</sup>. People with disabilities affecting their movement and ability to travel, mental health conditions and sensory impairments may choose to regularly purchase groceries online, with online shopping being an area of the UK grocery market that is rapidly increasing<sup>34</sup>. If standardised FOPNL is not clear and accessible on the same page as the product, without requiring a click-through or scrolling, these individuals may be disadvantaged.

### **20c) Could the proposals be changed so that they are more effective? Please explain what changes would be needed.**

There are a number of ways in which FOPNL in the UK could be made more effective, with an aim to ensuring that the needs of all members of the population are addressed, and to avoid exacerbating existing inequalities:

- FOPNL should be mandatory and standardised, which would not only benefit consumers, but will also benefit businesses by creating a level playing field
- Consistency is key for FOPNL, in order to support habitual use. This is supported by a recent report by the WHO European Region, finding that consumer understanding increases with consistency, better supporting consumers to make food selections<sup>15</sup>. Shoppers are sceptical about the quality of food if there is no MTL there as they believe that companies simply do not want you to see how much e.g. sugar is in their product. Packaging displaying colours other than traffic lights, e.g. all one colour, also added to confusion<sup>8</sup>. A representative survey of 2121 UK adults found that 83% of respondents agreed that traffic light labelling on all food and drink packaging should be required by law, with no significant difference between social grades<sup>1</sup>. 56% agreed that they would be more likely to buy a product that used traffic light labelling, again with no significant difference observed across social grades<sup>1</sup>. Consumers in Northern Ireland highlighted consistency as the top improvement that could be made to the way information is displayed on FOPNL (38% of those surveyed)<sup>9</sup>
- FOPNL should be clear, written in large font, with necessary information, in plain English. Consumers in Northern Ireland have highlighted a need for more visual data and clearer terminology<sup>9</sup>, something that was also raised in IGD consumer research in 2016<sup>8</sup>. Earlier research for the Food Standards Agency highlighted that individuals in the C2DE social grade found it more difficult to interpret FOPNL of any kind compared to other groups. They were also less likely to use FOPNL and more likely to agree that it was difficult to determine a



products healthiness from the labelling, rising from 40% of those in ABC1 to 51% of those in C2DE<sup>28</sup>. Groups with lower education levels and income and nutrition knowledge have been found to be less skilled at ranking food products by nutrition quality<sup>35</sup>, though MTL provided the second most correct responses in these groups (after a 5 colour system; however, this study used a French cohort who may be used to viewing this system). Previous research has found that FOPNL can help low income families identify healthier options, when compared to no FOPNL, but that clearer and simpler labelling is preferred<sup>36–38</sup>

- FOPNL should be displayed clearly alongside products online, so as not to disadvantage those with limited time to shop for food, and those with disabilities<sup>32</sup> (where prevalence of obesity is high<sup>33</sup>) who prefer to shop online. As more and more people in the UK turn to online grocery shopping<sup>34</sup>, this will also ensure consistency with products purchased in-store and help familiarise all to FOPNL, which is required for habit formation
- Nutrition education should be a standard part of the school curriculum, and a programme to support adult nutrition literacy should be implemented alongside mandatory FOPNL to aid consumer understanding of food information, including FOPNL, as recommended by the World Health Organization Commission on Ending Childhood Obesity<sup>39</sup>
- FOPNL should not be overloaded with information. Consideration should also be given to the continuity of information being provided to the public surrounding labelling and calorie intake. Advice on meals from Public Health England is presented in kcal<sup>40</sup>, as will menu labelling in the out of home environment<sup>41</sup>. Currently, FOPNL contains information on both kcal and kJ, yet qualitative research has shown that the public do not have an understanding of kJ and see it as a source of confusion on FOPNL<sup>8</sup>. To maintain consistency of messaging, reduce confusion and limit 'information overload', it should be considered whether the addition of kJ has any benefit to the public, and whether one means of displaying energy would be more appropriate (in this case, kcal)

### **Socioeconomic Considerations Questions for all respondents**

#### **21a) Do you think that the proposals in this consultation could impact on people from more deprived backgrounds?**

**Yes**

#### **21b) Please explain your answer and provide relevant evidence.**

Yes, we think that the proposals are likely to have a proportionately greater impact on people from more deprived background, however, the direction and extent of this impact will depend on the specific changes. Importantly, the needs of low socioeconomic groups, who are most at risk, must be addressed in order to avoid exacerbating existing inequities.

Care must be taken to ensure that labels:

- Are clear – large font, necessary information only
- Are not overloaded with information
- Use consistent colours – e.g. MTL is chosen and applied on all packaging
- Use plain English

- Are displayed clearly alongside products online, to particularly benefit those with limited time to shop for food

Nutrition education as a standard part of the school curriculum, and a programme to support adult nutrition literacy, should be implemented alongside FOPNL to aid consumer understanding of food information, including FOPNL, as recommended by the World Health Organization Commission on Ending Childhood Obesity<sup>39</sup>.

In the UK, there is a steepening inequalities gradient in obesity prevalence amongst those in the most and least deprived areas of the country. People with obesity are also more likely to purchase pre-packaged foods, and foods on promotion<sup>42</sup>, which are skewed towards unhealthier options. Data from the UK's National Diet and Nutrition Survey shows that with increasing income, there is, in general, greater fruit and vegetable intake, small but significantly lower free sugar intakes in adults, and higher intakes of fibre and certain nutrients<sup>43</sup>. National survey data has also shown that higher socioeconomic groups consume less red and processed meats and more oily fish<sup>44</sup>. For the poorest in society, this is not a choice; healthy food is often not accessible or affordable, with a recent report from The Food Foundation showing that in order to follow the UK Dietary Guidelines (Eatwell Guide), the poorest tenth of society would have to spend 76% of their monthly disposable income, compared to just 6% for the richest tenth<sup>45</sup>. Therefore, people from more deprived backgrounds have less choice over what they choose to purchase. To reduce the inequalities gap in obesity and diet-related chronic disease, we must ensure that the choice to purchase healthier options is afforded to everyone.

FOPNL is one component of a number of food system and environment changes required to address health inequities, and will likely not create the necessary change alone; however, its standardised and consistent application can strengthen and support a system of changes, including limiting advertising and promotion of HFSS products and making healthier foods more affordable and accessible to all.

Previous research has found that FOPNL can help low income families identify healthier options, when compared to no FOPNL, but that clearer and simpler labelling is preferred<sup>36-38</sup>. Earlier research for the Food Standards Agency found that cost was a highly influential factor in deciding between products for those on tight budgets, which often leads to purchasing of the cheapest product on offer, regardless of FOPNL or healthiness of the product<sup>28</sup>. If healthy food options are not affordable, there is little option for some low income families, and labelling will not have the desired impact. Individuals in the C2DE social grade found it more difficult to interpret FOPNL of any kind, compared to other groups. They were also less likely to use FOPNL and more likely to agree that it was difficult to determine a products healthiness from the labelling, rising from 40% of those in ABC1 to 51% of those in C2DE<sup>28</sup>. Groups with lower education levels and income and nutrition knowledge have been found to be less skilled at ranking food products by nutrition quality<sup>35</sup>, though MTL provided the second most correct responses in these groups (after a 5 colour system; however, this study used a French cohort who may be used to viewing this system). Time constraints can also reduce the impact of FOPNL for low income parents<sup>36</sup>.

## Technical annex

**22) Do you have any comments on the material provided in the technical annex?**

**In particular:**

**- on the provisional list of evaluation criteria?**

**No**

**- on the provisional list of costs and benefits?**

**Yes**

We agree with the provisional list of costs and benefits but it is necessary to see these in the wider context of many interventions needed to achieve reduction in overweight and obesity rates, as indicated previously<sup>46, 47</sup>. Therefore, evaluation of the MTL's effectiveness on reducing obesity should be considered together with all the other interventions to reduce obesity. Alternatively, when evaluated separately, evaluation should take the form of measuring consumer understanding, engagement and/or impact.

**- on the evidence and commentary provided for the labelling schemes?**

**No**

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