

Food Regulatory Authority role in providing healthier food and diet in Iran

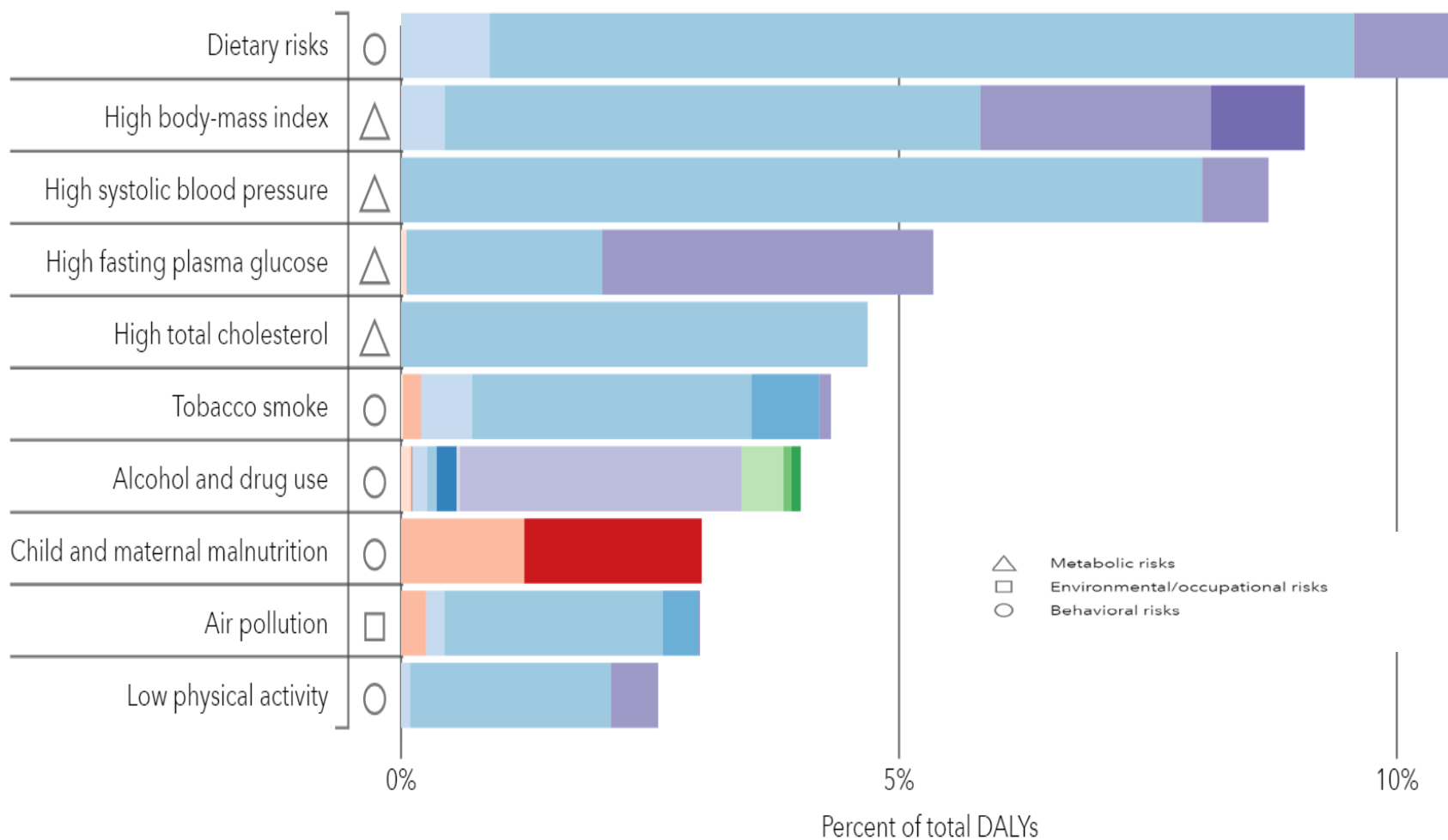
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DALYs in Iran

- In terms of DALYs* in Iran, **dietary risks, high body-mass index, and high systolic blood pressure** were the leading risk factors in 2013.
- The greatest reduction in all-cause mortality rate was experienced by females aged 1-4 years (84.0%).

* The **disability-adjusted life year** (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. It was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.

BURDEN OF DISEASE ATTRIBUTABLE TO LEADING RISK FACTORS, 2013



The NCD targets for Iranian population at a glance

Target 1: A 25% relative reduction in risk of premature mortality from CVDs, cancer, diabetes, chronic respiratory diseases

Target 2: At least 10% relative reduction in the harmful use of alcohol

Target 3: A 20% (10%) relative reduction in prevalence of insufficient physical activity

Target 4: A 30% relative reduction in mean population intake of salt/sodium

Target 5: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

Target 6: A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure

Target 7: Halt the rise in diabetes and obesity

Target 8: At least 70% (50%) of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes

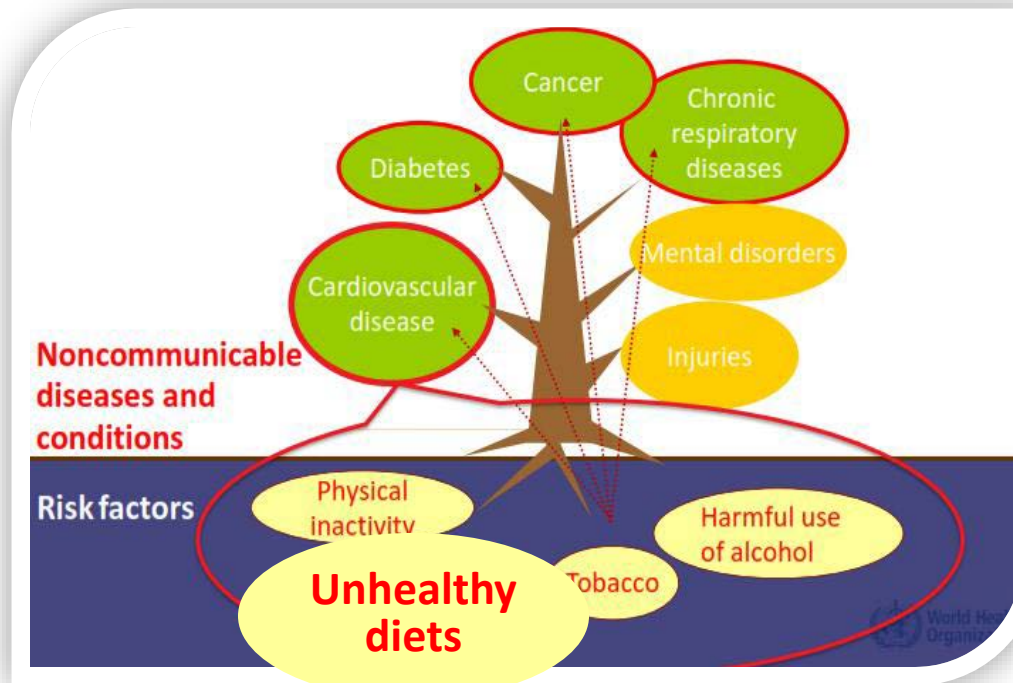
Target 9: An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

Target 10: Achieve zero trans fatty acid content of edible oils and foodstuffs

Target 11: At least 50% of diabetic and hypertensive individuals (who are receiving treatment) have to achieve treatments goals for controlling blood sugar and systolic blood pressure

Target 12: A 20% relative reduction in mortality from traffic injuries

Target 13: A 10% relative reduction in drug use



Food safety and security stakeholders

- **High Council of Health and Food Security**
 - With cabinet power presided by the president of the Islamic Republic; and MOH as the secretariat (established by act of parliament)
- **Ministry of Health & Medical Education**
 - In charge of food safety:
 - Iran Food and Drug Administration
 - Public health network
- **Ministry of Agriculture**
 - In charge of food security
 - And partly food safety
 - Iran Veterinary Organization
- **National Standard Organization**
 - Food Standards

Procedures

- **High Council of Health and Food Security:**
 - Policy making regarding multi-sectoral approaches to food safety and security issues
 - Harmonizing and ensuring collaboration and coordination between competent authorities in food security, safety and nutrition
 - National NCD committee
 - National targets set according to global target based on WHO guidelines
- **Iran Food and Drug Administration:**
 - In charge of food and health products regulation, licensing, registration, marketing authorization, PMS, labeling and etc.
 - A technical committee comprised of 5 people, headed by IFDA president, appointed by the minister of health is in charge of all major decisions.
 - Public awareness regarding fat, salt and sugar contents
 - Traffic light labelling
 - A ten year program of both compulsory and voluntary reduction of calorie, fat, salt and sugar content of food stuff
 - Awarding healthy products along with penalties and fines for non-compliance

Targets and indicators to be achieved by private sector engagements

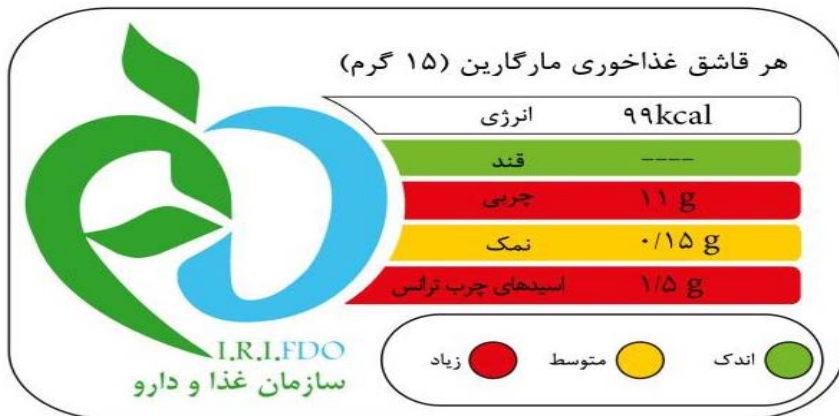
- Reduce average population salt intake to WHO recommended levels (from 10.5 g/day to max 5 g/day)
- **Zero trans fatty acid** (step by step reduction of TFA content in edible oils and food products (currently at 10% in confectionary oils, 5% ghee like oils, 2% household oils and etc)
- **Food fortification** to prevent NCDs (floor fortification with **Iron, folic acid, Vit E** and etc)
- Empowering consumers for making a healthy choice (via enforcing food labeling and **traffic light nutrition labeling**).
 - Introduced in 2014 allowing 3 years for the industry to cope, achieving 99% success rate so far
- Identification of harmful products and procedures
 - Foods with **high content of fat, sugar and salt** considered as harmful and are subject to **higher VAT and mass media promotion limitation**
 - No junk food at schools
- Conducting post market surveillance (PMS) to control and monitor the foods and drinks on the market;
- **Green apple awards** given to products with healthy criteria: **less sugar, less fat, less salt and etc.**
 - Ten years in place. Ceremonies are held twice annually and around 30-50 products are awarded

- Healthy and safe food (Green Apple) certificate is awarded for:
 - Reduction of energy via use of less carbohydrate and fats in formula.
 - Reduction of contaminants and chemicals less than 50% of the permitted limit.
 - Reduction of risk factors as trans and saturated fatty acids, salt, sugar and etc.
 - Using natural and functional component in the formulation.
 - Reformulation of unhealthy foods for better choices



Traffic light labelling

- Improvement of food labeling and design nutritional traffic light on food
- Easily interpreted information using color codes: Red, amber and green 'traffic light' shapes on the front of food packages show consumers, at a glance, whether a product is high, medium or low in fat, trans fatty acid, sugar, and salt and overall energy
- This makes it easy to identify healthier food choices (green or amber lights, rather than red).
- Has the potential to change our patterns of food supply and consumption
- Promote nutritional literacy of the community and giving consumers the choice
- Encourage food manufacturers to produce products with less amber or red lights



- Serving size
- Energy
- sugar
- Fat
- Salt
- Trans Fatty Acids



Samples of foods with traffic light labelling



Policy Implications

- The health policies in Iran are currently mainly focused on lowering unhealthy diet components such as **trans and saturated fatty acids, processed meat, and sugar sweetened beverages**
- Results of studies show that it is not enough to just focus on lowering unhealthy diet components, one must also encourage the healthy ones as well such as: **fruits, whole grain, fiber, omega-3 fatty acids, vegetables, PUFA, nuts and seeds, and dairy products**