

Unhealthy changes in the foods we eat

- ▶ Pre-packaged, ultra-processed foods and drinks have become readily available in virtually every community around globe, across all income levels and population densities.¹⁻⁷ This increased availability — combined with aggressive, pervasive marketing — has dramatically affected the way people eat in many countries and resulted in much less healthy diets.⁶⁻²¹
- ▶ Many ready-to-eat or ready-to-heat foods and drinks are high in added sugars, sodium, saturated fats, and refined carbohydrates. Excessive consumption of these nutrients increases risk of obesity and many other chronic, nutrition-related diseases.^{8,22-33}
 - **Sugar:** Substantial evidence shows that consuming too much sugar increases risks for type 2 diabetes, heart disease, liver and kidney damage, and some cancers.³²⁻³⁹ Global health experts recommend limiting sugar intake to less than 10% of total daily calories.^{31-33,40-43}
 - **Sodium:** Consuming too much sodium is associated with high blood pressure and increased risks for heart disease, stroke, and death.⁴⁴⁻⁴⁷
 - **Saturated fats:** Replacing saturated fats with healthy, polyunsaturated fats has been shown to improve blood sugar regulation and reduce heart disease risk.⁴⁸⁻⁵⁰ The World Health Organization and many national dietary guidelines worldwide recommend limiting intake of saturated fats.^{51,52}
 - **Ultra-processed products:** In addition to poor nutritional profiles, ultra-processed foods' and beverages' hyper-palatability (and, some scholars argue, addictive nature⁵³⁻⁵⁵) and content of biologically harmful compounds (e.g., hormone-disrupting contaminants and industrial additives linked to inflammation and gut dysbiosis)⁵⁶⁻⁷⁰ are associated with increased overweight and obesity,⁷¹⁻⁷⁸ type 2 diabetes,⁷⁹⁻⁸¹ depression,^{82,83} heart disease and stroke,^{70,84-86} and mortality.⁸⁵⁻⁹⁰
- ▶ Evidence increasingly indicates that growing worldwide consumption of ultra-processed junk foods and sugary drinks is a major driver of the global obesity epidemic — including childhood obesity — and increases in prevalence of other nutrition-related diseases.^{6,9,26,91-96}
- ▶ An estimated 650 million adults worldwide have obesity and another 1.9 billion are overweight — roughly 40% of the adult population.⁹⁷ Prevalence of obesity and overweight for children and adolescents exceeds 340 million for ages 5–19 years and 38 million for children under 5 years.⁹⁷

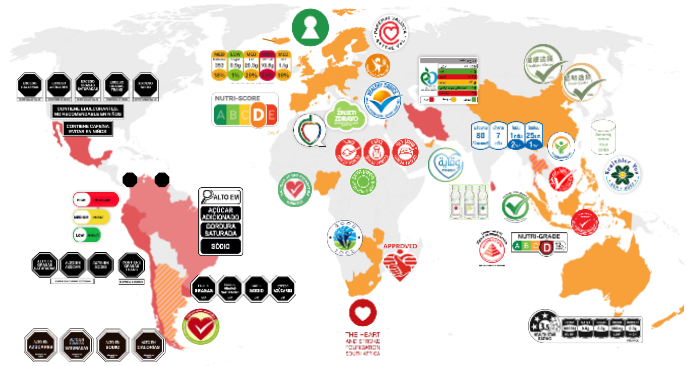
Front-of-package labels can nudge consumers and industry towards healthier products

- ▶ The sheer number of choices when food shopping makes it difficult for consumers to select healthier options, especially as ultra-processed products become more readily available.^{6,7,10,72,91}
- ▶ Consumers need simple, impactful labels to guide their purchase decisions: Most people spend less than 10 seconds selecting each item while they shop — not enough time to review complicated back-of-the-pack nutrition labels, which are ineffective for most consumers.⁹⁸⁻¹⁰⁰
- ▶ Front-of-package (FOP) labels are an evidence-based policy tool, backed by decades of research showing that they can effectively nudge consumers towards healthier foods and drinks while also encouraging industry to improve the nutritional profile of the products they sell.¹⁰¹
- ▶ The World Health Organization (WHO) recommends FOP nutrition labelling as a key policy to promote healthy diets and reduce NCD prevalence worldwide.^{102,103} WHO focuses in particular on reducing consumption of foods high in sodium, saturated and *trans* fats, and added sugar.¹⁰⁴⁻¹⁰⁶
- ▶ Shoppers prefer simple FOP labels that are immediately visible and require little time to assess.^{107,108} Labels that minimize effort allow quick identification of which products are less healthy, decrease intention to purchase those, and increase their intention to purchase a healthier product.^{100,109-112}

Types of FOP labels in use

A wide variety of FOP labelling approaches and designs are now in use worldwide. These include nutrient warning labels; color-coded “traffic light,” Nutri-Score, Health Star Ratings, and the industry-preferred “Guidelines for Daily Allowance” (GDA) labels (See more about each of these below.)

Some labeling schemes are **voluntary** and applied at food manufacturers’ discretion (e.g., all GDAs, Health Star Ratings, Nutri-Score, and most traffic light labels). Other systems are **mandatory** and required throughout the food supply, as is the case with all warning label policies.



NUTRIENT WARNINGS



TRAFFIC LIGHTS



NUTRI-SCORE



HEALTH STAR RATINGS



GUIDELINES FOR DAILY ALLOWANCE

Prior evidence supports nutrient warning labels

- ▶ While a wide variety of FOP labels are now in use worldwide, simple, negative warning labels that clearly identify unhealthy products have the strongest evidence for effectiveness at discouraging junk food and ultra-processed food choices.^{101,113-121}
- ▶ Warning labels work by helping consumers identify unhealthy products and discouraging them from consuming these products. Evidence shows that nutrient warning labels offer the strongest FOP labelling approach in use today, particularly for the goal of reducing consumption of unhealthy, ultra-processed foods and drinks.
- ▶ FOP warning labels such as those used in Chile (*introduced 2016*), Peru (*2019*), Israel (*2020*), Mexico (*2020*), Uruguay (*2021*), and soon in Brazil, Colombia, Argentina, and Venezuela (*2022–2024*) require packaged foods and drinks that do not meet specific nutrition criteria or that contain certain ingredients (such as non-caloric sweeteners) to carry warning labels clearly indicating that the product is high in sugar, saturated or *trans* fats, sodium, or calories — whichever apply. These labels help consumers quickly and easily identify unhealthy foods and drinks and make healthier choices from the array of available products.
- ▶ Requiring FOP warning labels can encourage manufacturers to improve the healthfulness of their products and portfolios to meet nutritional criteria and avoid carrying negative FOP labels.^{119,122,123}
- ▶ Warning labels only appear on products that pose the greatest health risk. This approach can be easier for consumers to notice (i.e., warning labels are either present or absent on a package) and interpret (i.e., less complex computations or comparisons between products).¹²⁴ Warning labels also do not risk creating a “health halo” around products with positive labels, which could lead to overconsumption of foods and drinks with higher-scoring labels.^{125,126}



Chilean warning labels



Mexican warning labels

Real-world evidence from Chile: The world's first mandatory FOP warning label policy

Since Chile's FOP warning labels began appearing on packages in 2016 (*right*), they have contributed to shifts in social norms and behaviors around purchasing healthier foods and drinks as well as healthier product reformulation. Real-world evidence shows that Chilean consumers are aware of and understand the labels, and they are using them to make food purchase decisions.



Ministry of Health, Santiago, Chile

- ▶ **Purchase changes:** Along with restrictions on food marketing to children and bans on the sale and promotion of regulated foods in schools, Chile's FOP warning label policy was associated with a 24% drop in sugary drink purchases¹¹⁴ and declines in sodium (–37%), total calories (–24%), calories from sugar (–27%), and calories from saturated fat (–16%) purchased from all foods and beverages during Phase 1 of the law.¹¹⁵
- ▶ **Social norms:** Focus groups with low- and middle-income mothers suggest profound changes in attitudes toward food purchases, driven both by knowledge gained from seeing the labels and by children telling their mothers not to purchase unhealthy products with warning labels.^{116,117}
- ▶ Consumers in Chile understand that increasing numbers of warning labels on a package means the product is less healthy and a poorer choice than options with fewer or no warning labels.¹¹⁸
- ▶ **The food supply:** An evaluation comparing the nutritional profiles of products before and after year one of Chile's FOP regulation found significant reductions in the proportion of products that would be required to carry "high in" sugar and sodium warning labels, suggesting that companies reformulated products to avoid the FOP warning label and other policy restrictions.¹¹⁹

More evidence in favor of warning labels:

- ▶ A 2021 meta-analysis of over 100 studies examining the effects of color-coded and warning labelling schemes found that nutrient warning labels work better than traffic lights and Nutri-Score labels to discourage unhealthy product purchases and lower purchases of calories and saturated fat.¹⁰¹
- ▶ A 2020 meta-analysis of 14 experimental studies found that out of all the main FOP label systems currently in use, only "high in" warning labels significantly reduced the calorie and sugar content of purchased products compared to no label.¹²⁷ Warning labels also significantly reduced the sodium content of purchases, as did "traffic light" labels, but no effects on purchasing were found for Health Star Rating, Nutri-Score, or "Facts up Front"/Guideline Daily Amount labels.
- ▶ Studies using eye-tracking technology to evaluate warning labels compared to industry's Guideline Daily Amount (GDA) labels or to a no-label control have found that warning labels are best able to attract consumers' attention and help them more quickly and easily process and identify whether a product is unhealthy.¹²⁸⁻¹³¹
- ▶ FOP warning labels on sugary drinks have been linked to decreased purchases of sugary beverages, decreased perceptions of their healthfulness, and decreased purchasing intent in studies from the **United States** and **New Zealand**.^{132,133}
- ▶ Among adolescents in six countries (**Australia, Canada, Chile, Mexico, the United Kingdom, and the United States**), a study comparing five different FOP label types found that octagonal warning labels had the greatest impact on adolescents thinking a sugar-sweetened beverage was unhealthy in all but one country.¹³⁴ In fact, roughly twice as many participants who saw the warning labels correctly identified that the sugary drink was unhealthy. While results varied by country, the Nutri-Score, GDA, and Health Star Rating labels had the lowest odds of impact, overall.
- ▶ Counter to industry's claims that consumers perceive "high in" FOP labels as too harsh or restricting of their control, a large survey of young adults in **Canada** viewing warning labels on beverages found that the vast majority (93%) felt either more or no change in their own level of control, and most thought that the symbols were either "about right" or "not harsh enough."¹³⁵

- ▶ A shopping experiment in **Canada** found that participants who saw “high in” nutrient warning labels purchased less calories, sugar, and saturated fat from beverages and less calories and sodium from foods, compared to participants who saw no FOP label.¹³⁶ Traffic light, Health Star Rating, and nutrition grade (i.e., Nutri-Score) labels had no significant impact on nutrients of concerned purchased from beverages and limited effects among foods. Reductions seen with warning labels were further enhanced in experimental conditions with taxes on sugary drinks or snacks.
- ▶ In **Brazil**, studies have found that warning labels significantly outperform traffic light labels and GDAs in capturing consumers’ attention; improving their ability to identify healthier products and products high in nutrients of concern; and increasing their intention to buy a relatively healthier option.^{137,138} Compared to only an ingredient list and a nutrition facts panel, the presence of warning labels improved understanding and perceptions of a product’s nutrient profile, and was particularly helpful for identify nutrients in excess.¹³⁹
- ▶ A large survey of parents from four **Latin American countries** found that the most vulnerable parents (i.e., those with low education and overweight) preferred a warning label FOP system over GDAs or traffic light labels.¹⁴⁰
- ▶ A survey of adults from **Mexico** and the **United States** (White and Latino) compared consumers’ understanding of four FOP label types — warning labels, GDAs, multiple traffic lights, and Health Star Ratings — and a nutrition facts table. Warning labels were the easiest for subjects to understand: Subjects were nearly 5 times more likely to report understanding the warning label compared to the nutrition facts table, whereas subjects who saw the the traffic light and Health Star Rating labels were only 0.56 and 0.34 times more likely, respectively.¹⁴¹
- ▶ A survey of low- and middle-income **Mexican** consumers similarly found that warning labels outperformed both traffic light and GDA labels for consumer understanding: The odds of subjects correctly identifying a product with the lowest nutritional quality was 4.5 times greater for warning labels compared to GDAs.¹⁴²
- ▶ A report from the Health Evidence Network based on evidence from **15 countries** in the WHO European Region concluded that a FOP label system that is 1) mandatory; 2) provides negative, evaluative judgments; and 3) is consistent, government-led, and applied widely across all products is a more effective way to support consumers in making healthier choices.¹⁴³

Momentum continues to build behind FOP warning label policies:

- ▶ Peru (2019), Mexico (2020), I and Uruguay (2021) have recently implemented policies requiring FOP warning labels similar to Chile’s (black-and-white stop sign warnings).¹⁴⁴⁻¹⁴⁷
- ▶ Brazil, Colombia, Argentina, and Venezuela have passed laws that will require FOP warning labels beginning in 2022–2024, and Canada, South Africa, and several other countries are currently developing policies.¹⁴⁸⁻¹⁵¹

- ▶ In 2020, Israel began requiring negative warning labels on products high in sugar, sodium, or fat as well as a voluntary, positive label for products that meet very high nutrition standards (*right*).^{152,153} Early evidence suggests Israeli consumers are already using the labels to make healthier choices:



- In the first month of label implementation, nearly 60% of Israeli adults surveyed reported using the new FOP labels to some extent, and 70% said they were willing to change their purchases to buy healthier products.¹⁵⁴
- Over 80% of adults reported that they intended to buy fewer red-labelled and more green-labelled products. These intentions were even higher for respondents with higher BMI or lower education, suggesting a greater impact for groups that may benefit most from the label policy.¹⁵⁵

Other FOP label types

Health Star Rating (HSR)

The Health Star Rating (HSR) system uses an algorithm that assesses a product's risk-increasing and risk-decreasing components to calculate a summary score ranging from 0.5 stars (least healthy) to 5 stars (most healthy).¹⁵⁶ HSR labels appear on packages either as a circular label showing only the star score or as a combined HSR-Guideline for Daily Allowance label that also lists calorie, saturated fat, sugars, sodium, and fiber content.



HSR labels were introduced in 2014 as a voluntary measure in Australia and New Zealand, where studies find that the labels are generally liked and understood by consumers.¹⁵⁷ This has not necessarily translated into meaningful behavior change, however. Eight years after implementation, there is still no evidence of HSRs having a significant impact on the nutritional quality of people's food and beverage purchases.

- ▶ A systematic review examining experimental evidence through 2019 on different FOP nutrition labels' effects on food purchases included three randomized controlled trials that evaluated HSR labels.¹⁵⁸ None of the three studies reported a significant impact of HSR on food purchases.¹⁵⁹⁻¹⁶¹
- ▶ A meta-analysis that combined results from five experiments examining HSR labels' impact on purchases found no significant effect on calories or sugar purchased; combined results from three studies similarly found no impact on saturated fat or sodium purchased.¹²⁷

This lack of results could be due to the voluntary nature of previous HSR policies. For example, in Australia, adoption has been low (<50% of products) and the labels have been selectively implemented by retailers, with the majority of products (>75%) being relatively healthy (e.g., displaying ≥3 stars).¹⁶²

Additional concern relates to the potential for HSR labels to misrepresent the healthfulness of packaged food products. A recent study found that the HSR label is being displayed on a substantial proportion of newly released ultra-processed foods: In 3 out of 4 instances, these products were found to be displaying at least 2.5 "health" stars.¹⁶³ Taken together, these results suggest that in its current form, the HSR is unlikely to help Indian consumers make healthy choices.

Traffic Light Labels (TLLs)

TLLs use green, amber (yellow), and red colors to indicate whether a product has low, moderate, or high levels of nutrients of concern. TLLs can vary in complexity and appearance, from simple summary indicators (*Sri Lanka, right*) to nutrient-specific coloring (*Ecuador*) or TLLs combined with GDAs (*United Kingdom*).

Experiments comparing different label types have found that while TLLs test moderately well for outcomes such as consumer liking/ acceptability, understanding, and improving intentions, they are still generally outperformed by warning labels in these outcomes and, importantly, in changing actual purchase behaviors.^{101,114,124,127,164,165} TLLs can also confuse consumers by sending unclear messages about whether a product contains excessive amounts of added sugar, sodium, or saturated fats.^{101,137,142,166}

- ▶ A 2017 study comparing different labels found that TLLs and GDAs performed worse than warning labels at helping consumers identify products with high content of unhealthy nutrients and that consumers perceived products with warning labels as less healthy than the same products with TLLs or GDA labels.¹⁶⁷
- ▶ Another 2017 study comparing Uruguyan children's perceptions of foods with TLLs vs. warning labels found that warning labels had greater relative impact on children's food choices.¹⁶⁸
- ▶ TLLs confused consumers in Mexico, who found the multiple colors difficult to compare across products and the intermediate/amber color particularly hard to interpret.¹⁶⁶



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- ▶ **Real-world evidence:** In 2014, Ecuador implemented a mandatory TLL for packaged, processed food products.¹⁴⁴ Evidence thus far indicates that despite consumers' awareness and understanding of the label, it has not led to the purchase changes observed under Chile's warning label policy:
 - Data from Ecuador's 2018 National Health and Nutrition Survey indicate that while 79% of the survey's nearly 41,000 participants reported being aware of the country's TLL — of whom 88% said they understood the label — only 21% reported actually using the TLL to inform their purchases.¹⁶⁹
 - Two studies examined consumer purchases in the first year of regulation and found no evidence that TLLs significantly affected households' carbonated soft drink-buying habits.^{164,170}
 - In the first year of Ecuador's TLL policy, one study found evidence of modest product reformulation, with an observed average sugar reduction of 0.93 grams per 100 mL of beverage.¹⁷⁰

Nutri-Score

Introduced as a voluntary label in France in 2017 and since taken up by five other European countries,¹⁷¹ the Nutri-Score label (*right*) uses a color spectrum along with letter grades to provide a summary indicator of product healthiness. Scores are based on a nutrient profiling model that takes into account product ingredients' health benefits as well as risks (e.g., fiber, protein, or fruit, vegetable, legume, nut, or healthy oil content).¹⁷²



Like TLLs, Nutri-Score labels have tested relatively well in some surveys and laboratory experiments in terms of consumer liking and ability to rank relative healthiness within a given product set,^{101,124,173-179} but it is unknown whether this will translate into meaningful behavior changes, including reducing consumption of unhealthy, ultra-processed foods and beverages.

- ▶ A 2021 meta-analysis found that in experiments, warning labels were more effective than Nutri-Score labels at discouraging unhealthy purchases and improving the overall healthfulness of purchases.¹⁰¹
- ▶ A 2016 field experiment examined changes in the nutritional profile of food purchases after placing Nutri-Score labels on real foods in four product categories across 60 French supermarkets.¹⁸⁰
- ▶ While labels were associated with a 14% increase in the nutritional profile of purchases from the healthiest categories (e.g., fresh, prepared foods), they had no impact on the profile of purchases from less-healthy categories. Nutri-Score's net effect was a modest 2.5% improvement in the average nutritional score of purchases.
- ▶ Notably, effect sizes observed in the study were on average 17 times smaller than those found in comparable laboratory studies, highlighting the importance of evaluating real-world effects of FOP labeling policies.¹⁸⁰
- ▶ Two years after Nutri-Score's adoption in France, self-reported awareness of and support for the label was very high in a consumer survey, but less than half of respondents reported changing their shopping behaviors because of the label.¹⁸¹
- ▶ A pilot study in Spain found that while subjects noticed Nutri-Score labels on packages, they did not have a significant effect on attitudes, taste perceptions, and purchase intentions.¹⁸²

Studies have not yet examined the real-world impact of Nutri-Score labels on purchase patterns, consumption, or the food supply in the countries where they are in use. It is also not yet well understood how widely food companies are choosing to apply the voluntary label and whether this coverage differs by product type (eg, used more for healthy products vs. unhealthy products).

- ▶ For example, a 2020 study in Belgium estimated that in the first year of Nutri-Score label use, only 10% of the country's food supply featured the label, and the majority of those products were given healthy "A" or "B" ratings.¹⁸³ This could have important implications for the label's effectiveness, as an experiment found greatly reduced benefits when labels are not widely adopted.¹⁸⁴

Industry-endorsed, voluntary FOP labels are not effective

The most common FOP system in use globally is industry's voluntary **Guidelines for Daily Allowance (GDAs)**, also called Guideline Daily Amounts, "Facts Up Front," Reference Intakes, or Daily Intake Guides, depending on region).¹⁸⁵⁻¹⁸⁸ GDA-style labels were developed by grocery manufacturing and distribution associations in the UK and US and later adopted with slight variations by industry associations in many other countries, despite little to no evidence of positive impact for consumers.¹⁸⁹ In the US, the 2011 introduction of "Facts Up Front" labelling by the Grocery Manufacturers Association was viewed by health experts as a strategic — and successful — maneuver to pre-empt ongoing government development of a mandatory FOP labelling policy.^{190,191}



GDA-style labels typically display nutrient content per serving (not necessarily per package) for nutrients such as calories, saturated fat, sugars, and sodium, as well as the percentage of an average adult's recommended daily intake for each nutrient. Despite their ubiquity, these labels are regarded as unhelpful or confusing for customers.

Limitations of the GDA/DIG/"Facts Up Front" label approach include:

- Benchmark values are not based on international nutrition recommendations and are calculated using an average adult's intake, even on products specifically targeted to or consumed by children;
- GDA labels are displayed in arbitrary serving sizes — making it difficult for consumers to compare different products in the same category — and are smaller than what people realistically consume;
- Serving sizes are also shown in very small text, which could lead shoppers to think that label values refer to the full package contents;
- The nutrients included in a GDA label are inconsistent across products. For example, a product with very high sugar and saturated fat content may only show a GDA label for calories.
- When fiber and micronutrients are included in the label, companies present percentages of *minimum* recommended intakes, whereas for sugars, fats, saturated fats, and sodium, they present percentages of *upper* consumption limits;
- Interpreting a GDA label takes more time than most shoppers spend reading a nutritional label and requires a high level of nutritional knowledge and mathematical skills.¹⁹²

GDAs perform poorly compared to other FOP labels and do not help consumers:

- ▶ Independent studies comparing GDA-style labels with other systems (e.g., multiple traffic lights, Nutri-Score, Choices International, Health Star Rating, and warning labels) consistently find that GDAs are the most confusing, take shoppers the most time to evaluate, and are ultimately least effective for encouraging consumers to make healthier choices.^{134,138,142,159,193-200}
- ▶ Studies in Mexico, Uruguay, Mexico, Ecuador, Chile, and Brazil have all found GDAs to be the weakest of any labelling system currently used in Latin America.^{129,130,134,166,168,192,198,201-203}
- ▶ In Mexico, studies show that consumers across age, education, and income groups have a hard time understanding GDA labels and do not use GDAs to make food choices.^{141,142,166,192,204}
- ▶ Eye-tracking studies from the United States, Uruguay, and Chile found that compared to warning labels, GDAs are less effective at getting consumers' attention, harder to process, and worse at helping to identify unhealthy products.^{128,130,205}
- ▶ Studies in Australia and New Zealand found that GDAs (referred to there as Daily Intake Guides) were least preferred by consumers and least helpful for discriminating between healthy and unhealthy products, compared to traffic light and Health Star Rating labels.^{206,207}
- ▶ In the United Kingdom, introduction of GDA labels did not affect shoppers' product choices among yogurts or ready-meals.²⁰⁸
- ▶ Companies often place GDAs on packages alongside other, more prominent labelling and marketing such as nutrient or health claims, which further confuses consumers.²⁰⁹⁻²¹³

Key elements for developing an effective FOP labelling system

- ▶ Developing or selecting a **strong nutrient profiling model** is a key first step toward creating the FOP label policy.²¹⁴⁻²¹⁶ The model should set clear and meaningful criteria based on evidence of diet-related health risk and nutritional guidelines to determine which products must carry labels.^{103,217}
- ▶ FOP labels should be **immediately and easily visible on the package**. Sizing and placement specifications should be made clear in the regulation. For example, the Chilean FOP policy sets specific size requirements for a wide range of packaging formats — from bubble gum to breakfast cereal — and offers a good starting point for other countries to consider.
- ▶ Label **designs should be simple and clear**:
 - Simple FOP labels enhance understanding and use of nutrition information, especially for consumers with less education and nutrition knowledge.^{110,218,219}
 - Interpretive FOP labels work by using simple designs and easy-to-understand language to draw attention to key nutrition information, facilitate rapid comprehension, encode information into working memory, and make it easier to discriminate between healthy and less healthy options.^{110,120,219-222}
 - To this end, labels should avoid numeric information, use symbols, shapes, and colors that leverage consumers' automatic associations, and warn or caution consumers using words or phrases such as "excess," "high," "avoid," or "warning."¹²⁰
- ▶ Successful development and implementation of a FOP label policy will depend on **strong supporting evidence**, a transparent process that includes pilot-testing of label systems, collaboration by different stakeholders, and strong political leadership.²²³
- ▶ A strong FOP label system must be **mandatory for all companies and apply to all product types**. Evidence indicates that applying a label to only some products can lead to misleading perceptions of the healthfulness.^{101,224} Voluntary labelling systems can lead to multiple types of logos and labels, which increases confusion and decreases the usefulness of the logos.
- ▶ Ideally, where FOP warning labels are required, **health and nutrition claims should be prohibited**. Product packages that feature both warning labels and positive claims confuse consumers. In Mexico, for example, the FOP warning label law implemented in 2021 prohibits products with one or more warning labels from featuring health or nutrient claims on the package.¹⁴⁷
- ▶ **Endorsement of a label by trusted government or scientific organizations** increases credibility.^{110,225}
- ▶ **Criteria for the labels should be made public** in advance to educate consumers and manufacturers and to encourage product reformulation.¹²² Industry should be allowed to comment publicly on the criteria but should not be permitted to intervene in its development.²²³
- ▶ Ongoing **monitoring procedures and mechanisms for enforcement** should be established as part of the policy to ensure consistent uptake and compliance, evaluate the policy's impacts, and inform continuous improvements and updates, as needed.¹⁰³ These should be coordinated through a government agency or independent group without conflicts of interest.



1. Reardon T, Timmer CP, Barrett CB, Berdegue JA. The rise of supermarkets in Africa, Asia, and Latin America. *American Journal of Agricultural Economics*. 2003;85:1140-1146.
2. Reardon T, Timmer CP, Minten B. Supermarket revolution in Asia and emerging development strategies to include small farmers. *Proceedings of the National Academy of Sciences*. 2012;109(31):12332-12337.
3. Popkin BM. Nutrition, agriculture and the global food system in low and middle income countries. *Food Policy*. 2014;47:91-96.
4. Zhou Y, Du S, Su C, Zhang B, Wang H, Popkin BM. The food retail revolution in China and its association with diet and health. *Food Policy*. 2015;55:92-100.
5. Popkin BM, Reardon T. Obesity and the food system transformation in Latin America. *Obesity Reviews*. 2018;19(8):1028-1064.
6. Monteiro CA, Moubarac JC, Cannon G, Ng SW, Popkin B. Ultra-processed products are becoming dominant in the global food system. *Obesity Reviews*. 2013;14:21-28.
7. Baker P, Machado P, Santos T, et al. Ultra-processed foods and the nutrition transition: Global, regional and national trends, food systems transformations and political economy drivers. *Obesity Reviews*. 2020;21(12):e13126.
8. Anand SS, Hawkes C, de Souza RJ, et al. Food Consumption and its Impact on Cardiovascular Disease: Importance of Solutions Focused on the Globalized Food System: A Report From the Workshop Convened by the World Heart Federation. *Journal of the American College of Cardiology*. 2015;66(14):1590-1614.
9. Imamura F, Micha R, Khatibzadeh S, et al. Dietary quality among men and women in 187 countries in 1990 and 2010: A systematic assessment. *The Lancet Global Health*. 2015;3(3):e132-e142.
10. Popkin BM, Adair LS, Ng SW. Global nutrition transition and the pandemic of obesity in developing countries. *Nutrition Reviews*. 2012;70(1):3-21.
11. Poti JM, Mendez MA, Ng SW, Popkin BM. Is the degree of food processing and convenience linked with the nutritional quality of foods purchased by US households? *American Journal of Clinical Nutrition*. 2015;99(1):162-171.
12. Luiten CM, Steenhuis IH, Eyles H, Mhurchu CN, Waterlander WE. Ultra-processed foods have the worst nutrient profile, yet they are the most available packaged products in a sample of New Zealand supermarkets. *Public health nutrition*. 2016;19(3):530-538.
13. Steele EM, Popkin BM, Swinburn B, Monteiro CA. The share of ultra-processed foods and the overall nutritional quality of diets in the US: evidence from a nationally representative cross-sectional study. *Population health metrics*. 2017;15(1):6.
14. Cornwell B, Villamor E, Mora-Plazas M, Marin C, Monteiro CA, Baylin A. Processed and ultra-processed foods are associated with lower-quality nutrient profiles in children from Colombia. *Public health nutrition*. 2018;21(1):142-147.
15. Koiwai K, Takemi Y, Hayashi F, et al. Consumption of ultra-processed foods decreases the quality of the overall diet of middle-aged Japanese adults. *Public health nutrition*. 2019;22(16):2999-3008.
16. Julia C, Martinez L, Allès B, et al. Contribution of ultra-processed foods in the diet of adults from the French NutriNet-Santé study. *Public health nutrition*. 2018;21(1):27-37.
17. Popkin BM, Barquera S, Corvalan C, et al. Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *The Lancet Diabetes & Endocrinology*. 2021;9(7):462-470.
18. Pries AM, Huffman SL, Adhikary I, et al. High consumption of commercial food products among children less than 24 months of age and product promotion in Kathmandu Valley, Nepal. *Maternal & Child Nutrition*. 2016;12:22-37.
19. Pries AM, Huffman SL, Mengkheang K, et al. High use of commercial food products among infants and young children and promotions for these products in Cambodia. *Maternal & Child Nutrition*. 2016;12:52-63.
20. Feeley AB, Ndeye Coly A, Sy Gueye NY, et al. Promotion and consumption of commercially produced foods among children: situation analysis in an urban setting in Senegal. *Maternal & Child Nutrition*. 2016;12:64-76.
21. Marriott BM, Campbell L, Hirsch E, Wilson D. Preliminary data from demographic and health surveys on infant feeding in 20 developing countries. *The Journal of nutrition*. 2007;137(2):518S-523S.
22. Report of a WHO Forum and Technical Meeting. Reducing Salt Intake in Populations. 2006.
23. WHO/FAO. Diet, nutrition and the prevention of chronic diseases: Report of a joint WHO/FAO expert consultation. Technical Report Series 916. 2003.
24. Pagliai G, Dinu M, Madarena MP, Bonaccio M, Iacoviello L, Sofi F. Consumption of ultra-processed foods and health status: a systematic review and meta-analysis. *British Journal of Nutrition*. 2021;125(3):308-318.
25. Lane MM, Davis JA, Beattie S, et al. Ultraprocessed food and chronic noncommunicable diseases: A systematic review and meta-analysis of 43 observational studies. *Obesity Reviews*. 2020.
26. Askari M, Heshmati J, Shahinfar H, Tripathi N, Daneshzad E. Ultra-processed food and the risk of overweight and obesity: a systematic review and meta-analysis of observational studies. *International Journal of Obesity*. 2020;44, pages 2080-2091.
27. Chen X, Zhang Z, Yang H, et al. Consumption of ultra-processed foods and health outcomes: a systematic review of epidemiological studies. *Nutrition Journal*. 2020;19(1):86.
28. Meneguelli TS, Hinkelmann JV, Hermsdorff HHM, Zulet MA, Martínez JA, Bressan J. Food consumption by degree of processing and cardiometabolic risk: a systematic review. *International journal of food sciences and nutrition*. 2020;71(6):678-692.
29. Elizabeth L, Machado P, Zinöcker M, Baker P, Lawrence M. Ultra-Processed Foods and Health Outcomes: A Narrative Review. *Nutrients*. 2020;12(7):1955.
30. Santos FSd, Dias MdS, Mintem GC, Oliveira IOd, Gigante DP. Food processing and cardiometabolic risk factors: a systematic review. *Revista de Saúde Pública*. 2020;54:70.
31. U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. 2015.
32. World Health Organization. Guideline: Sugars Intake for Adults and Children. In: Geneva 2015.
33. World Cancer Research Fund International. Curbing global sugar consumption: Effective food policy actions to help promote healthy diets and tackle obesity. 2015. <http://www.wcrf.org/int/policy/our-policy-work/curbing-global-sugar-consumption>.
34. Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care*. 2010;33(11):2477-2483.
35. Malik VS, Popkin BM, Bray GA, Despres JP, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation*. 2010;121(11):1356-1364.
36. Malik M, Razig SA. The Prevalence of the Metabolic Syndrome among the Multiethnic Population of the United Arab Emirates: A Report of a National Survey. *Metab Syndr Relat Disord*. 2008.
37. Ebbeling CB, Feldman HA, Chomitz VR, et al. A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight. *New England Journal of Medicine*. 2012;0(0):null.
38. Morenga, Lisa Te, Mallard, Simonette, Mann Jim., Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*. 2013;346.
39. Morenga LAT, Howatson AJ, Jones RM, Mann J. Dietary sugars and cardiometabolic risk: systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. *The American Journal of Clinical Nutrition*. 2014;100(1):65-79.
40. Institute of Medicine Committee on Accelerating Progress in Obesity Prevention. *Measuring Progress in Obesity Prevention: Workshop Report*. The National Academies Press; 2012.
41. Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity?*: The National Academies Press; 2006.
42. Johnson RK, Appel LJ, Brands M, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009;120(11):1011-1020.
43. Pan American Health Organization. *Plan of Action for the Prevention of Obesity in Children and Adolescents*. 2014.
44. Graudal NA, Hubeck-Graudal T, Jürgens G. Effects of low-sodium diet vs. high-sodium diet on blood pressure, renin, aldosterone, catecholamines, cholesterol, and triglyceride (Cochrane Review). *American journal of hypertension*. 2012;25(1):1-15.
45. Barquera S, Campos-Nonato I, Hernández-Barrera L, Pedroza A, J R-D. Obesity in Mexican adults: results of Mexican National Health and Nutrition Survey 2012. *Salud Publica Mex*. 2013;55:(in press).
46. Mozaffarian D, Fahimi S, Singh GM, et al. Global sodium consumption and death from cardiovascular causes. *New England Journal of Medicine*. 2014;371(7):624-634.
47. Graudal N, Jürgens G, Baslund B, Alderman MH. Compared with usual sodium intake, low-and excessive-sodium diets are associated with increased mortality: a meta-analysis. *American journal of hypertension*. 2014;27(9):1129-1137.
48. Imamura F, Micha R, Wu JH, et al. Effects of saturated fat, polyunsaturated fat, monounsaturated fat, and carbohydrate on glucose-insulin homeostasis: a systematic review and meta-analysis of randomised controlled feeding trials. *PLoS Med*. 2016;13(7):e1002087.
49. Mozaffarian D, Micha R, Wallace S. Effects on coronary heart disease of increasing polyunsaturated fat in place of saturated fat: a systematic review and meta-analysis of randomized controlled trials. *PLoS Med*. 2010;7(3):e1000252.
50. Skeaff CM, Miller J. Dietary fat and coronary heart disease: summary of evidence from prospective cohort and randomised controlled trials. *Annals of nutrition & metabolism*. 2009;55(1-3):173-201.
51. World Health Organization. Healthy Diet. <https://www.who.int/news-room/factsheets/detail/healthy-diet>. Published 2020. Accessed September 30, 2021.

52. Herforth A, Arimond M, Álvarez-Sánchez C, Coates J, Christianson K, Muehlhoff E. A Global Review of Food-Based Dietary Guidelines. *Advances in Nutrition*. 2019;10(4):590-605.
53. Schiessler ET, Rios JM, Pamarouskis L, Cummings JR, Gearhardt AN. A narrative review of highly processed food addiction across the lifespan. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2021;106:110152.
54. Gearhardt AN, Hebebrand J. The concept of "food addiction" helps inform the understanding of overeating and obesity: YES. *The American Journal of Clinical Nutrition*. 2021;113(2):263-267.
55. Schulte EM, Gearhardt AN. Attributes of the food addiction phenotype within overweight and obesity. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*. 2020.
56. EFSA Panel on Contaminants in the Food Chain. Scientific opinion on acrylamide in food. *Efsa Journal*. 2015;13(6):4104.
57. Abt E, Robin LP, McGrath S, et al. Acrylamide levels and dietary exposure from foods in the United States, an update based on 2011-2015 data. *Food Additives & Contaminants: Part A*. 2019;36(10):1475-1490.
58. Gibis M. Heterocyclic aromatic amines in cooked meat products: causes, formation, occurrence, and risk assessment. *Comprehensive Reviews in Food Science and Food Safety*. 2016;15(2):269-302.
59. Alaejos MS, Afonso AM. Factors that affect the content of heterocyclic aromatic amines in foods. *Comprehensive reviews in food science and food safety*. 2011;10(2):52-108.
60. Bouvard V, Loomis D, Guyton KZ, et al. Carcinogenicity of consumption of red and processed meat. *The Lancet Oncology*. 2015;16(16):1599-1600.
61. Halden RU. Plastics and health risks. *Annual review of public health*. 2010;31:179-194.
62. Thompson RC, Moore CJ, Vom Saal FS, Swan SH. Plastics, the environment and human health: current consensus and future trends. *Philosophical Transactions of the Royal Society B: Biological Sciences*. 2009;364(1526):2153-2166.
63. Heindel JJ, Newbold R, Schug TT. Endocrine disruptors and obesity. *Nature Reviews Endocrinology*. 2015;11(11):653-661.
64. Buckley JP, Kim H, Wong E, Rebholz CM. Ultra-processed food consumption and exposure to phthalates and bisphenols in the US National Health and Nutrition Examination Survey, 2013-2014. *Environment international*. 2019;131:105057.
65. Muncke J. Endocrine disrupting chemicals and other substances of concern in food contact materials: An updated review of exposure, effect and risk assessment. *The Journal of Steroid Biochemistry and Molecular Biology*. 2011;127(1):118-127.
66. Steele EM, Khandpur N, da Costa Louzada ML, Monteiro CA. Association between dietary contribution of ultra-processed foods and urinary concentrations of phthalates and bisphenol in a nationally representative sample of the US population aged 6 years and older. *PLoS one*. 2020;15(7):e0236738.
67. Zinöcker MK, Lindseth IA. The Western diet-microbiome-host interaction and its role in metabolic disease. *Nutrients*. 2018;10(3):365.
68. Mielotte L, Van de Wiele T. Food processing, gut microbiota and the obesity problem. *Critical reviews in food science and nutrition*. 2020;60(11):1769-1782.
69. Leo EEM, Campos MRS. Effect of ultra-processed diet on gut microbiota and thus its role in neurodegenerative diseases. *Nutrition*. 2020;71:110609.
70. Juul F, Vaidean G, Lin Y, Deierlein Andrea L, Parekh N. Ultra-Processed Foods and Incident Cardiovascular Disease in the Framingham Offspring Study. *Journal of the American College of Cardiology*. 2021;77(12):1520-1531.
71. Mendonça RdD, Pimenta AM, Gea A, et al. Ultraprocessed food consumption and risk of overweight and obesity: the University of Navarra Follow-Up (SUN) cohort study. *The American journal of clinical nutrition*. 2016;104(5):1433-1440.
72. Vandevijvere S, Jaacks LM, Monteiro CA, et al. Global trends in ultraprocessed food and drink product sales and their association with adult body mass index trajectories. *Obesity Reviews*. 2019.
73. Costa C, Rauber F, Leffa P, Sangalli C, Campagnolo P, Vitolo M. Ultra-processed food consumption and its effects on anthropometric and glucose profile: A longitudinal study during childhood. *Nutrition, Metabolism and Cardiovascular Diseases*. 2019;29(2):177-184.
74. Canhada SL, Luft VC, Giatti L, et al. Ultra-processed foods, incident overweight and obesity, and longitudinal changes in weight and waist circumference: the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). *Public health nutrition*. 2020;23(6):1076-1086.
75. Beslay M, Srour B, Méjean C, et al. Ultra-processed food intake in association with BMI change and risk of overweight and obesity: A prospective analysis of the French NutriNet-Santé cohort. *PLoS medicine*. 2020;17(8):e1003256.
76. Rauber F, Martínez Steele E, Louzada MLdC, Millett C, Monteiro CA, Levy RB. Ultra-processed food consumption and indicators of obesity in the United Kingdom population (2008-2016). *PLoS One*. 2020;15(5):e0232676.
77. Rauber F, Chang K, Vámos EP, et al. Ultra-processed food consumption and risk of obesity: a prospective cohort study of UK Biobank. *European Journal of Nutrition*. 2020:1-12.
78. Sandoval-Insausti H, Jiménez-Onsurbe M, Donat-Vargas C, et al. Ultra-Processed Food Consumption Is Associated with Abdominal Obesity: A Prospective Cohort Study in Older Adults. *Nutrients*. 2020;12(8):2368.
79. Levy RB, Rauber F, Chang K, et al. Ultra-processed food consumption and type 2 diabetes incidence: A prospective cohort study. *Clinical Nutrition*. 2020.
80. Srour B, Fezeu LK, Kesse-Guyot E, et al. Ultraprocessed Food Consumption and Risk of Type 2 Diabetes Among Participants of the NutriNet-Santé Prospective Cohort. *JAMA Internal Medicine*. 2020;180(2):283-291.
81. Llavero-Valero M, San Martín JE, Martínez-González MA, Basterra-Gortari FJ, de la Fuente-Arillaga C, Bes-Rastrollo M. Ultra-processed foods and type-2 diabetes risk in the sun project: a prospective cohort study. *Clinical Nutrition*. 2021.
82. Adjibade M, Julia C, Allès B, et al. Prospective association between ultra-processed food consumption and incident depressive symptoms in the French NutriNet-Santé cohort. *BMC medicine*. 2019;17(1):78.
83. Gómez-Donoso C, Sánchez-Villegas A, Martínez-González MA, et al. Ultra-processed food consumption and the incidence of depression in a Mediterranean cohort: The SUN Project. *European journal of nutrition*. 2019:1-11.
84. Srour B, Fezeu LK, Kesse-Guyot E, et al. Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé). *bmj*. 2019;365:1451.
85. Zhong G-C, Gu H-T, Peng Y, et al. Association of ultra-processed food consumption with cardiovascular mortality in the US population: long-term results from a large prospective multicenter study. *International Journal of Behavioral Nutrition and Physical Activity*. 2021;18(1):21.
86. Bonaccio M, Di Castelnuovo A, Costanzo S, et al. Ultra-processed food consumption is associated with increased risk of all-cause and cardiovascular mortality in the Moli-sani Study. *Am J Clin Nutr*. 2020.
87. Rico-Campà A, Martínez-González MA, Alvarez-Alvarez I, et al. Association between consumption of ultra-processed foods and all cause mortality: SUN prospective cohort study. *bmj*. 2019;365:11949.
88. Kim H, Hu EA, Rebholz CM. Ultra-processed food intake and mortality in the USA: Results from the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). *Public health nutrition*. 2019;22(10):1777-1785.
89. Blanco-Rojo R, Sandoval-Insausti H, López-García E, et al. Consumption of Ultra-Processed Foods and Mortality: A National Prospective Cohort in Spain. *Mayo Clinic Proceedings*. 2019;94(11):2178-2188.
90. Schnabel L, Kesse-Guyot E, Allès B, et al. Association between ultraprocessed food consumption and risk of mortality among middle-aged adults in France. *JAMA internal medicine*. 2019;179(4):490-498.
91. Popkin BM, Hawkes C. Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses. *Lancet Diabetes Endocrinol*. 2016;4(2):174-186.
92. Singh GM, Micha R, Khatibzadeh S, et al. Global, Regional, and National Consumption of Sugar-Sweetened Beverages, Fruit Juices, and Milk: A Systematic Assessment of Beverage Intake in 187 Countries. *PLoS ONE*. 2015;10(8):e0124845.
93. Matos RA, Adams M, Sabaté J. The Consumption of Ultra-Processed Foods and Non-communicable Diseases in Latin America. *Frontiers in Nutrition*. 2021;8:110.
94. Srour B, Touvier M. Ultra-processed foods and human health: What do we already know and what will further research tell us? *EClinicalMedicine*. 2021;32.
95. Ng M, Fleming T, Robinson M, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. 2014;384(9945):766-781.
96. Global Food Research Program. Ultra-processed foods: A global threat to public health. https://www.globalfoodresearchprogram.org/wp-content/uploads/2021/04/UPF_ultra-processed_food_fact_sheet.pdf. Published 2021. Accessed September 29, 2021.
97. World Health Organization. Obesity and overweight. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>. Published 2020. Accessed May 2, 2020.
98. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public health nutrition*. 2005;8(1):21-28.
99. Rothman RL, Housam R, Weiss H, et al. Patient understanding of food labels: the role of literacy and numeracy. *American journal of preventive medicine*. 2006;31(5):391-398.
100. Wartella EA, Lichtenstein AH, Boon CS, Editors, eds. *Examination of Front-of-Package Nutrition Rating Systems and Symbols: Phase 1 Report*. Washington DC: National Academy Press; 2010. Committee on Examination of Front-of-Package Nutrition Ratings Systems and Symbols; Institute of Medicine

101. Song J, Brown MK, Tan M, et al. Impact of color-coded and warning nutrition labelling schemes: A systematic review and network meta-analysis. *PLoS Medicine*. 2021;18(10):e1003765.
102. World Health Organization. Global strategy on diet, physical activity and health. 2004.
103. World Health Organization. Guiding principles and framework manual for front-of-pack labelling for promoting healthy diets. <https://apps.who.int/nutrition/publications/policies/guidingprinciples-labelling-promoting-healthydiet/en/index.html>. Published 2019. Accessed September 29, 2021.
104. PAHO. *Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-Alcoholic Beverages to Children in the Americas*. Washington: Pan American Health Organization; 2012.
105. WHO SEARO. WHO Nutrient Profile Model for South-East Asia region. In: Nutrition, ed. Manila: WHO; 2017:22.
106. Pan American Health Organization. Nutrient Profile Model. In: Washington DC: Pan American Health Organization; 2016:32.
107. Mandle J, Tugendhaft A, Michalow J, Hofman K. Nutrition labelling: a review of research on consumer and industry response in the global South. *Global Health Action*. 2015;8:10.3402/gha.v3408.25912.
108. Vyth EL, Steenhuis IH, Vlot JA, et al. Actual use of a front-of-pack nutrition logo in the supermarket: consumers' motives in food choice. *Public health nutrition*. 2010;13(11):1882-1889.
109. Roodenburg A, Popkin B, Seidell J. Development of international criteria for a front of package nutrient profiling system: international Choices Programme. *European Journal of Clinical Nutrition* 2011. Published doi:10.1038/ejcn.2011.101.
110. Feunekes GJ, Gortemaker IA, Willems AA, Lion R, van den Kommer M. Front-of-pack nutrition labelling: Testing effectiveness of different nutrition labelling formats front-of-pack in four European countries. *Appetite*. 2008;50(1):57-70.
111. Hamlin RP, McNeill LS, Moore V. The impact of front-of-pack nutrition labels on consumer product evaluation and choice: an experimental study. *Public health nutrition*. 2014;1:9.
112. Ares G, Varela F, Machin L, et al. Comparative performance of three interpretative front-of-pack nutrition labelling schemes: Insights for policy making. *Food Quality and Preference*. 2018.
113. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising. *Obesity Reviews*. 2013;14:79-87.
114. Taillie LS, Reyes M, Colchero MA, Popkin B, Corvalán C. An evaluation of Chile's Law of Food Labeling and Advertising on sugar-sweetened beverage purchases from 2015 to 2017: A before-and-after study. *PLoS Medicine*. 2020;17(2):e1003015.
115. Taillie LS, Bercholz M, Popkin B, Reyes M, Colchero MA, Corvalán C. Changes in food purchases after the Chilean policies on food labelling, marketing, and sales in schools: a before and after study. *The Lancet Planetary Health*. 2021;5(8):e526-e533.
116. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean law of food labelling and advertising. *Obesity Reviews*. 2019;20(3):367-374.
117. Correa T, Fierro C, Reyes M, Dillman Carpentier FR, Taillie LS, Corvalán C. Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):21.
118. Uribe R, Manzur E, Comejo C. Varying the Number of FOP Warnings on Hedonic and Utilitarian Food Products: Evidence from Chile. *Journal of Food Products Marketing*. 2020;26(2):123-143.
119. Reyes M, Smith Taillie L, Popkin B, Kanter R, Vandevijvere S, Corvalán C. Changes in the amount of nutrient of packaged foods and beverages after the initial implementation of the Chilean Law of Food Labeling and Advertising: A nonexperimental prospective study. *PLoS Medicine*. 2020;17(7):e1003220.
120. Roberto CA, Ng SW, Ganderats-Fuentes M, et al. The Influence of Front-of-Package Nutrition Labeling on Consumer Behavior and Product Reformulation. *Annual Review of Nutrition*. 2021;41(1):null.
121. Grummon AH, Hall MG. Sugary drink warnings: A meta-analysis of experimental studies. *PLoS medicine*. 2020;17(5):e1003120.
122. Vyth EL, Steenhuis I, Roodenburg A, Brug J, Seidell JC. Front-of-pack nutrition label stimulates healthier product development: a quantitative analysis. *Int J Behav Nutr Phys Act*. 2010;7:65.
123. Shangguan S, Afshin A, Shulkin M, et al. A Meta-Analysis of Food Labeling Effects on Consumer Diet Behaviors and Industry Practices. *American journal of preventive medicine*. 2019;56(2):300-314.
124. Taillie LS, Hall MG, Popkin BM, Ng SW, Murukutla N. Experimental Studies of Front-of-Package Nutrient Warning Labels on Sugar-Sweetened Beverages and Ultra-Processed Foods: A Scoping Review. *Nutrients*. 2020;12(2):569.
125. Talati Z, Pettigrew S, Dixon H, Neal B, Ball K, Hughes C. Do health claims and front-of-pack labels lead to a positivity bias in unhealthy foods? *Nutrients*. 2016;8(12):787.
126. Ikonen I, Sotgiu F, Aydinli A, Verlegh PWJ. Consumer effects of front-of-package nutrition labeling: an interdisciplinary meta-analysis. *Journal of the Academy of Marketing Science*. 2020;48(3):360-383.
127. Croker H, Packer J, Russell SJ, Stansfield C, Viner RM. Front of pack nutritional labelling schemes: a systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing. *Journal of Human Nutrition and Dietetics*. 2020;n/a(n/a).
128. Centurión M, Machin L, Ares G. Relative Impact of Nutritional Warnings and Other Label Features on Cereal Bar Healthfulness Evaluations. *Journal of Nutrition Education and Behavior*. 2019.
129. Tórtora G, Machin L, Ares G. Influence of nutritional warnings and other label features on consumers' choice: Results from an eye-tracking study. *Food Research International*. 2019;119:605-611.
130. Alonso-Dos-Santos M, Quilodrán Ulloa R, Salgado Quintana Á, Viguera Quijada D, Fariás Nazel P. Nutrition labeling schemes and the time and effort of consumer processing. *Sustainability*. 2019;11(4):1079.
131. Machin L, Curutchet MR, Giménez A, Aschemann-Witzel J, Ares G. Do nutritional warnings do their work? Results from a choice experiment involving snack products. *Food Quality and Preference*. 2019;77:159-165.
132. Roberto CA, Wong D, Musicus A, Hammond D. The Influence of Sugar-Sweetened Beverage Health Warning Labels on Parents' Choices. *Pediatrics*. 2016.
133. Bollard T, Maubach N, Walker N, Ni Mhurchu C. Effects of plain packaging, warning labels, and taxes on young people's predicted sugar-sweetened beverage preferences: an experimental study. *International Journal of Behavioral Nutrition and Physical Activity*. 2016;13(1):95.
134. Hock K, Acton RB, Jáuregui A, Vanderlee L, White CM, Hammond D. Experimental study of front-of-package nutrition labels' efficacy on perceived healthfulness of sugar-sweetened beverages among youth in six countries. *Preventive Medicine Reports*. 2021;24:101577.
135. Acton RB, Hammond D. Do Consumers Think Front-of-Package "High in" Warnings are Harsh or Reduce their Control? A Test of Food Industry Concerns. *Obesity*. 2018;26(11):1687-1691.
136. Acton RB, Jones AC, Kirkpatrick SI, Roberto CA, Hammond D. Taxes and front-of-package labels improve the healthiness of beverage and snack purchases: a randomized experimental marketplace. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):46.
137. Khandpur N, Sato PdM, Mais LA, et al. Are front-of-package warning labels more effective at communicating nutrition information than traffic-light labels? A randomized controlled experiment in a Brazilian sample. *Nutrients*. 2018;10(6):688.
138. Deliza R, de Alcantara M, Pereira R, Ares G. How do different warning signs compare with the guideline daily amount and traffic-light system? *Food Quality and Preference*. 2020;80:103821.
139. Khandpur N, Mais LA, de Moraes Sato P, et al. Choosing a front-of-package warning label for Brazil: A randomized, controlled comparison of three different label designs. *Food Research International*. 2019;121:854-861.
140. Patino SRG, Carriedo Á, Tolentino-Mayo L, et al. Front-of-pack warning labels are preferred by parents with low education level in four Latin American countries. *World Nutrition*. 2019;10(4):11-26.
141. Nieto C, Jáuregui A, Contreras-Manzano A, et al. Understanding and use of food labeling systems among Whites and Latinos in the United States and among Mexicans: Results from the International Food Policy Study, 2017. *International Journal of Behavioral Nutrition and Physical Activity*. 2019;16(1):87.
142. Vargas-Meza J, Jáuregui A, Contreras-Manzano A, Nieto C, Barquera S. Acceptability and understanding of front-of-pack nutritional labels: an experimental study in Mexican consumers. *BMC Public Health*. 2019;19(1):1751.
143. Kelly B, Jewell J. What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European Region? World Health Organization, Health Evidence Network. Health Evidence Network synthesis report 61 Web site. <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/2018/what-is-the-evidence-on-the-policy-specifications.-development-processes-and-effectiveness-of-existing-front-of-pack-food-labelling-policies-in-the-who-european-region-2018>. Published 2018. Accessed March 4, 2019.
144. World Cancer Research Fund International. NOURISHING database: Nutrition label standards and regulations on the use of claims and implied claims on food. https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=0#step3=309. Published 2020. Accessed August 7, 2020.
145. Michail N. Warning labels set to enter into force in Uruguay: Is your product compliant?

- <https://www.foodnavigator-latam.com/Article/2020/02/24/Warning-labels-set-to-enter-into-force-in-Uruguay>. Published 2020. Accessed August 7, 2020.
146. Ministerio de Salud Pública. Executive Decree No. 272/018. https://medios.presidencia.gub.uy/legal/2018/decretos/08/cons_min_705.pdf. Published 2018. Accessed August 7, 2020.
147. Secretaría de Economía. MODIFICACIÓN a la Norma Oficial Mexicana NOM-051-SCFI/SSA1-2010, Especificaciones generales de etiquetado para alimentos y bebidas no alcohólicas preenvasados (Amendment to Official Mexican Standard NOM-051-SCFI/SSA1-2010, General labelling specifications for prepackaged food and non-alcoholic beverages). In: Economía Sd, ed. Ciudad de México: Diario Oficial de la Federación; 2020.
148. United States Department of Agriculture, Foreign Agricultural Service. Brazil Approves New Regulations for Food Labeling. https://apps.fas.usda.gov/newgainapi/api/Report/DownloadReportByFileName?fileName=Brazil%20Aproves%20New%20Regulaciones%20for%20Food%20Labeling_Sao%20Paulo%20ATO_Brazil_10-11-2020. Published 2020. Accessed October 5, 2021.
149. El Congreso de Colombia. Ley No 2120. <http://www.andi.com.co/Uploads/LEY%202120%20DEL%2030%20DE%20JULIO%20DE%202021.pdf>. Published 2021. Accessed October 5, 2021.
150. Government of Canada. Summary of proposed amendments published in Canada Gazette, Part I: Nutrition symbols, other labelling provisions, partially hydrogenated oils and vitamin D. <https://www.canada.ca/en/health-canada/programs/consultation-front-of-package-nutrition-labelling-cgi/summary-of-proposed-amendments.html>. Published 2018. Accessed October 5, 2021.
151. Tswana Y. Warning labels planned for junk food. Independent Online. <https://www.iol.co.za/capetimes/news/warning-labels-planned-for-junk-food-19547471>. Published 2019. Accessed August 7, 2020.
152. Endevelt R, Itamar Grotto, Rivka Sheffer, Rebecca Goldsmith, Maya Golan, Joseph Mendlovic, Moshe Bar-Siman-Tov. Policy and practice - Regulatory measures to improve the built nutrition environment for prevention of obesity and related morbidity in Israel. *Public Health Panorama*. 2017;3(4):567-575.
153. Southey F. Israel: 'New opportunities' for reformulation as gov't imposes HFSS warnings front-of-pack. Food Navigator. https://www.foodnavigator.com/Article/2020/01/27/Israel-introduces-mandatory-HFSS-warnings-front-of-pack?utm_source=copyright&utm_medium=OnSite&utm_campaign=copyright. Published 2020. Accessed August 7, 2020.
154. Shahrabani S. The impact of Israel's Front-of-Pack labeling reform on consumers' behavior and intentions to change dietary habits. *Israel Journal of Health Policy Research*. 2021;10(1):44.
155. Bromberg M, Sinai T, Keinan-Boker L, Endevelt R, Frankenthal D. Current use of nutrition facts tables and attitudes towards new red and green front-of-package labels among Israeli consumers. *International Journal of Food Sciences and Nutrition*. 2021:1-8.
156. Food Standards Australia New Zealand. Health Star Rating System. <https://www.foodstandards.gov.au/consumer/labelling/Pages/Health-Star-Rating-System.aspx>. Published 2021. Accessed March 21, 2022.
157. Jones A, Thow AM, Ni Mhurchu C, Sacks G, Neal B. The performance and potential of the Australasian Health Star Rating system: a four-year review using the RE-AIM framework. *Australian and New Zealand journal of public health*. 2019;43(4):355-365.
158. An R, Shi Y, Shen J, et al. Effect of front-of-package nutrition labeling on food purchases: a systematic review. *Public Health*. 2021;191:59-67.
159. Neal B, Crino M, Dunford E, et al. Effects of different types of front-of-pack labelling information on the healthiness of food purchases—a randomised controlled trial. *Nutrients*. 2017;9(12):1284.
160. Ni Mhurchu C, Volkova E, Jiang Y, et al. Effects of interpretive nutrition labels on consumer food purchases: the Starlight randomized controlled trial. *The American journal of clinical nutrition*. 2017;105(3):695-704.
161. Acton RB, Hammond D. The impact of price and nutrition labelling on sugary drink purchases: Results from an experimental marketplace study. *Appetite*. 2018;121:129-137.
162. Shahid M, Neal B, Jones A. Uptake of Australia's Health Star Rating System 2014–2019. *Nutrients*. 2020;12(6):1791.
163. Dickie S, Woods JL, Lawrence M. Analysing the use of the Australian Health Star Rating system by level of food processing. *International Journal of Behavioral Nutrition and Physical Activity*. 2018;15(1):128.
164. Sandoval LA, Carpio CE, Sanchez-Plata M. The effect of 'Traffic-Light' nutritional labelling in carbonated soft drink purchases in Ecuador. *PLoS one*. 2019;14(10).
165. Bandeira LM, Pedrosa J, Toral N, Gubert MB. Performance and perception on front-of-package nutritional labeling models in Brazil. *Revista de Saúde Pública*. 2021;55.
166. De la Cruz-Góngora V, Torres P, Contreras-Manzano A, et al. Understanding and acceptability by Hispanic consumers of four front-of-pack food labels. *International Journal of Behavioral Nutrition and Physical Activity*. 2017;14(1):28.
167. Arrúa A, Machin L, Curutchet MR, et al. Warnings as a directive front-of-pack nutrition labelling scheme: comparison with the Guideline Daily Amount and traffic-light systems. *Public health nutrition*. 2017;20(13):2308-2317.
168. Arrúa A, Curutchet MR, Rey N, et al. Impact of front-of-pack nutrition information and label design on children's choice of two snack foods: Comparison of warnings and the traffic-light system. *Appetite*. 2017;116:139-146.
169. Radosevich A, Mendes FdC, Villegas R, Mora-García G, García-Larsen V. Awareness, Understanding and Use of the 'Traffic Light' Food Labelling Policy and Educational Level in Ecuador – Findings from the National Nutrition Survey 2018. *Current Developments in Nutrition*. 2020;4(Supplement_2):1731-1731.
170. Peñaherrera V, Carpio C, Sandoval L, et al. Effect of traffic-light labeling on nutritional content and on consumption of carbonated beverages in Ecuador. Efeito da rotulagem nutricional com modelo de semáforo no consumo de refrigerantes no Equador. *Revista Panamericana de Salud Pública= Pan American Journal of Public Health*. 2018;42:e177-e177.
171. Southey F. 7 European countries team up to propel Nutri-Score rollout. 2021. <https://www.foodnavigator.com/Article/2021/02/12/7-European-countries-team-up-to-propel-Nutri-Score-rollout>. Accessed May 7, 2021.
172. Sante Publique France. Nutri-Score Frequently Asked Questions. https://www.santepubliquefrance.fr/content/download/150263/file/QR_scientifique_techique_EN_12052020.pdf. Published 2020. Accessed August 25, 2020.
173. Dréano-Trécant L, Egnell M, Hercberg S, et al. Performance of the Front-of-Pack Nutrition Label Nutri-Score to Discriminate the Nutritional Quality of Foods Products: A Comparative Study across 8 European Countries. *Nutrients*. 2020;12(5):1303.
174. Fialon M, Egnell M, Talati Z, et al. Effectiveness of Different Front-of-Pack Nutrition Labels among Italian Consumers: Results from an Online Randomized Controlled Trial. *Nutrients*. 2020;12(8):2307.
175. Egnell M, Galan P, Farpour-Lambert NJ, et al. Compared to other front-of-pack nutrition labels, the Nutri-Score emerged as the most efficient to inform Swiss consumers on the nutritional quality of food products. *PLOS ONE*. 2020;15(2):e0228179.
176. Vandevijvere S, Vermote M, Egnell M, et al. Consumers' food choices, understanding and perceptions in response to different front-of-pack nutrition labelling systems in Belgium: results from an online experimental study. *Archives of Public Health*. 2020;78:1-9.
177. Andreeva VA, Egnell M, Handjieva-Darlenska T, et al. Bulgarian consumers' objective understanding of front-of-package nutrition labels: a comparative, randomized study. *Archives of Public Health*. 2020;78(1):35.
178. Egnell M, Talati Z, Galan P, et al. Objective understanding of the Nutri-score front-of-pack label by European consumers and its effect on food choices: an online experimental study. *International Journal of Behavioral Nutrition and Physical Activity*. 2020;17(1):146.
179. Packer J, Russell SJ, Ridout D, et al. Assessing the Effectiveness of Front of Pack Labels: Findings from an Online Randomised-Controlled Experiment in a Representative British Sample. *Nutrients*. 2021;13(3):900.
180. Dubois P, Albuquerque P, Allais O, et al. Effects of front-of-pack labels on the nutritional quality of supermarket food purchases: evidence from a large-scale randomized controlled trial. *Journal of the Academy of Marketing Science*. 2020:1-20.
181. Sarda B, Julia C, Serry A-J, Ducrot P. Appropriation of the Front-of-Pack Nutrition Label Nutri-Score across the French Population: Evolution of Awareness, Support, and Purchasing Behaviors between 2018 and 2019. *Nutrients*. 2020;12(9):2887.
182. Folkvord F, Bergmans N, Pabian S. The effect of the nutri-score label on consumer's attitudes, taste perception and purchase intention: An experimental pilot study. *Food Quality and Preference*. 2021;94:104303.
183. Vandevijvere S. Uptake of Nutri-Score during the first year of implementation in Belgium. *Archives of Public Health*. 2020;78(1):107.
184. Hagmann D, Siegrist M. Nutri-Score, multiple traffic light and incomplete nutrition labelling on food packages: Effects on consumers' accuracy in identifying healthier snack options. *Food Quality and Preference*. 2020;83:103894.
185. Food and Drink Federation. Guideline Daily Amounts. http://www.foodlabel.org.uk/label/gda_values.aspx. Accessed Aug 28th, 2019.
186. FactsUpFront.org. Facts Up Front. <http://www.factsupfront.org/>. Accessed May 14, 2020.

187. Grocery Manufacturers Association. Facts Up Front. <http://www.factsupfront.org/AboutUs.html>. Accessed Aug 28th, 2019.
188. Australian Food and Grocery Council. Daily Intake Guide. <https://www.afgc.org.au/wp-content/uploads/2019/06/AFGC-Best-Practice-Guide-DIG-Style-Guide-June-2016.pdf>. Published 2016. Accessed Aug 28th, 2019.
189. International Food and Beverage Alliance. Our Commitments: Nutrition Information – Front of pack labelling systems. https://ifballiance.org/uploads/commitment/commitmentPdfActions/59ea19f740bd7_Front%20of%20pack%20labelling%20systems.pdf. Published 2017. Accessed June 28, 2020.
190. Nestle M. Public Health Implications of Front-of-Package Labels. *American journal of public health*. 2018;108(3):320-321.
191. Center for Science in the Public Interest. "Facts Up Front" is Marketing, Not Nutrition Labeling; Statement of CSPI Executive Director Michael Jacobson. <https://cspinet.org/new/201403031.html>. Published 2014. Accessed June 28, 2020.
192. Stern D TL, Barquera S. . *Revisión del etiquetado frontal: análisis de las Guías Diarias de Alimentación (GDA) y su comprensión por estudiantes de nutrición de México*. Cuemavaca, México2011.
193. Siegrist M, Leins-Hess R, Keller C. Which front-of-pack nutrition label is the most efficient one? The results of an eye-tracker study. *Food Quality and Preference*. 2015;39:183-190.
194. Ducrot P, Méjean C, Julia C, et al. Effectiveness of Front-Of-Pack Nutrition Labels in French Adults: Results from the NutriNet-Santé Cohort Study. *PLoS ONE*. 2015;10(10):e0140898.
195. Ducrot P, Julia C, Mejean C, et al. Impact of Different Front-of-Pack Nutrition Labels on Consumer Purchasing Intentions: A Randomized Controlled Trial. *American journal of preventive medicine*. 2016;50(5):627-636.
196. Julia C, Péneau S, Buscail C, et al. Perception of different formats of front-of-pack nutrition labels according to sociodemographic, lifestyle and dietary factors in a French population: cross-sectional study among the NutriNet-Santé cohort participants. *BMJ Open*. 2017;7(6):e016108.
197. Talati Z, Norman R, Pettigrew S, et al. The impact of interpretive and reductive front-of-pack labels on food choice and willingness to pay. *international journal of behavioral nutrition and physical activity*. 2017;14(1):171.
198. Jáuregui A, Vargas-Meza J, Nieto C, et al. Impact of front-of-pack nutrition labels on consumer purchasing intentions: a randomized experiment in low- and middle-income Mexican adults. *BMC Public Health*. 2020;20(1):463.
199. Temple NJ. Front-of-package food labels: A narrative review. *Appetite*. 2020;144:104485.
200. Scapin T, Fernandes AC, Curioni CC, et al. Influence of sugar label formats on consumer understanding and amount of sugar in food choices: a systematic review and meta-analyses. *Nutrition Reviews*. 2021;79(7):788-801.
201. Ares G, Aschemann-Witzel J, Curutchet MR, et al. Nutritional warnings and product substitution or abandonment: Policy implications derived from a repeated purchase simulation. *Food Quality and Preference*. 2018;65:40-48.
202. Machin L, Aschemann-Witzel J, Curutchet MR, Gimenez A, Ares G. Does front-of-pack nutrition information improve consumer ability to make healthful choices? Performance of warnings and the traffic light system in a simulated shopping experiment. *Appetite*. 2018;121:55-62.
203. Lima M, Ares G, Deliza R. How do front of pack nutrition labels affect healthfulness perception of foods targeted at children? Insights from Brazilian children and parents. *Food Quality and Preference*. 2018;64:111-119.
204. Nieto C, Alcalde-Rabanal J, Mena C, Carriedo Á, Barquera S. Perception of the use and understanding of nutrition labels among different socioeconomic groups in Mexico: a qualitative study. *salud pública de méxico*. 2020;62(3, may-jun):274-283.
205. Popova L, Nonnemaker J, Taylor N, Bradfield B, Kim A. Warning Labels on Sugar-sweetened Beverages: An Eye Tracking Approach. *American Journal of Health Behavior*. 2019;43(2).
206. Pettigrew S, Talati Z, Miller C, Dixon H, Kelly B, Ball K. The types and aspects of front-of-pack food labelling schemes preferred by adults and children. *Appetite*. 2017;109:115-123.
207. Talati Z, Pettigrew S, Ball K, et al. The relative ability of different front-of-pack labels to assist consumers discriminate between healthy, moderately healthy, and unhealthy foods. *Food Quality and Preference*. 2017;59:109-113.
208. Boztuğ Y, Juhl HJ, Elshiewy O, Jensen MB. Consumer response to monochrome Guideline Daily Amount nutrition labels. *Food Policy*. 2015;53:1-8.
209. Abrams KM, Evans C, Duff BR. Ignorance is bliss. How parents of preschool children make sense of front-of-package visuals and claims on food. *Appetite*. 2015;87:20-29.
210. Andrews JC, Burton S, Netemeyer RG. Are some comparative nutrition claims misleading? The role of nutrition knowledge, ad claim type and disclosure conditions. *Journal of Advertising*. 2000;29(3):29-42.
211. Sundar A, Kardes FR. The role of perceived variability and the health halo effect in nutritional inference and consumption. *Psychology & Marketing*. 2015;32(5):512-521.
212. Talati Z, Pettigrew S, Hughes C, et al. The combined effect of front-of-pack nutrition labels and health claims on consumers' evaluation of food products. *Food Quality and Preference*. 2016;53:57-65.
213. Acton RB, Hammond D. Do manufacturer 'nutrient claims' influence the efficacy of mandated front-of-package labels? *Public health nutrition*. 2018;21(18):3354-3359.
214. Pan American Health Organization. Pan American Health Organization Nutrient Profile Model. In. Washington DC: PAHO; 2016:32.
215. WHO Regional Office for Europe. Nutrient Profile Model. In:2015:6.
216. Poon T, Labonté M-É, Mulligan C, Ahmed M, Dickinson KM, L'Abbé MR. Comparison of nutrient profiling models for assessing the nutritional quality of foods: A validation study. *British Journal of Nutrition*. 2018;120(5):567-582.
217. Jones A, Neal B, Reeve B, Murchu CN, Thow AM. Front-of-pack nutrition labelling to promote healthier diets: current practice and opportunities to strengthen regulation worldwide. *BMJ global health*. 2019;4(6):e001882.
218. Grunert KG, Fernández-Celemín L, Wills JM, genannt Bonsmann SS, Nureeva L. Use and understanding of nutrition information on food labels in six European countries. *Journal of Public Health*. 2010;18(3):261-277.
219. Kelly B, Hughes C, Chapman K, et al. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market. *Health Promotion International*. 2009;24(2):120-129.
220. Becker MW, Bello NM, Sundar RP, Peltier C, Bix L. Front of pack labels enhance attention to nutrition information in novel and commercial brands. *Food Policy*. 2015;56:76-86.
221. Bialkova S, van Trijp H. What determines consumer attention to nutrition labels? *Food Quality and Preference*. 2010;21(8):1042-1051.
222. Antúnez L, Giménez A, Maiche A, Ares G. Influence of Interpretation Aids on Attentional Capture, Visual Processing, and Understanding of Front-of-Package Nutrition Labels. *Journal of Nutrition Education and Behavior*. 2015;47(4):292-299.e291.
223. World Health Organization. Implementing nutrition labelling policies: A review of contextual factors. <https://www.who.int/publications/i/item/9789240035089>. Published 2021. Accessed October 1, 2021.
224. Andrews JC, Burton S, Kees J. Is simpler always better? Consumer evaluations of front-of-package nutrition symbols. *Journal of Public Policy & Marketing*. 2011;30(2):175-190.
225. Acton R, Vanderlee L, Roberto C, Hammond D. Consumer perceptions of specific design characteristics for front-of-package nutrition labels. *Health education research*. 2018;33(2):167-174.