

'EXPERT PANEL WILL STUDY STAR RATING'

Relevant for: Indian Economy | Topic: Food processing and related industries in India: scope and significance, location, upstream and downstream requirements and supply chain management

The Food Safety and Standards Authority of India (FSSAI) will soon make public its draft regulations for front-of-package labelling (FOPL) that recommend a health star rating system that public health experts and consumer rights organisations have criticised as ineffective and misleading. FSSAI CEO Arun Singhal responds to these concerns.

What is your response to criticism from public health experts who say that there is no evidence to show that health star rating system being proposed by the FSSAI for front-of-package labelling is effective, and that warning systems used by Chile have shown to dissuade consumers from buying unhealthy products?

We had six rounds of stakeholder consultations with consumer organisations as well as the industry, following which there was consensus on everything except the exact format of the FOPL. So, it was decided that we will go to consumers for a survey that will be conducted by a reputed organisation like an IIM [Indian Institute of Management], and we will follow whatever recommendations come from the survey. IIM-Ahmedabad conducted a survey of 20,500 people. It is an extremely prestigious institution. They have recommended the health star rating system. I have not seen any valid, sound reason to throw away their recommendations.

We will come out with draft regulations, and everyone will have an opportunity to give comments and a scientific panel will examine them.

There can be no comparison of the effectiveness of two FOPLs in the same population, because there is one FOPL in a country. Surveys in the U.K. have shown that multiple traffic light system is the best, or there are surveys in Europe that say that nutri-score is the best.

Many global experts have raised questions about the design and interpretation used in the IIM-Ahmedabad study used by the FSSAI to take a decision to propose health star rating. Studies conducted by the All India Institute of Medical Sciences and the International Institute for Population Sciences also say consumers prefer warning labels.

Whatever IIM-Ahmedabad publishes will be peer-reviewed. Their survey is also the largest in the world with a sample size of 20,500. The second biggest survey has 12,800 samples. We expect that when stakeholders' comments are invited, people will cite other studies and the scientific panel will look at their merit. We asked for a copy of the AIIMS study, but haven't received it yet. But that study has several limitations. It doesn't adequately seek responses from those with poor literacy levels as 70% of the population surveyed is intermediate pass (passed Class 12) or above and more than 70% of the respondents are also from urban areas simply because the institutions that participated were in cities.

Why is the FSSAI in favour of voluntary adoption of labelling by the food industry instead of making them mandatory?

It is unrealistic to expect that labelling will be mandatory from day one. Chile, whose example is cited often, took 10 years to implement the law — it started framing the law in 2006, which was ready in 2012 and they were unable to implement it till 2016 and over a period of time, improved permissible thresholds (for sugar, salt and fat). In the U.K., labelling has been voluntary from 2005. Only in 10 countries have they been made mandatory and none of them is a model

democracy. In no country in the world can the implementation happen instantaneously. We can have an initial voluntary period and then move towards improving the thresholds and making the labelling mandatory.

Many have also asked why the food industry is present at various FSSAI meetings held on policy matters. Shouldn't the food regulator maintain an arm's length from the industry it is supposed to watch over?

We will consult both the industry and the consumers. After all, it is the industry that has to implement the regulations, and if we don't involve it in decision-making, then it is a non-inclusive way of doing things.

We consult everyone and then take our own decisions. It is a misrepresentation of facts to say that a stakeholder consultation is where policy decisions are taken. The decision-making process is defined in our Act — the scientific panel will make a proposal and then the scientific committee and the FSSAI will look at those, followed by the Health Ministry and ultimately it is tabled before Parliament.

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Arun Singhal

FSSAI CEO

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