APPROVAL OF A NEW FOOD ACT IN CHILE:
PROCESS SUMMARY
Entry into force: June 2016
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Preamble

One year after Act 20,606 regarding Food Composition and Food Advertising entered into force, we wish to highlight the importance of presenting this experience in a document illustrating the main milestones during the process.

This document pools information from the ten years that have gone by between the time the idea of passing the law was presented and the recent one year anniversary of its implementation.

The experience and importance of key stakeholders and the influence of determining factors in the most important stages of this process are also reviewed.

The joint efforts put forth by the Chilean Government, international organizations, civil society, academia and industry, intersectorial work, the conviction of moving forward based on evidence and the implementation of a flexible strategy that was able to harness opportunities, predict difficulties and provide an integral response to complex problems and scenarios were part of the crucial steps taken to further this innovative public policy.

The pursuit of a fairer and more equitable society and the protection of the population with special emphasis on boys and girls were two objectives of these regulations. These likely constituted a linking factor and one of the sources of the successful integration of different interests. However, it is undoubtedly important that this Act incorporated the most important international recommendations for fighting obesity, encouraging health food environments, implementing clear and simple labels on the front of food packages, restricting food advertising directed at boys and girls, and protecting food environments at schools.

It has been an ongoing learning process and a privilege to take part in the implementation of this Act, whose impact we wish to share with decision makers and society in general.

As a country, we have committed to contribute to compliance with Sustainable Development Objectives leading up to 2030 and will consequently continue to encourage creation of a healthier and fairer society.

Dr. Carmen Castillo Taucher
Health Minister
Acknowledgments

This publication was formulated by the Food and Agriculture Organization of the United Nations (FAO) and the Pan American Health Organization/World Health Organization (PAHO/WHO). We wish to thank the different sectors and stakeholders that participated in the process for their assistance and support: the Chilean Congress, academia, the private sector, civil society and the Chilean Government, especially the Ministry of Health.
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1. Background Information

This document was formulated by the Pan American Health Organization/World Health Organization (PAHO/WHO) and the Food and Agriculture Organization (FAO). It was designed to share the Chilean experience while Law No 20,606 regarding the Nutritional Composition of Food and Food Advertising (hereinafter the Food Act) was being passed\(^1\) with members of parliament and other decision makers from different countries throughout the Americas. This process encompasses formulation of the Act, its entry into force and monitoring of the Act, which may also apply to other public policies of this type, which is to say, that favor the general population’s health.

Chile is one of the countries in the Region with the highest overweight and obesity rates for children and adults\(^2\). In 2009-2010, over 60% of the population between the ages of 15 and 64 was overweight or obese\(^3\). The problem is even more serious for the population with fewer years of education\(^4\) and which belongs to the low- and medium-income quintiles\(^5\). The proportion of overweight and obese persons has increased very quickly, since 7% of first-grade elementary (primary school) students were considered obese in 1987 and this figure came to 24.6% in 2016\(^6,7\).

Supply, demand and consumption of processed and ultraprocessed food and beverages with industrial formulations consisting of substances derived from food or synthesized from other organic sources increased between 1987 and 2016. Some of these products are sold for immediate consumption, since these are ready to eat after heating\(^8\). Most products sold in supermarkets fall into this category, despite the fact that there is evidence that these foods lead to weight gain and increase the risk of cardiovascular disease\(^8\). Chilean people have the highest per capita soft drink consumption rate in the world and has the second-highest per capita ultraprocessed food sales in the Region\(^8\). In addition, only 14% of the Chilean population follow three or more dietary guidelines recommendations and only 5% have a healthy diet\(^4\).

If no changes are made, healthcare expenses stemming from obesity in Chile are estimated to increase from 0.5% of the country’s GDP in 2016 to 1.6% in 2030\(^9\) or amount to approximately US$ 750 million per year for the next 20 years.

These reasons motivated the public sector to consider and implement a series of policies, plans and programs to reduce overweight and obesity rates, which led to formulation of the Food Act.
The innovative nature of the Food Act has attracted interest and it complements other interventions designed to reduce childhood obesity. The Law adopts public health measures recommended by WHO/PAHO\(^{(10)}\), which have shown to positively influence modification of nutritional preferences and behavior, as well as the population's decisions regarding the purchase and consumption of food. Figure 1 indicates the four measures contained in the Law.

**Figure 1.**
Front of the package warning labeling.
3. Application, enforcement and evaluation of the Food Act

The Food Act is applied with the amendments made to the Food Health Regulations in 2015, which determine the field of application for regulations and maximum limits for sodium, calories, saturated fats and sugar per 100 grams (solid food) or 100 milliliters (beverages), above which new labels, sales and advertising restrictions apply. These maximum limits will be applied gradually in hopes that the number of calories or critical ingredients of food will go down to the established threshold levels (Tables 1 and 2). In addition, this regulation determines what is understood as advertising directed to children under the age of 14 and determines graphic characteristics of warning labels (see Figure 2).

Table 1.
Warning label limits for solid food regarding certain ingredients

<table>
<thead>
<tr>
<th>Energy or ingredient</th>
<th>Stage 1: entry into force, June 2016</th>
<th>Stage 2: 24 months after entry into force</th>
<th>Stage 3: 36 months after entry into force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy kcal/100 g</td>
<td>350</td>
<td>300</td>
<td>275</td>
</tr>
<tr>
<td>Sodium mg/100 g</td>
<td>800</td>
<td>500</td>
<td>400</td>
</tr>
<tr>
<td>Total sugar g/100 g</td>
<td>22.5</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Saturated fats g/100 g</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 2.
Warning label limits for beverages regarding certain ingredients.

<table>
<thead>
<tr>
<th>Energy or ingredient</th>
<th>Stage 1: entry into force, June 2016</th>
<th>Stage 2: 24 months after entry into force</th>
<th>Stage 3: 36 months after entry into force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy kcal/100 g</td>
<td>100</td>
<td>80</td>
<td>70</td>
</tr>
<tr>
<td>Sodium mg/100 g</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Total sugar g/100 g</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Saturated fats g/100 g</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>


Figure 2.
Warning labels for products surpassing maximum critical ingredient content levels.

The health authority will be responsible for application and enforcement of the Food Act. For this purpose, the Ministry of Health formulated internal guidelines that will be updated as required by experience with surveillance and enforcement.

The academic sector is conducting different evaluations of this Act, including attitudes, purchasing, consumption and others.
4. Formulation and initial application of the Food Act

4.1. Process phases

The implementation process can be divided into three phases (Figure 3): 1) Act formulation, 2) formulation of regulations and public consultation, and 3) application of the Act.

Figure 3.
Food Act Process

| PHASE 1: ACT FORMULATION | 2006: Act pre-project discussion.  
2007: Presentation of the parliamentary legislative initiative.  
2009-2010: Second constitutional lobby in the Chamber of Deputies.  
2010-2011: Third constitutional lobby.  
2012: the Act was published in the Official Gazette, indicating that it would enter into force in one year. |
| PHASE 2: FORMULATION OF REGULATIONS AND PUBLIC CONSULTATION | 2012: The Institute of Nutrition and Food Technology submitted a proposal to the Ministry of Health regarding critical nutrient limits.  
2014: Postponement of the first regulations.  
2015: A technical commission was put together to formulate new regulations and public consultation.  
2016: Entry into force of the current regulations for Act application. |
| PHASE 3: APPLICATION OF THE ACT | 2016: Entry into force of regulations determining maximum limits for nutrients, labels on the front of food packages and food advertising regulations.  
2016: First evaluation of the Act in December.  

4.2. Participants in the process of Act formulation and application

Different interests came into play while the Act was being formulated. Each sector’s degree of participation and influence varied. Several members of parliament, the Ministry of Health, other ministries, international organizations, universities, the private sector and civil society played a leading role. Table 3 lists the participants and indicates their responsibilities throughout the process.
Table 3. Participants and their participation in Food Act formulation

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Description</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parliament</td>
<td>Senators and deputies from different sectors.</td>
<td>There were members of parliament who supported and opposed phase 1, depending on their political outlook. Most agreed when it came time to pass the Act.</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Minister, undersecretary and professionals from the Ministry.</td>
<td>These participants supported the Act throughout almost all phases of the process and were essential when it came to reaching agreements with other ministries and sectors.</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Authorities and officials from the Ministry and public services related to the provision of food at schools.</td>
<td>These persons stated their concern regarding obligations for schools established by the Act. The role of JUNAEB (The National School and Scholarship Assistance Council) was essential during the implementation phase of the Act as part of its Plan to prevent childhood obesity.</td>
</tr>
<tr>
<td>Ministries from the economic sector</td>
<td>Authorities and officials from ministries and public services related to economy, finance and trade.</td>
<td>These parties presented objections to this regulation during phases 1 and 2. They changed their position during phase 3 due to arguments and evidence presented by the Ministry of Health.</td>
</tr>
<tr>
<td>Higher education</td>
<td>Universities and Academic Institutes.</td>
<td>Revision and dissemination of available evidence. These institutions participated in the development of fundamentals to support the Act and its Regulations.</td>
</tr>
<tr>
<td>International organizations</td>
<td>United Nations agencies and other international organizations.</td>
<td>Their position was positive throughout all phases. They participated in the proposal of fundamentals to support the Act and its Regulations.</td>
</tr>
<tr>
<td>Media</td>
<td>Media representatives who informed the population by means of the printed media, radio, television and others.</td>
<td>These participated actively throughout the three phases of Act dissemination, stating the opinions of all sectors and keeping public debate going. This function was used to transparently conduct the process.</td>
</tr>
<tr>
<td>Civil society</td>
<td>Citizens, consumer associations and civil organizations.</td>
<td>These groups provided their support when higher limits or restrictions were proposed and opposed the reduction of limits or requirements. Pressure exerted by this sector was crucial for the furthering and dissemination of processes.</td>
</tr>
<tr>
<td>The food industry</td>
<td>Companies that produce, sell and distribute food and beverages; national, international and transnational corporate associations.</td>
<td>This group constantly opposed the contents of the Food Act, although some sectors indicated expressed their willingness to reformulate certain foods.</td>
</tr>
</tbody>
</table>
5. Knowledge and Acceptability

In order to disseminate the Act and its contents, an advertising campaign consisting of commercials, videos and downloadable posters was conducted (Figure 4). This campaign was mainly directed at positioning the “HIGH IN” warning label, which provides information necessary for selecting and facilitating the purchase of healthier food. The campaign was also designed to disseminate restricted sales of harmful products at educational establishments.

Figure 4. Commercials and campaign promotion manuals for the Food Act
A wide range of public and private entities has evaluated the impacts of this policy on consumer perception and attitudes regarding these regulations. By means of a study commissioned to Universidad de Chile six months before the regulations entered into force, the Ministry of Health determined that the persons interviewed recognized the “HIGH IN” warning labels. In addition, over 90% of the persons interviewed evaluated the application of “HIGH IN” warning labels on the front of corresponding food packages and the sales restrictions for this food at schools as “good” or “very good”. In addition, approximately 75% of the persons interviewed evaluated the restriction of advertising directed at children for this food (11). At the same time, the CADEM survey (12) indicated that 87% of the persons interviewed were familiar with or had heard of the new food labeling law and that 51% of these persons thought it would have a positive impact. In addition, the Insitu study (13) indicated that 63% of the persons interviewed considered labeling and the number of labels to be “highly important” or “important” when it came to buying a product.

Evaluations regarding the health impacts of this policy are expected over the long term.
This is the first law in the world to simultaneously regulate three measures contributing to the reduction of obesity while increasing the consumption of healthier food in an integral manner: warning labels on the front of food packages; advertising restrictions for children under the age of 14 and restricted food sales at schools and surrounding areas. These three regulatory measures are recommended by FAO and PAHO/WHO to prevent excess weight and obesity for children\(^{(11)}\).

The law is uniformly applied to the three regulatory measures so that no product bearing a warning label on the front of its package because it exceeds the maximum limits of critical ingredients allowed by the regulations may be advertised to children under the age of 14, nor sold or promoted at schools or in surrounding areas. Serving size limits were set at 100 grams for solids and 100 milliliters for liquids in order to avoid confusion that could have been caused by setting limits by serving size or product type.
The main sustainability and replicability elements are summarized in Table 4:

**Table 4.** Main sustainability and replicability elements for Chile’s Food Act

<table>
<thead>
<tr>
<th>Sustainability elements</th>
<th>Replicability elements for other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutional:</strong> a policy formulated as part of a permanent law that can be applied by different governments in different environments with socio-cultural similarities.</td>
<td><strong>Overall and general regulation</strong> of structural measures for the prevention of obesity.</td>
</tr>
<tr>
<td><strong>Social:</strong> a policy that has proven to be highly appreciated by citizenry, for which strategies were applied in order to disseminate its contents and get different stakeholders involved in the process, by means of presentations submitted to the National Congress, public consultation regarding regulations, audiences with health authorities and a media campaign, among others.</td>
<td><strong>Policy based on proven and cost-efficient data</strong> for the prevention of overeating; a good technical and scientific basis.</td>
</tr>
<tr>
<td><strong>Economic:</strong> the law requires changes in the supply and demand of food products, since it encourages the formulation and sale of products with lower concentrations of critical ingredients, as well as the purchase and consumption of healthier food.</td>
<td>A policy that could produce different impacts in different sectors and requires ongoing support. It requires citizen participation, negotiation and political consensus: <strong>Production sectors:</strong> this could contribute to the reformulation of products and increased production of healthier food, encourage sustainable and efficient food systems that would be sensitive to healthy nutrition (artisanal fishing and family farming). <strong>Consumers:</strong> together with other strategies, such as education regarding food and nutrition, should contribute to the consumption of healthier foods and to improving health over the long term, especially for boys and girls. <strong>The State:</strong> this should improve the population’s health, increase productivity and reduce the cost of health care for problems related to obesity.</td>
</tr>
<tr>
<td><strong>Environmental:</strong> the policy establishes structural measures consisting of obligations and restrictions that will reduce children’s exposure to stimulus related to obesity.</td>
<td></td>
</tr>
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7. Sustainability and replicability
8. Success factors, difficulties and challenges

8.1. The main factors contributing to the passing of this Act

* The strong convictions of authorities and members of parliament regarding the urgent need to find a solution to problems related to excess weight and obesity in the population and to address the epidemiological situation in the country.

* The political will of authorities from the Ministry of Health and some members of parliament, among others, to further the legislative process and pass the Act.

* Support from universities and international organizations throughout the entire formulation and application process for the Act by developing, pooling and distributing data justifying the passing of a law of this kind.

Application of the Act was also facilitated by the following:

* Regulatory measures have been seen to be cost effective and have proven support regarding their impact on the prevention of obesity ().

* Academic, corporate and civil society sectors all collaborated in the formulation of this Act. All of these sectors were invited to state their opinions regarding the bill at the National Congress. In addition, there was a public consultation to ensure that all stakeholders could contribute their opinions regarding the proposed regulations. Although this collaboration required additional efforts, it was fundamental for the process.

* An educational communications campaign was conducted in order to disseminate the concept of warning labels. The campaign also featured a press management strategy to explain the meaning of these labels, justifying these labels and stating the campaign objectives. Moreover, campaign design included dissemination on public television and on the Internet, radio slogans, posters and brochures for on-site distribution and adaptation of articles for social networks. As for subject matter, the purpose was to raise awareness regarding the importance and need to have information and to place special emphasis on the benefits of this Act for the population.

* Some companies are already working to reformulate their products in order to meet nutritional requirements established by the Act.
Different sectors jumped on the bandwagon throughout the policy approval process, which provided additional cohesiveness and legitimacy.

Regulation promotes the mitigation of negative externalities stemming from the sale and consumption of ultraprocessed food and promotes the application of other consumption practices that are more compatible with the principles of healthy nutrition.

The policy has been valued highly by citizenry and most stakeholders. This could be due to the promotion campaign for the Act. The way that warning messages and labels on the front of food packages were formulated may have also helped. This included qualitative methods, such as focal groups selected from among the population to select the most visible, attractive and easy to understand option.

This includes an enforcement system and sanctions for non-compliance, as well as the monitoring of health impacts by monitoring the population’s nutritional status.

8.2. Difficulties

Like any innovative measure, when Congress started discussing the Act there were no similar experiences in other countries that had been evaluated and therefore several sectors addressed these discussions with caution.

As is the case with any complex and multisectorial process, there is the difficulty of bringing together interests between the different sectors involved.

The “Food Environments” focus is a new paradigm in public health and consequently posed methodological difficulties for the implementation of a monitoring and enforcement system.

Some companies and industries used strategies in an attempt to amend the bill or delay its implementation. These strategies were used to influence the content of the Act and its regulations, for example, lobbying activities with the regulatory authority and the dissemination of public campaigns in an attempt to undermine the Act.
8.3. Challenges

* Achieving full application of the Act once the gradual application of limits has been completed in June 2019.

* Addressing the advertising of food “HIGH IN” certain ingredients directed to persons over the age of 14 and the sale of these products in locations that are not schools, such as sports centers, public places or areas near schools.

* Including bulk products or unpackaged products, since nutritional labeling or warning labels are not mandatory for these products.
9. Conclusions

The strategy used by the Ministry of Health provided good results during implementation of the policy, in that the Ministry was able to harness opportunities, foresee obstacles and plan solutions in each case. The steps for this process are listed as follows:

* Obtaining and summarizing proven national and international data to justify the measures proposed.
* Preparing justification of the Act as an innovative and cost-effective policy for preventing obesity.
* Formulating arguments to show that mandatory measures are more effective than voluntary measures in the case of the food industry.
* Being prepared to defend these measures in the event of arguments claiming that the Act would affect free enterprise and industrial property rights and that there is allegedly not enough evidence to indicate that this would be the least expensive way to prevent obesity. In addition, the Ministry of Health had to be prepared to counter arguments that could be presented by those opposing the Act who consider that individual and self-care measures would be preferable, since these would respect individual freedom and change behaviors related to food purchasing and consumption.

We wish to highlight the following process elements:

* Support provided by the different stakeholders was fundamental. These included the academic sector for formulation of the scientific basis of the proposal and technical consultancy provided to the authorities; civil society and support for the advocacy strategy, international organizations, such as PAHO/WHO and FAO, for their consultancy and contribution to the process.
* The status quo and inactivity due to fear of implementing an innovative measure were interrupted. In fact, non-existence of a law similar to the Food Act in other countries or regions was an argument used by those opposed to the Act and this was an obstacle when attempting to secure support from certain sectors. However, the desire of the stakeholders involved to reduce obesity and excess weight and consensus between different sectors created a solid foundation that was crucial for the passing of this Act.
The sector regulated by the Food Act generally opposed the measures proposed. However, some companies took the regulations as an incentive to diversify their production and admitted that many of their products and practices compromised the population’s health and welfare. The experience has been positive, in that it gave companies a space for expressing their opinions and concerns to the authorities, while keeping the principles of public health as a priority.

When it came time to formulate and implement the Act, it would have been very useful to have a complete stakeholders map, including their motivation and potential strategies in terms of supporting or opposing the process.

This Act in itself must not be expected to solve the problem of obesity in Chile over the short term. Although it features cost-effective measures, application of the Act must be complemented by other interventions that have been jointly recommended by PAHO/WHO and FAO (10,14).

For additional information please contact FAO Chile at FAO-CHL@fao.org and OPS/OMS Chile at opsomschile@paho.org


