August 28, 2014

Margaret Chan, MD
Director General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr. Chan,

The Sugar Association, Inc. is the trade association representing sugar cane and beet growers and processors in the United States. Our basic mission is to inform and educate consumers, government agencies, and health and nutrition professionals regarding the science of nutrition as it relates to sugar (sucrose) consumption. All of our positions, information, activities, and claims are supported by the preponderance of rigorous scientific research.

The Sugar Association holds high regard for the World Health Organization (WHO) as well as the Food and Agriculture Organization (FAO). The work of the WHO in establishing procedures to enhance the quality and transparency of the organization’s guidelines is commendable and vitally important to the organization’s credibility as the trusted global public health leader. Of specific relevance to this memo is the WHO Handbook for Guideline Development (the “Handbook”), as it has been implemented in the development of the Draft Guideline: Sugars intake for adults and children (the “Draft Guideline”), released in March 2014. In the Handbook the following two important and overarching principles for guidelines are stated:

- Recommendations are based on a comprehensive and objective assessment of the available evidence.
- The process used to develop the recommendations is clear. That is, the reader will be able to see how a recommendation has been developed, by whom, and on what basis.

Concerning the Draft Guideline, there are serious concerns that these principles have not been upheld with regard to the guideline development process to date. Therefore, the role of the Guidelines Review Council (GRC) to ensure that “guidelines are of high quality and are developed through a transparent, evidence-based decision-making process” is extremely important. Given the broad and significant implications of this guideline, we encourage the GRC to critically examine whether these principles are upheld, and suggest
modifications to the guideline if warranted. Some of these concerns for consideration are noted below.

Not founded on the preponderance of evidence

- The Draft Guideline fails to acknowledge that previous comprehensive reviews by authoritative bodies [the European Food Safety Authority (EFSA)\(^3\) and the Institute of Medicine (IOM)\(^4\)] on this topic exist. Of importance is that in both instances, the evidence was deemed insufficient to set an upper intake recommendation for dietary sugars. Because these reports are not acknowledged in the Draft Guideline, a rationale for the added value in reevaluating the evidence is not included (per the Handbook), nor is there a statement that these present findings differ and, therefore, there is no opportunity for a scientific discussion as to why these conclusions differ. The omission of these discussion points undermines the Draft Guideline as a comprehensive scientific document and is not congruent with the Handbook.

- The Draft Guideline states under Remarks that “There is no harm associated with reducing the intake of free sugars to less than 5% of total energy....” This statement is not evidence-informed, and without conducting harm analyses related to the diet-health relationship, as well as the economic implications to WHO member states and constituents, this statement does not belong in a report of this nature.

Objectivity of, and evidence-basis for, draft guidelines in question

- The level of evidence that has been translated into guidance does not follow the procedures outlined in the Handbook. As found in that document, “When there is lack of evidence on the effectiveness of an intervention, it may be appropriate not to make a recommendation.... Instead of providing a recommendation, the findings of the systematic review or an overview of interventions may be published.” In other words, sometimes the science should be left to speak for itself. Objectivity is called into question when the findings of the two commissioned systematic reviews were overstated in the translation of the evidence into guidelines. One only has to read the section on Research gaps and future initiatives to see how insufficient the data are to develop strong, evidence-based guidance. Again, we refer you to the conclusions of both EFSA\(^3\) and the IOM\(^4\).

- The parallel review of the draft by the expert panel and the public lends itself to global consumer confusion and possible long-term economic damages if the report’s basis is ultimately deemed lacking in acceptable scientific rigor by the expert panel. Given the implications of the Draft Guideline and the media attention surrounding the release of the draft, it is, and was, inappropriate and misleading to release a non-peer reviewed authoritative guideline, even in its draft form. Such independent, external peer-review is a standard which WHO should strive for as a premier world health agency.
It is unclear as to how the process has progressed

- One of the charges of the GRC is to ensure transparency in the guideline development process. Thus far there have been elements of the process that have made it cumbersome, or even impossible, for the public to engage in or view the process. First, it has been difficult for many to obtain the Draft Guideline, with some individuals never receiving the report after going through the directed channels. Second, the 26-day comment period, assuming the Draft Guideline was immediately delivered to a petitioner, is prohibitively short in duration to encourage public consultation and adequate review of the literature. Lastly, and most importantly to transparency, the public comments due 31 March 2014 are not available for public viewing five months after the deadline for submission. The lack of transparency only raises questions.

- Page 8 of the Draft Guideline states, "Subsequent to the meeting [Feb. 2010], WHO commissioned several systematic reviews and meta-analyses to address the PICO questions." Yet, in the Summary of Evidence section's first line, it reads, "Two systematic reviews were commissioned...." This discrepancy is confusing, particularly without having access to minutes of these meetings. Again, this raises questions as to if the other systematic reviews did not move forward, or why the other systematic reviews were excluded if they were commissioned.

- It is also unclear who the members of the "external review group" are. Readers of the draft are referred to Annex 6 for the list; however, this reads, "List of peer-reviewers to be inserted." Insertion of Annex 6 after-the-fact disavows the intent of Handbook principles.

- While to date, transparency has been lacking, it may be no more evident by the public's uncertainty in the next steps of the process. If a document exists that outlines the process, can this be shared publically?

We suggest that the Draft Guideline be reviewed in light of the WHO's own procedures to ensure that the Handbook principles are upheld. The WHO is a powerful and highly respected voice; the implications of such guidance have significant impact not only on public health, but also to multiple sectors of the global economic landscape, particularly in developing countries. While the points raised in this memo refer only to the principles laid out in the Handbook, The Sugar Association and the World Sugar Research Organization, and we assume others, provided detailed comments and concerns regarding the scientific basis, or lack thereof, found in the Draft Guideline as part of the public consultation process in March 2014. We reiterate the points made in the comments previously and respectfully submitted, in that the preponderance of science and the data on caloric sweeteners do not support the current Draft Guideline to limit sugars intake. To pursue such limits would only mislead consumers with an unproven intervention, and at the same time may cause substantial harm to the parts of the world (some of WHO's own members) that are struggling to provide food to sustain life.
Thank you for your consideration of the points that we have raised above.

Sincerely,

Andrew C. Briscoe III, CAE
President and CEO

P. Courtney Gaine, PhD, RD
VP of Scientific Affairs

cc: Office of Global Affairs, the U.S. Department of Health and Human Services
   Mr. Jimmy Kolker, Assistant Secretary
   Ms. Holly Wong, Principal Deputy Assistant Secretary
   Mr. Peter Mamacos, Director of Multilateral Relations

References