

# Sugar Scorecards

## World Action on Salt, Sugar and Health

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## Introduction

Our Sugar Reduction Scorecards provide an at-a-glance indication of a country's sugar reduction progress in terms of health status and policy. Included is data on key health issues associated with high sugar consumption, as well as policy actions being undertaken or planned to reduce population sugar intake. As of November 2021, scorecards have been created for twelve countries, two from each World Health Organisation (WHO) region, but the intent is to add to this over time.



**WASSH's** mission is to improve the health of populations throughout the world by achieving reductions in salt, sugar and calorie intake. WASSH provide's resources and expert advice to enable the development and implementation of salt, sugar and calorie reduction programmes worldwide.

**WASSH** is a global network of more than 600 expert members in 100 countries.

Thank you to Aaron Buckley ([buckstudio.co.uk](http://buckstudio.co.uk)) for all scorecard design

## Reference Table

CRITERIA	DESCRIPTION	CATEGORISATION			
Proportion of energy from added sugars (%)	Adult daily intake of added sugars as a proportion of total energy intake (%)	>10 <sup>1</sup>	10-5		<5
Adult obesity prevalence (%)	Adult obesity prevalence (BMI>30kg/m <sup>2</sup> ) (%)	>13 <sup>2</sup>	6-13		<6
Childhood obesity prevalence (%)	Childhood obesity prevalence (BMI>30kg/m <sup>2</sup> ) (%)	>18 <sup>3</sup>	9-18		<9
Adults with diagnosed type 2 diabetes (%)	Adults with diagnosed type 2 diabetes (%)	>8.5 <sup>4</sup>	4-8.5		<4
Prevalence of dental caries in children (%)	Prevalence of dental caries (tooth decay) in permanent teeth in children (%)	>54 <sup>5</sup>	27-54		<27
Sugary drinks tax	Existence of health-related tax on sugar-sweetened beverages.	No	Planned		Yes
Sugar reformulation targets	Existence of target levels for free or added sugar in foods and beverages aimed at promoting reformulation.	No targets	Planned	Voluntary	Mandatory
Front-of-pack nutrition labelling system (FOPL)	Existence of an interpretive front-of-pack nutrition labelling system, such as warning labels, Nutri-Score, or UK-style 'traffic light' labelling.	No FOPL	Planned	Voluntary FOPL	Mandatory FOPL
Marketing restrictions	Existence of strategies to combat the marketing (advertising or sales promotions) of foods that are high in sugar.	No restrictions	Planned	Voluntary restrictions	Legislated restrictions
Public awareness campaigns	Existence of education and communication strategies to increase awareness of health risks and dietary sources of sugar.	No campaign	Planned	Previous campaign	Active campaign
Public procurement guidelines	Existence of sugar-related nutrition standards for foods served and sold by government agencies, for example in schools, hospitals, public sector workplaces.	No measures	Planned	Local or voluntary measures	National or mandatory measures
Independent scrutiny	One or more non-governmental organisations (NGOs), advocacy groups or consumer organisations that hold policy makers and the food industry accountable for reducing population sugar intake and fulfilling commitments to sugar reduction programmes.	No	Planned		Yes
Knowledge, Attitudes, and Behaviours research	Research to determine consumer knowledge, attitude and behaviour (KAB) in relation to sugar consumption, including in relation particular sugar reduction policies	No	Planned		Yes

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- <sup>1</sup> Categorisation based on US added sugar intake recommendations. This is an interim measure due to current lack of global data on free sugar intake, meaning that the World Health Organization (WHO) free sugar intake recommendations could not been used. As more countries start to measure free sugar intake, this will be updated. U.S. Department of Agriculture. (2020). Dietary Guidelines for Americans 2020—2025. [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf#page=31)
- <sup>2</sup> Catagorisation based on the global adult obesity prevalence, which was 13% in 2016. World Health Organization. (2021). Obesity and overweight. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
- <sup>3</sup> Catagorisation based on the global childhood obesity prevalence, which was 18% in 2016. World Health Organization. (2021). Obesity and overweight. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
- <sup>4</sup> Catagorisation based on the global proportion of adults with diagnosed type 2 diabetes, which was 8.5% in 2014 World Health Organization. (2016). Global Report on Diabetes. [https://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257_eng.pdf)
- <sup>5</sup> Catagorisation based on the global prevalence of dental caries in permanent teeth in children, which is estimated at 53.8%. Kazeminia, M., Abdi, A., Shohaimi, S., Jalali, R., Vaisi-Raygani, A., Salari, N., & Mohammadi, M. (2020). Dental caries in primary and permanent teeth in children’s worldwide, 1995 to 2019: A systematic review and meta-analysis. *Head & Face Medicine*, 16(1), 22. <https://doi.org/10.1186/s13005-020-00237-z>

## Country-specific notes and references

Notes	Reference	Criteria	South Africa
1	(1)	Proportion of energy from added sugars (%)	9.5 - 11.3
2	(2)	Adult obesity prevalence (%)	26.2
3	(2)	Childhood obesity prevalence (%)	5.9
4	(3)	Adults with diagnosed type 2 diabetes (%)	12.7
5	(4)	Prevalence of dental caries in children (%)	36.9
6	(5)	Sugary drinks tax	Yes
7	n/a	Sugar reformulation targets	No targets
8	(6)	Front-of-pack nutrition labelling system (FOPL)	Planned
9	(7)	Marketing restrictions	Voluntary
10	(8)	Public awareness campaigns	Previous campaign
11	(9)	Public procurement guidelines	Local or voluntary measures
12	(10)	Independent scrutiny	Yes
13	n/a	Knowledge, Attitudes, and Behaviours research	No

### Notes

1. Data collected in 2010 from a sample of 1233 adults. 10.5% for men living in rural settings, 9.5% for men living in urban settings, 11.3% for women living in rural settings, 11.2% for women living in urban settings
2. Data collected 2016, sample of 7767 aged 15+ years
3. Data collected 2012, national sample of children aged 2 – 14 years. Extended international (IOTF) body mass index cut-offs used
4. 2019 data, age-adjusted comparative prevalence of diabetes, adults aged 20 – 79 years
5. Data collected 1999 – 2002, children aged 12 years old
6. Tax implemented in April 2018: ZAR 0.021 per g sugar (\$0.0013) on sugary drinks and concentrates (products with 4g per 100mL or less excluded); dairy drinks and fruit and vegetable juices excluded
7. No evidence found of sugar reformulation targets
8. –
9. –
10. Media campaign was focused on sugar-sweetened beverages
11. HealthyFood program provides a cash-back rebate of up to 25% for healthy food purchases in over 400 supermarkets across South Africa
12. –
13. No nationally representative survey identified

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Notes	Reference	Criteria	Mauritius
1	n/a	Proportion of energy from added sugars (%)	n/a
2	(1)	Adult obesity prevalence (%)	19.1
3	(1)	Childhood obesity prevalence (%)	9.1
4	(2)	Adults with diagnosed type 2 diabetes (%)	22.0
5	(3)	Prevalence of dental caries in children (%)	n/a
6	(4) (5) (6)	Sugary drinks tax	Yes
7	(7)	Sugar reformulation targets	No targets
8	(8)	Front-of-pack nutrition labelling system (FOPL)	No FOPL
9	(9)	Marketing restrictions	Voluntary restriction
10	(10)	Public awareness campaigns	Planned
11	(10)	Public procurement guidelines	Planned measures
12	n/a	Independent scrutiny	No
13	(11)	Knowledge, Attitudes, and Behaviours research	No

## Notes

1. No data found regarding added sugar consumption as a proportion of energy intake
2. The Mauritius Non Communicable Diseases Survey 2015, sample of 3829 adults (aged 18+ years)
3. Self-reported data from sample of 3012 children aged 13 – 17 years old as part of the Global School-based Student Health Survey (GSHS)
4. Percentage of population aged 20 to 79 years old with diabetes, data from 2019
5. No data identified for prevalence of dental caries in permanent teeth in children. Reference is for a study conducted 2007-2008, finding that 86.9% of children had DMFT score >3. Sample of 46 Mauritian children aged 11 years and younger visiting private dental clinics
6. MUR 0.03 per g sugar (\$0.00075) on sodas, syrups, and fruity drinks with added sugar. Implemented in 2013, updated 2016
7. Only initiative related specifically to sugar is the SSB tax, no targets exist to promote reformulation of food products to reduce their sugar content
8. Only voluntary back-of-pack labelling
9. –
10. –
11. –
12. No organisations identified
13. Only identified study relates to Mauritian consumers' attitudes toward nutritional labels

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Notes	Reference	Criteria	Chile
1	(1)	Proportion of energy from added sugars (%)	13.2
2	(2)	Adult obesity prevalence (%)	34.4
3	(3)	Childhood obesity prevalence (%)	14.0
4	(2)	Adults with diagnosed type 2 diabetes (%)	12.3
5	(4)	Prevalence of dental caries in children (%)	52.7
6	(5)	Sugary drinks tax	Yes
7	n/a	Sugar reformulation targets	No targets
8	(6)	Front-of-pack nutrition labelling system (FOPL)	Mandatory
9	(7) (8) (9) (10)	Marketing restrictions	Legislated restriction
10	(7)	Public awareness campaigns	No campaign
11	(7) (11)	Public procurement guidelines	National or mandatory measures
12	n/a	Independent scrutiny	No
13	(12)	Knowledge, Attitudes, and Behaviours research	Yes

Thank you to Camila Corvalan MPH MD PhD at the Institute of Nutrition and Food Technology, University of Chile for your valuable input.

#### Notes

1. Data collected in 2010, sample of 4920 individuals aged 2 years and over
2. Chile National Health Survey 2016-2017
3. Self-reported data collected in 2013, sample of 2049 children aged 13 – 17 years old



4. 'Suspected Diabetes Mellitus' is defined as fasting blood glucose with results greater than or equal to 126mg. Self-reported data collected 2016-2017
5. Prevalence in 4 year olds
6. Sugar-sweetened beverage tax amended in 2014: 18% tax on sugary drinks with more than 6.25 g sugar/100 mL; exempts 100% fruit juice and dairy-based drinks; 10% tax on drinks with less than 6.25 g sugar/100 mL
7. No sugar reduction targets
8. Food labelling and advertising law implemented in 2016
9. Regulated foods (based on nutrient profiling) cannot be promoted to children <14 years.
10. No formalised public awareness campaign identified
11. Regulated foods are banned from kiosks, cafeterias, and feeding programme at schools and nurseries
12. No specific civil society organisations for sugar reduction
13. Cross-sectional study in 468 parents/tutors in Santiago

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Notes	Reference	Criteria	USA
1	(1)	Proportion of energy from added sugars (%)	13.8
2	(2)	Adult obesity prevalence (%)	42.4
3	(3)	Childhood obesity prevalence (%)	19.3
4	(4)	Adults with diagnosed type 2 diabetes (%)	8.6
5	(5)	Prevalence of dental caries in children (%)	45.8
6	(6)	Sugary drinks tax	Yes
7	(7)	Sugar reformulation targets	Voluntary
8	(8) (9)	Front-of-pack nutrition labelling system (FOPL)	Voluntary*
9	(10) (11)	Marketing restrictions	No restrictions
10	(12) (13)	Public awareness campaigns	Previous campaign
11	(14) (15)	Public procurement guidelines	Local or voluntary measures
12	(16) (17)	Independent scrutiny	Yes
13	(18)	Knowledge, Attitudes, and Behaviours research	Yes

Thank you to Christine Johnson and Nicole Ide at Resolve to Save Lives for your valuable input.

#### Notes

1. National Health and Nutrition Examination Survey 2009–2010, 9317 participants aged 1+ years
2. National Health and Nutrition Examination Survey 2017–2018, age-adjusted prevalence of obesity in adults aged 20+ years
3. National Health and Nutrition Examination Survey 2017–2018, children and adolescents aged 2–19 years
4. National Health Interview Survey 2016, prevalence of diagnosed type 2 diabetes, 33,028 adults aged ≥18 years
5. National Health and Nutrition Examination Survey 2015–2016, prevalence of total caries (untreated and treated), children and adolescents aged 2–19 years
6. On a state/city basis in Philadelphia, Seattle, Albany/Berkeley/San Francisco/Oakland in California and Boulder Colorado
7. In February 2021 the National Salt and Sugar Reduction Initiative (NSSRI) released targets for sugar reduction across 15 categories of foods and beverages
8. \*Not national. 6 different FOPL schemes in use across the USA. The Food Labelling Modernization Act, which will strengthen requirements related to nutrient information on food labels is in progress
9. -
10. Multiple campaigns in New York City (also adapted in other states and cities). The most recent campaign, launched in January 2019 compared sugary drinks to cigarettes. Previous campaign from 2017 “The Sour Side of Sweet” highlighted the health hazards of sugary drinks
11. Voluntary federal food service guidelines, various state level policies on public food procurement
12. Includes Center for Science in the Public Interest and Healthy Food America
13. Reference is an example of a state survey covering attitudes to sugary drinks and related policy interventions

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Notes	Reference	Criteria	Thailand
1	(1)	Proportion of energy from added sugars (%)	n/a
2	(2) (3)	Adult obesity prevalence (%)	11.6
3	(2) (4)	Childhood obesity prevalence (%)	7.3
4	(5)	Adults with diagnosed type 2 diabetes (%)	7.0
5	(6)	Prevalence of dental caries in children (%)	52
6	(7)	Sugary drinks tax	Yes
7	n/a	Sugar reformulation targets	No targets
8	(8)	Front-of-pack nutrition labelling system (FOPL)	Voluntary

9	(9)	Marketing restrictions	Voluntary
10	(10)	Public awareness campaigns	Previous campaign
11	(11)	Public procurement guidelines	Local or voluntary measures
12	(12)	Independent scrutiny	Yes
13	n/a	Knowledge, Attitudes, and Behaviours research	No

### Notes

1. Review article concludes that existing data regarding added sugar intake is inconsistent
2. Small, regional survey, sample of 627 aged 15+ years, data collected 2018
3. Regional survey, sample of 1749, aged 6 – 18 years, data collected 2016, WHO BMI cut-offs used
4. Age-adjusted comparative prevalence of diabetes, 2019 data, adults aged 20 – 79 years
5. 12-year-olds, adapted from 8th Thailand National Oral Health Survey in 2017
6. Implemented September 2017; tiered taxes on all drinks with >6 g sugar per 100mL, up to 5 baht/L (\$0.16) for drinks with >10g sugar per 100mL from 2023
7. No evidence found regarding sugar reformulation targets
8. Voluntary Healthier Choices logo launched in August 2016
9. Mixture of Government regulation and industry self-regulatory codes
10. 'Fatless Belly Thais' (FBT) aimed to raise public awareness of obesity and promote healthy diets (including reducing snack and SSB consumption)
11. The Healthy Food Menu Policy & the Childcare Centre Standard
12. Sweet Enough Network (SEN)
13. No studies identified

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Notes	Reference	Criteria	South Korea
1	(1)	Proportion of energy from added sugars (%)	10.8 - 12.5
2	(2)	Adult obesity prevalence (%)	35.7
3	(3)	Childhood obesity prevalence (%)	15.0
4	(4)	Adults with diagnosed type 2 diabetes (%)	6.9
5	(5)	Prevalence of dental caries in children (%)	53.5 - 61.6
6	(6)	Sugary drinks tax	Planned
7	(7) (8)	Sugar reformulation targets	Voluntary
8	(8)	Front-of-pack nutrition labelling system (FOPL)	Voluntary
9	(8) (9) (10)	Marketing restrictions	Legislated restriction
10	(7)	Public awareness campaigns	Active campaign
11	n/a	Public procurement guidelines	No measures
12	n/a	Independent scrutiny	No
13	(7)	Knowledge, Attitudes, and Behaviours research	Yes

### Notes

1. Data is pooled from five studies involving children and adolescents aged 9 – 14 years conducted 2002 to 2011
2. Data from 2018, adults ages 20 years and above
3. Data from 2007, children aged 6 – 18 years old, national sample of 80,460. See Reference for alternative BMI cut-offs used.
4. Data from 2019, adults aged 20 – 70 years
5. Data from 2012, children aged 12 to 16 years old. 53.5% for boys, 61.6% for girls
6. Reference is a news article
7. Industry-promoted plan to reduce sugar content of drinks by 5%–10% by 2020
8. Restrictions on the use of 'low' and 'no' sugar claims based on sugar content per 100g product
9. –
10. Campaign started in 2016 for an initial 5-year period
11. No measures identified
12. None identified
13. –

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Notes	Reference	Criteria	UK
1	(1)	Proportion of energy from added sugars (%)	7.0
2	(2)	Adult obesity prevalence (%)	28.0*
3	(2) (3)	Childhood obesity prevalence (%)	21.0*
4	(4)	Adults with diagnosed type 2 diabetes (%)	3.9
5	(5)	Prevalence of dental caries in children (%)	23
6	(6)	Sugary drinks tax	Yes
7	(7)	Sugar reformulation targets	Voluntary
8	(8)	Front-of-pack nutrition labelling system (FOPL)	Voluntary
9	(9)	Marketing restrictions	Legislated restriction
10	(10)	Public awareness campaigns	Previous campaign
11	(11) (12)	Public procurement guidelines	National or mandatory measures
12	(13) (14) (15)	Independent scrutiny	Yes
13	(16)	Knowledge, Attitudes, and Behaviours research	Yes

## Notes

\*Data is for England only.

1. Data collected 2014/15 – 2015/16, national sample of 1082 adults aged 19–64 years
2. Health Survey for England 2019 data, adults aged 16+ years
3. Data from National Child Measurement Programme 2019/20. Children aged 10 – 11 years
4. Age-adjusted comparative prevalence of diabetes, adults aged 20 – 79 years, 2019 data
5. Both permanent and deciduous teeth. National survey of 78,767 children aged 5 years
6. Tax implemented April 2018, 24p per litre of drink containing 8g sugar per 100mL, 18p per litre of drink containing 5–8 g sugar per 100mL
7. 20% sugar reduction target set in 2016 to be achieved by 2020, covering food categories that contribute most to children’s sugar intake
8. –
9. Implemented July 2017, ban on the advertising of high fat, salt and sugar food and drink products in children’s media
10. In 2016, Public Health England launched the Change4Life Sugar Smart Campaign, which aimed to raise awareness of sugar in foods and drinks and to encourage parents to reduce their children’s intake

11. Official Government Buying Standards (GBS) for food and catering services and The Requirements for School Food Regulations 2014
12. Various including Sustain, Action on Sugar, Obesity Health Alliance
13. –

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Notes	Reference	Criteria	Norway
1	(1)	Proportion of energy from added sugars (%)	7.3
2	(2)	Adult obesity prevalence (%)	14.1
3	(3)	Childhood obesity prevalence (%)	2.5
4	(4)	Adults with diagnosed type 2 diabetes (%)	5.3
5	(5)	Prevalence of dental caries in children (%)	39.1
6	(6)	Sugary drinks tax	No
7	(7)	Sugar reformulation targets	Voluntary
8	(8)	Front-of-pack nutrition labelling system (FOPL)	Voluntary
9	(9)	Marketing restrictions	Voluntary restrictions
10	(10)	Public awareness campaigns	Previous campaign
11	(11)	Public procurement guidelines	Local or voluntary measures
12	(12)	Independent scrutiny	Yes
13	n/a	Knowledge, Attitudes, and Behaviours research	No

### Notes

1. Data collected 2010-2011, samples of 862 men and 925 women aged 18 – 70 years old.
2. Self-reported, adults aged 18+ years old, collected as part of Eurostat 2019
3. National sample of 1838 children aged 13 years old. BMI cut-offs are Extended International (IOTF) Body Mass Index Cut-Offs
4. 2019, age-adjusted comparative prevalence of diabetes for 20 – 79 year olds
5. 2020 data, 12 year olds, proportion with DMFT>0
6. Effective from July 2021, the previous excise duty on non-alcoholic beverages was abolished
7. –
8. Keyhole logo: a voluntary free-of-charge label that identifies healthier choices within 33 food groups (including bread, cheese, ready meals), based on nutritional criteria, including sugar content.
9. Food industry self-regulation restricting marketing of unhealthy foods and beverages to children < 13 years old
10. Campaigns included The Saturday All Week Campaign and Keyhole Logo communications campaigns
11. National Guideline for Food and Meals in Schools (published in 2015) includes guidance to limit sugar content of school food
12. –
13. No studies identified

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Notes	Reference	Criteria	Islamic Republic of Iran
1	(1)	Proportion of energy from added sugars (%)	9.0
2	(2)	Adult obesity prevalence (%)	22.7
3	(3)	Childhood obesity prevalence (%)	11.5
4	(4)	Adults with diagnosed type 2 diabetes (%)	9.6
5	(5)	Prevalence of dental caries in children (%)	72.8*
6	(6)	Sugary drinks tax	Yes
7	(7)	Sugar reformulation targets	No
8	(8) (9)	Front-of-pack nutrition labelling system (FOPL)	Mandatory
9	(7)	Marketing restrictions	Legislated restriction
10	(10)	Public awareness campaigns	Previous campaign
11	(7) (6)	Public procurement guidelines	National or mandatory measures
12	(8)	Independent scrutiny	No
13	(6)	Knowledge, Attitudes, and Behaviours research	No

#### Notes

1. Data collected in 2013 (FAO Statistics, 2017)
2. Data collected in 2016, adults aged 18+ years, national sample of 31050
3. Children aged 10 – 12 years old, sample of 2506. BMI cut offs based on WHO 85th & 95th Centile. See Reference for additional notes including on BMI cut-offs

4. Age-adjusted comparative prevalence of diabetes, data collected 2019, adults aged 20 – 79 years old
5. \* Total rate of dental caries (based on DMFT and dmft values), meta-analysis of studies published up to October 2018, children aged <18 years old, (95%CI, 69.2-76.4%)
6. –
7. –
8. –
9. All broadcast advertising of soft drinks prohibited since 2004; in 2014, further restrictions proposed on 24 more food items. Additional restrictions on radio and television advertising of foods high in salt, fat and sugar to children and adolescents (up to 19 years of age)
10. Reference is a news article
11. Sales of certain HFSS food and drink products banned in schools
12. None identified
13. No studies identified

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Notes	Reference	Criteria	Kingdom of Bahrain
1	(1)	Proportion of energy from added sugars (%)	n/a
2	(2)	Adult obesity prevalence (%)	36.9
3	(2)	Childhood obesity prevalence (%)	17.9
4	(3)	Adults with diagnosed type 2 diabetes (%)	15.6
5	(4)	Prevalence of dental caries in children (%)	59.0 - 86.8
6	(5)	Sugary drinks tax	Yes

7	(6)	Sugar reformulation targets	No targets
8	(6)	Front-of-pack nutrition labelling system (FOPL)	No FOPL
9	(7)	Marketing restrictions	Legislated restriction
10	(6)	Public awareness campaigns	No campaign
11	n/a	Public procurement guidelines	No measures
12	(6)	Independent scrutiny	No
13	(8)	Knowledge, Attitudes, and Behaviours research	No

## Notes

1. No data available
2. Data collected as part of National Health Survey 2018, national sample of 2948 adults aged 18+ years. Pregnant women and women less than two months postpartum excluded.
3. Data collected 2016 as part of Global School-based Student Health Survey (GSHS), sample of 7141 children and adolescents aged 13 – 17 years.
4. 2019 data, age-adjusted comparative prevalence of diabetes, adults aged 20 – 79 years.
5. Unpublished survey of government school students, dental caries prevalence: 86.8% in 6-year-olds, 56.4% in 12-year-olds, and 59% in 15-year-olds.
6. Implemented December 2017, 50% excise tax on aerated soft drinks, 100% excise tax on energy drinks.
7. None identified
8. –
9. Policy to reduce the impact of marketing of foods and beverages high in free sugars on children.
10. No campaigns identified
11. No measures identified
12. No organisations identified
13. No survey identified

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Notes	Reference	Criteria	Australia
1	(1)	Proportion of energy from added sugars (%)	9.4
2	(2)	Adult obesity prevalence (%)	31.3
3	(3)	Childhood obesity prevalence (%)	8.2
4	(4)	Adults with diagnosed type 2 diabetes (%)	5.3
5	(5)	Prevalence of dental caries in children (%)	24.0
6	(6)	Sugary drinks tax	No
7	(7)	Sugar reformulation targets	Voluntary
8	(8)	Front-of-pack nutrition labelling system (FOPL)	Voluntary
9	(9)	Marketing restrictions	Voluntary restrictions
10	(10)	Public awareness campaigns	Previous campaign
11	(11)	Public procurement guidelines	National or mandatory measures
12	(12)	Independent scrutiny	Yes
13	(13)	Knowledge, Attitudes, and Behaviours research	Yes

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#### Notes

1. Data collected 2011-12
2. Data collected as part of Australian National Health Survey 2017-18, sample of 21,000 adults aged 18+ years, approx. 32% of 2017 data based on self-reported height and weight
3. Data collected 2017–18, children and adolescents aged 2–17 years
4. Prevalence of self-reported type 2 diabetes, among persons aged 18 and over, 2017–18
5. National Child Oral Health Study 2012–14, children aged 6–14 years
6. –
7. Part of the Healthy Food Partnership
8. Voluntary Health Stars system
9. –
10. Rethink Sugary Drink ([www.rethinksugarydrink.org.au](http://www.rethinksugarydrink.org.au)) is the main campaign for sugar
11. Measures vary by state
12. Also see: Obesity Policy Coalition, GLOBE Obesity at Deakin University, Public Health Association, Sugar Free Smiles (dental), Sugar by Half
13. –

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Notes	Reference	Criteria	Malaysia
1	(1)	Proportion of energy from added sugars (%)	13.3
2	(2)	Adult obesity prevalence (%)	19.7
3	(2)	Childhood obesity prevalence (%)	14.8
4	(3)	Adults with diagnosed type 2 diabetes (%)	16.7
5	(4)	Prevalence of dental caries in children (%)	44.6*
6	(5)	Sugary drinks tax	Yes
7	(6)	Sugar reformulation targets	Planned
8	(7) (8) (6)	Front-of-pack nutrition labelling system (FOPL)	Voluntary
9	(9) (6)	Marketing restrictions	Voluntary restrictions
10	(5)	Public awareness campaigns	Previous campaign
11	n/a	Public procurement guidelines	No measures
12	(10)	Independent scrutiny	Yes
13	n/a	Knowledge, Attitudes, and Behaviours research	No

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#### Notes

1. Estimated from FAO food balance sheet data (2009)
2. National sample of 9811 adults aged 18+ years
3. Children aged 5-17 years, cut-offs based on BMI-for-Age z-score
4. Age-adjusted comparative prevalence of diabetes, data from 2019, adults aged 20 – 79 years old

5. \*Study includes deciduous and permanent teeth; sample of 312 children aged 7 to 11 years, data collected 2013; 95% CI: 42.2, 53.3
6. Excise duty introduced July 2019 at RM 0.40 per litre on carbonated, flavoured and other non-alcoholic drinks containing added sugar >5g/100 ml; and fruit juices and vegetable juices with sugar >12g/100ml
7. Government engagement with industry to encourage voluntary reformulation of their products, target of at least 5 reformulated products/year (includes sugar, salt, fibre). MyChoice Programme also has been launched, which encourages food and beverage companies in the out-of-home sector to reformulate their meals and drinks.
8. Healthier Choice Logo (packaged foods). Note also MyChoice Logo initiative for out-of-home settings. Mandatory labelling of total sugar is proposed as part of the National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025
9. As part of the NPANM III plan is to turn voluntary guideline into a legislated restriction.
10. –
11. None identified
12. –
13. No representative studies identified

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