



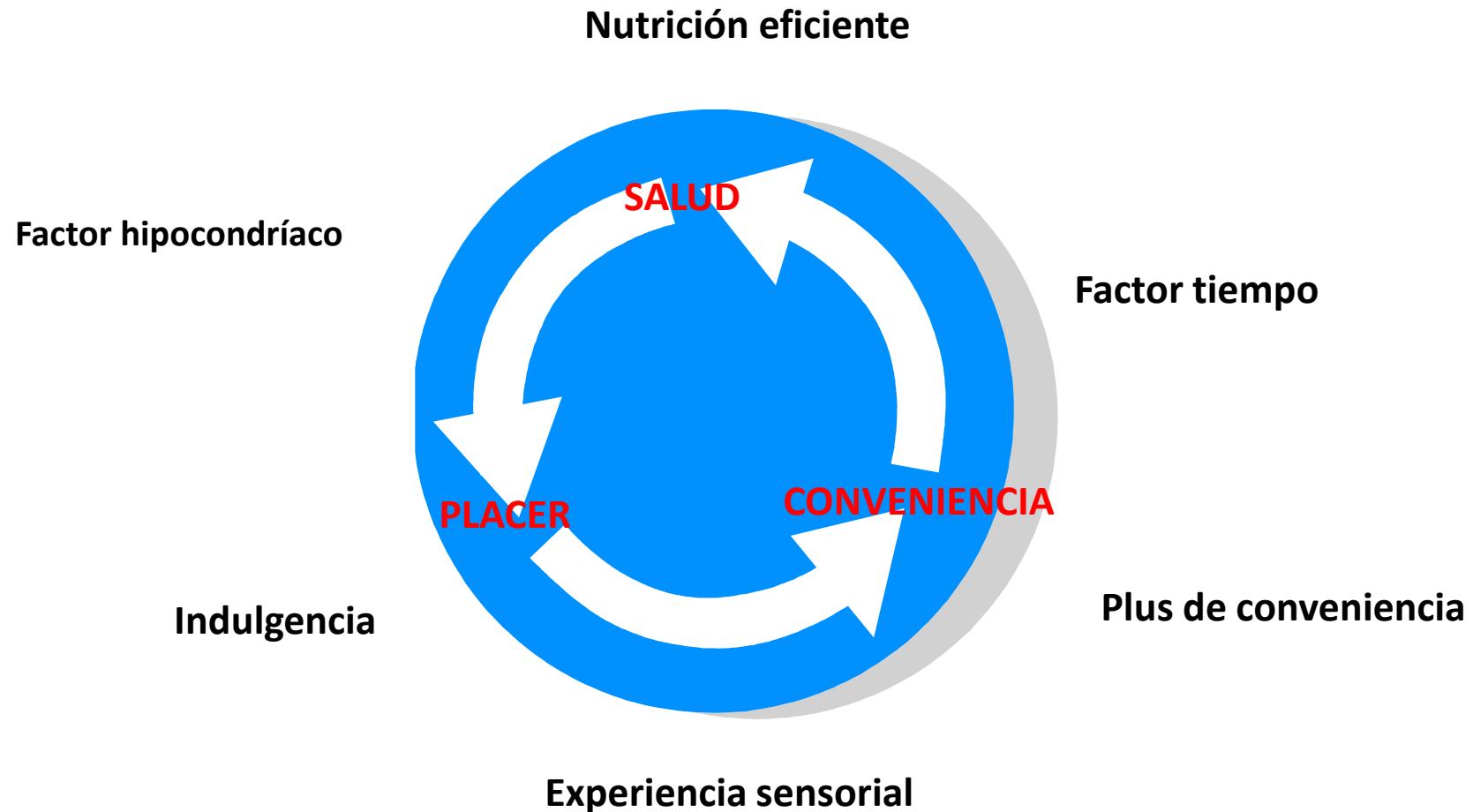
EXPO CACIA 2015
San José (Costa Rica), 18 de marzo, 2015

Industria alimentaria v3.0

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A modo de introducción

La industria alimentaria del Siglo XXI: Salud, placer y conveniencia



Qué ha cambiado en los últimos años?

...De

A...

Química



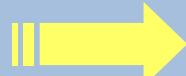
Bioquímica

Fármacos para todos



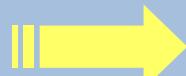
Medicina personalizada

Envejecimiento



Madurez controlable

Terapia/Diagnóstico



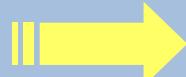
“Theranostics”

Tratar enfermedades

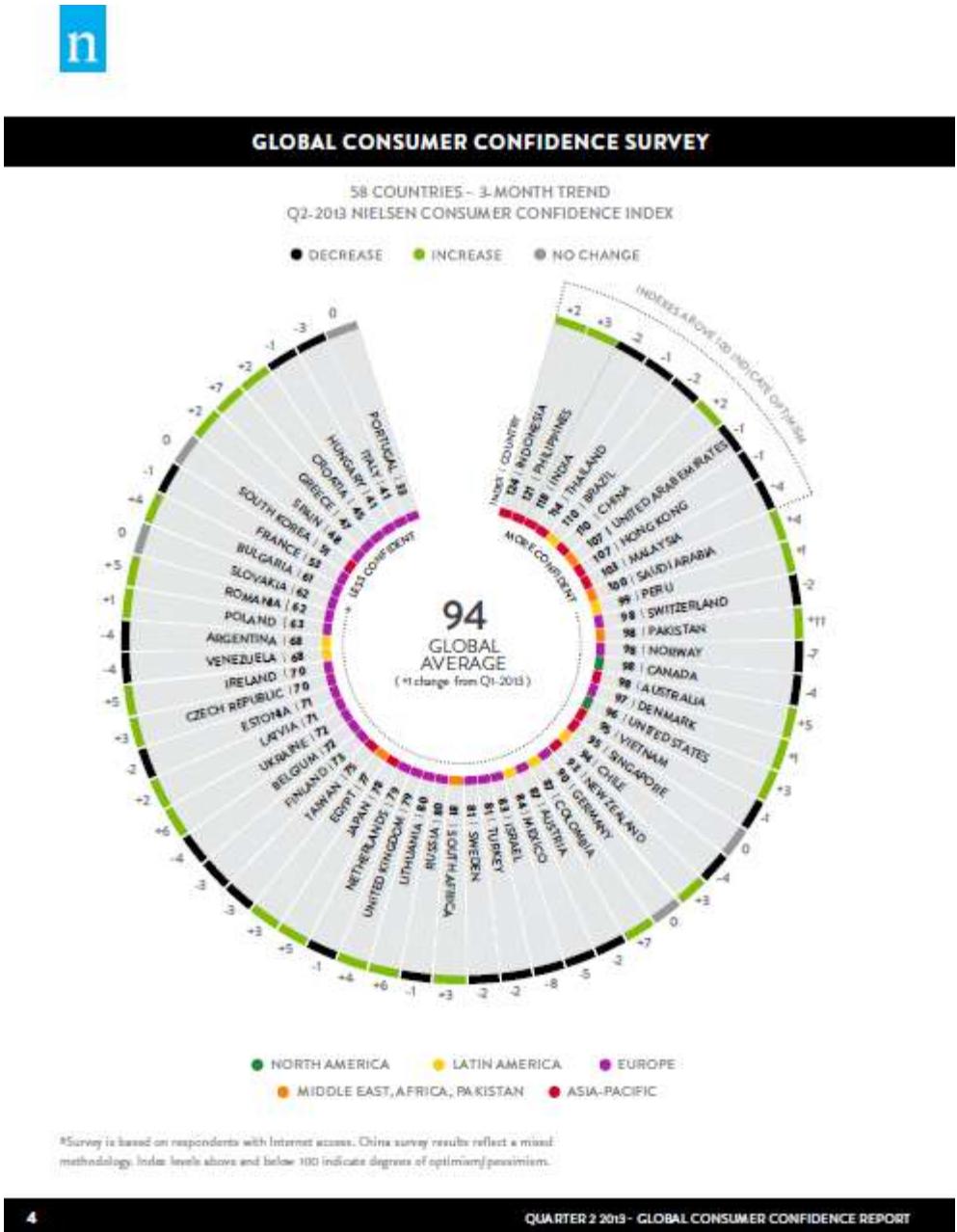
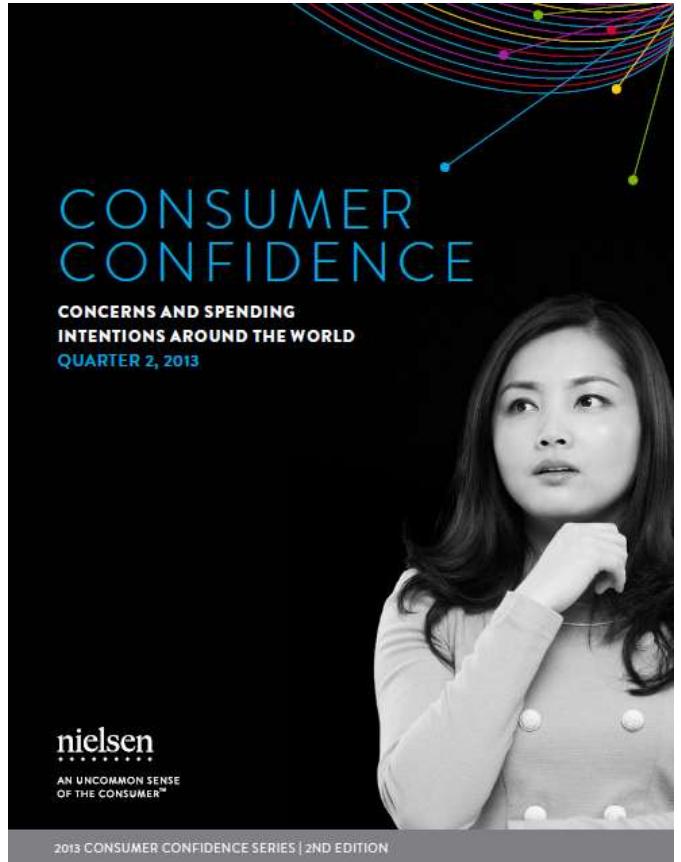


Prevenir enfermedades

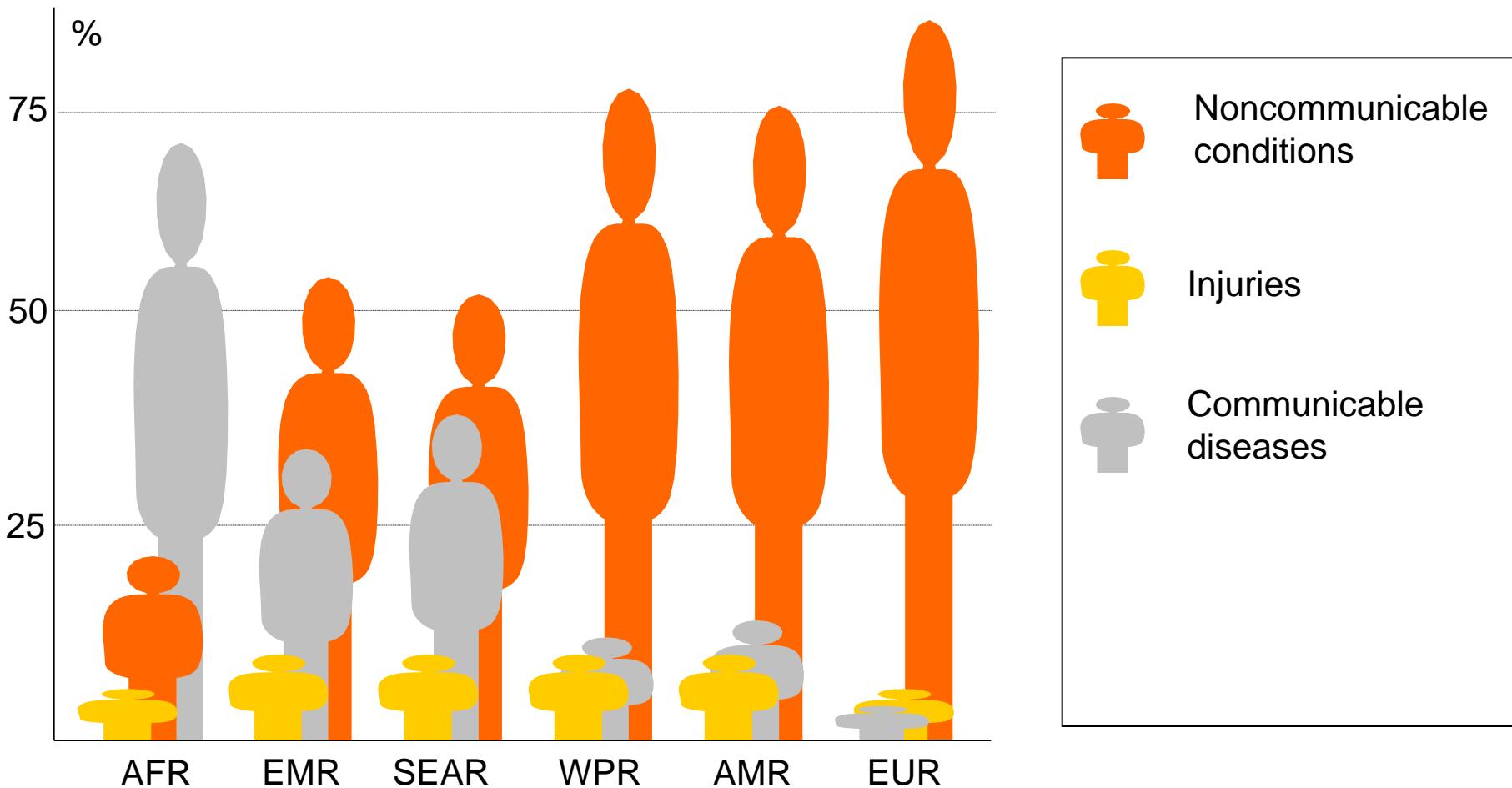
Alimento para sobrevivir



Alimento para la salud



Inesperado?: El crecimiento global de las ECNTs



MORE THAN HALF OF CONSUMERS AROUND THE WORLD CONSIDER THEMSELVES OVERWEIGHT

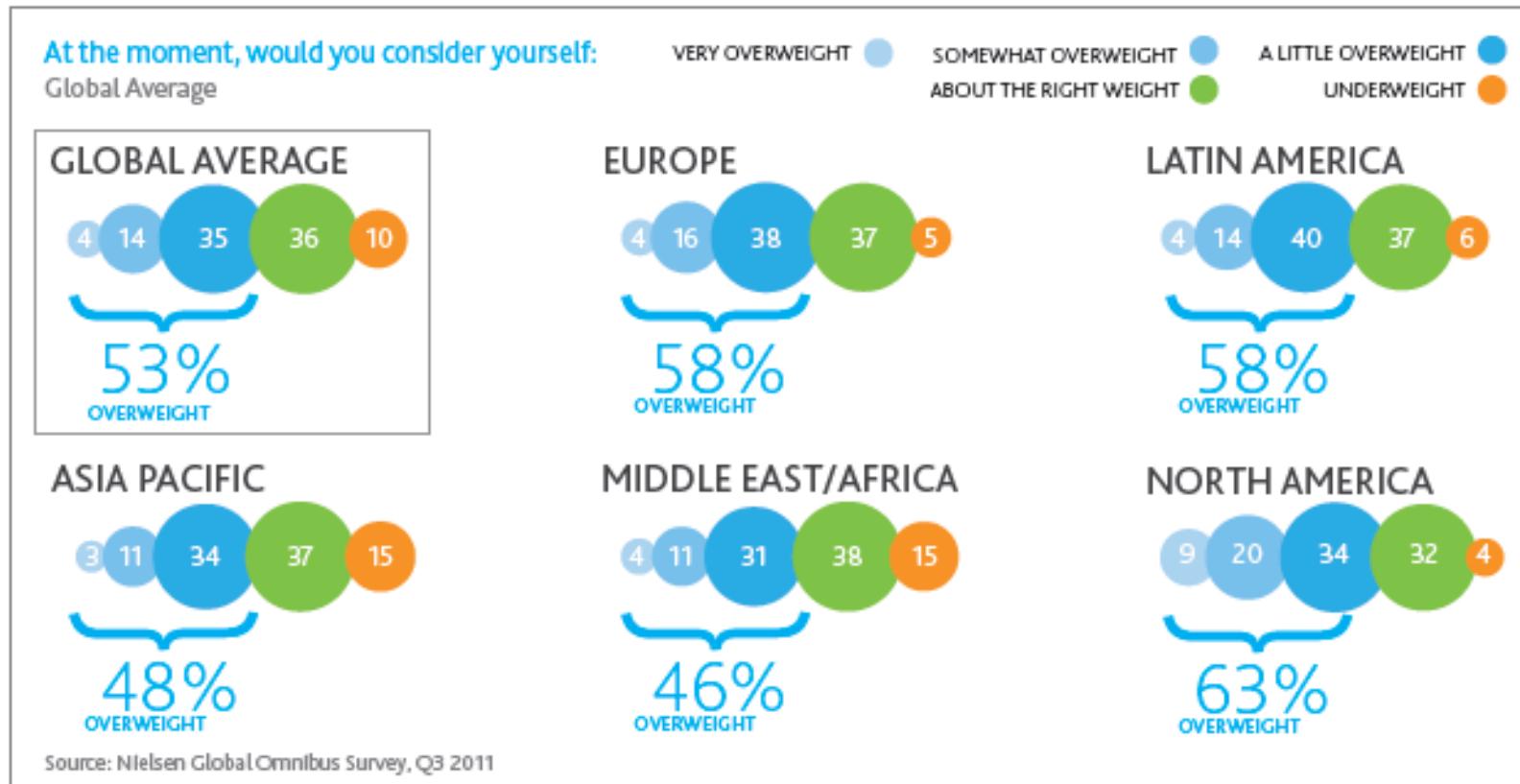
Half (48%) of consumers around the world are trying to lose weight.

One-in-seven are cutting down on fats to shed unwanted pounds.

Six-in-10 indicate difficulty grasping nutritional labels on food packages.

Over two-thirds believe nutritional claims are either never or only sometimes trustworthy.

Half of global respondents say fast food restaurants should always include calorie information on menus.



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The financial burden from non-communicable diseases in low- and middle-income countries: a literature review

Hyacinthe Tchewondji Kankue¹, Priyanka Saksena², Ke Xu³ and David B Evans⁴

Abstract

Non-communicable diseases (NCDs) were previously considered to only affect high-income countries. However, they now account for a very large burden in terms of both mortality and morbidity in low- and middle-income countries (LMICs), although little is known about the impact these diseases have on households in these countries. In this paper, we present a literature review on the costs imposed by NCDs on households in LMICs. We examine both the costs of obtaining medical care and the costs associated with being unable to work, while discussing the methodological issues of particular studies. The results suggest that NCDs pose a heavy financial burden on many affected households; poor households are the most financially affected when they seek care. Medicines are usually the largest component of costs and the use of originator brand medicines leads to higher than necessary expenses in particular, in the treatment of diabetes. Insulin – when required – represents an important source of spending for patients and their families. These financial costs deter many people suffering from NCDs from seeking the care they need. The limited health insurance coverage for NCDs is reflected in the low proportions of patients claiming reimbursement and the low reimbursement rates in existing insurance schemes. The costs associated with lost income earning opportunities are also significant for many households. Therefore, NCDs impose a substantial financial burden on many households, including the poor in low-income countries. The financial costs of obtaining care also impose insurmountable barriers to access for some people, which illustrates the urgency of improving financial risk protection in health in LMIC settings and ensuring that NCDs are taken into account in these systems. In this paper, we identify areas where further research is needed to have a better view of the costs incurred by households because of NCDs, namely: the extension of the geographical scope, the inclusion of certain diseases hitherto little studied, the introduction of a time dimension, and more comparisons with acute illnesses.

Keywords: Financial burden, Low- and middle-income countries, Non-communicable diseases, Poverty

Background

The 2010 WHO Global Status report on non-communicable diseases (NCD) showed that they are now the most important cause of mortality worldwide. Indeed, more than 36 million people died from NCDs in 2008, mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%), and diabetes (3%). Nearly 80% of those deaths occurred in low and middle-income countries (LMICs), where, on average, they now

exceed communicable diseases as the major cause of disease burden [1]. Even in the remaining countries where infectious diseases are the main health problem, NCDs are growing rapidly; NCDs are expected to exceed communicable, non-communicable, and food-borne diseases on the list of leading causes of death in all countries by 2030. The increasing importance of NCDs has caused them to no longer be viewed simply as a health issue but rather as a development issue worthy of discussion at a High-level Meeting of the 66th General Assembly of the United Nations.^[2]

Considerable literature exists on the impact of NCDs on households in high-income countries [3-7]; research on such impacts is scarce in low- and medium-HDI countries.

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Meeting Report



Communication strategies to help reduce the prevalence of non-communicable diseases: Proceedings from the inaugural IFIC Foundation Global Diet and Physical Activity Communications Summit

Madelyn H Fernstrom, Kimberly A Reed, Elizabeth B Bahavi, and Carrie C Dogher

Non-communicable diseases (NCDs), which include cardiovascular disease, cancer and diabetes, all of which are associated with the common risk factors of poor diet and insufficient physical activity, caused 63% of all deaths globally in 2008. The increasing discussion of global NCDs, including at the 2011 United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases, and a request for multi-stakeholder engagement, prompted the International Food Information Council Foundation to sponsor the Global Diet and Physical Activity Communications Summit: "Insights to Motivate Healthy, Active Lifestyles" on September 19, 2011, in New York City. The Summit brought together a diverse group of stakeholders, representing 34 nations from governments, communication, health, nutrition, and fitness professionals; civil society; nonprofits; academia; and the private sector. The Summit provided expert insights and best practices for the use of science-based, behavior-focused communications to motivate individuals to achieve healthy, active lifestyles, with the goal of reducing the prevalence of NCDs. Presented here are some of the highlights and key findings from the summit.

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INTRODUCTION

Non-communicable diseases (NCDs) include the “big four” – cardiovascular disease, cancer, diabetes, and chronic respiratory disease. According to the World Health Organization (WHO), NCDs were responsible for 63% of all deaths globally in 2008, with more than 80% occurring in developing countries, and were largely attributed to poor diet, insufficient physical activity, tobacco use, and harmful use of alcohol.¹ In order to increase public awareness of NCDs and support NCD prevention and control efforts, the United Nations (UN), WHO, Heads of State, Health Ministers, and other

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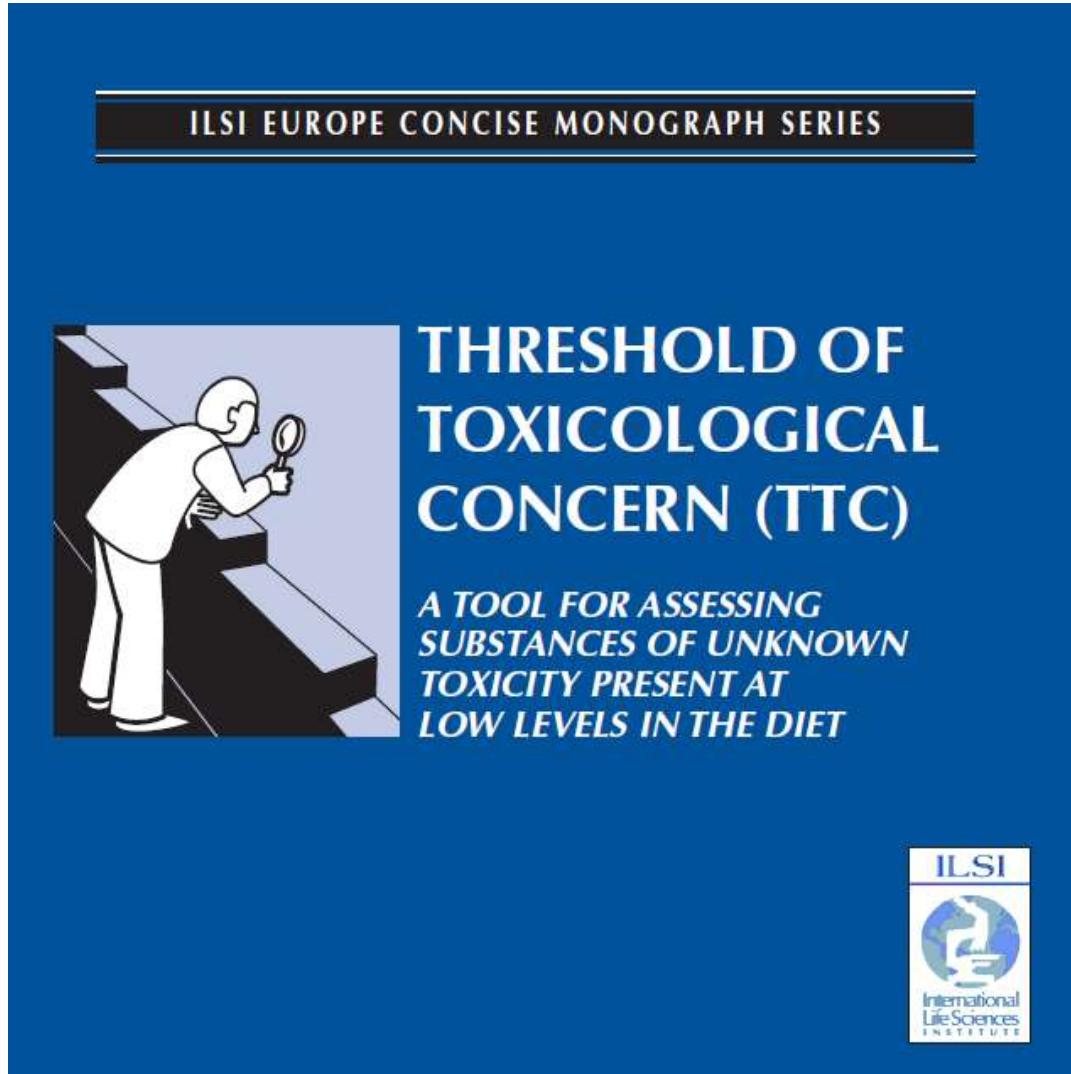
Correspondence: KA Ried, Executive Director, International Food Information Council Foundation (www.foodinsight.org), 1100 Connecticut Ave., NW, Suite 430, Washington, DC 20036, USA. E-mail: road@ific.org; Phone: +1-202-206-6540; Fax: +1-202-206-6547.

For words, behavior communication, assess balance measures; non-communicable disease

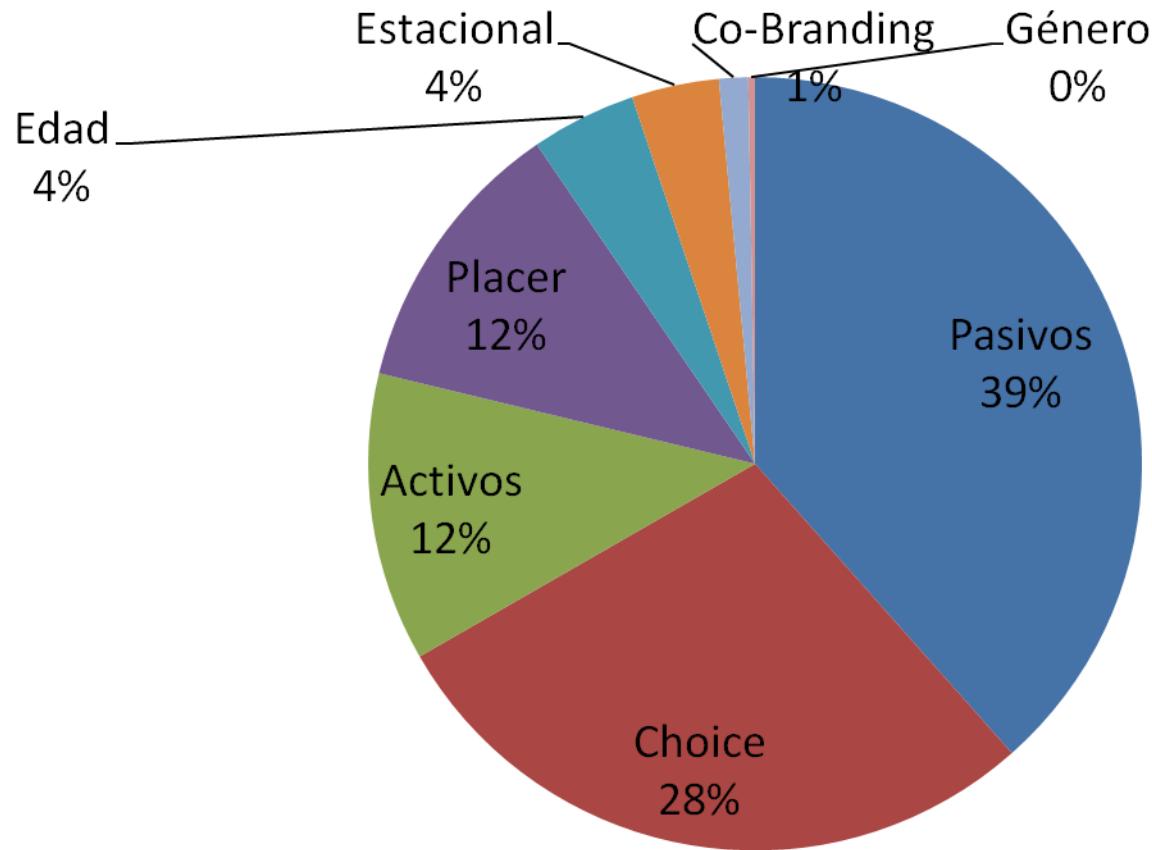
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Un hecho inesperado?



Inesperado?: Los claims pasivos superan a los activos



Inesperado?: Demasiadas expectativas

REVIEW ARTICLE

ONLINE FIRST

The Human Gut Microbiome

A Review of the Effect of Obesity and Surgically Induced Weight Loss

Timothy E. Sweeney, MD, PhD; John M. Morton, MD, MPH

Recent advances in parallel genomic processing and computational mapping have been applied to the native human microbial environment to provide a new understanding of the role of the microbiome in health and disease. In particular, studies of the distal gut microbiome have proposed that changes in gut microbiota are related to obesity, the metabolic syndrome, and Western diet. We examined the changes in the distal gut microbiome composition as it relates to the lean and obese phenotypes, particularly after surgical weight loss. A PubMed search of publications from January 1, 2005, through December 31, 2012, used the search terms *weight, obesity, microbiome, and bariatric surgery*. We included studies that provided information on subjects' weight and/or body mass index and a formal assessment of the microbiome. Certain bacteria, specifically the archaeon *Methanobrevibacter smithii*, have enhanced ability to metabolize dietary substrate, thereby increasing host energy intake and weight gain. With weight loss, there is a decrease in the ratio of Firmicutes to Bacteroidetes phyla. One major finding from microbial sequencing analyses after Roux-en-Y gastric bypass is the comparative overabundance of Proteobacteria in the distal gut microbiome, which is distinct from the changes seen in weight loss without Roux-en-Y gastric bypass. This review provides the practicing surgeon with (1) an update on the state of a rapidly innovating branch of clinical bioinformatics, specifically, the microbiome; (2) a new understanding of the microbiome changes after Roux-en-Y gastric bypass and weight loss; and (3) a basis for understanding further clinical applications of studies of the distal gut microbiome, such as in Crohn disease, ulcerative colitis, and infectious colitis.

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doi:10.1001/jamasurg.2013.5

The human gut microbiome (previously termed the gut flora) has been the subject of study for decades; however, the high diversity of organisms in the gut and the infeasibility of standard culture techniques in identifying those organisms historically have limited their study. Only within the past decade, with the advent of shotgun genomic sequencing and array-based microbial identification, has the whole breadth of the organismal diversity in the gut become apparent. An often-

quoted estimate is that the human gut may hold approximately 10^{14} cells (mostly prokaryotic), some 10-fold greater than the rest of the human body combined.¹ This organismal diversity carries with it an incredible genetic diversity, representing some 3 000 000 genes compared with the approximately 30 000 in the human genome, demonstrating a coevolutionary pathway. The microbiome has been shown to interact with the host in several ways in health and disease, including (1) modulating the inflammatory host response to the gut, (2) synthesizing small molecules and proteins that are taken up by the host,

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nature

ARTICLES

A human gut microbial gene catalogue established by metagenomic sequencing

Junjie Qin^{1*}, Ruiqiang Li^{1*}, Jeroen Raes^{2,3}, Manimozhiyan Arumugam², Kristoffer Solvsten Burgdorf⁴, Chaysavanh Manichanh⁵, Trine Nielsen⁶, Nicolas Pons⁶, Florence Levenez², Takaji Yamada⁷, Daniel R. Mende⁸, Junhua Li^{1,7}, Junming Xu¹, Shaohua Li¹, Donglang Li^{1,8}, Jianjun Cao¹, Bo Wang¹, Huiqing Liang¹, Huisong Zheng¹, Yirong Xie^{1,7}, Julian Tap⁶, Patricia Lepage⁶, Marcelo Bertalan⁹, Jean-Michel Batto⁶, Torben Hansen⁴, Denis Le Paslier¹⁰, Allan Linneberg¹¹, H. Bjørn Nielsen¹¹, Eric Pelletier¹⁰, Pierre Renault⁶, Thomas Sicheritz-Ponten⁷, Keith Turner¹², Hongmei Zhu¹, Chang Yu¹, Shengting Li¹, Muji Jian¹, Yan Zhou¹, Yingru Li¹, Xiqing Zhang¹, Songgang Li¹, Nan Qin¹, Huamming Yang¹, Jian Wang¹, Søren Brunak², Joel Dore⁶, Francisco Guarner⁵, Karsten Kristiansen¹³, Oluf Pedersen¹⁴, Julian Parkhill¹², Jean Weissenbach¹⁰, MetaHIT Consortium†, Peer Bork², S. Dusko Ehrlich¹⁵ & Jun Wang^{1,13}

To understand the impact of gut microbes on human health and well-being it is crucial to assess their genetic potential. Here we describe the Illumina-based metagenomic sequencing, assembly and characterization of 3.3 million non-redundant microbial genes, derived from 576.7 gigabases of sequence, from faecal samples of 124 European individuals. The gene set, ~150 times larger than the human gene complement, contains an overwhelming majority of the prevalent (more frequent) microbial genes of the cohort and probably includes a large proportion of the prevalent human intestinal microbial genes. The genes are largely shared among individuals of the cohort. Over 99% of the genes are bacterial, indicating that the entire cohort harbours between 1,000 and 1,150 prevalent bacterial species and each individual at least 160 such species, which are also largely shared. We define and describe the minimal gut metagenome and the minimal gut bacterial genome in terms of functions present in all individuals and most bacteria, respectively.

It has been estimated that the microbes in our bodies collectively make up to 100 trillion cells, tenfold the number of human cells, and suggested that they encode 100-fold more unique genes than our own genome¹. The majority of microbes reside in the gut, have a profound influence on human physiology and nutrition, and are crucial for human life^{2,3}. Furthermore, the gut microbiomes contribute to energy harvest from food, and changes of gut microbiome may be associated with bowel diseases or obesity^{4,5}.

To understand and exploit the impact of the gut microbes on human health and well-being it is necessary to decipher the content, diversity and functioning of the microbial gut community. 16S ribosomal RNA (rRNA) sequence-based methods⁶ revealed that two bacterial divisions, the Bacteroidetes and the Firmicutes, constitute over 90% of the known phylogenetic categories and dominate the distal gut microbiome⁷. Studies also showed substantial diversity of the gut microbiome between healthy individuals^{8,9,10,11}. Although this difference is especially manifest among infants¹², later in life the gut microbiome converges to more similar physiologies.

Metagenomic sequencing represents a powerful alternative to rRNA sequencing for analyzing complex microbial communities^{12,13}. Applied to the human gut, such studies have already generated some 3 gigabases (Gb) of microbial sequence from faecal samples of 33

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*These authors contributed equally to this work.

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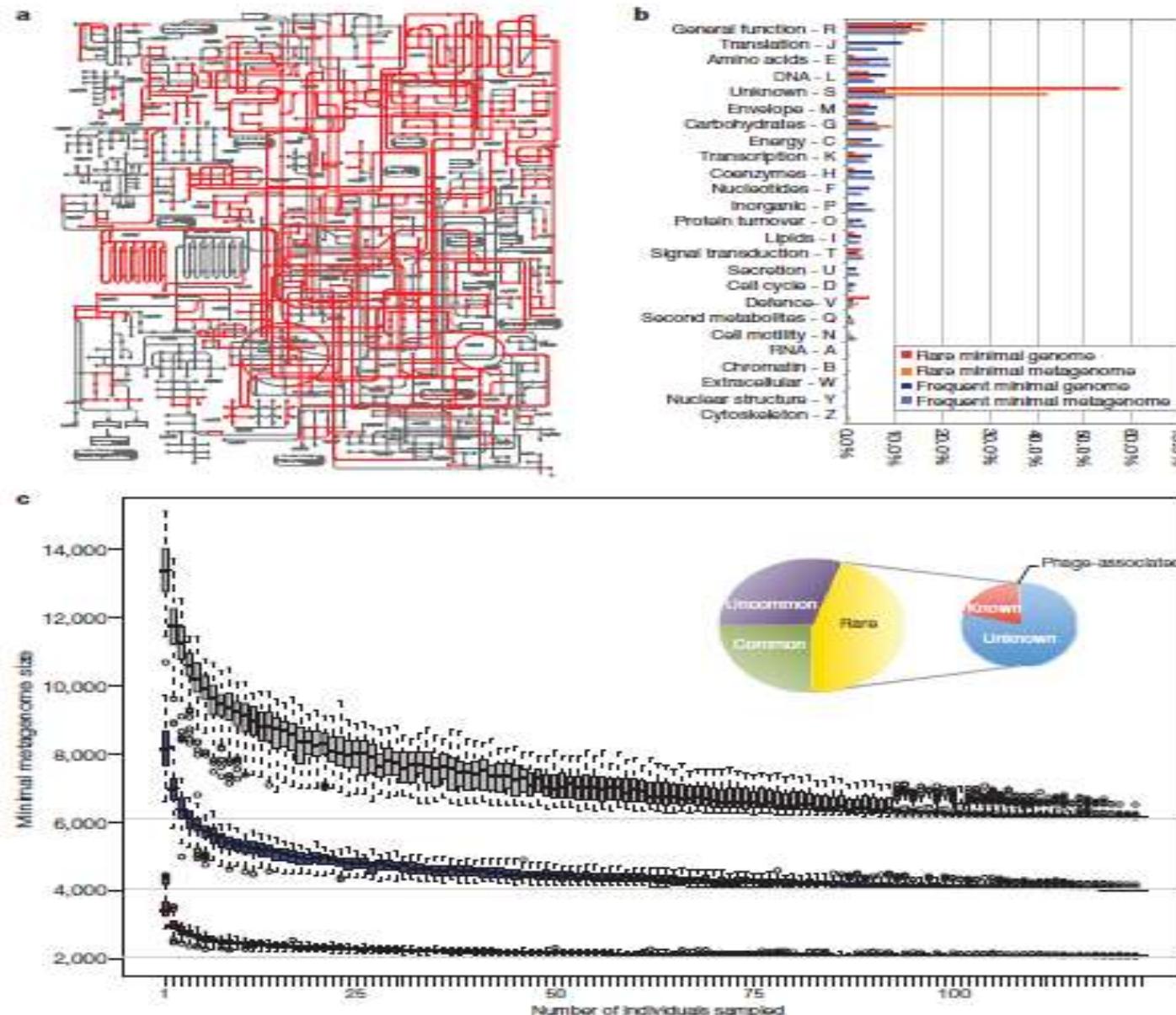


Figure 6 | Characterization of the minimal gut genome and metagenome.
a, Projection of the minimal gut genome on the KEGG pathways using the iPath tool³⁰. **b**, Functional composition of the minimal gut genome and metagenome. Rare and frequent refer to the presence in sequenced egg NOG genomes. **c**, Estimation of the minimal gut metagenomic size. Known orthologous groups (red), known plus unknown orthologous groups (blue) and orthologous groups plus novel gene families (>20 proteins; grey) are shown (see Fig. 2c for definition of box and whisker plot). The inset shows

composition of the gut minimal microbiome. Large circle: classification in the minimal metagenome according to orthologous group occurrence in STRING7³⁹ bacterial genomes. Common (25%), uncommon (35%) and rare (45%) refer to functions that are present in >50%, <50% but >10%, and <10% of STRING bacteria genomes, respectively. Small circle: composition of the rare orthologous groups. Unknown (80%) have no annotation or are poorly characterized, whereas known bacterial (19%) and phage-related (1%) orthologous groups have functional description.

Inesperado?: El cerebro reacciona de diferente forma a los mensajes según el género

Sex differences in the structural connectome of the human brain

Madhura Ingalkar^{a,b}, Alex Smith^b, Drew Parker^b, Theodore D. Satterthwaite^b, Mark A. Elliott^b, Kosha Ruparel^b, Hakon Hakonarson^c, Raquel E. Gur^b, Ruben C. Gur^b, and Ragini Verma^b

^aSection of Biometrical Image Analysis and ^bCenter for Magnetic Resonance and Optical Imaging, Department of Radiology, and ^cDepartment of Neurology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA 19104, and ^cCenter for Applied Genomics, Children's Hospital of Philadelphia, Philadelphia, PA 19104

Editor: Charles Gross, Princeton University, Princeton, NJ, and approved November 1, 2013 (received for review September 9, 2012)

See discussions between [Ingalkar et al.](#) and [Adler et al.](#) concerning this article at [www.pnas.org](#).
Males have been reported to have greater spatial memory and cognitive skills, whereas females have superior memory and social cognition skills. Studies also show sex differences in human brains but do not explain this complementarity. In this work, we modeled the structural connectome using diffusion tensor imaging in a sample of 949 youths (aged 6–21 y), 474 males and 475 females. Diffusion tensor imaging measures the degree of anisotropy of water diffusion, as well as the mean diffusivity and isotropism, whereas sex differences include connectivity and cross-modality participation predominated in females. However, this effect was reversed in the cerebellar connections. Analysis of sex differences developmentally demonstrated differences in the brain regions involved in sex and sex maturation differences in childhood and in adulthood. Overall, the results suggest that male brains are structured to facilitate connectivity between perception and coordinated action, whereas female brains are designed to facilitate communication between analytical and intuitive processing modules.

diffusion tensor imaging | gender differences

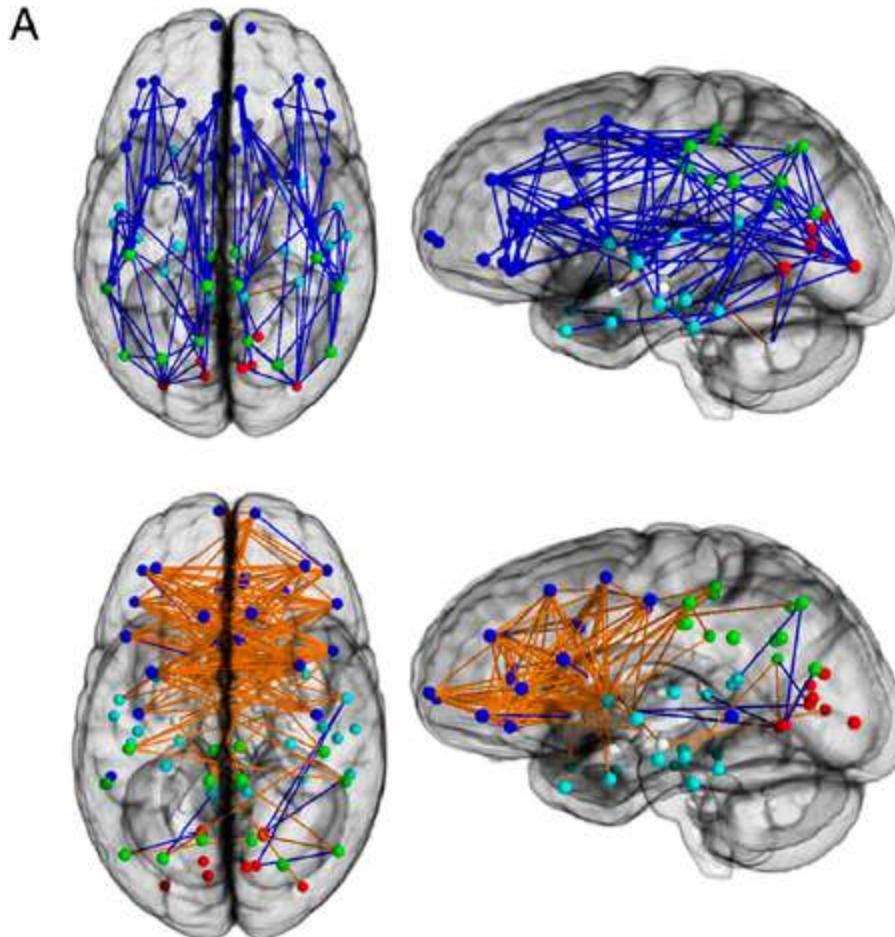
Sex differences are of enduring scientific and societal interest because of their prominence in the behavior of humans and other animals (1). Behavioral differences may stem from complementary roles of males and females in society, such as complex include enhanced spatial and spatial skills and greater proactivity for physical aggression in males and enhanced verbally mediated memory and social cognition in females (2, 3). With the advent of neuroimaging, multiple studies have found sex differences in the brain (4–10) and others have not found sex differences. Males have larger cranium, proportionate to their larger body size, and a higher percentage of white matter (WM), which contains myelinated axonal fibers, and cerebrospinal fluid (CSF), whereas women do not have a higher percentage of gray matter (GM) overall (11). Sex differences in brain structure (6) and differences in the relative size and shape of specific brain structures have also been reported (7), including the hippocampus, amygdala (8, 9), and corpus callosum (CC) (10). Furthermore, developmental differences in tissue growth suggest that there is an anatomical sex difference during maturation (11, 12), although links to observed behavioral differences have not been established.

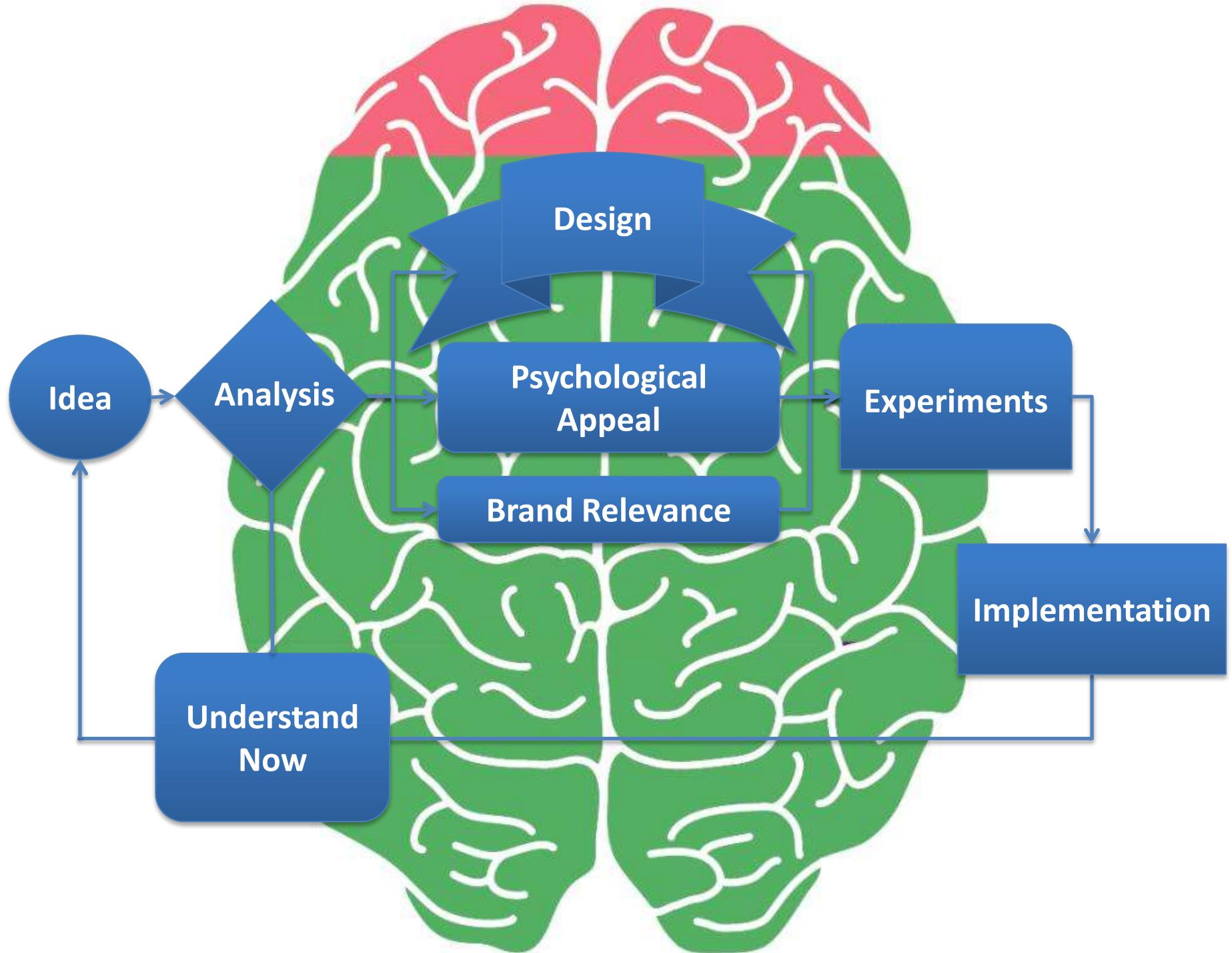
Recent studies have used diffusion tensor imaging (DTI) to characterize WM architecture and underlying fiber tract by measuring the anisotropic water diffusion in WM (13). The estimation of DTI-based scalar measures (16) of fractional anisotropy (FA) and mean diffusivity (MD) has demonstrated diverse outcomes that include increased FA and decreased MD in males compared with females (14, 15). In contrast, females (16, 21), and lower axial and radial diffusivity measures (22) in males. Throughout the developmental period, females displayed higher FA and lower MD in the midolateral age

Significance

Sex differences are of high scientific and societal interest because of their prominence in the behavior of humans and other animals. This work is highly significant because it studies a very large population of 949 youths (6–22 y; 478 males and 521 females) using the diffusion-based structural connectome of the brain, identifying novel sex differences. The results will help to provide an opportunity for translational research and form a basis for future sex connectome research. The developmental trajectories of males and females separate at a young age, demonstrating wide differences during adolescence and adulthood. The observations suggest that male brains are structured to facilitate connectivity between perception and coordinated action, whereas female brains are designed to facilitate communication between analytical and intuitive processing modules.

Author contributions: M.I., T.D.S., R.C.G., R.K.V., and R.V. designed research; M.I., R.K.V., and R.V. wrote the paper.
Financial support: R.V. received funding from the National Institute of Child Health and Human Development.
Data deposition: The data reported in this paper have been deposited in the public database [www.ncbi.nlm.nih.gov/geo](#) under no. [phs000910.v1r6](#).
M.I. and A.S. contributed equally to this work.
^aTo whom correspondence should be addressed. Email: ragini.verma@uphs.upenn.edu.





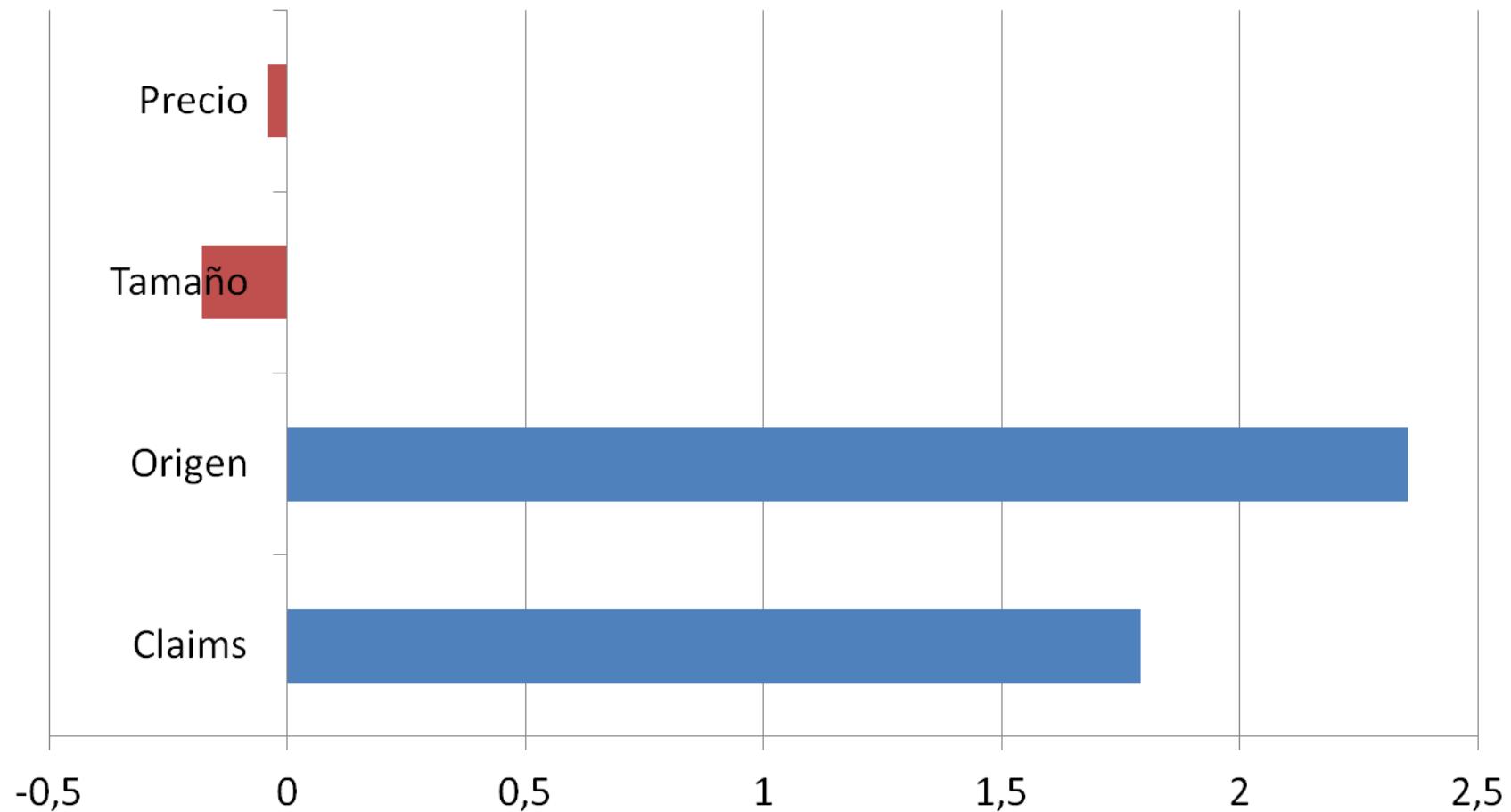
Las 12 cosas que las marcas no pueden olvidar

Factors for Success™

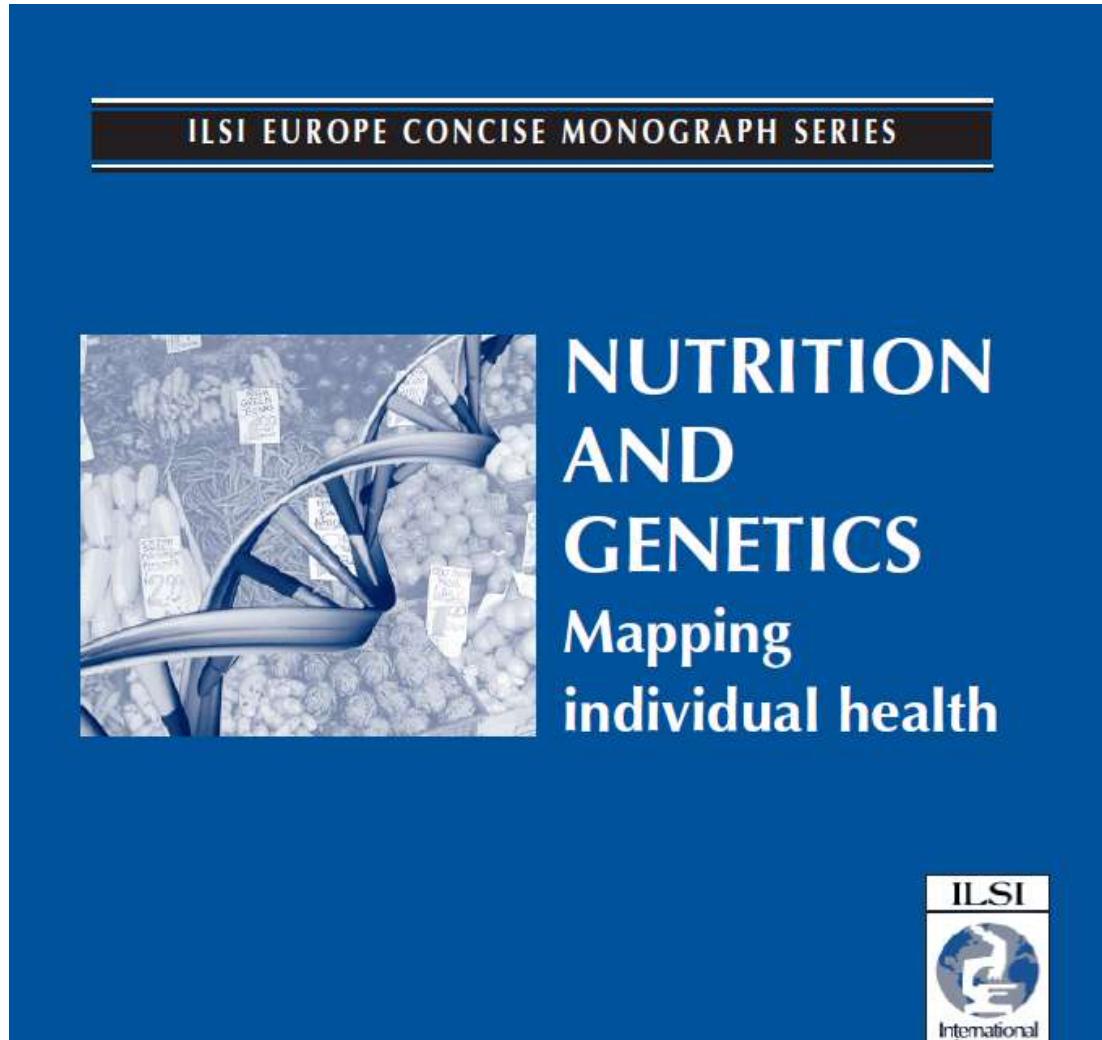


Fuente: Nielsen BASES

Resultados sobre factores decisivos a la hora de comprar un alimento

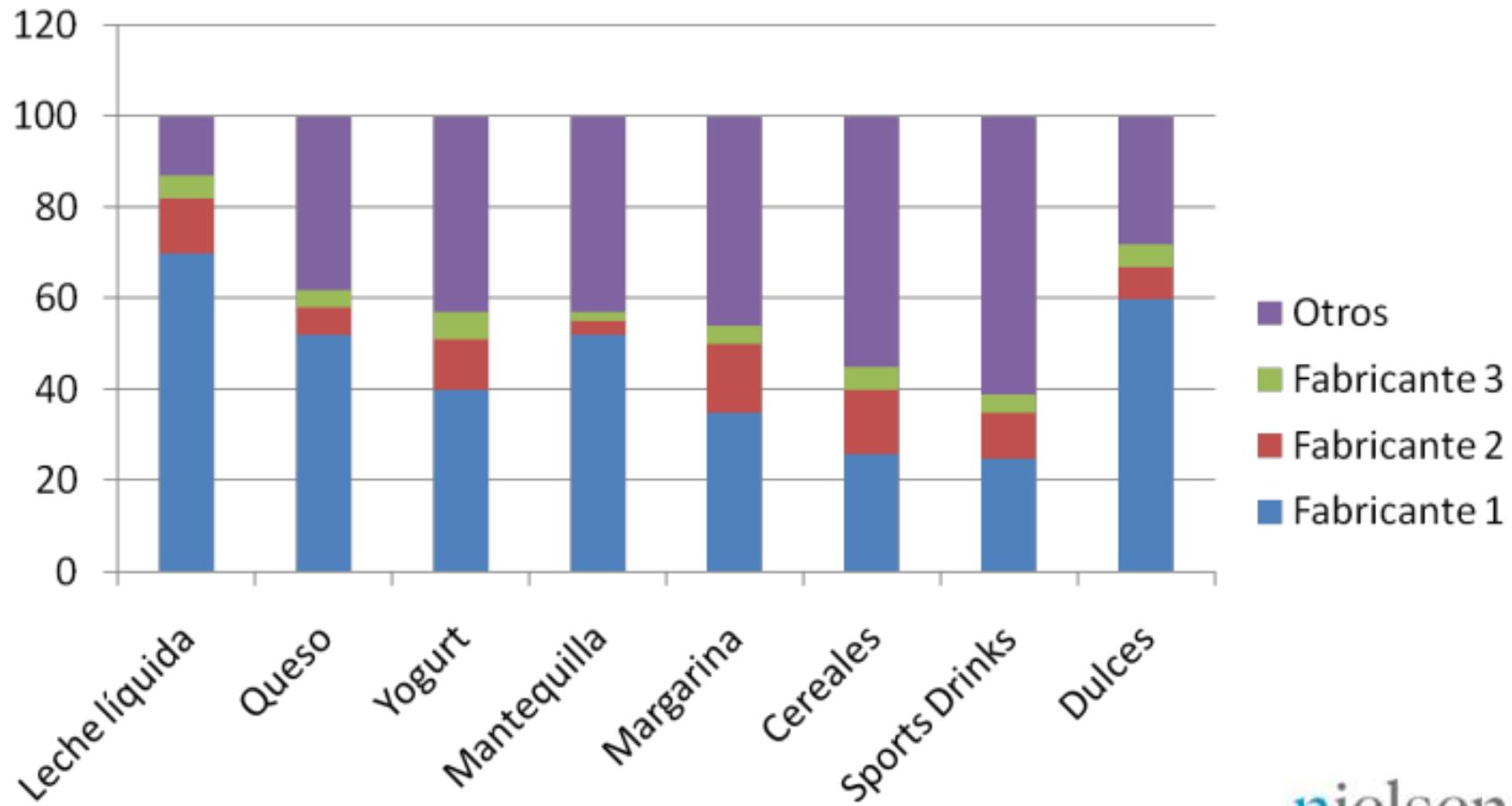


Lo que ya está aquí



Quién vende?

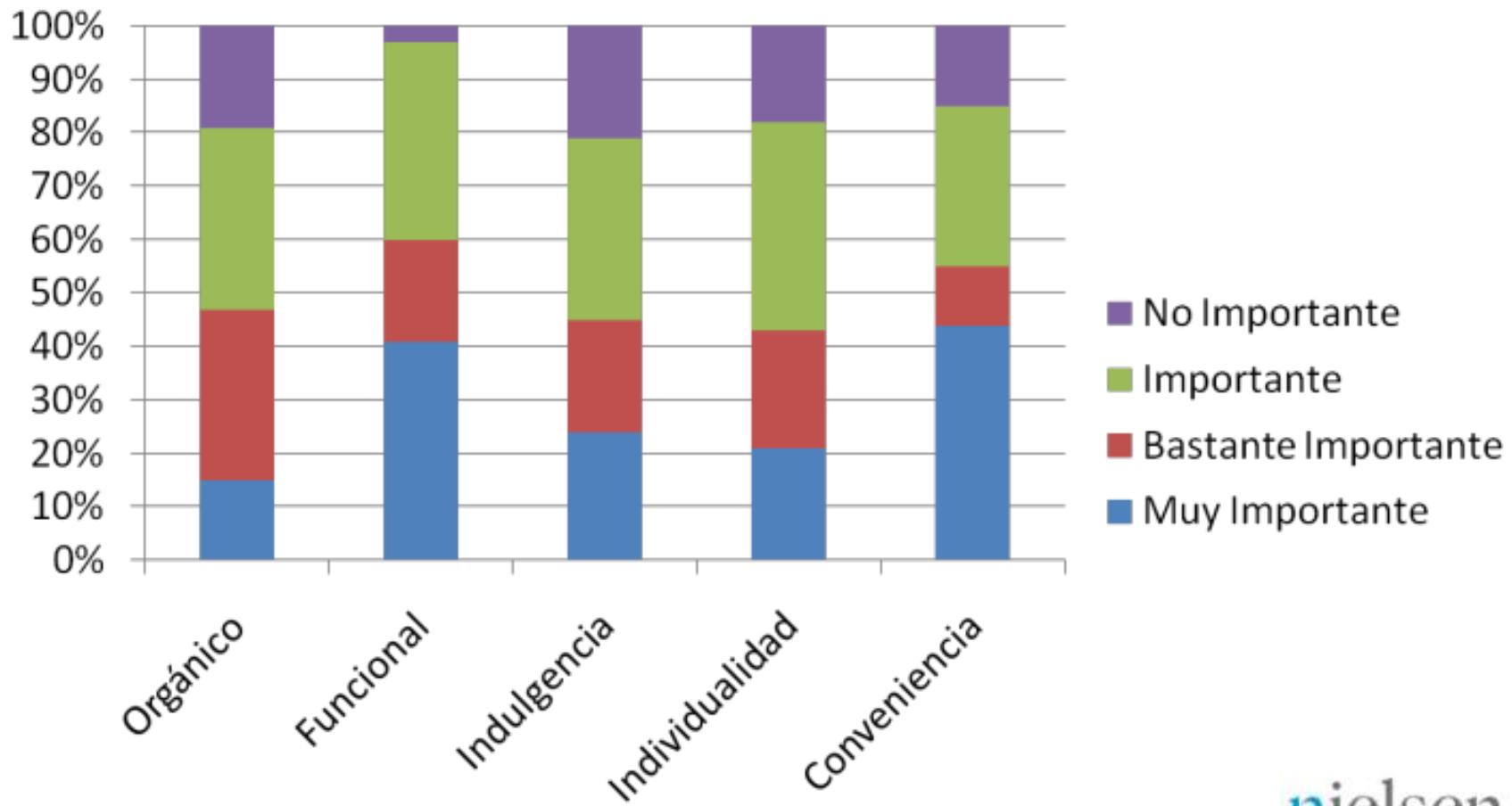
Niveles de consolidación en diferentes alimentos funcionales



nielsen

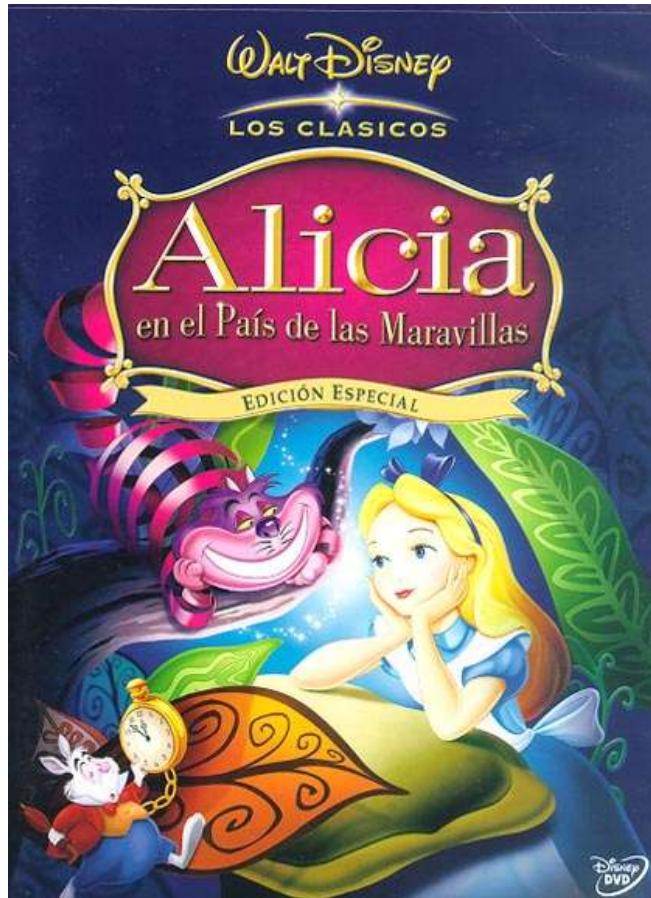
Qué se venderá?

Importancia de determinadas tendencias en los próximos años

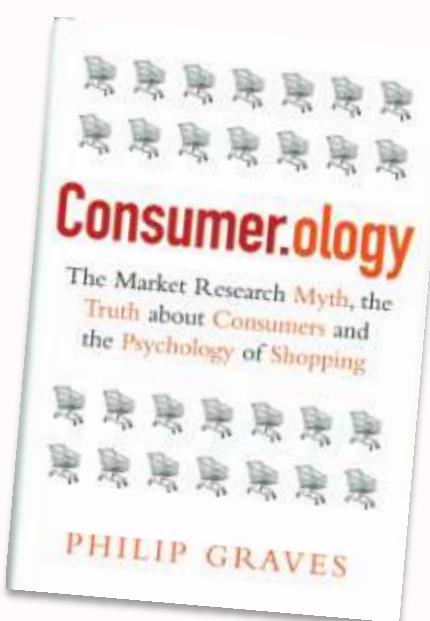


nielsen

*Percepciones y conocimiento del
“consumidor medio”*



- ALICIA: Por favor, serías tan amable de indicarme el camino que debo escoger?.
- CONEJO: Desde luego, ... pero, a donde quieras ir?.
- ALICIA: A cualquier parte.
- ***CONEJO: Pues para ir a cualquier parte cualquier camino es bueno.***



Nestlé
shopper experience centre

Nestlé

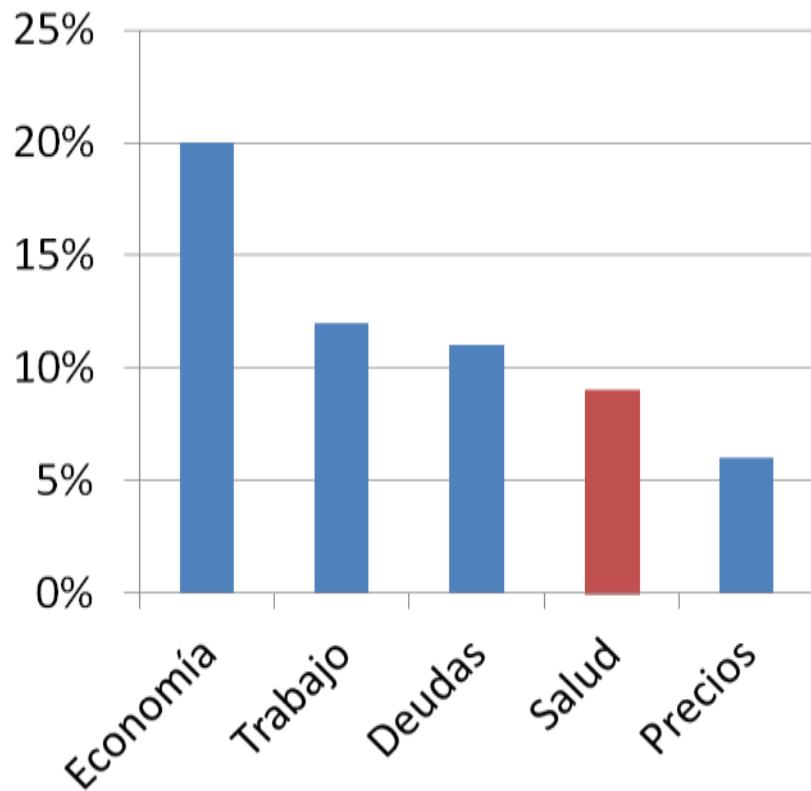


SHOPPER EXPERIENCE CENTER

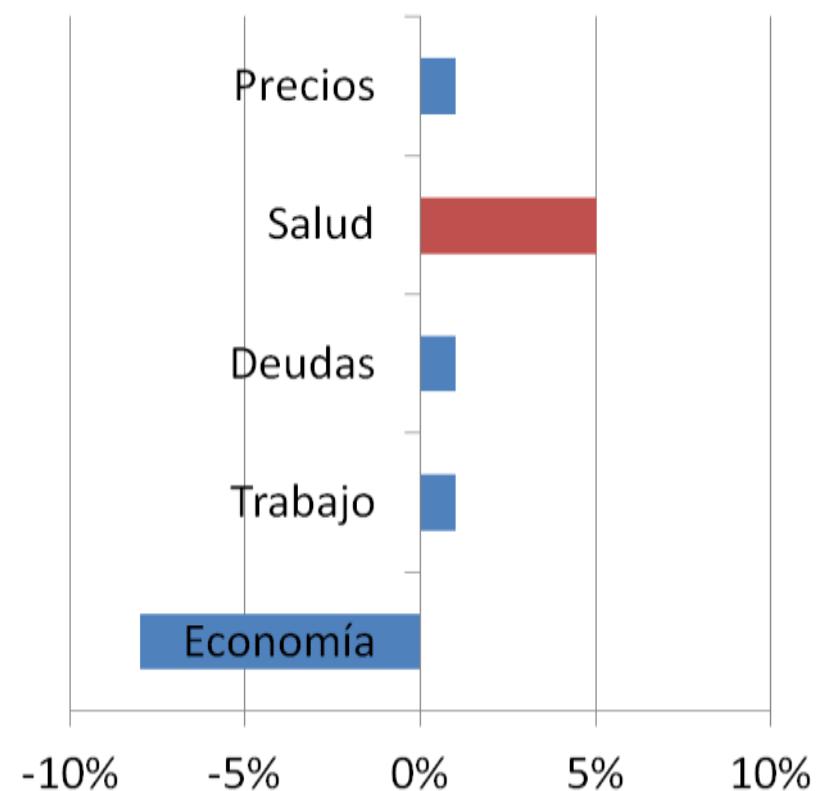


Las 5 preocupaciones mundiales de los consumidores, 2014

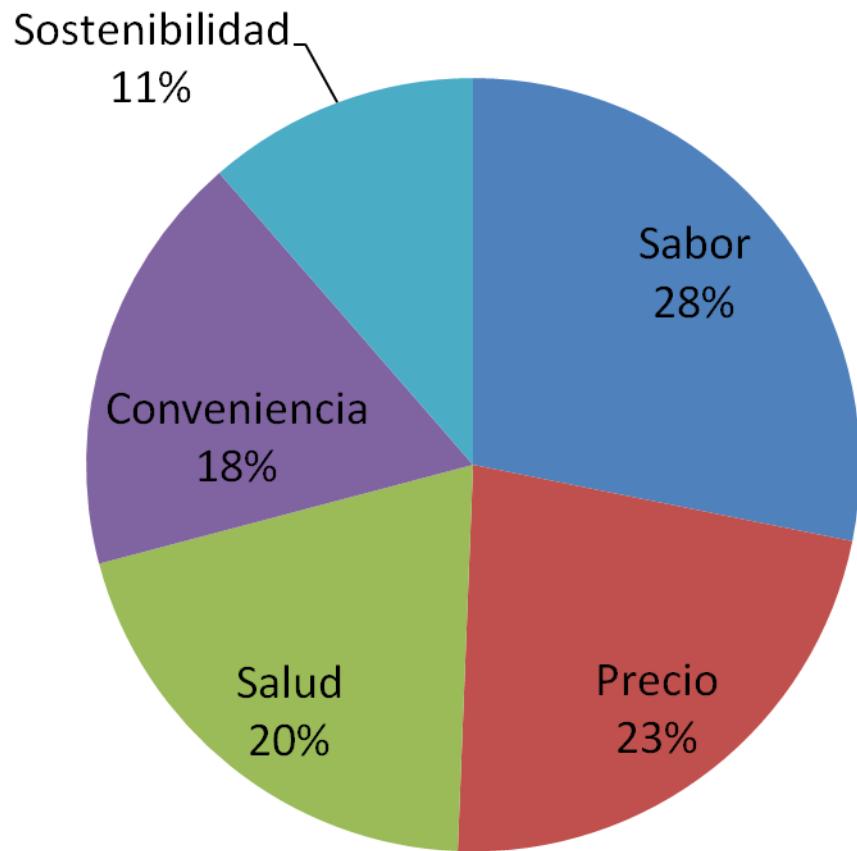
Preocupaciones



Tendencias

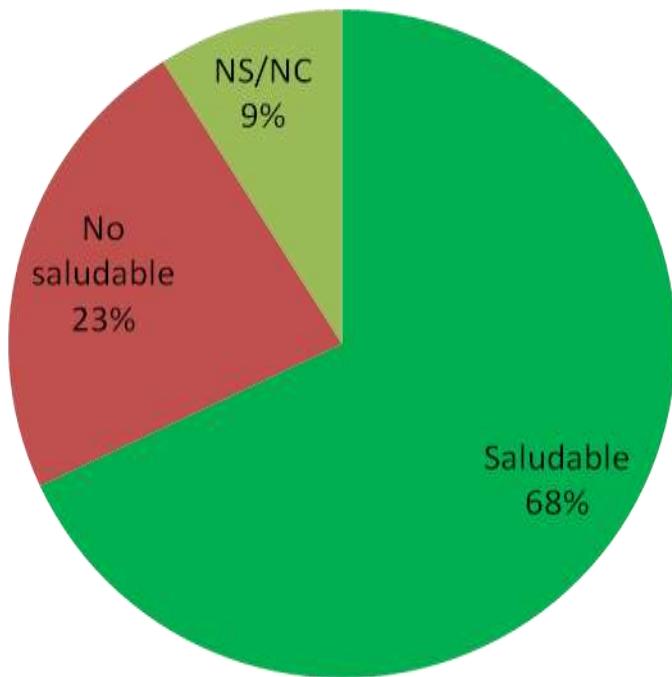


Razones para elegir un alimento o bebida

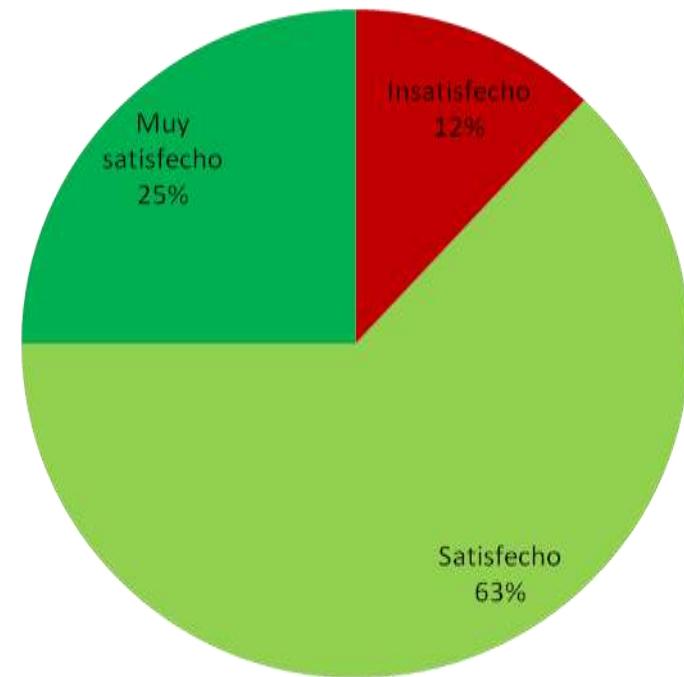


Los consumidores en Latinoamérica describen su dieta como saludable y la mayoría de ellos están satisfechos con sus hábitos alimenticios

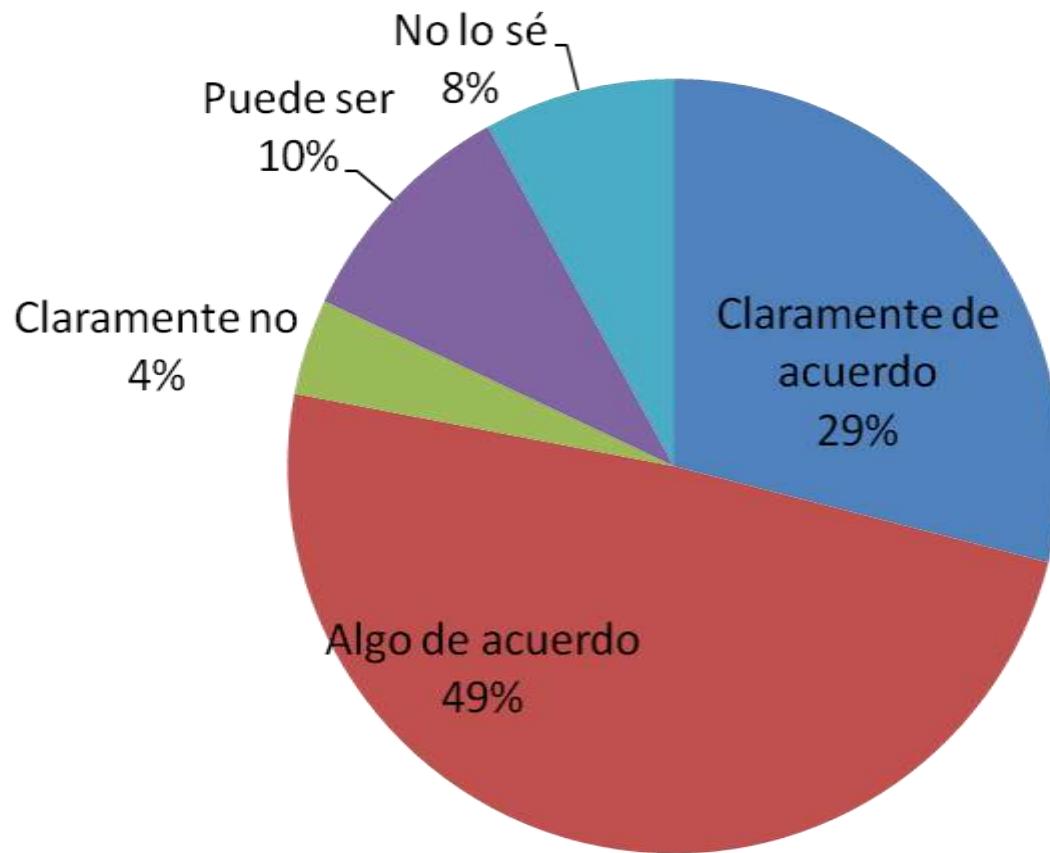
Es su dieta saludable?



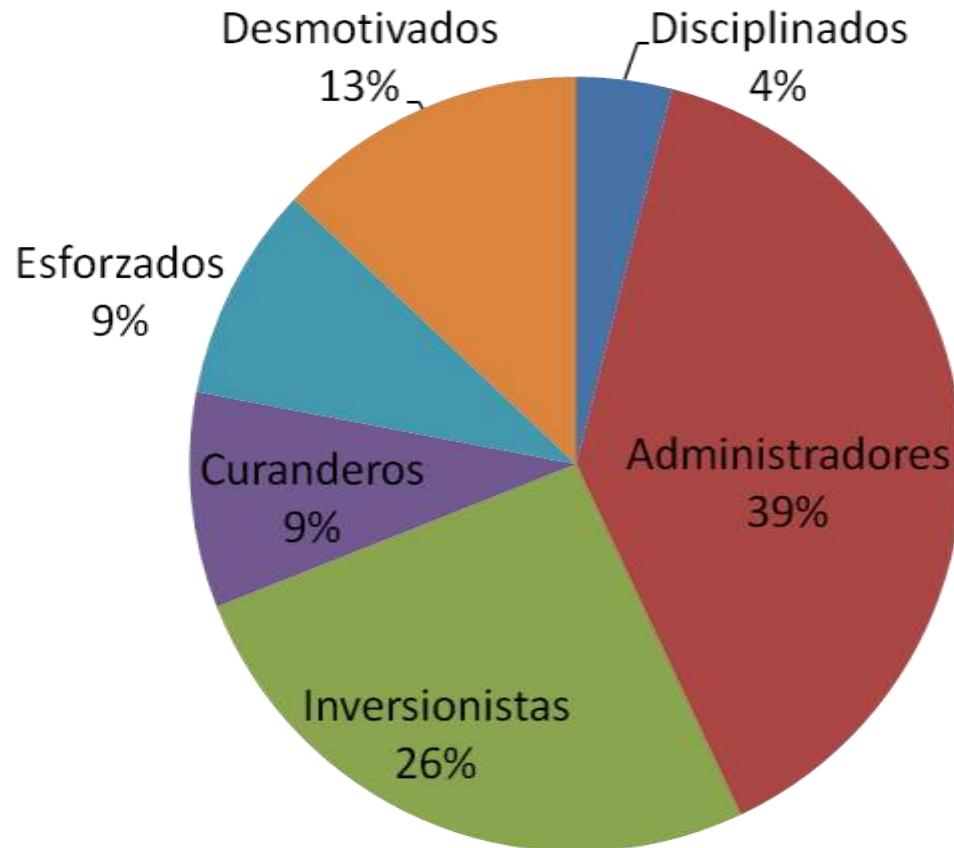
Está satisfecho con sus hábitos alimentarios?



En Latinoamérica 3 de cada 4 adultos creen que una dieta saludable puede ayudarlos a tener una vida más saludable



Tipos de consumidores en Latinoamérica



Plataformas de beneficio

	Disciplinados	Administradores	Inversionistas	Curanderos	Esforzados	Desmotivados
Prevención		XXXXXXX		XXXXXXX		
Desempeño		XXXXXXX				
Bienestar	XXXXXXX	XXXXXXX				
Familia	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX		XXXXXXX
Cosmético	XXXXXXX	XXXXXXX				
Placer		XXXXXXX	XXXXXXX		XXXXXXX	XXXXXXX
Natural	XXXXXXX	XXXXXXX				

Prioridades del consumidor latinoamericano

NUTRICION INDIVIDUALIZADA:
82,7% creen que las necesidades son individuales

NUTRICION SALUDABLE: 55,3% eligen alimentación “sana” para la familia

NUTRICION & SALUD:
77,3% creen en la asociación

NUTRICION PREVENTIVA: 69,1% creen que la nutrición previene patologías

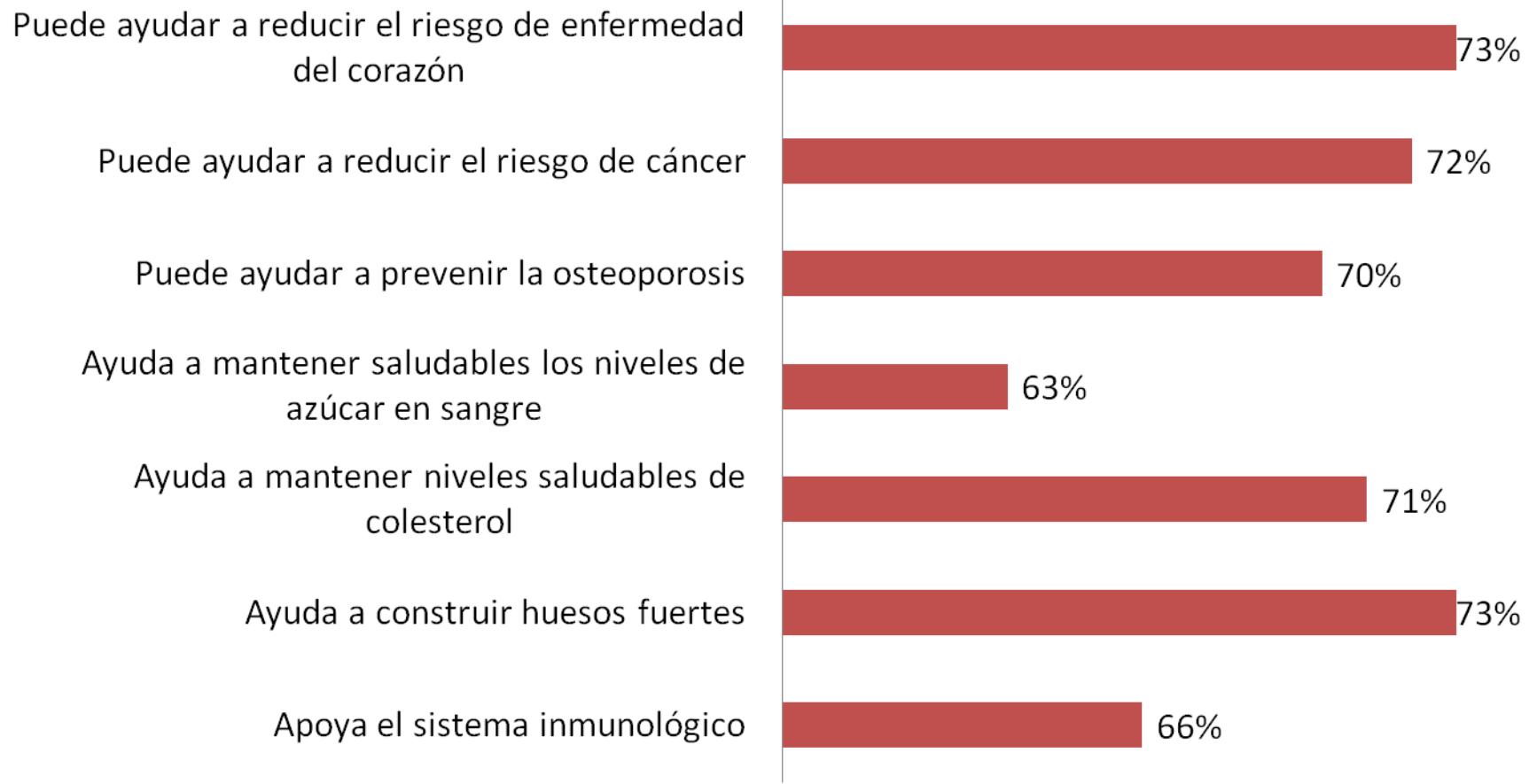
FORTIFICACION: 88,5% eligen alimentos con vitaminas y minerales

SOBREPESO: 61,2% preocupados por llegar a tenerlo

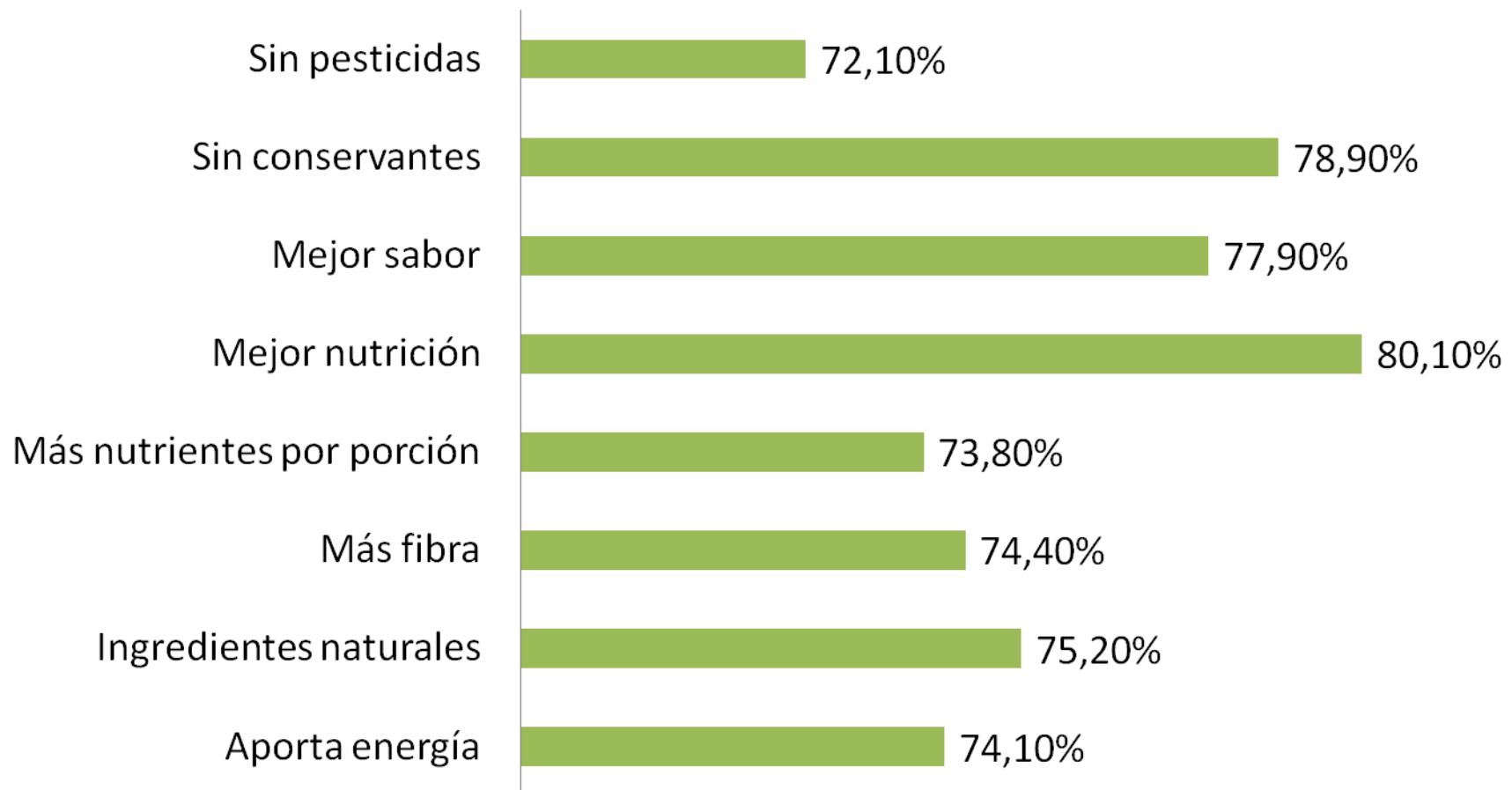


**Human Factors
International**

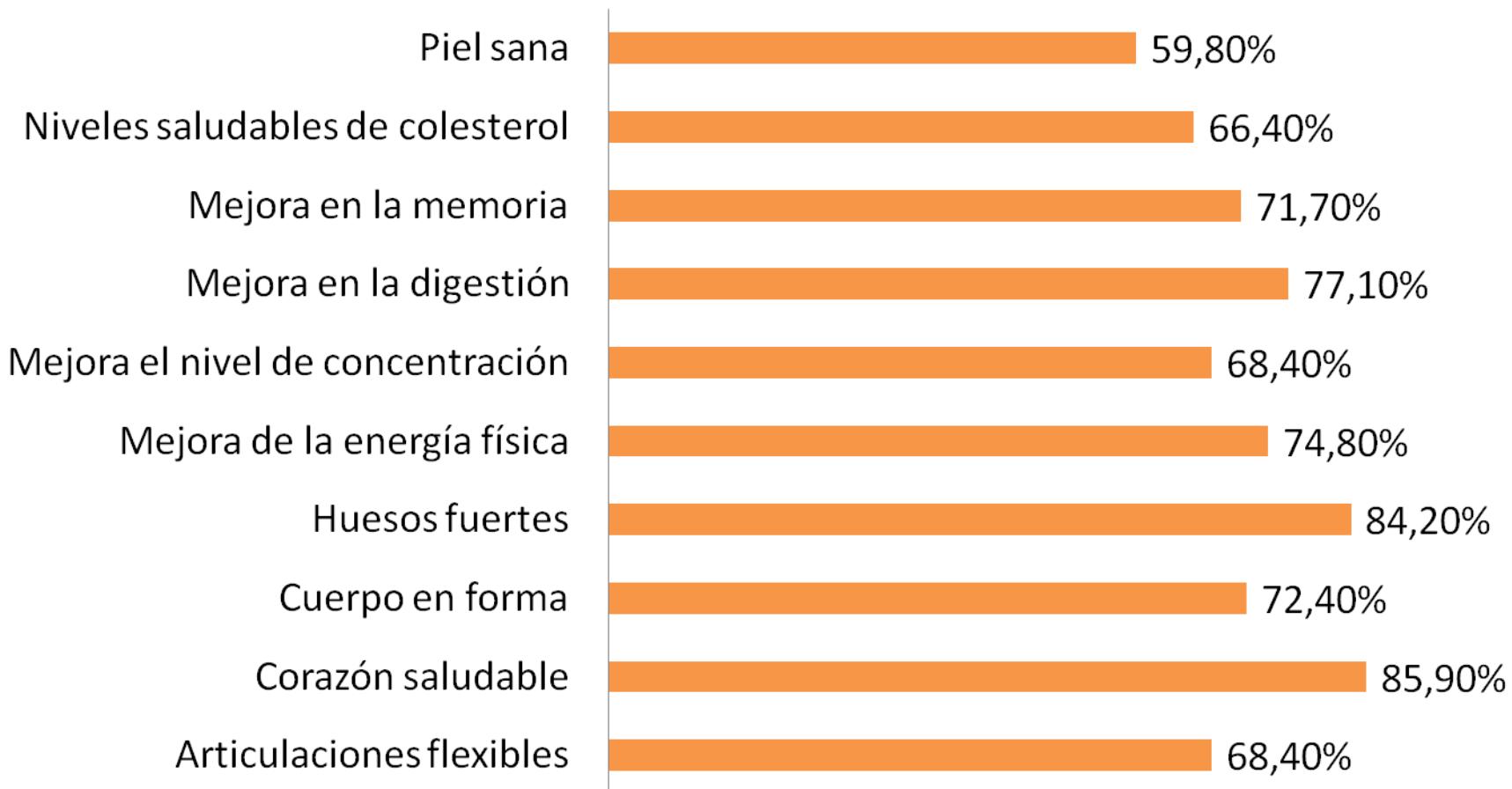
Importancia para el consumidor de determinadas declaraciones de propiedades saludables



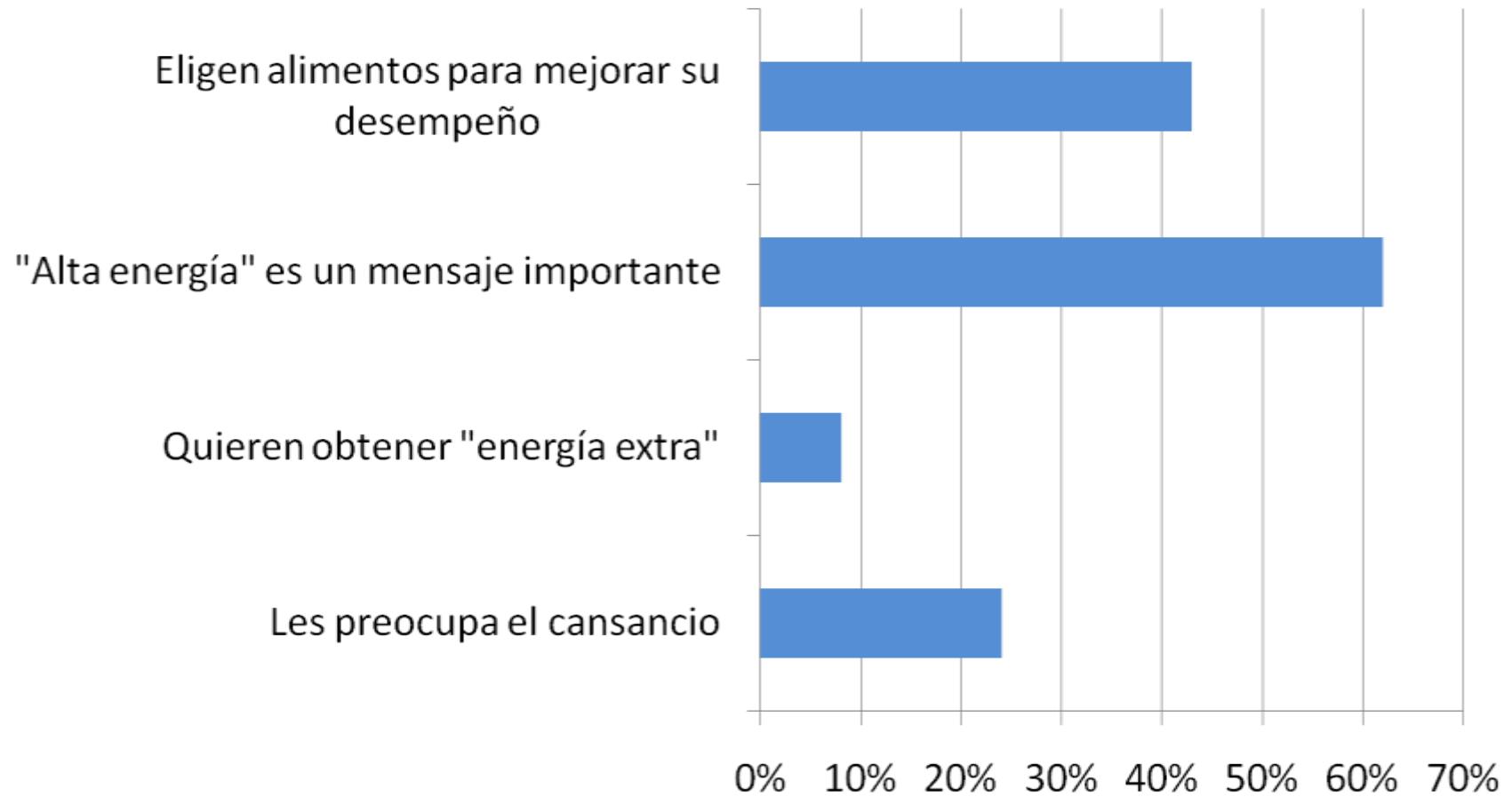
Influencias de la Marca - Top 8 E/M importantes al momento de probar una nueva marca



El consumidor busca el poder de la salud de los alimentos: E/M interesados en probar productos que ofrecen los siguientes beneficios – Top 10



La energía: Un mercado afluente



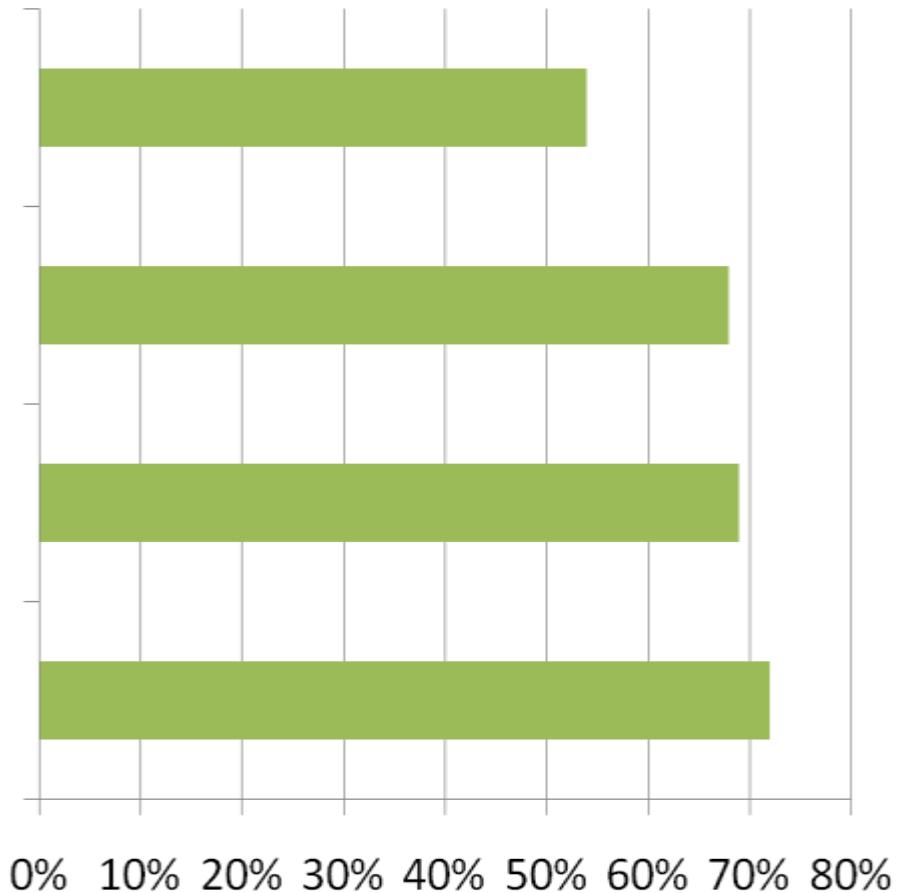
La prevención cardiovascular, un mercado consolidado

Conozco los beneficios de los Omega 3 en la prevención de ECV

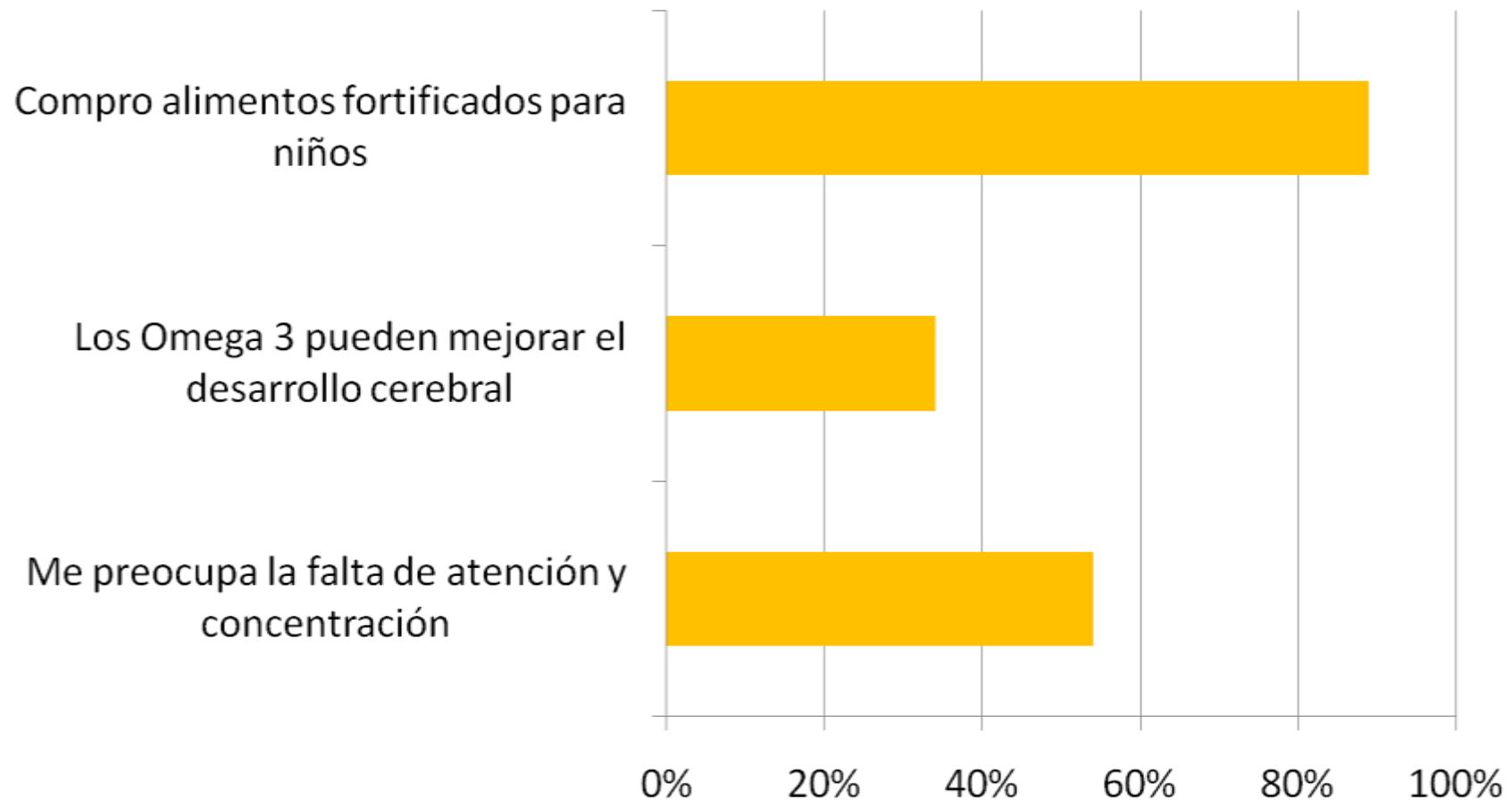
Los antioxidantes son importantes para prevenir la ECV

Crean que la ECV se puede prevenir por la dieta

La ECV es su primera preocupación de salud



Los padres, preocupados por el desarrollo de sus hijos



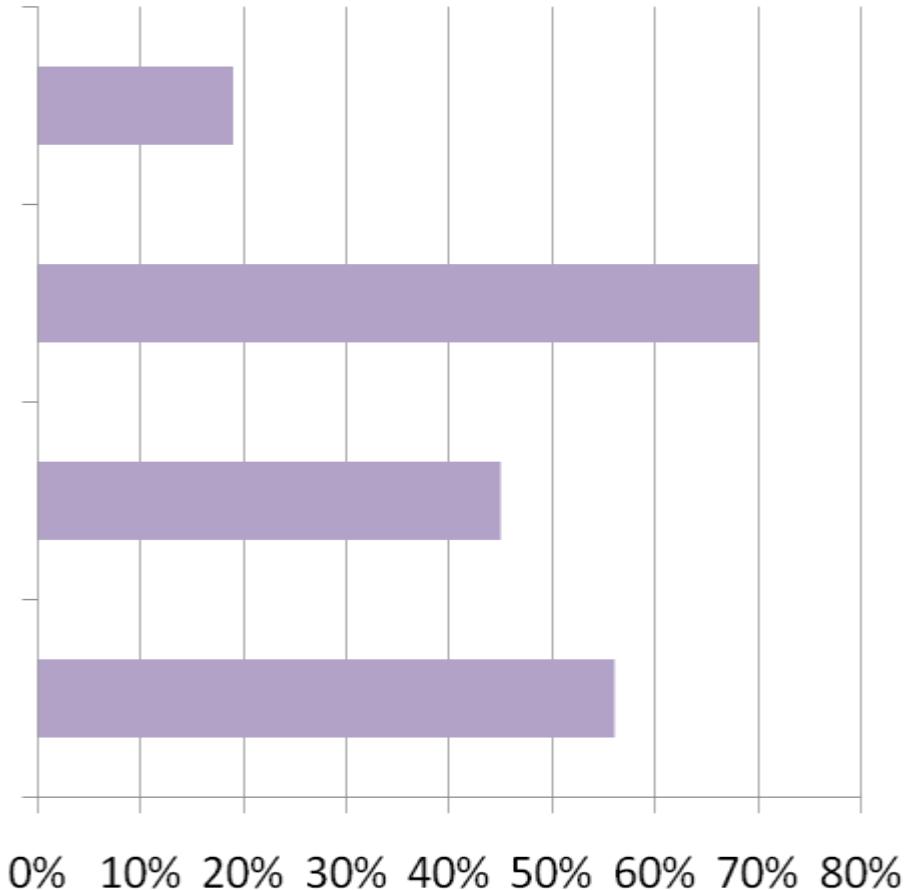
Los adultos, preocupados por sus huesos

Como productos para mejorar mi salud ósea

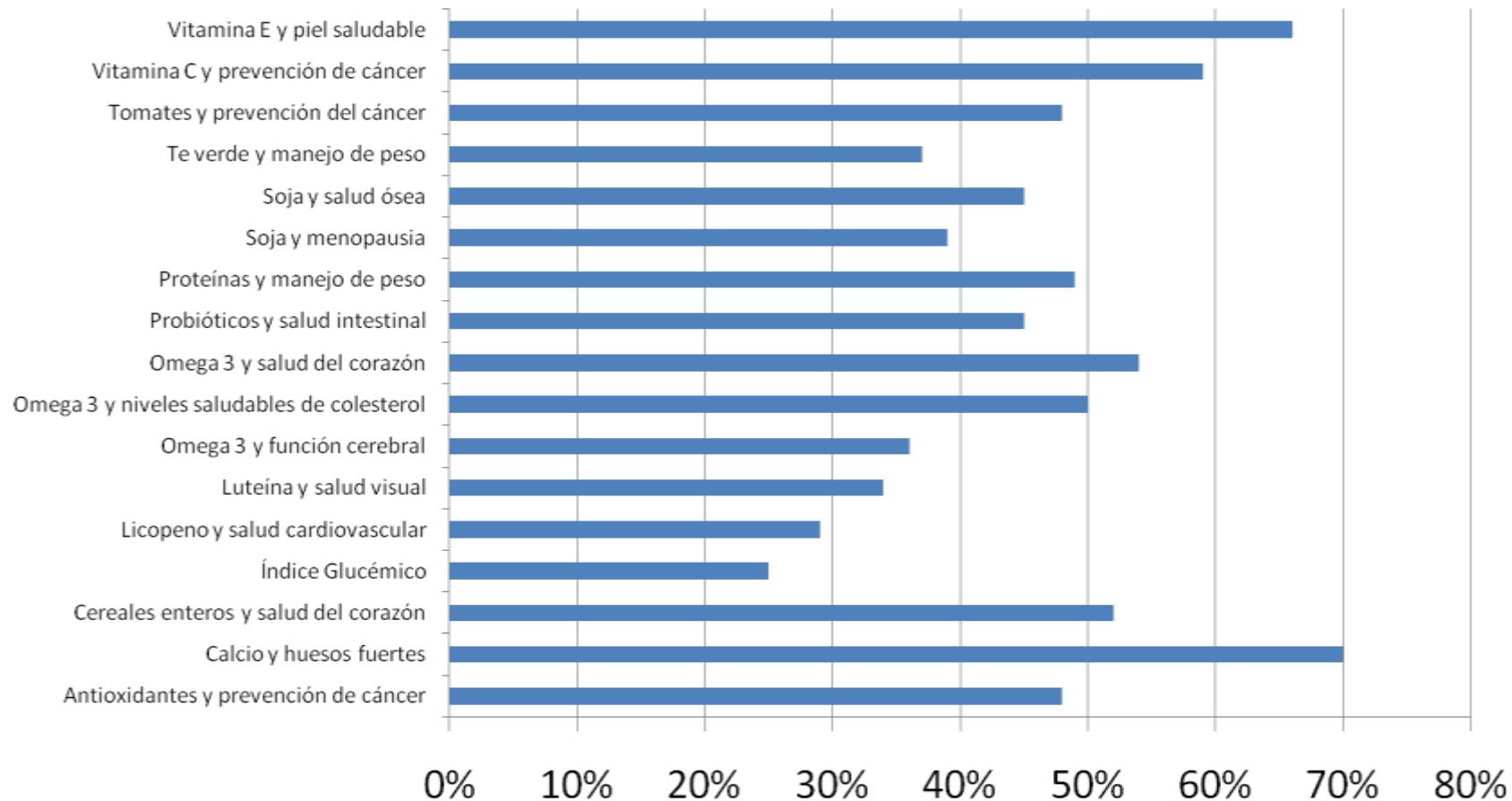
Ayuda a prevenir la osteoporosis, un mensaje importante

Compro productos buenos para los huesos

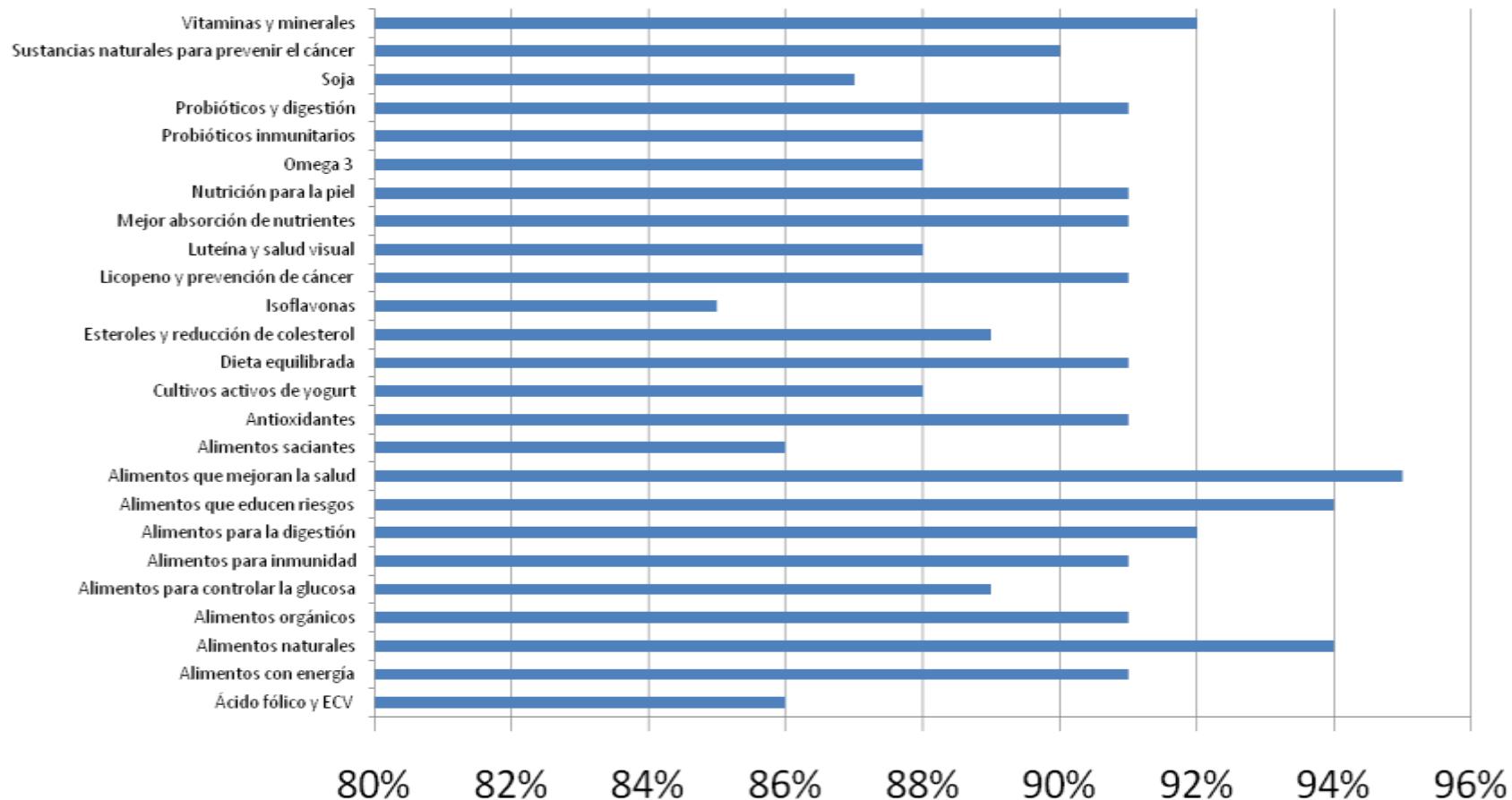
Me preocupa la osteoporosis



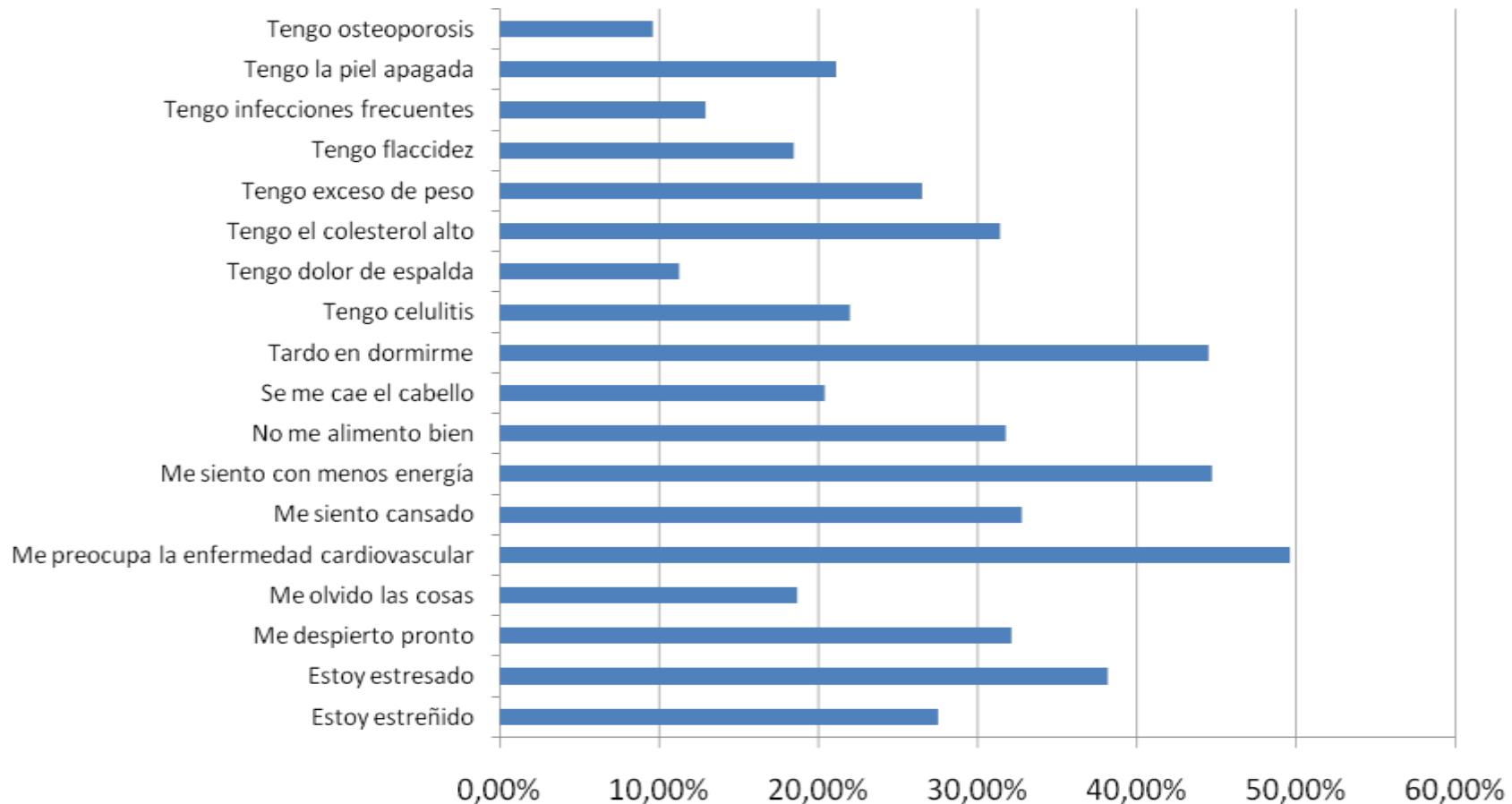
Nivel de conciencia sobre beneficios de salud en Latinoamérica



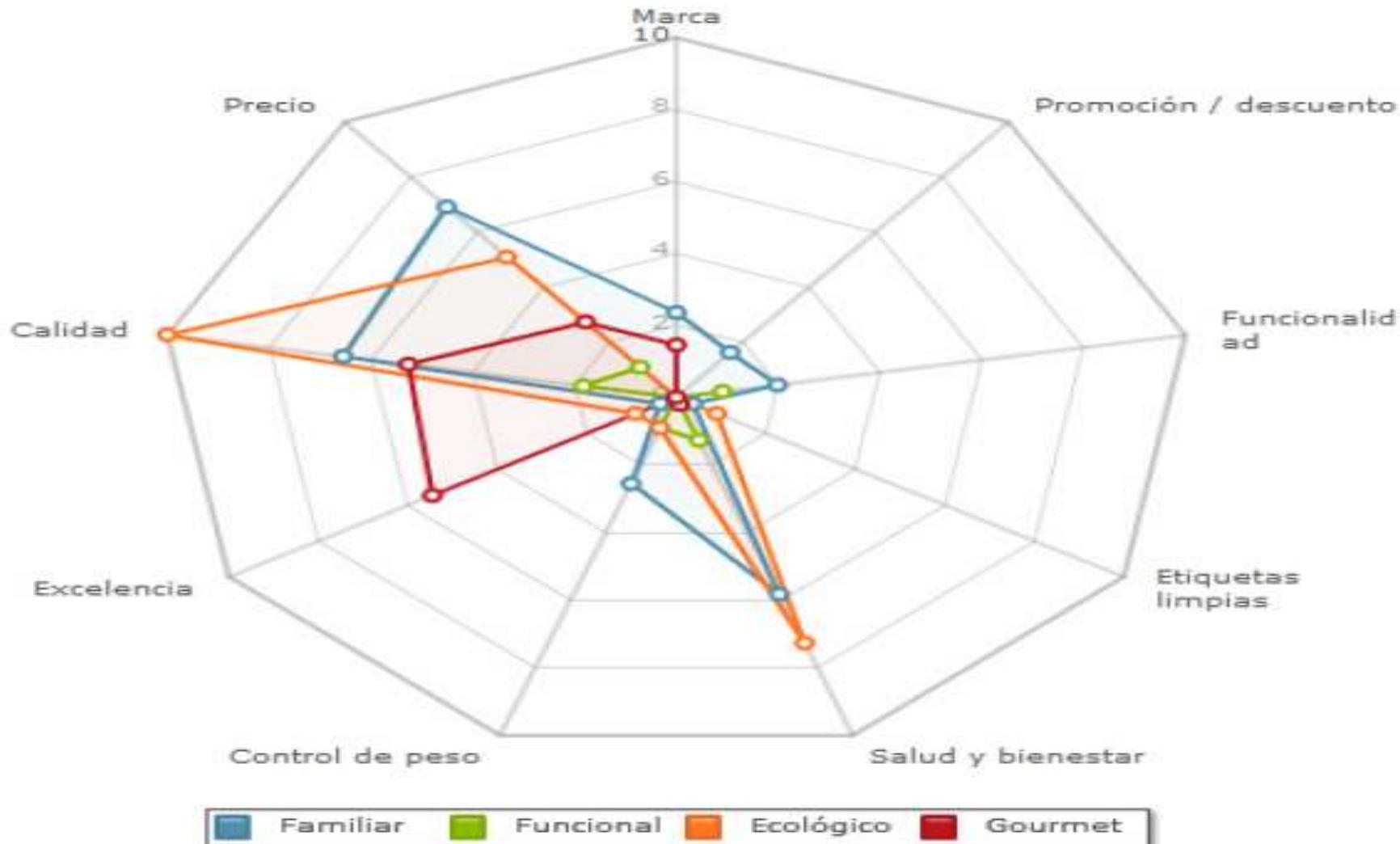
Principales intereses sobre la salud en Latinoamérica



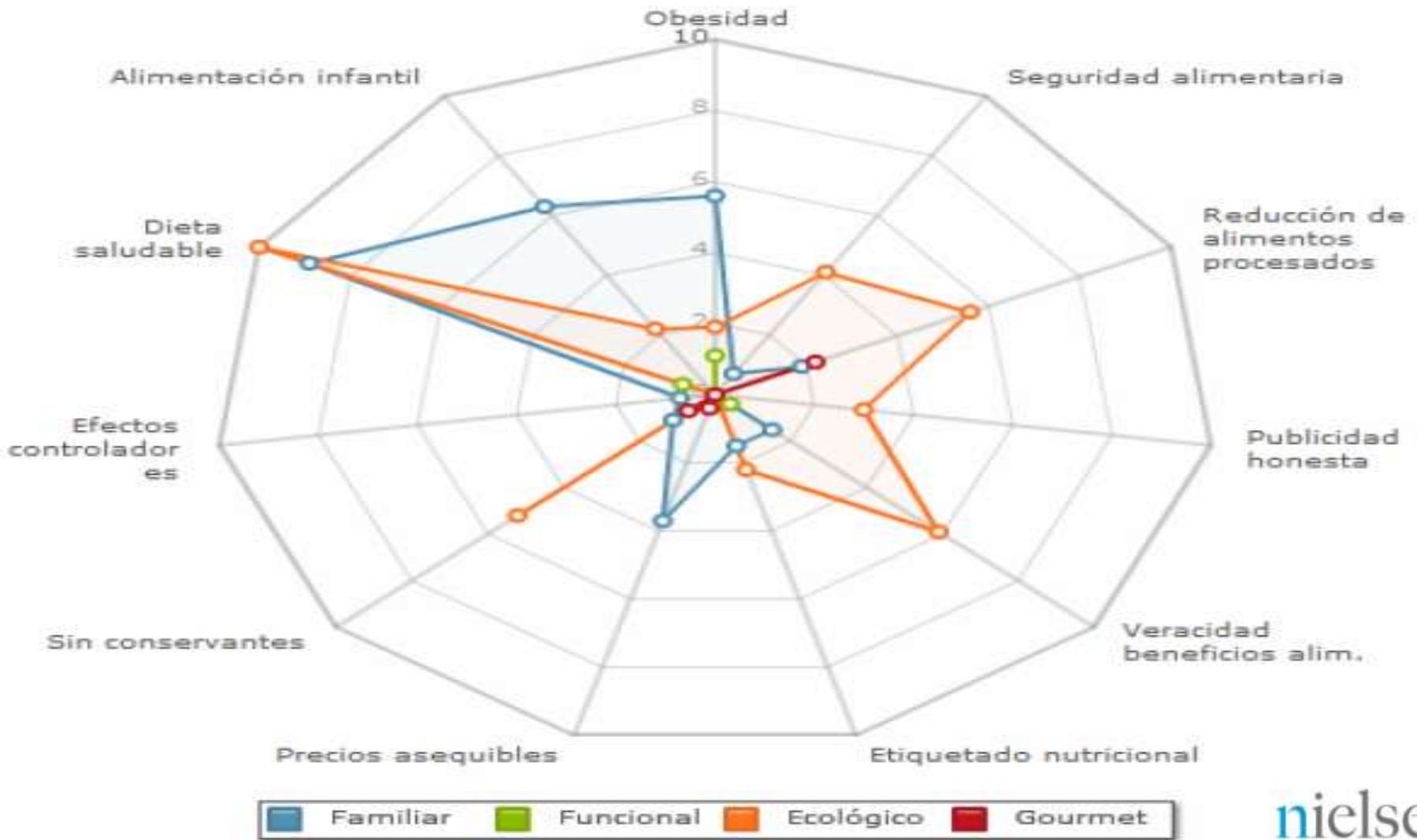
Principales “quejas” de salud de los consumidores Latinoamericanos



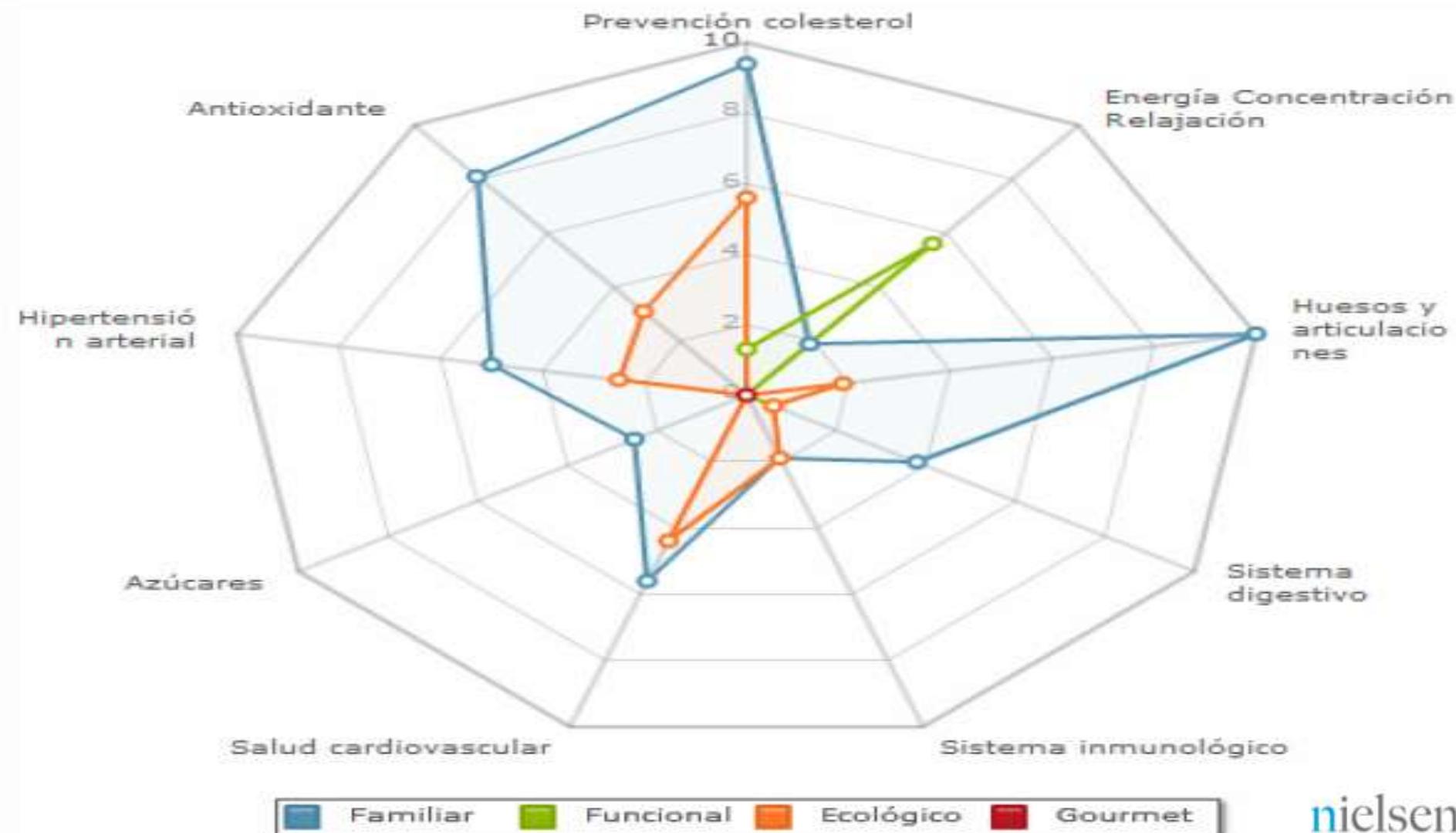
Motivación de compra en los diferentes tipos de consumidores



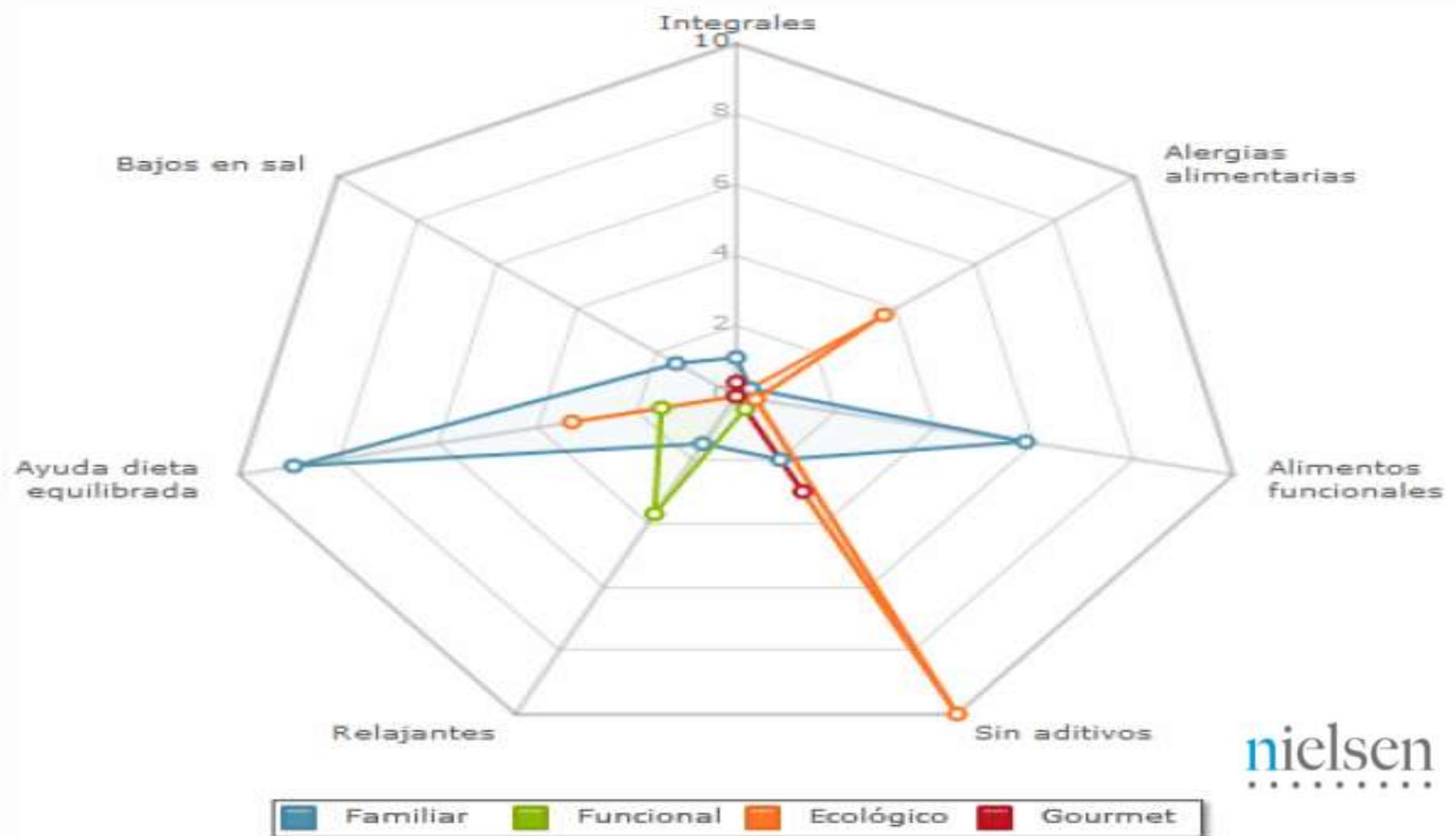
Valoración de los compromisos del fabricante por tipo de consumidor



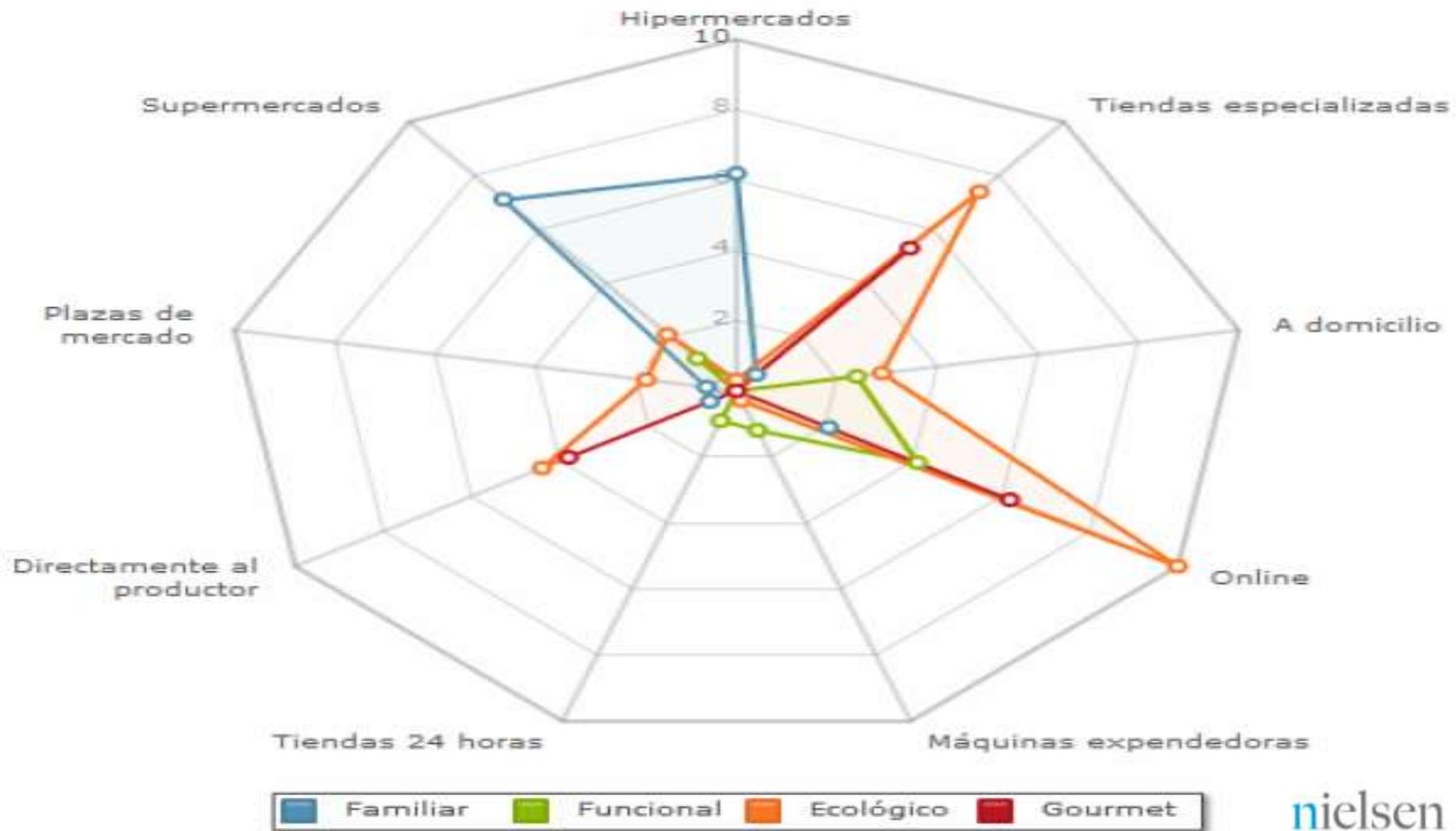
Funcionalidad de los alimentos preferida por los distintos grupos de consumidores



Elementos de salud y su valoración por grupo de consumidores

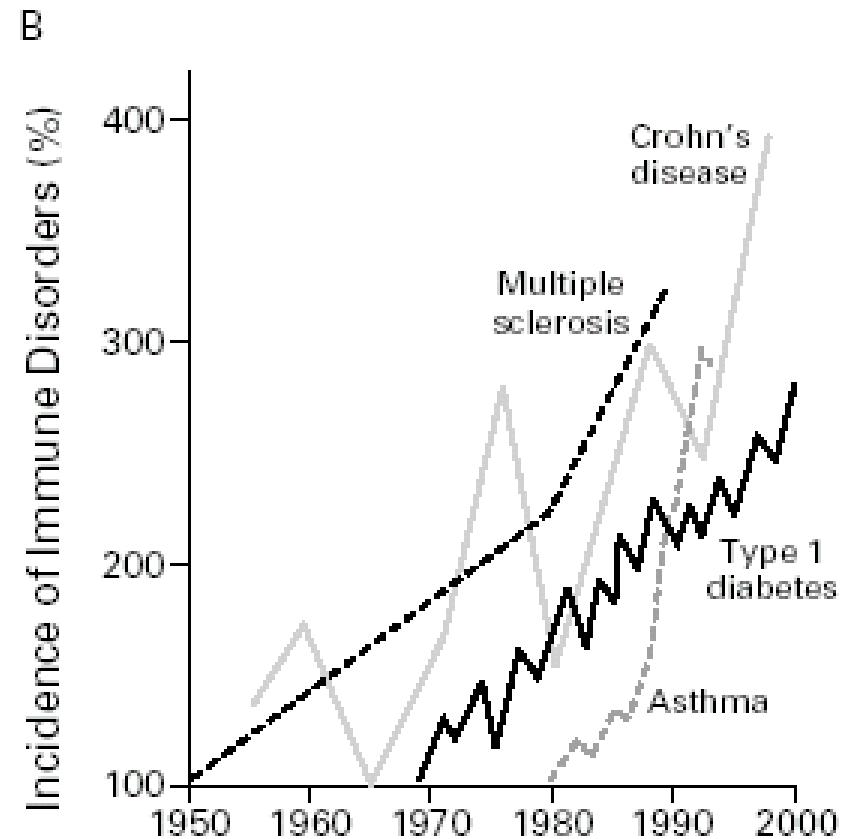
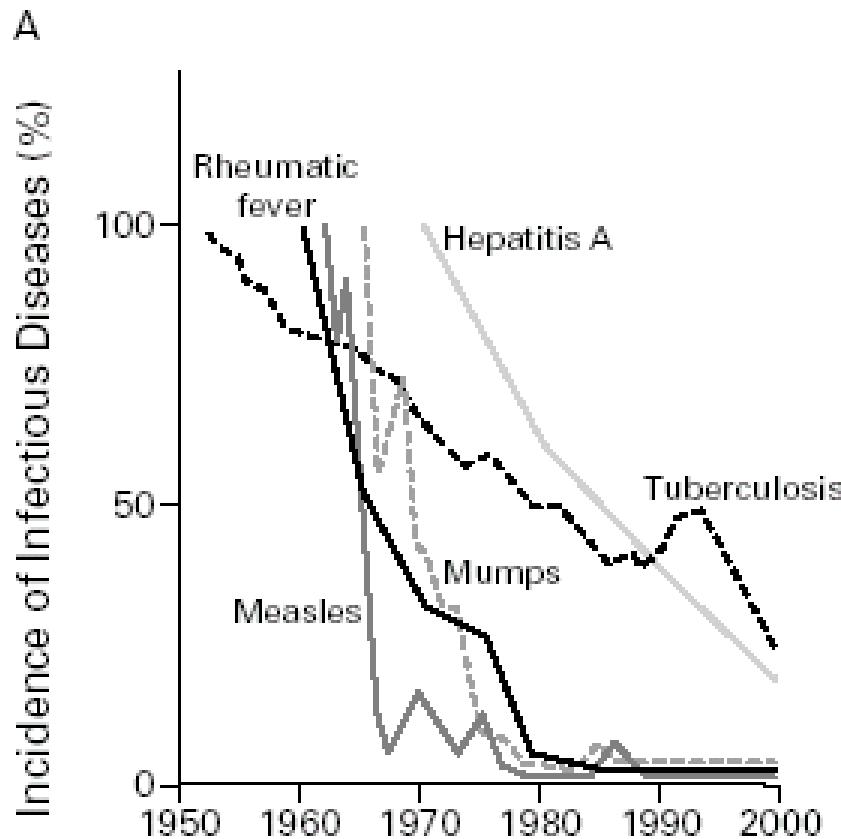


Establecimientos de compra preferidos por tipo de consumidores

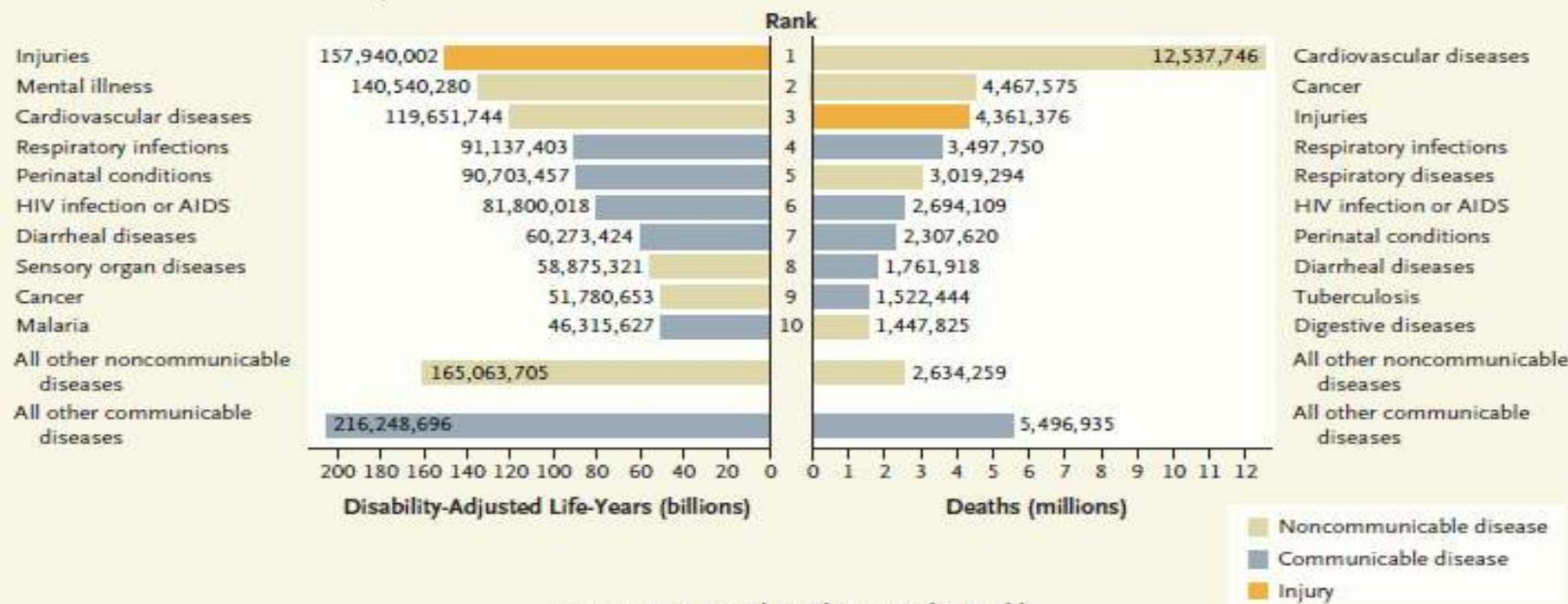


El mercado de salud en América Latina

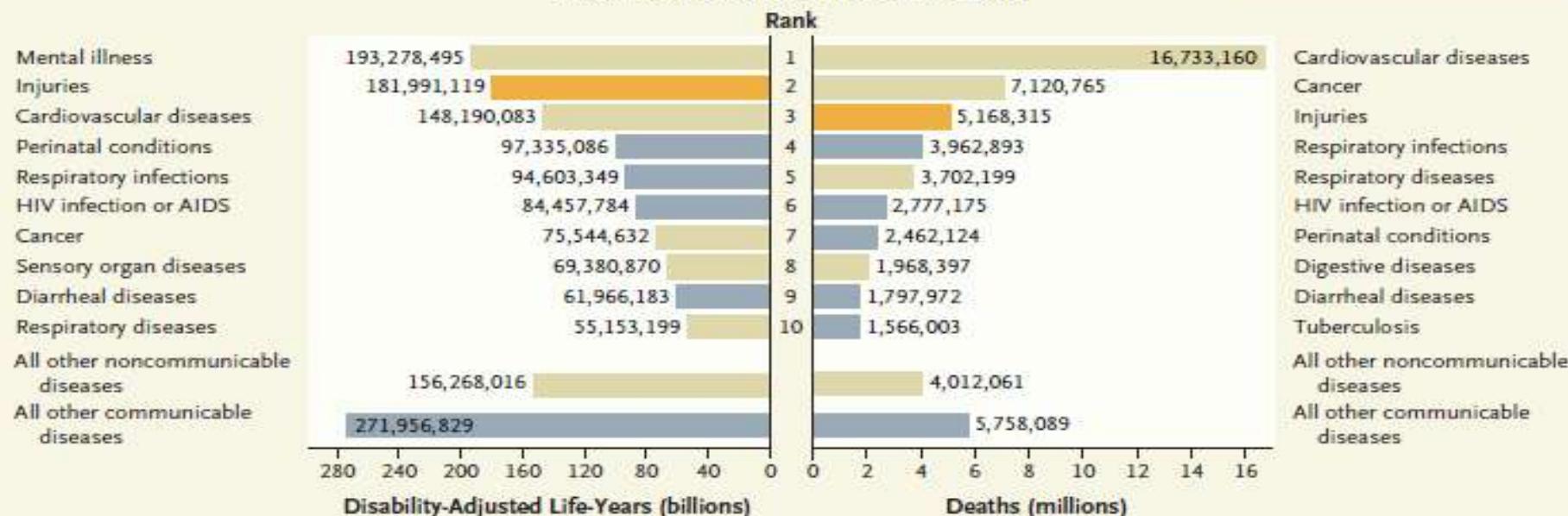
A nivel mundial las ECNT se abren paso frente a las enfermedades transmisibles



Major Diseases and Conditions in Low-Income and Lower-Middle-Income Countries



Major Diseases and Conditions in the World



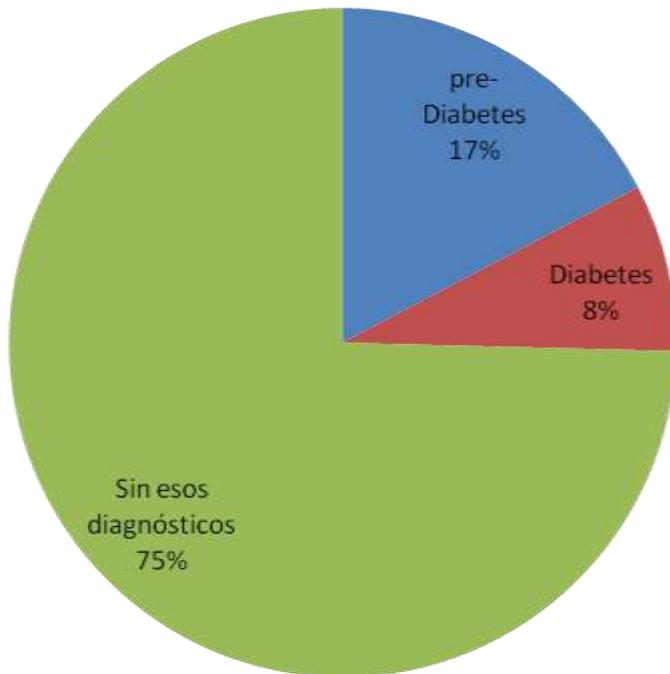
AMÉRICA LATINA Y EL CARIBE (2000-2005): TASAS DE MORTALIDAD POR CAUSAS Y SEXO
 (tasas por 100.000 habitantes)

	Total		Hombres		Mujeres	
	Enfermedades transmisibles					
	Estimada	Ajustada	Estimada	Ajustada	Estimada	Ajustada
América Latina y el Caribe	64,9	78,0	91,0	73,4	56,7	66,1
América Latina	65,0	78,2	91,3	73,6	56,8	66,4
	Enfermedades neoplasmas malignas					
América Latina y el Caribe	92,4	107,3	96,7	120,9	88,5	96,7
América Latina	92,4	107,3	96,7	121,0	88,6	96,8
	Enfermedades circulatorias					
América Latina y el Caribe	175,1	203,1	181,6	227,7	169,2	182,1
América Latina	174,3	202,4	180,9	227,0	168,4	181,3
	Enfermedades por causas externas					
América Latina y el Caribe	74,1	75,5	121,3	122,8	26,7	29,2
América Latina	74,6	76,0	122,0	123,5	26,8	29,4

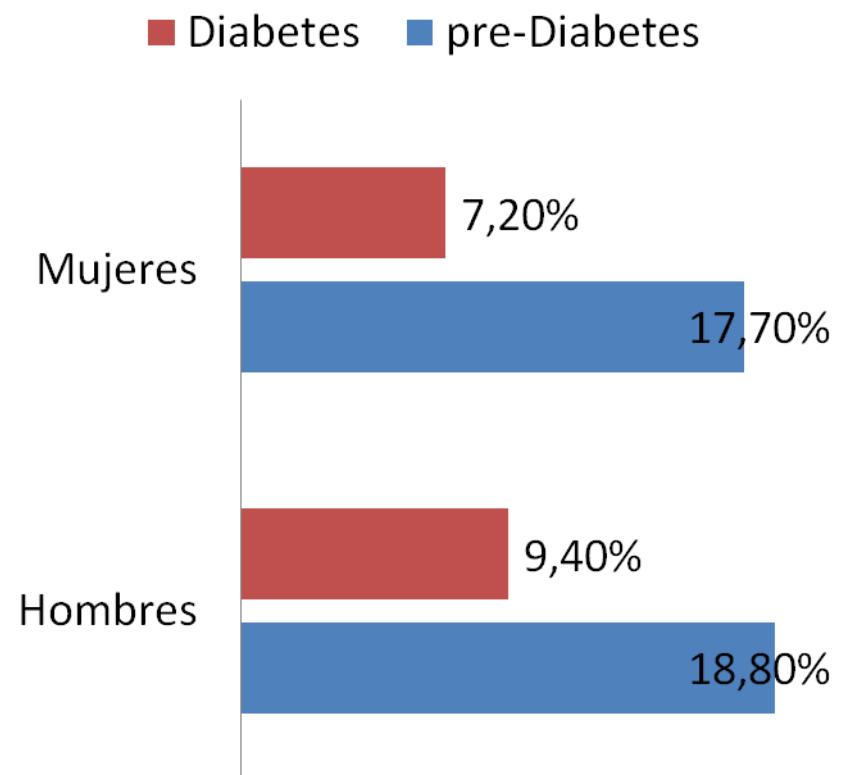
Fuente: Organización Panamericana de la Salud (OPS) (2005). Situación de salud en las Américas. Indicadores básicos de la salud <http://www.paho.org/spanish/dd/ais/IB-folleto-2005.pdf>

Prevalencia de pre-Diabetes y Diabetes en América Latina

Población general

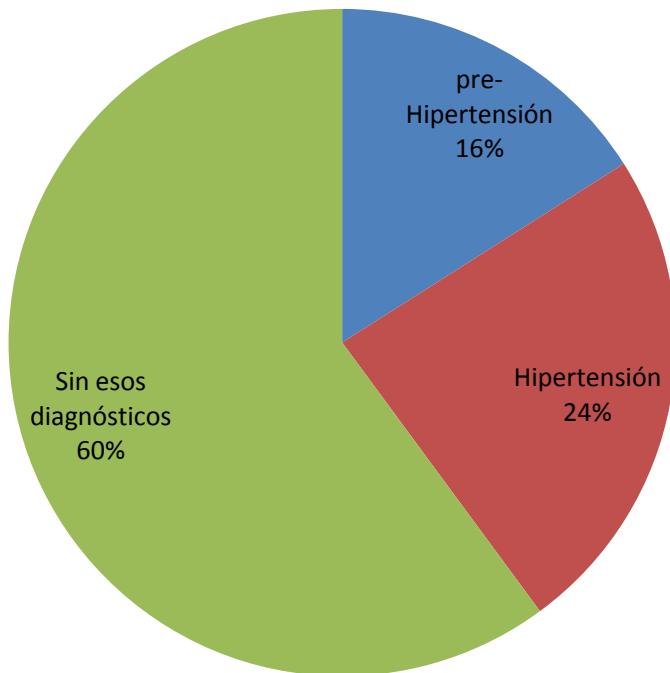


Por sexo

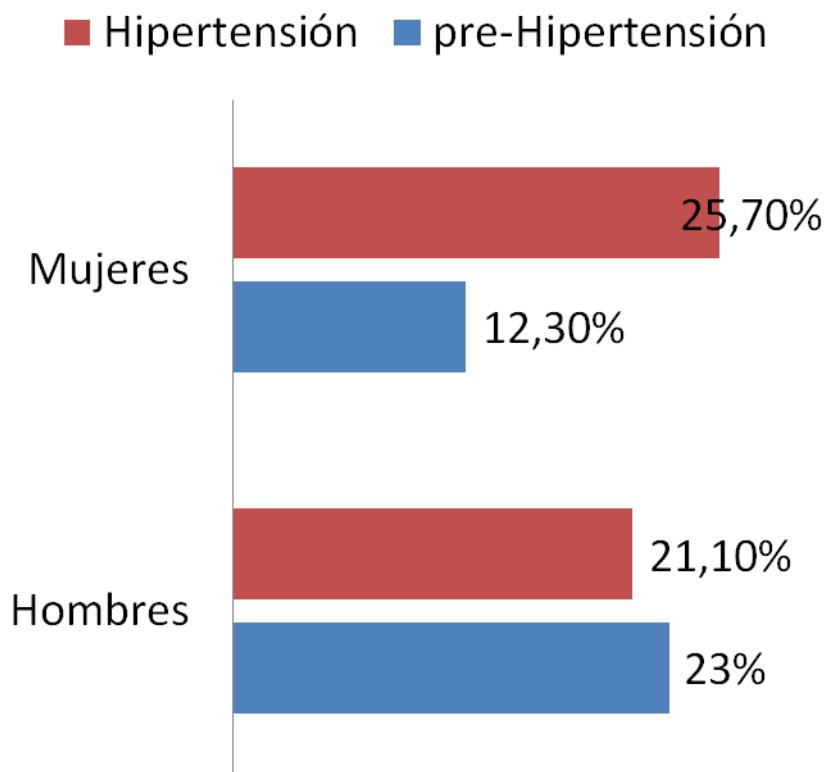


Prevalencia de pre-Hipertensión e Hipertensión en América Latina

Población general

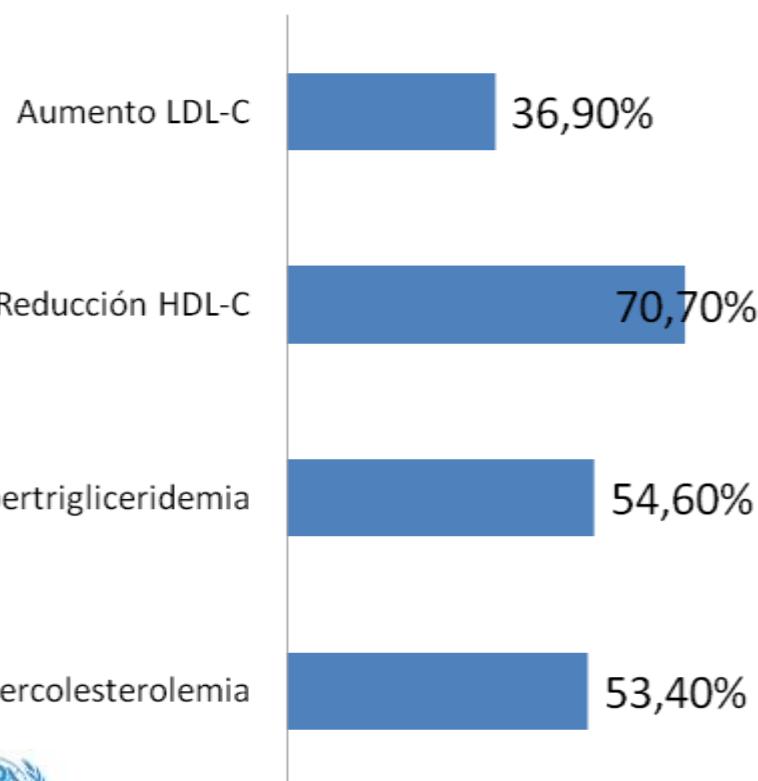


Por sexo

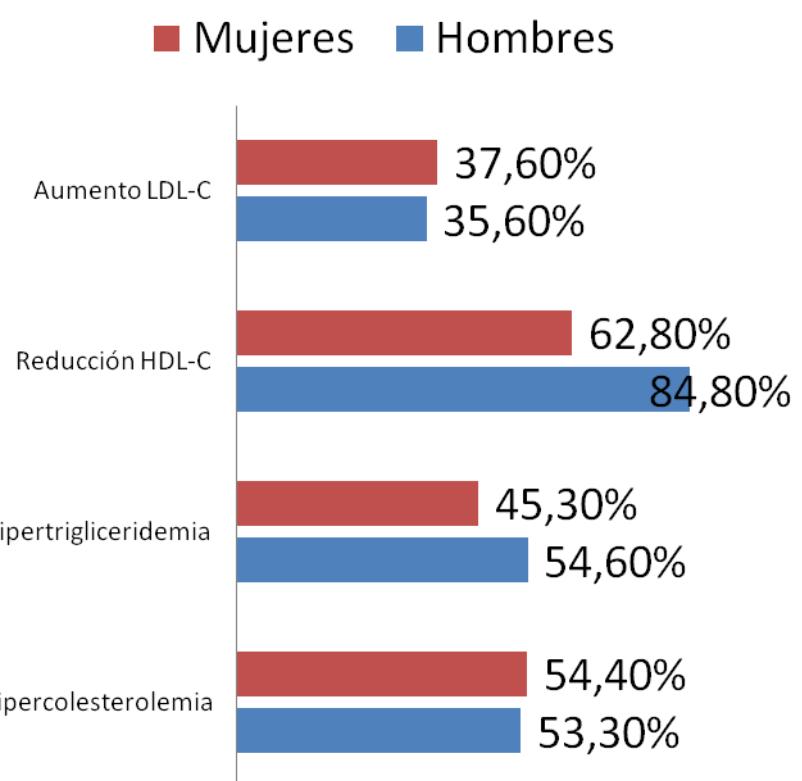


Prevalencia de alteraciones lipídicas en América Latina

Población general

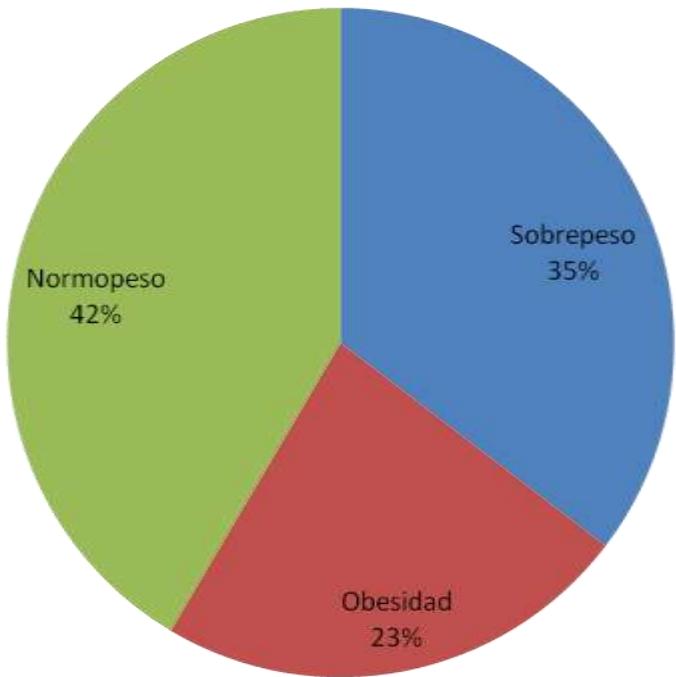


Sexo

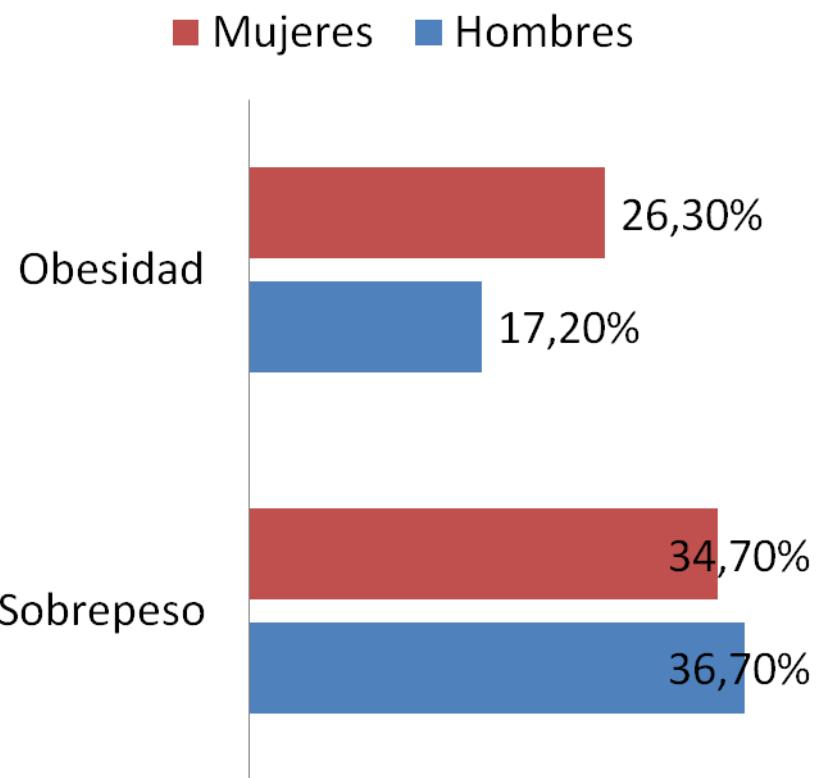


Prevalencia de exceso de peso en América Latina

Población general

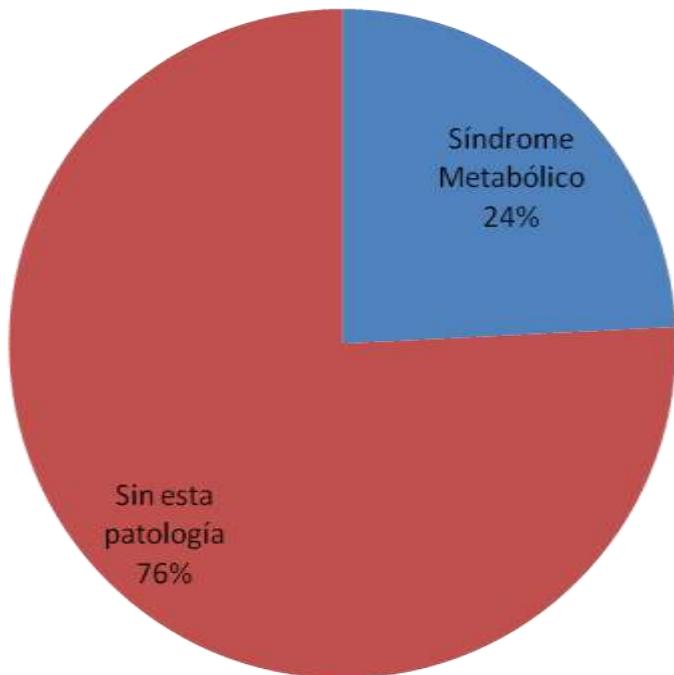


Por sexo

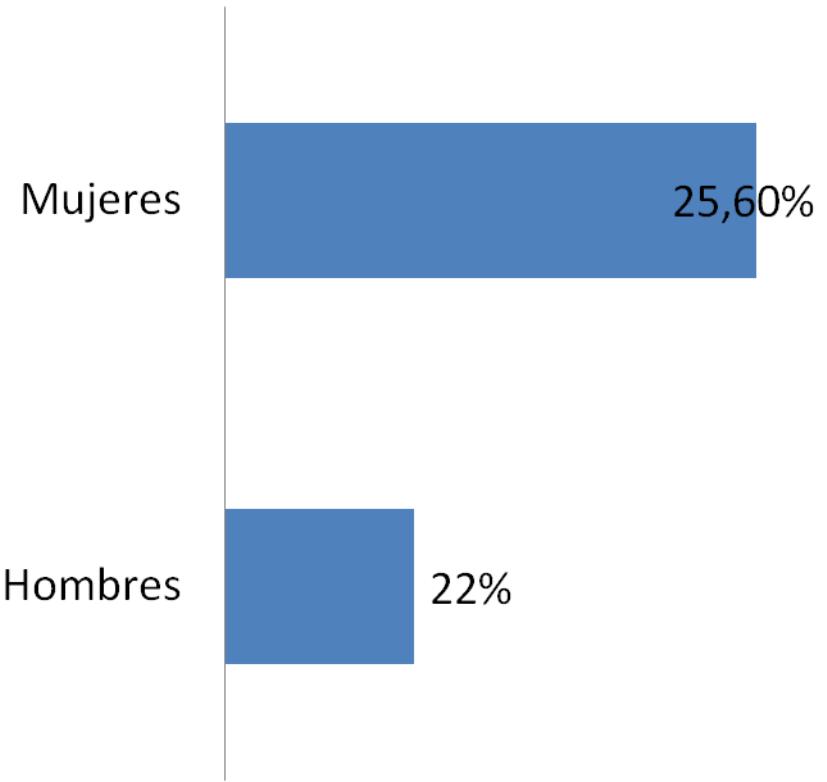


Prevalencia de Síndrome Metabólico en América Latina

Población general

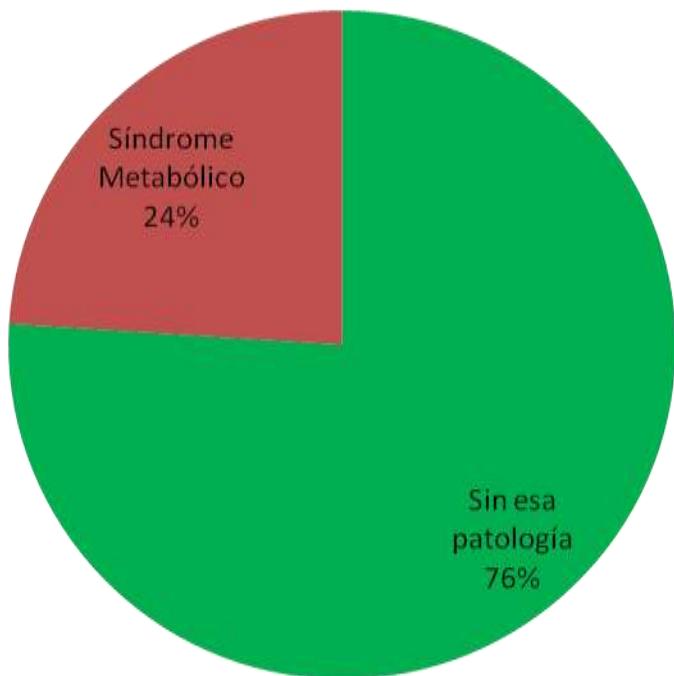


Por sexo

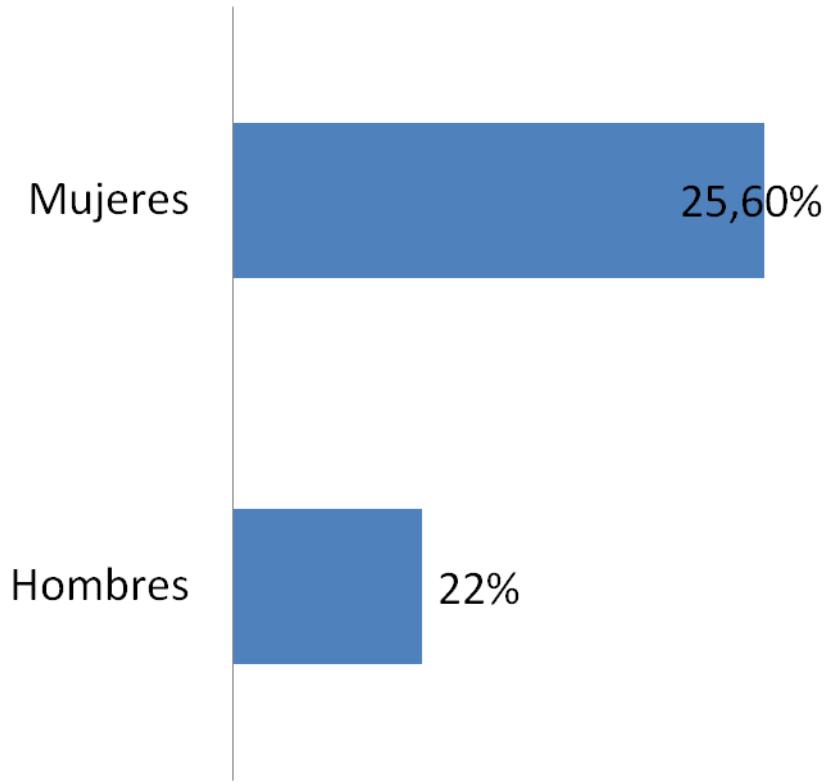


Prevalencia de Síndrome Metabólico en América Latina

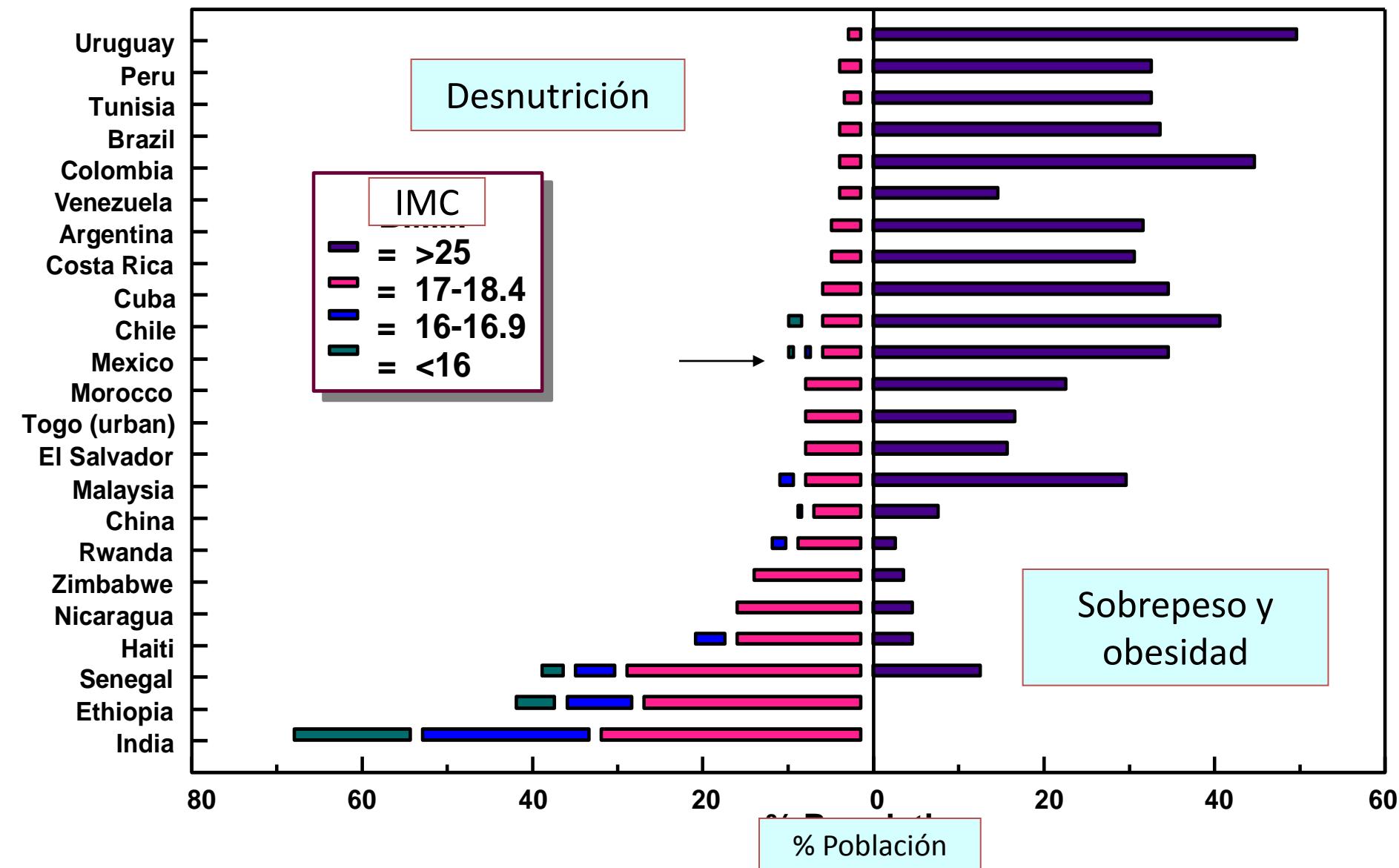
Población general



Por sexo

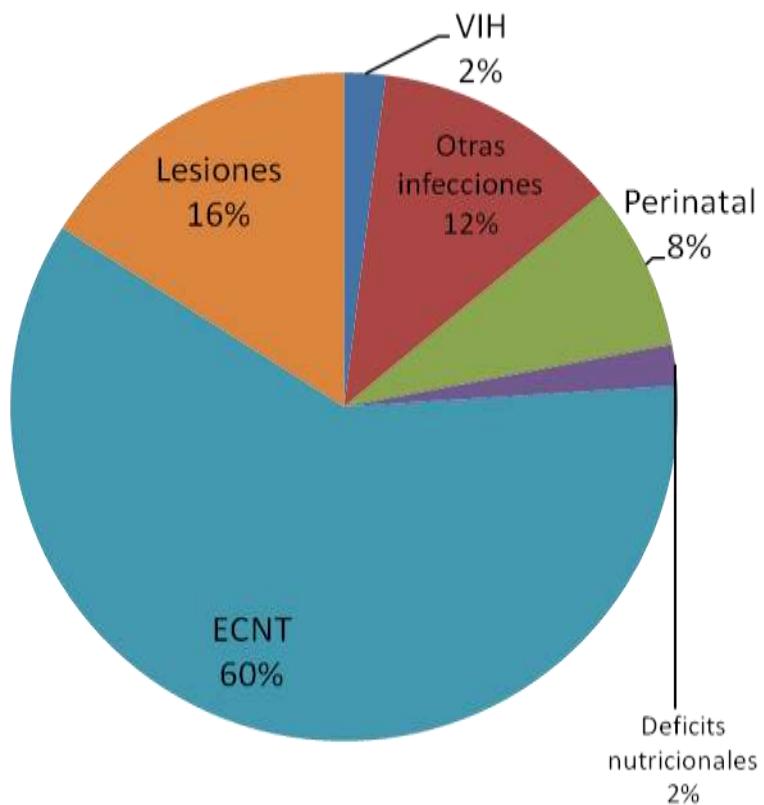


B.M.I DISTRIBUTION OF ADULT POPULATION FROM SURVEYS WORLD-WIDE

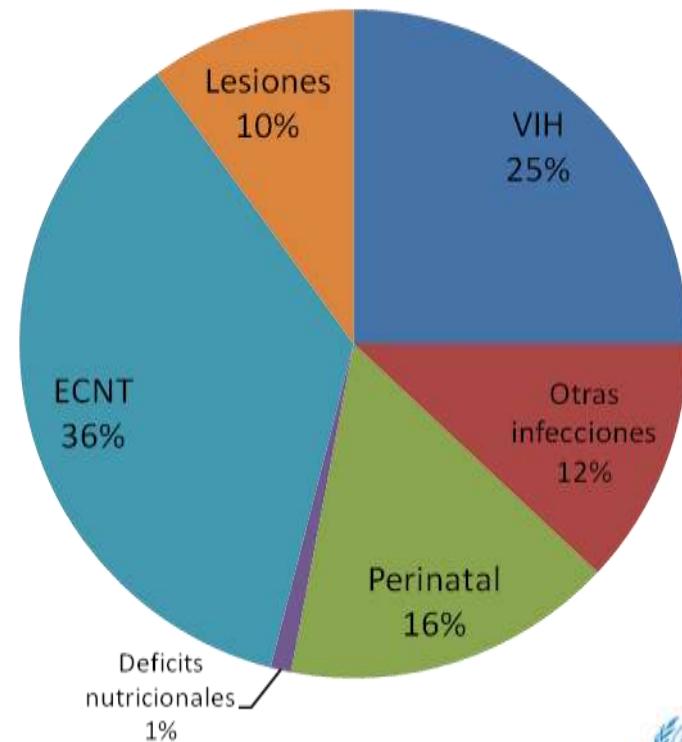


Salud en las Américas

Carga de enfermedad

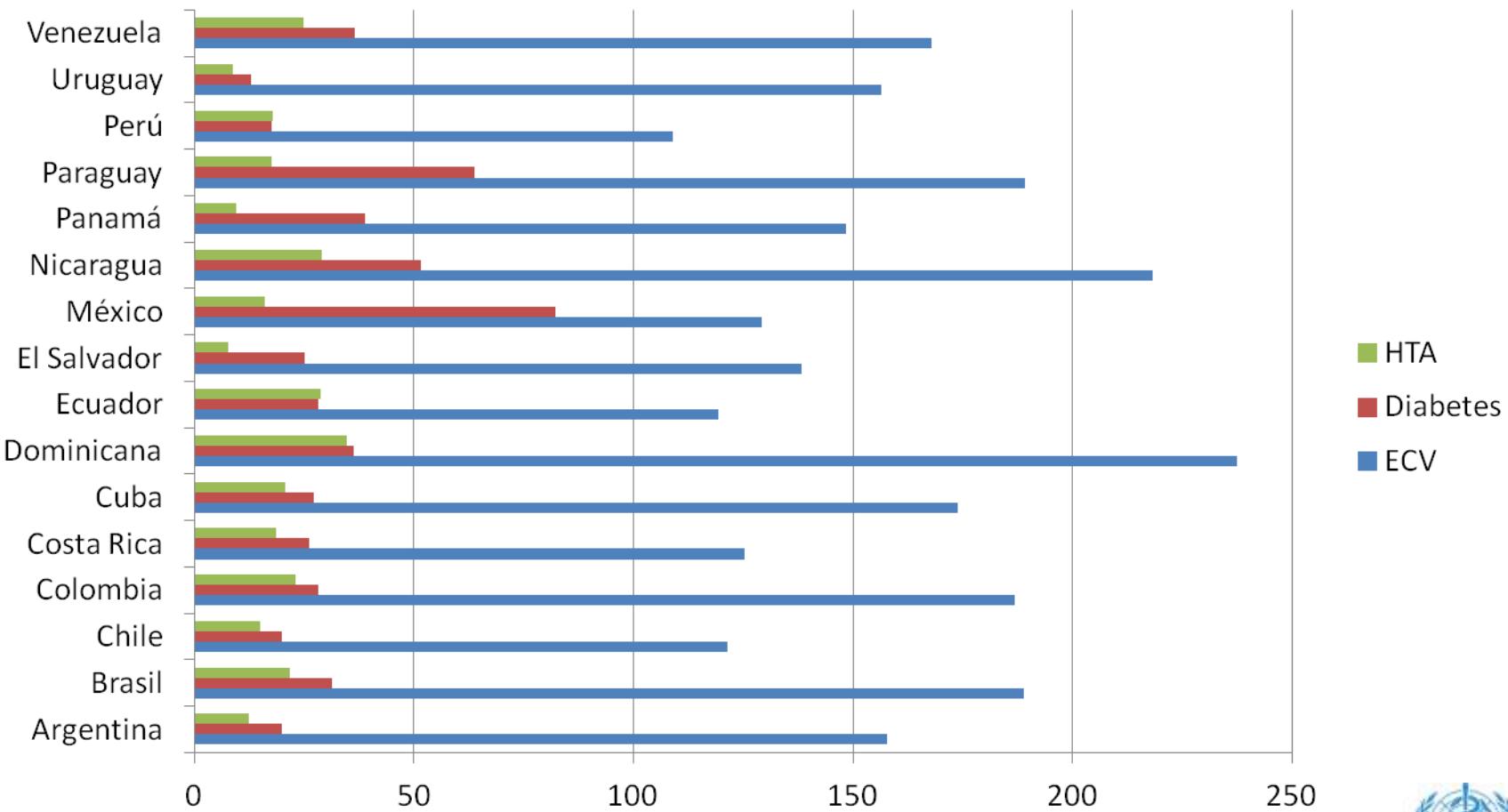


Ayuda en salud



World Health Organization

Tasa de mortalidad por ECNT por 100.000 habitantes



World Health Organization

El concepto de “transición epidemiológica” (Frenk, 1998)

Etapa Inicial

- Alta mortalidad general e infantil
- Baja esperanza de vida al nacer
- Alta fecundidad
- Enfermedades transmisibles



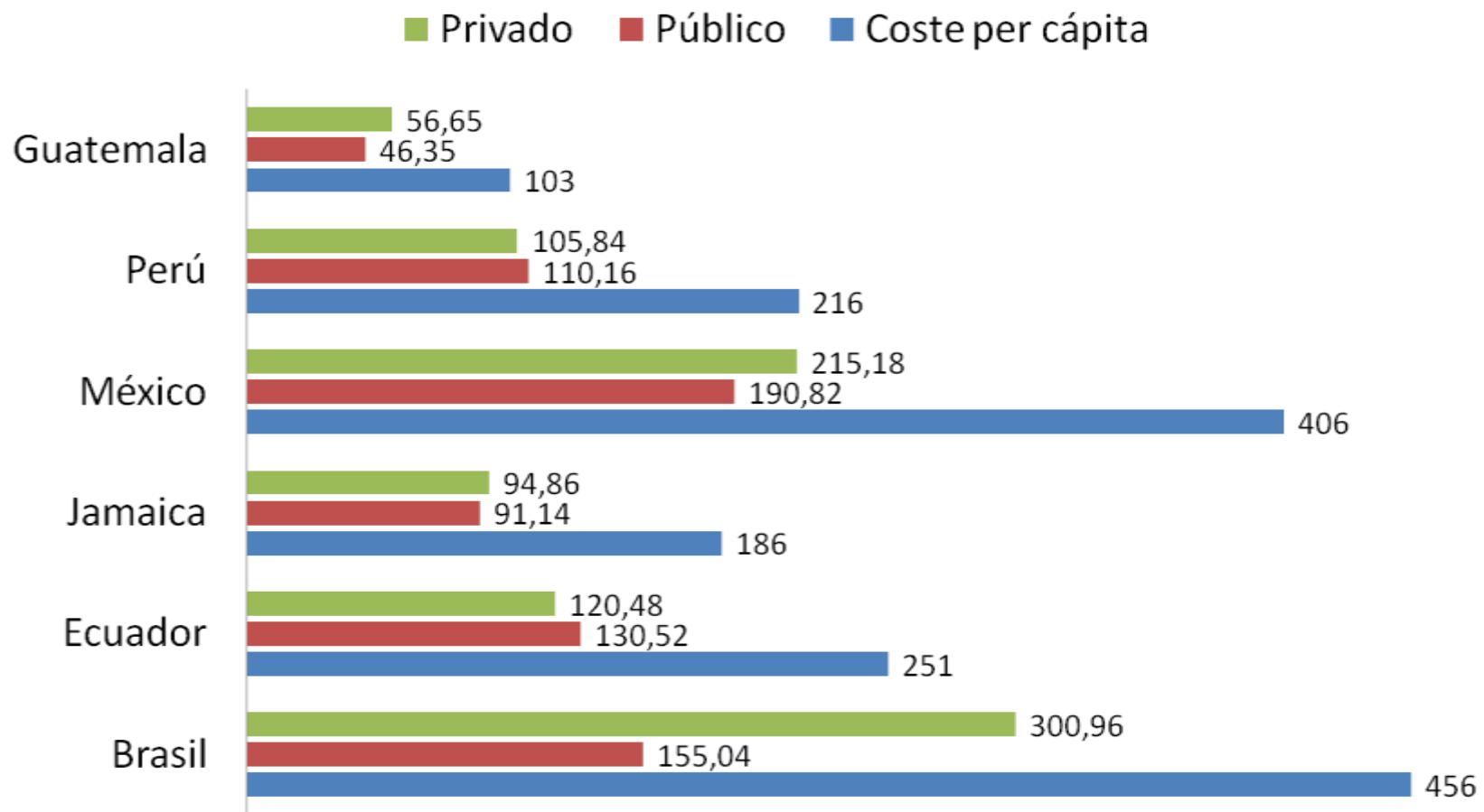
Etapa Final

- Baja mortalidad general e infantil
- Alta esperanza de vida al nacer
- Baja fecundidad
- Enfermedades crónicas

AMÉRICA LATINA (17 PAÍSES): PRINCIPALES PROBLEMAS DE SALUD EN ORDEN DE IMPORTANCIA

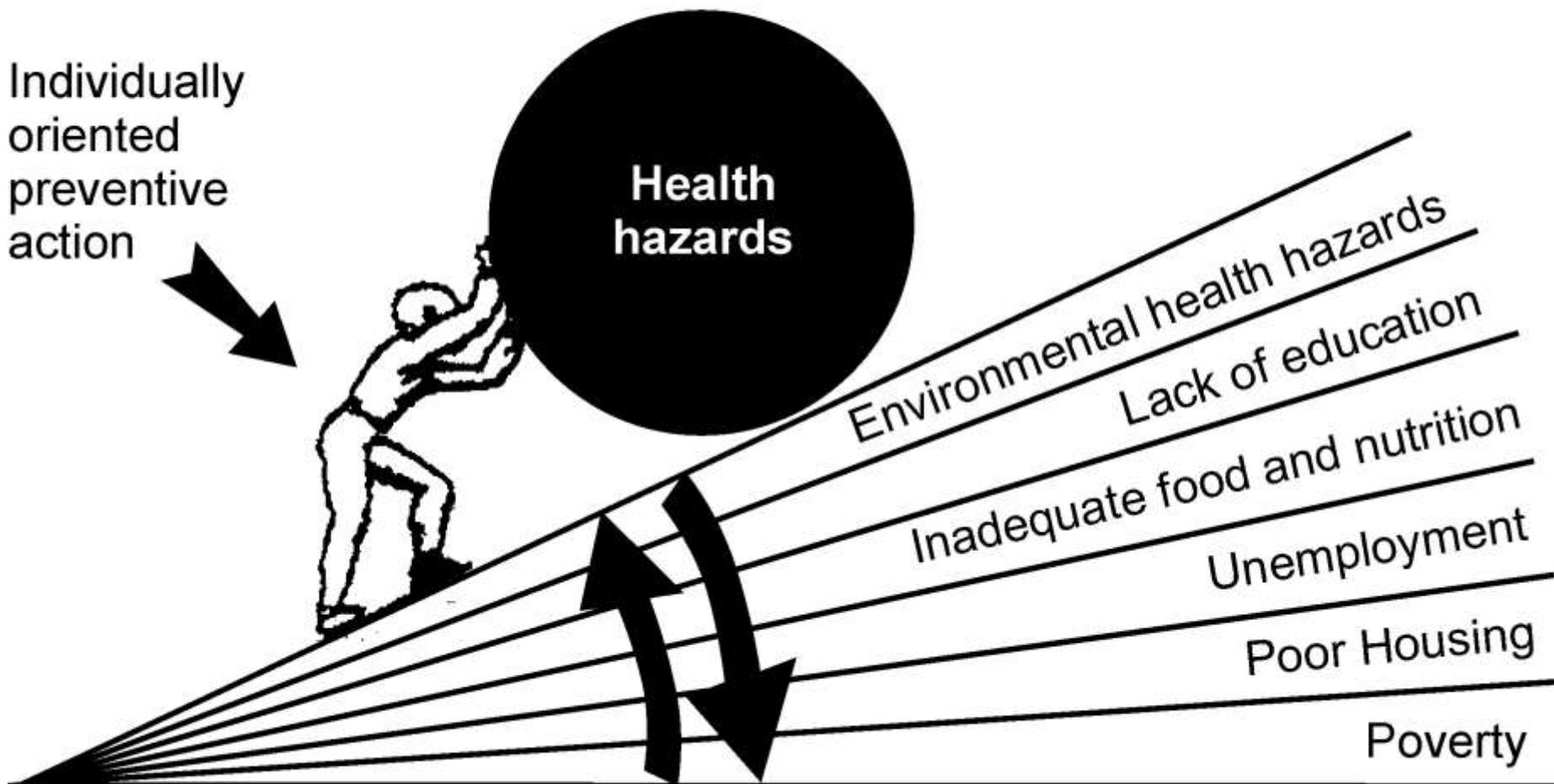
Países	Problemas de salud		
	Primero en importancia	Segundo en importancia	Tercero en importancia
Argentina	Enfermedades del sistema circulatorio (insuficiencia cardiaca)	Tumores malignos (traqueas, bronquios y pulmón)	Enfermedades del sistema respiratorio (insuficiencia respiratoria aguda)
Bolivia	Mortalidad materno infantil	Enfermedades crónicas infecciosas	Desnutrición
Brasil	Dolencias no transmisibles	Dolencias infecciosas transmisibles	Causas externas
Chile	Prevalencia de factores de riesgo de enfermedades crónicas	Accidentes y violencias	Trastornos de salud mental
Colombia	Enfermedades crónicas y degenerativas	Lesiones de causa externa intencionales y no intencionales	Enfermedades infecciosas de transmisión vectorial, enfermedades de transmisión sexual
Costa Rica	Enfermedades del sistema circulatorio	Tumores	Lesiones por causas externas (violencia)
Ecuador	Enfermedades infecciosas de transmisión vectorial	Enfermedades crónico degenerativas	Enfermedades de transmisión Sexual, VIH/SIDA
El Salvador	Enfermedades infecciosas	Lesiones por causa externa	Enfermedades crónicas transmisibles y no transmisibles
Guatemala	Mortalidad materno infantil	Enfermedades infecciosas de transmisión vectorial	Enfermedades nutricionales
Honduras	Enfermedades infecciosas	Enfermedades transmisibles	Enfermedades emergentes
Nicaragua	Mortalidad materna infantil y perinatal	Enfermedades de transmisión vectorial e infecciosas	Enfermedades crónicas
Panamá	Enfermedades crónicas	Enfermedades de transmisión sexual	-
Paraguay	Enfermedades prevenibles que afectan a grupos vulnerables	Enfermedades crónico degenerativas	Enfermedades emergentes, accidentes de tránsito y violencia.
Perú	Mortalidad materna e infantil elevadas Enfermedades infecciosas	Enfermedades transmisibles y crónicas	Malnutrición materna e infantil Mortalidad materna
República Dominicana	Alta morbi-mortalidad materno-infantil	Sin información	Sin información
Uruguay	Enfermedades cardiovasculares	Cáncer	Accidentes
República Bolivariana de Venezuela	Accidentes de tránsito y violencia.	Enfermedades cardiovasculares.	Enfermedades asociadas al cáncer.

NHE (National Health Expenditure) per capita en USD



The Health Gradient

Individually oriented preventive action



Source: adapted from Making Partners: intersectoral action for health.

Introducción al “mundo funcional”

Crecimiento de alimentos relacionados con la salud

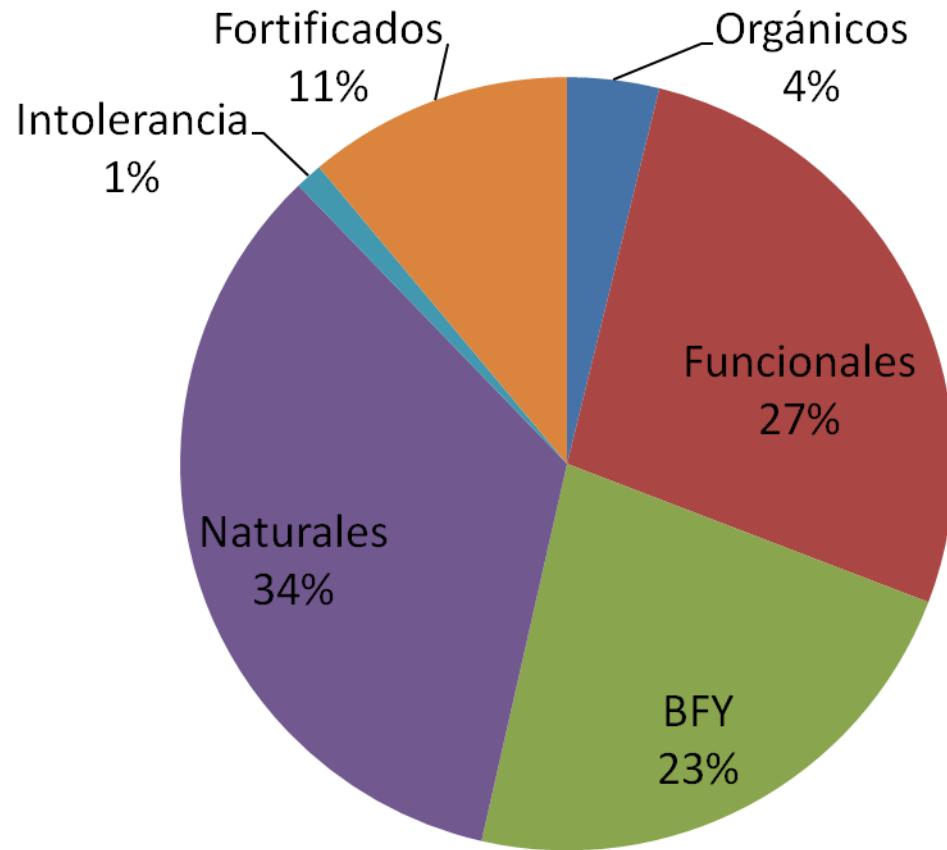




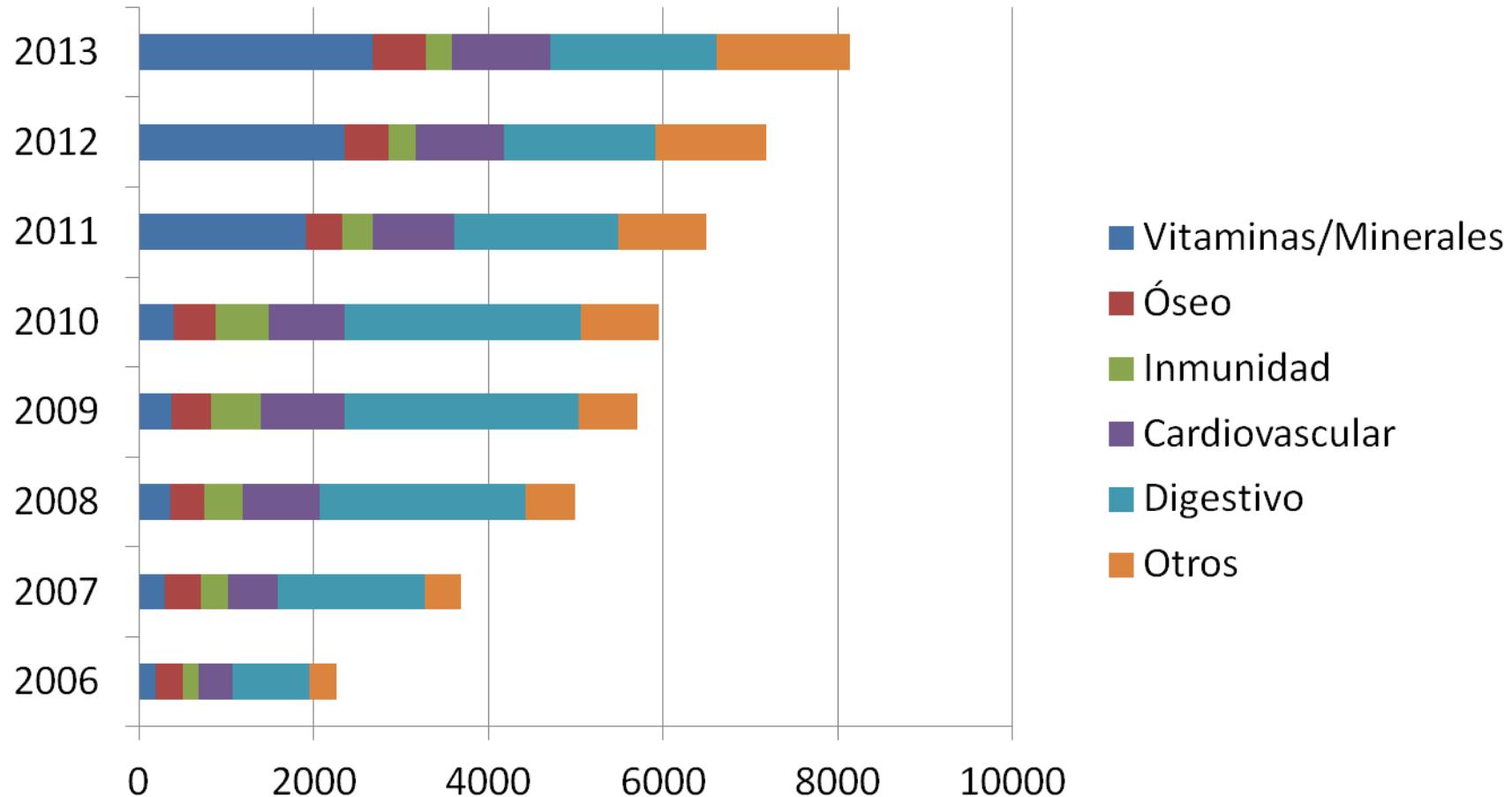
Alimentos funcionales para la industria: A la oferta por la demanda



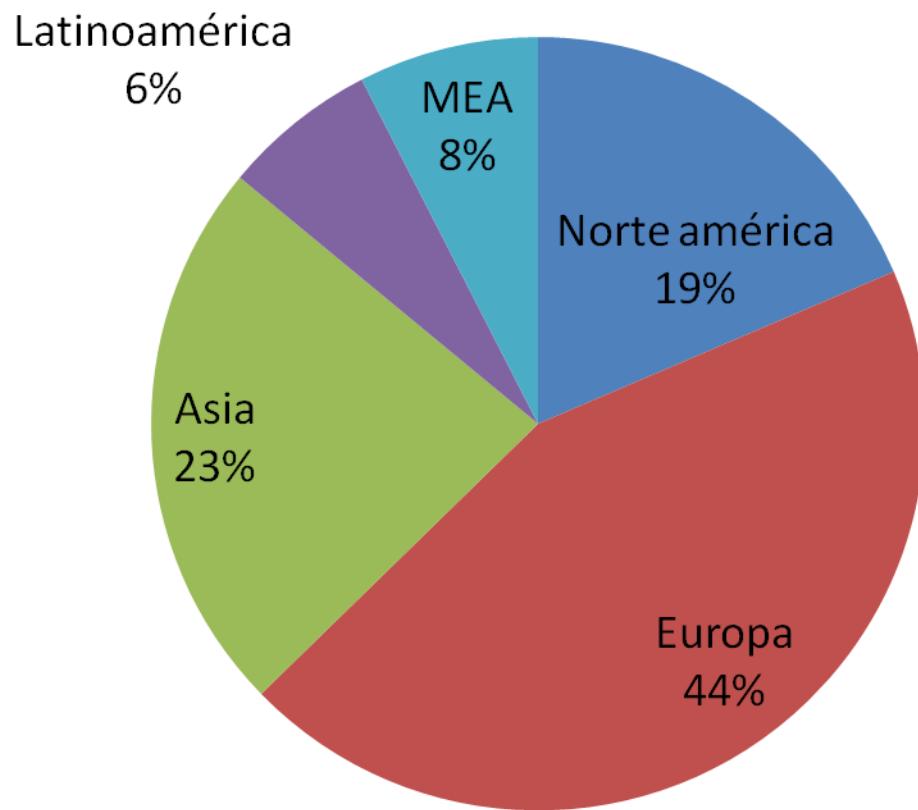
Health and Wellness Food and Beverages: US\$ 601 billion



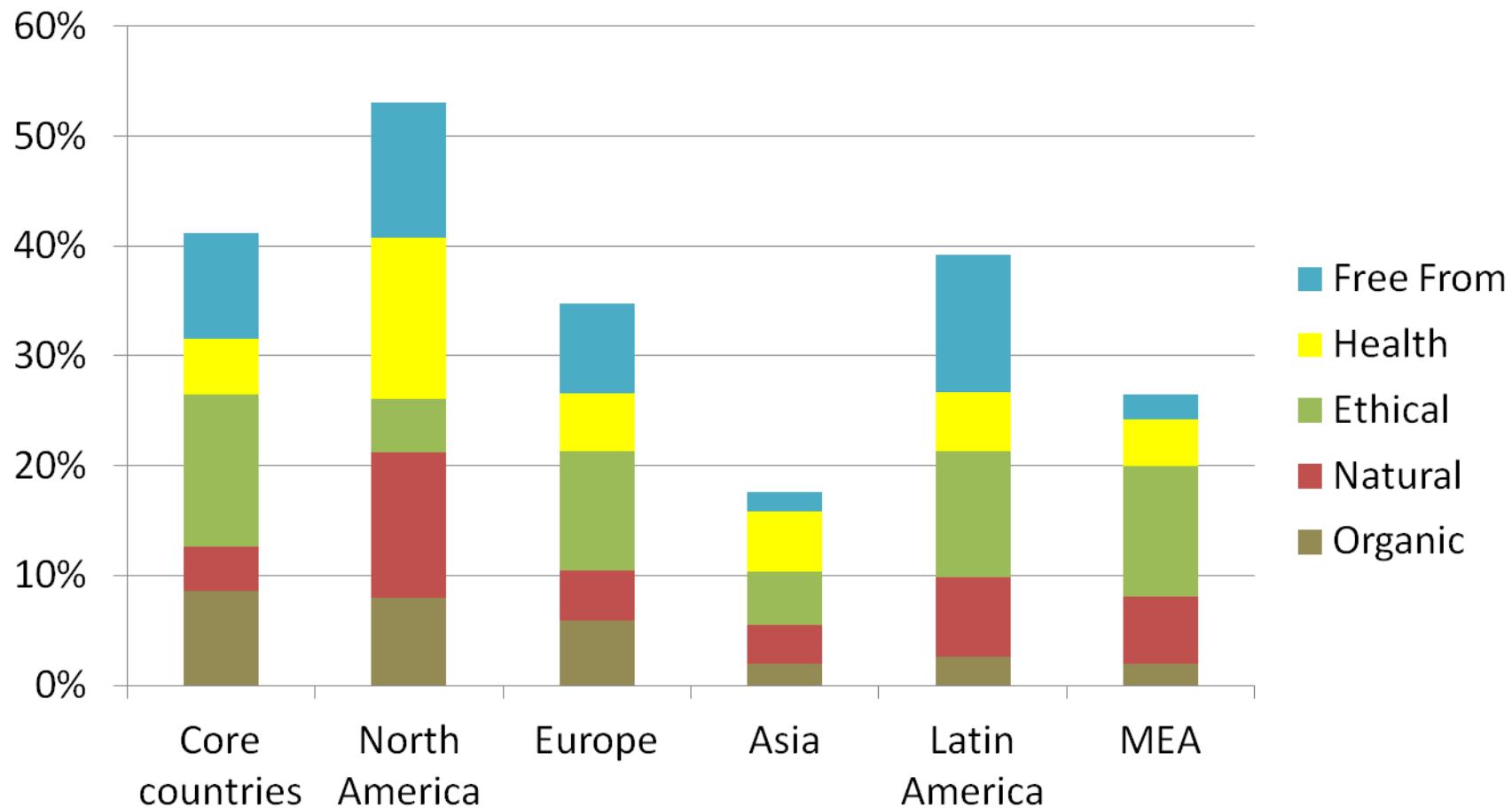
Claims más utilizados en los lanzamientos globales



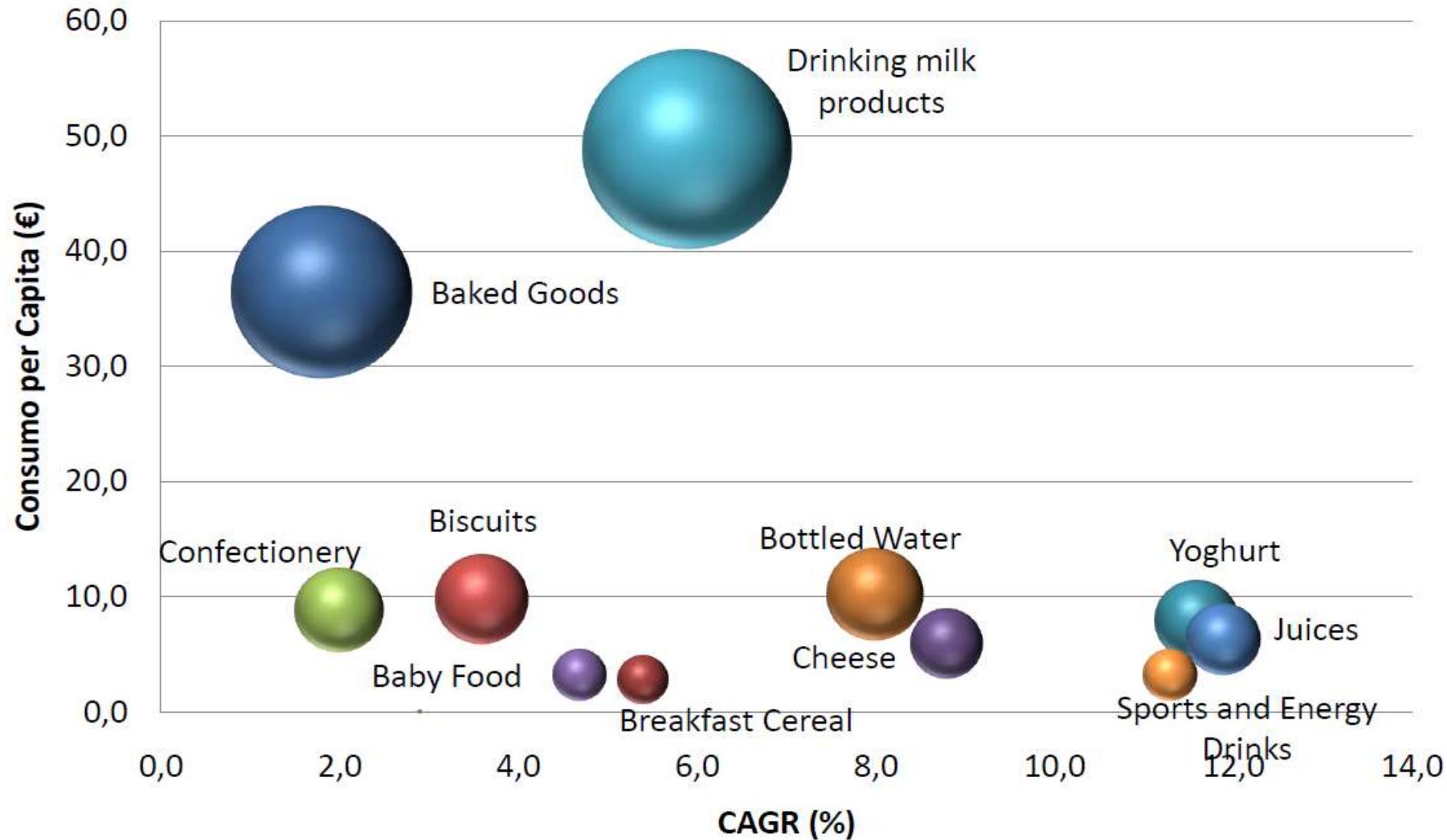
Lanzamientos globales de nuevos alimentos y bebidas 2014



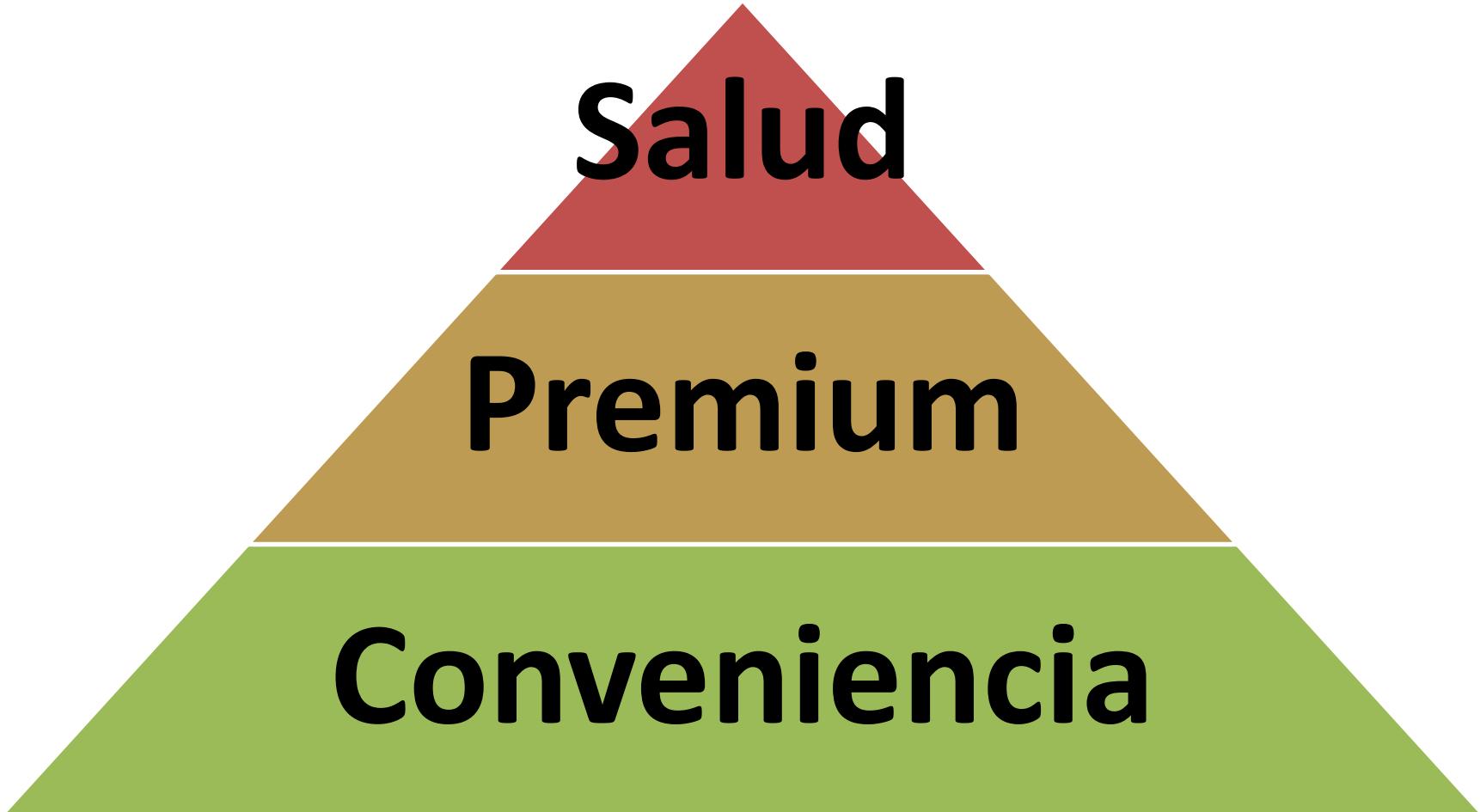
Nuevos lanzamientos por posicionamiento, 2014



El mercado latinoamericano de alimentos



Hasta aquí hemos llegado



Opportunities and challenges in the health marketing space

Issues and challenges in India

With Health marketing still nascent in India, there are many opportunities and challenges as well. To discuss these, Peter Wennstrom, Founder and President, Healthy Marketing Team, moderated a session that had Vinita Bali, Managing Director, Britannia Industries, Saugata Gupta, Chief executive officer, Consumer products business, Marico Industries, Vishal Bali, Chief Executive Officer, Wockhardt Hospitals and Dr Ajay Thakker, Chairman and Chief Executive Officer, Jupiter Hospital.

Today, consumers have more reasons to reject a product than ever before. Price, composition, ethical and environmental concerns are among the many reasons that a consumer may not want a product. Marketing professionals keep this in mind while designing campaigns. "McDonald's is changing its colours from Red and Yellow, which are considered artificial to the more natural colours of Green and Yellow. This is

Mr Bali said.

Meanwhile Mr. Gupta said that marketers need to concentrate on lifestyle disease, bone health and mass nutrition. In India health foods haven't gathered momentum. Mr. Gupta explained that in order to succeed in that space a niche and long-term approach is required.

In the healthcare delivery space, Mr Bali said that India is the most paradoxical market. About 5.7% of gross domestic product(GDP) is spent on healthcare, of which the government spends only 1%. Private spending on health care outstrips public spending unlike other countries.

"Healthcare, after the telecom industry, is seeing big changes here. Third party payment mechanism which is crucial in healthcare delivery is still growing," Mr Bali said. Strategies for tier II and tier III cities will have to be different than those for metros. Another challenge that was highlighted was that of balancing domestic and global demand as medical tourism picks up more pace.



(L-R) SamWaterfall, Pranesh Misra, Dr.J.S.Pai & Rinita Singh

borderless world, successful business practices from other parts of the globe serve as the best case study.

One of the sessions of the ET Health Marketing Conclave attempted to highlight the best practices in health marketing from global companies. Mr. Muralidharan Nair, Partner -Health Sciences Advisory Practice, Ernst & Young moderated it. He pointed out that India has the largest disease burden in the world with 16% of the world's population having 20% of the diseases. The disease burden is now shifting from

supported the use of Benecol, a cholesterol lowering functional food in the general population, which led to distinct reduction in the heart diseases in Finland.

During the session, Mr. Shrijeet Mishra, Executive Director, Foods, Hindustan Unilever (HUL), presented examples of some of the best practices followed by HUL. According to Mr. Mishra, his organization aims to earn the love and respect of its customers and works on the basic principle of doing well and doing good. He elucidated the

the right kind of information and treatment and many can't afford the healthcare available to them. The healthcare marketers need to ensure that they concentrate on all these factors while doing their business.

Session III:

Understanding and segmenting the health seekers

Healthcare needs differ from person to person so subsequently the marketing of health-related products needs to be personalized too. It is important to segment the consumers effectively in order to plan a strategy to cater to them.

The third session at the ET Health Marketing Conclave focused on the effective ways to segment the consumers so that marketers can target brands to the right group. Pranesh Misra, Chairman and Managing Director, Brandscapes Worldwide who moderated the session, kick-started it by putting a question to the panelists - what global practices can we learn from?

Sam Waterfall, senior

fall in the category of strugglers and only 1% fall in the unmotivated category. Based on these segments marketers can decide which segment their product caters to and accordingly design a communication plan.

Dr J S Pai, Executive Director, protein foods and nutrition development association of India took the discussion forward by explaining that consumers need to be careful of the health foods they are consuming - even approved things like whey protein need to be consumed carefully. With information available in many places, the authenticity is a worry.

"Many people are seeking out information on health and all the information that is available needs to be reliable," he said.

Going back to analyzing the consumer, Rinita Singh, Managing director, Quantum Group gave an insight into what should be kept in mind while marketing a health product or food to the consumer. "Consumers today, won't give up any aspect of their life to be healthy. They want

El cambio de paradigma: Del tratamiento a la prevención

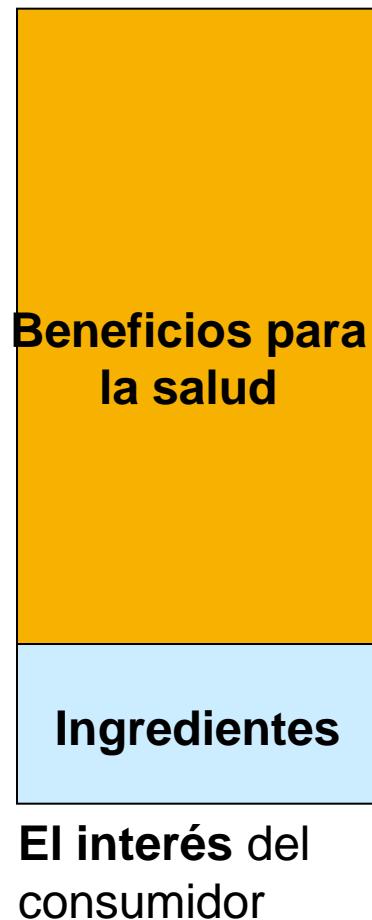


Traditionally the food industry has been seen as part of the problem relating to lifestyle diseases –in the future the industry wants to be part of the solution.

David Byrne, European
Commissioner for Health and
Consumer Protection



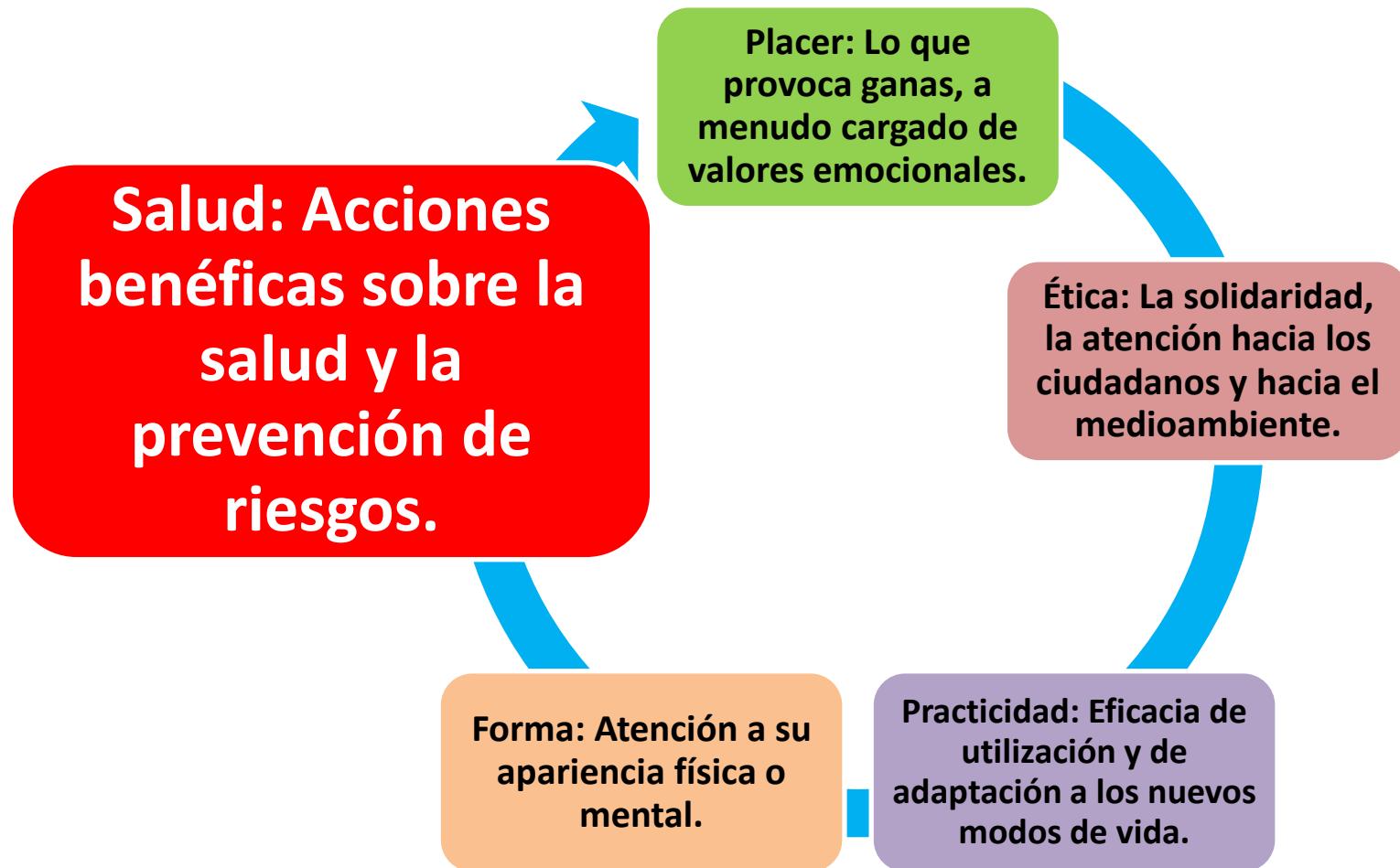
El cambio de paradigma. Del ingrediente a la percepción de los beneficios



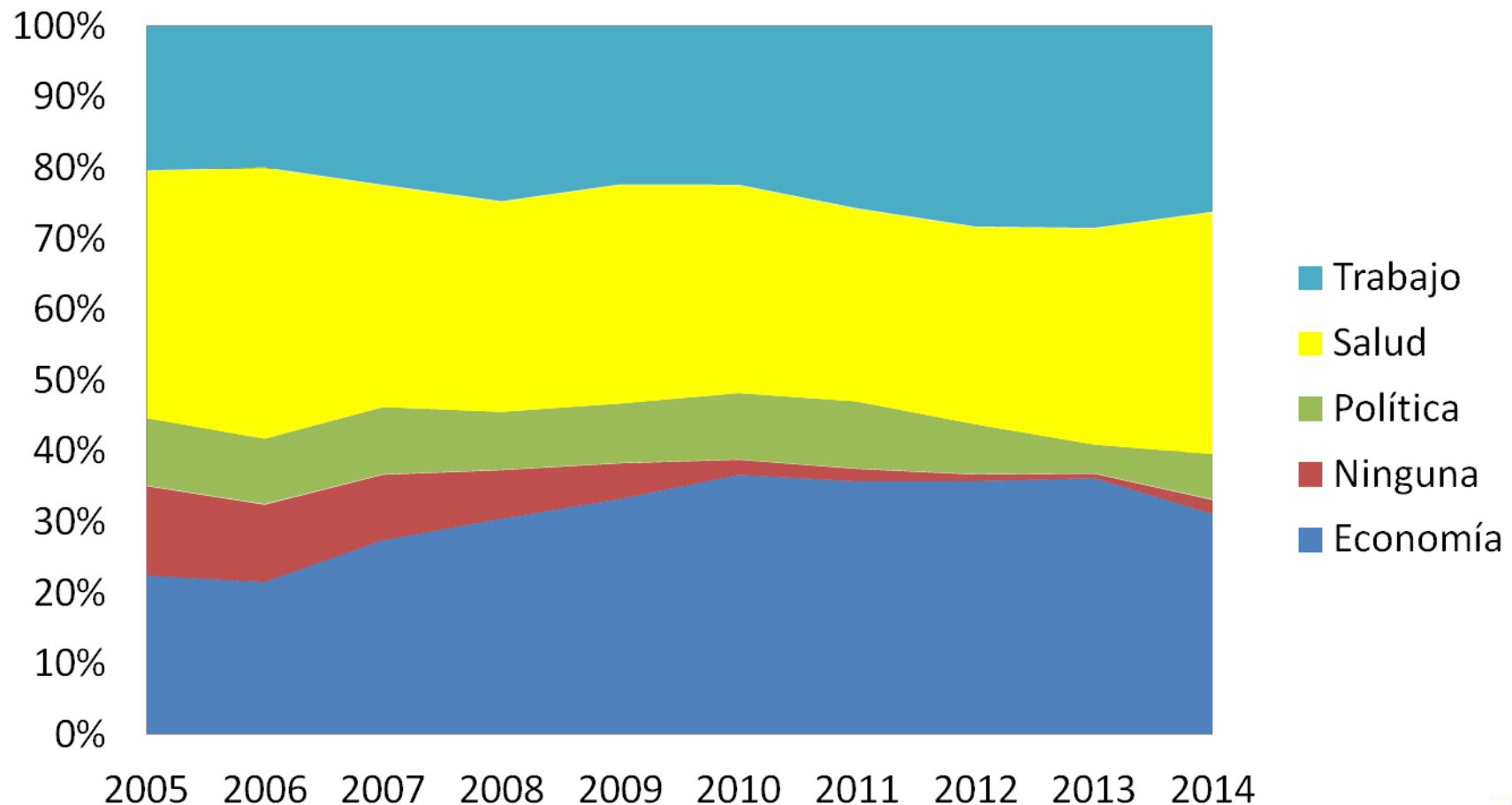
- Un ingrediente no puede vender un producto por sí solo
- El beneficio es el Rey, al igual que el sabor y la conveniencia



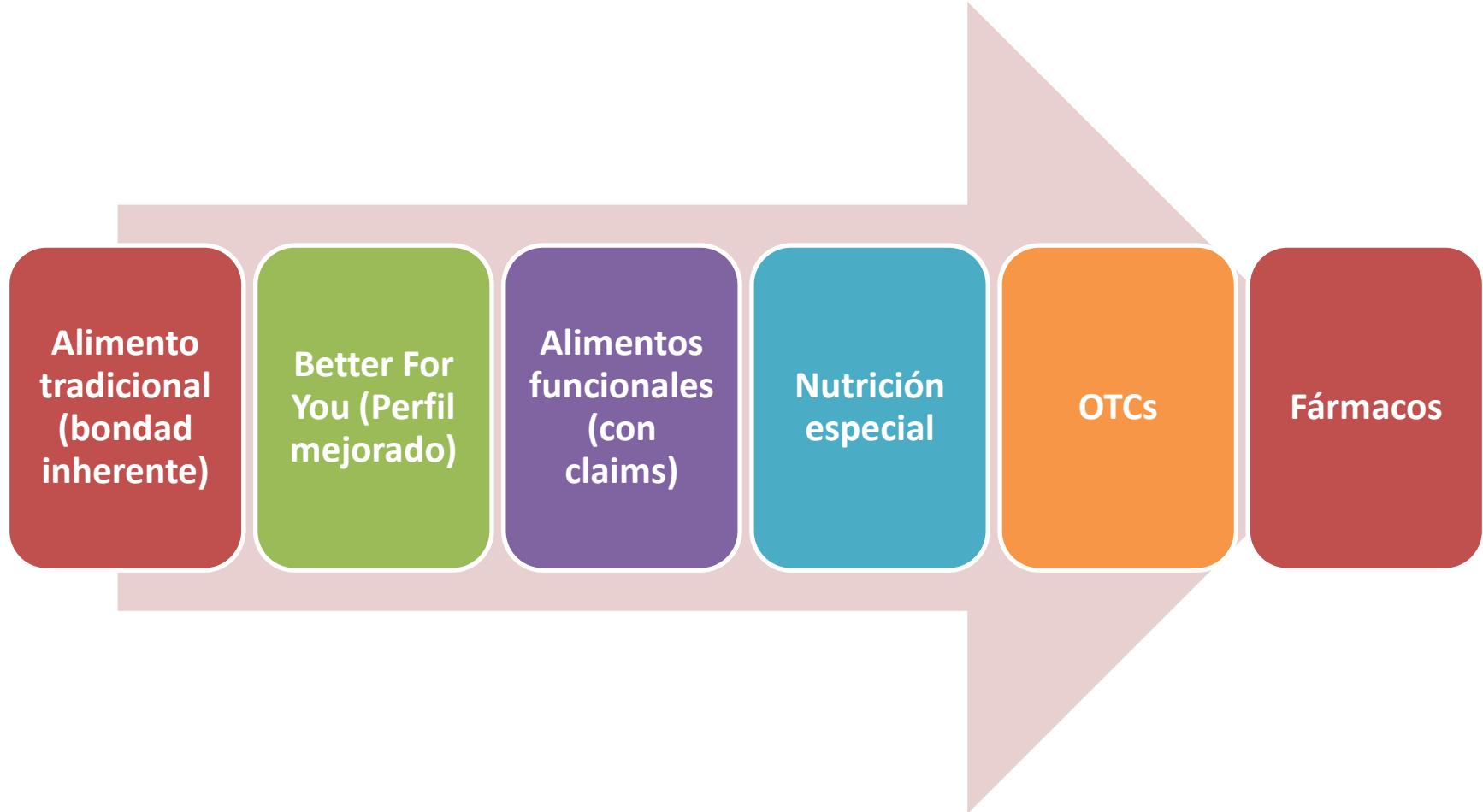
Los 5 principales valores esperados por el consumidor



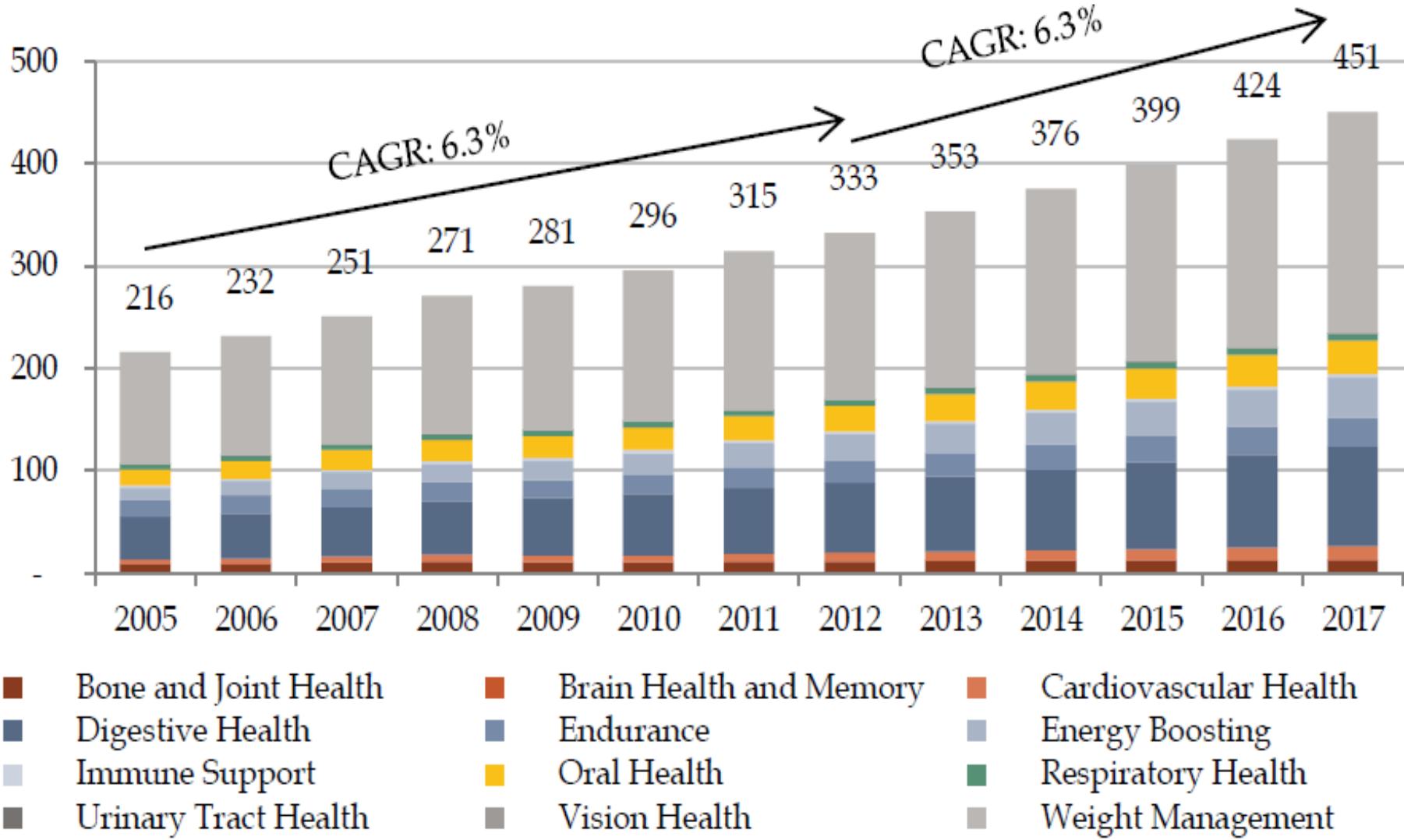
Cuáles son las mayores preocupaciones del consumidor?



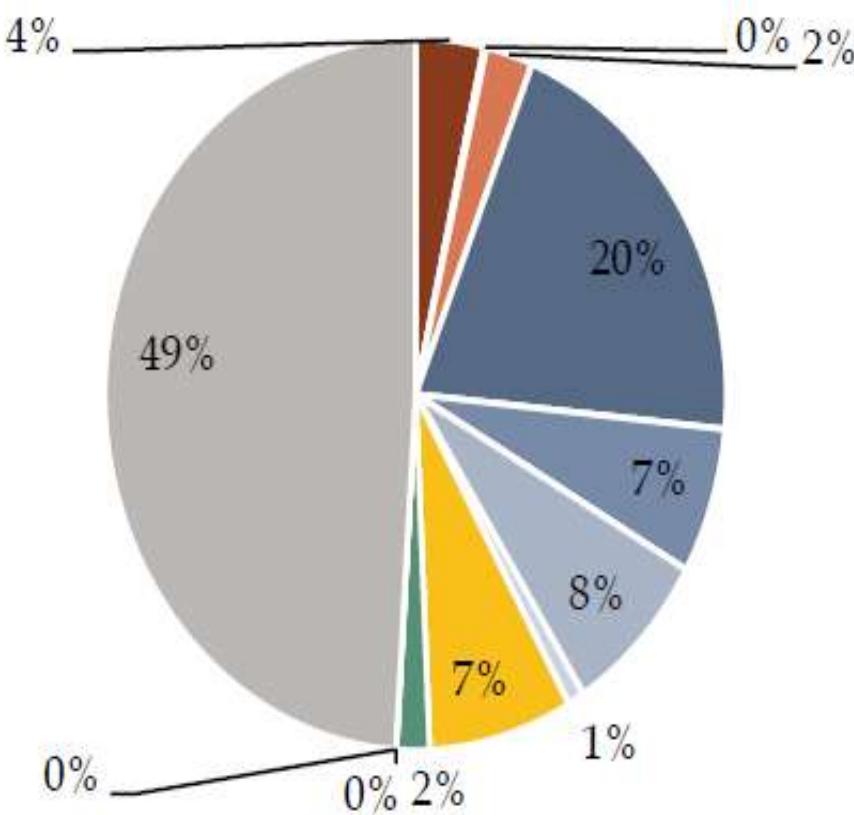
El camino alimento -> fármaco



Mercados integrados (funcionales, nutracéuticos, fármacos)



Mercados integrados (funcionales, nutracéuticos, fármacos)

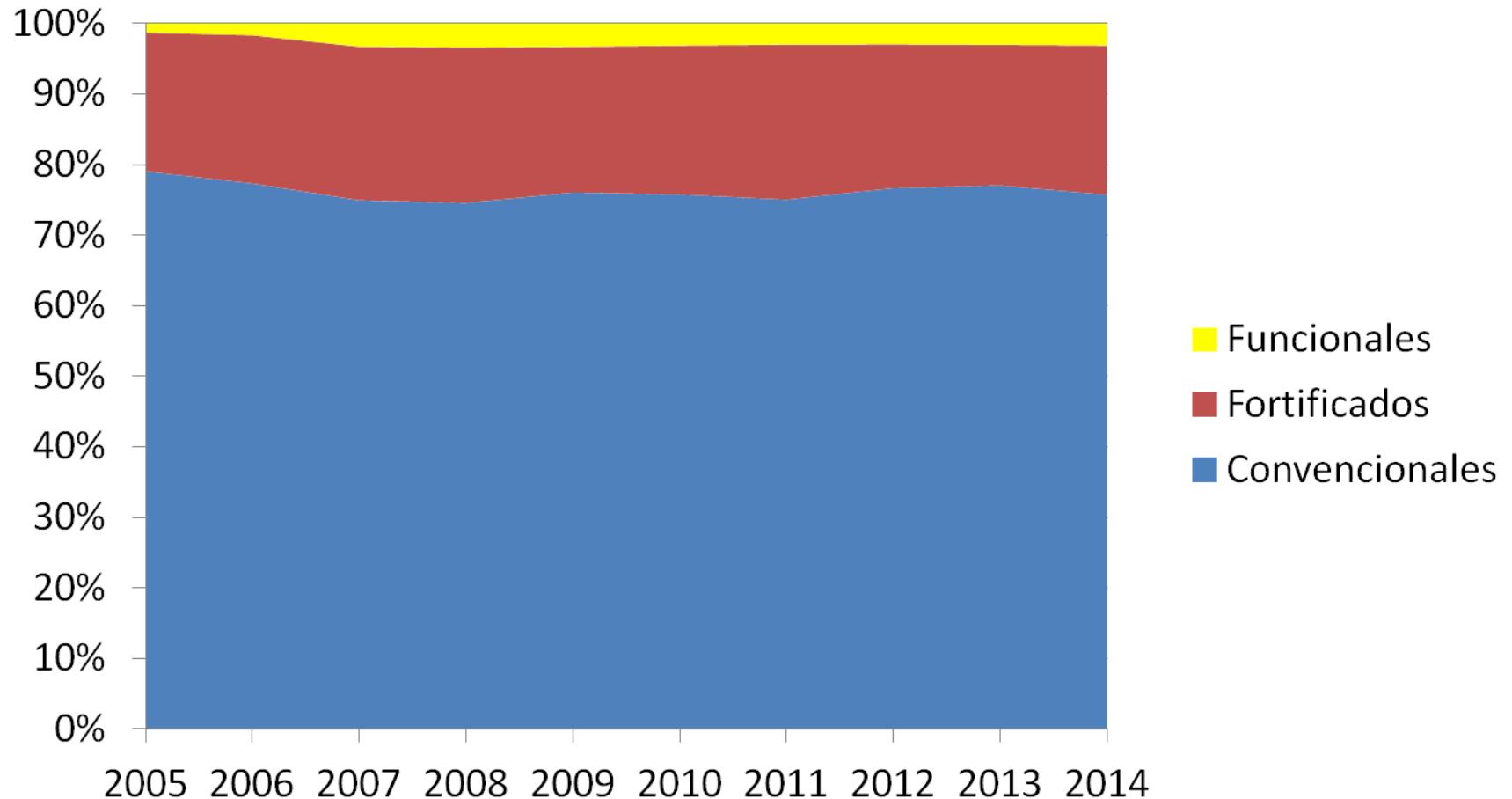


- Bone and Joint Health
- Digestive Health
- Immune Support
- Urinary Tract Health
- Brain Health and Memory
- Endurance
- Oral Health
- Vision Health
- Cardiovascular Health
- Energy Boosting
- Respiratory Health
- Weight Management

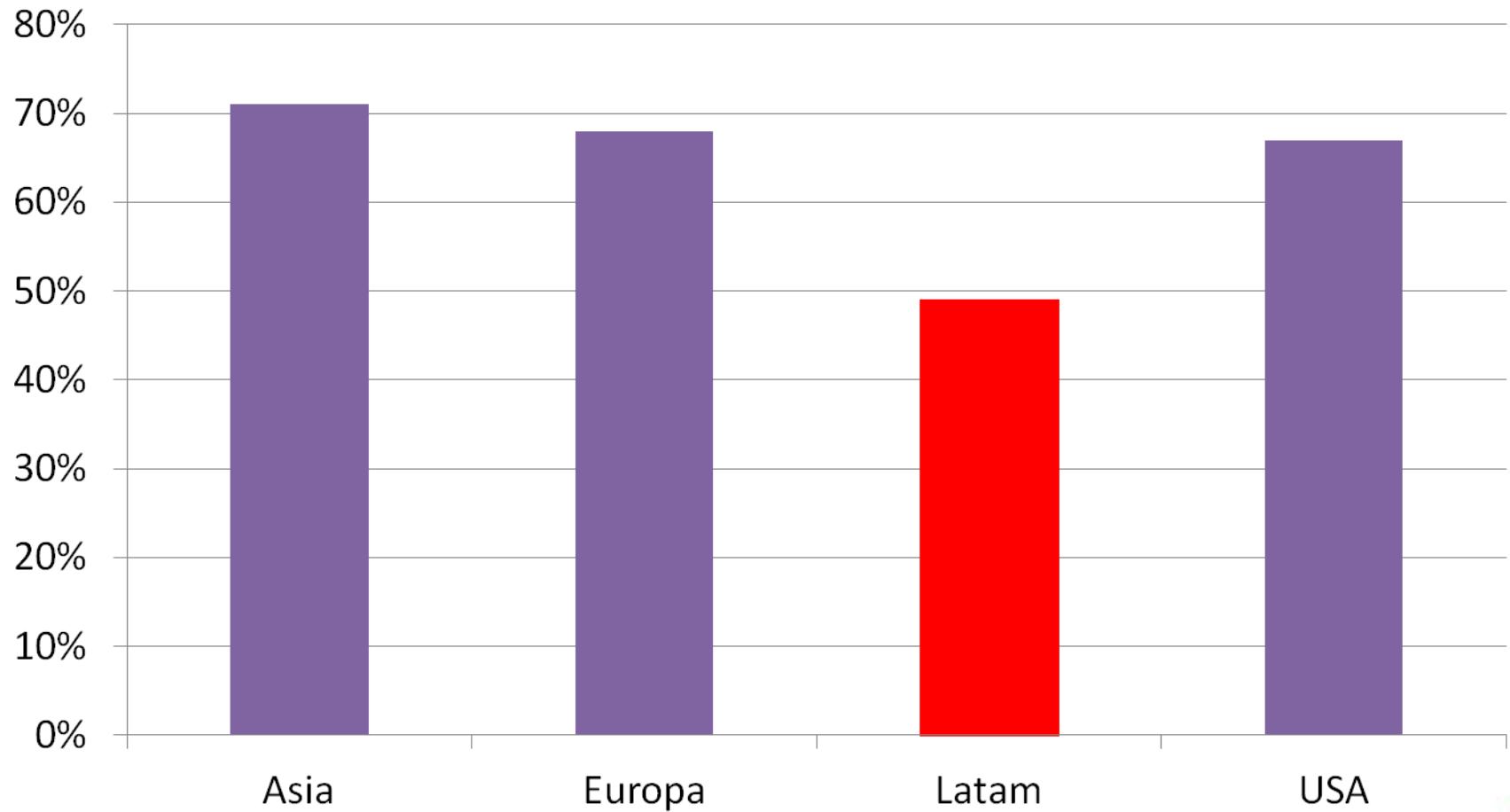
El mercado funcional



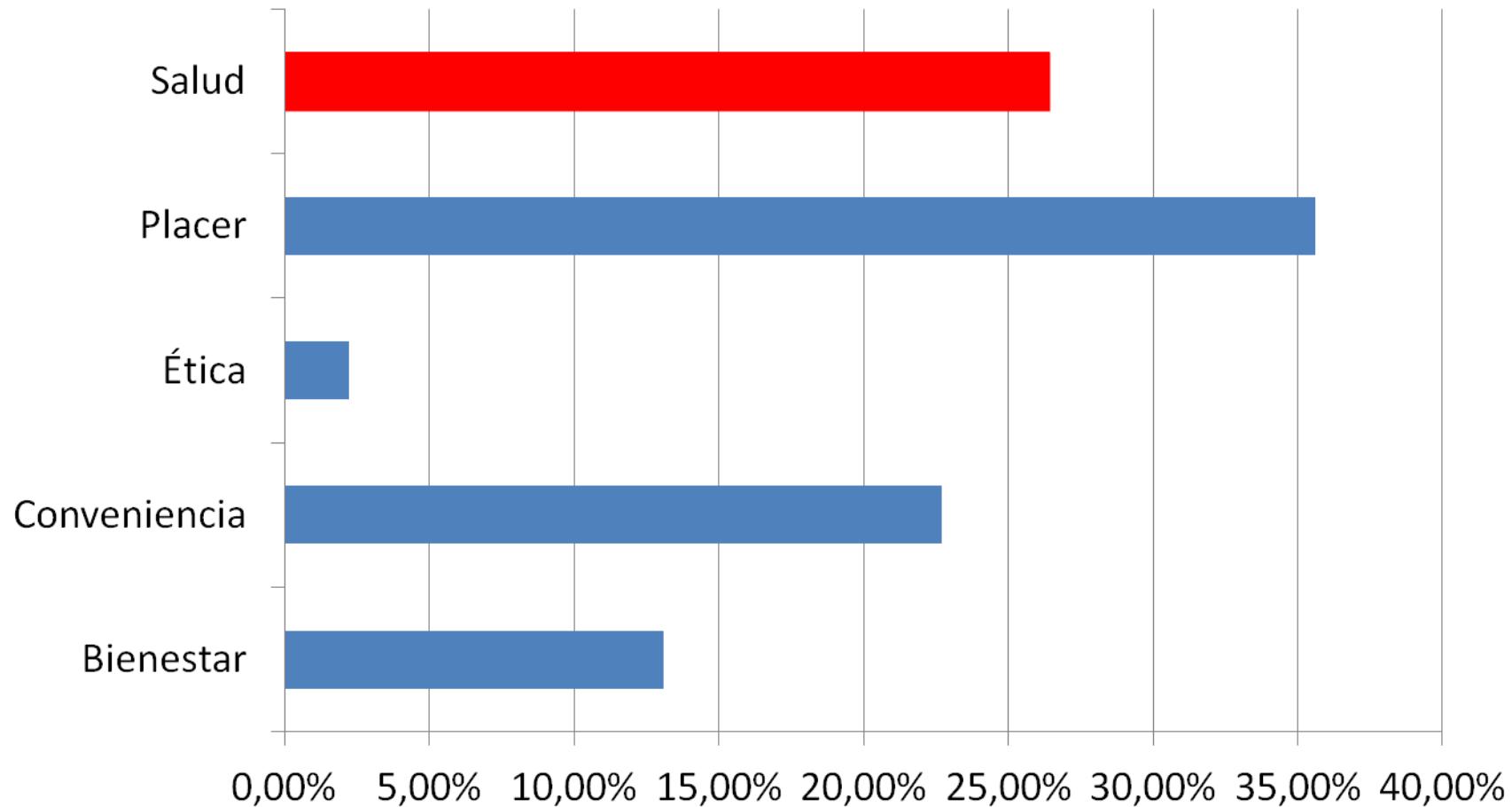
Ventas del mercado alimentario



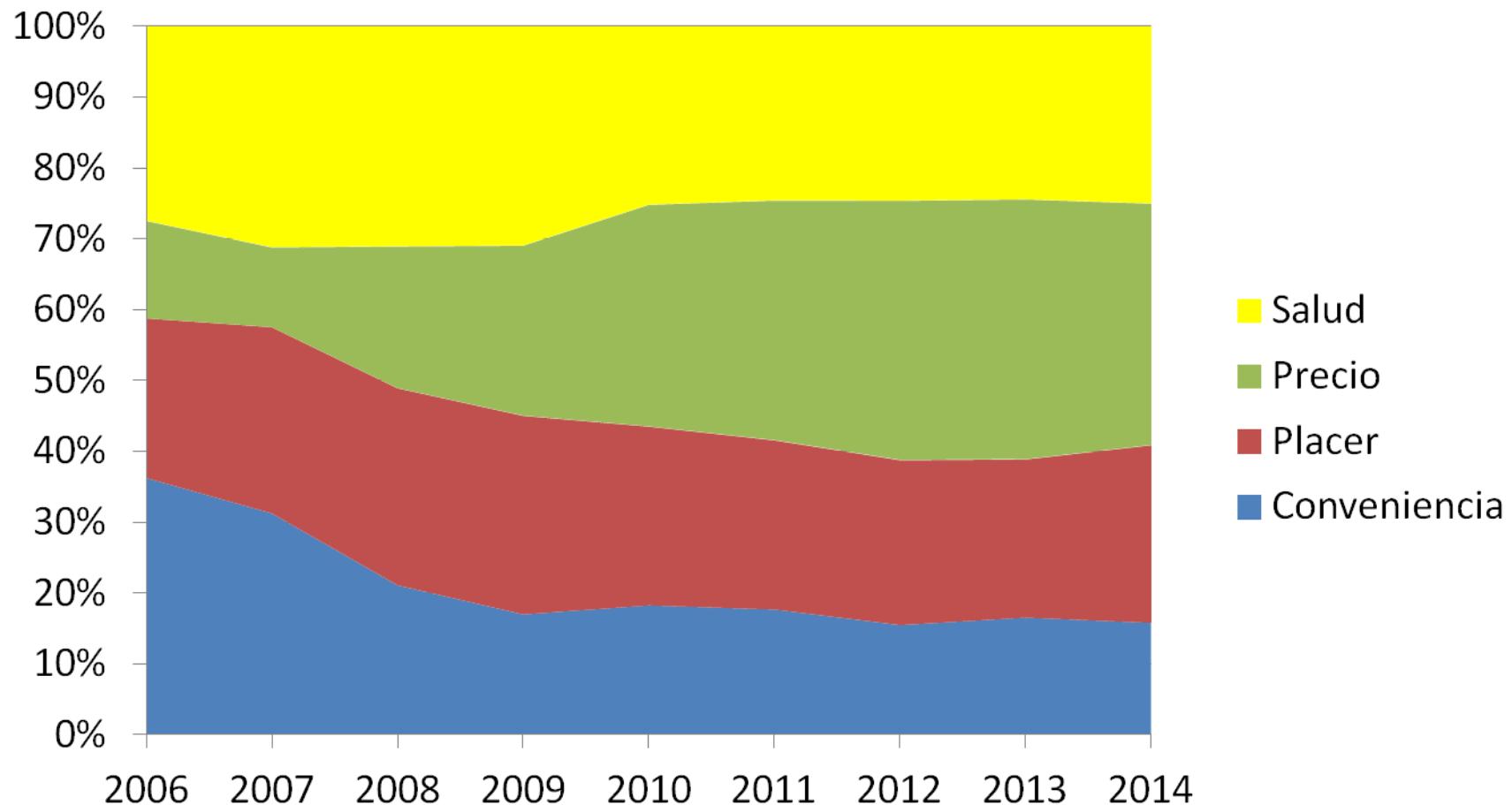
Cada vez más preocupados por la relación alimentación/salud



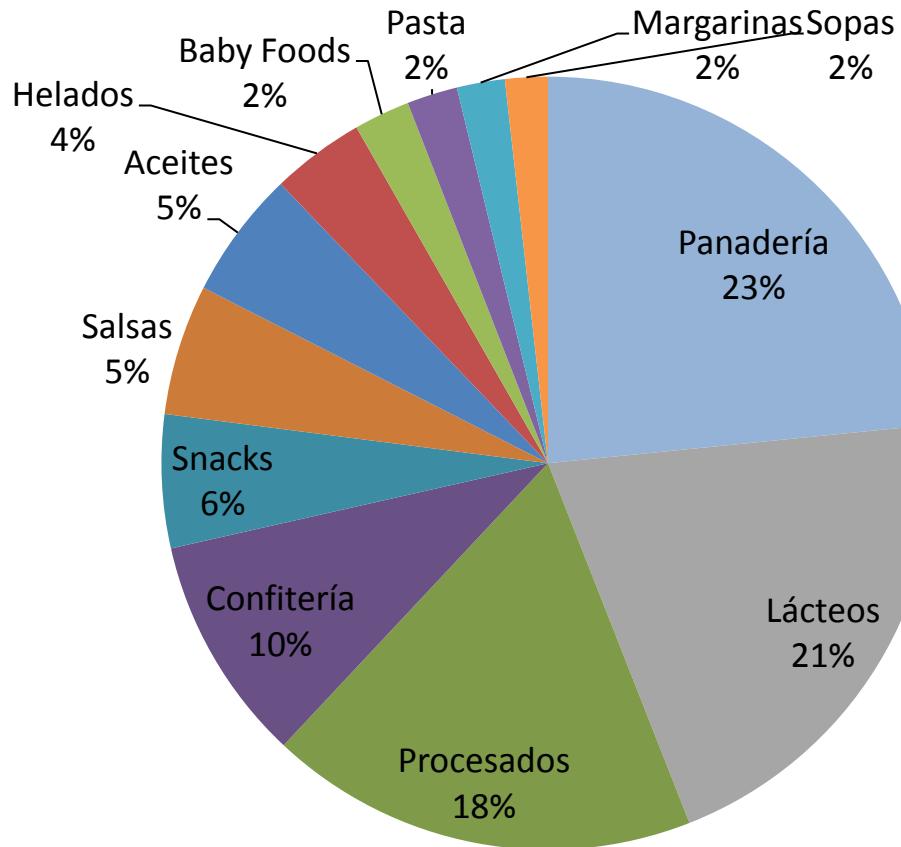
Lanzamientos de nuevos productos por tipo de posicionamiento, 2014



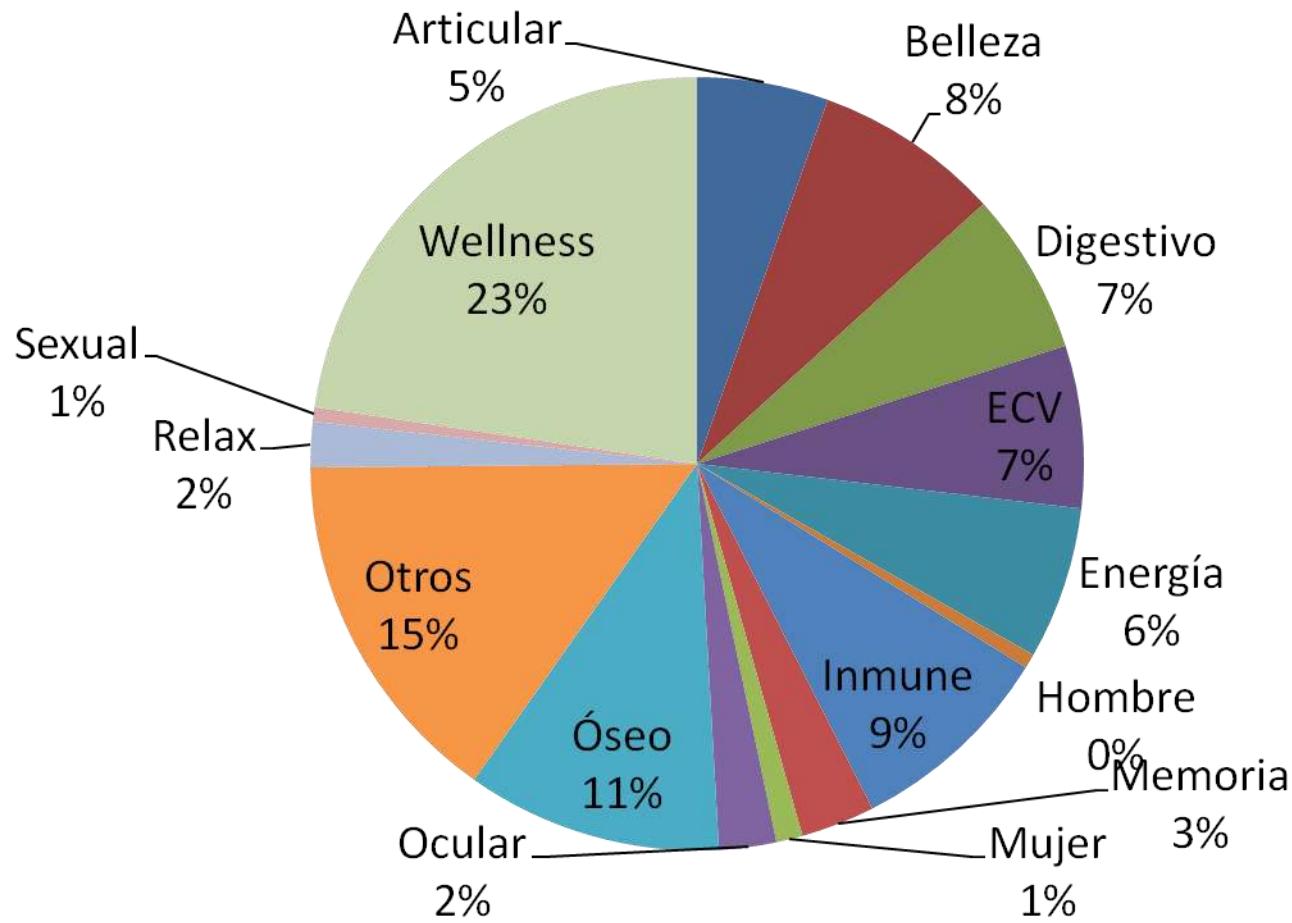
Posicionamiento de los nuevos lanzamientos de alimentos y bebidas



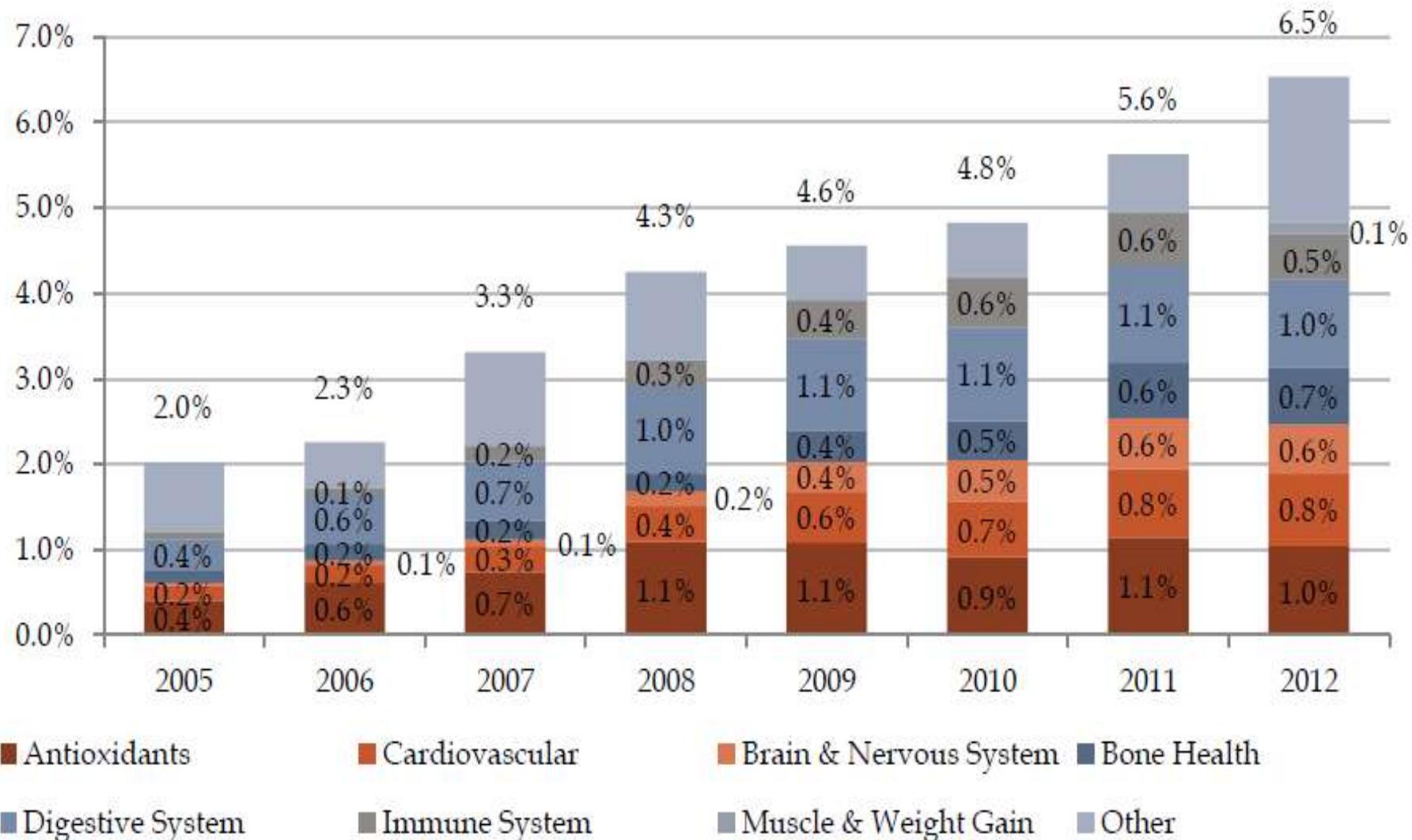
Lanzamientos funcionales por segmento de mercado



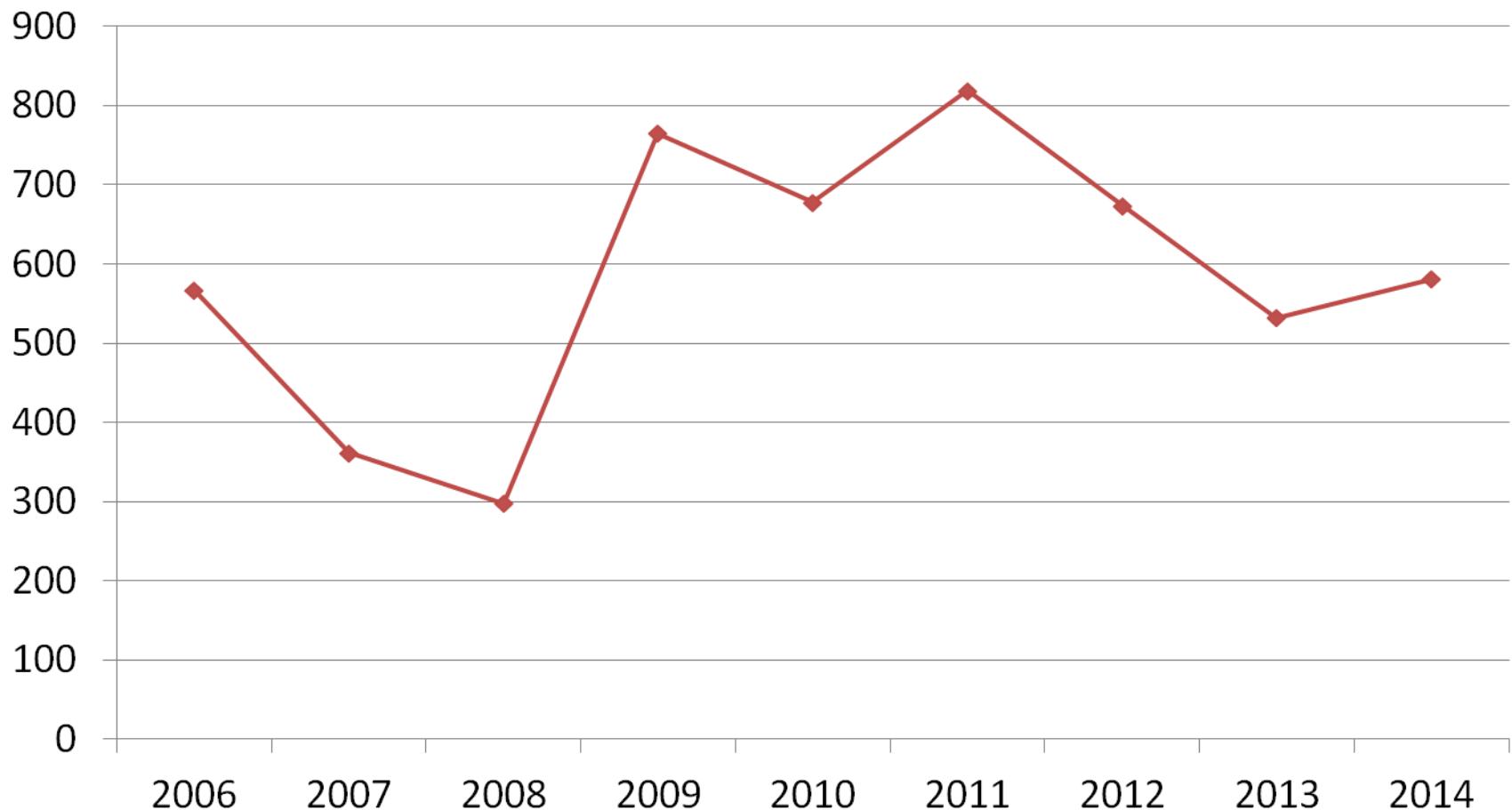
Posicionamiento del mercado global de alimentos funcionales



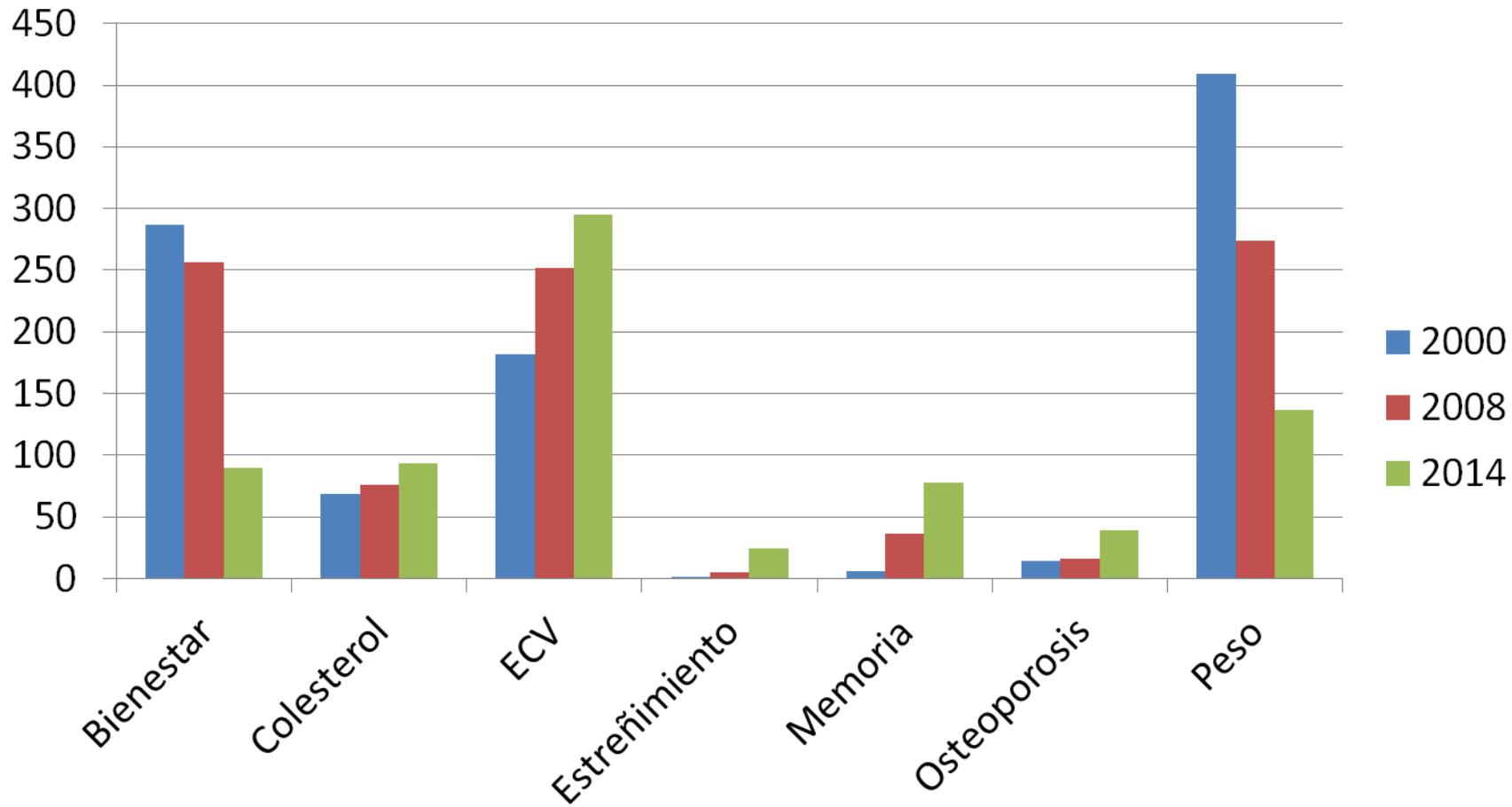
Lanzamientos funcionales por categoría



Lanzamientos de alimentos funcionales en América Latina



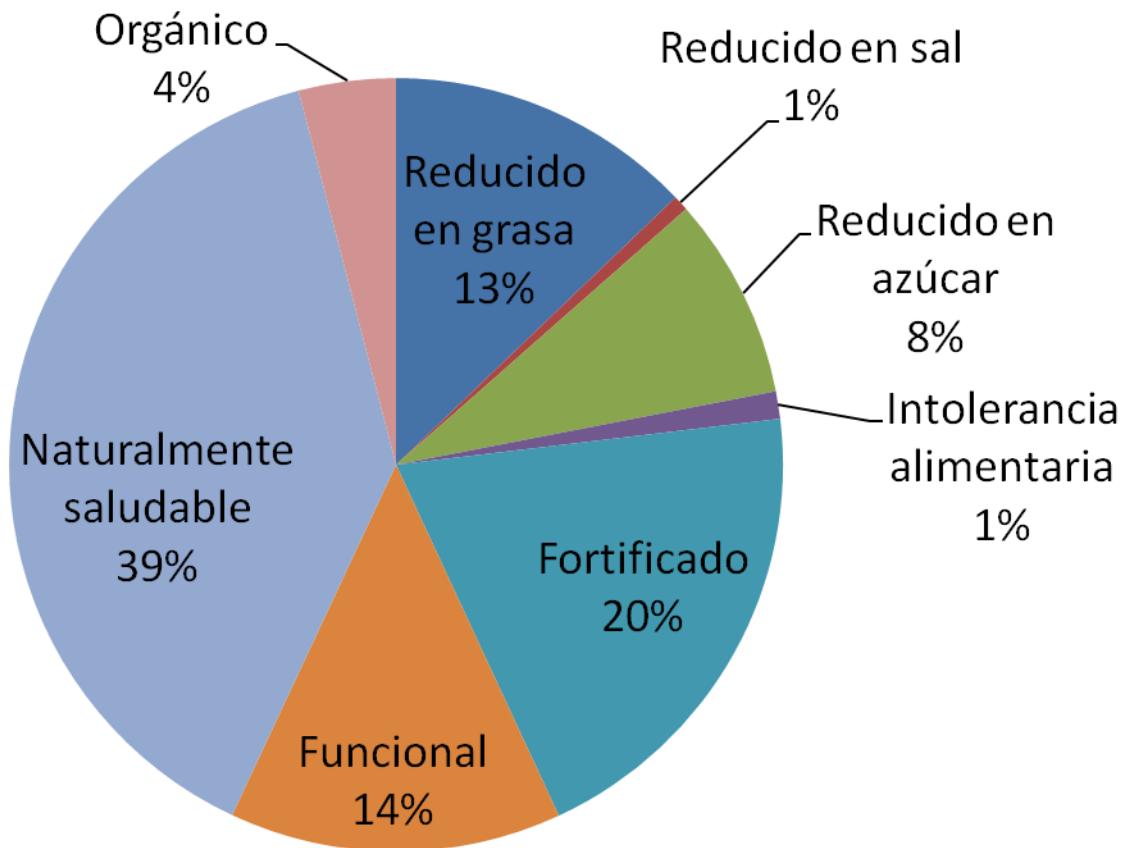
Claims de salud más usados en Latinoamérica (en número)



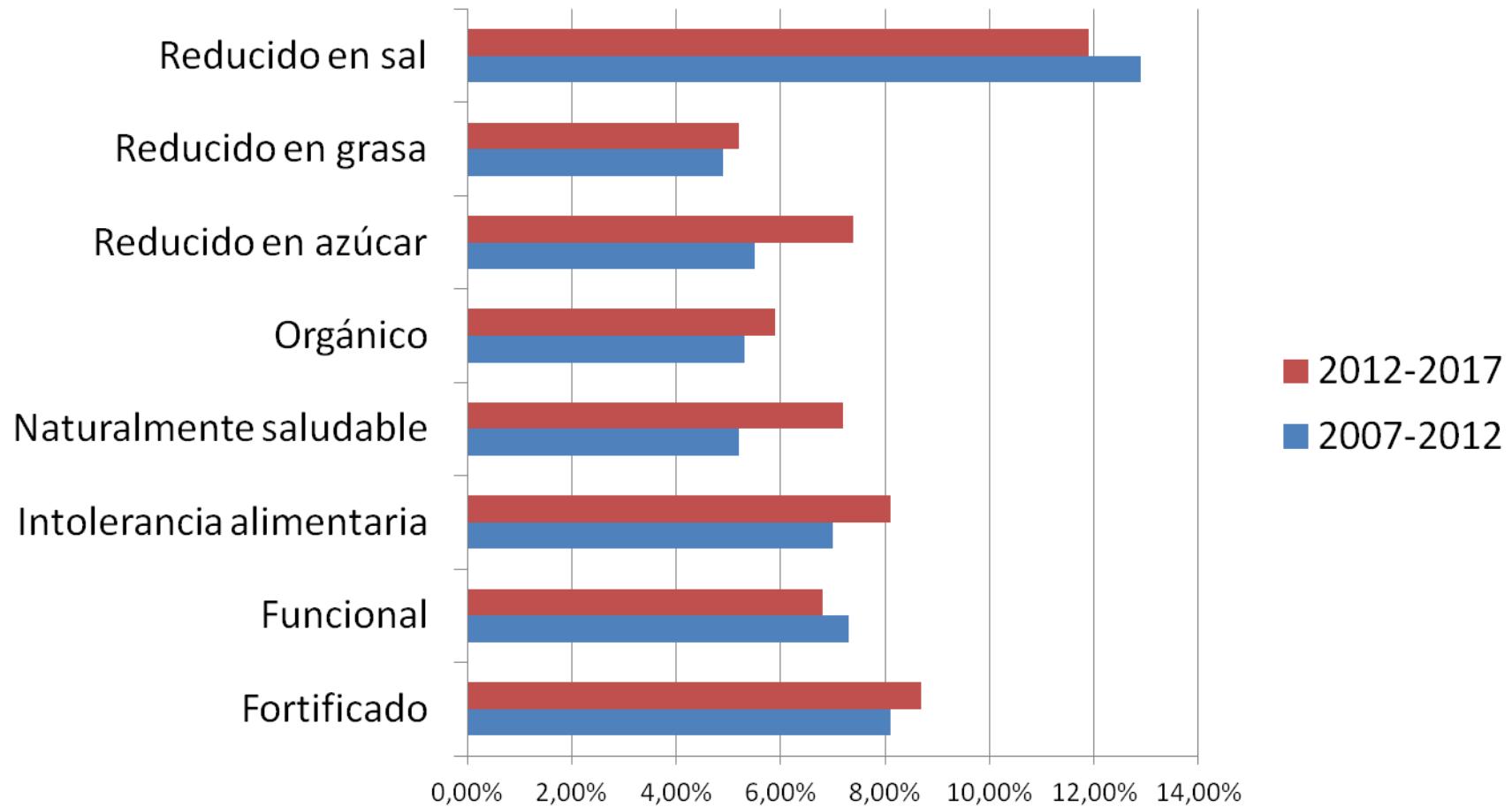
La importancia del mercado de Nutrición & Salud

Sector	Market size 2012 (USDbn, RSV)	CAGR 07-12	CAGR 12-17
Packaged Food	2,200.4	5.1%	6.0%
Health & Wellness	717.2	5.9%	7.2%
Health & Wellness Packaged Food	422.5	5.8%	6.9%
Health & Wellness Beverages	294.8	5.9%	7.5%
Alcoholic Drinks	652.4	5.8%	7.5%
Soft Drinks	521.8	5.7%	7.1%
Beauty and Personal Care	451.5	5.0%	6.3%
Home Care	147.5	4.9%	6.8%
Luxury Goods	302.0	3.6%	7.2%
Cigarettes	724.9	6.6%	9.0%

Tamaño del mercado global



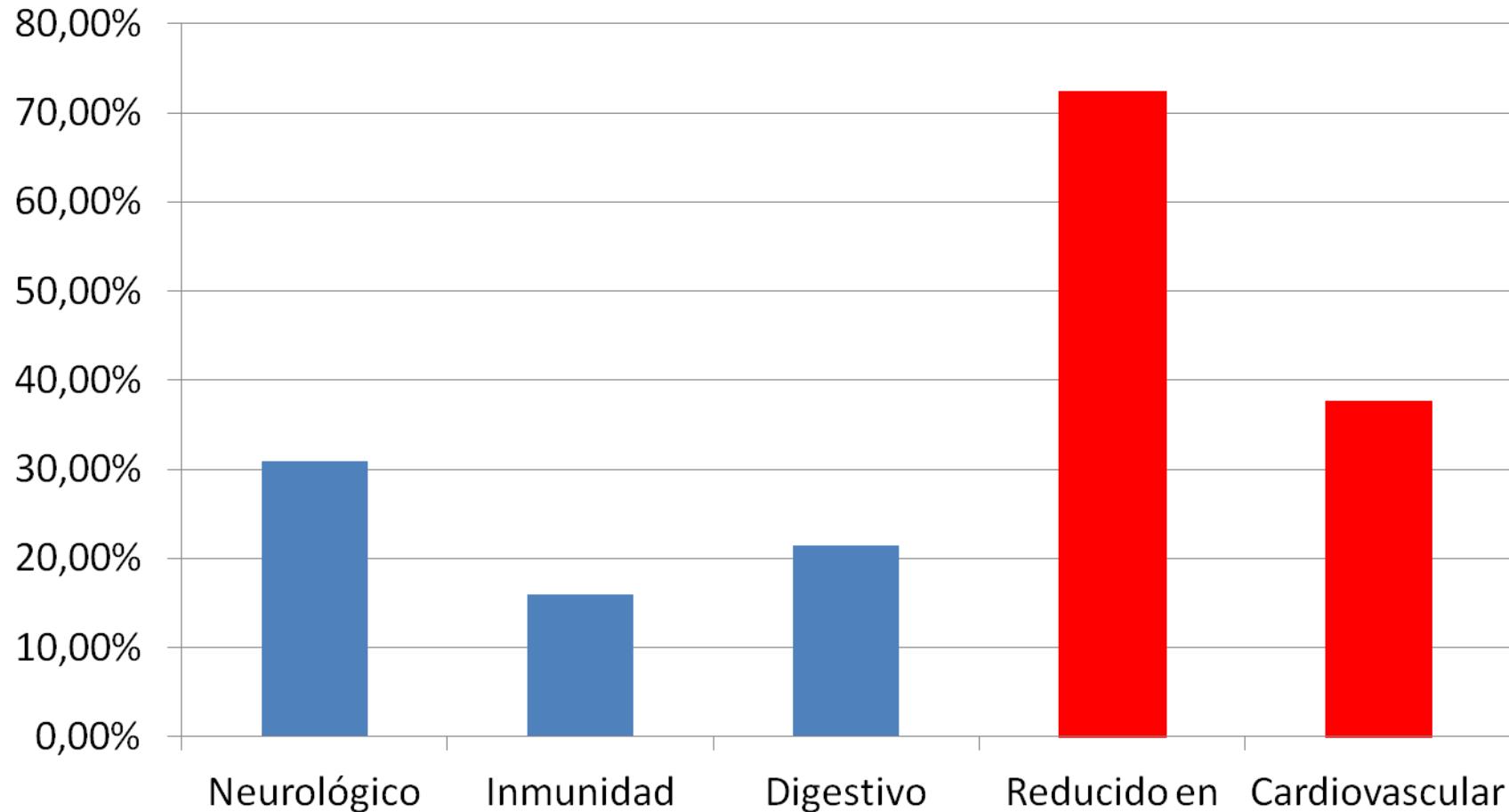
Evolución del mercado global



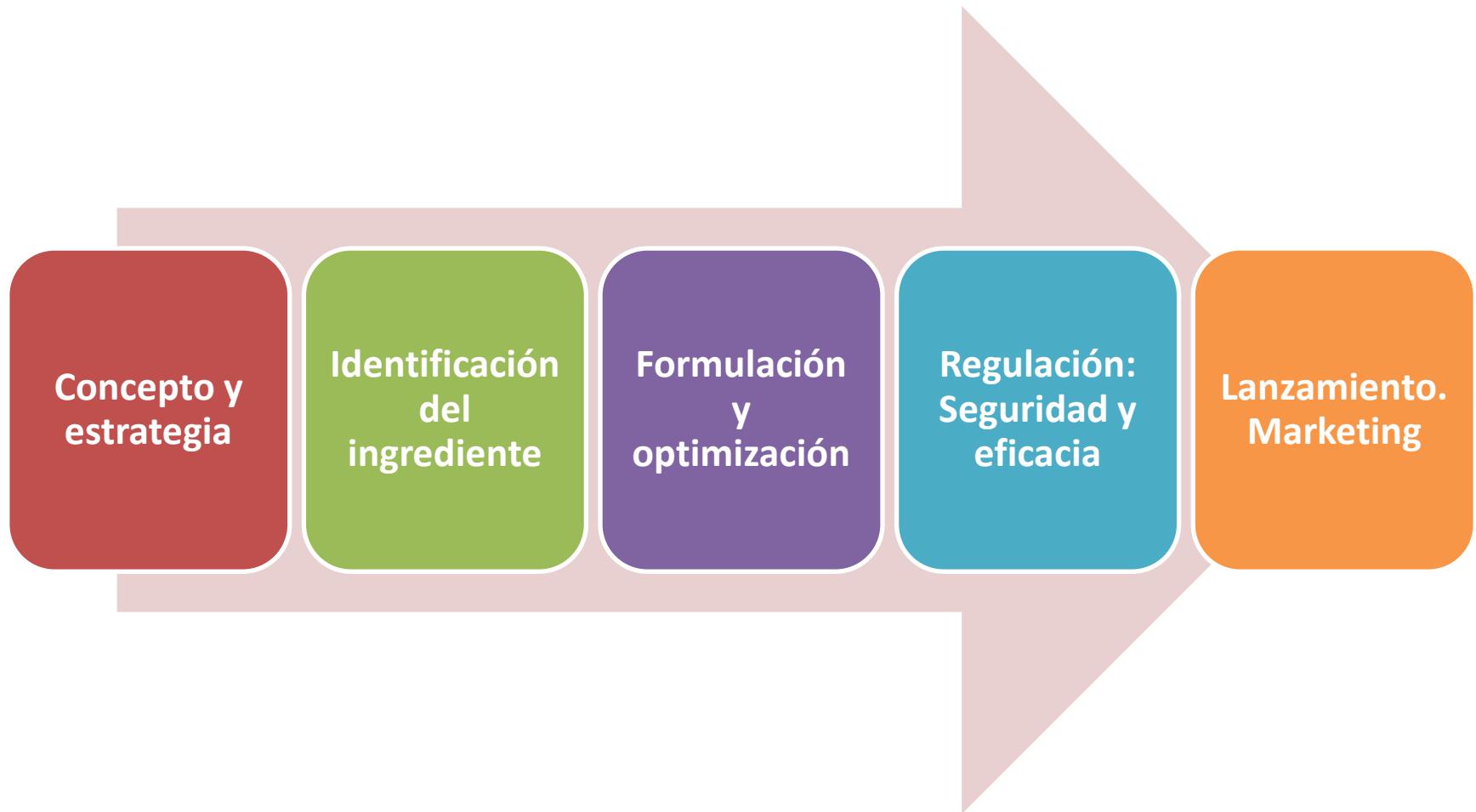
Incidencia de las tendencias por Compañía

	Nestlé	Unilever	Danone	Industry
Natural	27.3%	24.9%	24.6%	25.4%
Free-from	22.9%	22.2%	29.5%	18.4%
Ethical & environ	17.4%	26.0%	17.4%	17.0%
Convenience	22.1%	16.4%	7.4%	16.3%
Senior	24.1%	14.6%	26.1%	15.5%
Fat reduction	12.0%	12.6%	23.1%	11.2%
Nutraceuticals	18.1%	7.1%	27.2%	9.7%
Sugar reduction	5.9%	4.8%	8.2%	6.4%
Salt reduction	1.3%	1.1%	2.1%	1.5%
Protein fortified	1.3%	0.0%	3.8%	1.1%
Total	65.0%	65.8%	69.8%	54.9%

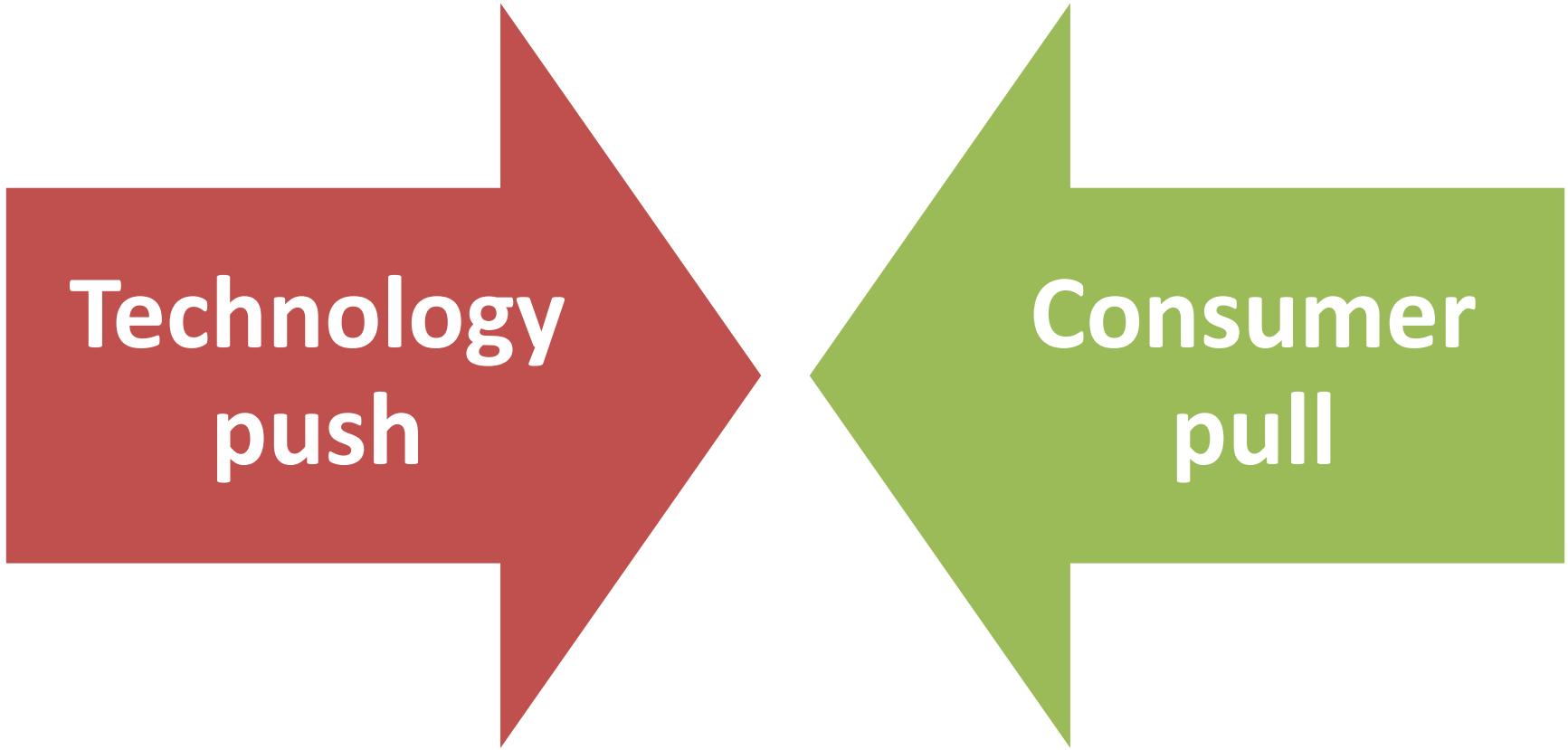
Lanzamientos globales que más crecen en los últimos 5 años



Escalones a cubrir para lanzar un alimento funcional



La clave actual de la I+D



Technology
push

Consumer
pull

Criterios de accesibilidad en la estrategia de I+D

Ciencia

- Está desarrollada ya?
- Hay que desarrollarla?

Regulación

- Se puede usar en alimentos?
- Tiene claims aprobados?

Ingredientes

- Aportan beneficios claros?
- Se pueden incluir en la matriz?

Propiedad

- IP?
- Patente?

Criterios de oportunidad en la estrategia de I+D

Categoría

- En qué categoría (actual o nueva)?
- El consumidor lo acepta?

Relevancia

- Se necesita?
- Le preocupa al consumidor?

Competencia

- Llena un hueco?
- Crea una categoría nueva?

Interés

- Es consciente el consumidor?
- Es creíble?

Healthy Food – Healthy Business

Featuring a Scottish visit to Scandinavia's leading functional foods cluster

Worldwide it's a 50 billion Euro market. In Europe alone the business may be worth over 20 billion Euros. Health-enhancing foods, sometimes referred to as "functional foods", are big business – and getting bigger. Danone's healthy dairy drink Activia, for example, saw its sales grow 40 percent last year to reach a staggering 500 million Euro, just five years after it was launched.

The University City of Lund, in the Skane region of southern Sweden, has proven to be one of the world's leading centres of new product development and scientific research in health-enhancing foods. So when the Scottish food industry and Scottish Enterprise, the Scottish government's industrial development agency, decided together to look for international partners in the field, Sweden was their first stop.

The visit had its genesis back in February 2001, arising from a co-operation between the London-based Centre for Food & Health Studies (CFHS), an organisation that researches, analyses and forecasts developments in the business of food and health throughout the world, and Peter Wennström, a Swedish brand consultant and internationally-acknowledged expert in functional foods marketing.

Peter Wennström and Julian Mellentin, co-Director of the CFHS, were among the presenters at a health-enhancing foods seminar, hosted by Teknillärocksfonden (the technology bridge foundation), which was held in Lund in early 2001 and attracted 60 companies from all over Scandinavia. Later that year, Wennström and Mellentin were asked by Scottish Enter-

prise to deliver a similar seminar for the Scottish food industry.

By this time Scotland had developed its own ambitions to become a player in health-enhancing foods and asked CFHS and Wennström, as the leading consultants in food and health strategy, to carry out an international benchmarking study of health-enhancing food centres around the world. The study identified Lund in Sweden as one of the world's top-three centres (along with Finland and Canada). And from there it was a short and logical step for Wennström and Mellentin to bring the two countries' food and health ambitions together.

"There are many parallels between Scotland and Sweden," explains Peter Wennström. "Both countries have much the same food produce, they both have London as an export market and they both have the same kind of image. The only difference is that the Swedes already have ten years of experience in the food-and-health field. So, the Scots wanted to visit us and the response in Skane was positive."

The visit, hosted by Region Skane, the Swedish local government authority, united in Scottish food companies, Scottish Enterprise and the Rowett Research Centre,



John McArthur from the Rowett Glaxo Dairy Products and Kation Lewis from International Fish Canners (IFC) were particularly impressed by the collaborative unified approach between industry, academia and health researchers in the region.

Scandinavia's world-renowned nutrition research faculty, with counterparts in Lund.

Since the early 1990's an informal "functional food" cluster has been evolving in Sweden, focused on Lund University's Isaac Science Park. Indeed Lund University plays a dominant role in the region's cluster and it is a stakeholder in almost all of the organisations involved.

The cluster has evolved gradually. The players in the cluster have different but complementary aims and objectives and yet, without any formal centralised leadership, they have developed successful symbiotic relationships with one another. Julian Mellentin attributes this successful informality and co-operative spirit to the consensus-seeking Swedish culture.

The cluster has no formal strategy but exists because food is the main industry in the Skane region and indeed over 60 percent of the Swedish food industry (some 1,200 companies) are located there.

Asked what particularly impressed struck them about the Swedish approach to innovation in food and health the Scottish visitors were almost unanimous:

The collaborative unified approach between industry, academia and health and medical researchers;

Government support and funding; the understanding and health consciousness of the consumer; the strong identity of the



The practical organisers of the event Julian Mellentin from the London-based Centre for Food & Health Studies (CFHS) and Peter Wennström from Wennström Integrated.

NEW NUTRITION BUSINESS

VOLUME 15 NUMBER 6

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Europe's health claim regulator sets itself up as ultimate arbiter of science

By Julian Mellentin

The European Food Safety Authority (EFSA) has made it clear since June 2009 that it regards controlled clinical studies as the "gold standard" of evidence that companies must provide if their health claim petitions are to have any chance of success.

But on March 4th EFSA's claim of maintaining a scientific gold standard was blown wide-open in a damning 20-page letter to the European Commission, from Christian Neu, the President of Danone Baby Nutrition (DBN).

Neu's letter surgically deconstructs EFSA's misguided and inconsistent processes, its failure to follow guidelines already established by the EU and its seemingly arbitrary application of the generally accepted standards and methodologies of the scientific community.

The letter is all the more powerful in that it comes from a company that has consistently stood by the health claims process, even when it did not find in its favour (see ANB February 2010 – *Danone demands reform for EU health claims regulation*).

And DBN is not alone in its protest – members of the scientific community have also spoken out against EFSA's approach. If, in the wake of these revelations, EFSA is not significantly reformed, then it will be clear

that Europe's health claims process is broken.

In December 2009 EFSA ruled against a health claim petition made by DBN – formerly Numico – for the claim: "With Immunoforte it naturally strengthens the baby's immune system". This claim related to the effects of containing an infant formula containing a patented mixture – branched Immunoforte – of short chain galacto-oligosaccharides (eGOS) and long-chain fructo-oligosaccharides (FOs).

DBN points out that of the 30 studies it submitted in substantiation, 25 were published in peer-reviewed journals and of these 18 met the criteria of being prospective, randomised, double-blind, placebo-controlled clinical studies. DBN expresses surprise at EFSA's extreme criticism and questions on the methodology of individual studies, comments which DBN asserts included at least one "incorrect conclusion".

So far-reaching were EFSA's comments that they even included questioning of "the criteria used by paediatricians for antibiotic prescription" and questioning of whether – in peer-reviewed studies – criteria were applied uniformly.

Even though EFSA comments on several of the studies submitted, there are others, says Neu, "which do not seem to have been reviewed, or the opinion fails to address such review". This is a significant omission since Neu points out, the health claims regulations require that the claim review process should

Continued on page 4

Death-knell for the ingredient industry's "Intel Inside" dream?



Pages 5-11

Naked Pizza: changing American diets one slice at a time?



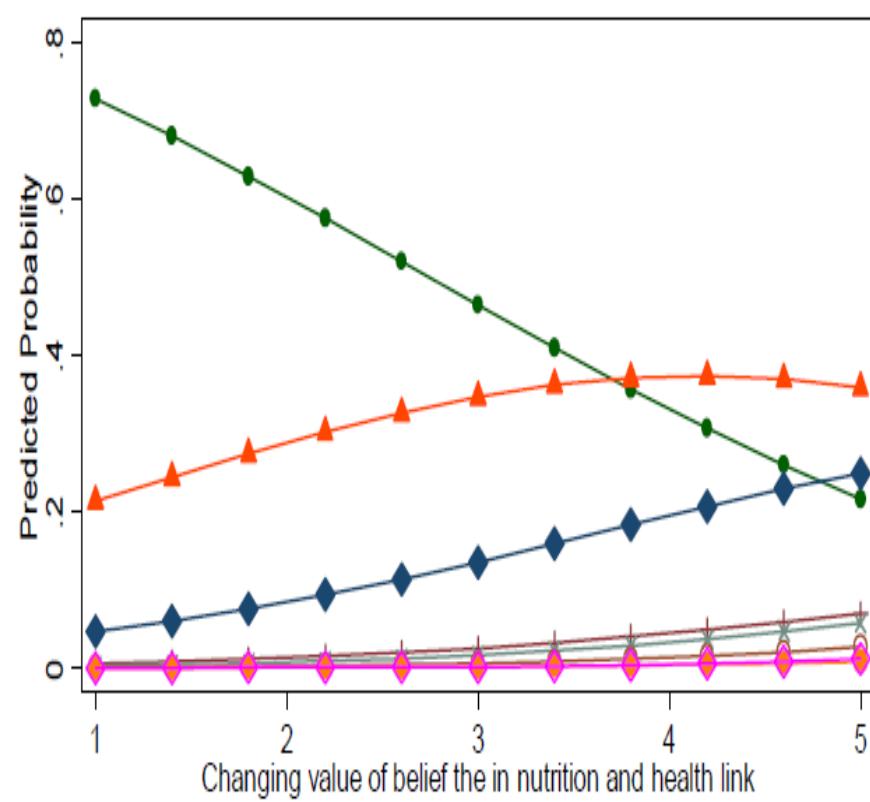
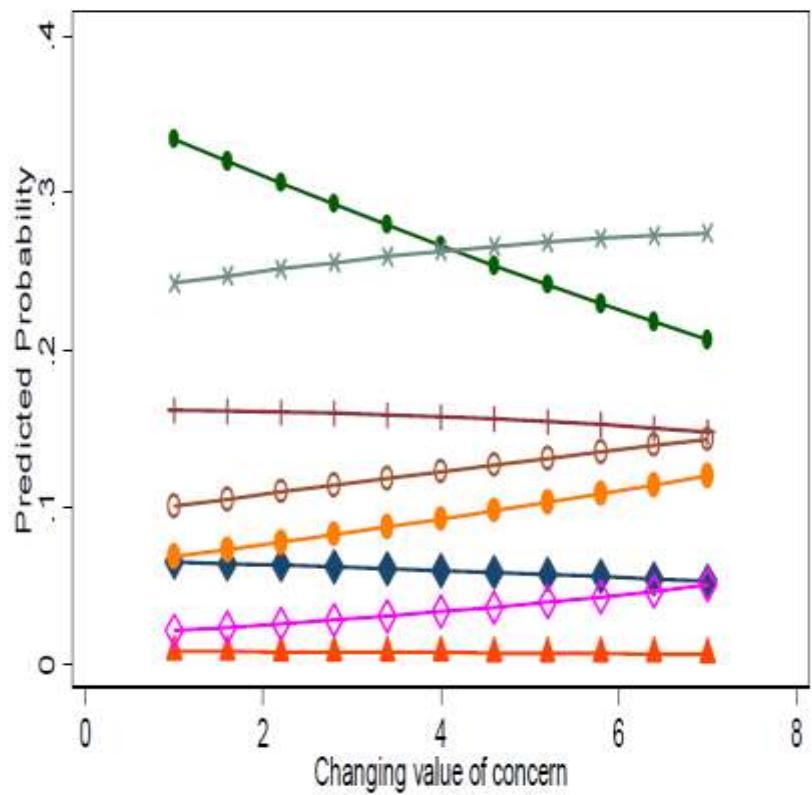
Pages 15-17

Can stevia hit consumers' sweet spot?



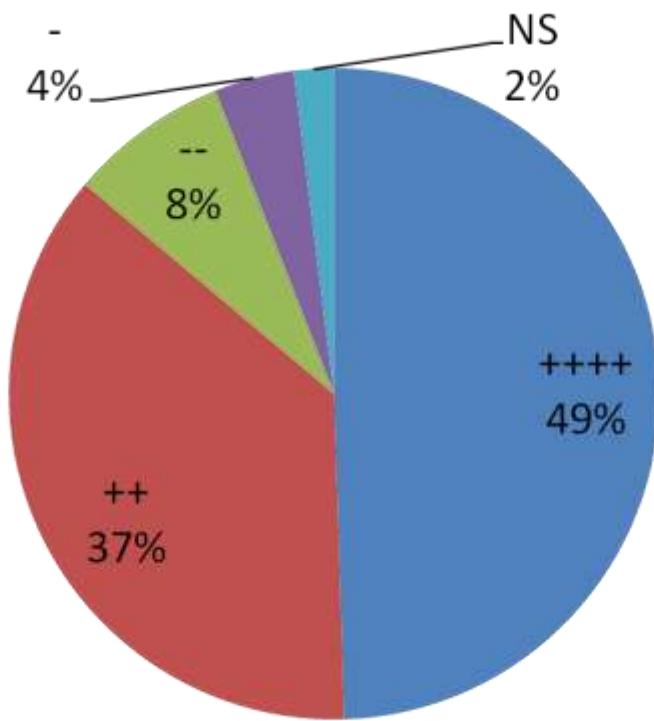
Pages 18-20

La importancia del precio “justo” en los alimentos funcionales: El precio “justo” estimula la credibilidad del consumidor

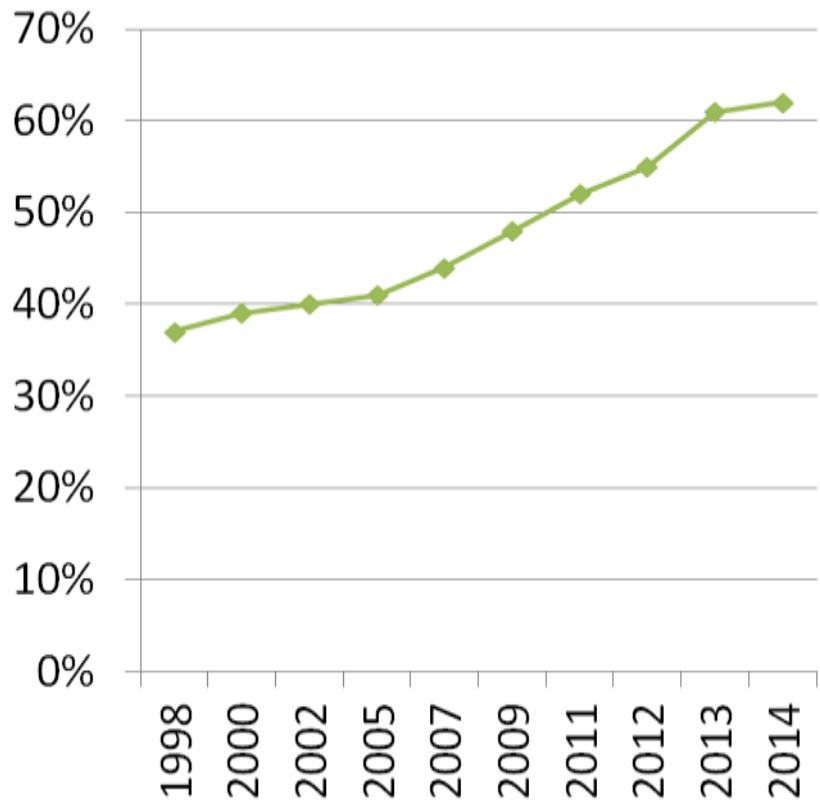


Alimentos funcionales y beneficios

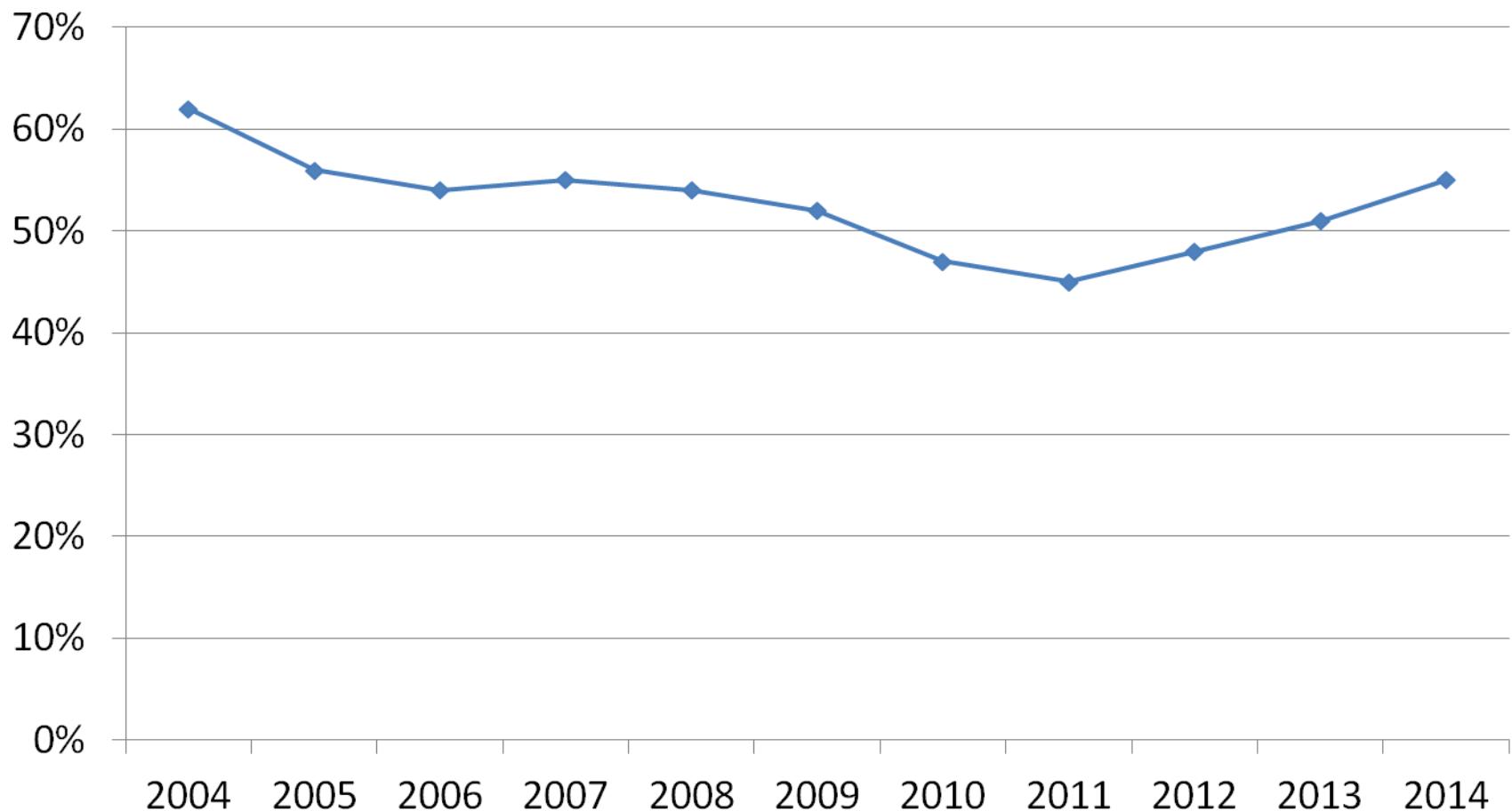
Confianza en los alimentos funcionales



Identificación de alimentos y beneficios

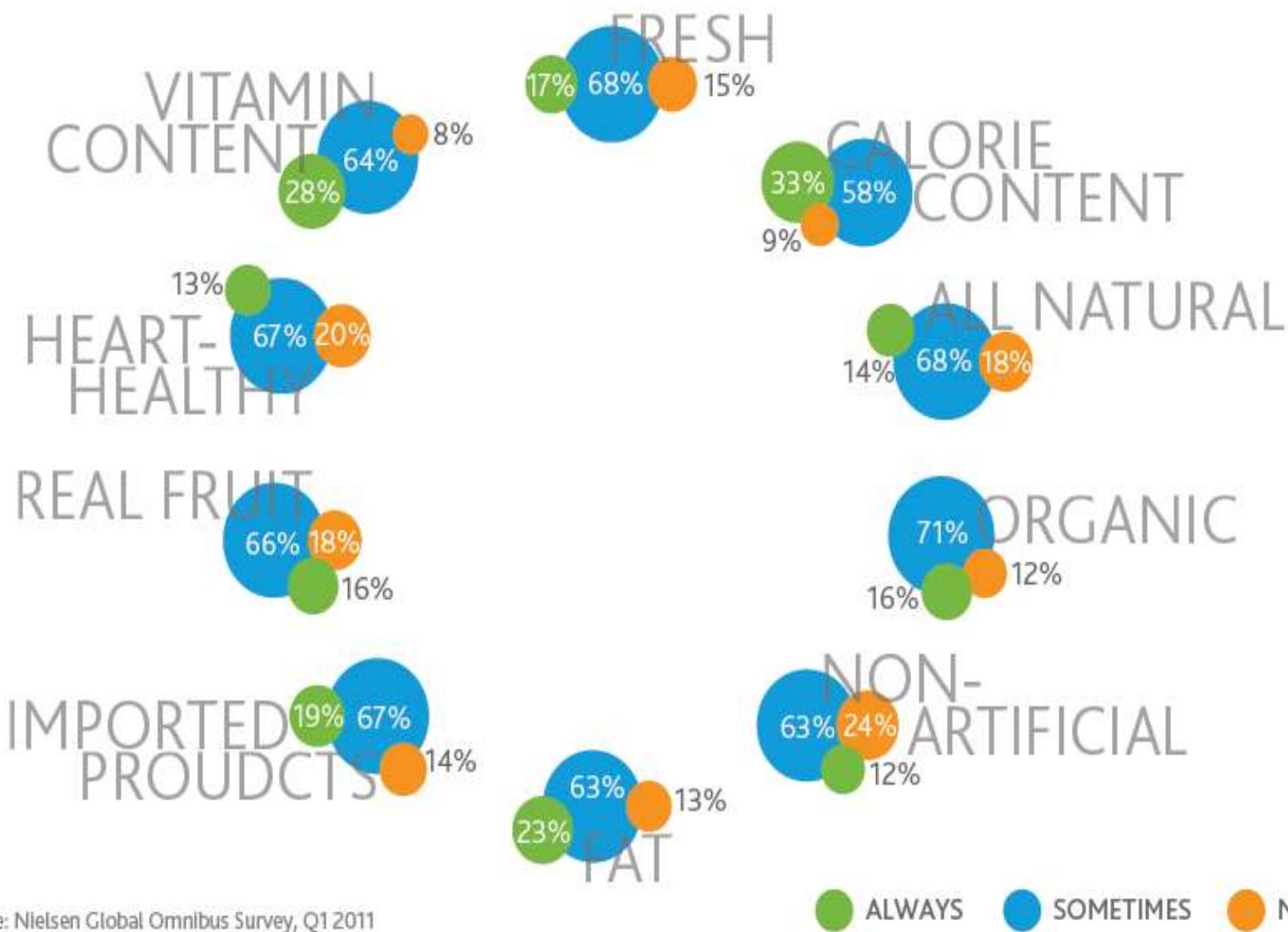


Credibilidad para los consumidores de los health claims



Do you believe/trust that the following food labels claims on packages are accurate and truthful?

Global Average



Source: Nielsen Global Omnibus Survey, Q1 2011



ALWAYS

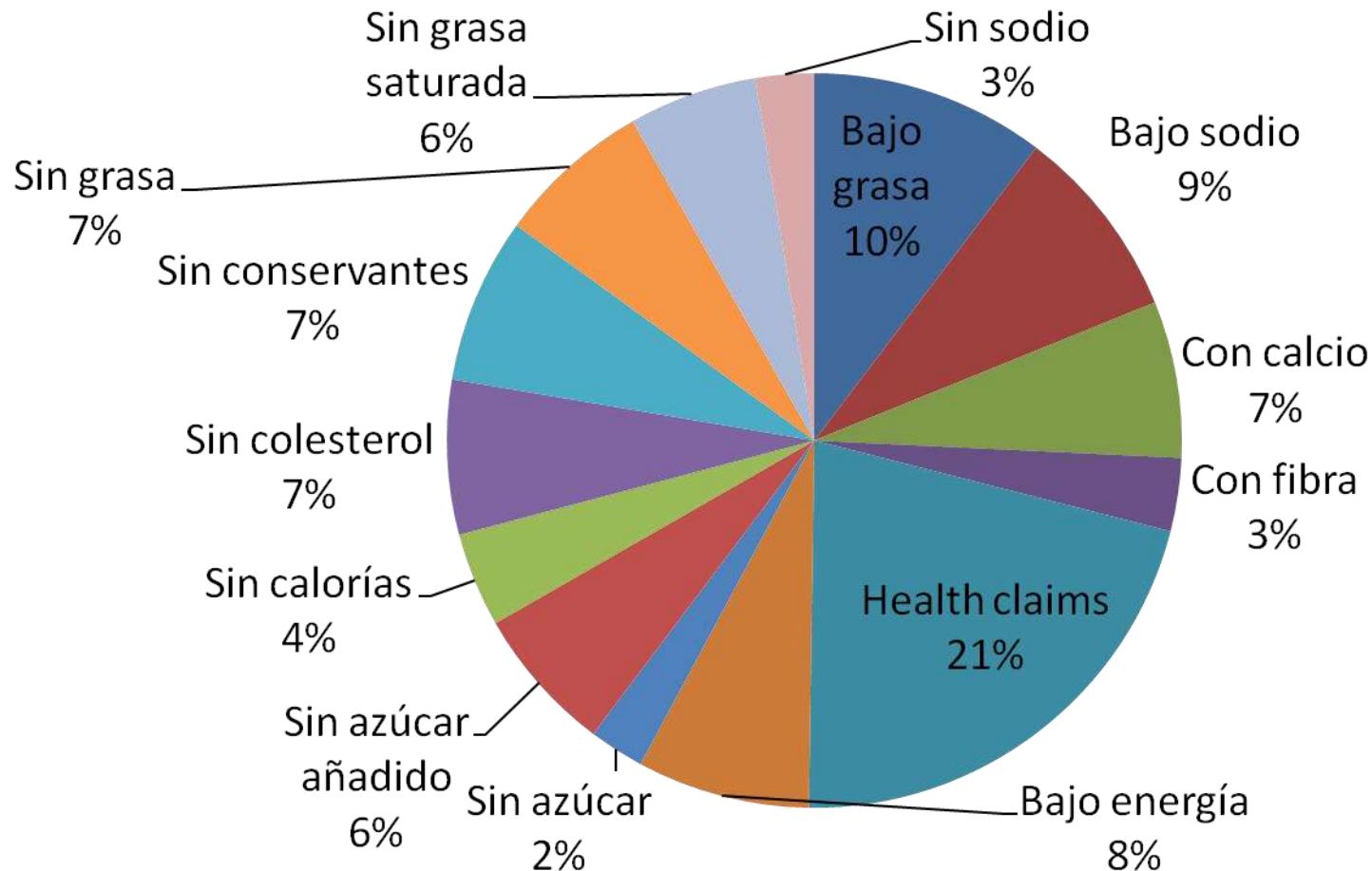


SOMETIMES

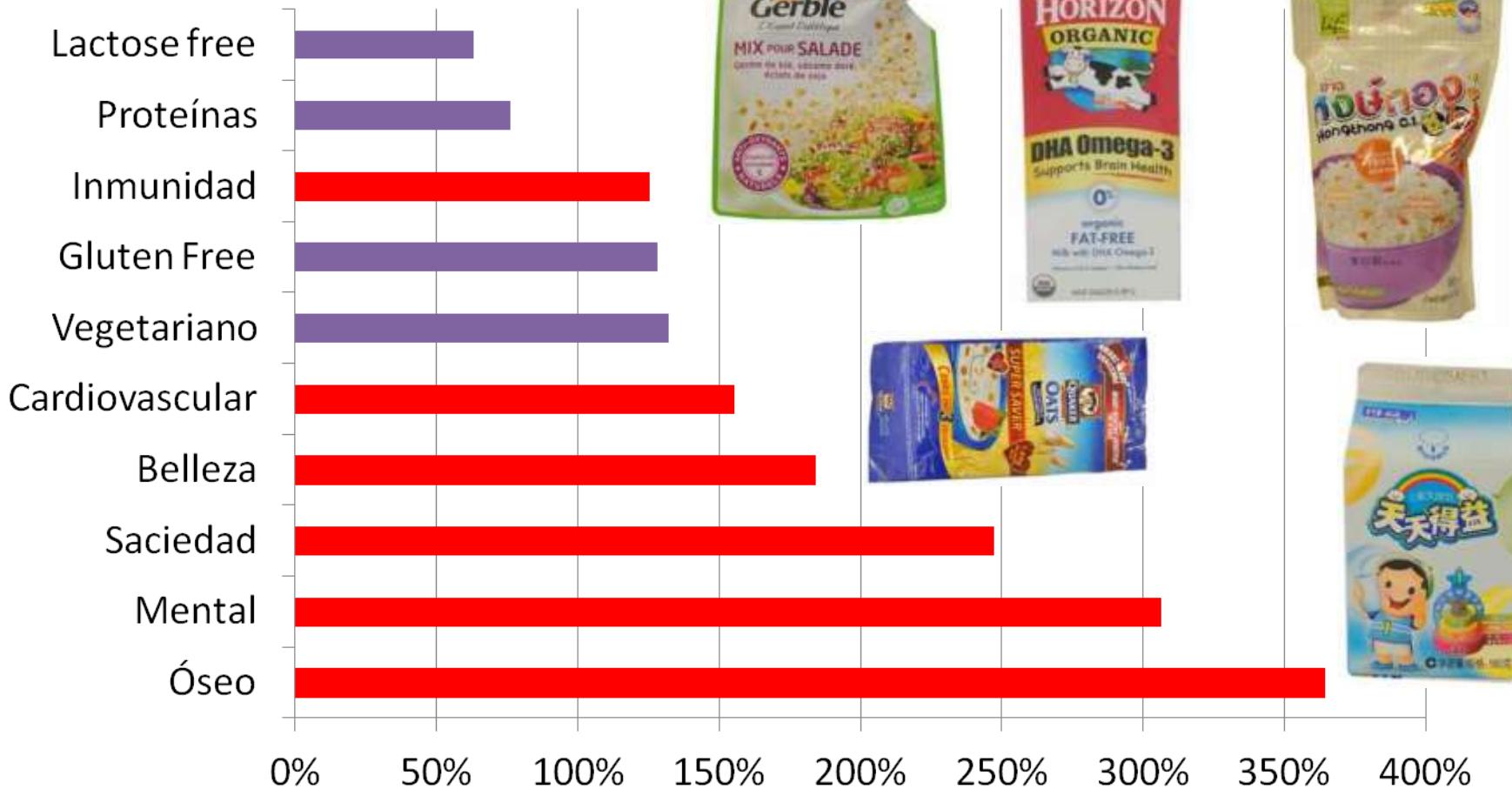


NEVER

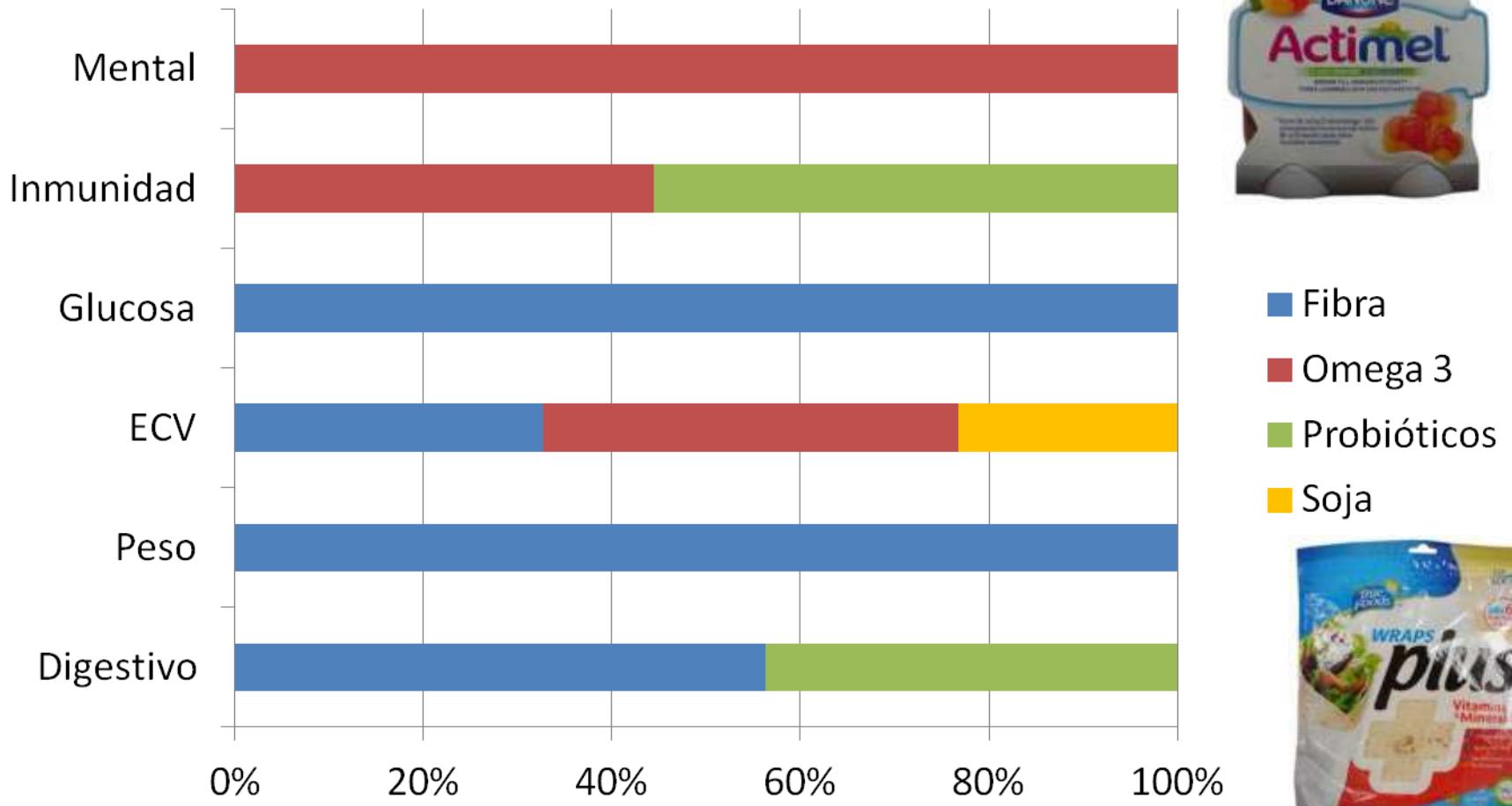
Confianza de los consumidores en diferentes declaraciones



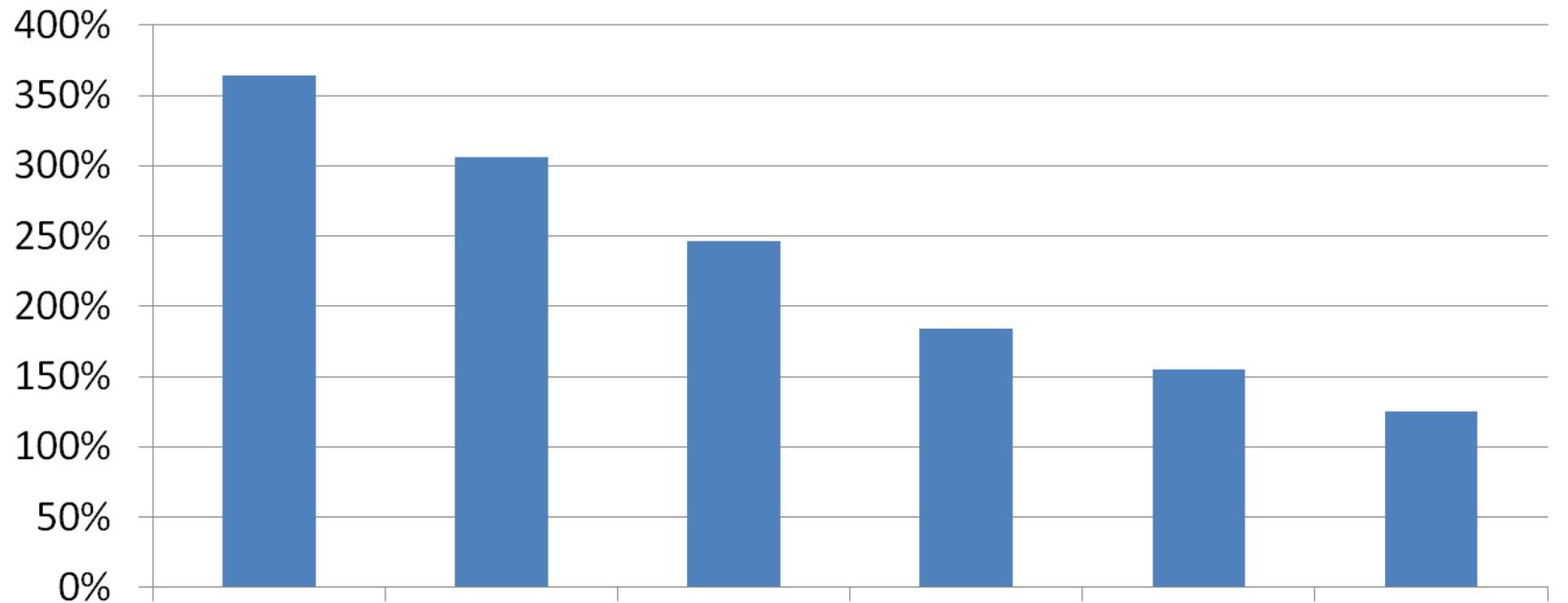
Los claims “activos” que más crecen



Utilización de los principales ingredientes funcionales



Los claims que más han crecido en los últimos 5 años



Un claim que se abre paso: La energía de liberación sostenida

The image shows the homepage of the belVita Breakfast website. At the top, there's a navigation bar with links for "ABOUT", "POWER", "PORTABILITY", "GOLDEN OAT", "BLUEBERRY", and "APPLE CINNAMON". Below the navigation, a large image features a box of belVita Golden Oat Breakfast Biscuits on the left, and on the right, a bowl of cereal with milk, a spoon, and two peach slices. A circular badge in the upper right corner says "FIND IN THE COOKIES & CRACKER AISLE". In the bottom right corner of the main image area, there's a green button with white text that reads "USE YOUR SCROLL WHEEL TO NAVIGATE". The central text on the page reads "A NEW KIND OF BREAKFAST." in large green letters. Below this, a paragraph introduces the new belVita Breakfast Biscuits, stating: "Introducing new belVita Breakfast Biscuits. Each pack includes four lightly sweet, crunchy biscuits to help you stay fueled up all morning long." At the bottom left, a small note says "Blueberry biscuits shown." The bottom navigation bar includes links for "JOIN THE CONVERSATION ON FACEBOOK", "Like", and "Tweet". The Kraft foods logo is also present at the bottom left.

belVita BREAKFAST

What is belVita?

Benefits of the Biscuit

belVita in Action

ABOUT POWER PORTABILITY GOLDEN OAT BLUEBERRY APPLE CINNAMON

FIND IN THE COOKIES & CRACKER AISLE

belVita BREAKFAST

GOLDEN OAT BREAKFAST BISCUITS

Nutritious Sustained Energy
19g WHOLE GRAIN

Blueberry biscuits shown.

A NEW KIND OF BREAKFAST.

Introducing new belVita Breakfast Biscuits. Each pack includes four lightly sweet, crunchy biscuits to help you stay fueled up all morning long.

JOIN THE CONVERSATION ON FACEBOOK

Like Tweet

Kraft foods

Cuál es el secreto del éxito?



La compañía ganadora

Postura clara pero arriesgada. Es “la primera”

Se centra en el consumidor

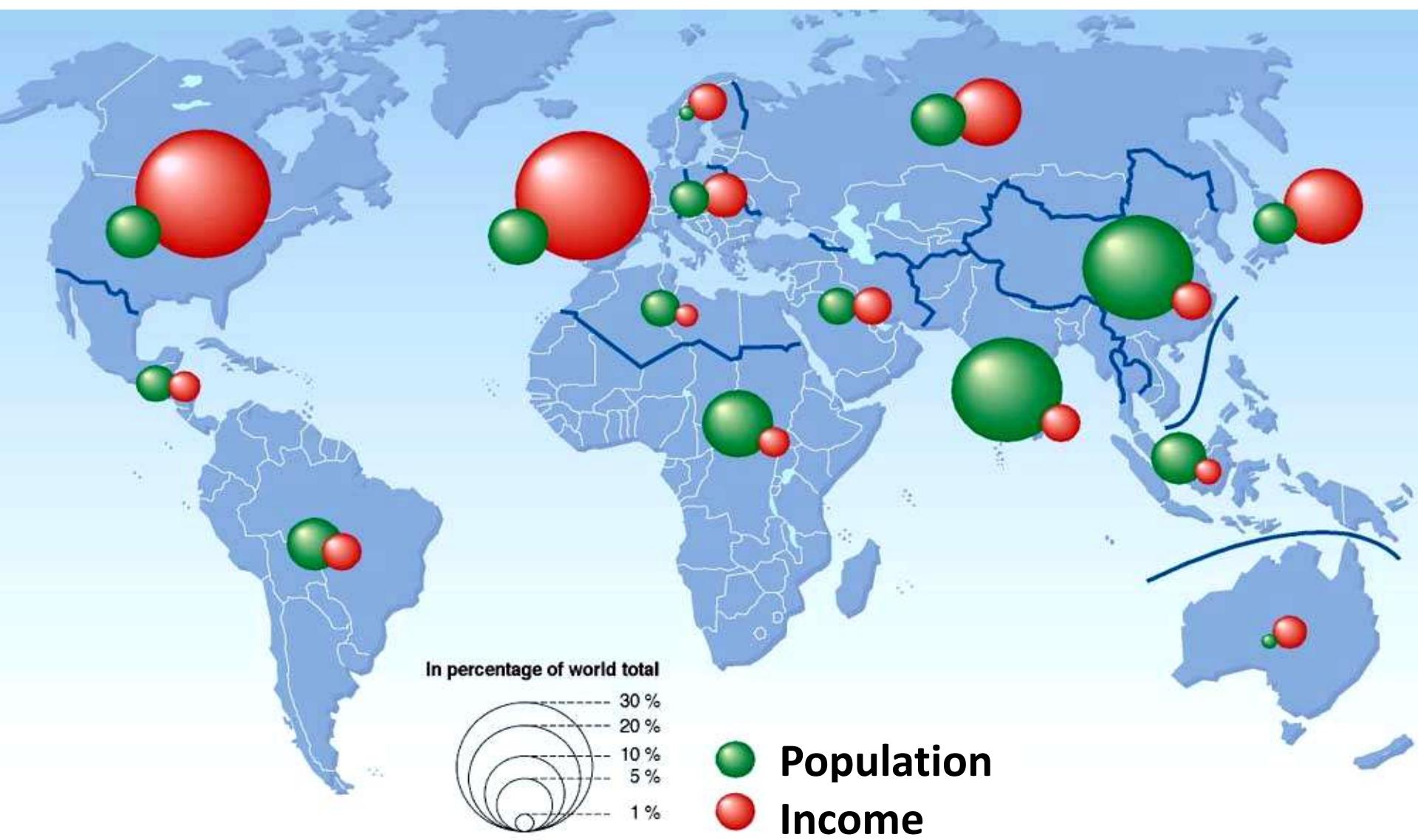
Es líder: Crea mercado

Es proactiva: Se adelanta

Crea una alianza con su consumidor

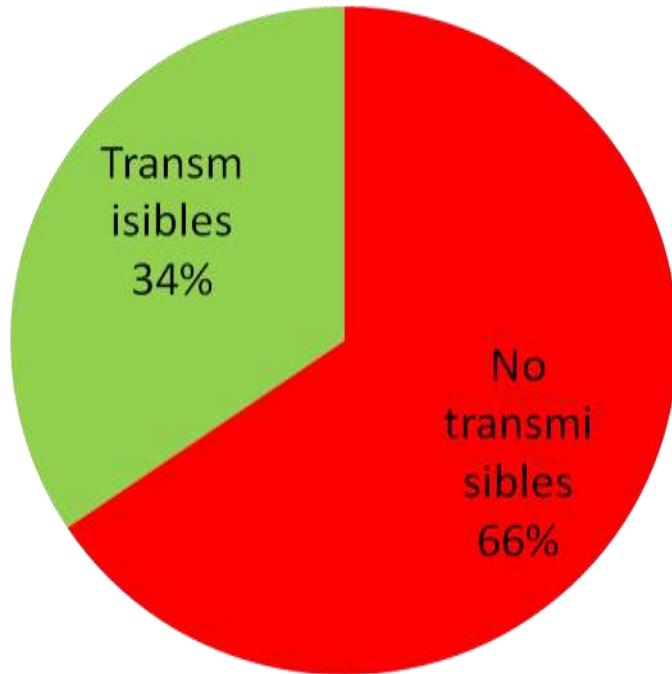
*La importancia de los perfiles
nutricionales sobre la “nutrición
óptima”*

Vivimos en un mundo de inequidades

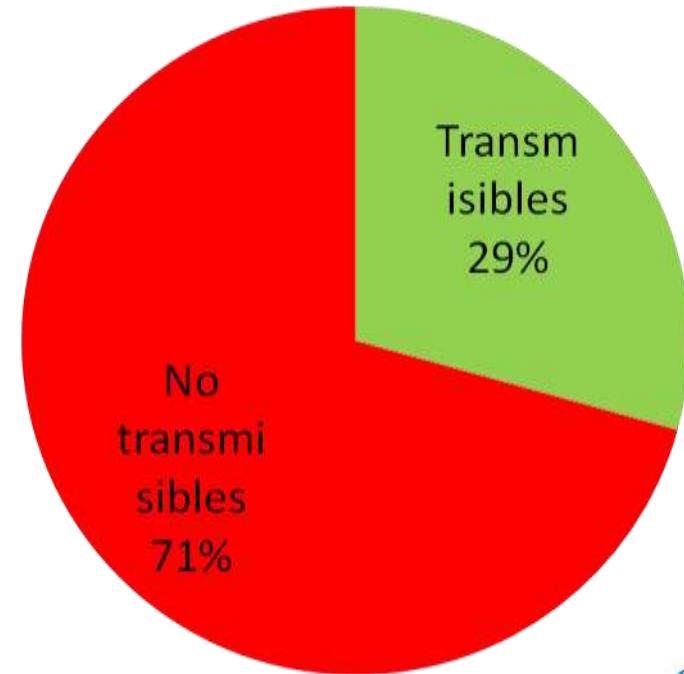


Pero, cada vez más, la muerte (y también la enfermedad) nos hace iguales

Enfermedad

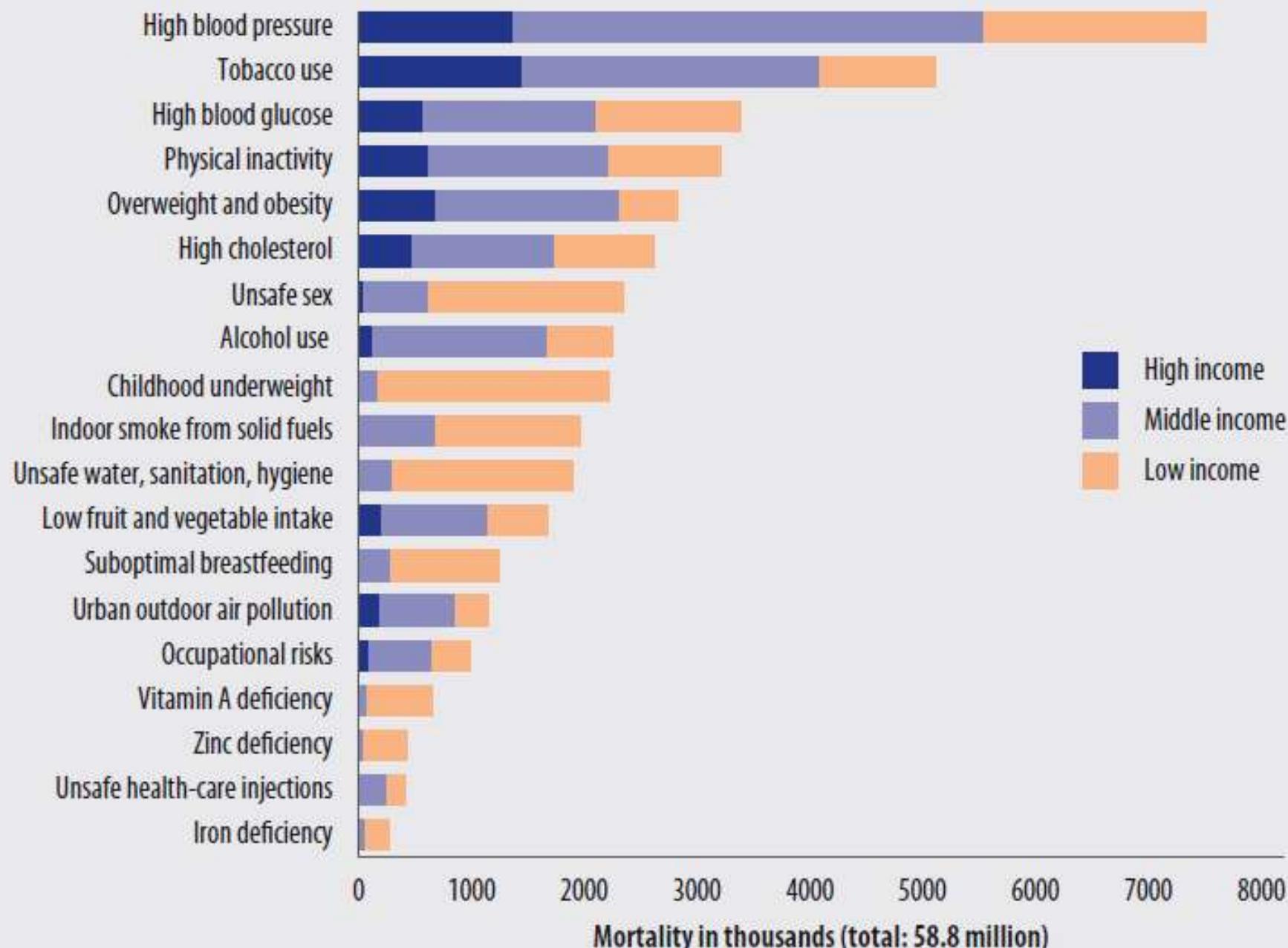


Mortalidad



World Health Organization

Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.



Por qué?: Porque la obesidad mata más que la malnutrición

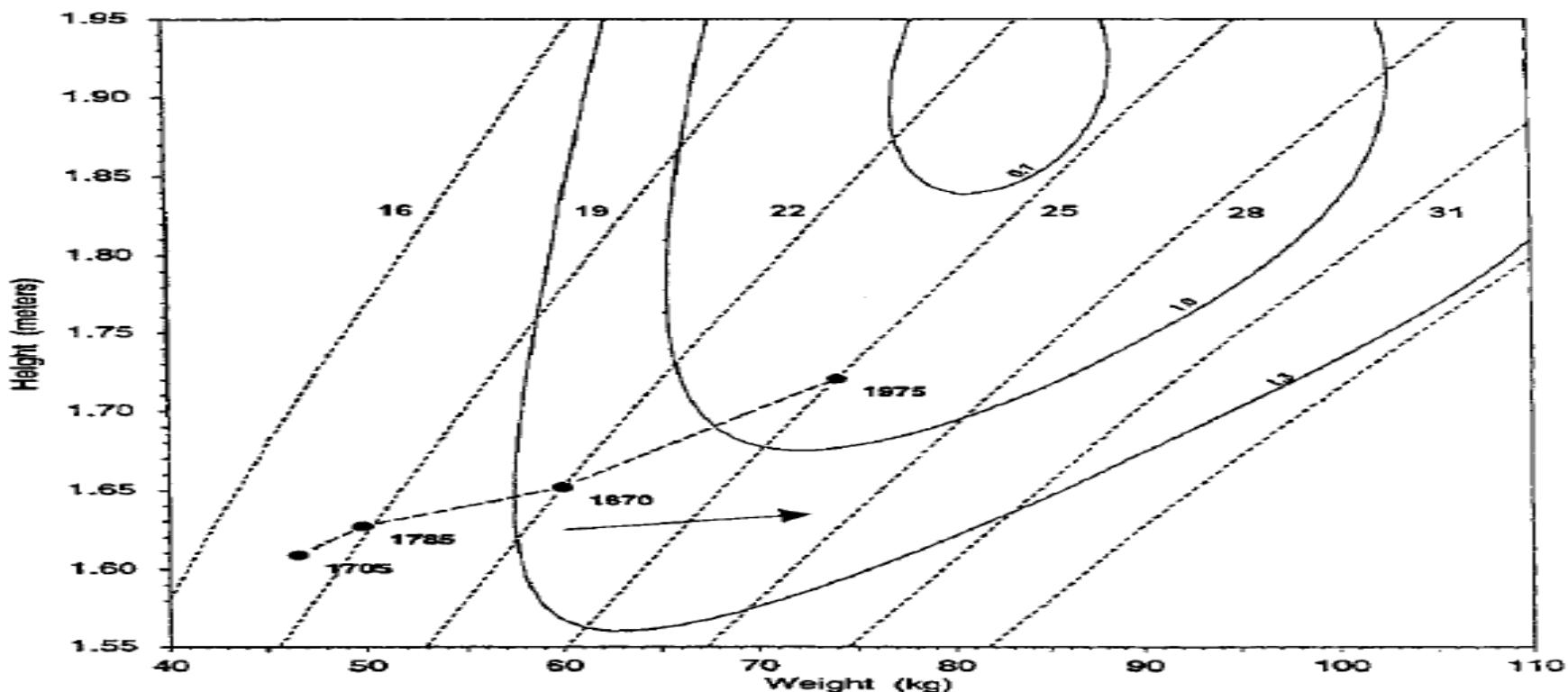


FIGURE 2 Waaler surface plot of weight and height relationships, using population data from Norway and France. Vertical lines connecting weight-height combinations yielding identical BMIs, between 16 and 31, are depicted. Three curves represent weight-height combinations with similar mortality risk are presented for 0.7, 1.0. and 1.3 relative risk. The evolution of body size in the French population from 1705 to 1975 is also shown. The solid arrow describes the hypothetical evolution of body size in developing countries, where low stature is common, and where gains in body weight may not be paralleled by gains in stature. As a result, mortality risk at a given BMI may be higher than that in taller populations from developed countries. [From R. Fogel (1997).]

*Symposium: Obesity in Developing Countries:
Biological and Ecological Factors*

**LA OBESIDAD EN LA POBREZA: UN
PROBLEMA EMERGENTE EN LAS AMÉRICAS**

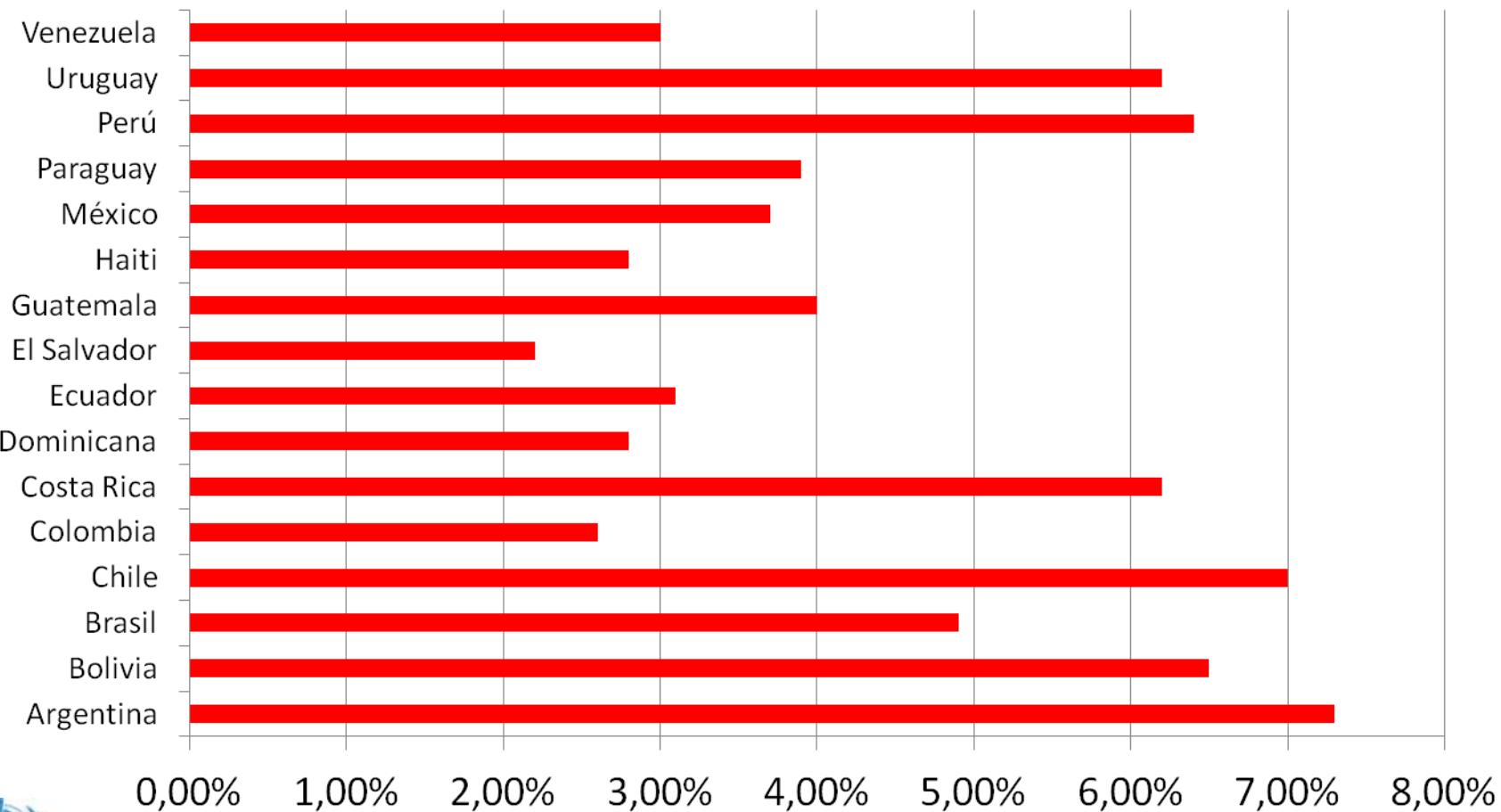
Manuel Peña¹ y Jorge Bacallao²

Obesity Trends in Latin America: Transiting from Under- to Overweight¹

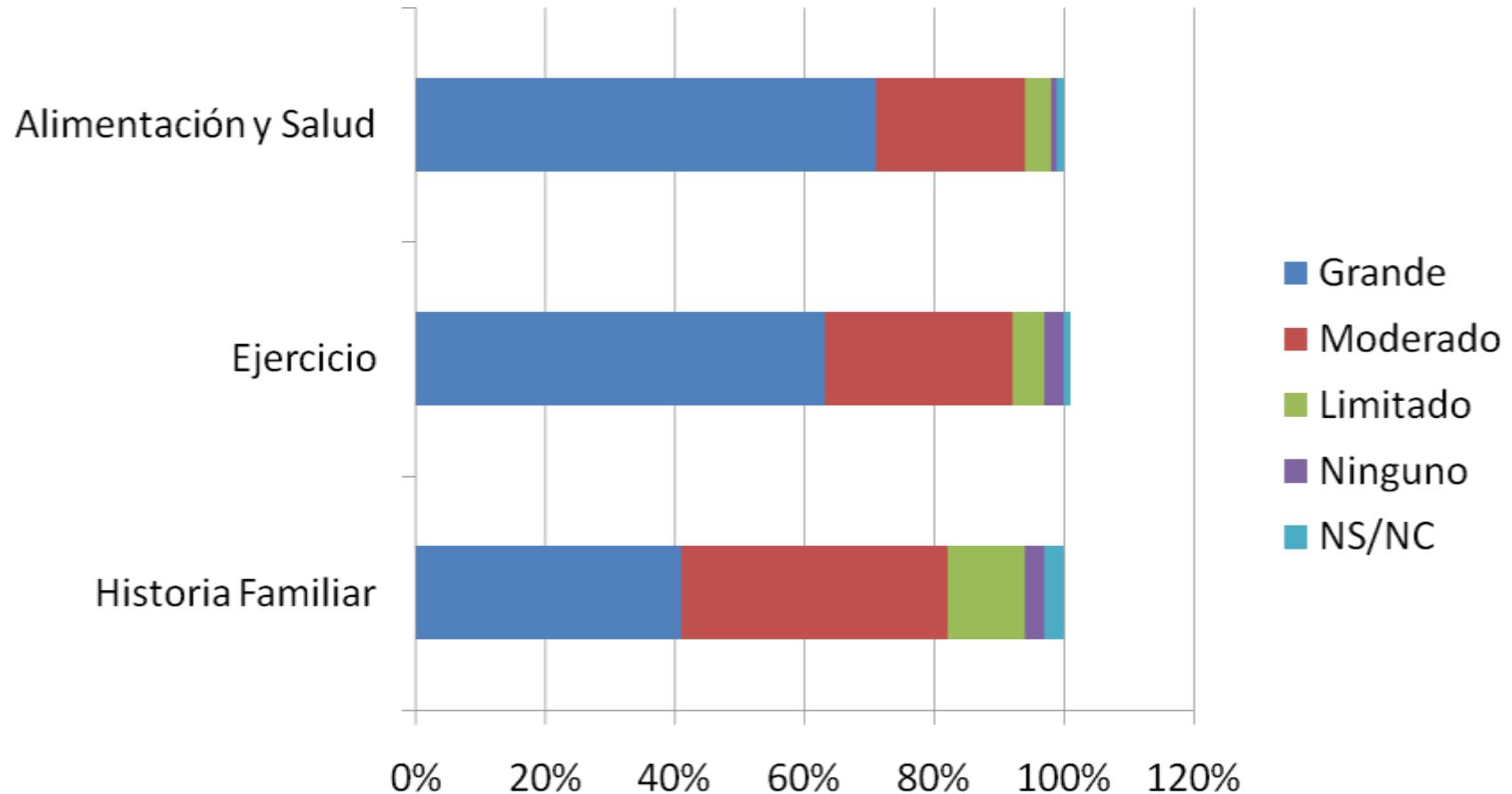
Ricardo Uauy,² Cecilia Albala and Juliana Kain

Instituto de Nutrición y Tecnología de los Alimentos (INTA), Universidad de Chile, Santiago, Chile

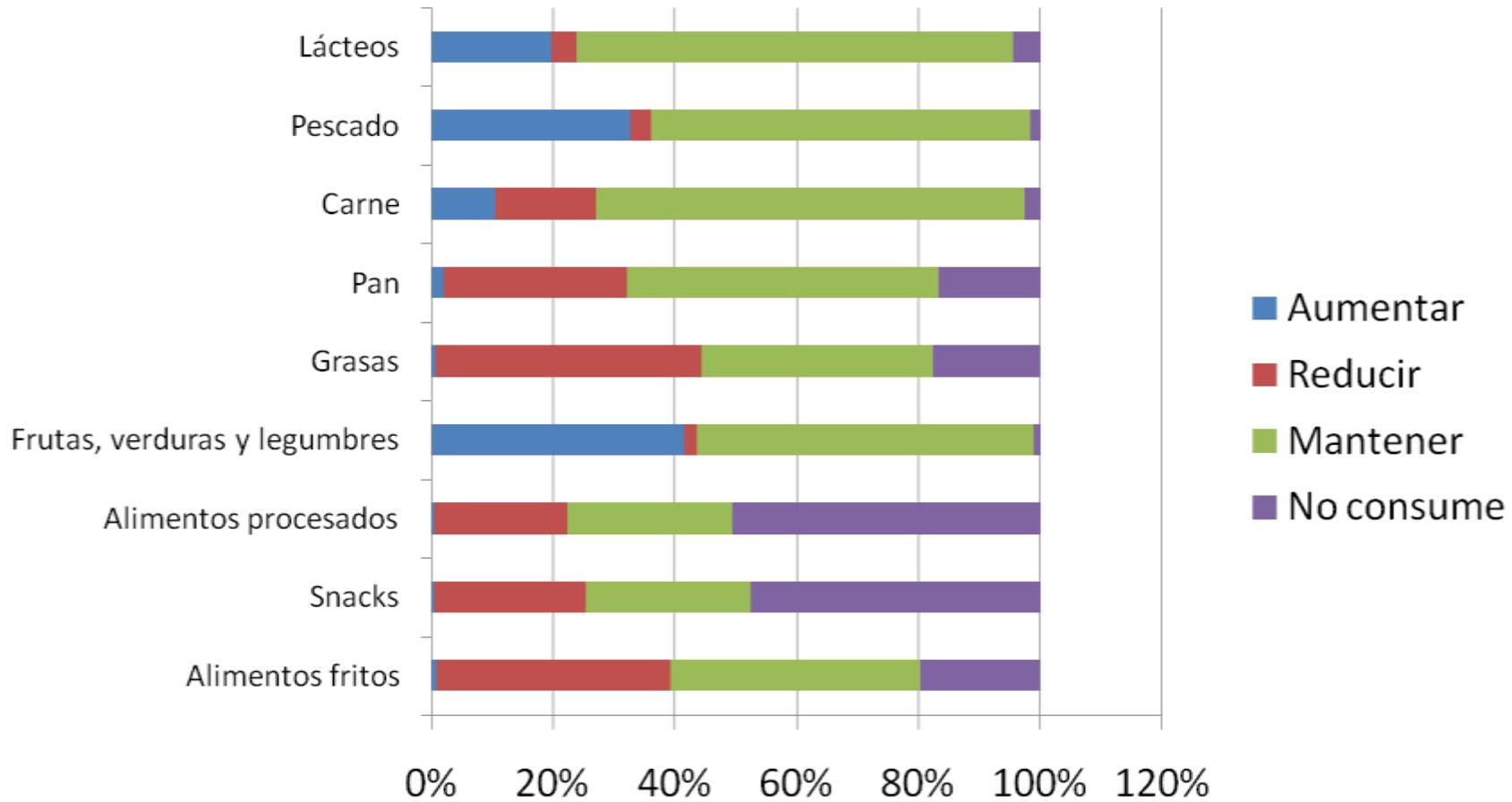
Prevalencia de obesidad infantil en distintos países de las Américas



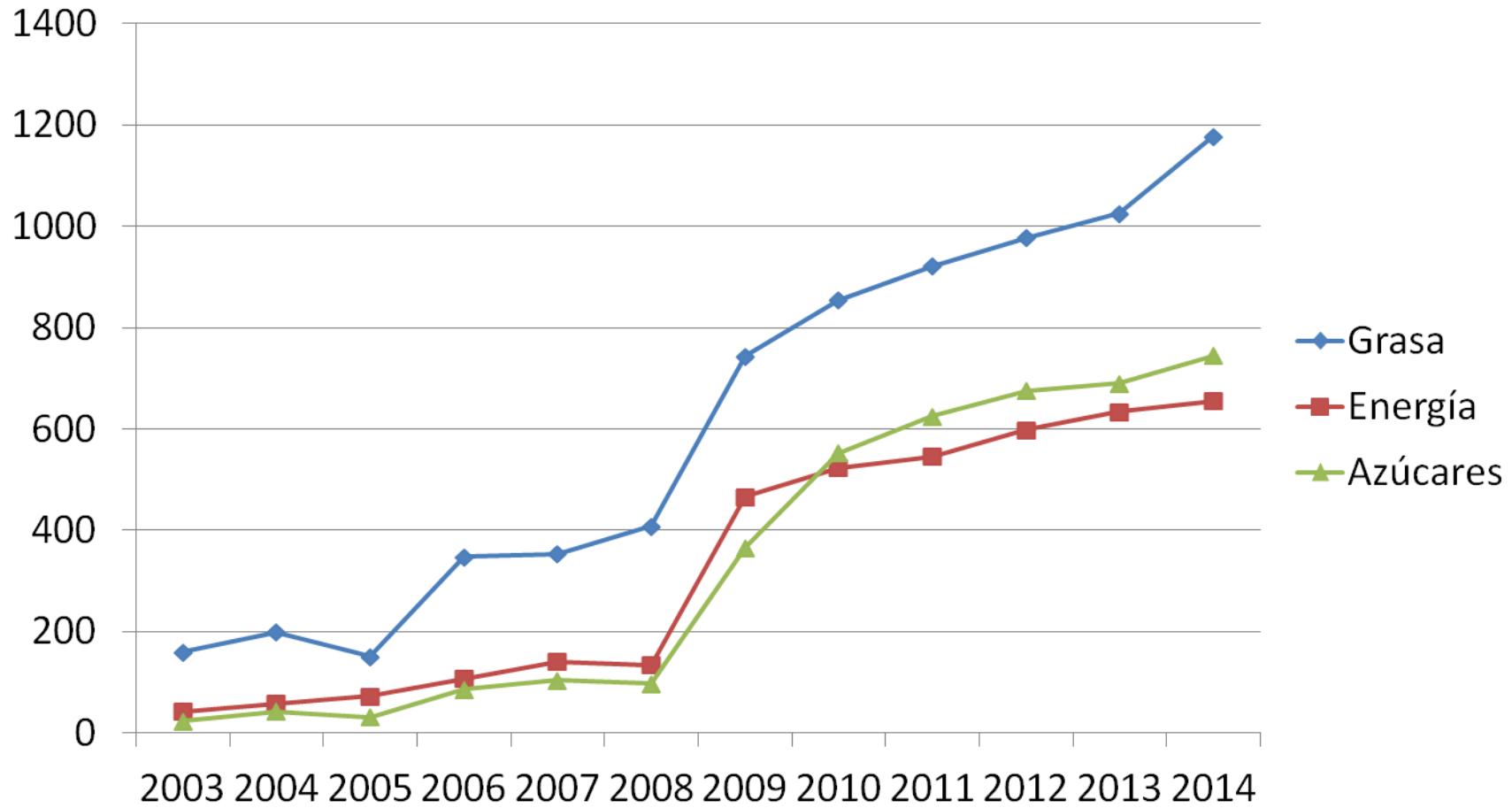
La nutrición juega, para los consumidores latinoamericanos, el más importante papel en el mantenimiento y mejora de la salud



Acciones que los consumidores latinoamericanos consideran que deben modificar en sus hábitos para hacerlos más saludables



Aumento en el número de lanzamientos globales de alimentos con declaraciones nutricionales



*“No hay buenos o malos alimentos,
solo dietas buenas o malas”*



DONUTS



Position of The American Dietetic Association: Total Diet Approach to Communicating Food And Nutrition Information

JADA, 2002

Position of the American Dietetic Association: Total diet approach to communicating food and nutrition information

POSITION STATEMENT

It is the position of the American Dietetic Association that all foods can fit in a healthful eating style. The ADA strives to communicate healthful eating messages to the public that emphasize the total diet, or overall pattern of food eaten, rather than any one food or meal. If consumed in moderation with appropriate portion size and combined with regular physical activity, all foods can fit into a healthful diet.

100 / January 2002 Volume 102 Number 1

- *If consumed in moderation with appropriate portion size and combined with regular physical activity, all foods can fit into a healthful diet.*
- *The value of a food should be determined within the context of the total diet because classifying foods as “good” or “bad” may foster unhealthy eating behaviors.*

PERO

Las declaraciones sobre los beneficios del consumo de un determinado producto pueden incitar a los consumidores a comer demasiado de algo que sólo debería representar una pequeña parte de una buena dieta.

Para qué definir alimentos ‘no saludables’ o ‘saludables’?

Mejora de la
comprensión del
etiquetado de los
alimentos

Regulación de las
declaraciones
nutricionales y de
salud

Regular la
comercialización
de los alimentos

Reforma los
impuestos o los
sistemas de
subvenciones

MARKETING OF FOOD AND NON-ALCOHOLIC BEVERAGES TO CHILDREN

Report of a WHO Forum and Technical Meeting
Oslo, Norway, 2-5 May 2006

Nutrient profiles: Options for
definitions for use in relation to food
promotion and children's diets

Final report

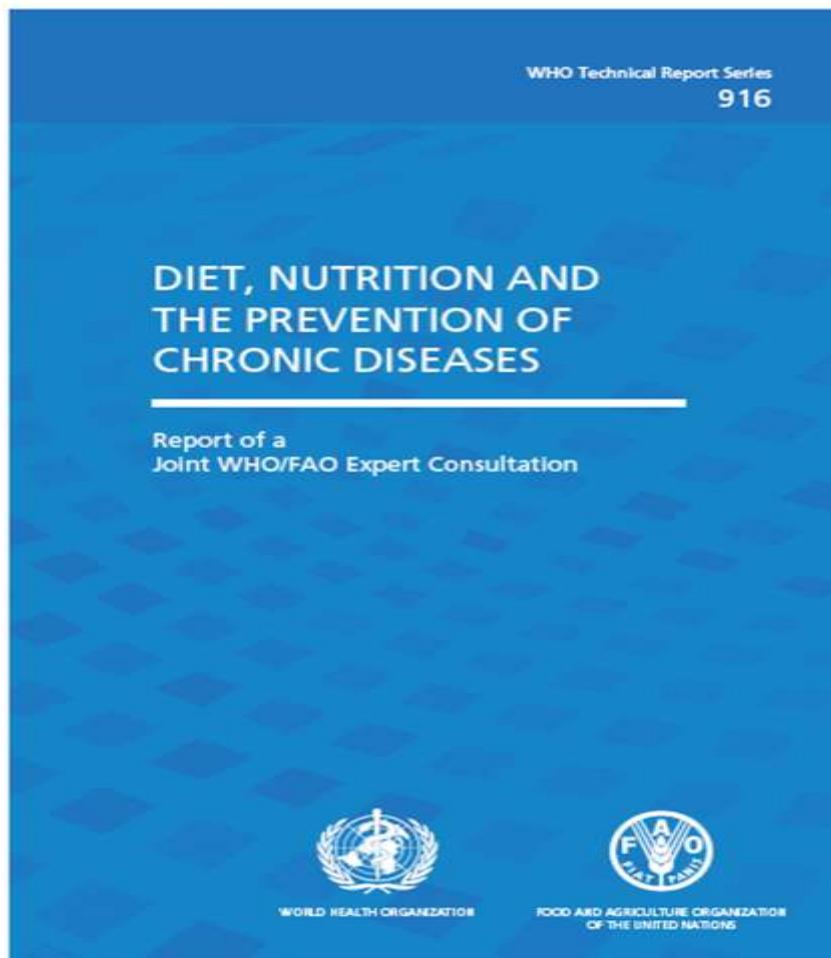
Mike Rayner, Peter Scarborough and Lynn Stockley

British Heart Foundation Health Promotion Research
Group, Department of Public Health, University of Oxford

October 2004



Evidencia convincente de la relación causal entre factores dietéticos y enfermedad



Nutrition factor	Disease problem
Energy (density)	Obesity
(Total) fat	Obesity
Saturated fatty acids	CVD
Sodium/salt	HBP
Sugar	Caries

La “saludabilidad” de una dieta es determinada por las propiedades de los distintos alimentos que componen esa dieta que incluye



Pirámide de la Alimentación Saludable (SENC, 2004)

CONSUMO OCASIONAL



CONSUMO DIARIO

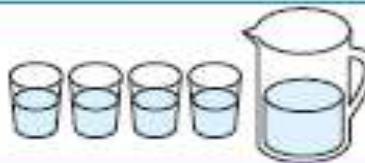


Vino/cerveza
(Consumo opcional
y moderado
en adultos)



Actividad física diaria

Aqua



Los “perfiles nutricionales” son “la ciencia de categorizar los alimentos de acuerdo a su composición nutricional”.

¿Porqué se han venido introduciendo los Perfiles Nutricionales o conceptos similares en la Legislación Alimentaria?

Ayudar a los consumidores en el ejercicio de una elección razonable

Identificar a los productos que son elegibles para llevar Health Claims

Condicionar programas de marketing dirigidos a niños

Evaluar la calidad nutricional de los productos alimenticios

ANNEX 1: specific nutrient profiles and conditions of use, which food or certain categories of food must comply with in order to bear nutrition or health claims

Food category		Specific conditions*	Thresholds		
			Sodium (mg/100g or 100ml)	Saturates (g/100g or 100ml except when specified otherwise)	Sugars (g/100g or 100ml)
Vegetable oils and spreadable fats as defined in Council Regulation (EC) No 2991/94	-	-	500	30 kcal /100g	-
Fruits, vegetables, seeds, and their products, except oils	Fruits, vegetables, and their products, except oils**	Minimum 50g of fruit and/or vegetable per 100g of finished products	400	5	15
	Seeds*** and their products, except oils	Minimum 50g of nuts per 100g of finished products	400	10	15
Meat or meat based products		Minimum 50g of meat per 100g of finished products	700	5	-
Fish, fishery products, crustaceans, and molluscs		Minimum 50g of fish per 100g of finished products	700	10	-
Dairy based products	Dairy based products, except cheeses	Minimum 50g of dairy constituents per 100g of finished products	300	2,5	15
	Cheeses	Minimum 50g of dairy constituents per 100g of finished products	600	10	15

Food category		Specific conditions*	Thresholds		
			Sodium (mg/100g or 100ml except when specified otherwise)	Saturates (g/100g or 100ml except when specified otherwise)	Sugars (g/100g or 100ml)
Cereal and cereal products	Breads containing at least 3 g of fibre per 100 g or at least 1,5 g of fibre per 100 kcal.	Minimum 50g of cereals per 100g of finished products	700 until [date of adoption + 6 years]	5	15
	Cereal and cereal products except breakfast cereals	Minimum 50g of cereals per 100g of finished products	400 from [date of adoption + 6 years]	5	15
	Breakfast cereals	Minimum 50g of cereals per 100g of finished products	500	5	25
Ready meals, soups and sandwiches		Minimum 200g per serving size	400	5	10
		Minimum 2 of the following for ready meals and sandwiches: - 30g fruits, vegetables and/or nuts, 30g cereals, 30g meat, 30g fish and/or 30g milk			
Non alcoholic beverages		Liquid foods, insofar as they do not qualify for one of the above mentioned food categories	-	-	8
Other foods		Solid foods, insofar as they do not qualify for one of the above mentioned food categories	300	2	10

* the minimum quantity required should be calculated on the basis of the ingredients entering into the recipe.

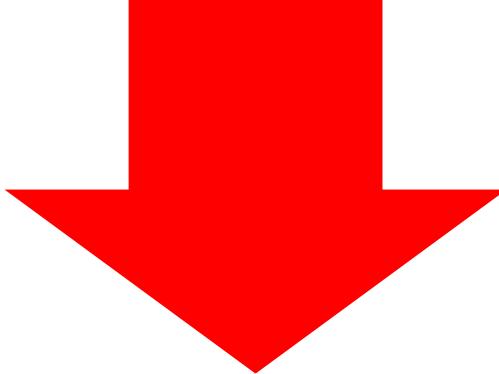
** vegetables include potatoes, beans, and pulses.

*** seeds include seeds, kernels, nuts. Nuts include peanuts and tree nuts.

Los perfiles nutricionales de los alimentos se deberían establecer teniendo en cuenta, en particular:

- **Las cantidades de determinados nutrientes y otras sustancias contenidas en los alimentos** como, por ejemplo, grasa, ácidos grasos saturados, ácidos grasos trans, azúcares y sal o sodio; Por otro lado, las grasas poliinsaturadas y monoinsaturadas, los hidratos de carbono disponibles diferentes de los azúcares, vitaminas, minerales, proteínas y fibras.
- **La función e importancia de los alimentos** (o de las categorías de alimentos) y la contribución a la dieta de la población en general o, en su caso, de determinados grupos sometidos a riesgo, incluidos los niños;
- **La composición nutricional global de los alimentos** y la presencia de nutrientes cuyo efecto en la salud haya sido reconocido científicamente.

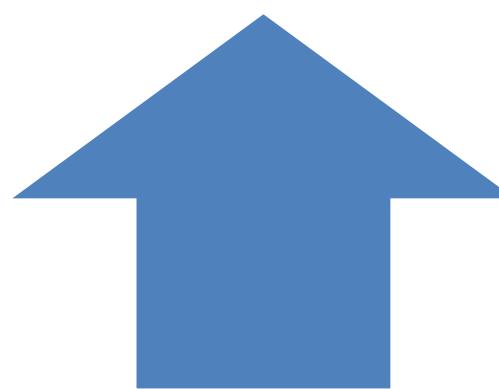
Los perfiles nutricionales se basarán en conocimientos científicos sobre dietas y nutrición, así como sobre su relación con la salud.



**Criterios
calificantes o
saludables
(verticales)**



**Criterios
descalificantes
o limitantes
(horizontales)**



Legislación en Latinoamérica

Buenos Aires

Ley 2004 - Ley Básica de Prevención de Enfermedades Cardiovasculares, Obesidad y Diabetes

Buenos Aires, 06 de diciembre de 2005.-

La Legislatura de la Ciudad Autónoma de Buenos Aires

sanciona con fuerza de Ley

Título I Denominación y objeto

Artículo 1º. - Creáse la Ley básica de prevención de enfermedades cardiovasculares, obesidad y diabetes.

Artículo 2º. Son objetivos básicos de la presente ley:

- Difundir en forma masiva la información básica relacionada con los cuidados personales elementales para la prevención, el control y el tratamiento de las enfermedades cardiovasculares, la obesidad y la diabetes.
- Facilitar el acceso de la población a los alimentos recomendados por la Autoridad Santanía para la prevención, el control y el tratamiento de las enfermedades cardiovasculares, la obesidad y la diabetes, a través de la regulación de su comercialización y de la información básica obligatoria para los mismos fines.
- Generar en toda la población hábitos de consumo alimentario que favorezcan la prevención, el control y el tratamiento de las enfermedades a las que se refiere la presente ley y promover conductas solidarias hacia las personas que padecen enfermedades relacionadas con la ingesta de alimentos.
- Proveer los alimentos médicamente recomendados a las personas en condiciones de vulnerabilidad social y que necesiten una dieta alimentaria especial.
- Realizar campañas de detección de las enfermedades a las que se refiere la presente ley.

Título II Alimentos recomendados

Artículo 3º. - Regulación de la comercialización de alimentos:

- Establecimientos que elaboren y comercialicen alimentos destinados al público minorista para retirar o consumir dentro del establecimiento:
 - Restaurantes: deberán ofrecer al público o ubicar en cada mesa del establecimiento, conjunta o separadamente con la carta principal, una cartilla que contenga un listado de diferentes comidas elaboradas con alimentos sin sal agregada, sin azúcar agregada, de

Brasil



Agência Nacional de Vigilância Sanitária

www.anvisa.gov.br

Consulta Pública nº 71, de 10 de novembro de 2006.
D.O.U de 13/11/2006.

A Diretoria Colegiada da Agência Nacional de Vigilância Sanitária, no uso das atribuições que lhe confere o inciso IV do art. 11 e o art. 35 do Regimento da ANVISA, aprovado pelo Decreto nº 3.026, de 19 de abril de 1999, e tendo em vista o disposto no inciso V e nos §§ 1º e 3º do art. 54 do Regimento Interno aprovado nos termos do Anexo I da Portaria nº 254 da ANVISA, de 11 de agosto de 2006, resubscrita no D.O.U de 21 de agosto de 2006, em reunião realizada em 6 de novembro de 2006,

adotar a seguinte Consulta Pública e eu, Diretor-Presidente, determino a sua publicação:

Art. 1º Fica aberto, a contar da data de publicação desta Consulta Pública, o prazo de 60 (sessenta) dias para que sejam apresentadas críticas e sugestões relativas ao projeto de Regulamento Técnico sobre ateria, propaganda, publicidade, informação e outras práticas comerciais cujo objeto seja a divulgação ou promoção de alimentos com quantidades elevadas de açúcar, de gordura saturada, de gordura trans, de açúcar e de gorduras com baixo teor nutricional, querquer que sejam as formas e níveis de sua vinculação.

Art. 2º Informar que a proposta Regulamento Técnico estará disponível, na íntegra, durante o período de consulta no site <http://www.anvisa.gov.br/vigilancia/consulta/index.htm> e que as sugestões devem ser encaminhadas para o e-mail anvisa@anvisa.gov.br.

Art. 3º Fica o prazo estipulado no artigo 1º à Agência Nacional de Vigilância Sanitária articulada com os órgãos e entidades envolvidos e aquelas que tenham manifestado interesse na matéria, para que instiquem representantes nas discussões posteriores, visando a consolidação do texto final.

DIRCEU RAPOSO DE MELLO

ANEXO

PROPOSTA DE REGULAMENTO TÉCNICO

Resolução da Diretoria Colegiada - RDC nº_____

A Diretoria Colegiada da Agência Nacional de Vigilância Sanitária no uso da atribuição que lhe confere o inciso IV do art. 11 do Regimento da Agência Nacional de Vigilância Sanitária aprovado pelo Decreto nº. 3.026, de 16 de abril de 1999; e o inciso IV do artigo 5º do Regimento Interno aprovado pela Portaria nº. 254 de 25 de Agosto de 2006, em reunião realizada em _____ de _____ de 2006,

considerando a Constituição Federal de 1988;

considerando a Lei nº. 9.702, de 26 de janeiro de 1999, que define o Sistema Nacional de Vigilância Sanitária; considerando a Lei nº. 6.437, de 20 de agosto de 1977, que configura infrações à legislação sanitária federal, estabelecendo as sanções respectivas;

considerando a Lei nº. 9.078, de 11 de setembro de 1990, que dispõe sobre a Proteção do Consumidor;

considerando o Decreto nº. 2.181, de 20 de março de 1997, que dispõe sobre a organização do Sistema Nacional de Defesa do Consumidor – SNDC;

considerando a Lei nº. 6.099, de 13 de junho de 1990, que dispõe sobre o Estatuto da Criança e do Adolescente;

Legislación en Latinoamérica

Colombia



Chile

PROYECTO DE LEY SOBRE REGULACION DE ALIMENTOS POCO SALUDABLES

HONORABLE SENADO

CONSIDERANDOS

De acuerdo al último Informe sobre la Salud en el Mundo 2002 (Ginebra, Organización Mundial de la Salud -OMS-, 2002) las enfermedades no transmisibles han sido la causa de casi el 90% de los 56 millones de defunciones anuales y del 47% de la carga mundial de morbilidad.

Según la Estrategia Mundial sobre Régimen Alimentario, Actividad física y Salud de la OMS, (aprobada el 22 de mayo de 2004), la alimentación poco saludable y la falta de actividad física son, pues, las principales causas de las enfermedades no transmisibles más importantes, como las cardiovasculares, la diabetes de tipo 2 y determinados tipos de cáncer, y contribuyen sustancialmente a la carga mundial de morbilidad, mortalidad y discapacidad.

Según el propio informe mundial, entre esos factores figuran el mayor consumo de alimentos con alto contenido de grasas, azúcares y sal; la menor actividad física en el hogar, la escuela y el medio laboral, así como en la recreación y en los desplazamientos; y el consumo de tabaco. La diversidad de los niveles de riesgo y de los correspondientes resultados de salud para la población se puede atribuir en parte a la variabilidad en tiempo e intensidad de los cambios económicos, demográficos y sociales a nivel nacional y mundial. La mala alimentación, la insuficiente actividad física y la falta de equilibrio energético que se observan en los niños y los adolescentes son motivo de especial preocupación.

Lo que viene

Perú

Proyecto de Ley N° 10-3872011-02



SUMILLA: LEY DE PROMOCIÓN DE LA SALUD PARA LA PROTECCIÓN DE LOS CONSUMIDORES NIÑOS, NIÑAS Y ADOLESCENTES.

PROYECTO DE LEY

Los Congresistas de la República Jaime Delgado Zegarra, Segundo Tapia Bermal, Renán Espinoza Rosales, Gustavo Rondón Fudinaga y los Congresistas que suscriben, ejerciendo el derecho a iniciativa legislativa que le confiere el Artículo 107¹ de la Constitución, presentan el siguiente proyecto de Ley en forma MULTIPARTIDARIA:

LEY DE PROMOCIÓN DE LA SALUD PARA LA PROTECCIÓN DE LOS CONSUMIDORES NIÑOS, NIÑAS Y ADOLESCENTES

I.- EXPOSICIÓN DE MOTIVOS

Según la Organización Panamericana de la Salud - OPS, las tasas de sobrepeso y obesidad han alcanzado proporciones epidémicas en todo el mundo². Es por ello que el Perú también se encuentra afecto a esta grave problemática la misma que ha trascendido las fronteras y que aqueja principalmente a los niños y adolescentes, ya que estos se encuentran en una situación de indefensión debido a su edad.

Actualmente el sobrepeso y la obesidad ocupan el quinto lugar como causa de mortalidad a nivel mundial. Se estima que en 2011 hay más de 42 millones de niños de cinco años obesos o con sobrepeso, de los cuales casi 35 millones viven en países en desarrollo. El sobrepeso en la infancia y la adolescencia se asocia no solo a un mayor riesgo de obesidad y a sufrir de las llamadas "enfermedades no transmisibles – ENT" en su vida adulta, sino también a varios problemas de salud inmediatos, como la hipertensión y la resistencia a la insulina (en los casos de diabetes).

Asimismo, se debe tener presente que la obesidad es considerada a nivel internacional como una de las causas que contribuyen al padecimiento de las enfermedades no transmisibles (ENT) las mismas que constituyen una grave amenaza para la salud humana y para el desarrollo socioeconómico como país. Por cuanto se estima que las enfermedades cardiovasculares, el cáncer, las

¹ Conforme a lo establecido en la 37^{ta} SESIÓN DEL SUBCOMITÉ DE PLANIFICACIÓN Y PROGRAMACIÓN DEL COMITÉ EJECUTIVO, Washington D.C., USA, 26 al 28 de marzo de 2005.

Chile

Informe Final: Propuesta de criterios y recomendación de límites máximos de nutrientes críticos para la implementación de la Ley de Alimentos | 2011



INFORME FINAL

ESTUDIO "PROPUESTA DE CRITERIOS Y RECOMENDACIÓN DE LÍMITES MÁXIMOS DE NUTRIENTES CRÍTICOS PARA LA IMPLEMENTACIÓN DE LA LEY DE COMPOSICIÓN DE ALIMENTOS Y SU PUBLICIDAD"

Investigadores:

- Prof. Isabel Zacarías H.
Prof. Gloria Vera A.
Prof. Sonia Olivares C.
Prof. Saturnino de Pablo V.
Prof. Marcela Reyes J.
Dra. Lorena Rodríguez O.
Dr. Ricardo Uauy D.
Dra. Magdalena Araya Q.

INSTITUTO DE NUTRICIÓN Y TECNOLOGÍA DE LOS ALIMENTOS (INTA) UNIVERSIDAD DE CHILE

Estudio solicitado por el Ministerio de Salud según Licitación Pública, con
Resolución Exenta N° 518 del 11 de julio 2011
PROPIEDAD DEL MINISTERIO DE SALUD

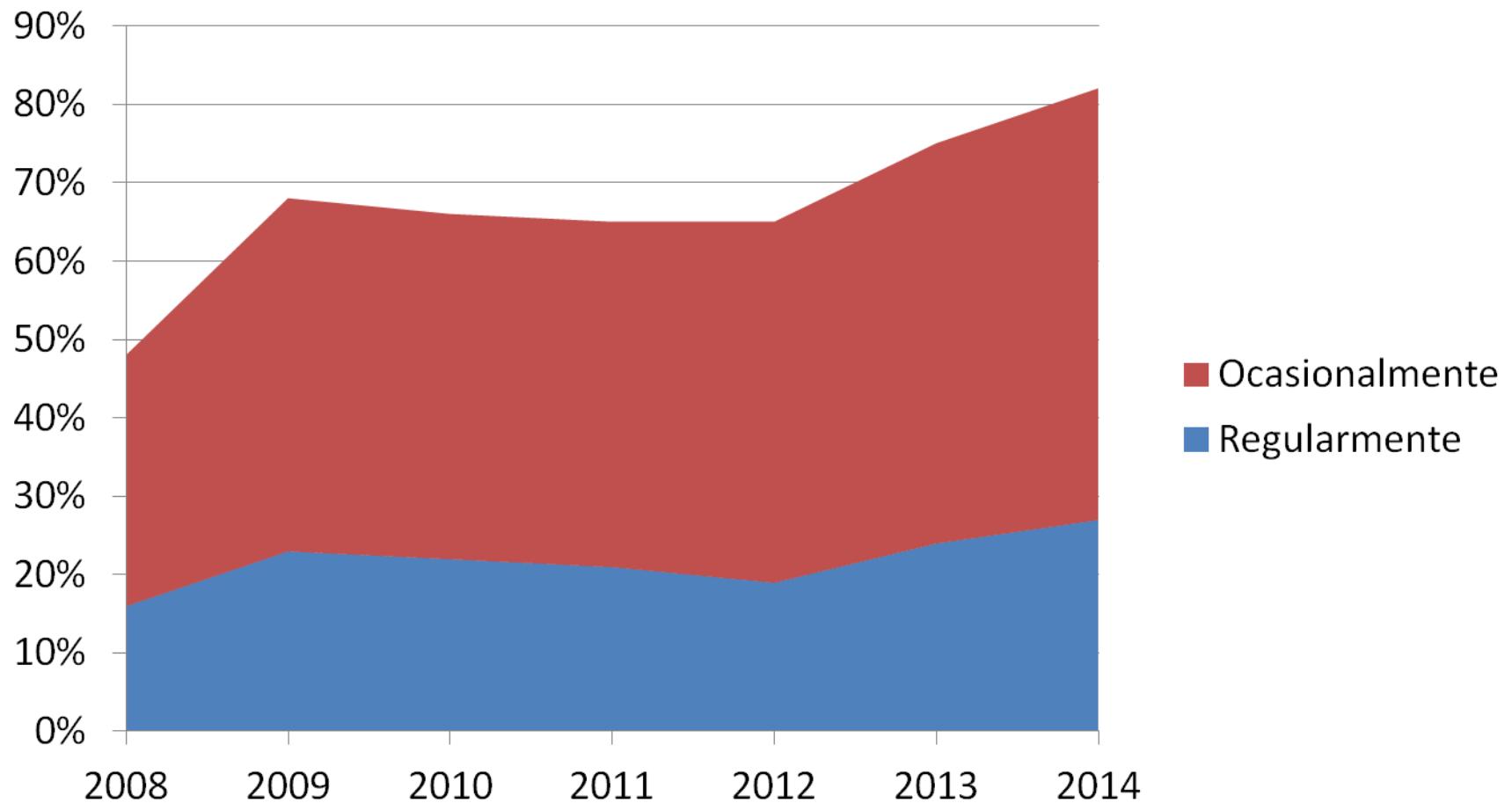
Santiago, 9 de Noviembre 2011

Seguiría los pasos de Chile y Perú

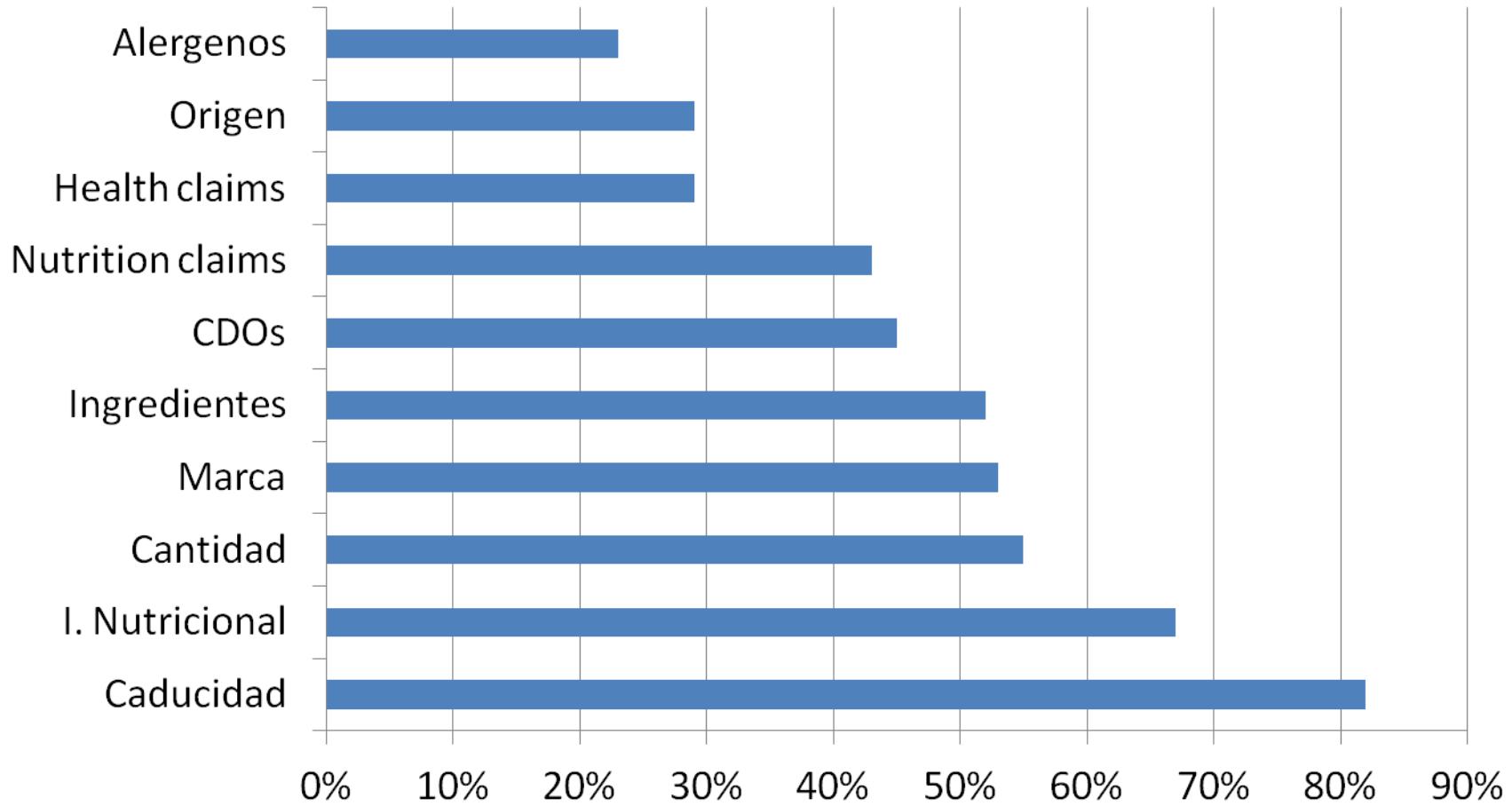
Brasil aprobaría ley que obliga a etiquetar advertencia de 'alto en calorías'

Brasil se podría sumar a la tendencia de varios gobiernos de incluir etiquetas con advertencias sobre el alto contenido de calorías en el envase de los alimentos. La propuesta ya se ha aprobado en una comisión del congreso y ha pasado a estudio a la plenaria. Primero ha sido el gobierno de

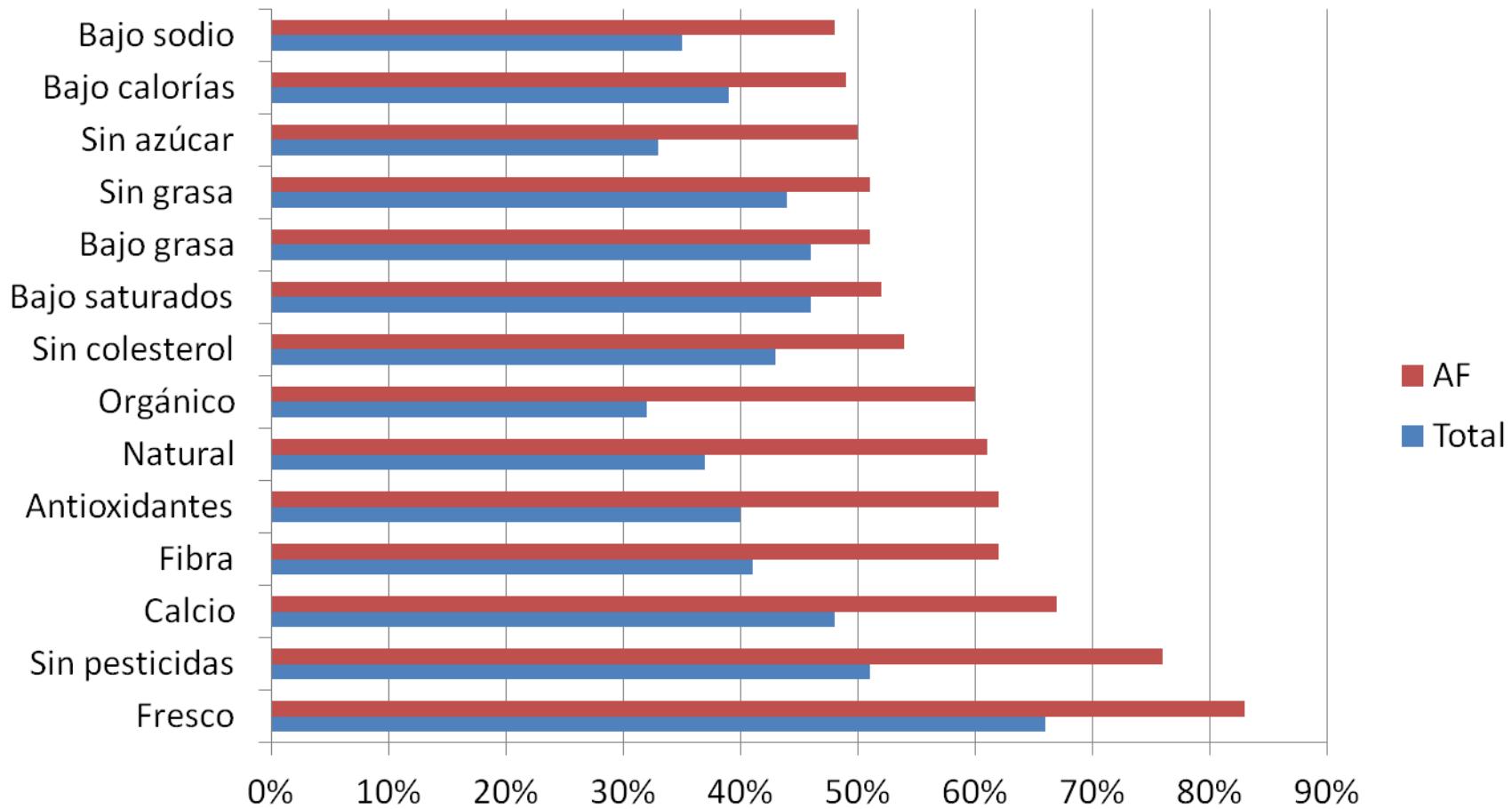
Evolución de la elección de alimentos saludables en el consumidor global



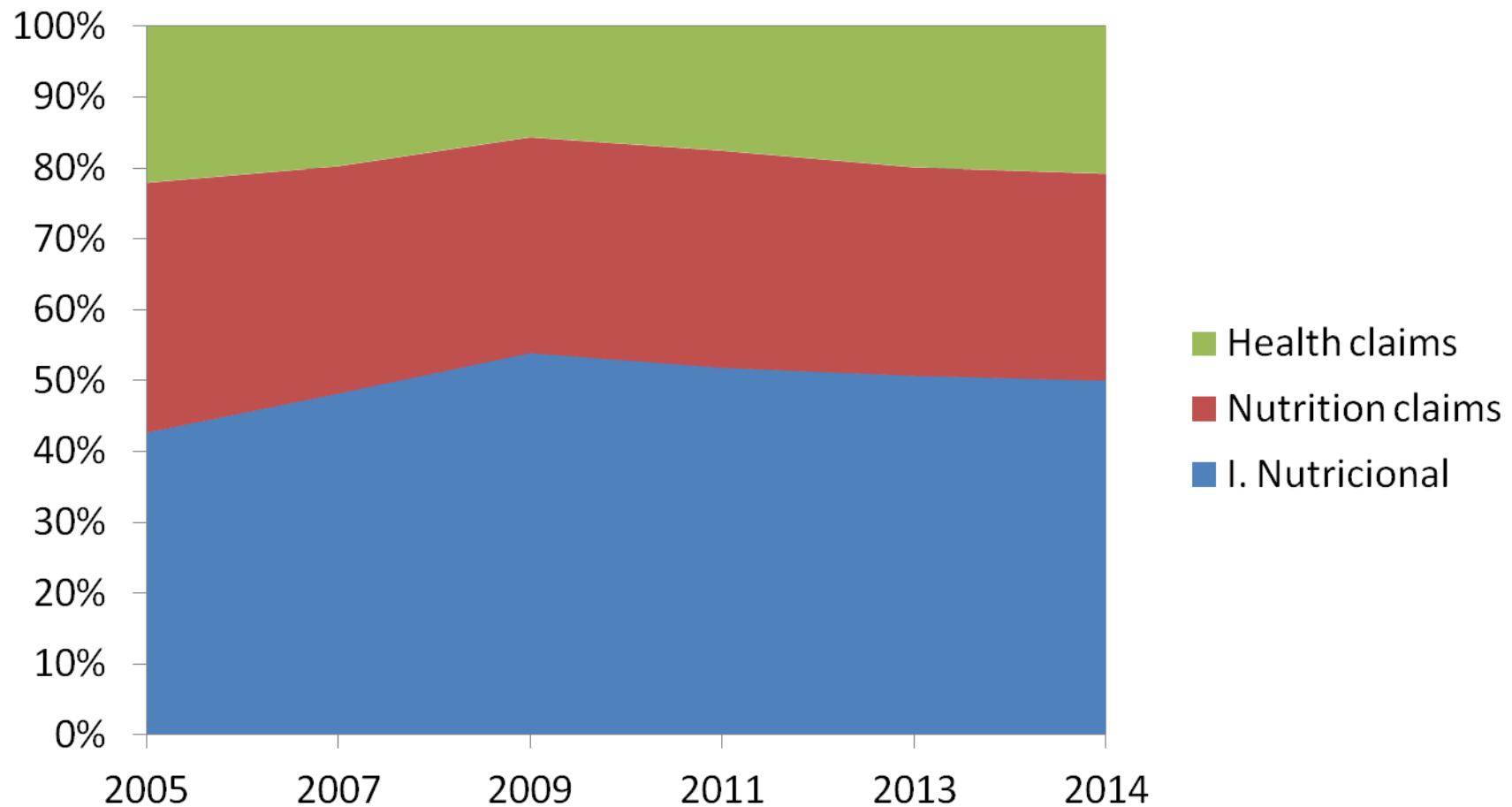
Qué mira el consumidor en las etiquetas?



Importancia del etiquetado en la actitud de compra

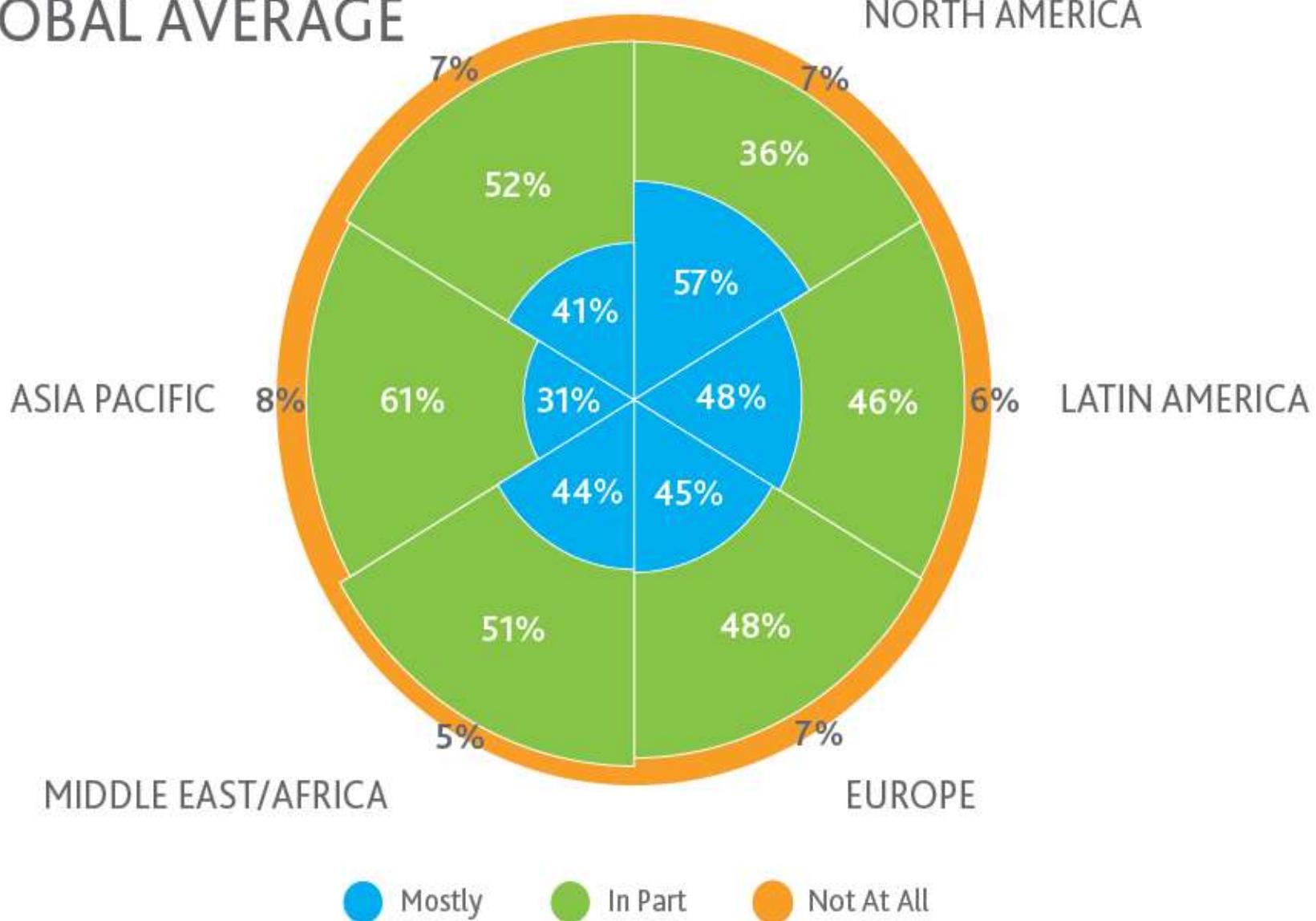


Lo que más crece: La información nutricional

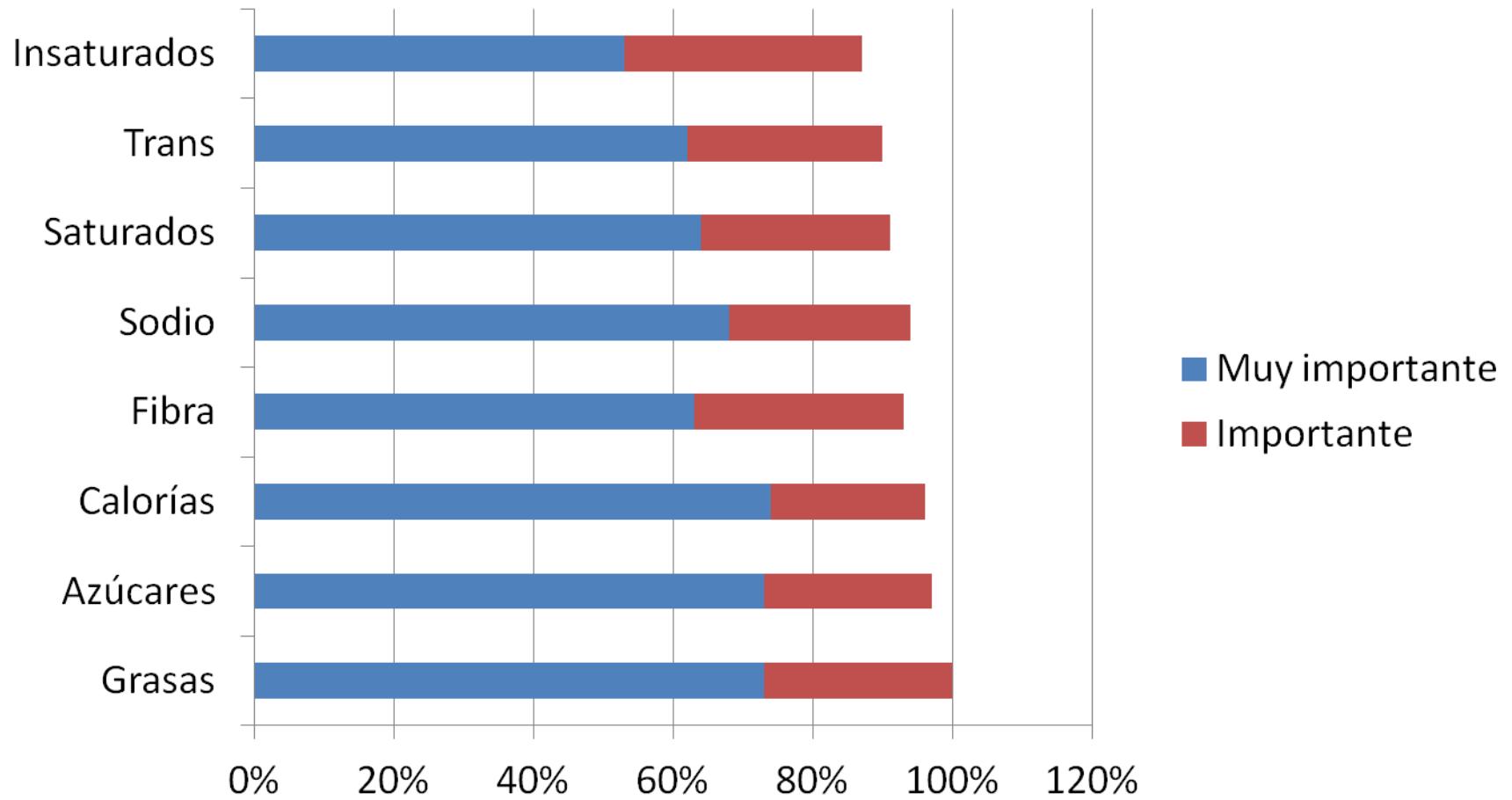


How well do you understand the nutritional information panels/labels on food packaging?

GLOBAL AVERAGE



Aspectos sobre los que el consumidor querría tener más información en las etiquetas



La industria crea logos saludables

Qualifying criteria for key nutrients

Trans fat

Added sugar

Dietary fibre

Saturated fat

Sodium

Energy

LOGO

NO LOGO



International dietary guidelines recommend a limited intake of saturated fats, sugars and salt (sodium). This product is in line with these guidelines. For more information, visit

www.healthychoice-int.org

y algunos países continúan la idea

Healthy logo: Netherlands 'Choices' logo confirmed as first government-backed scheme in EU



By Nathan Gray+

16-Apr-2013

The Dutch version of the Choices logo has been confirmed as the first government-backed healthy logo scheme to gain EU and Member State support.

The logo, known as 'Vinkje', will be the single food logo to help consumers seek out healthier options in The Netherlands.



Nutrient Profiling

Report of a WHO/IASO
Technical Meeting

LONDON, UNITED KINGDOM
4-6 OCTOBER 2010



Global Update on Nutrition Labelling

Executive Summary

February 2013

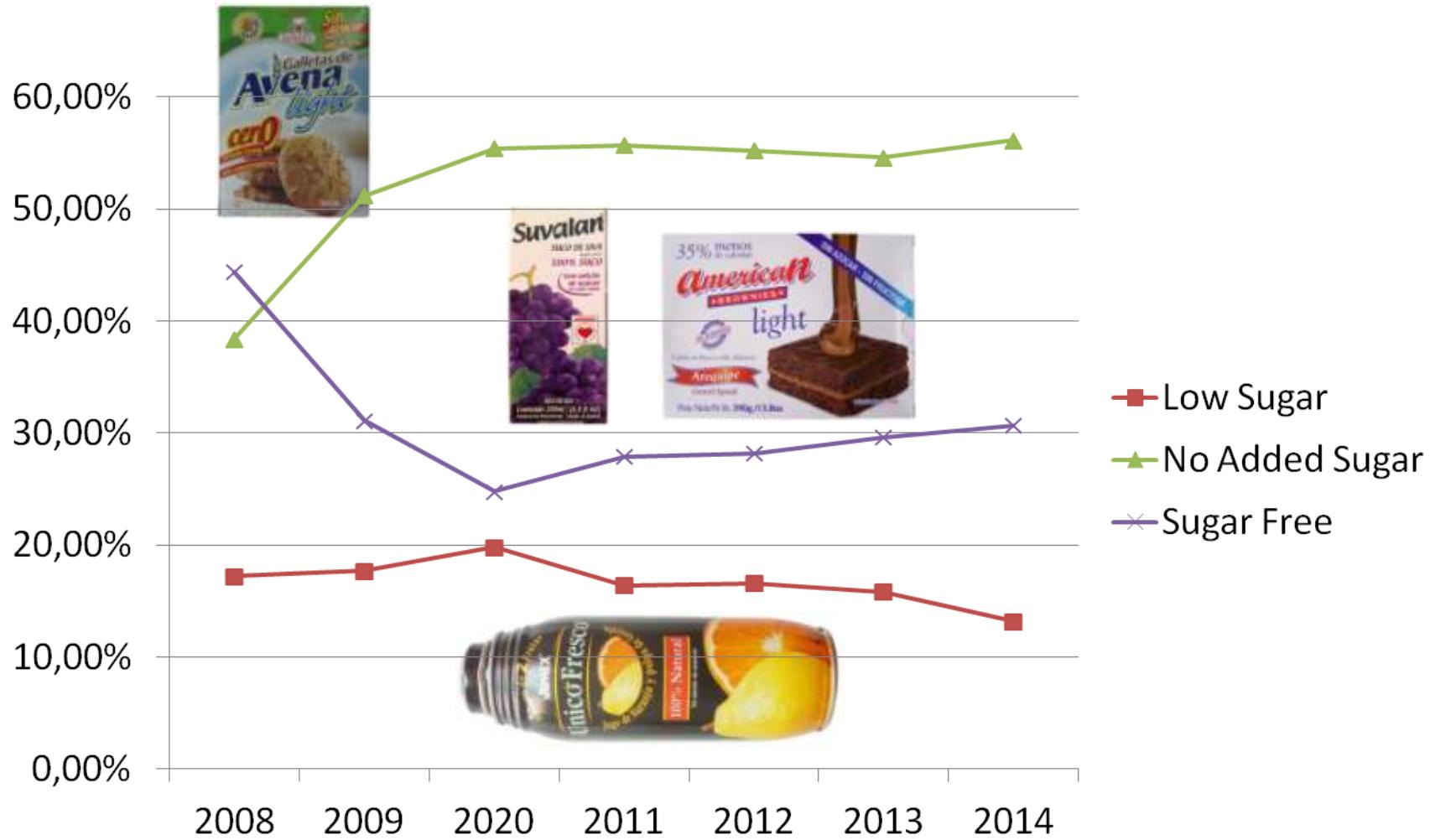


With contributions from:



Produced in collaboration with Landmark Europe

Evolución de los claims relacionados con el azúcar



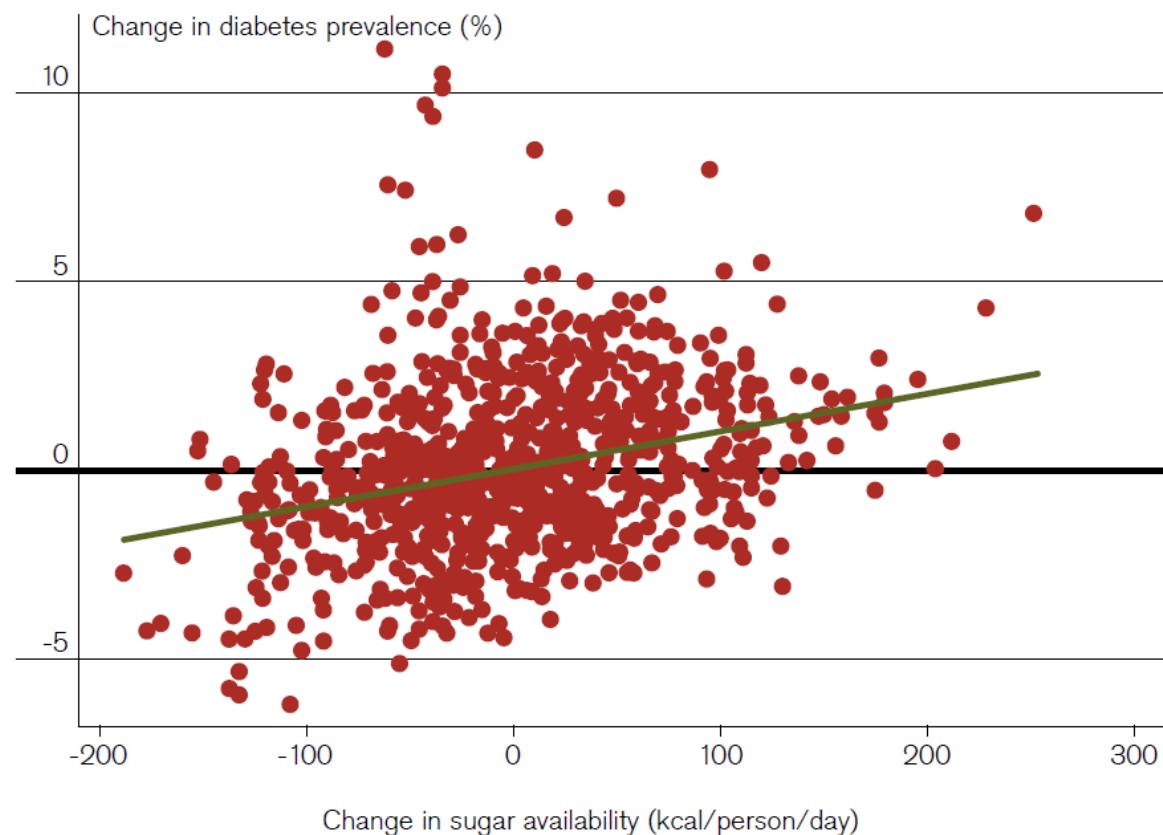
Research Institute

Thought leadership from Credit Suisse Research
and the world's foremost experts

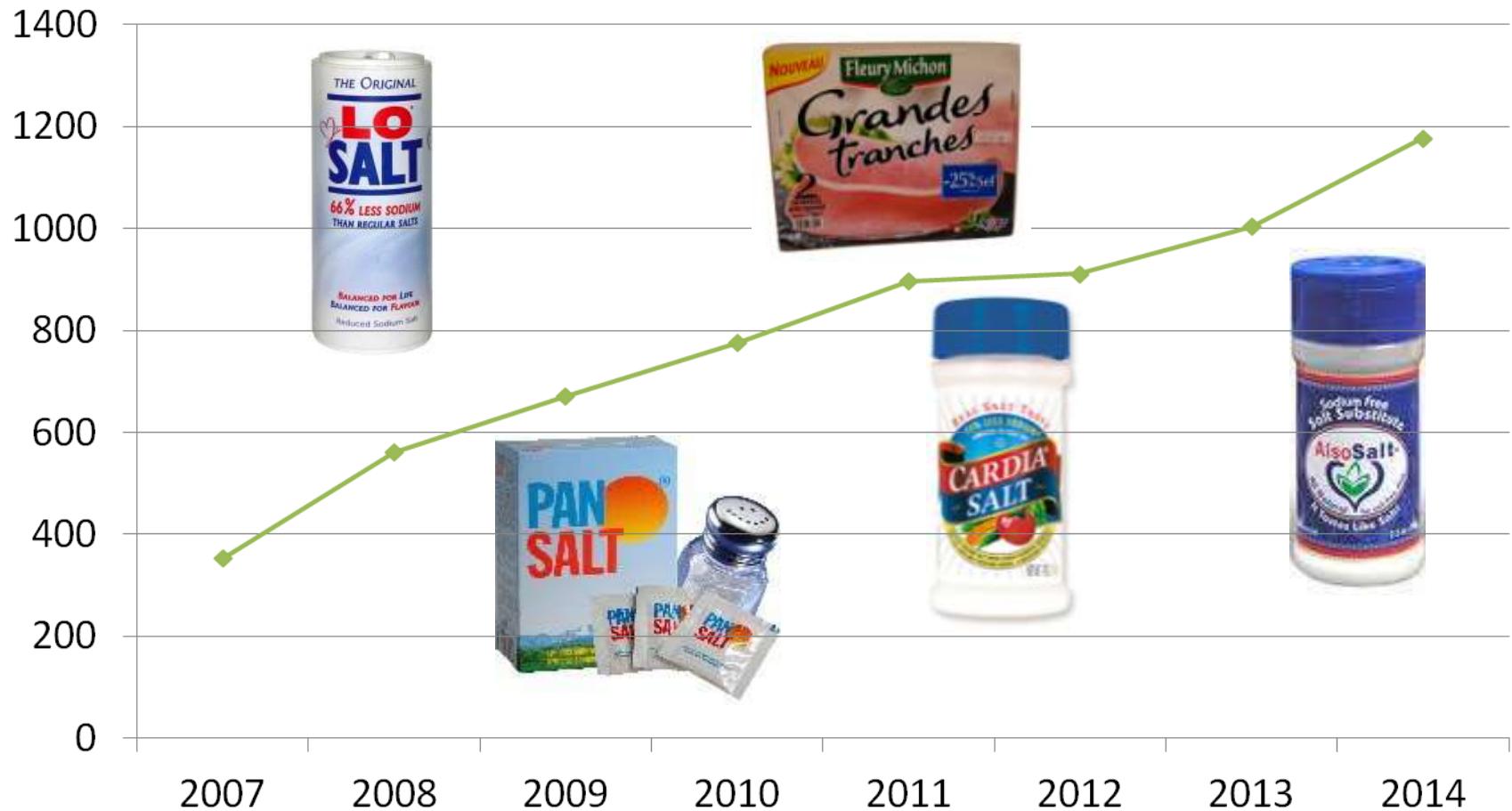


Increased sugar availability has been associated with increased diabetes prevalence

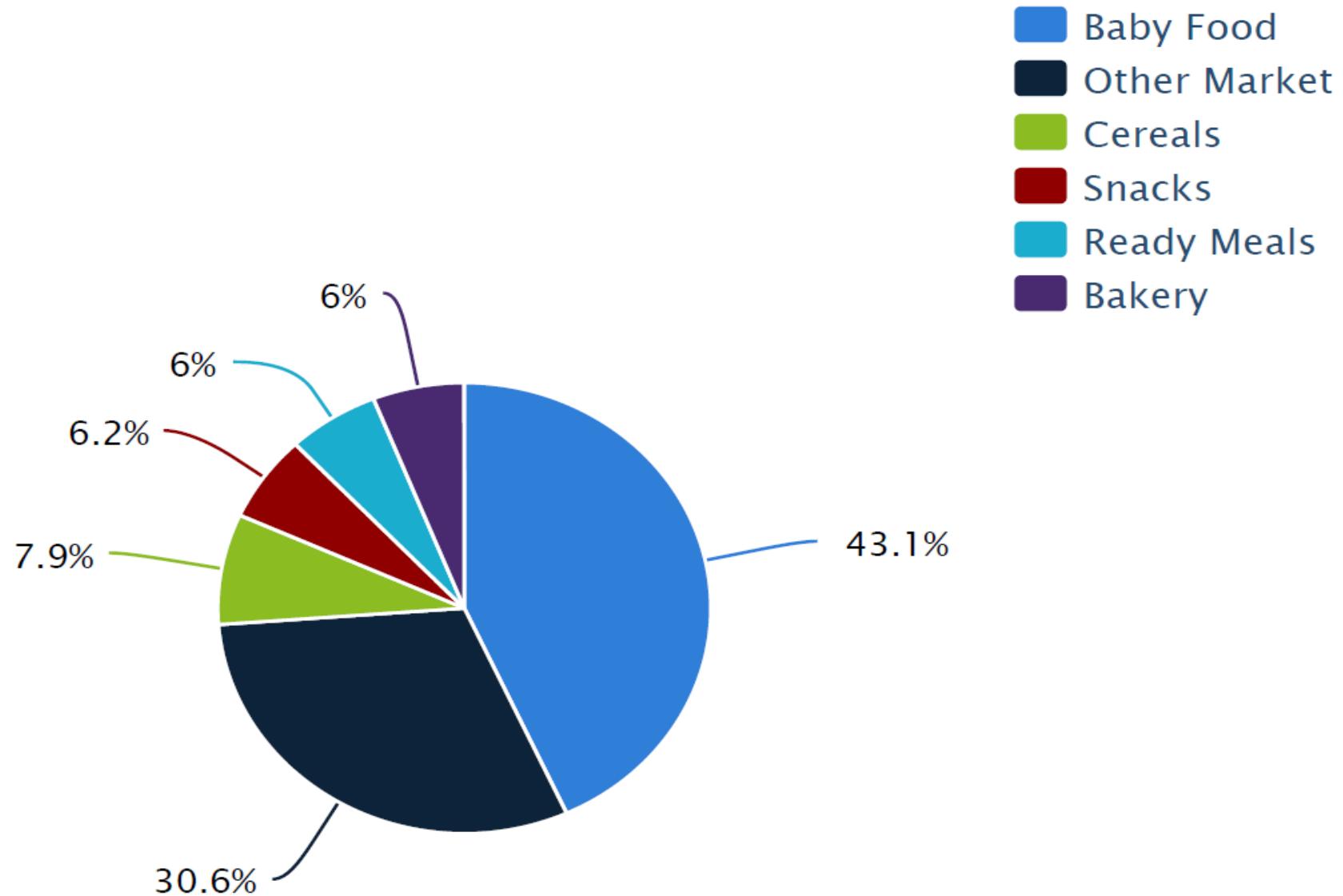
Source: Basu et al, PLoS ONE 8(2): e57873.



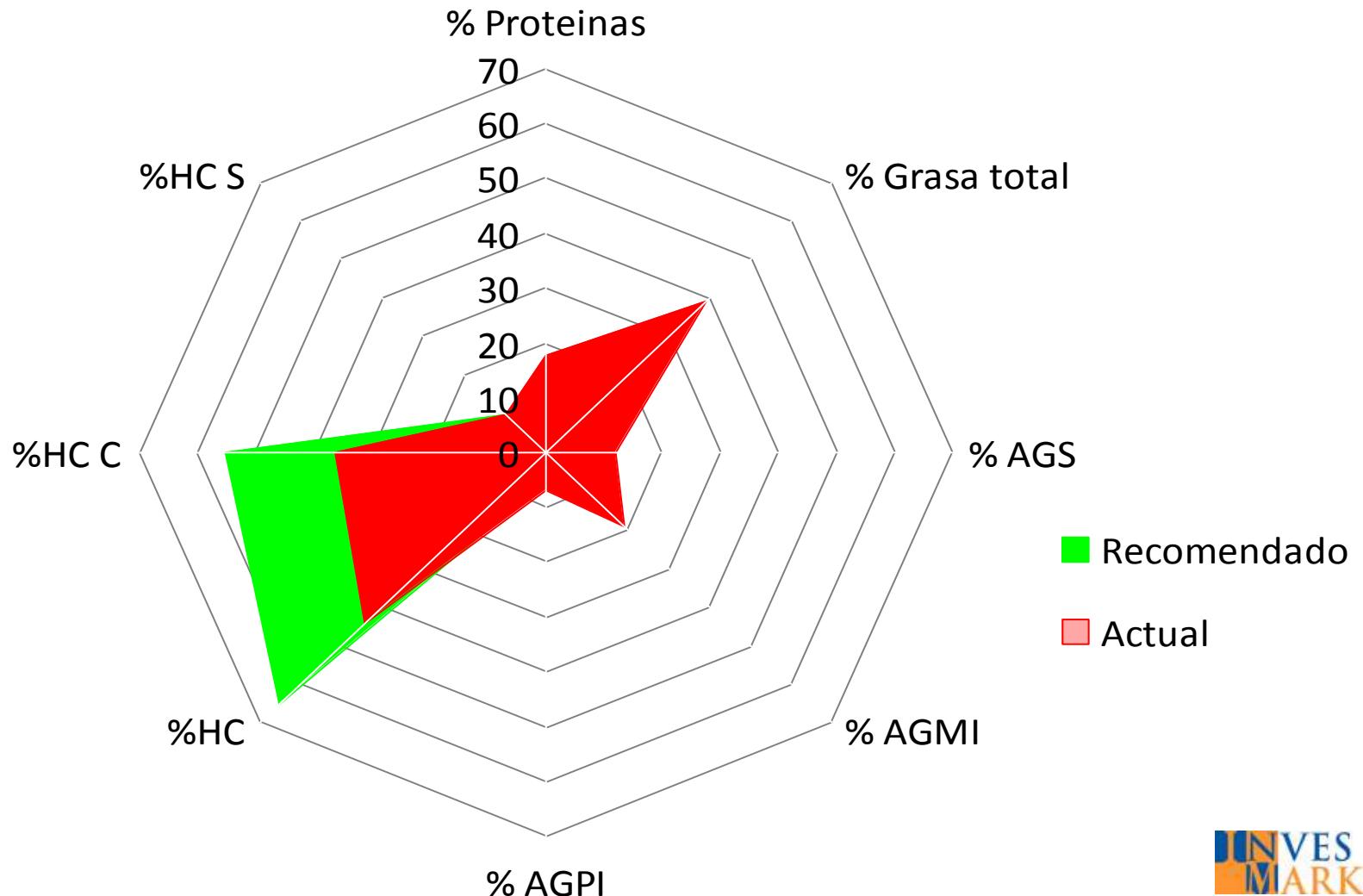
Evolución de los claims “bajos en sodio”



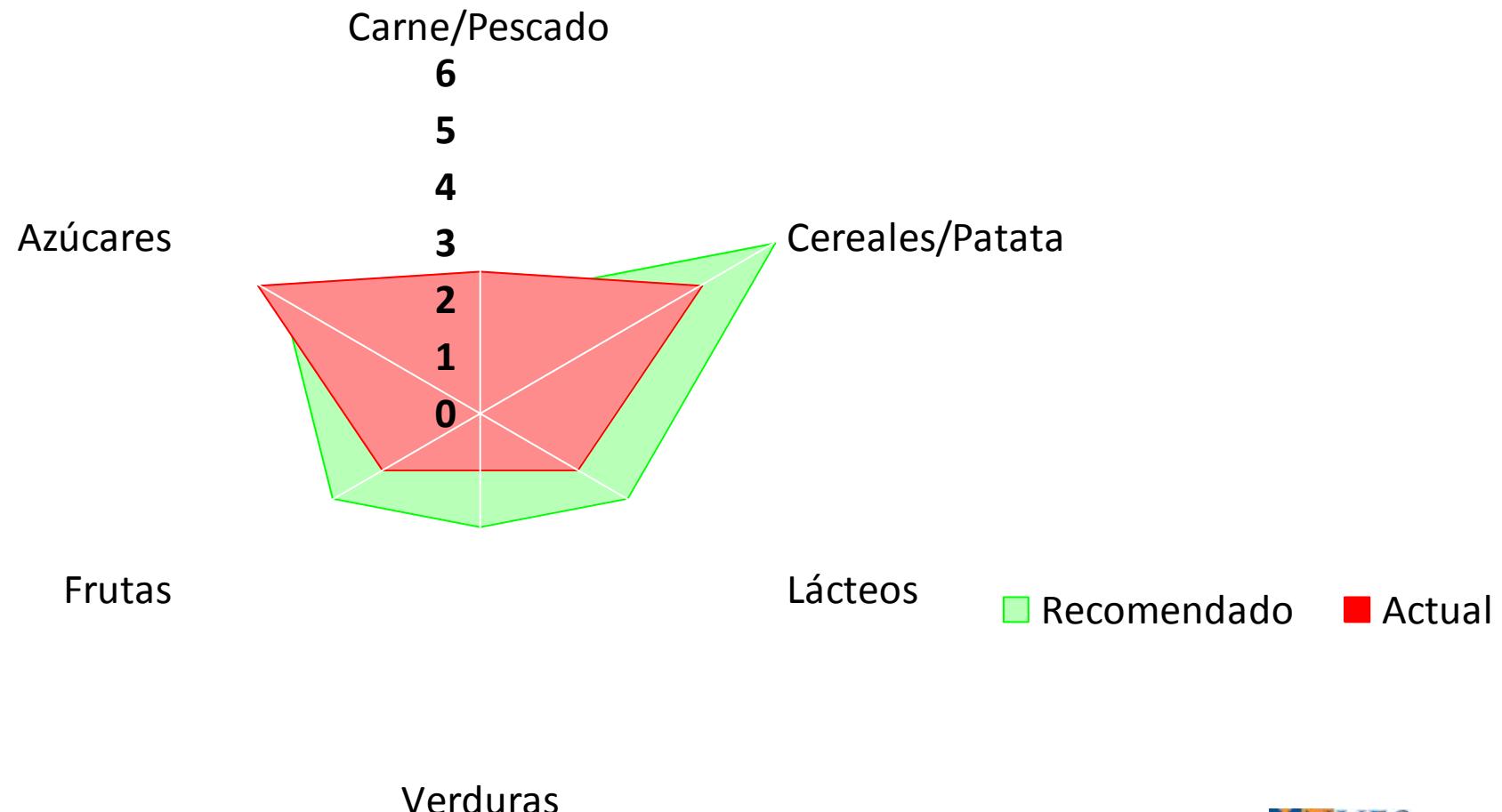
TOP 5 CATEGORIES (% PRODUCT LAUNCHES)



Patrón de Consumo Actual vs Patrón Recomendado



Patrón de Consumo Actual – Patrón Recomendado vs Raciones Diarias por Grupos de Alimentos





Continuing Education Questionnaire, page 2087
Meets Learning Need Codes 4000, 5000, and 5370

The Rising Cost of Low-Energy-Density Foods

PABLO MONSIVAIIS, PhD, MPH; ADAM DREWNOWSKI, PhD

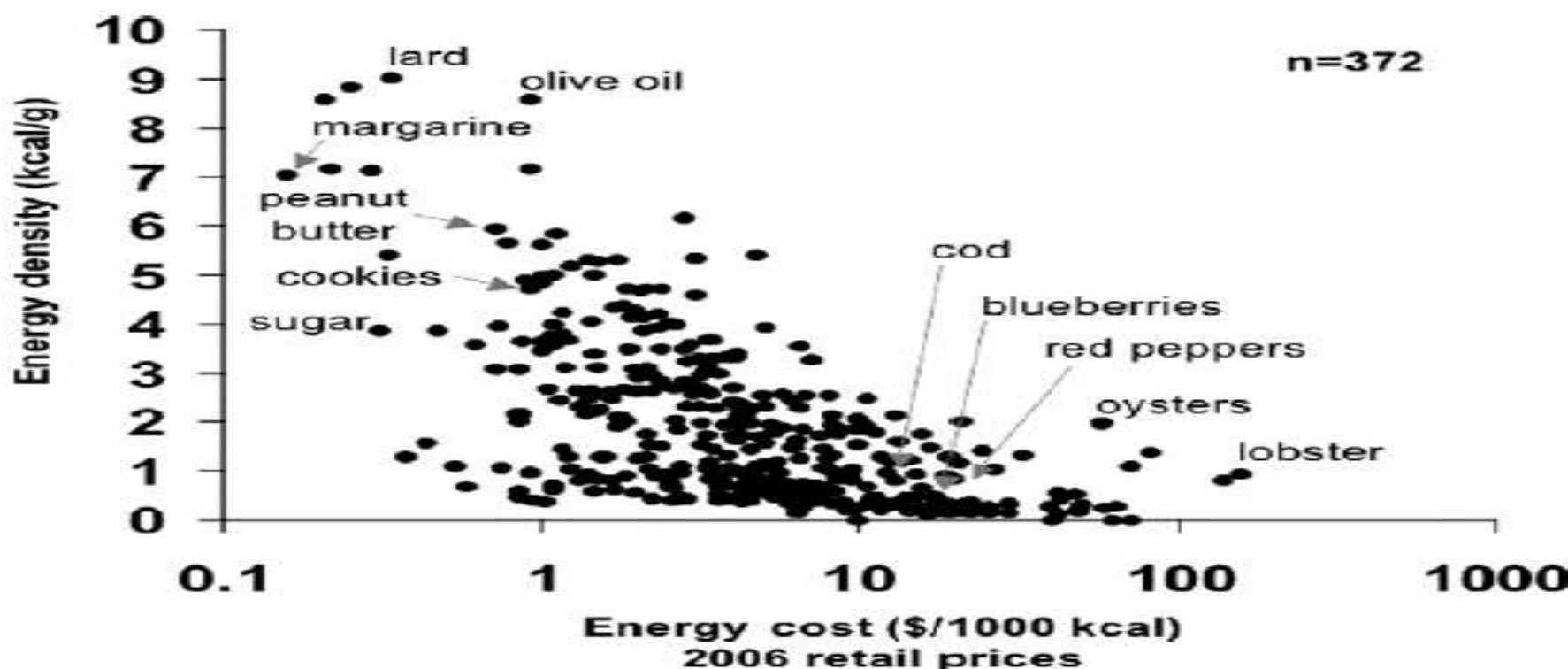
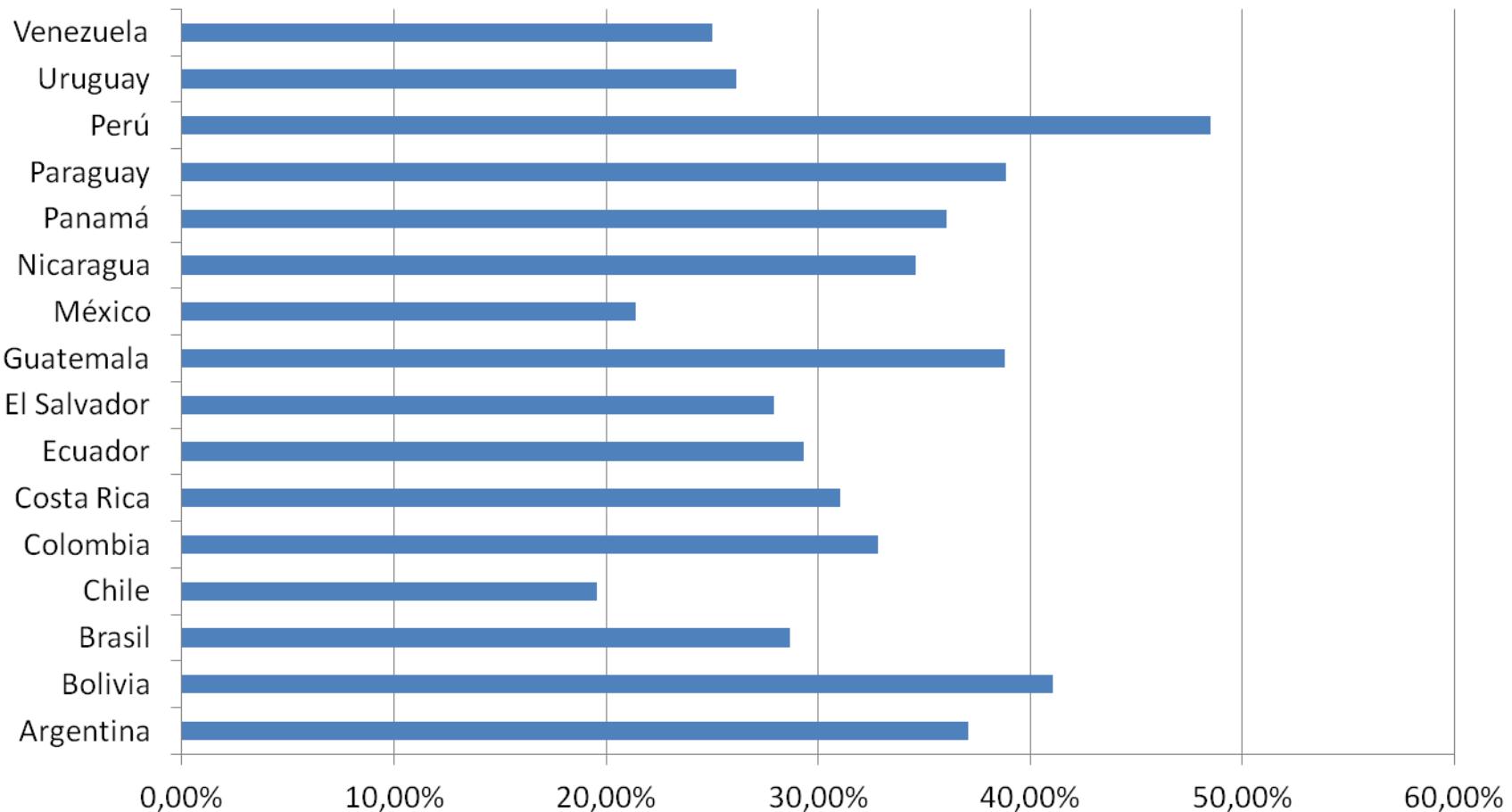


Figure 2. Relationship between monetary cost of dietary energy (\$/1,000 kcal) and energy density (kcal/g) of 372 foods from Seattle-area supermarkets for which nutrient and energy data were available. Energy cost was inversely associated with energy density. The data were fit by a linear regression: $r^2=0.38$. Retail prices for 372 foods and beverages were for 2006.

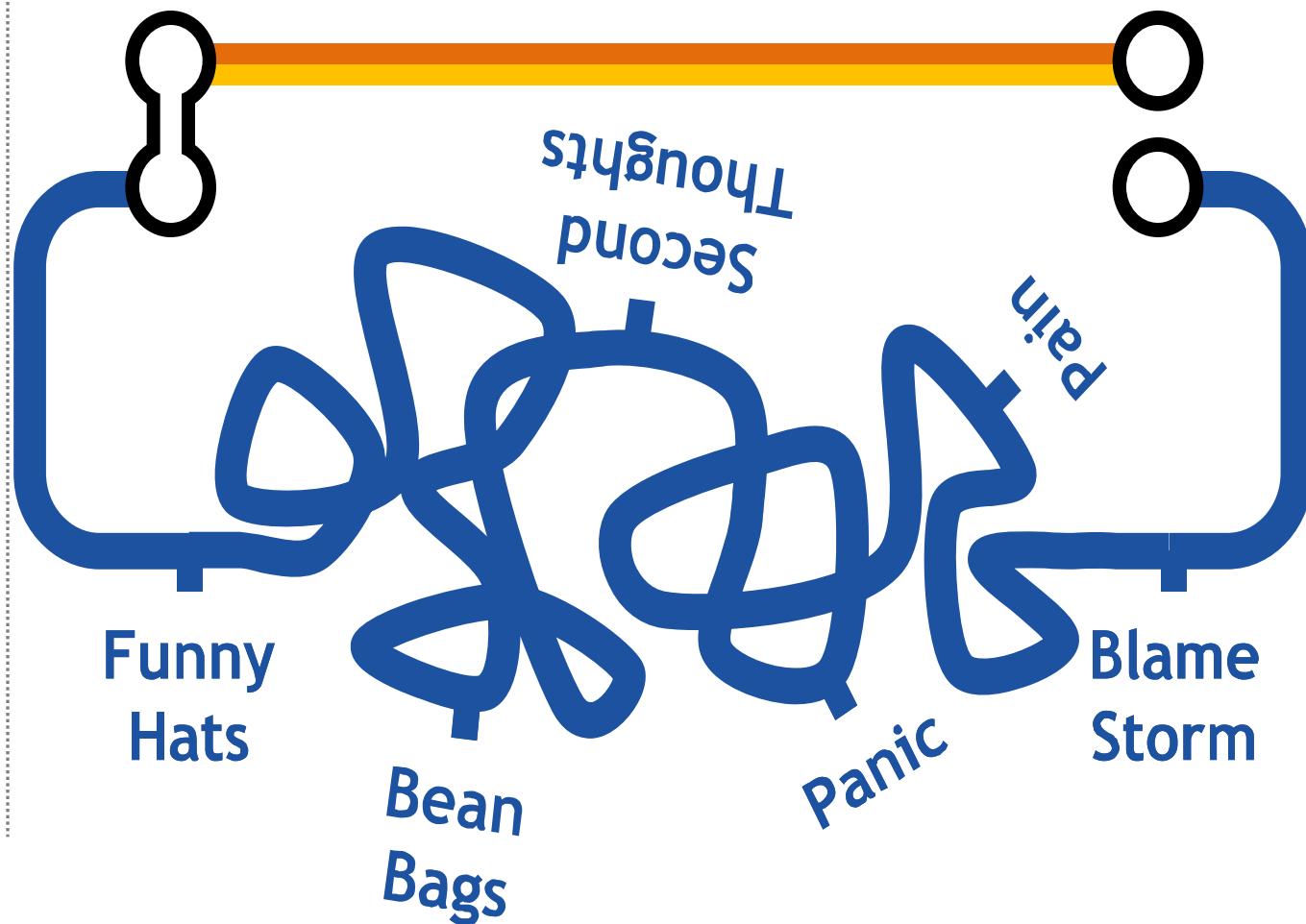
Modificar los perfiles nutricionales no es gratis para el consumidor (Pocket Share de consumo de alimentos)



*Por qué fracasan los
lanzamientos funcionales?*

Mass Market Opportunity

Innovation Success



Por qué ha podido fracasar un lanzamiento funcional?

1) Confiar demasiado en el beneficio de salud

2) Sobre-estimar el mercado

3) Dirigirse al mass market demasiado pronto

4) Problemas regulatorios

5) Demasiados beneficios juntos

6) Ser segundo en el mercado

7) Basarse en la “salud” sin conformar una marca paraguas

8) Tratar de simplificar el mensaje

9) No añadir declaraciones nutricionales

Por qué ha podido fracasar el lanzamiento de Omega 3?

1) Confiar demasiado en el beneficio de salud



SCIENTIFIC OPINION

Scientific Opinion on the substantiation of health claims related to docosahexaenoic acid (DHA), eicosapentaenoic acid (EPA) and brain, eye and nerve development (ID 501, 513, 540), maintenance of normal brain function (ID 497, 501, 510, 513, 519, 521, 534, 540, 688, 1323, 1360, 4294), maintenance of normal vision (ID 508, 510, 513, 519, 529, 540, 688, 2905, 4294), maintenance of normal cardiac function (ID 510, 688, 1360), "maternal health; pregnancy and nursing" (ID 514), "to fulfil increased omega-3 fatty acids need during pregnancy" (ID 539), "skin and digestive tract epithelial cells maintenance" (ID 525), enhancement of mood (ID 536), "membranes cell structure" (ID 4295), "anti-inflammatory action" (ID 4688) and maintenance of normal blood LDL-cholesterol concentrations (ID 4719) pursuant to Article 13(1) of Regulation (EC) No 1924/2006¹

EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA)^{2,3}

European Food Safety Authority (EFSA), Parma, Italy

SUMMARY

Following a request from the European Commission, the Panel on Dietetic Products, Nutrition and Allergies was asked to provide a scientific opinion on a list of health claims pursuant to Article 13 of Regulation (EC) No 1924/2006. This opinion addresses the scientific substantiation of health claims

¹ On request from the European Commission, Question No EFSA-Q-2008-1284, EFSA-Q-2008-1285, EFSA-Q-2008-1289, EFSA-Q-2008-1297, EFSA-Q-2008-1300, EFSA-Q-2008-1303, EFSA-Q-2008-1306, EFSA-Q-2008-1312, EFSA-Q-2008-1318, EFSA-Q-2008-1321, EFSA-Q-2008-1323, EFSA-Q-2008-1324, EFSA-Q-2008-1327, EFSA-Q-2008-1475, EFSA-Q-2008-2087, EFSA-Q-2008-1638, EFSA-Q-2010-00247, EFSA-Q-2010-00248, EFSA-Q-2010-00641, EFSA-Q-2010-00712, adopted by written procedure on 17 February 2011.

² Panel members: Carlo Agostoni, Jean-Louis Breslow, Susan Farwerda-Tan, Albert Flury, Ines Gelly, Maitaa Kerkhove, Paola Lajtha, Morten Lervik, Enzooglio Marchali, Andreu Martí, Steven Mensink, Monika Nentwich-Schertel, Hildegard Preyrelod, Seppo Salminen, Yolanda Sastre, Jean (J.) Sastre, Stephan Strobel, Inge Tewari, Daniel Tross, Heidrik van Loonveld, and Hans Verhaegen. Correspondence: nda@efsa.europa.eu.

³ Acknowledgements: The Panel wishes to thank for the preparatory work on this scientific opinion: The members of the Working Group on Claims: Carlo Agostoni, Jean-Louis Breslow, Susan Farwerda-Tan, Albert Flury, Ines Gelly, Maitaa Kerkhove, Morten Lervik, Andreu Martí, Hildegard Preyrelod, Seppo Salminen, Yolanda Sastre, Jean (J.) Sastre, Inge Tewari, Heidrik van Loonveld and Hans Verhaegen. The members of the Claims Sub-Working Group on Mental/Nervous System: Jacques Raga, Astrid Schleicher, Barbara Steiner-Kraus, Sven (J.) Sastre, and Peter Wüsten.

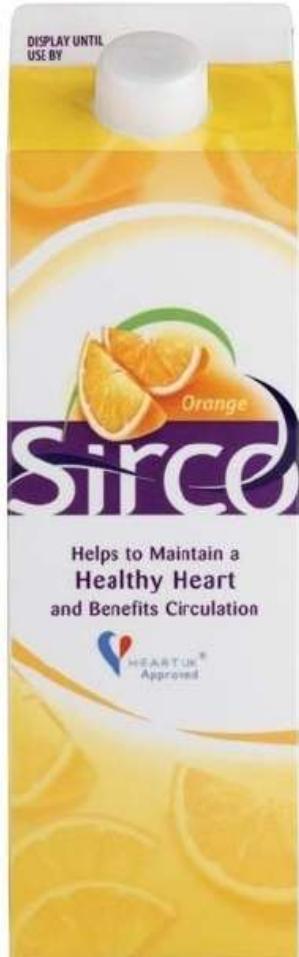
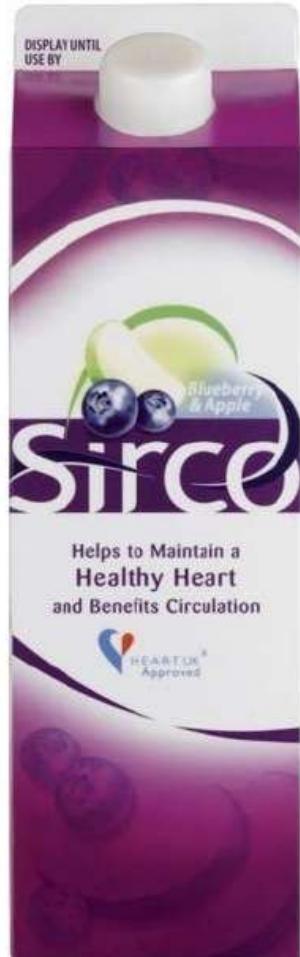
Suggested citation: Scientific Opinion on the substantiation of health claims related to docosahexaenoic acid (DHA), eicosapentaenoic acid (EPA) and brain, eye and nerve development (ID 501, 513, 540), maintenance of normal brain function (ID 497, 501, 510, 513, 519, 521, 534, 540, 688, 1323, 1360, 4294), maintenance of normal vision (ID 508, 510, 513, 519, 529, 540, 688, 1360, 4294), maintenance of normal cardiac function (ID 510, 688, 1360), "maternal health; pregnancy and nursing" (ID 514), "to fulfil increased omega-3 fatty acids need during pregnancy" (ID 539), "skin and digestive tract epithelial cells maintenance" (ID 525), enhancement of mood (ID 536), "membranes cell structure" (ID 4295), "anti-inflammatory action" (ID 4688) and maintenance of normal blood LDL-cholesterol concentrations (ID 4719) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. EFSA Journal 2011;9(4):2078 [pp 39]. doi:10.2903/j.efsa.2011.2078. Available online: www.efsa.europa.eu/efsaweb/pub/2078

Por qué ha podido fracasar el lanzamiento de alimentos para “nichos”?

2) Sobre-estimar el mercado



Por qué ha podido fracasar el lanzamiento de productos sin conceptos generalmente aceptados?



3) Dirigirse al mass market demasiado pronto



Por qué ha podido fracasar el lanzamiento de alimentos con problemas regulatorios?

4) Problemas regulatorios



ADVERTISING REGULATOR TAKES CUE FROM EFSA – AND SAYS EVIDENCE IT ONCE ACCEPTED IS NOW NOT ENOUGH

Danone's claims for its highly successful Actimel and Activia probiotic yoghurt products have yet to be evaluated by EFSA. But this didn't let the company escape media embarrassment in the wake of the 1 October opinions when, exactly two weeks later, the UK's Advertising Standards Authority (ASA) ruled that health claims used in an advert run by the French dairy giant for Actimel were misleading.

The voluntary UK advertising watchdog has told Danone to cease broadcasting TV adverts that stated its one-shot probiotic drinking yoghurt, Actimel, could boost the immune system of children.

The irony in the ASA's decision is that the dossier it has just rejected had previously been reviewed and approved as adequate by expert reviewers appointed by the ASA, according to industry sources. Even more ironic, it was the same advisors who have rejected the evidence this time who were previously satisfied with the evidence presented.

The TV commercial in question was aired back in 2006, when implementation of the EU Nutrition & Health Claims Regulation was just beginning. It showed a bottle of the product jumping over a skipping rope, with the sound of children playing in the background. A voice-over stated, "Kids love Actimel and it's good for them too". The ad then featured the sound of children cheering. The voice-over continued: "Actimel. Scientifically proven to help support your kids' defences". The final image showed the text: "Scientifically proven" stamped on the screen.

The ASA's investigation into the ad was, in theory, not linked to the health claims regulation, but the methodology used to evaluate the evidence supplied by Danone – and subsequently ban the advert – has clear echoes of an EFSA opinion.

Having taken unspecified "expert advice", out of a total of 24 studies, the ASA rejected two studies because they involved diseased rather than healthy children; one study because it didn't examine immunity and was therefore considered irrelevant; another because it was in babies and was not considered pertinent for an advert that appeared to target school age children; and one because it did not show enough of a beneficial effect.

The ruling received enormous media coverage. Danone expressed its disappointment at the ASA ruling and insisted its evidence was strong. But the story was yet another blow for an already beleaguered probiotics sector, which is finding itself constantly under attack.

The Actimel brand is the UK's largest probiotic daily dose drink, with retail sales of £200 million (\$326 million/€219 million) in 2008. Sales grew 9% in the first quarter of 2009 in an otherwise static category.



Por qué ha podido fracasar el lanzamiento de productos con muchos beneficios?



5) Demasiados beneficios juntos



Por qué ha podido fracasar el lanzamiento de los “segundos”?



6) Ser segundo en el mercado



Por qué ha podido fracasar el lanzamiento de productos “aislados”?



7) Basarse en la “salud” sin conformar una marca paraguas



Por qué ha podido fracasar el lanzamiento de conceptos “simplificados”?



8) Tratar de simplificar el mensaje

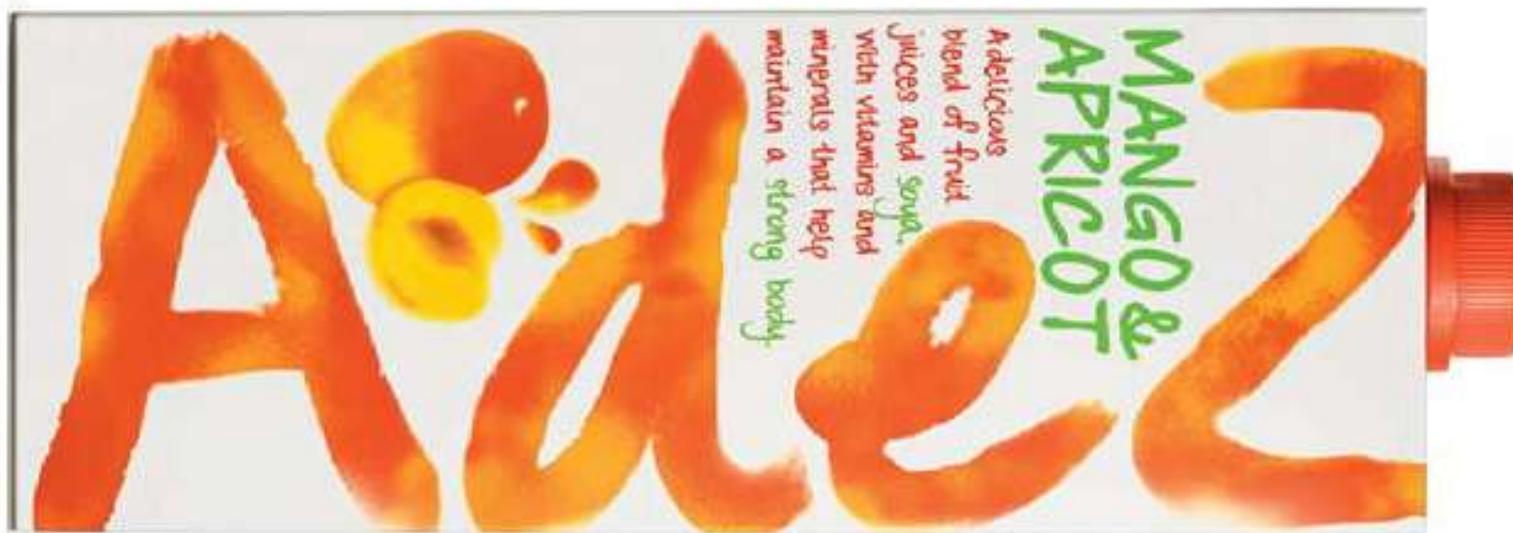


Por qué ha podido fracasar el lanzamiento de alimentos “mal posicionados”?

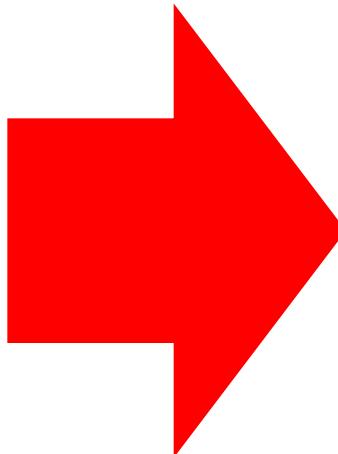


9) No añadir declaraciones nutricionales

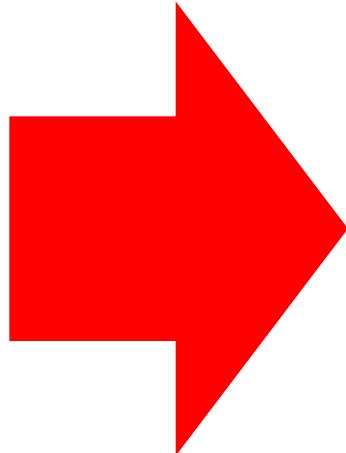
Qué debemos recordar?. No todo lo que funciona en otras geografías funciona en la nuestra



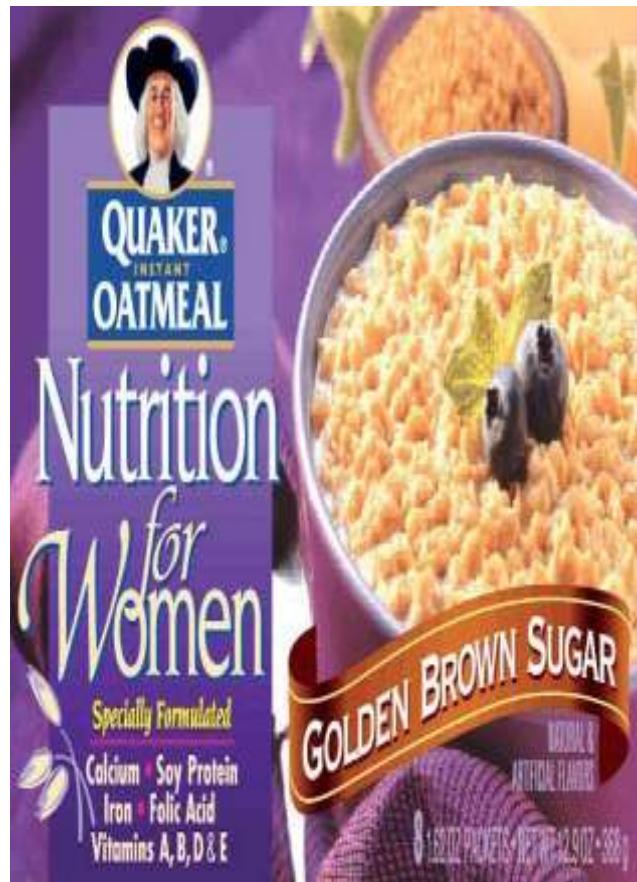
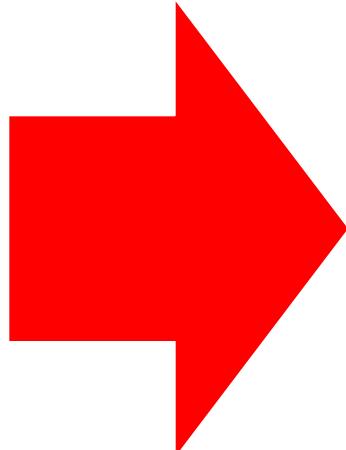
Qué debemos recordar?. Si una empresa grande ha fracasado seguramente nosotros también



Qué debemos recordar?. Lo importante es reforzar los beneficios inherentes, no añadirles “algo”



Qué debemos recordar?. No hay alimentos de “género”



Qué debemos recordar?. No se venden las categorías “imposibles”



Qué debemos recordar?. Lanzar extensiones no multiplica las ventas



Qué debemos recordar?. Solo funciona lo que se toma una vez por día



Qué debemos recordar?. Usar conceptos simples, no “simplificados”



Qué debemos recordar?. Ofrecer beneficios relevantes



**JOIN
The Anlene™
EXPERT IN BONE NUTRITION**

Let's BREAK the GUINNESS WORLD RECORD on World Osteoporosis Day for the Most Number of people dancing in a single event!

Event Details:

- Who: Everyone is invited!
- When: October 20, 2007 (Saturday) 6:00 am
- Where: CCP Complex

Program Flow:

- Registration - 5:30 am, Baywalk Roxas Blvd. Cor Quirino Ave.
- Dance Parade on Roxas Blvd. - 8:00 am
- Guinness Attempt - 9:30 am, CCP Complex in front of Star City
- Free Dance Lessons/ Bone Health Check - 10:00 am

To pre register, contact: Synergy Ventures – 7462923 or 7479011
Anlene Movement Hotline: (02) 6881696
(please see back for the guide map)

FREE ADMISSION

**Anlene™
EXPERT IN BONE NUTRITION**

FOR STRONG BONES

Free T-Shirts, pedometers and many more at the event until supplies last!

Qué debemos recordar?. Un beneficio, no múltiples



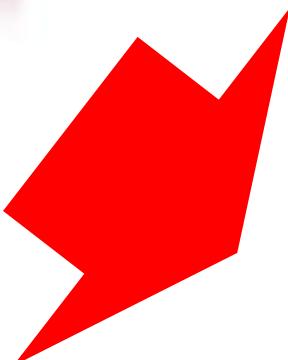
Qué debemos recordar?. Por encima de la salud, la nutrición



Qué debemos recordar?. Traslaciones



Integratore Alimentare a base
di Vitamina K2 e Vitamina D3



Qué debemos recordar?. Solo se vende lo que “se siente”



Estamos tan seguros de que Danacol te ayudará a reducir el colesterol que:



iSI NO TE FUNCIONA TE DEVOLVEMOS TU DINERO!*

Qué debemos recordar?. Mejor aún si indicamos el tiempo de uso para obtener beneficios”

DANONE
ACTIVIA

THE HOLIDAYS WERE NO HOLIDAY FOR YOUR DIGESTIVE SYSTEM!
Time to take the
DANONE ACTIVIA TWO WEEK CHALLENGE
It works or it's **FREE!**
Up to \$12.00

Offer valid December 10, 2002 and ends April 16, 2003.

TAKE THE ACTIVIA® TWO WEEK CHALLENGE
Eat it for two weeks and see for yourself!

Eat ACTIVIA® every day for two weeks. If it doesn't help naturally regulate your digestive system and taste great, we'll refund your purchase price up to \$12.00.

ACTIVIA® is scientifically proven to help with slow intestinal transit. When eaten every day for two weeks, as part of a balanced diet and healthy lifestyle.

Involve a friend to take the challenge.
[click here](#)

Complete rules and redemption form.
[click here](#)

Clinical proof.
[click here](#)



Privacy Policy

BACK TO ACTIVIA.COM

Activia Regularis™ is a registered beneficial strain of probiotics for modulation only in Activia®.

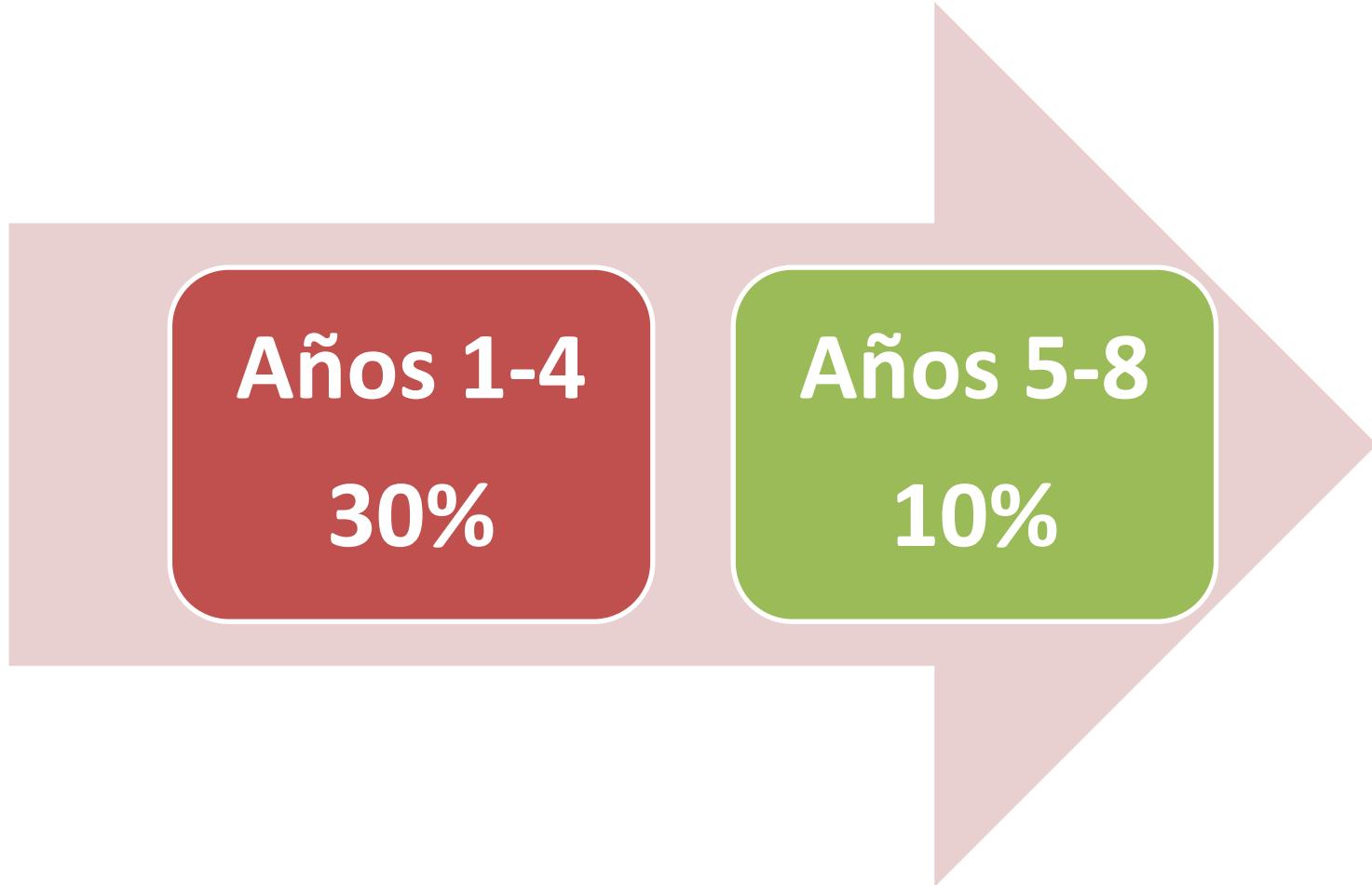
Qué debemos recordar?. El envase comunica



Qué debemos recordar?. Transformar un producto en un “servicio”

The image shows a screenshot of the Kellogg's Special K website. At the top left is the Kellogg's logo with the text "NUEVO Y MEJORADO". Below it is the "Special K" logo. To the right, there is a large photograph of a person's lower back and jeans. On the left side of the page, there is a sidebar with the text "Crea tu Plan Personal" and a red button "Empieza hoy". Below this is a speech bubble icon with the text "Exclusivos consejos de expertos ideas para conseguir tu éxito". The main content area has several sections: "Plan Personal información" (with a link to "Descubre más acerca de los planes"), "Descubre el NUEVO 3 cereales y miel" (with a link to "Tomálos con leche caliente"), "Pregunta al nutricionista" (with a link to "Podrás resolver todas tus dudas"), and "Consigue uno de los 7 regalos" (with a link to "Descubre más información"). At the bottom of the main content area is a smartphone icon. The right side of the image shows a detailed view of the "Vista de días" (Day View) section of the website. It features a red sidebar with "Plan de alimentación" and "Vista de días" selected. The main content area shows a menu for "Domingo" (Sunday) with items like "Desayuno: Vaso de leche con helado de aceite de oliva y té", "Almuerzo: Sopa de pollo", and "Cenar: Pechuga de pollo con fideos y aceitunas". There are also sections for "Trucos rápidos" (Quick tips) and "Consejos" (Tips). The date "19 DIC" is visible at the top right.

No olvidar la inversión en A&P



I+D diferenciada, incremental, rentable y sostenible

**Extensión
de línea**

Variedad

**Expansión
de marca**

Nuevas
ocasiones

**Nuevas
plataformas**

Nuevos
consumidores

*Algunas ideas sobre
posicionamiento*

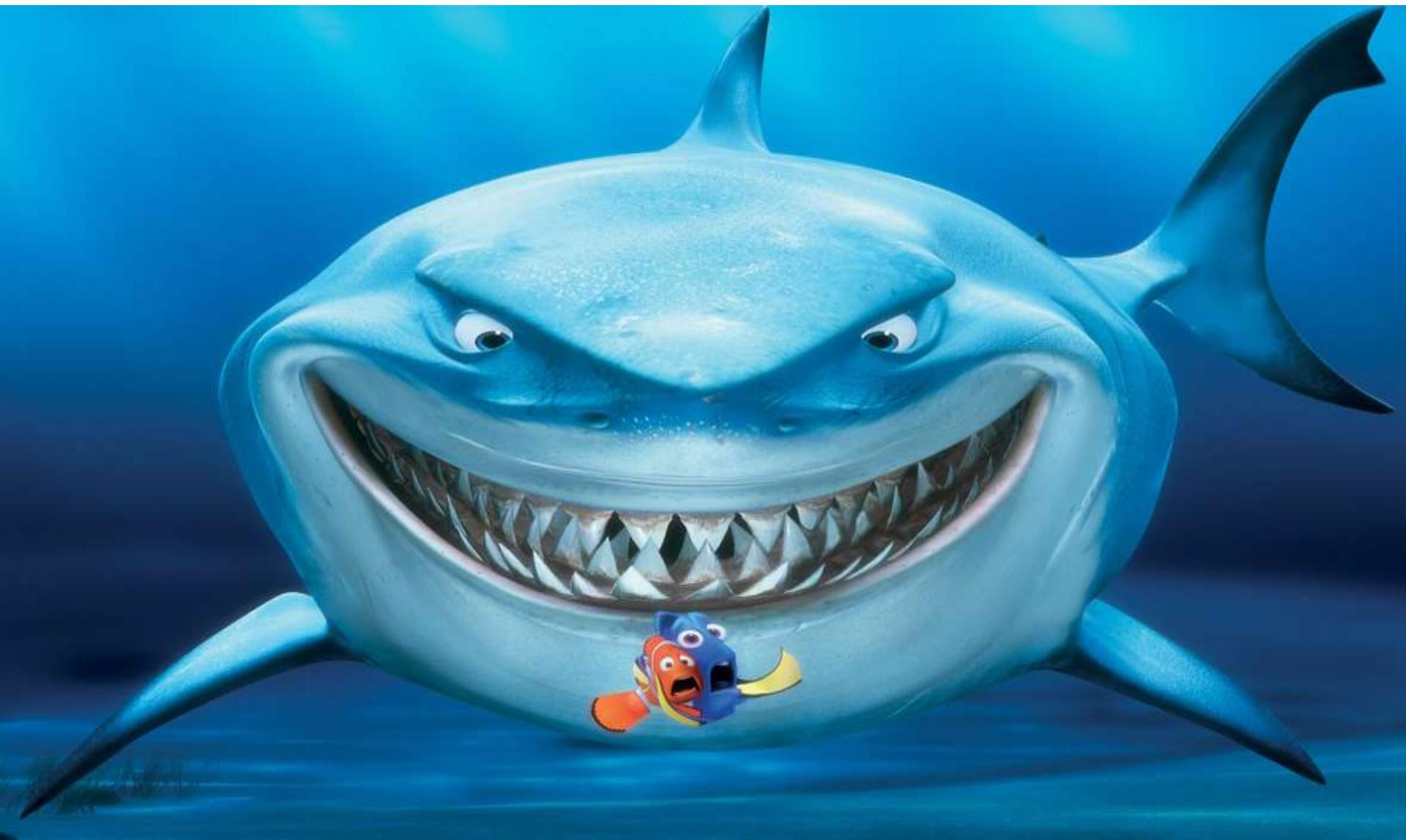
“Los hombres ciegos y el elefante”



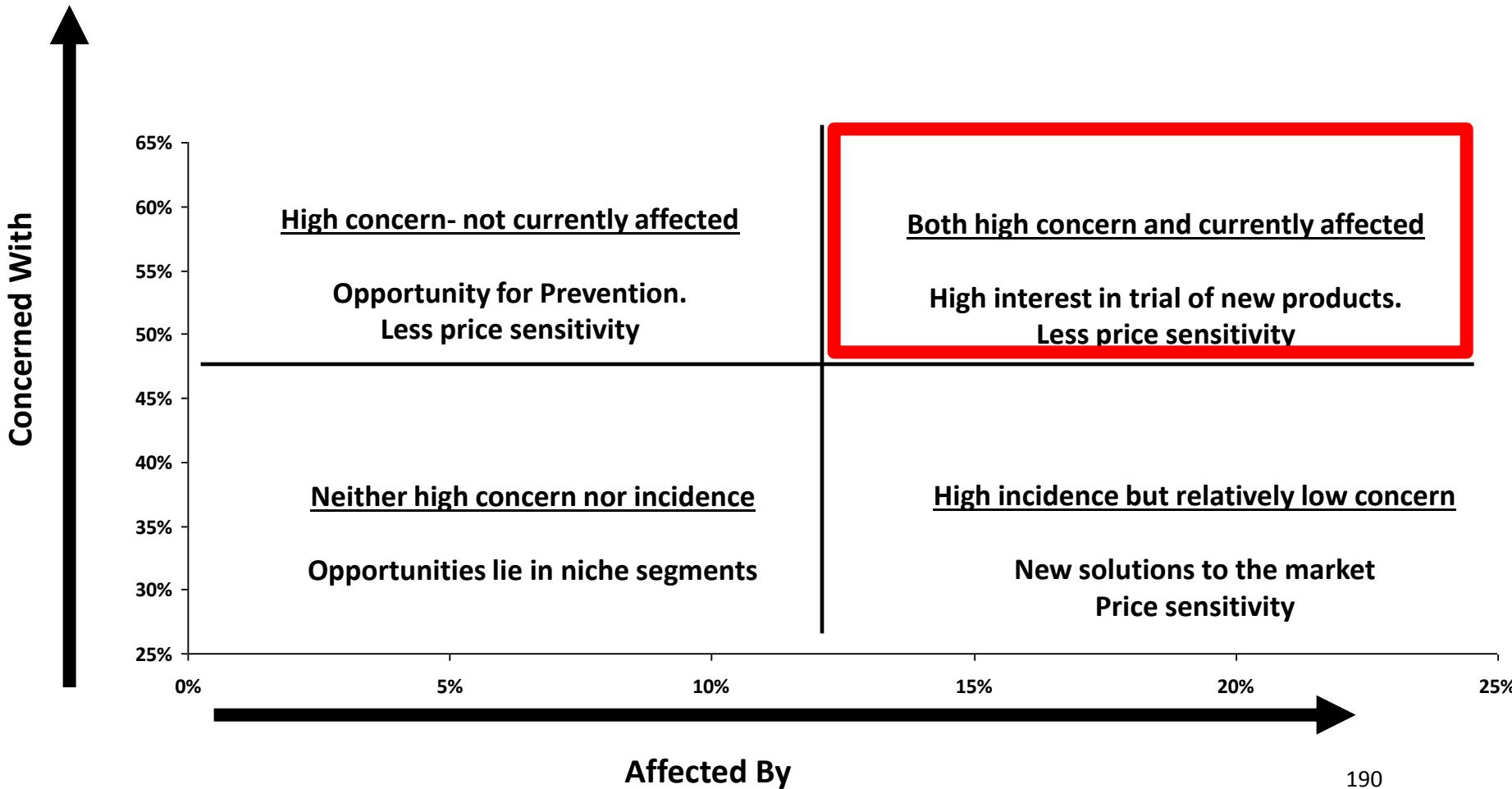
Más allá de los ingredientes están los CONCEPTOS



El más rápido gana al más grande

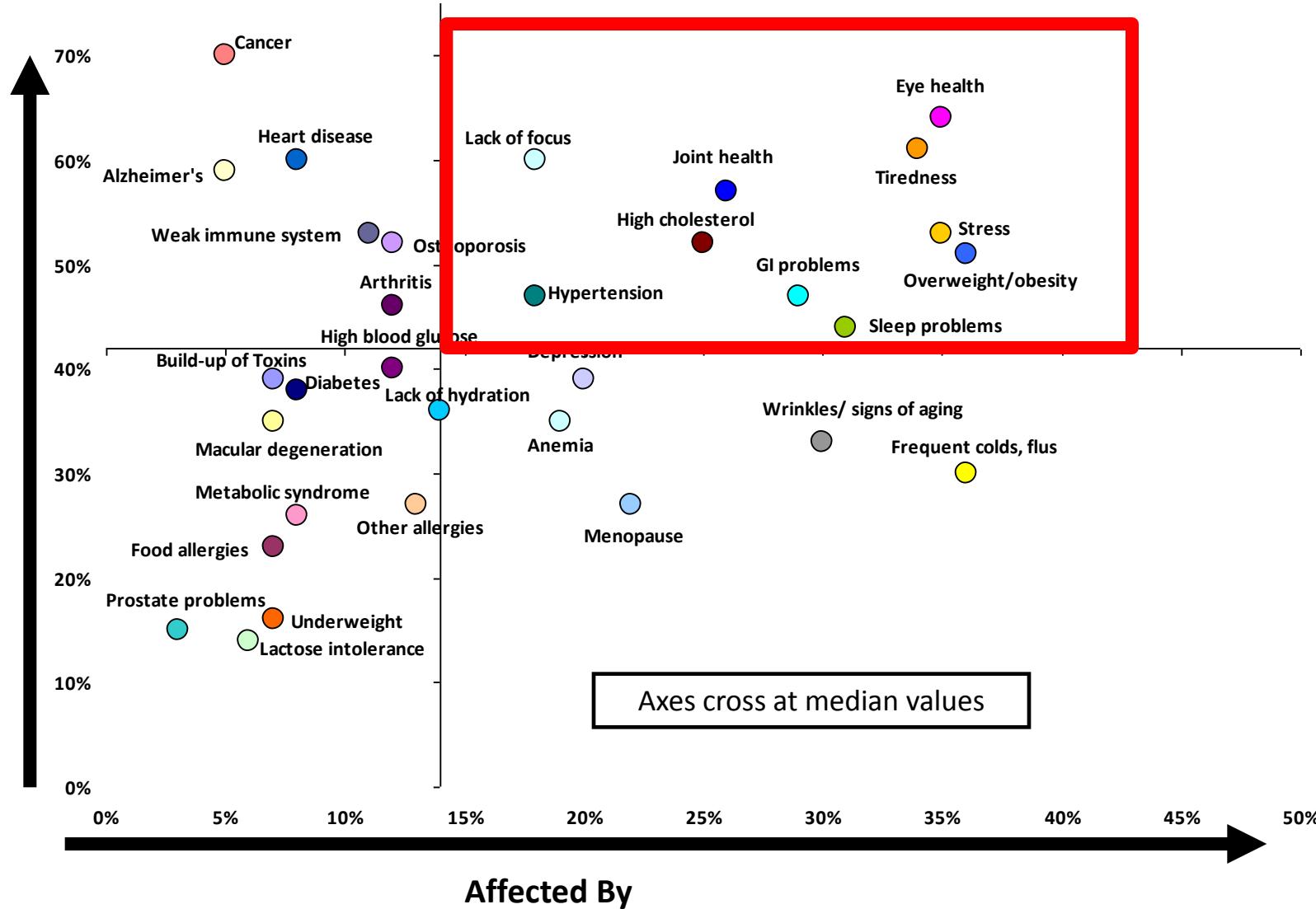


Tipos de consumidores



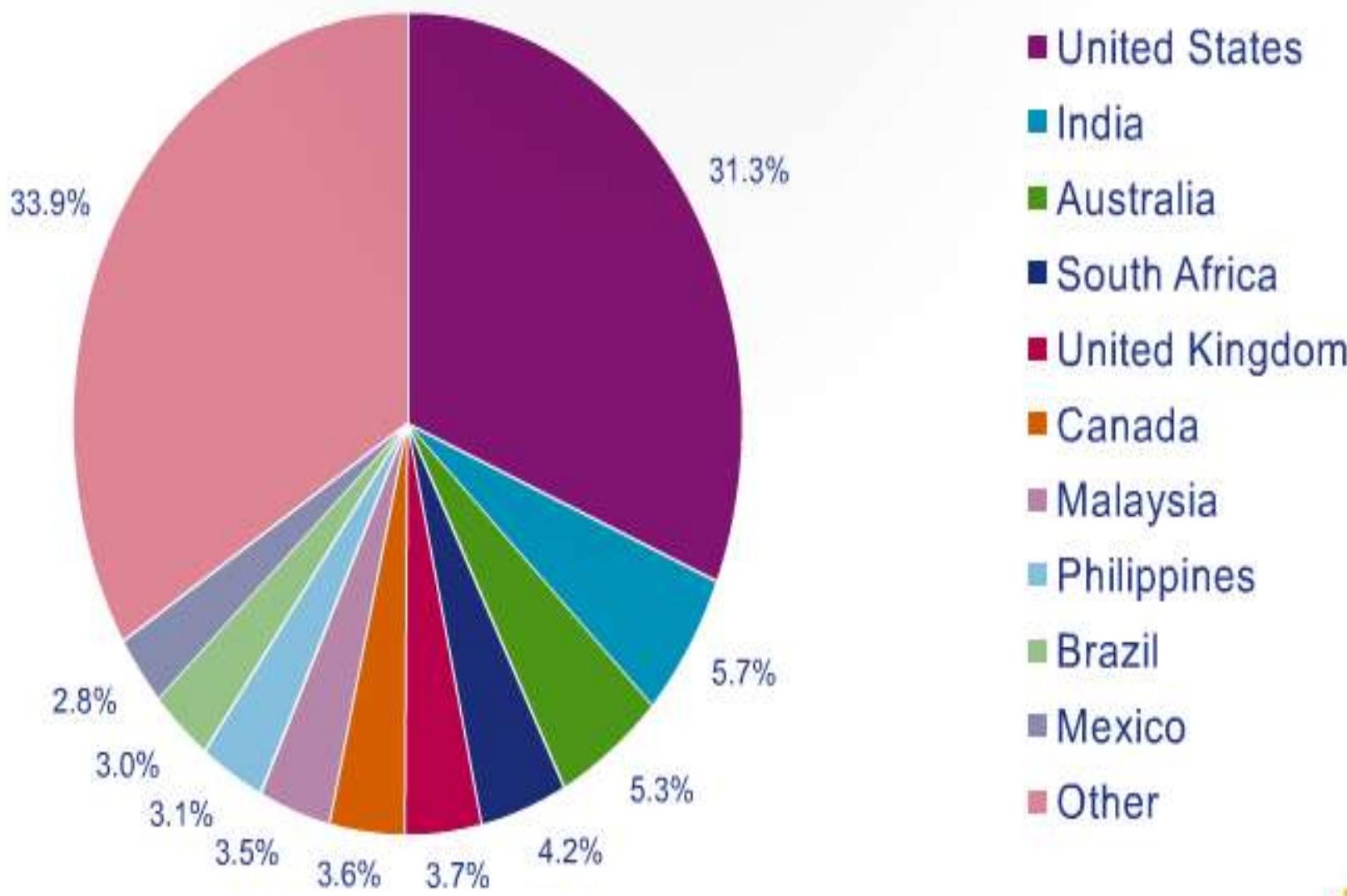
Las oportunidades en Latinoamérica

Concerned With



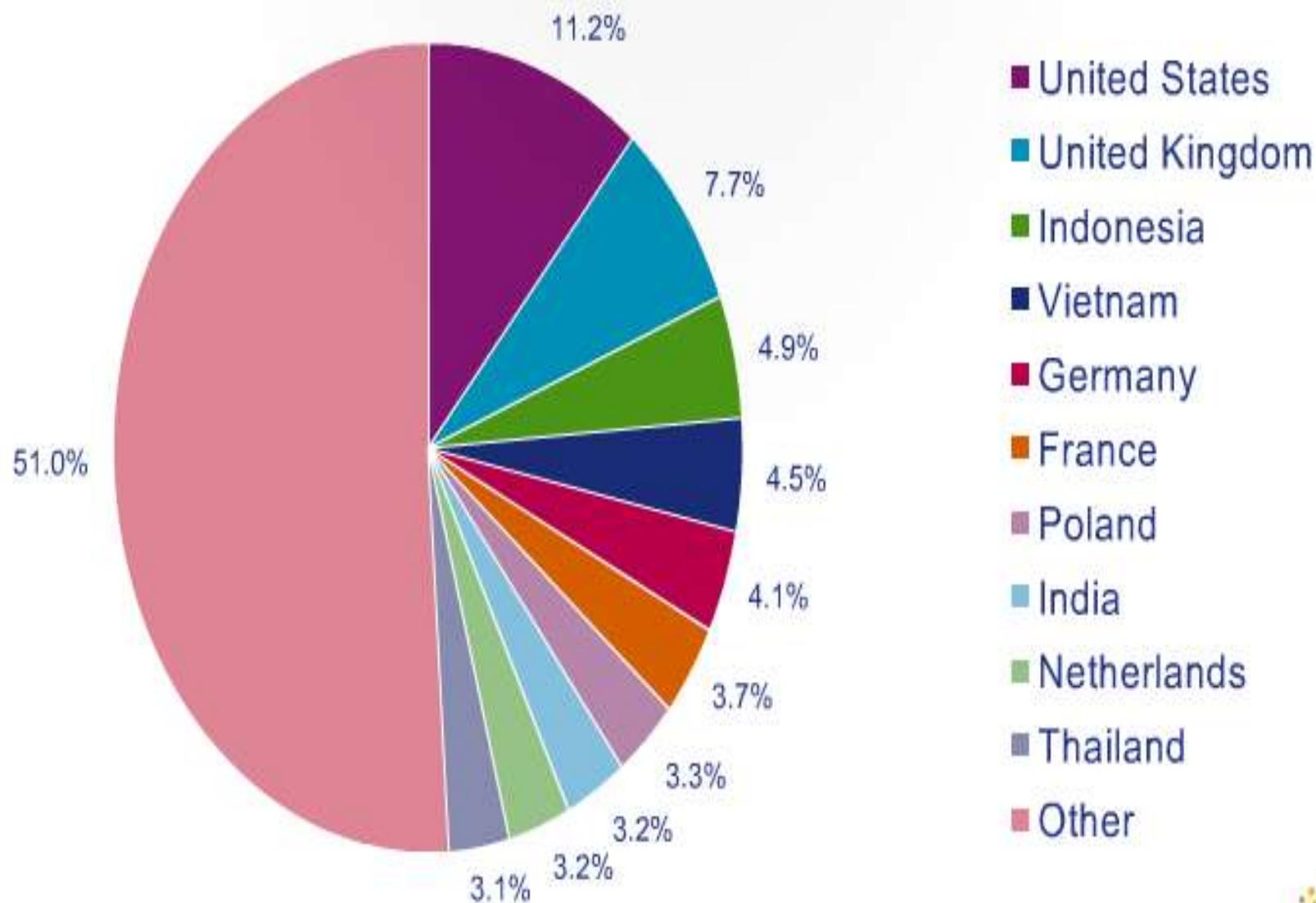
Global heart health positioned product launches tracked 2013

Top 10 countries (%)

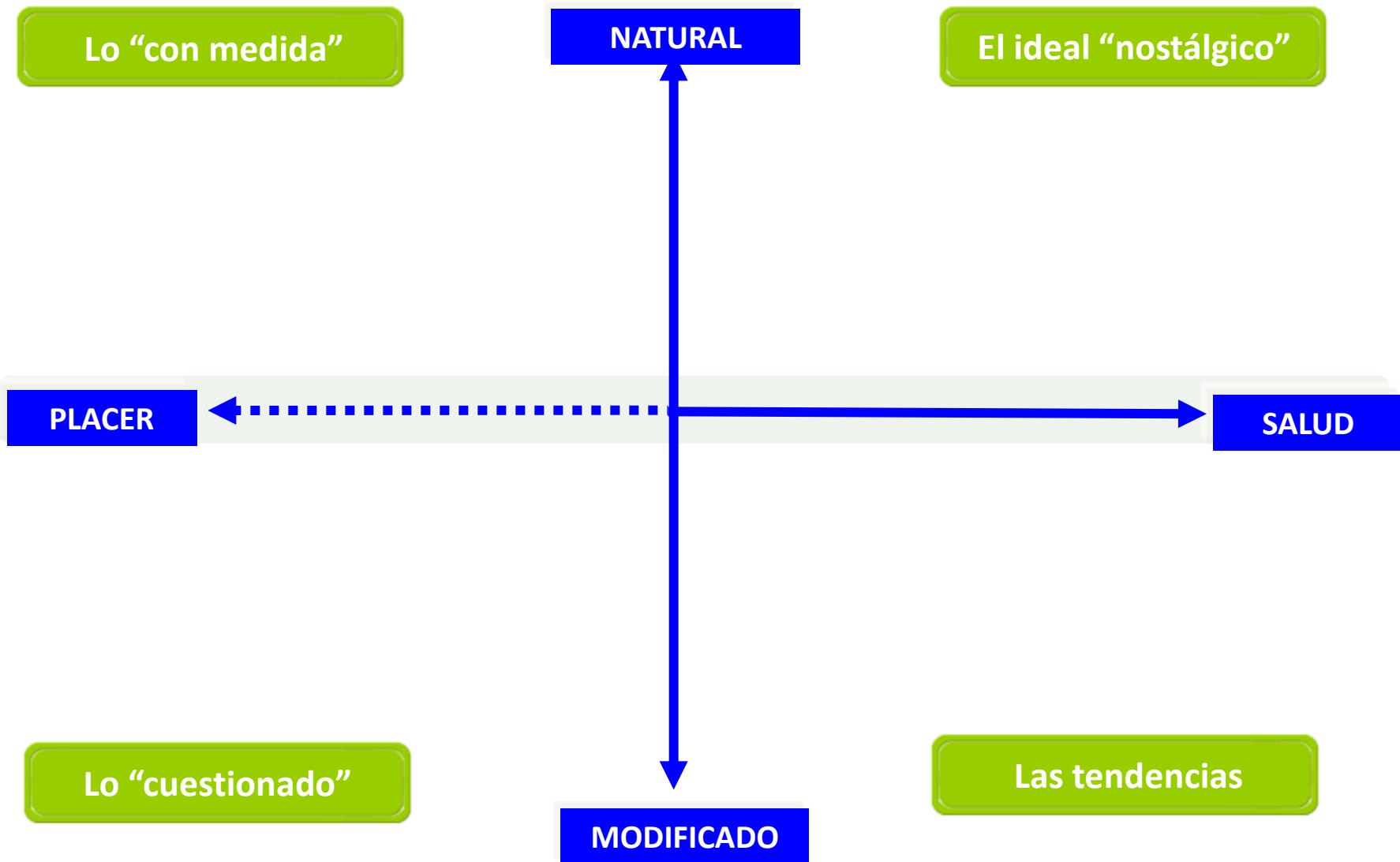


Global bone health positioned product launches tracked 2013

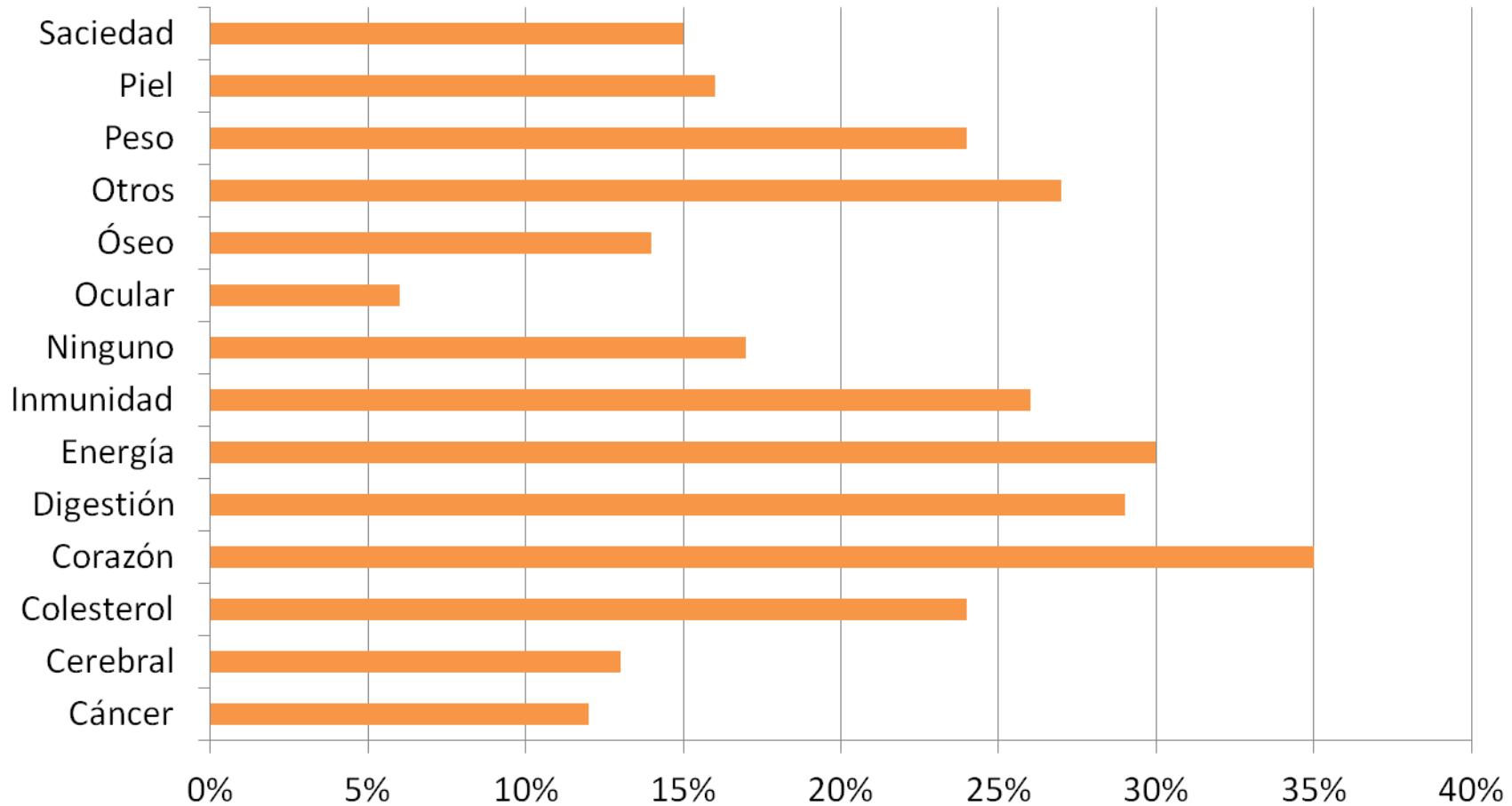
Top 10 countries (%)



Explorando el “territorio salud”

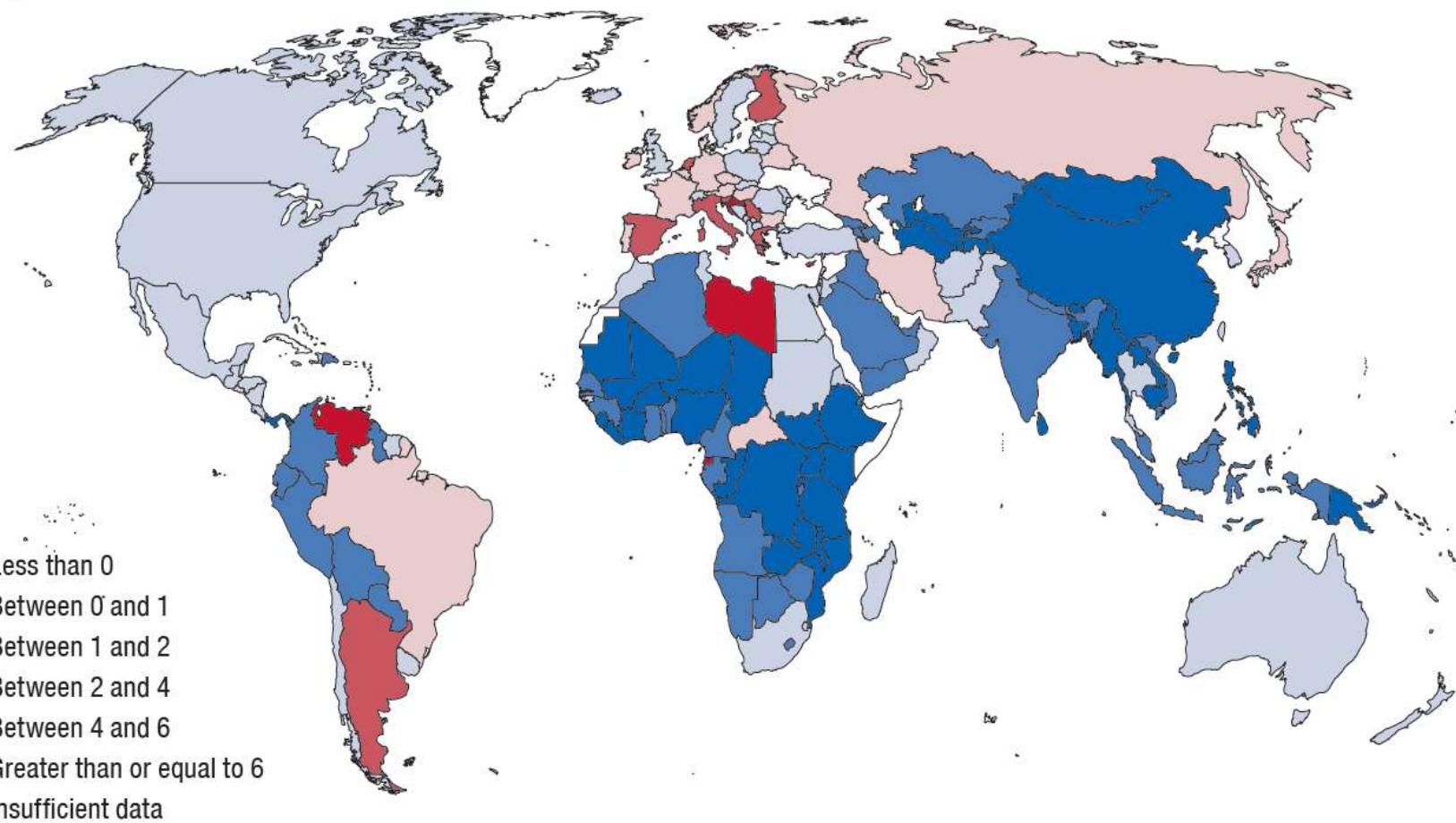


Motivaciones para el uso de alimentos



Un buen momento económico

1. 2014 GDP Growth Forecasts¹
(percent)



La importancia del “Puedes confiar en nosotros”



La importancia de la marca



KANTAR WORLDPANEL

THE BRAND FOOTPRINT GLOBAL RANKING TOP 50

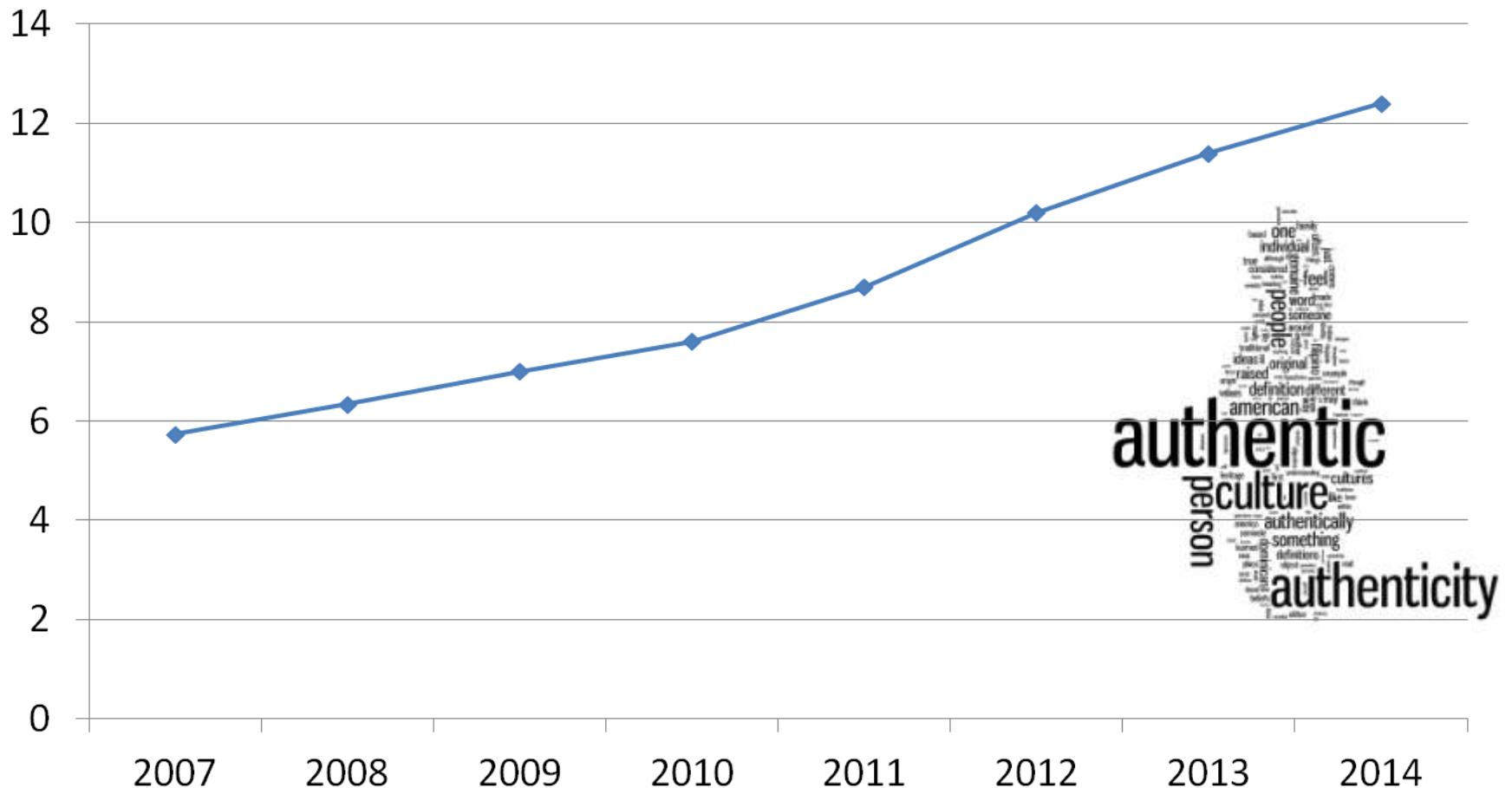
Rank 2012	Rank 2011	Rank change	Brand name	Manufacturer	Consumer Reach Points (m)	Penetration%	Frequency	Consumer Reach Points growth%
1	1	0	Coca-Cola	The Coca-Cola Company	5,295	43.9	14.7	0%
2	2	0	Colgate	Colgate-Palmolive Company	3,330	65.4	6.2	5%
3	3	0	NESCAFÉ	Nestlé	2,270	26.0	10.6	-2%
4	4	0	Pepsi	PepsiCo	1,797	27.9	7.9	2%
5	5	0	LUCASFILM	Unilever	1,751	27.3	7.8	1%
6	6	0	Maggi	Nestlé	1,580	26.7	7.2	4%
7	7	0	PANTENE	Procter & Gamble	1,456	31.9	5.6	-2%
8	8	0	Knorr	Unilever	1,290	27.6	5.7	1%
9	10	1▲	Lays	PepsiCo	1,146	26.0	5.4	2%
10	14	4▲	Dove	Unilever	1,117	33.7	4.0	18%
11	9	2▼	LUX	Unilever	1,068	34.4	3.8	-10%
12	11	1▼	Palmolive	Colgate-Palmolive Company	1,062	18.6	7.0	5%
13	13	0	Tide	Procter & Gamble	1,052	28.8	4.4	11%
14	12	2▼	Surf	Unilever	994	15.8	7.7	-1%
15	16	1▲	TANG	Mondelez International	948	13.2	8.7	4%
16	15	1▼	SUNSILK	Unilever	924	21.8	5.2	-1%

TOP BRAND BY COUNTRY

*Consumer Reach Points (m)



Mira a la empresa pequeña. La importancia de la “conexión emocional”. Ventas de empresas pequeñas en mercado alimentario (billones USD)



Personalización. Una aspiración cada vez más intensa

flavorcreator

add the app ►

flavor
check out our flavor buzzmeter and vote for our next flavor

vitamins
play vitamingames to see what your body needs most

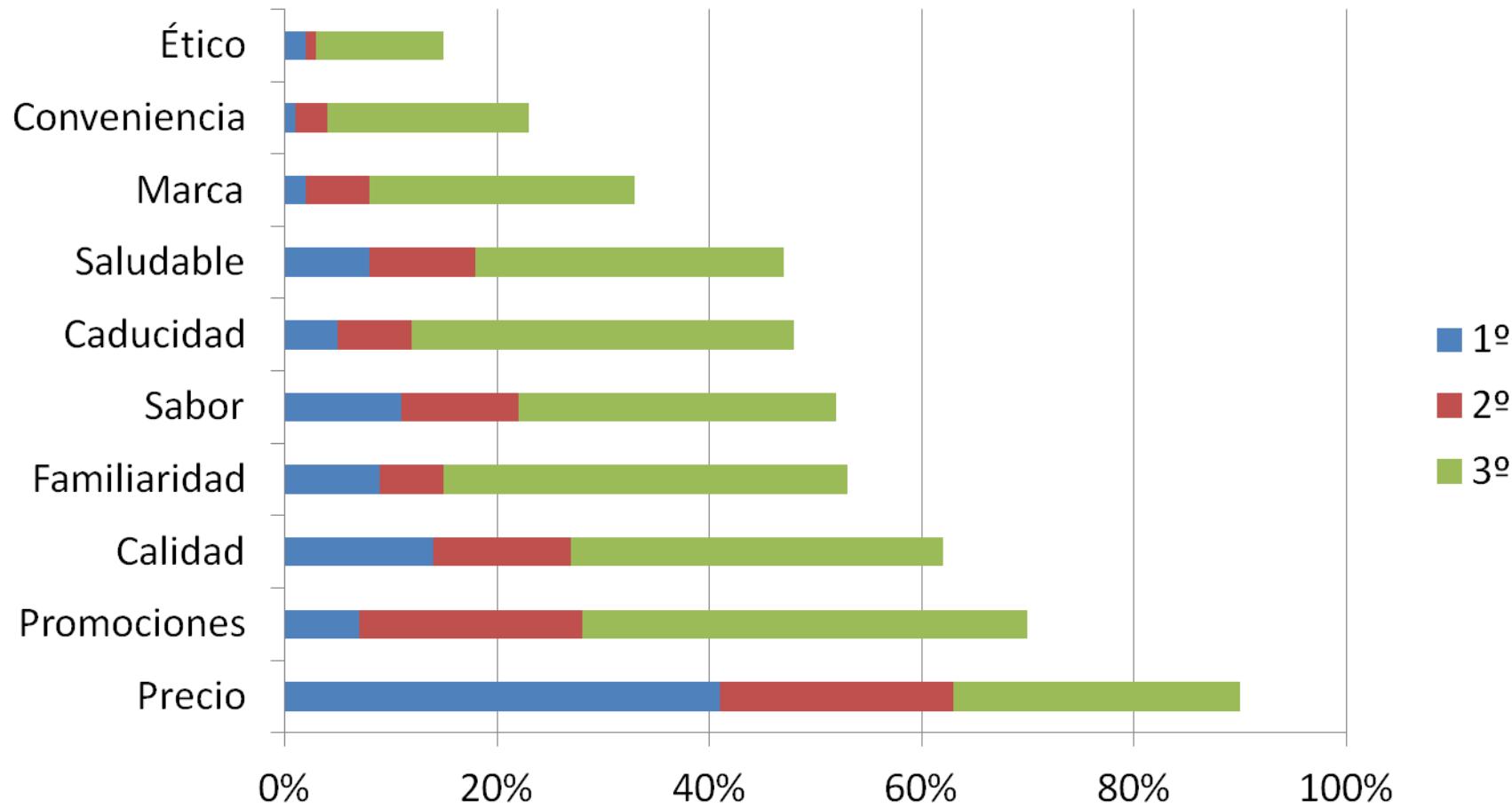
bottle
design our label for a chance to win \$5,000

help us create the next great vitaminwater flavoror at least kill some time until your lunch break

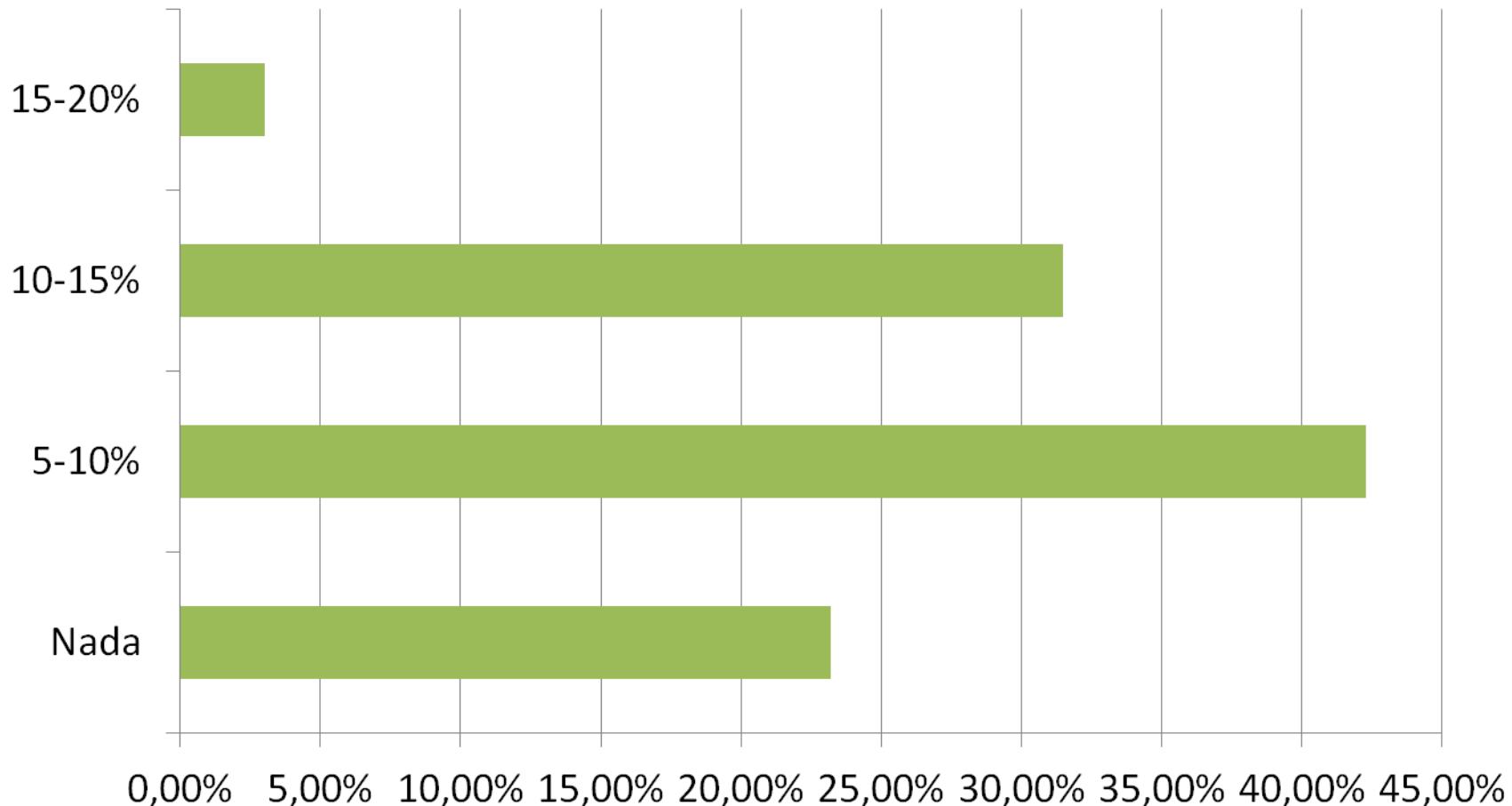
Relación calidad/precio. Un requisito fundamental



Factores que influyen en la elección de un alimento en Latinoamérica



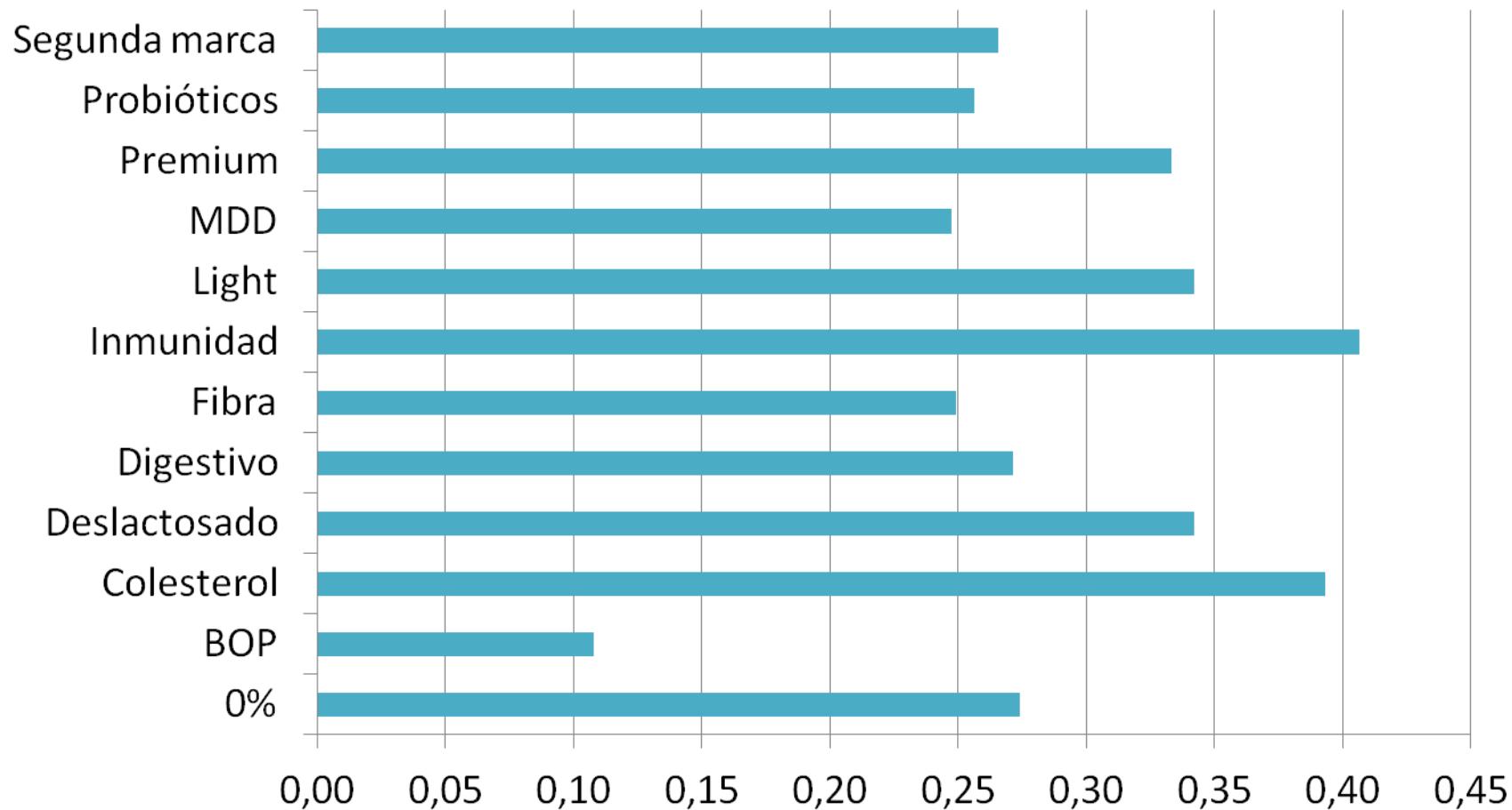
El consumidor latinoamericano no quiere pagar más por los beneficios de salud



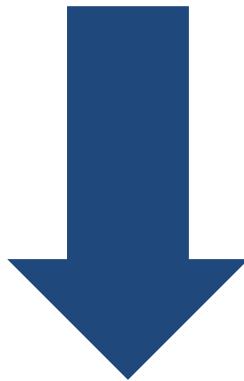
Posicionamiento en precios. Europa vs América Latina



Precios medios (Euros por gramo) en la categoría de yogures



El envase es una manifestación de los valores del producto

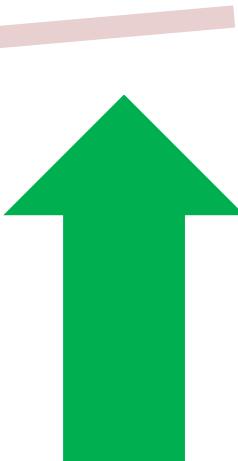


Lealtad de marca

Crea personalidad

Satisfacción de necesidades

Contiene
Protege
Facilita el uso





Pequeño es mejor



Una “etiqueta limpia” es mucho mejor

New: Menu Combos + Calorie Counter p.110

BONUS
Mix 'n' Match
Meal Plans
p.74

Clean Eating

Improving your life one meal at a time.

SUMMER 2008

Barbecue Shrimp & Sugar Snap Salad p.44

Fire It Up!

Celebrate Summer!

LOW-FAT EATS FOR YOUR NEXT BBQ

LAY OFF YOUR OVEN: 20-MINUTE DINNERS UNDER 300 CALORIES! p.59

BEAT THE HEAT: 7 MOCKTAILS TO KEEP YOU COOL p.54

82 Flavorful, Fresh & Seasonal Recipes

PLUS: Succulent BBQ Beef Sandwich, Planked Scallops with Blueberry Tarragon Sauce, Breakfast Banana Splits, Ultimate Turkey Burgers, Frozen Desserts



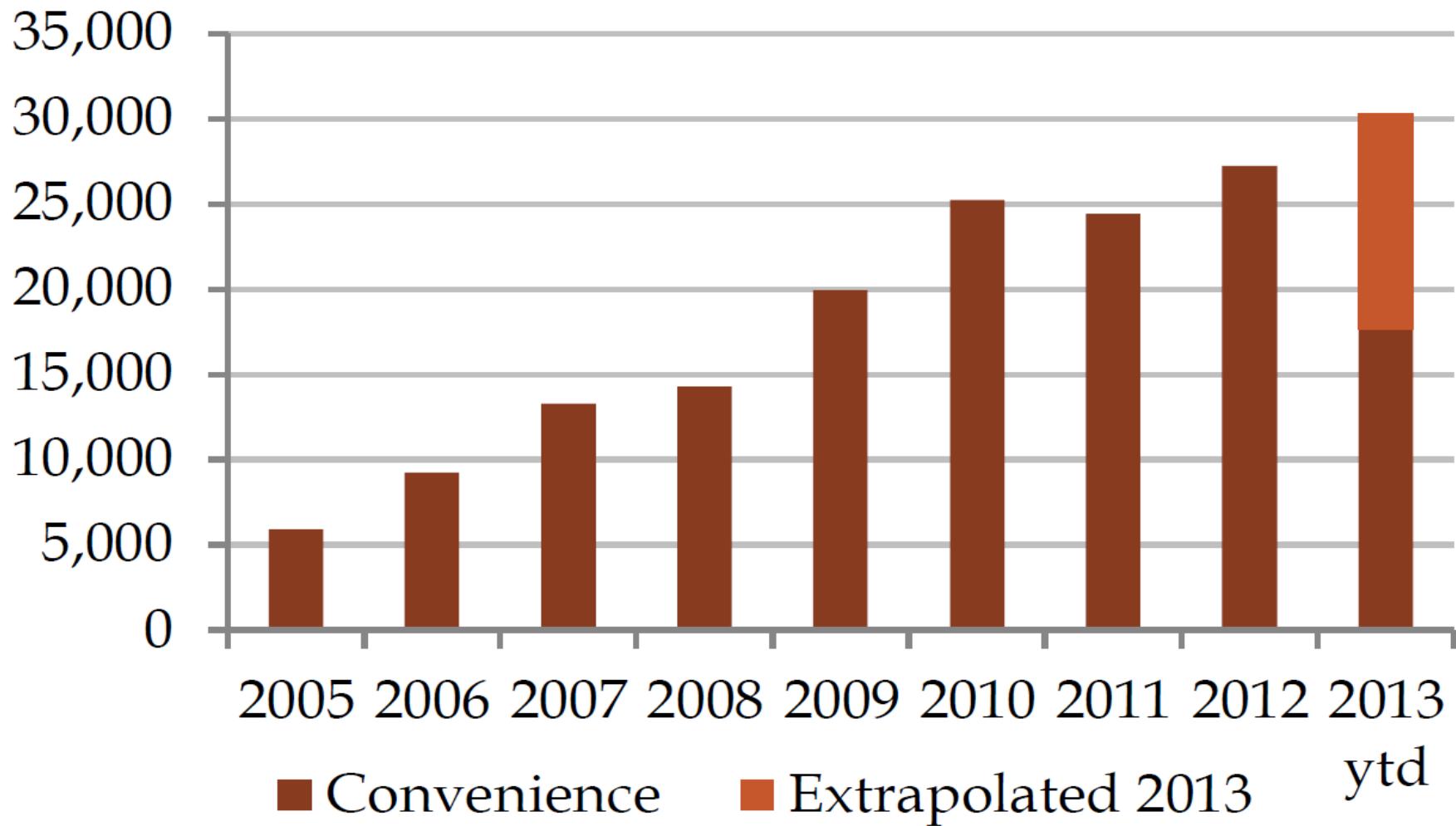
Food Network's Star Ingrid Hoffmann's Latin Flavors

ISSUE DATE: APRIL 2008

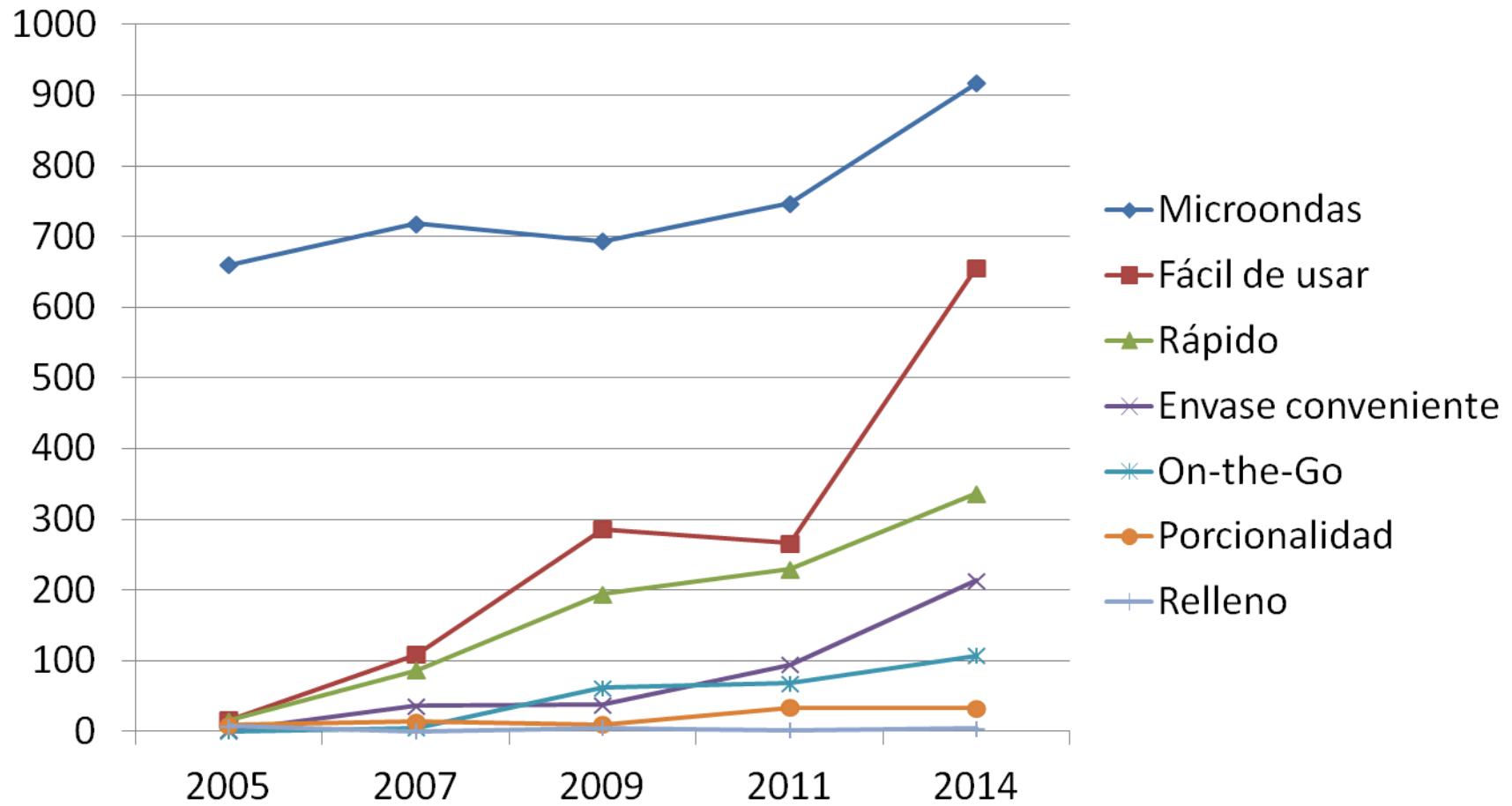
75470-04798

cleaneatingmag.com

Lanzamientos globales en “conveniencia”

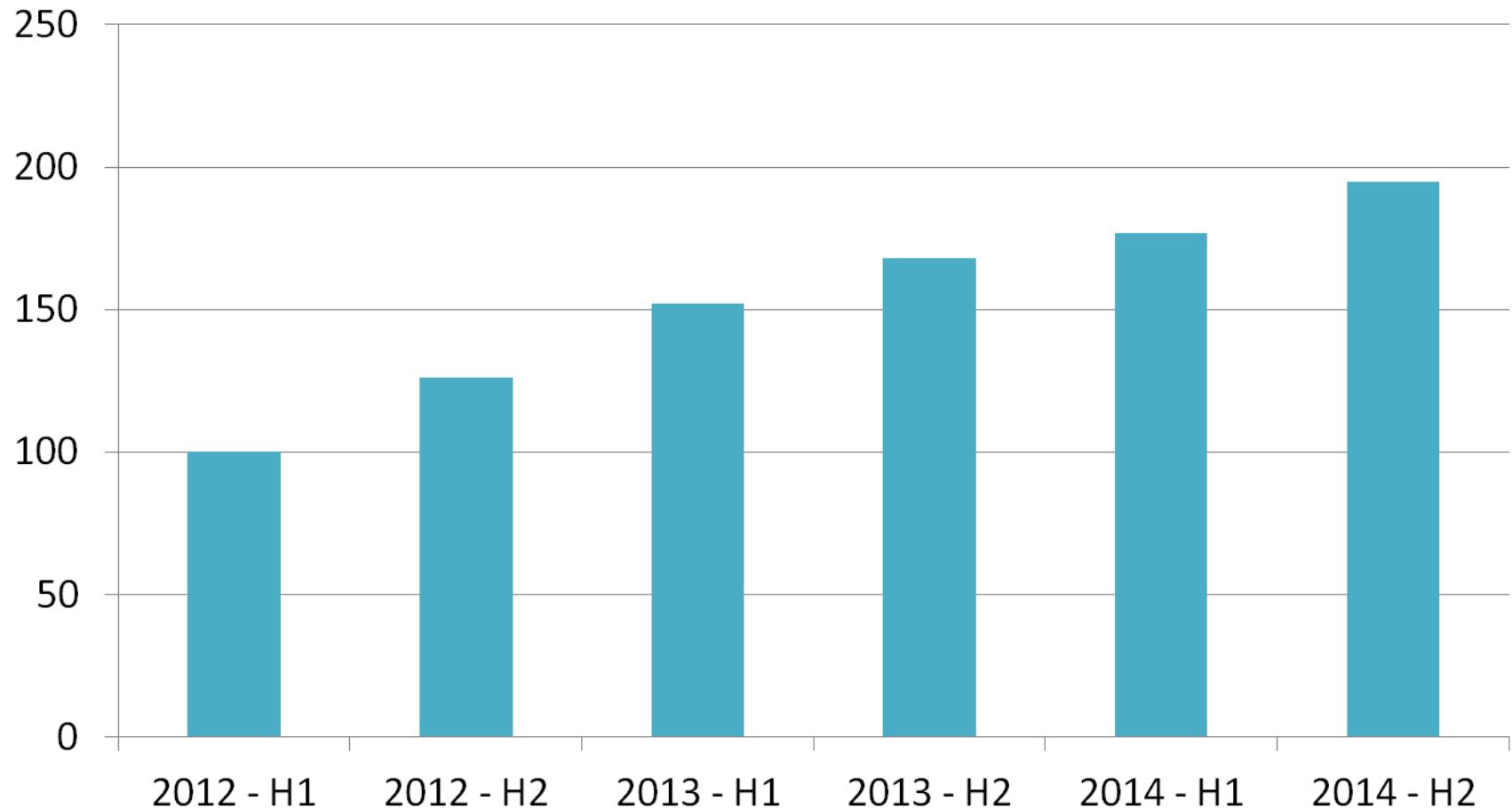


Lo conveniente crece en Latinoamérica



Salud (más) holística

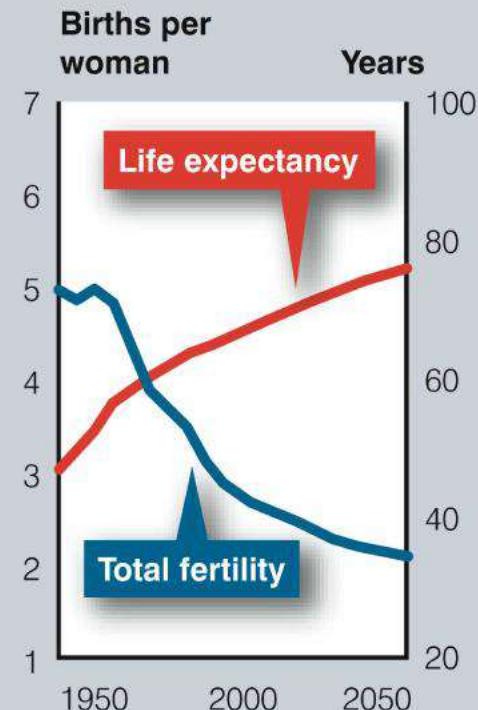
Cada vez más alimentos fortificados (Base 100)



Envejecimiento: Algo desconocido hasta ahora

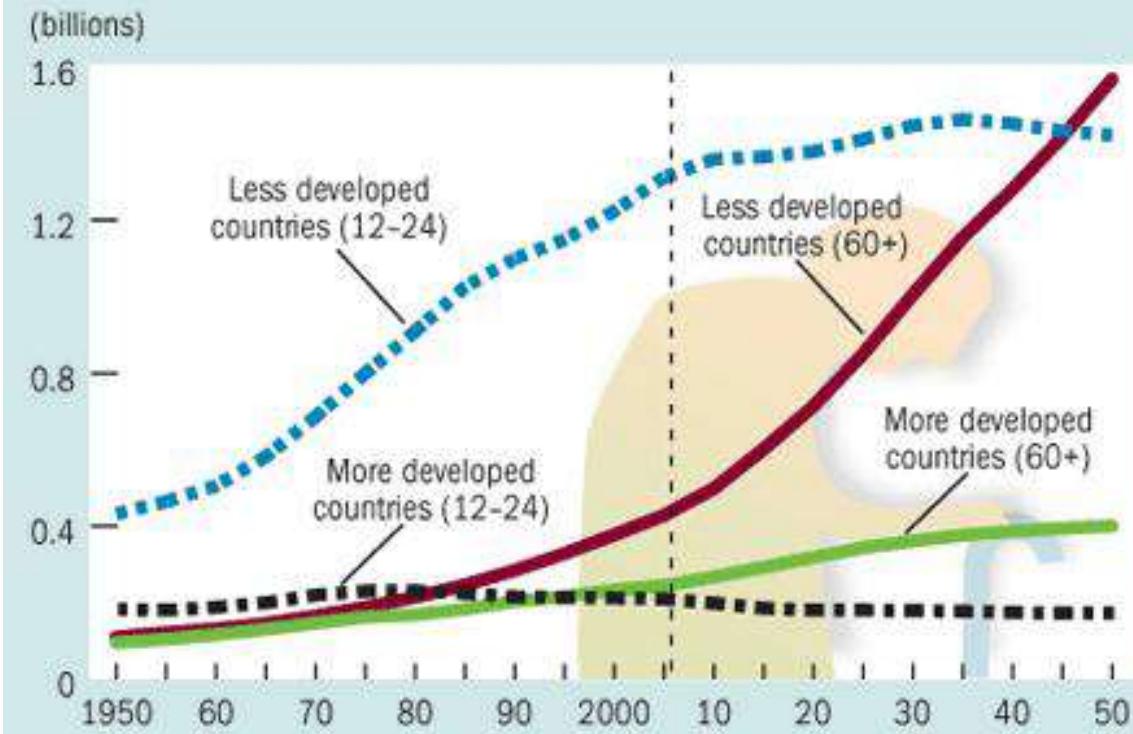
The two faces of world population ageing

Rising life expectancy vs. declining birth rates, 1950-2050

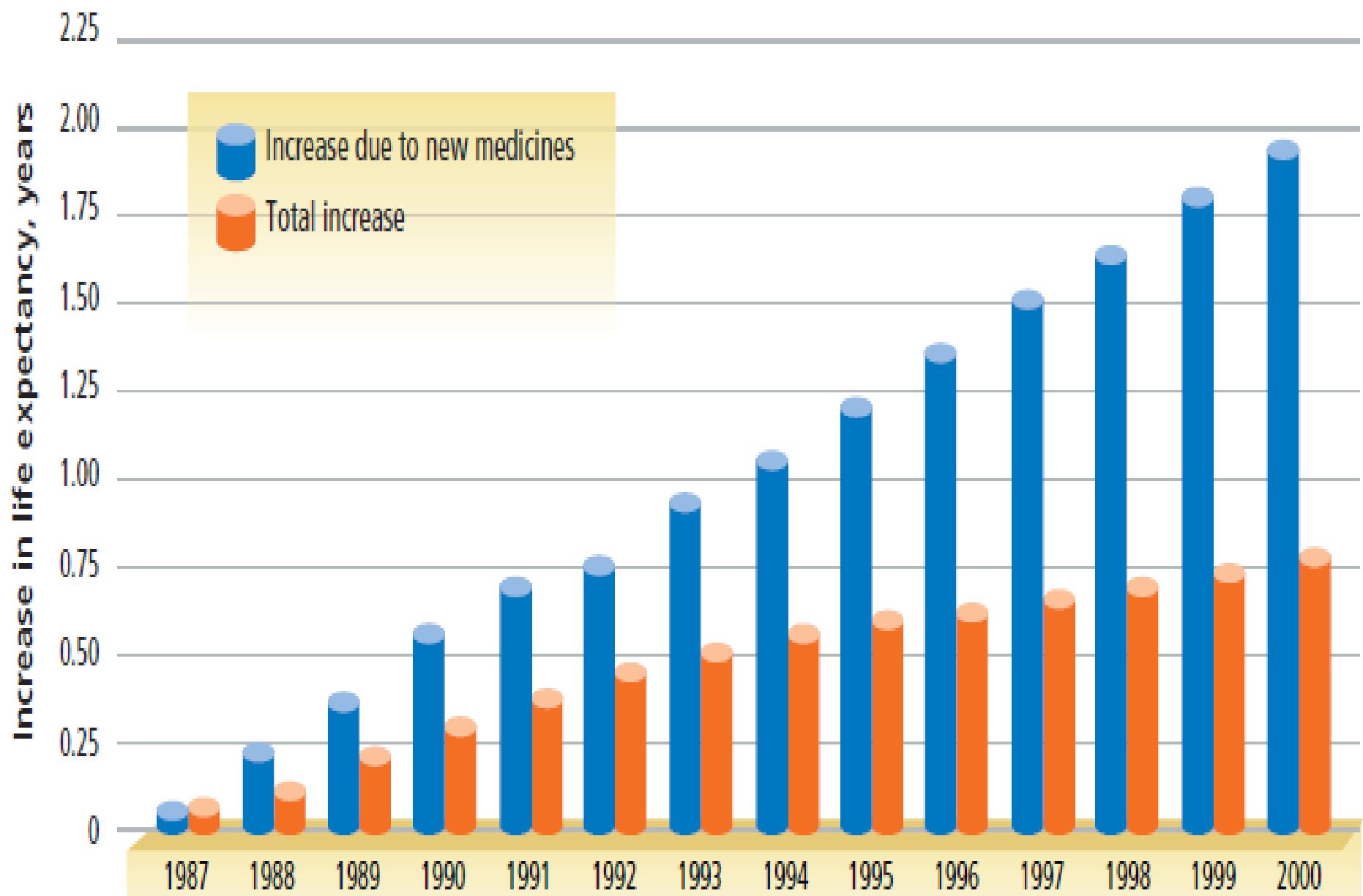


Source: UN projections

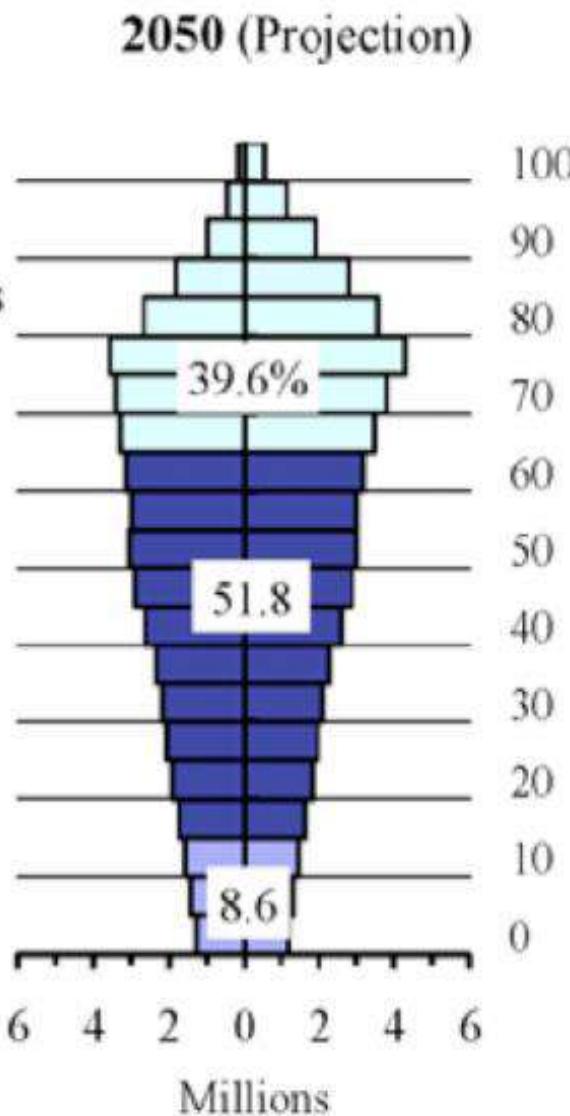
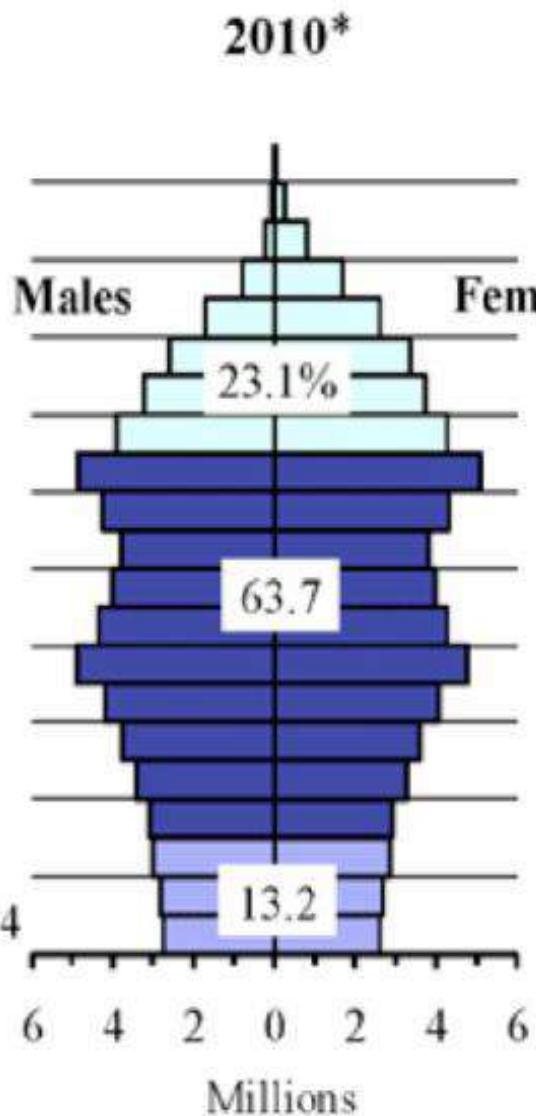
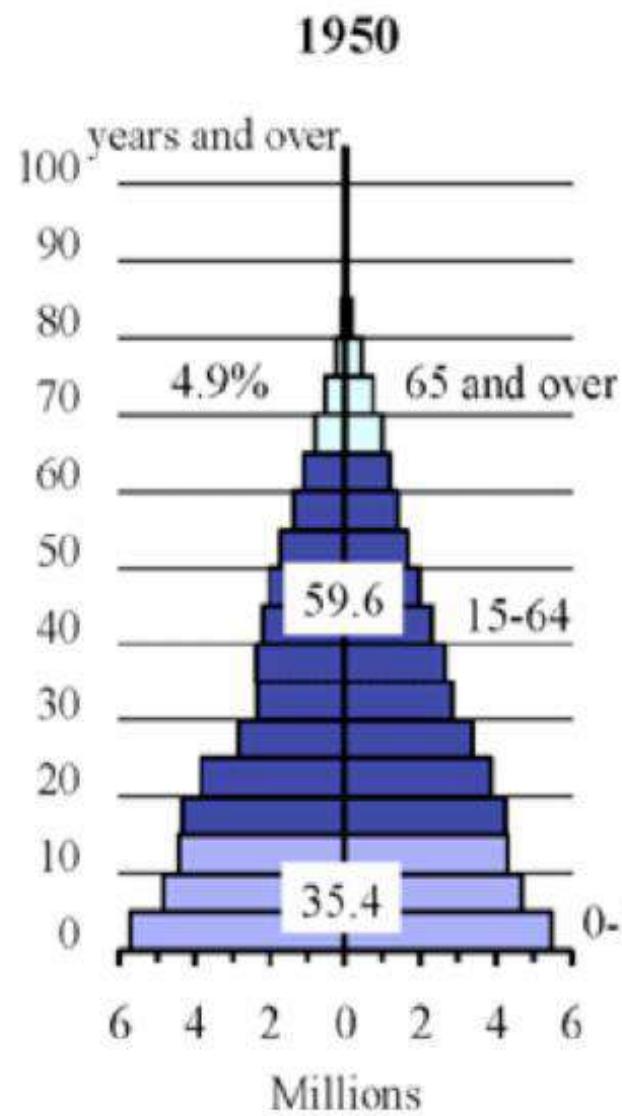
The world's population is aging and, in developed countries, the size of the elderly population has already surpassed that of the 12-24 age group.



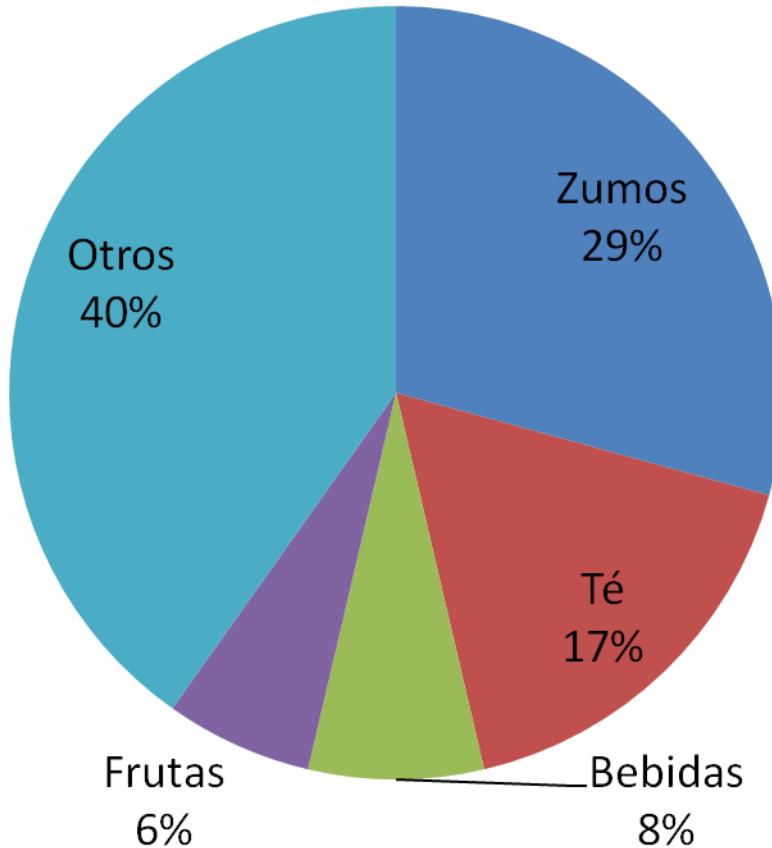
Increase in Life Expectancy



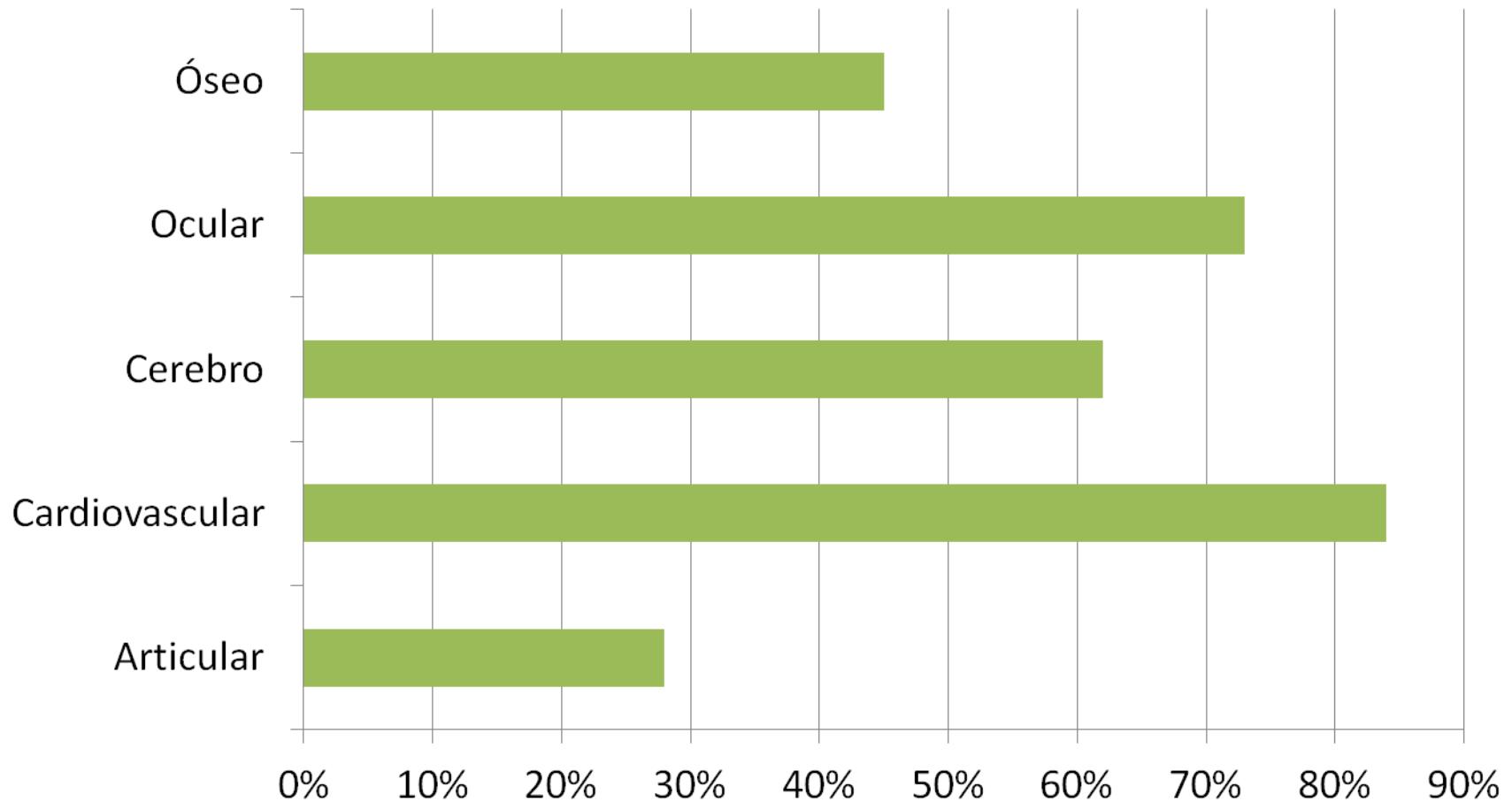
Changes in the Population Pyramid



Lanzamientos en el segmento “aging” (+172%)



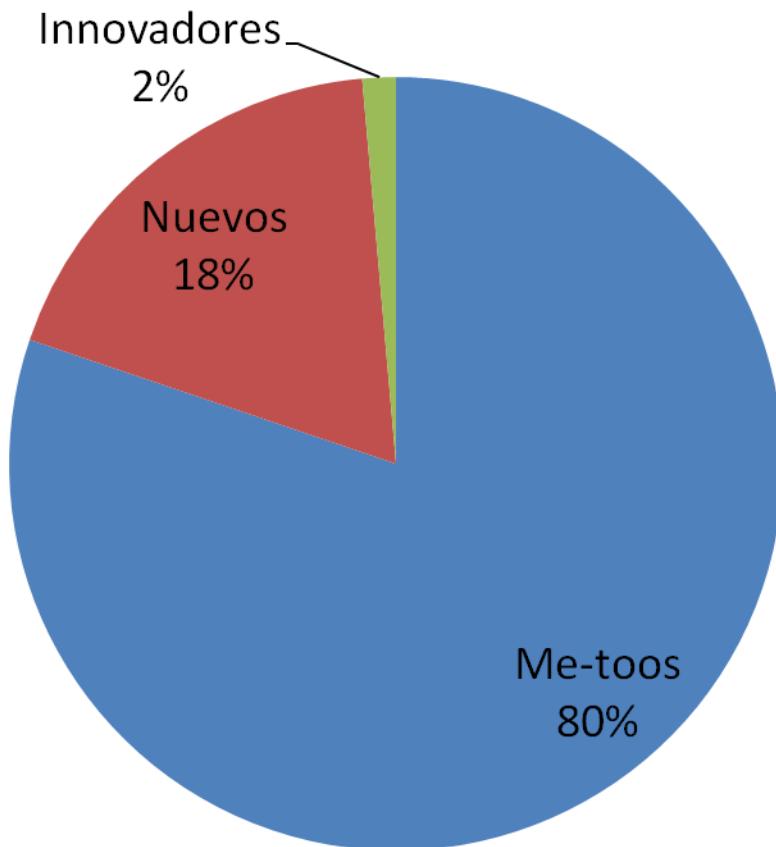
Evolución de los lanzamientos por declaración en el segmento Senior



Restrictores de consumo de alimentos saludables

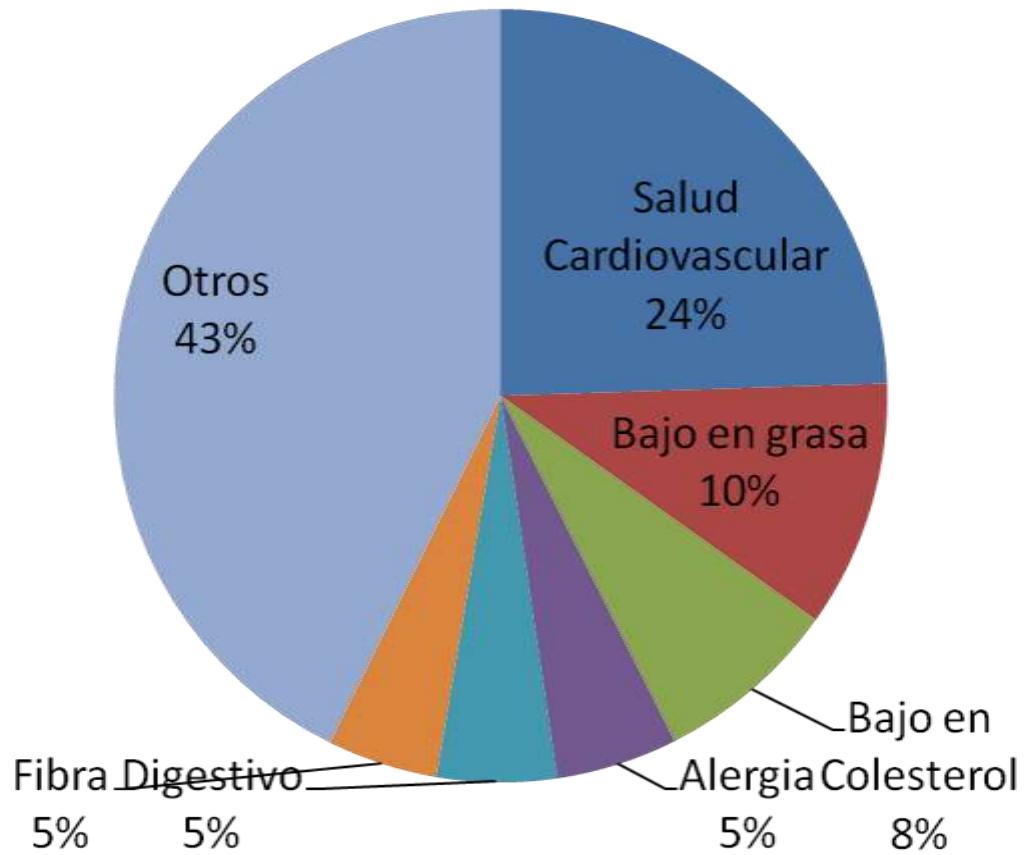


Cuando un concepto triunfa el mercado se llena de copias

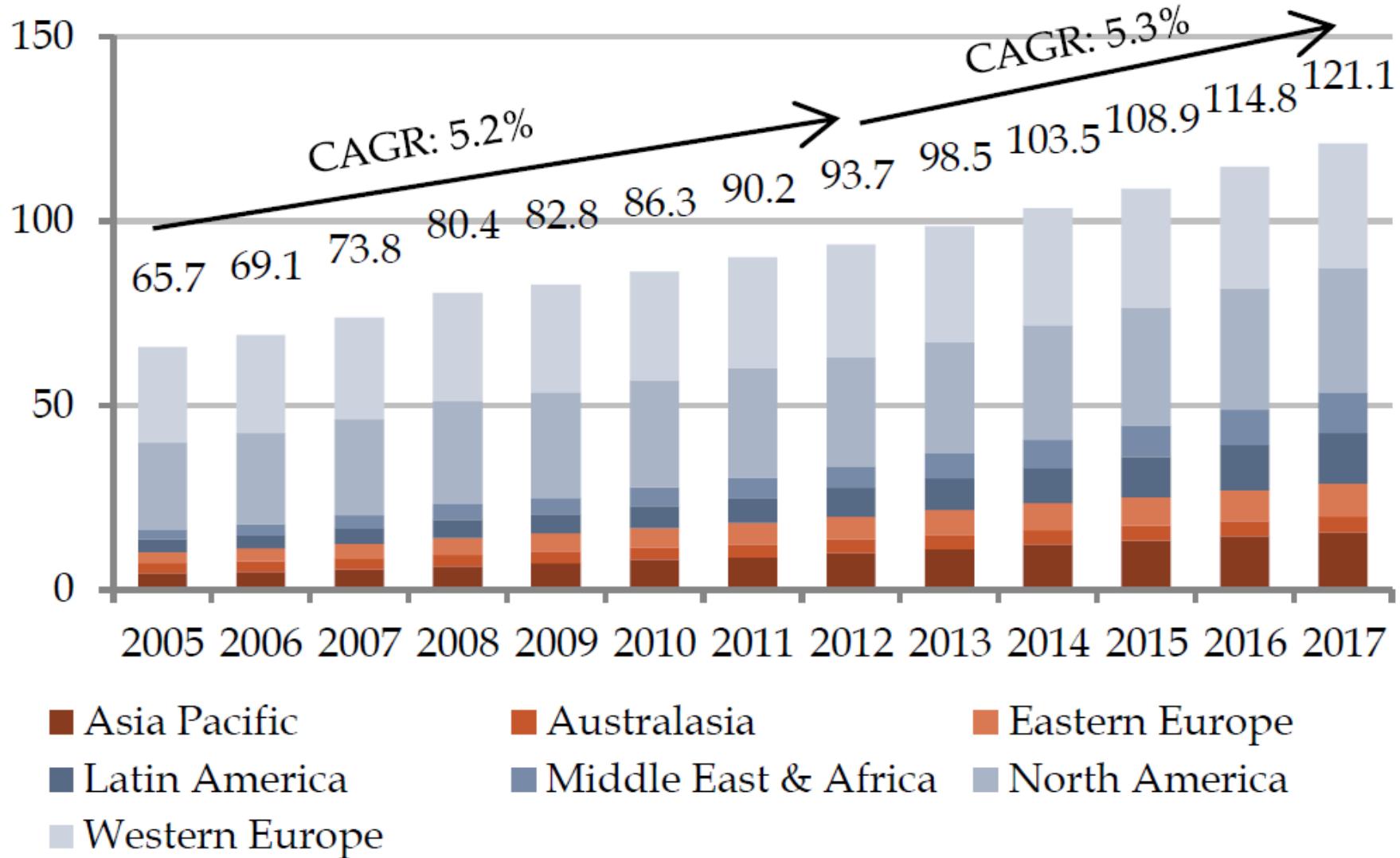


Intelligence in time

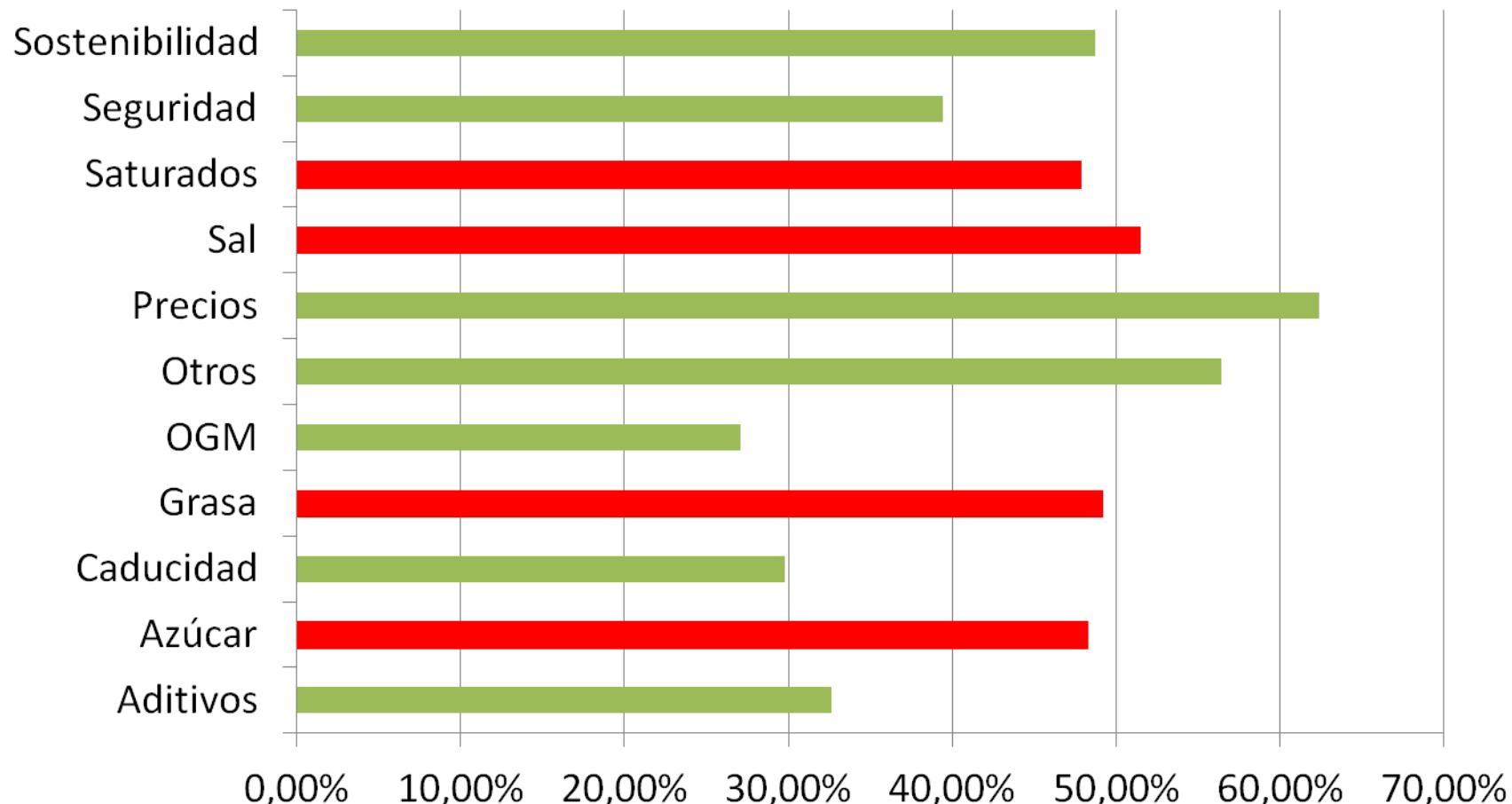
Los claims más usados en los lanzamientos de 2014



Mercado de alimentos reducidos en grasa



Preocupaciones generales de los consumidores latinoamericanos sobre los alimentos



Las tendencias del mercado

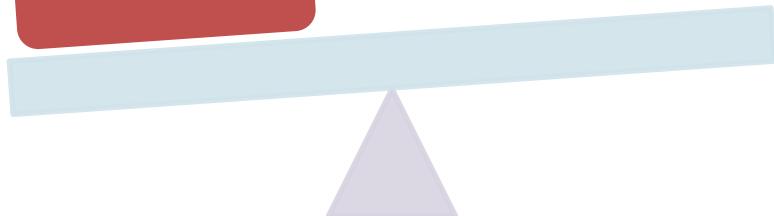
1. Comprador más informado

Industria

Transparencia

Credibilidad

Responsabilidad



2. Nuevas leyes de etiquetado



18.1.2007 | 83 | Diario Oficial de la Unión Europea | L 12/3

CORRECCIÓN DE ERRORES

Corrección de errores del Reglamento (CE) n° 1924/2006 del Parlamento Europeo y del Consejo, de 20 de diciembre de 2006, relativo a las declaraciones nutricionales y de propiedades saludables en los alimentos.

(Diario Oficial de la Unión Europea L 404 de 30 de diciembre de 2006)

El Reglamento (CE) n° 1924/2006 queda modificado como sigue:

REGLAMENTO (CE) N° 1924/2006 DEL PARLAMENTO EUROPEO Y DEL CONSEJO

de 20 de diciembre de 2006

relativo a las declaraciones nutricionales y de propiedades saludables en los alimentos

EL PARLAMENTO EUROPEO Y EL CONSEJO DE LA UNIÓN EUROPEA,
Visto el Tratado constitutivo de la Comunidad Europea, y en
particular su artículo 95;

Vista la propuesta de la Comisión,

Vista el dictamen del Comité Económico y Social Europeo (¹);

De conformidad con el procedimiento establecido en el
artículo 251 del Tratado (²);

Considerando lo siguiente:

(1) El etiquetado y la publicidad de los mismos cada vez mayor de alimentos de la Comunidad comienza declaraciones nutricionales y de propiedades saludables. A fin de garantizar un elevado nivel de protección de los consumidores y de facilitar que éstos elijan entre los diferentes alimentos los productos comercializados, incluyendo los importados, deben ser seguros y poseer un etiquetado adecuado. Una dieta variada y equilibrada es un requisito previo para disfrutar de buena salud, y los productos que presenten tienen una importante relación respecto del conjunto de la dieta.

(2) Las diferencias en las disposiciones nacionales relativas a este etiquetado y a la forma de aplicarlo en los países de los Estados miembros crean condiciones de competencia desigual, lo que impide libremente el funcionamiento del mercado interior. Por tanto, es necesario adoptar normas comunitarias sobre el uso de las declaraciones nutricionales y de propiedades saludables en los alimentos.

(3) Las disposiciones generales en materia de etiquetado están incluidas en la Directiva 2000/13/CE del Parlamento Europeo y del Consejo, de 20 de marzo de 2000, relativa a la aplicación general de las declaraciones nutricionales en materia de contenido, información y publicidad de los productos alimenticios (³). La Directiva 2000/13/CE prohíbe de forma general el uso de información que pueda inducir a error al comprador o que atribuya propiedades medicinales a los alimentos.

(4) DO L 110 de 30.4.2006, p. 18.

(5) Diálogo del Parlamento Europeo, de 26 de mayo de 2005 (DO C 177 de 1.6.5.2005, p. 187), Anexo Corriente del Consejo de 8 de diciembre de 2005 (DO C 80 de 4.4.2006, p. 45) y próposito de la Directiva 2006/14/CE del Parlamento Europeo y del Consejo, de 12 de junio de 1999, por la que se establece un procedimiento de información en materia de las normas y reglamentaciones técnicas y de las reglas relativas a los servicios de la sociedad de la información (⁶).

(6) DO L 119 de 8.3.2006, p. 29. Directiva cuya última modificación la aprobó la Directiva 2007/43/CE (DO L 303 de 23.11.2007, p. 15).

Con el presente Reglamento se pondrá complementar los principios generales de la Directiva 2000/13/CE y establecer disposiciones específicas relativas al uso de las declaraciones nutricionales y de propiedades saludables en alimentos que vayan a destinarse como tales a los consumidores;

(4) El presente Reglamento debe aplicarse a todas las declaraciones nutricionales y de propiedades saludables efectuadas en las comunicaciones comerciales, incluidas entre otras las campañas publicitarias colectivas y las campañas individuales, tales como las publicaciones, total o parcialmente, por autoridades públicas. No obstante, no debe aplicarse a las declaraciones efectuadas en comunicaciones no comerciales tales como las recomendaciones o el asesoramiento directo facilitados por las autoridades u organismos de salud pública o las comunicaciones e informaciones no comerciales en la prensa y en las publicaciones científicas. El presente Reglamento debe aplicarse asimismo a las marcas que presentan información como declaraciones nutricionales y de propiedades saludables.

(5) Asimismo, deben quedar exentos de la aplicación del presente Reglamento los descriptores genéricos (denominaciones) tradicionalmente utilizados para indicar una particularidad de una categoría de alimentos o bebidas con posibles consecuencias para la salud humana, tales como las pastillas para la digestión o para la taza.

(6) Las declaraciones nutricionales sobre propiedades que no son benéficas están excluidas del ámbito de aplicación del presente Reglamento. Los Estados miembros que presentan otras normas nacionales para las declaraciones nutricionales sobre propiedades que no son benéficas deben comunicar tales normas a la Comisión y a los demás Estados miembros de acuerdo con la Directiva 96/24/CE del Parlamento Europeo y del Consejo, de 12 de junio de 1999, por la que se establece un procedimiento de información en materia de las normas y reglamentaciones técnicas y de las reglas relativas a los servicios de la sociedad de la información (⁶).

(7) DO L 204 de 21.7.1998, p. 17. Directiva cuya última modificación la aprobó el Acta de adhesión de 2001.

3. Envejecimiento saludable

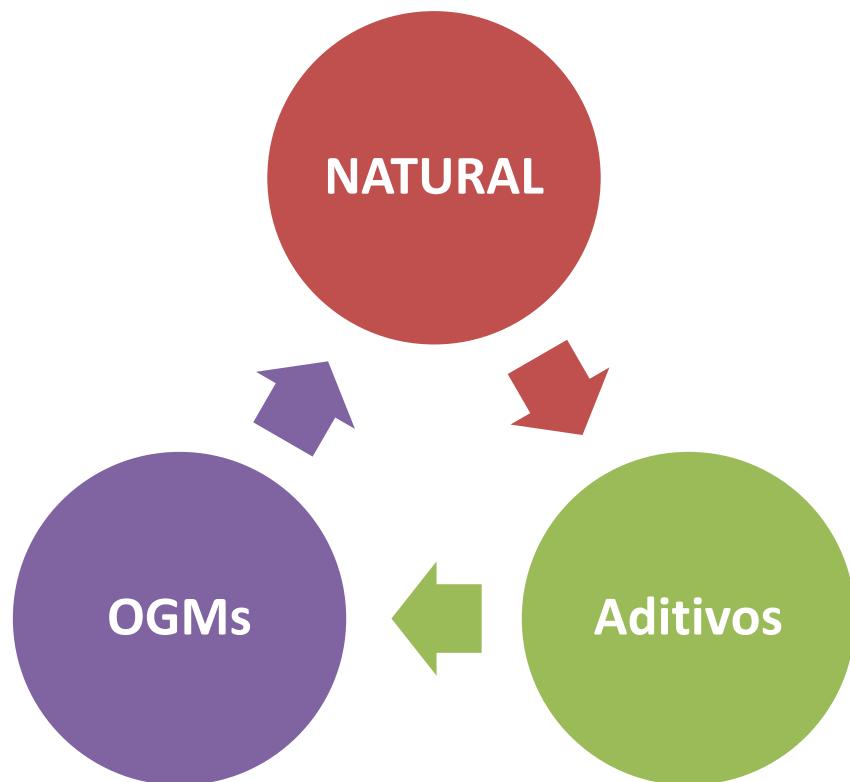


4. Saber decir “no”

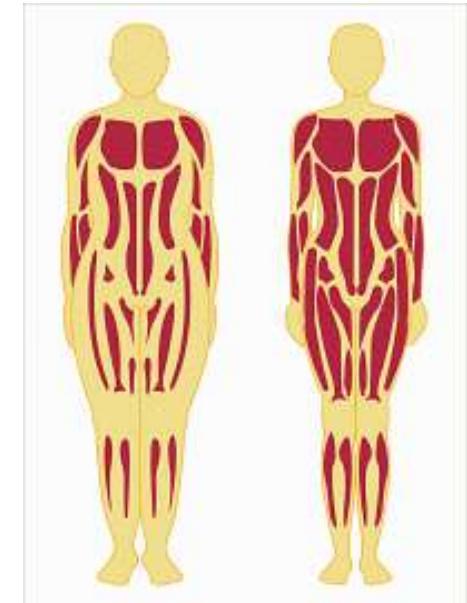
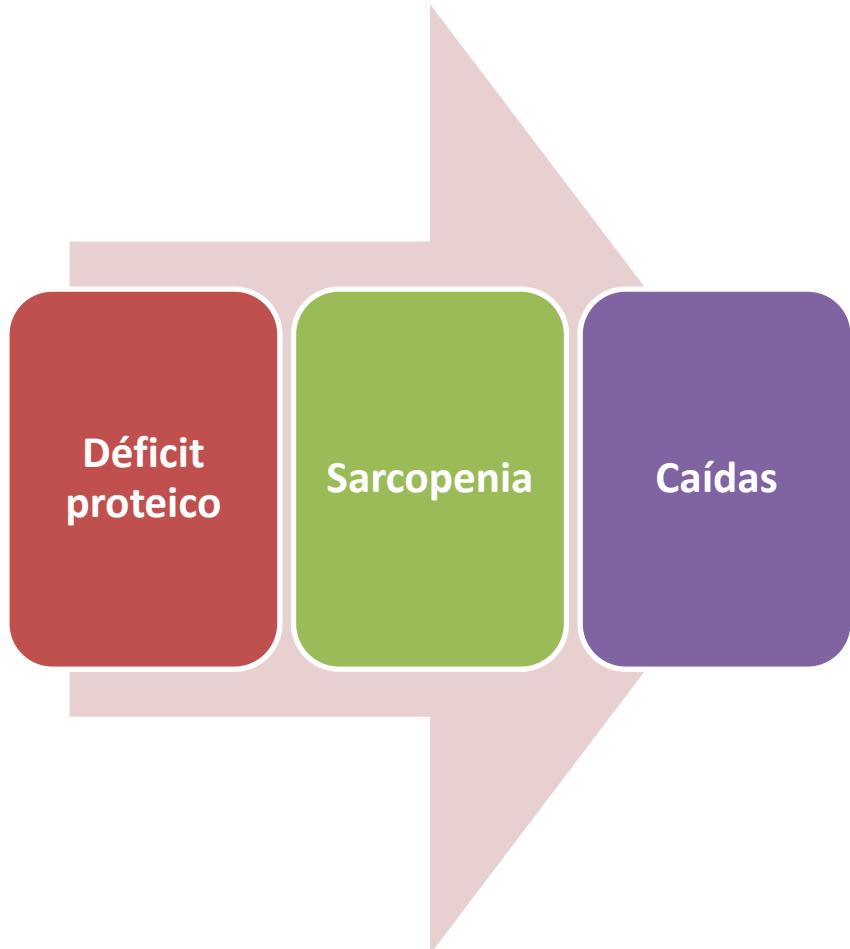
I SAY
NO



5. Lo natural vuelve (de manera diferente)



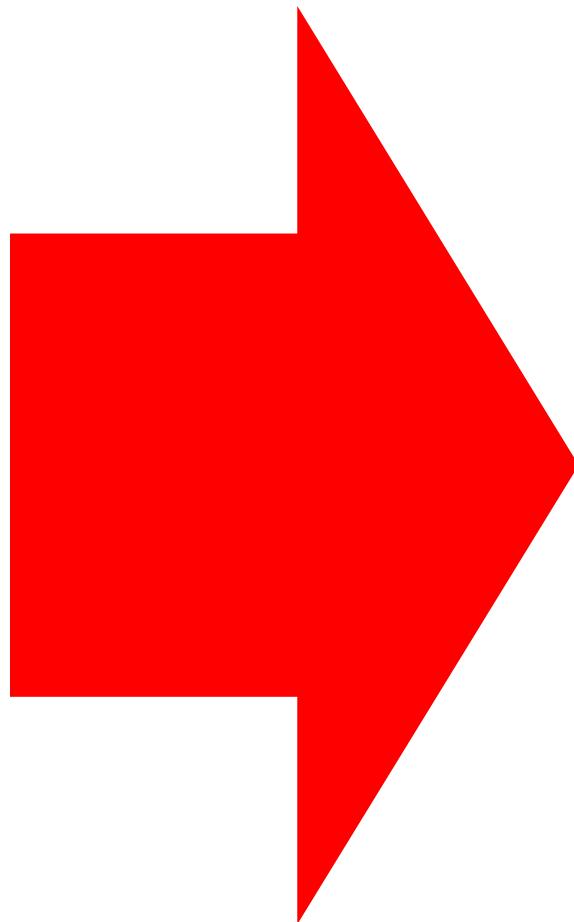
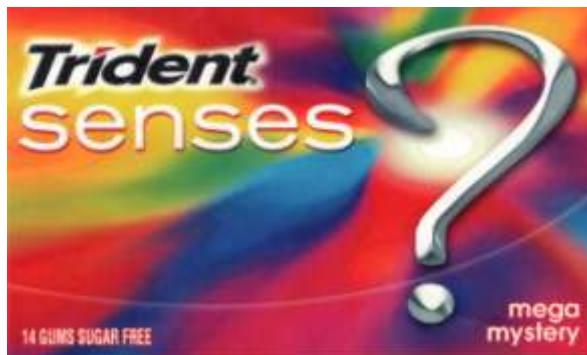
6. Más proteínas



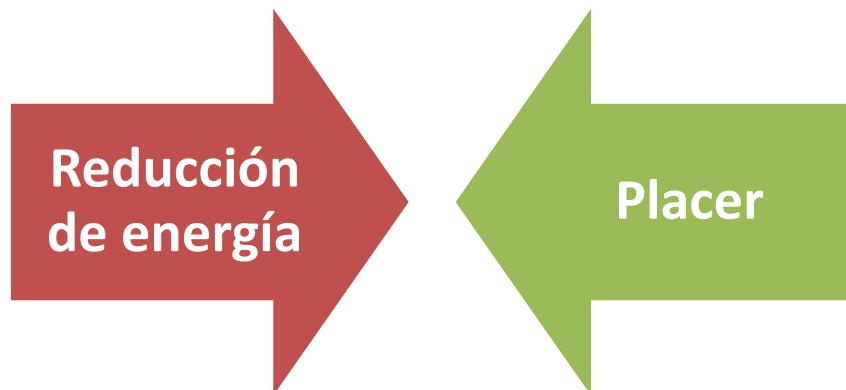
7. Menos azúcar(es) y menos grasa



8. Experiencia sensorial



9. Más con menos



10. Interés en los extremos



11. From clear to clean label



12. Conveniencia

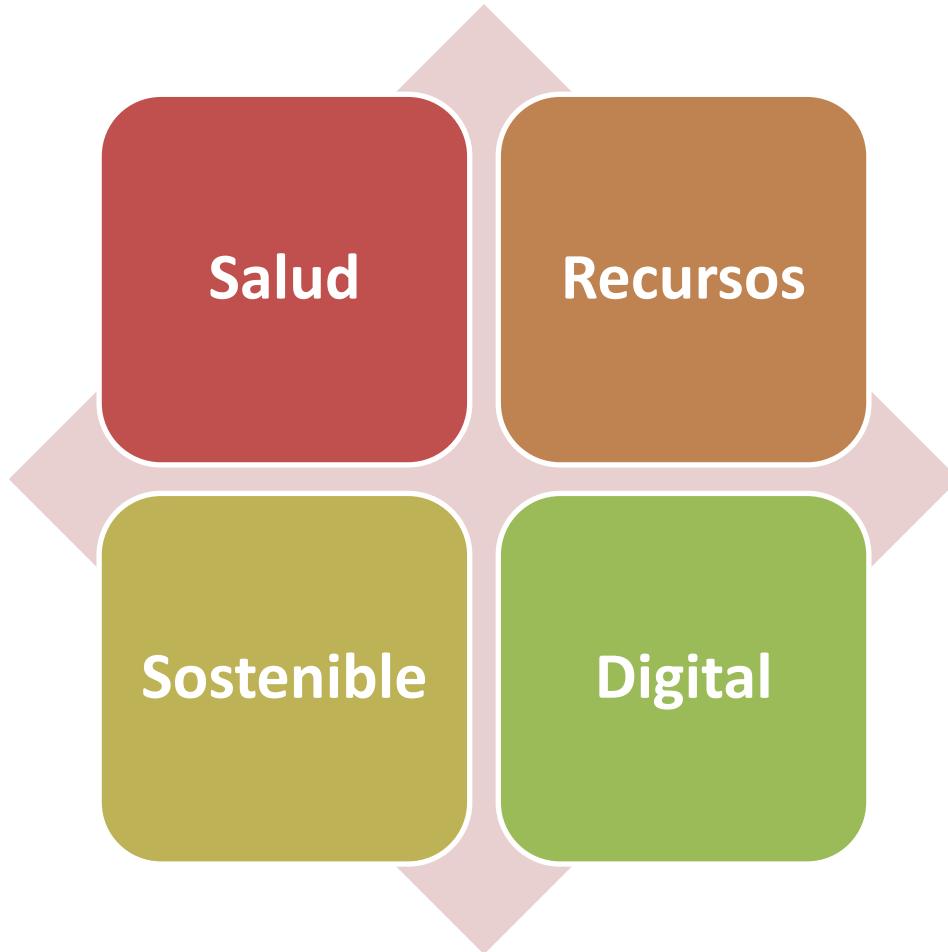


13. Nuevas rutas para frutas y verduras



La innovación como “factor diferencial”

Las 4 mega-tendencias del consumo



SALUD

INSIGHT

La adopción, por parte del consumidor, de un estilo de vida saludable, lo hace inclinarse por una alimentación beneficiosa para su bienestar físico y mental

ACCIÓN

Planificar acciones de marketing que den a nuestra marca una imagen de salud y funcionalidad, y/o desarrollar nuevas líneas de productos que amplíen nuestra gama o generen nuevos productos en estos segmentos

INSIGHT

NUTRICIÓN ÓPTIMA

Crece la preocupación del comprador por conseguir una nutrición óptima, que compense las deficiencias de una dieta 'desequilibrada' a causa del frenético ritmo de vida actual

ACCIÓN

Analizar nuevos nichos de mercado en el área de salud, estudiar qué investigaciones están desarrollándose desde el ámbito de la medicina y la dietética, para adaptar nuestra oferta a nuevas tendencias de consumo y a las necesidades del comprador. En materia de comunicación, incorporar y destacar información nutricional en el envase y realizar publicidad atractiva de los beneficios de nuestro producto.

TIEMPO

INSIGHT

El stress y la escasez de tiempo para comer, obligan al comprador a buscar nuevas maneras de compensar las deficiencias nutricionales que conlleva el ritmo de vida

ACCIÓN

Desarrollar nuevos productos adecuados para ser cocinados y/o consumidos en poco tiempo y que, a su vez, contengan los elementos necesarios para una dieta equilibrada, sana y saludable

PRECIO

INSIGHT

En el último año, la cesta de la compra se ha reducido en número de productos adquiridos y en tamaño de los productos, con el objetivo de reducir el precio (psicológico) de la compra y evitar tirar producto (y dinero)

ACCIÓN

Aprovechar esta tendencia reduciendo el packaging de los productos, desarrollando envases individuales que, a su vez, facilitan su transporte

INSIGHT

Continúa la búsqueda de calidad al mejor precio

CALIDAD

ACCIÓN

Desarrollar estrategias de precio y promociones en estos productos, habitualmente más caros, para hacerlos atractivos al comprador: salud a un precio asequible

El desarrollo continuo de nuevos productos contribuye a mantener la estrategia de innovación en la empresa:

Mantener un nivel elevado de innovación de producto

Defender el presente segmento de mercado

Establecerse en los posibles mercados futuros

Dar soporte a una buena distribución y almacenamiento

Dominar un nuevo segmento en el mercado

Incorporar nuevas tecnologías a los procesos productivos actuales

The diagram consists of three rounded rectangular boxes arranged horizontally. A large, light brown triangular base supports all three boxes. The leftmost box is red and contains the text 'Orientación al cliente'. The middle box is green and contains 'Marcas, innovación'. The rightmost box is purple and contains 'Anticipo en la satisfacción de las necesidades del cliente'. All text is in white.

Orientación al cliente

Marcas,
innovación

Anticipo en la
satisfacción de
las
necesidades
del cliente

Ejes de la vigilancia de mercado

Tecnológico:

tecnologías disponibles o que acaban de aparecer y capaces de intervenir en nuevos productos o procesos (patentes, proyectos i+d...)

Comercial:

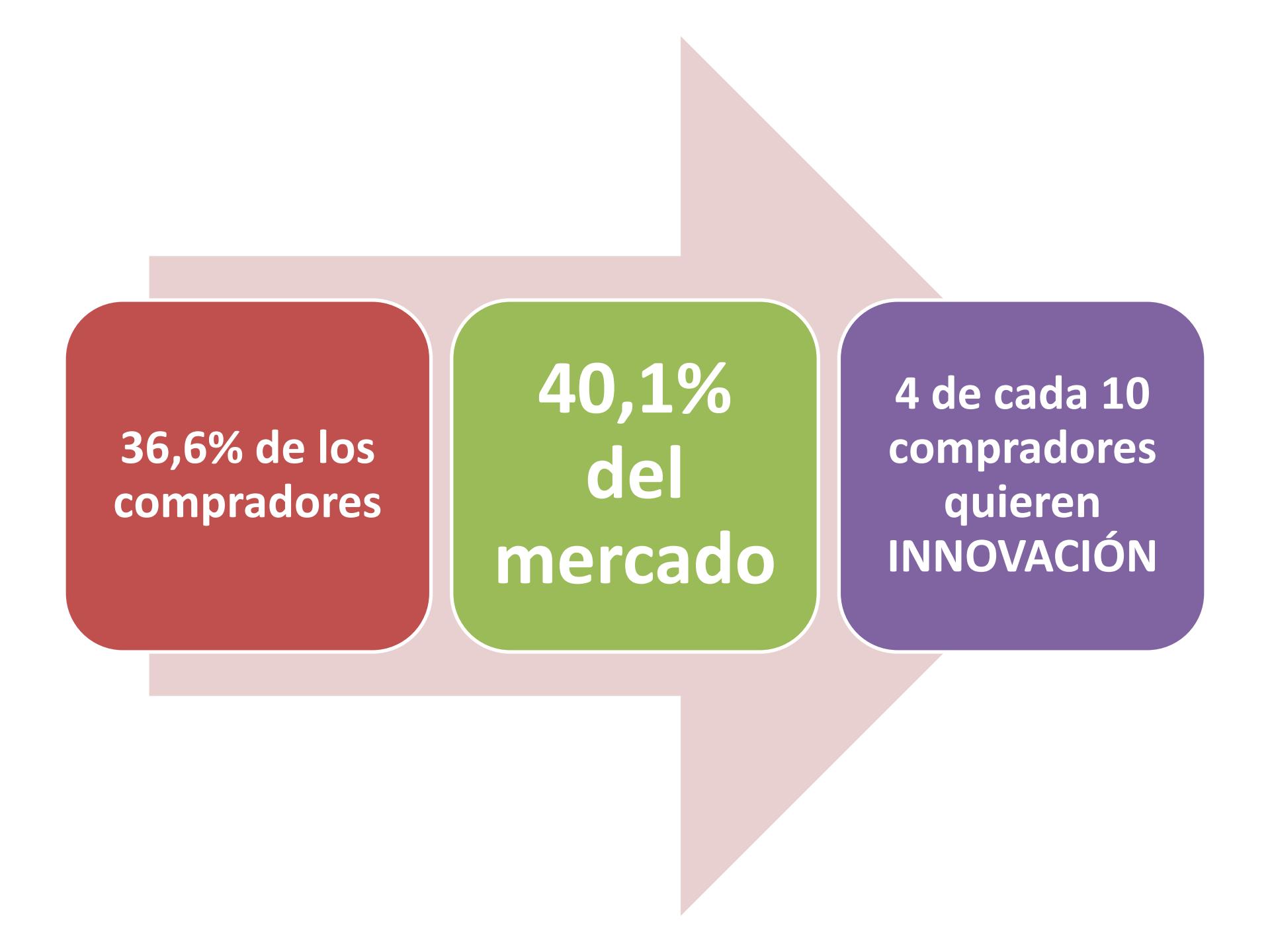
datos referentes a **productos-mercados de clientes y proveedores** (estudios de mercado, nuevos mercados, evolución de las necesidades de los clientes, solvencia de los clientes, nuevos productos ofrecidos por los proveedores...)

Competitivo:

competidores actuales y potenciales (política de inversiones, entrada en nuevas actividades, técnicas de venta y de distribución, política de comunicación...)

Legislativo:

detección de aquellos **hechos exteriores** que pueden condicionar el futuro, en áreas como la **sociología, la política, el medio ambiente, las reglamentaciones**, etc.

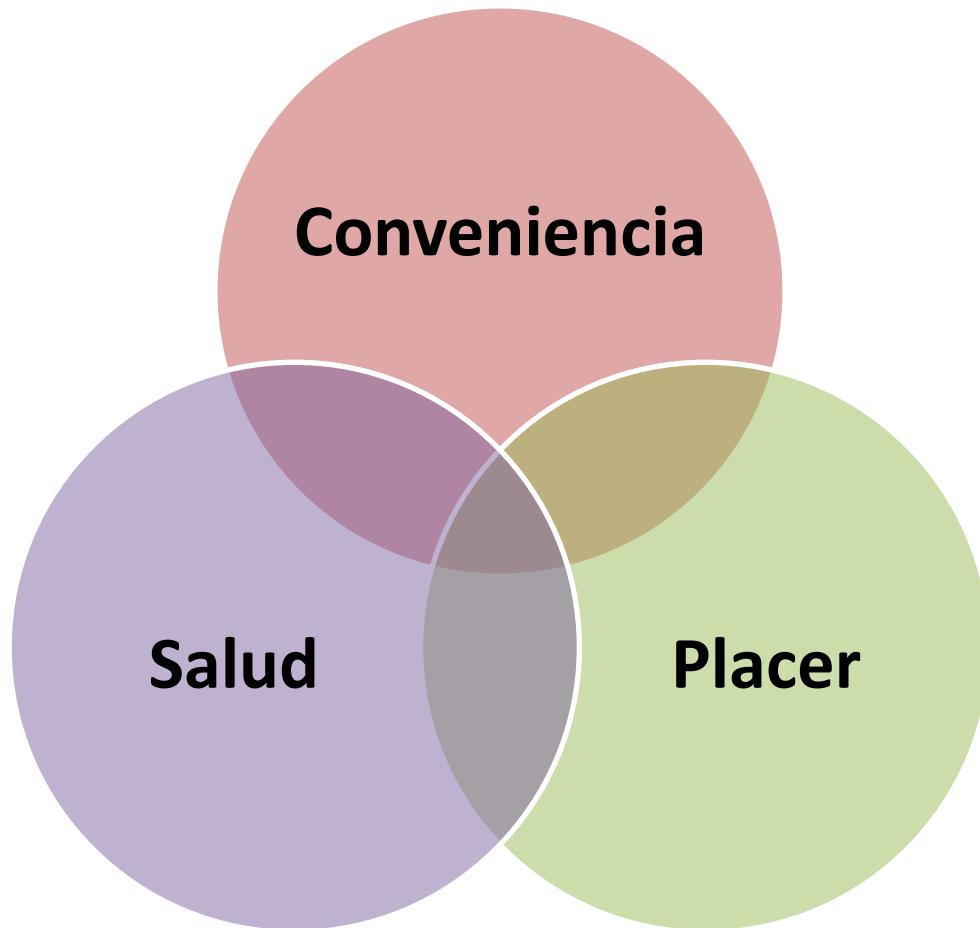


36,6% de los compradores

**40,1%
del
mercado**

**4 de cada 10
compradores
quieren
INNOVACIÓN**

Los ejes de la innovación alimentaria



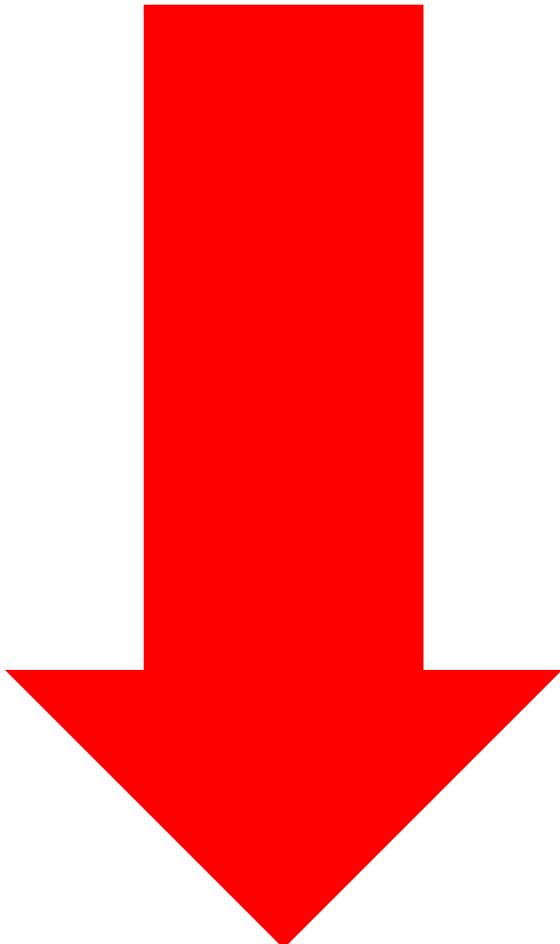
```
graph TD; A((Innovación)) --> B((Reducir los costes)); A --> C((Aumentar el valor)); B <--> C
```

Innovación

Reducir los
costes

Aumentar
el valor

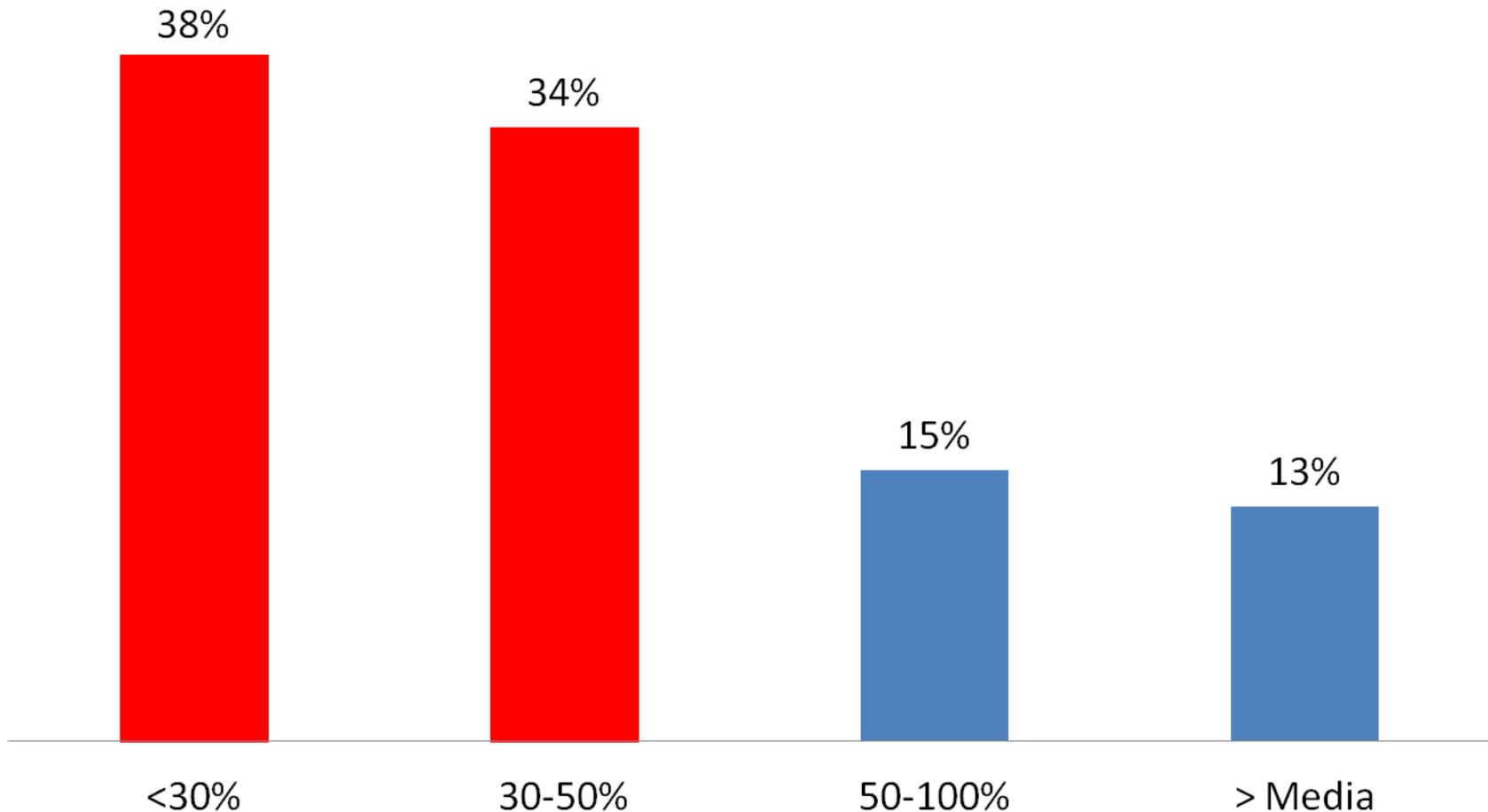
La innovación es muy importante PERO



**Las innovaciones
decrecen un 6,3%
por año.**

**El 75,2% de las
innovaciones no
sobreviven al
tercer año.**

Media de ventas en los primeros 18 meses. Un 72% de los lanzamientos no alcanza el 50% de la media de ventas de su categoría



Venta vs innovación

VENTAS

El 59% de las referencias de la gran distribución realizan el 90% de las ventas de un establecimiento

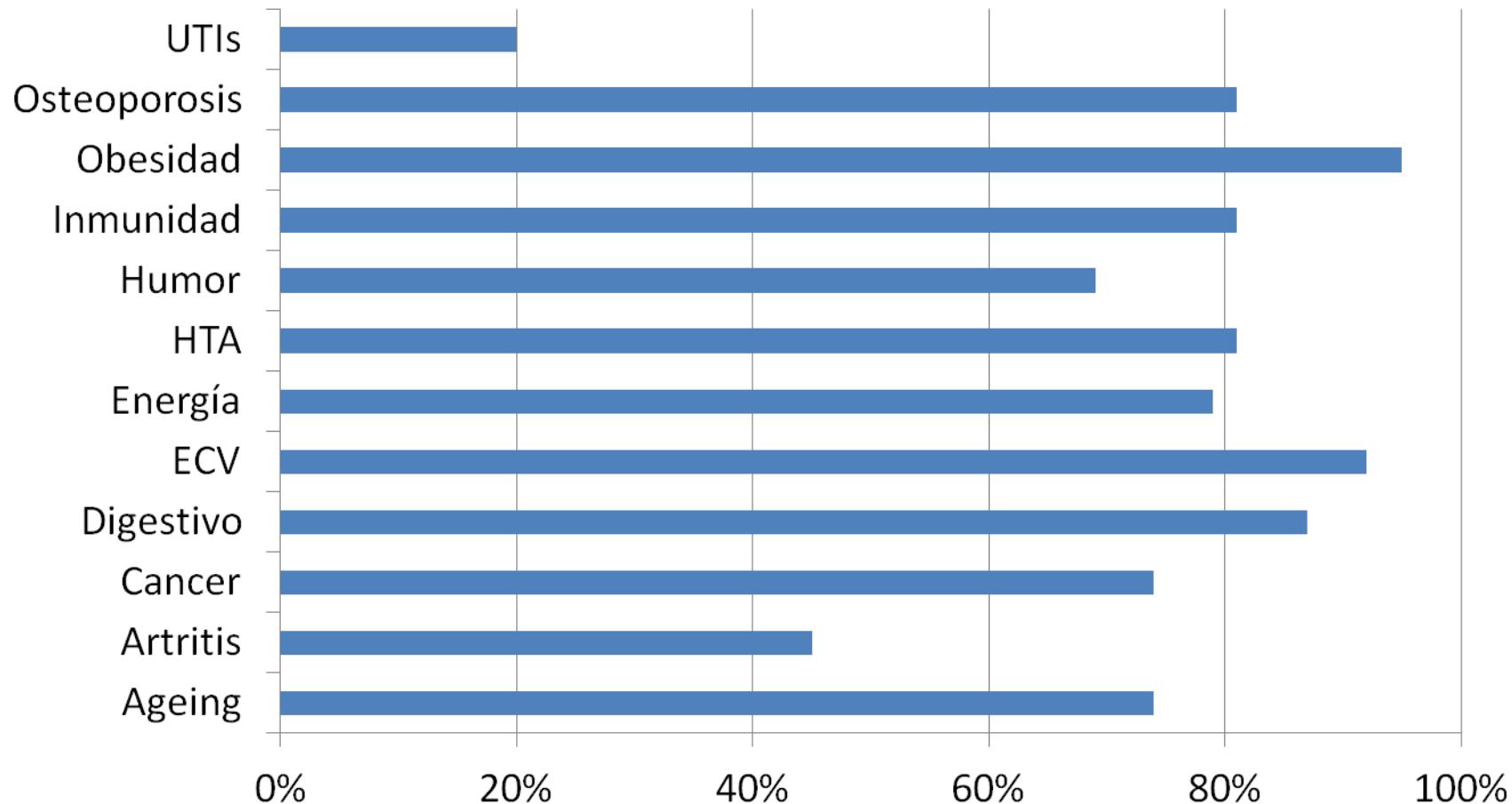
INNOVACIÓN

El 41% restante crea diferenciación y valor añadido

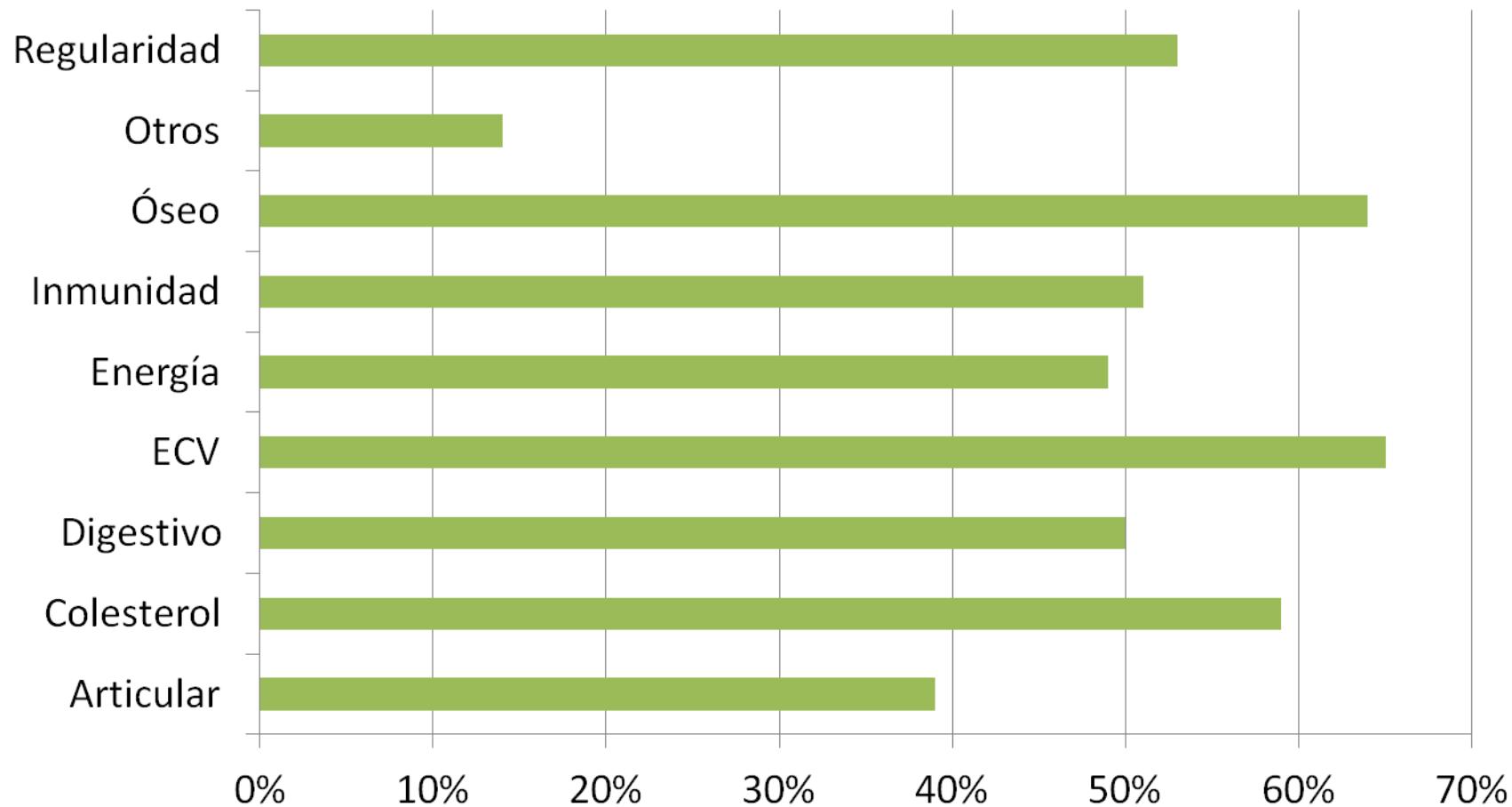
Qué somos (o queremos ser)?

	Sprinters	Marathoners
Lanzamientos	Productos	Marcas o Categorías
Tamaño	Grandes	Pequeñas
Precio	Premium	Moderado
Start Out	Fuerte	Lento
Pull Back	Año 2	Año 5

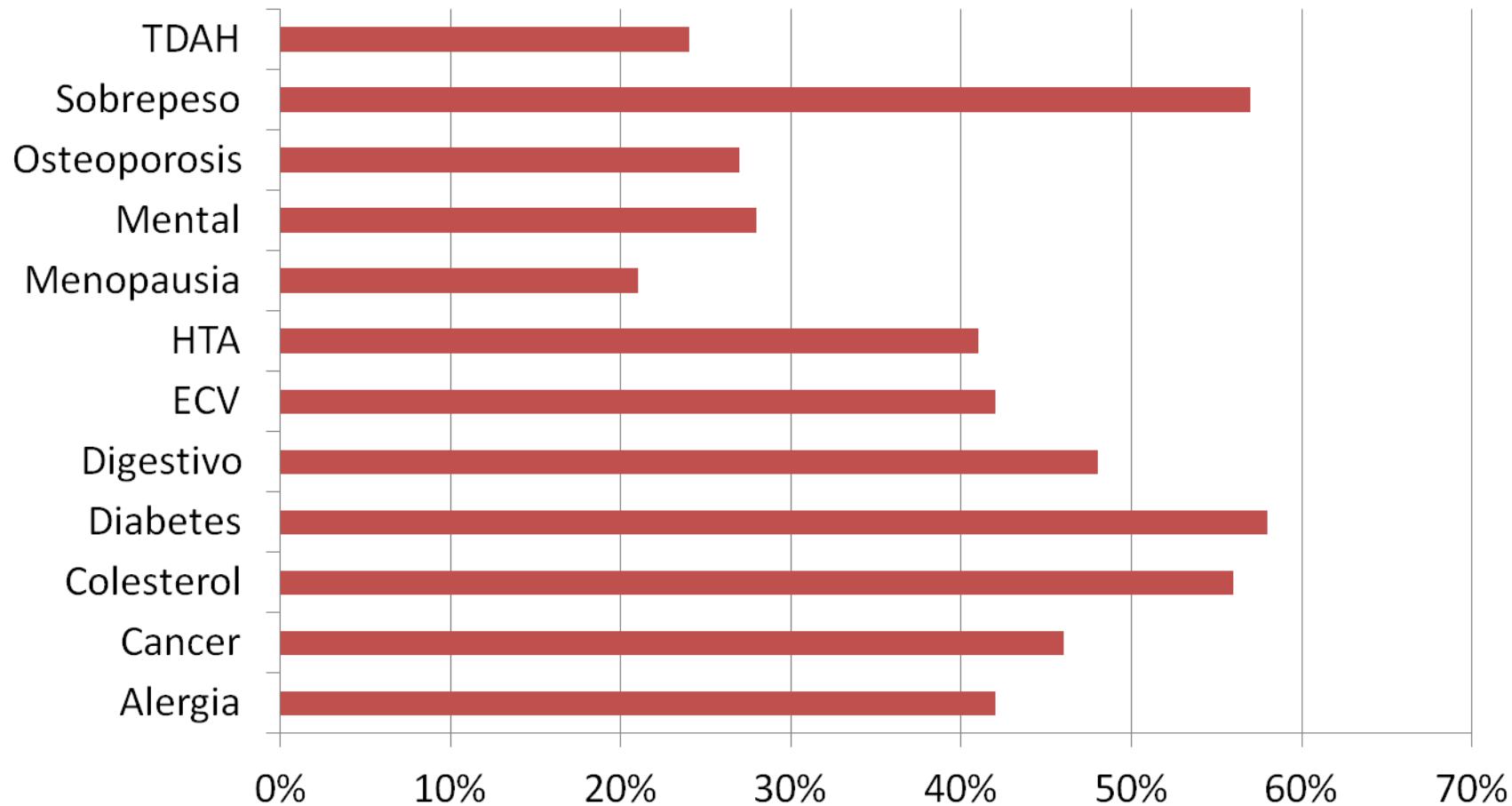
Evolución de problemas de salud en los próximos 5 años



Principales preocupaciones de salud de los consumidores



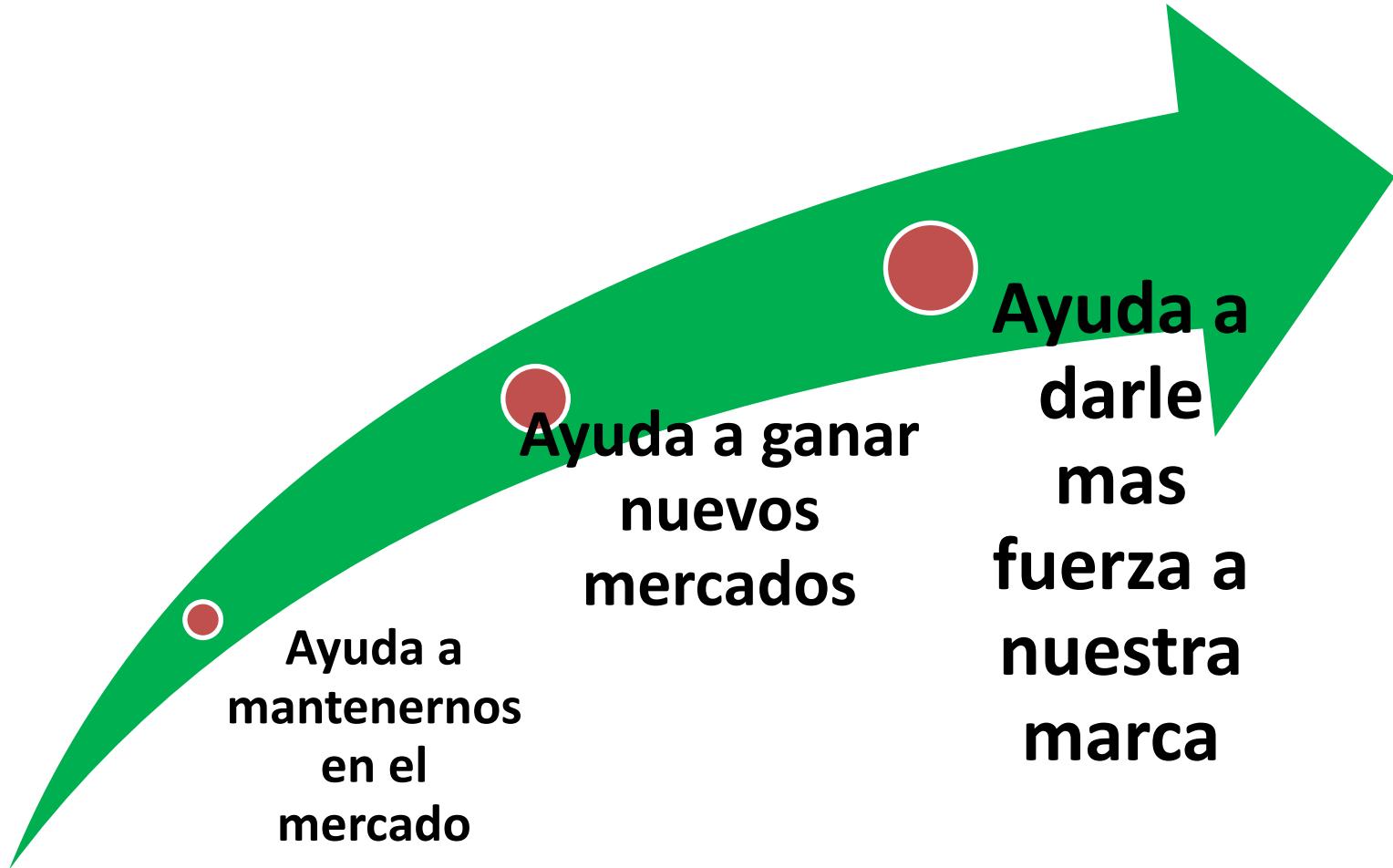
Qué situaciones quieren prevenir los consumidores a través de la alimentación?



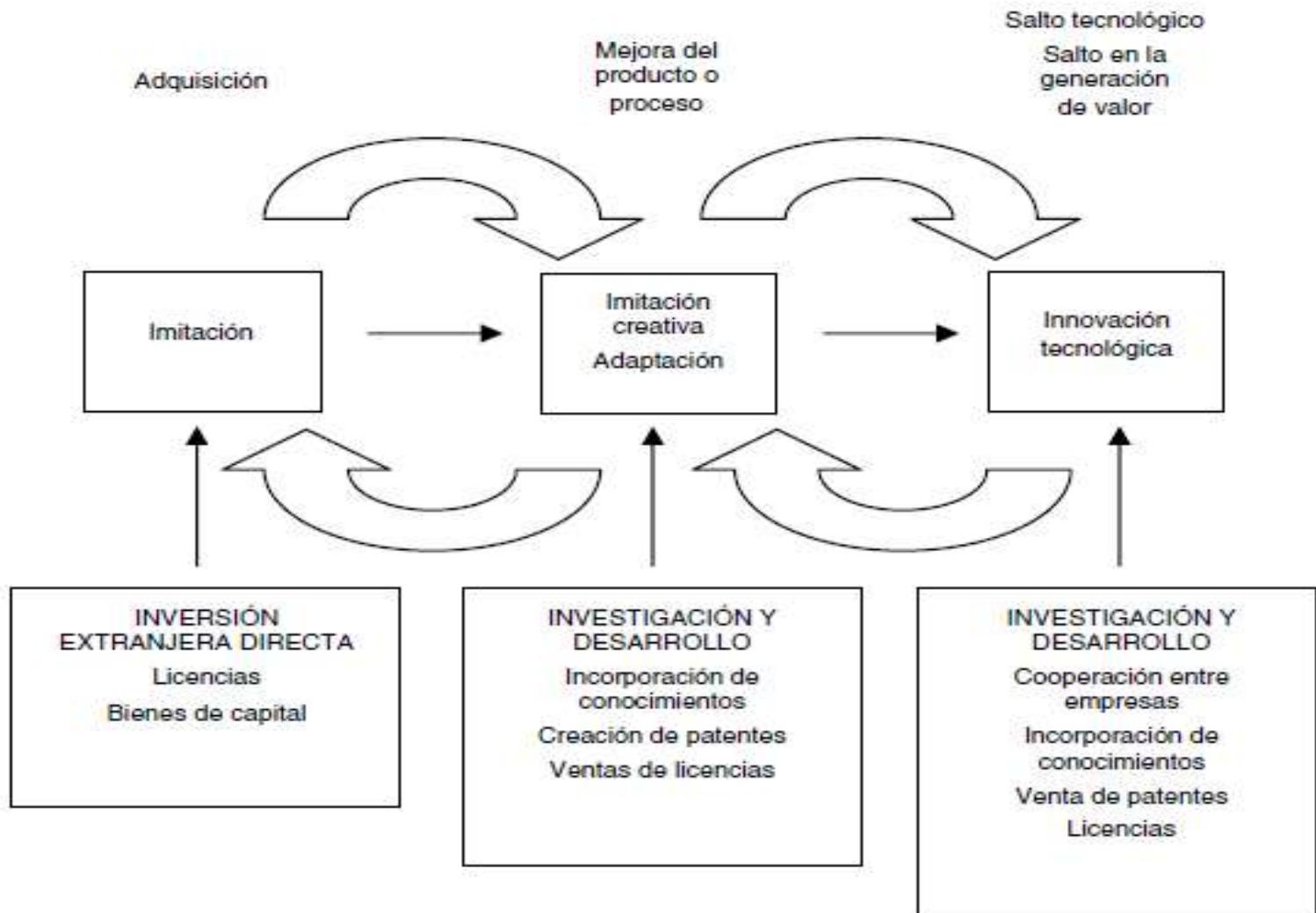
Importancia de la innovación



Para qué sirve la innovación?

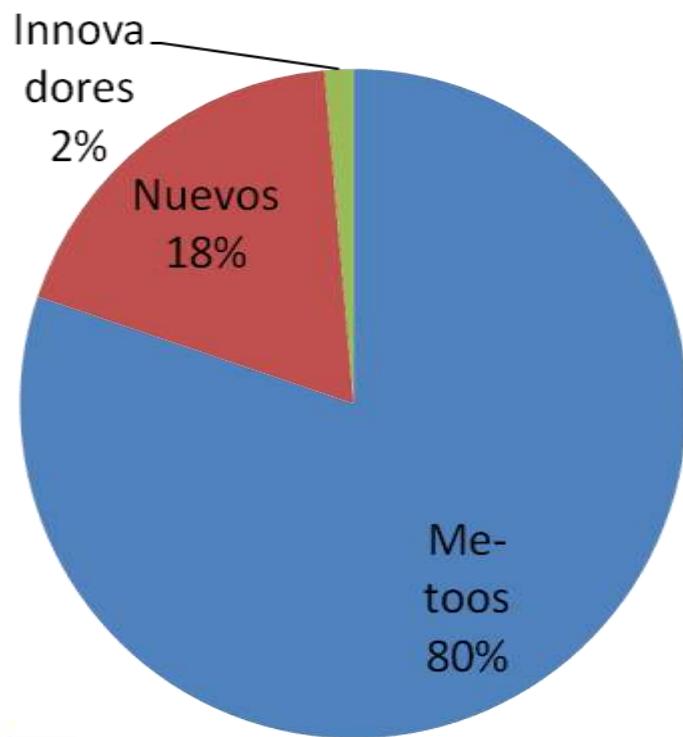


El proceso de innovación tecnológica

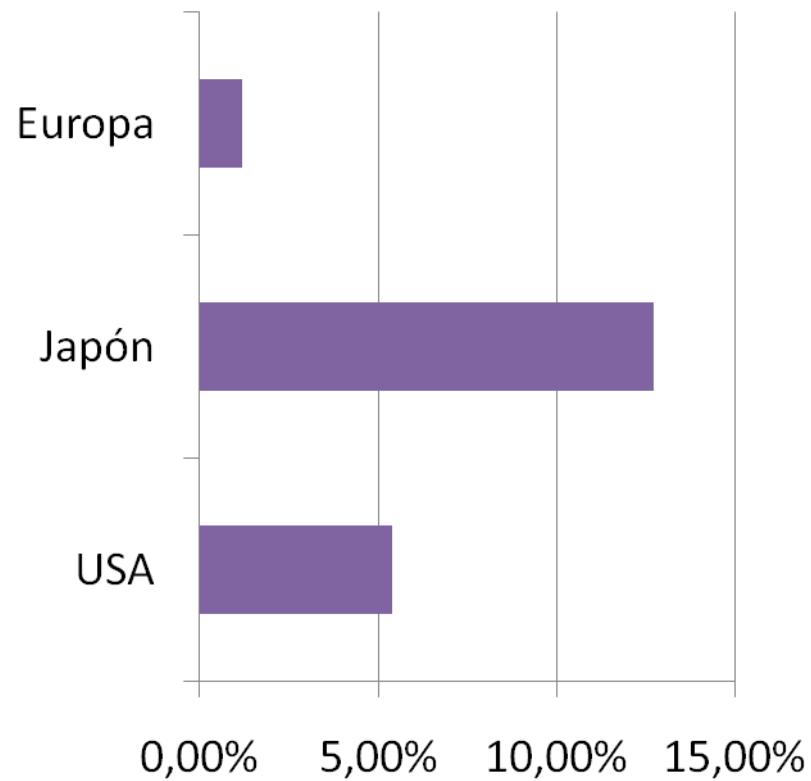


Por qué triunfa la innovación? (básicamente porque es la excepción ...)

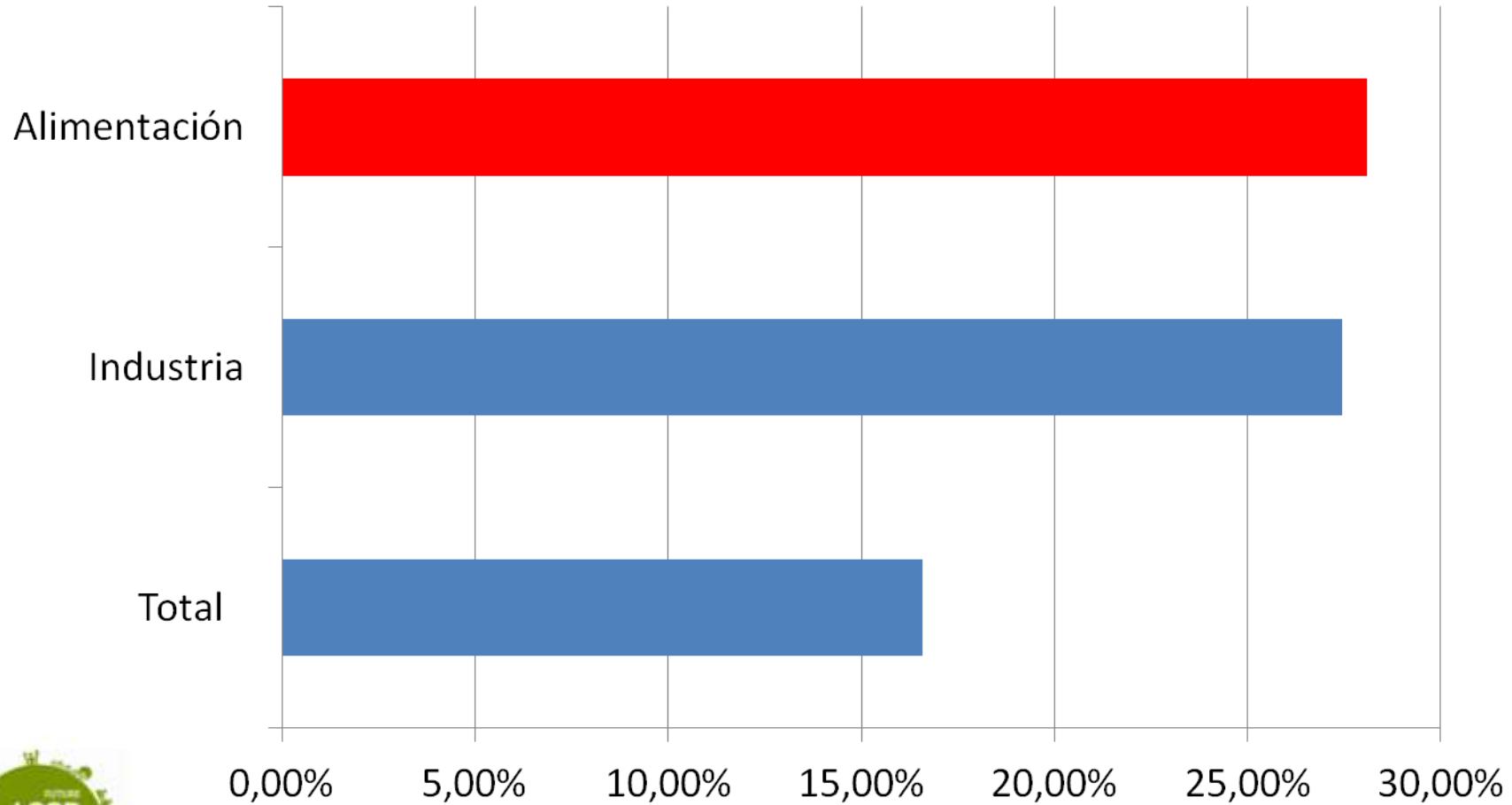
Lanzamientos en alimentación
2014



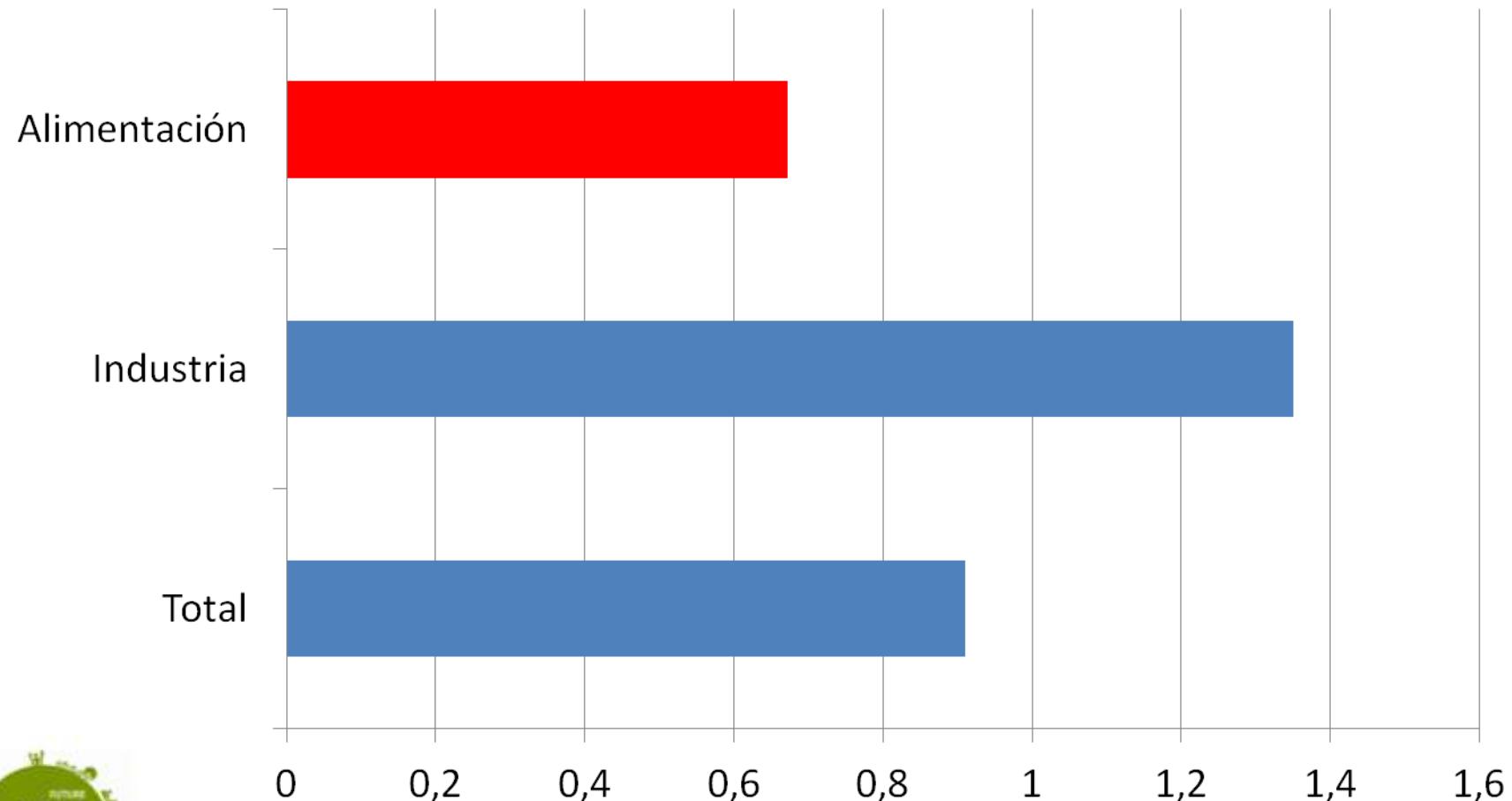
Lanzamiento de alimentos
innovadores por regiones 2014



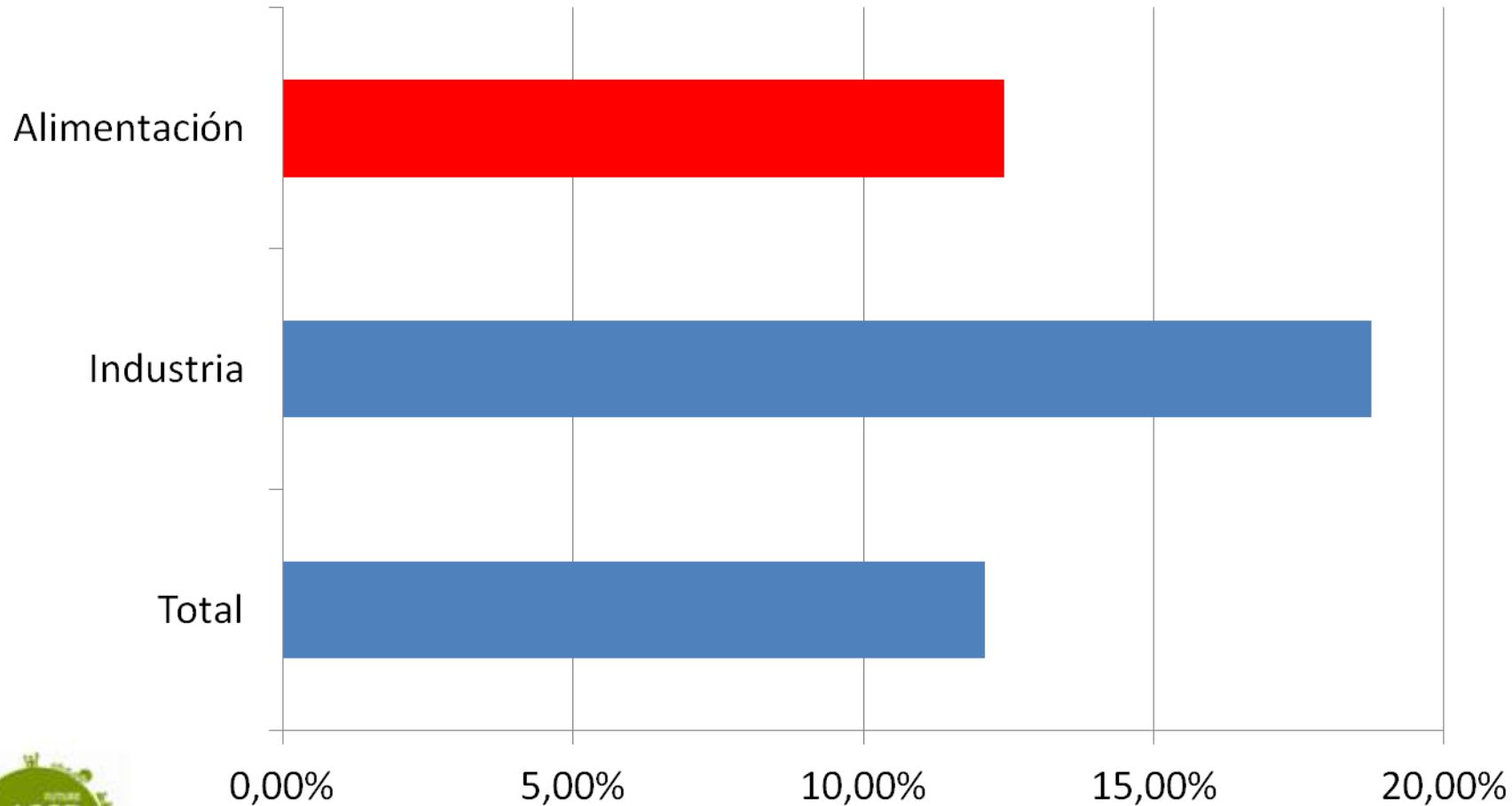
El porcentaje de empresas alimentarias innovadoras supera la media



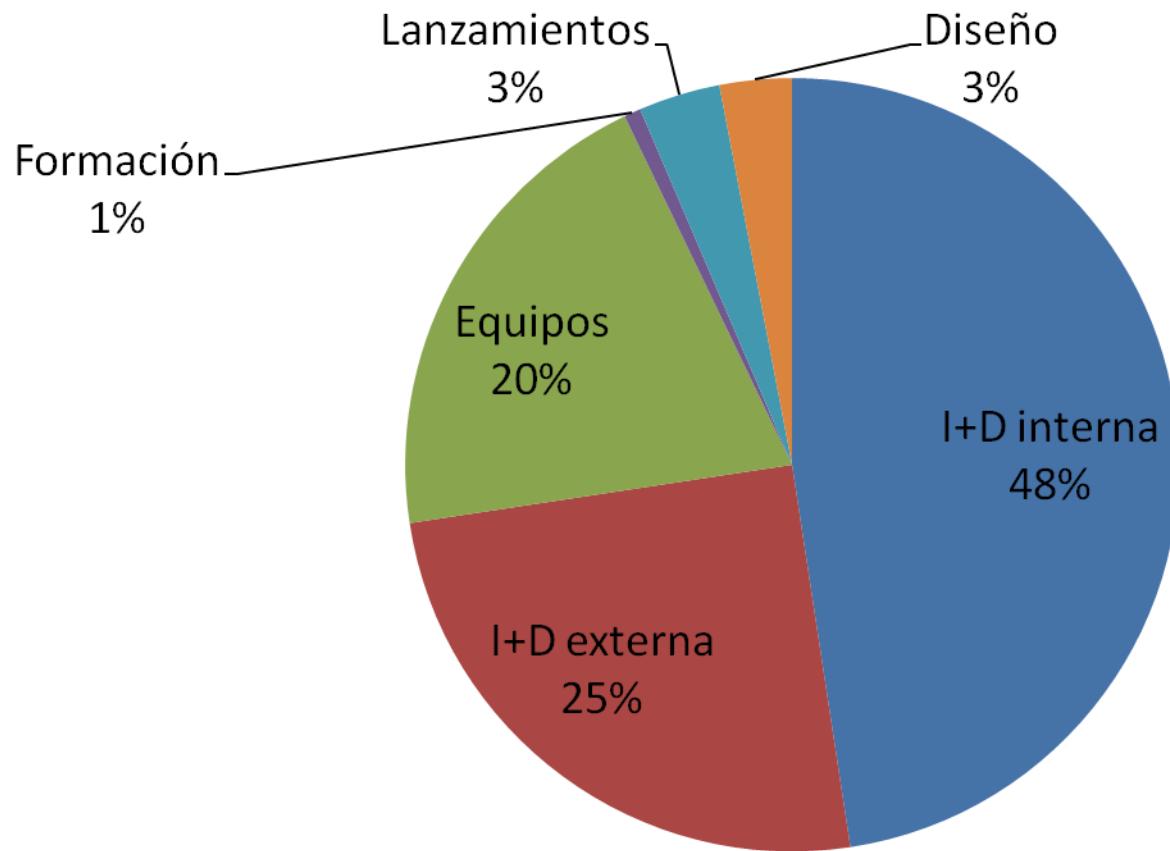
Sin embargo, la intensidad de innovación es mucho menor



Lo mismo que la cifra de negocios en productos nuevos y mejorados



Distribución del gasto en actividades innovadoras (%)



Qué hacer?: Establecer políticas de innovación

Cooperación público-privada

Proyección internacional

Transferencia

Demanda

Inversión

En qué podemos innovar?

1) Nuevos usuarios

2) Nueva ocasión de uso

3) Nuevo envase

4) Nuevo ingrediente

5) Nuevo mercado

6) Nuevo marketing

En qué podemos innovar?

1) Nuevos usuarios



Anualmente se venden 25 millones de litros (50 millones de USD) en un país como Suecia con una población de sólo 9,1 millones.

En qué podemos innovar?



2) Nueva ocasión de uso



A nivel internacional, la nueva línea de snacks supone, tras 5 años, más del 12% de las ventas.

En qué podemos innovar?



3) Nuevo envase

En solo tres años ya se venden a nivel internacional más de 100 millones de unidades de este envase.

En qué podemos innovar?



4) Nuevo
ingrediente

Un mercado que en 10 años
ha ganado 40.000 millones
de Dólares y sigue creciendo.

En qué podemos innovar?



Esta leche concentrada en Melatonina, lanzada en 1999, con un envase con un diseño distintivo y un precio 45% superior a la leche “normal” crece en ventas a un ritmo del 18% anual.

5) Nuevo
mercado

En qué podemos innovar?



Los ingredientes incluyen el probiótico L. Reuteri de Biogaia e Inulina de Orafti. No hay declaraciones de propiedades saludables en la etiqueta. No hay publicidad, el presupuesto de publicidad se utiliza como fondo para campañas de comunicación a niños y grupos de acción contra la pobreza. El crecimiento de cero a 240 millones de USD se hizo en 10 años.

6) Nuevo marketing

Sin olvidar otras innovaciones: Los “shots”



Una verdadera estrategia de innovación creando una completamente nueva categoría de alimentos. Yakult introdujo la nueva categoría de "botellitas con probióticos" ("shots") y enseguida fue emulado por Danone con Actimel. El mercado crece más del 30% anual.



Sin olvidar otras innovaciones

Sun Latte es una leche ultra filtrada alta en proteínas y alta en calcio que contiene un 190% de la proteína y un 196% del calcio de la leche normal. Comercializado desde 1995 es el único producto de Func.nutrition, una empresa de 6 personas. El enfoque de la compañía es hacia habilidades en marca y marketing y no a ciencia. Se orienta al consumidor mediante conceptos diferentes. Sun Latte se basa en una tecnología novedosa y en mucha orientación al mercado.



Sin olvidar otras innovaciones



Yogur Danino de Canadá proporciona 30 mg de DHA por unidad y lleva una declaración de propiedades saludables aprobada: "el DHA mejora el desarrollo del cerebro normal de los niños". Fue el primer yogur con DHA comercializado para niños y sigue siendo el líder.

Sin olvidar otras innovaciones

Anlene, una marca de Fonterra, lanzó una línea experta en la salud ósea. Las herramientas de comunicación incluyeron publicidad en las revistas femeninas; relaciones públicas; folletos informativos; mailing; promociones en las tiendas; patrocinio de congresos científicos e investigación científica sobre la salud ósea. Como parte de su esfuerzo por ser vistos como "los expertos en la salud ósea" equipos de Anlene visitan los centros comerciales haciendo exploraciones óseas (gammagrafías) y consultas dietéticas junto con folletos informativos y muestras de Anlene. Anlene ha llevado a cabo solo en Malasia unas 15.000 gammagrafías óseas al año.

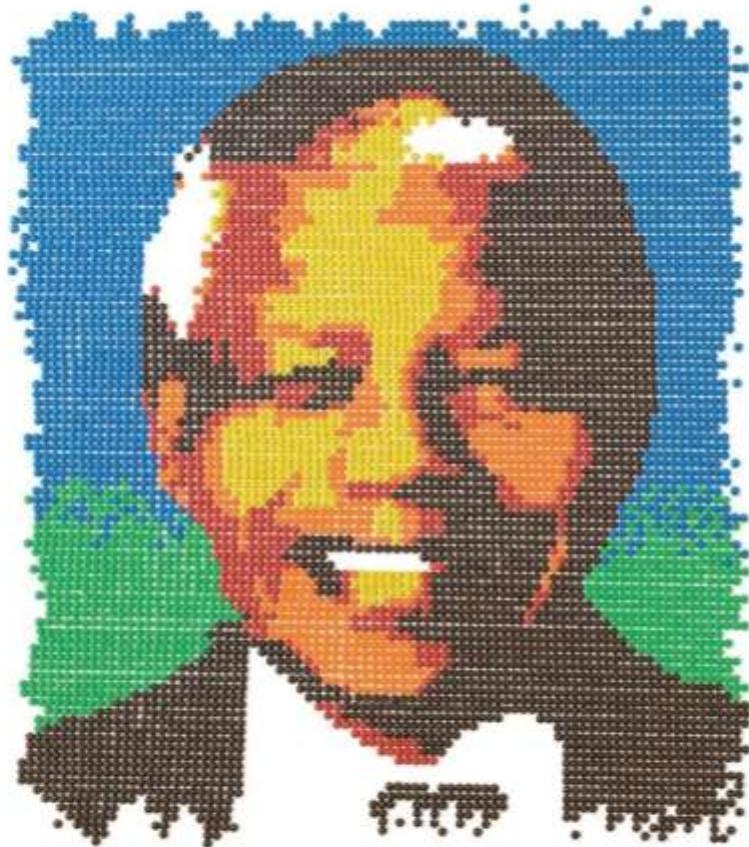


Sin olvidar otras innovaciones



En el lanzamiento, Pom Wonderful deliberadamente se colocó en la sección de supermercado, cerca de la fruta, y no en el lineal de zumos. Así, la marca se destacó y el producto fue visto por personas conscientes de su salud que iban a comprar frutas y fueron capaces de pagar un sobreprecio del 250%. El posicionamiento diferente y el diseño del envase hace muy difícil a los consumidores comparar precios.

Cómo lograr el éxito: Oportunismo

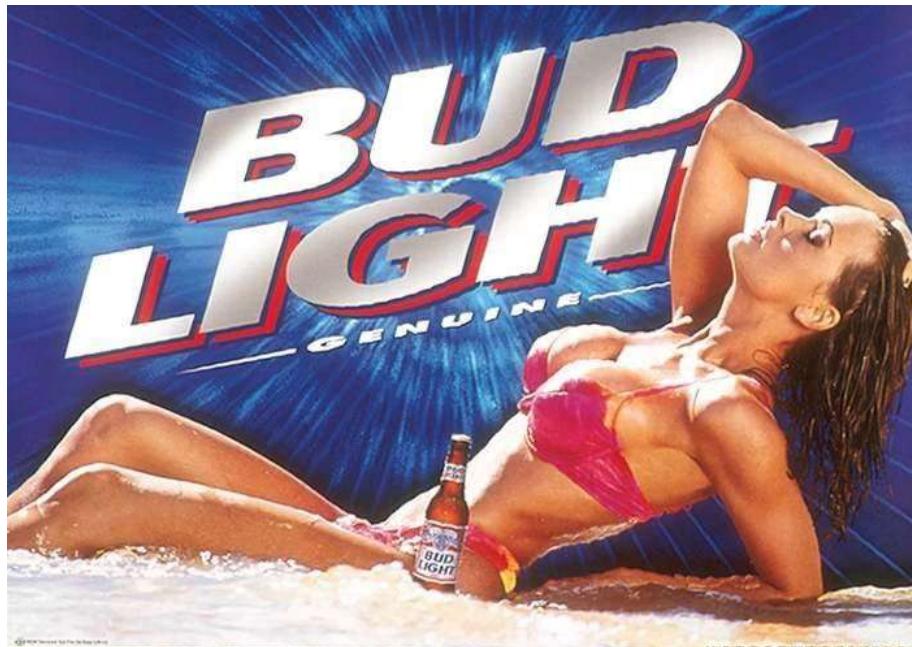


*Thanks for encouraging us to embrace all our colours.
Happy Birthday, Madiba.*



The only difference that really
matters is in your heart, not in your hand.

Cómo lograr el éxito?: Identificar una demanda no atendida



Cómo lograr el éxito?: Añadir alimentos “naturalmente saludables”



Cómo lograr el éxito?: Inventar momentos de consumo u ocupar más parte del momento de uso



Cómo lograr el éxito?: Co-Branding



Cómo lograr el éxito?: Breakthrough Innovation



Cómo lograr el éxito?: Process Innovation (HPP)



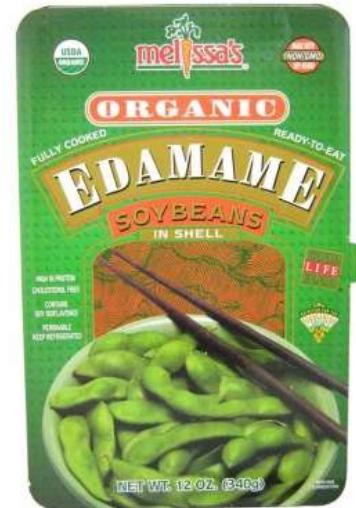
Cómo lograr el éxito?: Niños, un segmento creciente



Cómo lograr el éxito?: “Superfoods”



Cómo lograr el éxito?: (Más) proteínas



Cómo lograr el éxito?: Co-creación con los consumidores

The screenshot shows the homepage of the Starbucks My Starbucks Idea website. At the top, there's a banner with the text "SHARE. VOTE. DISCUSS. SEE." and the Starbucks logo. Below the banner, there are navigation links: "Share Your Idea", "View All Ideas", "Ideas In Action", and "About This Site". A green decorative bar with the Starbucks logo runs across the middle. On the left, there's a sidebar with a welcome message "Welcome, Guest", a "Sign In" button, and a "SIGN IN" button. Below the sign-in area is a search bar. In the center, there's a call-to-action: "Help shape the future of Starbucks - with your ideas". To the right of this text are four icons: a green plus sign for "share", a green checkmark for "vote", a white speech bubble for "discuss", and a grey gear for "see".

The screenshot shows the homepage of the BluePrint Cleanse website. On the left, there's a large image of a blue juice bottle labeled "1 BluePrintCleanse". To the right of the image, there's a headline: "Juice, the whole juice and *nothing but the juice.*". Below the headline is a bulleted list:

- The first cleanse offering different levels of intensity
- Six 100% organic fresh fruit and vegetable juices daily in place of meals for as long as you choose
- Delivered straight to your door, anywhere in the U.S.

A sub-headline below the list says: "Do yourself a solid – go liquid with BluePrint fresh pressed juice!"

The screenshot shows an advertisement for So Natural juice. The ad features a large image of a yellow juice bottle with the So Natural logo. The headline reads: "Fresh fruit taste & goodness locked in for 45 days". Below the headline, there's a sub-headline: "A revolutionary natural process that retains all the taste & goodness & only destroys the bad." An illustration shows a fruit being processed through a machine labeled "No pasteurization added". The background of the ad is a light blue with green grass at the bottom. To the right, there's a section with several smaller bottles of So Natural juice and a callout: "2 portions of your 5 a day". At the bottom, there's small text: "For more information email us at info@so-natural.com or visit our stand 23770 on 13th & 14th April at the Natural & Organic Products Exhibition".

Cómo lograr el éxito?: Un desayuno diferente



Cómo lograr el éxito?: Eating but not cooking

Weight Watchers®
Smart Ones®

NEW!

SMART BEGINNINGS
French Toast with Turkey Sausage
served with a side of all-natural syrup

7 PointsPlus® value

KEEP FROZEN • COOK THOROUGHLY • SEE COOKING INSTRUCTIONS

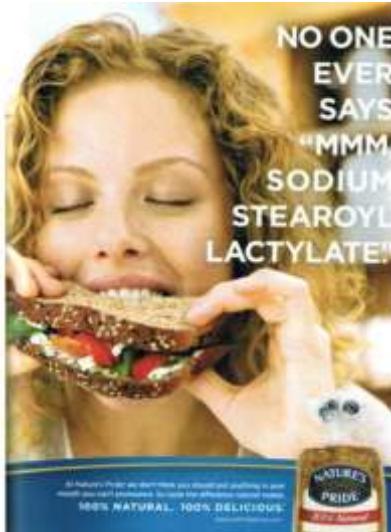
NET WT. 4.45 OZ (126 g)

280 Calories | 8g Fat | 2g Fiber | 14g Protein

Cómo lograr el éxito?: Porciones controladas



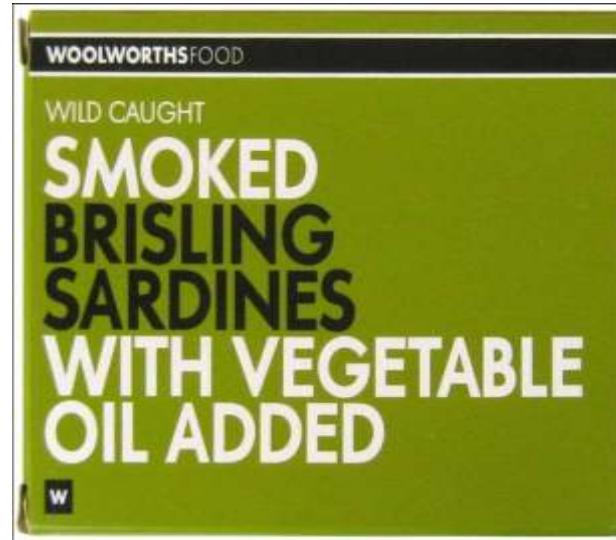
Cómo lograr el éxito?: Promover lo “natural” (sin aditivos + naturalmente sano¹)



Cómo lograr el éxito?: Extractos botánicos (bioactivos)



Cómo lograr el éxito?: Transparencia



Cómo lograr el éxito?: “Manejando” las regulaciones



Cómo lograr el éxito?: No olvidar el valor de la comunicación del envase



Muchas gracias!!

