

Appendix 2: International Examples

Updated 10/04/2016

1 FOOD COMPOSITION: <i>There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of concern (salt, fat, saturated fat, trans fat, added sugar)</i>		
Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>COMP 1: <i>Food composition targets/standards have been established for <u>processed foods</u> by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats)</i></p>	<ol style="list-style-type: none"> 1) ARGENTINA: In 2013, the Government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods (Act 26905) which entered into force in December 2014. Infringements by producers and importers may be sanctioned, the most severe penalties being fines of up to one million pesos, in case of repeat infringements up to ten million pesos, and the closing of the business for up to five years (1, 2). 2) SOUTH-AFRICA: In 2013, the South African Department of Health adopted targets for salt reduction in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) by means of regulation (Foodstuffs, Cosmetics and Disinfectants Act). There is a stepped approach with food manufacturers given until June 2016 to meet one set of category-based targets and another three years until June 2019 to meet the next (2, 3). 3) DENMARK: A law introduced in 2003 prohibits the sale of products containing <i>trans</i>-fats, a move that effectively bans its use in products destined for sale on the Danish market (2, 4). The law is enforced by local authorities under the supervision of the Danish Veterinary and Food Administration. Infringement of the law may incur a fine or imprisonment, and companies can be prosecuted according to the Danish Penal Code. 4) EU & UK: In 2012, under the directive 2012/12/EU of The European Parliament and the Council, an amendment of Council Directive 2001/112/EC, which outlined that addition of sugars is no longer authorised in fruit juice(5). Similarly, added sugar in fruit juice is no longer permitted under The Fruit Juices and Fruit Nectars (England) Regulations 2013(6). 	<ol style="list-style-type: none"> 1) A study conducted before the implementation of the law found that max sodium levels set by law have been achieved by most food groups included in the law as per labels on food packages. From the 18 food groups examined (not all of them included in the law), 15 showed median sodium values below the established targets(1). 2) The South African salt policy could reduce cardiovascular disease deaths by 11% and save US\$ 51.25 million in healthcare subsidies each year (7). 3) Denmark’s artificial <i>trans</i>-fat ban in its food supply, has been followed by a decrease in cardiovascular disease mortality rates, on average by about 14.2 deaths per 100,000 people per year in Denmark relative to the synthetic control group (8).

<p>COMP 2: <i>Food composition targets/standards have been established for out-of-home meals in food service outlets by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, added sugars, salt, saturated fat)</i></p>	<ol style="list-style-type: none"> 1) <u>NEW YORK</u>: In 2006, New York City's Health Code was amended to restrict the amount of <i>trans</i>-fats allowed in food served by all food service establishments required to hold a license from the New York City Health Department, including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands. The maximum amount of <i>trans</i>-fat allowed per serving is 0.5g. Violators are subject to fines of \$200.00 to \$2,000.00. A range of other US cities have since followed suit and banned restaurants from serving <i>trans</i> fats (9). 2) <u>NEW YORK</u>: In 2009, New York City established voluntary salt guidelines for various restaurant and store-bought foods. In 2010, this city initiative evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 95 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. The goal is to reduce Americans' salt intake by 20% over five years. The National Salt Reduction Initiative has worked with the food industry to establish salt reduction targets for 62 packaged foods and 25 restaurant food categories for 2012 and 2014. The commitments and achievements of companies have been published online (10). 3) <u>NEW ZEALAND</u>: In New Zealand, The Chip group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is maximum 28% of saturated fat, 3% linoleic acid and 1% of <i>trans</i>-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010 (11). 	<ol style="list-style-type: none"> 1) The pre- and post- <i>trans</i>-fat monitoring in New York city restaurants showed substantial declines compared to other US cities where no bans or legislation was enacted to establish mandatory food labeling standards (12). Overall, mean <i>trans</i>-fat per purchase decreased by 2.4 g (95% CI, -2.8 to -2.0 g; $P < 0.001$), whereas saturated fat showed a slight increase of 0.55 g (CI, 0.1 to 1.0 g; $P = 0.011$). Mean <i>trans</i>-fat per 1000 kcal decreased by 2.7 g per 1000 kcal (CI, -3.1 to -2.3 g per 1000 kcal; $P < 0.001$). 2) Assessments are planned to measure the companies' progress and assess the impact on people's salt intake. These are not yet available(10). 3) There are currently 11 approved oils on the list (11).
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2 FOOD LABELLING:

There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims

Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>LABEL1: <i>Ingredient lists and nutrient declarations (including warning labels) in line with Codex recommendations are present on the labels of all packaged foods</i></p>	<ol style="list-style-type: none"> 1) <u>MANY COUNTRIES</u>: In a wide range of countries producers and retailers are required by law to provide a nutrient list on pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving) (13). 2) <u>SOME COUNTRIES</u>: A more limited number of countries (about N=10) require that nutrient lists on pre-packaged food must, by law, include the <i>trans</i>-fat content of the food. Specific rules generally define how the <i>trans</i>-fat content must be listed, and on what basis (e.g. per 100g/100ml or per serving). If the <i>trans</i>-fat content falls below a certain threshold, it may be listed as 0g (e.g. less than 0.5g per serving, or less than 0.3g per 100g of food product)(13). 3) <u>US</u>: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars now needs to be included on the label, just below the line for total sugar (14). 4) <u>FINLAND</u>: National legislation regarding the compulsory use of warning labels on high-salt foods has been in place since 1993. The legislation is applied to all the food categories that make a substantial contribution to the salt intake of the Finnish population. Foods that are high in salt are required to carry a "high salt content" warning. A "high salt content" must be labelled if the salt content is more than 1.3% in bread, 1.8% in sausages, 1.4% in cheese, 2.0% in butter, and 1.7% in breakfast cereals or crisp bread. A heart symbol system was introduced in 2000 indicating that a product is a better choice regarding sodium content compared to another product in the same food category (13). 5) <u>CHILE</u>: In 2012, the Chilean Government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. All foods that exceed these limits will have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, SUGAR or SODIUM, as well as "Ministry of Health". A warning message will be added to products per nutrient of concern exceeding the limit (e.g. a product high in fat and sugar will have 2 stop signs). The regulatory norms provide specifications for the size, font, and placement of the warning message on products. The warning labels are scheduled to take effect 1 July 2016. The limits for calories, saturated fat, sugar and sodium will be implemented using an incremental approach, reaching the defined limits by 1 July 2018 (13). 	<ol style="list-style-type: none"> 4) The potential impact of labelling food products either as low or high in salt on salt intake in the Finnish adult population was estimated. The mean salt intake would be reduced by 1.8 g in men and by 1.0 g in women if the entire population were to choose lightly salted products, while choosing heavily salted products would increase salt intake by 2.1 g in men and by 1.4 g in women (15).

LABEL2: Robust, evidence-based regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims

- 1) AUSTRALIA/NEW ZEALAND: A law (Standard 1.2.7)(16), approved in 2013, regulates the use of nutrition content and health claims on food labels in Australia and New Zealand. Health claims must be based on pre-approved food-health relationships or self-substantiated according to government requirements and they are only permitted on foods that meet nutritional criteria, as defined by a nutrient profiling model (Nutrient Profiling Scoring Criterion (NPSC) taking into account energy, sodium, saturated fat and total sugar content of foods, as well as protein, fibre, fruit, vegetable, nut and legume content of foods). Although nutrition content claims also need to meet certain criteria set out in the Standard, there are no generalized nutritional criteria that restrict their use on "unhealthy" foods such as for health claims. The industry needs to comply with this new legislation by January 2016. Food Standards Australia New Zealand has developed an online calculator to help food businesses to calculate a food's nutrient profiling score.
- 2) EUROPE: Regulation 1924/2006 establishes EU-wide rules on the use of specified nutrient content and comparative claims (i.e. levels of fat for a low fat claim). This regulation applies in Iceland and Norway as well as members of the European Free Trade Agreement participating in the European single market (13). The Regulation started to apply on 1 July 2007. However, it needs to be noted that recently the European Parliament voted to scrap the use of a nutrient profiling system for health claims on foods (17).
- 3) INDONESIA: Regulation HK.03.1.23.11.11.09909 (2011) on "The Control of Claims on Processed Food Labelling and Advertisements" establishes rules on the use of specified nutrient content claims (i.e. levels of fat for a low fat claim). The Regulation applies to any food product or beverage which has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat and sodium per serving (13g total fat, 4g saturated fat, 60mg cholesterol and 480mg sodium). The Regulation sets out certain exceptions from this rule, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and fitostanol; certain disease risk reduction claims)(13).
- 4) US: Nutrient-content claims are generally limited to a list of nutrients authorized by the Food and Drug Administration (Food Labelling Guide 1994, as last revised in January 2013). Packages containing a nutrient-content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Sugar and whole grain content are not considered (13).

<p>LABEL3: <i>A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to all packaged foods</i></p>	<ol style="list-style-type: none"> 1) <u>UK</u>: Colour coded front-of-pack nutrition labelling ('traffic light labelling') has been recommended for use in the UK since 2006. In 2013, the Government published national guidance for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. The voluntary scheme is used by all the major retailers and some manufacturers(18). 2) <u>ECUADOR</u>: A regulation of the Ministry of Public Health published in November 2013 (No. 4522, El Reglamento de Etiquetado de Alimentos Procesados) requires packaged foods to carry a "traffic light" label in which the levels of fats, sugar and salt are indicated by red (high), amber (medium) or green (low). Full compliance with the regulation was required by 29 August 2014 (13). 3) <u>AUSTRALIA/NEW ZEALAND</u>: The government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). Implementation of the HSR system began in June 2014 and is overseen by the Health Star Advisory Committee. In New Zealand, about 900 products currently have stars on them (March 2016) (19). 	<ol style="list-style-type: none"> 1) A food with more reds was 11.4 times less likely to be chosen as healthy, whereas a food with more greens was 6.1 times more likely to be chosen as healthy by shoppers. Foods with better colours on saturated fat and salt were 7.3 and 7.1 times more likely to be chosen as healthy – significantly greater than for total fat (20).
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<p>LABEL4: <i>A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (i.e. fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale</i></p>	<ol style="list-style-type: none"> 1) <u>SOUTH KOREA</u>: Since 2010, the Special Act on Safety Control of Children’s Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium(13). 2) <u>UK</u>: In 2009, the Food Standards Agency launched a programme to develop a calorie labelling scheme for the catering industry. It was included as part of the government’s Responsibility Deal in 2013. To date, 45 companies/retailers have agreed to provide calorie information on menus and display boards. Although voluntary, the label must follow a standard government model (13). 3) <u>US</u>: Section 4205 of the Patient Protection and Affordable Care Act (2010) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014, with implementation required by 1 December 2015. In July 2015, the FDA announced a delay in implementation until 1 December 2016. Four states (e.g. California), five counties (e.g. King County, Washington State) and three municipalities (e.g. New York City) already have regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 1 December 2016 (13). 4) <u>AUSTRALIA</u>: Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation (13). 5) <u>NEW YORK</u>: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It will apply to food service establishments with 15 or more locations nationwide. In addition, a warning statement will be required to be posted conspicuously at the point of purchase: “Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke.” This will come into effect 1 December 2015 (13). 	<ol style="list-style-type: none"> 1) An online experimental survey using a menu board was conducted with 242 parents of children aged 2-12 years who dined with them at fast-food restaurants in South Korea at least once a month. They were classified into a low-calorie group (n = 41) who chose at least one of the lowest calorie meals in each menu category, and a high-calorie group (n = 201) who did not. The low-calorie group used the nutritional information provided when choosing meals for their children significantly more than did the high-calorie group, but the high-calorie group had greater difficulty using the nutritional information provided (21). 3) A recent review of 16 studies on impact of real-world calorie posting in the US showed that labels may reduce energy content of food purchased in some contexts, but have little effect in other contexts(22). For example, consumers exposed to menu labelling immediately after the mandate took effect in 2008 in New York reported seeing and using the information more often than their counterparts at fast-food restaurants without menu labelling. In each successive period of data collection however, the percentage of respondents noticing and using the information declined, while remaining above the pre-labelling baseline. There were no statistically significant changes over time in levels of calories or other nutrients purchased or in the frequency of visits to fast-food restaurants(23). However, calorie labelling may have important effects on the food served in restaurants by compelling the introduction of lower-calorie items (24).
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3 FOOD PROMOTION:

There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children (<16years) across all media

Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>PROMO1: <i>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through <u>broadcast media (TV, radio)</u></i></p>	<ol style="list-style-type: none"> 1) <u>NORWAY/SWEDEN</u>: Under the Broadcasting Act, advertisements may not be broadcast on television directed to children or in connection with children’s programs. This applies to children 12 years and younger (25). 2) <u>QUEBEC (CANADA)</u>: In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980. A cut-off of 15% share of children audience was used to protect children from TV food advertising (26). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children’s Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children. 3) <u>IRELAND</u>: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children’s TV and radio programmes where over 50% of the audience are under 18 years old (Children’s Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters (25). 4) <u>SOUTH KOREA</u>: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children’s programmes (Article 10 of the Special Act on the Safety Management of Children’s Dietary Life, as amended 2010)(25). 	<ol style="list-style-type: none"> 1) Norwegian and Swedish children and young people are exposed to little advertising for unhealthy food products through media channels such as TV, the Internet, magazines, comics and cinemas (27). 2) French-speaking children in Quebec were exposed to significant lesser high fat, sugar, or sodium (81.0%, p<0.001) food advertisements compared to English-speaking children from Ontario (89.8%) and Quebec (96.6%), of which the highest exposure for English-speaking children in Quebec was an influence result of cross-border marketing(28). 4) Pre- and post-implementation of statutory regulation in South Korea indicated a significant reduction of energy-dense and nutrient-poor food advertisements on TV channels during regulated (p<0.01) and non-regulated (p<0.05) hours(29). In addition, a comparison of Asia-Pacific’s food promotion (n=6 sites) indicated that regulation enforcement in South Korea resulted Seoul had the lowest rate of unhealthy food advertising during children’s peak and non-peak viewing times (30).

<p>PROMO2: <i>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor advertising including around schools)</i></p>	<ol style="list-style-type: none"> 1) CHILE: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. These are scheduled to take effect 1 July 2016 (25). 2) IRELAND: The restriction on TV advertising to children less than 18 years of age (as outlined under PROMO1) also applies to advertising on Internet which include "gratuitous" incentives to purchase e.g. free toys (25). 3) SOUTH KOREA: Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended in 2010, covering the restriction of energy-dense and nutrient-poor food advertising on broadcast media (TV, radio), as outlined under PROMO1, also applies to advertising on non-broadcast media such as the Internet, which include "gratuitous" incentives to purchase e.g. free toys(25). 	
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PROMO3: *Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events)*

- 1) **POLAND:** The 2006 Act on Food and Nutrition Safety (Journal of Laws, item 1225) was amended in November 2014 (Journal of Laws, item 1256) to include rules for sales, advertising and promotion of foods (based on a list of food categories) and nutrition standards for canteens in pre-schools, primary and secondary schools. The amended act prohibits the advertising and promotion of foods in schools that do not meet the nutrition standards set out in the new regulation (Act of 28 November 2014 amending the act on food and nutrition safety), created by the Ministry of Health. The new act came into effect 1 September 2015 (25).
- 2) **SPAIN:** In 2011 the Spanish Parliament approved a Law on Nutrition and Food Safety (Ley 17/2011), which stated that kindergartens and schools should be free from advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law (25).
- 3) **URUGUAY:** In September 2013, the government of Uruguay adopted Law No 19,140 “Alimentación saludable en los centros de enseñanza” (Healthy foods in schools). The law prohibits the advertising and marketing of foods and drinks that don’t meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015 (25)
- 4) **CHILE:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law’s implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the “high in” category on school grounds, including preschools, primary and secondary schools. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The law is scheduled to take effect 1 July 2016 (21).

4 FOOD PRICES: Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>PRICES1: Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables)</p>	<ol style="list-style-type: none"> 1) <u>AUSTRALIA</u>: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)(31). 2) <u>TONGA</u>: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets (32). 3) <u>FIIJ</u>: Import and excise duty (set at 5-32%) of imported fruits and vegetables were removed to promote consumption(32). 	<ol style="list-style-type: none"> 1) Adding GST to fruits and vegetables could cost about 100 000 healthy life-years over the lifetime of the 2003 Australian adult population, due to an additional 90 000 cases of ischemic heart disease, stroke and cancer(31).
<p>PRICES2: Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health</p>	<ol style="list-style-type: none"> 1) <u>MEXICO</u>: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso (\$0.80) per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The taxes entered into force on 1 January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked (32, 33). 2) <u>HUNGARY</u>: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g (32, 34). 3) <u>CHILE</u>: In effect since 1 January 2015, an 18% ad valorem tax is applied to sugary drinks with sugar content greater than 6.25 g of sugar per 100 mL. Prior to this, a 13% ad valorem tax was applied to these sugary drinks since 1 October 2014. Sugary drinks include all non-alcoholic drinks with added sweeteners including energy drinks and waters. Sugary drinks with less than 6.25 g of sugar per 100 mL are taxed at 10% (32). 4) <u>FRENCH POLYNESIA</u>: Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue e.g. domestic excise duty on sweetened drinks and beer; import tax on sweetened drinks, beer and confectionery; tax on ice cream. Between 2002 and 2006, tax revenue went to a preventive health fund; from 2006, 80% has been allocated to the general budget and 	<ol style="list-style-type: none"> 1) Relative to the counterfactual in 2014, purchases of taxed beverages decreased by an average of 6% (-12 mL/capita/day), and decreased at an increasing rate up to a 12% decline by December 2014. All three socioeconomic groups reduced purchases of taxed beverages, but reductions were higher among the households of low socioeconomic status, averaging a 9% decline during 2014, and up to a 17% decrease by December 2014 compared with pre-tax trends (33). 2) Using data from a large scale household panel data set, it was estimated that the consumed quantities of processed food decreased by 3.4% due to the unhealthy food tax, while the consumed quantities of unprocessed food increased by 1.1%. The lowest income groups were the most responsive to the introduction of the tax(34).

	<p>earmarked for health. The tax is 40 CFP (around \$0.44) per litre on domestically-produced sweet drinks, and 60 CFP (around \$0.68) per litre on imported sweet drinks (32).</p> <p>5) <u>TONGA</u>: In 2013, soft drinks containing sugar or sweeteners are taxed at \$0.50 per litre. Animal fat products (e.g. lard and drippings) are taxed at \$1 per kg(32).</p> <p>6) <u>ST HELENA</u>: In effect since 27 May 2014, a £0.75 per litre excise duty (about \$1.14) is applied to high-sugar carbonated drinks in St Helena (Customs and Excise Ordinance Chapter 145, Section 5). High sugar carbonated drinks are defined as drinks containing ≥15 grams of sugar per litre.(32)</p> <p>7) <u>UK</u>: The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget(35). Soft drinks manufacturers will be taxed according to the volume of the sugar-sweetened drinks they produce or import. Drinks will fall into two bands: one for total sugar content above 5g per 100ml, and a second, higher band for the most sugary drinks with more than 8g per 100ml. The tax will come into force in 2017 in order to give companies time to change the ingredients of their products. The measure will raise an estimated £520 million a year, and will be spent on doubling funding for sport in primary schools. Secondary schools will meanwhile be encouraged to offer more sport as part of longer school days. Pure fruit juices and milk-based drinks will be excluded, as well as small producers.</p>	
<p>PRICES3: <i>The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods</i></p>	<p>8) <u>SINGAPORE</u>: The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the “Healthier Hawker” programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry(36). The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower.</p>	
<p>PRICES4: <i>The government ensures that food-related income support programs are for healthy foods</i></p>	<p>1) <u>UK</u>: The Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006 (32).</p> <p>2) <u>US</u>: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals (32).</p> <p>3) <u>US</u>: In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: Increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants(32).</p>	<p>1) Women reported that Healthy Start vouchers increased the quantity and range of fruit and vegetables they used and improved the quality of family diets, and established good habits for the future (37).</p>

5 FOOD PROVISION:

The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar policies

Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>PROV1: <i>The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices</i></p>	<p>1) <u>CHILE</u>: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law prohibits the sale of foods in the "high in" category in schools. These are scheduled to take effect 1 July 2016(38).</p> <p>2) <u>FINLAND</u>: In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools(38).</p> <p>3) <u>AUSTRALIA</u>: There are no national mandatory standards. However, six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term)(38). The New South Wales (NSW) policy for school canteens provides guidelines on foods that should and should not be made available by categorizing foods as red, orange, or green. Red foods, high in saturated fats, sugars, or sodium should not be available and include deep fried foods, large portions of cake, and all sugar-sweetened beverages. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of "amber" foods. Green foods include low-fat carbohydrates,</p>	<p>3) In New South Wales (Australia) 2007, 7% of schools had no red items on their menu. In 2010, this improved to 22% (P < 0.05). In 2010, small schools (OR = 1.9, 95% CI = 1.25-3.05, P = 0.003); lower socioeconomic schools (OR = 1.3, 95% CI = 1.02-1.78, P = 0.03); non-government (OR = 1.7, 95% CI = 1.22-2.23, P = 0.001) and rural schools (OR = 1.7, 95% CI = 1.30-2.25, P < 0.001) had higher odds of having red items on the menu. No significant change occurred in the proportion of green foods listed for sale between 2007 and 2010 (39).</p> <p>6) Evaluation of the UK standards indicated that the quality of school meals improved since their introduction, both in primary schools (40) and secondary schools (41).</p> <p>8) A large study published in 2009 comparing nutritional quality of students in or out of the National School Lunch Program generally saw improvements in nutritional adequacy of children in the program although sodium intakes were higher for children in the National School Lunch Program (42).</p>

fruits and vegetables, and lean meat as well as small portions of pure fruit juice.

- 4) LATVIA: In 2006, the Latvian government implemented legislation that prohibited the sale/availability of soft drinks, drinks with added colours, sweeteners, preservatives and caffeine on all school premises. In 2012, the government set salt levels for all foods served in educational institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product(38).
- 5) MAURITIUS: In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools(38).
- 6) UK: England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods (38).
- 7) BRAZIL: The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. The law, approved in 2001, requires that 70% of the food served to children in school meal programs be unprocessed and another law, approved in 2009, that 30% of the program budget should be used to purchase fresh foods directly from family farms and their cooperatives.
- 8) US: The Healthy, Hunger-Free Kids Act of 2010 sets nutrition standards in the National School Lunch and School Breakfast Programs. Recently introduced recommendations include reducing total energy provision and increasing nutrient density. Milk must be half fat or less and must be fat-free milk if flavoured. The Act also establishes guidelines for "competitive foods" in the Smart Snacks in School Program. Standards include limits on the amount of fat, saturated fat, salt and added sugars permitted in foods. Beverages are also restricted to water, low-fat or non-fat milk, or sugar. Calorie-free carbonated beverages are permitted in high schools (38).

<p>PROV2: <i>The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices.</i></p>	<ol style="list-style-type: none"> 1) <u>LATVIA</u>: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product (38). 2) <u>BERMUDA</u>: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, <i>trans</i> fat, sodium and sugar. The criteria exclude nuts and 100% fruit juices (38). 3) <u>NEW YORK</u>: New York City’s Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)(38, 43). 4) <u>WALES</u>: Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. The Welsh government issued a guidance defining what is allowed and not allowed, and has liaised with major vending providers to find ways to introduce healthier food and drink options (Health Promoting Hospital Vending Directions and Guide 2008). 5) <u>SCOTLAND</u>: In 2008, the Scottish government issued guidelines to chief executives of the National Health Service on the provision of competitively priced fruit and vegetables in hospital settings and the removal of all soft drinks with a sugar content greater than 0.5g per 100ml (pure fruit juice is exempt)(38). 	
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<p>PROV3: <i>The Government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines</i></p>	<p>1) <u>AUSTRALIA</u>: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dieticians at Nutrition Australia Victorian Division(44). The support includes training cooks, chefs, foods service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products.</p> <p>2) <u>JAPAN</u>: In Japanese, Shoku means diet and iku means growth and education. In 2005, Basic Law on Shokuiku was enacted and it was the first law that regulates one’s diets and eating habits. It involved Cabinet Office as the leading office to plan, formulate and coordinate Shokuiku policy and strategy, in collaboration with Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Agriculture, Forestry and Fisheries. The laws included several concepts, which are promotion of Shokuiku at home, schools or nursery schools and promotion of interaction between farm producers and consumers(45). Dietitian and registered dietitian are playing important roles to implement Shokuiku programs by providing dietary guidance in various setting. In Japan, at least one dietitian should be assigned at the facility with mass food service over 100 meals/time or over 250 meals/ day, whereas at least one registered dietitian needed when it is over 500 meals/time or 1500 meals/day. In specific setting such as school, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible to supervise school lunch programs, formulate menus and ensure hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. They also deal with dietary education issues in collaboration with nutrition experts such as registered dietitian and dietitian(46). Under the revised School Lunch Act 2008, it included School Lunch Practice Standard which stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups (47). Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients which amounting an estimate of 4000 yen/month/student for school lunch program(48).</p>	
<p>PROV4: <i>The Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces</i></p>	<p>1) <u>UK</u>: The UK responsibility deal included collective pledges on health at work, which set out the specific actions that partners agree to take in support of the core commitments. One of the pledges is on healthier staff restaurants, with 165 signatories to date(49).</p>	

6 FOOD IN RETAIL:

The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) and in-store (product placement)

Good practice statement	Updated international best practice benchmark(s)	Evidence of impact of the specific policy benchmark(s)
<p>RETAIL1: <i>Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities</i></p>	<ol style="list-style-type: none"> 1) <u>SOUTH KOREA</u>: Special Act on Children’s Dietary Life Safety Management, including the creation of ‘Green Food Zones’ around schools, banning the sale of foods deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools(50). 2) <u>US</u>: In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools(9) 3) <u>UK</u>: Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools). For example, Barking and Dagenham’s Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London developed a planning policy in 2009 restricting the development of hot food takeaways in local centres, and excluding them completely from areas within 10min walks from schools, parks or other youth centres. St Helens Council adopted a planning document in 2011 and Halton in 2012 (9). 	<ol style="list-style-type: none"> 3) Around 9 of the local authorities have cited these planning policies when refusing planning applications by hot takeaways(9).
<p>RETAIL2: <i>Zoning laws and policies are robust enough and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables</i></p>	<ol style="list-style-type: none"> 1) <u>US</u>: In 2014 the Healthy Food Financing Initiative (following a pilot) was established which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. To date, 23 US states have implemented financing initiatives (9). 2) <u>NEW YORK</u>: The ‘Green Cart Permit’ was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods(9). 3) <u>SCOTLAND</u>: In 2004, a small group of suppliers and retailers in Scotland established a pilot project called Healthy Living Neighbourhood Shops to increase the availability of healthier food options throughout Scotland, in both deprived and affluent areas, where little or no option existed to buy. The programme received funding from the Scottish Executive and worked closely with the Scottish Grocers’ Federation, which represents convenience stores throughout Scotland. Through a number of different trials, the programme established clear criteria for increasing sales and also developed bespoke equipment/point of sale (POS) materials which were given to participating retailers free of charge. This has led to around 600 convenience stores across Scotland improving their range, quality and stock of fresh fruit and vegetables and other healthier eating products(51). 	<ol style="list-style-type: none"> 3) Outcomes include: <ul style="list-style-type: none"> *Increasing the range of fruit drinks and decreasing the range of carbonated drinks available in-store led to a 14.6% increase in total soft drink sales and a 21% increase in cash profit. *Displaying pieces of fruit at checkouts rather than confectionery resulted in the sale of more fruit than confectionery. *Moving fruit and vegetables from the rear of a store to the front resulted in a 36% sales increase in the first week and has produced ongoing increases of 62% in that store(51).

<p>RETAIL3: <i>The Government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods</i></p>	<p>1) <u>US</u>: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)(32).</p>	<p>1) Across 105 stores in Texas, post-implementation audits showed increased availability in terms of shelf space for most key healthy food options, including fruit (P<0.001), vegetables (P<0.01), cereal (P<0.001), and varieties of vegetables (P<0.001). Food visibility increased for fresh juices (P<0.001). Visibility of WIC labelling improved for foods such as fruits (P<0.05), WIC cereal (P<0.05), and whole-grain or whole-wheat bread (P<0.01)(52). Also in Baltimore, healthy food availability improved significantly between 2006 and 2012, with the greatest increases in corner stores and in census tracts with more than 60 percent black residents(53).</p>
<p>RETAIL4: <i>The government ensures existing support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods</i></p>	<p>1) <u>SINGAPORE</u>: ‘Healthier Hawker’ program involved the government working in partnership with the Hawker’s Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content. As part of the “Healthier Dining Programme” launched in June 2014 (formerly called the "Healthier Hawker" programme launched in 2011), food operators are encouraged to offer lower calorie meals and use healthier ingredients such as oils with reduced fat content, and/or whole grains without compromising taste and accessibility. To participate, food and beverage companies must complete an application form and implement nutrition guidelines set by the Health Promotion Board (HPB) in all outlets for a period of two years. Following HPB’s approval the “Healthier Choice Symbol Identifiers” can be used next to the healthier dishes in all menu and marketing materials (e.g. “We serve lower-calorie options”, “We use healthier oil”). To date, the HPB has partnered with 39 food service providers to offer lower calorie and healthier meals across 1200 outlets and stalls.</p>	

7 FOOD TRADE AND INVESTMENT:

The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments

Good practice statement	Updated benchmark(s)	Evidence of impact of the specific benchmark policies
<p>TRADE1: <i>The Government undertakes risk impact assessments before and during the negotiation of trade and investment agreements, to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health</i></p>	<p>1) <u>US/EU</u>: It is mandatory in the US and countries of the EU to undertake Environmental Impact Assessments for all new trade agreements. These assessments sometimes incorporate Health Impact Assessments (54).</p>	
<p>TRADE2: The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition</p>	<p>1) <u>MANY COUNTRIES</u>: Sanitary and phytosanitary (SPS) clauses in World Trade Organization (WTO) agreements</p> <p>2) <u>GHANA</u>: Ghana has set standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalization of trade. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where back fat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%)(55).</p>	

8 LEADERSHIP:

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities

Good practice statement	Updated benchmark(s)	Evidence of impact of the specific infrastructure support benchmark
<p>LEAD1: <i>There is strong, visible, political support (at the Head of Government / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities</i></p>	<ol style="list-style-type: none"> 1) <u>NEW YORK</u>: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration(56). 2) <u>AUSTRALIA</u>: on a state level: David Davies Victoria Melbourne for the implementation of the Healthy Together Victoria systems-based approach as a first large-scale systems-based approach to obesity prevention in the world. 3) <u>BRAZIL</u>: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating (57). 	<ol style="list-style-type: none"> 1) The multi-faceted obesity prevention strategy successfully reversed childhood trends in New York (58). 3) Brazil’s dietary guidelines and the focus on ultra-processed foods have been taken on board already in the production of some important documents by the Pan American Health Organization, for example their recently launched Nutrient Profiling Model(59).
<p>LEAD2: <i>Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels</i></p>	<ol style="list-style-type: none"> 1) <u>BRAZIL</u>: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022(60). 2) <u>SOUTH AFRICA</u>: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020(61). 3) <u>UK</u>: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions(62). 	

<p>LEAD3: <i>Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented</i></p>	<p>1) <u>BRAZIL</u>: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: ‘Make natural or minimally processed foods the basis of your diet’; ‘use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods’; ‘use processed foods in small amounts’; ‘avoid ultra-processed foods’. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising (63, 64).</p> <p>2) <u>UK</u>: The Eatwell Guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. Sugary soft drinks have been removed from the image and foods that are high in fat, salt and sugar have also been moved to the outskirts of the guide, reflecting advice that they are not an essential part of a healthy and balanced diet. The Guide incorporates sustainability with the following guidance: “Eat more beans and pulses, two portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat”. The Carbon Trust sustainability assessment indicated that the Eatwell Guide shows an appreciably lower environmental impact than the current UK diet(65).</p>	
<p>LEAD4: <i>There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies, social marketing for public awareness and threat of legislation for voluntary approaches) linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs</i></p>	<p>1) <u>EU</u>: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under ‘Objective 1 – Create healthy food and drink environments’ there are clear policy and program actions identified(66).</p>	
<p>LEAD5: <i>Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition , obesity and NCDs</i></p>	<p>1) <u>NEW ZEALAND</u>: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: “An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements”. In addition, the provider quality specifications for public health services include specific requirements for Maori:” C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services”. In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: “you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement”.</p>	

9 GOVERNANCE: <i>Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities</i>		
Good practice statement	Updated benchmark(s)	Evidence of impact of the specific infrastructure support benchmark
GOVER1: <i>There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition</i>	<ol style="list-style-type: none"> 1) <u>US:</u> Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007. 2) <u>NEW ZEALAND:</u> The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management(67). 	
GOVER2: <i>Policies and procedures are implemented for using evidence in the development of food policies</i>	<ol style="list-style-type: none"> 1) <u>AUSTRALIA:</u> The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process. 	
GOVER3: <i>Policies and procedures are implemented for ensuring transparency in the development of food policies</i>	<ol style="list-style-type: none"> 1) <u>AUSTRALIA/NEW ZEALAND:</u> Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined “maintain our open and transparent approach” as one of the first priorities(68). 	
GOVER4: <i>The government ensures access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) for the public</i>	<ol style="list-style-type: none"> 1) <u>AUSTRALIA/NEW ZEALAND:</u> The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies. 	

10 MONITORING AND INTELLIGENCE:

The government's monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans

Good practice statement	Updated benchmark(s)	Evidence of impact of the specific infrastructure support benchmark
<p>MONIT1: <i>Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes/guidelines/standards/targets.</i></p>	<ol style="list-style-type: none"> 1) <u>MANY COUNTRIES</u>: Many countries do have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods. 2) <u>NEW ZEALAND</u>: A national School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECES in New Zealand. 3) <u>UK</u>: in October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided(69). 	
<p>MONIT2: <i>There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.</i></p>	<ol style="list-style-type: none"> 1) <u>US</u>: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations(70). The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. 	
<p>MONIT3: <i>There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements</i></p>	<ol style="list-style-type: none"> 1) <u>UK</u>: England's National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured(71). 	
<p>MONIT4: <i>There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs</i></p>	<ol style="list-style-type: none"> 1) <u>OECD COUNTRIES</u>: Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors. 	

<p>MONIT5: <i>There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans</i></p>	<p>1) <u>US</u>: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity(72).</p> <p>2) <u>MEXICO</u>: Mexico has the “Observatorio Mexicano de Enfermedades No Trasmisibles” (OMED) that includes members of the civil society, governmental agencies, and industry members . In addition COEVAL performs periodic evaluations about social programs, including Prospera (who gives supplements for mothers and children under 5 y)(73).</p>	
<p>MONIT6: <i>Progress towards reducing health inequalities or health impacts in vulnerable populations and societal and economic determinants of health are regularly monitored</i></p>	<p>1) <u>NEW ZEALAND</u>: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation.</p>	

11 FUNDING AND RESOURCES:

Sufficient funding is invested in 'Population Nutrition Promotion' (estimated from the investments in population promotion of healthy eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition) to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities

Good practice statement	Updated benchmark(s) PLEASE NOTE THESE ARE EXAMPLES ONLY, NO BENCHMARKS AVAILABLE	Evidence of impact
<p>FUND1: <i>The 'Population Nutrition Promotion' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs</i></p>	<p>1) <u>NEW ZEALAND</u>: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand.</p> <p>2) <u>THAILAND</u>: According to the most recent report on health expenditure in 2012 the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.</p>	
<p>FUND2: <i>Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities</i></p>	<p>1) <u>AUSTRALIA</u>: The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.</p> <p>2) <u>NEW ZEALAND</u>: In 2012, 11.4% of the HRC's total budget of \$70M and, in 2013, 10.6% of the HRC's total budget of \$71M was spent on population nutrition and/or prevention of obesity and non-communicable diseases</p> <p>3) <u>THAILAND</u>: The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 Baht in 2013 to 37,872,416 baht in 2014).</p>	
<p>FUND3: <i>There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream</i></p>	<p>1) <u>AUSTRALIA</u>: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.</p>	

12 PLATFORMS FOR INTERACTION:

There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities

Good practice statement	Updated benchmark(s)	Evidence of impact
<p>PLATF1: There are robust coordination mechanisms across departments and levels of government (national and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments</p>	<p>1) THAILAND: In 2008, the National Food Committee (NFC) Act was enacted to frame food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multisectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation's Poverty Alleviation Plan. It is expected that within a few years, Thailand will be able to scale-up these tasks nationwide to prevent overnutrition and NCDs.</p>	
<p>PLATF2: There are formal platforms between government and the commercial food sector to implement healthy food policies</p>	<p>1) UK: The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.</p>	
<p>PLATF3: There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition</p>	<p>1) BRAZIL: The National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security(74). CONSEA is made up from one-third government and two-thirds non-government executives and workers. It has special powers. It is housed in and reports to the office of the president of the republic. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. The elected politicians in Brazil's parliament formally have the power to challenge and even overturn proposals made by CONSEA. In practice it is most unlikely that any Brazilian government whether of the left or right would wish to do so, partly because of the constitutional status of the CONSEA system, and also because, being so carefully representative of all sectors and levels of society, it remains strong and popular.</p>	

<p>PLATF4: The government leads a broad, coherent, effective, integrated and sustainable systems-based approach with local organisations to improve the healthiness of food environments at a national level</p>	<ol style="list-style-type: none"> 1) <u>AUSTRALIA</u>: Healthy together Victoria in Australia aims to improve people's health where they live, learn, work and play. It focuses on addressing the underlying causes of poor health in children's settings, workplaces and communities by encouraging healthy eating and physical activity, and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. The initiative was originally jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health(75). It is unclear at this stage whether funding for Healthy Together Victoria will continue or not. 2) <u>NEW ZEALAND</u>: Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to impact the lives of over a million New Zealanders. The Government has allocated \$40 million over four years to support Healthy Families NZ(76). 	
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13 HEALTH IN ALL POLICIES:

Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies

Good practice statement	Updated benchmark(s)	Evidence of impact
<p>HIAP1: <i>There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food</i></p>	<p>1) <u>SLOVENIA</u>: Undertook a Health Impact Assessment (HIA) in relation to agricultural policy at the national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation (77).</p>	
<p>HIAP2: <i>There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies</i></p>	<p>1) <u>AUSTRALIA</u>: In 2007, the South Australian Government implemented a Health in All Policies approach, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within South Australia Health to build workforce capacity and support Health lens Analysis projects(78).</p>	

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