Healthy Food Environment Policy Index (Food-EPI) – Australia 2016

Australian federal government

Summary of government policy action to 8 May 2016

November 2016

# Overview

This document contains a summary of policy actions of the **Australian federal government** related to food environments, including policy actions to 8 May 2016.

The document was prepared as part of the Healthy Food Environment Policy Index (Food-EPI) Australia Project 2016. This project aims to assess government progress in implementing globally recommended policy actions related to food environments, at the State/Territory and Federal government levels in Australia in 2016. The policy details in this document will be used to assess Australian federal government performance with reference to international benchmarks. In each State/Territory, a group of independent, non-government, informed public health experts and organisations will form an expert panel to support the assessment process. The outcome will be scorecards for each government, along with a suite of recommended prioritised actions for governments to implement to strengthen their approach and improve the healthiness of food environments in Australia.

The project forms part of [INFORMAS](http://www.informas.org/) (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support), a global network of public-interest organisations and researchers that seek to monitor and benchmark public and private sector actions to create healthy food environments and reduce obesity and non-communicable diseases (NCDs) globally. INFORMAS developed the Food-EPI tool to assess government policy across 14 action areas related to food environments. The tool comprises a ‘policy’ component with seven domains related to specific aspects of food environments that have been shown to have an important impact on population diets, and an ‘infrastructure support’ component with seven domains based on the World Health Organization (WHO) building blocks for strengthening health systems. INFORMAS has collated international benchmarks in each of the domains to be used for assessment purposes.

# Acknowledgements

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This document was prepared by the research team, with extensive support from policy makers within government. Our particular thanks to Elizabeth Flynn and Holly Jones in the Department of Health for their enormous support for the project and for coordinating government input into the document.

As far as possible, when policy details are noted in the document, they are referenced to publicly-available sources or noted as a ‘personal communication’ from relevant policy makers. While every effort has been taken to ensure the accuracy of the information in this document, any errors/omissions are the responsibility of the research team.

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# Definitions

* **Food**: refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
* **Food environments**: the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people’s food and beverage choices and nutritional status.
* **Government**: includes any government departments and, where appropriate, other agencies (i.e. statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government should not be included, although relevant information can be noted in the ‘context/comments’ sections.
* **Government implementation**: refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
* **Healthy/unhealthy food**: Categorisation of foods as healthy / unhealthy are in accordance with the Australian Dietary Guidelines (i.e. core and discretionary foods). Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.
* **Nutrients of concern**: salt (sodium), saturated fat, *trans* fat, added sugar
* **Policy actions**: A broad view of “policy” is taken so as to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda-setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, so as to include, *inter alia*:
	+ Evidence of commitments from leadership to explore policy options
	+ Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
	+ Establishment of a steering committee, working group, expert panel, etc.
	+ Review, audit or scoping study undertaken
	+ Consultation processes undertaken
	+ Evidence of a policy brief/proposal that has been put forward for consideration
	+ Preparation of a regulatory or economic impact assessment, health impact assessment, etc.
	+ Regulations / legislation / other published policy details
	+ Monitoring data
	+ Policy evaluation reports

POLICY DOMAINS

# Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, saturated fat, trans fat, added sugar)

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| **COMP1** Food composition targets/standards/restrictions for processed foods |
| Food-EPI good practice statement The government has established food composition targets, standards or restrictions for processed foods in relation to nutrients of concern (salt, saturated fat, trans fat, added sugar) in certain foods or food groups if they are major contributors to population intakes of these nutrients |
| Definitions and scope | * Includes packaged foods manufactured in Australia or manufactured overseas and imported to Australia for sale
* Includes packaged, ready-to-eat meals sold in supermarkets
* Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving)
* Includes legislated ban on nutrients of concern
* Excludes legislated restrictions related to other ingredients (e.g. additives)
* Excludes mandatory food composition regulation related to other nutrients (e.g. folic acid or iodine fortification)
* Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)
* Excludes general guidelines advising food companies to reduce nutrients of concern
* Excludes the provision of resources or expertise to support individual food companies with reformulation (see COMM1 and/or RETAIL4)
 |
| International examples | * Denmark: In 2003, the government passed legislation that prohibits the sale of products containing any trans fats.
* 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.
* South Africa: In 2013, the South African Department of Health adopted mandatory 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.
 |
| Context | Food regulation mechanismAll packaged foods sold in Australia must comply with the composition requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products. It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level.Food Standards Australia New Zealand (FSANZ) has responsibility for determining appropriate standards that protect public health and safety that have regard for the policy guidelines set by the Ministerial Council (see [Principles and Protocols for the Development of Food Regulation Policy Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/Content/A231EBCEA6900581CA257BF0001A938F/%24File/Principles%20and%20Protocols%20for%20the%20Development%20of%20Food%20Regulation%20Policy%20Guidelines%20-%202%20May%202008.pdf)).Food and Health DialogueThe Food and Health Dialogue (1) was established by the Department of Health in March 2009 under the then Labor Government with the aim of:* *“addressing poor dietary habits and making healthier food choices easier and more accessible for all Australians. The Dialogue provides a non-regulatory platform for collaborative action between the [Federal] Government, the food industry and public health groups to improve dietary intakes. The Dialogue’s primary activity is action on food innovation, including a voluntary reformulation program across a range of commonly consumed foods. The reformulation program aims to reduce the saturated fat, added sugar, sodium and energy, and increase the fibre, wholegrain, fruit and vegetable content of commonly consumed foods. These activities are being supported, where appropriate, by strategies to standardise and reduce portion sizes and improve consumer awareness of healthier food choices.*”(2)

The Food and Health Dialogue is no longer current. The following is a summary of some of the progress reported (3):* Committees and working groups were established to progress reformulation targets.
* Around 30 food industry companies were engaged in the Industry Roundtables.
* Food companies engaged represented between 60-100% of market share across the current food categories with targets set.
* There was industry agreement on 20 voluntary reformulation targets in nine food categories with action plans for implementation developed (see Appendix A – Food and Health Dialogue agreements for a summary of targets).
* The products targeted and the changes made per year were determined by the individual companies involved.
* For some food categories, the reformulation targets were supported by participating companies’ activities to reduce portion sizes and to improve consumer awareness of healthier food choices.
* Timeframes for action varied, with the majority of food categories originally aiming for implementation within 2-3 years.

It is not clear to what extent food manufacturers achieved the targets to date. * The Federal Government provided an update about the reformulation targets set under the Food and Health Dialogue: *The Dialogue’s Executive Group last met in May 2013 and as a result of the programme being put on hold, company reports outlining progress against targets have not been received by the Department since late 2012. The food industry may have continued to work on achieving previously agreed food reformulation targets however data to indicate whether or not targets have been met is not currently available* (personal communication, 15/4/16, Federal Government representative).
* *A report will be prepared for the Healthy Food Partnership Executive Committee (see below and PLATF2) providing an evaluation of the nine food categories for which reformulation targets were set under the Food and Health Dialogue. This report is not yet publicly available* (personal communication, 20/6/16, Federal Government representative).
* A journal paper (currently under review) evaluating the progress of the Food and Health Dialogue, led by Bruce Neal at The George Institute for Global Health, found that there had been some activity in 12 of a possible 137 (9%) areas of action within the Dialogue’s mandate. Independent evaluation found targets were partially achieved in some food categories, with substantial variation in success between companies (personal communication, 20/6/16, Bruce Neal).
 |
| Policy details | Mandatory food composition standards* All food sold in Australia must comply with the requirements of the Australia New Zealand Food Standards Code (the Code) (4). Chapter 2 of the Code sets out compositional requirements for certain foods for identity purposes, rather than for the purpose of reducing population intakes.
* There are more specific composition regulations for infant foods. The following regulations were identified, related to sugar and salt:
* Vegetable juice, fruit drink or a non-alcoholic beverages must contain no more than 4 g/100 g total sugars
* Maximum sodium levels for specific food types and no added salt, in the case of ready-to-eat fruit-based foods, fruit drink and vegetable juice.

Voluntary reformulation targetsTo our knowledge there are currently no voluntary reformulation targets established by the Federal Government for the content of the nutrients of concern in packaged processed foods but the following indicates some current steps being taken towards action in this area.Healthy Food Partnership* On 8 November 2015, the Federal Government announced the ‘Healthy Food Partnership’, a partnership of preventative health groups, food industry bodies and government to progress voluntary initiatives to encourage healthy eating (for more information see PLATF2).
* *Initiatives developed under the Partnership will be implemented on a voluntary basis, with members responsible for the promotion of the action plans and targets within their sector*s (5).
* The Healthy Food Partnership initiative is yet to establish any voluntary targets although there are indications that this is likely to be part of the initiative. At the most recent meeting on 5 February 2016, the Healthy Food Partnership agreed future priorities and work plan items. One of the three key themes is: ***Reformulation*** *– work with industry and key stakeholders to make targeted manufactured foods healthier by building on existing strategies such as the Health Star Rating system and optimising the appropriate balance of nutrients and ingredients in food* (6).
* *The Partnership replaces and extends the work of the Food and Health Dialogue* (personal communication, 15/4/16, Federal Government representative).
 |
| Comments/ notes | A meeting of the Healthy Food Partnership was held in May (after the cut-off date for this document) and the Partnership will next meet in August 2016, following the election (personal communication, 20/6/16, Federal Government representative).Health Star Rating (HSR)As well as supporting consumer choice, the HSR system (detailed in LABEL3) may act as an incentive for some food companies to reformulate certain products in order to receive a better rating. This in turn may reduce the levels of sodium, fat and/or sugar, or increase the level of beneficial ingredients and nutrients, in processed packaged foods in Australia.**This indicator will not be assessed at the State and Territory government level.** |

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| **COMP2** Food composition targets/standards/restrictions for out-of-home meals |
| Food-EPI good practice statement The government has established food composition targets, standards or restrictions for out-of-home meals in food service outlets in relation to nutrients of concern (salt, saturated fat, trans fat, added sugar) in certain foods or food groups if they are major contributors to population intakes of these nutrients |
| Definitions and scope | * Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). It may also include supermarkets where ready-to-eat foods are sold.
* Includes legislated bans on nutrients of concern
* Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving)
* Excludes legislated restrictions related to other ingredients (e.g. additives)
* Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folic acid or iodine fortification
* Excludes general guidelines advising food service outlets to reduce nutrients of concern
* Excludes the provision of resources or expertise to support food service outlets with reformulation (see COMM1 and/or RETAIL4)
 |
| International examples | * In 2006, the New York City Health [Code](http://www.nyc.gov/html/doh/downloads/pdf/public/notice-adoption-hc-art81-08.pdf) was amended to restrict the amount of trans fats in any menu item or served in any food service establishment or by any mobile food unit (including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands).
* In 2010, the US National Salt Reduction Initiative established nationwide partnerships among food manufacturers and restaurants involving more than 90 state and local health authorities to reduce excess sodium in packaged and restaurant foods. The Initiative has established salt reduction targets for 25 restaurant food categories.
* In New Zealand, the Chip Group initiative aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting industry standards. This includes standards for deep-frying (maximum 28% saturated fat, 3% linolenic acid and 1% trans fat) and salt content.
 |
| Context | Food regulation mechanismAll foods sold in Australia must comply with the requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. |
| Policy details | Mandatory food composition targetsThere are currently no mandatory food composition restrictions or standards established by the Federal Government for the content of the nutrients of concern in out-of-home meals. Voluntary reformulation commitmentsTo our knowledge, there are currently no voluntary reformulation targets established by the Federal Government for the content of the nutrients of concern in out-of-home meals but the following indicates some current steps being taken towards action in this area.Healthy Food Partnership* On 8 November 2015, the Federal government announced the ‘Healthy Food Partnership’, a partnership of preventative health groups, food industry bodies and government to progress voluntary initiatives to encourage healthy eating (for more information see COMP1 and PLATF2).
* Included in the membership is the Quick Service Restaurant Forum that includes McDonald’s Australia, Hungry Jack’s, Yum! Restaurants International (KFC and Pizza Hut) and QSR Holdings (Red Rooster, Oporto, Chicken Treat).
* The initiatives under the Partnership would be voluntary in nature. It is not yet clear what role the food service industry might play with regards to reformulation.

The Federal Government provided the following information (personal communication, email, 18/3/16, Federal Government representative):*The Healthy Food Partnership (Partnership) will provide a mechanism for collective, voluntary action between Government, the public health sector and the food industry, and will (among other things) assist consumers to eat healthier diets through increasing the availability of healthy food options across the food service industry (e.g. at supermarkets or Quick Service Restaurants), using serving sizes on food labels that are consistent with those set out in the Australian Dietary Guidelines and Australian Guide to Healthy Eating (where relevant), and promoting appropriate portion sizes.**The partnership has agreed to establish a working group on ‘food service’, which for this purpose includes restaurants, cafes, caterers, quick service restaurants, ready-made meals and other food prepared out of the home.* |
| Comments/ notes | * A meeting of the Healthy Food Partnership was held in May (after the cut-off date for this document) and the Partnership will next meet in August 2016, following the election (personal communication, 20/6/16, Federal Government representative).
* Food composition targets/standards/restrictions outlined in COMP1 will affect the composition of out-of-home meals when these products are supplied to a restaurant and used as ingredients in the preparation of meals and snacks.

**This indicator will not be assessed at the State and Territory government level.** |

# Policy area: Food Labelling

Food-EPI vision statement: 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

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| **LABEL1** Ingredient lists/nutrient declarations |
| Food-EPI good practice statement Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods |
| Definitions and scope | * Includes packaged foods manufactured in Australia or manufactured overseas and imported to Australia for sale
* Nutrient declaration means a standardized statement or listing of the nutrient content of a food
* Excludes health and nutrition claims (see LABEL2)
 |
| International examples | * Many countries, including Australia, have introduced legislation requiring all pre-packaged food products (with some limited exceptions) to list product ingredients and nutrient contents, 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).
* A more limited number of countries (about N=10) require that nutrient lists on pre-packaged food must, by law, include the *trans*-fat content of the food. Specific rules generally define how the *trans*-fat content must be listed, and on what basis (e.g. per 100g/100ml or per serving). If the *trans*-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).
* United States: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars (in grams and as percent Daily Value) now needs to be included on the label, just below the line for total sugars (7).
 |
| Context | Food regulation mechanismAll packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level.BackgroundAustralia has been a member of Codex Alimentarius since 1963. Codex standards are recognised by the World Trade Organization (WTO) of which Australia is a member country. In Australia, Codex input is coordinated by Codex Australia within in the Department of Agriculture and Water Resources (8). Australia is obliged, where possible, to harmonise its domestic regulations with Codex standards and Food Standards Australia New Zealand (FSANZ) will consider Codex standards when developing or revising domestic food standards (8). This is reiterated in the Food Regulation Agreement (FRA): the Australia and New Zealand Ministerial Forum on Food Regulation is responsible for “*the promotion of harmonised food standards within Australia…and consistency with Codex Alimentarius (consistency of domestic and export standards with international food standards set by Codex Alimentarius)*“ (9).Recommendations of the Labelling Logic report* In 2009, the Council of Australian Governments (COAG) and the then Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) (now the Australia and New Zealand Ministerial Forum on Food Regulation) agreed to undertake a review of food labelling law and policy.
* An expert panel, chaired by Dr Neal Blewett, AC, was appointed and the report Labelling Logic was released in January 2011 (10).
* The following recommendations are relevant to this assessment:
* Recommendation 12: That where sugars, fats or vegetable oils are added as separate ingredients in a food, the terms ‘added sugars’ and ‘added fats’ and/or ‘added vegetable oils’ be used in the ingredient list as the generic term, followed by a bracketed list e.g., added sugars (fructose, glucose syrup, honey), added fats (palm oil, milk fat) or added vegetable oils (sunflower oil, palm oil).
* Recommendation 13: That the mandatory declaration of all trans fatty acids above an agreed threshold be introduced into the Nutrition Information Panel if manufactured trans fatty acids have not been phased out of the food supply by January 2013.
* Recommendation 14: That the declaration of total and naturally occurring dietary fibre content be considered as a mandatory requirement in the Nutrition Information Panel.
* Recommendation 17: The declaration in the Nutrition Information Panel of amount of nutrients per serve be no longer mandatory unless a daily intake claim is made.
* Recommendation 26: That energy content be displayed on the labels of all alcoholic beverages, consistent with the requirements for other food products.
* The response of the Ministerial Council to each of these recommendations is outlined in a report (11) and progress updates on the implementation of the Government’s response are published online (12).
 |
| Policy details | Food standards conditions of labelling* In Australia, food standards related to ingredient lists and nutrient declarations (Standards 1.2.4 and 1.2.8) are in line with Codex Alimentarius standards. The standards apply to all foods with some exceptions\* outlined in Standard 1.2.1, for example:
* Foods sold unpackaged
* Foods made and packaged at the point of sale, e.g. bread made and sold in a local bakery
* Food packaged in front of the purchaser, or delivered packaged and ready for consumption at the order of the purchaser (excluding vending machines)
* Whole or cut fresh fruits and vegetables
* Foods in a small package
* However, if a nutrition content or health claim is made about any of these foods (for example, ‘good source of calcium’, ‘low fat’) nutrition information must be provided.

Ingredient lists* Ingredients must be declared in the statement of ingredients in descending order of ingoing weight
* Ingredients must be listed by their common name, a name that describes the true nature of the ingredient or a generic name that is specified in the Code (e.g. white sugar, caster sugar, can be listed as ‘sugar’)
* Where the specific source name of an oil is used, the label on the package containing that oil must include a statement that describes the nature of any process which has been used to alter the fatty acid composition of the edible oil (i.e. hydrogenation)
* In response to Recommendation 12 of the Labelling Logic report, FSANZ has been asked to undertake a technical evaluation and provide advice on proposed changes to the ingredient list (particularly regarding “added sugars” and “added fats”) (10). *The evaluation is expected to be provided to the Food Regulation Standing Committee (FRSC) in the third quarter of 2016. Following its consideration, FRSC will forward the technical evaluation and advice to the Australia and New Zealand Ministerial Forum on Food Regulation* (personal communication, 15/4/16, Federal Government representative)

Nutrient declarations* A nutrition information panel (NIP) is required on packaged food products (with some exceptions\*)
* The NIP must declare the average amount of energy, protein, total fat and saturated fat, carbohydrate and sugars, sodium and any other nutrients or biologically active substances about which a nutrition content or health claim is made.
* This is declared per serving and per 100 g or 100 ml (or other appropriate unit) of the food, the average quantity of food in a serving and the number of servings of the food in the package must also be declared. More detailed specifications are set out in Standard 1.2.8.
* Serving sizes are set by food manufacturers and are not standardised through the regulations
* Percentage daily intake information may be voluntarily provided in the nutrition information panel but the Code sets out mandatory requirements for how it is to be presented, if used.
* The NIP must be set out in the following format:

Trans fatty acid declaration* Codex guidelines state that: *Countries where the level of intake of trans-fatty acids is a public health concern should consider the declaration of trans-fatty acids in nutrition labelling.*
* The Code provides a general definition of trans fatty acids, now in Standard 1.1.2 of the Code
* Australia does not currently require trans-fatty acid (TFA) declaration on labels unless a nutrition or health claim is made about cholesterol or certain fatty acids on the label.
* In response to Recommendation 13 of the Labelling Logic report, FSANZ undertook a technical evaluation and concluded (13):
* *The low level of TFAs in the foods sampled in Australia and New Zealand, the small number of people with intakes above the World Health Organization (WHO) goal of less than 1% TFAs of dietary energy determined in 2009, and the recent estimate of mean dietary intake of total TFAs in Australia together with ruminant TFAs contributing more than half of the total TFA intake, suggest mandatory labelling is not warranted. The Code currently permits the voluntary declaration of TFA content on labels and requires TFA declaration when certain nutrition content and health claims are made.*
* *Should there be further consideration of mandating TFA declarations on food labels, the costs and benefits of a threshold labelling approach and other approaches would need to be evaluated, including any potential impacts on consumer purchase behaviour, blood cholesterol levels, product formulations and industry costs.*
* The Australia and New Zealand Ministerial Forum on Food Regulation accepted the advice of FSANZ that mandatory labelling of TFAs does not appear warranted (14).
 |
| Comments/ notes | Additional commentary on trans fat declaration* The 2009 FSANZ review found that mean trans-fatty acid intake was estimated to be 0.5–0.6g/day of total energy intake and more than 90% of Australians estimated to meet the WHO goal (13). However, it has been argued that estimating mean intake does not take into consideration Australians who have higher than average intakes and who are more likely to be socio-economically disadvantaged (15, 16).
* There has been criticism of the methods that underpin the findings of FSANZ, in particular there has never been a representative random sample testing the *trans* fat content of Australian foods, particularly those known to be likely to be high in *trans* fats (17).

General notes\*Exceptions include foods such as a herb or spice, mineral water, tea and coffee because they have no significant nutritional value, or fruit, vegetables, meat, poultry, and fish that comprise a single ingredient or category of ingredients or prepared filled rolls, sandwiches, bagels and similar products (noting that if a nutrition content or health claim is made about these foods, a nutrition information panel must be provided).There are different food standards related to infant foods ([Standard 2.9.2](https://www.comlaw.gov.au/Details/F2015C00971)) and infant formula products ([Standard 2.9.1](https://www.comlaw.gov.au/Series/F2008B00658)).**This indicator will not be assessed at the State and Territory Government level.** |

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| **LABEL2** Regulatory systems for health and nutrition claims |
| Food-EPI good practice statement Robust, evidence-informed regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims |
| Definitions and scope | * Nutrition claims include references to the nutritional content on food (e.g. low in fat)
* Health claims include general level (i.e. nutrient function, such as ‘calcium strengthens bones’) and high level (i.e. disease risk reduction, such as ‘dietary fibre reduces your risk of bowel cancer’) claims that relate to the relationship between food or a property of a food and a health effect
* Includes recognised endorsement symbols that are associated with healthy products
* Includes provisions that require companies to put ‘warnings’ on foods that are high in nutrients of concern
* ‘Evidence-informed refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about nutrition or health claims
 |
| International examples | * Australia/New Zealand: Standard 1.2.7 – see below
* US: Nutrient-content claims are generally limited to an FDA-authorised list of nutrients. 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. Health claims are generally not permitted if a 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 (18, 19).
* 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).
 |
| Context | Food regulation mechanismAll packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products*.* It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level.Australian consumer lawThe Australian Consumer Law (ACL) is a national law that aims to protect consumers and ensure fair trading in Australia. In addition to the Food Standards Code, the ACL requires that food suppliers not mislead or deceive in the representations they make on food packaging or when selling food (20). |
| Policy details | Food Standard 1.2.7 Nutrition Health and Related Claims* A Standard to regulate nutrition content claims and health claims on food labels and in advertisements became law on 18 January 2013. Food businesses had to comply with the new standard ([Standard 1.2.7](https://www.legislation.gov.au/Details/F2016C00161)) from 18 January 2016.
* The Standard sets out the claims that can be made on labels or in advertisements about the nutritional content of food (including nutrient comparative claims) or the relationship between a food or a property of a food (such as a vitamin or mineral), and a health effect (general or high level health claims). The Standard establishes the conditions under which claims can be made. It also provides exemptions for the use of ‘endorsements’ on labels or in advertisements if the endorsement and the endorsing body meet certain requirements set out in the Standard.
* The requirements for nutrition content and health claims apply to the form of the food as prepared if the food is required to be prepared and consumed according to directions (including reconstitution with water or draining before consumption).
* Claims cannot be made for infant formula products.
* Claims cannot refer to the prevention, diagnosis, cure or alleviation of a disease, disorder or condition; or compare a food with a good that is represented in any way to be for therapeutic use.

Nutrition content and comparative nutrition content claims* A nutrition content claim (including comparative claim) can be made in accordance with the requirements set out in the Standard.
* Comparative claims must meet minimum standards relating to the difference between the nutrient content of that food and a comparative food (e.g. at least 25% less fat than the same quantity of reference food).
* Section S4-3 of Schedule 4 outlines the specific conditions required for a nutrition content claim (e.g. to claim ‘low fat’ the food contains no more fat than 1.5g/ 100 mL for liquid food; or 3g/ 100 g for solid food).
* For claims about properties of food not listed in section S4**—**3 of Schedule 4, the claim can only state that the food contains or does not contain the property of food, or contains a specified amount.
* Unlike health claims, a product carrying a nutrition content claim (including a comparative claim) doesn’t need to meet Nutrient Profiling Scoring Criteria (see below). In practice this means that a product may claim to be low (or lower) in one nutrient of concern but be high in others (e.g. low in fat but high in salt and sugar).

General and high level health claims* A general or high level health claim can be made in accordance with the requirements set out in the Standard. These requirements include provisions for the substantiation of food-health relationships, which underpin health claims.
* The Standard requires that to use a general or high level health claim, the food to which the claim relates must meet Nutrient Profile Scoring Criteria set out in the Standard. These criteria take 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. FSANZ has developed an online calculator to help food businesses to calculate a food's nutrient profiling score.
* Under the Standard, food businesses wanting to make general level health claims are able to base their claims on one of the more than 200 pre-approved food-health relationships in the Standard or self-substantiate a food-health relationship in accordance with detailed requirements set out in the Standard (including evidence from a systematic review that concludes a causal relationship has been established between the food or property of food and the health effect).
* Sections S4**—**4 and S4**—**5 of Schedule 4 in the Code outline the specific conditions required for pre-approved high level and general level health claims, respectively (e.g. ‘Calcium reduces risk of osteoporosis’: food must contain no less than 290mg of calcium).
* When self-substantiating a food-health relationship for the purposes of making a general level health claim on food labels (or in advertisements for food),FSANZ must be notified of the established food-health relationship before a food business makes the claim and the company is required to retain records of the evidence that substantiates this claim.
* Notified food-health relationships are published on the FSANZ website but FSANZ do not approve or evaluate these relationships (21). A Health Claims Scientific Advisory Group and High Level Health Claims Committee have been established to provide scientific and technical advice to FSANZ as required.

Monitoring of compliance and potential breaches* Responsibility for enforcement of the code sits with State/Territory Authorities or the Federal Department of Agriculture and Water Resources for imported food.
* The Food Regulation Ministerial Council (now Australia and New Zealand Ministerial Forum on Food Regulation) ‘Policy Guideline on nutrition, health and related claims’, establishes a role for the Implementation Sub-committee for Food Regulation (ISFR) as a ‘watchdog’ for the claims system, including assisting FSANZ with the creation of guidelines, providing recommendations on proposed amendments and dealing with complaints ([Policy Guideline on Nutrition, Health and Related Claims](https://www.health.gov.au/internet/main/publishing.nsf/Content/4DCF744789D1AF64CA257BF0001C9622/%24File/nutrition_guidelines.pdf))
 |
| Comments/ notes | Other notes* [Standard 1.2.7](https://www.legislation.gov.au/Details/F2016C00161) also applies to advertising materials and endorsement schemes where applicable claims are made
* In Australia, fair trading laws require that goods sold do not misinform the consumer through false, misleading or deceptive representations. Australian Consumer Law is enforced by the Australian Competition and Consumer Commission (ACCC) and state and territory consumer authorities.

Other commentary on the regulations* Not all public health and nutrition experts support the current standard to regulate health claims, including the Public Health Association of Australia (PHAA). The following is a summary of their position statement: *PHAA has the view that a policy permitting the use of health claims on individual food products is inconsistent with the fundamental nutrition principle that it is the total dietary balance that is the major determinant of health and not individual foods. Enabling health claims risks further promoting dietary imbalances among Australians, as it tends to be the more highly processed food products that more frequently exploit such claims (22).*
* Other criticism has been around the self-substantiating approach with general level health claims that do not require independent verification before they can be used by a food company (23).

**This indicator will not be assessed at the State and Territory government level.** |

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| **LABEL3** Front-of-pack labelling |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Nutrition information systems include traffic light labelling (overall or for specific nutrients); star or points rating; percent daily intake
* ‘Evidence-informed’ refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product’s healthiness
 |
| International examples | * Australia: Health Star Rating System – see below
* UK: 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.
* Ecuador: 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.
* 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 (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, but are already found on many food packages. The limits for calories, saturated fat, sugar and sodium will be implemented using an incremental approach, reaching the defined limits by 1 July 2018.
 |
| Context | Food regulation mechanismAll packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products. It is important to acknowledge that through national platforms, such as the Australia and New Zealand Ministerial Forum on Food Regulation, States/Territories have the power to influence food regulation at the national level. |
| Policy details | Background: Front-of-pack labelling* In December 2011, the then Legislative and Governance Forum on Food Regulation (FoFR) agreed to support Recommendation 50 of Labelling Logic: Review of Food Labelling Law and Policy (the Blewett Review) to develop an interpretive Front-of-Pack Labelling (FoPL) system.
* In 2013, the government approved a FoPL, the Health Star Rating (HSR) system as a voluntary scheme for the packaged food industry. It provides a quick, easy, standard way for consumers to compare similar packaged foods. The system was developed by the state and territory, Australian and New Zealand governments in collaboration with the food industry, public health and consumer groups (24).

Evidence base* Consumer research was initially undertaken in 2013 to inform current understanding and the likely impact of a proposed FoPL system and provided guidance on development and implementation. This incorporated qualitative and quantitative components (25).
* A second study was undertaken in 2014 simulating a shopping environment to examine the scale of potential behaviour change in the context of actual purchase decisions when presented with the proposed labels (25).
* The findings of the studies suggested that a FoPL scheme would contribute to healthy food purchase choices.

HSR System* The HSR system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, total sugars and sodium content along with certain 'positive' aspects of a food such as fibre, protein fruit, vegetables, nuts and legumes content, and for some products, calcium.
* A Nutrient Profile Scoring algorithm is used to determine a product’s star rating with a range from ½ star (least healthy) to 5 stars (most healthy) to enable consumer comparison between similar packaged products. Star ratings are scaled differently in the six HSR categories. This is presented on the label with a ‘slider’ to indicate the number of stars.
* The algorithm was developed in consultation with FSANZ and other technical and nutrition experts. A style guide provides guidance on the display of the HSR label on food packages (26)
* Additional nutrient information icons display the kilojoule, saturated fat, sugar and sodium content of products per 100g or per 100ml. Food companies can also choose to display a single positive nutrient icon (e.g. fibre or calcium) or use the words ‘high’ to describe the positive nutrients or ‘low’ to describe negative nutrients (i.e. saturated fat, sugar or sodium).
* The percentage daily intake (%DI) for energy may be shown as part of the HSR label in certain circumstances. The Daily Intake Guide and other logos or certifications may co-exist on packs with the HSR system graphic, but they should not be placed in a way that may lead consumers to believe they are linked or two parts of a single system.
* Details about the method for calculating a star rating, and of the six categorises used to calibrate the star ratings, is in the Guide for Industry to the HSR Calculator. Guidance about consistent presentation of the HSR system graphics on pack is in the HSR Style Guide. Both documents are available online at [www.healthstarrating.gov.au](http://www.healthstarrating.gov.au).

Progress to date* Implementation of the HSR system began in June 2014 and is overseen by the Health Star Rating Advisory Committee.
* *The HSR system is being implemented on voluntary basis by food industry, across Australia and New Zealand, over five years (from June 2014). HSR is not prescribed in any part of the Food Standards Code. Processes for consideration of potential anomalies with the calculator, and for dispute, have been developed* (personal communication, 18/3/16, Federal Government representative).
* A progress review on food industry implementation of the HSR system will be undertaken in June 2016 (2 years after implementation commenced) and a formal review in June 2019 (27). The implementation time-frame was establishedby the Australia and New Zealand Ministerial Forum on Food Regulation *‘to enable cost effective implementation and the potential for food reformulation and consultation with small and medium sized enterprises’* (ref communique June 27 2014).
* *There are no current indications that the system will be made mandatory – as noted this would require a decision of the Forum to raise a Standard, which would require further consultation* (personal communication, 15/4/16, Federal Government representative)*.*
* As of March 2016, there were over 3,000 products from at least 75 companies displaying the HSR graphic (personal communication, 20/6/16, Federal Government representative). *For comparison, that is more than 3 times the rate of implementation of the food industry’s own Daily Intake Guide at a comparable time point* (personal communication, 15/4/16, Federal Government representative).
* A number of major companies have reformulated some of their most popular products reducing salt, sugar and saturated fat, thereby achieving a higher star rating (27).
* Evaluation of the consumer campaign and research to explore awareness and understanding of the HSR system is being conducted. To date, there has been a campaign benchmark and tracking survey; as well as a separate consumer use and understanding survey in April 2015 (28). Where questions are common to both surveys the multiple time points have been compared. Evaluation of the consumer campaign found that consumer awareness of the HSR system has increased from 33% in April 2015 to 42% in September 2015 (28). Approximately 1 in 6 people are changing their shopping behaviour based on the HSR system (27).
* Further evaluation (of phase 3) will be conducted in early June 2016 (personal communication, 20/6/16, Federal Government representative).

Monitoring and evaluation plan* The Health Star Advisory Committee is responsible for overseeing the implementation of the HSR system, which includes monitoring and evaluation, and assessment of potential anomalies that may be identified within the HSR Calculator.
* The Federal Government provided a comprehensive overview of the monitoring and evaluation plan in place (see MONIT5).
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| Comments/ notes | Additional commentary on HSRSome public health advocates have expressed criticism towards the HSR system. These concerns are generally in relation in the following (29):* A voluntary scheme means that not all food companies are implementing the scheme, or may selectively implement the scheme on products that score better. However, it is important to note that the two major supermarket chains are implementing the HSR across all products in all of their own brand lines. Many brands have similarly committed to implementing it across their entire portfolio during the 5 year implementation period.
* Consumers may use the HSR label to compare products across different food categories (which is not what the system is intended for).
* Foods that align with the Australian Dietary Guidelines (ADG) are often not in a package and therefore cannot be labelled with the HSR (such as fruits and vegetables).
* Due to the algorithm’s focus on nutrient composition rather than food type, highly processed, discretionary foods can be awarded more stars than ADG ‘core’ foods such as dairy products, or nuts.

**This indicator will not be assessed at the State and Territory government level.** |

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| **LABEL4** Menu labelling |
| Food-EPI good practice statement A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (e.g., 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 |
| Definitions and scope | * Quick service restaurants: In the Australian context this definition includes fast food chains as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.
* Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern
* Menu board includes menu information at various points of purchase, including in-store, drive-through and online purchasing
* Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
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| International examples | * Australia: 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.
* South Korea: Introduced legislation in 2010 that requires all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium on menus.
* USA: 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.
* New York, USA: 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 applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is 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 came into effect 1 December 2015.
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| Context | Labelling Logic recommendationOne of the recommendations of the Labelling Logic report related to menu board labelling as follows (10):Recommendation 18: *That declaration of energy content of standardised food items on the menu/menu boards or in close proximity to the food display or menu be mandatory in chain food service outlets and on vending machines. Further, information equivalent to that provided by the Nutrition Information Panel should be available in a readily accessible form in chain food service outlets.*State and Territory regulationIn each State or Territory where regulations currently apply (ACT, NSW, SA and soon to be QLD and Victoria), food companies (with minimum number of outlets in the state/nationally) must display the kJ content of each standard menu item on all menus, drive through menu boards, tags and labels that display the name or price of menu items. The display must be clear and legible. Average adult daily energy intake of 8700kJ must also be prominently featured. In these States, other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation.  |
| Policy details | Federal Government legislationThere is no Federal legislation in place to regulate point-of-sale information for quick service restaurants (i.e. labelling of menu boards). The Australian Government provided the following statement (personal communication, 15/4/16, Federal Government representative):*Responsibility for labelling of menu boards is outside of the Australian Federal Government’s legislated powers in relation to food labelling.* A progress report in response to Recommendation 18 outlined the following ([ref](http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/content/Progress_report_December_2014)): *The* [Australia New Zealand Forum on Food Regulation] *agreed that no further action is required on this recommendation. FRSC has agreed that jurisdictions that have implemented point of sale nutrition schemes should work together informally to aggregate their data.*Coordinated State legislationThe Australia and New Zealand Ministerial Forum on Food Regulation has endorsed a set of Principles for Introducing POS Nutrition Information at Standard Food Outlets to help to achieve a consistent approach to the adoption of POS information across Australian States and Territories (30).A summary of the principles is as follows (30):1. Recognise that any change should contribute to improving public health outcomes.
2. Be consistent with the nationally agreed approach (details of this approach and terms and definition are outlined).
3. Be supported by a communication strategy that engages and informs appropriate stakeholders.
4. Include an evaluation strategy to assess the impacts of any POS approach introduced.
5. Not preclude jurisdictions from expanding POS nutrition information at a later date to also include disclosure of other information such as sugar, sodium and fat content.
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| Comments/ notes | **This indicator will not be assessed at the Federal government level.** |

# Policy area: Food Promotion

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

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| **PROMO1** Restrict promotion of unhealthy food: broadcast media |
| Food-EPI good practice statement Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)  |
| Definitions and scope | * Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
* Includes free-to-air and subscription television and radio only (see PROMO2 for other forms of media)
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| International examples | * Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.
* Norway (similar in Sweden): 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.
* 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 (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 programmes 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. The regulation is scheduled to take effect 1 July 2016. Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald’s ‘Happy Meals’ as part of this law.
* Ireland: 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.
* South Korea: 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).
 |
| Context | BackgroundBroadcasting services are provided under a co-regulatory legal system established by Parliament where the Broadcasting Services Act 1992 sets an overarching framework for the delivery of broadcasting services but where specific rules relating to programme standards are set by broadcasting sectors in consultation with the public and the Australian Communications and Media Authority (ACMA) (a Federal Government statutory authority). While it is within the jurisdiction of the Federal Government to regulate in this area, State and Territory governments also have jurisdiction to regulate in this area. State/Territory legislation would be deemed invalid if it was inconsistent with Federal Government legislation and can be overridden by Federal Government legislation. With regards to forms of advertising that cross state borders (e.g. pay TV or internet advertising), coordination and uniformity of legislation would be beneficial (31).Historical contextIn 2009, the National Preventative Health Taskforce recommended the following action: ‘*Phase out the marketing of energy-dense nutrient-poor (EDNP) food and beverages on free-to-air television and Pay TV before 9 pm within four years. Phase out premium offers, toys, competitions and the use of promotional characters, including celebrities and cartoon characters, to market EDNP food and drink to children across all media sources. Develop and adopt an appropriate set of definitions and criteria for determining EDNP food and drink’* (32)*.* A working group was established to explore option and report to the Health Minister but no amendments to existing policies or codes were made (33).In 2012 the Australian National Preventive Health Agency (ANPHA) identified the marketing of unhealthy food to children as a priority action area. A national seminar was held and draft frameworks to monitor unhealthy food advertising to children on television were developed. However, with the abolition of the ANPHA in 2014, no monitoring framework was ever released or implemented (33).WHO member state commitmentsIn 2010, at the Sixty-third World Health Assembly, WHO member states (including Australia) endorsed a ‘Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children’ (resolution WHA63.14) (34). The WHO ‘Global Action Plan for the Prevention and Control of non-communicable diseases (NCDs) 2013-20’ also calls on member states to implement the WHO recommendations (35).Food industry voluntary codes and initiativesThere are several voluntary Codes of Practice that apply to broadcast media. These include:* The Australian Food and Grocery Council (AFGC) Responsible Children’s Marketing Initiative (RCMI) (36).
* The Quick-Service Restaurant Industry (QSRI) Initiative for Responsible Advertising and Marketing to Children (37).

In relation to broadcast media (including product placement), companies that voluntarily sign up to the initiatives commit to *‘Only advertising healthier choices to children and encouraging a healthy lifestyle through good diet and physical activity’.* Signatories commit to these core principles:Advertising and Marketing Communications to Children for food and/or beverages must: a. Represent healthier dietary choices; and b. Reference, or be in the context of, a healthy lifestyle, designed to appeal to Children through messaging that encourages: i. Good dietary habits, consistent with established scientific or government standards; and ii. Physical activity. For the RCMI, ‘healthier dietary choices’ are *consistent with established scientific or Australian government standards, as detailed in Signatories' Company Action Plan*. For the QSRI, ‘healthier dietary choices’ are defined by Nutrition Criteria. For more information see the [Codes of Practice](http://www.afgc.org.au/our-expertise/industry-codes/advertising-to-children/).Advertisers voluntary codes and initiativesAustralian Association of National Advertisers (AANA) has several Codes that relate to promoting unhealthy foods to children (38). They include:* AANA Code for Advertising & Marketing Communications to Children (2008)
* AANA Food and Beverages Advertising and Marketing Communications Code (2012)
* AANA Code of Ethics (2012)

Advertising Standards BureauCompliance with these self-regulatory systems is managed through a complaints system administered by the Advertising Standards Bureau. The Bureau refer alleged breaches to the Advertising Standards Board. The Board cannot impose sanctions and has no enforcement powers, however industry subscribers to the codes do abide by the Board’s decisions in practice (39).Limitations of voluntary codes of practice Analysis of the voluntary codes of practice by the Obesity Policy Coalition has outlined many limitations, including the following (31, 39):* Children are defined as persons under 12 or 14 years of age (the RCMI defines ‘children’ as persons under 12 years of age. The QSRI Initiative for Responsible Advertising and Marketing to Children, the AANA Code for Advertising & Marketing Communications to Children, the AANA Code of Ethics and the AANA Food & Beverages Advertising & Marketing Communications Code define ‘children’ as persons under 14 years of age).
* The codes only apply to food companies or advertisers that voluntarily commit to complying with the codes.
* Where the codes refer to content ‘directed primarily to children’ or the ‘target audience’, they fail to address advertising of unhealthy foods that is not targeting children but may appeal to both adults and children and that children would be exposed to.
* Where the codes apply to C and P rated programs and other programs directed primarily to children or when children represent 35% of the audience or greater, this fails to address exposure to unhealthy food advertising during other popular viewing periods (e.g. 6-9pm when the highest rating shows are aired). (Note that the AANA Food & Beverage Advertising & Marketing Communications Code applies more broadly than advertising directed to children).
* The criteria that establish ‘healthier dietary choices’ are not clear and has led to companies using widely varying definitions of what they consider to be ‘healthier’ food.
* The system relies on consumer complaints and often an advertising campaign has concluded by the time a decision is upheld by the Advertising Standards Bureau.
* There are no meaningful sanctions imposed for companies that breach the codes.

In December 2011, ACMA released a monitoring report into these industry self-regulation initiatives which found that:* It is unclear whether the AFGC and QSR Initiatives have resulted in a real reduction in the level of children's exposure to food and beverage advertising on free-to-air television, and
* There is continuing community concern around food and beverage advertising to children (40).

Australian National Diabetes Strategy The Australian National Diabetes Strategy 2016-20, under Goal 1: Prevent people developing Type 2 Diabetes a ‘potential area for action’ is identified around marketing to children:*Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense, nutrient-poor foods and beverages (e.g. through voluntary or compulsory advertising codes of conduct).*For more information about the Australia National Diabetes Strategy, see LEAD4. |
| Policy details | Competition and Consumer Act 2010The [Competition and Consumer Act 2010](http://www.austlii.edu.au/au/legis/cth/consol_act/caca2010265/) is broad legislation that would be applicable to advertising and marketing media that provides misleading or deceptive information about a food or beverage product (such as nutritional benefits). The Australian Competition and Consumer Commission is responsible for developing policy and investigating complaints related to the Competition and Consumer Act 2010.Broadcasting Services Act 1992 * A key objective of the [Broadcasting Services Act 1992](http://www.austlii.edu.au/au/legis/cth/consol_act/bsa1992214/) is ‘to ensure that providers of broadcasting services place a high priority on the protection of children from exposure to program material which may be harmful to them’ (Section 3j).
* Under the Act, ACMA is charged with responsibility to monitor the broadcasting industry to achieve the objectives of the Act (Section 5a). The ACMA also has the power to develop standards if there is convincing evidence that codes of practice fail to provide appropriate community safeguards (Section 125) (41).

Children’s Television Standards (42)* The ACMA’s [Children’s Television Standards 2009](https://www.legislation.gov.au/Details/F2009L03416) (CTS) are established under the Broadcasting Services Act 1992. They are the only government-set regulations that place any restrictions on food advertising to children and are enforced as a condition of license for commercial television broadcasters.
* The CTS apply to advertising on free-to-air stations only and protect children’s viewing during and immediately before and after programs classified as either C (for children) or P (for preschool children). The CTS do not apply to programs outside of C and P periods that are commonly viewed by a young audience.
* Advertising and the offering of prizes is banned in all ‘P’ classified programs.
* For C programs, there is only one provision that relates specifically to the promotion of unhealthy foods to children: ‘*An advertisement for a food product may not contain any misleading or incorrect information about the nutritional value of that product’.*
* There are several other C program provisions that are not specifically related to commercial food advertising but nonetheless do affect the way that unhealthy food can be promoted to children. For example, advertisements:
* cannot mislead or deceive children.
* cannot be designed to put undue pressure on children to ask their parents or another person to purchase an advertised product or service.
* must accurately represent the product and claim cannot be ambiguous
* cannot promote a product in a way that implies the child would be more superior or generous.
* In C programs, the presenter may not recommend or endorse a product or service which is presented as a prize, nor encourage children to buy it.
* There are specific requirements related to the offering of premiums.
* Subject to some exceptions, no material broadcast may contain an endorsement, recommendation or promotion of a commercial product or service by popular characters, cartoons, personalities, etc.

The CTS were last reviewed in 2007 and replaced by the CTS 2009 but no further restrictions were imposed in relation to food and beverage advertising.Co-regulation of industry codesUnder the Broadcasting Services Act 1992, industry groups may develop codes of practice in consultation with the ACMA. Once implemented, the ACMA is responsible for monitoring these codes and managing unresolved complaints made under them (43)*.*The ACMA includes a code in the register if:* *it is satisfied it provides appropriate community safeguards for the matters covered;*
* *it was endorsed by a majority of providers of broadcasting services in that industry sector;*
* *members of the public have been given an adequate opportunity to comment.*

Commercial Television Industry Code of Practice (2015)* An updated Commercial Television Industry Code of Practice (CTICP) came into effect on 1 December 2015 (44). It was developed by FreeTV Australia and is registered with the ACMA.
* The CTICP contains some restrictions concerning when certain products and services can be advertised for the purpose of protecting children (e.g. alcohol and gambling) but this does not extend to food or non-alcoholic beverage products.
* Previously, the CTICP required that food and beverage advertisements directed to children should not encourage or promote an inactive lifestyle and unhealthy eating or drinking habits, they must not contain any misleading or incorrect information about the nutritional value of the product. However this was removed following a review and update of the CTICP in 2015.
* The ACMA also undertook a ‘Contemporary Community Safeguards Inquiry’ to review the CTICP. This included the review of a number of public submissions outlining concerns about the current ineffectiveness of existing regulations and codes of practice to protect children from food advertising (45)*.* Despite these concerns, restrictions in the CTICP were relaxed in the updated version.

Subscription Broadcast Television Code of Practice (2013) * The Subscription Broadcast Television Code of Practice 2013 was developed by the Australian Subscription Television and Radio Association (ASTRA) and is registered with the ACMA (46)
* The content of advertising broadcast by licensees must comply with any relevant codes adopted by the AANA, including the Code of Ethics, the Code for Advertising to Children and the Food & Beverages Advertising & Marketing Communications Code.
* The Code of Practice has a clause related to advertising directed at children which only applies to advertising that is shown on channels intended for children and broadcast during children’s programs.
* The clause outlines very minimal, unspecific requirements to restrict advertising that misleads or takes advantage of children
* It requires that each channel that broadcasts children's advertising develop and make available its own code specifically addressing advertising directed at children

Compliance with current regulations and codes of practice* To our knowledge there is no routine, proactive monitoring of compliance with the provisions related to advertising to children within the CTS or codes of practice registered with the ACMA. The ACMA manages a public complaints process for any reports of potential breaches
* The ACMA has the power to suspend or cancel a broadcast license if there is a breach of license conditions (*Broadcasting Services Act 1992* s143)
* The ACMA report annually the numbers of complaints and investigations about radio and television licensees’ compliance but this does not provide details specific to the advertising requirements

Review of ACMA* In June 2015, the Government announced a review of the objectives, functions and structure of ACMA and released an issues paper for public consultation (47). In 2016, the Department of Communications and the Arts released a draft report on the ACMA review, seeking stakeholder feedback (47).
* While the review does not seek to make recommendations on programme standards, the outcome of the review aims to align with the Government’s deregulation agenda. It is not clear what impact this might have on the authority of ACMA to regulate or monitor food and beverage advertising to children.

The Federal Government provided the following statements (personal communication, 18/3/16, Federal Government representative):* *Currently in Australia, food and beverage television advertising to children is regulated through the Broadcasting Services Act 1992, which is administered by the Australian Communication and Media Authority (ACMA), an independent statutory authority.*
* *Marketing to children in other media is addressed in voluntary industry codes, and administered by the Advertising Standards Bureau (not regulated by ACMA).*
* *Australia has established a mixture of regulatory and self-regulatory frameworks that are broadly consistent with the World Health Assembly recommendations.*
* *The Government’s preferred approach is to actively educate and encourage all Australians to adopt and maintain behaviours that will support healthy food and drink choices and a physically active lifestyle through initiatives such as the Australian Dietary Guidelines 2013 that were released under the Eat for Health program.*
 |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level.** |

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| **PROMO2** Restrict promotion of unhealthy food: non-broadcast media |
| Food-EPI good practice statement 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 and public transport advertising) |
| Definitions and scope | * Non-broadcast media promotion includes: print (e.g. children’s magazines), online (e.g. social media, branded education websites, online games, competitions and apps) outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. fundraising in schools, provision of show bags, samples or flyers), product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or POS displays
* Where the promotion is specifically in a children’s setting, this should be captured in PROMO3
 |
| International examples | * Quebec, Canada: Since 1980, there has been a ban on all commercial advertising (through any medium) directed to children under the age of 13.
* Chile: In 2012, the government introduced a law that restricts advertising directed to children under the age of 14 of foods high in nutrients of concern. It includes advertising on websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. It also restricts advertising to children in magazines. The ban applies to promotional strategies and incentives (e.g. cartoons, animations, interactive games, apps and toys).
 |
| Context | Industry self-regulationThe voluntary advertising and food industry Codes of Practice described in PROMO1 also apply to non-broadcast media (although the Commercial Television Industry Code of Practice and the Subscription Broadcast Television Codes of Practice only apply to broadcast material). * The RCMI and QSRI initiatives (48) apply also to print, cinema, internet sites and interactive games but do not include labels or packaging for products, public relations communications (corporate or consumer) or in-store POS material.
* The AANA Codes apply to all forms of advertising media including cinema, internet, outdoor media, print, telecommunications, or other direct-to-consumer media including new and emerging technologies.
* The limitations of these voluntary Codes of Practice described in PROMO1 also apply broadly to non-broadcast media.
 |
| Policy details | To our knowledge, there is currently no intention or activity of the Federal Government to place restrictions or set standards for the regulation of the marketing of unhealthy food to children through non-broadcast media.The Federal Government provided the following statements (personal communication, email, 18/3/16, Federal Government representative):* *Currently in Australia, food and beverage television advertising to children is regulated through the Broadcasting Services Act 1992, which is administered by the Australian Communication and Media Authority (ACMA), an independent statutory authority.*
* *Marketing to children in other media is addressed in voluntary industry codes, and administered by the Advertising Standards Bureau (not regulated by ACMA).*
* *Australia has established a mixture of regulatory and self-regulatory frameworks that are broadly consistent with the World Health Assembly recommendations.*
* *The Government’s preferred approach is to actively educate and encourage all Australians to adopt and maintain behaviours that will support healthy food and drink choices and a physically active lifestyle through initiatives such as the Australian Dietary Guidelines 2013 that were released under the Eat for Health program.*
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| Comments/ notes |  |

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| **PROMO3** Restrict promotion of unhealthy foods: children’s settings |
| Food-EPI good practice statement 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)  |
| Definitions and scope | * Children’s settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present
* Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)
* Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)
 |
| International examples | * Spain: In 2011, the government introduced legislation that states that kindergartens and schools should be free from advertising.
* 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 and promotion of foods (based on a list of food categories, such as sweets containing more than 10g of sugar per 100g of product, fast/instant foods with sodium content greater than 300mg per 100g of product, and carbonated and non-carbonated soft drinks with added sugars and artificial colours as well as energy and isotonic drinks) 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. The new act came into effect 1 September 2015. If it would appear that the banned products are advertised, sold or served, the director of the facility would have the right to terminate the contract with the entity that breached the ban (e.g. school shop franchisee or catering company) with immediate effect. In turn, sanitary inspection authorities would have the right to impose a fine of up to 30 times the average monthly salary in the preceding year on the entity violating the prohibition (i.e. up to PLN 92,000 which is approx. EUR 22,000).
* 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.
 |
| Context | Industry self-regulation* The RCMI and QSRI initiatives described in PROMO1 also state that (48): *Signatories must not engage in any Advertising and Marketing Communication to Children in Australian primary schools, pre schools and day care centres, except where specifically requested by, or agreed with, the school administration for educational or informational purposes, or related to healthy lifestyle activities under the supervision of the school administration or appropriate adults.*
* The QSRI initiative additionally states that: *Signatories must not give away food and/ or beverage products or vouchers to Children as awards or prizes at Children's sporting events unless those products meet the Nutrition Criteria.*
 |
| Policy details | To our knowledge, there is currently no intention or activity of the Australian Government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather.The Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative): *‘This issue falls within the responsibility of the states and territories.’* |
| Comments/ notes | The Food-EPI Australia project team discussed whether this should be excluded from assessment. The consensus was that although some children’s settings (such as schools) are primarily the responsibility of states and territories, many early childhood education and care settings (ECES) are regulated nationally, and there have been instances in the past where the Federal Government have provided national leadership around children’s settings (e.g. in providing national guidance for the National Healthy School Canteen guidelines). |

# Policy area: Food Prices

Food-EPI vision statement: 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

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| **PRICES1** Reduce taxes on healthy foods |
| Food-EPI good practice statement 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) |
| Definitions and scope | * Includes exemptions from excise tax, ad valorem tax or import duty
* Includes differential application of excise tax, ad valorem tax or import duty
* Excludes subsidies (see PRICES3) or food purchasing welfare support (see PRICES4)
 |
| International examples | * Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables).
* Poland: The basic rate of tax on goods and services is 22%, while the rate is much lower (3%) for unprocessed and minimally processed food products.
* Tonga: 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.
* Fiji: Removed import and excise duty (set at 5-32%) on imported fruits and vegetables to promote consumption.
 |
| Context | Policy reform It is important to acknowledge that through national platforms, such as the Council of Australian Governments, States/Territories are involved in decision-making on national economic reform. Towards the end of 2015, there was much speculation and public debate about goods and services tax (GST) reform, including proposals to increase GST and/or expand GST to all foods. The most recent COAG meeting did not result in any major progress towards reform: *COAG agreed to continue investigating a full range of Commonwealth and state tax and revenue sharing options. Leaders reiterated their commitment to changes to the tax system being fair, with a growth enhancing tax mix and base. All governments reiterated their commitment to keeping taxes as low as possible.*The Federal Government provided the following statements (personal communication, 15/4/16, Federal Government representative):* *The Government has not put forward any reform proposal to change the GST.*
* *The Government has also said that any change to the GST would only be considered if put forward by the states and territories, who receive all the revenue from the GST.*
* *The Government will continue to work with the States and Territories and engage with Australians to continue the tax discussion.*
 |
| Policy details | Goods and services tax (GST)* In Australia, most basic foods such as fresh fruit, vegetables, bread, cereals, unflavoured milk and cheese are GST exempt, whereas prepared foods are not GST free. In general, basic unprepared foods include core foods that are in line with the ADG, and are hence GST exempt (49).
* Foods that have been prepared and sold in a food service outlet such as a café or restaurant will have GST applied regardless of whether they comprise healthy (core) or unhealthy (discretionary) ingredients.

Import duties* In line with WTO Agreements and Australia’s Free Trade Agreements with a number of countries, Australia’s import duties on fresh fruits and vegetables are low or zero.
* The Federal Government provided the following statement in relation to trade: *Australia is one of the most open trading economies in the world. Agricultural product imports face average applied tariffs of just 1.2%* (personal communication, 8/3/16, Federal Government representative).

Agricultural levies* The Federal Government, through the Department of Agriculture and Water Resources, manages a system of primary industry levies (taxes imposed on domestic products) and charges (taxes imposed on imported and exported products) that are initiated by primary industries and imposed on the producers in that industry (they are not imposed on the consumer) (50).
* The funds are used to help industries find solutions to priority issues. It can support research and development (R&D), promotion and marketing, residue testing, and plant and animal health programs. Usually an industry body identifies the need for a levy or charge to respond to a problem or opportunity requiring collective industry funding (50).
* In 2014-15 there were 99 statutory levies, representing 74 commodities across the diary, horticulture, grains, livestock, wine/grapes and other primary industries (51).
* Within certain prescribed limits, the Federal Government matches the R&D component of levies on a dollar for dollar basis. In 2014-15, the Australian Government matched eligible R&D funds at a total of approximately $246 million (51). This investment does not target particular commodities.
* The Federal Government provided the following statement regarding agricultural levies:

*They are applied to the production of agricultural goods including fruits and vegetables, and are not levied on the consumer. Reducing these levies would seriously risk the continued development of Australia’s agricultural industry.* *While Australia’s agricultural levies do not target commodities based on consumer health, many levies fund marketing programs promoting the health aspects of products to encourage greater consumption or Research and Development programs leading to better nutrition outcomes (*personal communication, 15/4/16, Federal Government representative). |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level.** |

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| **PRICES2** Increase taxes on unhealthy foods |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern
 |
| International examples | * Mexico: 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.
* Hungary: 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.
* UK: The Government announced a sugar tax on the soft drinks industry as part of the 2016 Budget. 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.
 |
| Context | The Federal Government provided the following statement (personal communication, 15/4/16, Federal Government representative):*The Government has engaged in a considered and thorough process about how the tax system can be improved. The Government will continue to work with the States and Territories and engage with Australians to continue the tax discussion.* |
| Policy details | The Federal Government provided the following statement (personal communication, 15/4/16, Federal Government representative):*Australia currently does not impose any specific taxes or levies on unhealthy foods, however sugar-sweetened beverages and other discretionary foods are subject to the GST.* |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level.** |

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| **PRICES3** Existing food subsidies favour healthy foods |
| Food-EPI good practice statement 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 in line with overall population nutrition goals |
| Definitions and scope | * Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods
* Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability
* Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food
* Includes funding support for wholesale market systems that support the supply of healthy foods
* Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread)
* Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers markets, food co-ops, etc. See RETAIL2).
* Excludes subsidised training, courses or other forms of education for food producers
* Excludes the redistribution of excess or second grade produce
* Excludes food subsidies related to welfare support (see PRICES4)
* Population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, not related to micronutrient deficiencies)
 |
| International examples | * Singapore: 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.. 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.
 |
| Context |  |
| Policy details | Organisation for Economic Cooperation and Development (OECD) agricultural subsidy estimatesThe OECD regularly monitors agricultural subsidies for OECD members and other selected countries. The most recent reports continue to show that the level of financial support to primary producers in Australia is one of the lowest across the countries covered (52). The most recent estimate reports the total support to be less than 0.1% of Gross Domestic product (GDP), among the lowest reported historically (53). The estimates are at a country level and therefore include financial support contributed by State/Territory governments.Producer Support Estimate – based on commodity outputs\*There is no reported financial support provided by the Federal Government based on commodity outputs.Producer Support Estimate – based on input use\** There is some financial support provided for primary producers in Australia that is based on what is required as an ‘input’ to produce commodities. In Australia, there is a complex system of tax concessions/benefits for producers as well as other financial support schemes to enable farmers to manage debt during difficult periods or replant or restock to maintain viability, for example. These include emergency relief provided in times of natural disaster (e.g. flood, drought), income support schemes such as the Farm Household Allowance, and grants and rebates such as the Fuel Tax Credits program or the On-Farm Irrigation Efficiency Program, and National Landcare Programme: Sustainable Agriculture Grants (part of the implementation of the Federal Government’s Agricultural Competitiveness White Paper) (54, 55).
* The only programme which provides financial support to particular industries or producers of a particular commodity is a programme supporting live cattle exports ($273 000 in 2014-15). In addition, some of the programs (e.g. pest and disease management) are aimed at particular industries, but this is based on industry risk, not government-set priorities around food and agriculture.

Australian Rural Research, Development and Extension Priorities* The Federal Government has adopted a set of Rural Research, Development and Extension Priorities in the Agricultural Competitiveness White Paper (56), which are:
* advanced technology
* biosecurity
* soil, water and managing natural resources
* adoption of R&D

Rural Industries Research and Development Corporation* The Rural Industries Research and Development Corporation, one of 15 RDCs, *is a statutory authority established by the [Federal] Government to work with industry to invest in research and development for a more profitable, sustainable and dynamic rural sector.*
* *RIRDC is supporting a project on food equity. This will study the poor health and disease incidence in Australia that occurs at much higher levels in rural and remote areas and a major contributor to this is poor nutrition and unequal access to food* (personal communication, 20/6/16, Federal Government representative).
* The Strategic Research Priorities (now Science and Research Priorities) and Rural Research Priorities of the Australian Government provide an over-arching framework for public investment in rural research and development (57). In the 2014-15 financial year, 3.74% of the funding of the Rural Industries Research and Development Corporation was reported to have been allocated towards the Strategic Research Priority of ‘Promoting Population Health and Wellbeing’ (58).

Consumer food subsidies: remote communitiesThe Federal Government provided the following information (personal communication, 15/4/16, Federal Government representative):* *Food subsidies are not provided under the NT Community Stores Licensing Scheme but preferential pricing is encouraged for healthy food options.*
* *Outback Stores* *provides preferential pricing for a number of healthy food options, such as charging $1 for 600ml bottles of water, not applying freight costs to fresh fruit and vegetables and pricing diet soft drink 25 per cent lower than full sugar soft drinks.*

See RETAIL3 for more information about the NT Community Stores Licensing Scheme and Outback Stores. |
| Comments/ notes | The OECD monitoring tool measures two main components:* Producer Support Estimate (PSE) represents transfers to producers individually. These transfers require that an individual farmer takes actions to produce goods or services, to use factors of production, or to be defined as an eligible farming enterprise or farmer, to receive the transfer.
* General Services Support Estimate (GSSE) includes budgetary transfers that create enabling conditions for the primary agricultural sector through development of private or public services, institutions and infrastructure
* OECD subsidies related to other aspects of agriculture are included in the overall figures provided in the OECD Agricultural subsidies monitoring reports and databases but were not assessed for this indicator. These include:
* Agricultural product safety and inspection
* Pest and disease inspection and control
* Development and maintenance of infrastructure
* Marketing and promotion
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| **PRICES4** Food-related income support is for healthy foods |
| Food-EPI good practice statement The government ensures that food-related income support programs are for healthy foods |
| Definitions and scope | * Includes programs such as ‘food stamps’ or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing.
* Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.
* Excludes food subsidies at the consumer end (e.g. subsidising staples at a population level – see PRICES3)
 |
| International examples | * US: The Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps") piloted incentives where for every US$1 spent on targeted fruit and vegetables, 30 cents was transferred back onto their SNAP card.
* UK: The Healthy Start programme provides pregnant women and/or low income 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.
 |
| Context | Income managementThe only identified income support scheme that relates to food is in relation to an income management programme that individuals (living in certain areas of Australia) may volunteer for or be referred to. Income Management *is a policy under which a percentage of a person’s welfare payment (usually 50%) is quarantined to be spent only on priority goods and services such as food, housing, clothing, education and health care* (59)*.* People can spend their income managed funds by organising direct payments to people or businesses and by using a BasicsCard. The BasicsCard is a PIN protected card that allows people to access their income managed money through existing EFTPOS facilities at approved stores and businesses.The following items are excluded from purchase:* alcohol
* tobacco and tobacco products
* pornographic material
* gambling products and services
* homebrew kits or concentrates

There are no restrictions on the types of foods that can be purchased. *Under the BasicsCard Approval Framework, take-away food outlets (except those granted a community store licence in the Northern Territory) cannot participate in the BasicsCard scheme. This is to promote healthy and affordable food choices in line with the objectives of income management* (personal communication, 20/6/16, Federal Government representative). |
| Policy details | The Federal Government does not administer a food-related income support program such as those in the US or UK. |
| Comments/ notes | **This indicator will not be assessed at the Federal Government level** |

# Policy area: Food Provision

Food-EPI vision statement: 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

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| **PROV1** Policies in schools promote healthy food choices |
| Food-EPI good practice statement The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education and care services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices |
| Definitions and scope | * Early childhood education and care services (0-5): includes all early childhood care services which may be regulated and required to operate under the National Quality Framework
* Schools include government and non-government primary and secondary schools (up to year 12)
* Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
* Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government
* Excludes training, resources and systems that support the implementation of these policies (see PROV3)
 |
| International examples | * Australia: 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. 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). 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.
* UK: Mandatory nutritional standards for all food served in schools, including breakfasts, snacks, lunches, and tuck shops. These standards apply to all state schools and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods.
* 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
* Brazil: The national school feeding programme places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content, and restricts the availability of sweets in school meals. A school food procurement law, approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy.
 |
| Context | Early childhood education and care service regulationIn Australia, early childhood education and care services/programs are offered by government, community and private providers. They may be stand-alone services, or provided in school or early childhood care settings. Early childhood education and care is the responsibility of the States and Territories. The Federal Government contributes additional funding to Indigenous preschool services and supports the participation of children in quality early childhood education programmes in the year before full time school through a series of National Partnership Agreements on Universal Access to Early Childhood Education. A National Quality Framework was agreed by the COAG and includes National Law and Regulations that apply in all States and Territories.  [National Quality Standard](http://www.acecqa.gov.au/national-quality-framework/the-national-quality-standard)s are a key element of the Regulations and apply to most long day care, family day care, preschool/ kindergarten and outside schools hours care services. Standards are overseen by the Australian Children’s Education and Care Quality Authority (ACECQA) and each state and territory has a regulatory authority with monitoring, compliance and quality assessment roles, usually undertaken by the Department of Education (60).Government and non-government schoolsThe operation of government schools is the responsibility of the relevant State/Territory Education Minister, while non-government schools (i.e. Catholic and Independent schools) are established and operate under conditions set by State/Territory government registration authorities.  |
| Policy details | Primary and secondary schoolsNational Healthy School Canteen guidelinesThe National Healthy School Canteen (NHSC) guidelines are underpinned by the ADG and encourage a nationally consistent approach to the provision and sale of healthy food and drinks throughout Australian schools (61). Given that school operation is the responsibility of States/Territories, the guidelines are not mandatory but implementation is at the discretion of each government. Some States/Territories have implemented the guidelines in full, while others include components of the guidelines within their own system.The NHSC guidelines use a traffic light categorisation system for foods to guide canteen managers to:* Make healthier food and ingredient choices and to use healthier food preparation and cooking techniques when making dishes from ‘scratch’ and preparing or cooking packaged food;
* make healthier packaged food choices using specified Nutrient Criteria thresholds against the NIP on products; and
* provide guidance on how to modify/change recipes and or cooking techniques to improve the nutritional value of the food, potentially into the ‘green’ category in the traffic light system.

The NHSC guidelines are also promoted as useful for other school activities where food is provided or sold, including fundraisers, school camps, school fetes, sporting carnivals and social events.School Nutrition ProjectsThe Federal Government provided the following information (personal communication, 18/3/16, Federal Government representative)*:**‘Since 2007, the Federal Government has provided funding to support school meals programs in 63 remote communities in the Northern Territory to promote school attendance and Indigenous employment. The meals provided under the school nutrition projects must be in accordance with the NT Department of Education Canteen, Nutrition and Healthy Eating Policy. The Government provides funding to cover the operational expenses, and expects parents to contribute to the cost of the food via income management, Centrepay or direct debit. The Department of the Prime Minister and Cabinet administer the funding for these school nutrition projects.’* Early Childhood Education ServicesNational regulationsIn relation to the provision of food, the [Education and Care Services National Regulations](http://www.austlii.edu.au/au/legis/nsw/consol_reg/eacsnr422/) that apply in all States and Territories set out the following: * The approved provider of an education and care service must ensure that children being educated and cared for by the service—
* a) have access to safe drinking water at all times; and
* b) are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (s78(1))
* The approved provider of an education and care service that provides food or a beverage to children being educated and cared for by the service must ensure that—
* a) the food or beverage provided is nutritious and adequate in quantity; and
* b) the food or beverage provided is chosen having regard to the dietary requirements of individual children taking into account—
* i) each child’s growth and development needs; and
* ii) any specific cultural, religious or health requirements (s79(1)).
* Policies and procedures are required in relation to health and safety, including matters relating to: (i) nutrition, food and beverages, dietary requirements (s168(2a)).

National Quality Standards* National Quality [Standard 2.2](http://www.acecqa.gov.au/Childrens-health-and-safety) stipulates that ‘*Healthy eating and physical activity are embedded in the program for children*’.
* There are five rating levels within the quality rating and assessment process. Element 2.2.1 specifies that to meet the Standard ‘*Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child’.* To exceed the Standard *‘Food and drinks provided by the service are nutritious and appropriate for each child. Healthy eating is consistently and actively promoted and embedded in the everyday program’ (62).*

The ACECQA Guide to the National Quality Standard provides information and advice to services on how to meet Standard 2.2.1 (63). As one aspect of Element 2.2.1, assessors report whether children are being provided with food that is consistent with the Federal Government guidelines Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood, and/or Dietary Guidelines for Children and Adolescents in Australia.This includes foods provided by the service, and steps taken to encourage parents bringing foods from home to ensure they are healthy options. It also includes written service policies around food provision (63).  |
| Comments/ notes | More information about Get up and Grow is captured in PROV3.More information about the Australian Dietary Guidelines is provided in LEAD3. |

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| **PROV2** Policies in public settings promote healthy food choices |
| Food-EPI good practice statement The government ensures that there are clear, consistent policies in 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 |
| Definitions and scope | * Public sector settings include:
* Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services
* Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc.
* Public sector workplaces
* Includes private businesses that are under contract by the government to provide food
* Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4)
* Excludes school and early childhood settings (see PROV1)
* Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
* Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
* Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
* Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
 |
| International examples | * Wales: Vending machines dispensing chips, confectionary and sugary drinks are prohibited in National Health Service hospitals.
* Bermuda: 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, *trans* fat, sodium and sugar. The criteria exclude nuts and 100% fruit juices.
* New York City, USA: There are 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).
 |
| Context |  |
| Policy details | Health services, aged, disability and community care (in-patient food provision)Health services: National Standards* The Australasian Commission on Safety and Quality in Health Care (the Commission) is responsible for maintaining and implementing the National Safety and Quality Health Service (NSQHS) Standards (64). They outline the broad, minimum standards required for accreditation; the purpose is not to prescribe the specific best practice.
* *The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met*.
* *The current version of the NSQHS Standards do not include specific food standards. However, the NSQHS Standards are currently being reviewed and the draft version 2 of the NSQHS Standards includes actions related to malnutrition and dehydration in [the Comprehensive Care Standard]* (personal communication, 3/12/15, Accreditation Program representative).
* *The draft version 2 of the NSQHS standards will be released for further consultation in July 2016. Version 2 will be launched in late 2017, with assessment to these standards to commence 1 January 2019* (personal communication, 20/6/16, Federal Government representative)*.*

Aged, disability and community care: National Standards* The Department of Health is responsible for the development of quality standards for Federal Government-subsidised aged care including home care, home support, flexible care and residential services.
* The Australian Aged Care Quality Agency is responsible for assessing aged care services against these standards. In the residential aged care Accreditation Standards, set out in the Quality of Care Principles 2014, there is one outcome relating to nutrition: 2.10 Nutrition and hydration - Care recipients receive adequate nourishment and hydration.
* Under the Quality of Care Principles 2014, residential aged care services have a legislated responsibility to provide “*Meals of adequate variety, quality and quantity for each care recipient… including fruit of adequate variety, quality and quantity, and non‑alcoholic beverages, including fruit juice.*”
* In addition, home care services may be required to provide nutrition, hydration, meal preparation and dietary advice including “*assistance with preparing meals”* and “*special diets for health...reasons.*”

The Federal Government provided the following information (personal communication, email, 18/3/16, Federal Government representative)*:**Residential aged care services are expected to ensure regular assessments of each care recipient’s nutrition and hydration needs are conducted and communicated as part of the general care process. Care recipients’ satisfaction with the service’s approach to meeting care recipients’ nutrition and hydration needs is assessed by the Australian Aged Care Quality Agency in its assessment of a service against the Accreditation Standards.*Prisons and custodial careThe Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative)*: This is outside of the jurisdiction of the Federal Government*. Health services: visitors (and staff)The Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative)*: This is outside of the jurisdiction of the Federal Government*. Sport and recreation facilities, parks, community events (government-owned, funded or managed)The Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative)*: There is no Federal Government policy or promotion in this space.* Public sector workplacesThe Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative)*: Implementation of policies to promote healthy food choices in public sector workplaces is at the discretion of each Federal Government Department/Agency. There is no policy that applies to all public sector work places.* Other government-owned, funded or managed settingsThe Federal Government provided the following statement (personal communication, email, 18/3/16, Federal Government representative)*: Implementation of policies to promote healthy food choices in these settings is at the discretion of each setting. There is no policy that applies to all Government owned, funded or managed settings.* |
| Comments/ notes | * Current accreditation standards for health services, ECES and residential aged care facilities do take into account food provision in these services, but while the food safety aspects are typically comprehensive, nutrition aspects tend to be non-specific or focus on risks associated with malnutrition or dehydration and only seek to meet very minimal standards.
* *More specific requirements are developed either at a Jurisdictional or regional/council level* (personal communication, 18/3/16, Federal Government representative)
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| **PROV3** Support and training systems (public sector settings) |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Includes support for early childhood education services as defined in PROV1
* Public sector organisations includes settings defined in PROV2
* Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
 |
| International examples | * Victoria, Australia: 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. 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.
* Japan: In 2005, the Basic Law on Shokuiku (*shoku*=’diet’, *iku*=’growth’) was enacted across various sectors of government. At least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In specific settings such as schools, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates school lunches must take account of reference intake values of energy and each nutrient as per age groups.
 |
| Context |  |
| Policy details | Schools and early childhood education settingsNational Healthy School Canteen guideline supportA suite of online resources have been developed to guide implementation of the NHSC guidelines including (61): * training materials for canteen staff,
* quick reference booklet and pocket guide
* posters
* recipes
* evaluation toolkit

Get Up and Grow resources The ‘Get Up and Grow - Healthy Eating and Physical Activity for Early Childhood’ resources provide practical information and advice to support staff and carers in early childhood settings and families of young children with information on breastfeeding, infant formula, introducing first foods, healthy foods and drinks, and physical activity (65). The resources have been developed in a number of languages and include:* handbooks tailored for early childhood directors/coordinators; staff and carers and families
* cooking for children book with information and advice on early childhood nutrition, menu planning, recipes and food safety
* brochures, posters and stickers.

Specific ‘Get Up and Grow’ resources for Aboriginal and Torres Strait Islander childcare educators, families and carers have also been developed.Other public sector settings To our knowledge there are no other support and training systems to help other public sector organisations and their caterers meet healthy food service policies and guidelines. As outlined in PROV2, some of these settings are outside the jurisdiction or the Federal Government, or the Federal Government may set broad national standards, but it is the State/Territory that is responsible for application of the standards.  |
| Comments/ notes |  |

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| **PROV4** Support and training systems (private companies) |
| Food-EPI good practice statement Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces |
| Definitions and scope | * For the purpose of this indicator, ‘private companies’ includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.
* Includes healthy catering policies, fundraising, events
* Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace)
* Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)
* Excludes support for organisations to provide staff education on healthy foods
 |
| International examples | * Victoria, Australia: ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces.
* UK: 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.
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| Context | The Healthy Workers initiative *The Federal Government’s Healthy Workers initiative provided funding for health promotion in workplaces and focused on key modifiable lifestyle behaviours to reduce the risk of chronic disease. Funding was provided to state and territory governments to support health promotion activities in workplaces. Funding was provided under the National Partnership Agreement on Preventive Health which was abolished in the 2014–15 Budget. While funding has been discontinued, resources developed for the initiative remain active (*personal communication, 15/4/16, Federal Government representative).Most State/Territory jurisdictions developed their own comprehensive healthy workplace resources and support and training systems, some of which continue to operate despite the cuts to National Partnership Agreement on Preventive Health (NPAPH) funding. |
| Policy details | The Healthy Workers initiative The Healthy Workers initiative web portal is designed for employers and includes a range of information and resources to assist with making workplaces healthier by encouraging employees to eat well, exercise, maintain a healthy weight and reduce alcohol consumption and smoking. The site includes resources to assist employers to [create and tailor their own healthy workplace program](http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/creating); covering planning, delivering and continuous improvement. The site includes information on health issues in [specific industries](http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/industry) and [case studies](http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/casestudies) of the experiences of some organisations with delivering healthy living programs in their workplaces ([ref](http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/findoutmore)). Healthy eating resourcesThe Healthy Workers online portal provides links to external resources (developed by NGOs and government departments) that encourage and support private companies to provide and promote healthy foods and meals in their workplaces through healthy eating programs, adopting healthy eating policies or promoting healthy eating messages to employees ([ref](http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/eatwell)).The Healthy Workers Initiative is no longer funded by the Federal Government and not actively promoted to private companies. Companies can access and use the resources as desired, or seek more support in jurisdictions where the State/Territory Government is actively operating support and training systems.*Funding ceased in June 2014. This function can be more appropriately delivered by State and Territory governments* (personal communication, 20/6/16, Federal Government representative). |
| Comments/ notes |  |

# Policy area: Food Retail

Food-EPI vision statement: 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)

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| **RETAIL1** Robust government policies and zoning laws: unhealthy foods |
| Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms 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 |
| Definitions and scope | * Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes
* Includes the consideration of public health in State/Territory subordinate planning instruments and policies
* Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications
* Excludes laws, policies or actions of local governments
 |
| International examples | * South Korea: 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.
* Dublin, Ireland: Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce “no-fry zones” will be included in a draft version of the council’s six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation.
* UK: Some 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), but one city adopted a restriction on hot food takeaways to 10% of units of towns, districts and neighbourhood centres.
* Detroit, USA: Detroit’s zoning ordinance (1998) requires a distance of at least 500 feet between high schools and restaurants, including carry-out, fast food and drive-through restaurants.
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| Context |  |
| Policy details | **This indicator will not be assessed at the Federal Government level** |
| Comments/ notes |  |

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| **RETAIL2** Robust government policies and zoning laws: healthy foods |
| Food-EPI good practice statement Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables  |
| Definitions and scope | * Outlets include supermarkets, produce markets, farmers’ markets, greengrocers, food co-operatives
* Includes fixed or mobile outlets
* Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)
* Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets
* Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets
* Includes the provision of financial grants or subsidies to outlets
* Excludes general guidelines on how to establishment and promote certain outlets
* Excludes laws, policies or actions of local governments
 |
| International examples | * USA: In 2014, established the Healthy Food Financing Initiative (following a pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas.
* New York City, USA: 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.
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| Context |  |
| Policy details | **This indicator will not be assessed at the Federal Government level** |
| Comments/ notes |  |

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| **RETAIL3** In-store availability of healthy and unhealthy foods |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Food stores include supermarkets, convenience stores (including ‘general stores’ or ‘milk bars’), greengrocers and other speciality food retail outlets
* Support systems include guidelines, resources or expert support
* In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods
* In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
 |
| International examples | * UK: Government partnered with Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Through the ‘Responsibility Deal’, some major supermarket chains voluntarily agreement to remove confectionary from checkouts
* USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread)
 |
| Context | Stronger Futures in the Northern Territory Act 2012 * To improve food security in Northern Territory Aboriginal communities, a community store licensing scheme was introduced in August 2007 under the Northern Territory National Emergency Response Act 2007 (the NTNER Act). The licensing scheme is continued under the Stronger Futures in the Northern Territory Act 2012 (the Act).
* *The scheme will run through until 2022 (*personal communication, 15/4/16, Federal Government representative*)*
* The objective of the Act is: *to support Aboriginal people in the Northern Territory to live strong, independent lives, where communities, families and children are safe and healthy (*[*ref)*](https://www.comlaw.gov.au/Details/C2012A00100)
* The Objective of Part 4 of the Act is: *Food Security is to enable special measures to be taken for the purpose of promoting food security for Aboriginal communities in the Northern Territory. In particular, this Part is intended to enhance the contribution made by community stores in the Northern Territory to achieving food security for Aboriginal communities*.
* Food security is defined in the Act as: *a reasonable ongoing level of access to a range of food, drink and grocery items that is reasonably priced, safe and of sufficient quantity and quality to meet nutritional and related household needs*
* The Act establishes requirements for the licensing of community stores that are sell grocery items in designated food security areas in the Northern Territory.
 |
| Policy details | NT Community Stores Licensing* The NT Community Store Licensing Scheme sets minimum standards for how licensed stores must operate including requirements to stock fresh and healthy food and to take reasonable steps to promote healthy choices. It also sets requirements regarding store retail and management practices (personal communication, 15/4/16, Federal Government representative)
* The aim of the scheme is to: support good health and nutrition for children and families with access to high quality, affordable and safe food, drinks and grocery items in remote communities in the Northern Territory. Stores are encouraged to adopt pricing policies to make nutritious food more accessible and affordable by reducing price mark-ups on healthy food ([ref](https://www.dpmc.gov.au/sites/default/files/publications/closing_the_gap_report_2016.pdf))
* Licensing applies to stores that are determined to be an important source of food, drink or grocery items for an Aboriginal community and that are in a Food Security Area of the Northern Territory ([Food Security Areas Rule 2012](https://www.legislation.gov.au/Details/F2012L02073/Explanatory%20Statement/Text))
* In 2014-15, around 100 stores were operating under the NT Community Store Licensing Scheme. Licensing ensured stores maintained standards that supported better nutrition and health of people in remote communities in the NT (DPMC 2014-15 annual report).

Outback Stores * Outback Stores Pty Ltd (Outback Stores) is a Federal Government owned company that that was established in 2006 to improve access to affordable, healthy food for Indigenous communities, particularly in remote areas, as well as employment for local communities. Outback Stores provides store management and retail services to remote community stores on a fee-for-service basis. It operates in community stores where it has been invited by the store committee or the community to manage the store.
* Outback Stores manages 36 stores nationally: 22 in the Northern Territory, 10 in Western Australia, three in South Australia and one in Queensland ([ref](https://www.dpmc.gov.au/sites/default/files/publications/closing_the_gap_report_2016.pdf)).
* *The objectives and activities of Outback Stores to improve nutrition and health outcomes for the community are outlined in an Outback Stores Nutrition Strategy* ([ref](http://outbackstores.com.au/wp-content/uploads/2013/09/Nutrition-Strategy.pdf)).
* *In order to achieve improved health outcomes, Outback Stores has an experienced nutritionist on staff and a nutrition policy which is applied to all of the stores it manages. This allows for:*
* *A core range of healthy items including a large range of fresh fruit and vegetables;*
* *Freight free fruit and vegetables;*
* *Limits on the range of soft drink, confectionary and unhealthy takeaways;*
* *At least 50% of the display for takeaway for healthy options and 50% of the drinks display for water and diet options; and*
* *Preferential pricing for healthier items (eg. $1 water and diet soft drinks 25% cheaper than full sugar varieties)* (personal communication, 15/4/16, Federal Government representative).
* The 2014-15 Annual Report stated that Outback Stores ([ref](http://outbackstores.com.au/wp-content/uploads/2016/04/12475-Outback-Stores-AnnualReport-2014-2015-220216_NEW.pdf)):
* sold 9% more fruit and vegetables in 2015 than 2014
* sold more drinks (all types) in 2015 than 2014 while the market share of full sugar drinks (relative to water or diet soft drinks) remained stable
* supported the Menzies School of Health Research SHOP@RIC study to look at the impact of a 20% price reduction on sales of water, diet drink and fruit and vegetables
* is working in partnership with Arnhem Land Progress Aboriginal Corporation, Goodman Fielder and the Menzies School of Health Research to test a reduced salt product in communities
* Some Outback Stores’ managed stores sales data were provided in a recent Senate Estimates hearing ([ref](http://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/5dcfaa09-9687-498b-8d7f-32a4bd6ebd3c/toc_pdf/Finance%20and%20Public%20Administration%20Legislation%20Committee_2016_02_12_4164_Official.pdf;fileType=application%2Fpdf))
* In 2015-16, across the 37 stores managed by Outback Stores 366 tonnes of fruit and veg were sold. The year before it was 354 tonnes (a 3.45 per cent increase)
* In the last year, stores managed by Outback Stores sold 1.1 million litres of full-sugar soft drinks. There have been small increases in the sale of water and diet soft drinks. In 2012, 77 per cent of drinks sold in stores managed by Outback Stores were full-sugar soft drink. In this past year 68 per cent of drinks sold in Outback Stores’ managed stores were full-sugar soft drink.

Other policy: financial grants and subsidiesAboriginal Benefits Account Stores Infrastructure Project The Federal Government provided the following information (personal communications 15/4/16 and 20/6/16):* *The Aboriginals Benefit Account (ABA) Community Stores Infrastructure Project is using ABA funding to construct and upgrade stores, and in some cases store manager housing, in 18 Northern Territory Aboriginal communities. The improved stores infrastructure will provide people in those communities with better access to quality and affordable food for Aboriginal people in remote Northern Territory communities*
* *As of May 2016 14 stores had been completed, two were under construction and two were having funding arrangements finalised. All stores are expected to be completed prior to 30 December 2016*
* *The ABA Stores Infrastructure Project is also making a difference in health outcomes by providing improved store infrastructure that:*
* *assists to attract and retain high quality retail managers;*
* *promotes affordable pricing of foodstuffs by reducing store operational costs through the replacement of outdated facilities with new and improved infrastructure and equipment; and improves the capacity of stores to stock and display a wider range of food products, including healthier food options*
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| Comments/ notes |  |

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| **RETAIL4** Food service outlet availability of healthy and unhealthy foods |
| Food-EPI good practice statement The government ensures 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 |
| Definitions and scope | * Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs
* Support systems include guidelines, resources or expert support
* Includes settings such as train stations, venues, facilities or events frequented by the public
* Excludes settings owned or managed by the government (see PROV2 and PROV4)
* Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier
* Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol)
* Includes modifying ingredients to make foods and drinks more healthy, or changing the menu to offer more healthy options
 |
| International examples | * Singapore: ‘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.
 |
| Context |  |
| Policy details | **Community Stores Licensing Scheme*** The Federal Government administers a licensing scheme for community stores to improve food security in Northern Territory Aboriginal communities (for more information see RETAIL3).
* *Food service outlets that hold a community store licence or operate from a licensed community store are expected to comply with minimum standards, including that 50% of the food on display is healthy food, any cooking oils used are low in saturated fats, and there is a documented nutrition policy* (personal communication, 20/6/16, Federal Government representative)*.*

Outback Stores * Outback Stores Pty Ltd (Outback Stores) is a Federal Government owned company that provides store management and retail services to remote community stores on a fee-for-service basis (for more information see RETAIL3).

The Federal Government provided the following information (personal communication 20/6/16):* *In order to ensure the availability of healthy foods in the stores it manages that provide takeaway food, Outback Stores has an experienced nutritionist on staff and a nutrition policy which is applied to all of the stores it manages. This allows for:*
* *at least 50% of the display for takeaway for healthy options and 50% of the drinks display for water and diet options;*
* *takeaway meal deals only include water or diet soft drinks – no full sugar soft drinks; and*
* *store takeaways not offering sugar sweetened soft drinks larger than 600ml.*

Healthy Food Partnership* On 8 November 2015, the Federal government announced the Healthy Food Partnership (see COMP1 and 2 and PLATF2).
* One aspect of the Partnership will involve: *assisting consumers to make healthier diet choices through increasing the availability of healthy food options across the food service industry (e.g. at supermarkets or Quick Service Restaurants), using serve sizes on food labels that are consistent with those set out in the Australian Dietary Guidelines and Australian Guide to Healthy Eating (where relevant), and promoting appropriate portion sizes (*[*ref*](http://www.health.gov.au/internet/main/publishing.nsf/Content/tor)*)*
* *Five working groups will be established to assist the Partnership Executive Committee with its workplan, including one on the food service sector. For this purpose, 'Food service' includes restaurants, cafes, caterers, quick service restaurants, ready-made meals and other food prepared out of the home* (personal communication, 15/4/16, Federal Government representative)*.*
* As this initiative is still in the developmental phase, it is not clear what actions food service outlets will be encouraged and supported to take action
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| Comments/ notes |  |

# Policy area: Food Trade & Investment

Food-EPI vision statement: 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

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| **TRADE1** Trade agreement impacts assessed |
| Food-EPI good practice statement The government undertakes risk impact assessments before and during the negotiation of trade and investment agreements to identify and evaluate the direct and indirect impacts of such agreements on population nutrition and health |
| Definitions and scope | * Includes policies or procedures that guide the undertaking of risk impact assessments before or during negotiation to assess risks and benefits in relation to public health and population nutrition
* Includes policies or procedures that guide the evaluation of trade and investment agreements after an agreement is finalised to monitor the impact for the purpose of informing future negotiations or reviews
* Includes policies or procedures that guide public consultation procedures before and during negotiations
* Any trade or economic agreements negotiated within the last **3 years** are considered
 |
| International examples | * US and EU: 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 HIAs.
 |
| Context | Current treaty processUnder the Australian Constitution, the development and negotiation of treaties, including trade and economic agreements is the responsibility of the Executive (Cabinet). A treaty is drafted and negotiated in-confidence, and agreed to by all relevant Ministers or Cabinet before it is tabled in the Australian Parliament for at least 15 joint sitting days with a National Interest Analysis (NIA). At this point it is referred to the Joint Standing Committee on Treaties (JSCOT) that is responsible for reviewing the treaty and NIA and conducting inquiries, including public hearings. If the treaty could affect business regulation or restrict competition, a Regulation Impact Statement (RIS) may also be required (for more information about RIS see HIAP1 and 2). States and Territories are consulted in the development of a NIA and they are represented in the Commonwealth-State Treaties Council ([ref)](http://www.austlii.edu.au/au/other/dfat/reports/infokit.html#sect3).The Department of Foreign Affairs and Trade (DFAT), is responsible for negotiating, consulting and finalising free trade agreements.A recent senate inquiry into Australia’s treaty making process recommended significant reforms. Although approval and signing of the treaty text does not solidify Australia’s commitment to a bilateral or multilateral agreement under international law, JSCOT reviews of the treaty following its tabling in parliament can only make recommendations. Parliament can only vote on the legislative changes required to ensure the treaty can be implemented. It is recognised that the need for transparency and consultation needs to be balanced with the need for confidentiality as part of the treaty-making process. In relation to the confidential nature of treaty negotiation, the Department of Foreign Affairs and Trade state that: *These processes reflect a careful balancing of the confidentiality and other elements of the treaty negotiating process, the roles and requirements of the Executive and Parliament, and the interests of the many other stakeholders in the treaty-making process (*[*ref*](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/Treaty-making_process/Submissions)*).* |
| Policy details | National Interest Analysis*Treaties are tabled in the Parliament with a National Interest Analysis (NIA) which notes the reasons why Australia should become a party to the treaty. Where relevant, this includes a discussion of the foreseeable economic, environmental, social and cultural effects of the treaty action; the obligations imposed by the treaty; its direct financial costs to Australia; how the treaty will be implemented domestically; what consultation has occurred in relation to the treaty action and whether the treaty provides for withdrawal or denunciation…Treaties which affect business or restrict competition are also required to be tabled with a RIS* ([ref](http://dfat.gov.au/international-relations/treaties/treaty-making-process/pages/treaty-making-process.aspx))While a NIA may address the potential risks to population health and nutrition, HIAs are not an explicit, mandatory component of the NIA. These limitations, and other criticisms are raised in the recent senate committee report, for example:* *that NIAs be prepared by an independent body such as the Productivity Commission and, wherever possible, presented to the government before an agreement is authorised by cabinet for signature. NIAs should be comprehensive and address specifically the foreseeable environmental, health and human rights effects of a treaty.*
* The inquiry had ‘*heard concerns from submitters about the independence, quality and comprehensiveness of NIAs and associated documents. Some witnesses took issue with the quality of NIAs, arguing that they were not sufficiently comprehensive’*. This included the Public Health Association of Australia that proposed HIAs be carried out *'during negotiation, after release of the final agreement and after implementation'.*

However, the Federal Government’s response (which was tabled in Parliament on 2 February 2016) rejected all ten recommendations of the Senate report, noting: *The Government believes that Australia’s existing treaty-making system is working well and is sufficiently flexible to accommodate the different approaches needed for the wide variety of treaties to which Australia becomes a party.  The existing system allows for extensive consultations and enables briefing of stakeholders where appropriate (*[*ref*](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/Treaty-making_process/Additional_Documents)*)*.ConsultationThe Government's decision on whether a treaty is in the national interest is informed by information obtained during consultations with relevant stakeholders. Australia’s practice is to provide information about the treaty in question and, if possible, develop a consensus within the community before taking definitive treaty action. Australian State and Territory Governments are a primary focus of the consultation process ([ref](http://dfat.gov.au/international-relations/treaties/treaty-making-process/pages/treaty-making-process.aspx)). Consultations are also held with a wide range of non-government stakeholders, including industry bodies, individual companies, including Australian businesses based in potential FTA partner countries, academics, not-for-profits, civil society and consumer groups*.*For the purpose of the Senate Inquiry report, DFAT advised: * *in relation to all agreements, officials from the relevant departments are involved in negotiations, attend negotiation sessions and are part of a working group which includes the Health, Attorney-General's and Agriculture departments*

As an example, the Department of Health was part of Australia’s delegation to the Trans-Pacific Partnership (TPP) negotiations and was closely consulted throughout the negotiation process (personal communication, 3/6/16, Federal Government representative).Through consultation, it is likely that the potential risks of a treaty to population health and nutrition will be raised and explored by some stakeholders, including representatives from the Department of Health. However, the fact that the draft texts are not made available until after the signing of a treaty, and the short period of consultation conducted by JSCOT, could potentially undermine the ability of government and non-government stakeholders to undertake a comprehensive assessment of the potential direct and indirect negative impacts of such agreements on population nutrition and health prior to ratification. The Productivity Commission Trade and Assistance Review 2013-14 stated ‘*the complexity of bilateral and regional trade agreements and the potential for provisions to impose net costs on the community presents a compelling case for the negotiated text of an agreement to be comprehensively analysed well before signing*’ ([re](http://www.pc.gov.au/research/ongoing/trade-assistance/2013-14/trade-assistance-review-2013-14.pdf)f). |
| Comments/ notes | **This indicator will not be assessed at the State/Territory level** |

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| **TRADE2** Protect regulatory capacity – nutrition |
| Food-EPI good practice statement The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition |
| Definitions and scope | * Includes provisions in trade or economic agreements that protect the capacity of government to implement domestic policy in relation to food environments. This includes protections with respect to tariffs, non-tariff measures (such as quotas, regulations, standards, testing, certification, licensing procedures) and measures related to foreign direction investment
 |
| International examples | * Many countries: Sanitary and phytosanitary (SPS) clauses in WTO agreements
 |
| Context |  |
| Policy details | On their website, DFAT provide the following statement: *The Government will consider investor-state dispute settlement (ISDS) provisions in FTAs on a case-by-case basis. The Australian Government is opposed to signing up to international agreements that would restrict Australia’s capacity to govern in the public interest — including in areas such as public health, the environment or any other area of the economy* [(ref).](http://dfat.gov.au/trade/topics/Pages/isds.aspx)In relation to this indicator, the Australian Government provided the following statements(personal communication, 8/3/16 and 15/4/16, Federal Government representative):* *The Australian Government does not enter into free trade agreements that would restrict Australia’s capacity to govern in the public interest — including in areas such as public health, the environment or any other area of the economy*
* *Australia’s FTAs reaffirm Parties’ rights and obligations under the World Trade Organization (WTO) Agreement in relation to food labelling.*
* *Australia’s FTA’s do not weaken Australian policies or regulations on food standards, or restrict Australia’s ability to protect our country from imported pests and diseases, or change our existing right to implement quarantine measures to protect human, animal and plant health consistent with WTO norms. In particular, Australia’s FTAs include exceptions to ensure that FTA obligations do not unreasonably restrict government action in key policy areas, including action to protect health.*
* *Australia is a signatory to the WTO, and therefore complies with the SPS and TBT* [technical barriers to trade] *clauses in the WTO agreements. Development and variations to standards in the Code are assessed for the ANZ context, and are therefore developed to protect public health and of the Australia New Zealand population.*

Productivity Commission Trade and Assistance ReviewThe Productivity Commission Trade and Assistance Review 2013-14 reported the following ([ref](http://www.pc.gov.au/research/ongoing/trade-assistance/2013-14/trade-assistance-review-2013-14.pdf)): *The inclusion of investor-state dispute settlement provisions in Australia’s preferential trade agreements and investment treaties has become a contentious issue. In response to concerns about these provisions, the Senate Foreign Affairs, Defence and Trade Legislation Committee (SFADTLC) conducted an inquiry into a bill proposing the Commonwealth be prevented from entering into agreements that include ISDS provisions. The Committee released its final report in August 2014. The Committee noted that the majority of submissions supported the intention of the bill for reasons which included:** *growth in the number of ISDS cases brought internationally*
* *extension of substantive appeal rights available to foreigners not available to domestic firms*
* *risk of regulatory chill* [the reluctance to regulate for fear of legal action]
* *effectiveness of safeguards and carve-outs*
* *lack of transparency and inadequate parliamentary scrutiny of ISDS (and other) provisions*

However the bill was not supported and the committee concluded:*The committee is of the view that a blanket ban on ISDS would impose a significant constraint on the ability of Australian governments to negotiate trade agreements that benefit Australian business. It is for this reason that the committee considers the current case-by-case approach to ISDS is in Australia's long-term national interest and a sound policy for weighing the risks and benefits of ISDS provisions in trade agreements. (SFADTLC 2014, p. 17)*Example: Transpacific Partnership Agreement (TPP)* In the TPP Agreement preamble, parties resolve to ‘*maintain each Party’s right to regulate to meet domestic public policy objectives, including to safeguard public welfare*’.
* *Under the TPP, countries’ rights under the WTO to regulate food content and labelling and to take measures to protect human health are preserved* (personal communication, 3/6/16, Federal Government representative)*.*
* The Government’s NIA of the TPP states:
* *The TPP’s investment obligations include high quality, modern rules governing the treatment of investors and their investments, balanced with robust safeguards to preserve the right of the Government to continue regulating in the public interest. Investment obligations can be enforced directly by Australian and other TPP investors through an ISDS mechanism.*
* *A number of important safeguards are built into the rules guiding ISDS, making this one of the most protective treaties in existence worldwide in terms of its protections for legitimate regulation. Procedural safeguards in the TPP provide enhanced levels of transparency in the management of ISDS claims. In addition, specific Australian policy areas are carved-out from certain ISDS claims including: social services established or maintained for a public purpose, such as social welfare, public education, health and public utilities…Australia’s tobacco control measures as defined under the TPP will not be able to be challenged.*
* *Chapter 29 (Exceptions and General Provisions) is consistent with the approach taken in other FTAs in setting out several WTO-style general and security exceptions which apply to a number of chapters of the TPP. Such exceptions ensure FTA obligations do not unreasonably restrict government action in key policy areas, including action to protect essential security interests, the environment and health.*
* It is noted, however, that the Federal Government’s communications regarding potential outcomes of the TPP in relation to health do not examine the impacts on Australia’s population health or nutrition; rather the focus is on medical services, pharmaceuticals and other tradable commodities ([ref](http://dfat.gov.au/trade/agreements/tpp/outcomes-documents/Pages/outcomes-health.aspx))
* To our knowledge, there has not been a comprehensive independent analysis of the ability of the Federal Government to protect their regulatory capacity with respect to public health nutrition in relation to the provisions in the TPP text since it was released to the public. It is not clear whether the current safeguards to protect public policy in relation to population nutrition are robust enough and would withstand a challenge by investors. For example, on any restrictions placed on the food industry with respect to food composition or labelling standards.
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| Comments/ notes | **This indicator will not be assessed at the State/Territory level** |

INFRASTRUCTURE SUPPORT

# Policy area: Leadership

Food-EPI vision statement: 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

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| **LEAD1** Strong, visible, political support |
| Food-EPI good practice statement There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities |
| Definitions and scope | * Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy
* Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
* Head of State is the Premier or the Chief Minister
 |
| International examples | * New York City, USA: 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.
* Brazil: 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.
 |
| Context |  |
| Policy details | The Federal Government provided a lengthy response to demonstrate political support at the Ministerial level (personal communication, 15/4/16, Federal Government representative). The four initiatives highlighted by the Federal Government as examples were:* In the 2015-16 Department of Health Budget Statements (Outcome 1 ), the Australian Federal Government committed to working with State and Territory Governments to develop a National Strategic Framework for Chronic Conditions (for more information see LEAD4)
* During the 2013 federal election, the Federal Government committed to developing (and has since developed) the Australian National Diabetes Strategy 2016-2020 (for more information see LEAD4)
* On 6 December 2014, the (then) Assistant Minister for Health, Senator the Hon Fiona Nash announced the launch of the Health Star Rating system (for more information see LABEL3). Her media release included the following quote: *“The Coalition Government recognises the burden of disease associated with poor diet and physical inactivity and the Health Star Rating system is one of a suite of measures to make it easier for people to make healthier food choices”*
* On 6 November 2015 the Minister for Rural Health, Senator the Hon Fiona Nash announced the ‘Healthy Food Partnership’, a new partnership of preventative health groups, food industry bodies and government to cooperatively tackle obesity and encourage healthy eating ([ref](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-nash051.htm?OpenDocument&yr=2015&mth=11)) (for more information see COMP1). Her media release included the following quote: *"Governments can't force-feed healthy food to people…We can however educate them to make their own healthy choices and take responsibility for what they eat. Australians under-consume fresh fruit and vegetables and this presents a dual opportunity - increasing consumption of fresh produce would benefit both consumer health and Australian farmers…The Healthy Food Partnership will work together on strategies to educate consumers on consuming fresh produce, appropriate portion sizes, and to accelerate efforts to reformulate food to make it healthier.”*

2016-17 budgetTo our knowledge, the only initiative announced in the 2016-17 budgets related to population nutrition or obesity prevention was continuation of the Health Star Rating system:* *The Government will provide $5.3 million over three years from 2016‑17 to contribute to the ongoing implementation of the Health Star Rating System in collaboration with the States and Territories. This funding will contribute to the costs of a public awareness campaign, monitoring and evaluation and support activities. This measure extends the 2012‑13 Budget measure titled Review of Food Labelling Law and Policy — implementation of recommendations.*
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| Comments/ notes |  |

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| **LEAD2** Population intake targets established |
| Food-EPI good practice statement Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels |
| Definitions and scope | * Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars
* Excludes targets to reduce intake of foods that are dense in nutrients of concern
* Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
 |
| International examples | * Brazil: 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.
* South Africa: 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.
* UK: 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.
 |
| Context | Australian Nutrient Reference Values (NRVs)*‘Nutrient Reference Values (NRVs) are a set of recommended nutrient intakes designed to assist nutrition and health professionals assess the dietary requirements of individuals and groups. Public health nutritionists, food legislators and the food industry also use the NRVs for dietary modelling and/or food labelling and food formulation’* ([sodium report](https://consultations.health.gov.au/chronic-disease-and-food-policy-branch/review-of-the-2006-nutrient-reference-values-for-a/supporting_documents/AustraliaandNewZealandNutrientReferenceValuesforSodium.pdf))NRV review* The Federal Government Department of Health (DoH) and the New Zealand Ministry of Health (NZMoH) are currently undertaking a partial review of three priority nutrients sodium, iodine and fluoride as a pilot to test the methodological framework to guide the review of NRVs.
* *It is intended that a review of all nutrients will happen on a rolling basis. A Steering Group, consisting of members from both the DoH and NZMoH was established to oversee the review process and is responsible for all strategic, funding and technical decisions of the review. An Advisory Committee has also been established to provide technical advice and an Expert Working Group for each nutrient to assess the evidence and review the nutrient reference values* (ref sodium report AND personal communication, 18/3/16, Federal Government representative).
* *This [methodological] framework stipulates that reviewed nutrient reports must be released for public comment at least once during the review process. Adequate time must be allowed for comment and a clear response from the Department of Health on how all issues raised in the consultation submissions have been actioned must be made publicly available. A summary of the issues raised and the Department’s response will be made available on the Department of Health and the NRVs websites* (personal communication, 18/3/16, Federal Government representative).
* *The final reports will be presented to the National Health and Medical Research Council (NHMRC) for endorsement* (personal communication, 20/6/16, Federal Government representative).

WHO recommendations* In 2013, the Federal Government endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 and Global Monitoring Framework that includes a target of a 30% relative reduction in mean population salt intake. WHO’s recommendation is less than 5 grams of salt per person per day.
* In March 2015, the WHO released new policy guidance recommending that governments establish policy that encourages reduction of daily intake of free sugars to less than 10 per cent of total energy intake (ref). They suggest that a further reduction to below 5% or roughly 25 grams (6 teaspoons) per day would provide additional health benefits ([ref](http://www.who.int/mediacentre/news/releases/2015/sugar-guideline/en/)).
 |
| Policy details | Population intake reduction targetsThe Federal Government has not established clear population intake reduction targets to meet the national recommended dietary intake levels for nutrients of concern in any of the key strategic plans or population dietary guidelines. National recommended dietary intake levelsNutrient Reference Values Australia and New Zealand 2006(NRVs)NRV: Sodium* The 2006 NRVs recommended a Suggested Dietary Target of sodium of 1,600mg/day for adults. An Upper Level of Intake of 2,300mg/day for the general population was set and it was recognised that additional preventive health benefits may accrue if sodium intakes are further reduced to about 1,600 mg/day.
* A draft report from the current partial review of the NRVs has recommended that the NRV no longer set an Upper Level of intake for adults for sodium (due to insufficient evidence to define a single Upper Level limit) and that the Suggested Dietary Target for adults be set at a median intake of 2,000mg/day for the population (ref [report](https://consultations.health.gov.au/chronic-disease-and-food-policy-branch/review-of-the-2006-nutrient-reference-values-for-a/supporting_documents/AustraliaandNewZealandNutrientReferenceValuesforSodium.pdf)).
* *The Suggested Dietary Target was set based on a whole of diet approach that considered intake of other nutrients and the current food supply* (personal communication, 20/6/16, Federal Government representative).

NRV: Saturated fat and trans fatty acids* The 2006 NRVs suggests that total saturated fatty acids and trans fats comprise no more than 10% of energy intake ([ref](https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n55_australian_dietary_guidelines_130530.pdf) dietary guidelines).
* There is no Upper Level of intake established for saturated fat or trans fatty acids.

Added sugars* The Australian Dietary Guidelines state that: *There is insufficient evidence to recommend an exact intake of added sugars suitable for the whole population. From a nutritional perspective, good health can be achieved without the addition of sugars in any form to the diet (*[*ref*](https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n55_australian_dietary_guidelines_130530.pdf)*).*
* *If new evidence on sugar intakes has come to light since the dietary guidelines were last reviewed, the new evidence would be captured in any future reviews of the Dietary Guidelines or Nutrient Reference Values* (personal communication, 18/3/16, Federal Government representative).
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| Comments/ notes |  |

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| **LEAD3** Food-based dietary guidelines implemented |
| Food-EPI good practice statement Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented |
| Definitions and scope | * Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women
* Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input
 |
| International examples | * Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective. 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.
* Finland: The revised version of the Finnish nutrition recommendations (released in 2014) explicitly take into account environmental sustainability as part of their evidence assessment.
* UK: 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.”
 |
| Context | Australia’s national dietary guidelines underpin nutrition policies and public education for the Federal and State/Territory governments. |
| Policy details | Australian Dietary Guidelines (ADGs)* The ADGs are evidence-based guidelines that provide information and recommendations about the types and amounts of foods, food groups and dietary patterns that aim to promote health and wellbeing and reduce the risk of diet-related condition and chronic diseases ([ref](https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines)).
* The revision of the ADGs (released in 2013) was funded by the (then) Federal Government Department of Health and Ageing and led by the NHMRC with advice provided by experts on a Dietary Guidelines Working Committee ([ref](https://www.eatforhealth.gov.au/guidelines/guideline-development)).
* The revision involved a comprehensive literature review of over 55,000 peer reviewed scientific journal articles on the evidence and links between foods/nutrients and health outcomes. It also included the development of a modelling system which translated the Nutrient Reference Values Australia and New Zealand 2006 into dietary advice ([ref](https://www.eatforhealth.gov.au/guidelines/guideline-development) and [ref).](https://www.eatforhealth.gov.au/sites/default/files/files/public_consultation/n55a_dietary_guidelines_food_modelling_111216.pdf)
* The ADGs are applicable to all healthy Australians (including pregnant and breastfeeding women), as well as those with common health conditions such as being overweight. They do not apply to people who need special dietary advice for a medical condition, or to the frail elderly ([ref](https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines)).
* The ADGs provide advice on how many serves of each food group should be consumed depending upon age, gender, body size and physical activity levels. They acknowledge the importance of reducing intake of foods that are high in energy, saturated fat, added sugars and/or added salt but relatively low in nutrients. Consideration is given to personal preferences, cultural backgrounds or philosophical choices such as vegetarian dietary patterns as well as environmental sustainability.
* The limited degree to which environmental sustainability has been integrated in the ADGs has been criticised by public health and environmental researchers (e.g., <https://www.mja.com.au/journal/2013/198/1/australia-s-dietary-guidelines-and-environmental-impact-food-paddock-plate>).

The Australian Guide to Healthy Eating* The Australian Guide to Healthy Eating is a food selection guide which visually represents on a ‘plate’ image the proportion of the five food groups recommended for consumption each day.
* An Indigenous Guide to Healthy Eating is also available.

Eat for Health websiteThe ‘Eat for Health’ website is the main online platform to access information about the ADGs, the Australian Guide to Healthy Eating and other information and resources to support consumers, health professionals and educators. |
| Comments/ notes | **This indicator will not be assessed at the State/Territory government level** |

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| **LEAD4** Comprehensive implementation plan linked to state/national needs |
| Food-EPI good practice statement There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/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  |
| Definitions and scope | * Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships)
* Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against)
* Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government
* Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies
* Excludes overarching frameworks that provide general guidance and direction
 |
| International examples | * European Union: 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.
 |
| Context | National Nutrition PolicyIn January 2011, the Federal Government received the Final Report of the Review of Food Labelling Law and Policy. In response to its recommendations, the Legislative and Governance Forum on Food Regulation (now the Australia New Zealand Ministerial Forum on Food Regulation*)* agreed to develop a comprehensive National Nutrition Policy ([website](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-health)). *The Standing Council on Health supported the development of this policy and it has been referred to the Australian Health Ministers’ Advisory Council (AHMAC)* ([ref](http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/content/Progress_report_December_2014))Activities previously undertaken include([ref](http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/content/Progress_report_December_2014))*:* * *the establishment of a National Nutrition Committee (NCC) to oversee, advise on and provide input into the nutrition policy development process;*
* *the completion of a scoping study by the Queensland University of Technology which included a review of current available evidence to identify current population health issues related to nutrition within the Australian population and any gaps in current policy; and*
* *holding two facilitated workshops in early 2014, one with key stakeholders and the other with the NCC, to consider and refine the scope of the nutrition policy.*

A website was established to provide information and updates on the development of the National Nutrition Policy, however this has not been updated since 24 April 2013 (see comments section below).National Nutrition CommitteeThe Federal Government clarified that the National Nutrition Committee (NNC) is not currently active and provided a summary of its previous functions (personal communication 20/6/16, Federal Government representative):* *The NNC, chaired by the then Department of Health and Ageing, comprise[d] senior level representatives from the State and Territory health departments and the then Department of Agriculture, Fisheries, and Forestry.*
* *The purpose of the [NNC] was to advise the Federal Government on the development of the National Nutrition Policy (the Policy) for consideration by the Australian Health Ministers’ Advisory Council (AHMAC).*
* *In September 2012, the NNC was established to oversee, advise on and provide input into the nutrition framework development process. It was intended that the NCC act as a consultative forum between the Federal Government and the states and territories. The NNC would enable an effective relationship between the Federal Government and the states and territories and ensure the needs of the jurisdictions are met so that it is more likely to be effectively implemented across Australia. Under the direction of the Federal Government it would be the responsibility of each NNC member to consult within their agency and other relevant jurisdictional agencies.*
* *The NNC was consulted on the Request for Tender documents for the Scoping Study and were provided opportunity to submit nutrition policies and evaluations to the scoping study.*

National Strategic Framework for Chronic ConditionsIn the 2015-16 Department of Health Budget Statements (Outcome 1), the Australian Government committed to working with State and Territory Governments to develop the National Strategic Framework for Chronic Conditions (the Framework). *The Framework will consider shared health determinants, risk factors and multimorbidities across a broad range of chronic conditions, and provide national direction for improving chronic disease prevention and care across Australia (*[*ref*](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS_sup1/%24File/2015-16_Health_PBS_2.01_Outcome_1.pdf)*)*The Framework is still being developed, through a jurisdictional working group under the Community Care and Population Health Principle Committee of the Australian Health Ministers Advisory Council ([ref](http://preventioncentre.org.au/our-work/research-projects/mapping-national-action-to-prevent-chronic-disease/)).The Australian Government provided an update on the development of the National Strategic Framework for Chronic Conditions (personal communication, 15/4/16, Federal Government representative):* *The Framework moves away from a disease specific approach by recognising that there are often similar underlying principles for the prevention and management of many chronic conditions.*
* *Stakeholders have contributed to the development of the Framework through national targeted consultations.*
* *The next opportunity for stakeholder engagement will be via an online public consultation, expected to be held in early-mid 2016.*
* *The Framework is expected to be finalised by late 2016 through the AHMAC process.*

It is not clear whether the National Strategic Framework for Chronic Conditions or related implementation plans will incorporate policy and program strategies to improve food environments and reduce the intake of the nutrients of concern. |
| Policy details | To our knowledge, the Federal Government does not currently have a comprehensive, transparent implementation plan (including priority policy and program strategies) to improve food environments and reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs. National Nutrition PolicyThe Federal Government provided an update on the development of the National Nutrition Policy (personal communication, 15/4/16, Federal Government representative):* *The Federal Government is currently considering its direction of the National Nutrition Policy Framework in line with current health priorities and the framework of the government’s broader preventive health agenda.*
* *The policy is expected to provide an overarching framework to identify, prioritise, drive and monitor nutrition initiatives including addressing the needs of specific vulnerable groups.*
* *The framework will guide national and jurisdictional policy funding decisions in the areas of healthy eating and nutrition and set priority areas for addressing nutrition issues.*
* *The scoping study report will inform the development of the draft national nutrition policy. The Department is currently considering the key findings of the scoping study. The Scoping Study has been made available on the Department of Health’s FoI disclosure log*.

Activities undertaken by the Federal Government to progress the National Nutrition Policy in the previous 12 months include (personal communication, 20/6/16, Federal Government representative):* *Meetings with Dietitian’s Association of Australia, Nutrition Australia, Public Health Association of Australia and Heart Foundation who are strongly advocating for the development of a national nutrition policy to be a priority.*
* *Internal discussions within the Department of Health on how the national nutrition policy framework could be broader than the Final Report of the Review of Food Labelling Law and Policy as food labelling is only one aspect of nutrition policy. The national nutrition policy framework would have relevant linkages with the framework of the government’s broader preventive health agenda and current food and nutrition related activities. These activities include the National Strategic Framework for Chronic Conditions, the Australian National Diabetes Strategy, the Healthy Food Partnership, the Health Star Rating and the Australian Dietary Guidelines.*
* *Public release of the Scoping Study report which will assist in informing discussion regarding the development of a national nutrition policy.*

National Nutrition Committee (NNC)The Federal Government confirmed that the NNC is not currently active and provided the following update (personal communication 20/6/16, Federal Government representative). For more information see ‘context’ above.* *The NNC last met in April 2014 to discuss the nutrition policy development process. Since then the Government has been considering its direction of the National Nutrition Policy Framework in line with current health priorities and the framework of the government’s broader preventive health agenda.  Should the incoming government continue to support the development of the nutrition policy, it is anticipated that the future activities may include the re-establishment of the NNC to provide advice and input to the nutrition policy development process.*

Australian National Diabetes Strategy 2016-2020* The Australian National Diabetes Strategy 2016-2020 was endorsed by the AHMAC on 2 October 2015, noted by the COAG Health Council on 6 November 2015, and publically released 13 November 2015
* Under Goal 1: Prevent people developing Type 2 Diabetes the following potential areas for action are identified:
* *Drive change to support the development of a health-promoting environment that encourages people to increase levels of physical activity, reduce sedentary behaviour and improve healthy eating.*
* *Embed physical activity and healthy eating in everyday life (e.g. workplaces, schools and communities).*
* *Consider education and social media campaigns to encourage people to increase their levels of physical activity and healthy eating (e.g. a campaign to educate parents about nutrition and physical activity).*
* *Increase the availability of and demand for healthier food or reduce the availability of and demand for unhealthy food (including through continued implementation and targeted education on the Front-of-Pack Labelling — Health Star Rating system).*
* *Reduce the exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense, nutrient-poor foods and beverages (e.g. through voluntary or compulsory advertising codes of conduct).*
* *Strengthen, upskill and support the primary health care and public health workforce to support people in making healthy choices, especially in Aboriginal Community Controlled Health Services, where they exist.*

Progress towards an implementation plan* *A cross-jurisdictional Implementation Working Group has been established to operationalise each of the Strategy’s goals through the development of an Implementation Plan that will recommend ways to direct funding in a cost-effective and sustainable way to agreed actions over the life of the Strategy. The implementation plan will be finalised by the end of 2016* (personal communication 20/6/16, Federal Government representative)*.*
 |
| Comments/ notes | The National Nutrition Policy website has not been updated since 24 April 2013. The scoping study commissioned by the Federal Government was only released following a Freedom of Information request.The website outlines the following steps that were previously proposed ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-health)), but the Federal Government did not provide any further update or commentary on these proposed activities:Future activities for the development of the Nutrition Policy will include: * *the development of a discussion paper to define the content of the Policy;*
* *public consultations on the discussion paper;*
* *development of the draft Policy;*
* *public consultations on the draft Policy; and*
* *the finalisation, release and implementation of the Policy*

*It is anticipated that development of the Nutrition Policy will take 24 months. This would be followed by a five to ten year implementation phase.*The PHAA released a communique to the Food and Nutrition Special Interest Group in February 2016 with an update on a National Nutrition Policy:* *Leading public health nutrition leaders met with the Department of Health on 11 December 2015 to advocate for a new National Nutrition Policy. Representatives from the Dietitians Association of Australia, Heart Foundation, Nutrition Australia and Public Health Association of Australia presented background work done by the four NGOs and explained the importance of developing and implementing a National Nutrition Policy given the overwhelming evidence that diet is a key factor in the health of Australians.*
* *Department officials indicated that a National Nutrition Policy could align with the Chronic Conditions strategy currently being implemented by the [Federal] government, but did acknowledge that nutrition is broader than chronic disease. Limited funding in the current political and economic environment is a consideration and progress will depend on the engagement of States and Territories as a National Nutrition Policy would sit under the AHMAC.*
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| **LEAD5** Priorities for reducing inequalities |
| Food-EPI good practice statement Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs |
| Definitions and scope | * Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health
* Frameworks, strategies or implementation plans identify vulnerable populations or priority groups
* Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups
* Excludes priorities to reduce inequalities in secondary or tertiary prevention
 |
| International examples | * New Zealand: 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."
 |
| Context | *In Australia, Aboriginal and Torres Strait Islander people experience significantly worse health outcomes than non-Indigenous Australians. Successive governments have committed to closing the gap and achieving health equality between Aboriginal and Torres Strait Islander and non-Indigenous Australians* (personal communication, 18/3/16, Federal Government representative). |
| Policy details | ‘Closing the Gap’ and the National Indigenous Reform Agreement In 2008, COAG set ‘Closing the Gap’ targets that aim to address the significant and persistent disadvantages experienced by Aboriginal and Torres Strait Islander Australians. The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Federal Government and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage. This commitment is ongoing.The National Indigenous Reform Agreement (NIRA) report monitors progress against the six Closing the Gap targets to improve life expectancy, health, education and employment outcomes for Aboriginal and Torres Strait Islander Australians. Two of these targets directly relate to health including closing the gap in life expectancy within a generation (by 2031) and halving the gap in mortality rates for Indigenous children under five within a decade (by 2018). For the target ‘Closing the life expectancy gap within a generation’, one of the performance indicators is the prevalence of overweight and obesity ([*National Indigenous Reform Agreement, Performance Assessment 2013-14*](http://www.pc.gov.au/research/supporting/indigenous-reform-assessment)). The Prime Minister presents an annual report to Parliament with updated information against each of the Closing the Gap targets ([ref](http://closingthegap.dpmc.gov.au/)). As a Schedule to the NIRA, a National Strategy for Food Security in Remote Indigenous Communities was agreed between the Federal Government and the States of Queensland, Western Australia, South Australia; and the Northern Territory ([ref](https://www.coag.gov.au/node/92)).Indigenous Australians’ Health Programme*On 1 July 2014, the Federal Government established the Indigenous Australians’ Health Programme (IAHP). This consolidated four previously existing funding streams: primary health care funding, child, maternal and family health programmes, the Health Implementation Plan of the former Stronger Futures in the Northern Territory National Partnership Agreement in the Northern Territory (Health) (now known as Northern Territory Remote Aboriginal Investment) and programmes covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund. The IAHP objective is to provide Aboriginal and Torres Strait Islander people with access to effective high quality health care services in urban, regional, rural and remote locations across Australia (*[*ref*](https://www.health.gov.au/internet/main/publishing.nsf/Content/09AEEA5F377AEBB5CA257F1C00159135/%24File/Accessible-IAHP-Programme-Guidelines.pdf)*).**Relevant objectives include the prevention, detection and management of chronic diseases, with corresponding activities to include those that target:** *preventive health, health promotion, and health education, and*
* *chronic diseases such as diabetes, renal disease, cancer, heart disease, respiratory disease and rheumatic heart disease* (personal communication, 20/6/16, Federal Government representative)*.*

National Aboriginal and Torres Strait Islander Health Plan ([ref](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/%24File/health-plan.pdf))* The overarching goal of the National Aboriginal and Torres Strait Islander Health Plan 2013-23 is: *Targeted, evidence-based action that will contribute to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2031 (one of the six Closing the Gap targets).*
* The importance of addressing the social determinants of health to reduce health inequities are acknowledged, and these are addressed through the other Closing the Gap targets.

Implementation Plan ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/%24File/DOH_ImplementationPlan_v3.pdf))The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-23The Implementation Plan outlines strategies, actions and deliverables over seven domains: * health systems effectiveness;
* maternal health and parenting;
* childhood health and development;
* adolescent and youth health;
* healthy adults;
* healthy ageing; and
* social and cultural determinants of health.

The Implementation Plan does not have a strong focus on prevention; it is largely focused on health service delivery. Where prevention is noted, it is usually in the context of primary prevention such as screening and early intervention, or individual behavioural intervention in the primary care or other health system setting. Under Domain 1 Health System Effectiveness, Strategy 1C is: *Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability.*Deliverables include:* *Prevention and early intervention programmes (including programmes that focus on chronic diseases…) have been developed, supported and implemented.*
* *A coordination mechanism has been established to undertake a nutrition framework gap analysis and address identified gaps (The nutrition framework gap analysis should address issues such as oral health, increasing knowledge and awareness, health literacy of parents, affordability, access, storage capability, the development of a ‘nutritional risk’ scheme and food security)*

Similar actions are highlighted in other strategy areas for specific population groups such as pregnant women.Indigenous Advancement StrategyThe Federal Government’s Indigenous Advancement Strategy is an open grant programme for organisations to deliver programmes to Indigenous people and communities (ref annual report 2014-15). It supports actions across five programmes that address the social and cultural determinants of health including improving school attendance, workforce participation and building safe communities.Aboriginal and Torres Strait Islander Health Performance Framework (HPF) For more information about the performance measures that are reported to support the Closing the Gap targets and the National Aboriginal and Torres Strait Islander Health Plan, see MONIT6.Other policies/programsThere are a number of specific policy or program areas outlined in this summary whereby the government provides additional resourcing for the targeted implementation to address the needs of Indigenous Australian in remote regions. For example:* [School Nutrition Projects](#_School_Nutrition_Program)
* Food security strategies under the [Stronger Futures in the Northern Territory Act 2012](#_Stronger_Futures_in)
* Outback Stores
 |
| Comments/ notes |  |

# Policy area: Governance

Food-EPI vision statement: 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

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| **GOVER1** Restricting commercial influence on policy development |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures
* Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference
* Includes publicly available, up-to-date registers of lobbyist and/or their activities
 |
| International examples | * USA: 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](https://en.wikipedia.org/wiki/Lobbying_Disclosure_Act_of_1995) and the [Honest Leadership and Open Government Act](https://en.wikipedia.org/wiki/Honest_Leadership_and_Open_Government_Act) 2007.
* New Zealand: 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.
 |
| Context | Control of Corruption Index 2015Control of Corruption is one of six Worldwide Governance Indicators collected by the World Bank. It is a composite index drawing on a range of global data sources and reflects perceptions of the extent to which public power is exercised for private gain. This includes both petty and grand forms of corruption, as well as "capture" of the state by elites and private interests ([ref](http://info.worldbank.org/governance/wgi/index.aspx#doc)). For 2015, Australia scored 2.06 (point estimates range from about -2.5 to 2.5. Higher values correspond to better governance outcomes) and was ranked in the 96th percentile worldwide ([ref](http://www.transparency.org/country/#AUS)).< Please add details if required > |
| Policy details | There are several legislated and non-legislated mechanisms that restrict commercial influences on government activity including the development of policies. Public Governance, Performance and Accountability Act 2013Under the Public Governance, Performance and Accountability Act 2013, public officials have a duty to disclose interests ([ref](http://www.finance.gov.au/resource-management/pgpa-act/)):*(1) An official of a Commonwealth entity who has a material personal interest that relates to the affairs of the entity must disclose details of the interest.**(2) The rules may do the following:**(a) prescribe circumstances in which subsection (1) does not apply;**(b) prescribe how and when an interest must be disclosed;**(c) prescribe the consequences of disclosing an interest (for example, that the official must not participate at a meeting about a matter or vote on the matter).*Australian Public Service Values and Code of Conduct* The Australian Public Service (APS) Commission sets standards and expectations for government employees through the ‘APS Values and Code of Conduct in practice: A guide to official conduct for APS employees and agency heads’. Within this guide, there are a number of relevant sections including
* Section 4.11 Conflict of Interest ([ref](http://www.apsc.gov.au/publications-and-media/current-publications/aps-values-and-code-of-conduct-in-practice/conflict-of-interest))
* Section 5.8 Working with lobbyists: the Lobbying Code of Conduct and post separation lobbying contacts with Government ([ref](http://www.apsc.gov.au/publications-and-media/current-publications/aps-values-and-code-of-conduct-in-practice/conflict-of-interest))

Register of lobbyists* In 2008, the Australia Government introduced a Lobbying Code of Conduct and established a Register of Lobbyists to ensure that contact between lobbyists and Federal Government representatives is conducted in accordance with public expectations of transparency, integrity and honesty.
* Any lobbyist who acts on behalf of third-party clients for the purposes of lobbying Government representatives must be registered on the Register of lobbyists and must comply with the requirements of the Lobbying Code of Conduct.
* Lobbyists are required to comply with a Lobbying Code of Conduct ([ref](http://lobbyists.pmc.gov.au/conduct_code.cfm)).
* The public Register of Lobbyists contains the following information about lobbyists:
* the business registration details and trading names of each lobbying entity including, where the business is not a publicly listed company, the names of owners, partners or major shareholders, as applicable;
* the names and positions of persons employed, contracted or otherwise engaged by the lobbying entity to carry out lobbying activities; and
* the names of clients on whose behalf the lobbying entity conducts lobbying activities ([ref](http://lobbyists.pmc.gov.au/index.cfm))
* Lobbyists are required to ensure their details are accurate bi-annually and add/remove lobbyists and clients within 10 days of a change occurring
* From the register, it is possible to determine the number of firms that represent clients from the commercial food industry, but not the number of lobbyists that may be representing commercial food industry clients.
* There are no details on the nature, frequency or duration of lobbying activities.

Declaration of political donations* In Australia under the Commonwealth Electoral Act 1918 (the Act), all political candidates, registered political parties, their State Branches, local branches/sub-party units and their associated entities, donors and other participants in the electoral process are required to lodge annual or election period financial disclosure returns with the Australian Electoral Commission (AEC).
* Political parties and Associated Entities must also report all donations and provide additional information for any donations above the AEC disclosure threshold. The current disclosure threshold amount from 1 July 2015 to 30 June 2016 is more than $13 000 ([ref](http://www.aec.gov.au/Parties_and_Representatives/public_funding/threshold.htm)).
* The details to be disclosed for amounts received that are more than the disclosure threshold are:
* Full name and address details of the person or organisation from whom the amount was received
* The sum of amounts received from that person or organisation
* Whether the receipt is a ‘donation’ or ‘other receipt’.
* The disclosures are published annually and open to the public for inspection, usually in February for the previous financial year, meaning that the information may only be made available up to 19 months after a donation was made.

Operating procedures for the Legislative and Governance Forum on Food RegulationFood policy in Australia is made by ministers from Australian states, territories, New Zealand and the Australian federal government agencies responsible for food regulation. These ministers make up the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum). The Forum is supported by the Food Regulation Standing Committee (FRSC). The Operative Procedures for the Forum (that also applies to the FRSC), includes the following statement:*‘Members and supporting staff have a responsibility to disclose and take reasonable steps to avoid any conflict of interest, real or apparent in connection with their membership [of the Forum or the FRSC] or support of the Forum or its subordinate bodies.’ (9)**‘A standing agenda paper is on each meeting agenda to enforce this process*’ (personal communication, 18/3/16, Federal Government representative).NHMRC Committee Conflict of Interest Policy ([ref](http://www.nhmrc.gov.au/_files_nhmrc/file/about/committees/nhmrc_policy_disclosure_of_interests_committee_members_150513.pdf))* Under the National Health and Medical Research Council (NHMRC) Act and Public Governance, Performance and Accountability Act 2013, individuals appointed to the Council and Committees of the (NHMRC) are required to disclose their interests in line with the *‘*Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members’
* *These guidelines are designed to assist and inform members in the exercise of their responsibilities in order to ensure all disclosures of interests are addressed in a rigorous and transparent way throughout the period of their participation in NHMRC Committees.*
* For any disclosed interest, the NHMRC and PGPA Acts require that the member is not present when matters that relate to the interest are considered, and does not take part in any decision of the committee in relation to those matters unless the members of the committee determine otherwise

FSANZ Governance Framework* FSANZ Board members are required to declare material personal interests, as well as certain broader interests and exclude themselves from any decision making that could be considered a conflict of interest
* Under subsection 125(6) of the FSANZ Act, entries recorded in the Register of FSANZ Board Members’ Material Personal Interests and Register of FSANZ Board Members’ Other Interests must be published on the website ([ref](http://www.foodstandards.gov.au/about/board/Pages/default.aspx))
 |
| Comments/ notes | * Recent paper in *The Lancet* identified food industry influence on policy makers as a major impediment to policy progress in this area (Swinburn, Lancet 2015)
* Food industry representatives were included as part of policy development committees for the Australian Dietary Guidelines and the Health Star Rating system
* Each state and territory (except NT) has their own register of lobbyists and different requirements for lobbyists when contacting State Government representatives.
* There have been recent criticisms however that despite the extensive legislative tools and policies put in place that lobbying activities can still impact policy decision-making. For example, a recent investigation found a discrepancy of $85,000 undisclosed donations to political parties in 2013 ([ref](http://www.theguardian.com/australia-news/2016/jan/09/australian-major-political-parties-reveal-nearly-85000-in-undeclared-donations)).
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| **GOVER2** Use of evidence in food policies |
| Food-EPI good practice statement Policies and procedures are implemented for using evidence in the development of food policies |
| Definitions and scope | * Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)
* Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development
* Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)
* Includes government resourcing of evidence and research by specific units, either within or across government departments
 |
| International examples | * Australia: 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.
 |
| Context |  |
| Policy details  | The Federal Government provided the following statement (personal communication 20/6/16):*The Australian food regulation system uses effective and proportionate approaches that take into account the nature and extent of risks. All processes used follow a best practice model and are science based and are supported by evidence.*Food Standards developmentFSANZ Act*The FSANZ Act outlines the statutory process that must be followed in developing or reviewing standards. Section 18(2) of the Act stipulates that FSANZ must have regard to the need for standards to be based on risk analysis using the best available scientific evidence in the Standards Development process. FSANZ uses the internationally recognised ‘Risk Analysis’ process (personal communication, 15/4/16, Federal Government representative).*NHMRC Guideline development Under the NHMRC Act, the NHMRC is required to develop evidence-based guidelines. The approach taken by the NHMRC involves teams of specialists following a rigorous review process. The nine steps involved in the process are ([ref](https://www.nhmrc.gov.au/guidelines-publications/how-nhmrc-develops-its-guidelines)):1. *A working committee is established consistent with the NHMRC Act. The committee provides expert advice to NHMRC during the guideline development process.*
2. *Specialists in evaluating medical evidence carry out a systematic literature review. This is arguably the most important step in the process because one of the main principles of guideline development is that they should be based on the best available evidence.*
3. *Professional technical and scientific writers turn the literature review into a set of draft guidelines.*
4. *The draft guidelines are put out for public consultation, as required by the NHMRC Act.*
5. *NHMRC considers all submissions arising from the public consultations and advises if the guidelines need to be redrafted due to new evidence or concerns raised by stakeholders. If so, the working committee advises the technical and scientific writers about the best way to do this.*
6. *NHMRC subjects the draft (or redrafted) guidelines to review by an independent reviewer who ensures that all the necessary processes have been followed during the guidelines' development.*
7. *NHMRC may choose to have a peer review of the guidelines. If so, they are sent to a number of experts in the subject area for their opinion, primarily on the evidence base used for the guidelines.*
8. *The guidelines go to NHMRC's Council for its consideration. Council can send the guidelines back for further work if, for example, it feels more evidence is required in a particular area. When it is satisfied with the final draft, Council makes a recommendation to NHMRC's CEO, who makes the decision to* ***issue*** *internally-developed guidelines or* ***approve*** *externally-developed ones.*
9. *The guidelines are published and disseminated.*

Example: Australian Dietary GuidelinesAs outlined in LEAD3, the review and development of the Australian Dietary Guidelines 2013 involved the *establishment of a committee of experts on food, nutrition, and health,* a comprehensive review of over 55,000 peer-reviewed scientific journal articles and the development of a food modelling system that translated the NRVs into dietary advice. Food policy developmentThe Australian Government provided the following response regarding information about policies, procedures or guidelines around the use of evidence in non-regulatory policy led by the Department of Health (personal communication, 15/4/16, Federal Government representative):* *The Australian food regulation system is supported by timely processes, reliable data, good intelligence and stronger relationships.*
* *The approach the Forum take in developing food policy, setting standards and their implementation and enforcement is discussed in the* ‘Overarching Strategic Statement for the Food Regulatory System’ *document (*[*ref*](https://www.health.gov.au/internet/main/publishing.nsf/Content/DEF96CFD9D210D21CA257BF0001A3596/%24File/FoFR%20-%20Overarching%20Strategic%20Statement-accessible2.pdf)*). This paper was prepared in 2008 to help make clearer the scope and objectives of the joint food regulation system, and to provide context and guidance for those stakeholders working with the system.*
* *When identifying and assessing a potential food regulatory issue to determining the appropriate policy response the bodies responsible take into consideration the priority or importance of the issue within the context of broader strategies (such as public health, animal and plant health, and industry developments). Australia promotes a responsive approach to food regulation, taking account of the nature and extent of the risk posed, and seeking to deliver an effective and proportionate response. We support modes of non-intervention, self-regulation or co-regulation where possible, but also recognises that escalation to more prescriptive modes may be necessary. This arrangement fosters a responsive approach to identified issues that require coordination across the food regulatory system. If regulation is being considered, the following principles of making ‘good’ regulation are followed, which require regulation to be:*
* *Efficient – to find the appropriate level of regulation that achieves the desired outcome with minimal cost and impact on competition*
* *Effective – to ensure the regulation can be complied with and enforced, has clear outcomes is flexible and reviewed regularly*
* *Equitable – to ensure the process is clear and transparent and fair as possible*
* *Another critical part of making food regulations is actively engaging with those who directly influence and inform food regulation. It is widely recognised that better outcomes for food regulation are achieved by increased involvement and engagement with stakeholders. Food businesses, industry groups, individuals and organisations who are experts in policy and technical areas as well as consumers are all important in identifying and prioritising areas where action is needed.*
 |
| Comments/ notes | Whilst there are a number of examples available where high quality scientific evidence is incorporated into policy decision-making, there is not a standardised requirement for how this should occur for all policy development.**This indicator will not be assessed at the State and Territory government level.** |

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| **GOVER3** Transparency for the public in the development of food policies |
| Food-EPI good practice statement Policies and procedures are implemented for ensuring transparency in the development of food policies |
| Definitions and scope | * Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these
* Includes policies or procedures that guide the use of consultation in the development of food policy
* Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies
* Include policies or procedures to guide public communications around all policies put forward but not progressed
 |
| International examples | * Australia / New Zealand: FSANZ is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement.
 |
| Context |  |
| Policy details | Policy on public consultation Civil society is encouraged to participate in public submissions in certain aspects of food policy development (e.g. Parliamentary Inquiries, Select Committees as well as policy proposals that may affect the business community).Best Practice Consultation processes* One of the principles for Federal Government policy makers in the ‘Australian Government Guide to Regulation’ is: *Policy makers should consult in a genuine and timely way with affected businesses, community organisations and individuals.*
* The Office of Best Practice Regulation has developed guidance on Best Practice Consultation processes that are required as part of the RIS process ([ref](http://www.dpmc.gov.au/sites/default/files/publications/best-practice-consultation.pdf)).
* Consultation options include full public, targeted, confidential or post-decision consultation. A full public consultation is recommended unless the policy maker can provide a compelling case to do otherwise (for example requiring confidentiality due to market sensitivity) ([ref](http://www.dpmc.gov.au/sites/default/files/publications/best-practice-consultation.pdf)).
* The Consultation Hub is an online platform that lists forthcoming, current and closed public consultations: <https://consultations.health.gov.au/>.

Public consultation is embedded as a legislated requirement of statutory authorities that deal with food policy and guidelines such as FSANZ and NHMRC:FSANZ Stakeholder engagement* *The FSANZ Act requires that changes to the Code undergo at least one round of public consultation. Apart from information submitted as commercial in confidence, all submissions to the FSANZ standards development process are publically available on the FSANZ website* (personal communication, email, 18/3/16, Federal Government representative).
* FSANZ’s Governance Framework states the following: *FSANZ has an open and transparent approach to stakeholder engagement. We actively seek and encourage a culture of cooperation with a wide range of stakeholders. Stakeholder input is a key consideration in developing standards and for all FSANZ decisions* ([ref](https://www.foodstandards.gov.au/publications/Documents/FSANZ%20Governance%20Framework%20-%201%20September%202014.pdf)).

NHMRC Act* Sections 12 and 13 of the NHMRC Act requires the Council of the NHMRC to conduct consultations on proposals for regulatory recommendations and for the development of guidelines ([ref](https://www.comlaw.gov.au/Details/C2006C00354)). The NHMRC Regulations (2006) specify the manner and form in which consultations are to be undertake at certain stages in the process.

Food Regulation consultation proceduresAccording to the Operating Procedures of the Australia and New Zealand Ministerial Forum on Food Regulation (9):*Stakeholder consultation is an integral component of the food regulation system, and a number of processes have been established to ensure stakeholders are consulted at the various stages of policy and standards development. For the development of food regulation policy and to seek input and advice from stakeholders, the Forum has in place a flexible approach to consultation. Under clause 9 of the FRA, the Consultative Mechanism shall:** *provide for the views of stakeholders to be considered by the Forum when setting food regulation policy guidelines;*
* *inform the policy guideline development process;*
* *provide for increased accountability and transparency in decision making on policy guidelines;*
* *enhance stakeholder confidence in the food regulatory system and build relationships with those developing policy; and*
* *accommodate the diversity of stakeholders across Australia and New Zealand including primary production, processed food, food retail, food service, consumers, public health professionals; and small business.*

*The Consultation Mechanism is separate from and additional to the statutory consultation requirements that FSANZ must fulfil as part of its processes during the development of food standards.**The Food Regulation Standing Committee (FRSC) has adopted the FRSC Strategic Policy Framework, in which stakeholder communication and engagement is to be undertaken throughout all aspects of the policy process. Stakeholder consultation is undertaken consistent with the Consultation Guidelines outlined in the COAG document: Best Practice Regulation: A guide for Ministerial Councils and national standard setting bodies* (personal communication, 15/4/16, Federal Government representative)Food regulation policy decision makingAustralia and New Zealand Ministerial Forum on Food RegulationAccording to the Operating Procedures of the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum):* Communiques are issues and published online following a meeting of the Forum (9)
* A web page with information about the Forum must be updated regularly and provide details such as membership and chairing arrangements; scope of work; priority issues; outcomes of meetings and decisions (9)
* *All documents prepared for the Forum* [or the Food Regulation Standing Committee, FRSC] *should be treated as sensitive, unless otherwise agreed by the Forum [or FRSC], and only distributed on a strict need-to-know basis. All Forum [or FRSC] papers and reports shall be treated as confidential documents with circulation limited to Forum members and FRSC members and bodies unless otherwise directed by the Forum. All such papers should include an appropriate security designation. If a Member of the Forum receives a request for a document to be made public…all Members should be consulted regarding the release of the document.*
* *Agenda papers, draft minutes, action lists and endorsed minutes of the Forum, FRSC and ISC meetings are not to be released for public access.*
* In response to a query about the public release of the policy position of a jurisdiction (for example if Forum members were trying to reach a consensus or vote on policy), the following information was provided: “*Forum members share their positions with other Forum members [but the position is] not recorded or made public. Forum members can, if they wish, publish their own position just not anyone else’s*” (Personal Communication 12/1/16, Food Regulation Secretariat)

Stakeholder Engagement Strategy * A Stakeholder Engagement Strategy for the joint Australia and New Zealand Food Regulation System was developed in 2013. The Strategy’s objective is *to increase stakeholders’ awareness and understanding of the opportunities to engage, and to facilitate fair and equitable engagement among a diverse range of stakeholders (*[*ref*](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-stakeholder-engagement)*).*
* The first project to implement the Stakeholder Engagement Strategy was to develop a new food regulation website. *The Food Regulation website that includes all food regulation activities is currently under re-development* (personal communication 20/6/16, Federal Government representative)

Policy GuidelinesFood regulation policy guidelines have been developed and are publicly available (e.g. Policy Guideline on Nutrition, Health and Related Claims). In general, these guidelines provide clarification on the overarching principles of specific policies and guidance in the development or review of food standards ([ref)](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-policy-guidelines). |
| Comments/ notes | The Scoping Study undertaken as part of the development of a National Nutrition Policy was not published online and information on progress towards this policy has not been updated online since 23 April 2013. The Scoping Study was requested for public access through the Freedom of Information Act and this is now available through the Department of Health’s [Freedom of Information disclosure log 2015-2016](http://www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2015-16). |

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| **GOVER4** Access to government information |
| Food-EPI good practice statement The government ensures public access to comprehensive information and key documents (e.g. budget documents, annual performance reviews and health indicators) related to public health nutrition and food environments |
| Definitions and scope | * Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries
* Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions
* Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government
 |
| International examples | * Australia: The Office of the Australian Information Commissioner (OAIC) has developed ‘Principles on open public sector information’ that defines standards and principles on government information management practices. The Freedom of Information Act 1982 (FOI Act) provides a legally enforceable right of the public to access documents of government departments and most agencies.
* New Zealand: Ranked number 1 in the 2015 Open Budget Survey conducted by the International Budget Partnership.
 |
| Context |  |
| Policy details | Office of the Australian Information Commissioner * The OAIC is an independent statutory agency established under the Australian Information Commissioner Act 2010 ([ref](https://www.comlaw.gov.au/Details/C2014C00382)) and manages responsibilities related to the FOI Act (and Privacy Act 1988). The OAIC reports to the Federal Government regarding how to:
* *be more open, accountable and transparent*
* *make the information it holds accessible, discoverable and useable to the public*
* *securely manage personal information*
* *better manage the information it holds (*[*ref*](https://www.oaic.gov.au/about-us/who-we-are/australian-information-commissioner-act)*).*
* The OAIC is responsible for monitoring compliance of Federal Government agencies with the legislation.
* The OAIC has developed ‘Principles on Open Public Sector Information’ which provide the foundation and default position that all government agencies should take when managing and publishing government information. These principles inform the monitoring undertaken by OAIC but are not binding ([ref](https://www.oaic.gov.au/information-policy/information-policy-resources/principles-on-open-public-sector-information)).

Freedom of Information Act* The FOI Act provides a legally enforceable right of access to government documents. It applies to Federal Government ministers and most agencies ([here](https://www.oaic.gov.au/freedom-of-information/foi-act) and [here](https://www.oaic.gov.au/freedom-of-information/rights-and-responsibilities))
* Individuals have legally binding right to access document held by the Federal government unless the document ([ref](https://www.oaic.gov.au/freedom-of-information/rights-and-responsibilities)):
* is held by an agency exempt from the FOI Act
* falls under one of the exemptions in the FOI Act
* falls under one of the conditional exemptions in the FOI Act, and releasing the document would be contrary to the public interest
* is accessible to the public under other arrangements, whether at no cost or for a fee or charge
* Exemptions are outlined in this factsheet: <https://www.oaic.gov.au/resources/freedom-of-information/foi-resources/foi-fact-sheets/foi-fact-sheet-8-exemptions.pdf>

Information Publication Scheme * Part II of the FOI Act establishes the Information Publication Scheme. The aim of the Information Publication Scheme is to transform the freedom of information framework from one that responds to individual requests for access to documents to one that requires agencies to take a proactive approach to publishing information.
* All agencies are required to publish (on their website) an information publication plan and comply with publishing specified categories of information including ([ref](https://www.oaic.gov.au/freedom-of-information/foi-resources/foi-fact-sheets/foi-fact-sheet-4-information-publication-scheme)):
1. details of the agency’s structure
2. details of the agency’s functions, including its decision making powers and other powers affecting members of the public
3. details of statutory appointments of the agency
4. the agency’s annual reports
5. details of consultation arrangements for members of the public to comment on specific policy proposals
6. information in documents to which the agency routinely gives access in response to requests under the FOI Act
7. information that the agency routinely provides to Parliament
8. details of an officer (or officers) who can be contacted about access to the agency’s information or documents under the FOI Act
9. The agency’s operational information (which is information that assists the agency to exercise its functions or powers in making decisions or recommendations that affect members of the public. This includes the agency’s rules, guidelines, practices and precedents relating to those decisions and recommendations.)
* Agencies must ensure that information published under the information publication scheme is accurate, up to date and complete.
* Compliance with the policy appears quite strong. For example, it was noted that the DoH, FSANZ and the NHMRC have all developed and published online their Plans for meeting the requirements of the Information Publication Scheme

Requirements for annual reports [Public Governance, Performance and Accountability Act](http://www.finance.gov.au/resource-management/pgpa-legislation/) requires all Commonwealth entities to prepare and publish an Annual Performance Statement each year. As part of a whole-of-government performance framework, the Department of Finance has published guidance on the Annual Performance Statement requirements ([ref](http://www.finance.gov.au/resource-management/performance/)). Principles on open public sector informationThe OAIC has developed ‘Principles on open public sector information’ that defines standards and principles on government information management practices ([ref](https://www.oaic.gov.au/information-policy/information-policy-resources/principles-on-open-public-sector-information)). The principles are applied in monitoring government agency compliance with relevant legislation but are not legally binding. They underpin the democratic premise that public sector information is a national resource that should be available for community access and use unless there is a legal need to protect it. Open Government Partnership* The Open Government Partnership (OGP) *is a multilateral initiative that aims to secure concrete commitments from governments to open government principles in four key areas: Fiscal Transparency, Access to Information, Income and Asset Disclosures, and Citizen Engagement*. *To become a member of OGP, participating countries must endorse a high-level Open Government Declaration, deliver a country action plan developed with public consultation, and commit to independent reporting on their progress going forward (*[*ref*](http://www.opengovpartnership.org/about)*).*
* In November 2015 the Federal Government committed to finalising membership of the OGP.
* On 7 December 2015, the Prime Minister released the Australian Government Public Data Policy Statement which *commits to optimise the use and reuse of public data; to release non-sensitive data as open by default; and to collaborate with the private and research sectors to extend the value of public data for the benefit of the Australian public* ([ref](http://www.dpmc.gov.au/resource-centre/data/australian-government-public-data-policy-statement)).
* The Federal Government, led by the Department of the Prime Minister and Cabinet, has commenced a process of public consultation to develop an [Australian Government National Action Plan](https://ogpau.govspace.gov.au/national-action-plan/) for open government in line with criteria set by the OGP. This process has not yet been finalised ([ref](https://ogpau.govspace.gov.au/)).
* The Federal Government had indicated that the National Action Plan will focus on: Improving Public Services, and More Effectively Managing Public Resources but there has been no public consultation on the other challenges identified by the OGP, including Increasing Public Integrity (‘measures that address corruption and public ethics, access to information, campaign finance reform, and media and civil society freedom’) ([ref](http://transparency.org.au/wp-content/uploads/2016/01/PP5-Open-Government-Rights-to-Information-Transparency-International-Australia-Jan-2016.pdf))

Open Budget Survey ([ref](http://www.internationalbudget.org/))The International Budget Partnership operates the Open Budget Initiative - a global research and advocacy program to promote public access to budget information and the adoption of accountable budget systems. To date, Australia has not been included in the Open Budget Survey so it is not possible to determine our international ranking. Corruption Perceptions Index 2015 ([ref](http://www.transparency.org/country/#AUS))Transparency International’s Corruption Perceptions Index ranks countries based on how corrupt a country’s public sector is perceived to be. It is a composite index, drawing on corruption-related data from expert and business surveys carried out by a variety of independent and reputable institutions. For 2015, Australia scored 79/100 (0 being very corrupt and 100 being very clean) and was ranked 13 out of 168 assessed countries.  |
| Comments/ notes |  |

# Policy area: Monitoring & Intelligence

Food-EPI vision statement: 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

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| **MONIT1** Monitoring food environments |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation
* Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular:
* Monitoring of compliance with voluntary food composition standards related to nutrients of concern in packaged food products or out-of-home meals (as defined in the ‘Food composition’ domain)
* Monitoring of compliance with food labelling regulations (as defined in the ‘Food labelling’ domain above)
* Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings (as defined in the ‘Food promotion’ domain above)
* Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food provision’ domain above)
 |
| International examples | * Many countries 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.
* New Zealand: A national School and Early Childhood Education Services (ECES) 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.
* UK: 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.
 |
| Context |  |
| Policy details | Monitoring of food labellingAll packaged foods sold in Australia must comply with the labelling requirements of the Australia New Zealand Food Standards Code (‘Food Standards Code’) which is enforced by States and Territories through their Food Acts and by the Department of Agriculture and Water Resources for imported products.Monitoring claimsOne of the roles of the ISFR (see PLAT1 for more information) is to conduct surveillance and monitoring activities, such as analytical food surveys, to monitor the food supply and gather data to inform either new or existing food standards ([ref](http://www.foodstandards.gov.au/science/surveillance/pages/isccomponent1.aspx)). The 2015-18 Coordinated Food Survey Plan for the ISFR indicates activities (relevant to this indicator) for this period will include a coordinated survey of nutrition, health and related claims that will be led by the Nutrition and Health Claims Implementation Working Group.Monitoring of Health Star Rating Monitoring of the HSR system is being undertaken to inform evaluation of the system and to assess potential anomalies that may be identified within the HSR Calculator (see LABEL3). For more detailed information, see MONIT5.Monitoring of food composition for nutrients of concernNUTTAB 2010 ([ref](http://www.foodstandards.gov.au/science/monitoringnutrients/nutrientables/Pages/default.aspx))* NUTTAB 2010 contains nutrient data for 2668 foods available in Australia and up to 245 nutrients per food. Foods selected for analysis are those that are staples in our diet or commonly used ingredients in other foods.
* This includes energy (kj), total fat, fatty acids, total sugars and sodium, along with other macronutrients, vitamins and minerals.
* Most data in NUTTAB 2010 is from nutrient analysis undertaken from the 1980s onwards, although including new data generated in 2006 and 2008 for a range of foods and nutrients. Much of the sodium, fat and fatty acid data is from nutrient analysis undertaken in 2009.
* Nearly all data in NUTTAB is analysed; only a small proportion of data comes from other sources such as recipe calculations or food labels.
* Some additional foods and beverages were updated in mid-2014. The results will be used in future releases of the FSANZ reference database NUTTAB ([ref](http://www.foodstandards.gov.au/science/monitoringnutrients/nutrientables/Pages/2014-15-key-foods-analytical-program.aspx)).
* In October 2015, FSANZ issued a call for nutrient composition data from external bodies such as universities, food and health bodies and the food industry for inclusion in the next edition of NUTTAB​.
* *An updated NUTTAB database, containing analytical data generated or received since the previous publication is expected to be available by the end of 2016* (personal communication 20/6/16, Federal Government representative)*.*

AUSNUT 2011-13 ([ref](http://www.foodstandards.gov.au/science/monitoringnutrients/ausnut/Pages/about.aspx))* AUSNUT 2011–13 is a set of files that enables food, dietary supplement and nutrient intake estimates to be made from the 2011‒13 Australian Health Survey (AHS). It includes foods and dietary supplements consumed as part of the 2011‒12 National Nutrition and Physical Activity Survey (NNPAS) and the 2012‒13 National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey (NATSINPAS) components of the AHS.

Trans fatty acid monitoring* In response to Recommendation 13 of the Labelling Logic report (see LABEL1), in 2013 FSANZ undertook a technical evaluation which included a survey aimed to establish current levels of TFAs in a range of processed and takeaway foods available in Australia and New Zealand ([ref](http://www.foodstandards.gov.au/consumer/labelling/review/Documents/SD1%20Analytical%20survey.pdf))
* A total of 500 samples from 39 different product categories were collected from New South Wales, Western Australia, New Zealand, South Australia, Tasmania, Queensland and Victoria, over a two week period in October 2013.
* A similar survey had been undertaken in 2009

FoodTrack™* In 2014, the Heart Foundation and CSIRO (a Federal Government entity) developed FoodTrack™ - a technology-based supermarket nutrition data collection model. It consists of a smart-phone application (app), a cloud-based database and a web portal.
* The app is used to collect product data (e.g. brand, NIP, ingredients, front-of-pack images, product information) from fresh and packaged foods in major Australian supermarkets. This data will be updated on an annual basis.
* After the first year of implementation (2014-2015), FoodTrack™ contained nutrition and product data for over 13,000 food products across all major food and beverage categories in Australians supermarkets.
* FoodTrack™ is being used to monitor the HSR system

Monitoring of nutritional quality of food in schools and ECESMonitoring of school and ECES environments would be the responsibility of States and Territories (see PROV2). Monitoring of nutritional quality of food in public sector settingsTo our knowledge there is no monitoring of the nutritional quality of food in public sector settings (noting that the majority of these settings would be the responsibility of States and Territories – see PROV2)Monitoring of marketing of unhealthy foods to childrenTo our knowledge there is no monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings by the Federal government Monitoring of other food environmentsAustralian Dietary Guidelines Price IndexesThe ABS, in partnership with the DoH, has analysed historical Consumer Price Index (CPI) data with reference to the 2013 ADG food groups to construct new ADG Price Indexes (ADGPIs). The ADGPIs measure the rate of price change over time. Analysis includes the five core food groups, as well as two non-core categories for 'discretionary' and 'oils and fats'. The project aims to inform the community about long term price change for food and beverages. ([ref](http://abs.gov.au/ausstats/abs%40.nsf/products/3D5F8447CDA65199CA257F45000D7DD9?OpenDocument)) |
| Comments/ notes | The Australia Total Diet Study, coordinated by FSANZ, is Australia’s most comprehensive assessment of consumers’ dietary exposure (intake) to pesticide residues, contaminants and other substances, including some nutrients. It does not routinely assess food and nutrient composition. |

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| **MONIT2** Monitoring nutrition status and intakes |
| Food-EPI good practice statement There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels |
| Definitions and scope | * Includes monitoring of adult and child intake in line with the Australian Dietary Guidelines
* Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)
* ‘Regular’ is considered to be every five years or more frequently
 |
| International examples | * USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year.
 |
| Context | National Health SurveyThe National Health Survey has been conducted by the ABS since the 1970s ([ref).](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~About%20the%20National%20Health%20Survey~3) Since 2001 the Department of Health has funded the National Health Survey roughly every 3 years. The latest survey was conducted from July 2014 to June 2015 in all states and territories and across urban, rural and remote areas of Australia (other than very remote areas), and included around 19,000 children and adults in nearly 15,000 private dwellings ([ref).](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~About%20the%20National%20Health%20Survey~3)Australian Health Survey: National Nutrition and Physical Activity Survey (NNPAS)The AHS was a large, nationally representative suite of surveys of the health status of the Australian population (66). It is the most comprehensive study of the health of Australian adults and children ever undertaken. The AHS was conducted by the ABS in 2011-13 with funding provided through the ABS health survey program, the Department of Health and the National Heart Foundation of Australia ([ref](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/4364.0.55.001Chapter1202011-12)). The survey contains a sample of approximately 9,500 private dwellings across Australia. Urban and rural areas in all states and territories were included, while Very Remote areas of Australia and discrete Aboriginal and Torres Strait Islander communities were excluded ([ref](http://www.abs.gov.au/AUSSTATS/abs%40.nsf/Lookup/4364.0.55.007Explanatory%20Notes12011-12?OpenDocument)). The AHS is made up of the National Health Survey, the NNPAS and the National Health Measures Survey. The AHS also had a nationally representative sample of around 13,400 Aboriginal and Torres Strait Islander people. It was conducted in non-remote areas and remote areas across Australia, including discrete communities. The survey structure is the same and comprised the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey (NATSINPAS) and the National Aboriginal and Torres Strait Islander Health Measures Survey ([ref](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%20Subject/4364.0.55.009~2011-12~Main%20Features~The%20Structure%20of%20the%20Australian%20Health%20Survey~11)).2007 Australian National Children's Nutrition and Physical Activity Survey ([ref](https://www.health.gov.au/internet/main/publishing.nsf/Content/8F4516D5FAC0700ACA257BF0001E0109/%24File/childrens-nut-phys-survey.pdf))The Australian Government provided the following information (personal communication, 8/3/16, Federal Government representative):*The Department of Health, the (then) Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council (AFGC), each contributed $1 million to fund the 2007 Australian National Children's Nutrition and Physical Activity Survey.* |
| Policy details | National Health Survey* The National Health Survey only collects minimal data on adult and childhood nutrition status and population intakes. The 2014-15 survey assessed breastfeeding, intake of fruit and vegetables, type of milk, and whether salt is added to meals.
* *The ABS intends to remove the milk and salt questions from future National Health Surveys* (personal communication, 20/6/16, Federal Government representative).

Australian Health SurveyThe 2011-12 NNPAS and 2012-13 NATSINPAS, had a focus on foods and nutrients consumed and selected dietary behaviours (66). They contain food and nutrient information from a 24-hour dietary recall and information on selected dietary behaviours. Foods are categorised into major, sub-major and minor foods groups and analysis includes (66):* Proportion of persons consuming foods groups
* Energy intake and nutrient intakes [macronutrients (including types of fat), and selected micronutrients]
* Mean contribution to energy intake of protein, fat and carbohydrate and alcohol
* Proportion of energy from food groups and discretionary foods (soft drinks, snack food, confectionary)

Several publications and data cubes are now available online, for example:* National data on consumption of added sugars ([ref](http://www.abs.gov.au/AUSSTATS/abs%40.nsf/DetailsPage/4364.0.55.0112011-12?OpenDocument))
* National data on consumption of food groups from the ADGs [(ref](http://www.abs.gov.au/AUSSTATS/abs%40.nsf/DetailsPage/4364.0.55.0122011-12?OpenDocument))
* State and Territory data on dietary behaviours, and consumption of selected foods and nutrients ([ref](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/3A04B813D2132333CA257E5F0016080D/%24File/australian%20health%20survey-%20nutrition%20-%20state%20and%20territory%20results.pdf))

The Federal Government provided the following information (personal communication, email, 8/3/16, Federal Government representative)* *The Department of Health is currently working with the Australian Bureau of Statics to analyse the Australian Health Survey data to assess the population’s intakes of added sugars, and adherence to the recommendations in the Australian Dietary Guidelines. Results of these projects will be released in April and May respectively, with results for the Indigenous population being released in the second half of 2016.*
* *The Australian Bureau of Statistics is currently undertaking an evaluation of the Australian Health Survey which is considering the frequency of future food and nutrition surveys, amongst other things.*
* *From 2014/15, the ABS National Health Survey (NHS) will revert to its traditional form.*
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| Comments/ notes |  |

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| **MONIT3** Monitoring Body Mass Index (BMI) |
| Food-EPI good practice statement There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements. |
| Definitions and scope | * Anthropometric measurements include height, weight and waist circumference
* ‘Regular’ is considered to be every five years or more frequently
 |
| International examples | * UK: The National Child Measurement Programme measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. Participation in the programme is not compulsory, but non-participation is on an opt-out basis only, resulting in more accurate data.
 |
| Context | See MONIT2 context. |
| Policy details | National Health Survey* The 2014-15 National Health Survey collected measured height, weight and waist circumference of adults and children aged 2 years and over. The non-response rate for a BMI calculation was 26.8% ([ref](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/%24File/national%20health%20survey%20first%20results%2C%202014-15.pdf))
* Self-reported height and weight was last collected by the 2007–08 NHS.
* *The ABS plans to collect both measured and self-reported height, weight and waist circumference in 2017-18 and beyond* (personal communication, 20/6/16, Federal Government representative).

Australian Health SurveyThe 2011-12 NNPAS and 2012-13 National Aboriginal and Torres Strait Islander Health Survey (undertaken as part of the AHS) also measured height, weight and waist circumference for adults and children aged 2 years and above. 83.5% of the national sample ([ref](http://www.abs.gov.au/ausstats/abs%40.nsf/lookup/33C64022ABB5ECD5CA257B8200179437?opendocument)) and 80.6% of the Aboriginal and Torres Strait Islander survey sample people had their height and weight recorded ([ref](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/A07BD8674C37D838CA257C2F001459FA?opendocument)). |
| Comments/ notes |  |

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| **MONIT4** Monitoring NCD risk factors and prevalence |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Other NCD risk factors (not already covered by ‘MONIT1’, ‘MONIT2’ and ‘MONIT3’) include level of physical activity, smoking, alcohol consumption.
* Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers
* ‘Regular’ is considered to be every five years or more frequently
* May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
 |
| International examples | * Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors
 |
| Context | See MONIT2 context.The Australian Institute of Health and Welfare (AIHW), a Federal Government agency, undertakes extensive analysis and reporting on risk factors and occurrence rates of chronic conditions, both independently and in partnership with the ABS, state and territory governments and other organisations. |
| Policy details | National Health SurveyRisk factors and NCDsThe National Health Survey includes self-reported information about the health status of Australians including the prevalence of long-term health conditions, many of which are related to diet, including:* Cancer
* High cholesterol
* Diabetes
* Heart, stroke and vascular disease
* Hypertension (collected through objective blood pressure measurement)
* Kidney disease

The incidence of these conditions is also reported in relation to BMI, adherence to dietary guidelines and alcohol consumption (amongst others). Data are also collected for a range of chronic disease risk factors such as BMI (see MONIT3), some dietary intake data (see MONIT1), physical activity, smoking and alcohol intake.Australian Health Survey* The 2011-12 National Health Measures Survey (part of the AHS) also collective biomedical data such as HbA1c and Fasting Plasma Glucose (measures related to diabetes), and total cholesterol, HDL, LDL cholesterol.
* The 2011-12 NNPAS (part of the AHS)
* The 2012-13 National Aboriginal and Torres Strait Islander Health Survey (part of the AHS) collected self-reported data on chronic disease risk factors and prevalence, and measured blood pressure data. This was complemented by objective biomedical data collected in the National Aboriginal and Torres Strait Islander Health Measures Survey, and data on chronic disease risk factors relating to diet and physical activity were collected in the NATSINPAS.

Other targeted surveys* The National Drug Strategy Household Survey has been conducted since the mid 1990’s. It details alcohol prevalence and consumption at population levels every three years.
* Tobacco prevalence in Australia is monitored through a number of national surveys, including; the AIHW’s National Drug Strategy Household Survey; Australian Bureau of Statistics National Health Survey; and Australian Secondary School Students’ Alcohol and Drug Survey, led by Cancer Council Victoria (with funding from the Federal Department of Health)
* AIHW's National Centre for Monitoring Vascular Diseases - including cardiovascular disease, diabetes and chronic kidney disease―was established in 2013 to integrate monitoring and reporting information on these three diseases. The role of the NCMVD is to develop and maintain a comprehensive national system for the monitoring and surveillance of cardiovascular disease, diabetes and chronic kidney disease, along with their associated risk factors.

Mortality dataMortality data are available from a number of government databases including:* National Mortality Database (<http://www.aihw.gov.au/deaths/aihw-deaths-data/>)
* National Hospital Morbidity Database (<http://www.aihw.gov.au/hospitals-data/national-hospital-morbidity-database/>)
* Australian Cancer Database (<http://www.aihw.gov.au/australian-cancer-database/>).
 |
| Comments/ notes |  |

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| **MONIT5** Evaluation of major programmes |
| Food-EPI good practice statement There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans  |
| Definitions and scope | * Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required
* Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan
* The definition of a major programs and policies is to be defined by the relevant government department
* Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
 |
| International examples | * USA: 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.
 |
| Context |  |
| Policy details | Evaluation Centre of ExcellenceThe Federal Government provided the following information (personal communication, 15/4/16, Federal Government representative):*The Department of Health has established an Evaluation Centre of Excellence (ECoE) to support robust programme evaluation to:* * *better inform on policy and programme relevance and value for money;*
* *identify excellence and opportunities for improvement;*
* *increase programme performance and financial accountability; and*
* *improve policy and programme development.*

*The ECoE provides advice and guidance on evaluation across the department, is leading the development of evaluation approaches, and promotes the use of evaluation to inform policy and programme improvement. The ECoE is strongly aligned with the department’s strategic intent; the ECoE contributes to shape the health system through informing evidence based policy and targeting programmes.**The initial objectives of the ECoE include:** *providing advice on evaluation design, conduct and analysis – performing as the department’s internal consultant.*
* *leading the development and implementation of an Evaluation Strategy for the department.*
* *supporting evaluation considerations in new policy proposals.*
* *engaging stakeholders to build relationships and understanding on evaluation.*

Policy on evaluation*No formal policy on evaluation requirements currently exist in the Department of Health. It is usual practice for evaluation requirements to be determined and actioned by program areas. Major policies and programs tend to have evaluations conducted to assess appropriateness, effectiveness and efficiency* (personal communication 20/6/16, Federal Government representative)**.**Evaluation of social marketing campaignsSocial marketing campaigns are developed and evaluated according to *The Guidelines on Information and Advertising by Non-corporate Commonwealth Agencies* ([ref](https://www.finance.gov.au/advertising/campaign-advertising/guidelines/)) which state that campaigns should:* be tested with the target audiences to indicate they are engaging and perform well against the objectives of the Campaign, and
* be evaluated to determine effectiveness.

*Campaign evaluations monitor awareness, recall and acceptance of campaign materials; changes in attitudes and knowledge; and intentions to change and actual changes in audience behaviours* (personal communication 20/6/16, Federal Government representative).Current evaluation activitiesThe Federal Government provided information on a number of current evaluation activities underway in relation to major policy and programs recently implemented including (personal communication, 15/4/16, Federal Government representative):* Evaluation of the 2011-13 Australian Health Survey with respect to new/expanded components (e.g. whether expectations were met, how data has been used, perceived value and expected impact, future data requirements, improvements for consideration, etc). The evaluation was undertaken in partnership by the Australian Bureau of Statistics and the Department of Health and involved an online survey being open to all relevant stakeholders and a series of workshops conducted in all capital cities so seek stakeholder feedback. The report from the evaluation is expected to be available later in 2016.
* Evaluation of the Health Star Rating system (see LABEL3 and MONIT1)
* Evaluation of the effectiveness of the mandatory fortification initiatives (with folic acid and iodine) implemented in 2009 to reduce the prevalence of neural tube defects in Australia, and to deal with the re-emergence of iodine deficiency in both Australia and New Zealand. *The impact and costs on the relevant food industry and enforcement agencies against the health impacts will be assessed.*
* *The Healthy Food Partnership Executive Committee in February 2016 agreed to establish a working group on overarching strategy and evaluation, so that this is built into all of the Partnership’s activities.*

Example: Health Star RatingThe Federal Government provided a comprehensive overview of the monitoring and evaluation plan in place (personal communication, 15/4/16, Federal Government representative):*Monitoring of the HSR system is being undertaken to inform the reviews. The HSR Advisory Committee has agreed that the areas of enquiry for the purposes of monitoring and evaluating the HSR system are:** label implementation and consistency with the HSR system Style Guide;
* consumer awareness and ability to use the HSR system correctly; and
* nutrient status of products carrying a HSR system label.

*In addition to reporting against the three areas of enquiry, the HSR Advisory Committee has agreed that the report on the review on progress at two years should also include:** *an update on the social marketing campaigns in Australia and New Zealand, including a summary of activities and outcomes of the evaluation;*
* *changes made to the governance arrangements for the system to more effectively and efficiently support its continued implementation;*
* *a summary of anomaly and dispute submissions received and considered by the Advisory Committee and the outcomes of the committees consideration;*
* *a summary of engagement and communication with stakeholders (including requests for information, media commentary, workshops and seminars etc.) and whether coverage has mainly been positive or negative;*
* *matters that warrant consideration within the context of the broader evaluation of the system after five years; and*
* *areas or activities that could be invested in to support the continued implementation of the system.*

*The National Heart Foundation of Australia (NHF) has been engaged to undertake data collection and analysis in Australia, for the three key areas of enquiry, for the initial two year period.* *In addition to reporting against the agreed areas of enquiry, the NHF will also undertake an audit of products against the Health Star Rating Calculator, and quarterly in store assessments of product on shelf.**The audit of products against the Health Star Rating Calculator is not a compliance activity but rather is being undertaken as a means of supporting food manufacturers and encouraging consumer confidence in the application of the system.**The quarterly in store assessment of the number of products on shelf will provide the ability to track the uptake of the system at regular intervals and to compare this to the uptake of other labelling systems, both domestically and internationally.* |
| Comments/ notes |  |

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| **MONIT6** Monitoring progress on reducing health inequalities |
| Food-EPI good practice statement Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored |
| Definitions and scope | * Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including (at a minimum) Aboriginal and Torres Strait Islanders, socio-economic brackets
* Includes reporting against targets or key performance indicators related to health inequalities
 |
| International examples | * New Zealand: All Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Māori and Pacific peoples), age, gender and Socioeconomic Deprivation Indexes.
 |
| Context | National Aboriginal and Torres Strait Islander Health Surveys* In 1995 and 2001 the National Health Survey included supplementary samples for the Aboriginal and Torres Strait Islander populations.
* The 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) had a sample size considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. This self-reported survey was conducted in remote and non-remote areas throughout Australia and designed to collect a range of information from Indigenous Australians about health related issues, including health status, risk factors (such as diet and physical activity) and actions, and socioeconomic circumstances.
 |
| Policy details | Measures of inequalities in surveys of the Australian population* Data from the National Health Survey, and the other surveys that were conducted as part of the Australian Health Survey, are reported by sex and age. Depending on the level of disaggregation desired, it is also possible to report these data by other measures of socio economic disadvantage such as remoteness, the Index of Relative Socio-Economic Disadvantage, country of birth, and Indigenous status.
* The Australian Bureau of Statistics Table Builder programme allows users to report nutrition, NCD and BMI data according to different measures of inequality.

Australian Aboriginal and Torres Strait Islander Health Survey* The Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (part of the AHS - For more information see MONIT2) had a nationally representative sample of around 13,400 Aboriginal and Torres Strait Islander people. It was conducted in non-remote areas and remote areas across Australia, including discrete communities and comprised the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey and the National Aboriginal and Torres Strait Islander Health Measures Survey ([ref).](http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%20Subject/4364.0.55.009~2011-12~Main%20Features~The%20Structure%20of%20the%20Australian%20Health%20Survey~11)
* The surveys included comprehensive monitoring of risk factors, chronic conditions and diseases, as well as biomedical data.
* Some data from these survey have been released to date and include comparisons of Aboriginal and Torres Strait Islander peoples with the non-Indigenous population as well as differences in remoteness.

Aboriginal and Torres Strait Islander Health Performance FrameworkThe Aboriginal and Torres Strait Islander HPF monitors progress in 68 performance measures for Aboriginal and Torres Strait Islander health outcomes (including NCDs), social determinants and behavioural factors (including nutrition and overweight/obesity), and health system performance. The biennial report has been released since 2006 and draws on 65 existing national datasets including the Census, health and social surveys, and administrative datasets such as health service and mortality data. The data monitors trends over time to track progress against the Closing the Gap Targets and the implementation of the National Aboriginal and Torres Strait Islander Health Plan. The report includes analysis of differences between Aboriginal and Torres Strait Islander and non-Indigenous Australians, as well as analysis by States/Territories and remoteness, and analysis by sociodemographic factors ([ref](http://www.health.gov.au/indigenous-hpf))([ref](http://www.aihw.gov.au/publication-detail/?id=60129550779)).Future plans for data collectionThe Federal Government provided the following information (personal communication, email, 8/3/16, Federal Government representative)* *The Department of Health is currently considering options for future plans for Aboriginal and Torres Strait Islander data collection*
* *All activities operating under the Indigenous Australians’ Health Programme (IAHP) and the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-2023 include a strong monitoring and evaluation component*

Social Health Atlas of AustraliaThe Federal Government provided the following information (personal communication, email, 15/4/16, Federal Government representative)* *The Public Health Information Development Unit (PHIDU), at Torrens University is funded by the Department of Health to promote and manage the collection, dissemination and utilisation of data for public health purposes through the maintenance of an Atlas of Social Health in Australia and small area statistics.*
* *The Atlas brings together a wide range of information about the health status, health risk factors and health service of the Australian population to inform preventive health policies and programmes. By presenting the data as maps, the Atlas provides a graphical representation of health inequalities, showing differences in the health indicators at the small area level (e.g. local government level, and primary health networks). Displaying this information across geographies informs stakeholders about the distribution of the social determinants of health such as age, gender, country of birth, indigenous status, remoteness, education, and income. The Atlas is a free online tool that is publically available through the PHIDU* [*website*.](http://www.publichealth.gov.au/phidu/)
 |
| Comments/ notes | It is outside the scope of this project to determine whether social determinants of health are regularly monitored. |

# Policy area: Funding & resources

Food-EPI vision statement: Sufficient funding is invested in ‘Population Nutrition’ to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and related inequalities

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| **FUND1** Population nutrition budget |
| Food-EPI good practice statement The ‘population nutrition’ 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 |
| Definitions and scope | * 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs
* The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition
* Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2015-16 financial year (regardless of revenue source), reported separately.
* The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full time equivalent persons in the workforce will be reported in ‘FUND4’
* Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case
* With regards to ‘health spending’, please provide the total budget of the Department of Health for the 2015-16 financial year
 |
| International examples | * New Zealand: 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.
* Thailand: 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.
 |
| Context | The Australian Government provided the following statements (personal communication, email, 8/3/16, Federal Government representative):* *The Department of Health is not able to report on the nutrition expenditure for the 2015-16 financial year. Finances in the Department are not allocated to specific units.*
* *The Department’s expenditure in public health nutrition cuts across a range of topics and the Department’s financial reporting systems to not allow calculation of expenditure on particular topics.*
* *Requesting information about the Department of Health’s nutrition unit’s expenditure does not adequately account for the public health nutrition activities implemented by the Federal Government. For example, Food Standards Australia New Zealand, in particular, also works directly on a number of public health nutrition activities. Other Federal Government agencies/Departments also work in public health nutrition, such as the Australian Institute of Health and Welfare, Australian Bureau of Statistics and the Department of Prime Minister and Cabinet.*
* *In addition, the Department is structured in such a way that sections outside of the dedicated Nutrition Unit (the Food and Nutrition Policy Section) work directly on nutrition topics- for example the Health Star Rating system and the Healthy Food Partnership are not managed by the Food and Nutrition Policy Section, and therefore requesting information on the expenditure by the nutrition unit (if it were possible to report) would not capture these activities.*
* *The Department of Health also utilises the in-kind contribution of expertise from nutrition experts for various projects (for example, the Health Star Rating Advisory Committee) which would not be reflected in the financial information.*
* *The Federal and State and Territory Health Departments have different but complimentary roles in public health nutrition and it would not be appropriate to report the food and nutrition budget compared to NCD burden without considering state and territory activities*
 |
| Policy details | Workforce costs *Not possible to report* (personal communication, 8/3/16, Federal Government representative).Program budget*Not possible to report* (personal communication, 8/3/16, Federal Government representative).  |
| Comments/ notes | **THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT*** Budgets will be reported with consideration of population size
* Costs of the diet-related NCD burden will not be collected or compared at the State level
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| **FUND2** Research funding for obesity & NCD prevention |
| Food-EPI good practice statement Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities |
| Definitions and scope | * Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks
* Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention)
* It is limited to research projects committed to or conducted within the last 12 months.
* Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel
* Excludes evaluation of interventions (this is explored in ‘MONIT5’ and should be part of an overall program budget)
 |
| International examples | * Australia: The 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.
* New Zealand: 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.
 |
| Context |  |
| Policy details | Australian Government Science and Research PrioritiesThe Federal Government Science and Research Priorities (the Priorities) intend to focus Federal Government support for science and research on areas of immediate and critical importance ([ref](http://www.science.gov.au/scienceGov/ScienceAndResearchPriorities/Pages/OverviewAndBackground.aspx)). They are:* Food
* Soil and Water
* Transport
* Cybersecurity
* Energy
* Resources
* Advanced Manufacturing
* Environmental Change, and
* Health

In relation to the priority of ‘food’, supporting documentation states: *‘Departments and agencies should give priority to research that will lead to…knowledge of the social, economic and other barriers to achieving access to healthy Australian foods* ([ref](http://www.science.gov.au/scienceGov/ScienceAndResearchPriorities/Pages/OverviewAndBackground.aspx))*.’*In relation to the priority of ‘health’, supporting documentation states: ‘*Australia’s health needs must be addressed at both the individual and population level, and must recognise that health or “wellness” is not simply the absence of disease or infirmity. Good health requires the development of treatments, solutions and preventative strategies to improve physical and mental well-being* ([ref](http://www.science.gov.au/scienceGov/ScienceAndResearchPriorities/Pages/OverviewAndBackground.aspx))’NHMRC National Health Priority AreasThe NHMRC Corporate Plan articulates the NHPAs ([ref](https://www.nhmrc.gov.au/guidelines-publications/nh168)). *The NHPAs have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. The NHPAs underpin much of the work undertaken by NHMRC, with funding for research and translation activities being provided across all these areas, reflecting the strengths and interests of researchers.* For 2015-16 the NHPAs are: * dementia
* obesity
* arthritis and musculoskeletal conditions
* asthma
* diabetes mellitus
* mental health
* injury prevention and control
* cardiovascular health
* cancer control

The NHMRC Corporate Plan also identifies seven major health issues relevant to the next four years (two of which are relevant to this assessment) ([ref](https://www.nhmrc.gov.au/guidelines-publications/nh168)):* Improve the health of Aboriginal and Torres Strait Islander peoples: *The health of Aboriginal and Torres Strait Islander peoples remains a critical issue for Australia. Support of health and medical research and research translation is central to achieving improvements in this area. It is also important to increase the numbers of Aboriginal and Torres Strait Islander researchers and recognise the diversity of Aboriginal and Torres Strait Islander peoples and communities, and how this diversity relates to health issues in these communities.*
* Address the social, environmental and community dimensions of health: *This issue encompasses environmental and public health, and health services, including the social determinants of health and health inequalities, in terms of both health outcomes and access to health care across the life span. The connections between health literacy and health are also important to understand and tackle.*

Targeted call for research* In June 2015, the NHMRC opened a Targeted Call for Research related to preventing obesity in 18–24 year olds. The research question to address was: How can young adults be engaged and retained in successful interventions that lead to healthy eating and a reduced risk of obesity for Australians?

NHMRC funding allocation*In 2015-16, the NHMRC provided $113.9 million in funding research focussed on non-communicable diseases and their prevention. Of this, $34 million was allocated to obesity and its prevention* (personal communication, email, 8/3/16, Federal Government representative)*.* The Australian Prevention Partnership CentreThe Australian Prevention Partnership Centre is funded by the NHMRC with co-funding from the Federal Government Department of Health, the NSW Ministry of Health, ACT Health, HCF, and the HCF Research Foundation. The $22.6 million partnership research centre’s goal is to tackle the rising prevalence of chronic disease in Australia ([ref](https://www.nhmrc.gov.au/grants-funding/apply-funding/partnerships-better-health/partnerships-centres)). |
| Comments/ notes |  |

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| **FUND3** Health promotion agency |
| Food-EPI good practice statement There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition |
| Definitions and scope | * Agency was established through legislation
* Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website
* Secure funding stream involves the use of a hypothecated tax or other secure source
 |
| International examples | * Thailand: The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act in 2001 as a dedicated health promotion agency. ThaiHealth’s annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers.
* Victoria, Australia: 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.
 |
| Context | Australian National Preventive Health AgencyThe Australian National Preventive Health Agency (ANPHA) was established in 2011 under the [Australian National Preventive Health Agency Act 2010](http://www.comlaw.gov.au/Series/C2010A00134). The Agency was a statutory authority, in the Health portfolio, responsible through its CEO to the Federal Minister for Health. The ANPHA sought to provide policy leadership and [establish] partnerships with Commonwealth, state and territory governments, community health promotion organisations, industry and primary health care providers. The main focus of the ANPHA was on alcohol, tobacco and obesity ([ref](http://health.gov.au/internet/anpha/publishing.nsf/Content/about-us)).The Federal Government provided the following information (personal communication, 8/3/16, Federal Government representative):* *ANPHA was established in 2010 with a primary focus on tobacco, alcohol and obesity. In the 2014-15 Federal Budget, ANPHA’s budget was transferred to the Department of Health to reduce duplication under a savings measure.*
* *ANPHA ceased operating on 1 July 2014. Essential ongoing functions were reintegrated into the Department of Health and the ANPHA CEO resigned as of 2 January 2015. The closure of ANPHA streamlined and provided better coordination of preventive health efforts that were spread across the Federal Government health portfolio agencies and removes unnecessary duplication, regulation and costs. The Department of Health’s policy work includes preventive health. This policy work includes alcohol, tobacco, obesity and related chronic disease. Existing preventive health efforts include activities addressing healthy eating, physical activity, tobacco use, alcohol, research, immunisation, mental health initiates and cancer screening.*
* *Preventive health initiatives continue to be implemented. The Government’s role in preventive health includes supporting people to take personal responsibility for their health by improving their lifestyle-related risk factors.*
* *The Federal Government’s focus includes providing evidence-based population health information so that people are in the best position to make informed decisions and take control of their own health and wellbeing.*
 |
| Policy details | There is currently no statutory health promotion agency of the Australian Federal Government. The previous equivalent body, the ANPHA, was abolished by the current government. *The Preventive Health Policy Branch, within the Population Health and Sport Division has responsibility for developing and managing the Department’s preventive health policies and programs (personal communication, 20/6/16, Federal Government representative).* |
| Comments/ notes |  |

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| **FUND4** Government workforce to support public health nutrition |
| Food-EPI good practice statement The capacity (numbers) of the government's public health nutrition workforce is commensurate with the size of the food and nutrition problems of the population and government resources for health |
| Definitions and scope | * Estimate of the number of full time equivalent persons employed by the unit within the Department of Health that has primary responsibility for population nutrition (see more specific criteria defined in FUND1)
 |
| International examples | There are currently no international examples available. |
| Context | The Federal Government provided the following information (personal communication, 15/4/16, Federal Government representative):* *Requesting information only about the Department of Health’s nutrition unit does not adequately account for the public health nutrition workforce employed in the Federal Government. For example, nutrition work is spread throughout the Department such as in the Indigenous health Division. In addition, other Government agencies contribute to public health nutrition such as Food Standards Australia New Zealand in particular. The Australian Institute of Health and Welfare, Australian Bureau of Statistics, Department of Prime Minister and Cabinet and National Health and Medical Research Council also work on public health nutrition.*
* *The Department’s senior executive also work directly on public health nutrition activities, with the Secretary and Deputy Secretary engaging on these topics as required.*
* *Staff in the Department of Health and other Federal Government agencies/Departments take on a mix of work activities in their day-to-day role, even within the nutrition unit, staff work on topics such as food regulation, and public health nutrition (including the prevention of micronutrient deficiencies which is out-of- scope) and it is not possible to separate the workload of these staff and allocate ASL to particular topics.*
* *The Department is structured in such a way that staff outside of the dedicated Nutrition Unit work directly on nutrition topics- for example the Health Star Rating system and the Healthy Food Partnership are not managed by the Food and Nutrition Policy Section, however, the section has policy oversight on the work.*
* *In light of the above, the staff numbers provided is broader than just the Department’s staff within the dedicated nutrition unit, includes sections in the Department of Health, and other Departments, and is not adjusted for time spent on particular nutrition projects.*
 |
| Policy details | The total staff working on public health nutrition, including the prevention of diet-related non-communicable diseases across the Federal Government is estimated to be 169 (personal communication, 15/4/16, Federal Government representative). |
| Comments/ notes | *Comparability of workforces internationally is difficult, given differences in the way Governments structure their workforce and public health administration. For example, community based nutritionists are not employed by the Federal Department of Health, however, other countries may do so* (personal communication, 15/4/16, Federal Government representative).**THIS INDICATOR WILL NOT BE ASSESSED AS PART OF THIS PROJECT** |

# Policy area: Platforms for Interaction

Food-EPI vision statement: 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

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| **PLATF1** Coordination mechanisms (national, state and local government) |
| Food-EPI good practice statement There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments |
| Definitions and scope | * Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.
* Includes cross-government or cross-departmental shared priorities, targets or objectives
* Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments
* Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy
 |
| International examples | * Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Federal Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association.
* ACT, Australia: ‘Towards Zero Growth Healthy Weight Action Plan’ is a whole-of-government strategy to reduce overweight and obesity. The strategy identified themes that will be led by implementation groups from different ACT Government directorates that are required to report quarterly to the Chief Minister on progress.
* 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 multi-sectoral 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 over-nutrition and NCDs.
 |
| Context | Food Regulation Agreement (FRA)The FRA, including the Model Food Provisions contained in Annex A and Annex B, was signed by the Council of Australian Governments (COAG) in November 2000 (and has been amended several times since). The FRA is an agreement between the Federal Government and all States and Territories to maintain a co-operative national system of food regulation. One of the key objectives of the agreement is to: ‘*provide a consistent regulatory approach across Australia through nationally agreed policy, standards and enforcement procedures’.*Under the FRA, it is stipulated that States’ and Territories’ Food Acts and other food-related legislation should *‘provide for the effective and consistent administration and enforcement of the Food Standards Code’* and details the requirements to maintain national consistency. |
| Policy details | Council of Australian Governments (COAG)* The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia for health
* The COAG Health Council and its advisory body, the AHMAC, provide a mechanism for the Australian Government, the New Zealand Government and state and territory governments to discuss matters of mutual interest concerning health policy, services and programs ([ref](http://www.coaghealthcouncil.gov.au/))

Australia and New Zealand Ministerial Forum on Food Regulation * Australia and New Zealand Ministerial Forum on Food Regulation (convening as the Australia and New Zealand Food Regulation Ministerial Council) *is primarily responsible for the development of domestic food regulatory policy and the development of policy guidelines for setting domestic food standards. The Forum also has the capacity to adopt, amend or reject standards and to request that these be reviewed (*[*ref*](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-anz.htm)*)*
* [Membership of the Forum](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-members.htm) comprises a Minister from New Zealand and the Health Ministers from Australian States and Territories, the Federal Government as well as other Ministers from related portfolios (Primary Industries, Consumer Affairs etc) where these have been nominated by their jurisdictions. This ensures a whole-of-food chain approach to food safety regulation. Each jurisdiction has a Lead Minister for voting purposes *(*[*ref*](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-anz.htm)*)*.

Food Regulation Standing Committee (FRSC)* The FRSC is the sub-committee of the Australia and New Zealand Ministerial Forum on Food Regulation ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-standing.htm))
* Membership of FRSC comprises senior officials of Departments for which the Ministers represented on the Forum have portfolio responsibility.
* FRSC is responsible for coordinating policy advice to the Forum and ensuring a nationally consistent approach to the implementation and enforcement of food standards. It also advises the Forum on the initiation, review and development of FRSC activities.

Implementation Sub-Committee (ISC)* ISFR was set up by the FRSC to foster a consistent approach across jurisdictions to implementing and enforcing food regulation ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-isc9.htm)).
* [ISFR members](http://www.health.gov.au/internet/main/publishing.nsf/Content/foodsecretariat-isc-membership-of-the-implementation-sub-committee) are either heads of agencies or senior operational experts who can make and implement decisions about compliance and enforcement issues in their jurisdictions.

FSANZ Jurisdictional Technical Forum*This forum was established by FSANZ to provide jurisdictions with the opportunity to discuss issues related to standards development work before standards are finalised and to provide FSANZ with the opportunity to seek comment on possible issues of concern* (personal communication, email, 15/4/16, Federal Government representative).**FSANZ Jurisdictional Policy Forum***The Jurisdictional Policy Forum was established by FSANZ in 2015 to provide a high level consultative mechanism for discussion on food regulation policy matters arising from FSANZ’s work program, prior to any consideration by the Food Regulation Standing Committee* (personal communication, email, 15/4/16, Federal Government representative).State and Territory nutrition network*The Federal Government also participates in regular teleconferences with state and territory Government nutrition staff to update each other on work and identify opportunities to share information and to collaborate* (personal communication, 15/4/16, Federal Government representative).Policy-specific platformsOther platforms for national coordination of specific food policies are established as required. For example, a number of coordination structures were established to support the development and implementation of the HSR system:Front-of-Pack Labelling Steering Committee (Steering Committee)*This group includes senior representatives from the Australian, state and territory governments, New Zealand government and a representative from the Australian Health Ministers’ Advisory Council. The Steering Committee was responsible for leading the process for developing the system with industry, public health and consumer groups, through a Project Committee, and reports to the Forum. The Project Committee also had two working groups, on technical design and on implementation. These three committees have now ceased and the HSRAC reports through the Food Regulation Standing Committee* (personal communication, email, 15/4/16, Federal Government representative)Health Star Rating Advisory Committee (HSRAC)*This group is responsible for overseeing the implementation and evaluation of the HSR system. This includes the assessment of potential anomalies that may be identified within the HSR Calculator. Members are from the New Zealand and Australian state and territory governments as well as representatives from industry, public health and consumer groups.**HSRAC has a sub-group – the Social Marketing Advisory group, which has representatives from Australian states and territories, food industry and public health*  (personal communication, 15/4/16, Federal Government representative)National Diabetes Strategy*The Australian National Diabetes Strategy 2016-2020 is supported by all Australian jurisdictions through endorsement by Australian Health Ministers. The Strategy recognises the importance of a coordinated approach to managing diabetes – one which spans all levels of government and the healthcare industry. A cross-jurisdictional Implementation Working Group of has been established to operationalise each of the Strategy’s goals through the development of an Implementation Plan that will recommend ways to direct funding in a cost-effective and sustainable way to agreed actions over the life of the Strategy. The implementation plan will be finalised by the end of 2016* (personal communication 15/4/16 and 20/6/16, Federal Government representative).National Strategic Framework for Chronic Conditions* *The National Strategic Framework for Chronic Conditions is being developed in partnership with State and Territory Governments, under the auspice of the Australian Health Minister’s Advisory Council (AHMAC)* ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc))
* *A Jurisdictional Working Group has been established under the Community Care and Population Health Principal Committee of the AHMAC, to work with the Commonwealth throughout this project. This group includes representatives from each state and territory, as well as representatives from New Zealand and the National Aboriginal and Torres Strait Islander Health Standing Committee* ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc)).
 |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level.** |

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| **PLATF2** Platforms for government and food sector interaction |
| Food-EPI good practice statement There are formal platforms between government and the commercial food sector to implement healthy food policies |
| Definitions and scope | * The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food
* Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies
* Includes platforms to support, manage or monitor private sector pledges, commitments or agreements
* Includes platforms for open consultation
* Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
* Excludes joint partnerships on projects or co-funding schemes
* Excludes initiatives covered by RETAIL3 and RETAIL4.
 |
| International examples | * UK: The UK ‘Responsibility Deal’ was a UK government initiative to bring together food companies and NGOs to take steps (through voluntary pledges) to address NCDs. 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.
 |
| Context |  |
| Policy details | Healthy Food PartnershipThe Federal Government has established the ‘Healthy Food Partnership’, a forum comprised of representatives from the food industry and the public health sector to progress voluntary initiatives to encourage healthy eating (67). Representatives at the inaugural meeting of the Healthy Food Partnership included:* Federal Government Department of Health
* Food Standards Australia New Zealand
* Public Health Association of Australia
* National Heart Foundation of Australia
* Dietitians Association of Australia
* Australian Food and Grocery Council
* Quick Service Restaurant Forum
* Woolworths
* Metcash
* Coles
* AusVeg
* Dairy Australia
* Meat and Livestock Australia

At the inaugural meeting on 13 November 2015, according to the communique released (67):* *Members agreed on the Terms of Reference for the Partnership and its broad aims and objectives. It was determined that initiatives under the Partnership would be voluntary in nature and that they would focus on making achievements in the following areas:*
* *continue to support industry to reformulate their foods supported by the Health Star Rating system;*
* *support consumers to eat appropriate levels of core foods such as fruit, vegetables, whole grains, meat, fish and dairy, and appropriate levels of energy intake;*
* *educating consumers on appropriate portion and serve sizes;*
* *improving consumers’ knowledge and awareness of healthier food choices, including through developing and publicising tools and resources to consumers and health professionals.*

At the most recent meeting on 5 February 2016, the Healthy Food Partnership agreed future priorities and workplan items. *Members considered a workplan shaped around three key themes (*[*ref*](http://www.health.gov.au/internet/main/publishing.nsf/Content/healthy-food-communique-feb16)*):** ***Portion Control*** *– promote and communicate appropriate portion sizes, and consumption of portion sizes that align with the Australian Dietary Guidelines. Encourage more appropriate packaging of products to align with consumption, to encourage purchase and minimise wastage.*
* ***Communication, education and meal planning (making healthier choices easier)*** *– focus on whole foods and total diet. Work to explain the Australian Dietary Guidelines and how to eat a balanced diet encompassing all five food groups. Develop a long term strategy for education which recognises different behavioural, nutritional and information needs of the population.*
* ***Reformulation*** *– work with industry and key stakeholders to make targeted manufactured foods healthier by building on existing strategies such as the HSR system and optimising the appropriate balance of nutrients and ingredients in food.*
* *The Partnership agreed to establish five working groups, with expertise from relevant industries and organisations as required. Working groups will address the above three themes, as well as food service and an overarching strategy and evaluation.*

*A new website is under development of the Healthy Food Partnership. The next meeting of the Healthy Food Partnership is scheduled for May 2016* (personal communication, 18/3/16, Federal Government representative).The Executive Committee will meet three times per year, with Working Groups to meet as needed.Health Star Rating System collaborationThe government collaborated with food industry representatives for the purpose of developing the HSR System including the technical design, Style Guide and implementation framework. This included the following peak bodies representing a range of commercial food industry stakeholders ([ref](http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/Acknowledgements)):* Australian Beverages Council
* Australian Food and Grocery Council
* Australian Industry Group
* Australian National Retail Association

The Australian Government provided the following response requesting more information about the role of industry and how their commercial interests were managed (personal communication, 15/4/16, Federal Government representative):* *Food industry was consulted during the development of the HSR Calculator, through industry workshops, opportunity to try and provide feedback on the Calculator and guidance documentation, and direct consultation as part of the independent development of the a cost benefit analysis prepared by PricewaterhouseCoopers which explores the cost borne by industry, governments and non-government organisations and the potential benefits to public health with the voluntary introduction of the HSR. Consideration of this report by Ministers was one of the factor that underpins the five year voluntary implementation, so as to allow for cost-effective implementation in line with other packaging cycles and changes.*
* *Food industry was also instrumental in the development of the current HSR graphic, as the ‘square’ design originally agreed by food Ministers was considered too large and onerous to implement.*
* *A direct email address and freecall phone number provide access for industry to make enquiries of the department about the HSR system.*
* *The HSRAC facilitates workshops (funded through the HSR budget, which is cost shared by all Australian governments) to continue to inform and educate food industry and health stakeholders about the HSR system.*

Food Regulation Policy* *FRSC is in the process of trialling a Roundtable with stakeholders to provide opportunity to strengthen relationships, share information and improve visibility of activities relevant to food regulation and food safety.* (personal communication, 6/12/16, Federal Government representative).

FSANZ Platforms ([ref](http://www.foodstandards.gov.au/about/committees/Pages/default.aspx))Retailers and Manufacturers Liaison Committee* The Retailers and Manufacturers Liaison Committee (RMLC) provides an opportunity for ongoing dialogue between FSANZ and industry. The purpose of the committee is members to engage in informed discussion about specific issues relating to standards development and standards setting processes and other issues. This committee does not provide any scientific advice to FSANZ.
* In 2014-15, the RMLC had representatives across a range of commercial food companies and industry bodies representing the interests of primary producers, food manufacturers, and retailers ([ref](http://www.foodstandards.gov.au/publications/annualreport201415/Pages/Appendix-3.aspx)).
 |
| Comments/ notes | There are other FSANZ platforms for interaction with commercial food industry stakeholders however they are outside the scope of this indicator**This indicator will not be assessed at the State and Territory government level.** |

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| **PLATF3** Platforms for government and civil society interaction |
| Food-EPI good practice statement There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition |
| Definitions and scope | * Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.
* Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice
* Includes platforms for consultation on proposed plans, policy or public inquiries
* Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)
 |
| International examples | * Brazil: the National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives that advises the President’s office on matters involving food and nutrition security.
 |
| Context |  |
| Policy details | The Federal Government engages with different groups within civil society on food policies and other strategies to improve population nutrition as required, including academia, NGOs, professional associations, consumer representatives and the general public. In relation to the development of chronic disease policy activities, a Key Performance Indicator for the Department of Health is: *Experts and the public are consulted through a variety of means, including: working groups, focused workshops, and online processes (budget 2015-16 DoH outcome).*Recent examples highlight the role of these stakeholders in the development and implementation of government policy and programs.National Diabetes Strategy Advisory Group * During the development of the Australian National Diabetes Strategy 2016-20, a National Diabetes Strategy Advisory Group was established to provide expert advice to Government. This group included members from NGOs and academic institutions with experience and expertise in diabetes-related health care, research and population health, as well as links with key stakeholders and consumers ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/ndsag)).
* A public consultation process was undertaken in two stages: a face to face targeted consultation and an online public consultation.

National Strategic Framework for Chronic Conditions* *The National Strategic Framework for Chronic Conditions is being developed in partnership with State and Territory Governments, under the auspice of the Australian Health Minister’s Advisory Council (AHMAC)* ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc)).
* *National Targeted Consultations seeking the views of stakeholders from across Australia were conducted during September and November 2015. Stakeholders included representatives from the states and territories, relevant peak bodies, key stakeholders, clinical experts, health professionals, academics and consumer representatives* ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc)).
* The next stage to inform the development of the Framework will be via an online public consultation process from 12 May 2016 to 22 June 2016 ([ref](http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc)).

Health Star Rating System governanceThe government partnered with civil society representatives for the purpose of developing the HSR System including the technical design, Style Guide and implementation framework. This included the following non-government organisations and professional associations ([ref](http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/Acknowledgements)): * Australian Chronic Disease Prevention Alliance
* Australian Medical Association
* CHOICE
* Obesity Policy Coalition
* Public Health Association of Australia

*The HSRAC facilitates workshops (funded through the HSR budget, which is cost shared by all Australian governments) to continue to inform and educate food industry and health stakeholders about the HSR system. An email and free call phone number enable members of the public, and food industry, to directly contact the HSR Secretariat (in the Department of Health) with questions about the system* (personal communication, 15/4/16, Federal Government representative)*.*Food Regulation Policy* *FRSC is in the process of trialling a Roundtable with stakeholders to provide opportunity to strengthen relationships, share information and improve visibility of activities relevant to food regulation and food safety.* (personal communication, 6/12/16, Federal Government representative).

FSANZ Platforms ([ref](http://www.foodstandards.gov.au/about/committees/Pages/default.aspx))Consumer and Public Health Dialogue* The Consumer and Public Health Dialogue is a consultative forum, which aims to build stronger relationships between consumer and public health groups and FSANZ and support FSANZ’s understanding of key consumer and public health issues relating to food. The forum is made up of representatives from peak consumer and public health bodies and public health academics including CHOICE, Australian Chronic Disease Prevention Alliance, several universities, Dietetics Association Australia, PHAA and the Country Women’s Association of Australia ([ref](http://www.foodstandards.gov.au/publications/annualreport201415/Pages/Appendix-3.aspx))

Engaging scientific advice* As required, FSANZ seeks scientific advice from experts working in research agencies, universities and other organisations to provide expert knowledge or technical advice to inform specific projects or as members of [scientific advisory groups](http://www.foodstandards.gov.au/science/expertise/Pages/Scientific-advisory-groups-.aspx) (e.g. Health Claims Scientific Advisory Group).

NHMRC PlatformsUnder section 39 of the NHMRC Act, working committees and reference groups can be formed to advise NHMRC on issues that arise from time to time. For example, the NHMRC established the Community and Consumer Advisory Group (CCAG) to provide advice from a consumer and community perspective ([ref](https://www.nhmrc.gov.au/about/nhmrc-committees/previous-committees-and-advisory-groups/community-and-consumer-advisory-group)). |
| Comments/ notes | **This indicator will not be assessed at the State and Territory government level.** |

# Policy area: Health-in-all-policies

Food-EPI vision statement: Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies

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| **HIAP1** Assessing the health impacts of food policies |
| Food-EPI good practice statement 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 |
| Definitions and scope | * Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies
* Includes the establishment of cross-department governance and coordination structures while developing food-related policies
 |
| International examples | * Slovenia: Undertook a HIA in relation to agricultural policy at a 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.
 |
| Context | For more information about Best Practice Regulation processes, see HIAP2. |
| Policy details | To our knowledge, there are no formal, mandated processes for considering and prioritising population nutrition, health outcomes and reducing health inequalities in the development of all government policies relating to food (e.g. HIA, health lens analysis, equity-focused health impact assessment processes). The following information highlights some of the mechanisms that support this kind of approach:Australian Food Regulation Policy FrameworkThe Federal Government provided the following information about the Food Regulation Policy Framework, which will be publicly available once the new Food Regulation System website is finalised (personal communication, 20/6/16, Federal Government representative):* *The Australian Food Regulation Policy Framework sets out the steps to be followed in identifying and assessing a potential food issues and determining the appropriate policy response. The Framework promotes a responsive approach to food regulation, taking account of the nature and extent of the risk posed, and seeking to deliver an effective and proportionate response. The Framework supports modes of non-intervention, self-regulation or co-regulation where possible, but also recognises that escalation to more prescriptive modes may be necessary. This arrangement fosters a responsive approach to identified issues that require coordination across the food regulatory system.*
* *A very early stage of the process is to ‘Understand the Issue’. The objective of this phase is to have sufficient understanding of the issue to enable a decision to be made. This is intended to be a short, sharp assessment to ensure a full understanding of the issue (problem) risks, challenges and opportunities. This will lead to a better understanding of the problem and its impacts. Evidence collected feeds into a preliminary risk assessment and have sufficient justification to demonstrate whether further work on the problem is justified.*
* *The output from this stage is a report that describing the issue, how the issue impacts jurisdictions, industry and/or the community, the nature and extent of the risk and any evidence to demonstrate market failure. Who else may deal with the issue and the impacts of not addressing the issue is also assessed. The report recommends whether to proceed or not.*
* *If the issue gets progressed tool/s that achieves the desired outcomes are identified. This is an iterative stage where options are developed and tested. Innovative thinking is used and the range of options is not constrained. Implementation issues, including costs and resources are key consideration at this point.*
* *This stage is undertaken in collaboration with stakeholders that are affected. Stakeholder consultation can occur through a variety of methods, including the development and release of a formal consultation paper and request for stakeholder submissions.*

Food Regulation System Overarching Strategic StatementThe ‘Overarching Strategic Statement’ clarifies the objectives and priorities of the food regulatory system as ([ref](https://www.health.gov.au/internet/main/publishing.nsf/Content/DEF96CFD9D210D21CA257BF0001A3596/%24File/FoFR%20-%20Overarching%20Strategic%20Statement-accessible2.pdf)):* protect the health and safety of consumers by reducing risks related to food;
* enable consumers to make informed choices about food by ensuring that they have sufficient information and by preventing them from being misled;
* support public health objectives by:
* promoting healthy food choices;
* maintaining and enhancing the nutritional qualities of food;
* responding to specific public health issues; and
* Enable the existence of a strong, sustainable food industry to assist in achieving a diverse, affordable food supply and also for the general economic benefit of Australia and New Zealand.

Therefore, although the priority is food safety, risk assessment and other forms of analysis that are undertaken to inform the proposal and development of food regulations would incorporate broader concepts of population nutrition.FSANZ Risk Analysis FrameworkFSANZ must consider its objectives in setting standards under the *Food Standards Australia New Zealand Act 1991* (the Act). In descending order of priority they are ([ref](http://www.foodstandards.gov.au/publications/riskanalysisfoodregulation/Documents/risk-analysis-food-regulation-full-pdf.pdf)): 1. Protection of public health and safety.
2. Provision of adequate information relating to food to enable consumers to make informed choices.
3. Prevention of misleading or deceptive conduct.

FSANZ use an internationally recognised Risk Analysis Framework in developing new food standards and reviewing proposed changes to existing food standards (as well as considering non-regulatory measures such as guidelines or industry codes of practice) ([ref](http://www.foodstandards.gov.au/publications/riskanalysisfoodregulation/Documents/risk-analysis-food-regulation-full-pdf.pdf)). The focus of this framework is predominantly on assessment of food safety risks (i.e. estimating the likelihood and severity of an adverse health effect occurring from exposure to a hazard), as opposed to broader population nutrition impacts, but an assessment of the beneficial health effects of a proposed change may also be considered where appropriate ([ref](http://www.foodstandards.gov.au/publications/riskanalysisfoodregulation/Documents/risk-analysis-food-regulation-full-pdf.pdf)). In addition to these risks and benefits, FSANZ must also give consideration to the following ([ref](http://www.foodstandards.gov.au/publications/riskanalysisfoodregulation/Documents/risk-analysis-food-regulation-full-pdf.pdf)):* ensuring our standards are based on risk analysis using the best available scientific evidence
* promoting consistency between domestic and international food standards
* the competitiveness of the Australian and New Zealand food industry
* promoting fair trading in food.

One of the key steps in the Risk Analysis Framework is ‘risk management’: *is a consultative and decision-making process that identifies the problem; considers the risk assessment, social, economic and other factors; and develops, weighs and selects the option of greatest net benefit to the community* ([ref](http://www.foodstandards.gov.au/publications/riskanalysisfoodregulation/Documents/risk-analysis-food-regulation-full-pdf.pdf))*.* All government departments and agencies (including FSANZ) are required to follow the Federal Government and COAG Best Practice Regulation principles and guidelines to determine the costs and benefits of the various options identified in a policy proposal. For some regulatory proposals, this may involve preparing a RIS (see HIAP2 for more information)*.*Non-regulatory policy*Non-regulatory measures may still go through cabinet. For non-cabinet documents, it is standard practice for the Department of Health to review other Government Departmental policies and initiatives that relate to food* (personal communication, 20/6/16, Federal Government representative). |
| Comments/ notes | For some departments and agencies that have strategic objectives to improve population health, considering and prioritising population nutrition, health outcomes and reducing health inequalities will be an integral part of the policy development process. However, for other departments with a focus on, for example, primary industry, food manufacturing or food research and development, we are unaware of any requirements for nutrition and public health to be considered during policy development.For example, one of the Federal Government’s main policy platforms was a commitment to a $4 billion investment to increase the competitiveness of Australian agriculture, which is outlined in an Agricultural Competitiveness White Paper ([ref](http://agwhitepaper.agriculture.gov.au/white-paper)). The objectives of the strategy are clearly focused on increasing agricultural production and profitability, which is important for many reasons, but gives very little regard to population nutrition, health outcomes or reducing health inequalities (with the exception of some acknowledgement of market-driven demand for healthier products). |

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| **HIAP2** Assessing the health impacts of non-food policies |
| Food-EPI good practice statement There are processes (e.g. HIAs) to assess and consider health impacts during the development of other non-food policies |
| Definitions and scope | * Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors
* Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)
* Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach
* Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)
* Includes monitoring or reporting requirements related to health impacts for non-health departments
 |
| International examples | * South Australia, Australia: In 2007, the 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 SA Health to build workforce capacity and support Health lens Analysis projects.
 |
| Context |  |
| Policy details | To our knowledge, there are no formal, mandated HIA processes to assess and consider health impacts during the development of other non-food policies.To our knowledge, there are no guidelines to support policy makers in considering potential impacts of proposed policy on the health of the community as part of Cabinet processes, or for the purpose of developing non-regulatory policy that does not require Cabinet approval.The following information highlights some of the existing processes where health impacts (among other considerations) may be assessed to some extent:Best Practice RegulationRegulation Impact Statement (RIS)The Office of Best Practice Regulation administers standards for the development of regulatory policy (both food and non-food) set by COAG. This includes the development of a RIS.A RIS is a document that provides evidence of the key steps taken during the development of a proposal, with an assessment of the costs and benefits of each option. *All Cabinet submissions require a RIS. RISs are also required for all decisions made by the [Federal] Government and its agencies that are likely to have a regulatory impact on businesses, community organisations or individuals, unless the proposed change is a minor or machinery change* ([ref](http://www.dpmc.gov.au/sites/default/files/publications/003-AG-Preliminary-Assessment-Form.pdf)) For any regulatory policy proposal where the principal decision maker is the Australian Government including the Cabinet, the Prime Minister, Australian Government ministers, boards or other delegated decision makers, the proposal must comply with RIS requirements outlined in the Australian Government Guide to Regulation. Where the decision is made by COAG, a COAG Council or a national standard setting body, the proposal must comply with RIS requirements outlined in the COAG ‘Best Practice Regulation: A guide for ministerial councils and national standard setting bodies’ ([ref](http://www.dpmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies)). There are different RIS requirements depending on the nature of the policy.*The Government’s regulatory policy requirements assist it in keeping the Australian economy as efficient, flexible and responsive as possible* [*(*ref](http://www.dpmc.gov.au/regulation/best-practice-regulation)*).* Therefore, the focus is on clearly demonstrating that regulation of industry is warranted.Principles for best practice regulation COAG has agreed that all governments will ensure that regulatory processes in their jurisdiction are consistent with eight key principles ([ref](http://www.dpmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies#Process)). Principle 4 reads:* *In accordance with the Competition Principles Agreement, legislation should not restrict competition unless it can be demonstrated that:*
* the benefits of the restrictions to the community as a whole outweigh the costs, and
* the objectives of the regulation can only be achieved by restricting competition.

In addressing Principle 4, depending on the nature of the policy, it may be necessary to demonstrate the benefits or the risks of the proposed policy to the health of the community. The appropriate method required to demonstrate benefits or risks will, again, depend on the nature of the proposed policy. Risk analysis and cost-benefit analysis are commonly required and the OBPR has developed guidance notes to support these processes ([ref](http://www.dpmc.gov.au/regulation/developing-regulation-impact-statement)).Cross-government assessment processesFood and Nutrition Policy Section inputThe unit within the Department of Health with specialist knowledge around food and nutrition policy can support other departments and agencies to consider population nutrition, health outcomes and reducing health inequalities when food policy is developed.*Standard cabinet processes require relevant Government Departments and Agencies to be consulted during the development of the Cabinet submission. The Food and Nutrition Policy Section regularly reviews cabinet documents from areas within the Department and external Departments and Agencies and provides advice on health/nutrition related issues relevant to the cabinet submission* (personal communication, 15/4/16, Federal Government representative)*.* |
| Comments/ notes | It has been noted by government officials in the past that there is a significant challenge in demonstrating evidence that a proposed regulatory intervention will have a significant impact on obesity or NCDs at a population level to warrant any restriction on competition (68). |

# Policy area: Support for Communities

Food-EPI vision statement: The government provides coordinated support mechanisms and resources for community-based interventions to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities

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| **COMM1** Mechanisms to support community-based interventions |
| Food-EPI good practice statement The government has put in place mechanisms to provide broad and coordinated support for creating and maintaining healthy food environments at the local level, including in education, workplace and other community settings |
| Definitions and scope | * Community settings include sporting clubs, recreation centres and groups (e.g. art, music, dance and drama; scouts and guides), youth groups, cultural and religious community groups, community centres and neighbourhood houses, service clubs, men’s sheds, community groups involved in gardens or sustainable living, community markets and events, church and other nongovernment groups who provide support to others
* Includes comprehensive and flexible resources, guidelines and frameworks, expertise and workforce training to support implementation of community-based interventions
* Includes the establishment of workforce networks for collaboration, shared learning and support across settings
* Includes recognition or award-based programs to encourage implementation
* Excludes the implementation of programs that focus on one-on-one or group-based nutrition education or health promotion
 |
| International examples | * Australia: Under the previous National Partnership Agreement on Preventive Health, Australian States and Territories introduced comprehensive initiatives across communities, early childhood education and care environments, schools and workplaces. Examples included Victoria’s systems approach to prevention ‘Healthy Together Victoria’, and South Australia’s Obesity Prevention and Lifestyle (OPAL) initiative. Both initiatives provide workforce training and coordinated support for a suite of strategies across local communities. Such interventions provided as best practice examples because they include many, if not all of the following characteristics:
* Clear objectives that align with national, state or regional policies, strategies and plans and link to local initiatives
* Identification of interventions that are supported by evidence or a strong theory of change or systems analysis
* Community engagement in the design, planning and implementation of community-based interventions
* Strong multi-sectoral, multi-setting, multi-agency partnerships
* Flexible, adaptive approach that considers the context in which the intervention is targeted
* Consideration of equity
* Provides documents or resources that outline guiding principles or practice examples
* Workforce capacity building in the application of systems thinking (including the use of group model building or other systems analysis tools)
 |
| Context | National Partnership Agreement on Preventive Health The NPAPH was announced by the COAG in November 2008 with the aim of supporting State and Territory initiatives to improve health behaviours to reduce lifestyle-related chronic diseases ([ref](http://www.federalfinancialrelations.gov.au/content/npa/health_preventive/national_partnership.pdf)). The NPAPH committed to provide $872 million over six years from 2009-10, later extended to 2018 - the largest commitment to preventive health ever made by a Federal Government ([ref](http://health.gov.au/internet/anpha/publishing.nsf/Content/npaph)). The NPAPH funding was allocated to settings based interventions in pre-schools, schools, workplaces and communities:* *to support behavioural changes in the social contexts of everyday lives and focussing on poor nutrition, physical inactivity, smoking and excessive alcohol consumption (including binge drinking);*
* *social marketing aimed at obesity and tobacco; and*
* *the enabling infrastructure to monitor and evaluate progress made by these interventions, and to establish the Australian National Preventive Health Agency* ([ref](http://www.federalfinancialrelations.gov.au/content/npa/health_preventive/national_overview.pdf)).

However, in the 2014-15 Federal budget, the NPAPH was abolished along with the Australian National Preventive Health Agency. Some States continued to support community-based initiatives established under the NPAPH, but this varied between jurisdictions ([ref](http://preventioncentre.org.au/our-work/research-projects/mapping-national-action-to-prevent-chronic-disease/)).  |
| Policy details | The Australian Government provided the following information (personal communication, email, 18/3/16, Federal Government representative): *State and Territory Governments work in this area.* **This indicator will not be assessed at the Federal Government level.** |
| Comments/ notes |  |

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| **COMM2** Implementation of social marketing campaigns |
| Food-EPI good practice statement The government implements evidence-informed public awareness, informational and social marketing campaigns across a range of broadcast and non-broadcast media to promote healthy eating |
| Definitions and scope | * Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc (see examples in the ‘Food promotion’ domain)
* Evidence-informed includes the use of peer-reviewed literature in the design and implementation of the campaign, the use of an existing successful campaign that has been evaluated, or the co-design and testing of campaign messages with the target audience(s)
* Includes campaigns that focus on promoting the intake of specific foods (e.g. fruit and vegetables, water), reducing intake of nutrients of concern, or supporting the public to make healthy choices (e.g. use of front-of-pack nutrition labels)
* Includes campaigns that are embedded within and complemented by broader policies and programs
 |
| International examples | * There are many international examples of social marketing campaigns.
 |
| Context |  |
| Policy details | Health Star Rating education campaign* The government has been running a public education campaign with the aim of raising consumer awareness of the HSR system and how to compare similar products with the front-of-pack label.
* Primary objectives of the campaign are to ([ref](http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/health-star-rating-campaign)):
* *Raise awareness of the Health Star Rating system’s implementation.*
* *Develop an understanding of how to read the Health Star Rating labels.*
* *Prompt consideration of nutrition, and the Health Star Rating system as part of purchasing behaviour.*
* *Develop consumer confidence in the Health Star Rating system as an independent, informative and easy to use nutritional guide.*
* The HSR [website](http://www.healthstarrating.gov.au) contains more information for consumers seeking to understand the system in more detail.
* There have been several phases to the campaign.
* Phase 1 ran from December 2014 to the end of January 2015 and included an online advertisement, online video and stakeholder kits for industry and public health organisations
* Phase 2 ran from June to August 2015 and used print, online and out-of-home advertising
* Phase 3 ran in the first half of 2016 (27).
* Campaign resources are available online including posters, factsheets, video material and social media feeds.

Healthy Weight Guide<http://healthyweight.health.gov.au>* *The Department of Health identified a need for one authoritative source about healthy weight for Australians. It commissioned a consortium of three groups of experts to develop the Healthy Weight Guide website and the supporting brochures, booklets and posters. It is based on recent Australian and international research and has been developed by the Federal Government* (personal communication, 18/3/16, Federal Government representative)
* The Healthy Weight Guide website provides information and tools for the general public to support individuals in achieving or maintaining a healthy weight. This includes information and tools for goal setting and planning and monitoring progress through an online portal
* A range of resources are available online or in print form on healthy eating. For example:
* Healthy recipes
* Shopping and cooking tips
* Reading food labels
* Portion control
* Tips when eating out or getting take-away foods
* The website also provides information on programs and services available for support

Eat for Health * The Eat for Health website is a source of online information about the ADGs for the Australian community.
* The website includes detailed information about the Guidelines, the food groups and discretionary choices (saturated fats, added salt, added sugars and alcohol)
* There are a range of educational resources downloadable posters and brochures to print, nutrition calculators, tips for eating well and recipe ideas
 |
| Comments/ notes | National campaigns run by previous Australian Governments such as ‘Go for 2 & 5’ and ‘Measure Up Campaign’ are still utilised in some areas where resources or online material are still available. These campaigns are not considered here unless they are actively supported by the government. |

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| **COMM3** Food and nutrition in education curricula |
| Food-EPI good practice statement The government provides guidance and support to educators for the inclusion of food and nutrition curricula for preschool, primary and secondary school children |
| Definitions and scope | * Includes food and nutrition as a priority/focus area of the curriculum as a stand-alone component or embedded within other curriculum areas
* Includes the provision of training, resources, guidelines or expert support to educators to support them in educating students
* Includes government-funded education programs on healthy eating or growing and preparing food (e.g. kitchen garden programs)
* Includes government-supported programs that encourage healthy eating in the education setting (e.g. fruit and vegetable snack and water breaks)
 |
| International examples | * UK: In 2007, the Food Standards Agency (FSA) launched Core Food Competences for children aged 5-16 years. The competences set out a progressive framework of skills and knowledge which comprise essential building blocks around the themes of diet and health, consumer awareness, cooking and food safety for children and young people.
 |
| Context | Kitchen Garden ProgramIn 2008 the Federal Government committed $12.8 million to fund the rollout of the Stephanie Alexander Kitchen Garden National Program and build garden and kitchen infrastructure in up to 190 government primary schools across Australia ([ref](http://ahsri.uow.edu.au/content/groups/public/%40web/%40chsd/documents/doc/uow145163.pdf)). In August 2012 the Federal Government announced continued funding of $5.4 million to support the Stephanie Alexander Kitchen Garden National Program over three years and provide opportunity for 400 new schools to join the Program, bringing the total number of schools running the Kitchen Garden Program to over 800. This project came to an end in June 2015 (having reached the project goal) and as of that time the Foundation is no longer receiving Australian Government funding (personal communication, 29/01/16, Stephanie Alexander Kitchen Garden Foundation representative). |
| Policy details | Australian curriculum* On 18 September 2015 all Education Ministers endorsed the revised Australian Curriculum Foundation to Year 10 to which each State/Territory is currently transitioning
* The Australian Curriculum Assessment and Reporting Authority is responsible for the development of the national curriculum and national assessment of student progress.
* Implementation of the national curriculum is a matter for States and Territories and their curriculum authorities.

*In the Australian Curriculum students learn about food and nutrition, where their food comes from, how it is produced and how they can prepare it. In the Australian Curriculum students will be taught about food and nutrition in Health and Physical Education (HPE) from Foundation to Year 10 and in the Technologies learning area through Design and Technologies from Foundation to Year 8 (*[*ref*](http://v7-5.australiancurriculum.edu.au/technologies/australian-curriculum-connections)*).* The HPE Learning Area: *Addresses the role of food and nutrition in enhancing health and wellbeing. The content supports students to develop knowledge, understanding and skills to make healthy, informed food choices and to explore the contextual factors that influence eating habits and food choices.**It is expected that all students at appropriate intervals across the continuum of learning from Foundation to Year 10 will learn about the following:** *food groups and recommendations for healthy eating (including The Australian Guide to Healthy Eating)*
* *nutritional requirements and dietary needs (including The Australian Dietary Guidelines)*
* *food labelling and packaging*
* *food advertising*
* *personal, social, economic and cultural influences on food choices and eating habits*
* *strategies for planning and maintaining a healthy, balanced diet*
* *healthy options for snacks, meals and drinks*
* *sustainable food choices (*[*ref*](http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-10?layout=1#level9-10)*).*

*In Design and Technologies students learn how to apply knowledge of the characteristics and scientific and sensory principles of food, along with nutrition principles (as described in HPE) to food selection and preparation through the design and preparation of food for specific purposes and consumers. They will also develop understandings of contemporary technology-related food issues such as ‘convenience’ foods, highly processed foods, food packaging and food transport.  Beyond Year 8 students may elect to study further in subjects specialising in food (*[*ref*](http://v7-5.australiancurriculum.edu.au/technologies/australian-curriculum-connections)*).**In Design and Technologies students also learn about food and fibre production. Students will progressively develop knowledge and understanding about the managed systems that produce food and fibre through creating designed solutions (*[*ref)*](http://www.australiancurriculum.edu.au/technologies/design-and-technologies/structure). |
| Comments/ notes |  |

# Appendices

## Appendix A – Food and Health Dialogue agreements

The following is a summary of industry voluntary agreements set through the Food and Health Dialogue (no longer active).

**Salt**

For sodium (key component of dietary salt) reductions, generally a maximum mg/g target is set (ranging from 290mg/100g for some soup products – 1250mg/100g for some cheese products), or a 10-15% reduction in sodium for products exceeding a certain level. The following food categories are included:

* Bread
* Ready-to-eat breakfast cereals
* Simmer sauces
* Bacon, ham/cured meat products and emulsified luncheon meats
* Soup products
* Savoury pie products
* Potato, corn and extruded snack products
* Savoury crackers
* Cheddar, cheddar-style, mozzarella and chilled processed cheeses

**Saturated fat**

10% reduction in saturated fat across cooked/smoked sausages and emulsified luncheon meats with saturated fat levels exceeding 6.5g/100g

**Added sugars**

No targets set

***Trans* fat**

No targets set

**Total energy density**

No targets set

**Portion sizing**

Companies agreed to adopt principles for portion sizing of soup and pie products:

* Single serve items should be appropriate sizes for the target market.
* The serving portion should be realistic (at both the lower and upper levels).
* If a product is packed in a way that it can be reasonably expected to be consumed by the target market in one serving, then the pack should be the ‘serving size’, and the energy and nutrient content of the whole pack should be clearly indicated.
* Multiple serve items should consist of appropriate serve sizes in relation to single serve packs.
* Serve sizes will not be used inappropriately to manipulate energy or nutrient content per serve

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