

Healthy Food Environment Policy Index (Food-EPI) – Australia 2021

Australian Government (Commonwealth)

Summary of government policy action to 30 June 2021

Policy details for online rating

Table of contents

Contents

DEFINITIONS	3
POLICY AREA: FOOD PROMOTION	4
AUD_PROMO1 RESTRICT PROMOTION OF UNHEALTHY FOODS IN BROADCAST MEDIA	5
AUD_PROMO2 RESTRICT PROMOTION OF UNHEALTHY FOOD ONLINE.....	12
AUD_PROMO3 RESTRICT USE OF ELEMENTS APPEALING TO CHILDREN ON FOOD PACKAGING	14
AUD_PROMO4 RESTRICT THE PROMOTION OF UNHEALTHY FOODS WITHIN ELITE SPORT	15
POLICY AREA: FOOD PRICES	16
AUD_PRICES1 MINIMISE TAXES ON HEALTHY FOODS.....	17
AUD_PRICES2 INCREASE TAXES ON UNHEALTHY FOODS	18
AUD_PRICES3 TAXES ON ALCOHOLIC BEVERAGES	19
POLICY AREA: FOOD PROVISION	20
AUD_PROV1 HEALTHY FOOD POLICIES IN PUBLIC SECTOR WORKPLACES.....	21
AUD_PROV2 SUPPORT AND TRAINING SYSTEMS FOR PRIVATE COMPANIES	22
POLICY AREA: FOOD RETAIL	23
AUD_RETAIL1 REMOTE RETAIL STORE AVAILABILITY OF HEALTHY AND UNHEALTHY FOODS	24
AUD_RETAIL2 AVAILABILITY OF FOODS IN FOOD SERVICE OUTLETS	27
AUD_RETAIL3 RESTRICTION OF MARKETING OF UNHEALTHY FOOD IN RETAIL OUTLETS	29
POLICY AREA: LEADERSHIP	30
AUD_LEAD1 POLITICAL SUPPORT FOR POPULATION NUTRITION	31
AUD_LEAD2 POPULATION INTAKE TARGETS ESTABLISHED	33
AUD_LEAD3 EVIDENCE-BASED DIETARY GUIDELINES IMPLEMENTED	35
POLICY AREA: GOVERNANCE	37
AUD_GOVER1 RESTRICTING COMMERCIAL INFLUENCE ON POLICY DEVELOPMENT	38
AUD_GOVER2 TRANSPARENCY IN THE DEVELOPMENT OF FOOD AND NUTRITION POLICIES	41
AUD_GOVER3 ASSESSING THE POTENTIAL HEALTH IMPACTS OF ALL POLICIES	44
AUD_GOVER4 GOVERNMENT WORKFORCE TO SUPPORT PUBLIC HEALTH NUTRITION	48
AUD_GOVER5 INDEPENDENT HEALTH PROMOTION AGENCY	49
POLICY AREA: MONITORING & INTELLIGENCE	50
AUD_MONIT1 MONITORING FOOD ENVIRONMENTS.....	51
AUD_MONIT2 MONITORING NUTRITION INTAKES	54
AUD_MONIT3 MONITORING BODY MASS INDEX (BMI)	58
AUD_MONIT4 EVALUATION OF MAJOR NUTRITION-RELATED PROGRAMMES AND POLICIES	59
AUD_MONIT5 RESEARCH FUNDING FOR OBESITY & NCD PREVENTION	62
POLICY AREA: SUPPORT FOR COMMUNITIES	64
AUD_COMM1 IMPLEMENTATION OF SOCIAL MARKETING CAMPAIGNS.....	65

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 area: Food Promotion

Good practice statement for this domain: There are comprehensive regulations to reduce the exposure of children (<18 years) to the promotion of unhealthy food and beverages (and related brands) across all media and in public spaces

Indicators in this domain by level of government:

Policy area: Food promotion		
National	Australian Government	State/Territory
	AUD_PROMO1: Restrict promotion of unhealthy foods in broadcast media	ST_PROMO1: Restrict exposure of children to promotion of unhealthy food in public settings
	AUD_PROMO2: Restrict promotion of unhealthy foods online	ST_PROMO2: Restrict the promotion of unhealthy foods within elite sport
	AUD_PROMO3: Restrict use of elements appealing to children on food packaging	
	AUD_PROMO4: Restrict the promotion of unhealthy foods within elite sport	

Details on Australian Government indicators in this domain:

Indicators within this domain may include policies at both the National and Australian Government (Commonwealth) level. In instances where relevant national-level policies apply, these are noted as such.

<p>AUD_PROMO1 Restrict promotion of unhealthy foods in broadcast media</p>	
<p><i>Good practice statement</i> Effective policies are implemented by the government to restrict exposure of children (including adolescents) to the promotion of unhealthy foods through <u>broadcast media (TV, radio)</u></p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 AUD_PROMO2-AUD_PROMO4 for other forms of media)
<p>Context</p>	<p><i>Background</i></p> <p>Broadcasting 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) (an Australian Government statutory authority).</p> <p>While it is within the jurisdiction of the Australian Government to regulate in this area, state and territory governments also have jurisdiction to regulate in this area. State and territory legislation would be deemed invalid if it was inconsistent with Australian Government legislation and can be overridden by Australian 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 (ref).</p> <p><i>Historical context</i></p> <p>In 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’. A working group was established to explore option and report to the Health Minister but no amendments to existing policies or codes were made (ref).</p> <p>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 (ref).</p> <p><i>WHO member state commitments</i></p> <p>In 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) (ref). 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 (ref).</p>

	<p><i>Advertisers self-regulatory codes and initiatives</i></p> <p>Australian Association of National Advertisers (AANA) has several Codes that relate to restricting the promotion of unhealthy foods to children (ref). They include:</p> <ul style="list-style-type: none"> - AANA Code for Advertising & Marketing Communications to Children - AANA Food and Beverages Advertising Code - AANA Code of Ethics <p><i>Ad Standards</i></p> <p>Compliance with these self-regulatory systems is managed through a complaints system administered by Ad Standards. Ad Standards refer alleged breaches to the Ad Standards Community Panel. Ad Standards cannot impose sanctions and has no enforcement powers, however industry subscribers to the codes do abide by the Board's decisions in practice (ref).</p>
<p>Policy details (to 30 June 2021)</p>	<p><i>Competition and Consumer Act 2010</i></p> <p>The Competition and Consumer Act 2010 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.</p> <p><i>Broadcasting Services Act 1992</i></p> <ul style="list-style-type: none"> • A key objective of the Broadcasting Services Act 1992 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 for monitoring the broadcasting industry to achieve the objectives of the Act (Section 5(1)(a)). 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) (ref). <p><i>Australian Content and Children's Television Standards</i></p> <ul style="list-style-type: none"> • The ACMA's Australian Content and Children's Television Standards 2020 (ACCTS) are made under the Broadcasting Services Act 1992. They are the only government-set regulations that place any specific restrictions on the broadcast of food advertising to children during and adjacent to children's programming and are enforced as a condition of licence for commercial television broadcasters. • The ACCTS apply to advertising on commercial free-to-air stations only and protect children's viewing during and immediately before and immediately after programs classified as either C (for children) or P (for preschool children). The ACCTS do not apply to programs that have not been classified C or P, 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: 'A licensee must not broadcast an advertisement for a food product that contains 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: <ul style="list-style-type: none"> - cannot mislead or deceive children.

	<ul style="list-style-type: none"> - 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 cannot include claims that are ambiguous - cannot promote a product in a way that implies it makes children who own or enjoy it superior to their peers. <ul style="list-style-type: none"> • 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 new ACCTS commenced on 1 January 2021, replacing CTS 2009 - no further restrictions were imposed in relation to food and beverage advertising in this new standard. <p><i>Co-regulation of industry codes</i></p> <ul style="list-style-type: none"> • Under the Broadcasting Services Act 1992, industry groups may develop codes of practice in consultation with the ACMA. Once they are registered and take effect, the ACMA is responsible for monitoring these codes and managing unresolved complaints made under them (ref). • The ACMA includes a code in the register of codes of practice if: <ul style="list-style-type: none"> - 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 on the code. <p><i>Commercial Television Industry Code of Practice (2015)</i></p> <ul style="list-style-type: none"> • An updated Commercial Television Industry Code of Practice (CTICP) came into effect on 1 December 2015 (ref). It was developed by FreeTV Australia in consultation with the ACMA and was registered with the ACMA. It was subsequently updated in 2018 to include additional gambling advertising restrictions in line with government policy decisions. • The CTICP explicitly sets out how licensees should deal with advertising complaints i.e. it requires licensees to deal with complaints relating to placement, scheduling or classification of advertisements, and to use their best efforts to refer complaints to Ad Standards where it is best placed to deal with the substance of the issues raised (generally complaints about the content of advertising). • 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 does not include specific restrictions related to advertising for 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 and must not contain any misleading or incorrect information about the nutritional value of the product. However these particular requirements were removed following a review and update of the CTICP in 2015, to avoid duplication with the AANA codes and the CTS 2009 (now the Australian Content and Children’s Television Standards 2020 (ACCTS)).
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- 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 ([ref](#)). As referred to above, some amendments removed duplicative provisions, noting also that the 2015 code was updated to include clear referral mechanisms for advertising complaints specifying the types of complaints that would be managed by broadcasting licensees and those that should be referred to Ad Standards.

[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 ([ref](#)). It was subsequently updated in 2018 to include additional gambling advertising restrictions in line with government policy decisions.
- 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 specific section for advertising directed at children which only applies to advertising that is shown on channels intended for children and broadcast within a block or blocks of programming aimed at children. This section specifically states that such advertisements must comply with the AANA Code for Advertising to Children, and the Food and Beverages Advertising & Marketing Communications Code.
- Additionally, the section outlines 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

[Broadcasting Services \(Australian Content and Children’s Television\) Standards 2020](#)

- The Australian Communications and Media Authority ‘Children’s Television Standards 2009’ (ACCTS 2009) are no longer in force. New broadcasting standards were registered in 2020. The ‘Broadcasting Services (Australian Content and Children’s Television) Standards 2020’ commenced on 1 January 2021 ([ref](#)).
- The key change to the standards was the introduction of new Australian content quotas on commercial television broadcasters.
- The new standards were drafted in accordance with a Ministerial Direction that, amongst other things, required the retention of requirements relating to the protection of children that were equivalent to those set out in the previous CTS 2009.
- As per the previous CTS 2009, the new standards relating to food advertising stipulate that ‘A licensee must not broadcast an advertisement for a food product that contains any misleading or incorrect information about the nutritional value of that product’. These advertising requirements apply only to advertising that is placed immediately before, during or immediately after a C classified program.
- The new standard retains the previous prohibition on advertising during and adjacent to P classified programs.
- The new standards continue to apply in addition to rules set out in the Commercial Television Industry Code of Practice 2015.

Compliance with current regulations and codes of practice

- The ACMA manages a public complaints process including conducting investigations into potential breaches of the requirements in the ACCTS. Unresolved complaints about matters covered in codes of practice may be escalated to the ACMA for consideration and potential investigation. From time to time, the ACMA may undertake proactive and targeted compliance monitoring activities, for example, when specific new broadcasting rules are introduced.
- There are a range of formal enforcement options that the ACMA may use to deal with breaches of industry codes of practice and standards including, for example, accepting an enforceable undertaking, varying a licence condition or imposing additional licence conditions, or issuing a remedial direction (note that the available options vary dependent on whether the breach concerns a code or standard). The ACMA reports annually on the numbers of complaints and enquiries received and the number of broadcasting investigations it undertakes but this information does not provide specific detail on the matters involved. The ACMA publishes quarterly reports on the action taken on content complaints and investigations and these reports list all finalised investigations, summarising the matters that were assessed and the outcome.

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 ([ref](#)). In 2016, the Department of Communications and the Arts released a draft report on the ACMA review, seeking stakeholder feedback ([ref](#)).
- 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. In May 2017 the Government released the final report of the review and its response to the 27 recommendations ([ref](#)).
- The CTICP contains a range of rules relating to the scheduling and placement of advertising for certain products for example alcohol and gambling or other adult products. The ACMA has a relatively limited role in the regulation of food and beverages advertising to children through the administration of codes of practice. However, as noted above the CITCP contains cross referral mechanisms for complaints to Ad Standards. That is, licensees are required to deal with complaints relating to placement, scheduling or classification of advertisements, and to use their best efforts to refer complaints to Ad Standards where it is best placed to deal with the substance of the issues raised (generally complaints about the content of advertising. The ACCTS established under the BSA, has rules about the content of advertising to children more broadly, that are tied specifically to the broadcast of C classified programs. As mentioned above, the ACCTS contains one provision specifically directed to food advertising: 'A licensee must not broadcast an advertisement for a food product that contains any misleading or incorrect information about the nutritional value of that product'. Marketing to children across platforms is addressed in voluntary industry codes developed by AANA and administered by Ad Standards (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.

Australian Association of National Advertisers (AANA)

- The AANA announced on 25 May 2021 a new Food and Beverages Code that includes requirements around the advertisement of food and non alcoholic drinks to children.
- Key differences from this updated code in comparison to the last include (ref):
 - Food and non-alcoholic beverage companies will only be able to show advertisements for occasional foods when the proportion of children is 25% or less of the total audience. The previous threshold was 35% or less.
 - The creation of a single unified F&B Code incorporating the previous AANA Code and two other initiatives that covered Quick Service restaurants and packaged foods found in supermarkets and grocery stores;
 - The definition of ‘occasional’ foods will now be determined by the application of the Food Standards Australia New Zealand (FSANZ) Nutrient Profiling Scoring Criterion;
 - The new F&B Code will now apply to sponsorships; and
 - The new code will incorporate a specific reference to a requirement that only healthier options be marketed to children, so that brand owners do not advertise occasional foods near places where children congregate
 - The new code will be effective from 1 November 2021.
- The AANA has indicated that it intends to review its Children’s Advertising Code in 2022, which includes additional rules relevant to food and beverages advertising.

National interim guide to reduce children’s exposure to unhealthy food and drink promotion (Interim Guide)

- In 2018, the then Council of Australian Government’s Health Council endorsed the Interim Guide for voluntary use by governments in their settings to reduce children’s exposure to unhealthy food and drink promotion. The Interim Guide is based on the Australian Dietary Guidelines and aims to support improved health of Australian children by reducing consumption of discretionary foods and drinks.
- The Interim Guide provides categories and examples of foods that are not recommended for promotion to children. The Interim Guide acknowledges that children can be vulnerable to the persuasive intent of master branding and includes advice that the specific overarching corporate brand name should not be the predominant feature of an advertisement and should be accompanied with images of a health food or drink.

Food Regulation System activity (National Policy)

- In August 2019, Food Ministers agreed to a suite of activities to support public health objectives to reduce chronic disease related to overweight and obesity. One of these activities was for the Food Regulation Standing Committee to explore options to reduce children’s exposure to unhealthy food and drink advertising and marketing.
- The work is in the early phases and a range of regulatory and non-regulatory options will be considered as part of the process. This may include options to strengthen restrictions of unhealthy food advertising on television.
- Stakeholders will be consulted as the work progresses.

National Preventive Health Strategy

- The Australian Government has developed the National Preventive Health Strategy 2021-2030 (the Strategy), which provides the overarching, long-term approach to prevention in Australia over the next 10 years.

	<ul style="list-style-type: none">● One of the seven focus areas outlined in the Strategy is dedicated to <i>'Improving access to and the consumption of a healthy diet'</i> which recognises the pivotal role that nutrition plays at every stage of life, from pre-conception to older age.● The Strategy recognises the significant role that marketing plays on children's dietary consumption through promoting the sale and desire of unhealthy products.● The Strategy includes the following policy achievements by 2030:<ul style="list-style-type: none">- Children's exposure to unhealthy food and drink marketing, branding and sponsorships is further restricted across all forms of media, including through digital media.- Australian Dietary Guidelines are supported by a communication and social marketing strategy.- Healthy eating is promoted through widespread multi-media education campaigns.
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AUD_PROMO2 Restrict promotion of unhealthy food online

Good practice statement

Effective policies are implemented by the government to restrict exposure of children (including adolescents) to the promotion of unhealthy foods online and on social media

Definitions and scope

- Online media promotion includes: social media, branded education websites, online games, competitions and apps etc.
- Where the promotion is specifically through other non-broadcast media than online and social media, this should be captured in 'AUD_PROMO3'
- Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day

Context

Industry self-regulation

The self-regulatory advertising Codes of Practice described in AUD_PROMO1 also apply to non-broadcast media

- 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 the self regulatory Codes of Practice described in AUD_PROMO1, in the context of broadcast advertising, are also relevant to advertising shown on non-broadcast media.

Policy details (to 30 June 2021)

National interim guide to reduce children's exposure to unhealthy food and drink promotion (Interim Guide) (National policy)

- In 2018, the then Council of Australian Government's Health Council endorsed the Interim Guide for voluntary use by governments in their settings to reduce children's exposure to unhealthy food and drink promotion. The Interim Guide is based on the Australian Dietary Guidelines and aims to support improved health of Australian children by reducing consumption of discretionary foods and drinks.
- The Interim Guide provides categories and examples of foods that are not recommended for promotion to children. The Interim Guide acknowledges that children can be vulnerable to the persuasive intent of master branding and includes advice that the specific overarching corporate brand name should not be the predominant feature of an advertisement and should be accompanied with images of a health food or drink.

Food Regulation System activity

- In August 2019, Food Ministers agreed to a suite of activities to support public health objectives to reduce chronic disease related to overweight and obesity. One of these activities was for the Food Regulation Standing Committee to explore options to reduce children's exposure to unhealthy food and drink advertising and marketing.
- The work is in the early phases and a range of regulatory and non-regulatory options will be considered as part of the process. This may include options to strengthen restrictions of unhealthy food advertising online.
- Stakeholders will be consulted as the work progresses.

National Preventive Health Strategy

- The National Preventive Health Strategy (the Strategy) recognises the significant role that marketing plays on children's dietary consumption through promoting the sale and desire of unhealthy products.

	<ul style="list-style-type: none">• The Strategy also recognises the digital and commercial determinants of health that have an effect on our health and wellbeing.<ul style="list-style-type: none">- Within the Strategy, the digital and commercial determinants of health both reference marketing and advertising, as well as other digital platforms as influential factors.• The Strategy includes the following policy achievement by 2030:<ul style="list-style-type: none">- <i>Children's exposure to unhealthy food and drink marketing, branding and sponsorships is further restricted across all forms of media, including through digital media.</i>
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AUD_PROMO3 Restrict use of elements appealing to children on food packaging

Good practice statement

Effective policies are implemented by the government to ensure that elements (such as cartoon characters, celebrities) designed to appeal to children (including adolescents) are not included on packaging of unhealthy foods

Definitions and scope

- Includes product design and packaging (e.g. use of celebrities or cartoons, competitions and giveaways)
- Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day

Policy details (to 30 June 2021)

Food Regulation System activity (National policy)

- In August 2019, Food Ministers agreed to a suite of activities to support public health objectives to reduce chronic disease related to overweight and obesity. One of these activities was for the Food Regulation Standing Committee to explore options to reduce children’s exposure to unhealthy food and drink advertising and marketing.
- The work is in the early phases and a range of regulatory and non-regulatory options will be considered as part of the process. This may include options to strengthen restrictions of unhealthy food advertising on food packaging.
- Stakeholders will be consulted as the work progresses.

National Preventive Health Strategy

- The National Preventive Health Strategy (the Strategy) seeks to increase the consumption of healthy food and drinks, as well as decrease the consumption of discretionary foods that currently are helping contribute to the health burden.
 - The Strategy includes the target, “Reduce the proportion of children and adults’ total energy intake from discretionary foods from >30% to <20% by 2030.”
- The Strategy includes the following policy achievement by 2030:
 - *Restricted promotion of unhealthy food and drinks at point of sale and at the end-of-aisle in prominent food retail environments, and increased promotion of healthy food options.*

AUD_PROMO4 Restrict the promotion of unhealthy foods within elite sport

Good practice statement

Effective policies are implemented by the government to ensure that professional/elite sports are not sponsored by brands associated with unhealthy foods and beverages

Definitions and scope

- This indicator is focused on promotion related to professional/elite sports only
- Sponsorship includes advertising at sporting grounds/events, naming rights of stadiums, games or series; branded merchandise, product giveaways, logos on uniforms, and exclusive sale rights of unhealthy food at events
- Excludes alcohol marketing restrictions

Policy details (to 30 June 2021)

AANA Food and Beverages Code

- On 25 May 2021, the Australian Association of National Advertisers (ANNA) announced a new Food and Beverages Code following completion of a review. Amongst other updates, the new Food and Beverages Code includes specific requirements for sponsorship advertising.
- The definition of sponsorship includes agreements relating to sporting events, inclusive of the naming rights of events or teams and use of brand names or logos at sporting event venues or participant uniforms. The Code has been updated to require that sponsorship advertising that targets children must not show an unhealthy/occasional food (as defined by the Code) or product packaging, or depict its consumption.

National interim guide to reduce children’s exposure to unhealthy food and drink promotion (Interim Guide)

- In 2018, the then Council of Australian Government’s Health Council endorsed the Interim Guide for voluntary use by governments in their settings to reduce children’s exposure to unhealthy food and drink promotion. The Interim Guide is based on the Australian Dietary Guidelines and aims to support improved health of Australian children by reducing consumption of discretionary foods and drinks.
- The Interim Guide provides categories and examples of foods that are not recommended for promotion to children. The Interim Guide acknowledges that children can be vulnerable to the persuasive intent of master branding and includes advice that the specific overarching corporate brand name should not be the predominant feature of an advertisement and should be accompanied with images of a health food or drink.

Policy area: Food Prices

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Food prices		
National	Federal	State/Territory
	AUD_PRICES1: Minimise taxes on healthy foods	
	AUD_PRICES2: Increase taxes on unhealthy foods	
	AUD_PRICES3: Taxes on alcoholic beverages	

Details on Federal-level indicators in this domain:

AUD_PRICES1 Minimise taxes on healthy foods	
<p><i>Good practice statement</i></p> <p>Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables)</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 or food purchasing welfare support
<p>Policy details (to 30 June 2021)</p>	<p><i>Goods and services tax (GST)</i></p> <ul style="list-style-type: none"> • 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 (ref). • 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. <p><i>Import duties</i></p> <ul style="list-style-type: none"> • 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. <p><i>Agricultural levies</i></p> <ul style="list-style-type: none"> • The Australian Government, through the Department of Agriculture, Water and the Environment, 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) (ref). • As at June 2021 there were more than 110 levies collected on over 75 commodities across the agriculture, fisheries, and forestry sectors (ref). • Within certain prescribed limits, the Australian Government matches the R&D component of levies on a dollar for dollar basis. In 2019-20, the Australian Government matched eligible R&D funds at a total of \$351.5 million. This investment does not target particular commodities. • The Australian Government provided the following statement regarding agricultural levies in 2016: <ul style="list-style-type: none"> - <i>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</i> • 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 (ref). • The Australian Government is currently working to streamline and modernise the agricultural levies legislation, in consultation with industry stakeholders. The new legislation is scheduled to be in place by April 2023 (ref).

AUD_PRICES2 Increase taxes on unhealthy foods

Good practice statement

Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place to discourage unhealthy food choices

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

Policy details from previous assessment

- 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.
- Supporting Australians to eat a healthy, balanced diet is a complex public health issue with multiple contributing factors requiring community-wide approaches as well as behaviour change by individuals. The Australian Government's preferred approach is to actively educate, support and encourage Australians to adopt and maintain a healthy diet, rather than introduce additional taxes. On this basis, the Government does not support taxes on unhealthy foods.

National Preventive Health Strategy (Strategy)

- The Strategy recognises tax reform as a possible policy lever to improve the health and wellbeing of Australians across the lifespan.
- The Strategy includes the following policy achievement by 2030:
 - *Reduced sugar, saturated fat and sodium content of relevant packaged and processed foods through reformulation and serving size reduction, including consideration of tax reform.*

AUD_PRICES3 Taxes on alcoholic beverages

Good practice statement

Taxes or levies on alcoholic beverages are in place that increase the retail prices of these drinks relative to alcohol content, to discourage the consumption of alcoholic beverages

Definitions and scope

- Includes differential application of excise tax, ad valorem tax or import duty on alcoholic beverages

Policy details (to 30 June 2021)

- The Australian Government imposes excise duty rates on alcoholic products for alcoholic products manufactured or produced in Australia (except wine which is subject to the wine equalisation tax). Imported alcohol is subject to customs duty at a rate equivalent to excise duty. Excise duty rates for alcoholic products are dependent upon the alcohol content ([ref](#)).
 - Excise duty on beer is dependent upon the alcohol content in addition to the size and design of the container it is packed in and if it produced in commercial premises or a brew premises shop. Excise tax is payable on the alcohol content above 1.15% by volume of the finished product ([ref](#)).
 - Excise duty for spirits and other excisable beverages is dependent upon alcohol content. See here for further details ([ref](#))
- Wine is not an excisable beverage and is subject to the wine equalisation tax (WET) with rates dependent upon the products wholesale price. The WET applies to grape wines, grape wine products, fruit wines and vegetable wines, cider and perry, mead and safe where the beverage contains more than 1.15% by volume of ethyl alcohol.

National Preventive Health Strategy (Strategy)

- The Strategy recognises that the consumption of alcohol is a major cause of preventable disease and illness in Australia.
- The Strategy includes the following policy achievement by 2030:
 - *The availability and promotion of alcohol is restricted to minimise alcohol-related harm as outlined in the National Alcohol Strategy.*

Policy area: Food Provision

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Food Provision		
National	Federal	State/Territory
NAT_PROV1: Healthy food policies in early childhood settings	AUD_PROV1: Healthy food policies in public sector workplaces	ST_PROV1: Healthy food policies in schools
NAT_PROV2: Healthy food policies in schools	AUD_PROV2: Support and training systems for private companies	ST_PROV2: Healthy food policies in health services (visitors and staff)
NAT_PROV3: Healthy food policies in care settings (resident/in-patient food provision)		ST_PROV3: Healthy food policies in care settings (resident/in-patient food provision)
		ST_PROV4: Healthy food policies in public sector workplaces
		ST_PROV5: Healthy food policies in community settings
		ST_PROV6: Support and training systems for public sector settings

Details on Federal-level indicators in this domain:

AUD_PROV1 Healthy food policies in public sector workplaces	
<p><i>Good practice statement</i></p> <p>The government ensures implementation of clear, consistent policies to provide and promote healthy food choices in public sector workplaces</p>	
Definitions and scope	<p>The focus of this indicator is public sector workplaces (excluding schools, hospitals, healthcare facilities etc that are covered in other indicators):</p> <ul style="list-style-type: none"> • Includes private businesses that are under contract by the government to provide food in public sector workplaces • 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 healthier, or changing the menu to offer healthier options
Policy details (to 30 June 2021)	<p><i>Public sector workplaces</i></p> <ul style="list-style-type: none"> • Implementation of policies to promote healthy food choices in public sector workplaces is at the discretion of each Australian Government Department/Agency. As of 2016, there were no policies that applied to all public sector work places. <p><i>Other government-owned, funded or managed settings</i></p> <ul style="list-style-type: none"> • <i>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.</i>

AUD_PROV2 Support and training systems for private companies

Good practice statement

The 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

Policy details (to 30 June 2021)

The Healthy Workers initiative

- The Australian 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 as of 2016.
- 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](#); covering planning, delivering and continuous improvement. The site includes information on health issues in [specific industries](#) and [case studies](#) of the experiences of some organisations with delivering healthy living programs in their workplaces ([ref](#)).
- The Healthy Workers Initiative is no longer funded by the Australian 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 or territory Governments are actively operating support and training systems.
- Funding for this program ceased in June 2014.

Policy area: Food Retail

Good practice statement for this domain: The government implements policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (e.g food retail outlet density and locations) and in-store (product placement)

Indicators in this domain by level of government:

Policy area: Food retail		
National	Federal	State/Territory
	AUD_RETAIL1: Remote retail store availability of healthy and unhealthy food	ST_RETAIL1: Planning policies: unhealthy food retail outlets
	AUD_RETAIL2: Availability of foods in food service outlets	ST_RETAIL2: Planning policies: healthy food retail outlets
	AUD_RETAIL3: Restriction of marketing of unhealthy food in retail outlets	ST_RETAIL3: Remote retail store availability of healthy and unhealthy foods
		ST_RETAIL4: Availability of foods in food service outlets
		ST_RETAIL5: Restriction of marketing of unhealthy food in retail outlets

Details on Federal-level indicators in this domain:

AUD_RETAIL1 Remote retail store availability of healthy and unhealthy foods	
<p><i>Good practice statement</i></p> <p>The government ensures support systems are in place to encourage remote food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> Remote food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets in remote areas 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
<p>Context</p>	<p><i>Stronger Futures in the Northern Territory Act 2012</i></p> <ul style="list-style-type: none"> 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 30 June 2022. The objective of the Act is: <i>to support Aboriginal people in the Northern Territory to live strong, independent lives, where communities, families and children are safe and healthy</i> (ref). The Objective of Part 4 of the Act is: <i>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.</i> Food security is defined in the Act as: <i>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</i> The Act establishes requirements for the licensing of community stores that sell grocery items in designated food security areas in the Northern Territory.
<p>Policy details (to 30 June 2021)</p>	<p><i>NT Community Stores Licensing</i></p> <ul style="list-style-type: none"> 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. 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. 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). As of 28 June 2021, 98 stores were operating under the Northern Territory Community Store Licensing Scheme. Licensing ensures stores maintain standards that support better nutrition and health of people in remote communities in the Northern Territory.

Outback Stores

- Outback Stores Pty Ltd (Outback Stores) is an Australian 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.
- 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](#)).
- 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)
- As of 1 August 2021, Outback Stores manages 41 stores nationally: 25 in the Northern Territory, 13 in Western Australia and three in South Australia.
- In 2019-20, Outback Stores (Outback Stores Pty Ltd 2019-20 Annual Report):
 - sold 14.8% more fruit and vegetables than in 2018-19
 - reported a 4.1% decrease of sugary drinks sold (54.59% of drinks) in comparable Outback Stores on the previous year (58.74%). The proportion of water sold increased 1.32% and sugar free drinks increased 2.82%
 - continued an ongoing trend that has seen the proportion of full sugar drinks fall by over 20% from 76.5% in 2012.
 - partnered with Monash University to host two Nutrition and Dietetics Masters students completing their final year, for a 7-week placement with the Outback Stores Health and Nutrition Manager
 - participated in a collaborative project between Uncle Jimmy Thumbs Up! and Arnhem Land Progress Aboriginal Corporation (ALPA) to reduce sugar consumption and increase fruit and vegetable sales
 - across the 41 stores managed by Outback Stores, sold 527 tonnes of fruit and veg. In 2018-19 this was 457 tonnes (a 14.8 per cent increase).

Other policy: financial grants and subsidies

Aboriginals Benefit Account (ABA) Stores Infrastructure Project

- The \$55.8 million ABA Stores Infrastructure Project has delivered works to improve stores infrastructure and enhance food security in 18 communities across the Northern Territory. Twelve new stores and six store upgrades have been completed. Ten communities have also received new or upgraded store manager housing to assist in retaining experienced store managers.
 - 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

National Preventive Health Strategy (Strategy)

- The Strategy recognises that food insecure households are more likely to develop chronic conditions such as diabetes, hypertension and mental health issues, as the food and drinks they are consuming are generally high in energy, fat and sugar, and provide low nutritional value.
- Food access (including cost, affordability, availability, and location) is one factor that contributes to food security and consequently communities affected by disadvantage including those who live in rural and remote locations.
- The Strategy includes the following policy achievements by 2030:
 - *Consumer choice is guided by the Health Star Rating system which is displayed on all multi-ingredient packaged food products.*
 - *Consumer choice is guided by energy and ingredient labelling on all packaged alcoholic products*
 - *Restricted promotion of unhealthy food and drinks at point of sale and at the end-of-aisle in prominent food retail environments, and increased promotion of healthy food options.*
 - *A national policy document is developed to address food security in priority populations.*

2021-22 Food Security Grants

- The 2021-22 Federal Budget announced a \$5 million investment in remote store infrastructure to improve food security in remote Indigenous communities. Investment will be delivered through a competitive grant scheme delivered during 2021-22. Stores servicing remote Indigenous communities will be eligible to apply. Grants will be for activities that support the ongoing supply of food and essentials items, including infrastructure and capital equipment such as additional storage, loading bays and forklifts, and business continuity investments such as electrical upgrades, satellite communications and upgraded point of sale systems.

AUD_RETAIL2 Availability of foods in food service outlets

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

- For this indicator, 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
- 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
- For details on Nutrition labelling in fast food outlets refer to NAT_LABEL9

Policy details (to 30 June 2021)

Community Stores Licensing Scheme

- The Australian Government administers a licensing scheme for community stores to improve food security in Northern Territory Aboriginal communities (for more information see AUD_RETAIL1).
- *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.*
- Approximately 70 per cent of licensed community stores operating across the Northern Territory have a takeaway food facility that provides a range of hot, cold and wet dishes. The National Indigenous Australians Agency administers the licensing scheme and has conducted 98 monitoring visits of licensed community stores since July 2020.

Outback Stores

- Outback Stores Pty Ltd (Outback Stores) is an Australian Government owned company that provides store management and retail services to remote community stores on a fee-for-service basis (for more information see AUD_RETAIL1).
- Outback Stores' Healthy Food Takeaway Policy supports Outback Stores managed stores with facilities to prepare ready to eat takeaway food or catering.

Healthy Food Partnership

- On 8 November 2015, the Australian 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.
- The partnership aims to improve the dietary habits of Australians by making healthier food choices more accessible and by raising awareness of better food choices.
- Initiatives of the Partnership are voluntary and focus on the following areas:
 - Continue support industry to reformulate their foods, supported by the HSR system
 - Support consumers to eat appropriate levels of core foods 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 professions

Healthy Food Partnership Food Service Working Group

- The Healthy Food Partnership's Food Service Working Group [recommended](#) that a voluntary Food Service Pledge Scheme be established
- The focus of the pledge scheme is on simple and effective voluntary commitments ('pledges') by industry. These are designed to optimise the nutritional profile of food and beverages provided in food service settings, with consideration to placement and promotion of healthier options; a range of portion sizes; product reformulation; and availability of information for consumers.
- The Food Service Working Group commissioned a [review on international food service initiatives](#), and recommended a voluntary pledge-style scheme for the food service sector.
- The Food Service Working Group was disbanded, following the presentation of *The final rationale and recommendations of the Food Service Working Group* to the Executive Committee on 11 May 2018.
- The Scheme was piloted in the ACT in 2019, but was ceased in February 2020 due to poor uptake.

Healthy Food Partnership Industry Best Practice Guide for Serving Size

- The Industry Best Practice Guide Working Group (IBPGWG) was convened in August 2019, tasked with developing a Best Practice Guide (the Guide) for serving sizes of discretionary foods.
- The Guide will provide industry with guidance and recommended serving sizes for key discretionary foods and beverages in retail and out of home settings.
- The serving size recommendations and example pages of the Guide, supported by the IBPGWG's rationale, formed the basis of a public consultation held from June-August 2021.
- The Guide is expected to be finalised by early 2022.

National Preventive Health Strategy (Strategy)

- The Strategy recognises that individual choice is not the only factor driving why we eat what we eat; the environment and the food systems where we live, work, play and age influence our dietary patterns strongly.
- The Strategy includes the following policy achievements by 2030:
 - *Restricted promotion of unhealthy food and drinks at the point of sale and at the end of aisle in food prominent food retail environments, and increased promotion of healthy food options.*
 - *Consumer choice is guided by the Health Star Rating system which is displayed on all multi ingredient packaged food products*

AUD_RETAIL3 Restriction of marketing of unhealthy food in retail outlets

Good practice statement

Effective policies are implemented by the government to restrict the way unhealthy foods are marketed within supermarkets and other retail stores, including through restrictions on product placement in prominent in-store positions (such as checkouts and end-of-aisle displays), price discounts and sales to children

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 restriction of volume promotional offers such as multi-buys “3 for 2”, “buy-one-get-one-free” offers, extra free promotions e.g. “50% extra free” and fixed price savings on unhealthy foods
- Includes restriction of product placement of unhealthy foods, e.g. at aisle ends, checkouts, store entrances and online equivalents
- Includes the restriction of unhealthy foods promoted through in-store advertisement directed at children

Policy details (to 30 June 2021)

AANA Food and Beverage Code (Code) – industry-led voluntary self-regulation

- The AANA Food and Beverage Code is a voluntary industry-led initiative announced in May 2021 and comes into effect (for voluntary implementation) from November 2021.
- The new Code restricts the promotion of unhealthy (“occasional”) foods and beverages to children for advertisements across any medium or activity. This specifically includes any advertisement undertaken by, or on behalf of, an advertiser or marketer, over which the advertiser or marketer has a reasonable degree of control, and that draws the attention of the public in a manner calculated to promote or oppose directly or indirectly a product, service, person, organisation or line of conduct. In store promotion is not listed as exempt from this requirement.

National Preventive Health Strategy (Strategy)

- The Strategy recognises the significant role that marketing plays on people’s dietary consumption – particularly children - through promoting the sale and desire of unhealthy products.
- The Strategy includes the following policy achievement by 2030:
 - *Restricted promotion of unhealthy food and drinks at the point of sale and at the end of aisle in food prominent food retail environments, and increased promotion of healthy food options.*

No other relevant policy details were provided by the government in relation to this indicator.

INFRASTRUCTURE SUPPORT

Policy area: Leadership

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Leadership		
National	Federal	State/Territory
NAT_LEAD1: Government strategy and related implementation plan for addressing nutrition and obesity	AUD_LEAD1: Political support for population nutrition	ST_LEAD1: Political support for population nutrition
NAT_LEAD2: Government taskforce dedicated to addressing nutrition and obesity	AUD_LEAD2: Population intake targets established	ST_LEAD2: Government strategy and related implementation plan for addressing nutrition and obesity
	AUD_LEAD3: Evidence-based dietary guidelines implemented	

Details on Federal-level indicators in this domain:

<p>AUD_LEAD1 Political support for population nutrition</p>	
<p><i>Good practice statement</i> 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</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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
<p>Policy details (to 30 June 2021)</p>	<p><i>Health Star Rating (HSR)</i></p> <ul style="list-style-type: none"> • The Government recognises the burden of disease associated with poor diet and physical inactivity. Choosing foods that are higher in positive components and lower in risk components that are linked to obesity and diet-related chronic diseases; (saturated fat, sodium (salt), sugars and energy), will help contribute to a balanced diet and lead to better health. • The Health Star Rating (HSR) system was first established in 2014 to rate the overall nutritional profile of packaged foods. The HSR calculator uses the food’s nutritional composition to assign a rating from ½ a star to 5 stars. This provides a quick, easy, standard way to compare similar packaged foods. The use of the HSR system to display essential nutrition information is one of the multiple labelling strategies available to encourage healthy eating choices. • The HSR system is a joint initiative involving Australian, state and territory and New Zealand Governments. The system was developed in collaboration with industry, public health and consumer groups. The Australian Government will provide a contribution of \$0.9 million for the 2021-22 and 2022-23 financial years to contribute to the ongoing implementation of the HSR System in collaboration with Australian states and territories. The total budget for this period is \$6.19 million, however significant underspends from previous years are being utilised to cover most of these costs. The HSR budget has three components including base funding to support the implementation of the HSR system, funding for monitoring and evaluation, and funding for social marketing activities. <p><i>Healthy Food Partnership</i></p> <ul style="list-style-type: none"> • On 8 November 2015, the Australian Government announced the ‘Healthy Food Partnership’, a partnership of preventative health groups, food industry bodies, and chaired by the Minister with responsibility for food. • The Partnership provides a mechanism for government, the public health sector and the food industry to cooperatively tackle obesity, encourage healthy eating and empower food manufacturers to make positive changes. The scope of work within the Partnership comprises several policy areas that consider portion size, food reformulation, food service environments and education. <p><i>Food Regulation System activities</i></p> <ul style="list-style-type: none"> • In 2019, the then Australia New Zealand Ministerial Forum on Food Regulation, chaired by Senator the Hon Richard Colbeck, agreed to a suite of activities under Priority Two of the Food Regulation System. Priority Two activities aim to support public health objectives to reduce chronic disease related to overweight and obesity. Priority Two activities underway include:

	<ul style="list-style-type: none"> - Exploring options for improving the composition of the food supply, with case studies including trans-fatty acids and sugary drinks. - Nationally consistent menu board labelling - Improving commercial foods for infants and young children - Reducing children’s exposure to unhealthy food and drink advertising and marketing <p><i>National Preventive Health Strategy (Strategy)</i></p> <ul style="list-style-type: none"> ● One of the seven focus areas outlined in the Strategy is dedicated to ‘Improving access to and the consumption of a healthy diet’ – which recognises the pivotal role that nutrition plays at every stage of life, from pre-conception to older age. ● The focus area contains eight targets and 15 policy achievements. One of the policy achievements by 2030 is: <ul style="list-style-type: none"> - <i>Nutrition and food action in Australia is guided by a specific national policy document.</i> ● One of the key system enablers included in the Strategy is dedicated to ‘Leadership, governance and funding’ – which outlines that a governance mechanism within government and across relevant portfolios are needed to create a more resilient prevention system. ● In the 2021-22 Budget, an early commitment of \$1.9 million was made to the Strategy to fund the creation of a platform to support a stronger and more effective prevention system in Australia. ● This Budget measure will develop a number of governance and system integration activities, including the Blueprint for Action which will guide the implementation of the Strategy. <p><i>Australian National Diabetes Strategy 2021–2030</i></p> <ul style="list-style-type: none"> ● The Australian National Diabetes Strategy 2021–2030 (the Strategy) has been developed as an update to the recently expired Australian National Diabetes Strategy 2016–2020. ● The Strategy contains guidance and direction around key goals and priorities for diabetes, including items from the previous Strategy, as well as additional information such as COVID-19 considerations. The Strategy was released on 21 November 2021 (ref). <p><i>National Obesity Strategy</i></p> <ul style="list-style-type: none"> ● In 2018, all Health Ministers agreed to the development of a National Obesity Strategy (Strategy) to formulate a more collaborative and comprehensive national approach to obesity in Australia. Queensland Health has led the development of the Strategy in collaboration with all jurisdictions. ● The Strategy will include a focus on priority population groups or regions where the prevalence of overweight and obesity is higher. ● A national consultation process to inform the Strategy development occurred in late 2019 and early 2020 with a wide variety of stakeholders and included face-to-face sessions and online surveys. ● It is expected the Strategy will complement the National Preventive Health Strategy. The Strategy is expected to be finalised in 2022.
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AUD_LEAD2 Population intake targets established	
<p><i>Good practice statement</i></p> <p>Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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
<p>Context</p>	<p><i>Australian Nutrient Reference Values (NRVs)</i></p> <p><i>'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'.</i></p> <p><i>WHO recommendations</i></p> <ul style="list-style-type: none"> • In 2013, the Australian 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 (Approximately >2 grams/day of sodium) 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. They suggest that a further reduction to below 5% or roughly 25 grams (6 teaspoons) per day would provide additional health benefits (ref).
<p>Policy details (to 30 June 2021)</p>	<p><i>Population intake reduction targets</i></p> <p>The Australian 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.</p> <p><i>National recommended dietary intake levels</i></p> <p><i>Nutrient Reference Values Australia and New Zealand (NRVs)</i></p> <p><i>Sodium:</i></p> <ul style="list-style-type: none"> • The Australian Government Department of Health and the New Zealand Ministry of Health have reviewed the 2006 sodium nutrient reference values for adults. The revised NRV recommendations for the Suggested Dietary Target (SDT) and Upper Level of Intake of sodium for adults were approved by the NHMRC on 13 July 2017. The Suggested Dietary Target (SDT) for sodium was revised from 1600 mg/day to 2000 mg/day and the UL revised from 2,3000 mg/day to 'not determined'. • In March 2018, the Department commissioned the NHMRC to undertake a review of remaining 2006 NRVs for sodium (including the Adequate Intake for children and adolescents, adults, and pregnancy and lactation; as well as the Upper Level of intake for infants, children and adolescents and for pregnancy and lactation). • This work is anticipated for completion by 2023. Further information regarding the review of nutrient reference values can be found on the website at the following address: www.nrv.gov.au

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](#) 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](#)).

National Preventive Health Strategy

- The Strategy recognises that a nutritious diet is one of the most influential factors contributing to our overall health and wellbeing.
- The following targets are included in the Strategy in order to improve the consumption of a healthy diet:
 - *Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030. Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030.*
 - *Reduce the average population sodium intake by 30% by 2030.*
 - *Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030.*

AUD_LEAD3 Evidence-based dietary guidelines implemented

Good practice statement

Clear, interpretive, evidence-informed food-based dietary guidelines, including integration of health and environmental sustainability considerations, have been established and implemented, with regular review processes

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
- Public education campaigns associated with the dietary guidelines are covered as part of FED-COMM1

Context

Australia's national dietary guidelines underpin nutrition policies and public education for the Australian, state and territory governments.

Policy details (to 30 June 2021)

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](#)).
- The revision of the ADGs (released in 2013) was funded by the (then) Australian Government Department of Health and Ageing and led by the NHMRC with advice provided by experts on a Dietary Guidelines Working Committee.
- 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.
- The ADGs are applicable to all healthy Australians over 2 years of age (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](#)).
- 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. [ref](#)).

ADGs review

- A review of the ADGs is now underway. The Australian Government announced that it will provide \$2.5 million to the NHMRC to review the 2013 ADG's ([ref](#)).
- Scoping activities involved in the review will include:
 - a stakeholder survey to understand how the Guidelines are used and identify possible topics for review
 - a literature scoping review which will determine if new evidence is available to add further support or question the recommendations of the current Guidelines, and
 - a review of food-based dietary guidelines from other countries
- It is anticipated that sustainability will be a component of the current review.

- It is anticipated that new guidelines will be drafted for public consultation in the second quarter of 2023 and guidelines released second quarter of 2024.

Review: Discretionary food and drinks

- The Australian Government Department of Health commissioned the National Health and Medical Research Council (NHMRC) to review the evidence and reports about consumer, clinician educator and industry understanding of the current 'discretionary' food category associated with the Australian Dietary Guidelines.
- NHMRC commissioned two reviews to understand the use and understanding of the term 'discretionary food and drinks' by consumers, health professionals, educators and industry (ref). The outcomes of these reviews will now contribute to the review of the 2013 Australian Dietary Guidelines.

National Preventive Health Strategy (Strategy)

- The Strategy recognises that effective preventive health interventions for all Australians must be underpinned by evidence and incorporate evaluation to inform our knowledge base and ensure continuous quality improvement.
- One of the system enablers outlined in the Strategy is dedicated to '*Research and evaluation*' – outlines that a prevention system should be underpinned by evaluation measures to ensure continuous evidence-based review and improvements.
- The Strategy includes the following policy achievement by 2030:
 - *Relevant guidelines and policies [related to diet and nutrition] are regularly updated using the latest scientific evidence.*

Policy area: Governance

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Governance		
National	Federal	State/Territory
	AUD_GOVER1: Restricting commercial influence on policy development	ST_GOVER1: Restricting commercial influence on policy development
	AUD_GOVER2: Transparency in the development of food and nutrition policies	ST_GOVER2: Transparency in the development of food and nutrition policies
	AUD_GOVER3: Assessing the potential health impacts of all policies	ST_GOVER3: Assessing the potential health impacts of all policies
	AUD_GOVER4: Government workforce to support public health nutrition	ST_GOVER4: Government workforce to support public health nutrition
	AUD_GOVER5: Independent health promotion agency	ST_GOVER5: Independent health promotion agency

Details on Federal-level indicators in this domain:

AUD_GOVER1 Restricting commercial influence on policy development	
<p><i>Good practice statement</i></p> <p>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</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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
<p>Policy details (to 30 June 2021)</p>	<p>There are several legislated and non-legislated mechanisms that restrict commercial influences on government activity including the development of policies.</p> <p><i>Public Governance, Performance and Accountability Act 2013</i></p> <p>Under the Public Governance, Performance and Accountability Act 2013, public officials have a duty to disclose interests (ref):</p> <p>(1) <i>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.</i></p> <p>(2) <i>The rules may do the following:</i></p> <p style="padding-left: 40px;">(a) <i>prescribe circumstances in which subsection (1) does not apply;</i></p> <p style="padding-left: 40px;">(b) <i>prescribe how and when an interest must be disclosed;</i></p> <p style="padding-left: 40px;">(c) <i>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).</i></p> <p><i>Australian Public Service Values and Code of Conduct</i></p> <ul style="list-style-type: none"> • 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’ (ref). Within this guide, there are a number of relevant sections including <ul style="list-style-type: none"> - Section 4.11 Conflict of Interest - Section 5.8 Working with lobbyists: the Lobbying Code of Conduct and post separation lobbying contacts with Government <p><i>Register of lobbyists</i></p> <ul style="list-style-type: none"> • In 2008, the Australia Government introduced a Lobbying Code of Conduct and established a Register of Lobbyists to ensure that contact between lobbyists and Australian 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). • The public Register of Lobbyists contains the following information about lobbyists: <ul style="list-style-type: none"> - 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)

- 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).
- In 2018, the government introduced legislation reforming Australia's electoral disclosure laws. These laws will improve the transparency of political donations at the Australian government level.
- 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 2020 to 30 June 2021 is more than \$14 300 ([ref](#)).
- 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 Regulation

- Food policy in Australia is made by Ministers from Australian states, territories, New Zealand and the Australian government agencies responsible for food regulation. These ministers make up the Food Ministers' Meeting. The Forum is supported by the Food Regulation Standing Committee (FRSC).
- The Operative Procedures for the FMM (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.'* ([ref](#))

NHMRC Committee Conflict of Interest Policy ([ref](#))

- 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 (2019)'*
- *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](#)).

National Preventive Health Strategy (Strategy)

- Consistent with the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases, public health policies, strategies and multi-sectoral action must be protected from undue influence by any form of vested commercial interest.
- The Strategy acknowledges the commercial determinants of health, such as lobbying and political donations, as an adverse effect to health and wellbeing.
- The Strategy includes the following policy achievements by 2030:
 - *Public health policies, strategies, and multi-sectoral action for prevention are monitored and protected from real, perceived or potential conflicts of interest through a national evidence-based approach and transparent stakeholder engagement processes.*
 - *Preventive health research is protected from real, perceived or potential conflicts of interest.*

AUD_GOVER2 Transparency in the development of food and nutrition policies

Good practice statement

Policies and procedures are implemented for ensuring transparency in the development of food and nutrition 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 and nutrition policy
- Includes policies or procedures to guide the online publishing of relevant scoping papers, draft and final policies

Policy details (to 30 June 2021)

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 Australian Government policy makers in the 'Australian Government Guide to Regulatory Impact Analysis' is: *Policy makers should consult in a genuine and timely way with affected businesses, community organisations and individuals as well as other policy makers to avoid creating cumulative or overlapping regulatory burdens* ([ref](#)).
- The Office of Best Practice Regulation has developed guidance on Best Practice Consultation processes that are required as part of the RIS process ([ref](#)).
- 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).
- The Consultation Hub is an online platform that lists forthcoming, current and closed public consultations ([ref](#)).
- Public consultation is embedded as a legislated requirement of statutory authorities that deal with food policy and guidelines such as FSANZ and NHMRC.

NHMRC Act 1992

- 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](#)). The NHMRC Regulations (2006) specify the manner and form in which consultations are to be undertaken at certain stages in the process.

Food Regulation consultation procedures

- According to the Principles and Protocols for the Development of Food Regulation Policy Guidelines ([ref](#)), the Food Regulation Standing Committee (FRSC) will uphold a number of principles in policy development.
- The principles include: leadership, a flexible process, timeliness, risk analysis and transparency.

- The Food Regulation Policy Framework was developed in 2016 and has been made publicly available on the [Food Regulation Website](#). Stakeholder consultation is integral to the process and the Framework clearly outlines the process and when stakeholders will be consulted through policy development processes. For the development of food regulation policy and to seek input and advice from stakeholders, Food Ministers have 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.

[Food regulation policy decision making](#)

[Food Ministers' Meeting \(FFM\)](#)

According to the Operating Procedures of the Australia and New Zealand Ministerial Forum on Food Regulation (now referred to as the FFM): [\(ref\)](#)

- Communiqués are issued and published online following a meeting of the FFM
- A Notice of Out of session decisions will be published by the Secretariat on the Food Regulation Website on the date of publication.
- A web page with information about the Forum must be updated regularly and provide details including but not limited to: membership and chairing arrangements; scope of work; priority issues; outcomes of meetings and decisions (provided in the form of communiqués); contact details; and links to relevant documents.
- *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.*
- As a general principle, where there is an expectation that a document prepared for the FMM, FRSC or ISFR will be made public, the Secretariat will ensure that all Members are advised early in the preparation of the document. The communiqué that is released following each Forum meeting is publicly available on the Food Regulation website and is emailed to the media and stakeholder groups.

[Stakeholder Engagement Strategy](#)

- A stakeholder engagement strategy titled 'Engaging in the Australian and New Zealand joint food regulation system' (Strategy) [\(ref\)](#) was developed in 2016. The Strategy's purpose is to outline the opportunities for engagement in the joint Australian and New Zealand food regulation system.

	<ul style="list-style-type: none">• The Strategy’s vision is a co-operative and mutually beneficial approach to engagement that promotes clarity, integrity, trust and connectivity, to support a workable and effective joint Australian and New Zealand food regulation system. 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• Engagement principle 5 of the Strategy is ‘Commitment, accountability and transparency’ where all stakeholders in the joint food regulation system should commit to improving the quality of engagement. Stakeholders should provide each other with timely, constructive and evidence-based information and be accepting of differing positions. Stakeholders should be mindful to maintain confidentiality of information, where appropriate. Processes and decisions should be transparent. <p>Policy Guidelines</p> <p>Food 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).</p>
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AUD_GOVER3 Assessing the potential health impacts of all policies

Good practice statement

There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of policies that affect the healthiness of food environments and/or diet, nutrition, obesity and NCDs

Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures, guidelines, tools and other resources that affect the healthiness of food environments and/or diet, nutrition, obesity and NCDs during and following implementation of all policies • Includes the establishment of cross-department governance and coordination structures while developing policies with food-related outcomes • 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
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Policy details (to 30 June 2021)	<p><i>Best Practice Regulation</i> Regulation Impact Statement (RIS)</p> <ul style="list-style-type: none"> • The Office of Best Practice Regulation (OBPR), housed in the Department of the Prime Minister and Cabinet, administers the regulatory impact analysis (RIA) requirements for the Australian Government, and Ministers' Meetings and National Standards Setting Bodies. RIA, and the resulting RISs, inform decisions on regulatory policy and standards (both food and non-food) at the Federal and cross-jurisdictional levels. • A RIS is a document that provides evidence of the key steps taken during the development of a proposal, with an assessment of the relative costs and benefits of each option. All Australian Government Cabinet submissions require a RIS. RISs are also required for all decisions made by the [Australian] 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). • 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 <i>Australian Government Guide to Regulatory Impact Analysis</i>. • Where the decision is made by a Ministers' meeting or a National Standard Setting Body, the proposal must comply with RIS requirements outlined in the <i>Regulatory Impact Analysis Guide for Ministers' Meetings and National Standard Setting Bodies</i> (ref). The Guide was published in May 2021, in response to the October 2020 decision by the National Cabinet that that RIA should continue to be done for all major intergovernmental decisions affecting business, individuals and the community. The Guide updates the intergovernmental RIS requirements that were agreed by the former Council of Australian Governments in 2007. • The RIS requirements help ensure decision-makers are informed by rigorous analysis of the likely impacts of proposed regulatory interventions and the relative net benefits of a range of viable policy options. • Both the Australian Government and intergovernmental RIS requirements list six principles for policy-makers and require the internationally recognised seven RIS questions to be answered when a RIS is prepared. • If an intergovernmental proposal is likely to restrict competition, the RIS must demonstrate benefits that outweigh the costs and that no alternative means of achieving the same objective is available. This is required to meet the state and Commonwealth commitments under the intergovernmental Competition Principles Agreement (ref).
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- In addressing the RIS requirements , 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](#)).

Cross-government assessment processes

Food and Nutrition Policy Section input

- The 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.

The Australian Food Regulation Policy Framework

- The Australian Food Regulation Policy Framework ([ref](#)) 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.
- A number of activities are currently progressing through the framework. Details can be found [here](#).

Food Regulation System Overarching Strategic Statement

The ‘Overarching Strategic Statement’ clarifies the objectives and priorities of the food regulatory system as ([ref](#)):

- 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 Framework

- FSANZ 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):
 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). 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.
- In addition to these risks and benefits, FSANZ must also give consideration to the following:
 - 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.*
- All government departments and agencies (including FSANZ) are required to follow the Australian Government 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 below for more information).

Review of the FSANZ Act 1991

- A Review of the *FSANZ Act 1991* is currently underway, being led by the Department of Health, in partnership with the New Zealand Ministry of Primary Industries. The Steering Group for the Review also includes the Commonwealth Department of Agriculture, FSANZ, the Commonwealth Department of Prime Minister and Cabinet, the Commonwealth Department of Industry, Science, Energy and Resources.

- Extensive stakeholder consultation has been undertaken to date, including public consultation on a Scoping Paper across October and November 2020 and targeted workshops with key government, industry, public health and consumer bodies. This consultation has informed the development of a draft Regulatory Impact Statement which presents three reform options for the FSANZ Act.
- Option 1 is the status quo (proposes no legislative changes to the FSANZ Act), while Option 2 and 3 present increasingly ambitious suites of measures that could be taken to amend the FSANZ Act.
- Stakeholders are being asked for their views on the draft Regulatory Impact Statement and to provide feedback to characterise the impact of the proposed options. The data, commentary and information received through this consultation will be analysed to inform a final Regulatory Impact Statement, which will be used to inform any amendments to the FSANZ Act.
- The plan to reform the Bi-national Food Regulation System also consists of three other projects. These projects are being progressed in parallel to develop a new, best practice regulatory, legislative and operational basis for the system. As part of the Review of the Food Regulation Agreement project, draft Aspirations for the Food Regulation System have been developed and are available under 'Related' below. As part of this consultation, stakeholders are also being asked to consider how the reform options for the FSANZ Act align with the draft Aspirations for the Food Regulatory System.
- Findings from written submissions and additional consultation will be analysed to inform the development of a final Regulatory Impact Statement, which will be used to inform any amendments to the FSANZ Act. The Department of Health, in collaboration with New Zealand, will lead the legislative amendment process.

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.

National Preventive Health Strategy (Strategy)

- The Strategy recognises that in all policy development, consideration of health influencers and impacts has the potential to improve health and reduce inequalities through defined partnerships across different areas of government.
- Public policies need to be developed and implemented across sectors by examining issues through a health lens, with the co-benefits for all engaged partners considered during the process.
- Having robust and effective monitoring processes is a strong component of the Strategy. This will drive improvements in prevention by providing information on the effectiveness of initiatives, as well as where additional effort needs to be focused.
- The Strategy includes the following policy achievement by 2030:
- A health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health.
- A national prevention monitoring and reporting framework is utilised by all levels of government.

AUD_GOVER4 Government workforce to support public health nutrition

Good practice statement

The capacity (number of staff and their capabilities) 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 size (i.e. number of full time equivalent (FTE) persons employed) of the government's population nutrition workforce
- The workforce comprises anyone whose primary role relates to public health nutrition and who is employed full time, part time or casually by the government to perform a public health nutrition-related role. The position may be in the Department of Health, independent statutory authority/agency, other government agency/department.
- 'Public health 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

Policy details (to 30 June 2021)

- The total staff working on public health nutrition, including the prevention of diet-related non-communicable diseases across the Australian Government is estimated to be 169.
- It is difficult to accurately estimate the public health workforce of the Australian Government. This is because there are roles found across a number of Australian agencies and departments which include a mix of responsibilities across public health nutrition and beyond. It is not possible to separate workload to estimate ASL for public health nutrition specifically.
- Other Australian Government agencies that contribute to public health nutrition include Food Standards Australia New Zealand, the Australian Institute of Health and Welfare, Australian Bureau of Statistics, the National Indigenous Affairs Agency and National Health and Medical Research.
- The Department's structure includes a specific unit that contains a team for food and nutrition policy, a secretariat team for the Food Regulation System, teams working on nutrition programs such as the Health Start Rating and other staff working on preventive health activities for diet-related disease and obesity prevention. As required, staff in other areas of the department work on public health nutrition as relevant to their area and current work program, such as Aged Care and Indigenous Health areas of the Department.
- The Department's senior executive work directly on public health nutrition activities, with the Secretary and Deputy Secretary engaging on these topics as required.

National Preventive Health Strategy (Strategy)

- The Strategy recognises the importance of the health workforce to support Australians to achieve optimal health and wellbeing.
- The Strategy's key principle of '*Enabling the workforce*' recognises the need for the workforce to be capable and available, and provide an evidence-based and culturally appropriate standard of care.

AUD_GOVER5 Independent health promotion agency	
<i>Good practice statement</i> There is a statutory health promotion agency in place that includes an objective to improve population nutrition, with a secure funding stream	
Definitions and scope	<ul style="list-style-type: none"> • Agency 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
Context	<p><i>Australian National Preventive Health Agency</i></p> <p>The Australian National Preventive Health Agency (ANPHA) was established in 2011 under the Australian National Preventive Health Agency Act 2010. The Agency was a statutory authority, in the Health portfolio, responsible through its CEO to the Australian Government 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.</p> <p>An Australian Government representative provided the following information:</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>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 Australian 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 initiatives and cancer screening.</i> • <i>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.</i> • <i>The Australian 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.</i>
Policy details (to 30 June 2020)	There is currently no statutory health promotion agency of the Australian Government. The previous equivalent body, the ANPHA, was abolished by the government.

Policy area: Monitoring & Intelligence

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Monitoring and intelligence		
National	Federal	State/Territory
	AUD_MONIT1: Monitoring food environments	ST_MONIT1: Monitoring population nutrition intake
	AUD_MONIT2: Monitoring population nutrition intake	ST_MONIT2: Monitoring population body weight
	AUD_MONIT3: Monitoring population body weight	ST_MONIT3: Evaluation of major nutrition-related programs and policies
	AUD_MONIT4: Evaluation of major nutrition-related programs and policies	ST_MONIT4: Research funding for obesity and NCD prevention
	AUD_MONIT5: Research funding for obesity and NCD prevention	

Details on Federal-level indicators in this domain:

AUD_MONIT1 Monitoring food environments	
<p><i>Good practice statement</i></p> <p>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</p>	
Definitions and scope	<ul style="list-style-type: none"> ● 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 or territory, and described in the policy domains above), in particular: <ul style="list-style-type: none"> ● 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)
Policy details (to 30 June 2020)	<p><i>Monitoring of food labelling</i></p> <p>All 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 state and territory governments through their Food Acts and by the Department of Agriculture, water and the Environment.</p> <p><i>Monitoring of Health Star Rating</i></p> <ul style="list-style-type: none"> ● Monitoring of the HSR system has been undertaken to inform evaluation of the system and to assess potential anomalies that may be identified within the HSR Calculator. <p><i>Five-year review of the Health Star Rating system:</i></p> <ul style="list-style-type: none"> ● On 27 June 2014, the then Australia and New Zealand Ministerial Forum on Food Regulation (Forum), now the Food Ministers’ Meeting agreed that the Health Star Rating (HSR) system should be implemented voluntarily over five years with a review of the progress of implementation after two years. Subsequent to this decision, on 20 November 2015 members of the Forum agreed that a formal review of the system should also be carried out after five years of implementation. ● The Five-year Review of the Health Star Rating system (Review) was released in May 2019. The recommendations contained in the Review Report are designed to deliver improvements to the system, including communication, monitoring, governance and system/calculator enhancements. ● In December 2019 the Forum published a response to the recommendations of the Review (ref). ● On July 2020, the Forum, finalised its response to all Recommendations of the Review and agreed for changes to be implemented over two years, from 15 November 2020 to 14 November 2022. ● The oversight of the implementation and day to day running of the HSR system is currently provided by the Food Regulation Standing Committee, its HSR Implementation Working Group and the re-convened Health Star Rating Advisory Committee with new membership.

Monitoring of food composition for nutrients of concern

NUTTAB 2010 (ref)

- 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).
- 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.
- NUTTAB database was updated and renamed to 'The Australian Food Composition Database' (AFCD) (ref) in January 2019. Updates since NUTTAB 2010 include:
 - The introduction of unique food IDs that will remain consistent across FSANZ published datasets enabling concordance between datasets
 - New analytical data for over 200 foods
 - A core set of nutrients that is consistent with nutrient reporting from national nutrition surveys
 - The reporting of nutrient on for common measures and custom serve sizes in addition to on a per 100 g basis.

AUSNUT 2011-13 (ref)

- 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*, 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).
- 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 (an Australian 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

Healthy Food Partnership Implementation Monitoring and Evaluation Reference Group

- The Healthy Food Partnership has established the Implementation Monitoring and Evaluation Reference Group (IMERG). The role of this group is to 'guide implementation and oversee and

	<p>monitor the activities that have been developed by each of the Partnership working groups' (ref).</p> <ul style="list-style-type: none"> • To date, the IMERG has overseen the implementation of the Healthy Food Partnership Reformulation Program and Industry Best Practice Guide for Serving Sizes. • THE IMERG met once in 2021. <p><i>Monitoring of nutritional quality of food in public sector settings</i></p> <ul style="list-style-type: none"> • As of 2021 the Food-EPI team were not aware of any 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 territory governments)). <p><i>Monitoring of marketing of unhealthy foods to children</i></p> <ul style="list-style-type: none"> • As of 2021 the Food-EPI team were not aware of any monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings by the Australian government <p><i>Monitoring of other food environments</i></p> <p><i>Australian Dietary Guidelines Price Indexes</i></p> <ul style="list-style-type: none"> • The 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).
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*Recommendation 13 of Labelling Logic report: 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.

AUD_MONIT2 Monitoring nutrition intakes	
<p><i>Good practice statement</i></p> <p>There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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
<p>Context</p>	<p><i>National Health Survey</i></p> <p>The National Health Survey has been conducted by the ABS since the 1970s (ref). Since 2001 the Department of Health has funded the National Health Survey roughly every 3 years. The latest survey was conducted from July 2017 to June 2018 in all states and territories and across urban, rural and remote areas of Australia (other than very remote areas), and included around 21,000 children and adults in nearly 16,000 private dwellings (ref).</p> <p><i>Australian Health Survey: National Nutrition and Physical Activity Survey (NNPAS)</i></p> <p>The AHS was a large, nationally representative suite of surveys of the health status of the Australian population. 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). 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). 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).</p> <p><i>2007 Australian National Children's Nutrition and Physical Activity Survey (ref)</i></p> <p>An Australian Government representative provided the following information:</p> <p><i>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.</i></p>
<p>Policy details (to 30 June 2021)</p>	<p><i>National Health Survey</i></p> <ul style="list-style-type: none"> • The National Health Survey only collects minimal data on adult and childhood nutrition status and population intakes. • The 2017-18 National Health Survey was conducted between 2 July 2017 and 30 June 2019 and was conducted in all states and territories (ref). • Relevant information collected included: <ul style="list-style-type: none"> - Breast feeding practices - Alcohol consumption - Fruit and vegetable consumption - Sugar sweetened and diet drink consumption

	<ul style="list-style-type: none"> - First results were released 12/12/2018 (ref). • The 2020-2021 survey assessed breastfeeding, intake of fruit and vegetables, intake of selected sugar sweetened drinks and selected diet drinks • The 2020-21 National Health Survey was conducted between July 2020 and June 2021 and was conducted in all states and territories. Data from the first results will be released the first quarter of 2022. <p><i>Apparent Consumption of Selected Foodstuffs, Australia methodology</i></p> <ul style="list-style-type: none"> • The Apparent Consumption of Selected Foodstuffs, Australia, 2019–20 (cat. no. 4316.0) is intended to provide information on trends in food consumption, nutritional adequacy of the food supply and impacts of changes to food supply (ref). • The apparent consumption of selected foodstuff (ACSF) estimates are comprised of two components: <ul style="list-style-type: none"> - Directly calculated measures of food quantities available for consumption from aggregated sales data provided by the major retailers using Scanner Data (SD), and - Indirectly estimated measures of the food quantities available for consumption that are not captured by the major retailers in the SD, which are based on household expenditure data • The 2019-20 release of the Apparent Consumption of Selected Foodstuffs (ACSF) publication is the second release of ACSF since collection was resumed for the year 2018-19 • The ABS will apply the methodology to calculate apparent consumption of selected foodstuffs and produce an analysis in respect of 2020-21. It is expected to be published in 2022. <p><i>Measuring Non-discretionary and Discretionary Inflation</i></p> <ul style="list-style-type: none"> • In November 2020, the ABS used Consumer Price Index (CPI) data to produce two experimental measures of <i>Non-discretionary and Discretionary inflation</i> (ref). • The ABS classified CPI goods and services into ‘Non-discretionary’ and ‘Discretionary’ categories to investigate whether prices are increasing at the same rate for goods and services that could be considered essential (non-discretionary), compared to goods and services that are more discretionary in nature. • Results indicated that prices of non-discretionary goods and services increased faster than prices for discretionary goods and services. • From the September 2021 quarter, the ABS will be publishing these measures in the regular quarterly CPI release in Table 8. CPI: Analytical Series, Weighted Average of Eight Capital Cities. <p><i>Australian Health Survey</i></p> <ul style="list-style-type: none"> • The 2011-12 NNPAS and 2012-13 NATSINPAS, had a focus on foods and nutrients consumed and selected dietary behaviours (ref). 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 (ref): <ul style="list-style-type: none"> - 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:
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- National data on consumption of added sugars ([ref](#))
- National data on consumption of food groups from the ADGs ([ref](#))
- State and Territory data on dietary behaviours, and consumption of selected foods and nutrients ([ref](#))

Evaluation of the 2011-13 Australian Health Survey

- The Department of Health commissioned the ABS to undertake an evaluation of the 2011-13 Australian Health Survey (AHS). The evaluation used a multi-level approach and included 150 stakeholder evaluation workshops held in June and July 2015.
- In 2017, the ABS released the 'Evaluation of the Australian Health Survey 2011-13' report which included findings from a detailed stakeholder consultation on the AHS to support the ongoing usefulness of the AHS ([ref](#)).
- The evaluation found the AHS provides invaluable data that is unable to be obtained elsewhere and that the data is used in a wide range of health policy and research areas, amongst other findings.

National Preventive Health Strategy

- The Strategy recognises the importance of a robust monitoring and surveillance system that is reliable and provides widely accessible data in a timely manner.
- This has the potential to drive improvements in prevention by providing information on the effectiveness of initiatives, as well as where additional effort needs to be focused.
- The Strategy includes the following policy achievement by 2030:
 - Comprehensive national data on nutrition is enhanced and collected regularly.

Future Monitoring Activities

Intergenerational Health and Mental Health Study 2021-2024

- The Intergenerational Health and Mental Health Study (IHMHS) is a large, nationally representative suite of surveys of the health status of the Australian population. The Commonwealth Department of Health has commissioned the ABS to conduct the Intergenerational Health and Mental Health Study (IHMHS) which has similarities to the previous Australian Health Survey 2011-13 ([ref](#)).
- Approximately 60,000 Australians will take part in the IHMHS from now until 2024. Urban and rural areas in all states and territories will be included, while Very Remote areas of Australia and discrete Aboriginal and Torres Strait Islander communities will not be included. The IHMHS is made up of
 - National Study of Mental Health and Wellbeing
 - The National Health study – including the National Aboriginal and Torres Strait Islander Health survey
 - National Nutrition and Physical Activity Study – including the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity survey.
 - National Health Measures – including the National Aboriginal and Torres Strait Islander Health Measures Survey.

IHMHS- National Nutrition and Physical Activity Study 2023

- The 2023 NNPAS in conjunction with the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey (NATSINPAS) will be the third national nutrition study conducted by the Australian Bureau of Statistics (ABS) following the first survey conducted in 1995 (National Nutrition Survey) and the second conducted in 2011-2013 as part of the broader Australian Health Survey (AHS).

	<ul style="list-style-type: none">• The NNPAS will provide data on nutrition (including 24-hour recall and short dietary questions), food security and physical activity. The data will provide assessments against relevant Australian dietary and physical activity guidelines, food consumption and physical activity patterns. The data will be released in late 2024 following completion of the survey in 2023.
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AUD_MONIT3 Monitoring Body Mass Index (BMI)	
<p><i>Good practice statement</i></p> <p>There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.</p>	
Definitions and scope	<ul style="list-style-type: none"> • Anthropometric measurements include height, weight and waist circumference • 'Regular' is considered to be every five years or more frequently
Context	See AUD_MONIT2 for context.
Policy details (to 30 June 2021)	<p><i>National Health Survey</i></p> <ul style="list-style-type: none"> • 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) • Self-reported height and weight was last collected by the 2007–08 NHS. • 2017-18 collected both measured and self- reported height, weight and waist circumference (ref). <p><i>Australian Health Survey</i></p> <ul style="list-style-type: none"> • The 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) and 80.6% of the Aboriginal and Torres Strait Islander survey sample people had their height and weight recorded (ref). <p><i>2017-18 National Health Survey</i></p> <ul style="list-style-type: none"> • The 2017-18 National Health Survey was conducted between 2 July 2017 and 30 June 2019 and was conducted in all states and territories (ref). • Relevant information collected included: <ul style="list-style-type: none"> - Measured and self-reported height and weight, and measured waist circumference • First results were released 12/12/2018 (ref). • Height and weight measurements were collected in the NHS using both a direct physical measure and asking respondents to self-report. While self-reported height and weight is logistically simpler to collect, this method is less accurate because of the tendency for people to over-report their height and under-report their weight. • The National Health Survey 2020-21 was conducted between July 2020 and June 2021 and was conducted in all states and territories. Due to COVID-19 physical measures were unable to be collected however self-reported height and weight were included in this cycle. Data from the first results will be released in the first quarter of 2022. <p><i>Future Monitoring Activities</i></p> <p>IHMHS –National Health Survey 2022</p> <ul style="list-style-type: none"> • The 2022 National Health Survey will be conducted between January and December 2022 in all states and territories. It is expected to include self-reported and measured height and weight. Data is expected to be released in 2023.

AUD_MONIT4 Evaluation of major nutrition-related programmes and policies

Good practice statement

Major nutrition-related programs and policies are regularly evaluated to assess their effectiveness and contributions 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

Policy details (to 30 June 2021)

Evaluation and Strategic Advice Section

An Australian Government representative provided the following information:

- The Department of Health has established an Evaluation and Strategic Advice Section 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 Evaluation and Strategic Advice Section 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 Evaluation and Strategic Advice Section is strongly aligned with the department's strategic intent; the Evaluation and Strategic Advice Section contributes to shape the health system through informing evidence based policy and targeting programmes.*
- *The initial objectives of the Evaluation and Strategic Advice Section 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

- The Department of Health published its first evaluation strategy in 2016. Since that time, significant effort has been invested to establish initial systems and processes and build capacity across the department.
- This Strategy is seeking to further embed and strengthen evaluation capacity, culture and capability in the department in order to inform the ongoing evolution of our policies and programs, and support us in our resource allocation and decision-making responsibilities. These activities will ultimately help to ensure that the department's policies and programs effectively meet their objectives and deliver an affordable, quality health and aged care system and better health, ageing and sport outcomes for all Australians.
- The Departmental Evaluation Strategy 2021-2024 (currently under development) provides a framework to strengthen policy and program evaluation practice and culture, and increase the use of evaluation evidence for decision making, planning and reporting. The key action areas underpinning the Strategy support a strong culture of evaluation and are designed to ensure that:

- the health policies and programs most important to the lives of all Australians are evaluated through a systematic and transparent process of setting priorities at the department level;
- evaluation is planned early. Where this is not possible, evaluation of existing programs and policies are planned and initiated at appropriate intervals to inform policy and program development and improvement;
- the department builds capability – including evaluation capability, skills and data – to support high-quality evaluation practices; and
- evaluation findings are accessible and used to improve policies and programs.

Evaluation of social marketing campaigns

- Social marketing campaigns are developed and evaluated according to *The Guidelines on Information and Advertising by Non-corporate Commonwealth Agencies* ([ref](#)) 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.*

Food Regulation Policy Framework

- An integral step in the Food Regulation Policy Framework (Framework) (outlined in AUD_GOVER2) is evaluation of the effectiveness of policies. The Framework outlines a third of resources and time should be spent on implementation and evaluation of a policy. Specifically, Step I of the framework relates to evaluation.
- This step involves stakeholders and utilises the initial assessment of the issue and any benchmarking data. It informs any modifications that may be required or if there is a need to move to increased government intervention.
- The whole policy development process, including evaluation, is supported and underpinned by communication and engagement with stakeholders as well as data, information and evidence ([ref](#)).

Evaluation of nutrition grant programs

- The Australian Government Grants Framework has a key principle of ensuring Commonwealth grants administration is outcomes focused ([ref](#)). The Department of Finance's 2018 guidance material Resource Management Guide (RMG) No. 412: Australian Government Grants – Briefing, Reporting, Evaluating and Election Commitments contains advice on evaluation of Commonwealth grants ([ref](#)).
- This contains evaluation policies that apply to any food or nutrition grant program administered by the Commonwealth. Part 3 describes that 'entities should adopt an early focus on evaluation, through developing an evaluation strategy during the design phase of the grants lifecycle. Evaluation includes establishing appropriate performance measures on which to evaluate individual grants and the grant opportunity program as a whole.'
- An effective evaluation strategy should be developed to assess the ongoing appropriateness and effectiveness, identifying performance measures, performance indicators, data sources and methodologies to analyse data.

Example evaluation activities

Health Star Rating review:

- The Five-year Review of the Health Star Rating (HSR) system (the Review) was released in May 2019.
- The Review analysed all aspects of the HSR system including the approach to monitoring and evaluation. There were 10 recommended changes to the system, which amongst other things aimed to improve the management and monitoring of the HSR System. The proposed changes are designed to ensure the critical infrastructure is in place to manage and monitor the system (particularly in the context of the broader public health and dietary patterns of Australians and New Zealanders) and improve the system's responsiveness to industry queries and consumer concerns. Of relevance to monitoring and evaluation:
 - The Review recommended better coordination of monitoring across Australia and New Zealand and more responsive governance to ensure monitoring results can be used strategically and in real time.
 - The Review reported the importance of effective monitoring of public health and nutrition interventions, including tracking dietary trends and the prevalence of health conditions and health risk factors (including overweight and obesity).
 - To enable this, the Review recommended up to date dietary guidance and regular health and nutrition surveys.
 - More specific to the HSR system, the Review recommended the establishment of a bi-national branded food database for Australia and New Zealand.
 - Additionally, the Review recommended establishing uptake targets to set clear transparent expectations for industry uptake within the voluntary system.
- All recommendations of the Review were agreed to by Food Ministers with an implementation period from November 2020 to November 2022.
- The Health Star Rating Advisory Committee (HSRAC) has been reconvened and will remain intact until the Food Ministers' Meeting is satisfied the implementation of changes resulting from the Review is complete. The HRSAC's Terms of Reference have been refreshed.
- With the updated role and purpose of the HSRAC, the Food Regulation Standing Committee (FRSC) HSR Implementation Working Group (IWG) has been tasked with considering and developing an initial monitoring framework.
- As a result of the review recommendation FSANZ is in the process of developing a Branded Food Database to support ongoing monitoring of the system.

AUD_MONIT5 Research funding for obesity & NCD prevention

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 **three years**
- 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 routine evaluation of interventions that can be expected to be included as part of an intervention program budget (this is explored in AUD_MONIT4)

Policy details (to 30 June 2021)

Australian Government Science and Research Priorities

- The Australian Government Science and Research Priorities (the Priorities) intend to focus Australian Government support for science and research on areas of immediate and critical importance ([ref](#)). 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](#)).*’
- 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](#)).*’

Medical Research Future Fund

- The Medical Research Future Fund strategy and priorities inform where the Australian Government directs its research funding. The strategic platforms for 2016-2021 include ([ref](#)):
 - Strategic and international horizons
 - Data and infrastructure
 - Health services and systems
 - Capacity and collaboration
 - Trials and translation
 - Commercialisation

- Within the '2020-2022 Australian Medical Research and Innovation Priorities' document 'Public Health Interventions' is listed as a priority within the 'Trials and translation' priority. Specifically, 'Targeted research to test innovative public health approaches to addressing modifiable risk factors that are at the heart of the rise of chronic and complex disease prevalence and persistence in Australia' is listed ([ref](#)).
- One of the initiatives under the MRFF is the Preventative and Public Health Research. The goal of this initiative is to support targeted research on new ways to address risk factors for chronic and complex diseases in Australia. One of the early funding priorities of this initiative is exercise and nutrition ([ref](#)).
- In the 2017-18 budget, one of the first disbursements of the Medical Research Future Fund was for research into the prevention of chronic disease, announcing [\\$10 million over 4 years](#) in funding to The Australian Prevention Partnership Centre, to implement [10 new prevention projects](#) focused on improving the burden of chronic disease in Australia.

Other funding

- The 2018-19 budget announced a \$1.3 billion investment into health and medical research, which included \$125 million over 9 years towards chronic conditions research (namely diabetes and heart disease).
- In February 2019, the Australian Government announced an investment of \$25 million to support the Juvenile Diabetes Research Foundation (JDRF) to advance its Type 1 Diabetes Clinical Research Network ([ref](#)).
- In the 2021-2022 Federal budget the Australian Government announced an investment of \$2.6 billion over the next four years for the Medical Research Future Fund ([ref](#)) and \$250.9 million investment over four years in preventive health and early intervention ([ref](#)).
- Funding from the National Health and Medical Research Council (NHMRC) is almost exclusively provided on the basis of a competitive assessment by an independent review panel.
- The NHMRC 2020-21 corporate plan does identify the following relevant strategic priority areas:
 - Improving the health of Aboriginal and Torres Strait Islander peoples including through research that builds capacity in Aboriginal and Torres Strait Islander researchers and addresses health disparities.
 - Integrated and coordinated approaches to chronic conditions.
- NHMRC and the Australian Government Department of Health provide funding for The Australian Prevention Partnership Centre (TAPPC) until 2023.
 - The Australian Prevention Partnership Centre is a national collaboration of researchers, policy makers and practitioners who are working together to identify new ways of understanding what works and what doesn't to prevent lifestyle-related chronic health problems in Australia.
 - The priority areas of the Prevention Centre are the main lifestyle-related determinants of chronic disease risk including diet

Policy area: Support for Communities

Good practice statement for this domain: 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

Indicators in this domain by level of government:

Policy area: Support for communities		
National	Federal	State/Territory
NAT_COMM1: Coordinated support for multi-faceted community-based interventions	AUD_COMM1: Implementation of social marketing campaigns	ST_COMM1: Coordinated support for multi-faceted community-based interventions
NAT_COMM2: Food and nutrition in education curricula		ST_COMM2: Implementation of social marketing campaigns
		ST_COMM3: Food and nutrition in education curricula

Details on Federal-level indicators in this domain:

<p>AUD_COMM1 Implementation of social marketing campaigns</p>	
<p><i>Good practice statement</i></p> <p>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</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> ● Includes television, radio, news media, web-based (including websites and social media), billboards and posters, etc ● 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
<p>Policy details (to 30 June 2021)</p>	<p><i>Health Star Rating education campaign</i></p> <ul style="list-style-type: none"> ● There have been five phases of the HSR campaign. The campaign first launched in 2014, and the most recent phase ran in early 2019. ● HSR campaigns have aimed to educate consumers on how the system works, encourage labelling uptake among consumers as well as food retailers and manufacturers, and most recently in phase five, address consumer misconceptions about how to use the system. ● On 27 November 2020, Food Ministers agreed a budget of \$3.45 million (excluding GST) to undertake campaign activity in the 2021-22 financial year, with a further \$20,000 (excluding GST) agreed for the 2022–23 financial year. ● Primary objectives of the campaign are to (ref): <ul style="list-style-type: none"> - Raise awareness and encourage regular use of the system among consumers. Address consumer misconceptions about how to use the system. - Raise awareness of the changes to the system among discerning consumers. ● The HSR website contains more information for consumers seeking to understand the system in more detail. ● Market research on the 2014-2016 campaigns (phases one – four) showed consumers with high nutritional literacy already tend to use and understand nutrition labels. ● By phase four of the campaign above 70% of Australians had awareness of the system. This phase identified a need to move to a new creative approach aimed at dispelling misconceptions around the system and how to best use the HSR. Phase five subsequently addressed misconceptions. ● Concept testing research was undertaken in December 2018, which concluded the creative materials effectively communicated key campaign messages for phase five. The creative materials appeal to a broad audience and the animated products introduce a level of humour that is engaging and memorable. The tone was well received. Creative materials were considered friendly, yet informative, without being condescending. ● The most recent campaign evaluation research indicated the target audience’s response was largely positive, with successful results against awareness, understanding and action on campaign messaging.

- The overall response to the campaign materials was positive, with the campaign considered informative (71%) and engaging (63%) and commonly prompting further thought/action (63%).

Healthy Weight Guide

- 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 Australian Government
- 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 ([ref](#)).

'Add an extra handful of veggies' Campaign

- The Department developed and ran the 'Add an extra handful of veggies' campaign on out-of-home billboards across Australia from 24 January to 20 February 2021.
- The campaign was donated by the Outdoor Media Association (OMA) as part of their National Health and Wellbeing Policy, valued at \$3.2 million (at then-current market rates).
- The campaign aimed to encourage vegetable consumption through promotion of the 'add an extra handful of veggies' message across media billboards. The message aimed to create awareness about the ease of making healthy choices in line with Australian Dietary Guidelines. The concept was developed based on previous consumer research.
- The campaign was supported by additional social media promotion of the campaign by the OMA and the Department.
- The OMA commissioned a post campaign survey which surveyed 1200 people in total. Results of the survey found one in two people remembered seeing the campaign, 86 per cent of parents were encouraged to include vegetables in their meals and 80 per cent of parents were encouraged to make healthier choices for their meals ([ref](#)).

Move It AUS awareness program:

- In August 2018, Sport Australia launched the Move It AUS / Find Your 30 awareness program, which encouraged all Australians to 'Find Your 30'. The program was supported with paid media across television, cinema, radio, out-of-home, digital, mobile, social and search channels coupled with online resources via the Sport Australia website. The Move It AUS awareness program concluded in March 2020. The program did not have a nutrition focus.

Eat for Health

- The 'Eat for Health' website is the main online platform to access information about the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. Associated print resources to support consumers, health professionals and educators are made available free with over 750,000 Eat for Health print resources ordered and distributed each year ([ref](#)).

Girls Make Your Move (GMYM)

- The GMYM campaign was launched in February 2016 with the third and final phase being run in mid 2018.
- The campaign was in response to 2014-15 research that found 56% of girls aged 15-17 years reported no or low exercise levels, compared to boys (39%). Young women also tend to reduce their participation in sport and reduce their physical activity levels at a faster rate than their male counterparts.
- The GMYM campaign aimed to encourage and support young women aged 12-21 years to be more active and reinforce the many benefits of an active life whether through recreation, sport or incidental physical activity.
- The campaign aimed to generate positive perceptions towards sport and physical activity, reduce perceived barriers to participation, and generate intentions to be more active. The campaign also sought to involve parents of young women to provide support, be active themselves and encourage family activity.
- Independent evaluation of the campaign found that it encouraged young women to be more physically active, and to view sport and physical activity more positively.

National Preventive Health Strategy (Strategy)

- The Strategy recognises the power of marketing campaigns, and the influence it can have on individuals and communities.
- The Strategy includes the following policy achievements by 2030:
 - *Australian Dietary Guidelines are supported by a communication and social marketing strategy.*
 - *Healthy eating is promoted through widespread multi-media education campaigns.*