

The Healthy Food Environment Policy Index (Food-EPI): Ireland

Evidence Document for Ireland

January 2020

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Cite this report as:

Harrington JM, Griffin C, and Vandevijvere S, for the Food-EPI project team. The Healthy Food Environment Policy Index (Food-EPI): Evidence Document for Ireland 2020. Cork, School of Public Health, University College Cork 2020.

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Date:

January 2020

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Introduction

The World Health Organization (WHO) predicts that Ireland will be one of Europe's most overweight countries by 2030 (Breda et al., 2015, Healthy Ireland, 2016a). With one out of four children and two out of three adults carrying excess weight (Layte and McCrory, 2011), obesity is at an unacceptably high level (Keane et al., 2014). The direct and indirect costs associated with adult overweight and obesity are estimated at €1.13 billion per year (Dee et al., 2015), while the annual direct healthcare costs amongst children attributable to childhood overweight and obesity are estimated at €1.7 million (Ivan J. Perry, 2017).

Effective government policies are essential to increase the healthiness of food environments and to reduce obesity, NCDs, and their related inequalities (INFORMAS, 2019). Food environments are defined as the collective physical, economic, policy and socio-cultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status. Unhealthy food environments lead to unhealthy diets and excess energy intake, which have consequences on levels of morbidity and mortality. It is critical that governments implement preventive policies and actions to match the magnitude of the burden that unhealthy diets are creating (INFORMAS, 2019).

The Food Environment Policy Index (Food-EPI) has been developed by the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS) and assesses a government's level of implementation of policies and infrastructure support against a set of good practice statements (Vandevijvere and Swinburn, 2015). The Food-EPI aims to answer the overarching question: how much progress have governments made towards good practice in improving food environments and implementing obesity and non-communicable disease (NCD) prevention policies and actions? Thus, the goal of the Food EPI Ireland is;

1. To assess and compare the extent of implementation of national government policies and actions in Ireland, for creating healthy food environments against international best practice, and to identify the major implementation gaps.
2. To propose concrete actions to close the implementation gaps identified.
3. To prioritize actions needed to address critical gaps in government policies and infrastructure support for implementation according to their importance and achievability.

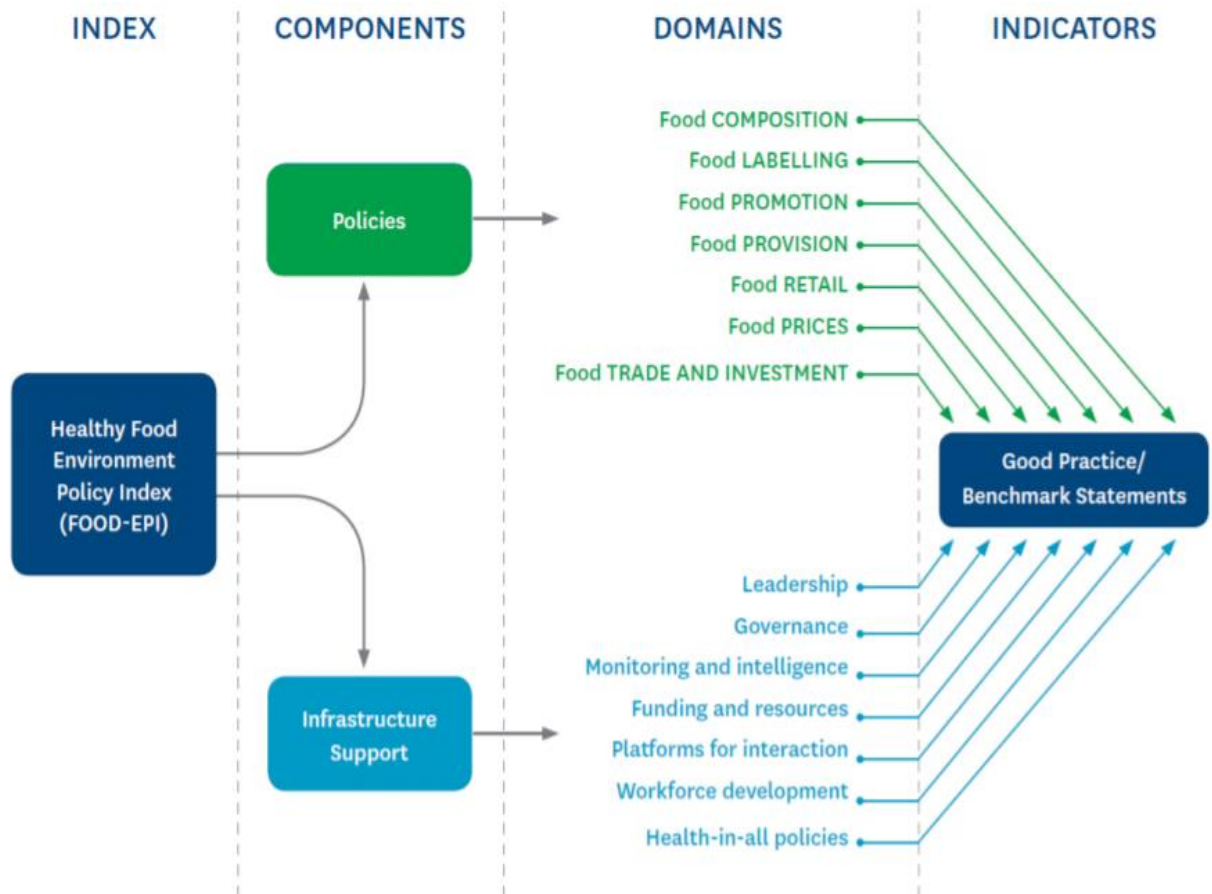
Globally, it has already been applied in over twenty countries and will now be used to assess the level of implementation of policies within European countries such as; Ireland, the Netherlands, Poland, Germany and Norway. Furthermore, the role of EU policies will also be taken into account within this approach.

The Food-EPI index consists of two components (Policies and Infrastructure Support), 13 domains and 47 good practice indicators. The policy component includes seven domains to address the key aspects of food environments that can be influenced by governments to create readily accessible, available and affordable healthy food choices. The infrastructure support component includes six domains that facilitate policy development and implementation to prevent obesity and NCDs. Good practice statements are proposed within each domain, that describe the 'best practices' (policies and

infrastructure support) that governments put in place to contribute towards a healthier food environment (see Figure 1 below).

Researchers based at the School of Public Health in University College Cork have compiled the Food-EPI Evidence Paper for Ireland. The researchers have highlighted if there is new evidence of implementation since 2016, and if the benchmark has substantially improved since then.

FIGURE 1: THE HEALTHY FOOD ENVIRONMENT POLICY INDEX (FOOD-EPI)



Instructions for Rating

You are invited to participate in the Irish Food-EPI 2020 expert panel. This will involve rating the current level of government action on policies impacting on the Irish food environment for 47 good practice indicators, against international best practice, on a Likert scale from 1 to 5.

The meaning of the Likert scale is:

- 1: <20% implemented compared to international best practice
- 2: 20-40% implemented compared to international best practice
- 3: 40-60% implemented compared to international best practice
- 4: 60-80% implemented compared to international best practice
- 5: 80-100% implemented compared to international best practice

There is also a 'cannot rate' option, but please only use this if really needed and provide comments in the comment box on why you cannot rate for a particular good practice indicator.

The ratings require expert judgment, taking multiple considerations into account:

1. The quality of government policies/actions compared to international best practice. For example, a voluntary scheme will often be considered weaker than an implemented regulation.
2. The extent of implementation of government policies/actions compared with international best practice, considering all aspects of the 'policy cycle':
 - Agenda setting and initiation
 - Policy development
 - Implementation
 - Evaluation
3. You should not take into account health outcomes such as overweight and obesity in the population.
4. You should consider the status of policy as it is now, and not how it may change over time.
5. Some indicators have shared national/EU jurisdiction. For example, there is shared jurisdiction only for COMP1 and COMP2 on trans-fat and for LABEL 1-3. Therefore, this needs to be considered during the rating process.

The ratings thus need to take into account the intentions and plans of the government, government funding for implementation of actions undertaken by NGOs and establishment of working or advisory groups, etc., in addition to the policies and actions that have been implemented.

The Food-EPI evidence document gives you the full details of the current evidence of implementation by the Irish Government for each good practice indicator and includes international best practice

examples (benchmarks) for each good practice indicator to support you in the rating process and give you confidence to make those judgements. The evidence and the benchmarks are also available within the online questionnaire used for the rating process. It is important to read the evidence of implementation and international best practice exemplars (benchmarks) before putting in your rating for each good practice indicator.

Introduction to the Socio-economic Inequalities aspect of the Food-EPI

Large socio-economic inequalities in diet exist, which in turn affects nutrition and health outcomes. People with a lower socio-economic status (“SES”, that is those with a lower educational level and/or lower income level) consume on average more unhealthy foods (energy-dense high-processed foods) than people with a high SES. It is preferable that the implementation of food policies leads to a reduction of SES inequalities in diet (and not to a widening of SES inequalities) and that, policies have a larger positive effect on the diets of lower SES groups than high SES groups. Therefore, during the rating of each Food-EPI indicator (for the 6 policy domains only), we invite you to indicate how and to which degree you think that the implementation of each Food-EPI indicator can impact on socioeconomic inequalities in diet in Ireland, and in which direction (reduction or widening of inequalities).

NOTE: You do not need to consider the extent of implementation in your country but only consider the ideal good practice description.

For example:

COMP1 - Food composition targets/standards have been established for processed foods by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).

ANSWER OPTIONS:

- Could lead to a considerable reduction of SES inequalities.
- Could lead to a small reduction of SES inequalities
- No impact on SES inequalities.
- Could lead to a small widening of SES inequalities
- Could lead to a considerable widening of SES inequalities.
- I don't know

Definition of Terms

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 WHO and EU guidelines). 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.

Systems-based approaches: this may include policies within other domains of health, a social-determinant of health approach, bringing together multiple departments or ministries to approach health and includes multiple levels of government.

Policy actions: a broad view of "policy" is taken 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, 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 report

List of Abbreviations

BAI:	Broadcasting Authority of Ireland
CAP:	Common Agricultural Policy
CFP:	Common Fisheries Policy
CN:	Combined Nomenclature
COSI:	Childhood Obesity Surveillance Initiative
CVD:	Cardiovascular Disease
EC:	European Commission
ECHI:	European Core Health Indicators
EFSA:	European Food Safety Authority
EPHA:	European Public Health Alliance
EU:	European Union
FDI:	Food Drink Ireland
Food EPI:	Food Environment Policy Index
FIC:	Food Information to the Consumer
FOP:	Front of Pack
FSAI:	Food Safety Authority of Ireland
GDA:	Guideline Daily Amount
GUF:	General University Funds
HEA:	Higher Education Authority
HFFA:	Healthy Food for All
HFSS:	High in Fat, Sugar and/or Salt
HiAP:	Health in All Policies
HIA:	Health Impact Assessment
HIQA:	Health Information and Quality Authority
HSE:	Health Service Executive
IFR:	Institute of Food Research
IMO:	Irish Medical Organisation
INFORMAS:	International Network for Food and Obesity/ NCDs Research, Monitoring and Action Support
NCD:	Non-Communicable Disease
NGO:	Non-Government Organisation
NNSC:	National Nutrition Surveillance Centre
OPIOG:	Obesity Policy Implementation Oversight Group
PRTL:	Programme for Research in Third Level Institutions
SFI:	Science Foundation Ireland
SID:	Social Inclusion Division
SSDT:	Sugar Sweetened Drinks Tax
TTIP:	Transatlantic Trade and Investment Partnership
UCC:	University College Cork
WHO:	World Health Organization

Healthy Food Environment Policy Index: Policy domains

DOMAIN 1- FOOD COMPOSITION

There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of concern (salt, fat, saturated fat, *trans* fat, added sugar).

<p>COMP1</p> <p>Food composition targets/standards have been established for processed foods by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).</p> <p>Trans fat has been excluded as it falls under EU regulation</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes packaged foods manufactured in country X or manufactured overseas and imported to country X for sale • Includes packaged, ready-to-eat meals sold in supermarkets • Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving) • Includes legislated ban on nutrients of concern • Excludes legislated restrictions related to other ingredients (e.g. additives) • Excludes mandatory food composition regulation related to vitamins and micronutrients (e.g. folic acid or iodine fortification) • Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables • Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2) • Excludes general guidelines advising food companies to reduce nutrients of concern • Excludes the provision of resources or expertise to support individual food companies with reformulation • Industrially processed foods are the <u>processed and ultra-processed foods</u> according to the NOVA classification (please find the complete definitions here: (https://world.openfoodfacts.org/nova)) • <u>Processed foods</u>, such as bottled vegetables, canned fish, fruits in syrup, cheeses and freshly made breads, are made essentially by adding salt, oil, sugar or other substances from Group 2 (processed culinary ingredients) to Group 1 (unprocessed or minimally processed) foods

	<ul style="list-style-type: none"> • <u>Ultra-processed foods</u>, such as soft drinks, sweet or savoury packaged snacks, reconstituted meat products and pre-prepared frozen dishes, are not modified foods but formulations made mostly or entirely from substances derived from foods and additives, with little if any intact Group 1 (unprocessed or minimally processed foods) foods. The overall purpose of ultra-processing is to create branded, convenient (durable, ready to consume), attractive (hyper-palatable) and highly profitable (low-cost ingredients) food products designed to displace all other food groups
<p>International best practice examples (benchmarks)</p>	<p>UK: In 2016, a key commitment of the ‘Childhood obesity: a plan for action’ was to launch a broad, structured sugar reduction programme to remove sugar from everyday products. All sectors of the food and drinks industry were challenged to reduce overall sugar across a range of products that contribute most to children’s sugar intakes by at least 20% by 2020, including a 5% reduction in the first year of the programme (August 2016 to August 2017). The overall reduction between 2015 -2018 (in total sugar per 100g) was -2.9% (Public Health England, 2019). Only three food groups of the eight measured have managed at least a 5% reduction in the first year: sweet spreads and sauces, yoghurts and fromage frais, and breakfast cereals. There has been no sugar reduction in biscuits and chocolate bars (Public Health England, 2018). In contrast to this co-regulation, for products where the sugar tax applies over the same period a reduction in sugar of about 30% was found.</p> <p>South Africa: In 2013, the South African Department of Health adopted mandatory targets for salt reduction in 13 food categories by means of regulation (Foodstuffs, Cosmetics and Disinfectants Act). There is a stepped approach with food manufacturers given until June 2016 to meet one set of category-based targets and another three years until June 2019 to meet the next (World Cancer Research Fund, 2016b, Hofman and Tollman, 2013). Overall, 67% of targeted foods had a sodium level at or below the legislated limit. About half (49%) of targeted foods not meeting the legislated limits were less than 25% above the maximum sodium level (Peters et al., 2017).</p> <p>The Netherlands: On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organisations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes voluntary ambitions for the period up to 2020 and aims to increase the healthiness of the food supply (World Cancer Research Fund, 2016b, National Agreement to improve Product Composition, 2017). Voluntary agreements have been made for the reduction of salt, saturated fat and energy/sugars in a variety of product groups and soft drinks.</p>
<p>Context e.g. EU action/ regulation</p>	<p>Commission Directive 2006/125/EC (OJ L339, p16, 06/12/2006)</p> <ul style="list-style-type: none"> • Commission Directive 2006/125/EC (OJ L339, p16, 06/12/2006) of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children.

/ food industry action etc.

- European Communities (Processed Cereal-based foods and baby foods for Infants and Young Children) Regulations, 2007 (S.I. No 776 of 2007) Commission Directive 2006/125/EC codifies and replaces the previous Directive (Commission Directive 96/5/EC).
- Commission Directive 2006/125/EC is transposed into Irish legislation by S.I. No 776 of 2007 and it sets the rules on the composition and labelling of processed cereal-based foods for nutritional use for infants and young children in good health and are intended for use by infants when they are being weaned and as a supplement to the diet of young children (The commission of the European communities, 2006).

Food industry action

- In 2016, Food Drink Ireland (FDI) published a report investigating the impact of reformulation efforts by 14 key FDI members, which identified a reduction in energy, total fat, saturated fat, sodium and sugar, of selected studied products in a 7-year period. It found that in the seven years between 2005 and 2012, the energy, total fat, saturated fat, sodium and sugar content of the products analysed had been reduced by 12%, 10%, 12%, 37% and 14% respectively (Food Drink Ireland, 2016).

The FDI ‘National Reformulation Programme’

- Following the 2016 report, the FDI launched a ‘National Reformulation Programme’, with the FSAI providing oversight, to continue their reformulation efforts in meeting consumers’ changing requirements. FDI aims to expand the initiative and recruit more companies across the food industry to document the impact of their reformulation efforts on the population of Ireland. The FSAI believes that the reformulation of foods must be driven by the industry, with the FSAI continuing its independent monitoring of efforts over the coming years.
- The FDI published a further report in 2019 entitled “The Evolution of Food and Drink in Ireland, 2005 – 2017” that shows the decreases in sugar and saturated fat in Irish diets between 2005 and 2017 as a result of voluntary undertakings by food and drink companies. The main findings of the report are:

Direct reformulation of products on the market in both 2005 and 2017	Reductions
Sodium	28%
Saturated fat	10.1%
Sugar	8%

Energy	1.6%
Total fat	0.3%
Reductions in sugar intake between 2005 and 2017	Reductions
Adult sugar intake	0.8g/day
Teen sugar intake	2.7g/day
Child sugar intake	3.2g/day
Pre-schooler sugar intake	2.0g/day
Reductions in saturated fat intake between 2005 and 2017:	Reductions
Adult saturated fat intake	0.5g/day
Teen saturated fat intake	0.2g/day
Child saturated fat intake	0.2g/day
Pre-schooler saturated fat intake	remained constant

Results for the other nutrients were more modest, with sodium, total fat and energy intake remaining relatively stable over the period (Food and Drink Ireland, 2019).

Lidl Ireland

- **Lidl Ireland** – On the 27th of March 2019 Lidl announced that over 850 own-brand products (over 30% of the product range) are being assessed, as the retailer commits to a 20% reduction in added sugar content as well as reducing salt levels in accordance with best practice standards by the end of 2020. This comes as a response to the Irish Government-led initiative, Healthy Ireland, in particular the Obesity Action Plan and as a direct response to consumers demand for healthier food choices.
- **Sugar:** Lidl Ireland will reduce the added sugar content in own brand products by 20% by the end of 2020 focusing primarily on foods that are popular with and consumed by children. Food categories such as breakfast cereals, spreads, sauces, and sweet confectionery will be a major focus. Lidl Ireland will be reviewing approximately 350 own brand products in order to reach this sugar target.
- **Salt:** Lidl Ireland will reduce the salt content of own-brand products in line with the UK’s Food Standards Agency (FSA) 2017 salt targets by the end of 2020. The reduction of salt first focuses on food categories that are

	<p>consumed on a regular basis and generally make up a large share of the daily salt intake including; ready meals, soups, pizzas, crisps, cakes and meat products. Over 500 of Lidl Ireland’s own brand products will be reviewed to reach this salt target (Lidl, 2019).</p>
<p>Evidence of implementation</p>	<p>The Obesity Policy Implementation Oversight Group (OPIOG)</p> <ul style="list-style-type: none"> • A subgroup of the Obesity Policy Implementation Oversight Group (OPIOG) was established with a term of reference to recommend guidelines for food reformulation and a mechanism for engagement with the food industry. This food reformulation subgroup was established in January 2018, and is chaired by Prof Ivan Perry, School of Public Health in UCC. The OPIOG will report to the Department of Health by 2020. • In Step three of the ‘<i>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</i>’, the Irish Government planned to agree food reformulation targets with the food industry (Department of Health, 2016). Leads identified and deemed responsible for this step include, the Department of Health, Irish Business and Employers Confederation, Food Drink Ireland (FDI) and the Food Safety Authority of Ireland (FSAI). The Department of Agriculture, Food and the Marine was named as a potential partner. <p><u>Voluntary reformulation / composition targets</u></p> <p><u>Food Drink Ireland</u></p> <ul style="list-style-type: none"> • In January 2016, Food Drink Ireland issued a first report estimating the impact of reformulation by some of its food industry members on the Irish population (Food Drink Ireland, 2016). • The FDI published a further report in 2019 entitled “The Evolution of Food and Drink in Ireland, 2005-2017” that showed the decreases in sugar and saturated fat in Irish diets between 2005 and 2017 because of voluntary undertakings by food and drink companies. <p><i>(Details of the findings from both reports are outlined in the ‘context’ section above).</i></p> <p><u>The FSAI salt reduction programme</u></p> <ul style="list-style-type: none"> • Coupled with this industry-led reformulation programme will be a continuation of the FSAI’s independent surveillance and commentary on the commitments and achievements of the industry in relation to salt reduction. • The FSAI published an update of its annual salt monitoring programme in November 2016. An examination of 530 samples of processed food was conducted in 2015, across four food product categories including:

	<p>processed meats, breads, breakfast cereals and spreadable fats. Significant reductions in salt were found across a variety of products, most notably in processed meats such as rashers, cooked ham and sausages. However, while levels of salt have decreased in processed foods, the average dietary salt intake in Irish adults is currently 11.1g salt per day in men and 8.5g salt per day in women (Food Safety Authority of Ireland, 2016d).</p> <p>Through the <u>salt reduction programme</u> the FSAI established 7 objectives:</p> <ul style="list-style-type: none"> • Raise awareness in the food industry of the salt and health issue, the role of processed food in salt intake and the health gains to the Irish population of reducing salt in processed food. • Focus on the manufacturers of food in the food groups that contribute most to salt intake in the diet, and secure gradual and sustained reductions in the salt content of their food working on a united front across each sector. • Bring on board the manufacturers of food in other food groups that contribute to salt intake and secure gradual and sustained reductions in the salt content of their food working on a united front across each sector. • Work with the food industry to bring about the universal labelling of salt in packaged foodstuffs. • Target the retailers of food who set specifications for own brand processed food and have strong influence on manufacturers through their buying power. Secure gradual and sustained salt reductions in own brand processed food and start to focus on stocking low salt options of branded processed food. • Target catering representative bodies and companies to secure a reduction in the use of salt in prepared food eaten outside the home. • Work with other State bodies whose role it is to increase consumer understanding of the salt and health issue and bring about behavioural change in consumers (Food Safety Authority of Ireland, 2014b). <p><u>Guidelines for use of potassium</u></p> <ul style="list-style-type: none"> • The FSAI in 2018 has begun work on developing guidelines for the food industry on the use of potassium and other mineral-based <u>salt replacement</u> ingredients. These guidelines, when issued will consider the following: <ul style="list-style-type: none"> • Possible effects of the use of these ingredients on vulnerable groups • Types of replacement ingredients required by the food industry • Types of foods in which these ingredients would be used and at what levels • Likely reductions in salt levels in these foods • Impact on actual sodium reduction in foods
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	<ul style="list-style-type: none"> Impact on potassium intakes in the population (Food Safety Authority of Ireland, 2016c, Food Safety Authority of Ireland, 2018a)
Comments/notes	



COMP2

Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (added sugars, salt, saturated fat) in meals sold from food service outlets, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.

Trans fat has been excluded as it falls under EU regulation

Definitions and scope

- Meals sold at food service outlets include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). This also includes foods from catering operations and delivery meals
- Includes legislated bans on nutrients of concern
- Includes mandatory or voluntary targets (i.e. reduce by X%, maximum mg/g per 100g or per serving)
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory out-of-home meal composition regulations related to vitamins and micronutrients, e.g. folic acid or iodine fortification
- Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables
- Excludes general guidelines advising food service outlets to reduce nutrients of concern
- Excludes the provision of resources or expertise to support food service outlets with reformulation

International best practice examples (benchmarks)

New Zealand: In New Zealand, The Chip Group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is a maximum of 28% saturated fat, 3% linoleic acid and 1% trans-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010 (The Chip Group, 2016).

New York City, USA: In 2009, New York City established voluntary salt guidelines for restaurant and store-bought foods. In 2010, this evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. In 2012, 26% of the categories met the targets, and 3% met the targets by the end of 2014. Between 2009 and 2014, there was nearly a 7% reduction in sodium levels in the United States food supply (New York City Health, 2017). There are 28 companies, including packaged food corporations and restaurants, who are committed to the salt reduction targets (Department of Health, 2014). In July 2019, the Voluntary Sugar Reduction Targets from the National Salt and Sugar

	Reduction Initiative were revised. There is an open technical comment period until September 30 th , 2019 (NYC Health Department, 2019).
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <p>The EU has not made a distinction in their policy documents between the nutrients of concern in industrially processed foods and in meals sold from food service outlets.</p> <p>The EU Framework for National Salt Initiatives</p> <ul style="list-style-type: none"> • Restaurant meals, catering meals and ready meals are identified as 3 of the 12 food categories in the framework. The framework prescribes that at least in four food categories including 'ready meals' the lowest possible salt levels ('best in class' levels) are identified at EU level. <p>Annex on Saturated Fat</p> <ul style="list-style-type: none"> • The Annex on Saturated Fat indicated 5 food categories for which the lowest possible levels (best in class levels) would be identified at EU level. Ready meals (saturated fat) and food items served in modern (saturated fat) restaurants are part of these 5 categories. <p>Annex on Added Sugars</p> <ul style="list-style-type: none"> • The annex on Added Sugars prioritises 13 food categories including ready meals, school food offers and catering meals. <p>Regulation on trans fats</p> <ul style="list-style-type: none"> • The regulation on trans fats sets a maximum limit of trans fat (other than trans fat naturally occurring in fat of animal origin) in food which is intended for the final consumer and food intended for supply to retail. Therefore, this is also including meals sold from food service outlets. <p>EU regulation</p> <p>On 4th October 2018, the Commission published a draft Commission Regulation, amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in animal fat, in foods intended for the final consumer. On 24th April 2019, the Commission adopted this regulation (European Commission).</p> <p>Main elements of the regulation:</p> <ul style="list-style-type: none"> - A maximum limit of trans fat, other than trans fat naturally occurring in fat of animal origin, in food which is intended for the final consumer and food intended for supply to retail, of 2 grams per 100 grams of fat. - Definitions of "fat" and of "trans fat" in line with the definitions in Annex I to Regulation (EU) No 1169/2011. - Definition of "retail" in line with Article3(7) of Regulation (EC) No 178/2002.

	<ul style="list-style-type: none"> - An obligation for business-to-business transmission of information on the amount of trans fat in foods when it exceeds the limit of 2% of fat. - Food which does not comply may continue to be placed on the market until 1 April 2021.
Evidence of implementation	<ul style="list-style-type: none"> • No evidence found from 2016 onwards
Comments/notes	

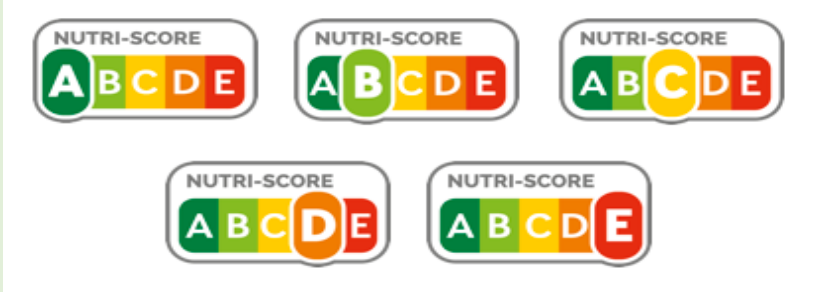


DOMAIN 2- FOOD LABELLING

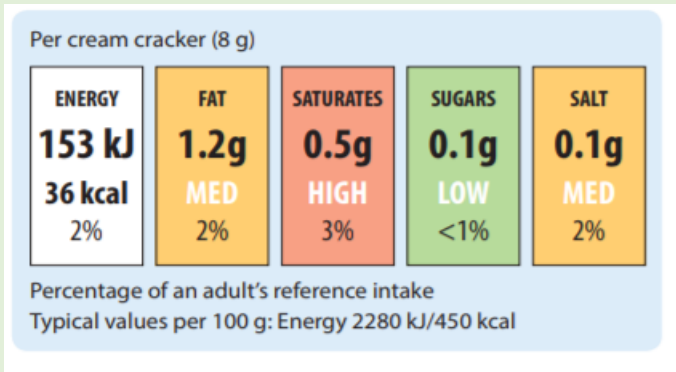
There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims.

<p>LABEL1</p> <p>Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods.</p> <p>Label 1 will not be included for benchmarking at national level as it's being addressed at EU level</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes packaged foods manufactured in Country X or manufactured elsewhere and imported to Country X for sale. • Nutrient declaration means a standardized statement or listing of the nutrient content of a food. • Excludes health and nutrition claims (see 'LABEL 2'). • Includes trans fats and added sugar which are not part of the standard seven elements generally part of mandatory nutrient declarations (energy, total fat, saturated fat, trans fat, carbohydrates, sugar, protein, sodium).
<p>LABEL2</p> <p>Evidence-based regulations are in place for approving and/or reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.</p> <p>Label 2 will not be included for benchmarking at national level as it's being addressed at EU level</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Nutrition claims include references to the nutritional content on food (e.g. low in fat). • Health claims are claims that state, suggest or imply that a relationship exists between a food category, a food or one of its constituents and health. These include function claims, such as 'calcium strengthens bones' and disease risk reduction claims, such as 'A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer'. • Includes the use of a nutrient profiling system to classify food products into permitted/not permitted to carry health claims and/or nutrition claims. • 'Evidence-based' refers to regulations that are based on an extensive review of up-to-date research and expert input or a validated nutrient profiling model to inform decision-making about nutrition or health claims.

<p>LABEL3</p> <p>One or more interpretive, evidence-informed front-of-pack supplementary nutrition information system(s) endorsed by the government, which readily allow consumers to assess a product’s healthiness, is/are applied to all packaged foods (examples are the NutriScore and traffic lights).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Nutrition information systems include traffic light labelling (overall or for specific nutrients); warning labels; Nutriscore; star or points rating; percent daily intake • Keyhole and Finish heart symbol are not considered FOP labelling systems (but rather claims) • ‘Evidence-informed’ refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product’s healthiness
<p>International best practice examples (benchmarks)</p>	<p>UK: In 2013, the government published national guidance for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. The voluntary scheme is used by all the major retailers and some manufacturers (Department of Health, 2013a).</p> <p>Australia/New Zealand: The government-approved, voluntary 'Health Star Rating' (HSR) scheme applies a star rating system where ratings range from ½ star (least healthy) to 5 stars (most healthy). The rating is based on the content of energy, saturated fat, sodium and total sugars content, along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Implementation of the system began in June 2014 and is overseen by a number of governmental instances, one of which evaluates progress. As of 2016, about 900 products had stars on them (Commonwealth of Australia, 2016).</p> <p>France/Belgium/Germany/Spain: Since October 2017, the five-colour NutriScore, the official voluntary label for France has been implemented as the official, voluntary FOP scheme in four European countries. It aims to limit the consumption of foods high in energy, saturated fat, sugar or salt, in the context of an overall improvement in the nutritional quality of diets (World Health Organization, 2017). Based on a scientific algorithm, each product is given a score based on the content of the nutrients of concern (energy value and the amount of sugars, saturated fat and salt) and positive ones (the amount of fibre, protein, fruit, vegetables and nuts) (Colruyt Group, 2018).</p>

	<p>The system was developed by the Nutritional Epidemiology Research Team at the University of Paris (Chantal, 2017).</p> <p>Table 1: The Nutri-Score (Colruyt Group)</p> 
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> There is currently no mandatory interpretive, evidence-informed front-of-pack supplementary nutrition information system(s) set/proposed by the European Union. <p>Regulation (EU) 1169/2011 on food information to consumers</p> <ul style="list-style-type: none"> The Regulation (EU) 1169/2011 on food information to consumers contains rules for <u>mandatory nutrition declaration</u> (as was also described in LABEL 1): (a) energy value (in both kilojoules (kJ) and kilocalories (kcal)); and (b) the amounts (in grams (g)) of fat, saturates, carbohydrates, sugars, protein and salt. This nutrition information (energy value and amounts of nutrients) must be expressed per 100g or per 100ml of the food. Nutrition information per portion can be given in addition. There have been developments in the expression of the nutrition declaration, other than per 100g, per 100ml or per portion (which is mandatory under Regulation (EU) 1169/2011 on food information to consumers), in its presentation, through the use of graphical forms or symbols, by some Member States and organisations in the food sector. Such additional forms of expression and presentation may help consumers to better understand the nutrition declaration. The initial legislative proposal of the Commission included mandatory indication of energy, fat, saturates, carbohydrates, sugars and salt on the front of the pack, but this was rejected by the Committee on the Environment, Public Health and Food Safety (Nikolaas Tilkin-Franssens, 2016).

	<ul style="list-style-type: none"> An EU wide traffic light system was not part of the proposal, but had been discussed during the consultation process (Corporate Europe Observatory, 2010). While health and consumer organisations opted for a traffic light system giving consumers a visual warning for high fat, sugar or salt content of a product, The Confederation of the Food and Drink Industry of the EU (CIAA) has opposed proposals for front-of-pack ‘traffic light’ labels (Euractive, 2013, Euractive, 2014). <p>NutriScore</p> <ul style="list-style-type: none"> A NutriScore initiative has been implemented in Belgium, France and Spain. Several other countries are considering its implementation. A NutriScore is a logo that shows the nutritional quality of food products using five colour-coded boxes with letters in them – A in dark green to E in red. The grade is determined by the amount of healthy and unhealthy nutrients, taking into account salt, sugar and fat content as well as positive nutrients such as vitamins. <p>Food Industry</p> <p>Tesco</p> <ul style="list-style-type: none"> A labelling scheme called Guideline Daily Amounts (GDA) was introduced by Tesco in 2006 and also adopted by some other manufacturers (Tesco,2008). Furthermore, in August Tesco announced plans to add traffic-light labels to the nutritional information it puts on products and indicated that its roll out of the system in Ireland would mirror that of the UK (Michelle Russell, 2012). <p>Lidl</p> <ul style="list-style-type: none"> Implementation of the traffic-light system in Ireland in 2014 (Michelle Russell, 2012).
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> Currently there is not any work being done to consider the implementation of an interpretive, evidence informed front of pack supplementary nutrition information system in Ireland. <p>Food Safety Authority of Ireland (FSAI)</p> <ul style="list-style-type: none"> According to FSAI, FOP labelling is a voluntary initiative that gives the consumer a quick glimpse of 5 main nutrients in the product, namely calories, sugar, fats, saturates (saturated fat), and salt. Where the mandatory nutrition information is declared on the label, certain nutrients may be repeated in the ‘principle field of vision’, i.e. the front of pack. This repeated information is a voluntary measure but where a food business chooses to provide this additional declaration, only the following information can be provided:

	<p>- Energy only or energy along with fat, saturates, sugar and salt</p> <p>This repeated information may be provided:</p> <ul style="list-style-type: none"> - Per 100g/ml only - Per 100g/ml and per portion or - On a per portion basis only - When providing this 'Front of Pack' information energy must always be indicated per 100g/ml as a minimum. (Food Safety Authority of Ireland, 2016a) <p>Table 2: Repeated information for front of pack</p>  <p>Per cream cracker (8 g)</p> <table border="1"> <thead> <tr> <th>ENERGY</th> <th>FAT</th> <th>SATURATES</th> <th>SUGARS</th> <th>SALT</th> </tr> </thead> <tbody> <tr> <td>153 kJ 36 kcal 2%</td> <td>1.2g MED 2%</td> <td>0.5g HIGH 3%</td> <td>0.1g LOW <1%</td> <td>0.1g MED 2%</td> </tr> </tbody> </table> <p>Percentage of an adult's reference intake Typical values per 100 g: Energy 2280 kJ/450 kcal</p>	ENERGY	FAT	SATURATES	SUGARS	SALT	153 kJ 36 kcal 2%	1.2g MED 2%	0.5g HIGH 3%	0.1g LOW <1%	0.1g MED 2%
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Comments/notes											

<p>LABEL4</p> <p>A simple and clearly-visible system of labelling the menu boards of all quick service restaurants (i.e. fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Quick service restaurants: In the context of Ireland, this definition includes fast food chains as well as gas stations, kiosks, coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold • Definition Euro monitor: Fast food outlets offer limited menus that are prepared quickly. Customers order, pay and pick up their order from a counter. Outlets tend to specialize in one or two main entrees such as hamburgers, pizza, ice cream, or chicken, but they usually also provide salads, drinks, dessert etc. Food preparation is generally simple and involves one or two steps, allowing for kitchen staffs generally consisting of younger, unskilled workers. Other key characteristics include: <ul style="list-style-type: none"> - A standardised and restricted menu - Food for immediate consumption - Tight individual portion control on all ingredients and on the finished product; - Individual packaging of each item - Counter service - A seating area, or close access to a shared seating area, such as in a shopping centre food court - For chained fast food, chained and franchised operations which operate under a uniform fascia and corporate identity - Take out is generally present, as is drive-through in some markets • Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern, salt warning labels • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
<p>International best practice examples (benchmarks)</p>	<p>South Korea: Since 2010, the Special Act on Safety Control of Children’s Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium (World Cancer Research Fund, 2016c).</p> <p>Canada: In effect since the 1st January 2017, Ontario’s Healthy Menu Choices Act 2015, requires food service premises that are part of a chain of 20 or more food service premises in Ontario (as well as certain cafeteria-style food service premises) to display calories for “standard food items” on menus, labels and display tags. The Act’s regulations specify where caloric information is to be</p>

displayed on the menus, as well as the size, format and prominence of the display (Nutrition Resource Centre, 2017). Food service premises must also display information on daily caloric requirements: *“Adults and youth (ages 13 and older) need an average of 2,000 calories a day, and children (ages 4 to 12) need an average of 1,500 calories a day. However, individual needs vary”*.

Ontario’s 36 public health units are responsible for implementation of the Act (Nutrition Resource Centre, 2017).

Saudi Arabia: In 2018, the Saudi Food and Drug Authority (SFDA) introduced mandatory measures for calorie labels on menus. These measures apply to all food facilities including restaurants, ice cream parlours, juice and fresh fruit vendors, bakeries, sweets shops, cafeterias, supermarkets, recreation facilities, colleges, universities and government agencies. Calories will be displayed at cashier desks, menu boards, table menus, drive-through menus, phone and web applications (Saudi Food & Drug Authority, 2018).

USA: In the US, the Patient Protection and Affordable Care Act (2010) (Office of the Federal Register, 2013) requires that all chain restaurants with 20 or more establishments to display energy information on menus. The menu labelling rule was implemented in May 2018 (Administration, 2019). The regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu labelling regulations for establishments not covered by national law. The regulations require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by the 26th July 2018 (World Cancer Research Fund, 2016c).

Australia: Legislation in Australian Capital Territory (ACT) (Food Regulation 2002), the States of New South Wales (Food Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g. fast food chains, ice cream bars) with ≥ 20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis but must follow the provisions of the legislation (World Cancer Research Fund, 2016c).

New York City, USA: Chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (saltshaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted at the point of purchase: This came into effect on the 1st December 2015 (World Cancer Research Fund, 2016c) (Department of Health and Mental Hygiene) and the Health Department started issuing violations from the 6th June 2016. Findings showed that directly following the sodium warning label regulation coming

	<p>into effect, about 21% of restaurants had implemented the labels. By the end of February 2015, almost 70% of restaurants (from six of the ten chains) had implemented labels at one location or more. Overall, the findings suggested that the majority of restaurants were complying with the sodium warning label policy, despite issues with visibility, but that the labels may not be influencing consumer purchasing decisions (Downs, 2017).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • There is no system at European level which prescribes the labelling of menu boards at quick service restaurants, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale. <p>Regulation (EU) No 1169/2011 on food information to consumers</p> <ul style="list-style-type: none"> • Only the allergen information for non-prepacked food, including in restaurants and cafes is mandatory with the Regulation (EU) No 1169/2011: <p>University College Cork</p> <ul style="list-style-type: none"> • In 2018, UCC published an evaluation and exploration of Irish food-service businesses’ uptake of and attitudes towards a voluntary government-led menu energy (calorie) labelling initiative. The results found that, in the telephone survey, 7% (n 42) of food businesses reported displaying calories and the observation visits revealed that of these businesses, 10% (n4) were not displaying calorie information. Three major themes emerged from the semi-structured interviews: uncertainty, impact on business and consumer nutrition knowledge. Participants expressed concerns regarding inaccuracies in the calorie information, cost and time implications, mistrust in the food-service industry and poor nutritional knowledge among consumers. These concerns impeded the implementing of calorie menu labelling. The findings concluded that, calorie labelling should be implemented as part of a large-scale systemic programme of multiple obesity prevention strategies. To facilitate this and improve levels of compliance with calorie menu labelling, a collaborative approach between policy-makers, academics and food-service business owners is needed. This approach should incorporate providing food-service business owners with guidance, support and practical assistance, along with a reasonable legislative structure and a standardised monitoring system (Fitzgerald et al., 2018).
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> • In 2012, the Minister for Health in Ireland called on all standard food service businesses to voluntarily display calories on food and drinks served in Ireland under the calorie menu labelling scheme. This came as a result of a national consultation which found that a vast majority

	<p>of consumers in Ireland (over 95%) want calorie information on menus (Food Safety Authority of Ireland, 2012). The main reasons given for wanting calorie menu labelling in all outlets were ‘informed decision-making’ (46%), ‘fairness and equality amongst all food outlets’ (10%), and ‘to encourage healthier eating’ (3%). Those wanting calorie labelling in some outlets want it in; fast food outlets (95%), followed by coffee shops and delis (63%), cinemas (58%), vending machines (57%), pubs (26%), and fine-dining restaurants (18%). Significantly, more submissions from food businesses, compared to submissions involving those with any other background, did not want calorie menu labelling in any food outlet. (FSAI, 2012).</p> <ul style="list-style-type: none"> • In Step two of the ‘<i>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</i>’, the Irish Government plan to “<i>regulate for a healthier environment</i>” by developing, implementing and evaluating calorie posting legislation. This will be led by the Department of Health with input from public sector organisations, with a view of implementing evidence informed regulation. The timeline is 2016-2025 (Department of Health, 2016). • At present, calorie posting legislation is currently in preparation (The Irish Times, 2019). • Food service businesses have been provided with initial support to help them implement calorie menu labelling. MenuCal, the menu calculator has been developed to assist food businesses in Ireland comply with their legal requirements to display allergen information on foods. It also enables food businesses to calculate calories for their menus. It has been developed with the input of chefs, caterers and small business owners (Food Safety Authority of Ireland, 2019). • The FSAI have developed a best practice calorie menu labelling system with appropriate guidance on adoption, which is centred on the four principles and based on the technical guidance for provided consultation (Food Safety Authority of Ireland, 2012): <ul style="list-style-type: none"> <u>Principle 1</u> Calorie information is provided for ALL standard food and drink items sold. A ‘standard’ food or drink item is a product that: 1) Is on sale for at least 30 days a year; and 2) Remains the same each time it is made. In this way, calorie information calculated on these food and drink items remains accurate. <u>Principle 2</u> Calorie information is displayed clearly and prominently at the ‘point of choice’ for the consumer. Calorie information must be given clearly and prominently beside the price. Individual businesses must decide how to best arrange this according to their situation.
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	<p><u>Principle 3</u> Calorie information is provided per portion or per meal. Calorie information should be provided based on the food and drink served to an individual consumer. Therefore, calorie information must be provided per portion or per meal served.</p> <p><u>Principle 4</u> Information on how many calories an average person needs in a day is given to help consumers ‘make sense’ of calories on menus. The average amount of calories women, men and children need every day will be displayed to help consumers ‘make sense’ of calorie information on foods and drinks on sale.</p>
Comments/notes	



DOMAIN 3- FOOD PROMOTION

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

- Exposure of food marketing concerns the reach and frequency of a marketing message. This is dependent upon the media or channels, which are used to market foods.
- The power of food marketing concerns the creative content of the marketing message. For example, using cartoons or celebrities enhances the power (or persuasiveness) of a marketing message because such strategies are attractive to children.

<p>PROMO1</p> <p>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media (TV, radio).</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 (i.e. co-regulation) • Includes free-to-air and subscription television and radio only (see PROMO2, PROMO3 and PROMO5 for other forms of media) • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
<p>International best practice examples (benchmarks)</p>	<p>Quebec: In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. Account must be taken of the context of its presentation, and in particular of a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of child audience is used to protect children from TV advertising (Kent et al., 2011). Per indictment, a person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person).</p> <p>Norway/Sweden: Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children’s programs (World Cancer Research Fund, 2016e). Norway has implemented a self-regulation scheme approved and evaluated</p>

	<p>by government. The scheme prohibits child-targeted unhealthy food marketing before 21:00pm (9 PM) (MFU, 2016).</p> <p>Ireland: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children’s TV and radio programmes where over 50% of the audience are under 18 years old (Broadcasting Authority of Ireland, 2013). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 18 must not include nutrient or health claims or include licensed characters (World Cancer Research Fund, 2016). As provided under the Broadcasting Act 2009, the BAI is required to undertake a statutory review of the effectiveness of the Children’s Code. It is expected that review will commence in the second half of 2018 with revision and finalisation of the Code in 2019 (Broadcasting Authority of Ireland, 2019).</p> <p>Chile: In June 2016, The Law of Nutritional Composition of Food and Advertising was enforced and restricts advertising directed to children under 14 years (for foods exceeding limits for calories, sugar, saturated fat and/or sodium in food and beverages). The regulatory norms define advertising targeted to children as programmes with an audience of greater than 20% children. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. Monitoring and enforcement of the law are carried out by both regional and national public health authorities. Inspections are conducted on-site and online. After more than 2000 inspections, compliance with the law is improving, rising from under 40% to over 60% (Global Agricultural Information Network, 2018). A qualitative study carried out in 2017, found that the regulation has made mothers more aware of the importance of eating healthy, made it easier to choose healthy foods, and also made children actors in their own food choices (Correa et al., 2019).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Broadcasting Authority of Ireland</p> <ul style="list-style-type: none"> The BAI issued revised versions of its General and Children’s Commercial Communications Codes in 2013 and again in 2017 (Broadcasting Authority of Ireland., 2013) (Broadcasting Authority of Ireland, 2017). <p>General Commercial Communications Code</p> <ul style="list-style-type: none"> Include advertising, sponsorship and other forms of commercial announcements. These rules state that commercial communications for HFSS food (including drinks) shall not be permitted in children’s programmes. HFSS food is a sub-category of food that is deemed high in fat, sugar and/or salt by the application of the Nutrient Profile

	<p>model used by the Broadcast Authority of Ireland. In addition, content rules will apply to commercial communications for HFSS food broadcast outside of children’s programmes but which are directed at children. Children are those under the age of 18. Adults defined as those 18 years and over. As the Codes will make specific recommendations for different age groups of children, they will, where appropriate, make reference to these age groups (Broadcasting Authority of Ireland, 2017).</p> <ul style="list-style-type: none"> • Such commercial communications shall not: <ul style="list-style-type: none"> - Include celebrities or sports stars; - Include programme characters; - Include licensed characters e.g. characters and personalities from cinema releases; - Contain health or nutrition claims; - Include promotional offers; - No more than 25% of sold advertising time and only one in four advertisements for HFSS food are permissible across the broadcast day on radio and television services • These rules also state that all children’s commercial communications for fast food products, outlets and/or brands must display an acoustic or visual message stating <i>‘should be eaten in moderation and as part of a balanced diet’</i>. Children’s commercial communications for confectionery products must display an acoustic or visual message stating that <i>‘snacking on sugary foods and drinks can damage teeth.’</i> ‘Confectionery’ in this instance includes sugar, honey, preserves, chocolate covered bars (excluding biscuits), non-chocolate confectionery e.g. cereal bars and artificial sweeteners. Carbonated drinks are included with the exception of water (Broadcasting Authority of Ireland, 2013). • The BAI regulates all content broadcast on all Irish licensed broadcasters, both programming and commercial content. In addition to processing broadcasting complaints, the BAI monitors broadcast content for compliance with broadcasting codes and rules. <p>Children's Commercial Communications Code</p> <ul style="list-style-type: none"> • The Children’s Commercial Communications Code deals with advertising, sponsorship, product placement and other forms of commercial promotion aimed at children or broadcast in or around children’s programming. It includes rules on the promotion to children of food that is high in fat, salt or sugar (HFSS food).
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<p>Evidence of implementation</p>	<p>General Commercial Communications Code</p> <ul style="list-style-type: none"> The General Communications Code came into effect on the 1st of June 2017 (Broadcasting Authority of Ireland, 2017). <p>Children's Commercial Communications Code</p> <ul style="list-style-type: none"> As provided under the Broadcasting Act 2009, the BAI is required to undertake a statutory review of the effectiveness of the Children’s Code. It is expected that review will commence in the second half of 2018 and the revised code is expected in 2020 (Broadcasting Authority of Ireland, 2019).
<p>Comments/notes</p>	<p>A report of Joint Committee on Children and Youth Affairs: Motion</p> <ul style="list-style-type: none"> The Dáil Éireann considered the report of the Joint Committee on Children and Youth Affairs entitled ‘Tackling Childhood Obesity’, copies of which were laid before the Dáil Éireann on the 14th November 2018. “The Government must amend regulations for broadcast media... to ensure regulations which prevent the marketing of junk and unhealthy foods to children” (A. Farrell, 2019).

<p>PROMO2</p> <p>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through online and social media.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes online media (e.g. social media, branded education websites, online games, competitions and apps) • Where the promotion is specifically through other non-broadcast media than online and social media, this should be captured in ‘PROMO3 and PROMO5’ • Where the promotion is specifically in a children’s setting, this should be captured in ‘PROMO4’ • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
<p>International best practice examples (benchmarks)</p>	<p>Chile: In June 2015, the Chilean authority approved the regulatory norms required for the law of Nutritional Composition of Food and Advertising implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the “high in” category. The regulatory norms define advertising targeted to children as websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys are included in the ban. The regulation took effect on the 1st July 2016 and applies to all advertising media (World Cancer Research Fund, 2016).</p> <p>Quebec: In Québec, the Consumer Protection Act prohibits commercial advertising directed at children less than 13 years of age through all media. Account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown (Kent et al., 2011). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to; a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person).</p> <p>Norway: A government-approved and evaluated self-regulation scheme prohibits online food-marketing which is targeted at children under 13 years. Specifically, interactive games “aimed at children and where a product’s trademark, or other elements of the marketing of the product, form an integral part” will always be defined as child-targeted and a violation of the code (Morley et al., 2013). The scheme also applies to social media. In 2019,</p>

	<p>the code was revised. The age limit is still 13 years but in order to exercise caution in marketing to young people, it is advised to not conduct contests with an age limit less than 16 years; to buy age groups less than 16 years in digital media; to use role models appealing to youth in media which is directly targeted to youth; and to encourage engagement (share, like, send in material) so that youth become marketing actors. Violations of the code results in no other sanctioning than “naming and shaming” of offenders (Matbransjens Faglige Utvalg, 2019).</p> <p>UK: The UK CAP rules have been reviewed so that online marketing targeted to under-16s is prohibited. This means that HFSS product ads are not permitted to appear in media that is specifically targeted at under-16s e.g. a children’s magazine or on a website aimed at children; or where under-16s make up a significant proportion (more than 25%) of the audience e.g. advertorial content with an influencer that might have broad appeal but also a significant child audience (Advertising Standards Authority, 2018).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Advertising Standards Authority for Ireland (ASAI) Voluntary Codes of Practice</p> <p><u>Rules for Non-Broadcast Digital Media</u></p> <ol style="list-style-type: none"> 1. Where appropriate age-filters exist on websites and social media apps, marketing communications for HFSS foods are not permitted to target children under the age of 15. 2. Marketing Communications for HFSS food by means of e-mail and Short Message Service (SMS) shall not target children under the age of 15. 3. Marketing Communications for HFSS food by means of social media shall not target children under the age of 15. 4. Where Marketing Communications for HFSS food is permissible, it shall not exceed a maximum of 25% of total advertising space. 5. The websites of food businesses should not carry content that is designed to engage children under the age of 15 with HFSS food brands e.g. children’s area, videos, ‘webisodes’, branded education and interactive features (Healthy Ireland, 2017b).
<p>Evidence of implementation</p>	<p>Government of Ireland – Voluntary Codes of Practice</p> <ul style="list-style-type: none"> • The Government of Ireland has issued a set of voluntary codes of practice aimed at limiting the promotion, marketing and sponsorship of foods high in fats, sugar and/or salt (HFSS foods). The new voluntary rules will apply to non-broadcast media, including digital, out of home, print and cinema, as well as commercial sponsorship and retail product placement. The Government of Ireland has committed to monitor compliance, and work is continuing on the

	<p>development of a monitoring mechanism (Department of Health, 2017).</p> <p><u>Rules for Non-Broadcast Digital Media</u></p> <ol style="list-style-type: none"> 1. Where appropriate age-filters exist on websites and social media apps, marketing communications for HFSS foods are not permitted to target children under the age of 15. 2. Marketing Communications for HFSS food by means of e-mail and Short Message Service (SMS) shall not target children under the age of 15. 3. Marketing Communications for HFSS food by means of social media shall not target children under the age of 15. 4. Where Marketing Communications for HFSS food is permissible, it shall not exceed a maximum of 25% of total advertising space. 5. The websites of food businesses should not carry content that is designed to engage children under the age of 15 with HFSS food brands e.g. children’s area, videos, ‘webisodes’, branded education and interactive features (Department of Health, 2017).
<p>Comments/notes</p>	<p>The Codes detailed are voluntary in nature. Companies and partner organisations will sign up to the Codes and a register of signatories will be maintained and published by the Department of Health or its designated monitoring body.</p> <p>Currently digital marketing of food to children in Ireland is subject to voluntary regulation by the advertising industry’s Code (Advertising Standards Authority for Ireland; ASAI, 2015). Although the Code defines children as those under 18, and states that marketing should not ‘encourage an unhealthy lifestyle or unhealthy eating or drinking habits’ (Rule 8.16), this is open to interpretation as no definition of unhealthy eating or drinking habits is given and no Nutrient Profiling system is applied to define items that should not be advertised to children (Irish Heart Foundation, 2016).</p>

<p>PROMO3</p> <p>Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through non-broadcast media other than packaging and online/social media.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Non-broadcast media promotion includes print (e.g. children’s magazines), on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television shows and movies), direct marketing (e.g. provision of show bags, samples or flyers), or point-of-sale (POS) displays) • Non-broadcast media is excluding the media covered through other indicators like online and social media (PROMO2) and packaging (PROMO5) • Where the promotion is specifically in a children’s setting, this should be captured in ‘PROMO4’ • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
<p>International best practice examples (benchmarks)</p>	<p>Chile: In May 2018, a new regulation launched, extended marketing restrictions of regulated foods in cinema and TV to a 6 AM to 10 PM time frame, expanding the scope of the original law. Additionally, starting in June 2018, any marketing done for “High in” foods or beverages must also show the following statement: “Choose foods with less warning labels” and then “Ministry of Health,” which needs to be placed next to the MoH logo. This applies to marketing done in billboard, cinema, and other vehicles but food packages (Corvalán C, 2018).</p> <p>London, UK: On the 25th February 2019, the Mayor of London, introduced restrictions on the advertising of unhealthy food across the entire Transport for London (TfL) public transport network, as part of his work to help tackle childhood obesity in London. The policy specifies that food and non-alcoholic drinks high in fat, salt and sugar according to the UK Nutrient Profiling Model, are not permitted to be advertised on TfL-controlled buses, underground and over ground train networks, taxis, river services, trams and other transport systems. Food and drink brands, restaurants, takeaways and ordering services are required to promote their healthier food and drink instead of just advertising their brand. Advertisements for food and non-alcoholic drink products that are considered to be high in fat, salt, sugar may be considered for an exception by TfL if the advertiser can demonstrate, with appropriate evidence, that the product does not contribute to child obesity (Greater London Authority, 2019).</p>
<p>Context e.g. EU action/ regulation /</p>	<p>EU Action</p>

<p>food industry action etc.</p>	<p>The WHO report ‘Tackling food marketing to children’</p> <ul style="list-style-type: none"> • The WHO report, ‘Tackling food marketing to children in a digital world: trans-disciplinary perspectives’ (World Health Organization, 2016) found that European Union competence is largely limited to marketing between Member States. For example, case law at the European Court of Justice has determined that, in view of the internal market, European Union regulations cannot apply to static marketing within a country (e.g. advertisements in hotels and airports, on billboards and shop awnings, umbrellas, ashtrays and similar items), advertisements screened in cinemas or sponsorship of events that have no cross-border appeal. • In addition, policy action in the European countries to address forms of marketing beyond broadcast media, digital media and school settings is generally very limited, according to the WHO. Marketing avenues and techniques like sponsorship, product packaging, in-store promotions (e.g. at checkout, in the aisles), street billboards and prizes/giveaways or multi-buy promotions are rarely covered by governmental policies. Neither are settings where children gather, apart from schools, such as recreation facilities and leisure centres often included. Recent policy monitoring suggests that less than 20% of countries in the European Region cover one or more of these avenues/techniques (World Health Organization, 2016).
<p>Evidence of implementation</p>	<p>Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice (December 2017)</p> <p><u>Rules for Out of Home Media</u></p> <p>Out of Home Media includes all out of home advertising and marketing communications delivered via such formats as billboards or hoardings, public transport stops or shelters, interiors and exteriors of buses or trains, or building banners (Healthy Ireland, 2017b).</p> <ol style="list-style-type: none"> 1. Space limitation across the various HFSS product categories will be a total of 33% of the available space by cycle² and by format. 2. Marketing Communications for HFSS food is not allowed on building banners. 3. Marketing Communications utilising wraparounds or takeovers for HFSS foods will account for less than 5% of the total available advertising space (Healthy Ireland, 2017b). <p><u>Additional Rules for Print Media</u></p> <ol style="list-style-type: none"> 1. Marketing Communications for HFSS foods will only be carried in consumer publications where the adult readership is 75% or greater. A consumer publication or issue is taken to mean the complete

	<p>edition published that day to include any supplements or advertising inserts.</p> <ol style="list-style-type: none"> 2. Where Marketing Communications for HFSS food is permissible, it shall not in ordinary circumstances, exceed a maximum of 25% of total advertising space. 3. HFSS food sponsorship of sports pages or sports supplements is not allowed (Healthy Ireland, 2017b). <p><u>Additional Rule for Cinema</u></p> <ol style="list-style-type: none"> 1. Where Marketing Communications for HFSS food is permissible, it shall not exceed a maximum of 25% of total advertising space by screening (Healthy Ireland, 2017b). <p>Code of Practice Relating to Retail Product Placement of HFSS Foods</p> <p>The arrangement of food products in the retail environment influences the purchase decisions of consumers. It is noted that the retail food industry acknowledges this fact and has agreed to a set of product placement measures that are designed to increase healthy food choices. Nevertheless, the retail industry is encouraged to go above and beyond these measures in the interests of promoting healthy eating. Accordingly, the retail food industry in Ireland undertakes to operate the specific rules for retail product placement as detailed below in addition to any relevant general rules applicable to all codes.</p> <ol style="list-style-type: none"> 1. Active promotion of the consumption of 5 to 7 portions of fruit and vegetables a day by customers in store through point of sale materials and other online and offline communication platforms. 2. Provision of meal deal offers that deliver choice for customers in order to promote a healthy balanced diet. 3. Where practical, the provision of a HFSS food free checkout option to customers to allow the use of a checkout lane that does not stock HFSS foods. In retail environments with 4 or more checkout bays, a minimum of 1 in 4 bays should be free of HFSS foods. Other outlets with less than 4 checkouts are encouraged to provide 1 non-HFSS checkout, where practical. 4. Provision of calorie labelling information in food service areas such as delis and hot food counters. Provision of calorie labelling will be in line with legal requirements and in their absence with 'Putting Calories on Menus in Ireland - Draft Technical Guidance for Food Businesses', is available free from the Food Safety Authority of Ireland website (www.fsai.ie) (Healthy Ireland, 2017b).
<p>Comments/notes</p>	<p>The Codes detailed are voluntary in nature. Companies and partner organisations will sign up to the Codes and a register of signatories will be</p>

	maintained and published by the Department of Health or its designated monitoring body.
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<p>PROMO4</p> <p>Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children including adolescents in settings where children gather (e.g. preschools, schools, sport and cultural events).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Children’s settings include areas in and around schools, preschools/kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/venues/facilities and cultural/community events where children are commonly present • Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) • Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues) • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
<p>International best practice examples (benchmarks)</p>	<p>Chile: In June 2015, the Chilean authority approved the regulatory norms required for the Law of Nutritional Composition of Food and Advertising implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the “high in” category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools (The Organisation for Economic Co-operation and Development, 2019). The law is scheduled to take effect in July 2016 (New York City Health, 2017). It has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools. The law is scheduled to take effect in July 2016 (New York City Health, 2017).</p> <p>Uruguay: In September 2013, the Government of Uruguay adopted Law No 19.140 (Healthy foods in schools) (Morley et al., 2013). The law prohibits the advertising and marketing of foods and drinks that do not meet the nutrition standards. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015 (World Cancer Research Fund, 2016).</p>

	<p>Hungary: Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organisations and consultants who are recommended by the National Institute for Health Development (World Cancer Research Fund, 2016e).</p> <p>Spain: In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety, which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law (World Cancer Research Fund, 2016).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Advertising Standards Authority for Ireland (ASAI) Voluntary Codes of Practice</p> <ul style="list-style-type: none"> In addition to complying with the provisions set out in Section 5: Promotional Marketing Practices, promotions addressed to or likely to attract children should be carried out responsibly, taking into account the location in which the promotion is conducted (Advertising Standards Authority for Ireland, 2015).
<p>Evidence of implementation</p>	<p>Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice (December 2017)</p> <p>General Rules for all Codes of Practice</p> <ul style="list-style-type: none"> Locations primarily used by children shall be free from all forms of marketing communication for HFSS foods. Examples of such settings include registered crèches, pre-schools, nurseries, family and child clinics, paediatric services, schools, dedicated school transport, playgrounds and youth centres. <p><u>Rules for Out of Home Media</u></p> <ol style="list-style-type: none"> Displays of HFSS foods will be restricted from 100 metres of school gate for large roadside billboard formats which include but is not limited to 48 sheet sizes and larger and 60 metres for 6 sheet sizes and particular attention will be given to HFSS foods that particularly appeal to children (Healthy Ireland, 2017b).

Comments/notes	
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<p>PROMO4</p> <p>Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children including adolescents in settings where children gather (e.g. preschools, schools, sport and cultural events).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Children’s settings include areas in and around schools, preschools/kindergartens, day-care centres, children’s health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/venues/facilities and cultural/community events where children are commonly present • Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) • Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues) • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
<p>International best practice examples (benchmarks)</p>	<p>Chile: In June 2015, the Chilean authority approved the regulatory norms required for the Law of Nutritional Composition of Food and Advertising implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the “high in” category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools (The Organisation for Economic Co-operation and Development, 2019). The law is scheduled to take effect in July 2016 (New York City Health, 2017). It has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools. The law is scheduled to take effect in July 2016 (New York City Health, 2017).</p> <p>Uruguay: In September 2013, the Government of Uruguay adopted Law No 19.140 (Healthy foods in schools) (Morley et al., 2013). The law prohibits the advertising and marketing of foods and drinks that do not meet the nutrition standards. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015 (World Cancer Research Fund, 2016).</p> <p>Hungary: Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits</p>

	<p>all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organisations and consultants who are recommended by the National Institute for Health Development (World Cancer Research Fund, 2016e).</p> <p>Spain: In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety, which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law (World Cancer Research Fund, 2016).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Advertising Standards Authority for Ireland (ASAI) Voluntary Codes of Practice</p> <ul style="list-style-type: none"> • In addition to complying with the provisions set out in Section 5: Promotional Marketing Practices, promotions addressed to or likely to attract children should be carried out responsibly, taking into account the location in which the promotion is conducted (Advertising Standards Authority for Ireland, 2015).
<p>Evidence of implementation</p>	<p>Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice (December 2017)</p> <p>General Rules for all Codes of Practice</p> <ul style="list-style-type: none"> • Locations primarily used by children shall be free from all forms of marketing communication for HFSS foods. Examples of such settings include registered crèches, pre-schools, nurseries, family and child clinics, paediatric services, schools, dedicated school transport, playgrounds and youth centres. <p><u>Rules for Out of Home Media</u></p> <ol style="list-style-type: none"> 1. Displays of HFSS foods will be restricted from 100 metres of school gate for large roadside billboard formats which include but is not limited to 48 sheet sizes and larger and 60 metres for 6 sheet sizes and particular attention will be given to HFSS foods that particularly appeal to children (Healthy Ireland, 2017b).
<p>Comments/notes</p>	

PROMO5	
Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children, including adolescents on food packages.	
Definitions and scope	<ul style="list-style-type: none"> • Includes product design and packaging (e.g. use of celebrities or cartoons, competitions and giveaways) • Where the promotion is specifically in a children’s setting, this should be captured in ‘PROMO4’ • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day
International best practice examples (benchmarks)	Chile: Through Law Number 20.606 (Nutritional Composition of Food and Advertising), a series of regulations on the advertising of processed foods high in calories, fat, sugar, or salt passed. These laws specifically seek to regulate companies with brands that target children through misleading advertising and the use of cartoon mascots on commercial packaging. Chile’s National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children (World Cancer Research Fund, 2016).
Context e.g. EU action/ regulation / food industry action etc.	<ul style="list-style-type: none"> • There are no objectives specifically related to the restriction of marketing to children on food packages. However, the EU recognizes in the Plan the possible impact of marketing on food packages to children.
Evidence of implementation	<ul style="list-style-type: none"> • No evidence found from 2016 onwards
Comments/notes	

DOMAIN 4- FOOD PRICES

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

<p>PRICES1</p> <p>Taxes or levies on healthy foods are minimised to encourage healthy food choices (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 (see PRICES3) or food purchasing welfare support (see PRICES4)
<p>International best practice examples (benchmarks)</p>	<p>Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables) (Veerman, 2013).</p> <p>Tonga: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets (World Cancer Research Fund, 2016f).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • There is no evidence that the EU is proposing to Member States to minimize taxes or levies on healthy foods to encourage healthy food choices. The EU has set rules on the common system of value added tax. <p>COUNCIL DIRECTIVE 2006/112/EC of 28 November 2006 on the common system of value added tax</p> <ul style="list-style-type: none"> • This Directive has laid down that Member States shall apply a standard rate of VAT, which shall be fixed by each Member State as a percentage of the taxable amount and which shall be the same for the supply of goods and for the supply of services (Article 96). However, the standard rate may not be less than 15% (article 97) (Official Journal of the European Union, 2006). • Member States may apply one or two reduced rates (Article 98, 99), which may not be less than 5% only to supplies of goods or services in the categories set out in Annex III. Included in this Annex III are: <ul style="list-style-type: none"> - foodstuffs (including beverages but excluding alcoholic beverages) for human and animal consumption; live animals, seeds, plants and ingredients normally intended for use in the

	<p>preparation of foodstuffs; products normally used to supplement foodstuffs or as a substitute for foodstuffs.</p> <ul style="list-style-type: none"> - These rules mean that on fruit and vegetables a minimum of 5% VAT must be applied by Member States.
Evidence of implementation	<p>Zero Rate</p> <ul style="list-style-type: none"> • The Zero rate of VAT applies to the supply of most foodstuffs, such as bread, butter, cheese, cereals, condiments, flour, fruit, herbs, meat, milk, pasta, pastes, sauces, soup, spices, sugar and vegetables (fresh or frozen). This list is by no means exhaustive. However, it should be particularly noted that the supply of food and drink that would normally be liable to VAT at the Zero rate becomes liable to VAT at the Second Reduced rate when it is supplied in the course of catering or by means of a vending machine (Revenue, 2019).
Comments/notes	

PRICES2	
Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices, and these taxes are reinvested to improve population health.	
Definitions and scope	<ul style="list-style-type: none"> Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern
International best practice examples (benchmarks)	<p>Ireland: On the 1st May 2018, the Republic of Ireland’s Sugar Sweetened Drinks Tax came into force under the Finance Act 2017 (No. 41 of 2017). The tax applies to non-alcoholic, water-based and juice based drinks, which have added sugar content of 5g per 100mL and above. Drinks with over 8g of sugar per 100mL are taxed at 30 cents per litre, and drinks with between 5g and 8g of sugar per 100mL are taxed at 20 cents per litre. Fruit juices and dairy products are excluded from the tax (World Cancer Research Fund, 2018).</p> <p>UK: In April 2018, the UK Government’s Soft Drinks Industry Levy came into force (as outlined in the Finance Act 2017). The Soft Drink Industry Levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of total sugars per 100mL of prepared drink. Soft drinks that have a total sugar content of more than 5g and less than 8g per 100mL are taxed 0.18 British pounds (\$0.25) per litre and drinks that have a total sugar content of 8g or more per 100mL are taxed 0.24 British pounds (\$0.34) per litre. Milk-based drinks, milk substitute drinks, pure fruit juices, or any other drinks with no added sugar, alcohol substitute drinks, and soft drinks of a specified description which are for use for medicinal or other specified purposes are exempt from the levy. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK (World Cancer Research Fund, 2018). Manufacturers had two years to prepare ahead of this tax coming into effect and over 50% of them took action to cut sugar in their products during that period (Rathbone Greenbank Investments, 2019). It was forecasted that, the tax would bring in £520 million in its first year of operation, but this was revised down to £275 million as a result of companies’ efforts to remove sugar from their products. Data from the first full year of the tax is not yet available, but receipts from April to October 2018 totalled £154 million. It was confirmed that the Department for Education would receive the full £1 billion funding that had originally been expected from the sugar tax in this Parliament (Parliament UK, 2017).</p> <p>Hungary: A “public health tax” adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks, energy drinks, and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to</p>

	<p>products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g (World Cancer Research Fund, 2016f, Biro, 2015).</p> <p>Mexico: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso (\$0.80) per litre applies to sugary drinks. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The taxes entered into force on 1st January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked (World Cancer Research Fund, 2016f, Colchero, 2016). In 2019, a study was conducted to estimate changes in taxed and untaxed beverages by volume of beverage purchased after the sugar-sweetened beverage (SSB) tax was introduced in 2014 (Ng et al., 2019). Results found that, the HTLU-unhealthier and HTHU groups had the largest absolute and relative reductions in taxed beverages and increased their purchases of untaxed beverages. Households with lower purchases of untaxed beverages (HTLU healthier and LTLU) had the largest absolute and relative increases in untaxed beverages. Furthermore, among households with higher purchases of taxed beverages, the group with lowest socio-economic status had the greatest reduction in purchases of taxed beverages (Ng et al., 2019).</p> <p>Qatar: In 2018, the Government of Qatar introduced Law No. (25) the 'Qatar Excise Tax Law' which came into effect on the 1st January 2019. The Qatar Excise Tax Law introduced a 50% ad valorem tax on carbonated waters with added sugar, sweeteners or flavours, as well as concentrates, powders, gels or extracts intended to be made into a carbonated beverage. A tax rate of 100% is applied to beverages sold as energy drinks that contain stimulant substances (e.g. caffeine, taurine, ginseng, guarana). Carbonated non-flavoured waters, coffee and tea are excluded from the excise tax. The excise tax applies to all imported, produced or stockpiled aerated beverages (except unflavoured aerated water) and energy drinks (World Cancer Research Fund, 2018).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • There is no evidence that the EU is proposing to Member States to implement and/or increase taxes or levies on unhealthy foods to discourage unhealthy food choices. The EU does have import conditions for foods, but these are completely focused on food safety (European Commission).
<p>Evidence of implementation</p>	<p>Government Regulation</p>

	<ul style="list-style-type: none"> • Sugar Sweetened Drinks Tax (SSDT) is effective in Ireland from the 1st May 2018. SSDT applies on the first supply in the State of sugar-sweetened drinks. The supplier is liable to account for and pay the tax. The tax applies to water and juice-based drinks which have added sugar and a total sugar content of five grams or more per 100 millilitres. Products liable to the tax may be in ready to consume or in concentrated form. • The tax operates as an excise duty and is administered on a self-assessment basis. Suppliers are required to register with Revenue in advance of making first supplies of sugar-sweetened drinks in the State. They must file returns within one month after the end of the accounting period during which the supplies were made. • Ready to consume drinks are liable to SSDT if they satisfy three criteria: <ol style="list-style-type: none"> 1. They are classified within particular headings of the Combined Nomenclature (CN) codes of the European Union. The Combined Nomenclature (CN) is a tool for classifying goods, set up to meet the requirements both of Common Customs Tariff, and of the EU's external trade statistics. The CN is also used in intra-EU trade statistics. The relevant headings, CN 2009 and CN 2202, cover juices and water and/or juice-based drinks 2. They contain added sugar 3. The total sugar content of the drink must be five grams or more per 100 millilitres <p><u>Examples of liable ready to consume sugar-sweetened drinks include:</u></p> <ul style="list-style-type: none"> - Flavoured waters* - Carbonated drinks* - Energy/sports drinks* - Juice based drinks* <p>*With added sugar and a total sugar content of five grams or more per 100 millilitres.</p> <p>Specific products falling under CN 2202 subheadings are excluded from liability. These include:</p> <ul style="list-style-type: none"> - Alcohol-free beers and wines - Drinks that are based on soya, cereals, nuts or seeds or that contain milk fats - Products labelled as food supplements.
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	<p>In addition, any products excluded from EU food labelling obligations is because their small-scale production will not be liable to the tax.</p> <ul style="list-style-type: none"> • Concentrated Sugar Sweetened Drinks are solid or liquid substances that require preparation to produce ready to consume drinks. Preparation involves the addition of water and, or ice and, or carbon dioxide to the concentrated substance, in accordance with manufacturers’ instructions. Concentrated products are liable to SSDT if: <ul style="list-style-type: none"> - The ready to consume drinks prepared from them have the same characteristics as drinks classified within particular headings of the CN of the EU. The relevant headings, CN 2009 and CN 2202, cover juices and water or juice-based drinks - They contain added sugar - Their total sugar content when prepared is five grams or more per 100 millilitres <p><u>Examples of concentrated Sugar Sweetened Drinks include:</u></p> <ul style="list-style-type: none"> • Concentrated products intended for preparation at catering level to produce ready to consume drinks that are supplied directly to final consumers. Examples are post mix concentrates supplied to cinemas and restaurants. • Concentrated products intended for "home" preparation to produce ready to consume drinks. Some examples are bottled squashes, cordials and flavoured syrups. • The exclusions from scope of the tax that apply to ready to consume drinks also apply to concentrated products. • SSDT applies on a volumetric basis at one of two rates, dependent on the total sugar content of the “ready to consume” form of the sugar-sweetened drink. The SSDT rates are: <ul style="list-style-type: none"> - €16.26 per hectolitre on drinks with a total sugar content of five grams or more, but less than eight grams, per 100 millilitres - €24.39 per hectolitre on drinks with a total sugar content of eight grams or more per 100 millilitres (Revenue, 2018)
<p>Comments/notes</p>	<p>In Step one of the <i>‘Healthy Weight for Ireland, Obesity Policy and Action Plan’</i>, the Irish Government plan to “<i>review the evidence, including the effectiveness of implementation, for fiscal measures on products that are high in <u>fat</u>, <u>sugar</u> and <u>salt</u> to reduce their consumption</i>” (Department of Health, 2016).</p>

<p>PRICES3</p> <p>The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g. freight) where those subsidies specifically target healthy foods • Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability • Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food • Includes funding support for wholesale market systems that support the supply of healthy foods • Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread) • Excludes incentives for the establishment of, or ongoing support for, retail outlets, including greengrocers, farmers’ markets, food co-ops, etc. (See RETAIL2) • Excludes subsidised training, courses or other forms of education for food producers - Excludes the redistribution of excess or second grade produce • Excludes food subsidies related to welfare support (see PRICES4) • Should be in line with population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g. reducing intake of nutrients of concern, and should not be related to micronutrient deficiencies)
<p>International best practice examples (benchmarks)</p>	<p>Singapore: The government through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the “Healthier Ingredient Scheme” (formerly part of the “Healthier Hawker” programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry (World Cancer Research Fund, 2016a). The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35% or lower.</p>
<p>Context e.g. EU action/ regulation /</p>	<p>EU Common Agricultural Policy</p>

<p>food industry action etc.</p>	<ul style="list-style-type: none"> The CAP is a common policy for all countries of the European Union. The legal basis for the common agricultural policy is established in the treaty on the functioning of the European Union. <p>The CAP consists of 3 components:</p> <ul style="list-style-type: none"> <u>Income support</u> for farmers through direct payments ensures income stability and remunerates farmers for environmentally friendly farming and delivering public goods not normally paid for by the markets, such as taking care of the countryside. Rules for direct payments to farmers have been laid down in the REGULATION (EU) No 1307/2013. <u>Market measures</u> to deal with difficult market situations such as a sudden drop in demand due to a health scare, or a fall in prices as a result of a temporary oversupply on the market. Rules for these market measures have been set out in REGULATION (EU) No 1308/2013: Common Market Organisation. <u>Rural development measures</u> with national and regional programmes to address the specific needs and challenges facing rural areas. Rules for these rural development support have been outlined in REGULATION (EU) No 1305/2013, on support for rural development by the European Agricultural Fund for Rural Development (EAFRD).
<p>Evidence of implementation</p>	<p>Government led Schemes</p> <p>Scheme of Aid for Producer Organisations in the Fruit & Vegetables Sector</p> <p>This scheme provides EU aid to producers grouping, on a voluntary basis, to form recognised Producer Organisations (POs) and implement approved operational programmes that improve the quality and efficiency of operations and achieve the following objectives:</p> <ul style="list-style-type: none"> Improving the competitiveness and market orientation of the sector so as to contribute to achieving sustainable production that is competitive both on the EU and external markets Reducing fluctuations in producers’ incomes resulting from crises on the market Increasing the consumption of fruit and vegetables in the Community Continuing the efforts made by the sector to maintain and protect the environment. The Terms and Conditions of the Scheme of EU Aid For Producer Organisations in the Fruit and Vegetables Sector, (hereinafter called ‘the Scheme’), as laid down by the Department of Agriculture, Food and the Marine are in accordance with the provisions of Regulation (EU) No 1308/2013 of the European Parliament and of the Council, Commission Delegated Regulation (EU) 2017/891 and Commission Implementing Regulation (EU) 2017/892 and Commission Implementing Regulation (EU) 543/2011 (Department of Agriculture Food and Marine, 2018).

	<p>The 2019 Scheme of Investment Aid for the Development of the Commercial Horticulture Sector</p> <p>This scheme is intended to assist in the development of the horticulture sector, including beekeeping, by grant aiding capital investments in specialised plant and equipment as well as emerging technologies specific to commercial horticulture production.</p> <p>The Scheme aims to:</p> <ul style="list-style-type: none"> • Facilitate environmentally friendly practices, promote the diversification of on-farm activities, improve the quality of products and improve working conditions. Non-production investments, which are directly associated with primary production, may also be considered. Applicants other than companies or corporate bodies must be over 18 years of age. • The minimum investment that will be considered for grant aid is €10,000 excluding VAT, except in the case of beekeeping where a minimum investment of €2,000 excluding VAT applies. The upper cumulative limit, per applicant, for investments under the scheme over the period 2014-2019 is €5m. Aid for each investment is decided based on the availability of funds and the ongoing priorities for each sector within the industry as well as the quality and scale of the proposals (Department of Agriculture Food and Marine, 2019). <p>Beef Data and Genomics Programme (BDGP)</p> <ul style="list-style-type: none"> • This will make the scheme available to beef suckler farmers who are not already members of the scheme. The scheme will be known as BDGP II and will, like the original, commit to six years of payments to farmers for completion of actions aimed at delivering accelerated genetic improvement in the national herd and improvement of its environmental sustainability. • Payments to participants will be the same as BDGPI i.e. €142.50 per hectare for the first 6.66 payable hectares under the scheme, and €120 per payable hectare after that, with the same timing requirements for returning of data in order to ensure payments can go out to as many farmers as possible in December of each scheme year (Department of Agriculture Food and Marine, 2017a).
Comments/notes	

PRICES4 The government ensures that food-related income support programs are for healthy foods.	
Definitions and scope	<ul style="list-style-type: none"> • Includes programs such as ‘food stamps’ or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing • Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose • Excludes food subsidies at the consumer end e.g. subsidising staples at a population level (see PRICES3)
International best practice examples (benchmarks)	<p>USA: In 2009, the Department of Agriculture implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include; increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants (World Cancer Research Fund, 2016f).</p> <p>USA: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per USD spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals (World Cancer Research Fund, 2016f). In New York City and Philadelphia, “Health Bucks” are distributed to farmer’s markets. When customers use income support e.g. food stamps to purchase food at farmer’s markets, they receive one Health Buck worth 2 USD for each 5 USD spent, which can then be used to purchase fresh fruit and vegetable products (World Cancer Research Fund, 2016f). In Philadelphia, the programme has been expanded to other retail settings like supermarkets and corner stores.</p> <p>UK: The British Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers’ allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006 (World Cancer Research Fund, 2016f).</p>
Context e.g. EU action/ regulation /	EU Action

<p>food industry action etc.</p>	<ul style="list-style-type: none"> • In 2014, the Fund for European Aid to the Most Deprived (FEAD) was adopted as the successor programme to the former programme for the most deprived persons (MDP) (Auditors, 2019). It provides €3.8 billion of EU funding for the programme period 2014-2020 and it is implemented at national level through operational programmes. EU countries are to contribute at least 15% in national co-financing to their national programme (European Commission, 2019a). However, despite these changes, the European Court of Auditors found that FEAD remains essentially a food support programme, as 83% of the Fund is devoted to food support. • In May 2018, the European Commission adopted a legislative proposal for a new European Social Fund Plus (ESF+) Programme, based on the proposed Multiannual Financial Framework for the period 2021-2027. It will serve as the EU's main financial instrument guiding investment in people and implementation of the European Pillar of Social Rights, including health policies (European Commission, 2019a). <p>The ESF+ Programme merges existing funds and programmes including:</p> <ul style="list-style-type: none"> • The European Social Fund (ESF) and the Youth Employment Initiative (YEI) • The Fund for European Aid to the Most Deprived (FEAD) • The Employment and Social Innovation (EaSI) programme • The Health Programme <p>ESF+ Programme financing will focus on three main strands:</p> <ul style="list-style-type: none"> - The first covers the (ex-) ESF and basic material assistance to the most deprived people - The second will cover initiatives promoting employment and social innovation (EaSI) - The third covers initiatives aiming at preventing health risks and promoting public health. <ul style="list-style-type: none"> • The new ESF+ has a strong health dimension. Health policies will be funded both through dedicated funding (strand within the ESF+) as well as across other key financial instruments. ESF+ Programme specifically includes €413 million for the health strand. The new architecture of ESF+ will not only preserve a specific health strand but will also support the integration of health in other related policies and the coordination between complementary health-related budget lines.
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	<p>Charity sector – St Vincent De Paul</p> <ul style="list-style-type: none"> The St Vincent De Paul spends almost €10m annually, giving families and individuals in Ireland the ability to put food on the table. Families and individuals can use these vouchers to purchase food in stores such as, Dunnes Stores, Aldi, Lidl and Tesco. (Byrne. C, 2012).
Evidence of implementation	<ul style="list-style-type: none"> No evidence found from 2016 onwards
Comments/notes	



DOMAIN 5- FOOD PROVISION

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

<p>PROV1</p> <p>The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes early childhood education and care services (0-5 years) • Schools include government and non-government primary and secondary schools (up to age 18 years) • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes policies that relate to school meals programs, where the program is partly or fully funded, managed or overseen by the government • Excludes programmes in schools that are targeted to children of low socioeconomic groups only (as these would be covered under PRICES4)
<p>International best practice examples (benchmarks)</p>	<p>Ireland: The School Meals (Local Projects) Scheme, is an administrative scheme, operated directly by the Department of Employment Affairs and Social Protection (Healthy Ireland, 2017a). The Scheme provides funding to primary and post-primary schools, local groups, voluntary organisations and community-based not-for-profit preschools operating their own school meals projects. The ‘Nutrition Standards for School Meals’, are being implemented under this scheme and aim to ensure that children and young people in schools participating in the scheme are provided with healthy balanced meals that follow the Healthy Eating Guidelines. These Nutrition Standards are food-based and are provided for each meal type funded by the Scheme, that is: Breakfast or snack Lunch or after-school meal Dinner, only healthy food choices that meet the standards will be funded. The Standards will also be used by those administering the Scheme in the schools, commencing in January 2018, to ensure that food purchased complies with the Nutrition Standards when food contracts are being specified in the procurement process, and should also be applied when planning menus (Healthy Ireland, 2017a).</p> <p>Jamaica: In November 2018, the Ministry of Health published mandatory nutrient guidelines for beverages sold/served within all public educational</p>

<p>institutions for children (i.e. early childhood, primary level and secondary level). The guidelines prohibit sweetened beverages that exceed a maximum sugar concentration of 6g/100ml (effective 1st January 2019); 5g/100ml (effective 1st January 2020); 4g/100ml (effective 1st January 2021); and 2.5g/100ml (effective 1st January 2023). All unsweetened beverages are permitted. The guidelines also caution against beverages containing >10mg/serve of caffeine, discourage the use of artificial sweeteners and recommend beverage portions sold/served of <12 ounces (not including water).</p> <p>Chile: In 2012, the Chilean Government approved a Law of Nutritional Composition of Food and Advertising (Fundo Nacional de Desinvolvimento da Educacao, 2016). In June 2015, the Chilean authority approved the regulatory norms required for the law’s implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered ‘high’ in foods and beverages. The law prohibits the sale of foods in the ‘high in’ category in schools. The law came into effect on the 27th June 2016. In 2019, a study conducted on the impact of this law found that, foods exceeding any cut-offs decreased from 90.4% in 2014 to 15.0% in 2016. Solid products had a substantial reduction in calories, sugar, saturated fat, and sodium. Liquid products had a reduction in calories, total sugar, and saturated fat, whereas sodium increased. This was a result of changes in product mix (Massri et al., 2019).</p> <p>Finland: In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools. New recommendations on Eating and learning together - recommendations for school meals were published in 2017 (National Nutrition Council, 2017). In 2018, the early childhood education: Health and joy from food - meal recommendations for early childhood education and care, guidelines were published (National Nutrition Council, 2018). The 2018 published recommendations for families with children: Eating together - food recommendations for families with children, were updated in 2019 (National Institute for Health and Welfare, 2019). Additionally, Finland published its first nutrition recommendations for upper secondary schools and vocational schools.</p> <p>UK: England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods.</p>

	<p>Brazil: The national school feeding programme mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16th July 2009) sets food and nutrition-based standards for the foods available in the national school meal programme (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.</p> <p>Costa Rica: Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips, cookies, candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The Constitutional Court upheld the restrictions in 2012 following a challenge by the food industry.</p> <p>Hungary: Since 2012, food and beverages are subject to the public health product tax and may not be sold on school premises or at events organized for school children, including out of school events based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the of Names of Public Education Institutions. Section 130(2) of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited.</p> <p>Uruguay: In September 2013, the Government of Uruguay adopted Law No 19.140 on healthy eating in schools. It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of saltshakers. The school food standards were elaborated in March 2014 and aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium. Limits are set per 100g of food, 100ml for drinks and per 50g portion. This was implemented in public schools in 2015 (World Cancer Research Fund, 2016d, Fundo Nacional de Desenvolvimento da Educacao, 2016).</p>
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<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p><u>EU Policy</u></p> <p>EU School Scheme</p> <ul style="list-style-type: none"> On the 1st August 2017, the School Fruit and Vegetables Scheme (SFVS) merged with the School Milk Scheme (SMS) under a single EU financial and legal framework. Previously operating as separate schemes for milk, fruit and vegetables, the new merged scheme, like the individual schemes it replaced, is designed to help promote the benefits of healthy eating to children and encourage them to increase their consumption of fruit, vegetables and milk (Department of Agriculture Food and Marine, 2017b). <p>EU school fruit, vegetables and milk scheme</p> <ul style="list-style-type: none"> The merger followed recommendations put forward by the European Court of Auditors and other external evaluations for improvements in the set-up and functioning of the school scheme. The rationale behind the recommendations was that the combination of the SFVS and the SMS under a joint new financial and legal framework would simplify the rules, reduce the administrative burden and adopt a more targeted approach. <p>The new Scheme operates under a Legal Framework as follows:</p> <ul style="list-style-type: none"> <u>Basic Regulation:</u> Regulation (EU) 2016/791 of the European Parliament and of the Council of 11th May 2016 amending Regulations (EU) No 1308/2013 and (EU) No 1306/2013 as regards the aid scheme for the supply of fruit and vegetables, bananas and milk in educational establishments. <u>Financial:</u> Council Regulation (EU) 2016/795 amending Regulation (EU) No 1370/2013 determining measures on fixing certain aids and refunds related to the common organisation of the markets in agricultural products. <u>Detailed technical rules:</u> Commission Delegated Regulation (EU) 2017/40 of 3rd November 2016 supplementing Regulation (EU) No 1308/2013 of the European Parliament and of the Council with regard to Union aid for the supply of fruit and vegetables, bananas and milk in educational establishments and amending Commission Delegated Regulation (EU) No 907/2014. <u>Implementing Regulation:</u> Commission Implementing Regulation (EU) 2017/39 of 3rd November 2016 on rules for the application of Regulation (EU) No 1308/2013 of the European Parliament and of the Council with regard to Union aid for the supply of fruit and vegetables, bananas and milk in educational establishments.
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	<ul style="list-style-type: none"> The EU School Scheme is funded through the European Union's Common Agricultural Policy (CAP) and has an overall combined annual budget of €250 million. Ireland is entitled to an annual draw down, subject to satisfying the relevant EU Regulations of €1.75m for the SFVS and €0.9m for the SMS. National funding is also made available on an annual basis to run both the SFVS and the SMS in Ireland.
<p>Evidence of implementation</p>	<p>Department of Employment Affairs and Social Protection – Hot School Meals Pilot Project (2019)</p> <ul style="list-style-type: none"> As part of Budget 2019, Minister Doherty announced that hot dinners will be provided on a pilot basis in up to 36 schools to some 7,200 children from September 2019 at a cost of €1m for 2019 and €2.5m for a full year. The pilot will initially be targeted at Primary Schools, which do not currently avail of the dinner option under the Department of Employment Affairs and Social Protection’s School Meals Programme and do not have canteen/kitchen facilities for preparation of the hot dinners on site. On Monday, 28th January 2019, Minister for Employment Affairs and Social Protection, Regina Doherty, T.D. launched a Hot School Meals scheme for Our Lady of Lourdes Primary School in Golden bridge, Inchicore. This is the first Hot School Meals scheme to be introduced and it will serve to road-test the idea and identify any issues before a larger pilot initiative is rolled out later this year. During this initial pilot, almost 250 pupils attending this school will receive a hot meal at lunchtime each day. It will run until the end of the current school year (June) (Department of Employment Affairs and Social Protection, 2019). <p>Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> Action 1.1 in Step 1 of the ‘<i>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</i>’ (OPAP) states, “as an integral part of the ‘healthy school’ concept, develop and implement a ‘whole of school’ healthy lifestyle programme (including but not limited to, the curriculum, nutrition, physical activity, smoking, alcohol and mental wellbeing), incorporating knowledge, skills and greater understanding of environmental factors that influence children and young people. National food standards for primary schools will be developed”(Department of Health, 2016b). Action 1.6 in the OPAP also sets out to “<i>examine the expansion of current effective programmes, such as Food Dudes and The</i>

	<p><i>Incredible Edibles</i> and develop further opportunities for collaboration with other Government departments and state agencies in the promotion of fresh produce and its role in a healthy, balanced diet". The aim of the incredible edibles is to communicate the importance of food origin and eating a healthy diet. The Department of Education and Skills and the Department of Health and Children, through the Healthy Ireland Framework, have joined Agri Aware's Incredible Edibles patrons along with the Department of Agriculture, Food and Marine, Bord Bia and the horticulture industry to support this important healthy eating educational programme for primary level students (Agri Aware's Incredible Edibles).</p> <ul style="list-style-type: none"> Action 1.4 in the <i>OPAP</i> also recommends providing potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new buildings provide potable water on opening. Childcare regulations in 2006 by Department of Children and Youth Affairs state that potable drinking water should be provided to children at all times, however there is no monitoring yet or evidence that progress has been made (Department of Health, 2016b). <p>Health Service Executive</p> <ul style="list-style-type: none"> 'Eat Smart Move More' was launched by the HSE in 2017. The booklet provides guidelines for healthy eating and physical activity for children. It provides ideas on ways to make exercising more fun and enjoyable and provides a variety of different meal and snack ideas. The initiative is set for review in 2020 (Health Service Executive, 2017a). <p>Nutrition Standards for School Meals (2017)</p> <ul style="list-style-type: none"> In 2017, the new Nutrition Standards for School Meals were launched by the Minister for Health, the Minister for Education and Skills and the Minister for Employment Affairs and Social Protection. These Nutrition Standards are adapted from the Standards published to support the Food in Schools Policy in Northern Ireland. This work was coordinated by the Health and Wellbeing Unit, Department of Health and undertaken by a working group with representatives from Safefood and the Healthy Eating Active Living (HEAL) programme in the Health Service Executive, in co-operation with members of the School Meals Programme in the Department of Employment Affairs and
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Social Protection and the Department of Education and Skills (Healthy Ireland, 2017a).

- The School Meals (Local Projects) Scheme, is an administrative scheme, operated directly by the Department of Employment Affairs and Social Protection (Healthy Ireland, 2017a). The Scheme provides funding to primary and post-primary schools, local groups, voluntary organisations and community-based not-for-profit preschools operating their own school meals projects. The ‘Nutrition Standards for School Meals’, are being implemented under this scheme and aim to ensure that children and young people in schools participating in the scheme are provided with healthy balanced meals that follow the Healthy Eating Guidelines.
- These Nutrition Standards are food-based and provided for each meal type funded by the Scheme, that is; Breakfast or snack Lunch or after-school meal Dinner, only healthy food choices that meet the standards will be funded. The Standards will also be used by those administering the Scheme in the schools, commencing in January 2018, to ensure that food purchased complies with the Nutrition Standards when food contracts are being specified in the procurement process, and should also be applied when planning menus (Healthy Ireland, 2017a).

Table 3: Snacks from the JUICY, THIRSTY, SMOOTH, CRUNCHY and CHEWY snack choices (Department of Health)

TABLE 2 - SNACKS				
Juicy Snacks	Thirsty Snacks	Smooth Snacks	Crunchy Snacks	Chewy Snacks
Orange	Milk	Banana	Raw vegetable slices, sticks or wedges – try them with yogurt dip	Bread - rolls, baps, pitta, baguettes
Pineapple chunks	Home-made soup	Yogurt – natural or fruit	Apples	Scones – plain, fruit or wholemeal
Plum	Check Drinks’ TABLE 4+5, (pages 19 + 20)	Milk pudding	Toast	Cheese slices, cubes or strings
Pear		Home-made milkshake using yogurt, milk and fruit	Breakfast cereal (without sugar, honey or chocolate coating)	Cold meat slices
Tomato			Crackers (without salt on top)	
Seedless grapes				
				

The Nurture Programme (2016)

	<ul style="list-style-type: none"> • The Nurture Programme – Infant Health and Wellbeing, launched on the 23rd May 2016, is a partnership between the Health Service Executive, Atlantic Philanthropies, Katharine Howard Foundation and Centre for Effective Services. • It is a programme of work, which builds on the existing child health programme by strengthening a cohesive, integrated child health, and wellbeing service for children aged 0-2 years and their families. The aim of the programme is to support parents and healthcare professionals in their caring and service provisions (Health Service Executive, 2016b). <p>In December 2018, Minister for Health Simon Harris TD launched new HSE resources for parents on December 6th including the (mychild.ie) website. This is a new website for parents, which contains information and advice on pregnancy and the first 3 years of your child’s life. The website is based on the most-up-date information available within the health service on pregnancy, parenting and child health. It was developed in conjunction with a wide range of health care professional including midwives, public health nurses, doctors, psychologists and dietitians. In addition, the website also focuses on the experience and knowledge of parents themselves, with over 4,000 parents across Ireland involved in the design of the website (Health Services Executive, 2018).</p> <p>Childcare Regulations (2016)</p> <ul style="list-style-type: none"> • Under the Childcare Regulations, pre-school providers must ensure that children are given regular drinks and food in adequate quantities for their needs, in consultation with parents where concerns exist (Tusla, 2018b). The food and drink supplied should be nutritious, varied and should take account of the Food and Nutrition Guidelines for Pre-School Services as prepared by the Department of Health and Children. The guidelines recommend the following: <ul style="list-style-type: none"> - <i>Children in day care for more than 5 hours per session (full day care);</i> offered at least two meals (one hot) and two snacks. Snacks such as fruit, raw vegetables, or plain crackers are good, but sugary snacks are to be avoided. For example, breakfast, snack, lunch and snack. An evening meal may be provided for children staying for a longer day. - <i>Children in day care for a maximum of 5 hours per session (part-time day care);</i> offered at least two meals and one snack. For example, breakfast, snack, and lunch. - <i>Children in day care for up to 3.5 hours per session (sessional pre-school service);</i> offered one meal and one snack. For example,
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	snack and lunch or breakfast and snack. Good snacks include raw vegetables, fruits, a glass of milk and plain crackers. Sugary snacks are to be avoided.
Comments/notes	



<p>PROV2</p> <p>The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Public sector settings include: - government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services - government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. - Public sector workplaces • Includes private businesses that are under contract by the government to provide food • Excludes ‘public settings’ such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4) • Excludes school and early childhood settings (see PROV1) • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks healthier or changing the menu to offer healthier options • Excludes public procurement standards (see PROV3)
<p>International best practice examples (benchmarks)</p>	<p>Latvia: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt/100g; fish products may contain up to 1.5g salt/100g.</p> <p>Ireland: The HSE Vending Policy 2019 replaces the 2014 Healthier Vending Policy and applies to all vending machines that stock cold soft drinks, confectionery and snacks on HSE premises and premises funded by the HSE. Sugar-sweetened beverages will not be stocked in vending machines, 50% of beverages stocked will be still water and the remaining beverages stocked will include non-sugar-sweetened beverages e.g. diet drinks, juices, flavoured and sparkling water. Snacks containing more than 200 calories per packet will not be stocked in machines. An exception to this is 3 packets of</p>

	<p>dried fruits, nuts or seeds (plain and unsalted). Products will be clearly labelled with the number of calories per product related fields.</p> <p>Bermuda: In 2008, the government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, trans fat, sodium and sugar. Criteria exclude nuts and 100% fruit juices.</p> <p>New York City, USA: New York City’s Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% fat milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors) (World Cancer Research Fund, 2016d, Lederer, 2014). As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.</p> <p>Wales: Vending machines are prohibited in National Health Service Hospitals. The government issued a guidance defining what is allowed and not and has liaised with major vending providers to find ways to introduce healthier food options (Health Promoting Hospital Vending Directions and Guide, 2008).</p> <p>The Netherlands: The Netherlands Nutrition Centre introduced the ‘Guidelines for Healthier Canteens’, which can be applied in canteens at schools, sports clubs and workplaces to make them healthier. The Guidelines for Healthier Canteens cover canteens at product level and at the level of a full range of food and drink being offered, together with the canteen’s general display layout. The framework of the Guidelines defines three different levels: bronze, silver and gold (Netherlands Nutrition Centre, 2017).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>The Irish Heart Foundation</p> <ul style="list-style-type: none"> • Bord Bia recognizes Galway University Hospitals commitment from the Aramark catering team toward offering healthier, more balanced foods, and the attainment of the Irish Heart Healthy Eating GOLD Award. In order to achieve the GOLD standard, hospitals must display calorie counts on menus, offer low fat and high fibre options and offer a larger selection of fruits and vegetables. Additional

	<p>criteria, such as 50% of beverage offerings being healthier options (i.e. water) are also required.</p> <p>Happy Heart Healthy Eating Award</p> <ul style="list-style-type: none"> • The Happy Heart Healthy Eating Award set up by the Irish heart foundation aims to create a culture of health and wellbeing and provide long-term sustainable programmes (Irish Heart Foundation, 2019). There are three different levels of achievement for the award: bronze, silver, and gold. There are many benefits for employees such as having better healthy meal options and obtaining a healthier work environment. • The objective of the Healthy Eating award programme is to assist staff restaurants with adopting healthier cooking practices and provide healthier food choices, without incurring substantial cost. Recommendations given to the catering manager meet the Irish Heart Foundation and the Department of Health’s Healthy Eating Guidelines. • The new Silver and Gold criteria reflect all areas of healthy eating recommendations, covering fat, fibre, fruit and vegetables, salt and sugar and focuses on the areas that give employees the best impact for a healthier diet. Examples of Silver criteria are that oily fish is offered at least twice a week, at least two days per week are chip-free, and that calories are displayed on the hot lunch menu. Examples of Gold criteria are that fish is offered at least 50% of the week on the hot and/or cold menu, at least three days per week are chip-free, and that calories are displayed on all menu options. <p>Schools Healthy Eating Award programme</p> <ul style="list-style-type: none"> • The schools Healthy Eating Award programme is helping to set and facilitate a nationwide School Catering Standard for post-primary schools for those who wish to promote and offer healthy food choices to their children and staff. Schools Healthy Eating awards have been developed as well as healthy schools guidelines to be followed (Irish Heart Foundation). <p>HIQA: The Review of Nutrition and Hydration Care in Public Acute Hospitals</p> <ul style="list-style-type: none"> • In 2016, HIQA published a report titled; <i>‘The Review of Nutrition and Hydration Care in Public Acute Hospitals’</i>. The report from HIQA identified four main elements for improvement, that if successfully
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	<p>integrated across all public acute hospitals, could significantly improve nutritional and hydration patient care. They include:</p> <ul style="list-style-type: none"> - All hospitals should have a nutrition steering committee in place. - All patients admitted to hospital should be screened for the risk of malnutrition. - Hospitals must audit compliance with all aspects of patients' nutritional care and share the findings with all relevant staff groups involved in food service and patient care. - Hospitals should strive to improve patients' experience with hospital food and drink by engaging with patients about food variety and choice. <ul style="list-style-type: none"> • HIQA will continue to monitor public acute hospitals compliance to adequately assessing, monitoring and evaluating patients' nutritional and hydration needs. They will monitor these needs by carrying out unannounced hospital inspections and using the patient self-assessment tool (Health Information Quality Authority, 2016). <p>Health Services Executive</p> <p>The HSE also identified two strategic priority actions in the National Service Plan for 2016 in relation to improving food and nutrition in hospitals:</p> <ul style="list-style-type: none"> • The development of a hospital food and nutrition policy, to be accompanied by an implementation plan. This plan has been finalised and is currently awaiting a date for launch by the Minister for Health. • A quality improvement programme in relation to nutrition and hydration which will be delivered across services, including acute hospital services (Health Service Executive, 2016a).
<p>Evidence of implementation</p>	<p>Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> • In Step 6 of the <i>'Healthy Weight for Ireland, Obesity Policy and Action Plan'</i>, the Irish Government plan to "review and improve the quality of food in hospitals and develop a food and nutrition policy for hospitals". The key leads responsible for this review are the HSE and HIQA (Department of Health, 2016b). <p>The HSE Food, Nutrition and Hydration Policy for Acute Hospitals was launched in 2019.</p>

	<ul style="list-style-type: none"> • The purpose of this Policy is to provide a national framework for food, nutritional care and hydration provision for adult patients in acute hospitals. • The Policy will apply to all staff involved in the provision and delivery of food, fluids and nutritional care for patients. All staff involved in the provision of nutritional care should use the Policy recommendations to review and develop services. Staff refers to clinical (medical, nursing, health care assistants, health and social care professionals) and non- clinical staff including catering services, catering support services and hospital managers. All locations in acute hospitals are included, Inpatients, Emergency Department and Day Procedures Units. <p><u>The objectives of this Policy are to:</u></p> <ol style="list-style-type: none"> 1. Improve the quality and safety of food and nutritional care in acute hospitals 2. Ensure that key areas of improvement recommended by the Health Information and Quality Authority are addressed 3. To improve patient experience 4. To support recommendations from the National Clinical Guideline (NCG): Nutrition Screening and Use of Oral Nutrition Support for Adults in the Acute Care Setting (Health Service Executive, 2018). <p>The HSE Vending Policy 2019</p> <ul style="list-style-type: none"> • The HSE Vending Policy 2019 replaces the 2014 Healthier Vending Policy and applies to all vending machines that stock cold soft drinks, confectionery and snacks on HSE premises & premises funded by the HSE. It was developed in 2018 by the HSE Healthy Eating Active Living Programme and was informed by the HSE Healthier Vending Policy Assessment of Compliance Report 2018. A technical sub group was established to consider the nutrient profile of vending machines (Health Service Executive, 2019). <ul style="list-style-type: none"> - <u>Beverages:</u> Sugar sweetened beverages will not be stocked in vending machines, 50% of beverages stocked will be still water and remaining beverages stocked will include non-sugar sweetened beverages e.g. diet drinks, juices, flavoured and sparkling water. - <u>Snacks:</u> Snacks containing more than 200 calories per packet will not be stocked in machines. The exception to this is 3 packets of dried fruits, nuts or seeds (plain and unsalted) which will be stocked. - <u>Calorie posting:</u> Products will be clearly labelled with the number of calories per product.
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Comments/notes	
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<p>PROV3</p> <p>The government ensures that there are clear, consistent public procurement standards in public sector settings for food service activities to provide and promote healthy food choices.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes standards for the public sector which encourage the procurement of healthy foods • Includes standards for the public sector which discourage the procurement of unhealthy foods • Includes public sector settings as defined in PROV 1 and PROV 2
<p>International best practice examples (benchmarks)</p>	<p>Brazil: A school food procurement law approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy.</p> <p>UK: The UK Government Buying Standard for Food and Catering Services (GBSF) of 2014, updated March 2015, sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014). Schools, hospitals, care homes, communities and the armed forces must follow the nutrition requirements. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts (World Cancer Research Fund, 2016e).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Examples of EU action</p> <ul style="list-style-type: none"> • The EU Green Public Procurement comprehensive criteria set higher targets for organic content and packaging, and also cover integrated production accreditations for multiple food categories (Environmental Protection Agency, 2014). The EU GPP criteria for food and catering services focus on the purchase of food from producers, wholesalers and plants, although predominantly through third party distribution companies and out-sourced catering service providers.
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> • In Ireland, there is no healthy food procurement policy in place for the public sector. A public sector healthy procurement policy would aim to encourage public bodies to serve food that meets objectives on issues such as health, nutrition and waste (National Nutrition Surveillance Centre, 2009).
<p>Comments/notes</p>	

<p>PROV4</p> <p>The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes support for early childhood education services as defined in ‘PROV1’ • Public sector organisations include settings defined in ‘PROV2’ • Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer or other food service staff information and training workshops or courses
<p>International best practice examples (benchmarks)</p>	<p>Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. Experienced nutritionists and dieticians at the Nutrition Australia Victorian Division deliver the Healthy Eating Advisory Service. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes and food ideas and other helpful resources to provide healthier menus and products.</p> <p>Singapore: The National Workplace Health Promotion Programme launched in Singapore in 2000, is run by the Health Promotion Board. Both private and public institutions are encouraged to improve the workplace environment by providing tools and grants. Grants are awarded to help companies start and sustain health promotion programmes. Tools include a sample Healthy Workplace Nutrition Policy, a sample Healthy Workplace Catering Policy, and a detailed Essential Guide to Workplace Health, setting out ways to transform the workplace into a health-supporting work environment.</p> <p>Netherlands: The Healthy School Canteen Brigade is a team consisting of dieticians and health scientists of the Dutch Nutrition Centre to help school create healthy canteens. They visit schools in the Netherlands and give them advice. The Dutch Nutrition Center also developed the canteen scan (https://gezondeschoolkantine.voedingscentrum.nl/nl/stap-voor-stap/kantinescan.aspx), a tool to check the level of healthiness of canteens and gives practical advises.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Industry</p> <p>Food Choice at work</p> <ul style="list-style-type: none"> • Food Choice at Work is a spin-out company from University College Cork Ireland, that has developed a Leading-Edge Healthy Eating Management System for employees. Resting on over 6 years of scientific research led by Dr Fiona Geaney and Professor Ivan Perry. The company re-engineer’s

	<p>workplace eating environments through tailored menu modifications, portion size guidance, daily application of our calorie and traffic light coding system, catering training, monthly nutrition education and health check and nutrition clinics. Food Choice at Work deals directly with caterers, workplace stakeholders and employees to make fundamental positive changes in food purchasing, preparation and presentation. Their data-driven programme is tailored to the culture and climate of each individual workplace. Clients include, Microsoft, KSG, UCC, Tyndall National Institute and Cork City Council (Food Choice at Work, 2019).</p> <p>Safefood and Early Childhood Ireland</p> <ul style="list-style-type: none"> • Have collaborated to develop Little bites, an online resource that provides information on food safety, food allergen and healthy eating advice for all early childcare providers (Safefood, 2016). With regards to healthy eating it provides information on: <ul style="list-style-type: none"> - Food and nutrition guidelines - Healthy eating policies - Childcare regulations - Menu plans and recipes - Serving size guide - Fussy eating - Healthy snacks and food swaps - Special occasions <p>Safefood</p> <ul style="list-style-type: none"> • In pre-school, primary and post-primary schools in the republic of Ireland, Safefood provides teacher-led curriculum based educational resources for children and young people on healthy eating and food safety. These resources are free to schools on the island of Ireland and are designed to be interactive. The resources are developed for a particular age-group or key stage (Safefood, 2016). <p>Schools Healthy Eating Award programme</p> <ul style="list-style-type: none"> • The schools Healthy Eating Award programme is helping to set and facilitate a nationwide School Catering Standard for post primary schools, for those who wish to promote and offer healthy food choices for their children and staff. Schools Healthy Eating awards have been developed as well as healthy schools guidelines to be followed (Irish Heart Foundation).
<p>Evidence of implementation</p>	<p>Nutritional Standards for School Meals</p>

- The Nutritional Standards for School Meals were designed to ensure the School Meals programmes follow the national Healthy Eating Guidelines (Healthy Ireland, 2017a).
- The 3-week menu plan resource, implemented by the HSE provides a practical guide for pre-schools to carry out the guidelines and to provide balanced, nutritious meal ideas. All recipes are suitable for children from 1 year onwards and the portion sizes are based on the requirements of children aged 1½ - 3 years.

The resource:

- Caters for up to 30 child servings
- Gives information on food safety and preparation
- Provides balanced, nutritious meal ideas including recipes
- Supplies recipes that are suitable for children from 1 year onwards
- Offers tooth friendly drinks
- Each recipe contains the ingredients, measurements, method, alternative options to certain ingredients, tips and hints

Food and nutrition guidelines for pre-school services

- These guidelines are produced by the Department of Health and assist pre-schools in providing healthy food. They also help in creating an environment that promotes positive attitudes to eating and physical activity as part of a healthy lifestyle. They are relevant to pre-school children aged 0-5 years and are intended as a resource and guide for all relevant stakeholders, which include carers, parents and pre-school inspectors. Currently, the guidelines are being used to develop nutrition standards.

Early years Quality and Regulatory Framework

- The Early Years Inspectorate has developed a Quality and Regulatory Framework (QRF), to support registered Early Years Services to comply with the 2016 Regulations. The QRF does this by setting out the core regulatory requirements in a transparent way, bringing together evidence-based, national and international research and best practice in Early Years. The QRF aims to support registered providers in achieving compliance with the regulations and enhance the safety and care of children who attend these services. The QRF is child-centred, with a specific focus on the quality and safety of the care provided directly to children using the services. Tusla Early Years Inspectorate, in collaboration with the Department of Children and Youth Affairs, launched the Quality and Regulatory Framework on Wednesday the 5th of September 2018 in Dublin (TUSLA, 2018a).

There is a QRD relevant to all services below:

	<ol style="list-style-type: none"> 1. Full day care service and part-time day care service 2. Sessional pre-school service 3. Childminding 4. Pre-school service in a drop-in centre 5. Overnight pre-school service (for a stand-alone overnight service) 6. Overnight pre-school service <p>First 5: whole-of-government strategy</p> <ul style="list-style-type: none"> • First 5 is a whole-of-government strategy to improve the lives of babies, young children and their families. It is a ten-year plan that uses evidence to identify goals, objectives and the specific actions required from across government to support children (and their families) in the early years of life (Department of Children and Youth Affairs, 2018a). <p><u>First 5 commits to major initiatives on:</u></p> <ul style="list-style-type: none"> - broadening the range of options for parents to balance working and caring - a new model of parenting support - new developments in child health, including a dedicated child health workforce - reform of the Early Learning and Care (ELC) system, including a new funding model - a package of measures to tackle early childhood poverty
Comments/ notes	

<p>PROV5</p> <p>The government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 such as 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 and 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
<p>International best practice examples (benchmarks)</p>	<p>Ireland: A Healthy Workplaces Framework has been developed as part of the Governments Public Health Framework, ‘<i>Healthy Ireland, A Framework for Improved Health and Wellbeing: 2013-2025</i>’, by the Department of Health and the Department of Business, Enterprise and Innovation (Department of Health, 2013b, McAvoy, 2018). It was developed following a public consultation with interested stakeholders and aims to enhance existing initiatives to facilitate the sharing of experience and learning and provide the necessary supports and tools for organisations or companies who have not yet developed their own resources. The Healthy Workplaces Framework is due to be implemented in 2020.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Industry action</p> <p>National Workplace Wellbeing Day – IBEC and the Nutrition and Health Foundation</p> <ul style="list-style-type: none"> • An initiative of IBEC and the Nutrition and Health Foundation, Ireland's National Workplace Wellbeing Day is a nationwide campaign designed to help improve employee health through promoting better nutrition and physical activity in the workplace. IBEC launched Ireland’s fifth National Workplace Wellbeing Day, on Friday 12th April 2019. Public and private sector organisations across the country are expected to participate in the day, which aims to improve employee health through promoting

	<p>better physical activity and nutrition in the workplace (Nutrition and Health Foundation, 2019).</p> <p>The KeepWell Mark – IBEC</p> <ul style="list-style-type: none"> • In 2017, IBEC introduced the KeepWell Mark, a workplace wellbeing accreditation that helps companies demonstrate their organisation’s commitment to improving the lives of those who work for them. The accreditation process includes benchmarking and an assessment against recognised standards in workplace health, safety and wellbeing with a personalised report being prepared, recommendations for a corporate wellbeing strategy and a certificate of accreditation that is valid for two years. • It’s an evidence-based accreditation, that offers all types of employers, large and small, from the public, private and voluntary sectors, an opportunity to demonstrate their commitment to the health and wellbeing of their workforce (Irish Business and Employers Confederation, 2017). <p>Irish Heart Foundation (IHF) Workplace Wellness Programmes</p> <ul style="list-style-type: none"> • Over 1000 workplaces have received support from Irish Heart Foundation (Irish Heart Foundation, 2019). The workplace wellness programs include: <ul style="list-style-type: none"> • <u>Physical activity</u>: Slí@work comprises of a series of indoor and outdoor motivational signage that encourage staff to add walking into their working day. • <u>Healthy eating</u>: The Happy Heart Healthy Eating award programme assists companies’ staff restaurant to adopt healthier cooking practices and provide healthier food choices, without incurring substantial cost. There are three different levels of achievement for the award: bronze, silver, and gold. • <u>Health checks</u>: Provided by qualified and experienced nurses to provide tailored lifestyle advice. These options include a combination of the following: <ul style="list-style-type: none"> - Blood pressure check - Cholesterol check (full lipid profile) - Glucose check - Weight management (waist circumference & BMI) - Carbon monoxide check (for smokers) - All participants will receive a personal record card and tailored lifestyle advice from a cardiovascular-skilled nurse.
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<p>Evidence of implementation</p>	<p>A Healthy Workplaces Framework</p> <ul style="list-style-type: none"> • A Healthy Workplaces Framework is currently being developed as part of the Governments Public Health Framework, ‘<i>Healthy Ireland, A Framework for Improved Health and Wellbeing: 2013-2025</i>’ (Department of Health, 2013b). It will be developed by the Department of Health and the Department of Business, Enterprise and Innovation (McAvoy, 2018). It is intended to provide a supportive, flexible, evidence-based structure that can be applied across all workplaces in Ireland regardless of their sector or size. • In 2016, a Steering Group on the development of a Healthy Workplaces Framework was convened. The Steering Group is co-chaired by the Department of Health and the Department of Business, Enterprise and Innovation(McAvoy, 2018). • A consultation process was undertaken with interested stakeholders to inform the development of the framework. Data collection occurred between March and May 2017. The consultation design and data collection were informed by pre-consultation expert focus groups and a cross-disciplinary steering committee. The process comprised of an online questionnaire as well as four regional workshops. The consultation sought views on strategic level issues such as the framework vision, aim and strategic goals/objectives and potential priority health topics and subgroups of workers. It also sought views on operational level issues relating to resources to support implementation and monitoring/evaluation (McAvoy, 2018). • The Department of Health has produced 3 research papers that are intended to inform the development of the framework: <ol style="list-style-type: none"> 1. An umbrella review of the effectiveness and cost-effectiveness of Workplace Wellbeing Programmes (Murphy, 2018c). 2. A description of public policy mechanisms to support Healthy Workplaces and Workplace Health Programmes (Murphy, 2018a). 3. Factors organisations should consider when developing Healthy Workplaces and Workplace Wellbeing Programmes (Murphy, 2018b). • The Healthy Workplaces Framework is due to be implemented in 2020.
<p>Comments/ notes</p>	



DOMAIN 6- FOOD IN RETAIL

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

<p>RETAIL1</p> <p>Zoning laws and policies are implemented to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities and/or access to these outlets (e.g. opening hours).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes • Includes the consideration of public health in State/Territory subordinate planning instruments and policies • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications • Includes limitations to access of unhealthy food outlets (i.e. opening hours) • Excludes laws, policies or actions of local governments
<p>International best practice examples (benchmarks)</p>	<p>South Korea: In 2010, the Special Act on Children’s Dietary Life Safety Management established the creation of ‘Green Food Zones’ around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. In 2016, Green Food Zones existed at over 10,000 schools.</p> <p>UK: Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location. All policies include secondary schools, some policies also include primary schools, parks and youth centres (World Cancer Research Fund, 2016).</p> <p>Detroit (USA): In Detroit, the zoning code prohibits the building of fast food restaurants within 500ft. of all elementary, junior and senior high schools (World Cancer Research Fund, 2016).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU regulation</p> <p>The EU does not have competence in the field of spatial planning, or on implementing zoning laws and policies to place limits on the density or placement of quick service restaurants selling mainly unhealthy foods or to encourage the availability of outlets selling fruits and vegetables.</p>

	<p>No Fry Zone 4 Kids committee</p> <ul style="list-style-type: none"> No Fry Zone for Kids is a local community action group based in Greystones, Co. Wicklow. From August 2015, the No Fry Zone 4 Kids Committee has worked closely with Greystones councillors to develop a specific No Fry Zone objective (Philip Moyles, 2018). On the 7th of November, Wicklow County Council voted on Objective RT 17, with the following criteria taken into account in the assessment of development proposals for fast food/takeaway outlets including those with a drive through facility: <ul style="list-style-type: none"> Exclude any new fast food/takeaway outlet from being built or from operating within 400m of the gates or site boundary of schools or playgrounds, excluding premises zoned town centre. Fast food outlets/takeaways with proposed drive through facilities will generally only be acceptable within Major Town Centres or District Centres and will be assessed on a case-by-case basis Location of vents and other external services and their impact on adjoining amenities in terms of noise/smell/visual impact (Oireachtas, 2018). It was ratified with 25 out of 32 councillors voting to adopt this into the plan, (majority required). Three voted against, two abstained and two were not present. Wicklow became the first county in Ireland to implement a No Fry Zone policy around schools with a specified distance of 400 metres (Oireachtas, 2018).
<p>Evidence of implementation</p>	<p>Department of Environment Guidelines for Planning Authorities 2013</p> <ul style="list-style-type: none"> The Guidelines for Planning Authorities, as issued under Section 28 of the Planning and Development Act (2000), state that planning authorities “shall seek to promote active and healthier lifestyles by ensuring that exposure of children to the promotion of foods that are high in fat, salt or sugar is reduced through careful consideration of the appropriateness and/or location of fast food outlets in the vicinity of schools and parks”. Section 5.2 specifies that planning authorities should focus on the needs of local communities through the Local Area Plan (Department of the Environment, 2013). <p>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> Action 2.1 of the <i>Obesity Policy and Action Plan</i> states “Develop guidelines and support materials for those working in developing the built environment for urban development and planning in relation to reducing the obesogenic environment”. In line with this

	<p>is the <i>National Physical Activity Plan (NPAP)</i> Action 31, which commits to “developing guidelines and support materials for those working in developing the built environment in order to promote the importance of physical activity”. In addition, Action 59 of the NPAP commits to “developing a programme of on-going stakeholder communication and engagement”. A stakeholder Forum was held on November 21st, 2018 (Department of Health, 2016a).</p> <ul style="list-style-type: none"> • This Forum, entitled <i>Connect, Collaborate, Create; Co-Designing Healthier Communities, A Healthy Ireland Stakeholder Forum on the Built Environment</i>, brought together those who have a responsibility for planning and developing public spaces with those who have expertise regarding the impacts of the built environment on health and wellbeing. It provided an opportunity for interdisciplinary discussion on how enhanced collaboration might be supported in the future, to create healthier communities (Oireachtas, 2019).
Comments/notes	

RETAIL2	
<p>Zoning laws and policies are implemented to encourage the availability of outlets selling fresh fruit and vegetables and/or access to these outlets (e.g. opening hours, frequency i.e. for markets).</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food cooperatives • Includes fixed or mobile outlets • Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments) • Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets • Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets • Includes actions to improve access to healthy food outlets (i.e. opening hours, frequency (for markets)) • Includes the provision of financial grants or subsidies to outlets
<p>International best practice examples (benchmarks)</p>	<p>USA: February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three-year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to under-served areas. The pilot distributed over 140 million USD in grants to states to provide financial and other types of assistance to attract healthier retail outlets in underserved areas. To date, 23 US states have implemented financing initiatives (World Cancer Research Fund, 2016).</p> <p>New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, under-served neighbourhoods (World Cancer Research Fund, 2016). In 2008, New York City made 1000 licenses for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods (World Cancer Research Fund, 2016). In addition, in 2009, New York City established the Food Retail Expansion to Support the Health (FRESH) program of New York City. Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.</p>

<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Support systems for food stores and food service outlets</p> <ul style="list-style-type: none"> • There are no support systems at EU level to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. Neither are there support systems at EU level to encourage the promotion and availability of healthy foods in food service outlets and to discourage the promotion and availability of unhealthy foods in food service outlets.
<p>Evidence of implementation</p>	<p>Department of Agriculture, Food and Marine</p> <ul style="list-style-type: none"> • There is no specific planning legislation in place in relation to encouraging outlets to sell fresh fruit and vegetables. However, the Department of Agriculture, Food and Marine provided a Code for Good Practice for Farmers Markets in 2013. The code of good practice is intended as a basic standard to promote the vision of offering a route to market for local produce and small food producers, attracting consumers and promoting sustainable and diverse food cultures at county and local level (Department of Agriculture Food and Marine, Bord Bia, 2009). • No further evidence found from 2016 onwards
<p>Comments/notes</p>	

RETAIL3	
<p>The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Food stores include supermarkets, convenience stores (including ‘general stores’ or ‘milk bars’), greengrocers and other speciality food retail outlets • Support systems include guidelines, resources or expert support • Includes all settings with food retail stores, including but not exclusive to; train stations, venues, facilities or events frequented by the public etc. • Excludes settings owned or managed by the government (see PROV2 and PROV4). • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes offering healthier food and drink products, or changing the menu or store layout to offer more healthy options • Includes decreasing the offer of unhealthy food and drink products • Excludes reformulation and labelling in relation to nutrients of concern (COMP1 and LABEL4)
<p>International best practice examples (benchmarks)</p>	<p>USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread) (World Cancer Research Fund, 2016f).</p> <p>The Netherlands: The National Action plan for vegetables and Fruit is a co-operation of government, industry and civil society organisations. The Goal is to increase the consumption of vegetables and fruits in 3 years (2018-2020) by linking and strengthening existing initiatives. The National Action Plan for vegetables and fruit stimulate consumers to eat more vegetables and fruit using the motto ‘Go for Colour’. As part of ‘Go for Colour’ an in-store experiment has taken place promoting the in-store availability of vegetables and fruit.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Food Industry Action</p> <ul style="list-style-type: none"> • Companies in Ireland are not legally obliged to promote in store availability of healthier foods and limit in store availability of unhealthy foods.

<p>Evidence of implementation</p>	<p>Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice</p> <ul style="list-style-type: none"> • Under the codes, the retail food industry in Ireland undertakes to operate the specific rules for retail product placement as detailed below in addition to any relevant general rules applicable to all codes: <ol style="list-style-type: none"> 1. Active promotion of the consumption of 5 to 7 portions of fruit and vegetables a day by customers in store through point of sale materials and other online and offline communication platforms. 2. Provision of meal deal offers that deliver choice for customers in order to promote a healthy balanced diet. 3. Where practical, the provision of a HFSS food free checkout option to customers to allow the use of a checkout lane that does not stock HFSS foods. In retail environments with 4 or more checkout bays, a minimum of 1 in 4 bays should be free of HFSS foods. Other outlets with less than 4 checkouts are encouraged to provide 1 non-HFSS checkout, where practical. 4. Provision of calorie labelling information in food service areas such as deli's and hot food counters (Healthy Ireland, 2017b).
<p>Comments/notes</p>	

<p>RETAIL4</p> <p>The government ensures existing support systems are in place to encourage the promotion and availability of healthy foods in food service outlets and to discourage the promotion and availability of unhealthy foods in food service outlets.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs • Support systems include guidelines, resources or expert support • Includes settings such as train stations, venues, facilities or events frequented by the public • Excludes settings owned or managed by the government (see PROV2 and PROV4) • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer more healthy options • Excludes reformulation and labelling in relation to nutrients of concern (COMP2 and LABEL4)
<p>International best practice examples (benchmarks)</p>	<p>USA: In December 2011, San Francisco implemented the Health Food Incentives Ordinance, which bans restaurants, including takeaway restaurants, to give away toys and other free incentive items with children’s meals unless the meals meet nutritional standards as set out in the Ordinance (meals must not contain more than 600 calories and include a minimum amount of fruits and vegetables). It also applies to drinks with excessive calories, fat, excessive sugars, added non-nutritive sweeteners or caffeine (World Cancer Research Fund, 2016e).</p> <p>France: Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit-and vegetable-based drinks, as well as water-milk- or cereal based beverages (World Cancer Research Fund, 2016).</p> <p>Los Angeles, USA: In September 2013, the Los Angeles County Department of Public Health launched Choose Health LA Restaurants in partnership with local restaurants to promote healthier meal choices. Restaurants must apply to become a partner. Participating restaurants offer customers smaller portion size options (in addition to existing items on the menu), healthier meals for children that include vegetables and fruit, healthy beverages, non-fried food and free chilled water. Participating restaurants</p>

	are recognised as Public Health partners in promoting healthier communities.
Context e.g. EU action/ regulation / food industry action etc.	Food Industry Action <ul style="list-style-type: none"> Companies in Ireland are not legally obliged to promote in store availability of healthier foods and limit in store availability of unhealthy foods.
Evidence of implementation	Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice <ul style="list-style-type: none"> Under the codes, the retail food industry in Ireland undertakes to operate the specific rules for retail product placement as detailed below in addition to any relevant general rules applicable to all codes: <ol style="list-style-type: none"> Active promotion of the consumption of 5 to 7 portions of fruit and vegetables a day by customers in store through point of sale materials and other online and offline communication platforms. Provision of meal deal offers that deliver choice for customers in order to promote a healthy balanced diet. Where practical, the provision of a HFSS food free checkout option to customers to allow the use of a checkout lane that does not stock HFSS foods. In retail environments with 4 or more checkout bays, a minimum of 1 in 4 bays should be free of HFSS foods. Other outlets with less than 4 checkouts are encouraged to provide 1 non-HFSS checkout, where practical. Provision of calorie labelling information in food service areas such as deli's and hot food counters (Healthy Ireland, 2017b).
Comments/notes	

Healthy Food Environment Policy Index: Infrastructure Support domains

DOMAIN 7- LEADERSHIP

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

<p>LEAD1</p> <p>There is strong, visible, political support (at the head of government or state/ ministerial 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
<p>International best practice examples (benchmarks)</p>	<p>New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground-breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, and public awareness campaigns etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration.</p> <p>Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date and align with some of the most commonly cited recommendations for healthy eating.</p> <p>Some Caribbean Countries: Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada), which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration. All include government agencies and to a varying degree, civil society and the private sector.</p>

Ireland: *‘Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025’*, was launched in 2013 and aims to increase the proportion of people who are healthy at all stages of life, reduce health inequalities, protect the public from threats to health and wellbeing and create an environment where every individual and sector of society can play their part in achieving a healthy Ireland. In 2016, the government approved the creation of a Healthy Ireland Fund with an initial allocation of €5 million approved in Budget 2017 to establish and support the implementation of Healthy Ireland programmes and projects in a variety of settings. The primary aim of the fund is to support innovative, cross-sectoral, evidence-based projects and initiatives that support the implementation of key national policies in areas such as obesity, smoking, alcohol, physical activity and sexual health (Pobal, 2016). The Department of Health has approved a third round of funding, which aims to support local and national organisations to deliver actions that will improve health and wellbeing in line with the Healthy Ireland Framework (Department of Health, 2019b).

The Netherlands: In 2018, the Ministry of Health, together with more than 70 organisations signed the National Prevention Agreement. It aims to reduce smoking, overweight and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives and actions on these three subjects for the period (2018-2040). The National Prevention Agreement acknowledges that peoples’ contexts are important, and that, among other factors, a healthy environment is needed for those that need it in order to prevent overweight, obesity and NCD’s. The agreement formulates that inhabitants of the Netherlands need a healthy social, economic and physical environment that supports healthy living. This extends to schools, care facilities, restaurants, cafes, caterers and supermarkets. Specific voluntary targets with respect to the food environment are:

- In 2020, 2,500 sports clubs will be working on providing a healthier range of food products in their sports canteens.
- No later than 2025, 50% of hospitals will offer a healthy diet; no later than 2030, all of them will.
- In 2020, there will be 950 healthy school canteens. This means that 50% of all school canteens will be healthy.
- Businesses will develop healthier products (e.g. reformulation by limiting sugar content).
- The central government wants to introduce, no later than 2020, a new broadly supported food-choice logo, based on thorough independent consumer research.

	<p>An example of a voluntary action is: “Supermarkets will entice consumers to buy more products from the Wheel of Five, among other things by telling them which products are suitable” (Netherlands, 2019).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <p>Strategic Plan DG Sante 2016-2020</p> <ul style="list-style-type: none"> • The Strategic Plan of DG Sante refers to the Treaty on the Functioning of the European Union, which shapes the EU’s degree of influence in health and food policies, saying that Member States are responsible for the definition of their health policy and for the organisation and delivery of health services and medical care (European Commission, 2016). DG Sante therefore states that EU action is mainly linked to incentive measure, e.g. raising awareness to prevent chronic disease and promote good health and co-operation measures. However, one of its missions is to “improve and protect human health”. • The Paper ‘Initiatives on Nutrition and Physical Activity’ (European Commission, 2019c) makes clear that the Commission offers practical tools to help Member States and EU citizens to make real progress in the areas of nutrition and physical activity. <p>European Commission’s Reflection Paper towards a sustainable Europe by 2030 (2019)</p> <ul style="list-style-type: none"> • The Commission recognises that overweight and obesity are the EU’s central nutrition issues. Achieving safe and healthy diets and ensuring productive and sustainable agricultural systems, fisheries and aquaculture are a priority in the EU (European Commission, 2019d).
<p>Evidence of implementation</p>	<p>Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025</p> <p>The Healthy Ireland Framework was launched in 2013 with a Foreword by the then Taoiseach Enda Kenny and an Introduction by the then Minister for Health Dr. James Reilly, T.D. It articulates four central goals for improved health and wellbeing:</p> <ul style="list-style-type: none"> - increase the proportion of people who are healthy at all stages of life - reduce health inequalities - protect the public from threats to health and well being - create an environment where every individual and sector of society can play their part in achieving a healthy Ireland <ul style="list-style-type: none"> • The Cabinet Committee on Social Policy oversees the delivery of this framework. The Health and Wellbeing Programme in the Department

of Health is responsible for strategic planning and coordination of the implementation of the framework actions. A multi-stakeholder Healthy Ireland Council was established to provide a national advisory forum to support the implementation of the framework across sectors. The framework was accompanied later in 2013 by a high-level implementation plan and an Outcomes Framework (Department of Health, 2013b).

A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025

- The *OPAP* was launched with a Foreword by the Minister for Health, Simon Harris TD and a Foreword by the then Minister of State for Health Promotion, Marcella Corcoran Kennedy TD. The policy sets out "Ten Steps Forward" which aims at reversing the obesity trend while preventing complications associated with obesity and reducing the overall burden for individuals, their families and the health system. The "Ten Steps Forward" are:
 1. Embed multi-sectoral actions on obesity prevention with the support of government departments and public sector agencies.
 2. Regulate for a healthier environment.
 3. Secure appropriate support from the commercial sector to play its part in obesity prevention.
 4. Inform and empower change through a clear communications strategy.
 5. The Department of Health will provide leadership.
 6. Mobilise the health services with a focus on prevention.
 7. Develop a service model for specialist care for children and adults.
 8. Acknowledge the key role of physical activity in the prevention of overweight and obesity.
 9. Allocate resources according to need in particular for children and disadvantaged groups.
 10. Monitor research and review.

Healthy Ireland fund

- In 2016, the government approved the creation of a Healthy Ireland Fund with an initial allocation of €5 million approved in Budget 2017 to establish and support the implementation of Healthy Ireland programmes and projects in a variety of settings. The primary aim of the fund is to support innovative, cross-sectoral, evidence-based projects and initiatives that support the implementation of key national policies in areas such as obesity, smoking, alcohol, physical activity and sexual health. The funding

	<p>has been allocated to 2 Strands, both of which are closed calls for funding. Strand 1 focuses on the delivery of local initiatives and Strand 2 funds national actions (Pobal, 2016).</p> <ul style="list-style-type: none"> The Department of Health has approved a third round of funding for the Healthy Ireland Fund (HIF). The aim of this funding is to support local and national organisations to deliver actions that will improve health and wellbeing in line with <i>'Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025'</i> (Department of Health, 2019b). <p><u>The specific objectives for Round 3 of the Healthy Ireland Fund are:</u></p> <ol style="list-style-type: none"> To raise awareness of, and support for, Healthy Ireland through the funding of community-based and national health promotion activities. To facilitate and resource cross-sectoral and partnership approaches that promote health and well-being. To resource the development and implementation of locally-led, cross-sectoral strategies promoting health and wellbeing. To add value to existing health promotion initiatives through the provision of Healthy Ireland resources. To support and implement actions which will have a positive impact on the health and wellbeing of the most disadvantaged. <p><u>Target Groups</u></p> <ul style="list-style-type: none"> Actions supported by HIF with a focus on supporting the health and wellbeing of the population in general are eligible. However, the following are the priority target groups for this round of funding: <ul style="list-style-type: none"> - Disadvantaged communities - Disadvantaged men and women - Disadvantaged families, including one parent families - Children and young people - People with disabilities, including people with mental health issues - Unemployed young people and adults - Traveller and Roma communities - New communities, asylum seekers and refugees
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	<ul style="list-style-type: none"> - LGBTI - Homeless people - Older people <p>Healthy Ireland campaign (2019)</p> <ul style="list-style-type: none"> • Taoiseach Leo Varadkar TD, Minister for Health Simon Harris TD and Minister for Health Promotion, Catherine Byrne TD have launched the 2019 Healthy Ireland campaign and announced funding of €1 million to boost community engagement on health and wellbeing in every county. The 2019 campaign seeks to raise public awareness of (gov.ie/Healthylreland) as the place to go that brings trusted sources of information and supports together in one place to help people get started on making healthy changes (Department of Health, 2019d). <p>National Healthy Cities and Counties of Ireland Network</p> <ul style="list-style-type: none"> • National Healthy Cities and Counties of Ireland Network was launched in 2016 by the Minister for Health Promotion. The network was launched under the <i>'Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025'</i>, and has representatives from government departments, the HSE, the Institute of Public Health, the Federation of Irish Sport and local political and community representatives (Department of Health, 2019c) The network aims to: <ul style="list-style-type: none"> - Promote lifelong health and wellbeing - Provide a means where local issues can influence national policy - Provide a voice for Ireland in the WHO Network of European National Healthy Cities Networks (Department of Health, 2019c).
<p>Comments/notes</p>	

LEAD2

Clear population intake targets have been established by the government for the nutrients of concern and / or relevant food groups to meet WHO and national recommended dietary intake levels.

<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/sodium, saturated fat, trans fats or added or free sugars* Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern • **Free sugar is defined as a sugar no longer in its naturally occurring state (i.e. no longer in whole fruits, vegetables, unsweetened dairy, and grains) and can be consumed as is or incorporated into other foods. Examples include table sugar, syrup, honey, fruit juice and nectars. Added sugar is defined as the free sugar that has been added to foods, however regulatory definitions vary widely under different jurisdictions, some of which are currently under review. These differ from naturally occurring sugars, defined as the sugar found naturally within whole foods (i.e. within whole fruits, vegetables, dairy, and some grains)
<p>International best practice examples (benchmarks)</p>	<p>Brazil: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3% between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022.</p> <p>South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020.</p> <p>UK: In August 2016, government set out its approach to reduce the prevalence of childhood obesity in 'Childhood obesity: a plan for action'. A key commitment in the plan was to launch a broad, structured sugar reduction programme to remove sugar from everyday products. All sectors of the food and drinks industry are challenged to reduce overall sugar across a range of products that contribute most to children's sugar intakes by at least 20% by 2020, including a 5% reduction in the first year of the programme (Public Health England, 2017).</p> <p>The Netherlands: On January 2014, the Dutch Ministry for Health, Welfare and Sport, signed an agreement with trade organisations representing food manufactures, supermarkets, hotels, restaurants, caterers and the hospitality industry. The agreement included intake targets, e.g. maximum of 6 grams of salt consumption per day in 2020 and consuming a maximum</p>

	<p>of 10% energy from saturated fat per day in 2020 (The Central Government for the Netherlands, 2014).</p> <p>Norway: The National Action Plan for a Better Diet (2017-2021) contains quantitative intake targets for nutrient of concern and specific food groups in the population. By 2021, the plan sets out a reduction of the following nutrients: Added sugar from 13 to 11E%; saturated fat from 14 to 12E%; and a 22% reduction in salt intake from 10g/day. There are specific targets to halve the proportion of youth that consumes sugar-sweetened beverages or sweets more than 5 times per week; to double the proportion of youth that eats fruit and vegetables daily; and to increase by 20% the proportion of youth that eats fish at least once a week. There are also targets to increase the intake of fruit, vegetables, whole grain products and fish by 20% in the general population (Røystrand, 2017).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>European Commission-JRC</p> <ul style="list-style-type: none"> The Joint Research Centre has published dietary recommendations for nutrients of concern on the Health Promotion and Knowledge Gateway. It refers to different sources for their recommendations, like the EFSA, the WHO, WCRE/AICR, Food-Based Dietary Guidelines in EU Countries, and the FAO. We can see from this Gateway, that EFSA does not establish clear population intakes for salt, sugar and fat. According to EFSA, the available data is insufficient to establish an upper level for sodium and added sugars intake or an upper or lower level for total fat intake. The intake for saturated fatty acids and trans fatty acids should be as low as possible (European Commission, 2019b).
<p>Evidence of implementation</p>	<p>Department of Health and Food Safety Authority of Ireland recommendations</p> <ul style="list-style-type: none"> The population nutrition goals have been broadly adopted by the Department of Health and the Food Safety Authority of Ireland, in line with WHO/FAO recommendations as follows; <ul style="list-style-type: none"> - Less than 10% of daily energy from saturated fats - Less than 1% of daily energy from trans fats - Less than 10% of daily energy from added sugars progressively reducing to 5% - More than 400g fruits and vegetables a day - Less than 5 grams a day of salt (6g population recommendation FSAI, 2016) <p>Healthy Ireland and Department of Health</p> <ul style="list-style-type: none"> Together have established ‘Eat Well’, which provides clear dietary guidelines using the Food pyramid on the maximum daily intake

	<p>for foods and drinks high in fat, sugar and salt. It states, <i>“There are no recommended servings for this shelf because they are not needed for good health. Not every day – maximum once or twice a week”</i>.</p> <ul style="list-style-type: none"> • Food guides have also been created to show people how to use the pyramid on a daily basis. For e.g. a guide for foods high in fat, sugar and salt has been created which contains a guide for portion size, cooking tips and shelf life for these foods, based on the food pyramid (Department of Health, 2019a).
Comments/notes	



LEAD3

Clear, interpretive, evidenced-informed food-based dietary guidelines have been established and implemented.

<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 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 • Evidence includes ways the FBDG have been used to develop/implement policies to improve diets
<p>International best practice examples (benchmarks)</p>	<p>Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: “Make natural or minimally processed foods the basis of your diet”; “use oils, fats, salt, and sugar in small amounts for seasoning and cooking food”; “use processed foods in small amounts”; “avoid ultra-processed foods”. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising.</p> <p>Ireland: ‘A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’ called for the development of a suite of Healthy Eating Guidelines for the general population. These revised Healthy Eating Guidelines and Food Pyramid resources, are an early action under the Plan (Action 5.3.) (Department of Health, 2016b). The revised Healthy Eating Guidelines and Food Pyramid are based on the FSAI Scientific Recommendations for Healthy Eating Guidelines in Ireland from 2011 (Food Safety Authority of Ireland, 2011). They describe how to build a healthy diet, for different age groups (from 5 years of age), depending on gender and activity levels. The Guidelines, Food Pyramid and supporting resources have been published, disseminated and communicated in 2017, including dissemination of the new Guidelines to all primary and post-primary schools. The revised Healthy Eating Guidelines and Food Pyramid toolkit has been developed by the Department of Health and the Health Service Executive with key stakeholders and aims to help reduce the intake of high fat, salt and sugar (HFSS) foods and drinks from the Top Shelf of the Food Pyramid (Healthy Ireland, 2016a).</p> <p>The Netherlands: The Dutch Health Council published the ‘Guidelines Good Food’ 2015. These guidelines advise to eat more plant-based and less animal-based food and include advice on the intake of different food products. The Dutch Nutrition Centre published the ‘Wheel of Five’ Guidelines, based on the ‘Guidelines Good Food’ of the Dutch Health Council. The ‘Wheel of Five’ includes advice on the ingredients of a healthy diet, making a distinction between five sections: (1) Vegetables and fruit, (2) Spread and cooking fats, (3) Fish, legumes, meat, eggs, nuts and dairy products (4) Bread, cereal</p>

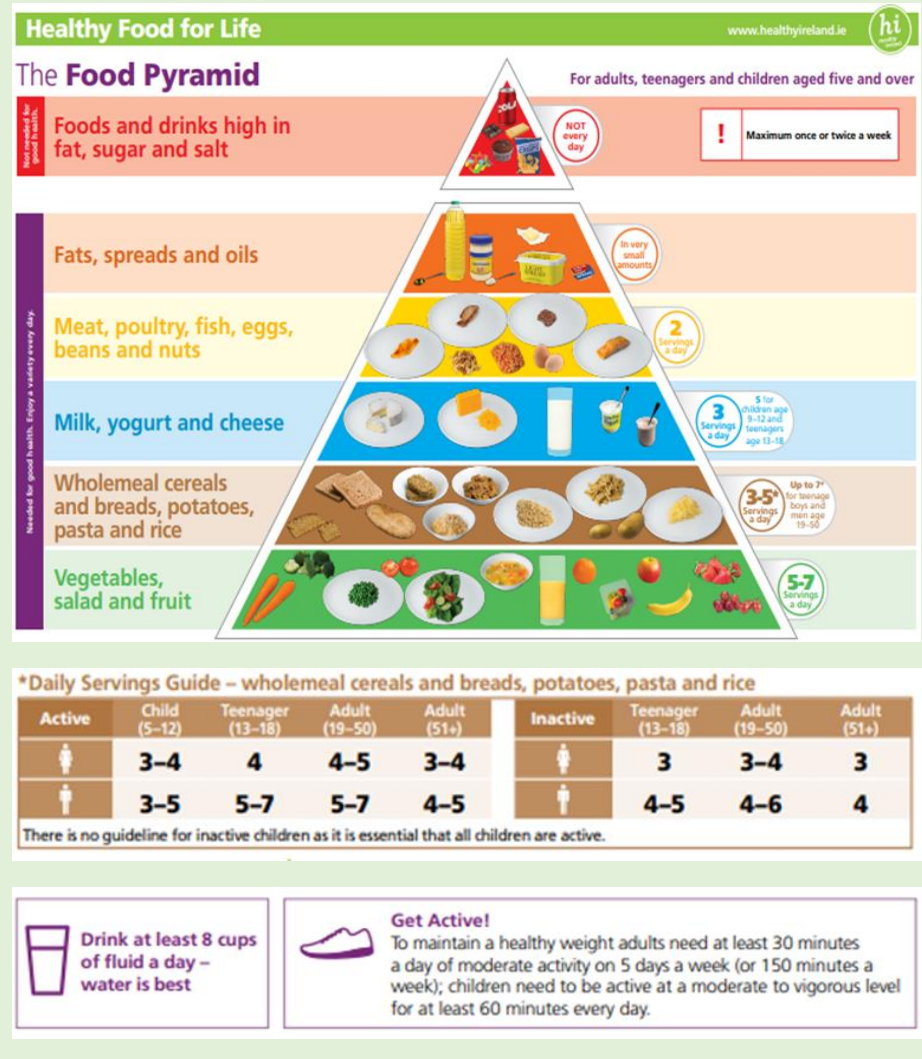
	products and potatoes and (5) Drinks (Health Council of the Netherlands, 2015).
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU action</p> <ul style="list-style-type: none"> The EU has not established food-based dietary guidelines for Member States. The Commission requested EFSA in 2010 to provide guidance on the translation of nutrient based dietary advice into food-based dietary guidelines (European Food Safety Authority, 2010b). In reply to this, the EFSA Panel on Nutrition, Dietetic Products, and Allergies (NDA) published a Scientific Opinion on establishing food-based dietary guidelines (European Food Safety Authority, 2010a). This Opinion states that the differences in EU countries regarding dietary habits, the prevalence of nutrient imbalances and diet-related public health issues require that food-based dietary guidelines be established by the country or region. All countries in the EU plus Switzerland, Norway and Iceland have FBDGs, which are published on the website of the European Commission (European Commission).
<p>Evidence of implementation</p>	<p>Department of Health – Healthy Eating Guidelines and the revised Food Pyramid</p> <ul style="list-style-type: none"> <i>‘A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’</i> developed a suite of Healthy Eating Guidelines for the general population. These revised Healthy Eating Guidelines and Food Pyramid resources, are an early action under the Plan (Action 5.3.) The revised Healthy Eating Guidelines and Food Pyramid are based on the FSAI Scientific Recommendations for Healthy Eating Guidelines in Ireland from 2011 (Food Safety Authority of Ireland, 2011). They describe how to build a healthy diet, for different age groups (from 5 years of age), depending on gender and activity levels. The Guidelines, Food Pyramid and supporting resources have been published, disseminated and communicated in 2017, including dissemination of the new Guidelines to all primary and post-primary schools (Healthy Ireland, 2016a). The revised Healthy Eating Guidelines and Food Pyramid toolkit has been developed by the Department of Health and the Health Service Executive with key stakeholders and aims to help reduce the intake of high fat, salt and sugar (HFSS) foods and drinks from the Top Shelf of the Food Pyramid (Healthy Ireland, 2016a). The revised Healthy Eating Guidelines and Food Pyramid are based on: <ol style="list-style-type: none"> A review of the previous HEG conducted by the HRB (2013) The Healthy Ireland Survey results (2015, 2016) The FSAI Scientific Recommendations for Healthy Eating in Ireland (2011)

	<p>4. UK, EU, WHO and international recommendations (2012–2015)</p> <p>5. Focus group testing with both consumers and health professionals</p> <ul style="list-style-type: none"> The Department of Health established a broad Stakeholder Working Group to develop the revised Healthy Eating Guidelines and Food Pyramid. This Working Group was chaired by the Department of Health and included representation from the Health Promotion Unit, Healthy Ireland and the Health Service Executive together with Safefood, FSAI, INDI and the Health Research Board. A Department of Health led Technical Nutrition Sub-group of dietitians and nutritionists, on the Working Group worked on the technical nutrition details (Healthy Ireland, 2016b). <p>The revised Food Pyramid model</p> <p><u>The main revisions are</u></p> <ul style="list-style-type: none"> A major focus on limiting Top Shelf Foods to only once or twice a week Increasing the servings from the Vegetables, Salad and Fruit shelf from 5 a day up to 7. This means that the Vegetables, Salad and Fruit Shelf is the largest shelf and moves to the bottom of the Pyramid The Wholemeal Cereals and Breads, Potatoes, Pasta and Rice Shelf then moves up from the bottom to be the second last shelf. A single serving is now considered to be approximately 150kcal (plus or minus 25kcal). This now equates to 2 thin slices of regular pan bread at about 150 calories (FSAI, 2012). The range of servings from this Shelf is 3 to 5 servings/day, with up to 7 for teenage boys and men aged 19-50. Limiting processed salty meats like sausages, bacon and ham to not every day, in line with the FSAI 2015 recommendations (Healthy Ireland, 2016b). <p><u>Three key consumer messages are:</u></p> <ol style="list-style-type: none"> Limit High Fat, Salt and Sugar (HFSS) foods and drinks from the Top Shelf of the Food Pyramid – NOT EVERY DAY – MAXIMUM ONCE OR TWICE A WEEK. Eat more vegetables, salad and fruit, up to 7 servings a day. Encouraging a change in eating habits from HFFS snacks to eating more fruit and raw veg as snacks foods instead, e.g. fruit with yogurt, carrot sticks with low calorie dip. Size matters – use the Food Pyramid as a guide for serving sizes, e.g. bread in sandwiches at lunchtime. 1 small wrap or a pitta pocket =
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2 slices of bread. 1 demi baguette = 4 slices of bread (Healthy Ireland, 2016b).

- Work has also commenced on developing Healthy Eating Guidelines for the 1 to 5 year old age group. As a first step in this work, the Scientific Committee of the Food Safety Authority of Ireland (FSAI) is currently developing scientific recommendations for food-based dietary guidelines for 1 to 5 year olds (Oireachtas, 2019).
- A Food Guide outlining in detail the Healthy Eating Guidelines will be available for Health Professionals and Catering Services early in 2017. This Guide is being developed by the FSAI in conjunction with the Department of Health Technical Nutrition Sub-group. This Food Guide will form the basis of training for health professionals delivered by the HSE and supported by all stakeholders (Healthy Ireland, 2016b).

Table 4: The Food Pyramid (Department of Health)



Comments/notes	
<p>LEAD4</p> <p>There is a comprehensive, transparent, up-to-date implementation plan linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships) • Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against) • Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies • Excludes overarching frameworks that provide general guidance and direction • Includes priority policy and program strategies, social media marketing for public awareness and threat of legislation for voluntary approaches
<p>International best practice examples (benchmarks)</p>	<p>Ireland: <i>'A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025' (OPAP)</i>, was launched in September 2016 under the auspices of the Healthy Ireland agenda. The <i>OPAP</i> covers a ten-year period up to 2025, which prescribed 'Ten Steps Forward' that would be taken to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy (Department of Health, 2016b). A new Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and a progress report on each recommendation in the <i>OPAP</i> is currently being finalised under the aegis of the OPIOG (Oireachtas, 2019). As set out in Healthy Ireland, integrated health and social impact assessments will be conducted on relevant policy areas to support other government departments in contributing towards the prevention of overweight and obesity.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU action</p> <ul style="list-style-type: none"> • At EU level, there is one implementation plan to improve food environments, reduce intake of the nutrients of concern and reduce diet-related NCDs, which is the EU Action Plan on Childhood Obesity 2014-2020. This plan contains five areas of action: <ol style="list-style-type: none"> 1. Support a healthy start in life 2. Promote healthier environments, especially at schools and pre-schools

	<ol style="list-style-type: none"> 3. Make the healthy option, the easier option 4. Restrict marketing and advertising to children 5. Inform and empower families <p>Per area are operational objectives and responsible parties such as the EC, Member States and stakeholders, identified (Europa, 2014b).</p>
<p>Evidence of implementation</p>	<p>Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> • ‘A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’ (OPAP), was launched in September 2016 under the auspices of the Healthy Ireland agenda. The OPAP covers a ten-year period up to 2025 and aims to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy (Department of Health, 2016b). • The OPAP prescribed 'Ten Steps Forward' that would be taken to prevent overweight and obesity: <ol style="list-style-type: none"> 1. Embed multi-sectoral actions on obesity prevention with the support of government departments and public sector agencies. 2. Regulate for a healthier environment. 3. Secure appropriate support from the commercial sector to play its part in obesity prevention. 4. Implement a strategic and sustained communications strategy that empowers individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years. 5. The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the <i>Obesity Policy and Action Plan</i>. 6. Mobilise the health services to better prevent and address overweight and obesity through effective community-based health promotion programmes, training and skills development and through enhanced systems for detection and referrals of overweight and obese patients at primary care level. 7. Develop a service model for specialist care for children and adults. 8. Acknowledge the key role of physical activity in the prevention of overweight and obesity. 9. Allocate resources according to need, in particular to those population groups most in need of support in the prevention

	<p>and management of obesity, with particular emphasis on families and children during the first 1,000 days of life.</p> <p>10. Develop a multi-annual research programme that is closely allied to policy actions, invest in surveillance and evaluate progress on an annual basis (Department of Health, 2016b).</p> <p>Obesity Policy Implementation Oversight Group (OPIOG)</p> <ul style="list-style-type: none"> • A new Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and a progress report on each recommendation in the <i>OPAP</i> is currently being finalised under the aegis of the OPIOG. It is comprised of representatives from the following Departments and Agencies: <ul style="list-style-type: none"> - Department of Agriculture, Food and the Marine - Department of Children and Youth Affairs - Department of Employment Affairs and Social Protection - Department of Education and Skills; Department of Housing Planning and Local Government - University College Cork - The Food Safety Authority of Ireland (FSAI) - The Health Service Executive (HSE) - including the National Clinical Lead for Obesity and Safefood.
Comments/notes	

LEAD5	
Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs.	
Definitions and scope	<ul style="list-style-type: none"> • Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health • Frameworks, strategies or implementation plans identify vulnerable populations or priority groups • Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups • Excludes priorities to reduce inequalities in secondary or tertiary prevention
International best practice examples (benchmarks)	<p>New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four sub-population groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these sub-population groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: <i>“An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities”</i>. In the specific contract between the Ministry of Health and Agencies for Nutrition Action, the first clause is on Maori Health relating to compliance with any Maori specific service requirements, quality requirements and specific monitoring requirements contained in the service specifications to this agreement.</p> <p>Australia: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target <i>“Closing the life expectancy gap within a generation (by 2031)”</i>, one of the performance indicators is the prevalence of overweight and obesity.</p> <p>Ireland: Step 9 of the <i>‘Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’</i> aims to allocate resources to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life. The priority actions to commence in the first year were to, assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults (Department of Health, 2016b). The Healthy Ireland fund was established</p>

	<p>in 2017 with an allocation of €5 million and with additional allocations of €5 million in 2018 and 2019. The first round of the Fund was distributed through Local Community Development Committees, Children and Young Person’s Services Committees and statutory organisations. The Fund has been effective at targeting population groups that experience health inequalities. In Round 1 (2017/18), there was a focus on specific groups experiencing health inequalities, including people living in areas of social disadvantage (71% of actions), people with disabilities (45%), people from new communities including refugees and asylum seekers (39%) and members of the Traveller community (36%). Furthermore, of the local actions that were implemented in Round 1, 61% related to physical activity and 32% were related to food, nutrition and weight management. Round 2 of the Fund is currently being implemented (Oireachtas, 2019). The Healthy Ireland 2019 communications and citizen engagement campaign has continued on from 2018, launching on the 8th of April 2019, with an announced funding of €1 million to boost community engagement on health and wellbeing in every county (Department of Health, 2019d).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>Safefood</p> <ul style="list-style-type: none"> • In late 2017, Safefood in partnership with the Department of Health and Public Health Agency in Northern Ireland (NI); and Healthy Ireland, Health Service Executive and Department of Health in the Republic of Ireland (ROI) launched a new 5-year public awareness campaign aimed at maintaining a healthy weight in children across the island of Ireland. The campaign adopts a parenting approach that encourages role modelling and consistency. It offers families a number of key messages and practical, achievable tips to help make healthier lifestyle changes (Safefood, 2017). <p><u>The key campaign messages include:</u></p> <ul style="list-style-type: none"> - Minimise intake of foods high in fat, salt and sugar - Establish water and milk as routine drinks - Advocate appropriate child-sized portions - Increase physical activity levels - Limit screen-time - Increase sleep-time <ul style="list-style-type: none"> • The campaign is underpinned by obesity prevention policy documents in ROI and NI – ‘<i>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</i>’ and ‘<i>A Fitter Future for All 2012-2022</i>’. It was developed with parents to ensure the messages are relevant and realistic (Safefood, 2017). <p>The Community Food Initiative</p>

	<ul style="list-style-type: none"> • The Community Food Initiative (CFI) programme funded by Safefood aims to address diet related inequalities and overcome some of the problems faced by communities in eating healthy and affordable food. During the period 2010-2015, 17 projects were funded. The current CFI programme runs from 2016-2018 and focuses on supporting community food programmes across 13 health regions in the Republic of Ireland and Northern Ireland, with the aim of promoting food skills, planning, budgeting and cooking in low income areas (Safefood, 2018). • There is a strong emphasis on shared learning and networking between the selected projects. The lessons learned from the programme contribute to informing and supporting policy initiatives in relation to food poverty in the community on the island of Ireland. During 2013-2015 the CFIs collectively resulted in: <ul style="list-style-type: none"> - 9,381 individual attendances at one-off events such e.g. food taster sessions or single workshops - 7,635 participated in healthy eating events and in gardening pursuits - 4,940 participated in cooking skills events - Reported outcomes included increased interest in food and its health effects, more experimenting with new foods, substitution of healthier foods and enjoyment of growing produce <p>All-island Food Poverty Network</p> <ul style="list-style-type: none"> • In 2009, Safefood established a network in partnership with the Food Standards Agency Northern Ireland, which involves representatives from government departments, and agencies, academia and NGOs, with the aim of ensuring a co-ordinated and strategic approach to tackling food poverty on the island of Ireland. The group works by developing consensus on related issues, collaborating and shared learning (Safefood, 2018). <p><u>Key achievements to date include:</u></p> <ul style="list-style-type: none"> - Development of a food poverty measure for Republic of Ireland (ROI) and Northern Ireland (NI) pilot of food poverty indicator - Report on research into Food Basket costs in ROI (2014) and NI (2016) - Food Poverty conferences in ROI (2014) and NI (2015-2017) - Three all-island network meetings held annually
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	<ul style="list-style-type: none"> - Development and publication of a bi-annual all-island Food Poverty e-newsletter
<p>Evidence of implementation</p>	<p>Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> • Step 9 of the <i>Obesity Policy and Action Plan</i> aims to allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life. The priority actions to commence in the first year were to, assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults (Department of Health, 2016b). • The Healthy Ireland fund was established in 2017 with an allocation of €5 million and with additional allocations of €5 million in 2018 and 2019. The first round of the Fund was distributed through Local Community Development Committees, Children and Young Person’s Services Committees and statutory organisations. The aim of the Fund is to support innovative, cross sectoral, evidence-based projects, programmes and initiatives that support the implementation of key national policies in areas such as Obesity, Smoking, Alcohol, Physical Activity and Sexual Health (Oireachtas, 2019). • The Fund has been effective at targeting population groups that experience health inequalities. In Round 1 (2017/18), there was a focus on specific groups experiencing health inequalities, including people living in areas of social disadvantage (71% of actions), people with disabilities (45%), people from new communities including refugees and asylum seekers (39%) and members of the Traveller community (36%). Furthermore, of the local actions that were implemented in Round 1, 61% related to physical activity and 32% were related to food, nutrition and weight management. Round 2 of the Fund is currently being implemented (Oireachtas, 2019). <p>Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> • Step 4: The action plan also aims to implement a strategic and sustained communications strategy that empowers individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years. The priority actions to commence in the first year were to; develop a communications strategy to increase

	<p>knowledge among the public and all other relevant stakeholders on the benefits of being a healthy weight and to stimulate healthy behaviour change. This included measures to communicate to disadvantaged and low income groups and considering how best to link to measures already being taken by the Department of Social Protection (Department of Health, 2016b).</p> <ul style="list-style-type: none"> • The Healthy Ireland 2018 communications and citizen engagement campaign sought to encourage people to make small, healthy changes under the themes of Healthy Eating, Physical Activity and Mental Wellbeing, and to link them with partner organisations and initiatives providing information and support (Oireachtas, 2019). This campaign has continued and was launched on the 8th of April 2019, with an announced funding of €1 million to boost community engagement on health and wellbeing in every county. The 2019 campaign seeks to raise public awareness of the (gov.ie/HealthyIreland) website, as the place to go that brings trusted sources of information and supports together in one place to help people get started on making healthy changes (Department of Health, 2019d). <p>Health Service Executive: The Healthy Eating Active Living Policy Priority Programme - National Implementation Plan 2017-2020</p> <ul style="list-style-type: none"> • A Healthy Eating, Active Living Programme has been established as a Policy Priority Programme within the HSE, to support the Healthy Ireland in Health Services Implementation Plan (Health Service Executive, 2015). A three-year plan for the programme has been finalised. It is supporting work in the education sector, as well as with parents, families and communities in delivering a more coordinated approach to prevention and early intervention in child obesity. The GP contract for the provision of free care to children under 6 years, already provides that the medical practitioner shall take an active approach toward promoting health and preventing disease through the provision of periodic assessments to child patients (Health Service Executive, 2017b). <p>Joint Initiative on Food Poverty</p> <ul style="list-style-type: none"> • A Joint Initiative on Food Poverty relating to children and families, between Healthy Ireland, the Better Outcomes, Brighter Futures Advisory Council and the Department of Children and Youth Affairs, was launched in 2019 to report with a programme of
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	actions in 2020 (Department for Children and Youth Affairs, 2014-2020).
Comments/notes	



DOMAIN 8- Governance

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.

<p>GOVER1</p> <p>There are procedures in place to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition for example: restricting lobbying influences.</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 examples committee procedural guidelines or terms of reference • Includes publicly available, up-to-date registers of lobbyist and/or their activities
<p>International best practice examples (benchmarks)</p>	<p>USA: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.</p> <p>New Zealand: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management.</p> <p>Australia: The Australian Public Service Commission’s Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.</p> <p>Ireland: The Regulation of Lobbying Act 2015 was signed into law in March 2015. The purpose of the Act is to provide a web-based Register of Lobbying to make information available to the public on the identity of those communicating with designated public officials on specific policy, legislative matters or prospective decisions. In support of the Act’s</p>

	<p>objectives to foster transparency and the proper conduct of lobbying activities, the Code of Conduct for persons carrying on lobbying activities was established. Its purpose is to govern the behaviour of persons carrying out lobbying activities. The provisions of the Act can apply to employers, to representative or advocacy bodies, to professional lobbyists or third parties who are being paid to communicate on behalf of a client or other person; and significantly, to any person communicating about the development or zoning of land (Standards in Public Office Commission, 2019).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Transparency Register (European Commission)</p> <ul style="list-style-type: none"> • The European Commission has set up a database of special interest groups whose goal is to influence policy and law making at the European institutions. Registrants are bound by a Code of Conduct (Annex 3 of the Inter Institutional Agreement) which set out rules for all registrants and establishes the underlying principles for standards of behavior in all relations with the EU institutions (Europa, 2014a). • Commissioners, their cabinet members and Directors-General publish information on meetings held with organisations or self-employed individuals (European Commission). Meetings related to policy-making and implementation in the EU can only take place if the interest representatives are registered in the EU Transparency Register.
<p>Evidence of implementation</p>	<p>The Regulation of Lobbying Act 2015</p> <ul style="list-style-type: none"> • The Regulation of Lobbying Act 2015 was signed into law in March 2015. The purpose of the Act is to provide for a web-based Register of Lobbying to make information available to the public on the identity of those communicating with designated public officials on specific policy, legislative matters or prospective decisions. The Act also provides restrictions and conditions on the taking up of certain employments by certain designated officials, for a specified period, where a possible conflict of interest arises. The Act outlines that the Standards Commission will be the Regulator of Lobbying. The Standards Commission will oversee the implementation of the register, monitor compliance, provide guidance and assistance and where necessary investigate and pursue breaches of legal requirements in due course. <p>The Regulation of Lobbying Act 2015</p> <ul style="list-style-type: none"> • Part 4 of the Act, which provides for investigation and enforcement provisions, commenced on the 1st January 2017.

	<ul style="list-style-type: none"> • 11th of June 2019 -Revised best practices for persons carrying on lobbying activities was published (Register of Lobbying, 2019b). • 10th of May 2019 - Standards Commission published its submission to the second legislative review of the Regulation of Lobbying Act (Register of Lobbying, 2019a). • 28th of November 2018 -The Commission launched the Code of Conduct for persons carrying on lobbying activities. • 1st of January 2019 -The Code of Conduct for persons carrying on lobbying activities came into effect under the lobbying act (Standards in Public Office Commission, 2019). <p>The Code of Conduct for persons carrying on lobbying activities</p> <ul style="list-style-type: none"> • In support of the Act’s objectives to foster transparency and the proper conduct of lobbying activities, this Code of Conduct sets out several principles by which persons carrying on lobbying activities should govern themselves in the course of carrying out lobbying activities, namely: <ul style="list-style-type: none"> - Demonstrating respect for public bodies - Acting with honesty and integrity - Ensuring accuracy of information - Disclosure of identity and purpose of lobbying activities - Preserving confidentiality - Avoiding improper influence - Observing the provisions of the Regulation of Lobbying Act - Having regard to the Code of Conduct. • The purpose of this Code is to govern the behaviour of persons carrying on lobbying activities. The provisions of the Act can apply to employers, to representative or advocacy bodies, to professional lobbyists or third parties who are being paid to communicate on behalf of a client or other person; and significantly, to any person communicating about the development or zoning of land (Standards in Public Office Commission, 2019).
Comments/notes	

GOVER2	
Policies and procedures are implemented for using evidence in the development of food and nutrition policies.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risk or harms of inaction are great) • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) • Includes government resourcing of evidence and research by specific units, either within or across government departments
International best practice examples (benchmarks)	Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process.
Context e.g. EU action/ regulation / food industry action etc.	The Institute of Public Health <ul style="list-style-type: none"> • The Institute of Public Health in Ireland have a Policy Team which support evidence-informed policy-making at all stages of the policy cycle. The activities of the Policy team include evidence synthesis/reviews, consultations, health impact assessments and evaluations. The policy team responds to public consultations to maximise the impact of policies outside the health sector. The Policy team contributes to government policies on obesity, tobacco, breastfeeding, healthy workplaces and child wellbeing as well as contributing to EU funded projects relevant to public health (Institute of Public Health, 2019).
Evidence of implementation	The Food Safety Authority of Ireland (FSAI) <ul style="list-style-type: none"> • The Food Safety Authority of Ireland (FSAI) is legally obliged to base its opinions on scientific grounds and to develop food standards based on the best, most up-to-date scientific advice available. They also link with Healthy Ireland, providing scientific recommendations on priority issues as required (Food Safety Authority of Ireland, 2018b).

	<ul style="list-style-type: none"> To aid the FSAI in risk assessment, which underpins risk management decisions, the current Scientific Committee was set up in 2016 in accordance with Article 34 of the Food Safety Authority of Ireland Act, 1998. The Committee consists of scientists, from a variety of disciplines, working in a voluntary capacity. It has a major influence on policy decisions of the FSAI, including advice on the implementation and administration of food inspection services and on the nutritional value of food. It also provides clarity on scientific and technical issues relating to food safety and hygiene (Food Safety Authority of Ireland, 2018b). <p>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> Action 1.8 under Step 1 of the <i>OPAP</i>, “<i>Embed multi-sectoral actions on obesity prevention with the support of Government departments and public sector agencies</i>”. The Department of Health aims to develop proposals on the rollout of evidence-based fiscal measures to support healthy eating and lifestyles (Department of Health, 2016).
Comments/notes	

GOVER3 Policies and procedures are implemented for ensuring transparency in the development of food and nutrition policies.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies or procedures that guide the use of consultation in the development of food policy • Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these • Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies • Include policies or procedures to guide public communications around all policies put forward but not progressed
International best practice examples (benchmarks)	<p>New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined, “maintain our open and transparent approach” as one of the first priorities.</p> <p>Norway: The Public Administration Act provides general procedural rules for public administration. The Act regulates the administrative procedures when decisions are made, especially the rights of parties during the procedures. The Central Government Communication Policy contains the central goals and principles of the central government’s communication with citizens, businesses, organisations and other public sector activities. The goals of the central government communication policy state that the citizens shall: receive accurate and clear information about their rights, duties and opportunities, have access to information about central government activities and be invited to participate in the formulation of policy, schemes and services (Norwegian Ministry of Local Government and Modernisation, 2019).</p>
Context e.g. EU action/ regulation / food industry action etc.	EU Action <ul style="list-style-type: none"> • The general principle of transparency has been laid down in the Treaty on the Functioning of the European Union (Europa, 2012). Article 15 states that in order to promote good governance and ensure the participation of civil society, the Union’s institutions, bodies, offices and agencies shall conduct their work as openly as possible.

	<ul style="list-style-type: none"> • The Commission’s Better Regulation Agenda was set up in 2015 to achieve better results, by opening up policy and law making and listen more to people it affects (European Commission, 2015). Transparency in the preparation and reviewing of policies, in the legislative process and in public consultations is a very important theme of this Agenda. • Regulations related to food and nutrition policies include text phrases related to transparency. The Regulation on the provision of food information to consumers (European Union, 2011) and the General Food Law (European commission, 2002) prescribe that during the preparation, evaluation and revision of food (information) law an open and transparent public consultation shall be conducted. The Regulation on nutrition and health claims stipulates the establishment of a public register of claims for the sake of transparency (European Commission, 2006).
<p>Evidence of implementation</p>	<p>Transparency code</p> <ul style="list-style-type: none"> • The Transparency Code was prepared in accordance with the Regulation of Lobbying Act 2015, which commenced on the 1st September 2015 (Department of Public Expenditure and Reform, 2015). The Transparency Code sets out how certain public bodies may conduct their activities in a transparent way. The Regulation of Lobbying Act 2015 aims to make the process of developing policies more transparent by providing for: <ul style="list-style-type: none"> - The establishment and maintenance of a publicly accessible register of lobbying - Obligations on lobbyists to register and to provide information regularly about their lobbying activities, including, in the case of professional lobbyists information about their clients - The introduction of a “cooling off” period whereby some former officials may not carry out lobbying activity - The Standards in Public Office Commission (The Standards Commission) to be the regulator of lobbying • As part of the Open Government Partnership National Action Plan 2014-2016, Ireland has committed to ‘greater citizen consultation and involvement to strengthen democracy and improve public services.
<p>Comments/notes</p>	

GOVER4	
The government ensures public access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) for the public.	
Definitions and scope	<ul style="list-style-type: none"> • Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries • Includes ‘freedom of information’ legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions • Includes policies or procedures to guide the timely, online publishing of population health data captured /owned by government
International best practice examples (benchmarks)	<p>Australia & New Zealand: The freedom of information Act provides a legally enforceable right of the public to assess documents of government departments and most agencies.</p> <p>Ireland: The Freedom of Information Act 2014 came into effect in October 2014 and repealed the 1997 and 2003 Acts. The 2014 Act now applies to all public bodies, unless they are specifically exempt. It also allows the government to prescribe (or designate) other bodies receiving significant public funds, so that the FOI legislation applies to them also. The old legislation continues to apply to any FOI request that was made before the 2014 Act came into effect. It also applies to any subsequent review or appeal. It provides the following statutory rights (1) A legal right for each person to access information held by a body to which FOI legislation applies, known as an <i>FOI body</i>, (2) A legal right for each person to have official information relating to himself/herself amended where it is incomplete, incorrect or misleading, (3) A legal right for each person to obtain reasons for decisions affecting himself/herself.</p> <p>Norway: The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law. The Act also contains rules for handling right of access claims and the opportunity to appeal decisions in access matters (Norwegian Ministry of Local Government and Modernisation, 2019).</p>
Context e.g. EU action/ regulation / food industry action etc.	<p>EU Action</p> <ul style="list-style-type: none"> • Regarding Public access to nutrition and health data, provisions have been included in several regulations. The Regulation on nutrition and health claims (European Commission, 2006)

	<p>prescribes for example the establishment and maintenance of a Register on nutrition and health claims, which is available online. The General Food Law contains an article which prescribes that EFSA shall ensure wide access to the documents it possesses. With the revision of the General Food Law, citizens will have automatic access to all studies and information submitted by the industry in the risk assessment process.</p> <ul style="list-style-type: none"> • EUROSTAT is the main source of EU Health data. Health data is based on the Regulation on Community Statistics on public health and health and safety at work (No1338/2009) (European Commission, 2008). This Regulation prescribes that the Commission (Eurostat) shall take the necessary steps to improve the dissemination, accessibility and documentation of statistical information. Eurostat’s dissemination policy is characterised by free access to European statistics for all users, which is in accordance with other principles laid down in the Regulation on European statistics (No 223/2009) and in the European Statistics Code of Practice.
<p>Evidence of implementation</p>	<p>The Reform of the Freedom of Information legislation</p> <ul style="list-style-type: none"> • The Minister for Public Health Expenditure and Reform announced the Reform of the Freedom of Information legislation in 2012. The new Freedom of Information Act came into force in 2014, applying to all public bodies (Department of Public Expenditure and Reform, 2019). <p><u>It provides the following statutory rights:</u></p> <ul style="list-style-type: none"> - A legal right for each person to obtain reasons for decisions affecting himself/herself - A legal right for each person to access information held by a body to which Freedom of Information Legislation applies <p><u>A Freedom of Information body is required to:</u></p> <ul style="list-style-type: none"> - Publish information to assist members of the public in their understanding of the body and its functions. - Publish the information that it holds grouped under the information headings set out in the model publication scheme. - Explain the procedures to get access to information or to establish what information the body hold. <ul style="list-style-type: none"> • Up-to-date information on a range of indicators including nutrition and diet-related indicators is made available to the public via the

	<p>government websites: Various sources of data are available including survey data, annual reports and budget information (https://health.gov.ie/).</p>
<p>Comments/notes</p>	



DOMAIN 9- MONITORING AND INTELLIGENCE

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

<p>MONIT1</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>	
<p>Definitions and scope</p>	<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/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 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) • 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) • Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food Provision’ domain)
<p>International best practice examples (benchmarks)</p>	<p>Many Countries: Have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.</p> <p>New Zealand: A national School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECES in New Zealand.</p>

	<p>UK: In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they are provided.</p> <p>Germany: The German Nutrition Report is published by the DGE on behalf of the Federal Republic of Germany. The Nutrition Reports have been published by the DGE since 1969. Since 1972, it is provided every 4 years by directive of the Federal Ministry of Consumer Protection, Food and Agriculture. The subjects follow topics of current interest (German Nutrition Society). The Robert-Koch-Institute (RKI), the government's scientific institution in the field of public health, started in 2015 the project 'AdiMon' that collects regular data on influencing (environmental) factors and prevalence of childhood obesity, as well as interventions for prevention and health promotion (Robert Koch Institut).</p> <p>The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu (RIVM)) monitor at product level any progress in product improvement of salt, saturated fat and calories (sugar and/or saturated fat). RIVM uses the product databank (levensmiddelendatabank (LEDA) as basis for which companies have to provide information about product contents (Ministry of Public Health).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • According to the EU Action Plan on Childhood Obesity 2014-2020 (Europa, 2014b), Member States are responsible for implementing monitoring mechanisms like national food composition databases. The WHO is, according to the plan, responsible for collecting from the Member States on the monitored initiatives, e.g. via the WHO NOPA database and the WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys. • Establishing a harmonized monitoring of school nutrition in the EU (primary and secondary schools) is an objective of the EU Action Plan on Childhood Obesity 2014-2020 (Europa, 2014b), for which Member States are, according to the plan, responsible. Additionally, it also refers to the WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys for monitoring. These surveys collect data every four years on 11-, 13- and 15-year olds in 49 countries and regions, and include questions on the school environment. <p>Monitoring of unhealthy food promoted to children</p>

	<ul style="list-style-type: none"> Article 9 of the Audiovisual Media Directive prescribes that Member States adopt a code of conduct which aim to reduce the exposure of children to unhealthy food promotion and shall provide for regular, transparent and independent monitoring and evaluation of the objectives aimed at. In addition, this code of conduct shall also provide for effective enforcement including effective and proportionate sanctions (European Commission, 2018a). In addition to this, there are some monitoring initiatives at EU level: (1) DG Sante and DG CNECT launched in 2017 a study on the exposure of minors to TV and online marketing of unhealthy foods and (2) JRC was asked to produce (mid-2018) a mapping of initiatives to reduce marketing pressure (European Commission, 2019c). <p>Monitoring of compliance with food composition standards</p> <ul style="list-style-type: none"> Although this has been designated by the EU as a Member State responsibility, EFSA has a food composition database as well (European Food Safety Authority). However, this database gives information on the amount of vitamins and minerals contained in foods but not on the nutrients of concern. The Consumers, Health, Agriculture and Food Executive Agency (Chafea) reserved funding to set up a feasibility study for a monitoring system on food reformulation initiatives for salt, sugars and fat. The tender for this feasibility study was closed February 2018 (Europa, 2017).
<p>Evidence of implementation</p>	<p>Food Safety Authority of Ireland (FSAI)</p> <ul style="list-style-type: none"> As part of their responsibility for verifying that the relevant requirements of food law are fulfilled by food business operators at all stages of production, processing and distribution, the FSAI and its agencies carry out monitoring and surveillance of food in the Irish market. These activities are undertaken in conjunction with the official agencies such as, the Health Service Executive, the Department of Agriculture, Food and the Marine, Local Authorities and the Sea Fisheries Protection Authority and their associated laboratories (Food Safety Authority of Ireland, 2014a). <p>FSAI - Monitoring of Food Labelling</p> <ul style="list-style-type: none"> Monitoring of food labelling in Ireland is carried out to assess compliance with the labelling legislation and to check for authenticity of stated ingredients.

	<ul style="list-style-type: none"> In 2010, the FSAI carried out a survey to examine the accuracy of nutrition labelling on pre-packaged foods on the Irish market and to provide this data to the European Commission to inform their work in revision of nutrition labelling legislation. A secondary objective was to generate sufficient data on which to base national guidelines, should a legislative route not be agreed at European level (Food Safety Authority of Ireland, 2010b). <p>FSAI - Survey of the trans fatty acid content in processed food products in Ireland</p> <ul style="list-style-type: none"> Two previous surveys carried out by the Food Safety Authority of Ireland (FSAI) in 2007 and 2008 examined levels of TFA in a cross-section of processed foods (n=100) and fast foods (n=150) (Food Safety Authority of Ireland, 2008, Food safety Authority of Ireland, 2009). While both surveys concluded that the overall levels of TFA were low, i.e. <2g TFA per/100g fat, there were some foods which had high levels of TFA, as also identified in other published literature. During June 2016, the FSAI collected 240 branded and private label processed food products across all major supermarkets in Ireland. The samples comprised a cross-section of products grouped into 15 product categories. The latest FSAI survey indicates that overall levels of TFA in processed food products in Ireland are low and continue to decrease, with 97.5% of products having ≤2% TFA as a percentage of total fat. The results of this survey also verify the effectiveness of industry commitments and initiatives to reduce or exclude TFA from processed food products (Food Safety Authority of Ireland, 2016b). <p>Nutrition Standards for School Meals</p> <ul style="list-style-type: none"> The standards were published under the auspices of ‘Healthy Ireland’, and will be implemented and monitored through the Department of Employment Affairs and Social Protection (Healthy Ireland, 2017a). Schools and organisations must reapply for funding in advance of each school year and are required to submit detailed records at the end of each school year. Expenditure on unhealthy food items is deducted from the following year’s funding allocation. The requirement to implement these nutrition standards is therefore largely met by the Department, only funding healthy foods provided by schools under the school meals programme. In addition, the Department initiated an on-site inspection programme in 2012 in participating schools to ensure that the
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	<p>scheme rules are being adhered to. The inspection process is being rolled out across all schools and includes an assessment of the type of food provided. All schools participating in the School Meals Scheme are expected to comply with the standards from September 2018. Compliance with the new standards will form part of the inspection process from the 2018/2019 academic year (Department of Employment Affairs and Social Protection, 2018).</p>
<p>Comments/notes</p>	



MONIT2 There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.	
Definitions and scope	<ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with X countries Food Guide and dietary recommendations • Includes monitoring of adult and child intake of nutrients of concern and noncore/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) • 'Regular' is considered to be every five years or more frequently
International best practice examples (benchmarks)	<p>USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations (Centres for Disease Control, 2016). The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.</p> <p>The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu) is appointed by the Ministry of Health to periodically collect data about the food consumption and food condition of the Dutch population in general and of separate population groups via the Food Consumption Survey. Currently, a Food Consumption Survey (Dutch population 1-79 years) is being conducted for the years 2019-2021. Prior Food Consumption Surveys have been conducted for the years 2012-2016 (Dutch population 1-79 years), 2010-2012 (elderly 70+), 2007-2010 (7-69 years), 2005-2006 (2-6 years), and 2003 (9-16 years).</p>
Context e.g. EU action/ regulation/ food industry action etc.	<ul style="list-style-type: none"> • While there is no formal surveillance programme agreed on the island of Ireland, many surveys and initiatives contribute to nutrition surveillance in Ireland. Most of the activities have emerged from research and they have been 'one-off' surveys that are not strictly surveillance. <p>EU Action</p> <p>WHO - The Health Behaviour in School-aged Children</p>

	<ul style="list-style-type: none"> The WHO HBSC surveys, which collect data every four years on 11-, 13- and 15-year olds in 49 countries and regions, include questions around areas like eating behaviours, obesity, the socio-economic environment and the school environment.
<p>Evidence of implementation</p>	<p>The National Nutritional Surveillance Centre (NNSC)</p> <ul style="list-style-type: none"> The National Nutritional Surveillance Centre (NNSC) is required by the Health Service Executive to provide an independent source of information and advice and has the responsibility for collection and collation of available data relating to nutrition and health. Food and/or nutrition surveillance is based on the use of routinely collected or easily generated data from several sectors related to nutrition and health. These include: <ul style="list-style-type: none"> Food supply/production/retail Food consumption data Nutritional knowledge, attitudes and beliefs Information on effective nutrition programmes Socio-economic indicators related to health Nutrition related health status indicators Food economics <p><u>The aims of the NNSC include:</u></p> <ul style="list-style-type: none"> To monitor trends in health status correlated with all aspects of the food chain and advice on these findings for health planners. To provide a source of information and research expertise, particularly in nutritional epidemiology and surveillance methodology to those wishing to mount specific projects such as micro-surveys. <ul style="list-style-type: none"> The reports produced by the NNSC have been widely disseminated among Health Board personnel, food agencies, producers, retailers, caterers, academics, teachers and the media (National Nutrition Surveillance Centre). <p>Healthy Ireland Survey</p> <ul style="list-style-type: none"> Healthy Ireland survey is an annual interview administered face-to-face survey commissioned by the Department of Health, with a representative sample of the population aged 15 and older living in Ireland. It gathers information on the proportion of the population who drink sugar-sweetened drinks daily, the proportion of the population who eat at least 5 portions of fruit and vegetables daily, the weight of people in the population, and also information on general health and utilisation of health services. Survey data play a number of roles, including supporting

	<p>the Department in on-going engagement and awareness-raising activities in the various policy areas and supporting better understanding of policy priorities (Healthy Ireland & Department of Health, 2019).</p> <p>The Health Behaviour in School-aged Children</p> <ul style="list-style-type: none"> • Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The study aims to gain new insight into, and increase our understanding of, young people's health and well-being, health behaviours and their social context. In addition, the findings from the HBSC surveys are used to inform and influence children's policy and practice at national and international levels (National University of Ireland). • In Ireland, researchers in the Health Promotion Research Centre at the National University of Ireland, Galway, conduct the studies. The network collects data every 4 years on 11-, 13-, and 15- year old boy's and girl's health and well-being, social environments and health behaviours. This research collaboration brings in individuals with a wide range of expertise in areas such as clinical medicine, epidemiology, human biology, paediatrics, pedagogy, psychology, public health, public policy, and sociology. HBSC's findings show how young people's health changes as they move from childhood, through adolescence into adulthood. Member countries and stakeholders at national and international levels use this data to monitor young people's health, understand the social determinants of health, and determine effective health improvement interventions (National University of Ireland).
Comments/notes	

MONIT3	
There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.	
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
International best practice examples (benchmarks)	<p>UK: England's National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (age 4-5) and last (age 10-11) years of primary school. In 2011-2012, 565,662 children (4-5 years) and 491,118 children (10-11 years) were measured.</p> <p>Ireland: The 4th Childhood Obesity Surveillance Initiative (COSI) report was launched in 2017. COSI collects data from children in primary schools in the Republic of Ireland. The survey is carried out periodically. Data was first collected from children in 2008 in first class, in 2010 from first class and third class, in 2012 from first, third and fifth classes and in 2015 from first, fourth and sixth class. Trained researchers collected weight, height and waist circumference measurements. These figures were used to examine prevalence of normal weight, overweight, obesity and mean BMI.</p>
Context e.g. EU action/ regulation / food industry action etc.	<p>EU Action</p> <p>WHO COSI, NOPA database and WHO HBSC surveys</p> <p>In the EU Action Plan on Childhood Obesity 2014-2020, the EU refers to the WHO, as being responsible for collecting data from the Member States on the monitored initiatives, e.g. via the WHO COSI, WHO NOPA and the WHO HBSC surveys (Europa, 2014b).</p> <p>The WHO European Childhood Obesity Surveillance Initiative (COSI), measures trends in overweight and obesity among primary school aged children (6-9 years). It is a survey based on nationally representative samples and takes standardized weight and height measurements and collects information on school environments and dietary habits (World Health Organization).</p> <p>The WHO NOPA database compiles information to monitor progress on nutrition, diet, physical activity and obesity. The Country Information contains surveillance data, policy documents, action to implement policy and examples of good practice in programmes and interventions (World Health Organization).</p> <p>The WHO HBSC surveys, which collect data every four years on 11-, 13- and 15-year olds in 49 countries and regions, include questions around</p>

	<p>areas like eating behaviours, obesity, the socio-economic environment and the school environment (Health Behaviour in School-aged Children).</p>
<p>Evidence of implementation</p>	<p>Healthy Ireland Survey</p> <ul style="list-style-type: none"> The Healthy Ireland Survey is an annual interviewer-administered face-to-face survey commissioned by the Department of Health. It is part of the Healthy Ireland Framework to improve the health and wellbeing of people living in Ireland. Survey data play a number of roles, including supporting the Department in ongoing engagement and awareness-raising activities in the various policy areas and supporting better understanding of policy priorities. The most recent survey contained a representative sample of 7,701 people aged 15 and older living in Ireland, who were interviewed between September 2017 and June 2018. As part of the survey, overweight and obesity levels in the country are measured every 2 years (Healthy Ireland & Department of Health, 2019). <p>Childhood Obesity Surveillance Initiative report</p> <ul style="list-style-type: none"> The COSI survey funded by the Health Service Executive is a World Health Organization (WHO) led project that is part of a pan-European initiative. It is an ongoing, systematic process of collection, analysis, interpretation and dissemination of descriptive information for monitoring obesity, being identified as a serious public health problem in the WHO European Region, and for use in programme planning and evaluation (National nutrition Surveillance Centre). The fourth Childhood Obesity Surveillance Initiative report was launched in 2017. COSI collects data from children in primary schools in the Republic of Ireland periodically. Data was first collected from children in 2008 in first class, in 2010 from first class and third class, in 2012 from first, third and fifth classes and in 2015 from first, fourth and sixth class. Trained researchers collected weight, height and waist circumference measurements. These figures were used to examine prevalence of normal weight, overweight, obesity and mean BMI (National Nutrition Surveillance Centre). <p>Growing up in Ireland: National Longitudinal Study of Children</p> <ul style="list-style-type: none"> The Growing Up in Ireland study started in 2006 as the national longitudinal study of children in Ireland. It is funded by the Government of Ireland through the Department of Children and Youth Affairs (DCYA) with a contribution (in Phase 2) from The

	<p>Atlantic Philanthropies. It is overseen and managed by the DCYA in conjunction and the Central Statistics Office, with an inter-departmental Project Team and Steering Group. It is implemented by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (Department of Children and Youth Affairs, 2018b).</p> <ul style="list-style-type: none"> • The Growing Up in Ireland study investigated the lives of 13-year-olds (2018) and presented a broad, comprehensive overview of the lives of the Child Cohort. The study described how they are faring in important areas of their lives and included a section on weight status and activities (Department of Children and Youth Affairs, 2018b). <p>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> • Action 6.1 of the <i>Obesity Policy and Action Plan</i> provides for the inclusion of obesity prevention and care as part of the General Practitioner Contract. Under the GP contract for the provision of care to children under 6 years of age, medical practitioners are required to take an active approach toward promoting health and preventing disease through the provision of periodic assessments to child patients. Assessments involve the recording of age, gender, weight and height, plotting on a centile chart at ages two and five, and taking appropriate follow-up action, including where appropriate, provision of health promotion advice, brief intervention and support, or referral to specialist services (Department of Health, 2016b).
<p>Comments/notes</p>	

MONIT4	
There is regular monitoring of the prevalence of NCD metabolic risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs.	
Definitions and scope	<ul style="list-style-type: none"> Diet-related NCD risk factors and NCDs include, amongst others, Hypertension, Hypercholesterolemia, Type 2 Diabetes, Cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related Cancers May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system
International best practice examples (benchmarks)	OCED Countries: Most of these countries have regular and robust prevalence, incidence and mortality data for the main diet related NCDs and NCD risk factors.
Context e.g. EU action/ regulation / food industry action etc.	<ul style="list-style-type: none"> The WHO has started the integrated surveillance on NCD's project in 2013, which is co-financed by the EU. The project aimed to describe how Member States of the European Union can optimize their use of the European Core Health Indicators (ECHI) to report on progress towards reaching the nine global targets of the Global Monitoring Framework on NCDs. The targets include: <ul style="list-style-type: none"> - 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases - 30% relative reduction in mean population intake of salt/sodium - A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances - Halt the rise in diabetes & obesity
Evidence of implementation	<ul style="list-style-type: none"> Ireland has an operational NCD unit under the chief medical officer's unit in the Department of Health.
Comments/notes	

MONIT5	
Major 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	<ul style="list-style-type: none"> • 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 plans • The definition of major programs and policies is to be defined by the relevant government department • Evaluation should be in addition to routine monitoring of progress against a project plan or program logic
International best practice examples (benchmarks)	<p>USA: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g. dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes, in an effort to prevent or reduce obesity (US National Institutes of Health, 2016).</p> <p>The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu) conducted in 2017 a midterm evaluation to calculate the effect of the agreed maximum norms for salt and sugar in the Agreement on Product Improvement (The Dutch Institute of Public Health and Environment, 2017). A midterm evaluation was performed to calculate the effect of the agreed maximum norms for salt and sugar reduction, and four scenarios have been calculated with the Food Consumption Survey.</p> <p>Ireland: Under the <i>'Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025'</i>, a new Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and a progress report on each recommendation in the <i>OPAP</i> is currently being finalised under the aegis of the OPIOG (Oireachtas, 2019). As set out in Healthy Ireland, integrated health and social impact assessments will be conducted on relevant policy areas to support other government departments in contributing towards the prevention of overweight and obesity.</p>
Context e.g. EU action/ regulation / food industry action etc.	EU Action In the Strategic Plan of DG Sante 2016-2020 it is emphasized that Better Regulation Strategy is a key horizontal priority for the Commission (European Commission, 2016). Impact assessments, public consultations, ex-post evaluations and Fitness Checks are instruments for the

	<p>Commission to ensure the regulatory cycle is transparent and of good quality. The Commission published Guidelines on evaluation and Fitness Checks (Europa). A Fitness Check is a type of evaluation that assesses several related actions like the interaction of laws, policies and programmes.</p> <p><u>Evaluations or Fitness Checks that have been completed or are in progress, are:</u></p> <ul style="list-style-type: none"> - Monitoring the activities of the EU Platform for Action on Diet, Physical Activity and Health (annual monitoring reports). - Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related issues (covering 2007-2011, report published in 2013). - Mid-term evaluation of the third Health Programme 2014-2020 (covering 2016-2017). - REFIT Evaluation of the General Food Law (published in 2018). - Supporting the mid-term evaluation of the EU Action Plan on Childhood Obesity 2014-2020 (covering 2014-2017, published in 2018). - REFIT: Evaluation of the Regulation on nutrition and health claims (started in 2016, in progress). - Monitoring of the EU Fruit and Vegetable Scheme (countries provide annual monitoring reports, evaluation reports cover five school years and will be available from the 1st March 2023).
<p>Evidence of implementation</p>	<p>Food Safety Authority of Ireland (FSAI)</p> <ul style="list-style-type: none"> • <u>Labelling</u>: monitoring of food labelling in Ireland is carried out to assess compliance with the labelling legislation and to check for authenticity of stated ingredients. The objective of the Accuracy of Nutrition Labelling of Pre-Packaged Food in Ireland survey was to examine the accuracy of nutrition labelling on pre-packaged foods on the Irish market and to provide this data to the European Commission to inform their work in revision of nutrition labelling legislation. A secondary objective was to generate sufficient data on which to base national guidelines should a legislative route not be agreed at European level (Food Safety Authority of Ireland, 2010a). • <u>Nutrition</u>: the FSAI produce reports on surveys of the trans fatty acid content in processed food products in Ireland. <p>Government monitoring of Voluntary Codes of Practice</p> <ul style="list-style-type: none"> • Regarding the issued set of voluntary codes of practice aimed at limiting the promotion, marketing and sponsorship of foods high in fats, sugar and/or salt (HFSS foods). The Government of Ireland

	has committed to monitor compliance, and work is continuing on the development of a monitoring mechanism.
Comments/notes	

MONIT6	
Progress towards reducing health inequalities or health impacts in vulnerable populations and social and economic determinants of health are regularly monitored.	
Definitions and scope	<ul style="list-style-type: none"> Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata Includes reporting against targets or key performance indicators related to health inequalities
International best practice examples (benchmarks)	New Zealand: All annual Ministry of Health Surveys report estimates by sub-populations, in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation.
Context e.g. EU action/ regulation / food industry action etc.	<p>Safefood - Food on a low income report</p> <ul style="list-style-type: none"> The aim of this research was to investigate the everyday experiences of food on a low income among people in four household types on the island of Ireland (IOI). This research will inform Safefood and other stakeholders targeting vulnerable groups. It should influence both policy and practical programmes such as community food initiatives and awareness campaigns (Safefood, 2011). The All-Island Food Poverty Network, chaired by Safefood and the Food Standards Agency of Northern Ireland, was set up to support a coordinated and strategic approach to tackling food poverty on the island of Ireland through the development of consensus on related issues, collaboration and shared learning. <p>Irish Medical Organisation – Position Paper on Health Inequalities</p> <ul style="list-style-type: none"> The Irish Medical Organisation (IMO) highlights the social, economic and environmental factors affecting the health of their patients, factors recognised by all IMO doctor, whether working in a hospital, general practice, or public or community health setting. Analysis of The All-Ireland Traveller Health Study as well as the Prevalence of Chronic Conditions Ireland, including the prevalence of chronic conditions in more deprived areas, were outlined in the Paper (Irish Medical Organisation, 2012).

<p>Evidence of implementation</p>	<p>Healthy Ireland Survey</p> <ul style="list-style-type: none"> The Healthy Ireland Survey in 2018, for the first time measured and addressed health inequalities in Ireland and will continue to monitor inequalities annually. Results found that, those in more deprived areas are less likely to rate their health as good or very good, and more likely to have a long-term health problem. Similarly, those in more deprived areas are more likely to smoke and binge drink. Self-rated good health declines earlier for men in deprived areas (around the age of 55-64) than it does for both men in affluent areas and women in deprived areas. Lastly, women living in more deprived areas are more likely than those in affluent areas to continue smoking and binge drinking into their 50s (Healthy Ireland, 2018). <p>Healthy Ireland Fund</p> <ul style="list-style-type: none"> In 2016, the government approved the creation of a Healthy Ireland Fund, with an allocation of €5 million approved in Budget 2017 and 2018 to establish and support the implementation of Healthy Ireland programmes and projects in a variety of settings. The new round will run from the 1st April 2018 to the 31st March 2019. The funding goes towards a number of local projects in Ireland for socially disadvantaged groups including travellers and homeless families. The new structures established under Healthy Ireland to enable and support its implementation will provide a focus on addressing the health needs of all groups experiencing health inequalities, including travellers, and provides an opportunity to take a new approach to tackling issues such as health inequalities and the social determinants of health more effectively. The All-Ireland Traveller Health Study (AITHS) was a large-scale study focusing on key aspects of traveller health, social status and service utilisation (Government of Ireland, 2016).
<p>Comments/notes</p>	

DOMAIN 10- FUNDING AND RESOURCES

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

<p>FUND1</p> <p>The ‘population nutrition’ budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden sufficiently contributes to reducing diet-related NCD's.</p> <p>Not being included for benchmarking</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs • The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition • Includes estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition • The workforce comprises anyone whose primary role relates to population nutrition and who is employed full-time, part-time or casually by the Department of Health or contracted by the Department of Health, to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full-time equivalent persons in the workforce will be reported in 'FUND4' • Excludes budget items related to physical activity promotion
<p>International best practice examples (benchmarks)</p>	<p>New Zealand: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during the 2008/2009 Healthy Eating-Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand.</p>

	<p>Thailand: According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • Expenditure of the Health Programme is directly managed by DG SANTE and the Consumer, Health and Food Executive Agency (CHAF-EA) (European Commission, 2016). The Commission also receives additional funding from the European Parliament for pilot projects to improve future policy action in the area of nutrition and physical activity and to identify good practices. • For the EU Fruit and Vegetable Scheme which falls into the first pillar of the CAP (direct payments and market measures, €312,735 million) (European Commission), there is a maximum of €150 million per school year available for requesting Member States, taking into account their number of six-to ten-year-old children and the degree of development of their regions (European Parliament, 2019). All Member States except Sweden and the UK have received EU Fruit and Vegetable Scheme funds for the 2017-2018 and 2018-2019 school years. • In addition to the Public Health Programme, the EU provides other funds to promote investing in health as a broader means of achieving smart and inclusive growth. These funds are the European and Structural Investment Funds (ESIF) and the European Fund for Strategic Investments (EFSI) (European Commission). The health sector receives ESIF for investments through the European Regional Development Fund and the European Social Fund. From 2014-2020 more than €9 billion was foreseen in all Member States for health-related investments (European Commission). The EFSI in partnership between the Commission and the European Investment Bank, will provide a financial guarantee to the value of €315 billion over a three year period and with an extension up to €500 billion until 2020 (European Commission). • For the next Multiannual Financial Framework 2021-2027, the European Social Fund Plus Programme will be the main investment fund for investing in Health (European Commission).

	<p>This programme merges existing funds like the Health Programme, the European Social Fund (ESF), the Youth Employment Initiative (YEI), the Fund for European Aid to the Most Deprived (FEAD) and the Employment and Social Innovation (EaSI) programme. For the Health strand, an amount of €413 billion will be available.</p>
<p>Evidence of implementation</p>	<p>Government Expenditure Report 2018</p> <ul style="list-style-type: none"> In 2018, the funding level available to health reached €16.2 billion. The 2018 allocation marked a record as the highest in the history of the State. From 2016 onwards, the Budget provided increased the annual allocation and on average provided an additional €431m annually to health. Despite this increase, the health sector continued to overspend and the supplementary funding provided ranged from €195m to around €645m (Government of Ireland, 2018).
<p>Comments/notes</p>	

<p>FUND2</p> <p>Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks • Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) • It is limited to research projects committed to or conducted within the last 12 months • Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel • Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget)
<p>International best practice examples (benchmarks)</p>	<p>Australia: The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by the Australian Governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.</p> <p>Thailand: The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 baht in 2013 to 37,872,416 baht in 2014).</p> <p>Ireland: The Food Institutional Research Measure (FIRM) is funded by the Department of Agriculture, Food and the Marine and is the primary national funding mechanism for food research in higher education institutions and other public research institutes. Beneficiaries are required to widely disseminate the results of their research. FIRM aims to develop public good technologies that will underpin a competitive, innovative and sustainable food manufacturing and marketing sector. The programme is creating a base of knowledge and expertise in generic technologies that will support a modern, consumer-focused industry and build Ireland's capacity for R&D (Marine, 2017). The Health Research Board (HRB) is a statutory agency under the aegis of the Department of Health. It is the lead</p>

	<p>agency in Ireland responsible for supporting and funding health research, information and evidence, which aims to improve people’s health and to enhance healthcare delivery.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • The European Union’s strategy 2020 for smart, sustainable and inclusive growth, sets the strengthening of research and innovation as one of its main objectives. The implementation of the Innovation Union (to create jobs and growth by improving conditions and access to finance for research and innovation) (Marie Curie Alumni Association), including the European Research Area (European Commission) are part of this Strategy. Horizon 2020 and the Joint Programming Initiative ‘A Healthy Diet for a Healthy Life’ are research programmes contributing to a fully operational European Research Area on the prevention of diet-related diseases. • Horizon 2020 invests in innovative solutions that help tackle the adverse effects on human health, with funding of nearly 80 billion euros available (2014-2020) (European Commission). ‘Food and Healthy Diet’ is marked as an area of Horizon 2020, with issues such as “promoting informed consumer choices” and “delivering strategic solutions for healthy and safe foods and diets for all” (European Commission). An example of a project that has received funding from Horizon 2020 is ‘FOOD 2030’, which addresses ‘Nutrition for sustainable and healthy diets’. • The Joint Programming Initiative ‘A Healthy Diet for a Healthy Life’ started in 2014, is a voluntary partnership between Member States and Associated Countries of the European Union and aims to bring major benefits to particular sectors of public and societal life. Health and Nutrition are such societal challenges (JPI a healthy diet for a healthy life). This includes research to increase the understanding of health-impacting behavior with respect to making food choices, to create insight into how the environment influences this behavior and to raise consumer understanding of healthy foods and diets. One of the projects financed by this JPI is the ‘Policy-Evaluation Network (PEN) -Public policies addressing health-related behaviours in Europe’.
<p>Evidence of implementation</p>	<p>Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025</p> <ul style="list-style-type: none"> • ‘Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025’ is the national framework for action to improve the health and wellbeing of Ireland over the coming generation. Pobal

	<p>administer this fund on behalf of the Department of Health (Healthy Ireland, 2019).</p> <ul style="list-style-type: none"> In 2016, the government approved the creation of a Healthy Ireland Fund with an initial allocation of €5 million, approved in Budget 2017 to establish and support the implementation of Healthy Ireland programmes and projects in a variety of settings. The primary aim of the fund is to support innovative, cross-sectoral, evidence-based projects and initiatives that support the implementation of key national policies in areas such as obesity, smoking, alcohol, physical activity and sexual health. The funding has been allocated to 2 Strands, both of which are closed calls for funding. There will be a new round of funding in 2018. The new round will run from the 1st April 2018 to 31st March 2019. Strand 1 focuses on the delivery of local initiatives and Strand 2 funds national actions (Healthy Ireland, 2019).
Comments/notes	

FUND3	
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 was established through legislation • Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website • Secure funding stream involves the use of a hypothecated tax or other secure source
International best practice examples (benchmarks)	<p>Australia: The Victorian Health Promotion Foundation (VicHealth) was the world’s first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.</p> <p>Germany: The Federal Centre for Health Education and the Federal Centre for Nutrition disseminate guidelines and health promotion strategies to the general public, stakeholders and multipliers.</p> <p>The Netherlands: The Dutch Nutrition Center (https://www.voedingscentrum.nl/nl/service/over-ons.aspx) is 100% funded by the government and offers consumers and professionals scientific and independent information about a healthy, safe and sustainable food choice. The famous ‘Wheel of Five’ is one of their initiatives.</p>
Context e.g. EU action/ regulation / food industry action etc.	<p>EU Action - Statutory health promotion agency</p> <ul style="list-style-type: none"> • At EU level there is a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (NCDs), which was set up in July 2018 (European Commission, 2018b). This Steering Group assists and advises the Commission on the coordination between Member States in addressing challenges caused by NCD’s, the selection of best practices regarding health promotion, disease prevention and management of NCDs and monitoring progress towards reducing mortality due to NCD’s.
Evidence of implementation	<p>Healthy Ireland</p> <ul style="list-style-type: none"> • Healthy Ireland is a government-led initiative, which aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society. • Resources such as the HSE are currently working on the ground, on the action plan, ‘A Healthy weight for Ireland, Obesity Policy

	<p><i>and Action Plan 2016-2025</i>’. The Department of Health will be the main source of management in relation to this action plan, while working closely with a number of other key stakeholders. These leads include:</p> <ul style="list-style-type: none"> - Department of Agriculture, Food and the Marine - Department of Children and Youth Affairs - Department of Education and Skills - Department of Health - Department of Transport, Tourism and Sport - Food and Drink Industry Ireland - Food Safety Authority of Ireland - Health Information Quality Authority - Health Research Board - Health Service Executive - Irish Business and Employers’ Confederation - Safefood <p>Health Service Executive – Health and Wellbeing Division</p> <ul style="list-style-type: none"> • The Health and Wellbeing Division of the HSE is focused on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. It was established based on two fundamental policy shifts within the health service – Future Health, which describes the new structures currently being established for the healthcare system, and Healthy Ireland; the government framework to improve the health and wellbeing of our population. The services within Health and Wellbeing support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population.
<p>Comments/notes</p>	

DOMAIN 11- PLATFORMS FOR INTERACTION

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

<p>PLAT1</p> <p>There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCDs prevention policies across governments.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc. • Includes cross-government or cross-departmental shared priorities, targets or objectives • Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments • Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy
<p>International best practice examples (benchmarks)</p>	<p>Finland: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture (World Cancer Research Fund, 2016a).</p> <p>Malta: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each (World Cancer Research Fund, 2016a).</p>

	<p>Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association.</p> <p>Ireland: The Department of Health, through ‘<i>A Healthy weight for Ireland, Obesity Policy and Action Plan 2016 – 2025</i>’, will provide leadership, engage and co-ordinate multi-sectorial action and implement best practice in the governance of the <i>OPAP</i>. The Department of Health and Safefood are taking action to establish a multi-stakeholder partnership to share knowledge and initiative to promote a healthy weight (Department of Health, 2016b).</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • There are mechanisms at EU level, which aim to ensure co-operation and coordination at the level of the European Commission, the European Parliament, the Council, between the EU and the Member States, between Member States, and with subnational governments and social partners.
<p>Evidence of implementation</p>	<p>Department of Health</p> <ul style="list-style-type: none"> • The <i>Obesity Policy and Action Plan</i> is a cross-sectoral and whole-of-government approach towards tackling the causes of obesity in Ireland. It is overseen by the Obesity Policy Implementation Oversight Group (OPIOG), which is comprised of representatives from a range of government Departments and agencies. • The <i>Obesity Policy and Action Plan</i> was developed under the Healthy Ireland Framework. For information, the WHO selected the Healthy Ireland Framework as an example of good practice at the 69th session of the WHO Regional Committee for Europe, as it is one of the flagship whole-of-government approaches from across the European Region. • The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectorial action and implement best practice in the governance of the ‘<i>Obesity Policy Action Plan 2016-2025</i>’. Leadership and coordinated action is provided by the Department of Health. The Department of Health and Safefood are taking action to establish a multi-stakeholder partnership to share knowledge and initiative on healthy weight initiatives (Department of Health, 2016b).

	<p>Food Safety Authority of Ireland and Safefood</p> <ul style="list-style-type: none"> • There is a Memorandum of Understanding (MoU) between the Food Safety Authority of Ireland and Safefood. This MoU sets out an agreed framework for co-operation in activities to do with food safety. The FSAI and Safefood agree on certain actions such as: <ul style="list-style-type: none"> - To provide each other with full, open and timely access to research findings, surveillance data, as well as other relevant information. - To regularly inform each other about work that interests both organisations. - To take opportunities that involve joint planning and to fully co-operate when needed (Food Safety Authority of Ireland & Safefood, 2016).
<p>Comments/notes</p>	



PLAT2

There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and the commercial food sector on the implementation of healthy food policies and other related strategies.

Definitions and scope

- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies
- Includes platforms to support, manage or monitor private sector pledges, commitment or agreements
- Includes platforms for open consultation
- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
- Excludes joint partnerships on projects or co-funding schemes
- Excludes platforms to engage with industry in relation to development of policies
- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'

International best practice examples (benchmarks)

UK: The UK 'Responsibility Deal' was a UK Government initiative to bring together food companies and NGOs to take steps (through voluntary pledges) to address NCDs. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.

Norway: The letter of intent (Memorandum of Understanding) for facilitating a healthier diet in the population is a signed agreement between the Norwegian health authorities and food industry (food and trade organisations, food and beverage manufacturers, food retailers and food service industry) in a *Partnership for a healthier diet*. The MoU was signed in 2016 and lasts until 2021. The agreement contains specific quantitative goals related to reducing the intake of salt, added sugar and saturated fat, and increasing the intake of fruits and berries, vegetables, whole grain foods, fish and seafood in the population. The Partnership is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas

	<p>of action. The Coordination group is assisted by a Secretariat organised by the Directorate of Health. A Reference group of scientists within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the coordination group.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <p>The EU Platform for Action on Diet, Physical Activity and Health</p> <ul style="list-style-type: none"> The EU Platform for action on diet, physical activity and health is a forum for European-level organisations which was founded in 2005 and includes food business operators, consumer organisations, public health NGO's and scientific and professional associations (European Commission). The Platform receives guidance from the high-level Group on Nutrition and Physical Activity and holds joint meetings with the high-level group. <p>The EU Pledge</p> <ul style="list-style-type: none"> The EU Pledge was launched in 2007 as part of a commitment to the Platform for action on diet, physical activity and health (EU Pledge, 2019). The EU Pledge is a voluntary initiative by food and beverage companies to change advertising to children under 12 years old in the European Union.
<p>Evidence of implementation</p>	<p>The Obesity Policy and Action Plan 2016-2025</p> <ul style="list-style-type: none"> Two stakeholder meetings in relation to reformulation were held between the Reformulation Sub-Group of the Obesity Policy Implementation Oversight Group (OPIOG) and food industry representatives, in September 2018 and February 2019. Step 3, priority Action 2 in the '<i>Obesity Policy and Action Plan 2016-2025</i>', the Department of Health developed and implemented a code of practice for food and beverages promotion, marketing and sponsorship. Engagement between partners involved (food industry, HSE, DCYA, Safefood, FSAI, advertiser organisations) was successful and will be continued on a regular basis. There are also commercial bodies that regularly communicate with different sections of the government. Food Drink Ireland (FDI) is the main trade association for the food and drink industry in Ireland. It represents the interests of over 150 food, drink and non-food grocery manufacturers and suppliers.
<p>Comments/notes</p>	

<p>PLAT3</p> <p>There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and civil society on the development, implementation and evaluation of healthy food policies and other related strategies.</p>	
<p>Definitions and scope</p>	<ul style="list-style-type: none"> • Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc. • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice • Includes platforms for consultation on proposed plans, policy or public inquiries • Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3)
<p>International best practice examples (benchmarks)</p>	<p>Brazil: The National Council of Food and Nutrition Security (CONSEA) is a formal advisory platform made up of civil society (2/3) and government reps (1/3). It is a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society has been able to influence policy directions more directly. CONSEA supported Congress to pass a bill obliging local governments to buy at least 30% of the food destined for school meals from small-scale farmers.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <p>European Health Policy Platform</p> <ul style="list-style-type: none"> • The European Health Policy Platform is a collaborative initiative under the 3rd Health Programme to ease communication among health stakeholders and with the European Commission (European Commission). DG SANTE acts as the secretary of the Platform. <p>European Economic and Social Committee</p> <ul style="list-style-type: none"> • The European Economic and Social Committee (EESC) enables civil society organisations (350 members) from the Member States to express their views at European level (European Economic and Social Committee). Its opinions are addressed to the European Commission, Parliament and Council. Consultation of the EESC is mandatory for public health policies (Article 168 of the TFEU) (Official Journal of the European Union, 2012). The EESC may also adopt opinions on its own initiative (European Sources Online, 2013).

	<ul style="list-style-type: none"> • There are a number of civil society groups that campaign to influence the government’s food and public health policies. There are also formal platforms for interaction at ministerial level.
Evidence of implementation	<ul style="list-style-type: none"> • Under the Healthy Ireland Framework and through the Healthy Ireland Fund, the Healthy Counties and Cities approach, is supporting existing cross-partnership groups that have been set up in each local authority.
Comments/notes	



PLAT4

The governments work with a system-based approach with (local and national) organisations/partners/groups to improve the healthiness of food environments at a national level.

Definitions and scope

- Systems-based approaches may include policies within other domains of health
- May include a social determinants of health approach
- May bring together multiple departments or ministries to approach health
- Includes multiple levels of government
- Aim of a systems-based approach is:
 - resourcing and supporting a dedicated, reflective and skilled workforce at a state and/or local level to engage, activate and influence at multiple levels of the system to combat obesity and chronic disease
 - building relationships with prevention partners across the system, and across sectors and industries, to strengthen positive health outcomes on multiple fronts
 - capturing and feeding back knowledge and data on progress, impact and effectiveness and calling for new types of research, policy and practice collaborations
 - allocating resources based on best possible investment to effect change and population need, seeding long term change by resourcing local governments to lead action towards public health
 - building leadership for sustained prevention across the system to drive effective and long lasting change

International best practice examples (benchmarks)

New Zealand: Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people’s health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to impact the lives of over a million New Zealanders. The government has allocated \$40 million over four years to support Healthy Families NZ.

Australia: Healthy Together Victoria focuses on addressing the underlying causes of poor health in children's settings, workplaces and communities by encouraging healthy eating and physical activity and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally led Healthy Together Communities. The initiative was originally jointly funded

	<p>by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health (Government of South Australia, 2016). It is unclear at this stage whether funding for Healthy Together Victoria will continue or not.</p>
<p>Context e.g. EU action/ regulation / food industry action etc.</p>	<p>EU Action</p> <ul style="list-style-type: none"> • We have not found any evidence that the EU is using a system-based approach to improve the healthiness of food environments in EU countries. There are different organisations which have recommended such an approach, e.g. the EESC (opinion on civil society’s contribution to the development of a comprehensive food policy in the EU) (European Economic and Social Committee, 2019), the WHO (Connecting Food Systems for co-benefits Policy Brief) (World Health Organization, 2018) and the International Panel of Experts on Sustainable Food Systems (IPES) (Towards a Common Food Policy for the European Union report) (IPES - Food, 2019). • The Food and Agriculture Organisation of the United Nations published in the frame of the Strategic Partnership, with the Directorate for International Co-operation and Development of the European Commission, a guideline (Food Systems for Healthy Diets) to support the use of a comprehensive food system approach rather than a sectoral approach, for policy-makers addressing the food security and nutrition situation in their countries (FAO, 2018).
<p>Evidence of implementation</p>	<p>Healthy Ireland Framework 2013-2025</p> <ul style="list-style-type: none"> • The Healthy Ireland Framework draws on existing policies but proposes new arrangements to ensure effective co-operation, collaboration and to implement evidence-based policies at government, sectoral, community and local levels. It proposes a necessary shift towards a broader, more inclusive approach to governance for health, moving beyond the health service, across national and local authorities, involving all sectors of society, and the people themselves. The framework aims to draw up specific proposals in relation to the potential role of local authorities in the area of health and wellbeing. Furthermore, local health partners will engage with local authorities in their work to address local and community development, with the aim of coordinating actions and improving information-sharing for improved health and wellbeing (Healthy Ireland, 2013-2025).
<p>Comments/notes</p>	

DOMAIN 12- HEALTH IN ALL POLICIES

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

HIAP1 There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food.	
Definitions and scope	<ul style="list-style-type: none"> Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies Includes the establishment of cross-department governance and coordination structures while developing food-related policies
International best practice examples (benchmarks)	<p>Slovenia: A Health Impact Assessment (HIA) was undertaken in Slovenia to assess the health effects of agricultural at national level. The HIA has basically followed a six-stage process: policy analysis, rapid appraisal workshops with stakeholders from a range of backgrounds, review of research evidence relevant to the agricultural policy, analysis of Slovenian data for key health-related indicators, a report on the findings to a key cross-government group and evaluation (Lock et al., 2003).</p> <p>Ireland: Step 9 of the ‘<i>A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025</i>’ aims to allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with emphasis on families and children during the first 1,000 days of life. The priority actions to commence in the first year were to, assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults (Department of Health, 2016b). The Healthy Ireland fund was established in 2017, with an allocation of €5 million and with additional allocations of €5 million in 2018 and 2019. The first round of the Fund was distributed through Local Community Development Committees, Children and Young Person’s Services Committees and statutory organisations (Oireachtas, 2019).</p>
Context e.g. EU action/ regulation /	Health Service Executive - Health Promotion Strategic Framework

<p>food industry action etc.</p>	<ul style="list-style-type: none"> The Health Service Executive (HSE) Health Promotion Strategic Framework (2011) places the emphasis for health promotion activity on addressing the determinants of health and health inequalities, which will primarily be achieved through strong national leadership aimed at putting health on the agenda of all those involved in planning and decision-making. This includes advocating for a Health in All Policies approach (HiAP) as well as building and strengthening cross-sectoral and inter-departmental government partnerships (Health Service Executive, 2011).
<p>Evidence of implementation</p>	<ul style="list-style-type: none"> No evidence found from 2016 onwards
<p>Comments/notes</p>	



HIAP2 There are processes e.g. Health Impact Assessment's (HIAs) to assess and consider health impacts during the development of other non-food policies.	
Definitions and scope	<ul style="list-style-type: none"> • Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors • Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food related policies (e.g. HIAs or health lens analysis) • Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach • Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade) • Includes monitoring or reporting requirements related to health impacts for non-health departments
International best practice examples (benchmarks)	<p>South Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high-level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health Lens Analysis projects. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematize (2015-2016).</p>
Context e.g. EU action/ regulation / food industry action etc.	<ul style="list-style-type: none"> • There is no evidence that the EU is proposing to Member States to implement Health Impact Assessment's (HIAs) and consider health impacts during the development of other non-food policies.
Evidence of implementation	<p>Healthy Ireland Framework 2013-2025</p> <ul style="list-style-type: none"> • The Republic of Ireland National Framework to improve health and wellbeing 'Healthy Ireland' acknowledges that inter-sectoral working or Health in All Policies is a politically challenging strategy that requires deliberate efforts to be promoted. The inter-sectoral

	<p>approach requires the use of validated tools and support mechanisms to drive this agenda, including for example, Health Impact Assessment (HIA), inter-ministerial and inter-departmental committees, cross-sector action teams, joined-up workforce development, and legislative frameworks.</p> <ul style="list-style-type: none"> In Ireland, the government has committed to incorporating poverty impact assessment as part of an integrated social impact assessment. Health impacts will be a core feature of this new tool. The Healthy Ireland Outcomes Framework aims to provide a structured approach to collect and report relevant and appropriate data, which can be used to build awareness of these social determinants of health, to support assessment of the impact of policies on the agreed outcomes, and to monitor progress on the whole-of-government response needed to improve health and wellbeing (Healthy Ireland, 2013-2025).
<p>Comments/notes</p>	<p>The Institute of Public Health in Ireland and the Department of Health and Children</p> <ul style="list-style-type: none"> The Institute of Public Health in Ireland developed the health impact assessment, a practical guidance manual in 2003 that was the first detailed methodology for HIA in Ireland. This document was updated in 2009 and describes Health Impact Assessment (HIA) and the steps involved in HIA. It gives advice based on the experience of HIA practitioners and provides tools to help carry out these steps and to adapt HIA to local circumstances. It aims to provide a user friendly and practical framework to guide policy-makers through the HIA process. The Department of Health and Children commissioned the Institute of Public Health in Ireland to assist in this task by advising on methodology, producing guidance and facilitating training. The purpose of HIA is to influence decision-making in favour of health by providing decision-makers with evidence-based recommendations to maximise the positive and minimise the negative health impacts of proposals (Doyle. C and Metcalve. O, 2003).

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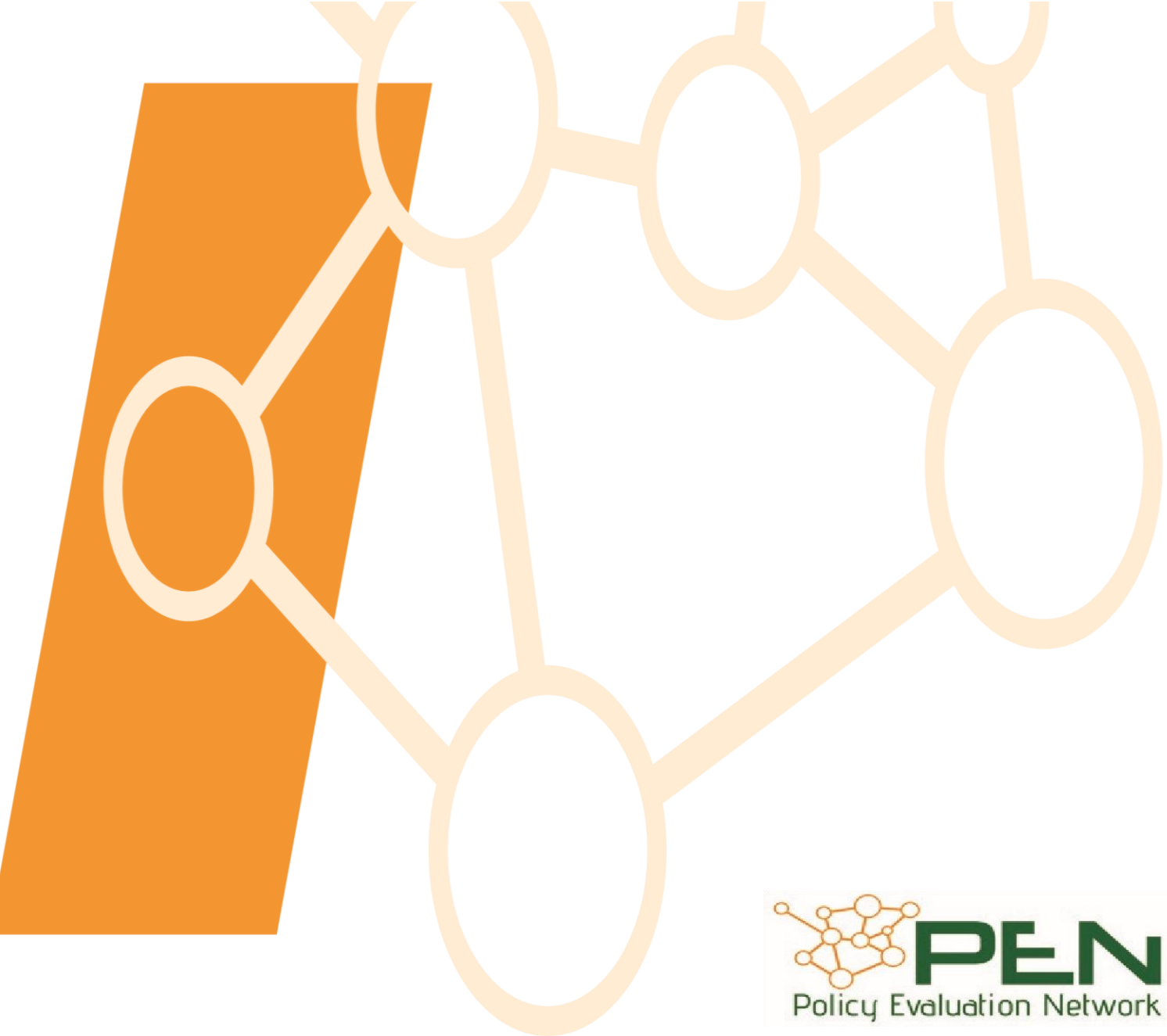
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