



Best-ReMaP  
Healthy Food for a Healthy Future

*Policy Symposium on NCD Prevention:*

## Future directions for nutrition and physical activity policies to prevent NCDs across Europe

14th-16th June 2022  
Thon Hotel Brussels City Centre



The four projects organising this event have received European funding as follows: CO-CREATE and STOP have received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No. 7744210 and No. 774548 respectively. JA Best-ReMaP has received funding from the European Union's Health Programme under the grant agreement No. 951202 and PEN has received funding from the Joint Programming Initiative "A Healthy Diet for a Healthy Life" (JPI HDHL).



Session 13 - Oslo  
15:15 – 16:00



Best-ReMaP  
Healthy Food for a Healthy Future

## Closing plenary

**STOP, PEN, CO-CREATE,  
Best-ReMaP**

Dr Francesco Branca  
STOP, WHO  
Dr Hannah Brinsden  
PEN, STOP, CO-CREATE, Best-ReMaP

**#NCDPrevention22**



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Policy symposium on NCD prevention  
Brussels, 16 June 2022



# STOP policy briefs to support effective policy actions in nutrition and physical activity

**Dr Francesco Branca**

Director

Department of Nutrition and Food Safety

World Health Organization

Geneva, Switzerland



## STOP policy briefs

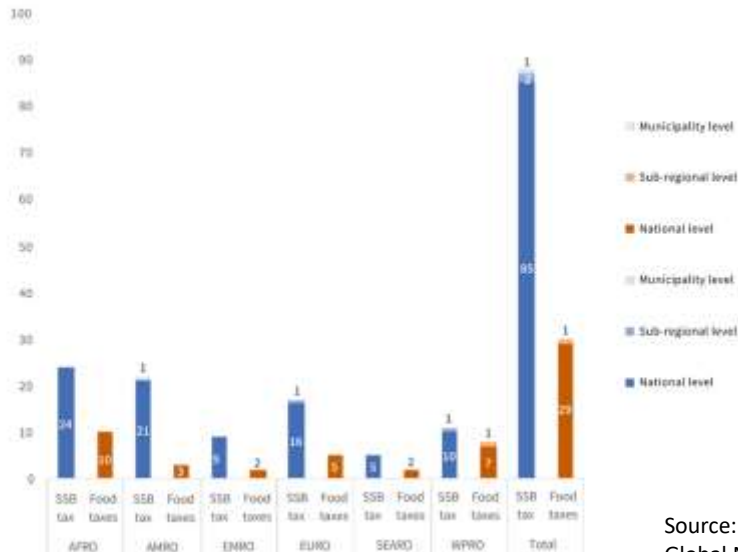


- Provide evidence, recommendations and useful information (e.g. country case studies, good practices, counterarguments to common arguments used to undermine policies) to effectively design and implement policy measures
- Based on critical experience and know-how of pioneer countries as well as the most up-to-date evidence and research
- Also drawing from guidelines, standards and tools of WHO, UNICEF, Codex and other international organizations
- Peer review process - national public health agencies, STOP WP leaders, external experts, etc



## Current status (global) – taxes on SSB and food

**Figure 1.** Member States by region with national, subregional or municipality level taxes on sugar-sweetened beverages and on foods



Source:  
Global Nutrition Policy Review, WHO

## Country good practices and case studies

### Box 3. Hungary's Public Health Product Tax

In Hungary, the Public Health Product Tax, which came into effect in September 2011, is intended to reduce consumption of unhealthy foods, promote a healthy diet, increase the accessibility of healthy foods choices and raise revenue for health care services. The specific excise tax is applicable to ready-to-eat food and beverages

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### Box 7. The United Kingdom's Soft Drinks Industry Levy

In the United Kingdom of Great Britain and Northern Ireland (United Kingdom), a two-tiered specific excise tax on soft drinks (the Soft Drinks Industry Levy) was announced in March 2016 and implemented in April 2016. Beverages with 8 g or more of sugar per 100 ml are taxed at £0.24/L (US\$ 0.33/L) whereas beverages with 5–8 g of sugar per 100 ml are taxed at £0.18/L (US\$ 0.25/L). Beverages with less than 5 g sugar per 100 ml are not taxed. One year after the levy was introduced, the amount of sugar purchased from soft drinks was 10% lower (equivalent to 30 g per household per week) than expected from trends before the levy was announced (74). There is evidence that the levy incentivized manufacturers to reformulate their products to reduce sugar levels, with the proportion of sugar-sweetened beverages over the lower levy sugar threshold falling by 34 percentage points between 2015 and 2019 (75). Reformulation was one of the policy objectives, announced prior to policy implementation.

### Box 6. Examples of what foods have been taxed in countries

**Mexico:** Nonessential foods with an energy density of more than 275 kcal per 100 g have been subject to an 8% ad valorem excise tax since 2014. Taxed food items include crisps and snacks, candies and sweets, chocolate, puddings, peanut and hazelnut butters, ice cream and ice pops, and cereal-based products with substantial added sugar (54).

**Ethiopia:** In February 2020, Ethiopia introduced an ad valorem excise tax on imported and locally produced foods, including fats and oils with high levels of saturated or *trans*-fatty acids, sugar and sugar confectionery, chocolate and food preparations with cocoa and soft drink powders (70).

**Hungary:** The Public Health Product Tax is a specific excise tax applied to a variety of products including snacks with more than 1 g salt per 100 g, condiments with more than 5 g salt per 100 g, flavourings with more than 15 g salt per 100 g, energy drinks, soft drinks (sugar-sweetened and artificially sweetened) and pre-packaged sugar-sweetened products (47).

**Tonga:** Since 2016, Tonga has imposed an excise tax and/or import duty on high fat foods – including very fatty meat products such as turkey tails and mutton flaps – as well as foods and beverages high in sugars and instant noodles (57).

**Denmark:** In 2011, Denmark introduced a specific excise tax on saturated fat in foods, but the tax was abolished after just over a year for economic reasons after misleading negative media coverage (72). Research has since shown that the tax reduced fat consumption by between 10% and 15% (50). Denmark still taxes chocolates, confectionaries, biscuits and cakes via specific excise taxes.



### Box 11. Examples of use of tax revenue for health purposes

**Hungary:** Revenue from the Public Health Product Tax is allocated to public health, helping to offset the health care costs of diet-related NCDs (47).

**Malaysia:** Revenue from the specific excise tax on sugar-sweetened beverages contributes to providing free and healthy breakfasts for primary school children (84).

**Portugal:** In its first year of implementation, a specific excise tax on sugar-sweetened beverages generated about 80 million Euros, all of which contributed to funding of the Portuguese National Health Service (85).

**Dominica:** Revenue from an ad valorem excise tax on sugar-sweetened beverages contributes to the national Get Healthy campaign (43).



**Table 1.** Examples of common arguments from opponents and counterarguments (adapted from (23, 44, 63))

Common arguments from opponents	What evidence and country experiences actually indicate
<b>(S) sowing doubt by discrediting science and diverting attention</b>	
Taxes on less healthy foods and beverages do not reduce consumption.	Price elasticities, modelling studies and evaluations of implemented taxes on less healthy foods and beverages indicate that well-designed taxes can reduce consumption. Taxes on other unhealthy commodities (e.g. tobacco) have successfully reduced demand for these commodities. A tiered tax encourages reformulation towards healthier options, thereby affecting consumption patterns.
People should be responsible for their own lifestyles – governments should not impose on what people eat.	The food environment – and food industry actions (e.g. marketing and availability) – also influence what people eat. Governments have responsibilities to protect the right to health, the right to food and ensure healthy environments, as enshrined in the constitution of some countries; fiscal policies to promote healthy diets are one measure that can be adopted in fulfilling these responsibilities.
The food industry is undertaking other voluntary initiatives to encourage healthy lifestyles (e.g. corporate	Corporate social responsibility campaigns, including those promoting physical activity, function as public relations strategies for the food industry, which continues to sell more of

**(A) anti-poor rhetoric (regressivity)**

Taxes on less healthy foods and beverages are regressive.

In many countries, overweight and obesity and their consequences are regressive, with lower socioeconomic groups disproportionately affected. Taxes on less healthy foods and beverages are therefore likely to be progressive in terms of both their health benefits and associated averted health expenditures with greater benefits for these lower socioeconomic groups. The revenue collected from taxes can also be invested in initiatives that benefit lower socioeconomic groups (e.g. other health-related activities). In the case of sugar-sweetened beverages, such beverages are not a necessary part of any diet, and healthier substitutes are frequently available at little or no extra cost.

**(R) revenue instability**

Taxes will not yield the expected revenue, or increases to existing taxes

The impact on revenues of taxes to promote healthy diets depends largely on how the tax is designed and administered.

Please see the brief for many more country good practices and counterarguments!



# Key recommendations

Adopt the **comprehensive policy approach** that has the highest potential to achieve the desired policy impact (as opposed to a narrower, stepwise approach)

- Protect **all children aged under 18 years**
- Restrict a **broad range of foods** by applying strict nutrient profile models (e.g. WHO regional models)
- **Restrict the power** of marketing (e.g. ban on advertising for unhealthy foods by including characters, toys, prizes or other incentives)
- **Restrict the exposure** to marketing by targeting a broad set of marketing communication channels (including digital marketing)
- Adopt an effective **enforcement mechanism** (e.g. notification of rules, fines against violations)



# Key recommendations

- Implement nudges to promote healthy eating in schools
- School provides a great opportunity to help children select and consume food and beverages that contribute to a healthy diet
- Despite limited evidence, nudge-based interventions are typically low cost, and they have the potential to be beneficial
- Be aware that there is a prevailing choice architecture with or without intervention
- Various nudge-based interventions/techniques
  - Changes to the physical environment (e.g. Placement/positioning, presentation, availability, contrast)
  - Changes to the provision of information (e.g. Descriptive names, prompts)
  - Changes to the default



## Key recommendations

Adopt the **whole-of-school approach** – the most effective way to maximize physical activity opportunities in schools

### Six evidence-based domains for promoting physical activity in schools

1. Provide physical activity through quality physical education
2. Implement strategies to encourage active travel to and from school
3. Provide active before- and after-school programmes
4. Provide physical activity opportunities during recess and recreation time
5. Embed active classrooms in school curricula
6. Ensure inclusive physical activity approaches for children with additional needs



## Next steps

- Use the policy briefs to engage with decision makers and with civil society
- Complete the package of tools for the advocacy of policy – guidelines, manuals, ...
- Collect additional materials on policy implementation



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Thank you!



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World Health Organization

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Closing Plenary - Oslo  
15:45 – 16:00



**Symposium final statement:**  
Recommendations and future  
directions for nutrition and  
physical activity policies in  
Europe

**Dr. Hannah Brinsden**

*on behalf of PEN, STOP,  
CO-CREATE, Best-ReMaP*

**#NCDPrevention22**



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# Closing remarks

Dr Hannah Brinsden

Director of Policy, World Obesity Federation

Dissemination lead for CO-CREATE and STOP



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## Key achievements across the projects

Advanced understanding of the determinants of childhood obesity including interactions between environment and exposome and recognition that risk starts before birth



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## Key achievements across the projects

Enhanced policy auditing and monitoring of policy implementation, providing mechanisms to monitor, track and identify good practice in nutrition and physical activity

- ✓ Food Epi adapted for Europe and conducted in 11 countries → monitoring policy implementation
- ✓ Development of PA Epi → aid advancement in physical activity policy and implementation
- ✓ NOURISHING and MOVING database → support auditing of policies and best practice
- ✓ Monitoring food marketing in 17 EU countries → reduce the impact of marketing, incl. in digital
- ✓ Advancing food procurement in kindergartens and schools in 8 countries, through pilots



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## Key achievements across the projects

### Advanced moves towards greater surveillance and policy harmonization across Europe

- ✓ Launch of surveillance harmonization roadmap, using SIMPLE screeners → support policy impact evaluation
- ✓ Aggregated member state data collection for JRC processed foods database → enable monitoring of the success of food policy implementation
- ✓ Launched a public, searchable Indicator catalogue for policy benchmarking and surveillance



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## Key achievements across the projects

### Contributed to and advanced knowledge on ways of mobilizing and engaging different stakeholders, including holding them to account

- ✓ Developed methodologies for mobilizing and engaging young people in research and policy
- ✓ Developed instruments for supporting dialogue between different groups on equal footing, transferable to other groups
- ✓ Developed strong accountability indicators for multistakeholder engagement → hold stakeholders to account for their action



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## Next steps for policy

### Strengthen food and physical activity policies that shape environments

- Transform systems, requiring a paradigm shift, apply systems thinking
- Focus efforts on environments, addressing inequalities and supporting young people and families
- Facilitate change in consumer behaviour and food & beverage products incl. through fiscal policies which can achieve both



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## Next steps for policy

### Develop new action plans/roadmaps to help address childhood obesity and support healthier populations

- Development of the Food sustainability system indicator for the EU Semester
- Support to the development, adoption, implementation and evaluation of the next EU Action plan on childhood obesity



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## Next steps for policy

### Improve harmonization of data, evidence generation and full realisation of impact

- Enhanced harmonization and data collection
- Accountability and evaluation of policies across and between countries, as well as of stakeholder actions
- Use and application of frameworks and tools, including PA-Epi and Food-EPI



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## Next steps for policy

### Strengthen engagement of a range of stakeholders in policy development, implementation and evaluation

- Meaningful youth engagement and active partnerships with civil society and researchers
- Use strong accountability indicators, as developed by these projects, for multistakeholder engagement and holding stakeholders to account



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## Next steps for research and funding

- Higher investment in health research, including funding long-term projects
- Focus on addressing inequalities and targeting high-risk communities
- Focus on addressing early determinants of childhood obesity from pre-conception through the rest of the life course
- Include young people and other under-represented communities in research design and delivery



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## Next steps for research and funding

- Expand and invest in pan-European surveillance and data collection
- Pragmatic pilot testing of interventions
- Build on existing frameworks and tools to audit and monitor policy implementation
- Explore implementation science and natural experiments to help evaluate policy impact



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For the attendance of this Symposium!

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