

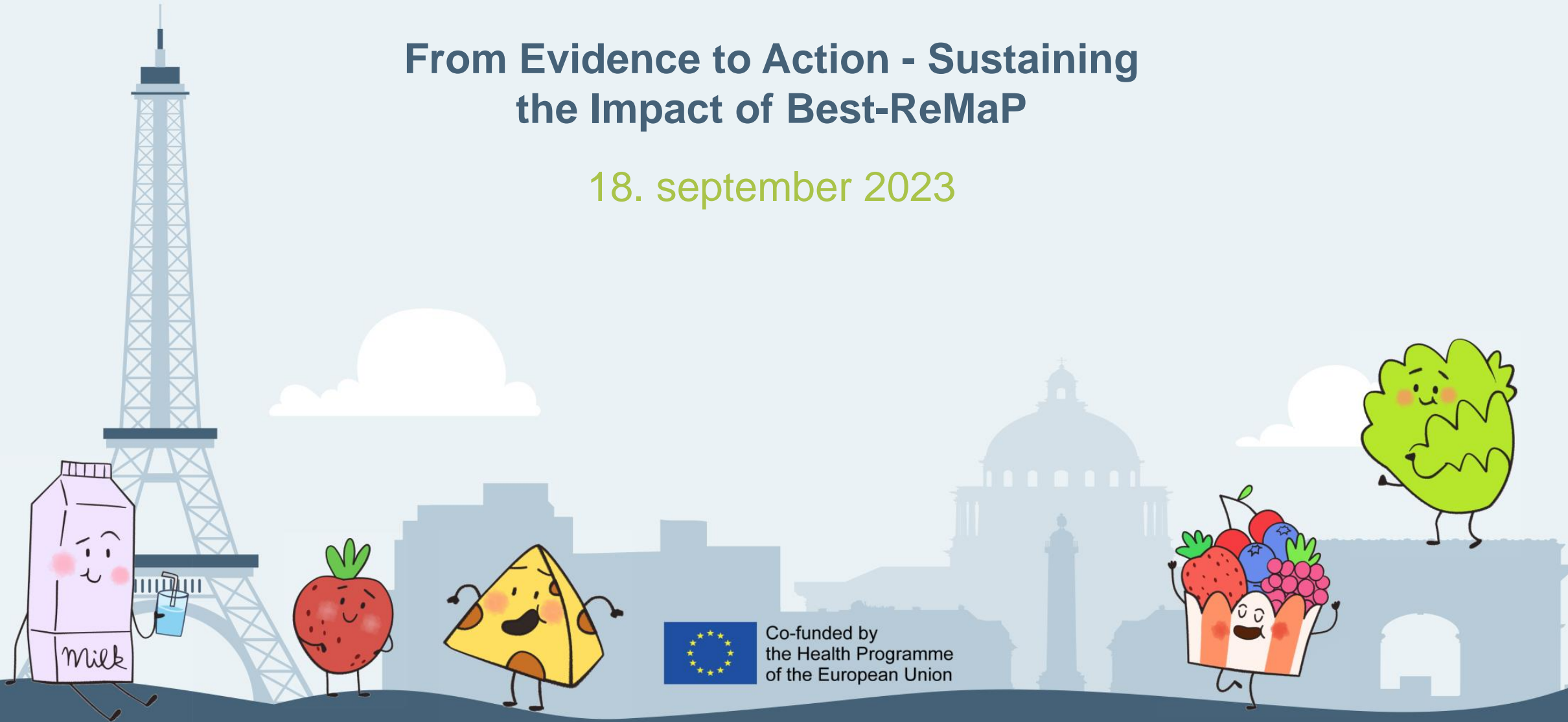


Best-ReMaP

Healthy Food for a Healthy Future

From Evidence to Action - Sustaining the Impact of Best-ReMaP

18. september 2023



Co-funded by
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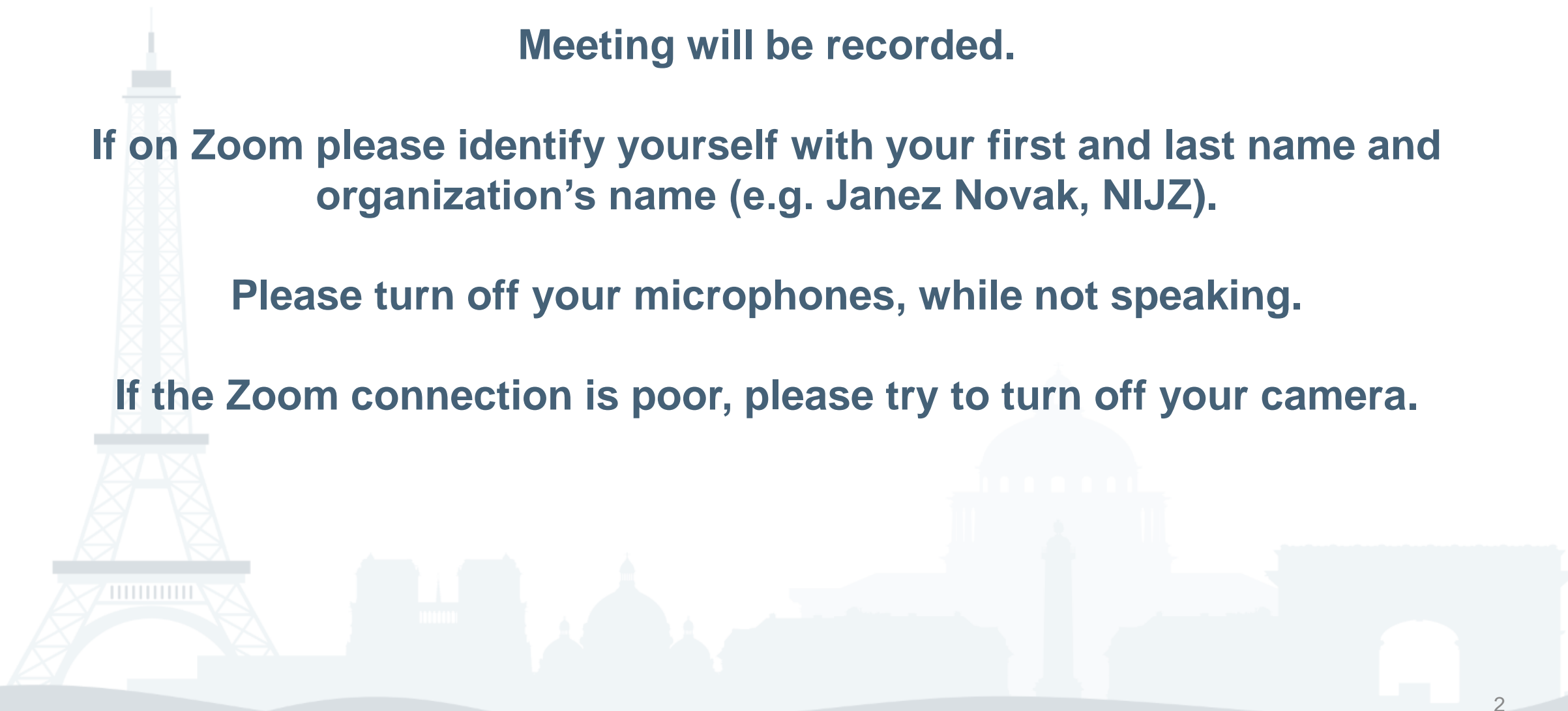


Meeting will be recorded.

If on Zoom please identify yourself with your first and last name and organization's name (e.g. Janez Novak, NIJZ).

Please turn off your microphones, while not speaking.

If the Zoom connection is poor, please try to turn off your camera.



AGENDA



PROGRAMME		
8:15 - 9:00	Registration and welcome coffee	
9:00 - 9:10	Conference opening The story behind Best-ReMaP: The vision, values, and people Speaker: <i>Mojca Gabrijelčič-Blenkuš</i> , Scientific Coordinator: NIJZ - National Institute of Public Health, Slovenia	
9:10 - 9:30	Representative of the European Commission: <i>Philippe Roux</i> Head of Unit B1: Cancer, Health in all policies, DG SANTE	
9:30 - 9:40	Representative of French Ministry: <i>Christian Rabaud</i> , General Director for Health	
Keynote speeches		
9:40 - 9:55	<i>Franco Sassi</i> - Imperial College London	
9:55 - 10:10	<i>Kremlin Wickramasinghe</i> - Head of WHO European Office for Prevention and Control of Noncommunicable Diseases (NCD Office)	
10:10 - 10:40	Tea break	
10:40 - 11:05	Improving the monitoring of the food offer Speaker: <i>Karine Vin</i> , WP5 Leader, ANSES - Agency for Food, Environmental and Occupational Health & Safety, France Leader for the Work Package on Processed Food Monitoring and Reformulation Panelist: <i>Stefanie Vandevijvere</i> , Sciensano. Presentation: Public policies to stimulate food reformulation	
11:05 - 11:30	Procurement of sustainable and high quality food in public institutions Speakers: <i>Mojca Gabrijelčič</i> WP7 leader, <i>Neža Fras</i> , NIJZ. WP7 Partners: Betina Bergmann Madsen, Charlene Vassallo, Katarzyna Brukało, DG SANTE representative: Wim Debeuckelaere	
11:30 - 11:55	Reducing the marketing of unhealthy foods to children Speakers: <i>Maria João Gregório</i> , WP6 Co-Leader, Directorate-General of Health Portugal <i>Magdalena Muc</i> , The Open University, UK <i>Ana Contreras Navarro</i> , University College Cork Ireland	
11:55 - 12:20	Stretching break	
12:20 - 13:20	What are the strategic orientations for the future? Presentation of JA Best-ReMaP Final Roadmap Chair: <i>Marco Silano</i> , WP4 Leader, ISS - Italian National Institute of Health Leader of the Work Package on nutrition policies Roundtable discussion on the challenges for the future <i>Christine Berling</i> , <i>Betina Bergmann Madsen</i> , <i>Paolo Vineis</i>	
13:20 - 14:30	Lunch break Restaurant of the Ministry of Health. Lunch is served from 13:30	
14:30 - 15:00	Social inequalities, health and nutrition situation among European children Speaker: <i>Tim Lobstein</i> consultant	
15:00 - 15:30	Facilitating the food offer monitoring in Europe: FABLE – the JRC Food and Beverages Labels Explorer Speaker: <i>Jan Wollgast</i> , <i>Joana Dias</i> & <i>Eva Grammatikaki</i> , JRC	
15:30 - 15:45	Best-ReMaP and the OECD <i>Michele Cecchini</i> , OECD	
15:45 - 16:00	Challenges for the future – presentation of the new Joint Action on non-communicable diseases: Prevent NCDs Joint Action Speaker: <i>Knut Inge Klepp</i> , Scientific Coordinator of the new Joint Action - Prevent NCDs Q & A	
16:00 - 16:20	Spanish presidency and opportunities for implementation of Best-ReMaP recommendations Speaker: <i>Ms Isabel Peña-Rey</i> , Executive Director of AESAN (Spanish Food Safety and Nutrition Agency)	
16:20 - 16:30	Closing remarks and conclusion Scientific Coordinator: <i>Mojca Gabrijelčič-Blenkuš</i> , NIJZ, Slovenia	



Best-ReMaP

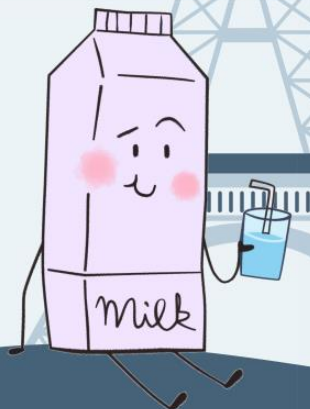
Healthy Food for a Healthy Future

The story behind Best-ReMaP. The vision, values and people

Conference opening

Mojca Gabrijelčič, National Institute of Public Health Slovenia

18.09.2023



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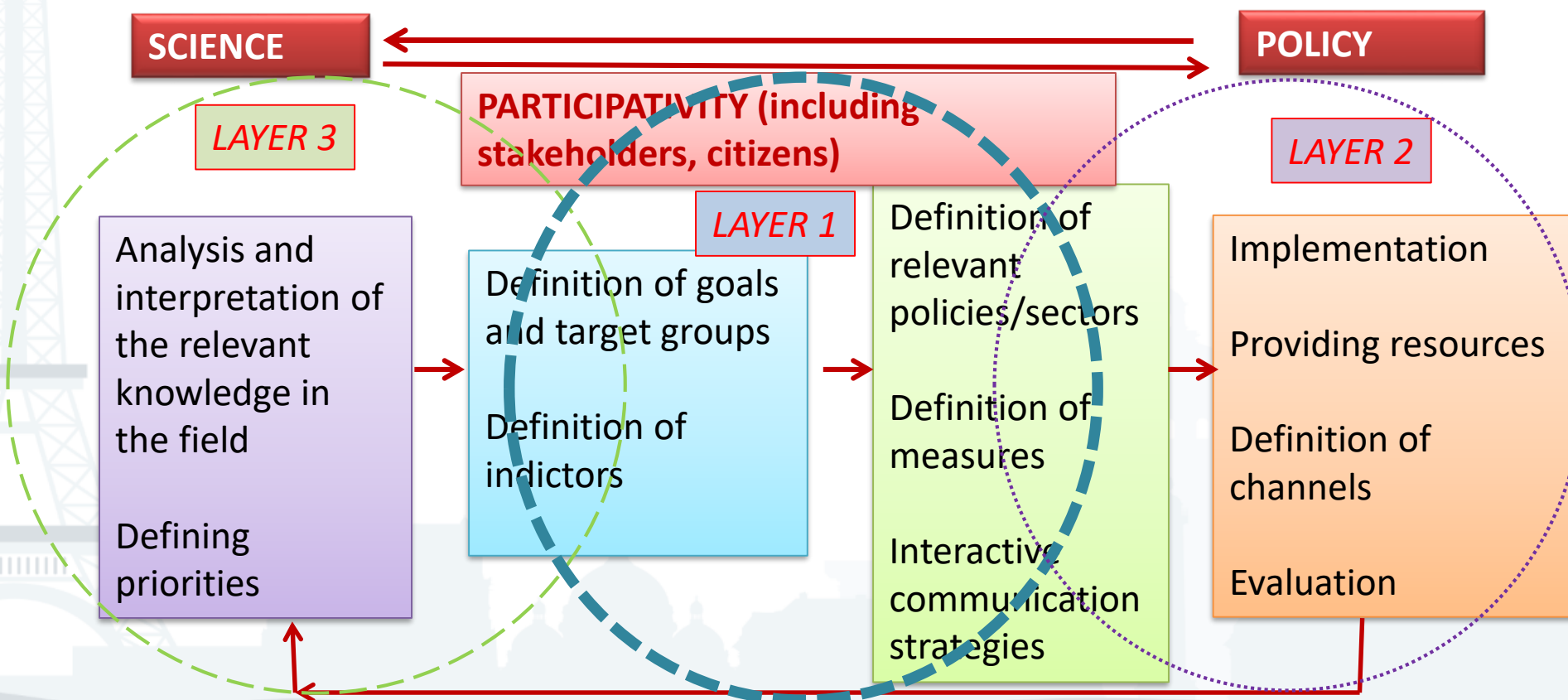


Interlinks of policy and expert cycle



Defining and testing theories
Methodology development
Interpretation of scientific results

Negotiations where different interests are existing
Preparation and enforcement in implementation
of regulation and soft legislation



Source: Gabrijelčič Blenkuš et al, NIPH, 2012

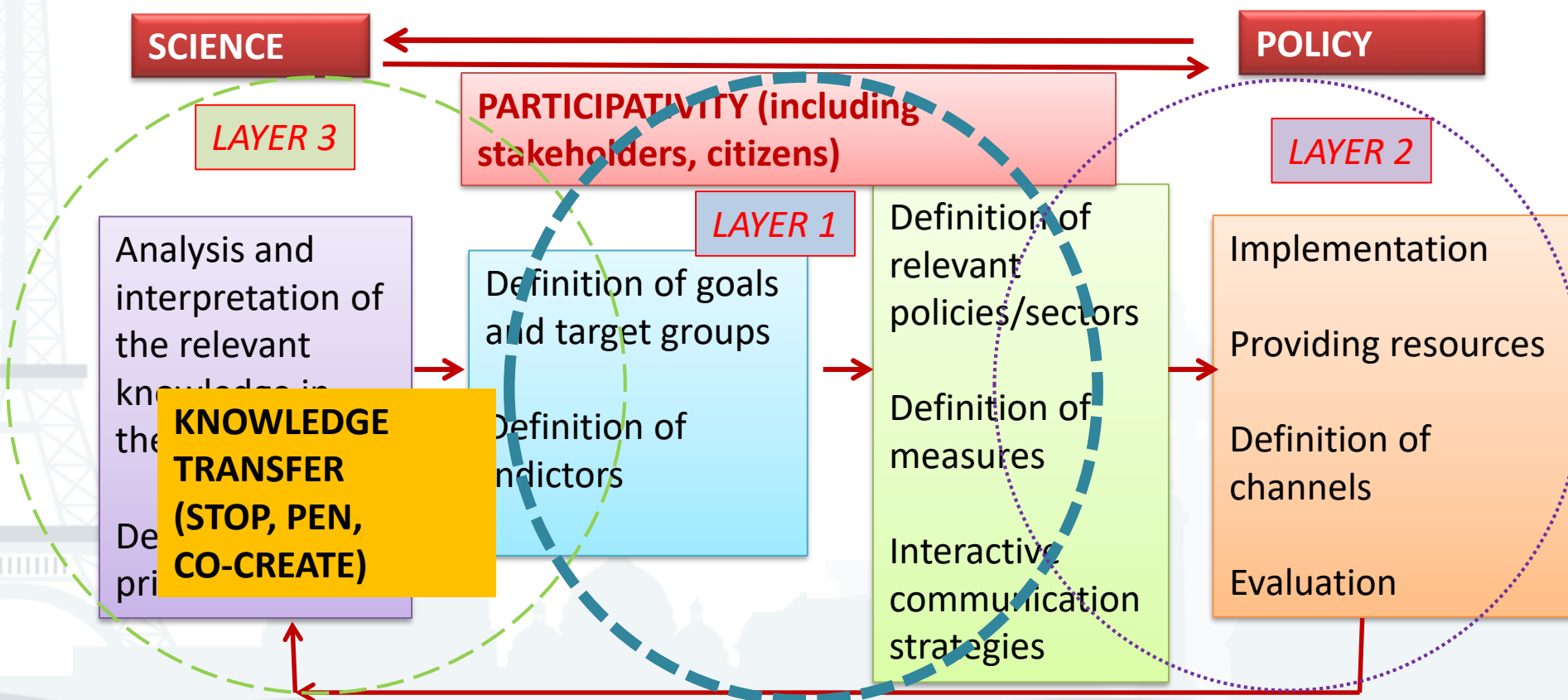
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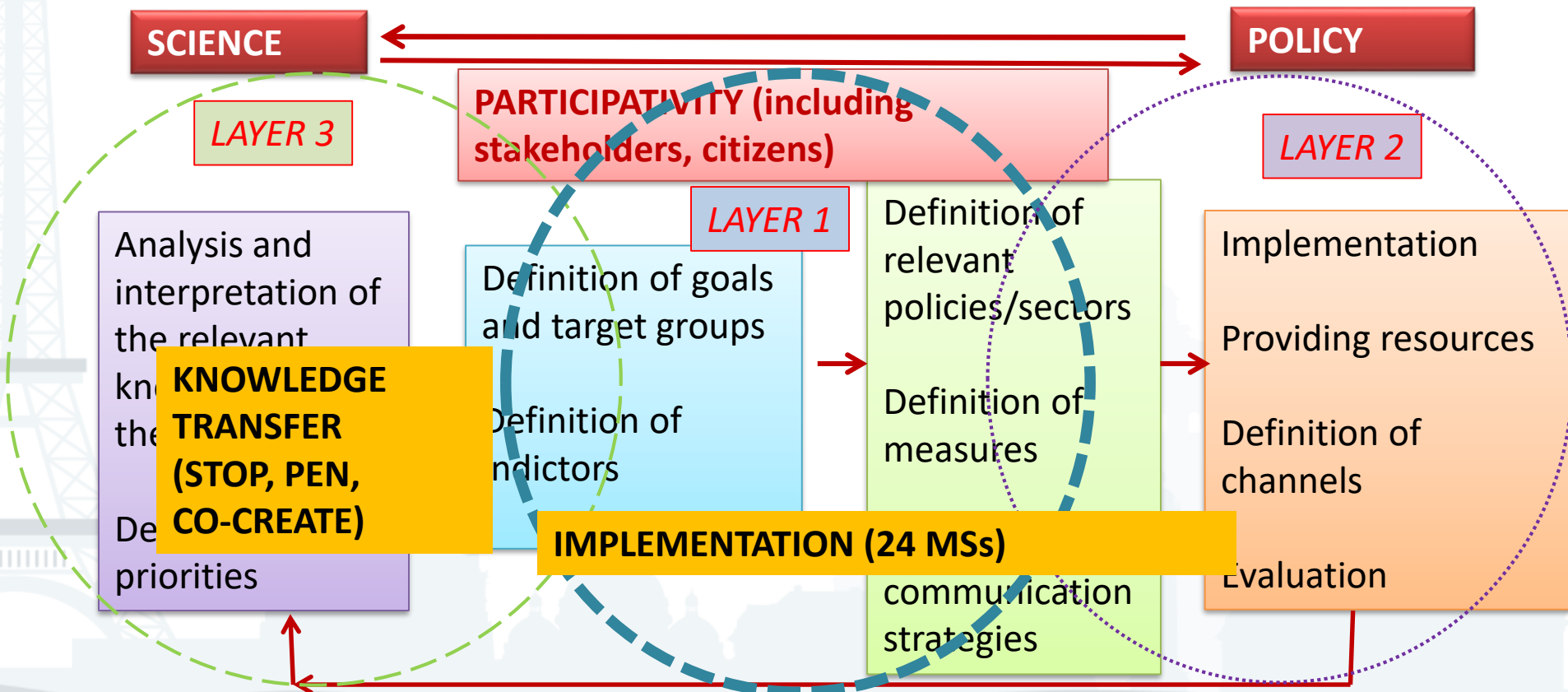
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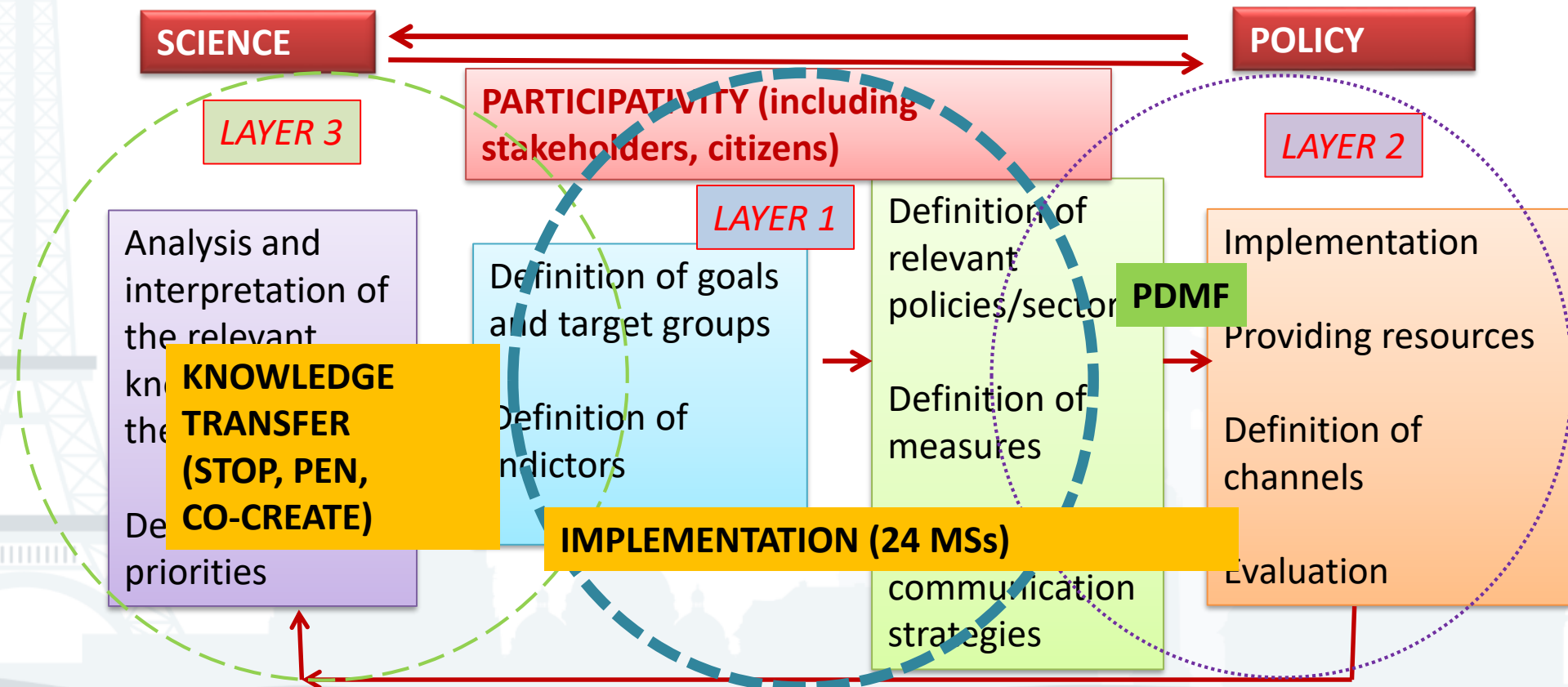
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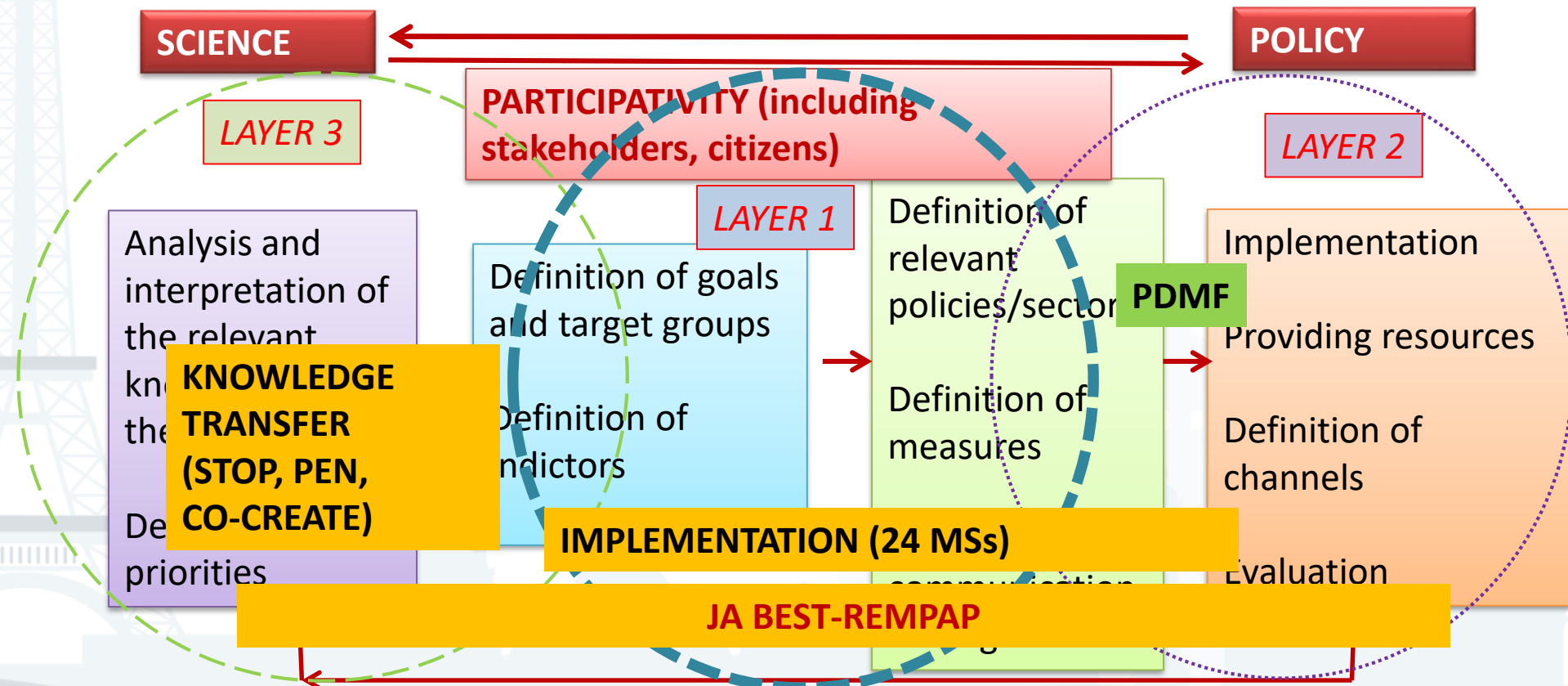
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GENERAL INFORMATION



JA Best–ReMaP

Joint Action on implementation
of validated best practices on nutrition

Coordinator: **National Institute of Public Health Slovenia (NIJZ)**

Funding: Third Health Programme (2014–2020); 7,5 mio Eur

Consortium: 36 partners from 24 European countries

Official start of the JA: **1st October 2020**

Duration of the JA: **3 years**

JA Best-ReMaP will contribute to the children/adolescents **health outcomes** by **improving food choices for children** and changing obesogenic environments

EU Action Plan on Childhood Obesity 2014 – 2020
EU Beating Cancer Plan



JA Best–ReMaP Work Packages

HORIZONTAL

WP 1 – Coordination

National Institute of Public Health, Slovenia (NIJZ)

WP 2 – Dissemination

Semmelweis University, Hungary

WP 3 – Evaluation

The Finish Institute for Health and Welfare

WP 4 – Sustainability and Integration in National Policies

Istituto Superiore di Sanità, Italy

CORE

WP 5 – EU Harmonised Reformulation and processed food monitoring

French Agency for Food, Environmental and Occupational Health & Safety – ANSES

WP 6 – Best practices in reducing marketing of unhealthy food products to children and adolescents

Directorate-General of Health of Portugal and Irish Department of Health

WP 7 – Public procurement of food in public institutions – a pilot EU approach

National Institute of Public Health, Slovenia (NIJZ)

JA BEST-ReMaP developments and contents



Best-ReMaP - implementation of the actions recognised and framed by the MS in the **EU Action Plan on Childhood Obesity 2014 – 2020 (Greek PRED Council Conclusions)** with **list of actions**:

- the follow up to the **JANPA** (sustainable implementation of the joint efforts)
- **BEST-REMAP** based on the transparently selected best practices (SGPP collection of BP - 65; selection of 12 BP in HLG; marketplace presentation of 12 BP at JRC in Ispra; **three good practices selected by members of the HLG**)
- Rolling on of the three policies to **the new JA PreventNCD** (as of 1st January 2024, for 4 years)



JA BEST-ReMaP developments and contents

Reformulation (WP5)

- **HLG reformulation framework**, and annexes, from 2008 on
- **Dutch PRED 2016** reformulation roadmap,
- innovative WP5 **JANPA** approach (OQALI, based on **3 testing countries**)
- **EUREMO (16 MS)** engaged in the snapshot)
- BEST-REMAP extended to new countries (altogether **21 EU MS** will be implementing standardised EU monitoring protocol);

JA BEST-ReMaP developments and contents



Food marketing (WP6)

- a harmonised **transposition process of the AVMSD** based on the **WHO AN on marketing / nutrition profile**;
- **food marketing evaluation protocols** (*traditional and digital*) , based on the Nordic monitoring protocol and WHO CLICK tool

Public procurement of foods in public institutions (WP7)

- taken on board by the **Maltese PRED 2017**, Council Conclusions;
- more **harmonised and transparent implementation of the Procurement legislation**;
- **improvement of the quality of the procured foods** in public institutions, with focus to **schools and kindergartens**
- Feeding in the development of the foreseen new **EU framework legislation on sustainable food systems**

Participating Member States



WP No.	WP Title	Leading Applicant	Participating countries
WP 5	EU Harmonised Reformulation and processed food monitoring	ANSES (France)	21 Austria, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Malta, Italia, Netherlands, Poland, Portuga, Slovenia
WP 6	Best practices in reducing marketing of unhealthy food products to children and adolescents	DoH and DGS (Ireland & Portugal)	17 Austria, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Greece, Ireland, Latvia, Lithuania, Portugal, Romania, Slovenia
WP 7	Public procurement of food in public institutuins – a pilot EU approach	NIJZ (Slovenia)	11 Austria, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Denmark, Finland, Greece, Malta, Poland, Slovenia

The Best-ReMaP JA consortium consists of **24 countries**, 22 EU MSs and two accession countries (Bosnia and Herzegovina, Serbia).

The consortium consist of ministries of health (8), national agencies (5) or institutes of public health (14), prominent universities (3) or other institutions (2)



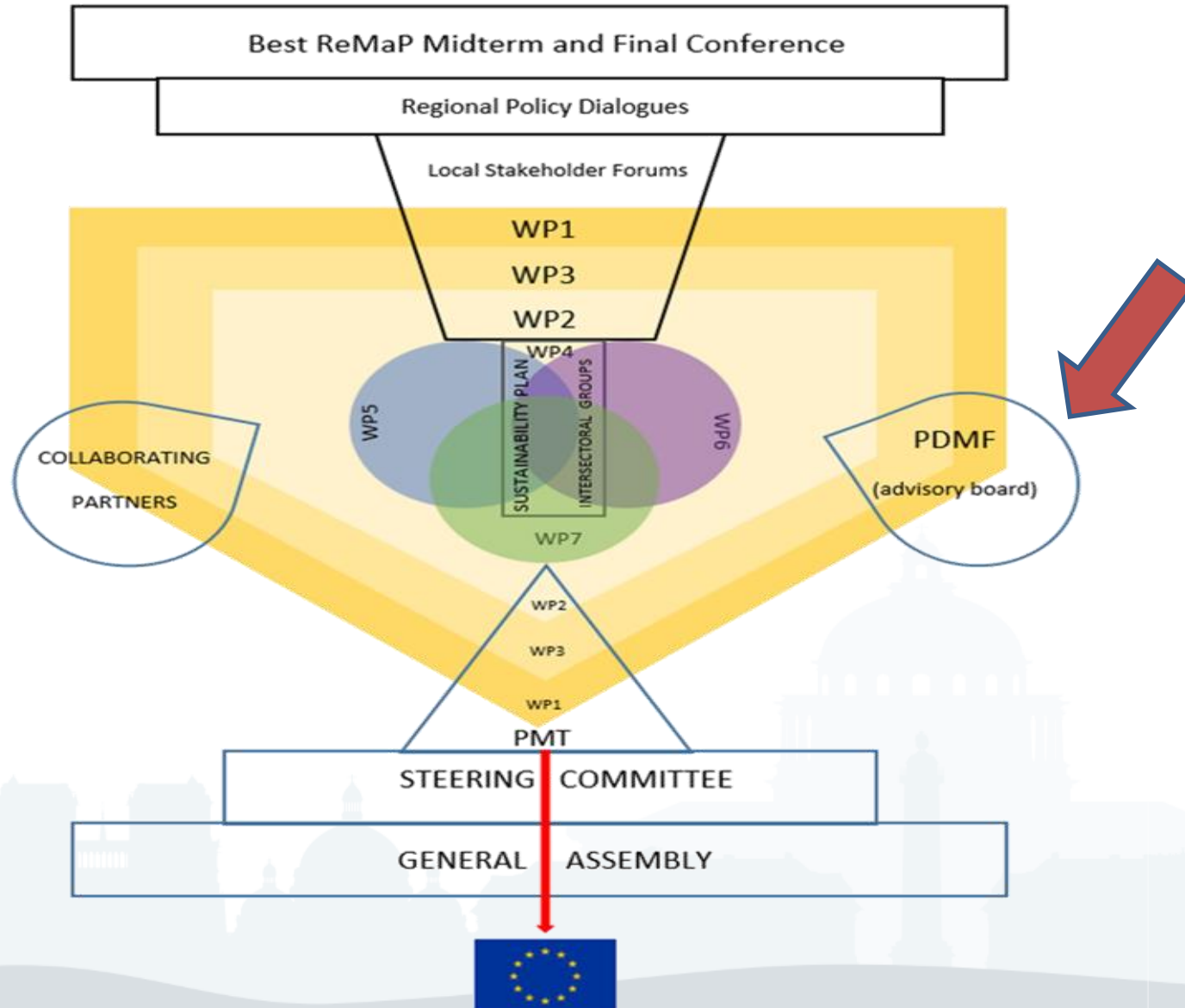
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JA BEST-ReMaP developments and contents

- Addressing the dimension of **health inequalities** is the **JA Best-ReMaP cross-cutting topic**, with high priority in the participating MS
- Composition of the **sustainable branded foods information database** - JRC food database under development;
- OECD – **Economic analyses** within **Best practice projects (Session 9)**
- **A food systems indicator/scoreboard** is envisaged to be developed for the EU Semester and will also be linked to the equity dimension (**AU PRED roadmap**)
- **Multistakeholder engagement** within Best-ReMaP, combined with the other stakeholder initiatives in nutrition, based at the EU and national levels (STOP, CO-CREATE, PEN)

Best-ReMaP structure

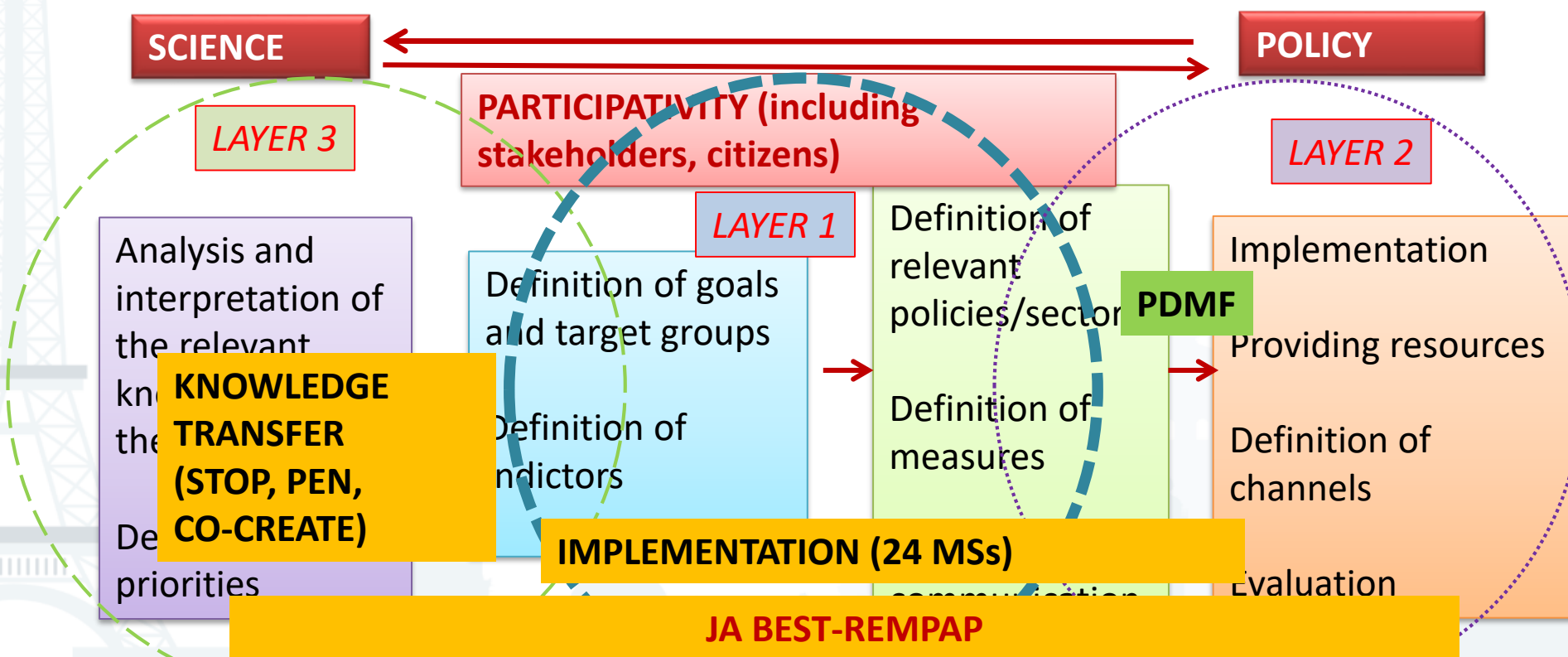


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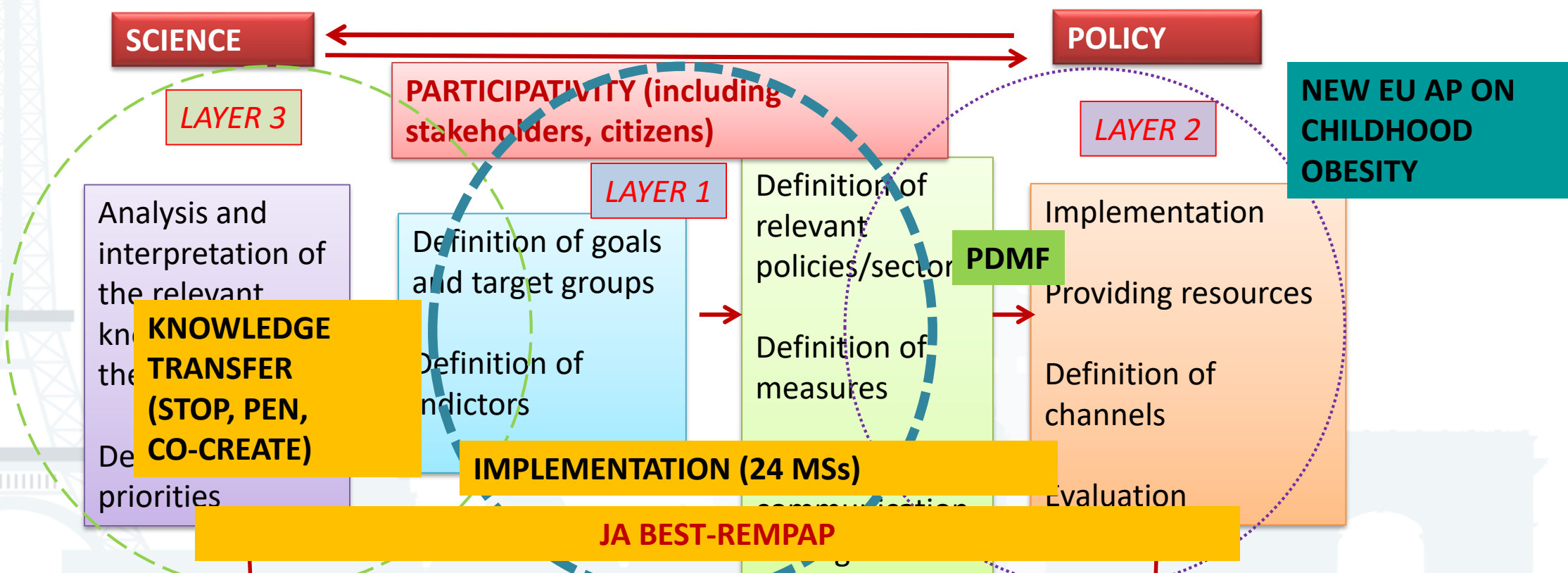


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Best-ReMaP
Healthy Food for a Healthy Future

Enjoy the conference! 😊

Best.remap@nijz.si

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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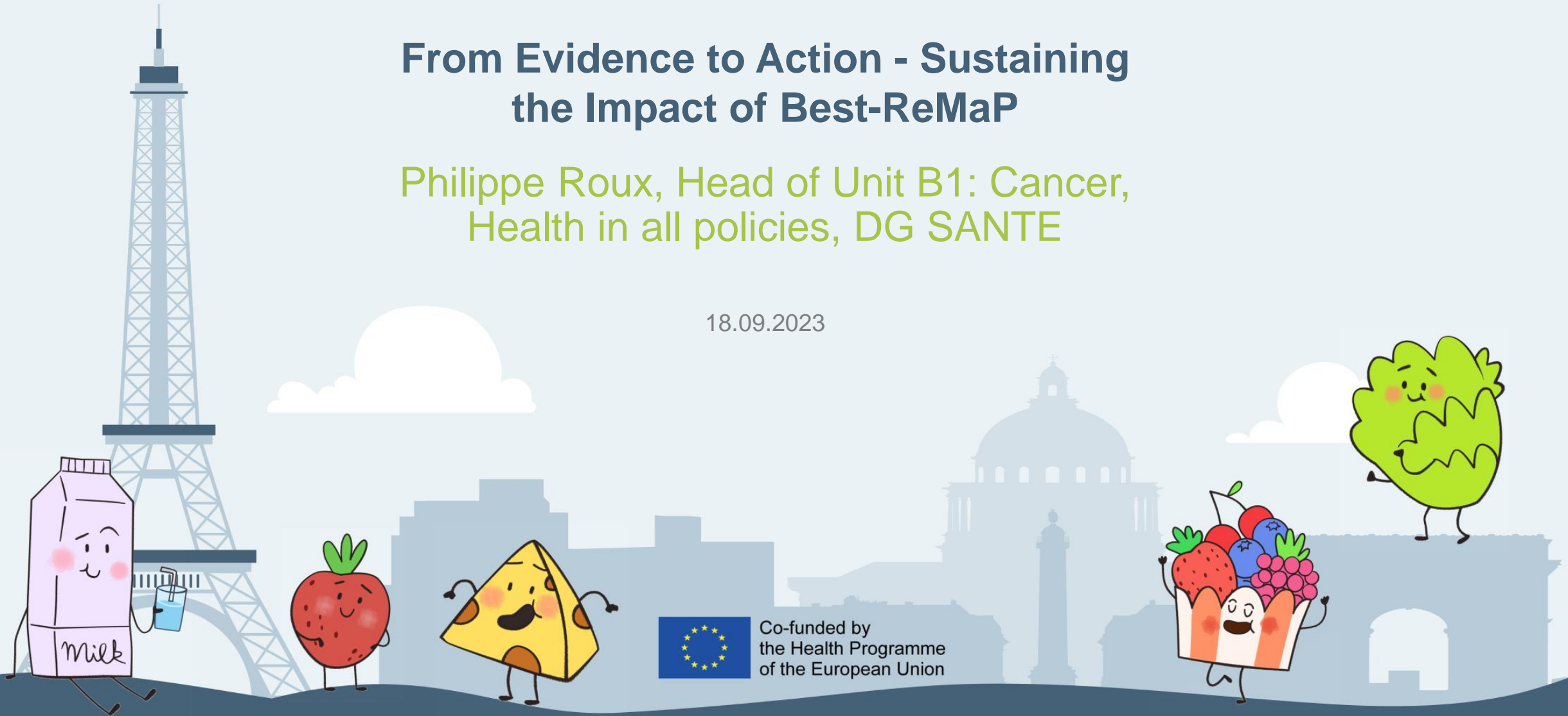
Best-ReMaP

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From Evidence to Action - Sustaining the Impact of Best-ReMaP

Philippe Roux, Head of Unit B1: Cancer,
Health in all policies, DG SANTE

18.09.2023



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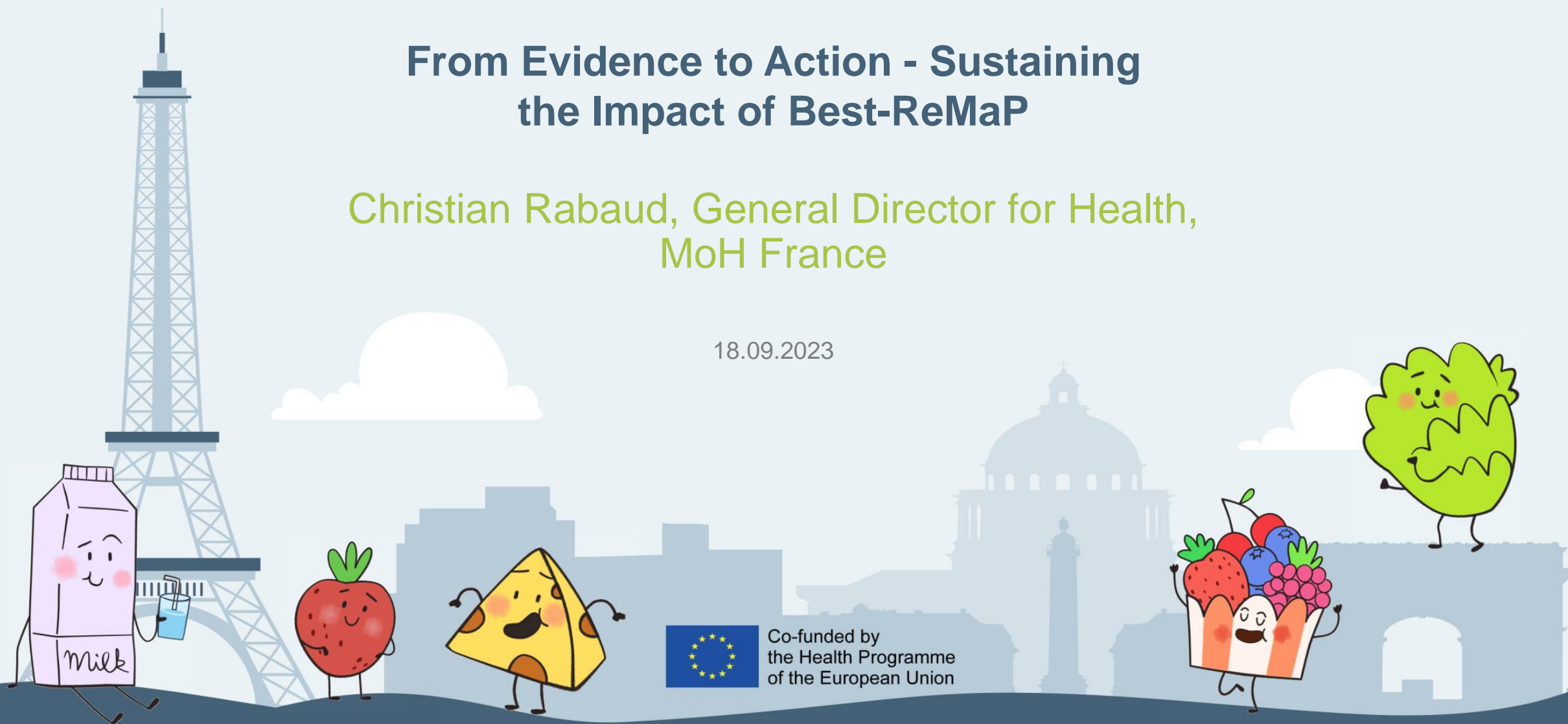


Best-ReMaP
Healthy Food for a Healthy Future

From Evidence to Action - Sustaining the Impact of Best-ReMaP

Christian Rabaud, General Director for Health,
MoH France

18.09.2023



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Healthy Lives: the Quest for a New Economic Model

Franco Sassi PhD
Imperial College London

Paris, 18.09.2023



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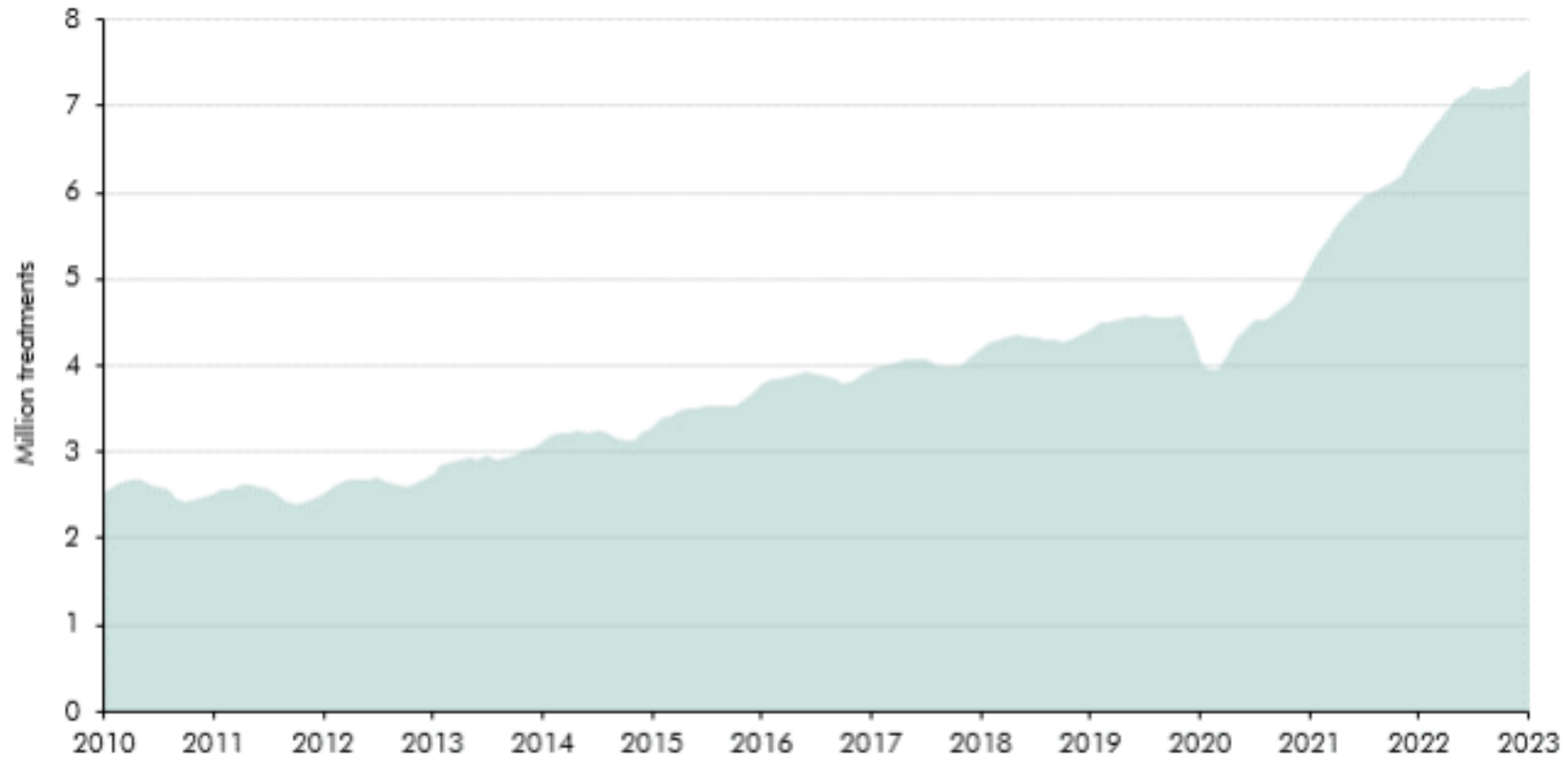
An Obesity Drug Manufacturer



- Market capitalisation **increased fourfold** since 2018
- Capitalisation peaked at **\$423Bn** in August 2023, after the publication of preliminary trial data showing a **20% reduction in serious cardiac events** against placebo
- Current value of the company is **larger than the size of the economy** of the country where company is based
- Last year, the company accounted for **two thirds of the economic growth** of that country

Dire Sustainability Predictions Coming True

NHS England's referral-to-elective-treatment waiting list

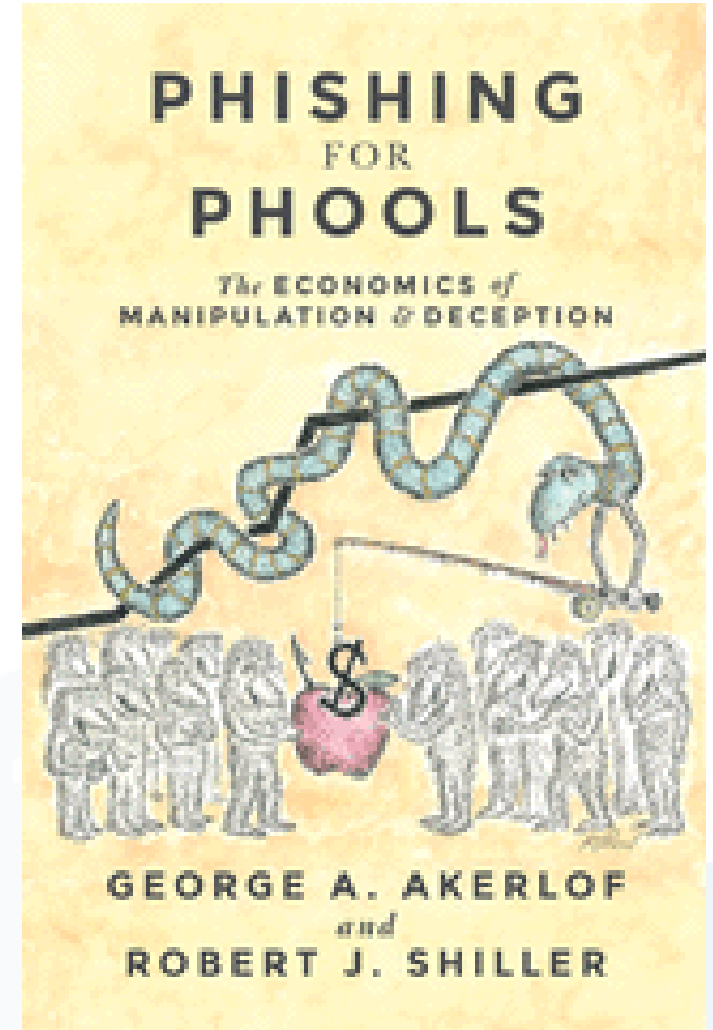


Source: NHS England

Is This The Economic Model We Want?



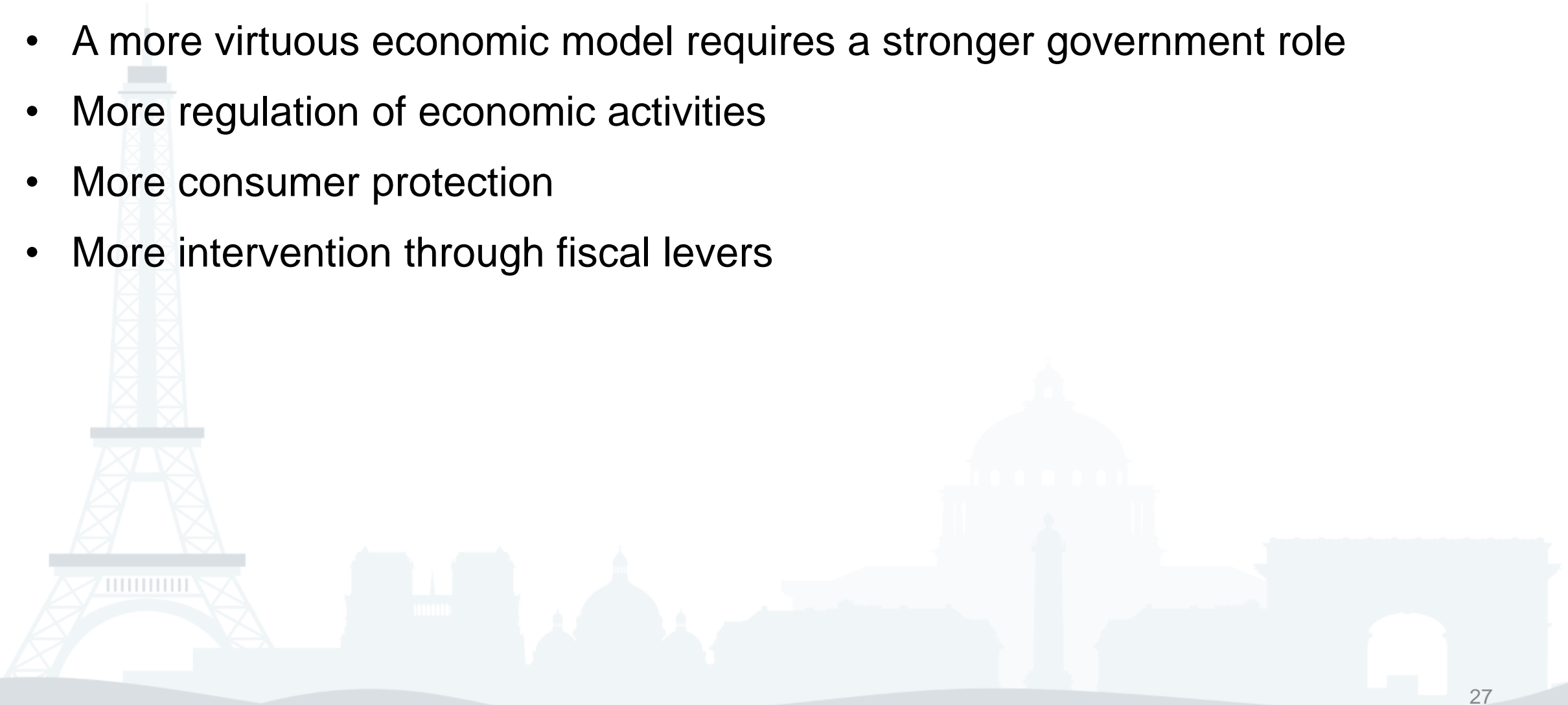
- Children whose diet contains more than 30% of highly industrially processed foods have biomarkers associated with obesity (STOP)
- Major digital players control the online advertising market - attempts to limit their influence have had limited success so far
- A market that manipulates consumers into choices that are not in their best interest is a **failed market**



Best ReMaP For a New Economic Model



- A more virtuous economic model requires a stronger government role
- More regulation of economic activities
- More consumer protection
- More intervention through fiscal levers



STOP/PEN Food-EPI Analysis

Level of implementation of key policies in 11 EU countries



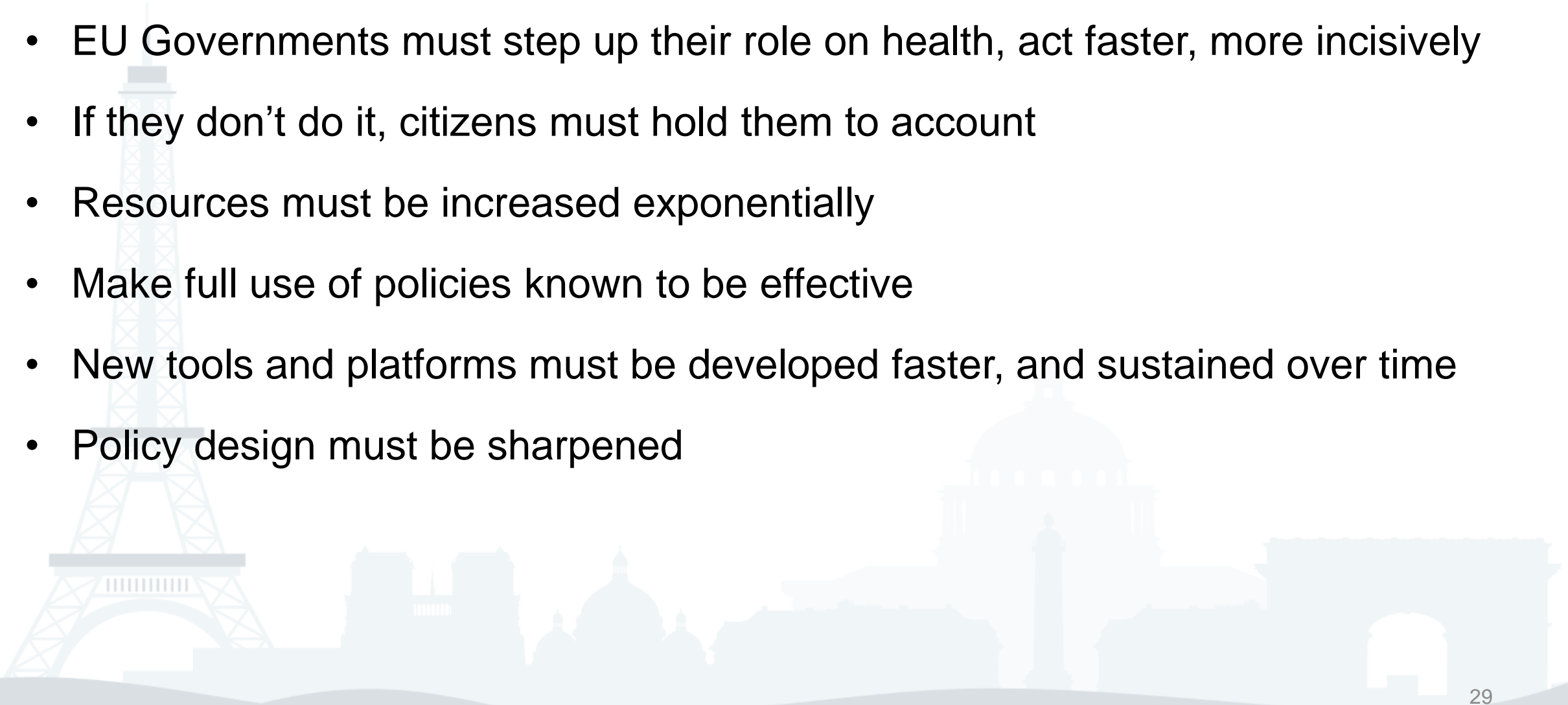
	POLICIES						INFRASTRUCTURE SUPPORT					
	Food composition	Food labeling	Food marketing	Food prices	Food provision	Food retail	Leadership	Governance	Monitoring	Funding	Platforms	Health in all policies
Finland	HIGH	LOW	MEDIUM	MEDIUM	HIGH	MEDIUM	HIGH	HIGH	HIGH	MEDIUM	HIGH	HIGH
Estonia	LOW	LOW	LOW	LOW	MEDIUM	LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM	LOW	MEDIUM
Germany	LOW	LOW	LOW	LOW	LOW	VERY LOW	LOW	LOW	LOW	LOW	LOW	LOW
Ireland	LOW	LOW	LOW	MEDIUM	MEDIUM	LOW	MEDIUM	HIGH	MEDIUM	MEDIUM	MEDIUM	MEDIUM
Italy	LOW	LOW	LOW	LOW	MEDIUM	LOW	MEDIUM	MEDIUM	MEDIUM	LOW	VERY LOW	LOW
Netherlands	LOW	LOW	LOW	LOW	LOW	LOW	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	LOW
Norway	MEDIUM	MEDIUM	MEDIUM	LOW	MEDIUM	LOW	MEDIUM	HIGH	MEDIUM	HIGH	MEDIUM	MEDIUM
Poland	MEDIUM	MEDIUM	LOW	MEDIUM	LOW	VERY LOW	LOW	LOW	MEDIUM	MEDIUM	MEDIUM	LOW
Portugal	HIGH	LOW	MEDIUM	MEDIUM	MEDIUM	LOW	HIGH	MEDIUM	MEDIUM	LOW	MEDIUM	LOW
Slovenia	MEDIUM	LOW	MEDIUM	VERY LOW	MEDIUM	VERY LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM
Spain	LOW	LOW	LOW	LOW	LOW	VERY LOW	MEDIUM	LOW	MEDIUM	LOW	LOW	LOW

Source: Pineda et al., Lancet Regional Health for Europe

How Can We Make Progress?



- EU Governments must step up their role on health, act faster, more incisively
- If they don't do it, citizens must hold them to account
- Resources must be increased exponentially
- Make full use of policies known to be effective
- New tools and platforms must be developed faster, and sustained over time
- Policy design must be sharpened





Best-ReMaP

Healthy Food for a Healthy Future

Thank you for your attention!

Franco Sassi PhD

E-mail
Web
Phone

Joint Action on implementation of validated best practices in nutrition
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Healthy Food for a Healthy Future

WHO Europe – Priority actions and innovative monitoring tools

Dr Kremlin Wickramasinghe, WHO Europe, Special Initiative for NCDs and Innovation and WP 6

18.09.2023

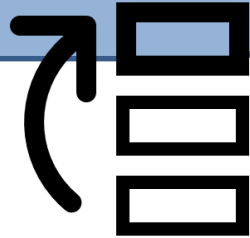


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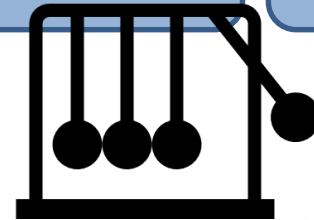
New NCD agenda



Prioritizing NCDs on global agenda



Momentum for NCD prevention and control



Importance of target setting and funding



UN High level meeting of 2025
SDGs deadline 2030

Revolutions for NCDs



1

NCDs and permacrisis

2

Rebalancing priorities

3

Social and commercial determinants of NCDs

Dual track strategy of WHO Euro



Race to finish

Vision 2050

Importance of target setting

WHO's advocacy for policy-making

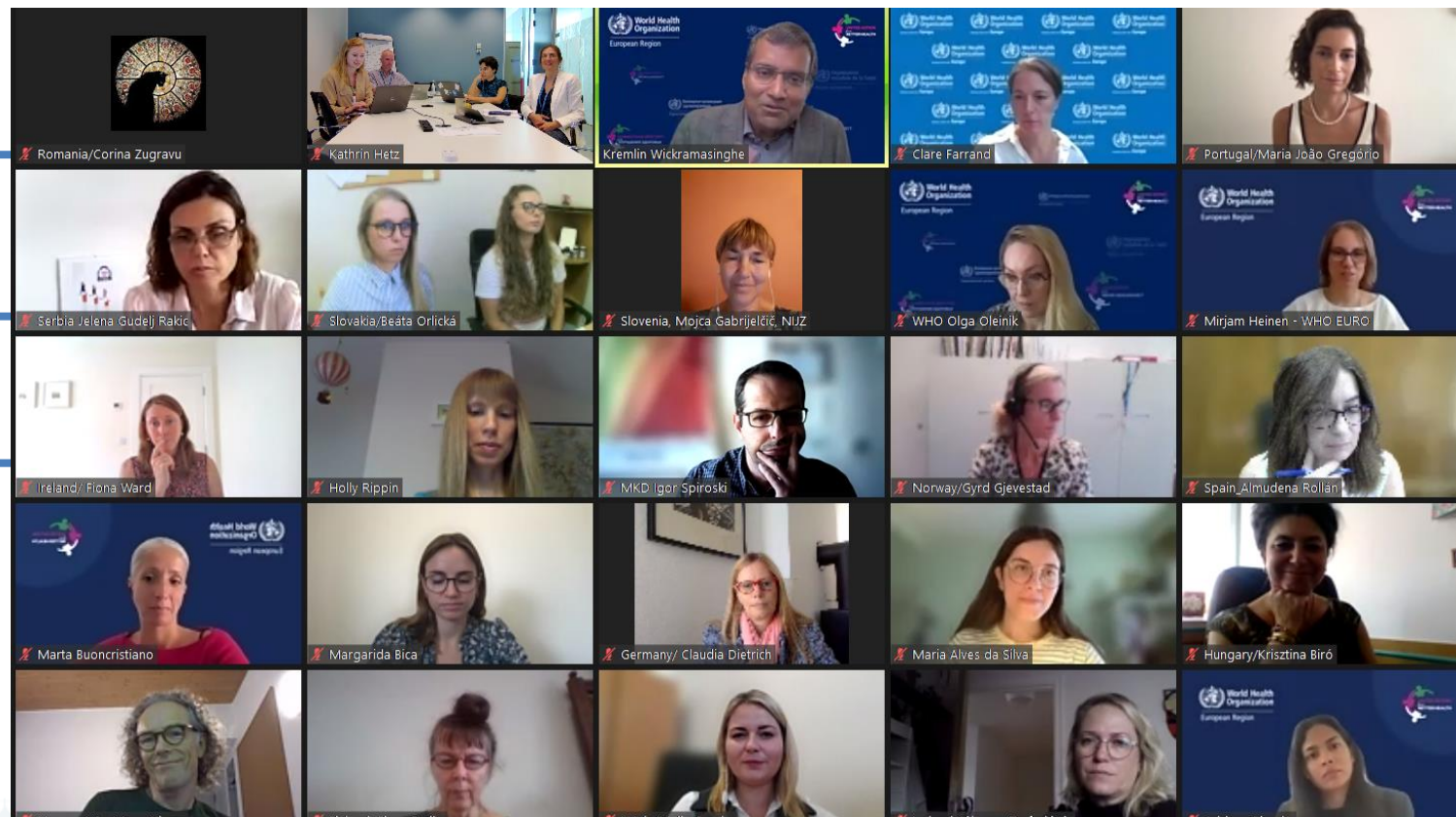


Strong networks

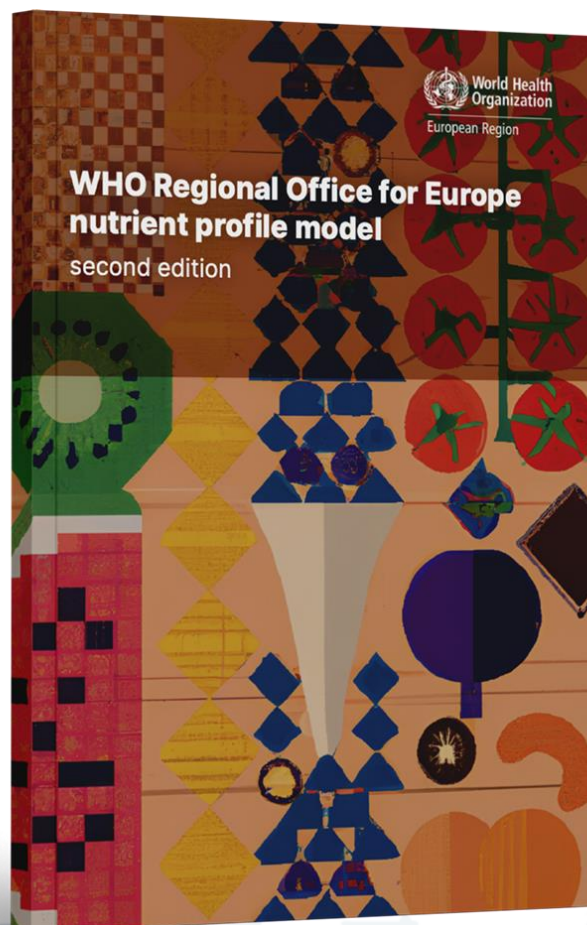
Experience sharing

Resilient systems

Reestablished Nutrition and obesity
focal point network – 5 September
2023



WHO Europe Nutrient Profile Model 2023



Category no.	Product category	Examples	Total fat (g)	Saturated fat (g)	Total sugars (g)	Added sugars (g)	Non-sugar sweeteners (g)	Sodium (g)	Energy (kcal)		
1	Chocolate and sugary confectionery	Chocolate confectionery Sugar confectionery (including jellies and boiled sweets; chewing-gum and bubble gum; caramels; liquorice sweets,									
		Category no.	Product category	Examples	Total fat (g)	Saturated fat (g)	Total sugars (g)	Added sugars (g)	Non-sugar sweeteners	Sodium (g)	Energy (kcal)
		4.4	Energy drinks	Beverages containing caffeine or other stimulants such as guarana, taurine, lucuronolactone and vitamins				0	0		
2	Cakes, biscuits and pastries	Water-based flavoured drinks (carbonated and still) Fruit and									
		4.5	Soft drinks								
3	Savory snacks	10	Butter, other fats and oils	Butter, butter blends, margarine and oil-based spreads Vegetable oils		21				0.5	
		11	Bread, bread products and crisp breads	Leavened bread (including breads made with all types of cereal flours, e.g., white or whole-grain wheat, spelt and rye) Flatbreads	17		12.5			0.5	
		12	Fresh or dried pasta, rice and grains	Fresh or dried pasta and noodles Rice and grains	17		12.5			0.5	
4	Beverages	13	Fresh and frozen meat, poultry, fish and similar	Fresh and frozen meat, poultry, game and fish Eggs	17						
		7	Yoghurt	Processed fish and seafood products (including tinned, raw and non-heat-treated; e.g., tinned tuna, smoked fish and fish fingers) Processed meat, poultry, game and preparations (including tinned, raw, heat- and non-heat-treated, e.g., ham, burgers, sausages and breaded meat products)	17				0.5		
		8	Cherries								
4.2	Dairy products	15	Fresh and frozen fruit, vegetables and legumes	Fresh and frozen fruit, vegetables without additional ingredients (including starch vegetables, roots and tubers) Fresh and frozen legumes without additional ingredients.	Permitted						
4.3	Plant-based products	9	Reactive components	Tinned, pickled, dried, battered and breaded vegetables and legumes Tinned, dried and pickled fruits Fruit and vegetable pouches	3		12.5	0		0.5	
		17	Savoury plant-based foods/ meat analogues	Tofu and tempeh Meat analogues (including "veggie" burgers)	17			0	0	0.5	
		18	Sauces, dips and dressings	Stock cubes Cooking sauces (including pasta sauces) Dips and dipping sauces Salad dressings Condiments (including tomato ketchups)	17			0	0	0.5	

Marketing is prohibited of any product, regardless of category, that contains > 1 g per 100 g total fat in the form of industrially produced trans fatty acids.

Development of NPM



2021

Planning of the testing

Development of the new proposal

EU Joint Action
Best-ReMaP
NPM expert meeting

Mar – Jun 2022

Testing

13 countries - Belgium, Croatia, Estonia,
Finland, France, Greece, Ireland, Latvia,
Portugal, Serbia, Slovenia, Spain, and
Romania

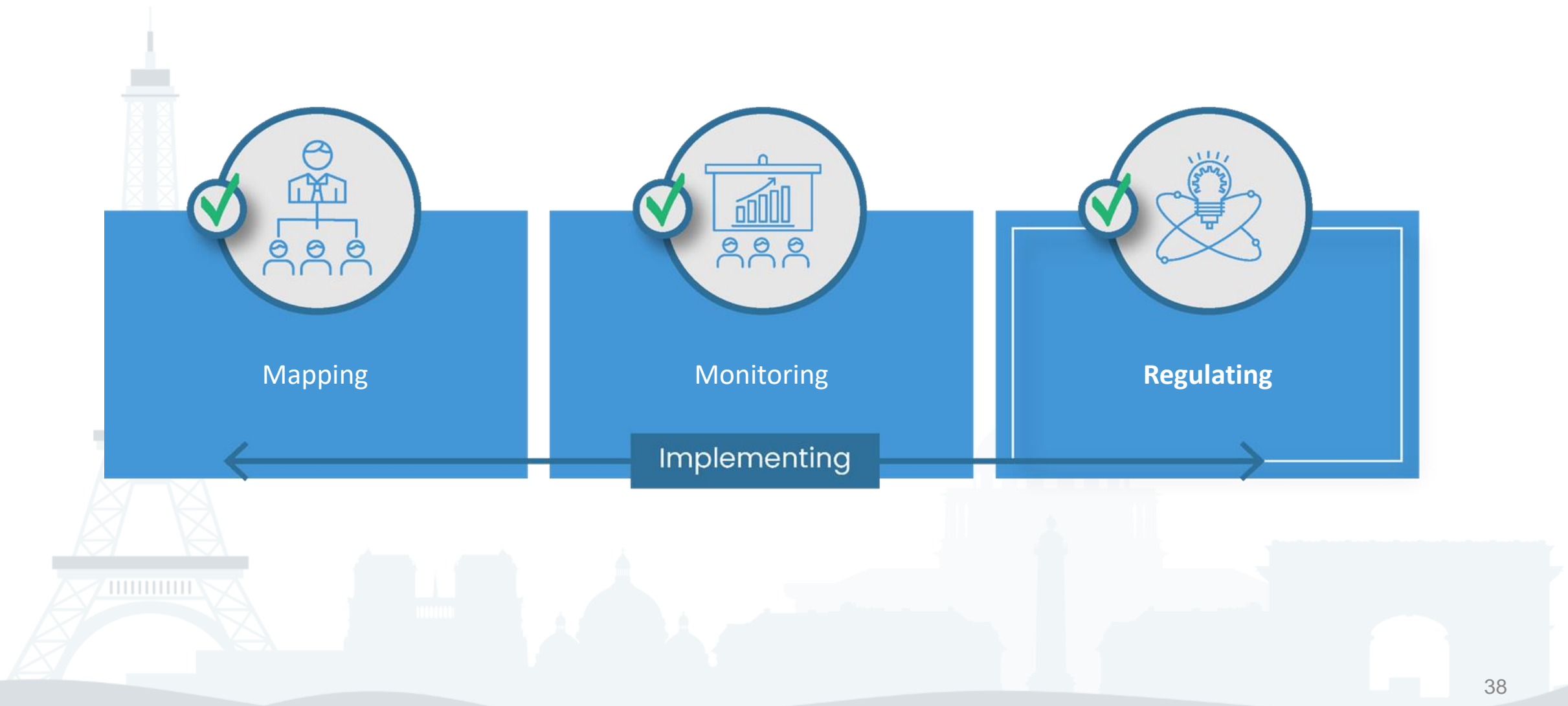
Jun – Oct 2022

Jun – Oct 2022

Adjustment and finalisation of the model

Making Europe the safest place for children to go online

Collaboration with Best ReMap on different levels



Evidence informed policies



Policies to protect children from the harmful impact of food marketing

WHO guideline



Marketing monitoring



CLICK

C Comprehend the digital ecosystem

L Landscape of campaigns

I Investigate exposure

C Capture on-screen

K Knowledge sharing

Innovations - KidAd App and AI mechanism



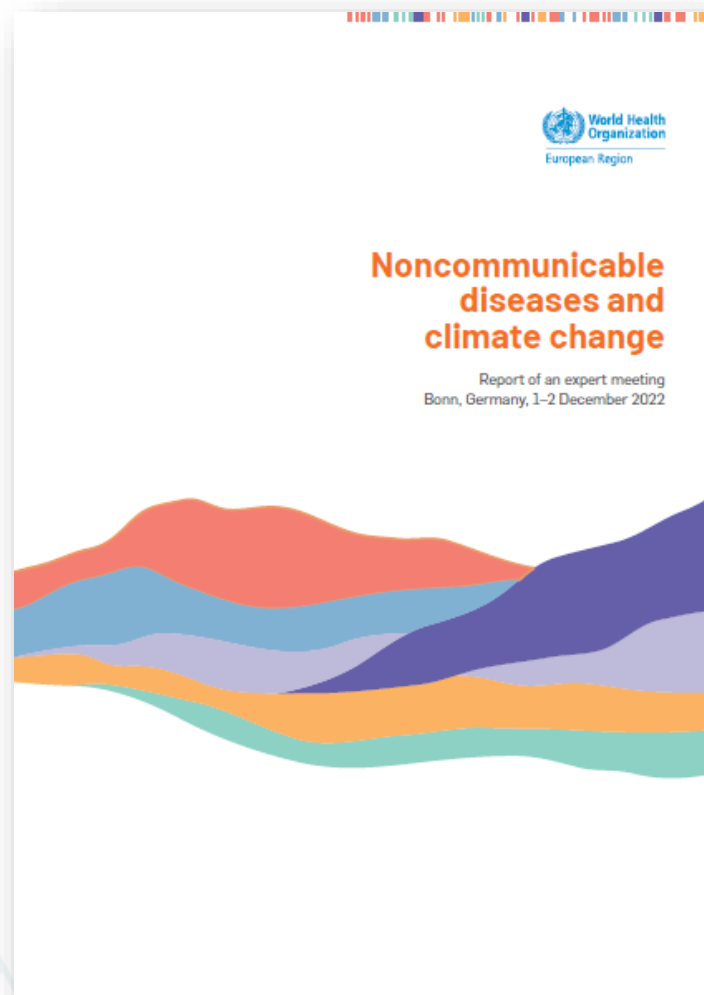
“A set of monitoring tools that capture screenshots and metadata from interactive digital media sources, securely transferring and storing collected data in the cloud”

Version 1

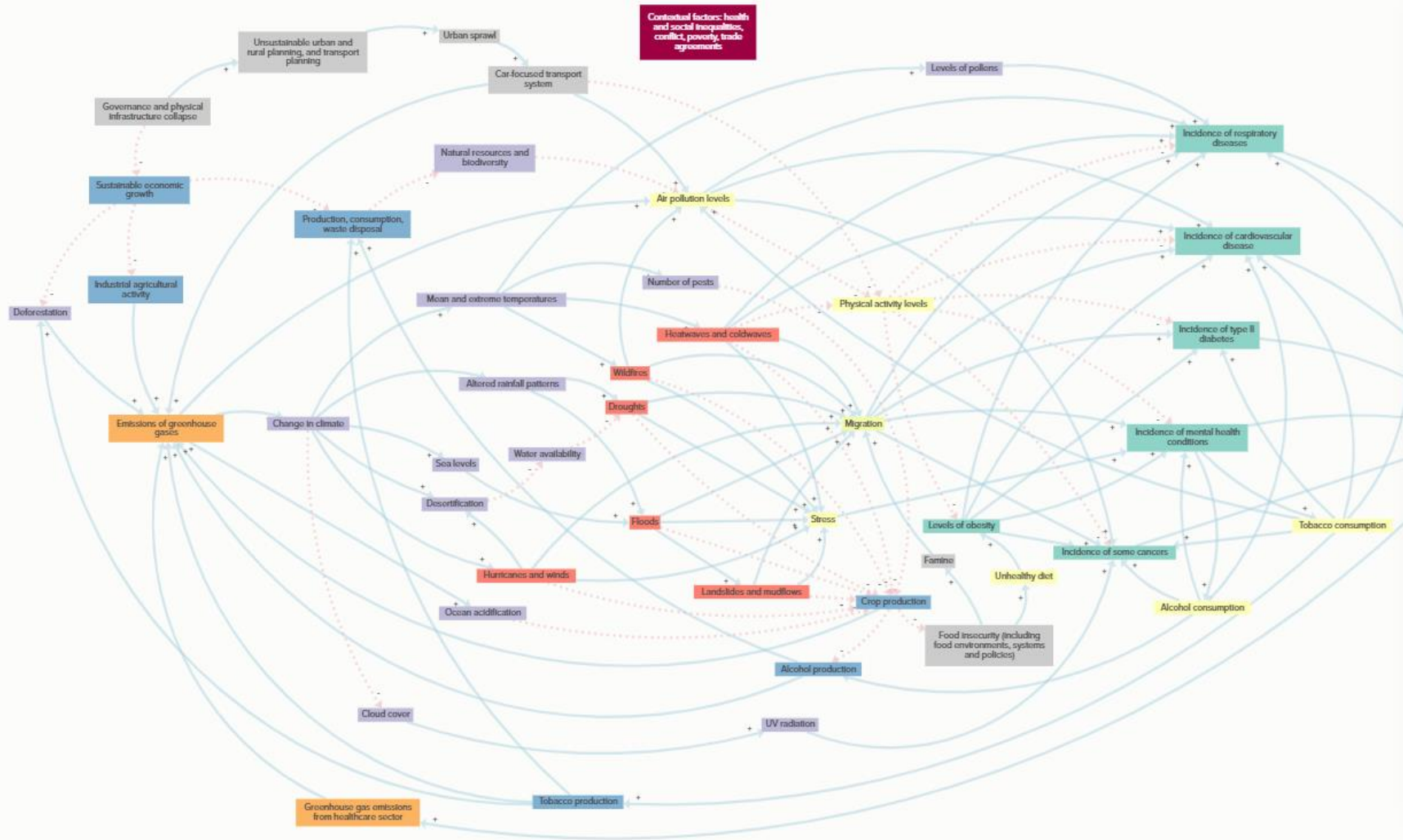
- A mobile app that can be installed on children's Android smartphones, taking screenshots when pre-defined apps are used
- The monitoring period can be varied, capturing real-life marketing exposure rather than a short lab experience.
- Collected screenshots and metadata are securely transferred to a cloud database via the KidAd API
- A responsible team manually analyses images to detect advertising of unhealthy foods in screenshots.



Sustainable public food procurement manual and NCDs and climate change



WHO systems thinking manual for noncommunicable disease prevention policy





New modelling tool for the analysis of the health, environmental, sustainability and affordability implications of diets and dietary change.

**Scenarios of dietary
change**



Model



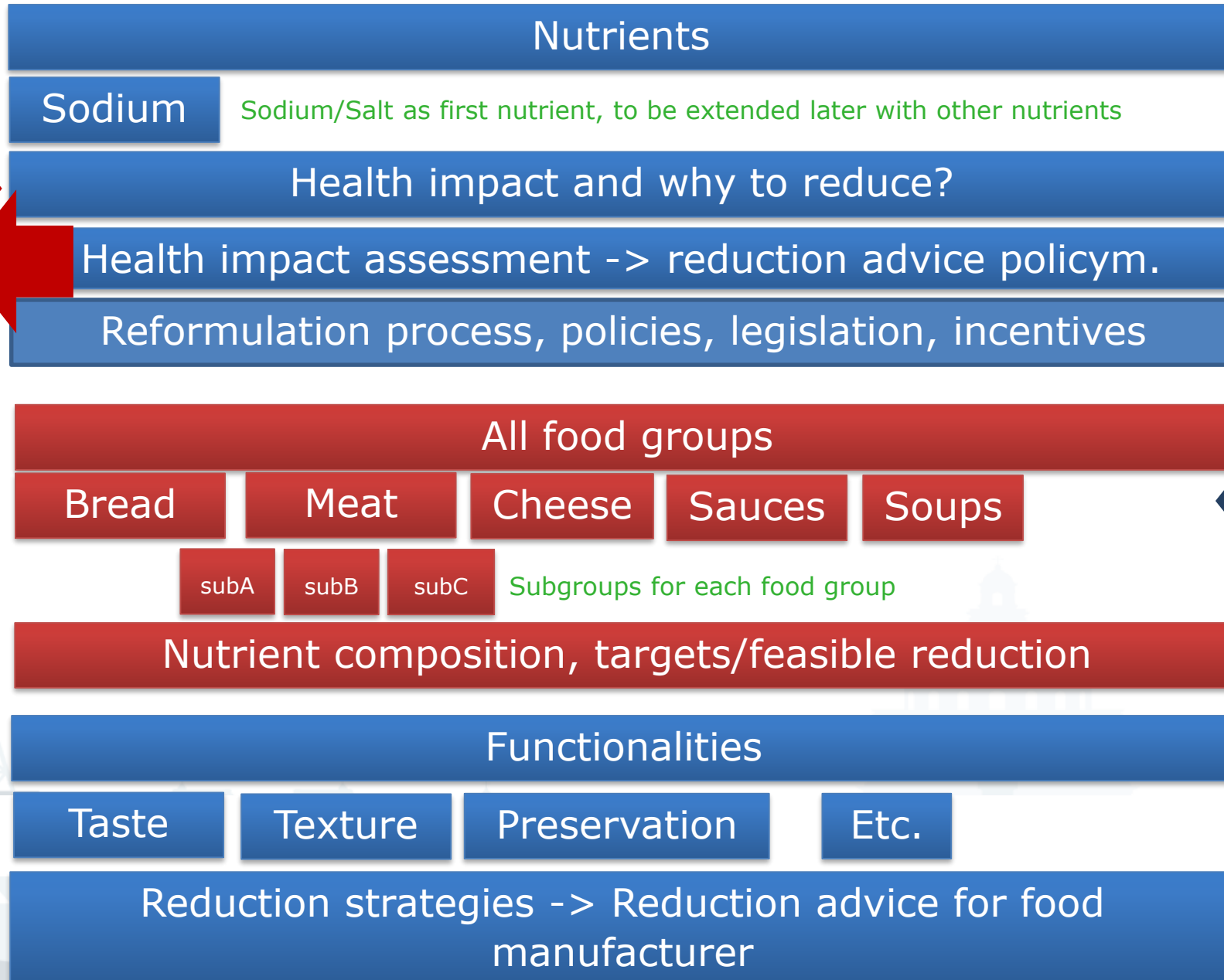
**Health,
environmental and
cost burden**

Outputs

- Cost
- avoidable
- change
- use



Policy
makers



Food
Industry
(SME)



The way forward – Strong and resilient networks



Engaging with domain experts & Policy transfer from Best-ReMap

Technical Advisory Group (TAG) on Brand Marketing

WHO European Action Network on Reducing Marketing Pressure on Children

WHO European Salt Action Network (ESAN)

WHO Sugar and Calorie Reduction Network (SCRN)

WHO Legal Network on Marketing Restrictions (*incl. model laws*)





Best-ReMaP
Healthy Food for a Healthy Future

Thank you for your attention!

Kremlin Wickramasinghe

wickramasinghek@who.int

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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Best-ReMaP

Healthy Food for a Healthy Future

TEA BREAK

10:10 – 10:40



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Best-ReMaP

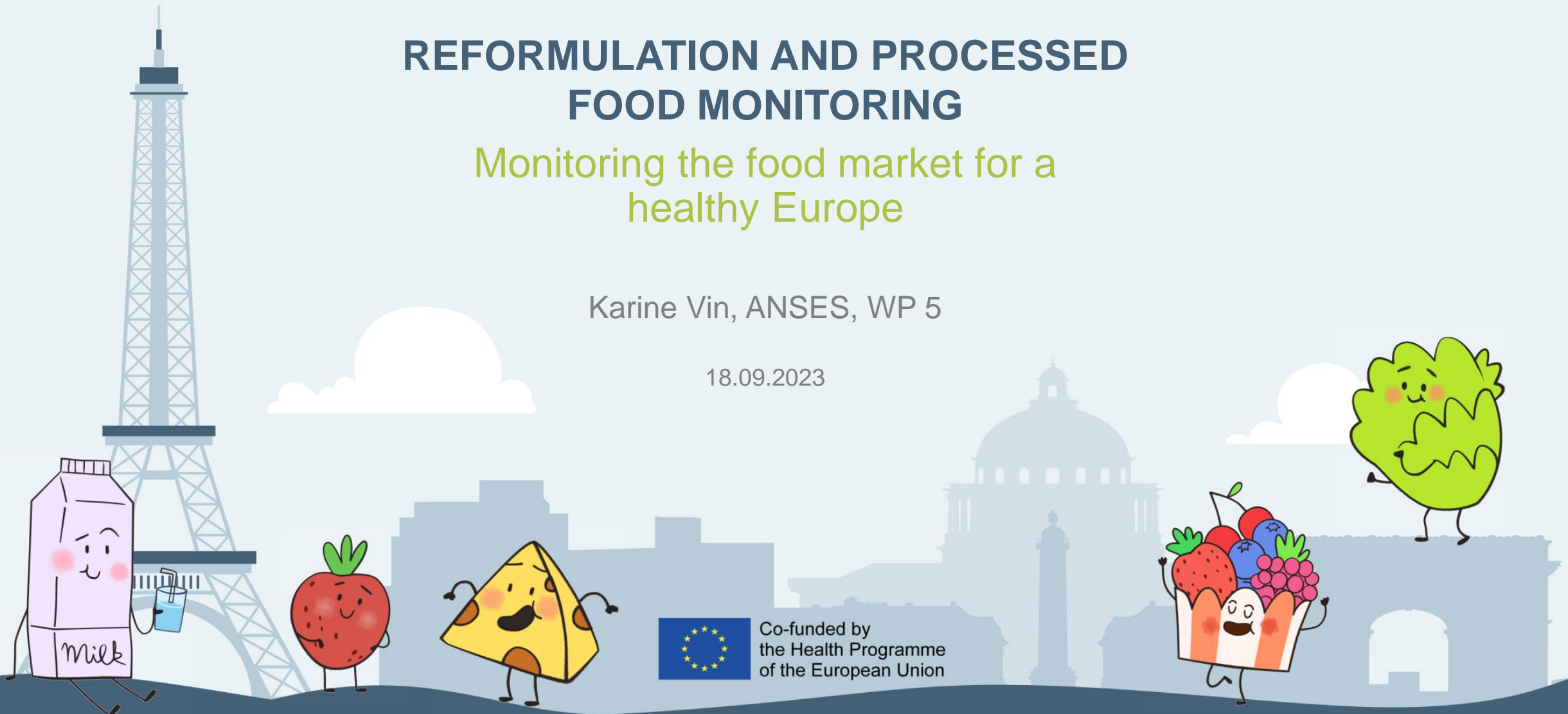
Healthy Food for a Healthy Future

REFORMULATION AND PROCESSED FOOD MONITORING

Monitoring the food market for a
healthy Europe

Karine Vin, ANSES, WP 5

18.09.2023

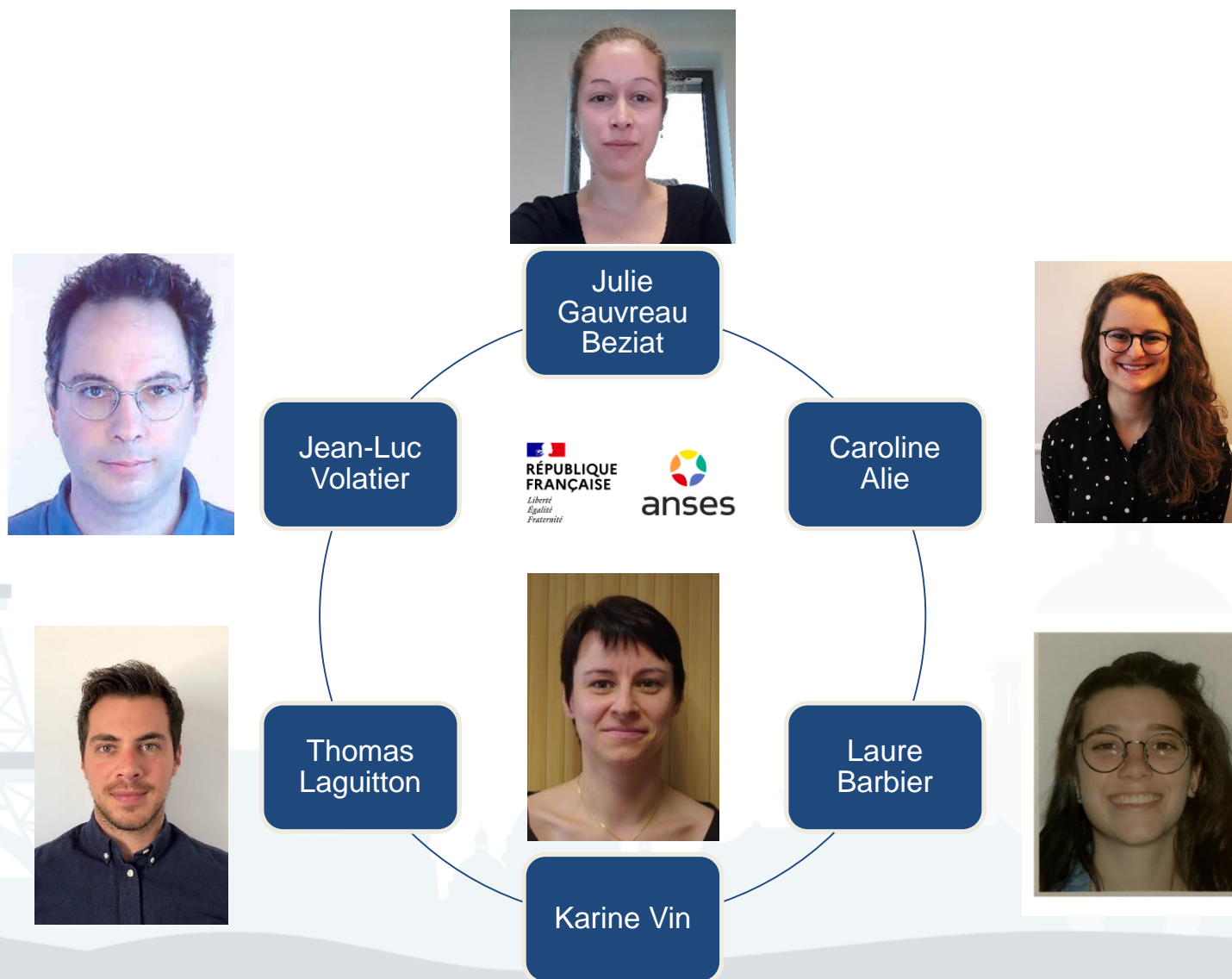


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REFORMULATION AND PROCESSED FOOD MONITORING

ANSES team

Thanks to the team and to all participating countries for their great work!



REFORMULATION AND PROCESSED FOOD MONITORING



Objectives and benefits of the WP5

Share and promote the best practices on how to implement a European sustainable monitoring system for processed food reformulation

The activities of this Work Package:

- ✓ Gives an overview of the **nutritional quality of the food**
- ✓ Allows **comparisons between countries**
- ✓ Provides data to evaluate and adapt **nutrition policies**
- ✓ Identifies best formulation to incite manufacturers **to improve the nutritional quality** of their products



Key information: nutritional quality monitoring / tool for nutrition policy / promoting reformulation

REFORMULATION AND PROCESSED FOOD MONITORING



Best-ReMaP key methods (based on JANPA - Joint Action on Nutrition and Physical Activity (2015-2017))

- ❑ **5 Priority food categories:** Bread products / Delicatessen meats / Soft drinks / Breakfast cereals / Fresh dairy products and desserts
- ❑ **Data collection: information available on labels** - pictures taken in shops. Crowdsourcing and webscraping tested but not validated
- ❑ **Data codification** in subcategories of products designed to monitor food reformulation by grouping products with similar sales name, manufacturing technology, recipe, or marketing positioning
 - Possible identification of best in class products
 - Identification of margin of reformulation
 - Possible comparison between countries
- ❑ **Indicators defined for the follow up** (food offer, nutritional values...)
- ❑ **Common tools and programs**
- ❑ **Quality checks** (classification, type of brand, consistency of data, outliers...)
- ❑ **Feed the common database developed by the JRC**
 - First database at European level
 - Branded composition data for 5 food categories and 19 countries

REFORMULATION AND PROCESSED FOOD MONITORING

Best-ReMaP data collections



- **First data collection for 4 countries:** Bosnia and Herzegovina, Croatia, Ireland and Poland

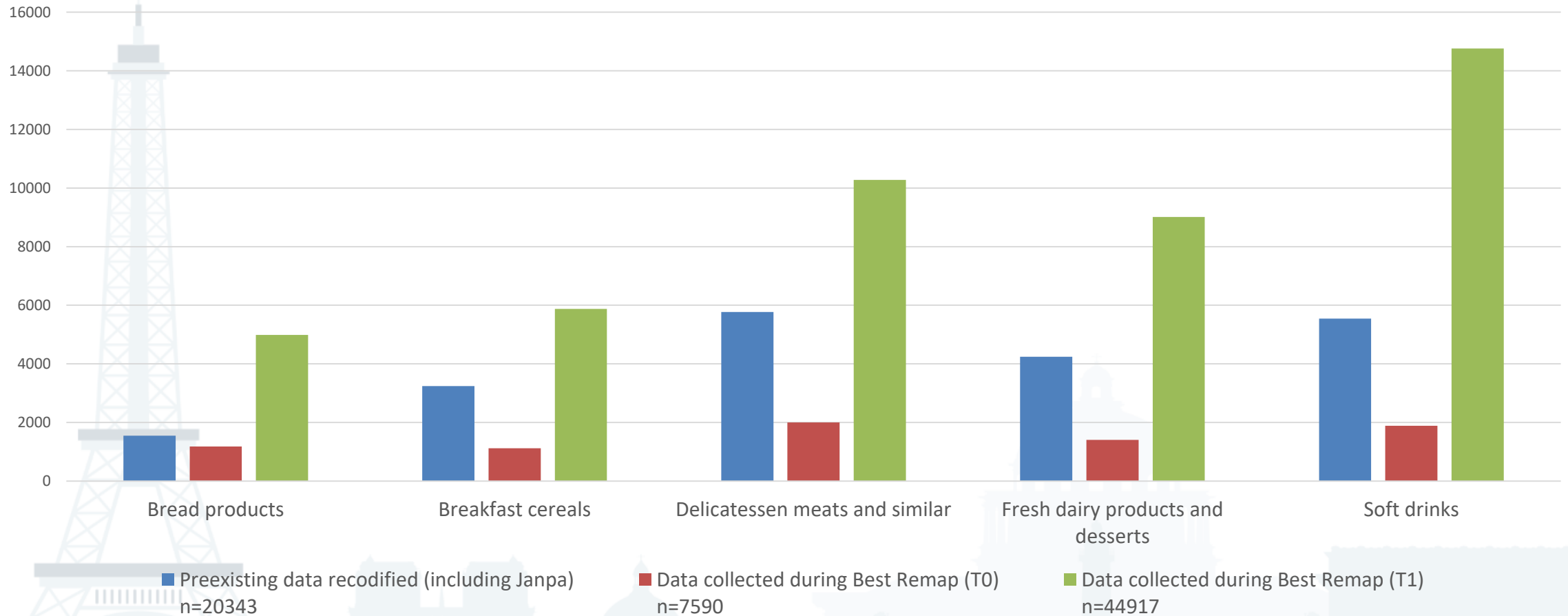
- **Follow up for 14 countries:** Austria, Belgium, Bulgaria, Denmark, Estonia, Finland, Germany, Greece, Hungary, Italy, Malta, Portugal, Romania and Slovenia

REFORMULATION AND PROCESSED FOOD MONITORING

Best-ReMaP data collections



Number of products collected or classified during BestRemap



≈ 20 000 products recodified (pre-existing data)
≈ 52 000 products collected during Best -ReMap

REFORMULATION AND PROCESSED FOOD MONITORING



Preliminary results

WP5's main outputs

- ☐ Dissemination of the methodology for data collection, data codification and production of indicators
- ☐ In order to combine consumption data with composition data at the brand level: link between Best-ReMaP subcategories and FoodEx2 classification
- ☐ Data collection (more than 50 000 products collected and encoded)

But

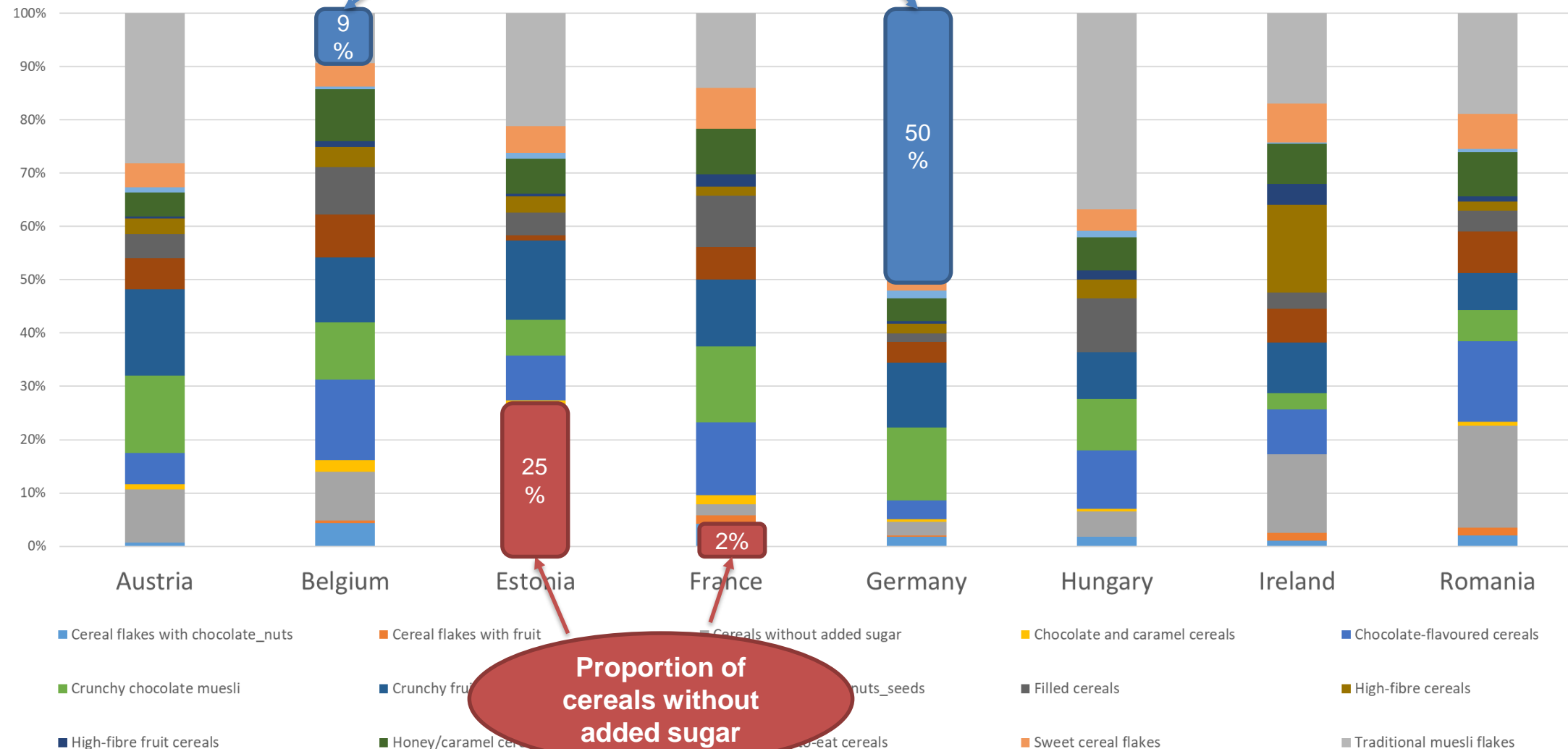
- ☐ Very little time left for data analysis
- ☐ Time gap different in the participating countries (caution to be taken when comparing the results of different countries)
- Production of preliminary results only
- Presentation of examples to illustrate the added value of the monitoring but no conclusion at this point
- Continuation of the study in the next JA Prevent-NCD in order to analyse the data and link the results with countries nutrition policies

REFORMULATION AND PROCESS MONITORING



Preliminary results: Analysis of the food offer for breakfast cereals (T1 data collection)

Proportion of traditional muesli flakes



REFORMULATION AND PROCESSED FOOD MONITORING

Preliminary results: first conclusions of the comparison of the food offer



All countries with 13 to 15 subcategories of cereals but:

- 14 subcategories with more than 10 products in France
- 7 subcategories with more than 10 products for Hungary

- Differences in the proportions of the subcategories

Different food offer

Necessity to work:

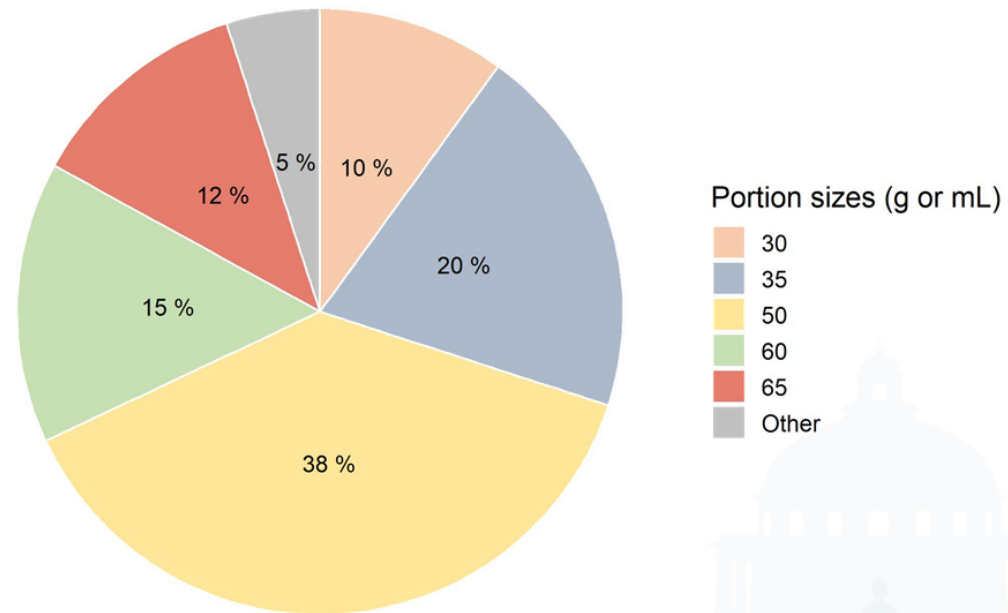
- At the country level
- At the subcategory level

REFORMULATION AND PROCESSED FOOD MONITORING

Preliminary results: analysis of the portion sizes - example: Breakfast cereals in Croatia



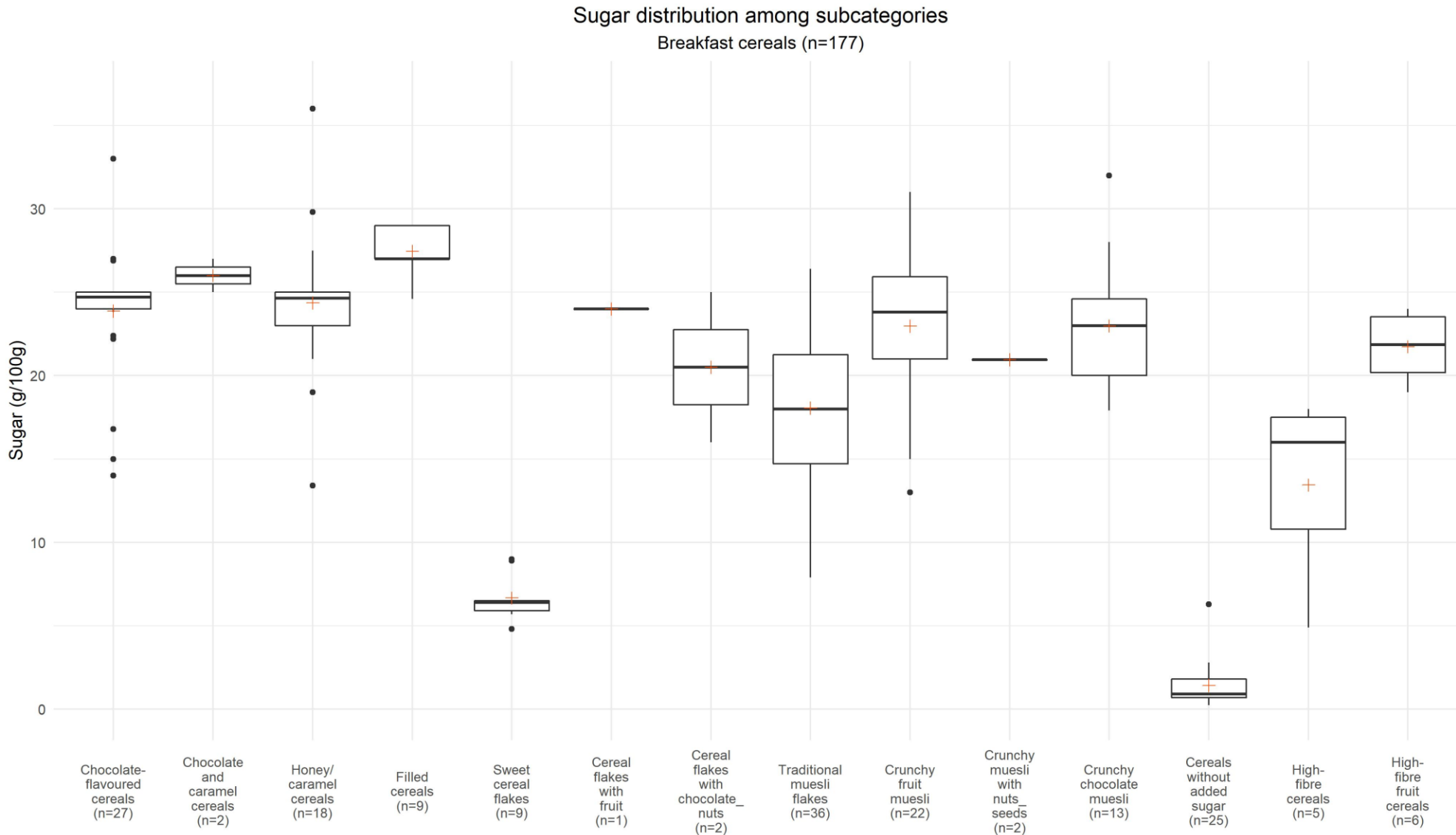
Proportion of the five most represented portion sizes
among collected products, by subcategory
Breakfast cereals : Traditional muesli flakes (n=40)



Portion sizes vary from 30g to 65g, with 68% of products with a portion size ≤ 50 g.

REFORMULATION AND PROCESSED FOOD MONITORING

Preliminary results: analysis of the nutritional quality of the food offer, by subcategory of product – example: Poland (T0)

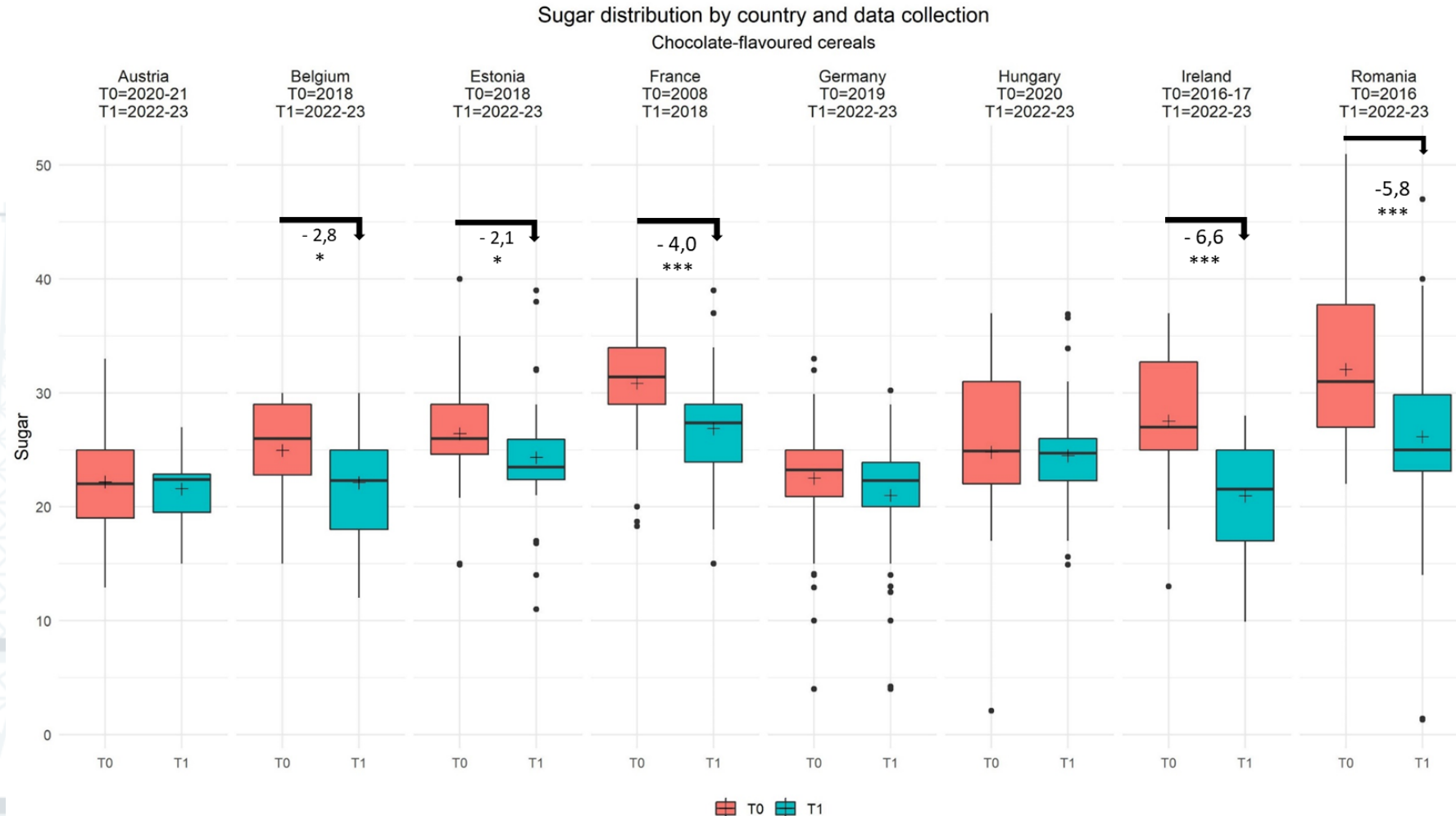


- Variation of mean values depending on the subcategory
- Variability highly dependant of the subcategory of product

→ All statistical analyses have to be done at the subcategory level

REFORMULATION AND PROCESSED FOOD MONITORING

Preliminary results: comparison of trend analysis - example: chocolate-flavoured cereals



Mean values and variability highly dependant of the country

- No extrapolations from one country to another
- Possible establishment of benchmark and identification of best reformulation efforts by comparison of results **for a given time period**
- Different time gaps / preliminary results – the significant evolutions are for the countries with the highest gap between T0 and T1

REFORMULATION AND PROCESSED FOOD MONITORING

European comparisons of the processed food composition evolution on nutrient intakes



Overview of the methodology to calculate food intakes

Description of Best-RemaP
subcategories in FoodEx2
baseterms

Composition data (g/100g)

X

Consumption data (g/day)

(Foodex base-term) from the Efsa Comprehensive
European Food Consumption database

Intakes (g/day) at T0 and T1

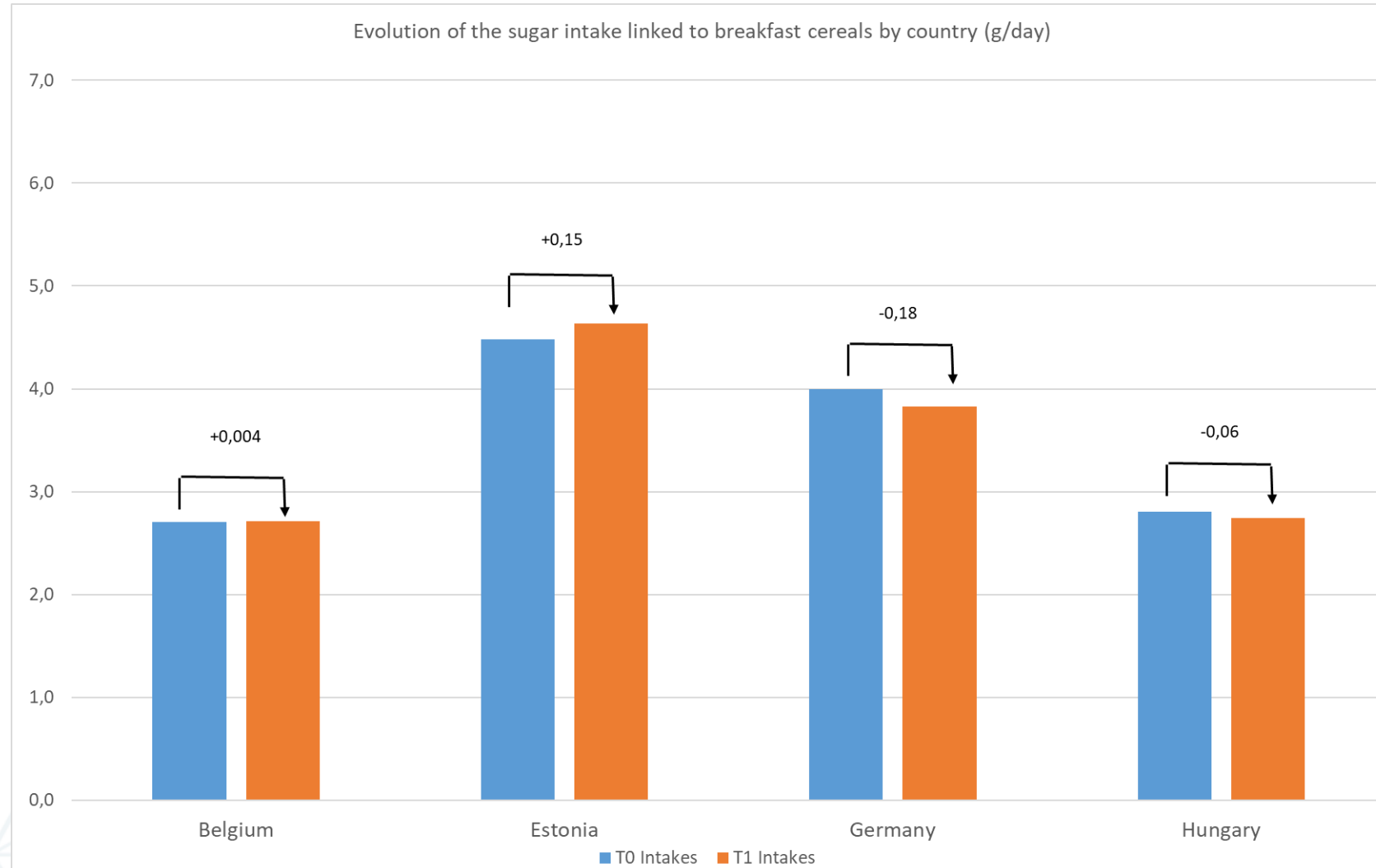
Sugar
Saturated fat
Fat
Salt

Children (3 to 9 years old)
Adolescents (10-17 years old)
Adults (18-64 years old)

REFORMULATION AND PROCESSED FOOD MONITORING



Preliminary results: evolution of the sugar intake for children – example: breakfast cereals



/!\ Different time gaps depending on the countries

Only 2 to 4 years between the 2 snapshots

Impact existing but somehow limited, not always in the direction of recommendations and dependant of the country

→ Necessity to extend the monitoring to the other food categories to cover the whole diet and to link the results with food policies (Prevent-NCD)

REFORMULATION AND PROCESSED FOOD MONITORING



Does food composition evolution has the same impact on nutrient intakes for all socio economic status ? Case study for France

Evolution (%) of the 5 categories's contribution to total intakes in France		Primary/secondary school	High school	Degree Bac +1/+3	Degree Bac+4/more
Sugar	Children	-1,4	-1,7	-1,6	-1,47
	Adolescents	-1,7	-1,5	-1,6	-1,7
	Adults	-1,0	-1,2	-1,1	-1,1
Salt	Children	-0,29	-0,56	-0,40	-0,23
	Adolescents	-0,60	-0,71	-0,65	-0,84
	Adults	-0,29	-0,31	-0,22	-0,37
Saturated fat	Children	+0,03	-0,04	-0,1	-0,21
	Adolescents	-0,5	-0,4	-0,6	-1,0
	Adults	-0,1	+0,05	+0,3	-0,1
Fibre	Children	+0,4	+0,2	+0,04	+0,19
	Adolescents	+0,3	+0,3	+0,1	+0,12
	Adults	+0,1	+0,1	+0,3	+0,28

Comparable and (mostly) positive impact of the evolutions of the nutrient intake regardless the social class
→ Nutritional evolutions (including reformulations) benefit all populations groups including those from lower social classes and can contribute to the reduction of health inequities (France)

REFORMULATION AND PROCESSED FOOD MONITORING

Conclusions of the WP5 (based on preliminary results)



- ❑ Data collection
 - Unprecedented number of branded data collected and codified according to the same sub-categories and linked with pre-existing data in order to study reformulations
 - Link with FoodEx2 established in order to merge with consumption data
- ❑ Comparison between countries (preliminary results on some countries)
 - Important differences in the food offer
 - High variability of the nutritional content regarding the subcategory of product and the country
 - *Necessity to work at the country and the subcategory level*
- ❑ Impact of food composition evolution (including reformulation) on nutrient intakes (preliminary results on some countries)
 - The impact exists but can be limited and not always in the direction of recommendations
 - Differs among countries
 - Benefits all social categories (evaluated only for France): reduction of health inequities

REFORMULATION AND PROCESSED FOOD MONITORING

Food monitoring of Best-ReMap: a powerful tool, to be continued...



What we have achieved

- ☐ Specific classification system designed to follow reformulations
- ☐ Methodological developments
- ☐ Common methodology and tools allowing comparisons disseminated around Europe
- ☐ Quality checks to ensure reliability of the data
- ☐ Common database developed by the JRC to gather and make the data available to all



What we will be able to do (premises during Best-ReMap)

- ☐ Analysis of the food offer
- ☐ Follow up of reformulations
- ☐ Comparison of nutritional content across Europe and identification of margins of reformulation
- ☐ Assessment of food policies



What we will do after Best-ReMap

- ☐ Continuation of the actions of WP5 in the next JA present-NCD : analyses of all the data gathered during Best ReMap / JANPA / Euremo in link with nutrition policies



What we need to promote

- ☐ Necessity to continue regularly the monitoring and to extend it to the other food categories / countries
- ☐ Need to encourage reformulation, on the basis of benchmarks across Europe



Best-ReMaP
Healthy Food for a Healthy Future

Thank you for your attention!

karine.vin@anses.fr / wp5_bestremap@anses.fr

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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Best-ReMaP

Healthy Food for a Healthy Future

WP5 food reformulation

Public policies to stimulate food reformulation

Dr Stefanie Vandevijvere, Sciensano

18.09.2023



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Impact of food reformulation on individuals' behaviour, nutrient intakes and health status



SUPPLEMENT ARTICLE | [Open Access](#) |

What is the impact of food reformulation on individuals' behaviour, nutrient intakes and health status? A systematic review of empirical evidence

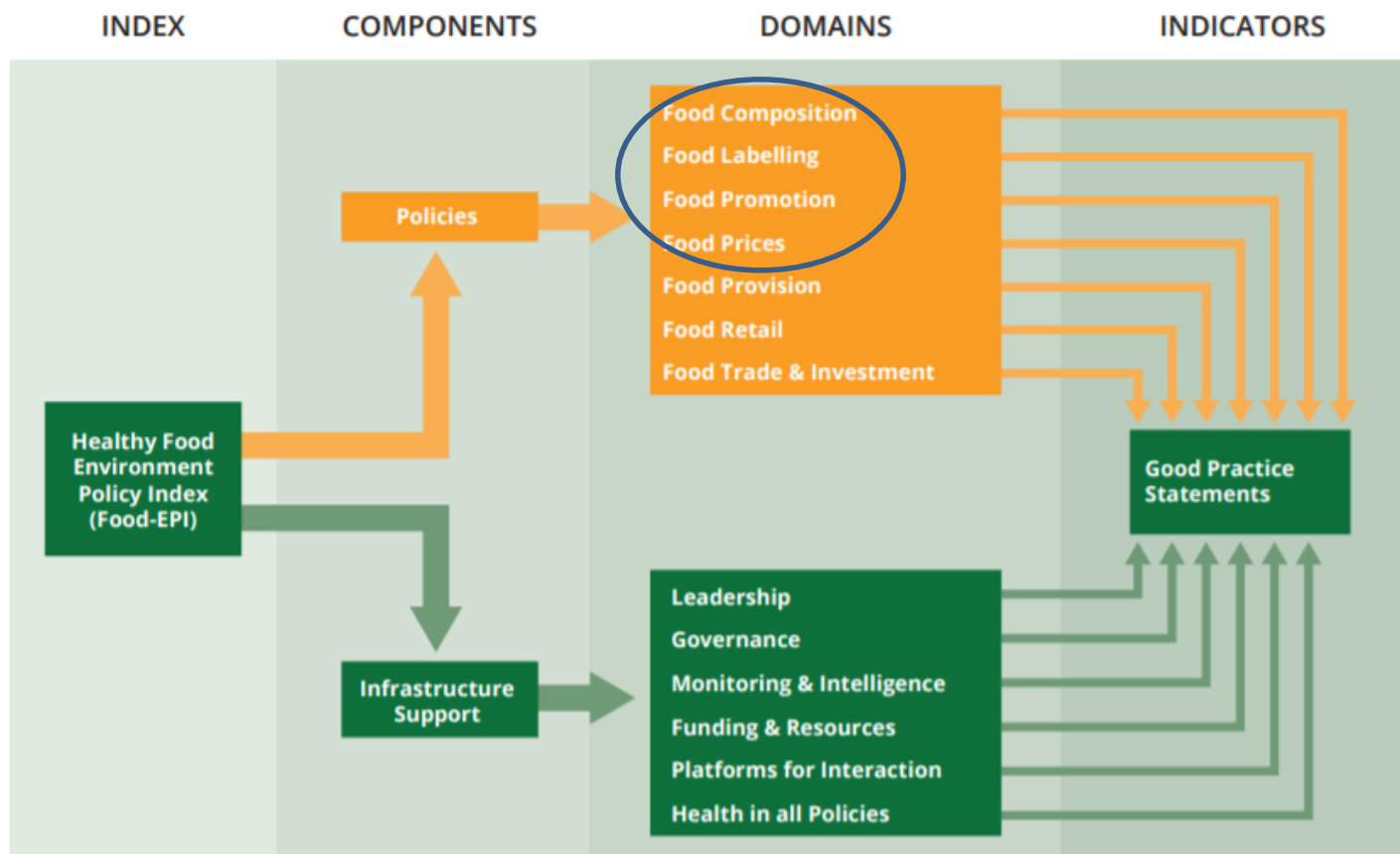
Mathilde Gressier✉, Boyd Swinburn, Gary Frost, Alexa B. Segal, Franco Sassi



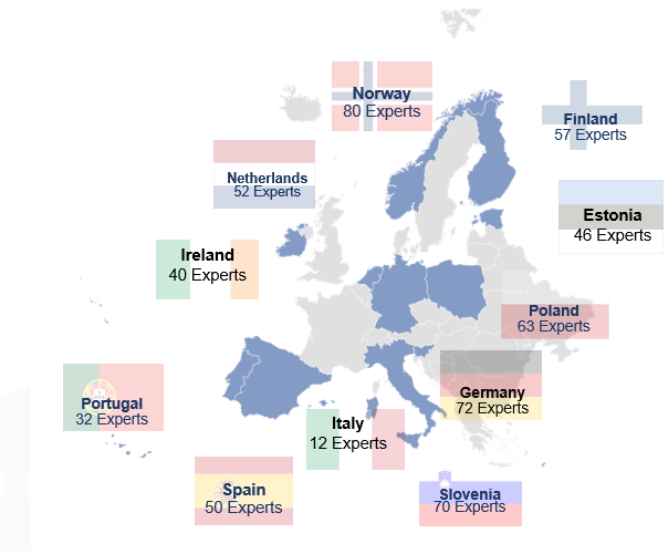
- Fifty-nine studies (in 35 papers)
- Most studies examined food choices (n = 27) and dietary intakes (n = 26). The nutrients most frequently studied were sodium (n = 32) and trans fatty acids (TFA, n = 13).
- Reformulated products were **generally accepted** and purchased by consumers, which led to improved nutrient intakes in 73% of studies.
- Two meta-analyses showing, respectively, a -0.57 g/day (95%CI, -0.89 to -0.25) **reduction in salt intake** and an effect size for **TFA intake reduction** of -1.2 (95% CI, -1.79 to -0.61).
- Only six studies examined effects on health outcomes, with studies on **TFA reformulation** showing overall improvement in **cardiovascular risk factors**.
- For **other nutrients**, it remains **unclear** whether observed improvements in food choices or nutrient intakes may have led to an improvement in health outcomes.

WP5 food reformulation

Public policies to stimulate food reformulation



Implemented in 11 EU countries



WP5 food reformulation



Public policies to stimulate food reformulation



Country	Food composition	Food labeling	Food marketing	Food prices	Food provision	Food retail	Leadership	Governance	Monitoring	Funding	Platforms	Health in all policies
Estonia	LOW	LOW	LOW	LOW	MEDIUM	LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM	LOW	MEDIUM
Finland	HIGH	LOW	MEDIUM	MEDIUM	HIGH	MEDIUM	HIGH	HIGH	HIGH	MEDIUM	HIGH	HIGH
Germany	LOW	LOW	VERY LOW	VERY LOW	LOW	VERY LOW	MEDIUM	LOW	MEDIUM	LOW	LOW	VERY LOW
Ireland	LOW	LOW	LOW	MEDIUM	MEDIUM	LOW	MEDIUM	HIGH	MEDIUM	MEDIUM	MEDIUM	MEDIUM
Italy	LOW	LOW	LOW	LOW	MEDIUM	LOW	MEDIUM	MEDIUM	MEDIUM	LOW	VERY LOW	LOW
Netherlands	LOW	LOW	LOW	LOW	LOW	LOW	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	LOW
Norway	MEDIUM	MEDIUM	MEDIUM	LOW	MEDIUM	LOW	MEDIUM	HIGH	MEDIUM	HIGH	MEDIUM	MEDIUM
Poland	MEDIUM	MEDIUM	LOW	MEDIUM	LOW	VERY LOW	LOW	LOW	MEDIUM	MEDIUM	MEDIUM	LOW
Portugal	HIGH	LOW	MEDIUM	MEDIUM	MEDIUM	LOW	HIGH	MEDIUM	MEDIUM	LOW	MEDIUM	LOW
Slovenia	MEDIUM	LOW	MEDIUM	VERY LOW	MEDIUM	VERY LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM
Spain	LOW	LOW	LOW	LOW	LOW	VERY LOW	MEDIUM	LOW	MEDIUM	LOW	LOW	LOW

WP5 food reformulation

Public policies to stimulate food reformulation



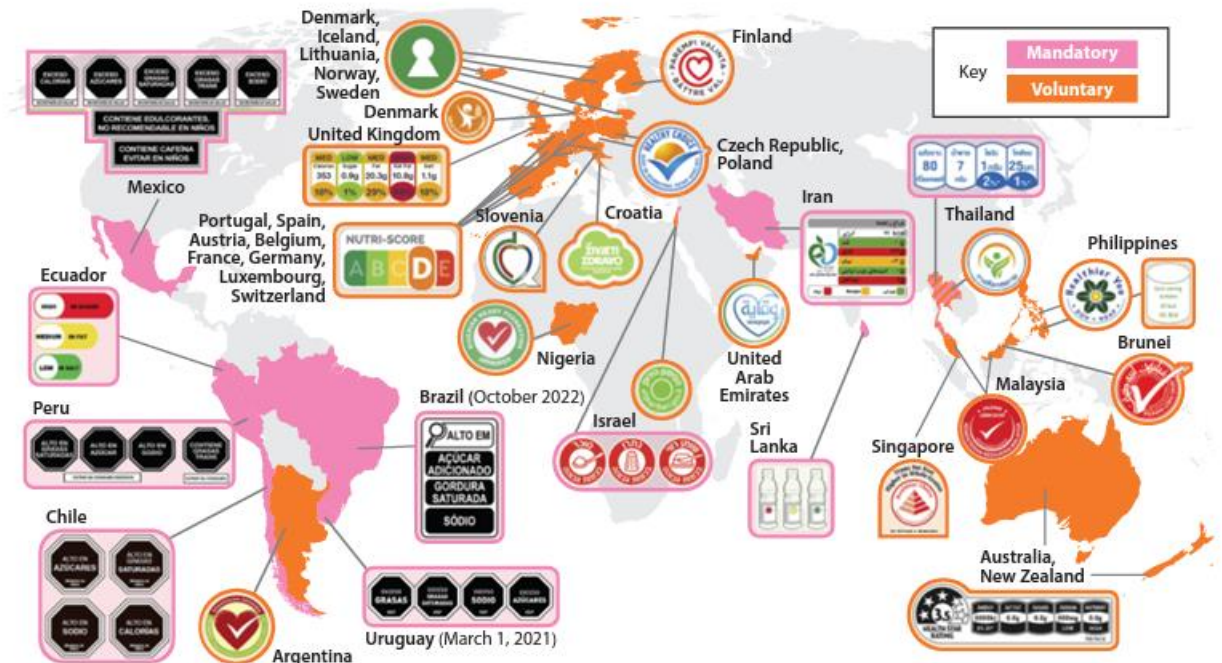
Front-of-pack nutrition labeling



Annual Review of Nutrition

The Influence of Front-of-Package Nutrition Labeling on Consumer Behavior and Product Reformulation

Christina A. Roberto,¹ Shu Wen Ng,²
Montserrat Ganderats-Fuentes,¹ David Hammond,³
Simon Barquera,⁴ Alejandra Jauregui,⁵
and Lindsey Smith Taillie²



Results suggest that front-of package labeling systems consistently led to improvements in the nutritional profile of foods and drinks, though effects can be limited for some voluntary systems.

WP5 food reformulation



Public policies to stimulate food reformulation

Front-of-pack nutrition labeling



- The vast majority (83%) of products displaying the star rating in 2016 had been reformulated (defined as at least a 5% change in a key nutrient) since the system's implementation in 2014. The amount of reformulation was greater in labeled products than in non-labeled products (though non-labeled products were healthier at baseline). The majority of products that displayed the Health Star Rating also had ratings in the top half of the range (i.e., 3.0–5.0 stars)
- A more recent analysis examining uptake over time between 2014 and 2019 reported that the Health Star Rating system appeared on 41% of eligible products, though this was skewed toward products considered to be healthier with higher ratings (products with the logo had a mean star rating of 3.4 versus 2.6 for products without the logo)
- A cost-effectiveness analysis of the reformulation driven by the labeling system estimated that it would lead to small changes in population energy intake that would likely translate to reductions in body weight (–0.01 kg if voluntary and –0.11 kg if mandatory)

Herrera et al, 2018; Ni Mhurchu et al, 2017; Shahid et al, 2020

WP5 food reformulation



Public policies to stimulate food reformulation

Front-of-pack nutrition labeling



- After the first phase of Chile's Food Labeling and Advertising law, the percentage of products qualifying for a high-in-sugar label went from 80% to 60%, while the proportion qualifying for a high-in sodium label went from 74% to 27%. There was, however, very little change in the proportion of products containing a label for saturated fat or calories.
- Following label implementation, the distribution of nutrients of concern for most food groups moved just below the nutrient cut offs, and this change suggests that the companies are reformulating just enough to avoid the label
- The use of any nonnutritive sweeteners increased from 37.9 to 43.6% ($p < 0.001$) after the law's implementation. Concern that products high in sugar are being reformulated by increasing noncaloric sweetener content, important to monitor the use of noncaloric sweeteners in the food supply

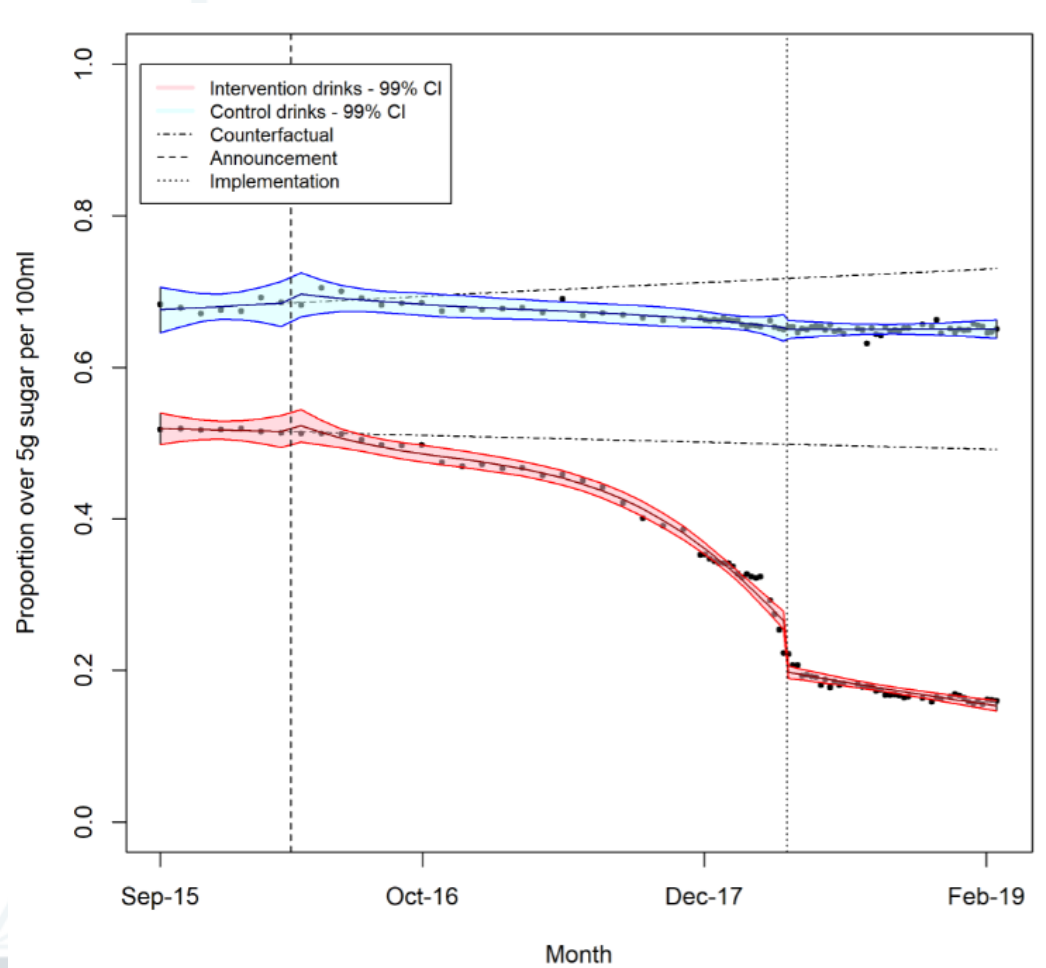
Reyes et al, 2020; Zacheta Ricardo et al, 2021

WP5 food reformulation

Public policies to stimulate food reformulation



Fiscal policies



UK sugar levy manufacturers of soft drinks containing more than 5g of sugar per 100ml have been made to pay a levy of 18p a litre, or 24p a litre for sugar content over 8g per 100ml, since the tax came into force in April 2018.

Scarborough et al, 2021

WP5 food reformulation



Public policies to stimulate food reformulation

Fiscal policies

European Journal of Public Health, 1–7


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<https://doi.org/10.1093/eurpub/ckad157>

Effective policies to promote sugar reduction in soft drinks: lessons from a comparison of six European countries

Olivier Allais ¹, Géraldine Enderli², Franco Sassi³, Louis-Georges Soler¹



Science and Technology in childhood Obesity Policy

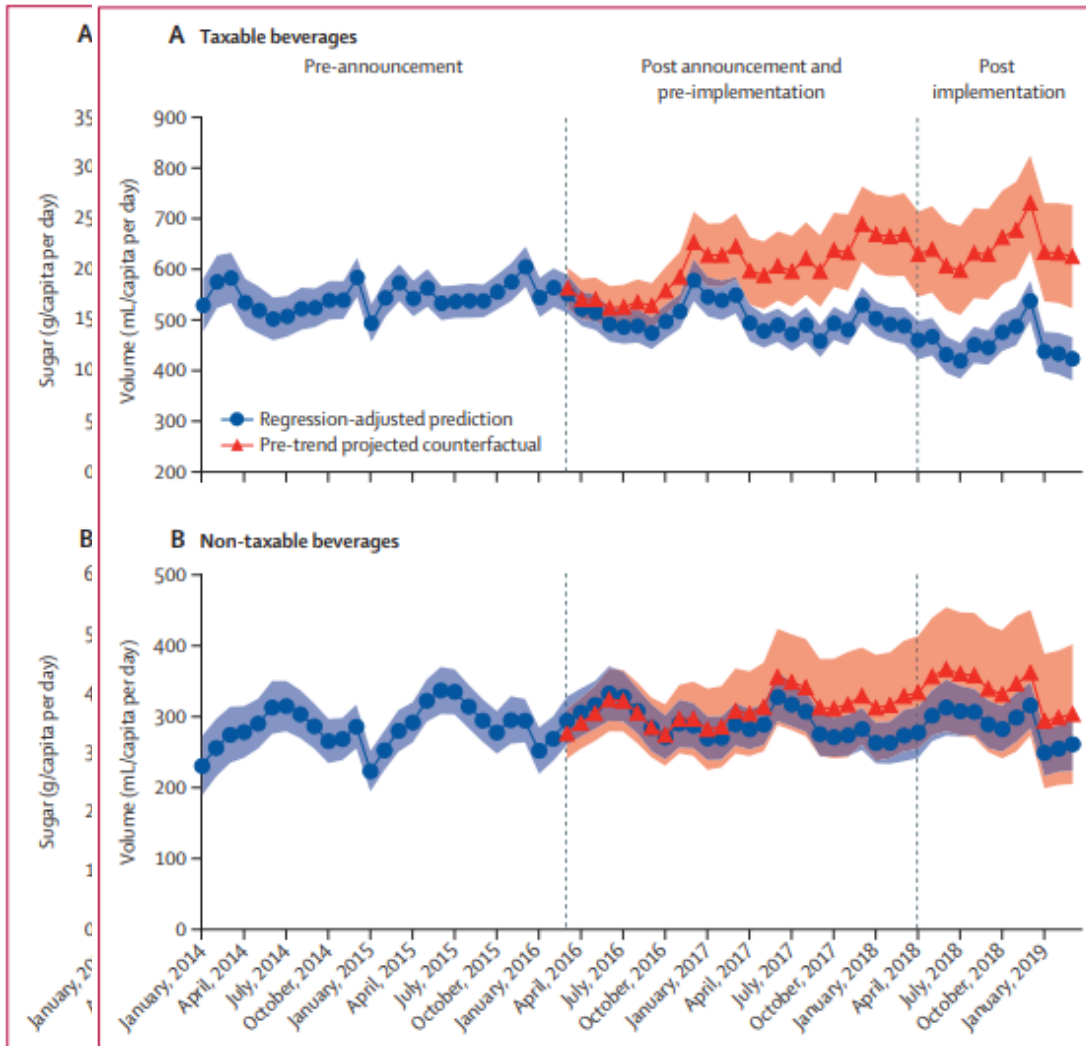
- Comparing trends in sugar content of 10 695 **new SSBs** launched between 2010 and 2019 in six European markets, including the UK and France (**taxes** designed to incentivise reformulation), the Netherlands (policy based on **voluntary agreements** to reduce sugar), Germany, Italy and Spain (**no national policies**)
- The announcement in 2016 and adoption in 2018 of the UK tax led to yearly reductions in average sugar content of 17% (95% CI: 15–19%) to 31% (13–48%) between 2016 and 2019, compared to 2015, while the 2018 French tax produced a 6% (95% CI: 5–7%) sugar reduction only in 2018, compared to 2017, shortly after it was redesigned to provide a stronger incentive for reformulation.
- Voluntary agreements implemented in the Netherlands in 2014 led to an 8% (95% CI: 4–13%) sugar reduction only in 2015, compared to 2013.
- Sugar **reductions** in new SSBs have been **greater** in countries that have adopted **specific policies** to encourage them; a **sugar-based tax design** encourages more sugar reductions than a volume-based tax design; **the tax rate and the amount of the tax reduction** from switching to the next lower tier in a sugar-based tax design may be critical to incentivize reformulation.

WP5 food reformulation

Public policies to stimulate food reformulation



Fiscal policies



In **2016**, South Africa **announced** an intention to levy a tax on sugar-sweetened beverages (SSBs).

In **2018**, the country **implemented** an SSB tax known as the Health Promotion Levy (HPL): 0,021 rand per gram of sugar (10% of the price/L)

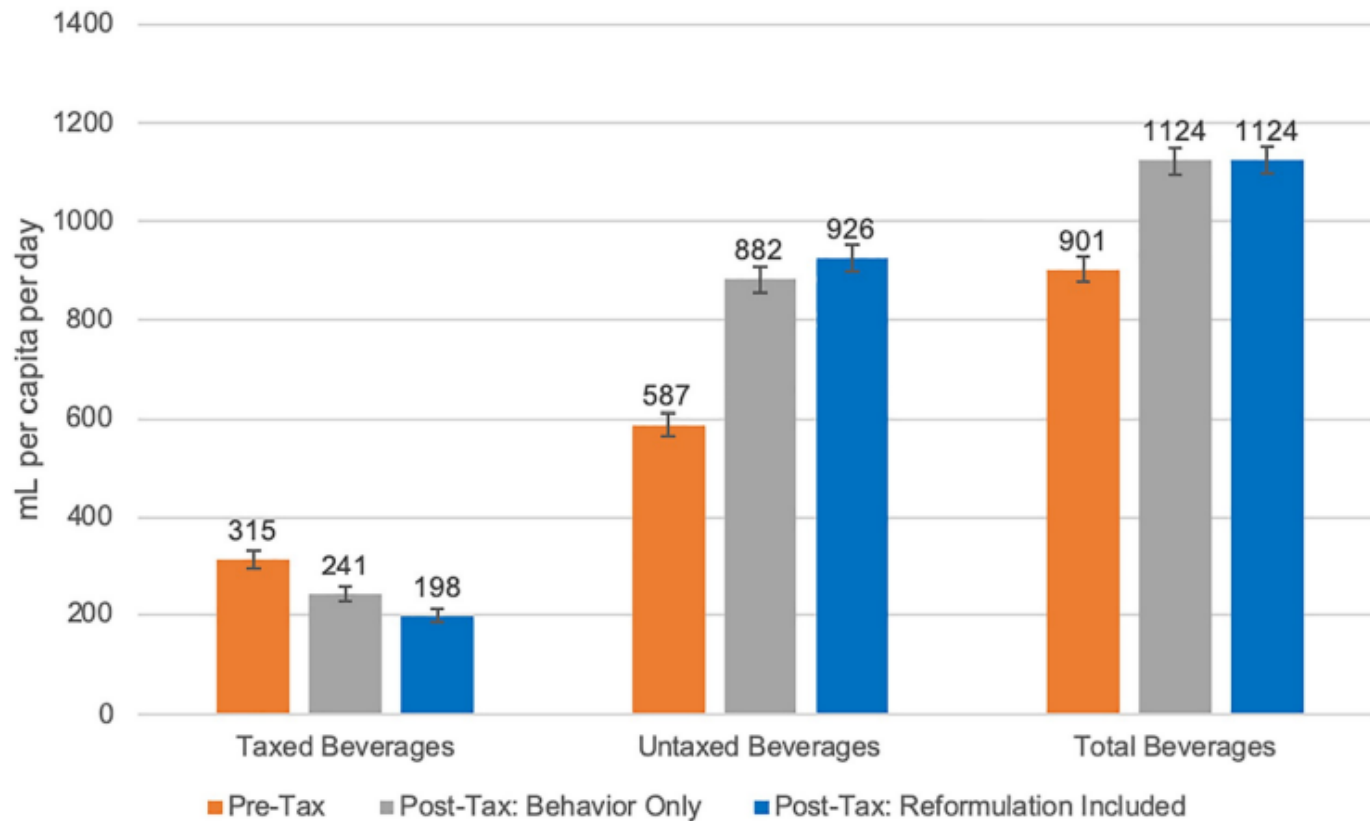
Essman et al, 2021

WP5 food reformulation

Public policies to stimulate food reformulation



Fiscal policies



Behavioral change accounted for reductions of 23% in volume and also 24% in energy and 22% in sugar, while reformulation accounted for additional reductions of 8% in energy, 9% in sugar, and 14% in volume from taxed beverages.

Essman et al, 2021

WP5 food reformulation

Public policies to stimulate food reformulation



Marketing restrictions



BEFORE



AFTER



SIGNIFICANT DECREASES OBSERVED IN...

BEFORE LAW

AFTER LAW

Percentage of foods and beverages that **targeted children on their packages**

36%



21%

Percentage of "high-in" packages that featured **at least one child-directed marketing strategy**

43%



15%

Percentage of "high-in" packages that **used characters** (e.g., images of children, cartoon characters)

36%



15%

Percentage of "high-in" packages that used **non-character child appeals** (e.g., prizes inside the box; games on the box)

23%



0%

Popkin et al, 2021



Conclusions

- Several public policies other than food composition targets that can stimulate reformulation, most commonly front-of-pack nutrition labeling and fiscal policies
- Important to be aware of side effects, which also need to be monitored like increase in the use of sweeteners
- Potential impacts of reformulation in use of nutrition claims and prices could be investigated
- Evidence is still limited compared to impact of policies on consumer purchases and behaviours



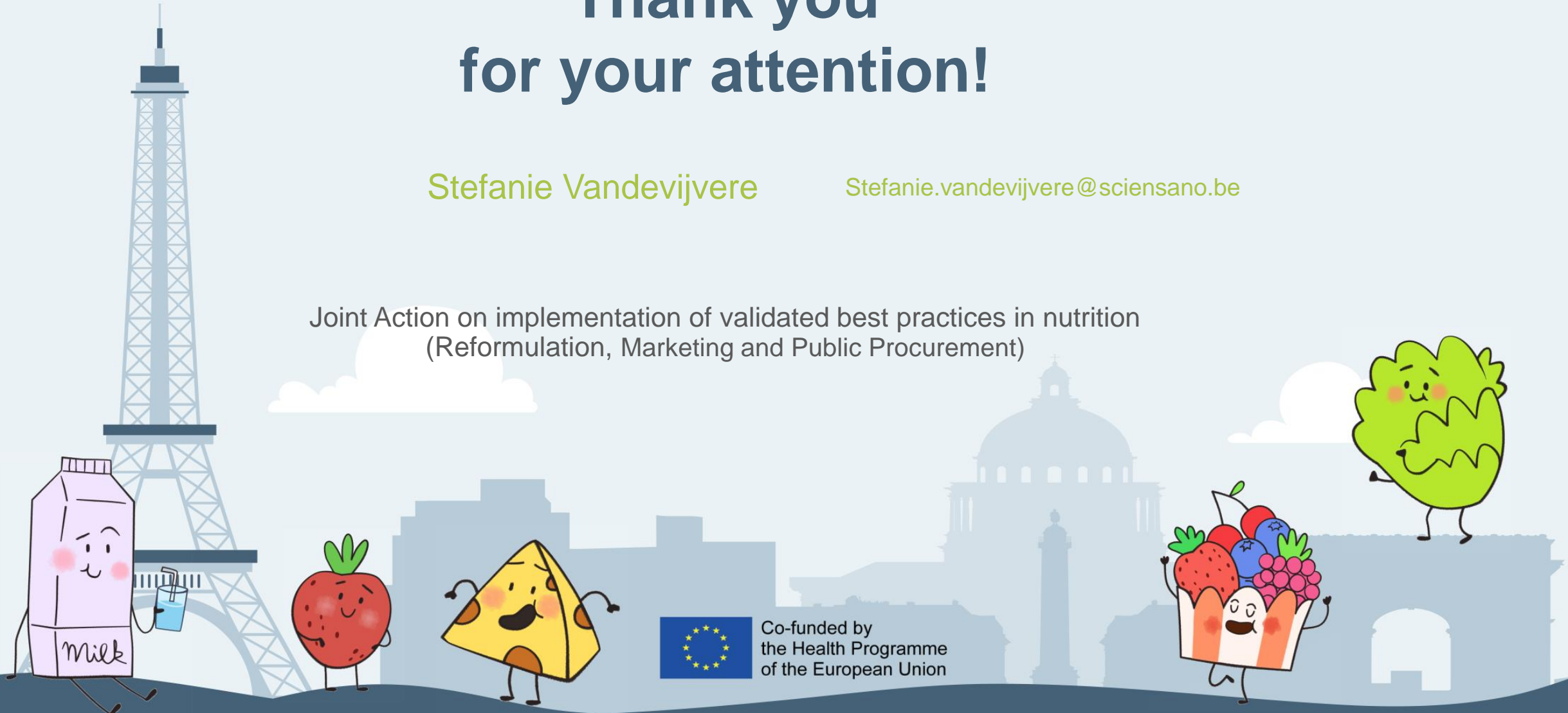
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Healthy Food for a Healthy Future

Thank you for your attention!

Stefanie Vandevijvere

Stefanie.vandevijvere@sciensano.be

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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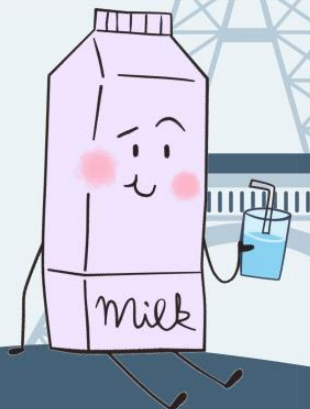
Healthy Food for a Healthy Future

WP7 – PUBLIC PROCUREMENT OF FOOD IN PUBLIC INSTITUTIONS – A PILOT EU APPROACH

Procurement of sustainable and high-quality food in public institutions

Mojca Gabrijelčič, National institute of public health Slovenia, WP7
Katarzyna Brukalo, Medical University of Silesia, Poland
Betina Bergmann Madsen, Copenhagen Municipality, Denmark
Charlene Vassalo, Malta
Neža Fras, National Institute of Public Health Slovenia
Wim Debeuckelaere, DG SANTE

18.09.2023



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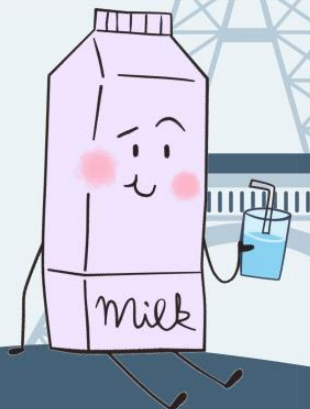
Healthy Food for a Healthy Future

WORK PACKAGE 7 WORKSHOP INTRODUCTION

Slovenia

Mojca Gabrijelčič, National Institute of Public Health Slovenia,
on behalf of the WP7 core team

18.09.2023



Co-funded by
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JA Best-ReMaP 2020-2023, general aim and objective

JA Best-ReMaP will contribute to the children/adolescents **health outcomes** by **improving food choices for children** and **changing obesogenic environments**

JA Best-ReMaP **WP7** general aim and objective

WP7 of the project encourages **intersectoral collaboration** and pilot a food procurement **best practice tool** that could enable **access to sustainable, high-quality, healthy and nutritious food.**



EU Action Plan on Childhood obesity 2014 – 2020

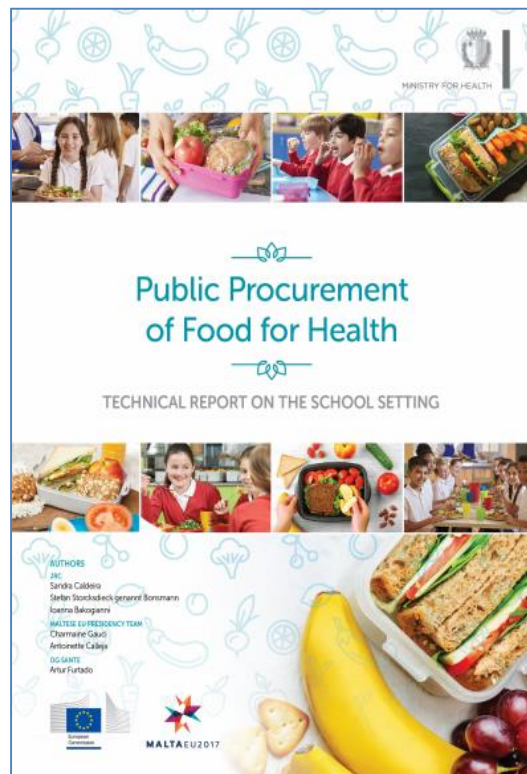
https://ec.europa.eu/health/sites/default/files/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

HLG on Nutrition and Physical activity, 2015



MALTA EU2017

Council conclusions



<https://ec.europa.eu/jrc/sites/jrcsh/files/public-procurement-food-health-technical-report.pdf>



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

Gospodarska
zbornica
Slovenije



NIJZ

National Institute
of Public Health

WORK Package 7 - Public procurement of food in public institutions: a pilot EU approach



Specific objectives of WP 7

Objective 1

To support **the establishment of the intersectoral working group** for the public procurement of foods in public institutions, in the participating MS

Objective 2

To increase the understanding, knowledge and skills regarding public procurement of food/food products in selected public institutions

Objective 3

To enable better choice of quality food stuffs for balanced menus in selected public institutions, from at least one type of public institution, by **piloting the Catalogue of foods in the public procurement procedure**

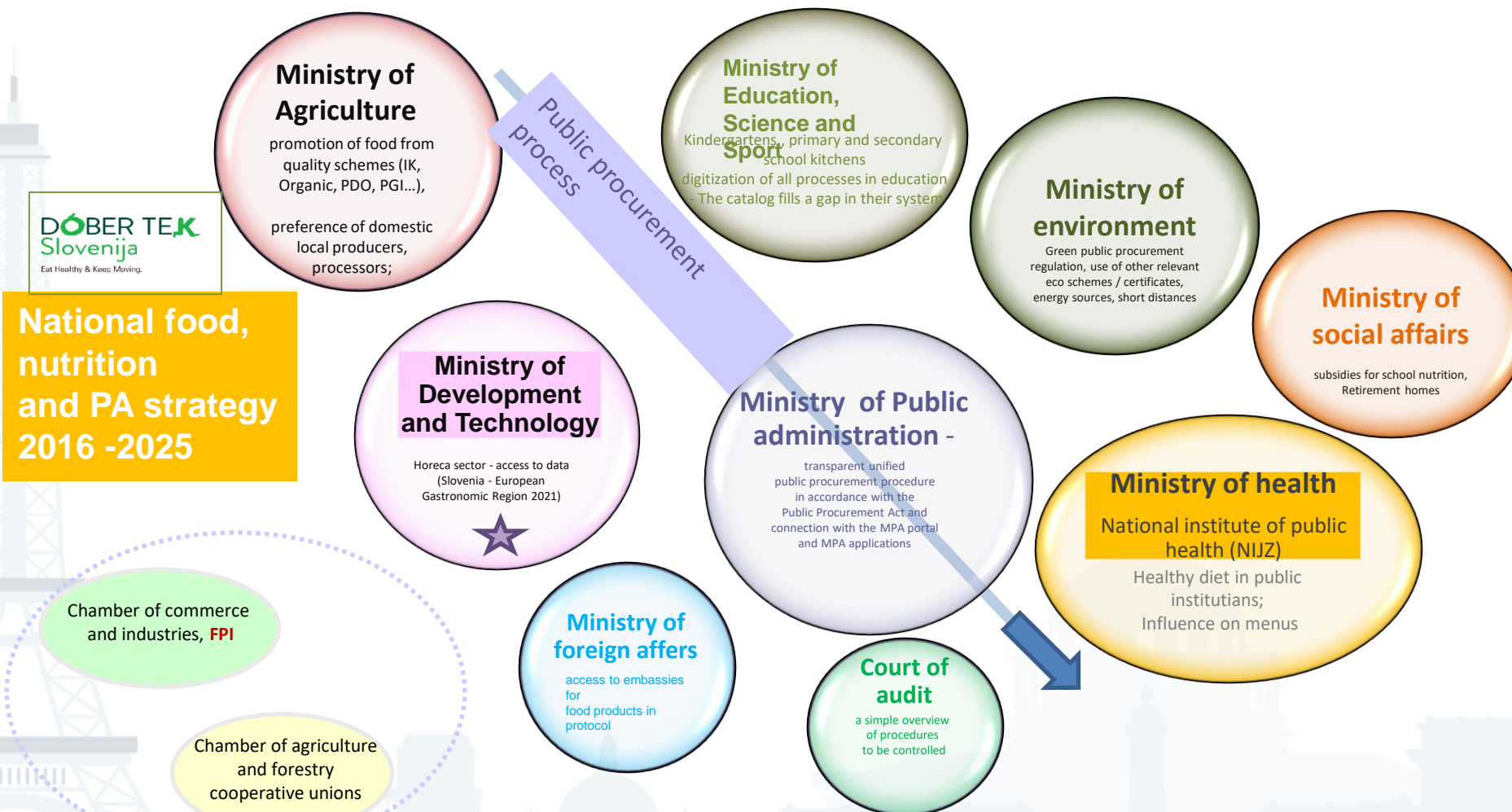
Objective 4

To recommend further institutionalized implementation of the public procurement procedures for foods, based on quality standards, in EU MSs.



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Intersectoral policies engaged in public food procurements in Slovenia



Source: Chamber of Commerce and Industries, Slovenia



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH



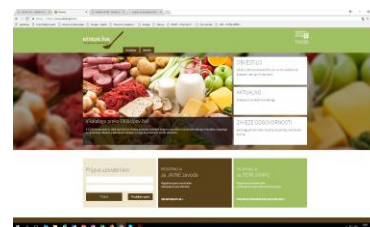
National Institute of Public Health



Solution – **CATALOG OF FOODS** for public procurements www.katalogzivil.si



Different access:
- public institutions,
- suppliers,
- third party access.



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

DOBER TEK
Slovenija
Eat Healthy & Keep Moving.

Source: Chamber of Commerce and Industries, Slovenia

Gospodarska
zbornica
Slovenije

NIJZ

National Institute
of Public Health

WORK Package 7 - Public procurement of food in public institutions: a pilot EU approach





New Joint Action: JA Prevent NCD

Rolling out Best ReMaP **WP7**
topics into the **JA Prevent**
NCD

- Work package 5: Task 5.4 –
Public food procurement
in public settings in the
EU





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Thank you for your attention!

Best.remap@nijz.si

Joint Action on implementation of validated best practices in nutrition
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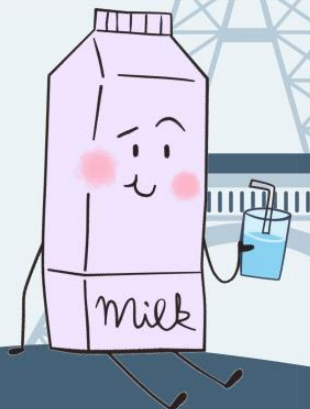
Healthy Food for a Healthy Future

Procurement of nutritious food in public institutions (WP7)

Establishment of the national inter-sectoral body

Katarzyna Brukało PhD,
Medical University of Silesia, Poland
WP 7

18.09.2023



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Main challenges at this stage



finding „the right people”

lack of interest from other sectors



Strategy: „by the people, to the people”

substantive discussion, indirect involvement





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Thank you for your attention!

Katarzyna Brukało

E-mail: kbrukalo@sum.edu.pl

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WP7 – PUBLIC PROCUREMENT OF FOOD IN PUBLIC INSTITUTIONS – A PILOT EU APPROACH

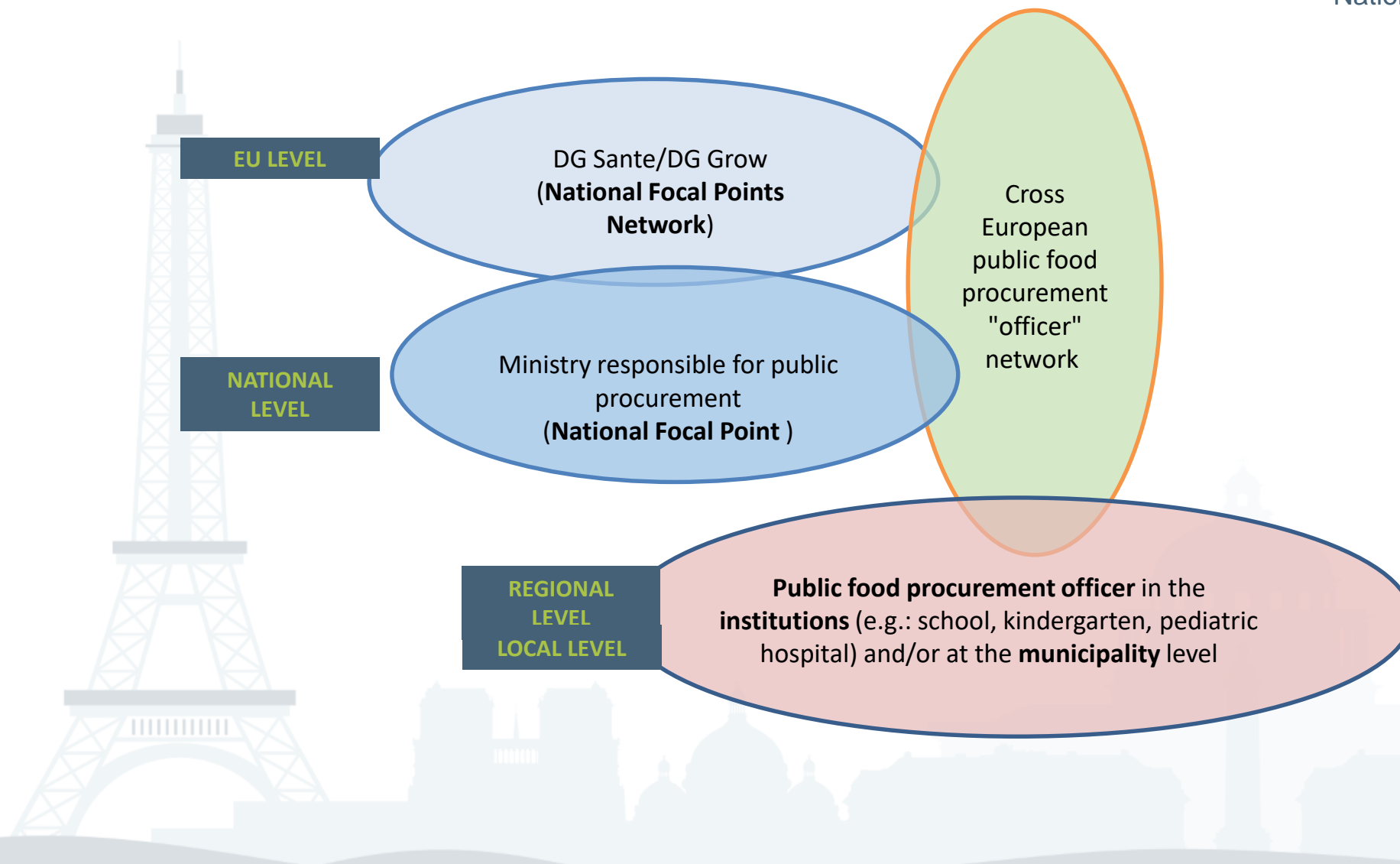
Establishment of an EU Public food procurement officers network, identification of National Focal Points

Betina Bergmann Madsen, CPH-MUN, WP 7
18.09.2023





National Focal Points

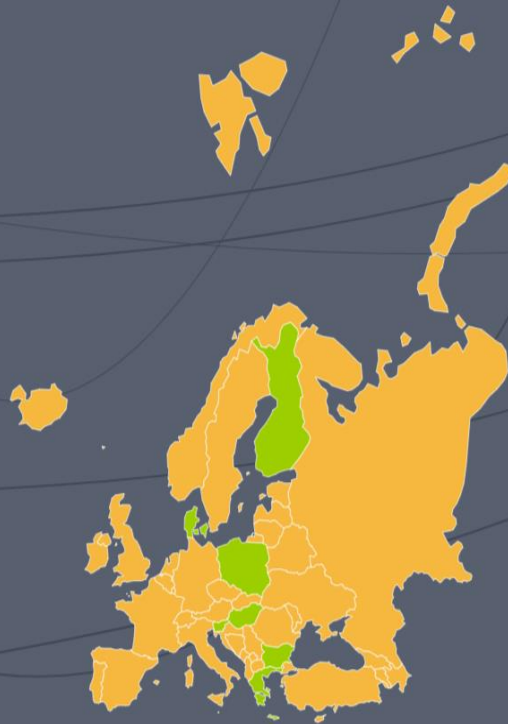




Network Partners

January 2023

- Bulgaria
- Denmark
- Finland
- Greece
- Hungary
- Malta
- Poland
- Slovenia



April & May
2023



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**EU public food procurement
officer group**

**JUST SET THE TARGETS HIGH AND TRUST US
– WE CAN DO IT TOGETHER**

Next meeting on the 10. October





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Thank you for your attention!

Betina Bergmann Madsen

Betmad@kk.dk

+45 23636229

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WP7 – PUBLIC PROCUREMENT OF FOOD IN PUBLIC INSTITUTIONS – A PILOT EU APPROACH

Knowledge building in Public Food Procurement

Ms Charlene Vassallo,
Prof Charmaine Gauci,
Dr Paula Vassallo,
Dr Mariella Borg Buontempo,
Superintendence of Public Health,
Health Promotion and Disease Prevention Directorate,
Ministry for Health

WP 7

18.09.2023



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Knowledge building in public food procurement

Essential components:

- Multidisciplinary team
- Legislation
- Net working
- Building of knowledge
- Sharing of information

Public Food Procurement - Workshop in Ljubljana, Slovenia 11th – 13th April 2023





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Thank you for your attention!

Ms Charlene Vassallo

email: charlene.b.vassallo@gov.mt

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WORK PACKAGE 7 WORKSHOP

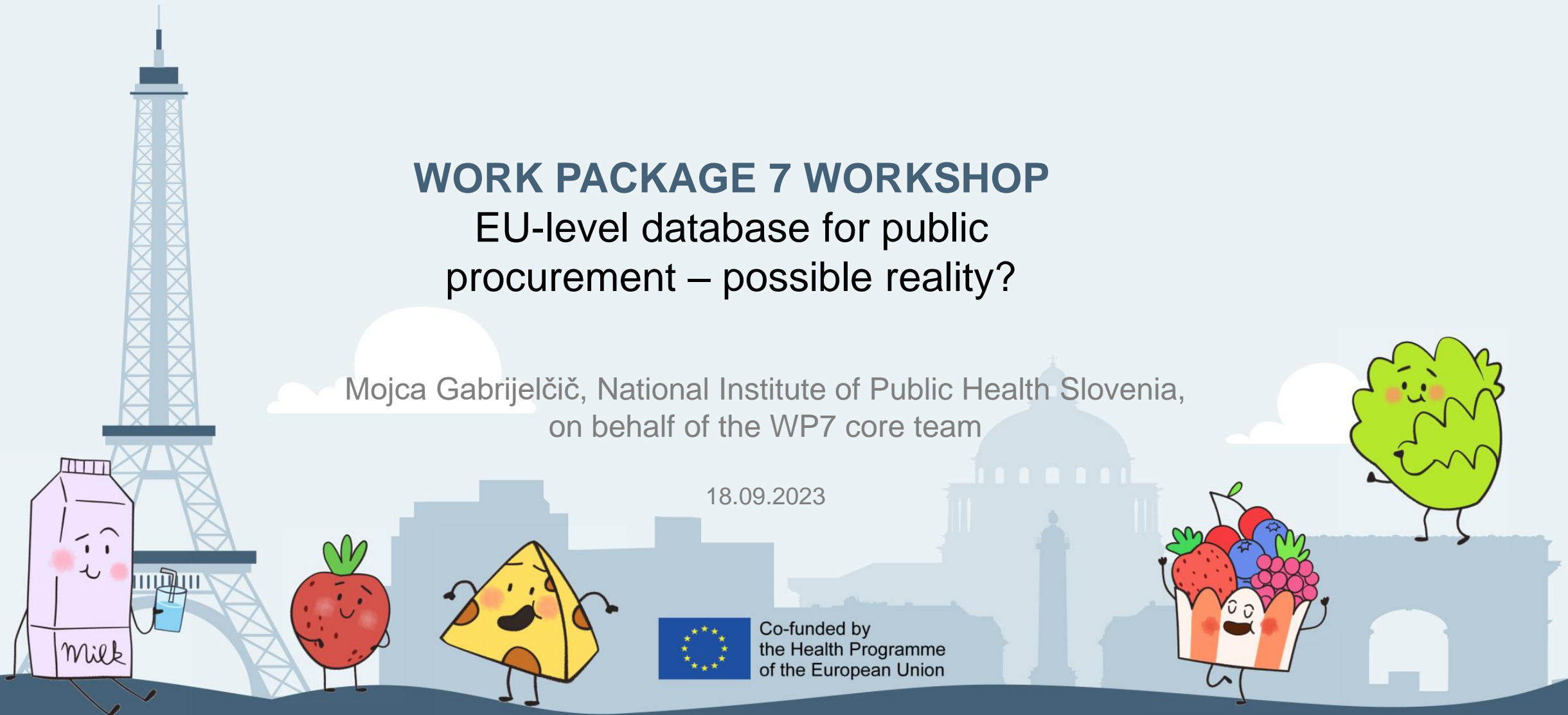
EU-level database for public procurement – possible reality?

Mojca Gabrijelčič, National Institute of Public Health Slovenia,
on behalf of the WP7 core team

18.09.2023



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- apply public food procurement criteria across products
- restricted area for procurement officers with access to product info

- what other information would procurement officers need?
- information provided by producers/retailers?
- feasibility of a centralised database and secure connection of FABLE to national databases



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Thank you for your attention!

best.remap@nijz.si

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WP7 – PUBLIC PROCUREMENT OF FOOD IN PUBLIC INSTITUTIONS – A PILOT EU APPROACH

How could the industry join the public food agenda in PFP and at the same time benefit in higher quality food production?

Betina Bergmann Madsen, CPH-MUN, WP 7
18.09.2023



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How could the industry join the public food agenda in PFP and at the same time benefit in higher quality food production

- We do not see any obstacles in working with big data collection in one place – mentioned at a EU meeting
- EVERYONE SHOULD AND WOULD BE INTERESTED IN HAVING SUCH A TOOL! Statement from the wholesaler
- This could be enormous time saving in all parts of the chain.
- On this point we all have to work together – and you can count us all on board – Statement from the farmer.





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Thank you for your attention!

Betina Bergmann Madsen

Betmad@kk.dk

+45 23636229

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WP7 – PUBLIC PROCUREMENT OF FOOD IN PUBLIC INSTITUTIONS – A PILOT EU APPROACH

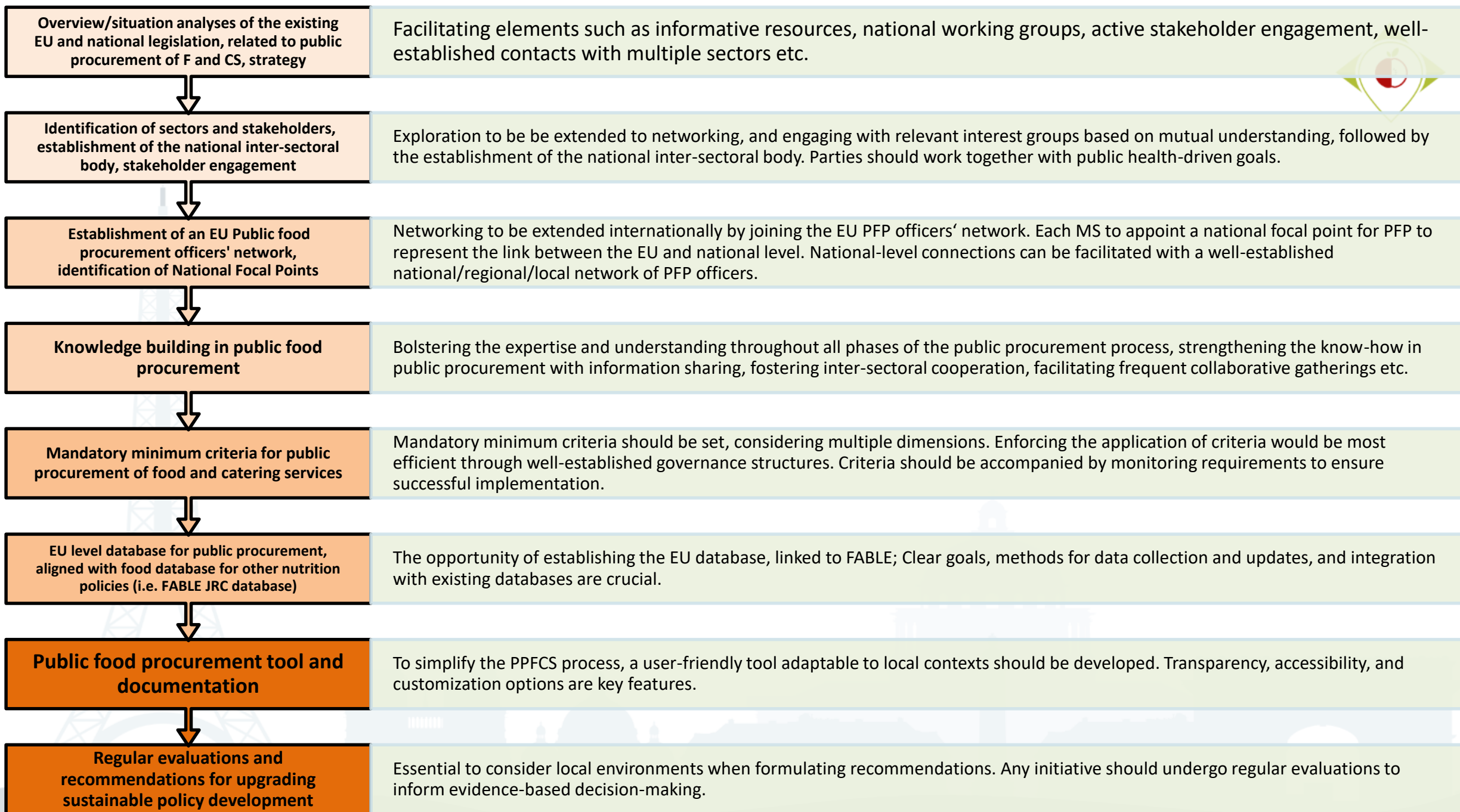
WP7 Framework

Neža Fras, National Institute of Public Health Slovenia

18.09.2023



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1

**Overview/situation analyses
of the existing EU and
national legislation, related
to public procurement of
food and catering services,
strategy**

Facilitating elements: informative resources, national working groups, active stakeholder engagement, well-established contacts with multiple sectors etc.



2

**Identification of sectors and
stakeholders, establishment
of the national inter-sectoral
body, stakeholder
engagement**

- Exploration to be extended to networking, and engaging with relevant interest groups based on mutual understanding,
- followed by the establishment of the national inter-sectoral body.
- Parties should work together with public health-driven goals.

3

**Establishment of an EU
Public food procurement
officers' network,
identification of National
Focal Points**

- Networking to be extended internationally by joining the EU PFP officers' network.
- Each MS to appoint a national focal point for PFP to represent the link between the EU and national level.
- National-level connections can be facilitated with a well-established national/regional/local network of PFP officers.

4

Knowledge building in public food procurement

Bolstering the expertise and understanding throughout all phases of the public procurement process, strengthening the know-how in public procurement with information sharing, fostering inter-sectoral cooperation, facilitating frequent collaborative gatherings etc.



5

Mandatory minimum criteria for public procurement of food and catering services

- Mandatory minimum criteria should be set, considering multiple dimensions.
- Enforcing the application of criteria would be most efficient through well-established governance structures.
- Criteria should be accompanied by monitoring requirements to ensure successful implementation.



6

EU level database for public procurement, aligned with food database for other nutrition policies (i.e. FABLE JRC database)

- The opportunity of establishing the EU database, linked to FABLE;
- Clear goals, methods for data collection and updates, and integration with existing databases are crucial.

7

Public food procurement tool and documentation

- To simplify the PPFCS process, a user-friendly tool adaptable to local contexts should be developed. Transparency, accessibility, and customization options are key features.



8

Regular evaluations and recommendations for upgrading sustainable policy development

- Essential to consider local environments when formulating recommendations.
- Any initiative should undergo regular evaluations to inform evidence-based decision-making.

The aim of this framework proposal is to

- **increase the transparency, efficiency and sustainability** of food and catering services procurement in the EU, which will
- **benefit the entire population, public health, the food industry and local communities.**

EU LEVEL

- Overview/situation analyses on the existing EU legislation, related to public procurement of foods, EU level strategy
- Identification of sectors and stakeholders, establishment of EU-level working groups, stakeholder engagement
- National focal points taking care of the information transfer
- Establishment of an EU Public food procurement officers' network
- Knowledge building in public food procurement (facilitating knowledge sharing among MS by providing a framework, facilitating collaborative gatherings on the EU level)
- Mandatory minimum criteria for public food procurement
- EU-level database for public procurement, aligned with food database for other nutrition public policies (i.e., FABLE JRC database)
- Public food procurement tool and documentation, adaptable to local language and national regulations, guidelines and recommendations
- Regular evaluations and recommendations for upgrading sustainable policy development at the EU level
- General targets for sustainable procurement set, while still affording MSs the autonomy to customize the goals and actions to suit their individual national requirements.

STRATEGY, LANDSCAPE AND LEGISLATION



NETWORKING



IMPLEMENTATION APPROACHES AND TOOLS



EVALUATION



NATIONAL LEVEL

- Overview/situation analyses on the national legislation, related to public procurement of foods, national strategy
- Identification of sectors and stakeholders, establishment of a national inter-sectoral body, stakeholder engagement
- Establishment of a National public food procurement officers' network, identification of National Focal Points
- Knowledge building in public food procurement (sharing information, national authorities providing guidance and resources, building expertise at the national level)
- Mandatory minimum criteria for public food procurement, adapted to national/local circumstances
- National database feeding to EU-level database for public procurement, (i.e., FABLE JRC database)
- Public food procurement tool and documentation, adapted to local language and national regulations
- Regular evaluations and recommendations for upgrading sustainable policy development at the national level
- Consideration of general targets for sustainable procurement, with customized goals and actions to suit the individual national/local requirements.



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Thank you for your attention!

Neža Fras

neza.fras@nijz.si

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Legislative proposal establishing a framework for a Union sustainable food system

Sustainable Public Procurement

Wim Debeuckelaere, European Commission

18.09.2023



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Objectives: what is to be achieved?

Set the foundations for the systemic changes, needed by all actors of the food system, including policy makers, business operators and consumers to accelerate the transition to a sustainable EU food system.

Strengthen the resilience of the EU food system, through the transition to sustainability

Facilitate sustainable and healthy choices

Mainstream sustainability in all food-system policies and operations

Sustainable Public Procurement: options for FSFS

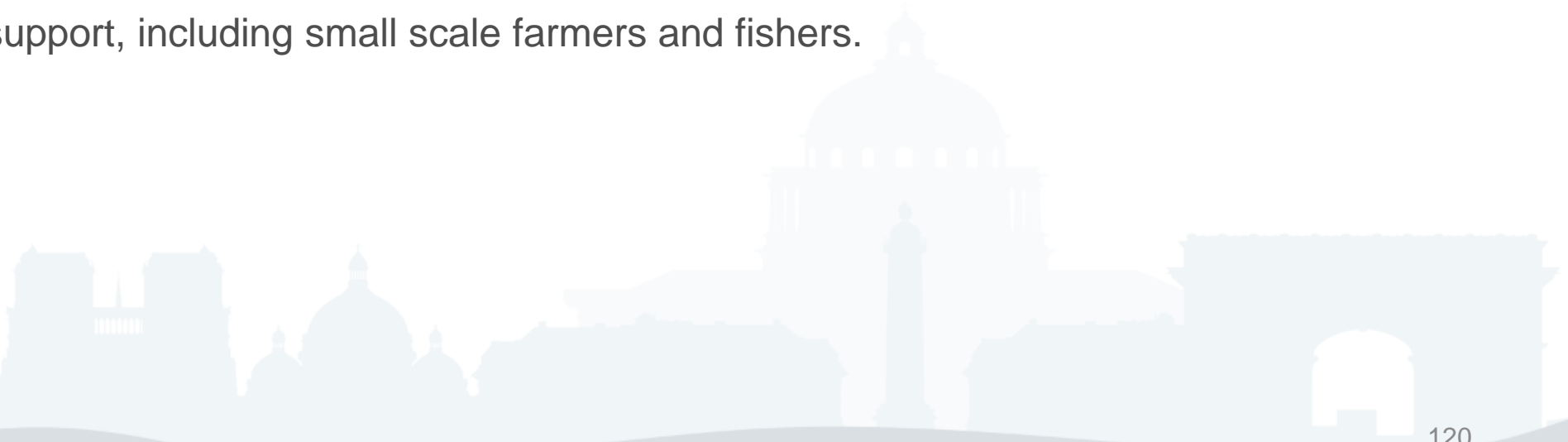
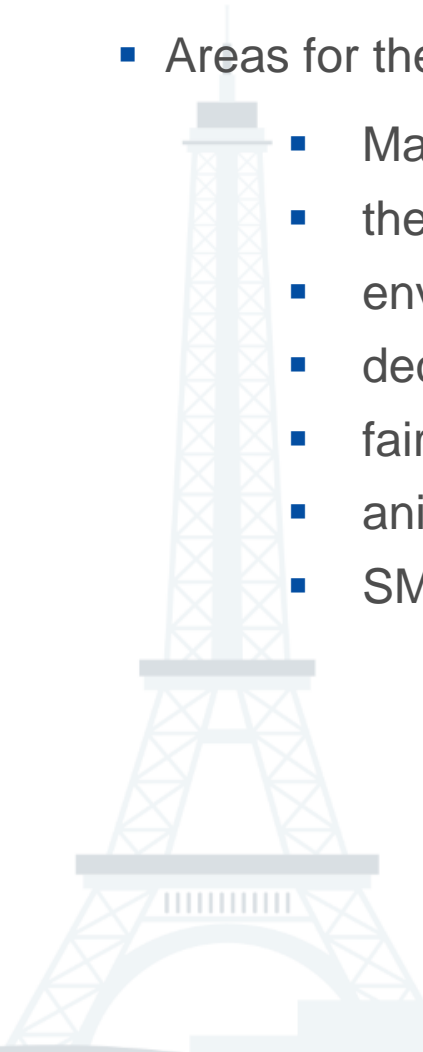


1. Voluntary instruments	<p>The Green Public Procurement criteria (GPP), for food and food services can be extended to cover in all the three dimensions of sustainability, including healthy diets and economic criteria.</p> <p>The Commission can continue to facilitate the process of elaboration of the voluntary approaches based on the EU Code of Conduct on Responsible Food Business and Marketing Practices.</p>
2. Support local authorities to procure sustainable food	<p>Introduction of general provisions and requirements aiming to raise awareness and improve skills and knowledge of SPP procurement and support local authorities in using public procurement strategically:</p> <ul style="list-style-type: none">- Adoption of guidance for sustainable public procurement;- Establishment of an EU network of food procurement professionals;- The creation of centralised MS focal points;- Requirements for the Member States to set up national action plans to increase the uptake of SPP;- Requirements for monitoring and reporting of the uptake of SPP by the Member States.
3. Mandatory general and specific requirements	<p>The Framework regulation would set general mandatory requirement of procuring sustainably.</p> <p>In addition to the implementing tools required under option 2, subsequent measures would be adopted, which would make the use of the sustainability criteria mandatory in a flexible and feasible way. This would include:</p> <ul style="list-style-type: none">- Minimum mandatory criteria in the form of technical specifications established with technical and scientific support of the JRC that will be assessed for their impact, taking into account the situation in the MS and the need for food markets and suppliers to gradually adapt to the situation, in particular as regards the availability of sustainable food and to avoid adverse impacts on competition;- Monitoring and reporting requirements of the uptake of SPP for the MS and the European Commission

Sustainable Public Procurement



- Areas for the future development of possible mandatory criteria could relate to:
 - Management and reduction of food waste;
 - the offering of organic food;
 - environmental impact of food production, transformation and distribution;
 - decent working conditions;
 - fair trade;
 - animal welfare;
 - SMEs support, including small scale farmers and fishers.



Establishing possible minimum mandatory criteria



JRC will provide environmental, techno-economic analysis and scientific support

- Overview existing criteria, tools, guidelines
- Analysis existing criteria, tools, guidelines
- Propose criteria for sustainable food procurement

Will be presented in the form technical specifications for Sustainable Public Procurement of food, catering services and vending machines.

Conclusions: WP7 on PFP supports the FSFS initiative



- Allowed us to better understand how sustainable food procurement can work in practice;
- Demonstrated that progress can be made;
- Good examples show that it is that introduction of effective sustainability criteria in PFP is feasible;
- Confirms the need for:
 - ✓ Overview and analysis of existing criteria, tools, guidelines;
 - ✓ Guidance for sustainable public procurement;
 - ✓ Establishing of an EU network of food procurement professionals;
 - ✓ Creation of centralised MS focal points;
 - ✓ Requirements for the Member States to set up national action plans to increase the uptake of SPP;
 - ✓ Requirements for monitoring and reporting of the uptake of SPP;
 - ✓ Setting minimum mandatory criteria, to be implemented in a flexible way.



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Thank you for your attention!

Wim Debeuckelaere

Wim.debeuckelaere@ec.europa.eu

+32 2 29 85095

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Healthy Food for a Healthy Future

WORK PACKAGE 6

Reducing the marketing of unhealthy foods to children

Maria João Gregório, Directorate-General of Health, Portugal
Ana Contreras Navarro, University College Cork, Ireland
Magdalena Muc, The Open University, UK

18.09.2023



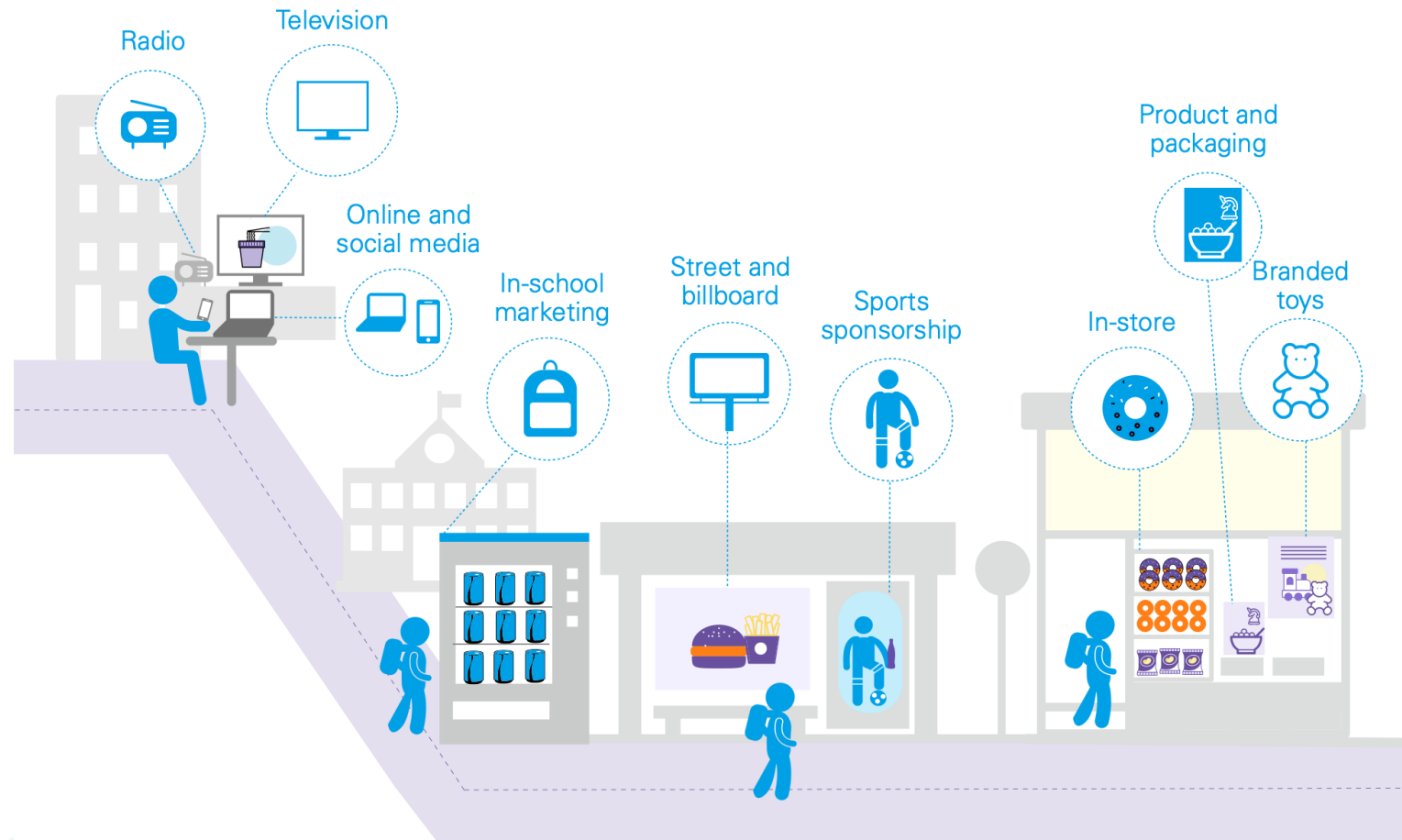
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The problem

Childrens' exposure to food marketing



Children are **exposed of a large number of ads and promotion** for unhealthy foods that come from a **variety of sources**



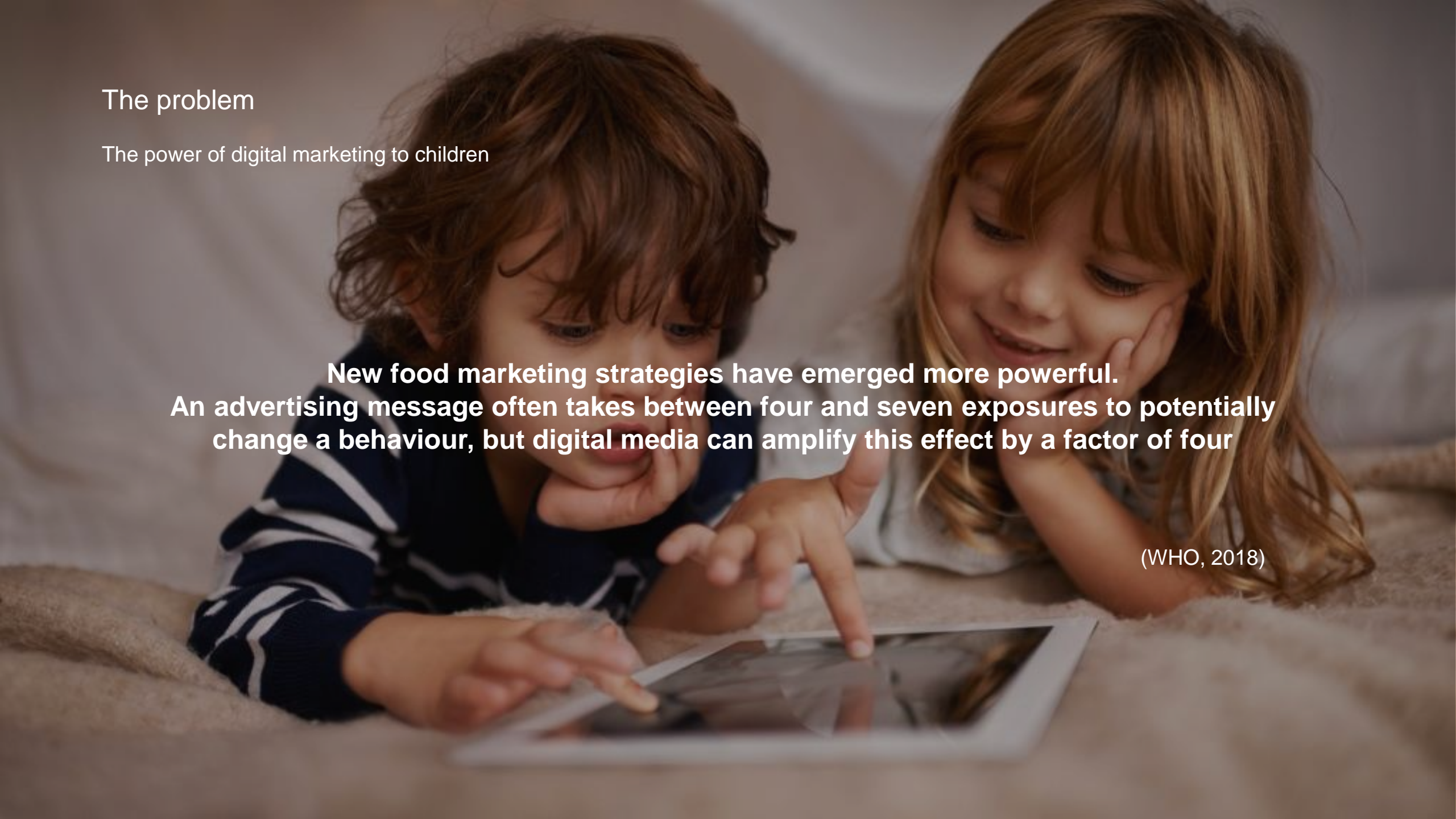
(PHOTO CREDITS: UNICEF/WHO, 2021)

The problem

The power of digital marketing to children

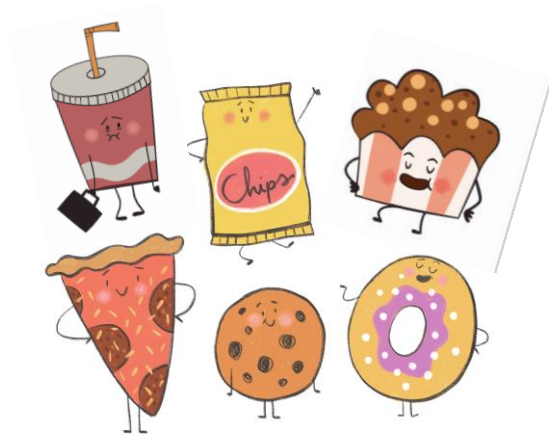
**New food marketing strategies have emerged more powerful.
An advertising message often takes between four and seven exposures to potentially
change a behaviour, but digital media can amplify this effect by a factor of four**

(WHO, 2018)



The problem

The majority of food ads promote unhealthy foods



4x more advertisements for food and beverages not permitted to be market according to the WHO NPM

(Kelly et al, Obesity Reviews, 2019)

The problem

Social inequalities in children's exposure to food marketing



More food advertisements and a **higher proportion of unhealthy food advertisements** are found near **schools in lower socioeconomic areas**.

The **highest proportion of advertisements for unhealthy foods in Australian** train stations occurs in **areas with the lowest socioeconomic status**.

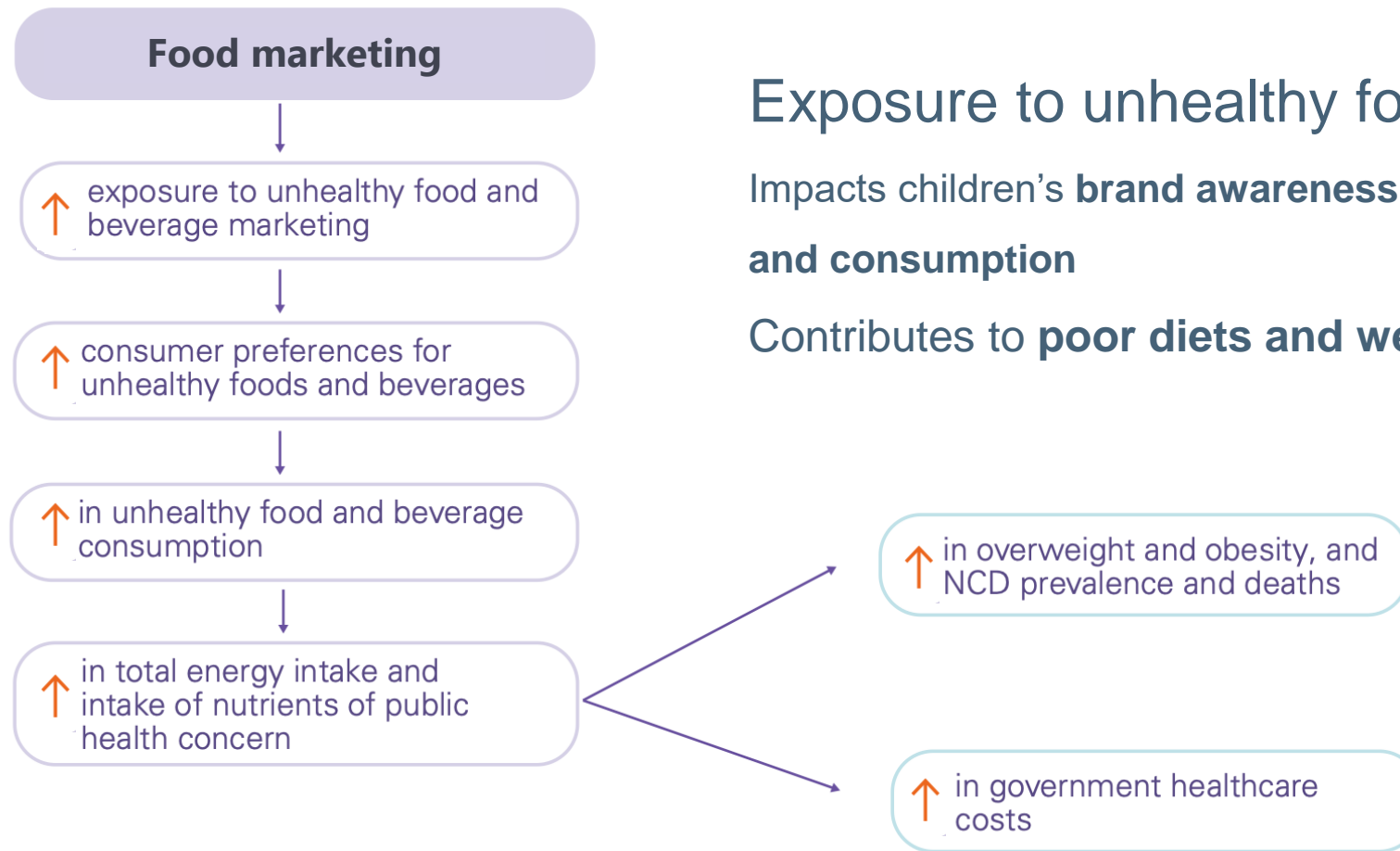
(Trapp et al, Health Promotion Journal of Australia, 2021; Sainsbury et al, BMC Public Health, 2017)





The problem

Impact of childrens' exposure to food marketing



Exposure to unhealthy food marketing

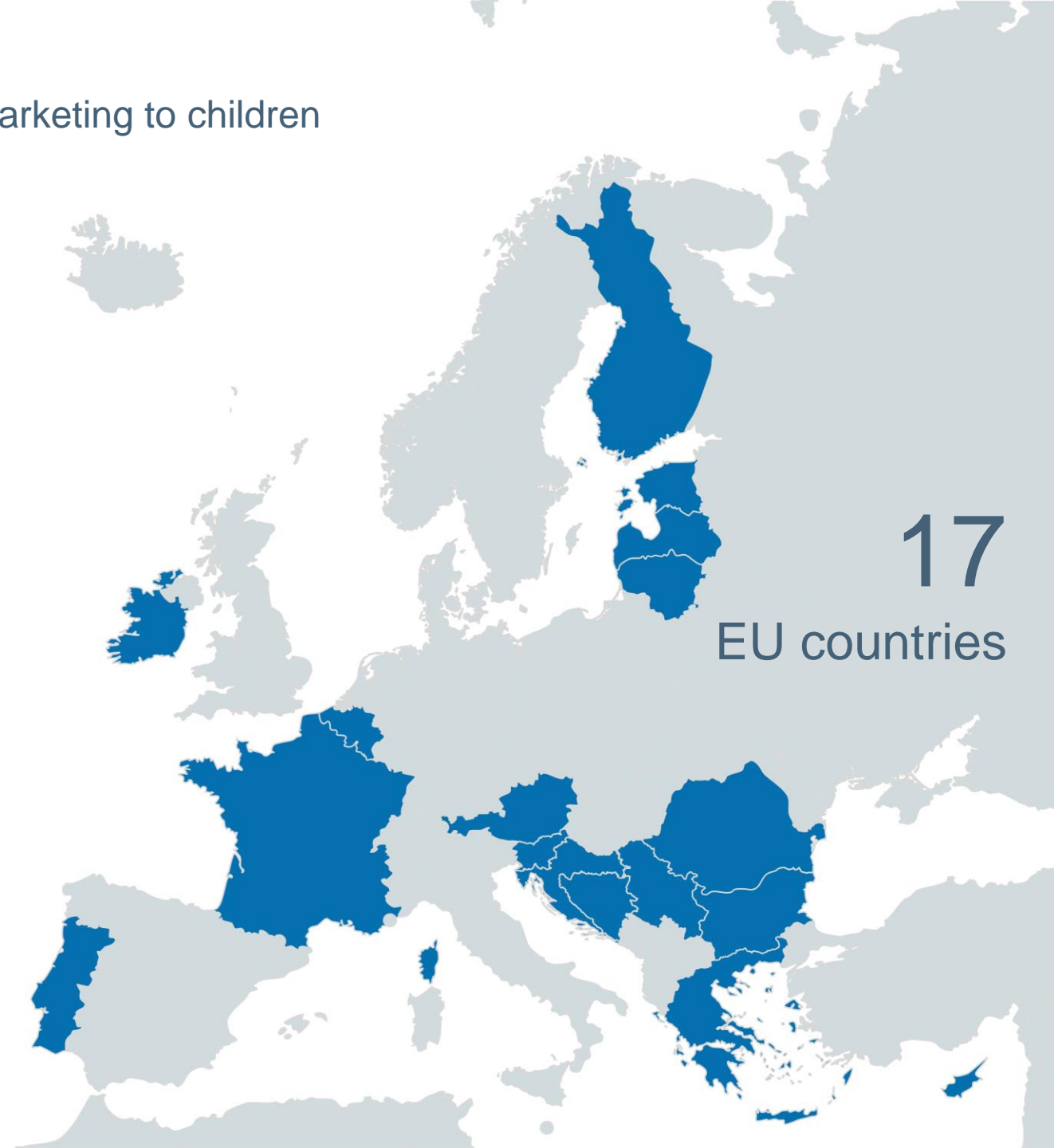
Impacts children's **brand awareness, preferences, requests, purchases and consumption**

Contributes to **poor diets and weight-related outcomes.**

WP6 – Best practices in reducing unhealthy food marketing to children

Country Partners

AUSTRIA (BMASGK)
BELGIUM (SCIENSANO)
BOSNIA AND HERZEGOVINA (MCA; PHI-FBH; PHI-RS)
BULGARIA (NCPHA)
CROATIA (CIPH)
CYPRUS (MoH CY)
ESTONIA (MoSA; NIHD)
FINLAND (THL)
FRANCE (ANSES; SPF; MoH-FR)
GREECE (ICH)
IRELAND (DoH; CHDR)
LATVIA (CDPC)
LITHUANIA (LR SAM)
PORTUGAL (DGS; FCNAUP)
ROMANIA (NIPH)
SERBIA (IPHS)
SLOVENIA (NIJZ)



WP6 of Best-ReMaP

Reducing the marketing of unhealthy foods to children

OBJECTIVE

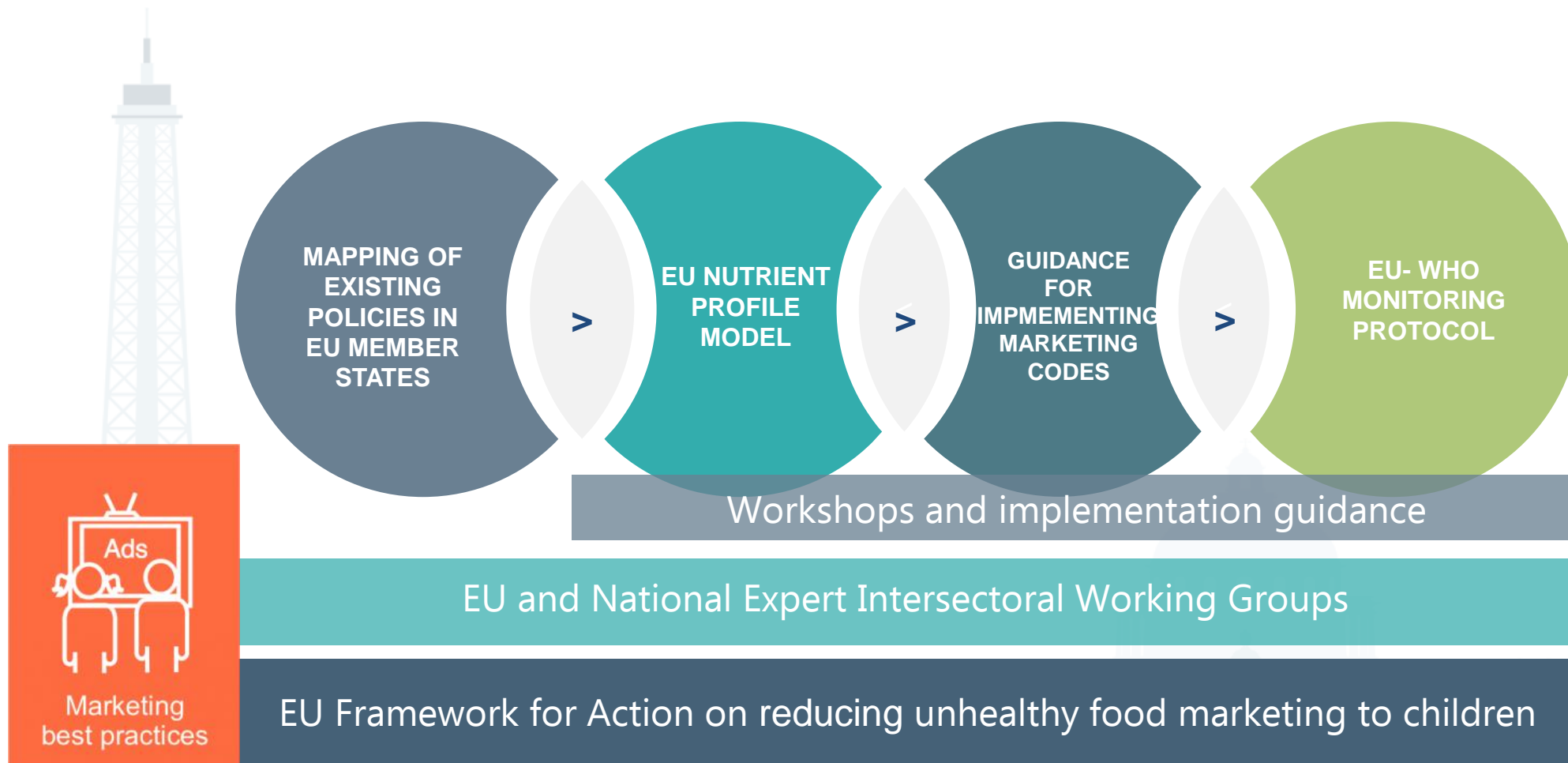
To explore, develop and share, within participating countries, the best practices on how to implement effective policies to reduce marketing of unhealthy food products (food and non-alcoholic beverages) to children (up to 18 years).



WP6 – Best practices in reducing unhealthy food marketing to children

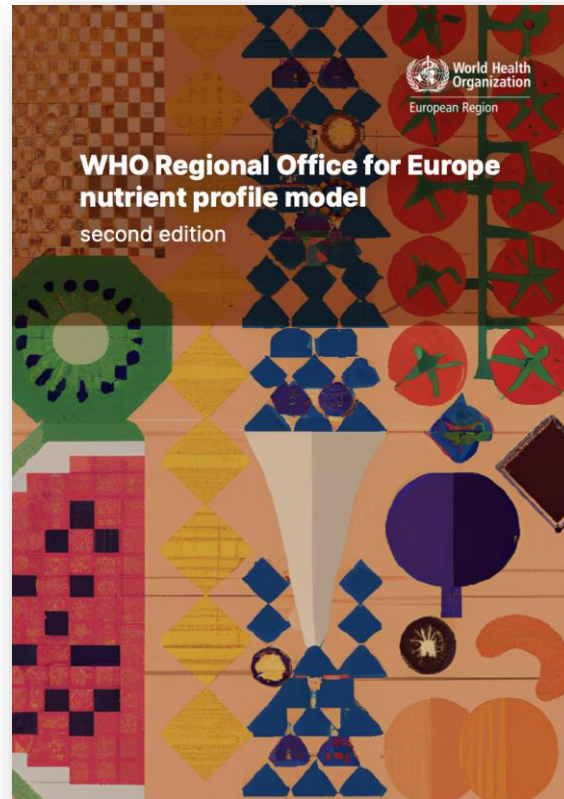


Main actions



WP6 – Best practices in reducing unhealthy food marketing to children

WHO Euro Nutrient Profile Model – Second Edition



Category no.	Product category	Examples	Total fat (g)	Saturated fat (g)	Total sugars (g)	Added sugars (g)	Non-sugar sweeteners (g)	Sodium (g)	Energy (kcal)
1	Chocolate and sugar confectionery, energy bars, sweet toppings and desserts	Chocolate confectionery Sugar confectionery (including jellies and boiled sweets; chewing-gum and bubble gum; caramels; liquorice sweets; marzipan sweets) Granola and cereal-type bars Spreadable chocolate and other sweet sandwich toppings Nut butters (e.g., peanut butter) Honey				0	0		
2	Cakes, sweet biscuits and pastries; other sweet bakery wares, and dry mixes for making such	Cakes Pastry Biscuits Desserts Dry mixes							
3	Savoury snacks	Crackers Nuts Seeds Potatoes Edible ices							
4	Beverages	Tea Coffee Soft drinks Alcoholic beverages							
4.1	Juices	100% fruit juices Fruit and vegetable juices Flavoured fruit and vegetable juices							
4.2	Dairy milk drinks	Milk Yoghurt, sour milk, cream and similar foods							
4.3	Plant-based milks	Soy Almond Oat Rice Coconut							
5	Breakfast cereals	Cereal flakes Ready-to-eat cereals Cereal-based snacks							
6	Bread, bread products and crisp breads	White bread Whole grain bread Crisp breads							
7	Yoghurt, sour milk, cream and similar foods	Yoghurt Sour milk Cream Ice cream							
8	Ready-made and convenience foods and composite dishes	Ready-made meals Convenience foods Composite dishes							
9	Processed meat, poultry, fish and similar	Processed meat Poultry Fish Meat analogues							
10	Processed fruit and vegetables	Processed fruit Processed vegetables Fruit and vegetable pouches							
11	Savoury plant-based food/meat analogues	Savoury plant-based food Meat analogues							
12	Sauces, dips and dressings	Sauces Dips Dressings							

Marketing is prohibited of any product, regardless of category, that contains > 1 g per 100 g total fat in the form of industrially produced trans fatty acids.

Published in March 2023

WP6 – Best practices in reducing unhealthy food marketing to children



WHO Euro Nutrient Profile Model – Second Edition

Workshop of implementation

Testing



March - June 2022

Belgium
Croatia
Estonia
Finland
France
Greece
Ireland

Latvia
Portugal
Romania
Serbia
Slovenia
Spain



database with a total of
108 578 products

Workshop on how to use, adapt and implement the EU harmonised nutrient profile model



Best-ReMaP
Healthy Food for a Healthy Future



World Health
Organization
European Region

WP6 Framework for action

How EU and its Member States can protect children from harmful food marketing



01

TIGHTEN FOOD MARKETING RESTRICTIONS

Adopt **government-led regulatory approaches**; develop a **new legal framework at EU level**; restrict marketing of unhealthy foods across **marketing types and techniques and marketing communication channels**; and raise the age threshold to **18 years old**, following the **technical guidance for codes of practice and the legal framework for children's protection**.

02

ENGAGE, MOBILIZE AND EMPOWER ALL STAKEHOLDERS

Involve and empower different **stakeholders** (government sector, professionals, civil society, the private sector), as well as **parents/caregivers and youth**. Increase **literacy for all stakeholders on food marketing impact** to facilitate this engagement.

03

USE EVIDENCE TO DEFINE UNHEALTHY FOOD PRODUCTS

Use an **evidence-based and strict NPM to define unhealthy products**, based on the WHO Europe Nutrient Profile Model (2023).

04

BE PREPARED TO ADDRESS THE CHALLENGES

Seek support from other countries and health organizations (such as WHO).

STRATEGY,
LANDSCAPE AND
LEGISLATION



NETWORKING



IMPLEMENTATION
APPROACHES AND
TOOLS



GUIDANCE
FOR FUTURE
ACTION



05

IMPLEMENT A CHILD RIGHTS-BASED APPROACH

Recognize that food marketing to children is a **major children's right concern - legal framework for children's protection**.

06

ENCOURAGE COOPERATION AND CAPACITY BUILDING

Use established networks (WHO European Action Network on Reducing Marketing Pressure to Children and the EU Expert Group) to promote MS cooperation, knowledge and experience exchange.

07

DEVELOP NEW TOOLS AND DATA

Food-branded databases (FABLE) and **reliable and validated automated tools for marketing monitoring** are needed to support policies restricting food marketing to children.

08

DEFINE AND ACTIVELY SUPPORT MONITORING AND ENFORCEMENT

A **comprehensive, regular, transparent monitoring programme (using the EU-WHO Monitoring Protocol)** in all MS and ensure adequate resources for its implementation including regular updates. **Regular annual monitoring with obligatory reporting to the national parliaments** and biannual to the EU Parliament, with provided budget in MSs.

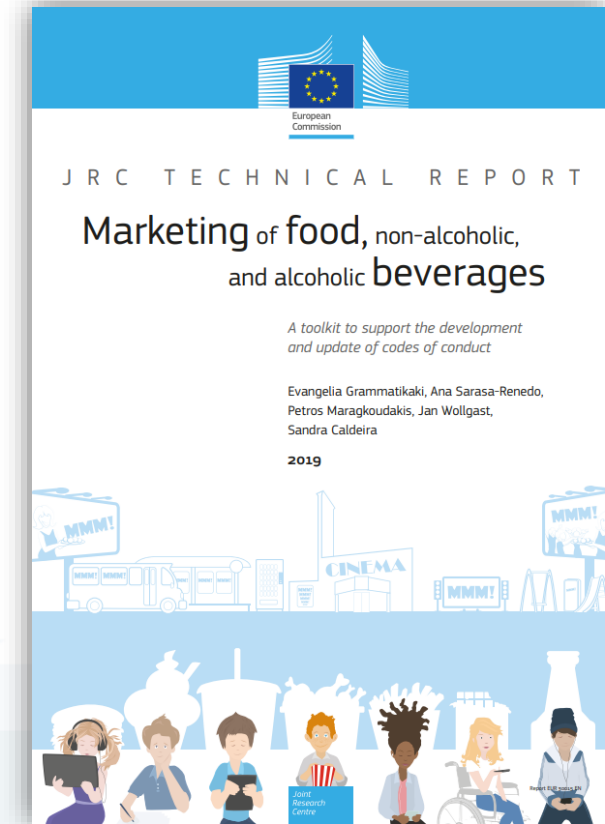
WP6 – Best practices in reducing unhealthy food marketing to children

Best-ReMaP Guidance for Implementing of Marketing Codes



Best ReMaP Guidance for Implementation of Marketing Codes

- Marketing codes from IE, PT, SL, analysed.
- Implementation workshop organised.
- Technical guidance report delivered.
- Marketing codes implemented in country partners compared with JRC Marketing Toolkit/Checklist.
- Review of the literature.



WP6 – Best practices in reducing unhealthy food marketing to children



Workshop and implementation guidance

Workshop and Implementation Guidance

In March 2022, a workshop with 12 EU MS was organised online



Learned experiences shared by Irish advertising regulators:

- **Engage** with public health bodies.
- **Level** the knowledge base of experts.
- **Collaborate** with experienced policy-makers in similar areas, e.g., tobacco regulators.



WP6 – Best practices in reducing unhealthy food marketing to children

Workshop and implementation guidance



Workshop and Implementation Guidance

A technical guidance for implementing food marketing codes report was developed.

Ireland

- Children's Commercial Communications Code (BAI 2013)
- Code of Standards for Advertising and Marketing Communications (ASAI 2016)

Portugal

- Law No 30/2019, of 23 Abril

Slovenia

- Slovenian Advertising Code (Slovenian Advertising Chamber 2011)



WP6 – Best practices in reducing unhealthy food marketing to children

Progress in development or update of codes



Progress in development or update of codes

1st National stakeholder meeting:

Co-regulation
Agreement



Code of conduct: Responsible advertising regarding food and drink in children's programmes. Advertising targeted at children.

Code of conduct states that inappropriate commercial communications that feature food and drink are:

- 2.2.1. commercial communications that feature food or drink whose content of fat, including saturated fatty acids, sugar, including added sugar, and/or salt per 100 grams or millilitres exceeds the maximum content of the relevant category, as set out in Annex 1 of the code of conduct;
- commercial communications promoting or condoning incorrect eating habits and unhealthy lifestyles, i.e. commercial communications that:
 - are prohibited under the Advertising Act, such as those that directly incite children to enter into transactions independently or exploit their trust in their parents, teachers or other persons;
 - encourage excessive food consumption;
 - use promotional offers irresponsibly;
 - use aggressive or misleading commercial practices, such as those that are misleading or ambiguous in their descriptions of the nutritional value of the product;
 - use characters or public figures popular among children that are trademark protected in fields other than food or drink.

Annex 1 mentioned in Code of Conduct is Nutrient Profile Model.

Full Code of Conduct available in Estonian: <https://ringhaaling.ee/seadused-juhendid/>



Estonia



Rialtas na hÉireann
Government of Ireland

Online Safety and Media Regulation Bill

Ireland

Croatia

WP6 – Best practices in reducing unhealthy food marketing to children

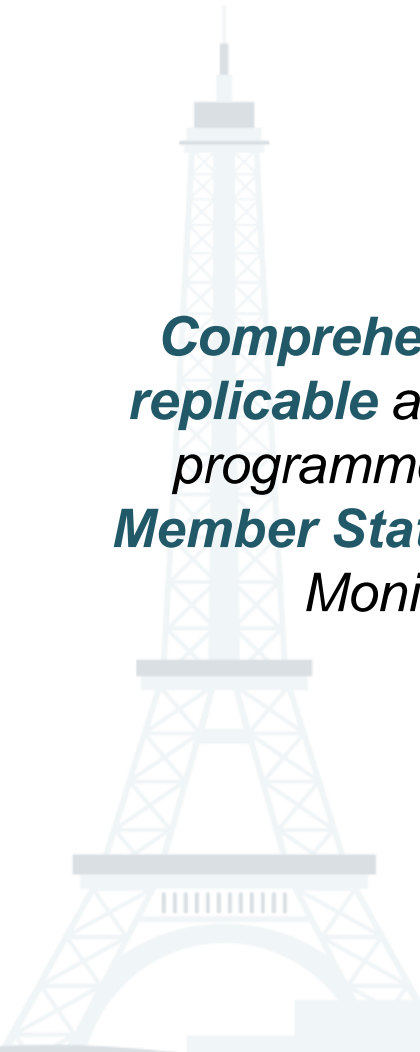
The EU-WHO Monitoring Protocol



The EU-WHO Monitoring Protocol

Comprehensive, coordinated, replicable and regular monitoring programme implemented in ***all Member States*** using the *EU-wide Monitoring Protocol*

- **Review** of existing protocols
- Knowledge and information sharing **workshop**
- **Consultations** with experts including YP
- **Draft** of the EU-WHO protocol
- **Piloting** the EU-WHO protocol



WP6 – Best practices in reducing unhealthy food marketing to children

The EU-WHO Monitoring Protocol



The EU-WHO Monitoring Protocol – the scope


	Marketing Channel/ element	Protocol
Protocols	Internet - potential exposure (not working with children)	WHO P&T + BRM feedback
	Internet - actual exposure (working with children)	WHO CLICK+ BRM feedback
	TV	WHO P&T + BRM feedback
	Outdoor	Best-ReMaP
	Media and brands survey	Best-ReMaP
Other resources	Engaging children (involving children and young people, child's rights and ethics, recruitment and retainment, dissemination)	Best-ReMaP
	Resource planning (research question, time, skills, financial etc.)	Best-ReMaP

WP6 – Best practices in reducing unhealthy food marketing to children

The EU-WHO Monitoring Protocol

The EU-WHO Monitoring Protocol

Piloting

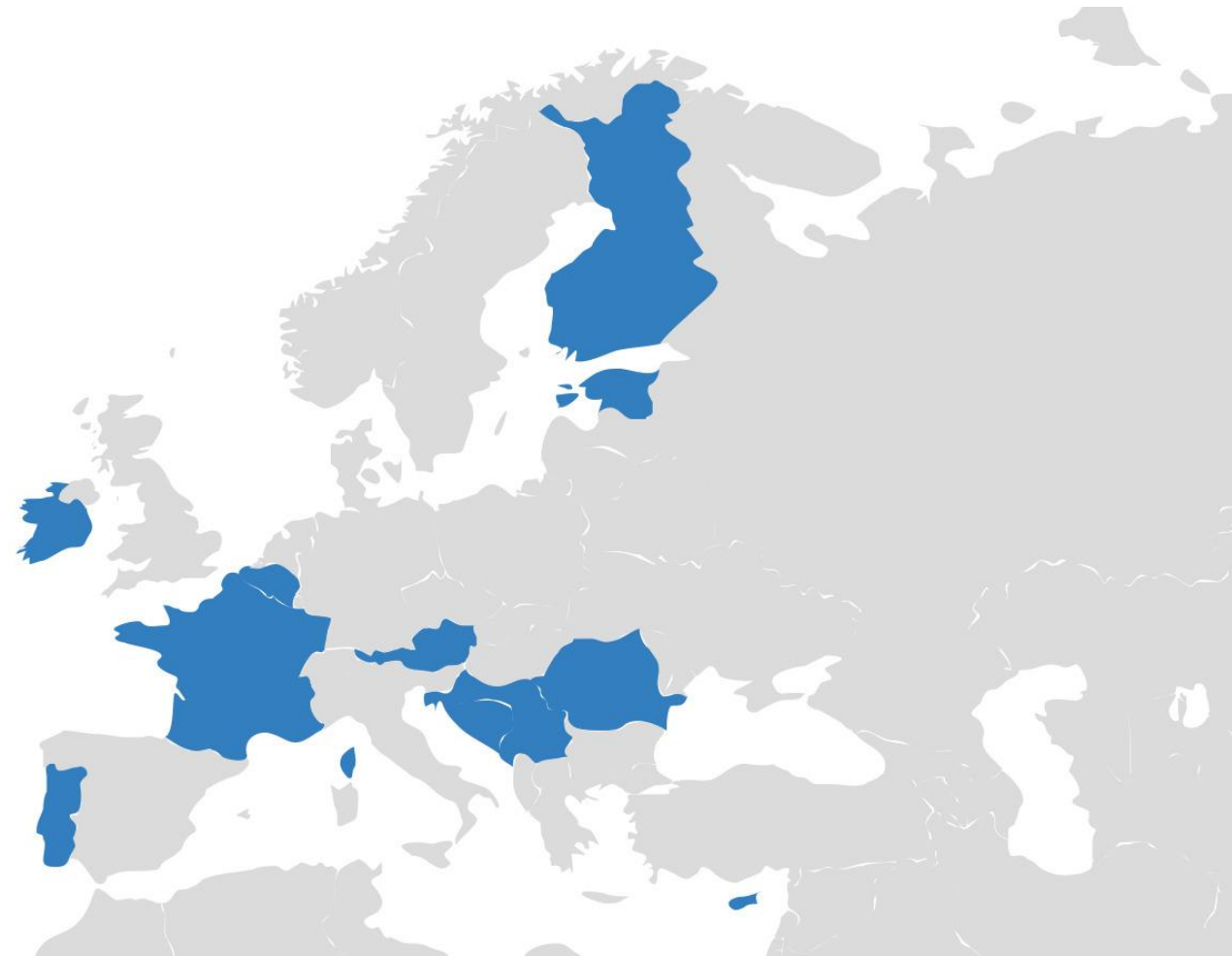
 **25** projects
14 countries

12 digital media

3 TV

5 Outdoors

5 media and brands survey



WP6 – Best practices in reducing unhealthy food marketing to children

The EU-WHO Monitoring Protocol



The EU-WHO Monitoring Protocol

What have we learned?

EU-WHO monitoring protocols were useful to effectively monitor unhealthy food marketing

The main implementation challenges:

- **Low resources** – funds, people, time available to run these studies.
- Lack of **expertise** in the topic
- **Ethical clearance** to study digital marketing (actual exposure)
- **Coding** - manual and lengthy process
- Protocols need adapting from **research to monitoring** needs

WP6 – Best practices in reducing unhealthy food marketing to children

The EU-WHO Monitoring Protocol



The EU-WHO Monitoring Protocol

Support needed

- More **resources** (both funding and human resources)
- A specific, adequately funded **knowledge and experience exchange platform**,
- EU-harmonised and MS-specific **documentation on GDPR**
- Reliable, validated **tools that automate** aspects of monitoring
- Critical health and media **literacies at all levels** – (including policymakers, ministries, NGOs, researchers, governments, MEPs, and more)
- **IT support**
- **Governmental support**
- Resources to enable **regular and rapid updates** of monitoring protocols

WP6 – Best practices in reducing unhealthy food marketing to children

The EU-WHO Monitoring Protocol



The Open University

The EU-WHO Monitoring Protocol



<https://bestremap.eu/results/>



Best-ReMaP
Healthy Food for a Healthy Future

Thank you for your attention!

Maria João Gregório

mariajoaobg@dgs.min-saude.pt
www.alimentacaosaudavel.dgs.pt
+351916284196

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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Healthy Food for a Healthy Future

STREACHING BREAK

by Dr Eszter Sarkadi Nagy

11:55 – 12:20



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of the European Union

AGENDA



PROGRAMME		
8:15 - 9:00	Registration and welcome coffee	
9:00 - 9:10	Conference opening The story behind Best-ReMaP: The vision, values, and people Speaker: <i>Mojca Gabrijelčič-Blenkuš</i> , Scientific Coordinator: NIJZ - National Institute of Public Health, Slovenia	
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9:40 - 9:55	<i>Franco Sassi</i> - Imperial College London	
9:55 - 10:10	<i>Kremlin Wickramasinghe</i> - Head of WHO European Office for Prevention and Control of Noncommunicable Diseases (NCD Office)	
10:10 - 10:40	Tea break	
10:40 - 11:05	Improving the monitoring of the food offer Speaker: <i>Karine Vin</i> , WP5 Leader, ANSES - Agency for Food, Environmental and Occupational Health & Safety, France Leader for the Work Package on Processed Food Monitoring and Reformulation Panelist: <i>Stefanie Vandevijvere</i> , Sciensano. Presentation: Public policies to stimulate food reformulation	
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16:20 - 16:30	Closing remarks and conclusion Scientific Coordinator: <i>Mojca Gabrijelčič-Blenkuš</i> , NIJZ, Slovenia	



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Healthy Food for a Healthy Future

SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

What are the strategic orientations for the future? Presentation of Best-ReMaP Final Roadmap

Marco Silano, Istituto Superiore di Sanità (Italy)
Project Leader WP4

Speakers

Christine Berling
Betina Bergmann Madsen
Paolo Vineis

18.09.2023

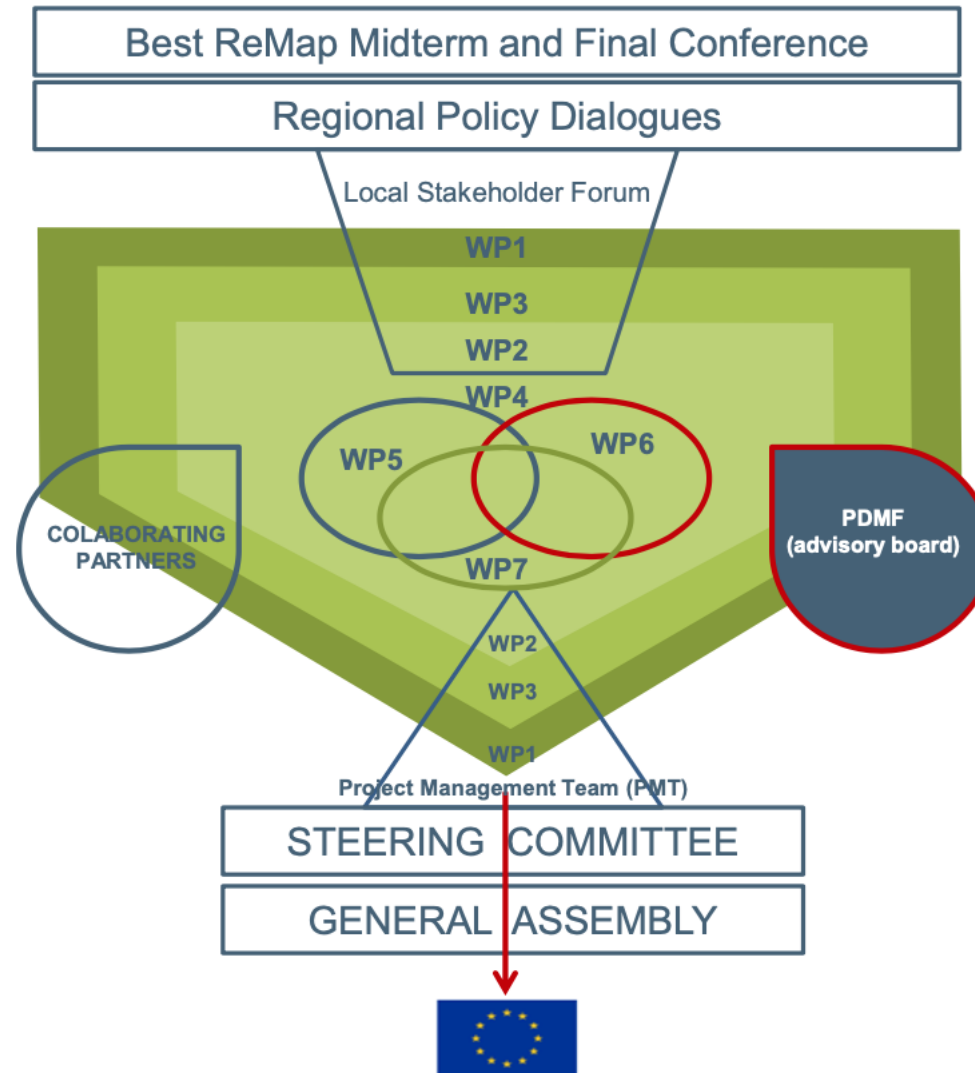


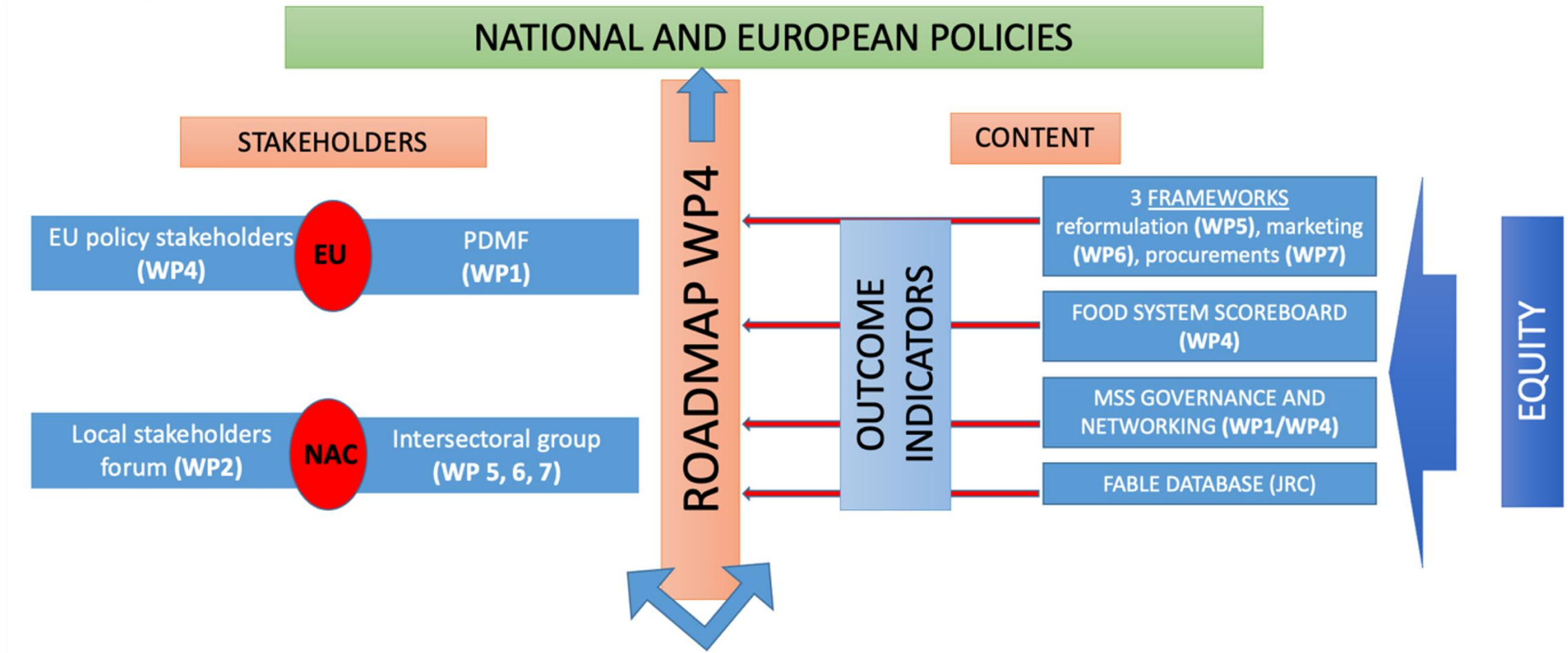
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SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

Best-ReMaP Management Structure





SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

WP5 FRAMEWORK FOR ACTION

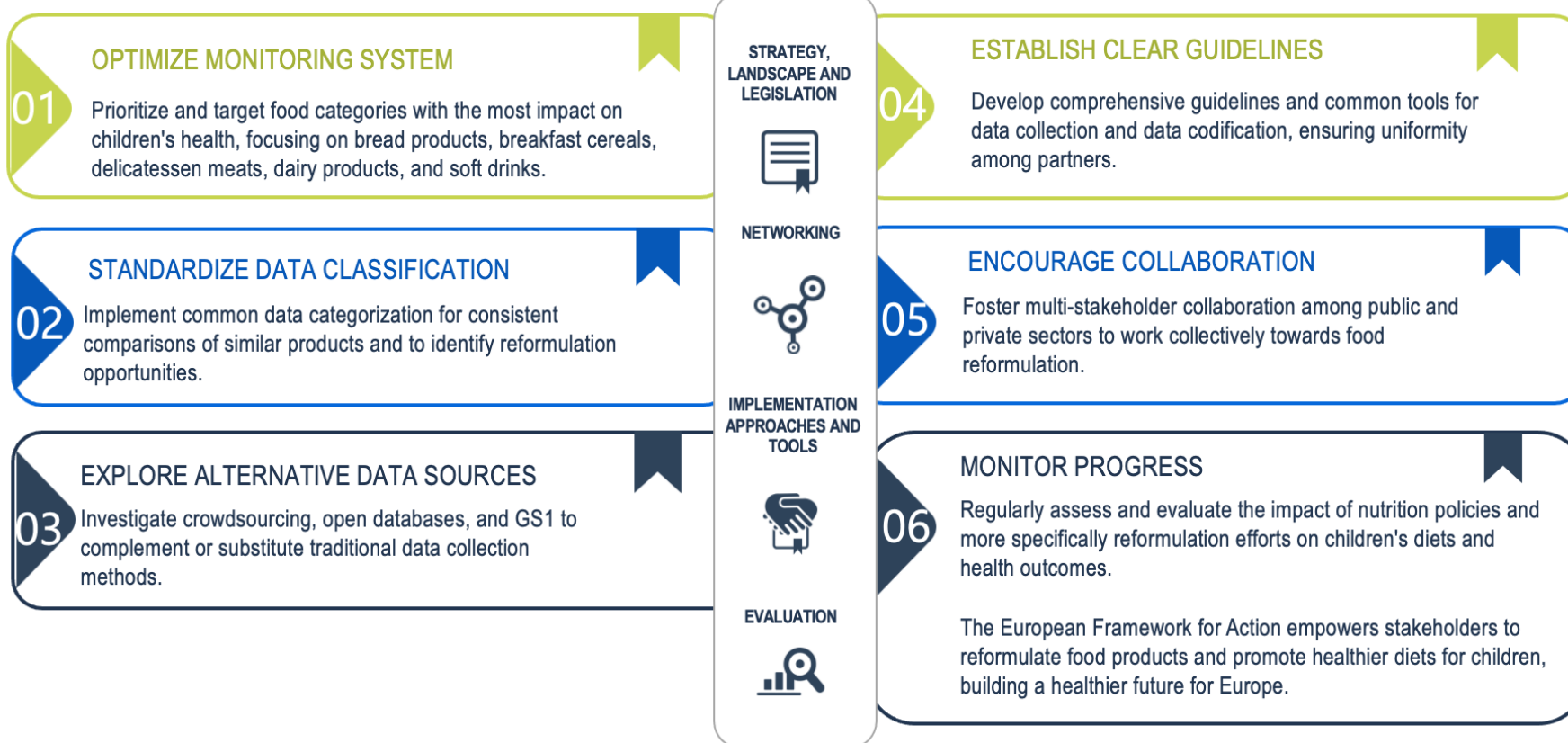


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Healthy Food for a Healthy Future

HARMONISED EU FRAMEWORK FOR ACTION ON FOOD REFORMULATION CREATING HEALTHIER DIETS FOR CHILDREN



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SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

WP6 FRAMEWORK FOR ACTION



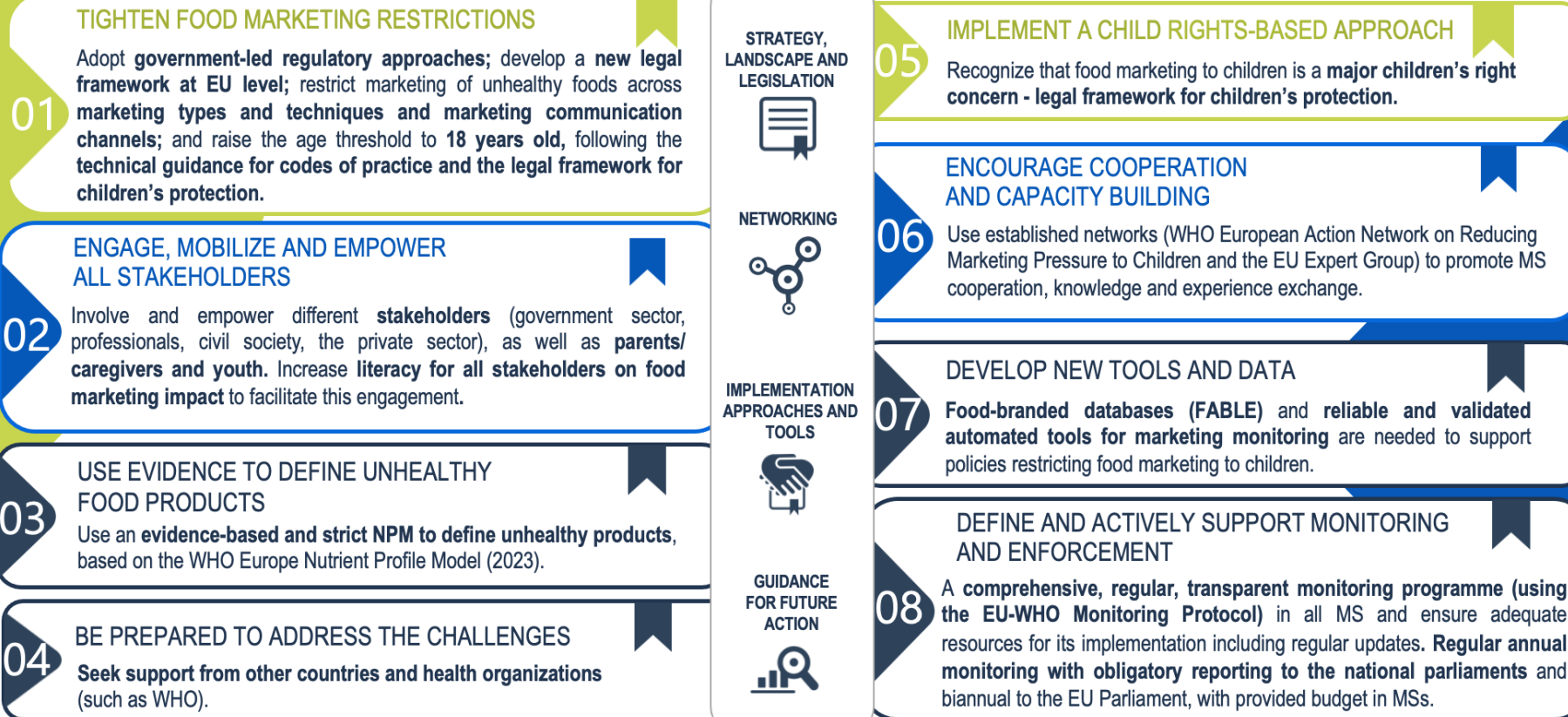
Best-ReMaP
Healthy Food for a Healthy Future

HARMONISED EU FRAMEWORK FOR ACTION FOR MARKETING REGULATION



Co-funded by
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HOW EU AND ITS MEMBER STATES CAN PROTECT CHILDREN FROM HARMFUL FOOD MARKETING

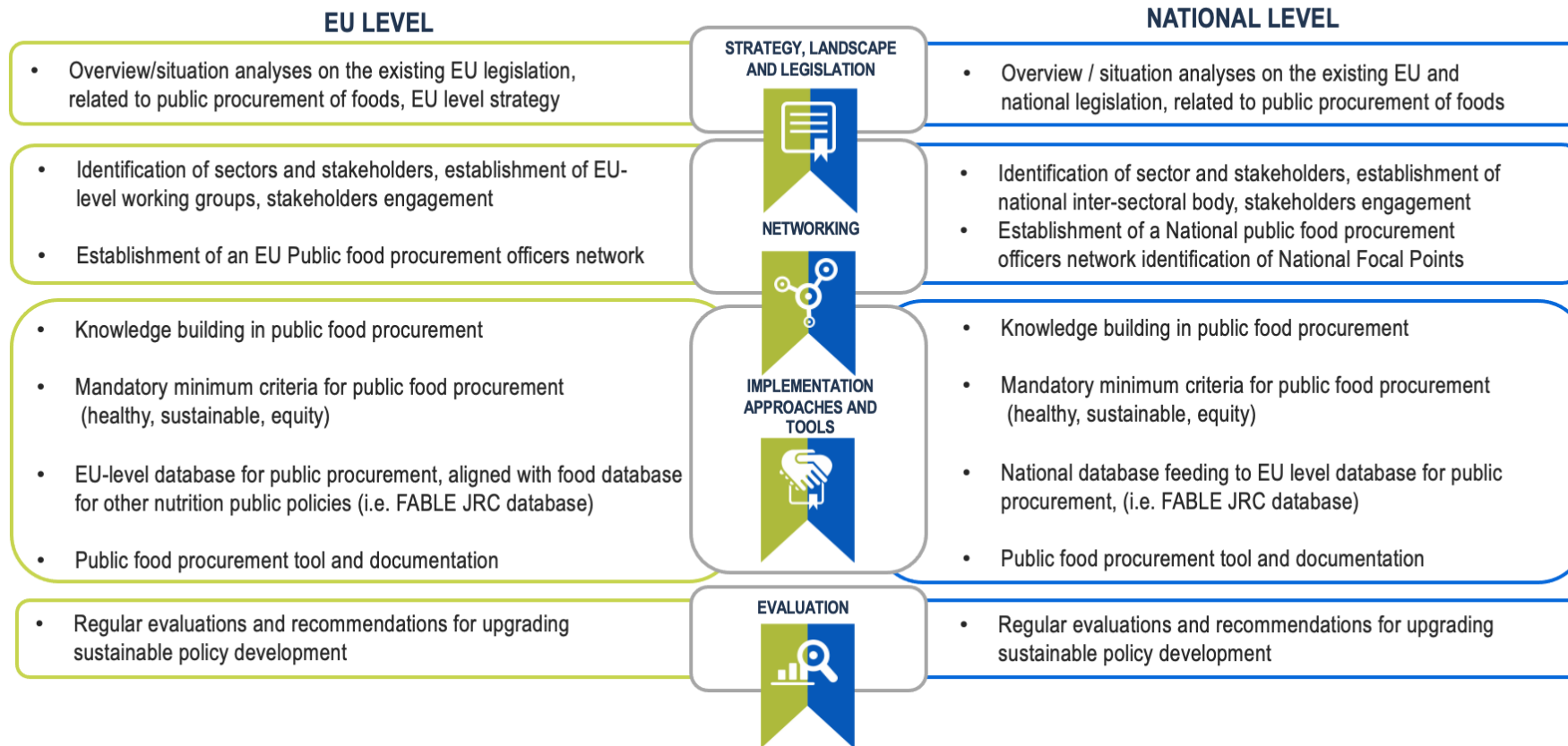


SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

WP7 FRAMEWORK FOR ACTION



HARMONISED EU FRAMEWORK FOR ACTION FOR PUBLIC FOOD PROCUREMENT



SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES



How large is the gap between the scientists/evidence and the policymakers/ national and EU policies?

Science does not necessarily address relevant policy questions and tends to be fragmented (e.g. UPF in children).

Production and synthesis of science is affected by publishing rules and limitations – the system has exploded with mega-journals (1), poor reviews, publication bias, etc.

Policy-making is supposed to put together science and societal values and develop actionable guidelines with no interference from industry, but this is not always the case. Policy making should be protected from direct and indirect conflicts of interest



1. Ioannidis, JAMA 2023



What could the scientist and the policymakers on the respective side, do to fill this gap?

Improve scientific publishing with better rules, particularly for mega-journals that are highly cited. Policy-makers should commission good independent syntheses of the evidence. Funders should promote coordinated research that fills gaps in knowledge. The whole **production chain/ecosystem of scientific production** needs to be revised: too disperse, too fragmented, too related to scientific curiosity, affected by Col

When is the evidence enough for transfer into policy?

There is no clearcut threshold. Sometimes the evidence is still weak but mechanistic evidence can integrate epidemiological evidence (e.g. IARC Monographs; UPF and childhood obesity ...). Sometimes the evidence is very clear and easy to implement (e.g. fibers in WCFR classification). Sometimes the evidence is very clear but clashes with cultural values (**elephant in the room: alcohol**)

Deliberative democracy makes use of a top-down approach (good quality scientific evidence) combined with bottom-up (societal values). Profit should not be considered a value that overtakes public health

SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

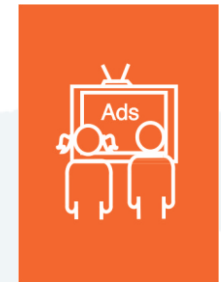


Food reformulation

- Nutrition policy relies also on consumer knowledge since the information of the public through education and dietary guidelines influences the behaviour of people to make better choices. What is the *distance* between the food reformulation and the actual food intake in EU pediatric population?
- What is the available scientific evidence on food reformulation?
- What is the role of private sector in the reformulation? Voluntary programmes or mandatory legislation
- Defining the dietary pattern is a complex issue. It is well-known that the interaction between all foods and nutrients and their frequency of consumption determines health status. This aspect goes beyond the food reformulation, what do you think about this issue?

Food marketing

- The definition of foods and beverages to be restricted from marketing should be based on a rigorous government-led Nutrient Profile Model (NPM), aligned with the WHO Europe NPM. How could we monitor its application?
- Through which instruments could we assess the impact of the NPM implementation on children's diets?
- The objective is to eliminate the marketing of unhealthy foods through various marketing types and techniques, how this could be monitored and assessed?

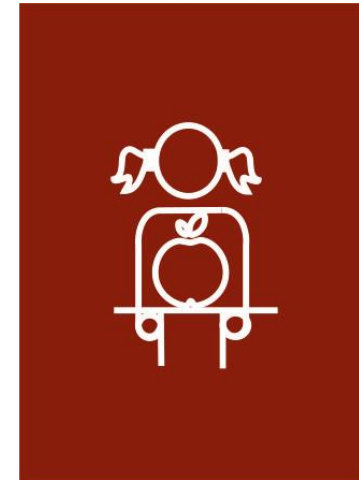


SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES



Public Food Procurement

- Considering that children spend a significant amount of time in school, it is crucial to provide them with healthy foods that guarantee a balanced nutrient profile. How are the EU schools facing this aspect, right now?
- The economic aspect is still one of the main drivers, guiding the food choices inside public institutions. How could we overcome this aspect?
- All the aspects discussed so far are strongly interconnected, in your opinion how the messages that emerged in the context of this JA could be transmitted to both national and EU-level decisors and policy-makers?





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Thank you for your attention!

Marco Silano

marco.silano@iss.it

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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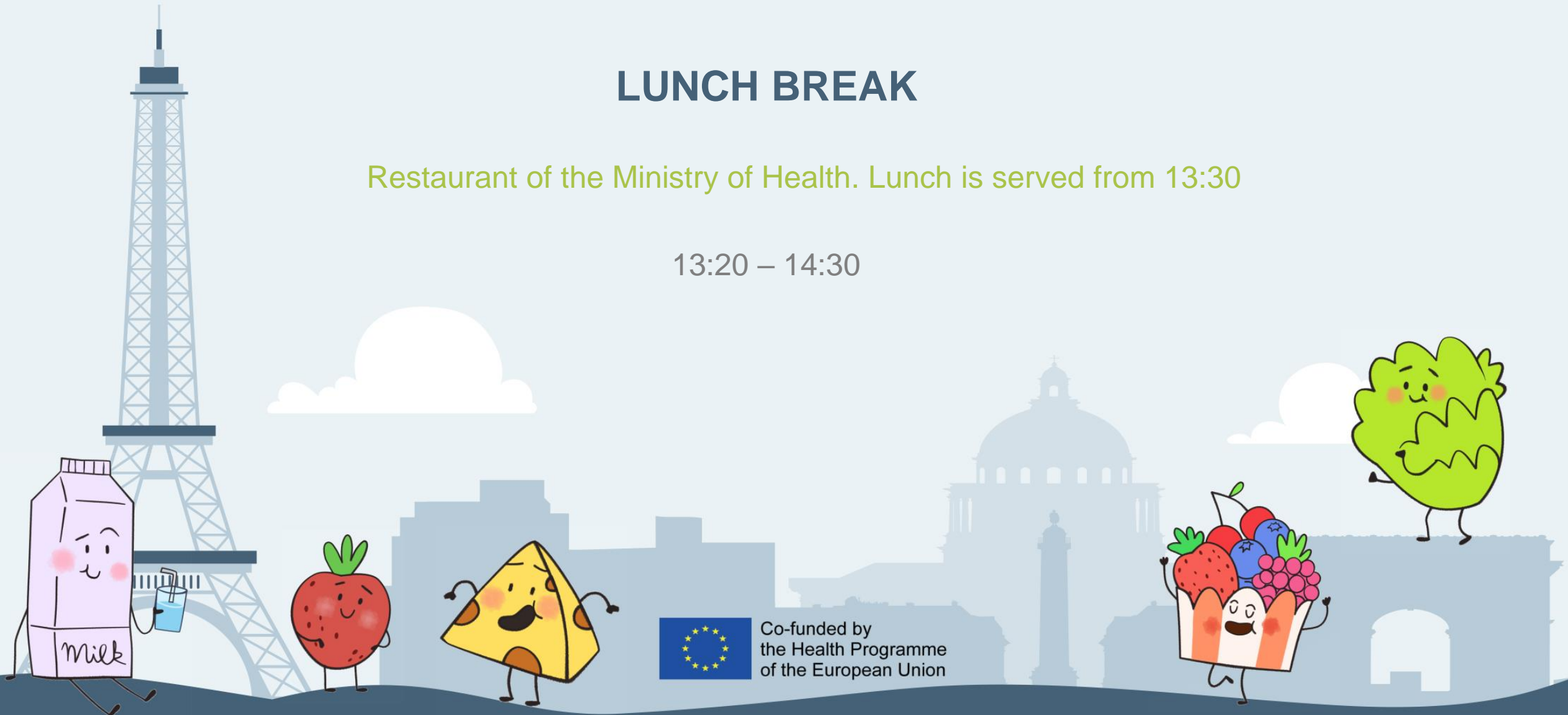


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LUNCH BREAK

Restaurant of the Ministry of Health. Lunch is served from 13:30

13:20 – 14:30



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Best-ReMaP

Healthy Food for a Healthy Future

Social inequalities, health and nutrition among European children

Dr Tim Lobstein, Consultant

18.09.2023



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- **Health inequality** – differences in health between people for any reason (e.g. genetic differences, biology, neighbourhood).

Health inequality includes...

- **Health inequity** – differences in health that are avoidable and unfair: linked to social determinants – e.g. socio-economic status, education, access to healthcare.

Health inequity needs policy interventions





Today:

1. Health inequity is easily seen in childhood obesity in Europe:

- *National wealth (GDP)*
- *National wealth inequity (GINI)*
- *Local and household inequity (SES etc)*

2. Also nutrition inequity in children in Europe





Today:

1. Health inequity is easily seen in childhood obesity in Europe:

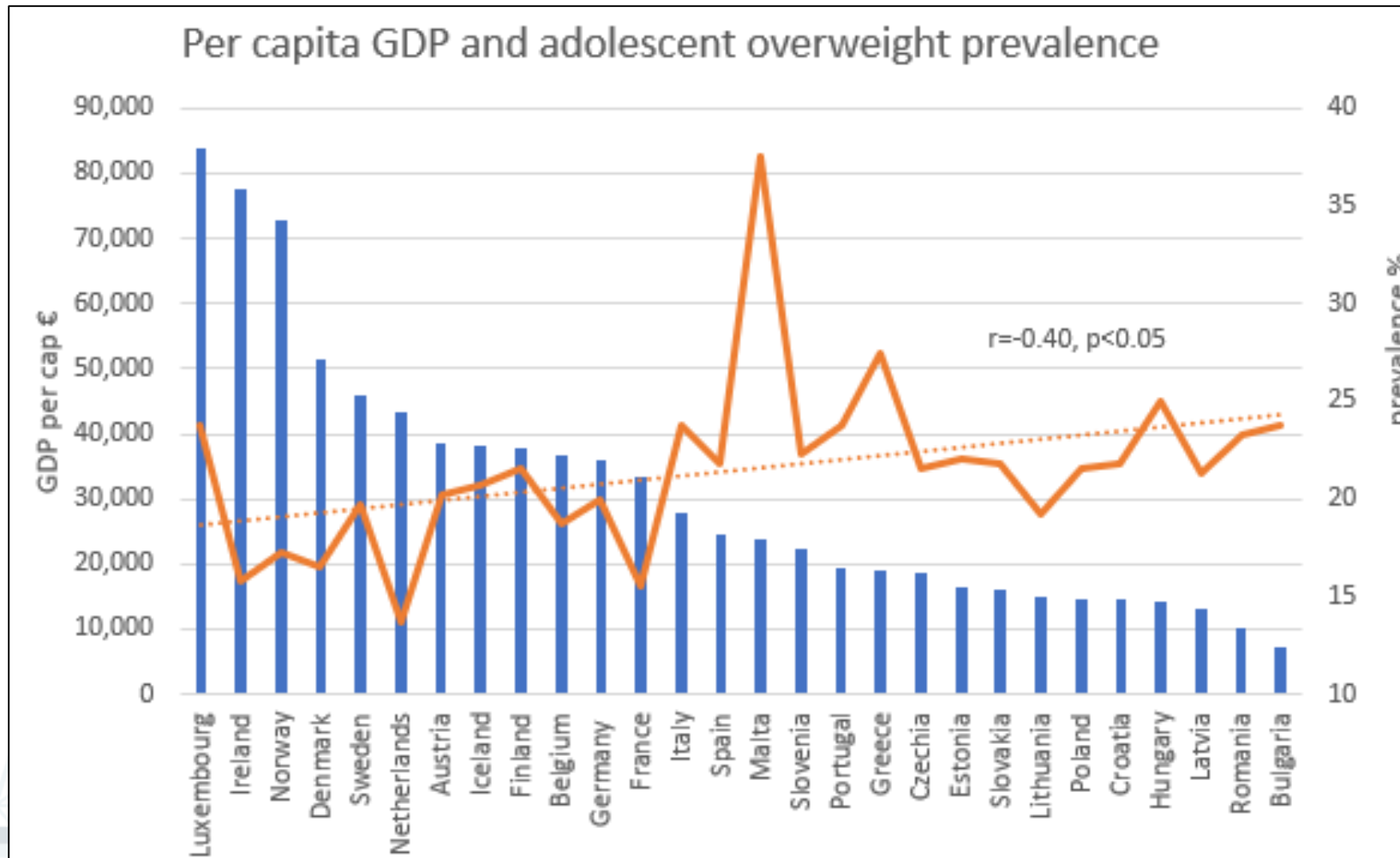
- *National wealth (GDP)*
- *National wealth inequity (GINI)*
- *Local and household inequity (SES etc)*

2. Also nutrition inequity in children in Europe

3. How can policies reduce health inequity?

4. Best-ReMap risk assessment tools

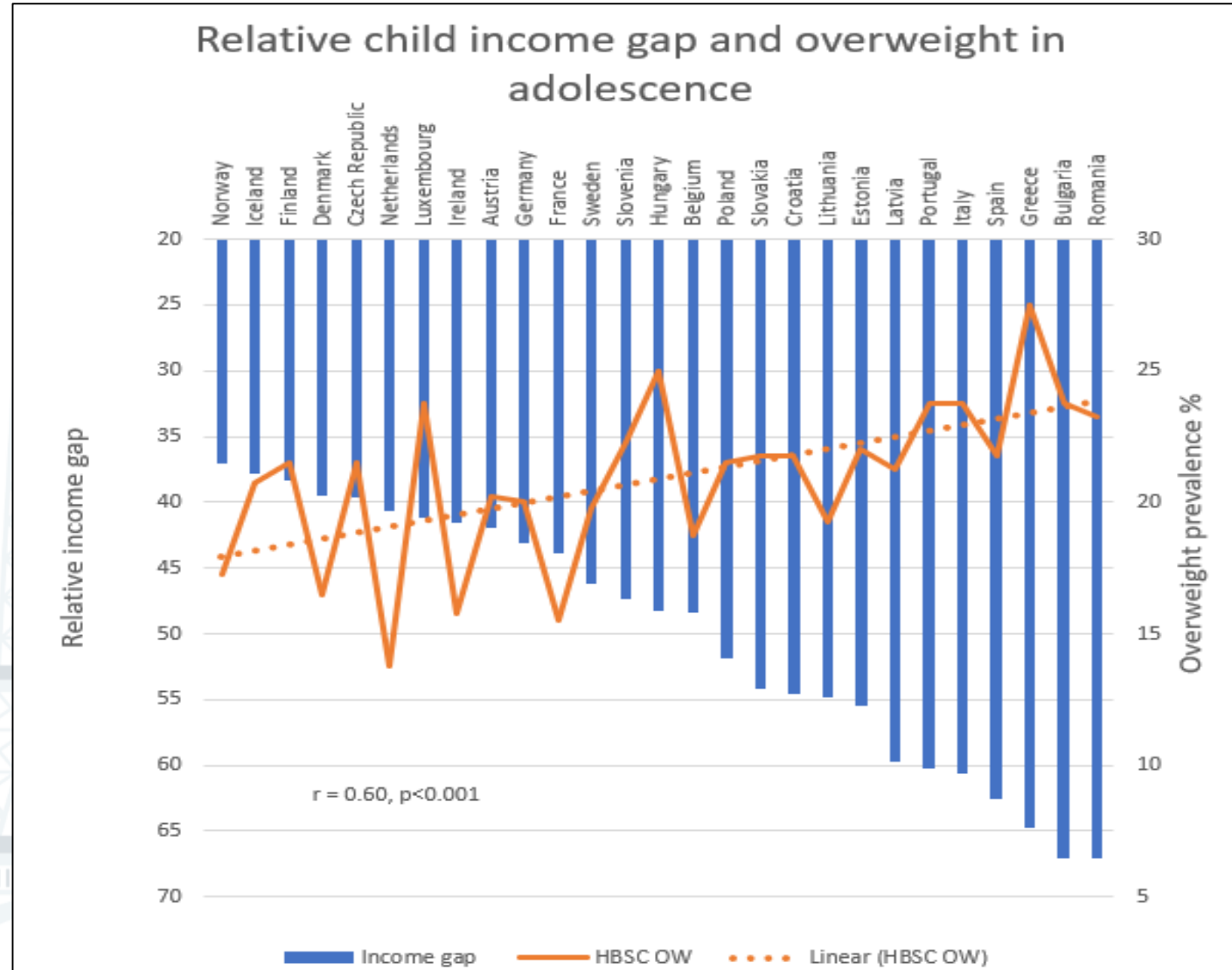
Child overweight and national wealth



Eurostat https://ec.europa.eu/eurostat/databrowser/view/sdg_08_10/default/table?lang=en

WHO 2020 [https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-\(hbsc\)-study](https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-(hbsc)-study)

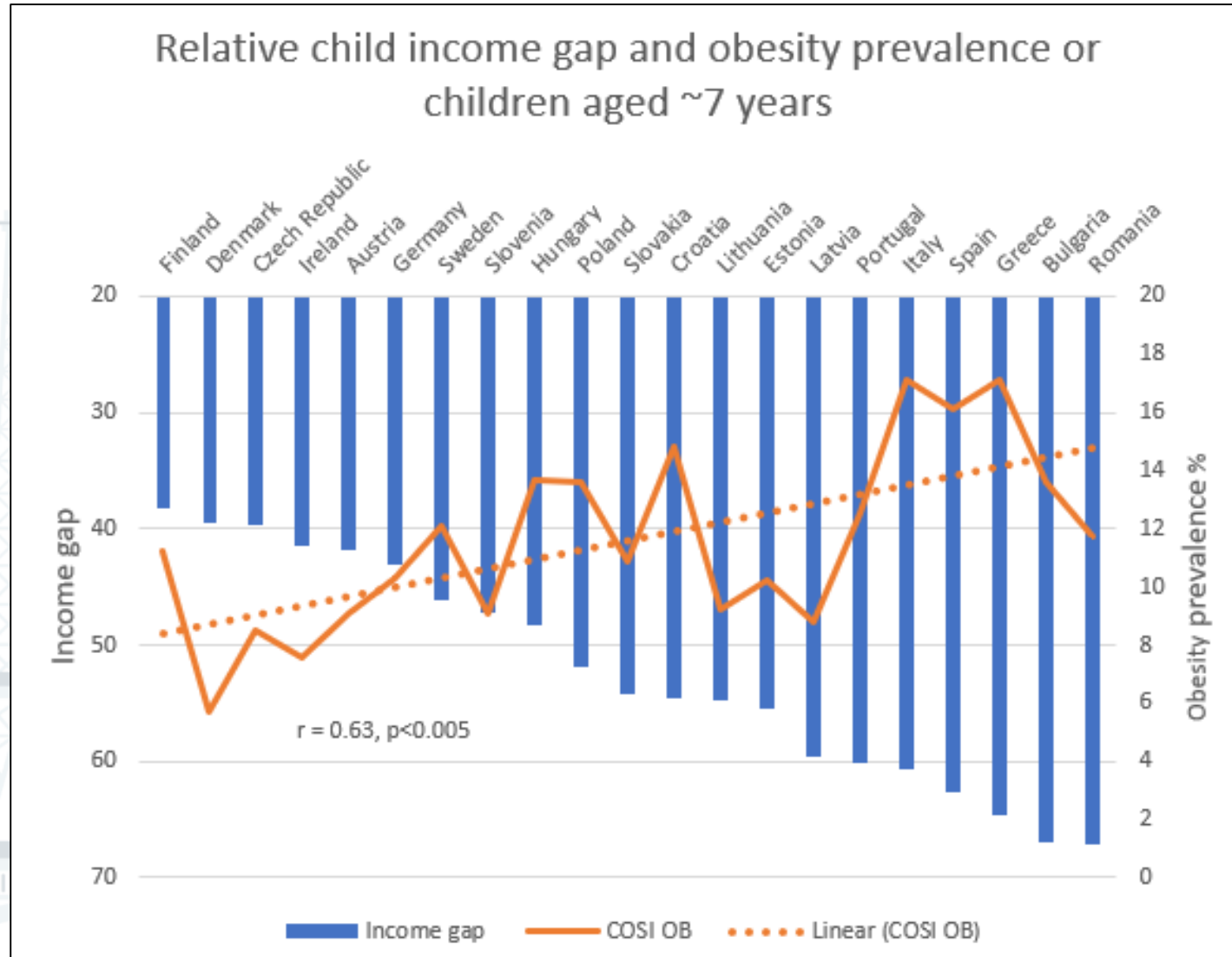
Child overweight and national wealth *inequity*



WHO 2020 [https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-\(hbsc\)-study](https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-(hbsc)-study)

UNICEF 2016 https://www.unicef-irc.org/publications/pdf/RC13_eng.pdf

Child obesity and national wealth *inequity*



WHO 2022 <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6594-46360-67071>

UNICEF 2016 https://www.unicef-irc.org/publications/pdf/RC13_eng.pdf

Household social inequity

Child obesity

- Parent's
- Parents
- Household
- Household
- Neighborhood
- Deprivation
- School
- Composition

(developed in STOP project)

Choice of measure has policy implications:

Reduce national wealth inequality?

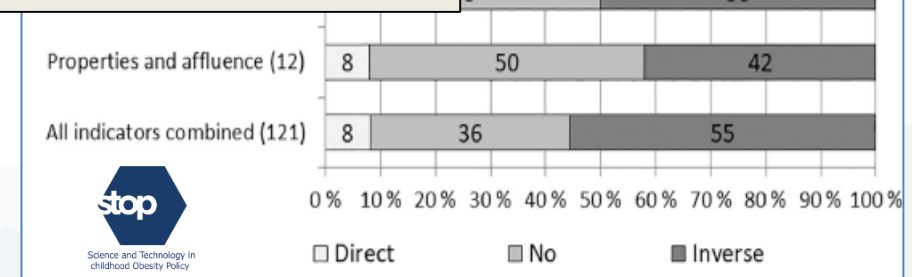
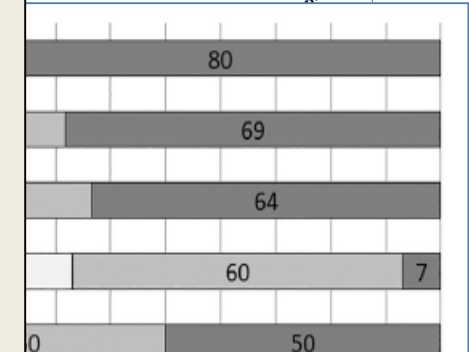
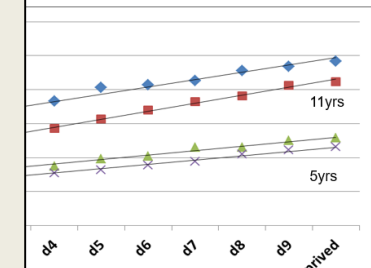
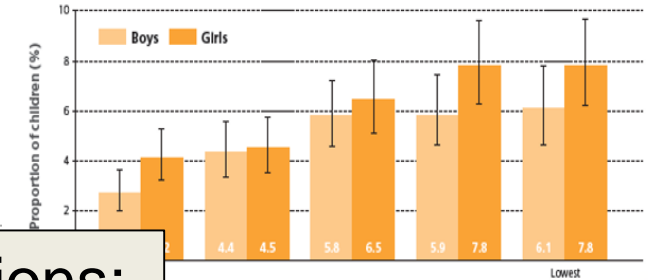
Improve education for parents?

Higher household incomes?

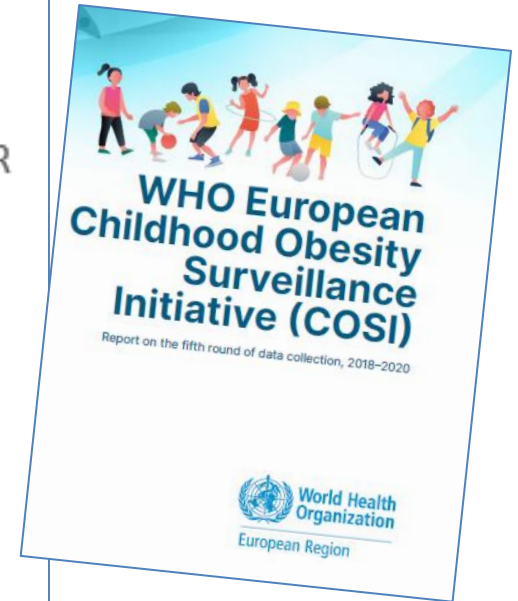
Better community support?

Better school environments?

...

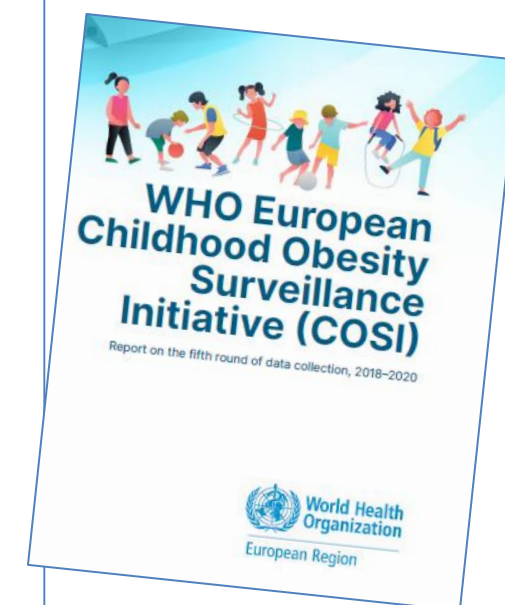
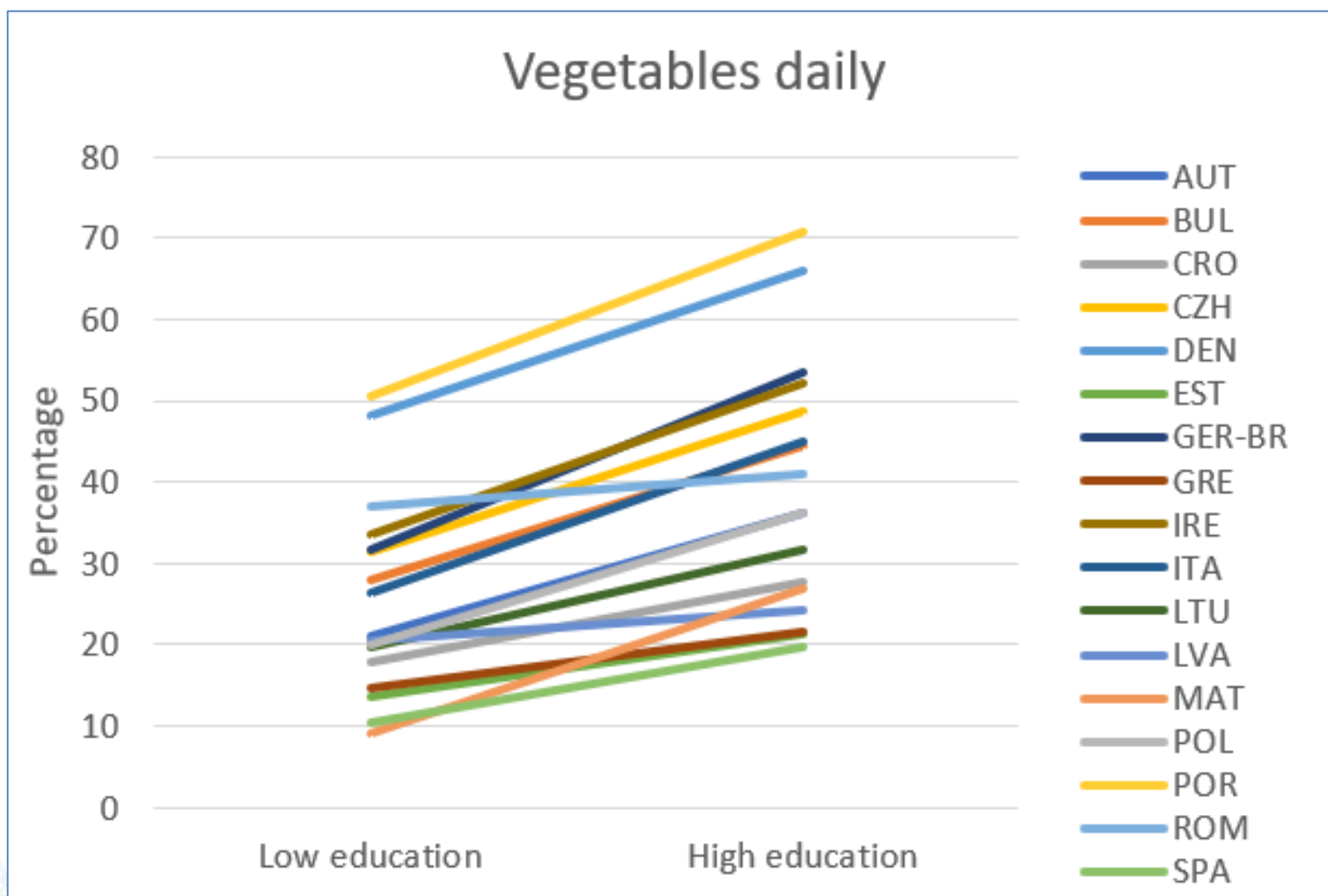


Sares-Jaske et al, 2022



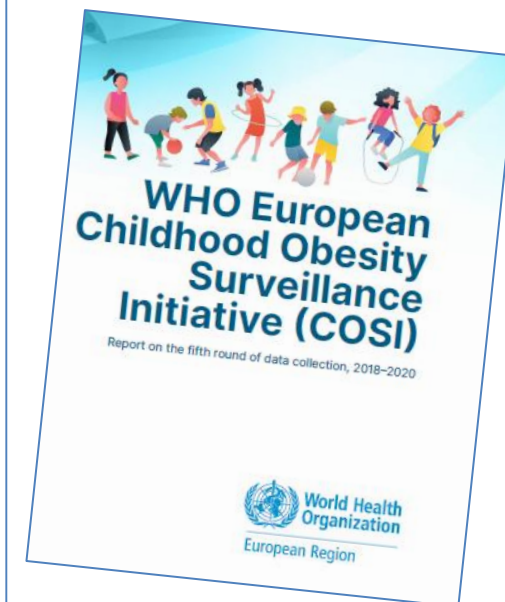
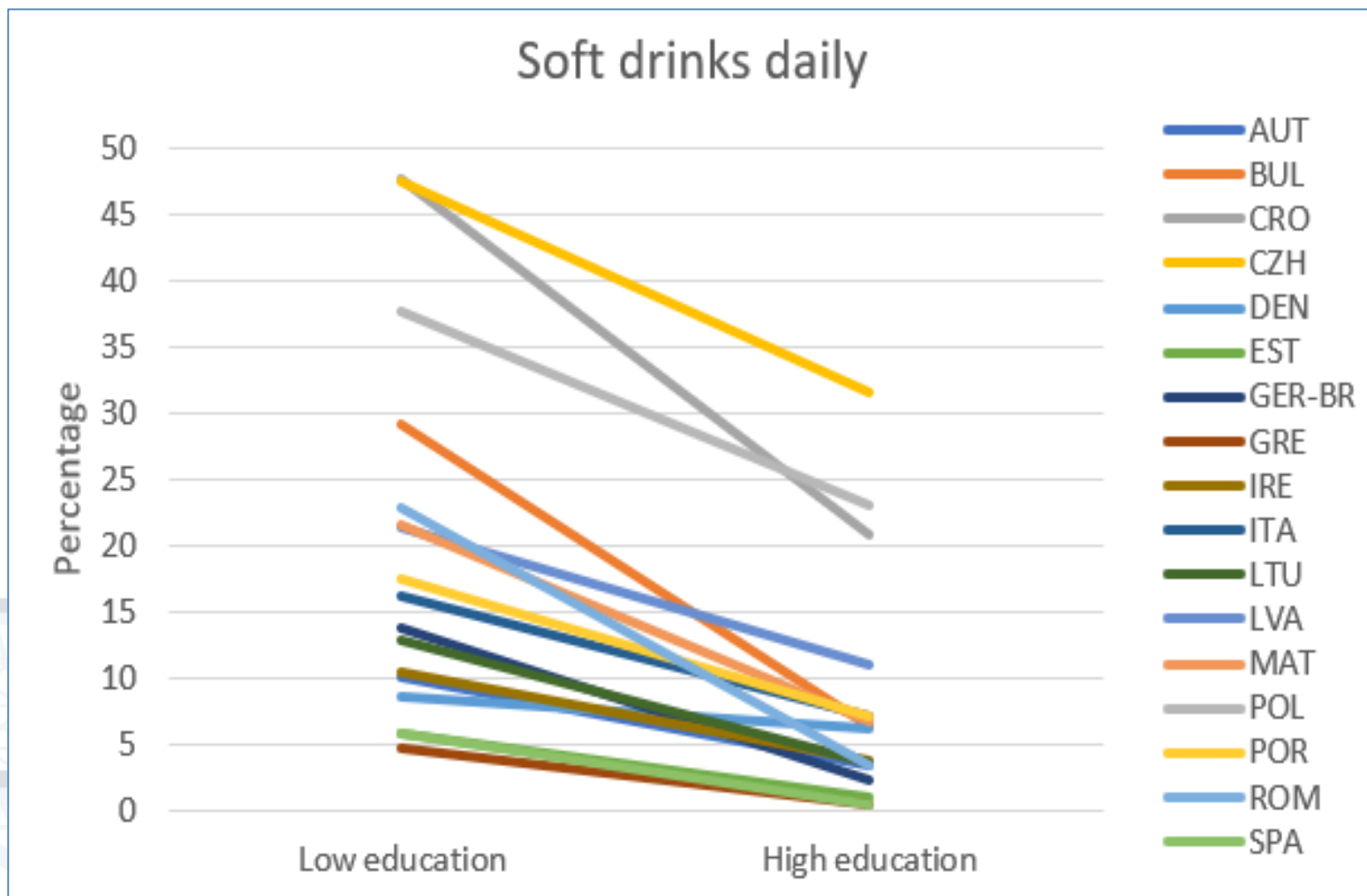
NUTRITION INEQUITY

Parent's education Children aged 6 – 9 years old



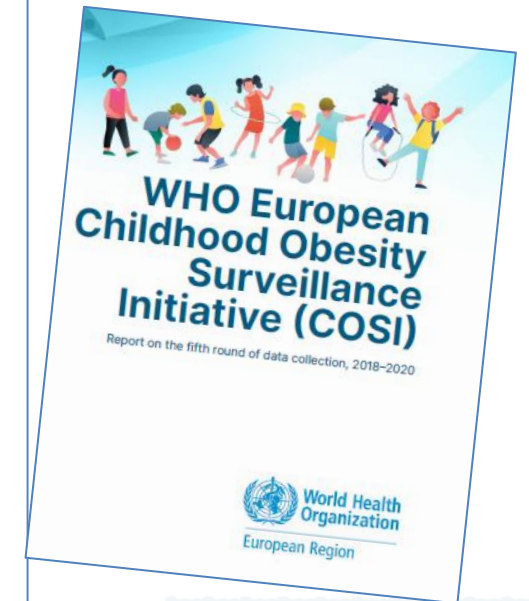
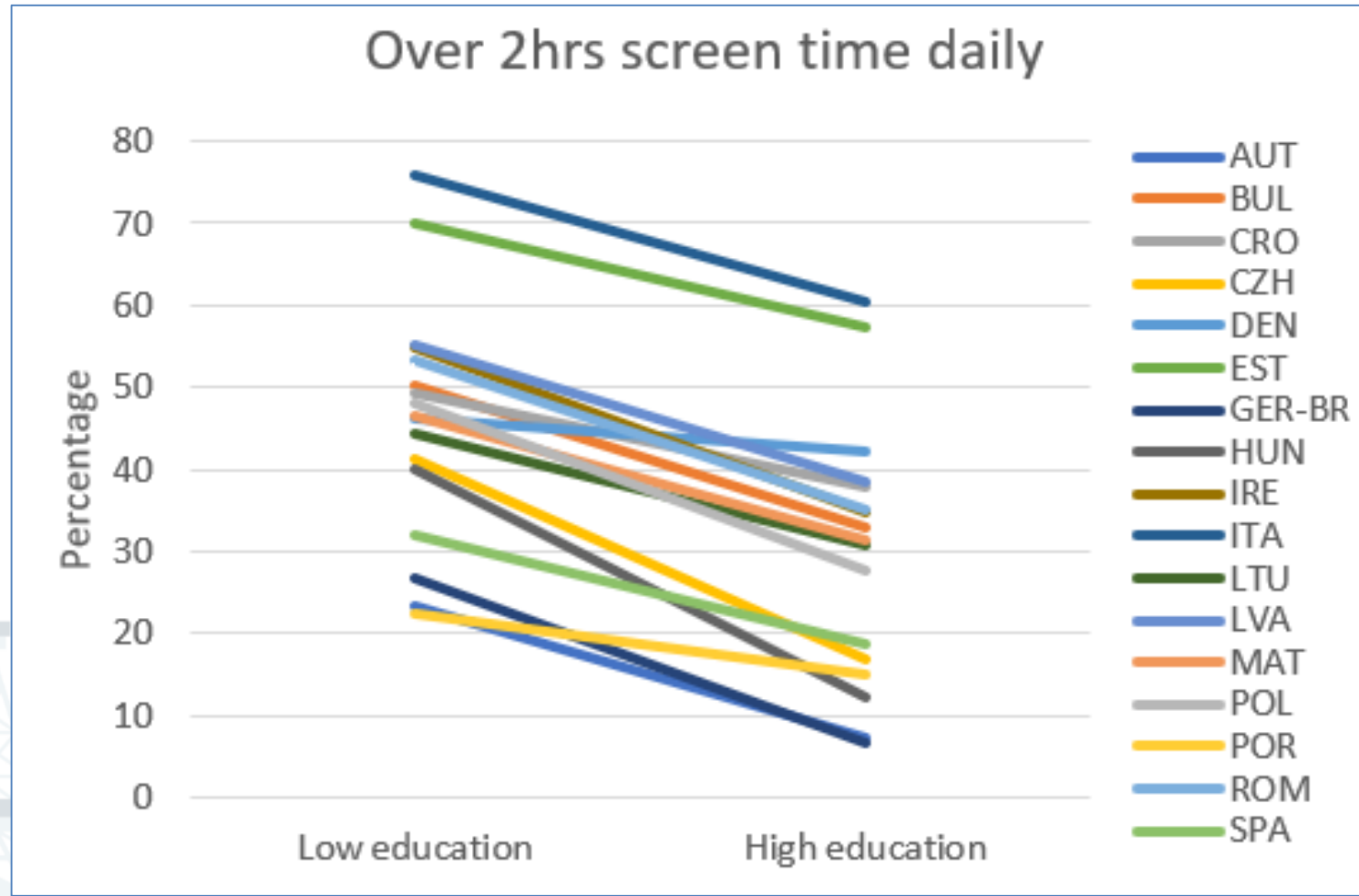
NUTRITION INEQUITY

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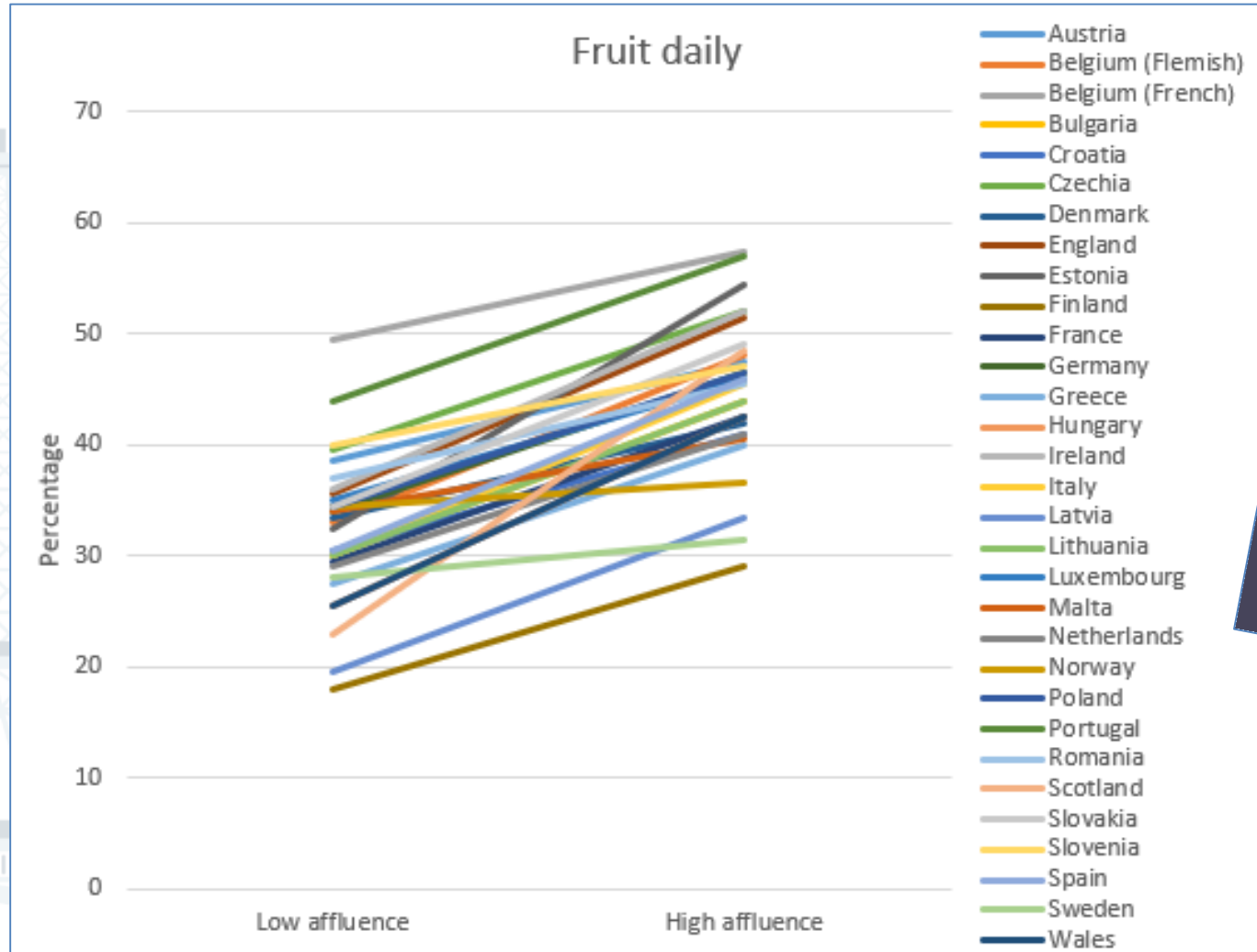
NUTRITION INEQUITY

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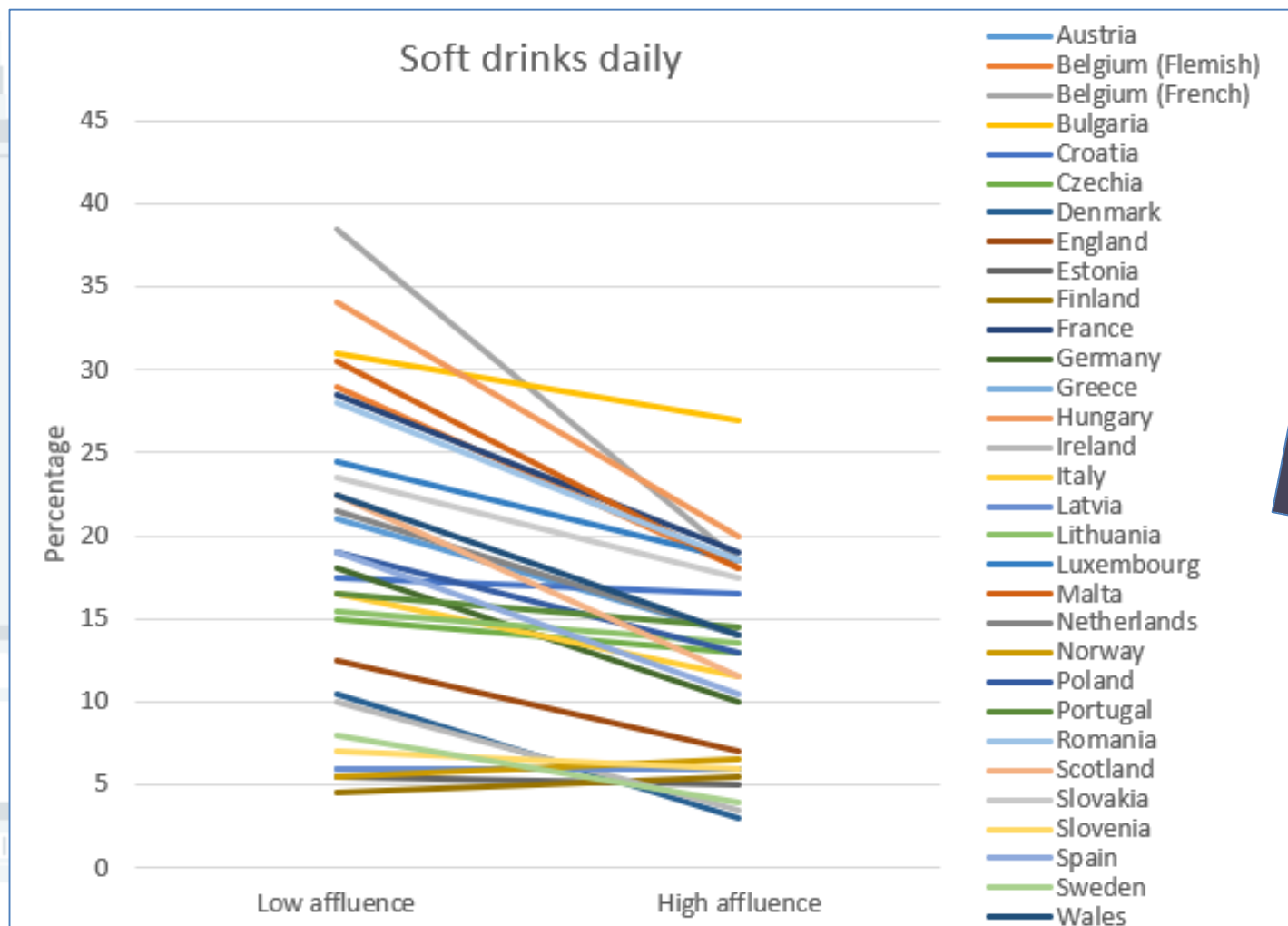
NUTRITION INEQUITY

Household affluence Adolescents aged 11-15 years old



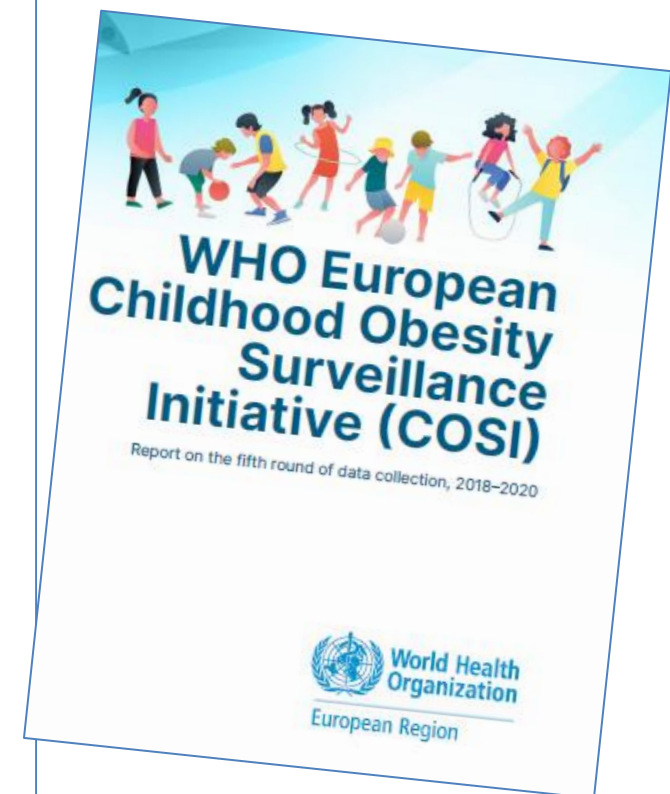
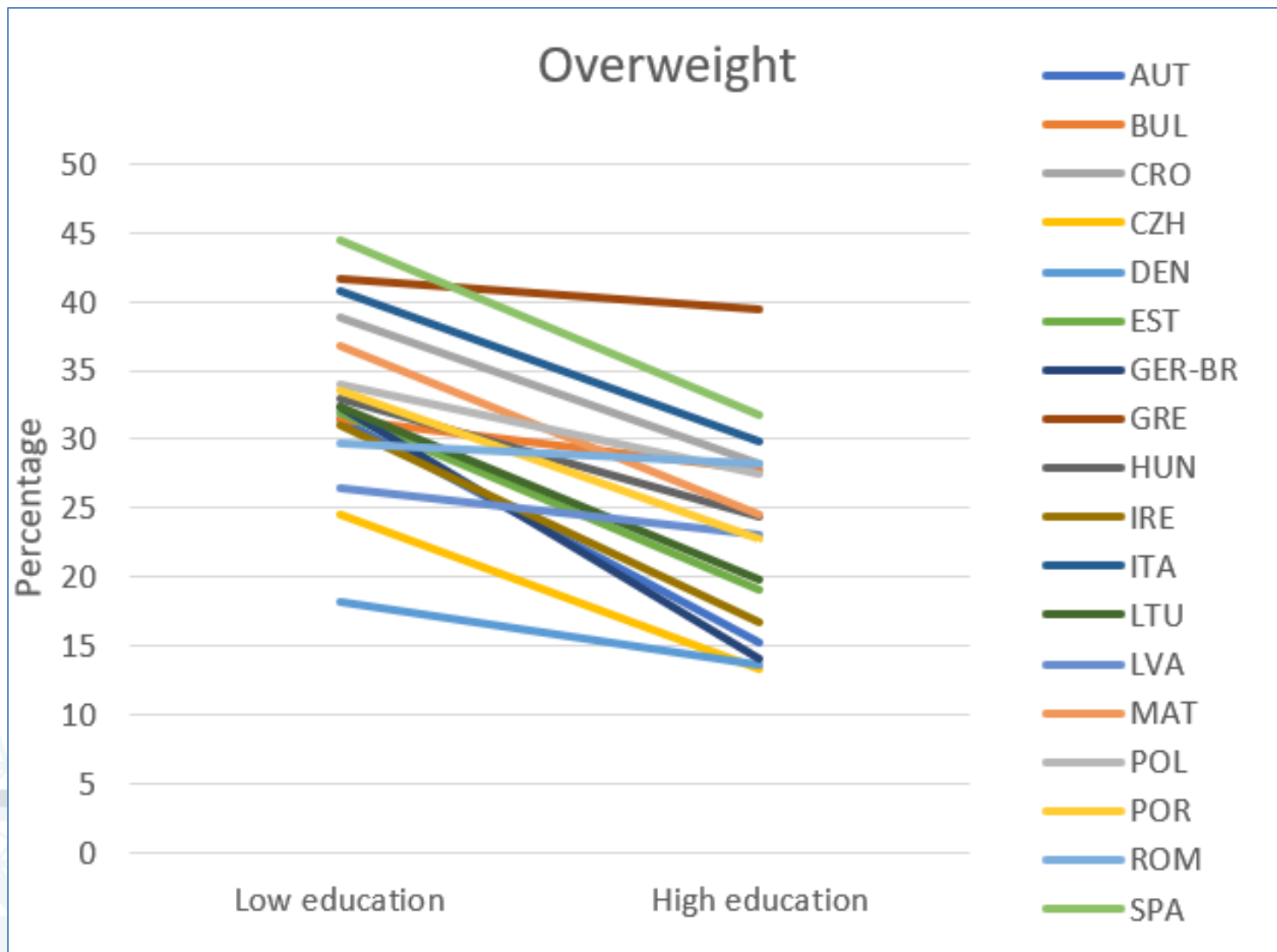
NUTRITION INEQUITY

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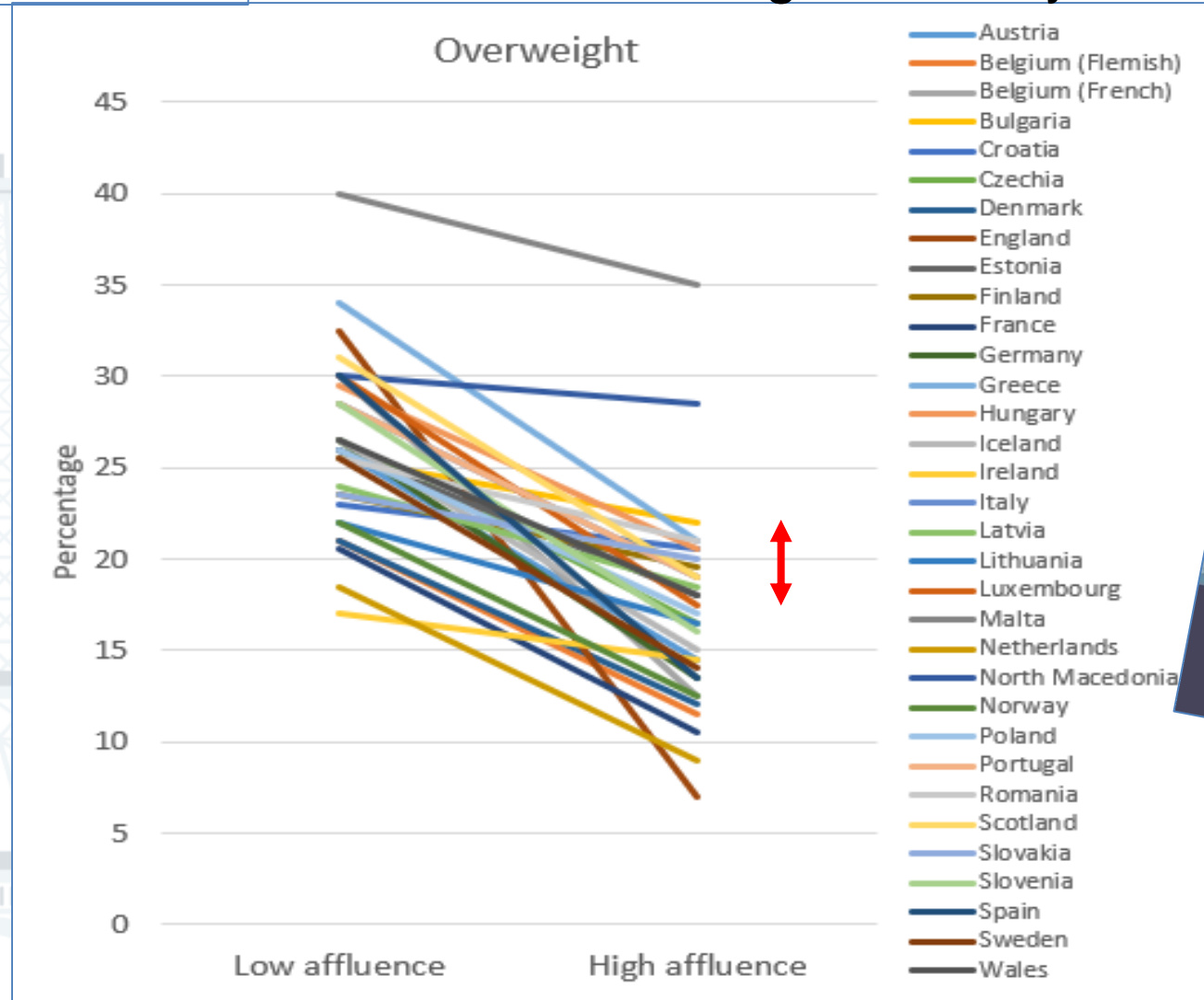
NUTRITION INEQUITY

Parent's education Children aged 6 – 9 years old



NUTRITION INEQUITY

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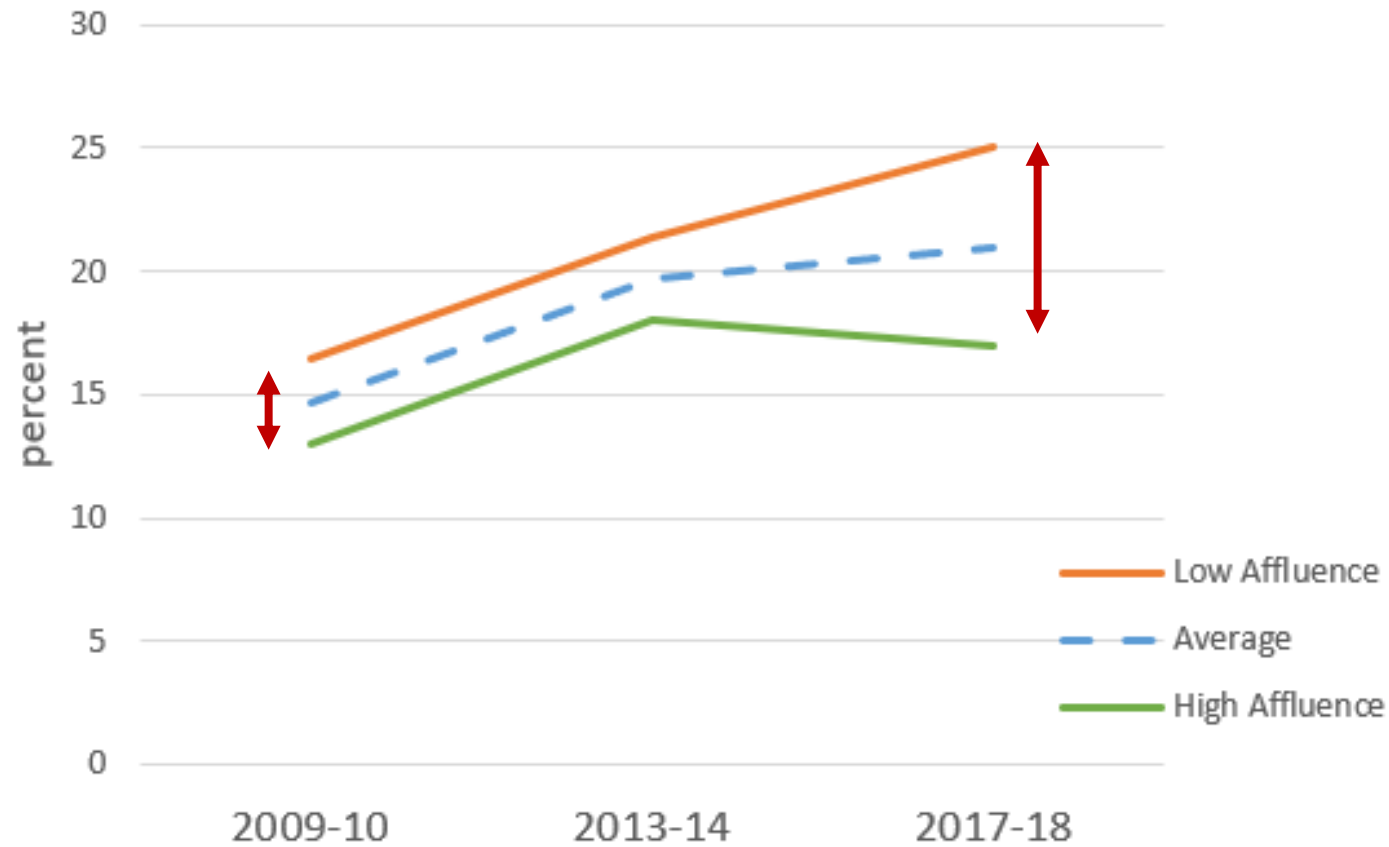


NUTRITION INEQUITY

Household affluence Adolescents aged 11-15 years old



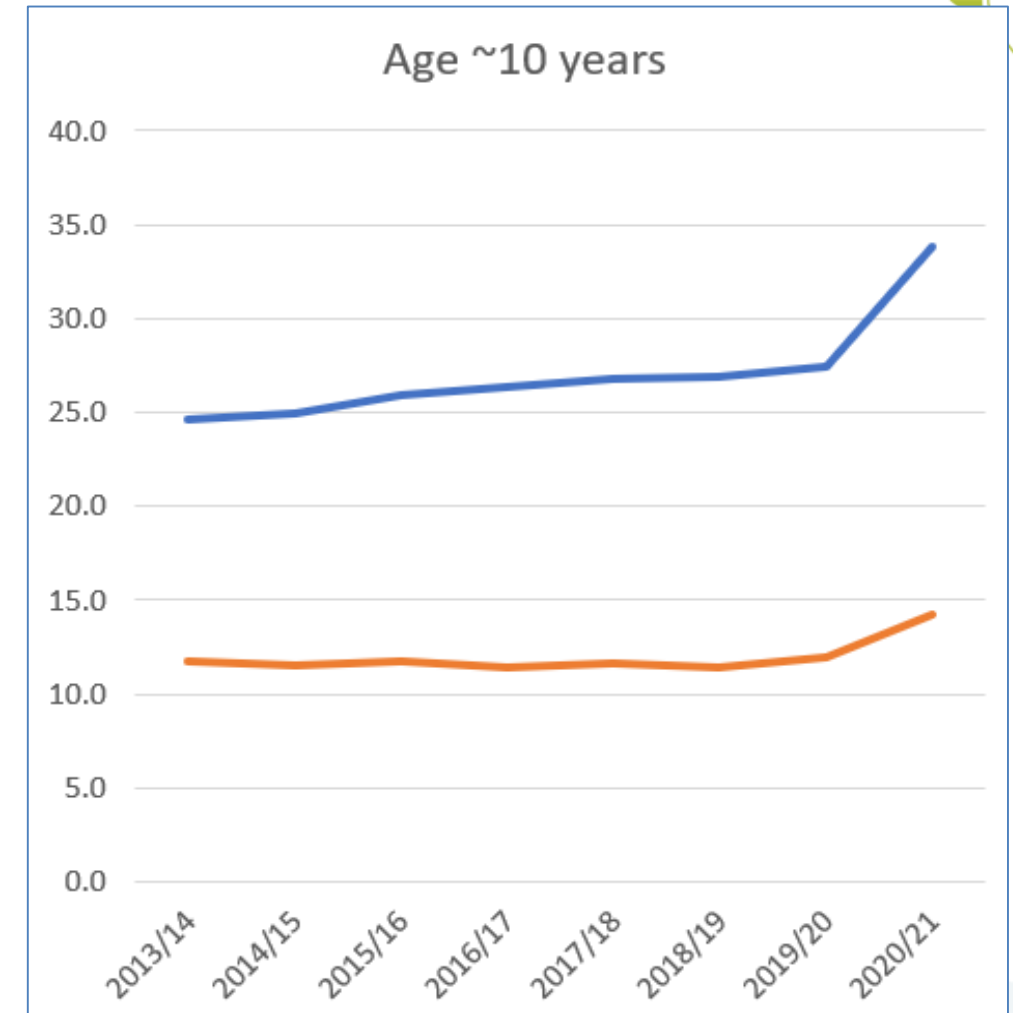
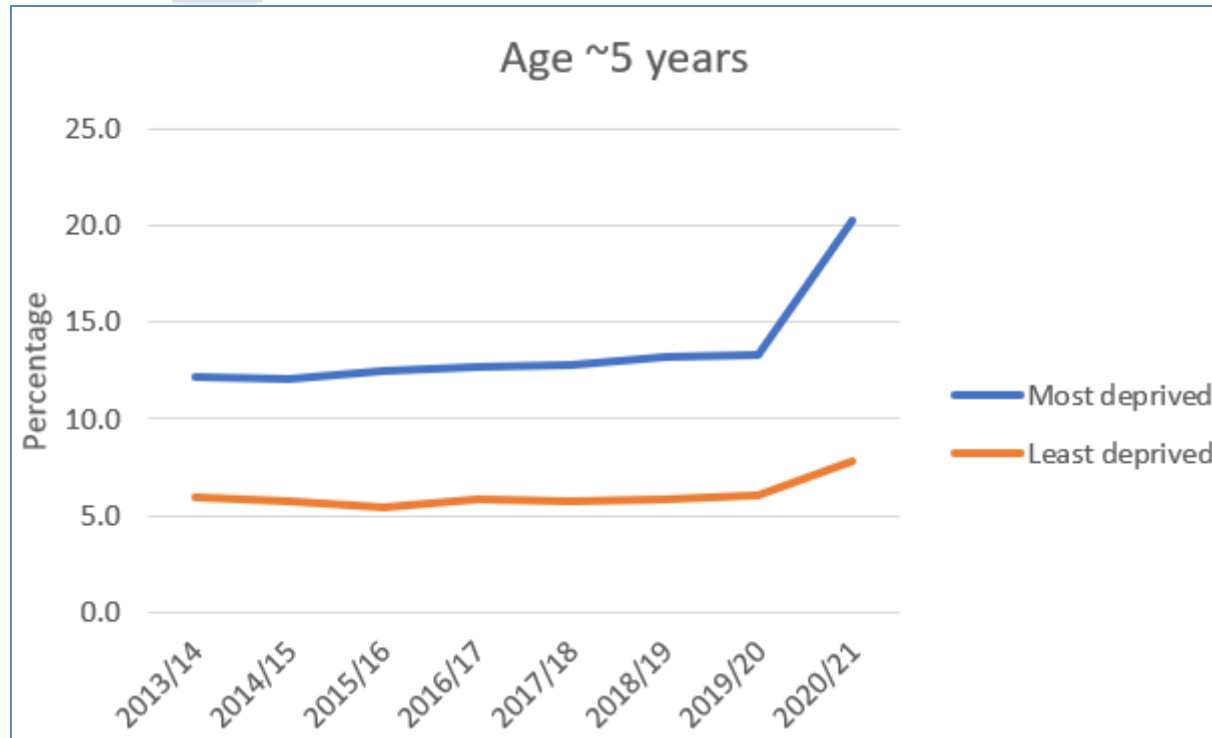
Adolescent overweight 2009-2018



England - neighbourhood deprivation



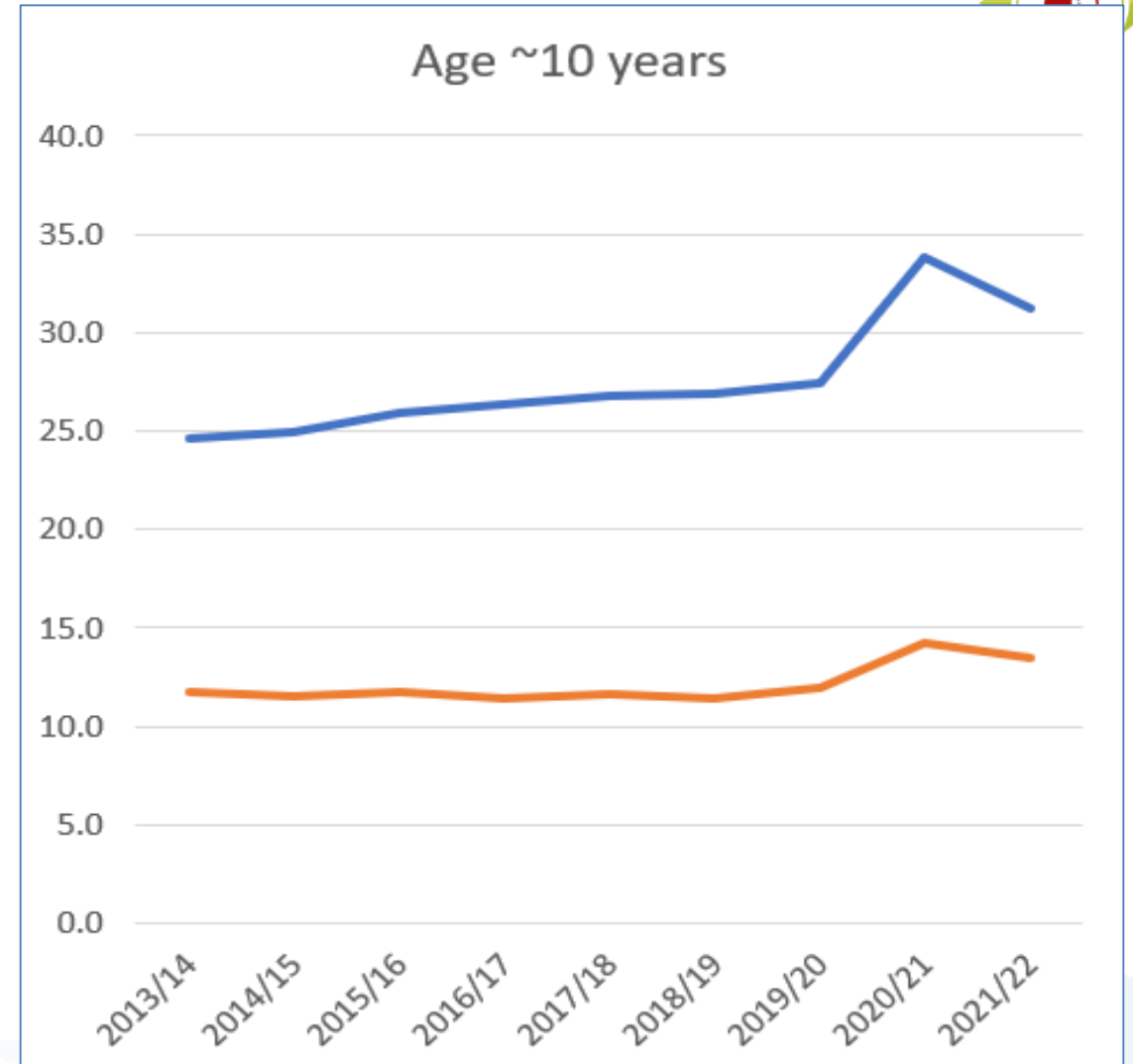
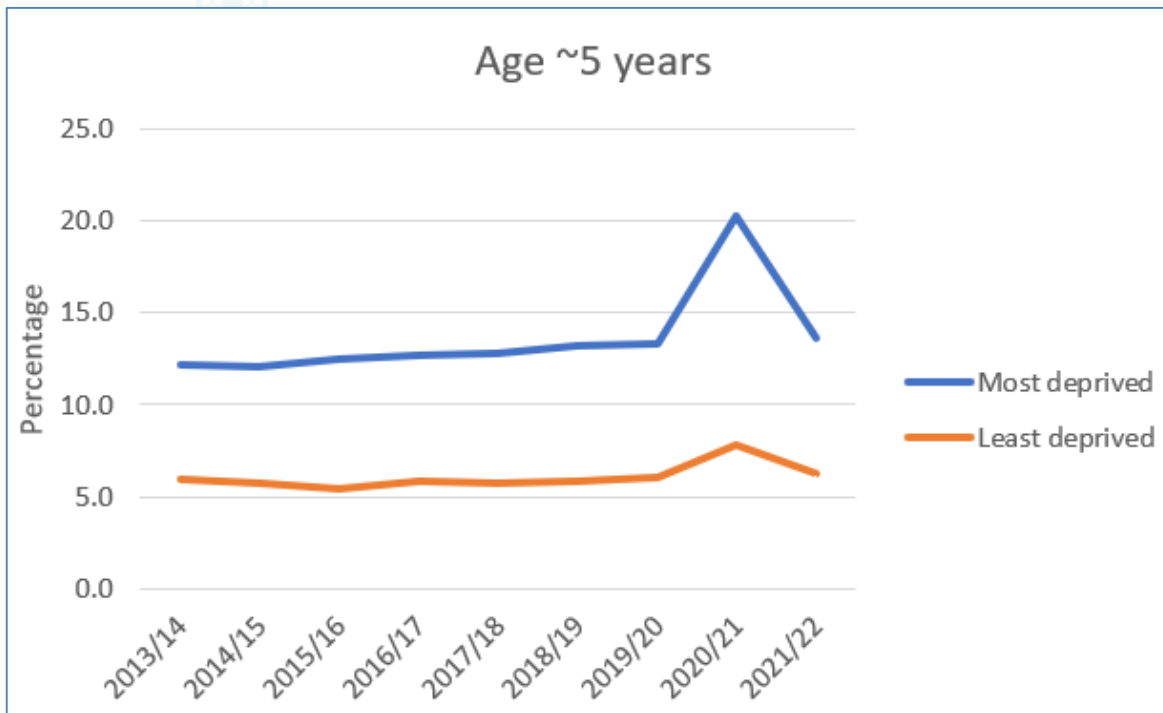
Covid lockdown – obesity prevalence gap widens



England neighbourhood deprivation



Obesity gap narrows again!



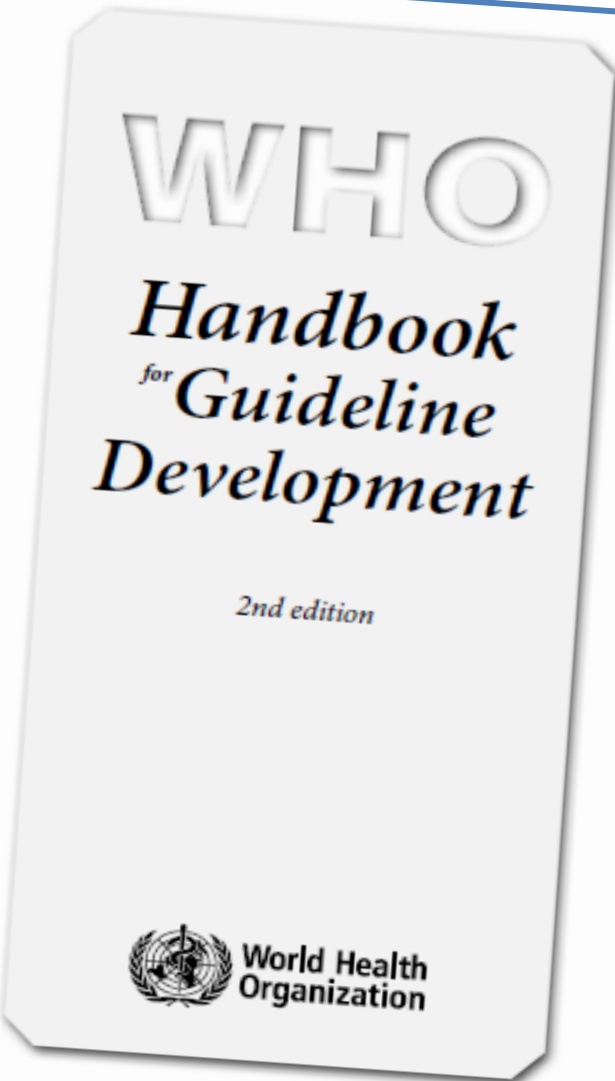


Best-Re-Map question:

Can we predict the **health equity impact** of policies and interventions?

- Will a policy increase or decrease the gap in obesity risk, between more affluent and less affluent children?
- What criteria can we use?
- What evidence is available?

Can we construct a 'checklist' tool for policy-making?



WHO *Handbook for Guideline Development*

2nd edition



World Health
Organization

Causes of inequities, e.g:

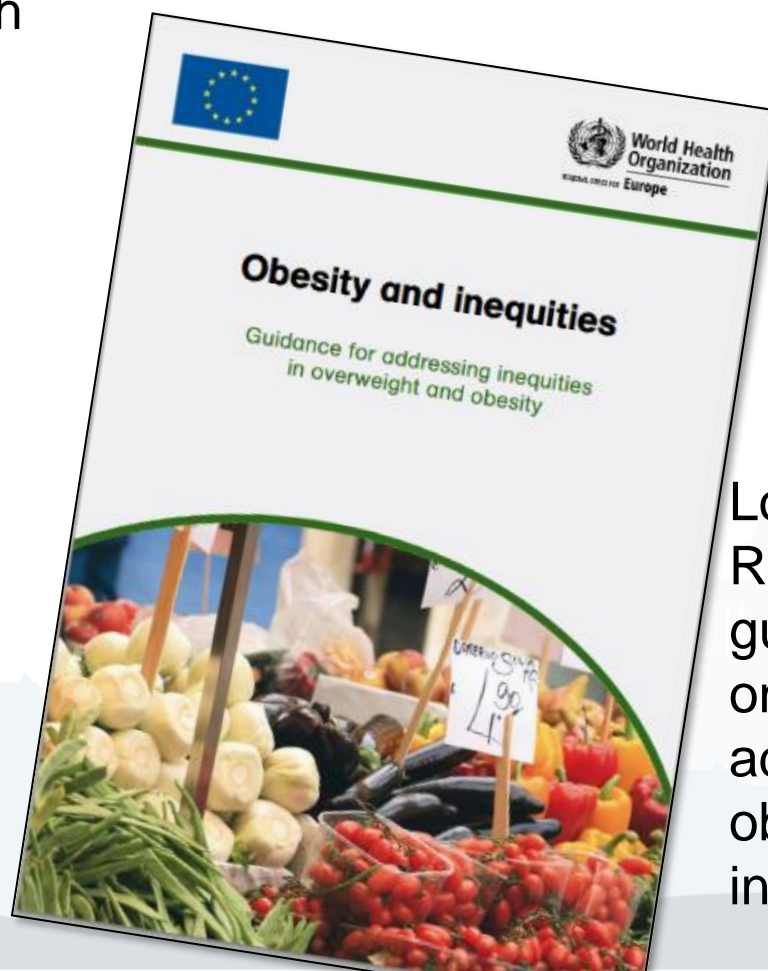
- ✓ Differences in **exposure** to causes of illhealth (e.g. obesogenic environments)
- ✓ Differences in **vulnerability** (psychological and social resilience)
- ✓ Differences in **access** to health-supporting resources (knowledge, skills, money)

HEALTH INEQUITY

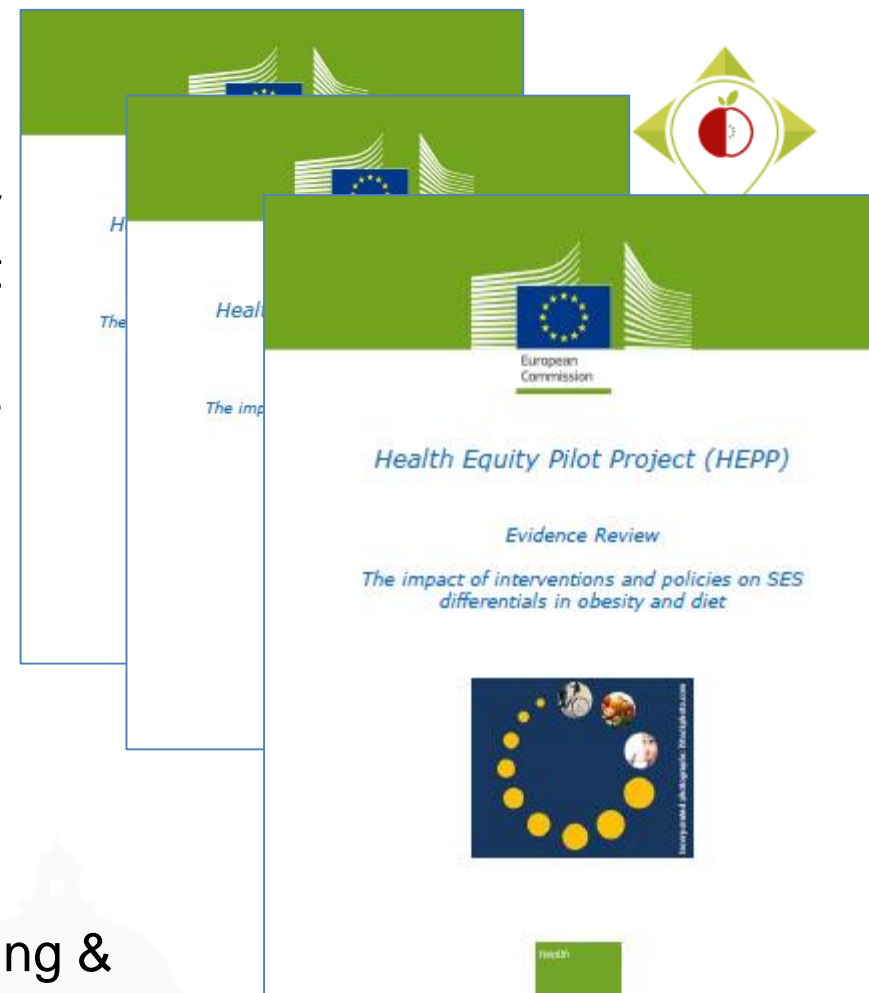


Marmot review of social determinants of health

Health Equity Pilot Project series of case studies



Loring & Robertson guidance on addressing obesity inequity



Best-ReMap risk assessment approach



Which policies increase or decrease the gradient of health inequity?

Underlying exposure	■
Reach of intervention	■
Form of intervention	■
Take-up of intervention	■
Response to intervention	■
Resilience of response	■
Challenges to intervention	■



Best-ReMap risk assessment model



Health equity impact Literature review and risk assessment model for the Best-ReMap policy areas:

- Food marketing restrictions
- Food reformulation
- Food procurement standards

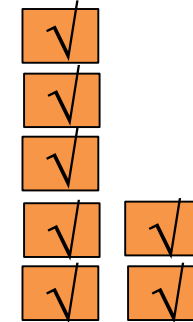
https://bestremap.eu/wp-content/uploads/2023/05/Health-equity-impact-literature-review_TLobstein_v3.pdf



Case study: Restricting TV advertising for junk food



Exposure to advertising *Greatest for lower SES*
Reach of intervention *(if regulation)*
Implementation *(except cross-border)*
Structural, upstream
Community acceptance. Sustained *(if regulation)*



Reduction in exposure applies to all, and is greatest among
higher risk groups = *proportionate, universal, sustainable*



Case study: Public procurement for healthier meals



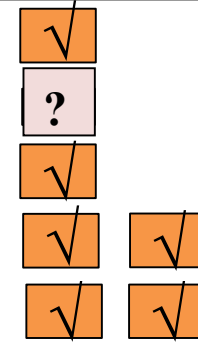
Exposure to poor catering. *Greatest for lower SES*

Reach of intervention: *All public sector?*

Take-up of intervention: *Regulation and standards*

Structural, upstream.

Community accepted. Sustained (*regulation*)



Long-term effect likely to benefit all, especially lower income groups

= proportionate, universal, sustainable



Case study: Product reformulation



Exposure: *Consumption greater for lower SES?*



Reach: *Consumers of target products*



Implementation: *Universal if by regulation*



Sustained: *by regulation*



Long-term effect likely to benefit all, especially lower income groups

= proportionate, universal, sustainable

Health equity impact of policies for the public procurement of healthful foods and beverages

Summary of evidence, using the Best-ReMap framework

In brief: the prevailing evidence suggests that public procurement can reduce health inequities but price barriers could widen health inequities unless compensating support is provided. Individual agency in food consumption may lead to a weakening of the effect (e.g. if schoolchildren choose to purchase food off the premises).

The effects of the negative elements highlighted in red can be minimised if there are requirements to ensure the procured foods are offered at the same price or a lower price than competitive sources, possibly reinforced by agreed mandatory standards for the food provided.

Source of inequity	Assessment criteria	Evidence concerning the equity impact of policies to procure healthy foods and beverages.
Pre-occurring risk	Underlying health or diet differences	Evidence of greatest need among lower SES groups
	Vulnerability or susceptibility	Price sensitivity and resistance to change may be in low SES groups.
	General exposure to potential hazard	Exposure to poor food procurement may show an economic gradient
Reach and type of intervention	Targeted exposure to potential hazard	Lack of evidence of deliberate targeting of socio-economic subgroups.
	Reach across subgroups/gradient	Limited evidence of reach across all groups: likely universal and proportionate.
	Degree of penetration within sub-groups	Limited evidence that improved food standards reach all subgroups.
	Localised (micro) or widespread (macro)	Both: localised practices and national standards.
	Is it upstream or downstream?	Primarily upstream with potential to improve health equity
Response to intervention	Reach of supportive messaging	No evidence of differential reach of messaging
	Access to supportive services	Potential differential access to supportive services
	Agency- or structure-led behaviour change	Structure-led with some limited agency
	Resource requirements	Costs may act as a disincentive
	Skills, literacy and numeracy requirements	No skills, literacy or numeracy required
Sustainability of response	School-to-home transfer of behaviour changes	Mixed evidence of school-home relations
	Household-level acceptability of intervention	Depends on cost and attractiveness, and parental involvement in adopting new standards
	Household-level perceived priority	No evidence on whether food procurement is differentially prioritised
	Compatibility with community and cultural environment	No clear evidence of differential compatibility
	Voluntary vs regulatory	Improved standards likely to be mandatory
	Barriers/threats to policy maintenance	Price and attractiveness may affect sustainability

Dark green	Dark green = good evidence in favour of interventions improving health equity;
Pale green	Pale green = moderate evidence in favour of interventions improving health equity;
Amber	Amber = some evidence, but unclear or contradictory;
Pale red	Pale red = Moderate evidence against intervention improving health equity;
Grey	Grey = lack of evidence.



Health equity impact of policies for the reformulation of foods and beverages

Summary of evidence, using the Best-ReMap framework

In brief: the evidence suggests that reformulation would likely reduce health inequities. However, reformulation policies that create price barriers or require numeracy or literacy skills can widen health inequities, and there may be resistance if reformulated foods have a different and unfamiliar taste profile

The effects of the negative elements highlighted in red can be minimised if there are requirements to offer reformulated foods at the same price or a lower price than their non-reformulated equivalents, if the products are widely distributed and that the choice of reformulated foods is not hampered by requirements to read and interpret labelling details. Negative commercial interests may be moderated by ensuring high standards to reformulated food potentially through mandated standards

Source of inequity	Assessment criteria	Evidence concerning the equity impact of reformulating foods and beverages.
Pre-occurring risk	Underlying health or diet differences	Evidence of greatest need among lower SES groups
	Vulnerability or susceptibility	Price sensitivity may disadvantage lower-income households.
	General exposure to potential hazard	Exposure is proportional to purchase across all groups
Reach and type of intervention	Targeted exposure to potential hazard	Targeted promotion may increase low SES exposure
	Reach across subgroups/gradient	Mandatory reformulation likely to be universal and proportionate.
	Degree of penetration within sub-groups	No evidence found.
	Localised (micro) or widespread (macro)	Macro, affecting all consumers of the specific products
	Is it upstream or downstream?	Upstream: likely to improve health equity
Response to intervention	Reach of supportive messaging	Possibly greater reach in higher income groups
	Access to supportive services	No evidence found
	Agency- or structure-led behaviour change	Mandatory reformulation is a structure-led intervention
	Resource requirements	Resource requirements if there are price differentials
	Skills, literacy and numeracy requirements	Choice may require literacy or numeracy
Sustainability of response	School-to-home transfer of behaviour changes	No school-to-home transfer required
	Household-level acceptability of intervention	Some resistance to reformulated products
	Household-level perceived priority	No evidence of differential perceived priority
	Compatibility with community and cultural environment	No evidence of community incompatibility.
	Voluntary vs regulatory	Mandatory reformulation maximises health equity improvement
	Barriers/threats to policy maintenance	Commercial interests may undermine equity benefits of reformulation

Health equity impact of policies to reduce children's exposure to food and beverages marketing

Summary of evidence, using the Best-ReMap framework

In brief: the prevailing evidence is that an intervention to reduce children's exposure to the promotional marketing of less healthful foods and beverages would reduce health inequities rather than widen them.

The red coloured cell indicates moderate evidence that the policy may lead to responses from interested parties that undermine the effectiveness the policy and maintain or widen health inequities.

Source of inequity	Assessment criteria	Evidence concerning the equity impact of restrictions on children's exposure to the marketing of less healthy foods and beverages.
Pre-occurring risk	Underlying health or diet differences	Evidence of greatest need among lower SES children.
	Vulnerability or susceptibility	Some evidence of greater vulnerability in lower-SES children.
	General exposure to potential hazard	Evidence of greater exposure in lower SES groups
Reach and type of intervention	Targeted exposure to potential hazard	Evidence of targeting of lower-income or minority groups.
	Reach across subgroups/gradient	Reach in proportion to exposure: universal and proportionate
	Degree of penetration within sub-groups	No evidence found
	Localised (micro) or widespread (macro)	At both levels interventions would improve health equity
	Is it upstream or downstream?	Upstream: likely to improve health equity
Response to intervention	Reach of supportive messaging	No evidence found.
	Access to supportive services	No evidence found.
	Agency- or structure-led behaviour change	Structure-led: likely to improve health equity.
	Resource requirements	No resource requirements for individuals.
	Skills, literacy and numeracy requirements	No personal skills, literacy or numeracy required.
Sustainability of response	School-to-home transfer of behaviour changes	No school-to-home transfer required.
	Household-level acceptability of intervention	No evidence of differential acceptability.
	Household-level perceived priority	No evidence of differential perceived priority.
	Compatibility with community and cultural environment	No evidence of community incompatibility.
	Voluntary vs regulatory	Regulatory implementation likely improves health equity
	Barriers/threats to policy maintenance	Commercial resistance could widen health inequity.

Dark green = good evidence in favour of interventions improving health equity; Pale green = moderate evidence in favour of interventions improving health equity; Amber = some evidence, but unclear or contradictory; Pale red = Moderate evidence against intervention improving health equity; and Grey = lack of evidence.

<https://bestremap.eu/wp-content/uploads/2023/05/Reformulation-sheet.pdf>
<https://bestremap.eu/wp-content/uploads/2023/05/Marketing-sheet.pdf>
<https://bestremap.eu/wp-content/uploads/2023/05/Procurement-sheet.pdf>



This report was funded by the European Union's Health Programme (2014-2020)



Best-ReMaP
Healthy Food for a Healthy Future

Thank you for your attention!

Dr Tim Lobstein t.lobstein@gmail.com

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



Co-funded by
the Health Programme
of the European Union





Best-ReMaP

Healthy Food for a Healthy Future

FABLE – the JRC Food and Beverages Labels Explorer

Jan Wollgast, Joana Dias & Eva Grammatikaki

18.09.2023



Co-funded by
the Health Programme
of the European Union

FABLE – the JRC Food and Beverages Labels Explorer

Facilitating the food offer monitoring in Europe

Jan Wollgast, Joana Dias & Eva Grammatikaki

18.09.2023

Outline

Background

Methodology

Panel Discussion

Outline

Background

- The need for food reformulation & monitoring
- Policy Context – Best practice - FABLE

Methodology

Panel Discussion

The need for food reformulation & monitoring

- High intakes of salt, sugars, total and saturated fats have been linked with higher prevalence of various non-communicable diseases. However, the actual range of intakes in adults across Europe for all these nutrients of concern is above the recommendations.
- According to WHO, '*reformulation policies for healthier food and beverage products*' is one of the NCD Best Buys to tackle unhealthy diets. To monitor the evolution/change, there needs to be a systematic collection of data across EU countries, and it needs to be available to the key stakeholders.
- However, currently there is a 'black box': no systematic approach to collect and access data to allow a continuous monitoring of the food supply. Industry reports success stories, with no possibility to verify data independently.

Policy context – Best practice - FABLE

EU frameworks

- Salt reduction framework
- Framework for selected nutrients (incl. annexes on saturated fat and on added sugars)

MS priorities

- High Level Group on food reformulation identified monitoring as key tool for success in food reformulation
- Food reformulation monitoring prioritised by MS as a best practice for an implementation Joint Action
- MS to continue work on food reformulation monitoring during new Joint Action PREVENT NCD

EU-funded projects (and collected data)

- Joint Action on nutrition and physical activity (JANPA) piloting a possible transfer of France's OQALI nutrition monitoring system (Austria and Romania as piloting countries)
- EU project EUREMO (EU Reformulation Monitoring) – 'Feasibility study for a monitoring system on reformulation initiatives for salt, sugars and fat' – data on food composition from labels collected across 16 European countries
- JA Best-ReMaP to transfer the top three best practices to a large number of MS – one of them being Processed Food Monitoring and Reformulation

Policy needs

- In the context of the F2F, the Commission will seek opportunities to facilitate the shift to healthier diets and stimulate product reformulation
- SANTE and HaDEA requested that JRC develops a tool to make publicly available the data collected as part of EU-funded projects on nutritional quality of the food supply.

Outline

Background

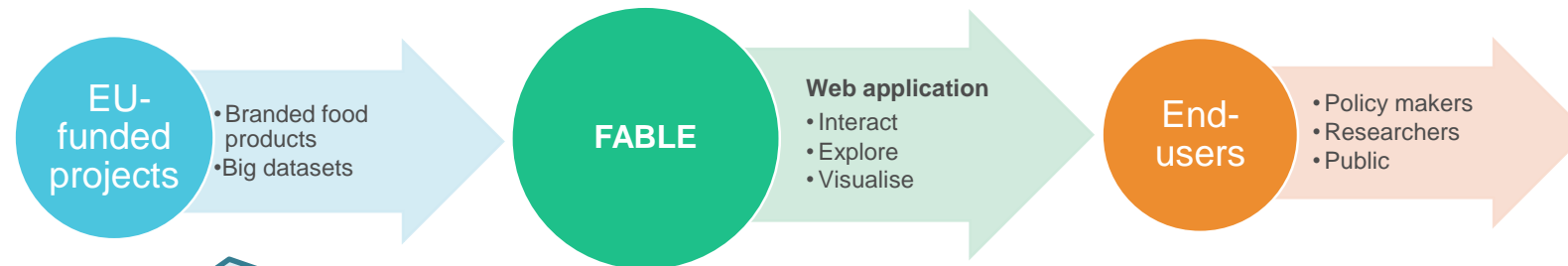
- Why FABLE
- Policy Context

Methodology

- Data sources & visualization
- General feel of the tool
- An example: sugar in breakfast cereals

Panel Discussion

Data sources



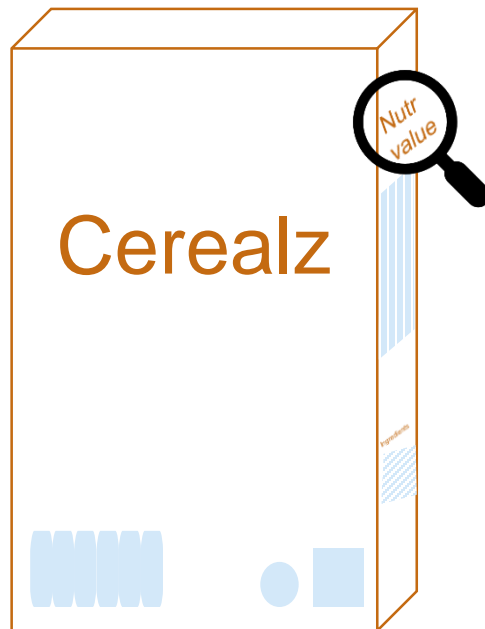
- Data from 16 European countries
- 14 product categories (including the 5 priority food categories)
- >45,000 products



- Data from 21 European countries
- 5 priority food categories (bread products, delicatessen meats, soft drinks, breakfast cereals and dairy products)
- ~40,000 products

Data collected

- Euremo & Best-ReMaP: Information collected from label



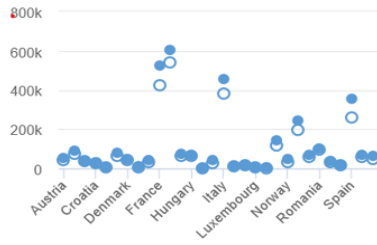
- General product information
 - Product name [Original and EN]
 - Product description [Original and EN]
 - Country
 - Brand
 - Producer
- Energy and nutrient content
 - Energy, protein, CHO, total fat, SFA, sugar, salt, fibre
- Ingredients [Original and EN]
- Serving size
- Dietary claims

FABLE future vision

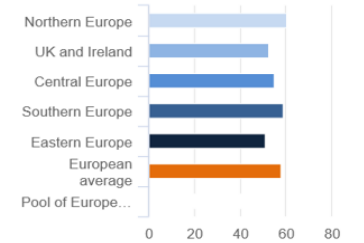
Explore the data



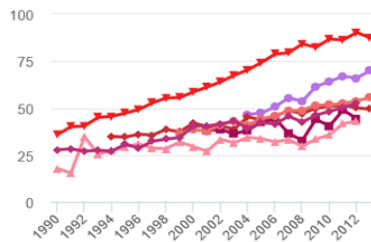
Product information



Nutrient content



Ingredients



Trends



Country factsheets

FABLE – Available now!

<https://food-labels-explorer.jrc.ec.europa.eu/en>



EN English

Search

FABLE - Food and Beverages Labels Explorer

Home

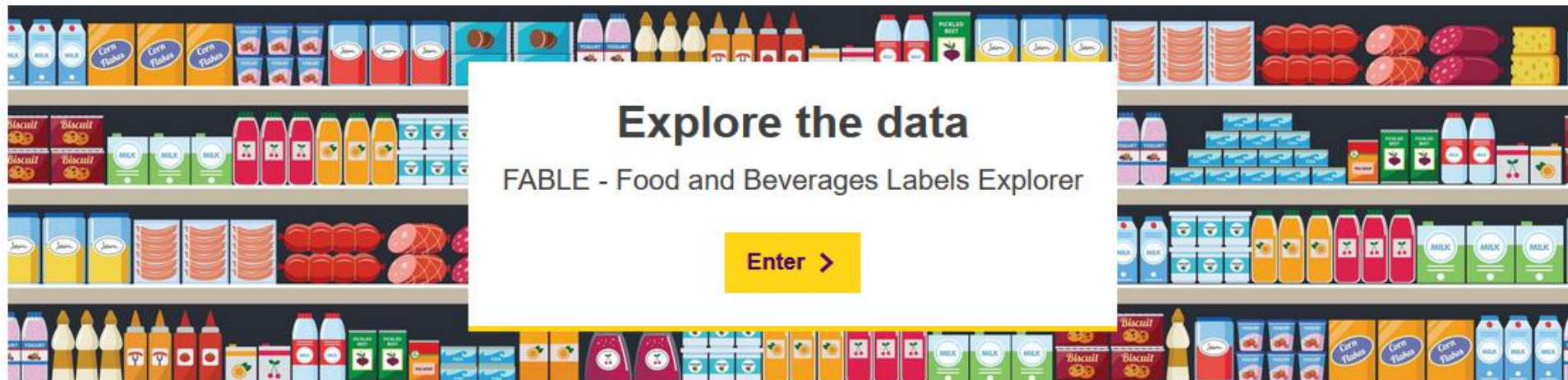
Explore the data

Background and methodology

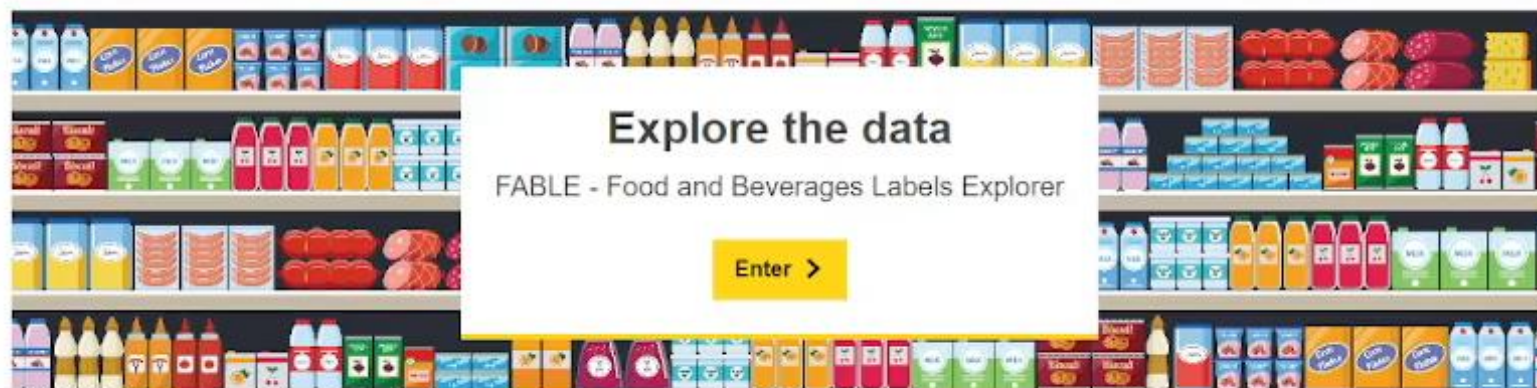
Publications

News

FAQs



FABLE - Food and Beverages Labels Explorer

[Home](#)[Explore the data](#)[Background and methodology](#)[Publications](#)[News](#)[FAQs](#)[i FABLE in Paris](#)

2 of 2



Background and methodology

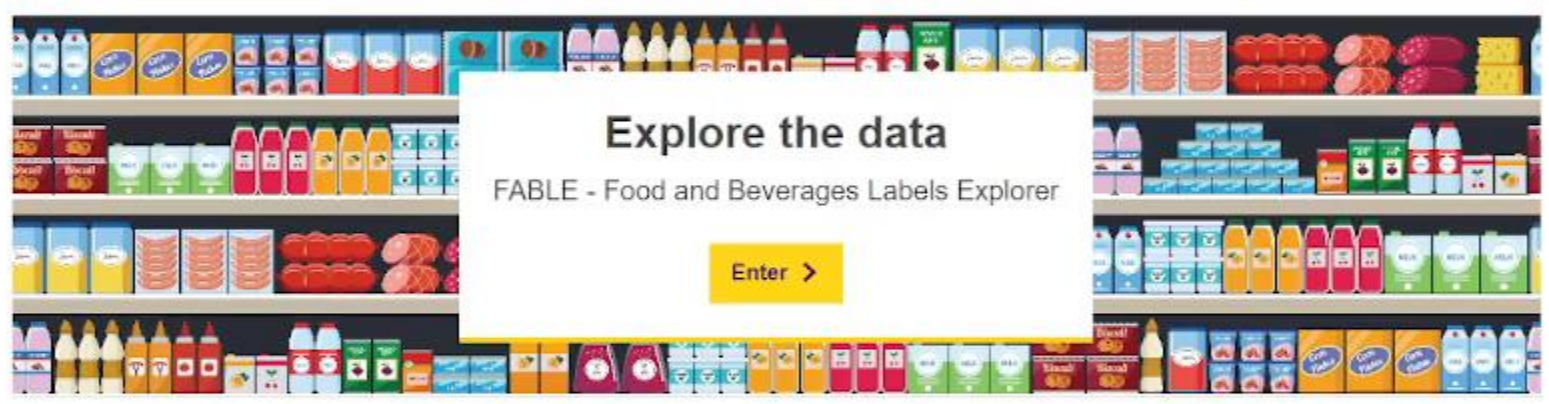
FABLE aims to close the information gap between research and end-users by making data collected on branded food and beverages through EU-funded projects publicly available for researchers, policy makers and the public. At the moment, FABLE hosts data collected during [EUREMO](#) and the [Joint Action Best-ReMaP](#). Read more on the FABLE background and methodology by clicking [here](#).

Data sources



FABLE - Food and Beverages Labels Explorer

- Home
- Explore the data
- Background and methodology
- Publications
- News
- FAQs



FABLE is out!

1 of 2
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Background and methodology

FABLE aims to close the information gap between research and end-users by making data collected on branded food and beverages through EU-funded projects publicly available for researchers, policy makers and the public. At the moment, FABLE hosts data collected during [EUREMO](#) and the [Joint Action Best-ReMaP](#). Read more on the FABLE background and methodology by clicking [here](#).

Data sources

FABLE proposed timeline

FABLE is now available!



September

December

- Ask for partners feedback and adapt accordingly
- Add dashboards options
- Finalize inclusion of datasets (Best-ReMaP)



- Introduce new features (e.g. ingredients, claims, etc.)
- Add dashboard options

July



Future

- Addition of data into website – new collection rounds
- Improvement of existing features
- Add new expansions (e.g. supporting PFP, reducing harmful marketing to children, etc.)

Parallel
Work
streams

- Database structure
- Website structure
- Data visualization

Updates will be communicated in the
FABLE website!

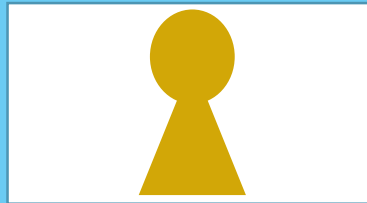
The FABuLous tEam



Enrico BEN



Michele ROVERA



Loizos BAILAS

IT – data processing & visualization



Eva GRAMMATIKAKI



Jan WOLLGAST



Joana DIAS

Nutrition – Health Promotion

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- Data sources & visualization
- General feel of the tool
- An example: sugar in breakfast cereals

Panel Discussion

- Moderator: Eva Grammatikaki

Q&A

Open for comments/questions



Thank you

Jan Wollgast
Joana Dias
Eva Grammatikaki

Jan.WOLLGAST@ec.europa.eu

JRC-Health-Promotion@ec.europa.eu



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Slide xx: **element concerned**, source: **e.g. Fotolia.com**; Slide xx: **element concerned**, source: **e.g. iStock.com**



Best-ReMaP

Healthy Food for a Healthy Future

Best-ReMaP and the OECD

Michele Cecchini, Head of Public Health, OECD

18.09.2023



Co-funded by
the Health Programme
of the European Union



BEST-REMAP AND THE OECD WORK ON BEST PRACTICES ARE COMPLEMENTARY IN STEERING ACTION ACROSS THE EU/EEA

Michele Cecchini
Head of Public Health
OECD



Co-funded by
the European Union



Three in five people living in the EU is **overweight**



Almost one in four people has **obesity**...



... of which almost one in three has **morbid obesity**





Overweight And Its Associated Chronic Diseases Carry Significant Burden For EU Countries And Their Citizens



8%

of healthcare budgets in EU countries is spent to treat conditions caused by overweight



-3.3%

Reduction in GDP due to conditions caused by overweight in EU countries



+11%

Chances to perform well at school in European teenagers who are healthy-weight



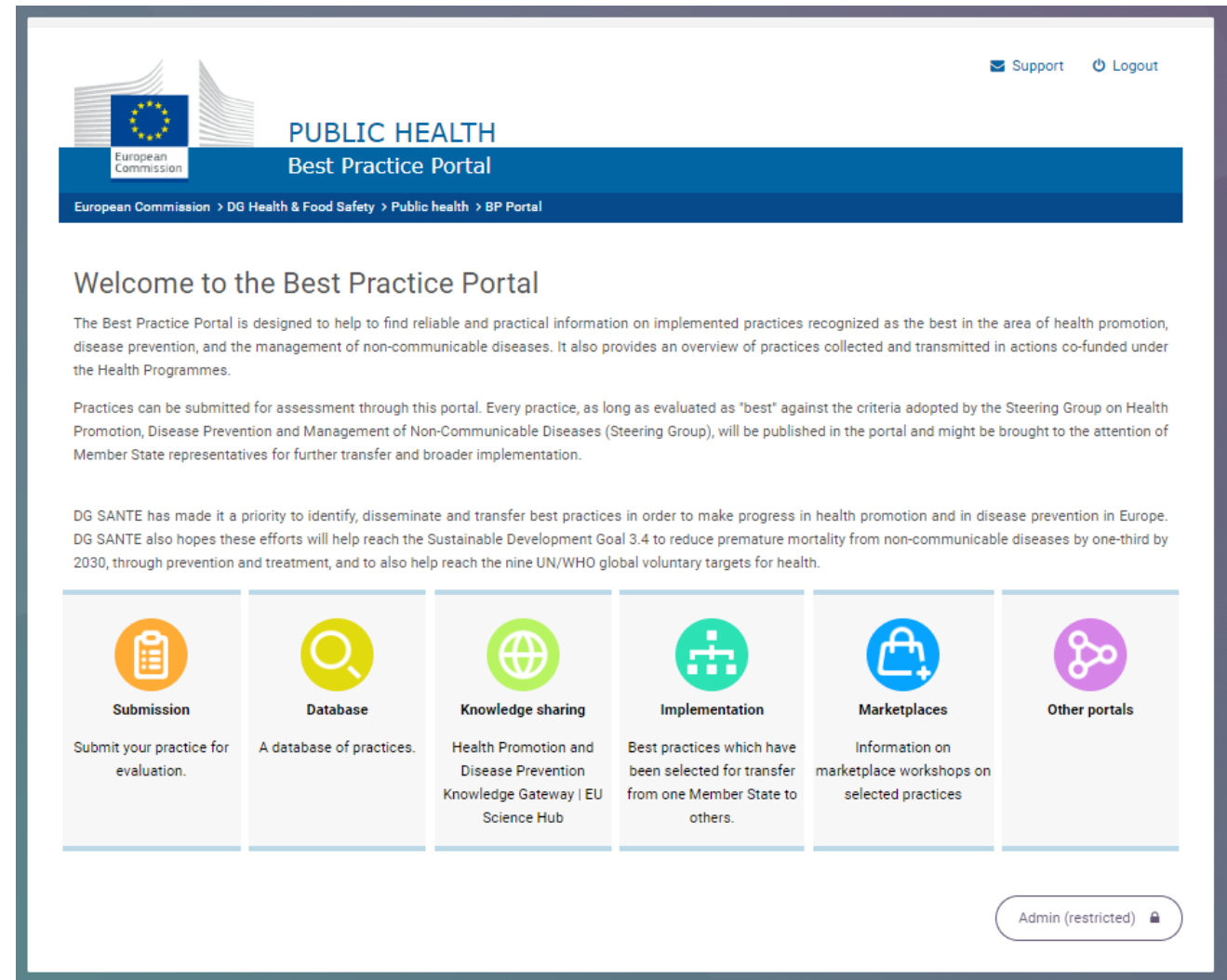
220 EUR

Equivalent tax increase per capita due to overweight in EU countries



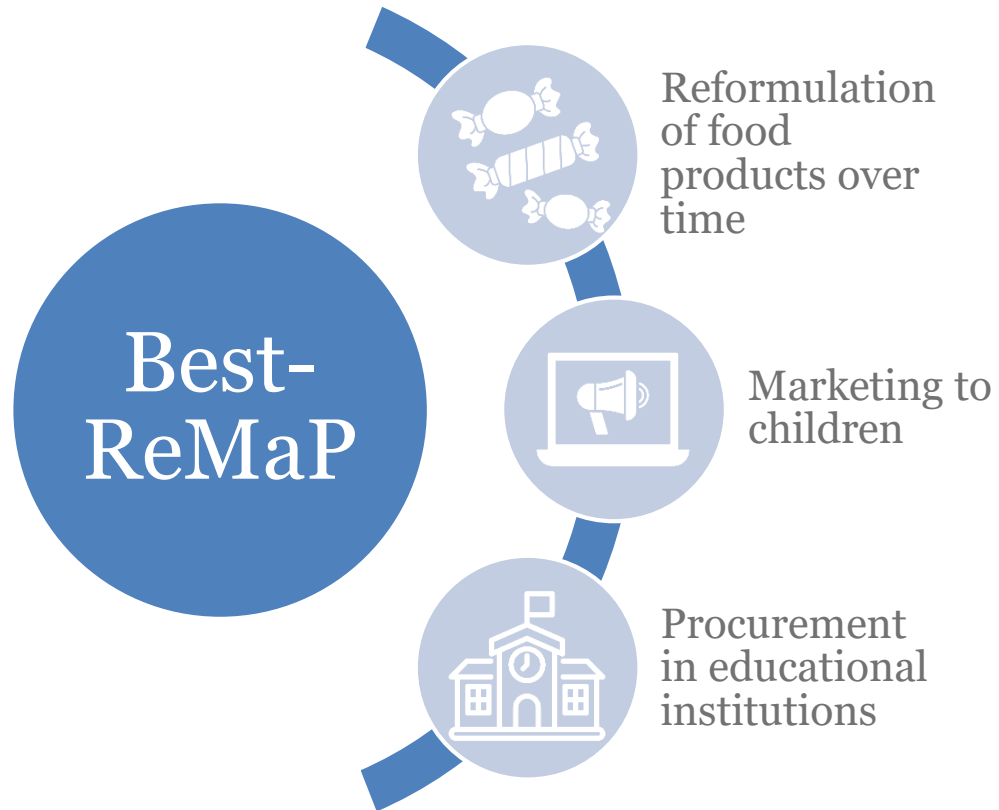
Action Is Needed: The EC And EU Member States Focus Is On Identifying and Transferring Best Practices

- In the last few years, the EC and the Public Health Expert Group (PHEG - formerly SGPP) have placed high priority on identifying what works best across EU MSs and supporting mutual learning;
- The EC has also guided Joint Actions, including Best-ReMaP, to test or scale up new policies on the ground;
- This priority is confirmed (and possibly further reinforced) in the EU NCD initiative – Healthier Together.





Best-ReMaP Tested Three Policy Actions That Are Of High Interest And Potential To Promote Healthier Diets



- Best-ReMaP is part of the EC and PHEC's 'best practice strategy' as it tests procurement policies;
- Best-ReMaP is also expected to consolidate monitoring systems, e.g., for food reformulation;
- Outputs from Best-ReMaP will be useful to help other countries implement and transfer such policies;
- The OECD has been working together with Best-ReMaP to provide the economic assessment and rationale for further upscaling and the transferring.



How Best-ReMaP and OECD Collaborated on Reformulation, Marketing And Procurement



Reformulation – if data allows, OECD is considering to use the final output from the Best-ReMaP analysis to evaluate the health and economic impact of changes in food nutrients



- Marketing – OECD is using the outputs from Best-ReMaP to compare how voluntary and mandatory marketing regulation may impact population health and healthcare expenditure



Procurement – OECD provided guidance and advice on indicators to collect and will analyse the potential health and economic impact of using the food catalogues used for school food procurement in Slovenia



A Focus On Food Marketing: How The OECD SPHeP-NCD Model Will Be Used To Gauge The Impact Of The Policy

Marketing regulation
impacts calorie and salt
consumption

Best-ReMaP work
identified evidence
suggesting a 9% decrease
in junk food purchase
following compulsory
regulation

Using standard approach
OECD calculated this
translates in a 0.25 BMI
point reduction over one
year, compared to a
business as usual
scenario

This data is fed to the
model that will calculate
the impact on the other
dimensions

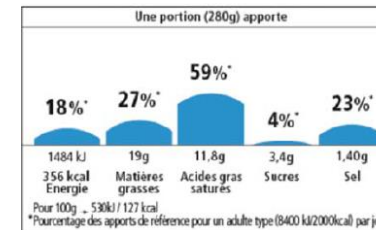


Outputs From The OECD And Best-ReMaP Complement Each Other: The Case Of Labelling And Reformulation

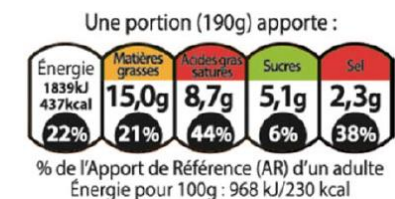
- The EU is discussing the rolling out of an harmonized labelling scheme, taking as starting point four potential options;
- OECD was tasked to carry out an economic assessment to compare the potential impact of the different options;
- If scaled up across a sufficient number of countries, an effective surveillance system such as the one supported by Best-ReMaP could be used to monitor the real-world impact of this intervention and guide future refinements of the policy.

The labelling options under consideration

Nutrirepere



Nutri couleurs



Nutriscore

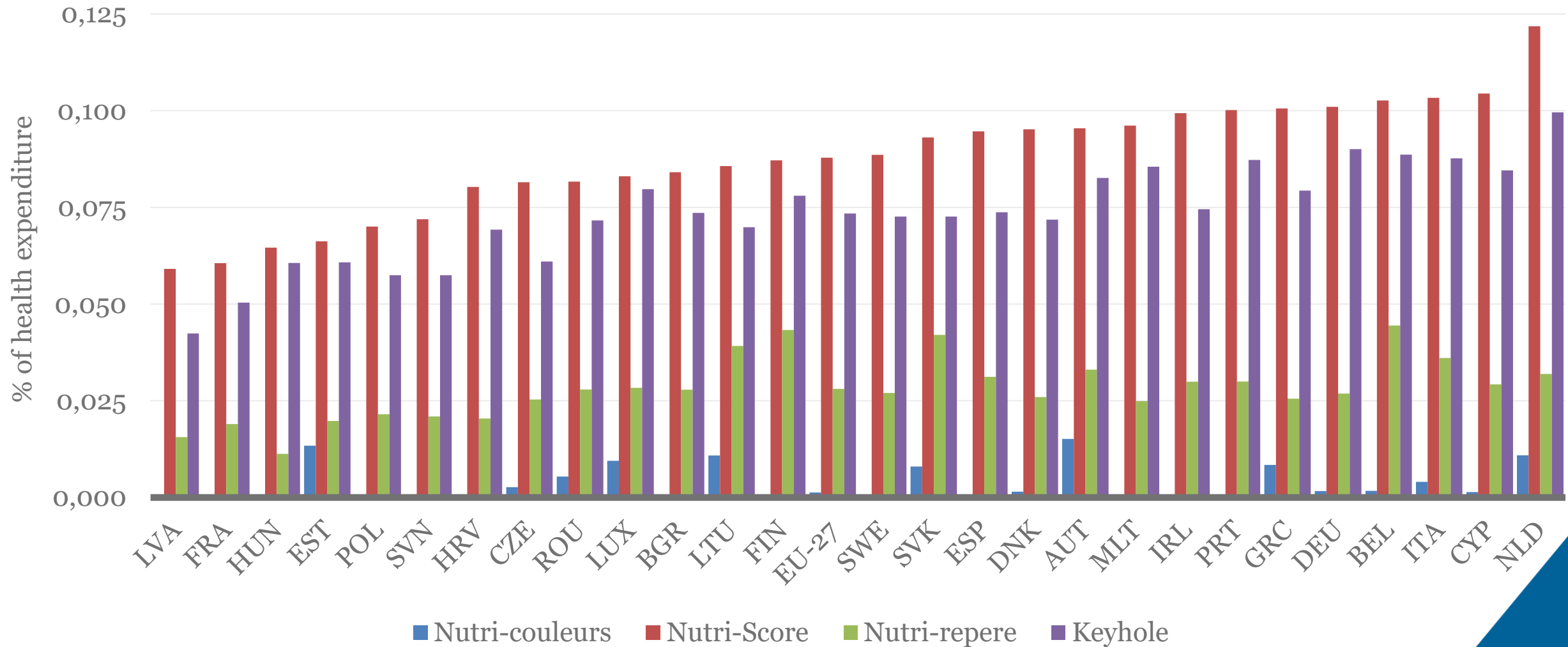


Keyhole logo





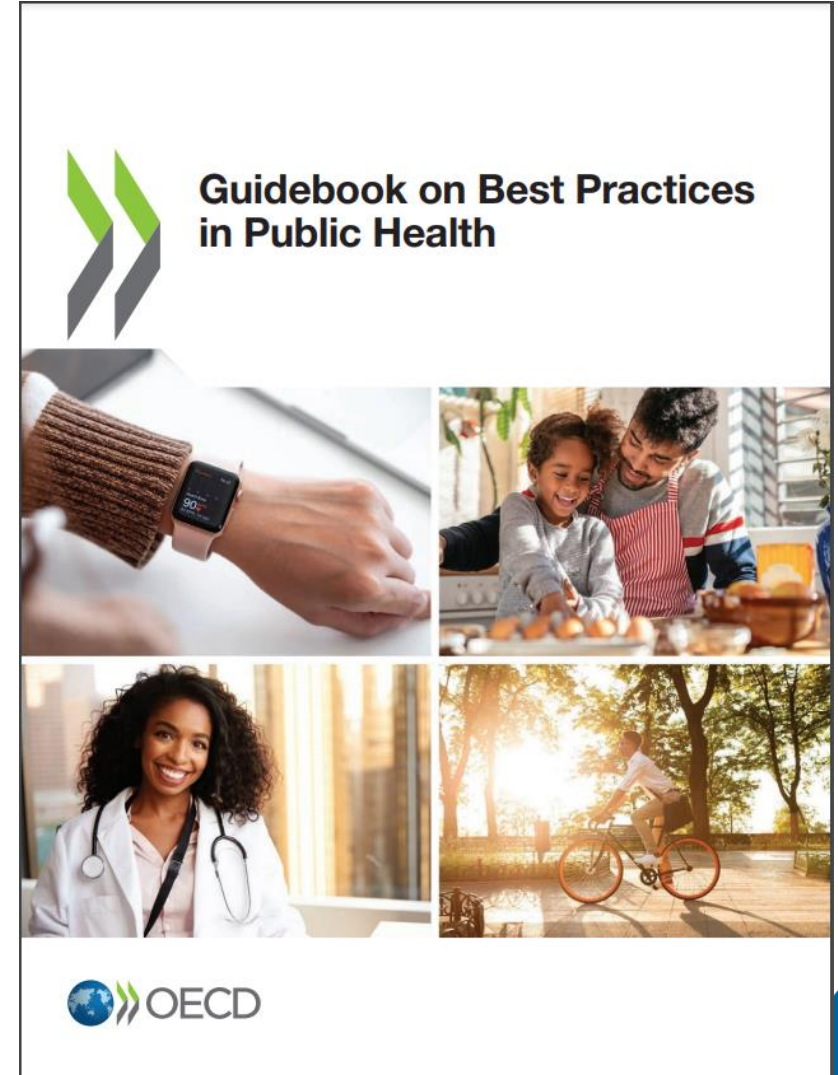
The Nutri-score Food Labelling Approach Is Expected To Produce The Highest Impact On Health Expenditure





The Way Forward: We Need To Transfer and Scale Up The Identified Best Practices

- Many of the tested actions were implemented at the pilot level, with limited population coverage or as ‘one-off’ interventions;
- Priority is now to ensure sustainability and scale up nationally and internationally actions that were successful;
- Leaving good evidence on lessons learnt, dos and don’ts as well as information on the policy context should remain as legacy of this JA for future transfers.





Read 'The Heavy Burden of Obesity' And The Publications On Best Practices to Get to Know More

Contact me:

Michele.Cecchini@oecd.org

Data, country notes and much more on overweight at: oe.cd/obesity2019

Dos and Don'ts on best practices and assessment of policies to promote healthy eating and active lifestyles at oe.cd/best-practices



Follow us: @OECD_social





Best-ReMaP
Healthy Food for a Healthy Future

Thank you for your attention!

Michele Cecchini

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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Best-ReMaP

Healthy Food for a Healthy Future

JA-Prevent NCD

Challenges for the future – presentation of the new
Joint Action on non-communicable disease

Prof. Knut-Inge Klepp
The Norwegian Institute of Public Health

18.09.2023



Co-funded by
the Health Programme
of the European Union

JA Cancer and other NCDs prevention – Action on Health Determinants (JA-PreventNCD)

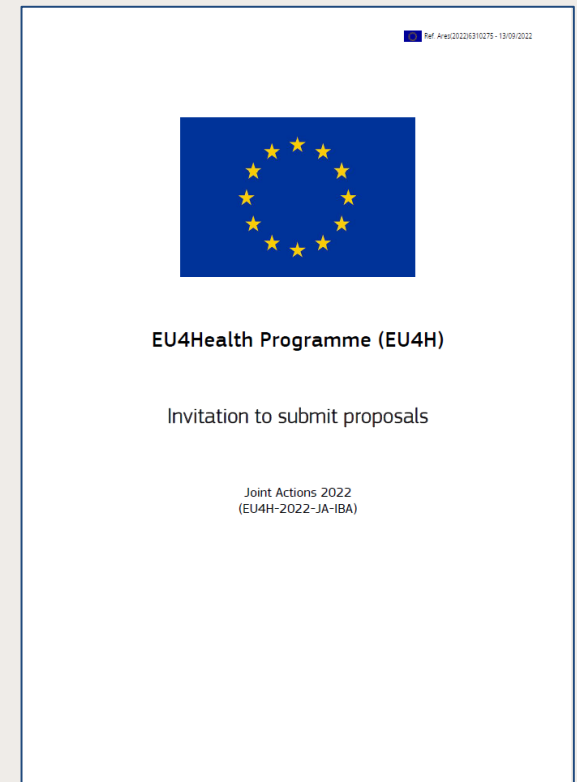
Objectives

The aim is to:

- reduce the burden of cancer and other NCDs and common risk factors, both at a personal and societal level
- taking a holistic approach for the prevention of cancer and other NCDs, through coordinated action

In the context of the Europe's Beating Cancer Plan and of the need to address NCDs, the JA will address:

- health determinants common to cancer and other NCDs
- their common underlying risk factors, avoiding fragmentation of actions, duplications and overlaps, promoting engagement and increasing impact



Key background documents

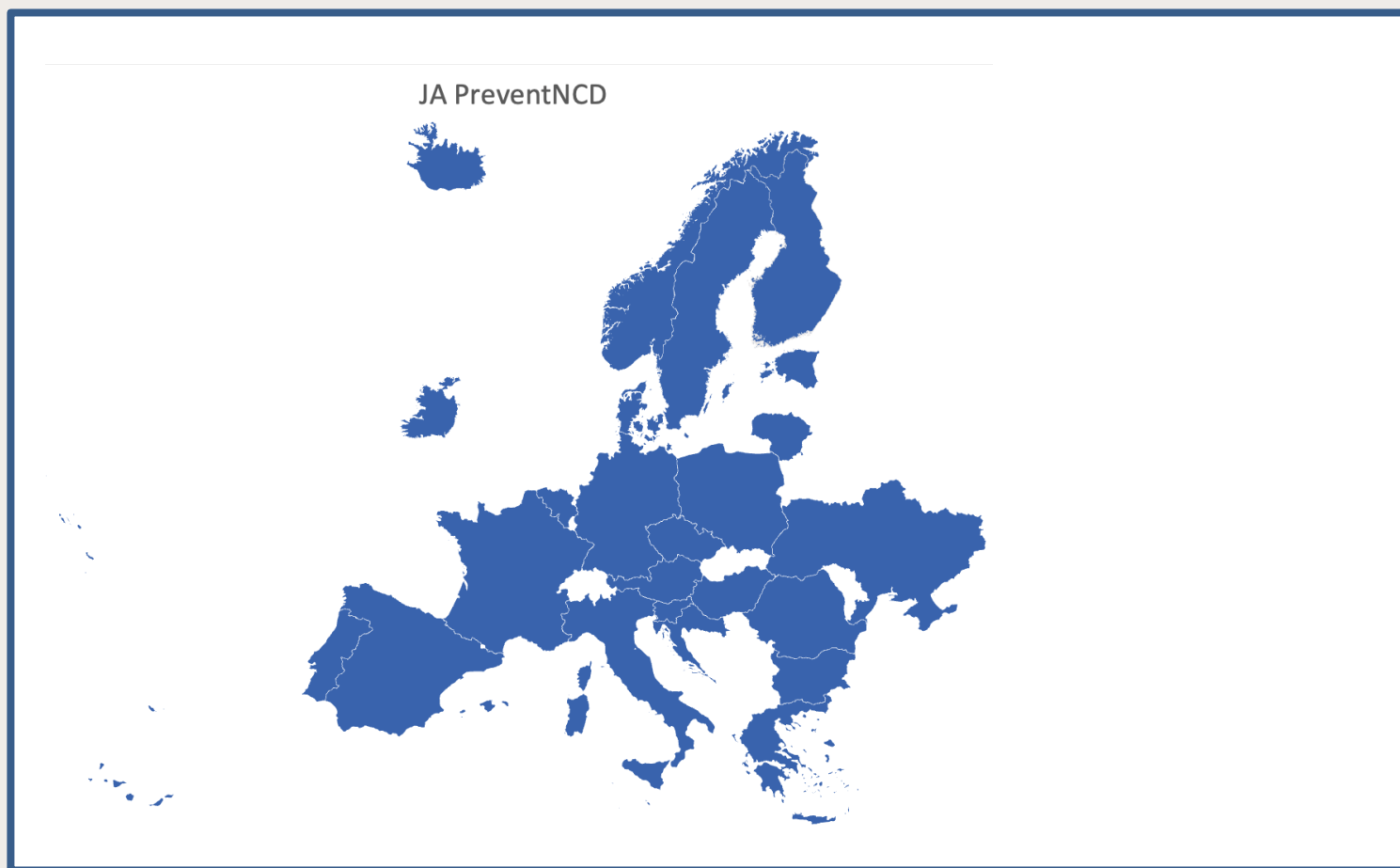
- Europe's Beating Cancer Plan
- Healthier Together: EU NCD initiative
- EU4H Invitation to submit proposals
- EU Public Health Best Practice Portal
- WHO 'Best Buys' to tackle NCD



JA-02: Cancer and other NCDs prevention

Action on health determinants (AWP Ref: CR-g-22-08.01)

EUR 76 500 000 EU co-funding: Participating countries



Austria
Belgium
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Italy
Lithuania
Malta
Norway
Poland
Portugal
Romania
Slovenia
Spain
Sweden
Ukraine



JA-preventNCD – key figures (from the application)



WP 01 Coordination

Lead: DOH, Norway (Linda Granlund)
Scientific Coordinator (Co-lead): NIPH, Norway (Knut-Inge Klepp)

WP 02 Dissemination and communication

Lead: DOH, Iceland (Solveig Karlsdottir)

WP 05

Regulation
and taxation

Lead: NIPH,
Norway (Arnfinn
Helleve)
Co-lead: DGOH,
Portugal (Maria
João Gregório)

WP 06

Healthy living
environment

Lead: FISABIO,
Spain (Rosana
Peiro)
Co-lead: HZJZ,
Croatia (Anja
Đurić) and SUM,
Poland (Katarzyna
Brukalo)

WP 07

Social
inequalities

Lead: ISS, Italy
(Raffaella
Bucciardini)
Co-lead: NNGYK,
Hungary (Peter
Csizmadia)

WP 08

Monitoring

Lead: RSYD,
Denmark (Emil
Hostrup)
Co-lead: ISS, Italy
(Giovanni Capelli)

WP 09

Health in all
policies

Lead: CSF, Finland
(Eeva Ollila)
Co-lead: DOH,
Iceland (Dora
Gudmundsdottir)

WP 10

Identify indi-
viduals at risk

Lead: Sciensano,
Belgium (Marc Van
Den Bulcke)
Co-lead: RSYD,
Denmark (Torben
Hansen)

WP 03 Evaluation

Lead: INSP, Romania (Carmen Ungurean)

WP 04 Sustainability

Lead: NIJZ, Slovenia (Mojca Gabrijelcic)

Policies versus individual level interventions

Societal level

Personal level

Population impact

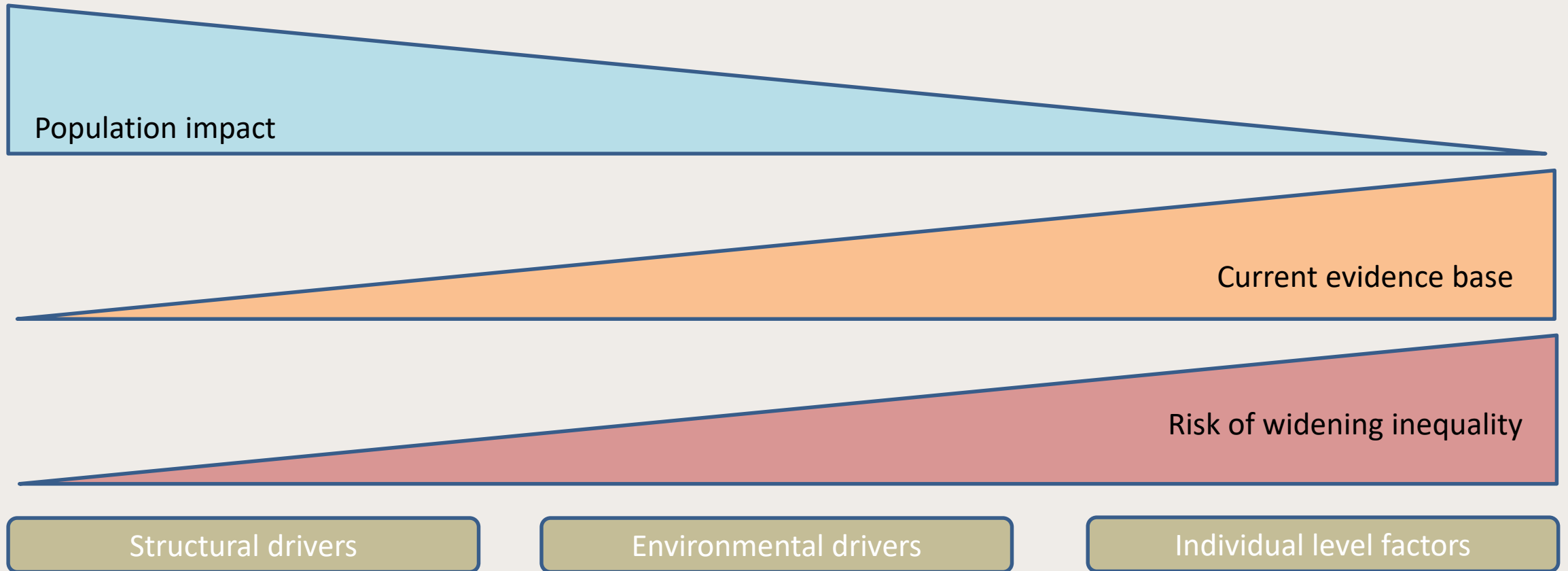
Current evidence base

Risk of widening inequality

Structural drivers

Environmental drivers

Individual level factors



JA Cancer and other NCDs prevention – Action on Health Determinants

Societal level

Personal level

Health in all policies

Population impact

Regulation and
taxation

Healthy living
environment

Identify
individuals at
risk

Current
evidence
base

Risk of widening
inequality

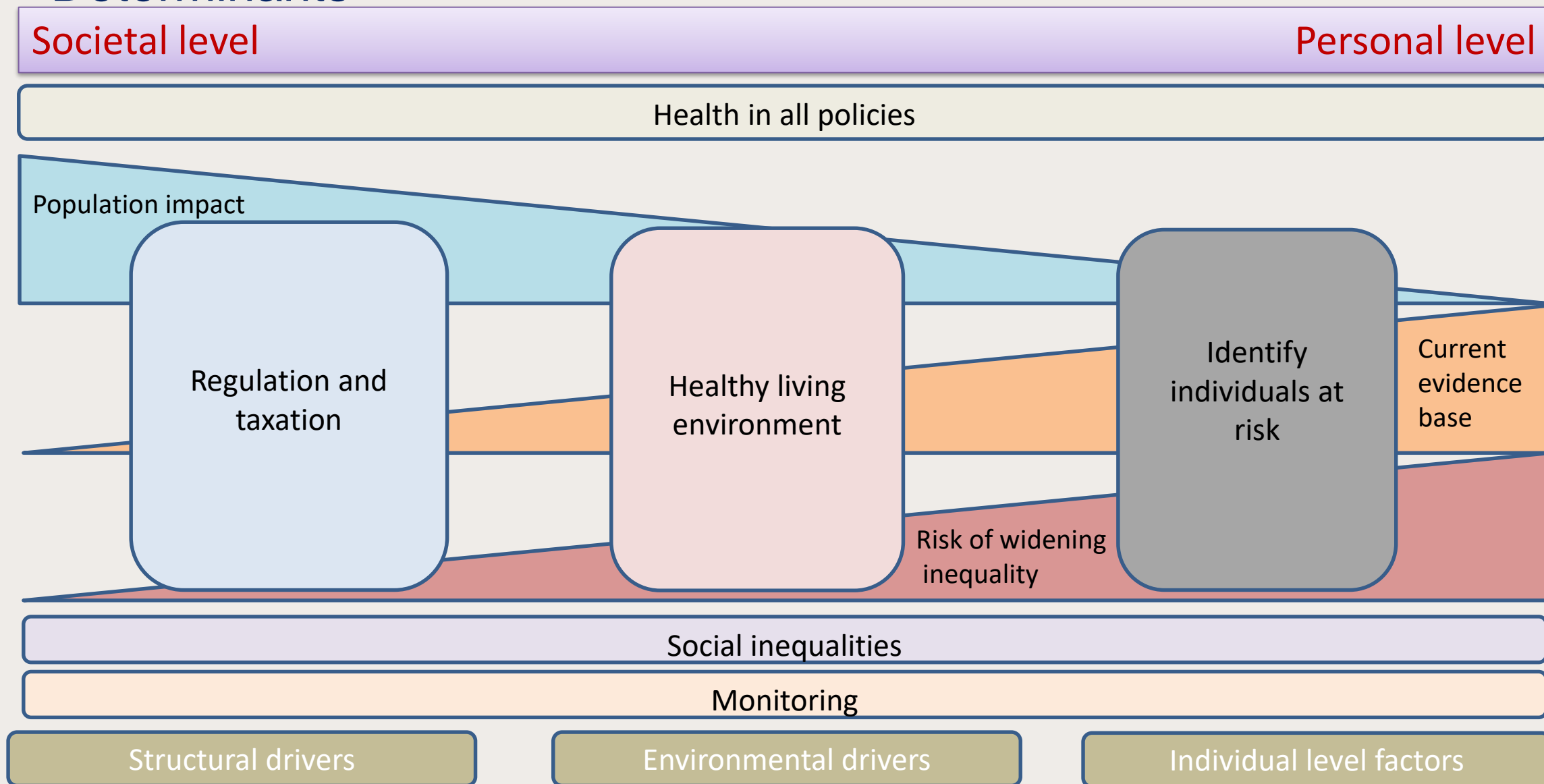
Social inequalities

Monitoring

Structural drivers

Environmental drivers

Individual level factors



An ambitious effort to:

- scale up primary NCD prevention measures that works
- focus on societal level drivers and population impact in addition to individual level interventions
- acknowledge the need for a systems approach (complex problems cannot be solved by simple measures)
- employ an equity lens to all planned measures
- secure broad user involvement





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Healthy Food for a Healthy Future

Thank you for your attention!

Knut-Inge Klepp

E-mail: kikl@fhi.no
Phone: +47 957 60 716

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



Co-funded by
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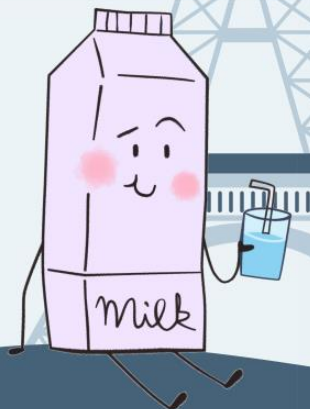
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NATIONAL EXPERIENCES AND OPPORTUNITIES FOR IMPLEMENTATION OF BEST-REMAP RECOMMENDATIONS AT EUROPEAN LEVEL

Isabel Peña-Rey. Spanish Food Safety and Nutrition
Agency
Minister of Consumer Affairs

18,09,2023



Co-funded by
the Health Programme
of the European Union



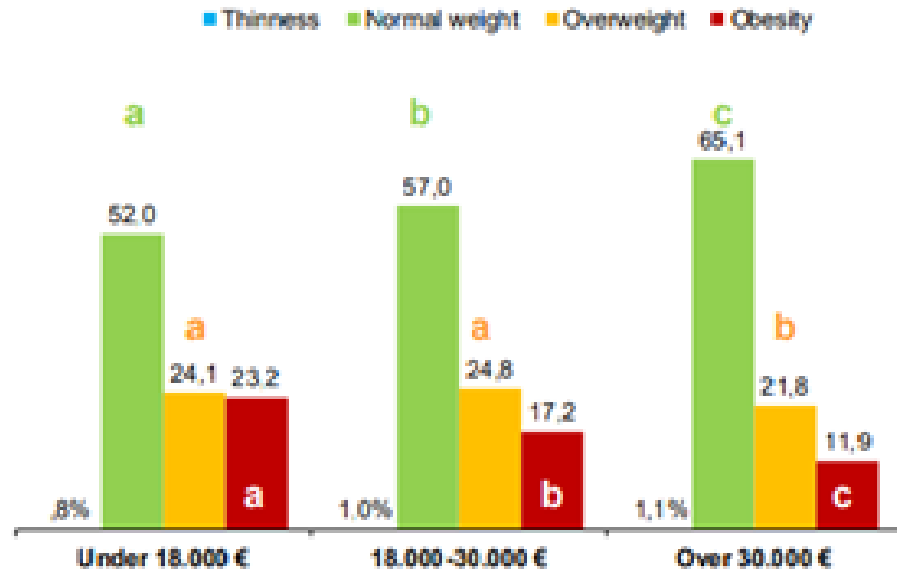
NOWADAYS

- **29 %** of children aged 7–9 years living with overweight (including obesity) in Europe according to WHO definitions (**39 %** Spain)
- **8.4 %** – of the health budget of OECD countries that will be spent to treat the consequences of being overweight over the next thirty years (**9.7 %** Spain).
- **3.3 %** – loss of GDP caused by treatment of obesity in OECD countries and 28 EU Member States (**2.9 %** Spain)
- **2.7 years** – Average life expectancy reduction by overweight and its associated chronic diseases in OECD countries (**2.6** Spain)



SOCIAL DETERMINANTS AND INEQUITIES

Weight status according to
household income



Obesity prevalence in Spain:

- in the lowest income stratum is almost double that in the highest one

Overweight prevalence:

- significantly higher in the two lowest income strata than in the highest one.





Policies for promoting healthy and sustainable diets to reverse the overweight tendency

Need to bring together food, health and sustainable development

- ✓ No single measure or actor can achieve this change.
 - ✓ Scientific evidence is essential.
- ✓ Different and complementary policies are needed (regulatory system, soft law, codes of conduct...)



STRATEGY FOR NUTRICIÓN, PHYSICAL ACTIVITY AND OBESITY PREVENTION

Reverse the trend in obesity prevalence, **reduce** the high morbidity and mortality rates attributable to non-communicable diseases and inequalities in health **by promoting healthy eating and physical activity.**

2005

Launched of the Strategy

2011

Consolidated and strengthened by Law 17/2011 of Food Safety and Nutrition

2013

Creation of Observatory for Nutrition and obesity surveillance

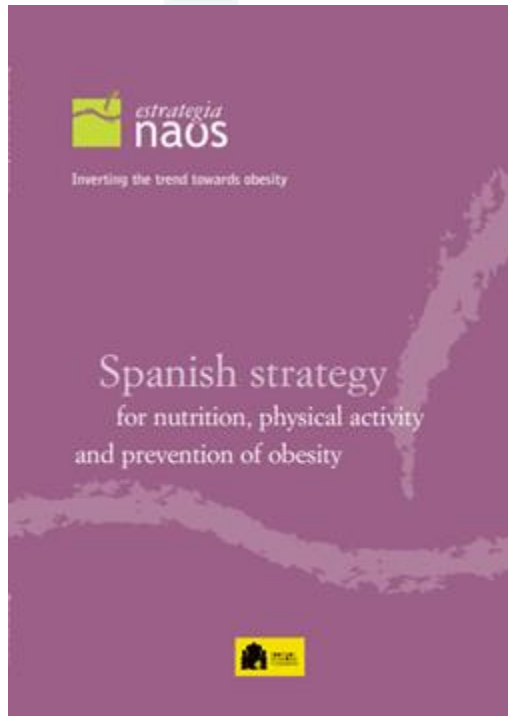
2022

Creation of a Deputy direction on Nutrition

Childhood obesity **major public health concern**



Top priority for Spanish Government



2005



2022

Included in the **agenda of Spanish Presidency** of the Council of the European Union



SPAIN PROMOTES HEALTHY, EQUITABLE AND ENVIRONMENTALLY-FRIENDLY FOOD



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SCHOOL MEALS

PRICING POLICIES

FRONT OF PACK LABELS



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**FOOD
REFORMULATION**

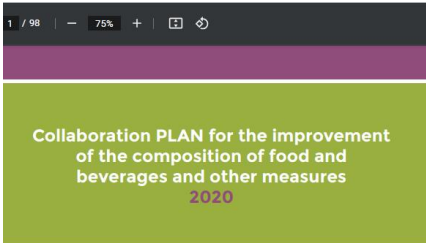


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**FOOD MARKETING
INTENDED TO
CHILDREN**

FOOD REFORMULATION – VOLUNTARY MEASURES



182 agreements to improve composition of different groups of foods and beverages and out of home food supply

Nearly **300 companies**, in 5 food sectors:

- Manufactures
- Retailers
- Social catering
- Restaurants and pubs
- Vending machines



99% of the quantitative commitments to reduce sugars, salt, saturated fat and total fat have been met.

- ✓ **Sugar reductions:** between 25 % and 60 %.
- ✓ **Salt reductions:** between 21.8 % and 33.3 %.
- ✓ Reductions in **saturated fat:** between 45.5 % and 76.9 %.
- ✓ **Total fat reduction:** between 24.9 % and 36 %.

With **AESAN Leadership and involvement of all type of companies (SMEs)**

FOOD REFORMULATION - REGULATORY MEASURES



Real Decreto 308/2019, de 26 de abril, por el que se aprueba la norma de calidad para el pan.

Ministerio de la Presidencia, Relaciones con las Cortes e Igualdad
«BOE» núm. 113, de 11 de mayo de 2019
Referencia: BOE-A-2019-6994

Limit of salt content in common bread established by **Royal Decree 308/2019**

1.66 grams of salt per 100 grams of bread (16.6 g of salt per kilogram of bread or the corresponding 0.66 g of sodium per 100 g of bread), analyzed by determination of total sodium.

Mandatory from 1 April 2022



SCHOOL MEALS: CONSENSUS AGREEMENT



2010

Consensus guidelines

- Schools are key environments for promoting healthy habits also in relation to dietary and nutrition.
- Recommendations addressed to the authorities and institutions responsible for school canteens to provide balanced diets.

National Plan for Official Control of the Food Chain 2021-2025

- To improve monitoring and control of nutritional quality of food and beverages offered in schools.
- Avoid disparities in official controls.



2020

National Plan for Official Control of the Food Chain
2021-2025



PROTOCOLO DE CRITERIOS MÍNIMOS PARA LA EVALUACIÓN DE LA OFERTA ALIMENTARIA EN CENTROS ESCOLARES: COMEDORES ESCOLARES, MÁQUINAS EXPENDEDORAS DE ALIMENTOS Y BEBIDAS Y CAFETERÍAS DE ACUERDO AL PROGRAMA 16 DEL PLAN NACIONAL DE CONTROL OFICIAL DE LA CADENA ALIMENTARIA 2021-2025



Versión 1
Aprobado en Comisión Institucional
16 de marzo de 2022
AESAN



2022

SCHOOL MEALS: REGULATORY MEASURES



Draft Royal decree to establish minimum criteria of nutritional quality and sustainability that guide public procurement and supply of food and beverages **in schools**



PROYECTO DE REAL DECRETO POR EL QUE SE ESTABLECEN NORMAS DE DESARROLLO DE LOS ARTÍCULOS 40 Y 41 DE LA LEY 17/2011, DE 5 DE JULIO, DE SEGURIDAD ALIMENTARIA Y NUTRICIÓN, PARA EL FOMENTO DE UNA ALIMENTACIÓN SALUDABLE Y SOSTENIBLE EN CENTROS EDUCATIVOS

VERSIÓN
2 de septiembre de 2022

INDICE

Capítulo I. Disposiciones generales

Artículo 1. Objeto
Artículo 2. Ámbito de aplicación
Artículo 3. Definiciones

Capítulo II. Criterios nutricionales y de sostenibilidad para la contratación, adquisición y oferta de alimentos y bebidas en centros educativos

Artículo 4. Criterios generales de calidad nutricional y de sostenibilidad, a contemplar en los pliegos de prescripciones técnicas, que orientan la contratación, adquisición y oferta de alimentos y bebidas en comedores escolares
Artículo 5. Prohibición de venta de alimentos y bebidas con un alto contenido en ácidos grasos saturados, ácidos grasos trans, sal y azúcares en centros educativos
Artículo 6. Prohibición de venta de bebidas refrescantes con un alto contenido en cafeína en centros educativos
Artículo 7. Requisitos adicionales a la oferta alimentaria en máquinas expendedoras de centros educativos

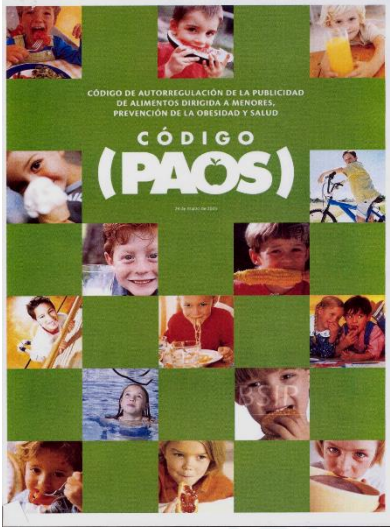
Capítulo III. Medidas especiales dirigidas a la programación de los menús escolares

Artículo 8. Requisitos y criterios para la programación de los menús escolares
Artículo 9. Información de los menús al entorno familiar

Capítulo IV. Control y régimen sancionador

Artículo 10. Control
Artículo 11. Régimen sancionador

Disposición derogatoria única. Derogación normativa
Disposición final primera. Título competencial
Disposición final segunda. Habilitación normativa
Disposición final tercera. Entrada en vigor



FOOD MARKETING



PAOS CODE - CORREGULATION:

- ✓ advertising for food products directed at children under the age of 12 in television, radio, press, and outdoor advertising,
- ✓ directed at children under 15 in the case of online advertising.

Monitoring Committee chaired by AESAN + Ministry of Agriculture, Secretariat for Telecommunications, Council of Consumers and Users, Spanish Association of Advertisers, FIAB, Autocontrol, and food retailers, hospitality, and restaurant industries.



No limit advertising of products that fail to meet specific “nutrient profiles”

FOOD MARKETING: REGULATORY MEASURES



SECRETARÍA GENERAL DE
CONSUMO Y JUEGO

CONSULTA PÚBLICA PREVIA
REAL DECRETO SOBRE PUBLICIDAD DE ALIMENTOS Y BEBIDAS DIRIGIDA AL
PÚBLICO INFANTIL

DIRECTIVE (EU) 2018/1808 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 14 November 2018

amending Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities

Encourages Member States to **enhance the protection of minors against advertising** for “foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular fat, trans-fatty acids, salt or sodium and sugars, of which excessive intakes in the overall diet are not recommended.”



Ban the broadcasting of commercial communications directed at children based on **WHO European Region nutrient profiles**.

Develops legal measures for promoting **co-regulation mechanisms** to facilitate compliance with the obligations to set out and to prevent that food and beverage advertising in general can have an undesirable impact on minors (under 16).

Scope: children's and general television channels; cinemas, print media, websites, apps, social networks, and video-sharing services.

HEALTHY AND SUSTAINABLE DIETARY RECOMENDATIONS FOR THE SPANISH POPULATION



2023

Based on the Report of the Scientific Committee of the AESAN with the most recent scientific evidence, taking into account the dietary habits, uses and customs of the Spanish population.

Intake of products of vegetable origin (fruit, vegetables and pulses), preference for whole grain cereals (wholemeal) and healthy fats such as olive oil and those present in oily fish and drinking tap water whenever possible.

Intake of processed meats, saturated fats, sugar and salt.

**Promoting a sustainable consumption model
that also cares about the health of the planet**

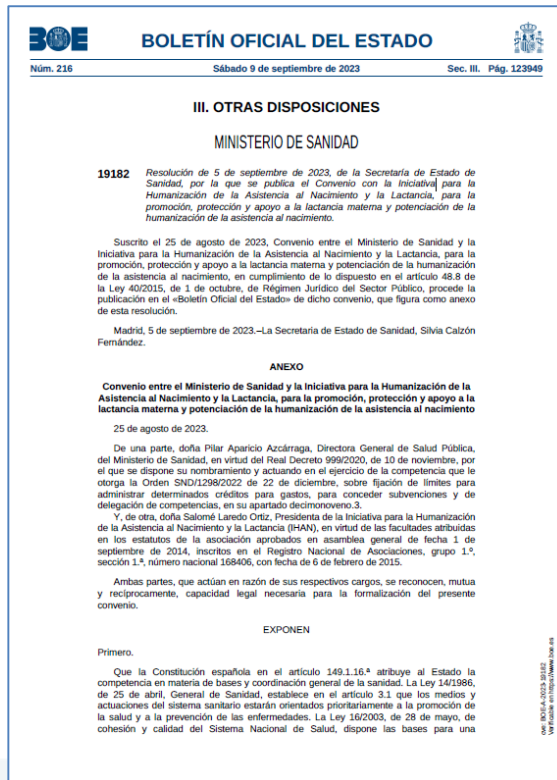
BREASTFEEDING



Annual Agreement between Ministry of Health and the Initiative for Humanization of birth care and breastfeeding

On protection, promotion and support of breastfeeding and empowerment of humanization of birth care in Spain

Funding from
Ministry of Health:
150.000 €



Lines of action



HEALTHY SETTINGS



Local settings: municipalities

Ministry of Health in coordination with Spanish Federation of Municipalities and Provinces

Healthy cities network

Local Implementation of the National Strategy on Health Promotion and Prevention



Guía para la implementación local de la Estrategia de Promoción de la Salud y Prevención en el SNS

LOCALIZA salud
MAPA DE RECURSOS PARA LA SALUD

<https://www.sanidad.gob.es/areas/promocionPrevencion/entornosSaludables/local/home.htm>



The Prevention and Health Promotion Strategy of the Spanish NHS.

Estrategia de promoción de la salud y prevención en el SNS
En el marco del abordaje de la cronicidad en el SNS
Estrategia aprobada por el Consejo Interterritorial del Sistema Nacional de Salud el 18 de diciembre de 2013

Executive Summary:

<https://www.sanidad.gob.es/areas/promocionPrevencion/estrategiaSNS/docs/ExecutiveSummary.pdf>

Schools settings

Ministry of Health and Ministry of Education

Developing a Health Promoting Schools Approach at national level:

- Working group coordinated by Ministry of Health and Ministry of Education, with the participation of other Ministries, Regional departments, experts
- Elaborating a Guide on Health Promoting Schools
- Exploring how to develop a National Network of Health Promoting Schools

Coming soon: Guide on Health Promoting Schools

<https://www.sanidad.gob.es/areas/promocionPrevencion/entornosSaludables/escuela/home.htm>

Spanish Presidency Conference "Childhood Obesity - A Global Framework to Reduce Childhood Obesity in the EU"



16-17 OCTOBER 2023, PALMA DE MALLORCA (SPAIN)



OBJECTIVES:

- ✓ Move towards an innovative cross-sectoral and multi-stakeholder comprehensive framework for addressing childhood obesity.
- ✓ Sharing joint learning of effective experiences and best practices.
- ✓ Advance in the creation of a large European multi-stakeholder alliance for the reduction of childhood obesity.

NAOS Annual meeting “Passing the conclusions of Best ReMap Joint Action to public policies



22/23 NOVEMBER 2023, MADRID (SPAIN)

OBJECTIVE:

- ✓ Discuss about how to pass evidence and conclusions of Best ReMaP JA into public policies.

TENTATIVE AGENDA:

- ✓ OPENING CONFERENCE: Presentation of the main findings of the joint action and next steps.
- ✓ ROUND TABLE: How to advance in the transfer of the results of the Best ReMap Joint Action.
 - ✓ Healthy and sustainable public procurement.
 - ✓ Spanish reformulation plan.
 - ✓ Food marketing intended to children.



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Healthy Food for a Healthy Future

Thank you for your attention!

Isabel Peña-Rey

Executive Director of AESAN

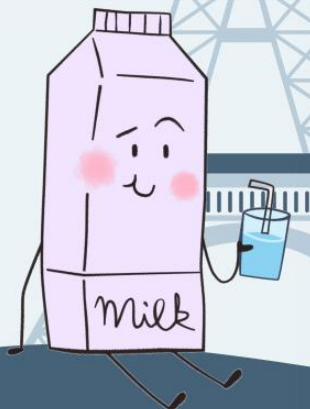
ipenarey@aesan.gob.es

<http://www.aesan.gob.es/>

www.eu2023.es

[@eu2023es](https://twitter.com/eu2023es)

Joint Action on implementation of validated best practices in nutrition
(Reformulation, Marketing and Public Procurement)



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Best-ReMaP
Healthy Food for a Healthy Future

From Evidence to Action - Sustaining the Impact of Best-ReMaP

Mojca Gabrijelčič, Scientific Coordinator

18. september 2023



PLEASE, EVALUATE Best-ReMaP FINAL CONFERENCE

