



# Best-ReMaP

Healthy Food for a Healthy Future

## D7.3 Pilot Catalogue of foods

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# 1 Contributors & Acknowledgements

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## 2 List of Abbreviations

CCIS - Chamber of Commerce and Industry of Slovenia

CAFE - Chamber of Agriculture and Food Enterprises

EU - European Union

MSs – Member States

NIJZ – National Institut of public health Slovenia

PFP - Public food procurement

WP7 - Work Package 7

## 3 Introduction to the Best-ReMaP WP7 T7.3 activities

WP7 leaders formulated questions that provided guidance to the Member States (MS) in describing the process of performing task T7.3 and its associated sub-tasks.

### Guiding questions on Task 7.3: Pilot procurement tool and joint public tender

#### 1. Task 7.3.1: Overview of the available tools in the participating MSs

Overview of the available tools in the participating MS will be prepared, with recommendations for development of the joint pilot English-language Catalogue for selected food groups, with possible adaptation of the available tools, including the Slovene »Catalogue of foods«.

Guiding questions:

- Please describe your approach to identification of available PFP tools.
- How many tools for PFP have you identified in your MS?
- What would be the characteristics of an ideal PFP tool for you?
- What were the main challenges in identification of available PFP tools?

#### 2. Task 7.3.2: Development and implementation of pilot joint public tender

The national/regional/local pilot study will be developed and implemented, based on the task 7.3.1. outcomes. A Pilot English-language Catalogue of food products, for selected food groups (minimum one selected food group, harmonized in the participating MS), will be designed jointly with a selected subcontractor, bringing in practical experiences from the field work:

- (1) food groups for the implementation of the pilot study will be selected, harmonized for all the participating countries (1st priority – milk and milk products; 2nd priority – bread and bakery products; 3rd priority – meat and meat products);
- (2) national or regional market analysis of the harmonized selected food groups will be conducted, to compose at least one national/regional list(s) of food products, available on the market, relevant for public settings; nationally specific and approved quality criteria are to be added to the food products on the list (e.g. use of the green procurement regulation as supportive element to define the procuring distance; labels, allergens, nutritional value, place of origin, certificates, ...) to simplify and harmonize the process, Slovenia will provide computerized pilot (prototype) list(s) of relevant food products, to be translated in the national languages and upgraded; national teams will check the list(s) and supplement them with the nationally available food products;
- (3) national teams will create the national Pilot Catalogues of food products (selected list) and check the produced catalogue with the national food providers
- (4) testing and piloting of the Catalogue of the selected foods, while building the ownership of the MS (exploring the national/regional specific situation and searching for the specific approaches and solutions)
- (5) development of the procurement testing tender and templates, based on the Slovene and other best practices and JRC work;

Guiding questions (describe your approach as precisely and compactly as possible):

- How many food providers did you contact?

- Please, assess the level of willingness of contacted food providers to participate in this task? (Rate from 1 to 5, 1 meaning not interested at all and 5 meaning very interested).
- How have you collaborated with public institutions for the purpose of creating food types and how successful have you been in making contacts with them?
- Please describe your approach to national market analysis.
- What were the main challenges in implementation of national market analysis?
- What were the main inhibitory factors in the process?
- What were the main facilitating factors in the process?

### 3. Task 7.3.3: Joint execution of pilot public tender

Joint execution of public tender, with the implementation practically organized by the selected subcontractor, with harmonized timing among all the participating MS - one testing public tender executed, for up to three priority food groups; comparative testing of the Catalogue of foods in participating MS – to demonstrate the functioning of the Catalogue of foods within different MS and highlight the possible linkages.

The Catalogue of foods contains database with generic or more specific data for different food groups. The generic database includes all previously known food titles in menus (such as full-fat cottage cheese), subcategories and product types, which will be then later in the process replaced by the products of choice, entering the menus.

Below, the collected responses and key messages from MSs are presented. CCIS-CAFÉ, who shared their good practice tool “Catalogue of foods” also summarized their experience working on the T7.3 task and collaborating with WP7 partners below. The exact answers of the WP7 partners are collected in annex 1.

## 3.1 Summary of the WP7 T7.3 activities

Countries and institutions employed different methods to identify tools or sources of information for public procurement of food or catering services: Malta extracted data from a local food producer's webpage, focusing on milk and milk products. Finland used a list of tools from Table 1 (Annex 2), supplemented by their own expertise, contacts, and online research to promote health-promoting and sustainable catering services. Greece conducted webpage searches to gather relevant information. Denmark's Food Procurement Department relied on knowledge sharing. Bosnia and Herzegovina and Austria did not identify any specific tools. Hungary sought assistance from the Public Procurement Authority and utilized the Hungarian Electronic Public Procurement System, lacking a similar tool to the Slovene food catalogue. They relied on legislation, guidelines, recommendations, and food standards. Poland conducted desk research, consulted experts, and engaged with public procurement officers.

Malta, Poland and Hungary did not identify any specific tools for public procurement. Finland recommends referring to Table 1 (Annex 2), in their submission, which outlines the measures taken in Finland to promote public procurement of health-promoting and sustainable catering services and food. Greece identified one online tool that can be used for various types of procurement. Denmark utilizes several tools, including Excel spreadsheets for manual procurement, document drafter templates to ensure legal compliance in tender documents, and Fokusfødevarer.dk, a digital database with detailed specifications for food products. Bosnia and Herzegovina and Austria did not provide information about any specific tools.

Malta did not identify any specific tools, therefore, no specific challenges were encountered in the identification process. For Finland, the main challenge was the abundance of tools available, coupled with the scattered nature of information about these tools across numerous websites. Greece, Denmark, Bosnia and Herzegovina and Austria did not provide information about any identified challenges. Hungary faced challenges due to their institute's lack of specialization in food procurement, which hindered the identification process. Additionally, understanding the process of public procurement and the associated terminology and concepts posed a challenge.

For Malta the ideal PFP tool would be user-friendly, easily accessible, easy to navigate, low maintenance, have an allocated budget, and be available in the country's language. Finland reported that the ideal tool would be easy and intuitive to use, have both desktop and mobile versions, offer Finnish as a language option, be adapted to the Finnish context considering national regulations and recommendations, government programs and resolutions, and public procurement criteria, and consider all dimensions of sustainability. It should also be integrated with key databases used in the public procurement of foods and be freely available to promote open and fair competition. Although Institute of child's health in Greece is not directly involved in the PFP process, the Food catalogue seems interesting to them. For Denmark the ideal tool would have legal content that includes minimum requirements adaptable to individual cities, such as a percentage of organic products and it should be linked to national PFP networks. Bosnia and Herzegovina - Republic of Srpska provided no specific information, but for Federation of Bosnia and Herzegovina the ideal tool would be in the official language, have an acceptable and sustainable system, be easy to use with desktop and mobile versions, represent the geographical area of the country, be unique in the entire territory for information exchange and cooperation, be available free of charge to all participants, offer training and assistance, and be adapted to existing procurement processes and rules. Additionally, there should be one person appointed to continuously update the food database and contact food producers. The ideal PFP tool for Austria would be in the German language, have an easy-to-use interface, be freely available to promote fair competition, allow adaptations to country-specific regulations, include regional producers and small and medium enterprises (SMEs), and offer additional training on healthy and sustainable food procurement. The ideal tool for Hungary would be a food catalogue similar to the Slovenian catalogue, adapted to national regulations and guidelines, compatible with existing digital platforms related to PFP and public catering, and available in the Hungarian language. Legislative support and practical advice for promoting healthier food composition in PFP would also be desirable. For Poland, the ideal tool would contain specific definitions of product quality and be easy to use.

Regarding the development and implementation of pilot joint public tender, in Malta, the pilot involved the only local dairy product industry, Malta Dairy Product, which is a cooperative representing most farmers. Primary conversations were initiated through email for the introduction of the JA BestReMap EU project. In Finland, the catering service of the municipality of Muurame contacted nearly 30 fish providers operating nearby. Four providers responded, and three were selected for the pilot. In Greece, three Greek dairy companies were involved. Denmark's Food Procurement Department had one participant. In Bosnia and Herzegovina, three milk and milk product producers were contacted to ensure broad participation in the procurement process, necessary documentation was obtained from them. Plans are underway to include an ecological producer in the future. Austria contacted a total of four food suppliers, but only one replied. In Hungary, more than 10 dairy product producers were contacted, and two were open to participation. Translated Slovenian food types were sent to them for compatibility checks, and one producer provided feedback. Additionally, contact was established with a wholesaler through participating institutions. In Poland, the pilot involved the six largest dairies in the country.

As far as the willingness of contacted food providers to participate goes, in Malta, the milk industry personnel were interested and willing to collaborate, offering their knowledge and data with a level of 3. In Finland, the collaboration with providers was agreed upon, but there is no available data on their willingness level. Communication and collaboration between the pilot participant and fish providers have been effective. In Greece, four providers showed a high level of interest in collaborating. In Denmark, the willingness to collaborate was rated at 3. In Bosnia and Herzegovina (Republic of Srpska), the readiness level was satisfactory, but two out of three dairies did not participate in piloting the food catalog. More time and organization are needed to motivate producers and provide training on the catalog's use. In Bosnia and Herzegovina (Federation of Bosnia and Herzegovina), the readiness level was rated at 3, with some producers being cooperative while others required further explanations or did not respond. Better education on catalog usage is needed, and promotional materials should be translated into the local language. In Austria, one out of three providers showed interest and provided some data, but no further collaboration was possible. In Hungary, the willingness of providers was rated at 1 or 2, as the current economic situation makes it challenging to convince them to invest time and energy in the initiative. In Poland, there was no interest shown by the providers.

Partners collaborated with food providers in various ways. In Malta, bilateral meetings were held online, via email, or through physical visits to the company. In Finland, collaboration primarily took place through email and Teams, and it has worked excellently. In Greece, fruitful and constant collaboration occurred through phone calls and video calls. In Denmark, consultation with public institutions took place over the phone, and discussions were held to discuss the content. In Bosnia and Herzegovina - Republic of Srpska, collaboration was excellent, with communication occurring mainly through email and telephone. In Federation of Bosnia and Herzegovina, collaboration was excellent, primarily conducted via email and phone. Insight workshops were also conducted with three kindergartens, where project activities and potential involvement were presented. In Austria, contacts were easily established with preselected municipalities and caterers. Interviews were conducted with municipal staff and caterers to gain a deeper understanding of catering practices, attitudes towards the tool, and its practicability. In Hungary, collaboration with the food manager of the selected institution was effective, with several online meetings conducted to work together on the task. In Poland, dairies were not interested in participating due to perceived lack of benefits under national regulations. In Poland, tenders are typically won by wholesalers who deliver the ordered products.

Cooperation with public institutions for purposes of creating food types varied between partners. In Malta, milk and milk products that are available on their market were identified as the food category. Through bilateral meetings, the development of Maltese food types was checked and approved by the Chamber of Commerce, but there was no collaboration with public institutions for this step. In Finland, THL created the categorization of fish products based on the offerings of the selected providers. The pilot participant and the collaborating procurement officer were consulted in the process. In Greece, phone calls were used to create food types based on the lists of procured dairy products provided by the participants. In Denmark, historical data from previous public tenders and knowledge of the institutions' purchasing patterns were used to identify food types. In Bosnia and Herzegovina (Republic of Srpska), the Public Health Institute of the Republic of Srpska handled all organization and correspondence related to the project. In Bosnia and Herzegovina (Federation of Bosnia and Herzegovina), the Institute of Public Health of the Federation of Bosnia and Herzegovina served as the host, handling all organization and correspondence. In Austria, no collaboration with public institutions took place for creating food types, as meals are delivered by a caterer. In Hungary, effective collaboration with institutions took place in determining food categories,



packaging quantities, and specifications. In Poland, public procurement officers were highly involved, sharing archival orders and providing consultation when needed.

Partners also described their approach to national market analysis: In Malta, data on food products and their nutrition composition were extracted from the available products on the market. Information was collected from the websites of food providers. In Finland, a national market analysis was not conducted for fish products. The pilot participant contacted fish providers near Muurame and collected product data via email and websites. Nutrition composition data were supplemented using the Finnish food composition database. Quality criteria included nutrition criteria from the Heart Symbol of the Finnish Heart Association, Finnish Diabetes Association, and the sustainability criteria from WWF Finland's sustainable seafood guide. In Greece, market analysis was conducted through web scraping. In Denmark, a stakeholder and market analysis was performed at the required level for the dairy tender. Historical knowledge from previous tenders and consultation with a food and meals expert were also utilized. In Bosnia and Herzegovina, the largest milk and milk product producers were chosen. Information on their products, including certificates and quality-related documents, was obtained through direct contact and factory visits. Additional information was collected using social networks, internet searches, and market research. In Austria, a national market analysis was not conducted. Experience from pre-existing projects was used for data collection. In Hungary, due to difficulties in contacting food providers, data was collected from online shops, including supermarket websites and producer websites. Quality criteria were based on the Hungarian Public Catering Decree, with additional specifications for nutrients posing health risks. In Poland, consultations with public procurement officers and analysis of market reports were used to gather data.

The main challenges, inhibitory and facilitating factors in implementation of national market analyses were the following: In Malta, having access to good quality information about the specific market was emphasized as an important component, although specific challenges were not mentioned. In Finland, it was noted that identifying suitable providers would have been challenging without an active and well-networked pilot participant. In Bosnia and Herzegovina, insufficient capacity of producers to enter data and concerns about data confidentiality were mentioned as challenges. In Austria, no national market analysis was conducted, and the experience from pre-existing projects was utilized. In Hungary, challenges included discrepancies in nutritional information found on different websites and difficulties in reaching and convincing producers to provide data. Creating food types based on the collected data was also time-consuming and required ongoing adjustments. In Poland, a language barrier on the part of public procurement officers was mentioned as a challenge. Greece and Denmark did not provide specific challenges related to data collection and market analysis. In Malta, limited human resources and the need for training to use the prepared pilot tool were identified as inhibitory factors. The fact that there was only one type of milk producer with no competition was seen as a facilitator. In Finland, facilitators included the active and committed pilot participant with good contacts and networks, the small size of the municipality and region, and the assistance provided by CCIS in creating and naming the food types. In Bosnia and Herzegovina, facilitators included cooperation with pilot participants, collecting necessary data via the internet, and the dedication of staff involved in the process. In Austria, the main inhibitory factor was the difficulty in finding producers willing to cooperate, while going in line with the Austrian food codex facilitated the process. In Hungary, the lack of time and difficulties in contacting and convincing food providers were inhibitory factors. Availability of food data online facilitated the market analysis. In Poland, the inhibitory factor was the difficulty in contacting dairies, while engagement from public procurement officers was a facilitator. Greece and Denmark did not provide specific inhibitory factors or facilitators related to data collection and market analysis.

Partners approached the implementation of the execution of the public tender with some differences. In Malta, information was gathered and input from the website. Finland followed



the instructions provided by CCIS. Greece made contacts through phone. For Denmark the focus was on dairy products, using the Catalogue of food as a pilot test. The dairy tender was conducted using the database information based on the GDSN standard and barcode data provided by GS1. Bosnia and Herzegovina - Republic of Srpska followed the instructions and documentation. Bosnia and Herzegovina - Federation of Bosnia and Herzegovina initially selected five eligible kindergartens based on geographical location. Contact was made with the managers of the institutions, and a promotional program was presented via email. Meetings and training sessions were conducted with staff from three kindergartens, while education was provided via video link for others. Austria followed the instructions provided by the WP7 leaders. Hungary had consultation on the implementation of the pilot with the food coordinator of the selected institutions. Sets were created based on their previous dairy procurement, with recommendations for modifications to make the procured dairy products healthier. In Poland, the guidelines from the task leaders were followed. Despite the limitations posed by national legislation, representatives of public procurement were engaged to adapt the solution to their needs.

In Malta only one food provider was contacted and informed about the data collection from the website. The milk industry was informed that the data would be used for the Catalogue of foods, but due to lack of human capacity, training could not be provided. Finland reported that the collaborating providers were contacted via email. However, they were not asked to use the Catalogue of foods due to the need for substantial user training. Future collaboration prospects exist with the providers whose products were entered into the Catalogue. In Greece food providers were informed and gave their consent from the beginning. In Denmark, previous knowledge from tenders was used to include some dairy products in the pilot public tender to test the feasibility of the Catalogue of food. Bosnia and Herzegovina - Republic of Srpska contacted kindergartens and provided remote education to familiarize them with the Catalogue of food and the steps for conducting public procurement. Three out of five kindergartens initiated their own public procurement procedures. Limited time prevented training food providers to use the Catalogue. In Bosnia and Herzegovina - Federation of Bosnia and Herzegovina no specific food providers were contacted besides the mentioned milk producers. Kindergartens were contacted, and instructions will be provided to them. Efforts were made to create a simulation of a public tender based on existing public procurement lists from kindergartens. Documentation and training are needed for staff using the software solution. Collaboration with food providers in Austria was not possible. Data was received from one provider, and the pilot conducted was a simulation. In Hungary, food providers were not involved. The proforma invoice was fulfilled by the team using online data. Food providers from Poland were contacted, but they were not interested in cooperation.

Partners described the main challenges, inhibitory and facilitating factors in getting the consent of relevant food producers to participate in the pilot tender. In Malta, the challenges are unknown. For Finland, there were no major challenges as THL took the responsibility of using the Catalogue, and the providers were only asked to provide selected information via email. The providers did not have to do much in this pilot. For Greece, the main challenge was one dairy company agreeing to participate only if the details of its products would not be used for any other purpose. The main challenge for Denmark was asking producers to enter data into an additional system, which is why historical data was used. For Bosnia and Herzegovina - Republic of Srpska, the organization took over and provided necessary assistance to participants. Approval was received from milk and dairy product producers to simulate the order, but educating participants on using the Catalogue of foods within short deadlines was challenging. For Federation of Bosnia and Herzegovina, training officers on using the food catalog and adapting the program to the local language was challenging. Lack of time for producers to enter data was also a challenge. Austria reported that cooperation with the food industry in Austria is often challenging due to different interests and lack of time resources. No

collaboration with food providers occurred for the pilot tender, and substantial user training would be required for using the Catalogue of foods and conducting the public tender. In Hungary and Poland, the main challenge was a lack of interest from food producers. For Malta, effective communication, transparency, and offering guidance were positive factors. The efforts of food providers in providing product barcodes and selling prices were crucial for the pilot. For Finland, the active involvement of the pilot participant in contacting and engaging suppliers was key to the process. Without their efforts, it would have been challenging to identify and contact suppliers. In Greece, personal phone calls prior to formal invitations were effective in engaging food providers. The availability of product information online facilitated the process for Denmark. In Bosnia and Herzegovina - Republic of Srpska, having a tentative purchase order for the product already in place greatly facilitated the procurement process. The willingness and interest of all participants were crucial for the success of the process. For Bosnia and Herzegovina - Federation of Bosnia and Herzegovina, a visit to milk producers and personal live communication were facilitating factors. Presenting and promoting the entire food catalog system and providing comprehensive training were important for achieving good results in a short period of time. In Austria, the project faced challenges in engaging food providers due to time resources, lack of interest, and the decentralized nature of public procurement in schools and kindergartens in Austria. Food providers had limited interest and perceived limited value in the tool, which acted as an inhibitory factor in Poland and Hungary. The institution's provision of allocated budget and information on the procurement structure was helpful for the process in Malta. For Finland, the interest and participation of the two pilot participants were crucial. If they had not responded, conducting the pilot would have been challenging. The institution from Greece was fully informed from the beginning, which facilitated their involvement. In Denmark, the public institutions do not make the tender. Centralized tendering is carried out by the city of Copenhagen. For Bosnia and Herzegovina, the main inhibitory factors were fear of change, the unknown, and the Catalogue being in the English language. The willingness of the participants in the process, previous successful cooperation, provision of special trainings, technical assistance, and the need for good quality food for children were facilitating factors. For Austria, establishing contacts with preselected municipalities and caterers was relatively easy. The information gathered through interviews with them was helpful for understanding contracting and their perspective on providing sustainable and healthy dishes. The support and dedication of the food coordinator in nurseries in Hungary facilitated the process. Their openness, professionalism, and interest in children's health and healthy eating were crucial. In Poland, cooperation with local authorities was mentioned as a facilitating factor.

Lastly, partners were asked to describe their success in showing the functionality of the Catalogue in their national context. Malta found the Catalogue of foods useful for academic purposes. The existing digital systems and tools in Finland already serve the purpose of mapping food availability and conducting public procurement processes. The current form of the Catalogue would require substantial modifications to align with Finland's specific needs and criteria. For Greece, the Catalogue of Foods has not yet been successful in the national context. In Denmark, the Catalogue of Foods was used successfully for the pilot test with historical data. In Bosnia and Herzegovina, the Catalogue of Foods met expectations but requires greater engagement from all participants. Language barriers, usability, and data entry challenges have been identified. For Austria, the decentralized nature of public food procurement in Austria and the lack of a single competent authority make implementation of the Catalogue challenging. Collaboration with relevant stakeholders is ongoing, but implementation is currently difficult. The food catalogue has been found useful by colleagues and stakeholders in Hungary, and they believe a similar tool could support public food procurement. However, Hungary's specific procurement process characteristics would need to be considered in the development of such a tool. Poland is at the beginning of the implementation process, and the tool's advanced and specific solutions are not fully adapted yet.

## 3.2 Observation of CCIS-CAFE regarding T7.3

In the Chamber of Agricultural and Food Enterprises which works in a frame of Chamber of Commerce and Industry of Slovenia, a practical tool “a Catalogue for public procurement of food” has been developed. The main goal of the app was to help public institutions to make market analysis and by using app to follow the legislative requirements from that field including green public procurement. At the moment public institutions can prepare documentation (proforma invoice) and publish it on the official web site of Ministry of Public Administration. A lot of time and money are saved in this way.

Our good practice was shared with some other EU member states through EU joint project BestReMap. There were several findings and observations detected through ongoing project.

1. The direct partners of Bestreemap WP7 were mainly from public health institutions which means that they are not direct involved into public procurement procedure. For some of them that was completely new area.
2. In spite of this, they were managed to find the relevant stakeholders working on public procurements in their countries. The main challenges were to find food producers / food suppliers and public institutions who were willing to take part in a pilot experiment to prepare final document which might be suitable for official publishing (proforma invoice).
3. There were several meetings organized where app was explained in detail. In addition to that also on-line individual sessions were executed and adopted to the level of understanding of individuals, presenting each country.
4. With the app which was for this pilot experience translated into English, the EU member states were able to insert data about milk and dairy products typical for each country, into the pilot app. And later with login as public institutions they were able to use these data and insert them into relevant proforma invoice.
5. So the project partners were able through WP7 identified specifics related to the legislation of their own country, they have learned the process of public procurement and they have prepared the proforma invoice which might be used in real (for official publishing) for milk and dairy products.
6. For several of them the pilot experience was good and useful. They have expressed interest in using a similar method in their countries.

### 3.3 2<sup>nd</sup> Knowledge transfer training workshops (WS)

With the work on T7.3 we also organized the 2<sup>nd</sup> Knowledge transfer training workshops. The primary objective of the two-day workshop in Ljubljana was to provide a comprehensive overview of the piloting procedure carried out by the Member States (MSs). It involved in-depth discussions on quality criteria, presentation of case study findings, and the introduction of the Framework for action, primarily drafted by the leaders of WP7.

Furthermore, the workshop aimed to engage the WP7 MSs in a step-by-step discussion regarding the development of the Framework, ensuring that it aligns with their preferences and caters to the needs of implementing public food procurements in local communities. Additionally, the participants aimed to explore the establishment of evaluation criteria based on practical experiences and best practices from the field. They sought to make recommendations for criteria at the EU level, particularly focusing on minimum health and sustainability requirements.

The workshop was conducted both on-site at City Hotel in Ljubljana, Slovenia, and in a hybrid format via the Zoom.

A detailed report on the 2<sup>nd</sup> WP7 Workshop is available [here](#). Please also find attached a picture from the workshop below.





## 4 Wrap up – conclusions

In conclusion, the partners employed different methods and faced various challenges in identifying tools and sources of information for public procurement of food or catering services. Some partners, such as Malta, Poland, and Hungary, did not identify any specific tools. Finland reported about multiple outlines measures taken in Finland to promote health-promoting and sustainable catering services. Greece identified one online tool for procurement. Denmark utilized several tools, including Excel spreadsheets, document drafter templates, and a digital database. Bosnia and Herzegovina and Austria did not provide information about specific tools.

Partners also described their ideal Public Food Procurement tool. Malta and Finland emphasized user-friendliness, accessibility, language options, and integration with key databases. Greece found the Catalogue interesting, while Denmark desired legal content and links to national PFP network. Bosnia and Herzegovina and Austria emphasized language options, ease of use, availability to all participants, and inclusion of regional producers and small and medium enterprises (SMEs). Hungary desired a food catalogue similar to Slovenia's, adapted to national regulations and compatible with existing platforms. Poland sought a tool with specific product quality definitions.

Regarding the pilot public tender process, each partner collaborated with food providers in different ways. The willingness of providers to participate varied among partners, with some expressing high interest while others showed little or no interest. Collaboration with food providers occurred through online meetings, emails, phone calls, and visits.

Partners approached the implementation of national market analysis differently. Malta and Greece extracted data from websites, while Finland relied on contacts and networks. Denmark utilized historical data and expert knowledge, and Bosnia and Herzegovina obtained information through direct contact and factory visits. Austria relied on pre-existing project experience, and Hungary collected data from online shops. Poland faced challenges with language barriers.

The implementation of public tenders also had variations. Some partners gathered information directly from websites, followed instructions from project leaders, or conducted pilot tests using the Catalogue of food. Training and collaboration with food providers were limited in some cases due to capacity constraints or time limitations.

Overall, the partners encountered challenges related to data collection, market analysis, and collaboration with food providers. Inhibitory factors included lack of human capacity, difficulties in contacting providers, and language barriers. Facilitators included active and committed pilot participants, good contacts and networks, and dedication of staff involved in the process.

In summary, the partners employed different methods, faced various challenges, and had different approaches in implementing public procurement of food or catering services. Collaboration with food providers, market analysis, and the use of specific tools varied among partners. Overall, while some countries have faced challenges in implementing the Catalogue of Foods due to various factors such as language barriers, usability issues, and compatibility with existing systems, there is recognition of the potential benefits and interest in developing similar tools tailored to their national contexts.

## 5 Annex 1

### 3.1 Task 7.3.1: Overview of the available tools in the participating MSs

3.1.1 Please describe your approach in identification of available PFP tools in your country (searching webpages, exploring in public institutions, ...).

**MALTA** (Ministry for Health): The chosen food category is Milk and milk products. Data was extracted from the webpage of the local food producer. For this pilot procurement, the food list was created following the available milk products.

**FINLAND** (The Finnish Institute for Health and Welfare): We used the list of tools identified in the Table 1 (Annex 2), - Measures taken in Finland to promote the public procurement of health-promoting and sustainable catering services and food (chapter Attachments) as a starting point and updated the list using THL's WP7 team's expertise and contacts and the Internet.

**GREECE** (The Institute of Child Health): Searching webpages.

**DENMARK** (Municipality of Copenhagen's Food Procurement Department): Primarily used knowledge sharing.

**BOSNIA AND HERZEGOVINA - Republic of Srpska** (Public Health Institute of the Republic of Srpska): We did not identify any tool.

**BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina** (Institute of Public Health of Federation of Bosnia and Herzegovina): We did not identify any tool.

**AUSTRIA** (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): /

**HUNGARY** (National Institute of Pharmacy and Nutrition): As our institute does not specialise in food procurement, we had to ask the Public Procurement Authority of Hungary for help in identifying tools.

The procurements of food or public catering services are implemented via the Hungarian Electronic Public Procurement System, but this system is used for all kinds of public procurement. A similar tool, like the Slovene food catalogue does not exist in Hungary currently.

If regulations, recommendations etc. are meant by under the "tool" definition as well, we can say that in Hungary there are many legislations, guidelines and recommendations, food standards that have direct or indirect effects on public procurement of food, as well as on public catering in general. These were identified at the beginning of the project and have been followed up since then.

**POLAND** (Medical University of Silesia): Desk research, consultations with experts and public procurement officers.



### 3.1.2 How many tools for PFP have you identified in your MS? If you found the tools, what were the characteristics of those tools?

MALTA (Ministry for Health): No tools were identified.

FINLAND (The Finnish Institute for Health and Welfare): Please refer to Table 1 (Annex 2), - Measures taken in Finland to promote the public procurement of health-promoting and sustainable catering services and food in chapter Attachments.

GREECE (The Institute of Child Health): One online tool for all kinds of procurement.

DENMARK (Municipality of Copenhagen's Food Procurement Department):

- Excel spreadsheets, which is characterised by being a manual procurement tool.
- Document drafter. Documents drafter is templates for tender documents. It gives structure of tender documents and makes sure that the tender documents meet the legal requirements.
- Fokusfødevarer.dk has been a useful tool, which is appreciated by PFP tender officers. The tool is a digital database with detailed specifications for meat products, fruits and vegetables etc.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): /

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): /

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): /

HUNGARY (National Institute of Pharmacy and Nutrition): As mentioned above, we did not identify a similar tool to the Slovene catalogue.

POLAND (Medical University of Silesia): None.

### 3.1.3 What were the main challenges in identification of available PFP tools?

MALTA (Ministry for Health): Since no tool was identified no challenges were encountered.

FINLAND (The Finnish Institute for Health and Welfare): The tools are abundant and information on them is scattered on numerous websites.

GREECE (The Institute of Child Health)): /

DENMARK (Municipality of Copenhagen's Food Procurement Department): N/A

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): /

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): /

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): /

HUNGARY (National Institute of Pharmacy and Nutrition): The fact that our institute does not specialise in food procurement hindered the process of the identification of the available tools. To understand the process of public procurement and the meaning of terms and concepts related to public procurement was a challenge as well.

POLAND (Medical University of Silesia): Not identified.

#### 3.1.4 What would be the characteristics of an ideal PFP tool for you?

MALTA (Ministry for Health): User friendly, easily accessed, easy to navigate, low maintenance, an allocated budget is dedicated to this tool, the use of the country's language.

FINLAND (The Finnish Institute for Health and Welfare): Easy and intuitive to use; both desktop and mobile versions; Finnish as a language option; adapted to the Finnish context considering all relevant national regulations and recommendations, government programmes and resolutions, and public procurement criteria considering all dimensions of sustainability (nutritional, social, financial, cultural, ecological), as well as the way meals are organised in public catering services; integrated with key databases used in the public procurement of foods (in Finland, e.g., GS1 Finland's product information service Synkka and Finland's national food composition database Fineli); freely available to all public organisations and suppliers to enable open and fair competition;

GREECE (The Institute of Child Health): Though ICH is not involved in PFP process, Food catalogue seems very interesting.

DENMARK (Municipality of Copenhagen's Food Procurement Department): An ideal tool legal content would include minimum requirements which can be changed to fit the cities individually (e.g. %organic), diversity. The tool must be linked to the national PFP networks.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): /

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Official language, acceptable and sustainable system, easy to use, desktop and mobile version, geographical representation of

our country, unique in the entire territory of BIH for the purpose of information exchange and cooperation between entities, available free of charge to all participants in the process, as well as free training and assistance during handling, availability to all producers of organic food, adaptation to the already existing process and rules of public procurement. Also one person appointed to continuously update data base of food and to contact food producers.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)):

In general, we would recommend a few characteristics of an ideal PFP tool for Austria:

- In German language
- Easy handling and user friendly interface
- freely available to all public organisations & suppliers to enable a fair competition
- adaptations to country specific regulations and recommendations are possible
- Inclusion of regional producers / SMEs
- Ideally an additional training for procurers, caterers etc. regarding healthy and sustainable food procurement should be offered concomitantly

HUNGARY (National Institute of Pharmacy and Nutrition): To develop and maintain a food catalogue similar to the Slovenian catalogue to assist food procurement procedures (eg. preliminary food market analysis, preparing the public tender documents) with user manual would be ideal. The catalogue should be adapted to national regulations and guidelines and the compatibility with other existing digital platforms which are related to PFP and public catering (e.g. Electronic Public Procurement System used in Hungary, softwares related to menu planning in public catering) should be taken into consideration. It is important that the tool should be in Hungarian language.

Furthermore, it would be also ideal if there were legislations or guidelines that would promote the food products with healthier food composition to be involved in PFP, and that would provide useful practical advice to the actors who play role in the process of PFP.

POLAND (Medical University of Silesia): A tool that would contain specific definitions of product quality and would be easy to use.

### **3.2 Task 7.3.2: Development and implementation of pilot joint public tender**

#### **3.2.1 How many food providers did you contact to compile your list of foods?**

MALTA (Ministry for Health): For this pilot, only one contact was eligible to participate as in Malta there is only one local Malta Dairy Product industry. The Malta Dairy Product is the team producer for fresh milk and it is a cooperative where most farmers have their milk. An email was sent to initiate primary conversations to the introduction of the JA BestReMap. EU project.

FINLAND (The Finnish Institute for Health and Welfare): The pilot participant—the catering service of the municipality of Muurame in Central Finland—emailed their contacts and received the contact information of nearly 30 fish providers that operate close to Muurame. The pilot participant contacted the providers via email, introducing the Best-ReMaP project and inviting

them to collaborate. Four providers responded, and three providers with the most promising products were selected to the pilot.

GREECE (The Institute of Child Health): 3 Greek dairy companies.

DENMARK (Municipality of Copenhagen's Food Procurement Department): 1

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): We contacted three producers of milk and milk products as soon as we looked at the geographical distribution within the Republic of Srpska, in order to cover as many interested participants as possible for the procurement of products.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): We contacted three producers of milk and milk products by geographic location within the FBiH, in order to include as many interested participants as possible in purchasing products. We visited one manufacturer and received all the necessary documentation and help from him. We received all the necessary documentation in the form of excel tables from another manufacturer via e-mail. The third manufacturer, due to insufficient time and geographical distance, sent us part of his data, and we entered part of it on the manufacturer's website.

We also had an ecological producer of milk and dairy products from the private sector in the plan, but due to lack of time and geographical distance, we could not achieve real-time cooperation. In the future, we plan to include that as well, because we also support local producers of organic food. Meetings are underway with the Ministry of Agriculture, who are welcoming us and want to help with the organization of collecting the necessary data from local producers in order to get in touch with them and present this project.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): We contacted four food suppliers (milk and milk products) in total. Only one of them replied.

HUNGARY (National Institute of Pharmacy and Nutrition): We tried to reach more than 10 dairy product producers, but only two of them replied that they were open to participate in the project. We sent the Slovenian food types (that we had translated into Hungarian) to the two producers to check that whether their products fit into them or not and we asked them to provide information of those products that are not fit into them in order to create new food types. And only one producer had comments on the table that contained the Slovenian food categories and food types, and only that producer sent it back to us. In addition, with the help of the participating institutions, we could get into contact with the wholesaler that participated in their previous milk product procurement. This wholesaler provided data on their private-label brand products.

POLAND (Medical University of Silesia): 6 the biggest dairies in Poland.

### 3.2.2 Please, assess the level of willingness of contacted food providers to participate in this task?

(Rate from 1 to 5, 1 meaning not interested at all and 5 meaning very interested and describe the rationale linked to your choice).

MALTA (Ministry for Health): The personnel from the milk industry were interested to collaborate. Every time the team was asked for information about the food products, the food providers were willing to offer their knowledge and the data. The level scored was that of 3.

FINLAND (The Finnish Institute for Health and Welfare) The providers agreed to collaborate. We have no data on the level of their willingness. To our understanding, the communication and collaboration has worked well between the pilot participant and the collaborating fish providers. THL has not communicated directly with the fish providers.

GREECE (The Institute of Child Health): 4 – they were very interested.

DENMARK (Municipality of Copenhagen's Food Procurement Department): 3

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): The readiness was satisfactory, but it required much more time and organization than we had available. The rating would be 3. Of the three dairies, two responded, while they were not willing to pilot the food catalog. They provided information about their products, but did not participate in piloting the catalog and supplementing the catalog with their products.

More time is needed to motivate producers and familiarize them with the purpose of the food catalog, as well as for training in the use of the Catalogue of food. In the future, it would be good to organize training for producers with the presence of representatives of the Chamber of Commerce from Slovenia, where they would give concrete examples of improving public procurement of food with the support of the tool - the the Catalogue of food.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): The readiness was rated 3 as some producers were very cooperative and even entered their products and some required additional explanations or did not reply to our invitation. However, it required much more time and organization than we had available. Better education on the use of the catalog is needed, but we intend to do that in the future.

It is necessary to translate all promotional material into the local language, present it through local media or electronic sites. To achieve a connection between producer participants and service users for the better presentation of their products and sustainability.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): 1 in three providers were not interested at all; only one provider replied and gave us some data, but no further collaboration was possible.

HUNGARY (National Institute of Pharmacy and Nutrition): 1 or 2

In the current economic situation, it is difficult to convince food providers to join an initiative like Best Remap and invest time and energy in it.

POLAND (Medical University of Silesia): Not interested at all.

### 3.2.3 How have you collaborated with public institutions in task 7.3.2 in general, how successful have you been in that collaboration?

MALTA (Ministry for Health): Yes, the bilateral meetings were held online, via email or physical visiting the company.

FINLAND (The Finnish Institute for Health and Welfare): Collaboration has worked excellently, mainly via email and Teams.

GREECE (The Institute of Child Health): Our collaboration was fruitful and constant through phone calls and video calls.

DENMARK (Municipality of Copenhagen's Food Procurement Department): We have consulted the public institutions by phone and discussed the content with them.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): Collaboration has worked excellently, mainly via email and telephone.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Collaboration has worked excellently, mainly via email and phone. We also had insight workshops with three kindergartens that we visited and presented project activities and their potential involvement.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Establishing contacts has been relatively easy with preselected municipalities and caterers: in order to gain a deeper understanding of catering practices in Austria, as well as to assess attitudes towards the tool as well as the practicability of it for the selected stakeholders, interviews were conducted with municipal staff and caterers.

HUNGARY (National Institute of Pharmacy and Nutrition): The collaboration with the food manager of the selected institution was really effective. We had several meetings online where we could work together on this task.

POLAND (Medical University of Silesia): Dairies were not interested in participating because from their perspective it does not bring any benefits under the light national regulations. In Poland, tenders are usually won by wholesalers who deliver the ordered products.

### 3.2.4 How have you collaborated with public institutions for the purpose of creating food types?

MALTA (Ministry for Health): The Health Promotion and Disease Prevention Directorate has identified the food category being milk and milk products that are available on the market. This was instrumental to create the 7 identified subcategories. This step led to the creation of the 57 food types. Inserting the right food types with their nutrition information and quantities in grams was essential. As a result of the bilateral meeting, the development of the Maltese food



types was checked and approved by the Chamber of Commerce. For this technical step there was no collaboration with the public institutions.

FINLAND (The Finnish Institute for Health and Welfare): THL created the categorisation of fish products based on the products that the three selected providers had and entered all data to the Catalogue. The pilot participant and the collaborating procurement officer from Hansel were consulted in the process.

GREECE (The Institute of Child Health): They sent us their lists with procured dairy products and we created food types together through phone calls.

DENMARK (Municipality of Copenhagen's Food Procurement Department): We have used historical data from the previous public tender and the knowledge about which products the institutions buy.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): The Public Health Institute of the Republic of Srpska was the host of the organization and all the necessary organization and correspondence went through us.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): The PHI FBH was in the role of host and all the necessary organization and correspondence went through us. We had the full support of the management of our institution which was crucial in time when we were waiting for project amendment to enable involvement of kindergartens but tasks had to be completed by deadlines.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): No collaboration with public institutions for the purpose of creating food types has taken place. Also due to the fact that the public institutions get their meals delivered by a caterer (local restaurant, community kitchen).

HUNGARY (National Institute of Pharmacy and Nutrition): We have been able to work with the institutions very effectively, for example when we had to determine the food categories and packaging quantities/netweight for the children who belong to the nursery age group. We also started to define the specifications of the products (e.g. max. sugar content of fruit yoghurts, salt content of cheeses) in professional agreement.

Their real dairy procurement will be launched in autumn. We will therefore continue to help them with the experience we have gained from the project and from using the food catalogue. We hope that this will help the institutions and give children access to healthier food in the public catering.

POLAND (Medical University of Silesia): Public procurement officers were very involved. They shared their archival orders, consulted in case of any doubts or inaccuracies.

### 3.2.5 Please describe your approach to national market analysis for the chosen food group. Have you been successful in identification the quality criteria?

**MALTA (Ministry for Health):** The data was extracted from the available food products on the market. Data was collected from their websites to compile the nutrition composition.

**FINLAND (The Finnish Institute for Health and Welfare):** We did not conduct a national market analysis of the chosen food group (fish) because the pilot targeted local providers nearby Muurame, Central Finland.

The pilot participant—the catering service of the municipality of Muurame—emailed their contacts and received the contact information of nearly 30 fish providers close to Muurame. The pilot participant contacted the providers via email, introducing the Best-ReMaP project and inviting them to collaborate. Four providers responded, and three providers with the most promising products were selected to the pilot.

Product data were collected from the three providers via email and via their websites. Nutrition composition data were complemented using the Finnish food composition database, Fineli.

We used as quality criteria the product category-specific nutrition criteria of the Heart Symbol of the Finnish Heart Association and the Finnish Diabetes Association (<https://www.sydanmerkki.fi/en/>), which align with the nutritional quality criteria of the Finnish nutrition, food, and meal recommendations (<https://www.ruokavirasto.fi/en/themes/healthy-diet/nutrition-and-food-recommendations/>). The Heart symbol is a voluntary, positive nutrition label that EU-Regulation (EC No. 1924/2006) acknowledges as a nutritional claim. The product category-specific nutrition criteria were retrieved from the Heart Symbol website.

Further criteria included the WWF Finland's sustainable seafood guide (<https://wwf.fi/ruoka/kalaopas/>) that categorises the sustainability of fish species with traffic light coding. The pilot aimed to limit to fish species considered "green" (i.e., sustainable).

THL conducted the data collection with the help of the pilot participant.

**GREECE (The Institute of Child Health):** Market analysis was done through webscraping.

**DENMARK (Municipality of Copenhagen's Food Procurement Department):** We have made a stakeholder and market analysis at the needed level for the dairy tender. This has been combined with existing knowledge from historical knowledge from previous tenders and on top of this an expert within food and meals has been consulted.

**BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska):** We have chosen three biggest milk and milk products producers and contacted the factory and have got all needed information on their products including certificates and other documents that they have related to quality of their products. Given the limited time and responsibilities of the dairies, we collected some information ourselves (types of products, prices, types of packaging of the same product) using social networks, internet data searches and market research (Dairy "Dule").

**BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina):** We tried to get list of all milk producers from Ministry of Agriculture Watesupply and Forestry but never got any answer. Then we have chosen three biggest milk and milk products producers and contacted and visited the factory and have got all needed information on their products including certificates and other documents that they have related to quality of their products.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): We did not conduct a national market analysis, since we were able to draw on experience from pre-existing projects (“Food in the Spotlight”, <https://www.lebensmittellupe.at/>; EU Joint Action on Nutrition and Physical Activity (JANPA) as well as from ReMap WP 5).

HUNGARY (National Institute of Pharmacy and Nutrition): As we noted above, we had difficulties with getting into contact with food providers (e.g. manufacturers) and convincing them to join to the project and provide food data. Therefore, we decided to use the data that we had been collecting from online shops (e.g. websites of different supermarkets, websites of the producers) to design our food types. In the end, data on 500 products were collected.

In terms of the quality criteria we took the provisions of the Hungarian Public Catering Decree (EMMI Decree 37/2014. (IV.30) on the nutritional regulations of public catering into consideration for now. In case of some food categories we defined more concrete specifications (thresholds) to those nutrients which carries proven health risks when consumed in larger amounts (eg. salt, sugar, fat).

POLAND (Medical University of Silesia): Consultations with public procurement officers, analysis of market reports.

### 3.2.6 What were the main challenges in implementation of national market analysis?

MALTA (Ministry for Health): To gather, have access and good quality information about specific market is important component as this will need to be translated into way to process into relevant information.

FINLAND (The Finnish Institute for Health and Welfare): Had our pilot participant been less active and less-well networked, identifying suitable providers would have been very challenging.

GREECE (The Institute of Child Health): /

DENMARK (Municipality of Copenhagen’s Food Procurement Department): N/A

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): Insufficient capacity producers to enter data and their opinion that some data are confidential and are not to be given to other parties.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Insufficient capacity of producers to enter data and their opinion that some data are confidential and are not to be given to other parties. Insufficient time required for the presentation and training of all participants in the process, incomplete information about the products that we supplemented via the manufacturer’s website, a problem when applying for manufacturer registration and product entry.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): We did not conduct a national market analysis, since we were able to draw on experience from pre-existing projects (“Food in the Spotlight”, <https://www.lebensmittellupe.at/>; EU Joint Action on Nutrition and Physical Activity (JANPA) as well as from ReMap WP 5).

HUNGARY (National Institute of Pharmacy and Nutrition): One of the main challenges was that it happened sometimes that the information (e.g. nutritional information) on the same products differed from each other on the different websites which made it difficult to decide which data is correct. Data would be more reliable if the producers themselves provided them but that was the other challenge we had to face with that we could not manage to reach them and convince them to provide data.

To create food types based on the collected data was also difficult and very time-consuming. It was also challenging because the data collection was an ongoing process, and according to the new data we had to check whether it could be fit into a category that were already created, and if not, we had to make new ones, or modify those that already existed.

POLAND (Medical University of Silesia): Language barrier on the part of public procurement officers.

### 3.2.7 What were the main inhibitory and main facilitating factors in the process?

MALTA (Ministry for Health): Inhibitory: Limited of human resources. To give training to use the prepared pilot tool and adapted to the country needs.

Facilitaing: Web data extraction is an important component during online research. It saved time and facilitated productivity. Errors are less due to direct automated programmes. Only one type of milk producer. No competition.

FINLAND (The Finnish Institute for Health and Welfare): Facilitators:

1. Our pilot participant, the head of the catering service of Muurame, was very active and committed to the project and had good contacts/networks and relations with local providers.
2. Muurame is a small municipality with approximately 10 400 residents and belongs to the region of Central Finland; the fifth largest region of Finland with 22 municipalities and altogether approximately 275 000 residents. The relatively small size of the municipality and the surrounding region may have facilitated the identification of local fish providers.
3. The catering service of the municipality of Muurame is a relatively small professional kitchen with 25 employees and nine kitchen units: one central production kitchen, seven service kitchens, and one meal distribution kitchen. The compact size of the catering service makes it agile to participate in various research and development projects, such as Best-ReMaP.
4. CCIS assisted us in understanding how the food types should be created and named in the Catalogue of Foods, to fit the logic in which the application functions.

GREECE (The Institute of Child Health): The willingness of food providers and public institutions.

DENMARK (Municipality of Copenhagen’s Food Procurement Department): N/A

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): We established cooperation with pilot participants who helped us to categorize their products and all the necessary characteristics. We also collected some of the necessary data via the Internet. Our experts in this field also had a big part in achieving all the criteria. Given the limited time and responsibilities of the dairies, we collected some information ourselves (types of products, prices, types of packaging of the same product) using social networks, internet data searches and market research.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Main inhibitory factors were explained in challenges and facilitating factors were very good cooperation with pilot participants who helped us to categorize their products and all the necessary characteristics and willingness of some of producers to enter their own data themselves. We also collected some of the necessary data via the Internet.

The desire and dedication of our staff involved in the overall process, learning new doctrines and sustainability of the program.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Austria had difficulties with finding producers willing to cooperate. Although we have worked with the food industry in Austria in the past, a cooperation is often not so easy. Different interests and a lack of time resources play an important role.

In November 2022, we finally received data from 1 Austrian producer (only a product list), but further cooperation was not possible. Therefore, it was on our team to fulfil the assigned tasks; we created categories for the products in line with the Austrian food codex, without feedback from the producer. Going in line with the Austrian food codex harmonized and facilitated the process.

HUNGARY (National Institute of Pharmacy and Nutrition): The main inhibitory factor was the lack of enough time in terms of getting into contact with food providers and convincing them to join in the project.

The facilitating factor was that there were food data available online (although, we had some problems sometimes when we had to decide which information is correct) so we could complete the market analysis.

POLAND (Medical University of Silesia): Inhibitor: difficult contact with dairies, Facilitator: Engagement from public procurement officers.

### **3.3 Task 7.3.3: Joint execution of pilot public tender**

#### **3.3.1 How have you approached the implementation of the execution of the pilot public tender?**

MALTA (Ministry for Health): Information was gathered and input from the website.

FINLAND (The Finnish Institute for Health and Welfare (THL): We followed the instructions provided by CCIS.

GREECE: Contact through phone.

DENMARK (Municipality of Copenhagen's Food Procurement Department): We have focused on dairy products to make the pilot test of the Catalogue of food. On top of this we have made the dairy tender using the database information based on the GDSN standard and the barcode data given from GS1.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): We followed the instructions we had in the documentation.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): We followed the instructions we had in the documentation.

Initially, we chose 5 kindergartens that are eligible for FBiH due to their geographical location. We got in touch with the managers of the institutions, presented the promotional program via e-mail and asked for contact persons working on public procurement. We scheduled a meeting with the staff from three kindergartens and conducted a short training session. With other kindergartens, we conducted education via video link.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): We followed the instructions provided by the WP7 leaders.

HUNGARY (National Institute of Pharmacy and Nutrition): The food coordinator of the selected institutions. We consulted on the implementation of the pilot with the food coordinator of the selected institutions. The sets were created based on their previous dairy procurement which was implemented in 2020, although we recommended some modifications in case of some food types in order to make their procured dairy products healthier. For example we recommended them to procure those type of fruit yogurts that contain less sugar and less fat.

POLAND (Medical University of Silesia): According to the guidelines from the task leaders. Despite the differences in national legislation that significantly limit the usability of the application, we engaged representatives of public procurement to work. So that they maximally adapt the solution to their needs.

3.3.2 Have you contacted the relevant food providers in advance? Have you got any indication that specific food provider(s) will respond to your pilot tender?

MALTA (Ministry for Health): The only food provider was contacted and informed about the data will be collected from the website. The milk industry was informed that this data was to be used for the Catalogue of foods. This task was performed by the Health Promotion and Disease Prevention Directorate personnel as it needed to give training to the institution. This was not possible due to the lack of human capacity.

FINLAND (The Finnish Institute for Health and Welfare): The pilot we conducted was merely a simulation. The pilot participant contacted the three collaborating providers via email, but the providers were not asked to use the Catalogue of foods because that would have required



substantial user training. Yet, there are prospects for future collaboration between the pilot participant and the providers whose products were entered to the Catalogue.

GREECE (The Institute of Child Health): Yes. Food providers were informed and gave their consent from the beginning.

DENMARK (Municipality of Copenhagen's Food Procurement Department): We have used knowledge from previous tenders to make the pilot public tender where we have included some of the dairy products to test the feasibility of the Catalogue of food.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): We contacted kindergartens, five kindergartens, and organized remote education with them, familiarizing them with the Catalogue of food and the steps for conducting the public procurement procedure with the help of the the Catalogue of food. Three out of five kindergartens initiated their own public procurement procedure. We had this approach because there was little time to train food provider(s) to use the Catalogue.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): No we have not conacted providers beside milk producers mentioned previousy. We contacted kindergartens and we still need to give them instructions what they should do.

We contacted kindergartens, established contact with people who work on public procurement and helped them apply to the Food Catalog. With our help, we created a simulation of a public tender from the already existing public procurement lists that they have from kindergartens. Given that the two kindergartens are for people who do not know the English language well and are not computer literate, we had to make an extra effort. Creating documentation for public procurement requires much more time and training for the staff who will use this software solution. We are always at your disposal, and with a lot of help and togetherness, it is possible to achieve good future cooperation.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): As mentioned before, a collaboration with food providers was not possible. We only received data (a list of available products on the Austrian market) from 1 provider. Therefore, the pilot we conducted was merely a simulation.

HUNGARY (National Institute of Pharmacy and Nutrition): The question has been answered above. As we could not involve them, the proforma invoice was fulfilled by us with online data.

POLAND (Medical University of Silesia): We have contacted with them, but they were not interested in cooperation.

### 3.3.3 What were the main challenges in getting the consent of relevant food producer(s) to participate in pilot tender?

MALTA (Ministry for Health): Not known since the Health Promotion and Disease Prevention Directorate took ownership to gain knowledge and get hands on experience when using the tool.

FINLAND (The Finnish Institute for Health and Welfare): No major challenges emerged. This may be because THL took the responsibility of using the Catalogue, and the providers were merely asked to provide selected information on their company and products via email, and to give their consent to enter the requested information in the Catalogue. Hence, the providers did not have to do much in this pilot.

GREECE (The Institute of Child Health): The only challenge was that one dairy company agreed to participate only if the details of its products would not be used for any other purpose.

DENMARK (Municipality of Copenhagen's Food Procurement Department): The main challenge was to ask the producers to type in data in one extra system. That is the reason for using historical data.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): We took over all the organization and provided the necessary assistance to the participants. We received approval from the producers of milk and dairy products that we can simulate the order, and we helped the customers with the use and handling of the Catalogue of foods, and our obligation is to educate all participants on how to use the food catalog, each in their own segment. Which is by no means an easy task given the short deadlines.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): We took over all the organization and provided the necessary assistance to the food producers. We still need to train officers that will make public tender on how to use the food catalog, each in their own segment so we still do not know how tender will be executed.

It is also necessary to provide additional education for people who will do public procurement, as well as to adapt the program to the local language so that the electronic form of public procurement is acceptable for existing regulations and documentation that they already prepare and deliver according to current regulations. Lack of time of producers to do data entry was one of the challenges as well.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Although we have worked with the food industry in Austria in the past, a cooperation is often not so easy. Different interests and a lack of time resources play an important role. We did not collaborate with any food providers regarding the pilot tender.

In general, the use of the Catalogue of foods as well as conducting the public tender would require substantial user training.

HUNGARY (National Institute of Pharmacy and Nutrition): They were not open to participate in the project and did not respond to our enquiries.

POLAND (Medical University of Silesia): Lack of interest.

### 3.3.4 What has worked in getting food provider(s) in the process? What were the main inhibitory and main facilitating factors in the process?

MALTA (Ministry for Health): Effective communication was positive one and there was transparency. Due to their workload, guidance was offered. Without their efforts in providing the products barcodes and selling price the piloting would not have been possible.

FINLAND (The Finnish Institute for Health and Welfare): The pilot participant has good networks and was active in contacting the suppliers and in enquiring their interest in collaboration. Without the efforts of the pilot participant, identifying and contacting the suppliers would have been very challenging.

GREECE (The Institute of Child Health): The personal phone call prior the formal invitation.

DENMARK (Municipality of Copenhagen's Food Procurement Department): The information about the products is already available online.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): The pilot participant already has a tentative purchase order for the product, which greatly facilitated the procurement process. Without the desire and interest of all participants, this process would not have been possible.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Main inhibitory factor was insufficient understanding on what would be benefits for producers and facilitating factor was visit to milk producers and personal live communication.

An important segment is to present and promote the entire food catalog system to all participants in the program and to provide good training. Without the selfless support of our staff from the Institute, it would be difficult to achieve such good and satisfactory results in such a short period of time.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Unfortunately, we were not able to win food providers for our project. This may be due to a lack of time resources and interest, as well as to the fact that public procurement of schools/kindergartens in Austria is in the competence of the regions and even more often municipalities. Often community kitchens do not have the obligation to perform a tender because of the (smaller) amount of meals they prepare. And private businesses as restaurants do have a contract for the service they deliver without any obligations where they buy their food. This system of public procurement has been taking place for several years and therefore, became established.

Main challenge was to identify what we as Austrian team could do realistically because of the fact that food or meal procurement in schools and kindergartens is done often individually by the municipalities and often via direct tenders.

HUNGARY (National Institute of Pharmacy and Nutrition): This issue has been discussed in more details above.

POLAND (Medical University of Silesia): They are just consultants. From their perspective (and rightly so in our opinion), this type of tool has a very limited value.

### 3.3.5 What has worked in getting public institution(s) in the process? What were the main inhibitory and main facilitating factors in the process?

MALTA (Ministry for Health): The institution provided the allocated budget for the breakfast meals and the meals and snacks offered to the vulnerable school children. How the structure for procurement is set. The information given by the institution was very helpful to see how it works.

FINLAND (The Finnish Institute for Health and Welfare): What worked was that the two pilot participants (Muurame and Hansel) expressed their interest in participation. However, had neither of the participants responded to our call for participants, we might have been unable to conduct the pilot.

GREECE (The Institute of Child Health): They were fully informed from the beginning.

DENMARK (Municipality of Copenhagen's Food Procurement Department): The public institutions do not make the tender. The tenders is made centrally in the city of Copenhagen.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): Factors of inhibition or obstacles were fear of change, the unknown, a catalog in English language . What succeeded was the willingness of the participants in the process, because if they had not joined in time, it would have been difficult to organize the other participants in such a short period of time to achieve all the cooperation and the entire process.

Previous good cooperation with kindergartens through the Nutrition Friendly preschools project in cooperation with UNICEF BiH. Additional explanation that special trainings for them will be organized and that they will always have thecnical assistance made them mor confident that they will be able to complet work. Also, constant problems in procuring good quality food for children was the main motive for kindergaredns to join. International cooperation and participation in very important EU project were additional motive for them to join.

Interests of kindergartens in acquiring new knowledge and experimentation - more requests for individual meetings with kindergartens.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): Our previous successful cooperation with kindergardens and reputation of our Institute was very helpful and resulted in willingness of the participants in the process, because if they had not joined in time, it would have been difficult to organize the other participants in such a short period of time to achieve all the cooperation and the entire process. Also additional explanation that special trainings for them will be organized and that they will always have thecnical assistance made them mor confident that they will be able to complet work. Also constant problems in procuring good quality food for children was the main motive for kindergaredns to join. International cooperation and participation in very important EU project was additional motive for them to join.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Establishing contacts has been relatively easy with preselected municipalities and caterers. The information we gathered through the interviews were very helpful for our understanding of contracting with restaurants and community kitchen and also to get their point of view on providing sustainable and healthy dishes.

HUNGARY (National Institute of Pharmacy and Nutrition): The food coordinator of the nurseries was always on hand to help. It helped a lot that she was very open to the tasks and she is very dedicated professionally, helpful, and has a special interest in children's health and healthy eating. Her dedication and experience have greatly helped us to work together in this task.

POLAND (Medical University of Silesia): Cooperation with local authorities.

### 3.3.6 Have you succeeded to show that Catalogue of foods is functioning in your national context to support successful food procurement procedures?

MALTA (Ministry for Health): To the institution no, as to implement in our country one would need to change the procurement system, provide training, and allocate a budget. As already explained throughout the WP 7 meetings, school children bring their own healthy school lunch based on the legislation that are enforce and followed. However, yes to academia, students studying nutrition.

FINLAND (The Finnish Institute for Health and Welfare): Unfortunately, no. The Catalogue of Foods -application does not hold much promise in Finland where the public procurement of catering services and food and the competitive tendering processes are largely digitalised, and the existing digital systems function well. Our public procurers have access to electronic databases, information sources, and digital technologies that provide all the data on available food products on the market that are needed to prepare the documents for the call for tenders. From Finland's perspective, the Catalogue of Foods -application comes a bit late, since we already have digital tools that serve its purpose. The procurement officers of our national inter-sectoral working group judged that the Catalogue, in its current form, would not reduce the work needed to conduct the public procurement process.

From Finland's perspective, the main challenges of the Catalogue of Foods are as follows:

- To fit the public procurement processes of Finland, the Catalogue would need substantial modifications and restructuring. Such changes would require that the source of the application is open, allowing member states to freely develop the tool further to fit their local needs. In Finland, the needed changes would include, for example:
  - Translating the entire application in Finnish to facilitate use among Finnish speaking users.
  - Incorporating in the application Finland's national nutrition, food, and meal recommendations and their food category-specific nutritional quality criteria and enabling the comparison of products easily according to these criteria.
  - Incorporating in the application Finland's other procurement criteria defined in national regulations, government resolutions, and recommendations and enabling the comparison of products easily according to these criteria.
  - Enabling users to add in the application tailored procurement criteria and enabling the comparison of products easily according to these criteria. In Finland, procurement criteria vary depending on the procurement entity's strategic alignments, goals, needs, and hopes.
  - Adding more details (i.e., data fields) on food products. The data currently available on entered food products in the Catalogue is insufficient for the public procurement of food in Finland. Hence, the current Catalogue would not reduce the amount of data needed to collect from various sources nor the manual work needed to collect the data or to prepare for the competitive tendering.



- Integrating the database with GS1 Finland's product information service Synkka, which is a product database that follows EU directives and that most Finnish food suppliers use and update regularly. Maintaining several parallel databases is not feasible. However, even if the Catalogue of Foods was integrated with GS1/Synkka, the added value of the Catalogue remains unclear. Currently, the digital enterprise resource planning (ERP) systems that professional catering services in Finland use are integrated with the Finland's national food composition database Fineli and GS1/Synkka. Hence, the systems provide access to all Fineli- and GS1-based data on the food ingredients and food products that the catering services use in their meal production and enable exporting a catalogue of these ingredients and products to facilitate competitive tendering.
- Data security: Users should be provided a GDPR-statement and they should be asked to give informed consent before they enter any identifiable data in the Catalogue. Currently it is unclear where does all the data go that is entered in the Catalogue, who can access and handle the data, and how is data protection taken care of.
- Users should be informed of costs related to the use of the Catalogue (registering, maintenance, development, updates).
- The use of certificates in the Catalogue remains unclear. What kind of certificates can be added in the Catalogue? Based on which criteria the certificates are granted? Do the certificates relate to the supplier or the supplier's products, or both? Are the certificates created by the suppliers themselves or granted and audited by an independent third party? How are the certificates used in the competitive tendering process? In Finland, it is not allowed to use certificates as procurement criteria. We can, however, use the criteria based on which the certificates are granted.
- In Finland, public procurers cannot expect all suppliers to register to a certain service such as the Catalogue of Foods particularly if registering is subject to a charge. Competitive tendering must be open to all suppliers that meet statutory requirements and set procurement criteria.
- Suppliers cannot be required to enter in the application any data that can be considered business secrets. Hence, included data fields must be carefully considered.
- Learning to use the Catalogue requires substantial resources. The Catalogue's interface could be made easier and more intuitive to use. For example, the headings of the menus could be more informative and better aligned with their content (e.g., the menu "Edit the catalogue" does not allow editing the catalogue, merely browsing the catalogue). On another example, the creation of certificates could be more straightforward and intuitive. Currently, the certificates are first added to the supplier on one page and then added to the product on another page. This feels illogical and requires a lot of surfing back and forth between various subpages.
- The definition of the filters: "improved nutritional quality", "ECO-label", and "quality scheme" in the current Catalogue remain unclear.
- The Catalogue does not work for non-branded food products, such as wild fish, berries, fruits, or vegetables that do not have EAN or ordering codes and that are typically procured directly from local providers.
- A mobile version of the Catalogue would be helpful in remote work and while travelling.
- It is unclear, how the developer of the Catalogue of Foods was chosen? Was the supplier procured through an open competitive tendering process?

Yet, despite the many challenges identified, THL and the members of our national inter-sectoral working group acknowledge the tremendous effort that has been invested in the development of the Catalogue. We consider that the Catalogue has many good qualities that may facilitate the public procurement of foods in member states that do not yet have functioning solutions to map the availability of foods on the market.



GREECE (The Institute of Child Health): It does not seem to work in our national context yet.

DENMARK (Municipality of Copenhagen's Food Procurement Department): We have succeeded in using the Catalogue of foods for the pilot test with historical data.

BOSNIA AND HERZEGOVINA - Republic of Srpska (Public Health Institute of the Republic of Srpska): The Catalogue of foods essentially met our expectations, as it requires greater engagement of all participants in order to bring the entire process to the expected results.

It would be good if we had a Catalogue of foods in our official language, as well as product information, so that producers could enter their products as easily as possible. Educated producers are needed because the Catalogue of foods is not very easy to use.

Data entry is not adapted and easy to use and requires much more learning and education than we had at the education in Ljubljana.

The geographic map should be adapted to the importing country.

A great effort should be made so that as many producers as possible join this activity and receive the necessary materials and education for this type of program.

Cooperation with the Slovenian Chamber of Commerce is excellent. They are very accommodating and give us full support in all the work we do.

BOSNIA AND HERZEGOVINA - Federation of Bosnia and Herzegovina (Institute of Public Health of Federation of Bosnia and Herzegovina): The food catalog essentially met our expectations, but it requires greater engagement of all participants in order to bring the entire process to the expected results.

It would be good if we had a Food Catalog in our official language, as well as product information, so that producers could enter their products as easily as possible. Educated producers are needed because the Food Catalog is not very easy to use.

Data entry is not adapted and easy to use and requires much more learning and education than we had at the education in Ljubljana.

The geographic map should be adapted to each country.

A great effort should be made so that as many producers as possible join this activity and receive the necessary materials and education for this type of program.

Cooperation with the Slovenian Chamber of Commerce is excellent. They are very accommodating and give us full support in all the work we do.

AUSTRIA (Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), Austrian National Public Health Institute (GÖG), The Austrian Agency for Health and Food Safety (AGES)): Unfortunately, no. As mentioned before, PFP is decentralized in Austria and the responsibilities / competent authorities differ between settings (e. g. kindergartens = municipalities, hospitals = provinces, military = federal ministry). Many schools and kindergartens (the majority) are no longer equipped with an on-site catering kitchen, so they often procure meals from providers ranging from big catering companies, local restaurants, small local providers to other public institutions that still have kitchens (e. g. hospitals, residential homes). Sometimes it is even a challenge to find a local provider that cooks healthy, sustainable and age-adequate meals and delivers the food on time from Monday to Friday.

Furthermore, there is no single competent authority for PFP. PFP has not a legal basis on its own, it is part of the federal procurement law, which covers a variety of things that could be procured. Standards and recommendations for PFP are stated in non-formal / non-binding

documents. In the AT health promotion community exists an open culture for sharing information and an interest to learn from each other. This cooperation was built up over years. But such trustful and transparent collaborations are not established with other relevant sectors (e. g. agriculture, chamber of commerce, federal procurement agency) at the moment. Therefore, an implementation of the Catalogue of foods is currently very difficult. However, this does not mean that an implementation is not possible in the future. We do see some points of contact and an exchange with the responsible bodies has already taken place (roundtable with relevant stakeholders for the public procurement). We received in general, good feedback on Catalogue of Foods from the participants.

HUNGARY (National Institute of Pharmacy and Nutrition): The food catalogue is very useful for our colleagues in the institute, the food coordinator of the institutions selected for the project and our external procurement expert. The colleagues and stakeholders who participated on the two intersectoral meetings and the stakeholder event that we had organized were really enthusiastic about the presentation of the Slovenian catalogue. Based on their feedbacks, the use of a similar catalogue in Hungary would support the PFP in a great extent, although some characteristics of the PP process are different in Hungary than in Slovenia, and these characteristics should be taken into consideration if we developed a similar tool.

POLAND (Medical University of Silesia): Not exactly. We are at the beginning of this road, and the tool is adapted to very advanced and specific solutions.

## 6 Annex 2

**Table 1.** Measures taken in Finland to promote the public procurement of health-promoting and sustainable catering services and food.

Measure	Legally binding	Key content	Responsible organisation(s) and further reading
<b>Legislation</b>			
National regulations	yes	National regulations concerning procurements, for example, <ul style="list-style-type: none"> <li>• follow EU procurement and monitoring directives.</li> <li>• aim for high quality, innovativeness, and sustainability (ecological, social, and financial).</li> <li>• promote open and fair competition.</li> <li>• mitigate climate change.</li> <li>• promote energy efficiency.</li> <li>• set requirements for food safety and hygiene, package labelling, provision of food information to consumers.</li> <li>• prevent black economy.</li> </ul>	The Finnish Government The Finnish Parliament
<b>Government programs &amp; resolutions</b>			
Organic 2.0 – Finland’s National Programme for Organic Production 2030 (2021–)	no	Aims to increase, e.g., the production, processing, export, and consumer demand of organic products. Following the national public procurement strategy (2020), public catering services should aim at increasing the share of organic products to 25% by 2030.	The Finnish Government The Ministry of Agriculture and Forestry <a href="http://urn.fi/URN:ISBN:978-952-366-196-7">http://urn.fi/URN:ISBN:978-952-366-196-7</a>
Continuation for the 2013 Government development programme “More Organic!”			
The promotion programme of local fish (2021–)	no	Aims to increase the supply and consumption of local fish in a sustainable way.	The Finnish Government The Ministry of Agriculture and Forestry
School meal development programme for primary and secondary education (2021–2022)	no	Aims to: <ul style="list-style-type: none"> <li>• enhance the appreciation of and attendance at school meals.</li> <li>• enhance practices related to school meals.</li> <li>• find solutions that enable every school to provide pupils with a daily afternoon snack in addition to school lunch.</li> <li>• increase the healthiness and ecological sustainability of school meals.</li> </ul>	The Finnish Government The Ministry of Agriculture and Forestry

			<ul style="list-style-type: none"> <li>• increase the proportion of local ingredients and foods used in school catering services.</li> <li>• develop equal and communal school meals.</li> </ul>	
The Climate Food Programme (2020–)	no	Supports a just transition to a sustainable food system that considers social, economic, cultural, and ecological dimensions of sustainability. The programme supports the objective of the Finnish Government to achieve a carbon neutral Finland by 2035 and visions a food system with increased consumption of seasonal and local plant-based foods and fish, moderate consumption of meat and dairy products, reduced food waste, and efficient use of side streams.	The Finnish Government The Ministry of Agriculture and Forestry <a href="https://mmm.fi/en/climatefriendlyfoodprogramme">https://mmm.fi/en/climatefriendlyfoodprogramme</a>	
National Public Procurement Strategy (2020)	no	Sets government alignment of responsible public food and catering service procurement. This alignment follows EU Farm to Fork strategy and aims to promote sustainably and responsibly produced foods and food services, considering environmentally friendly production methods, animal welfare, and food safety. The alignment states that procurement entities can demand catering services to follow national nutrition, food, and meal recommendations and that the nutritional quality of publicly procured foods ought to be evaluated against these recommendations. The target for public catering services is to increase the use of organic products to 25% by 2030. The implementation of the alignment was evaluated with a survey among public procurement entities in 2022.	The Finnish Government	
Baltic sea strategy (2017)	no	Recommends increasing the use of domestic fish and the adoption of sustainable bio-based packaging and logistics as part of public procurement, as well as to reduce food waste.	The Finnish Government The Ministry of Agriculture and Forestry	
Evaluation criteria for the public procurement of food and catering services (Government decision in principle 2016)	no	Highlights the importance of environmentally friendly farming practices and food production methods, animal welfare, and food safety, as well as the reduction of the carbon footprint, life cycle impacts on the environment, and total costs of food.	The Finnish Government The Ministry of Agriculture and Forestry	
The promotion of sustainable environmental and energy solutions (i.e., cleantech solutions) in public procurement (Government decision in principle 2013)	no	Aims to reduce the consumption of energy and materials and harmful environmental impacts throughout the life cycle of publicly procured products, services, and buildings, as well as to create incentives for the development and implementation of new cleantech solutions. Catering services are demanded to procure foods that meet national nutrition, food, and meal recommendations and that are organically produced, mainly plant-based, and seasonal. The goals are that by 2020, 20% of foods served in public catering services are organic, and that catering services systematically strive for reducing food waste and improving energy efficiency.	The Finnish Government	

Local food programme (2013–)	no	<p>Aims to:</p> <ul style="list-style-type: none"> <li>• diversify local food production.</li> <li>• increase the availability of local food to meet the demand.</li> <li>• enable the development of new sales and distribution channels.</li> <li>• increase the degree of processing of local foods.</li> <li>• improve opportunities for small-scale food processing and sales through legislation, advice, and research.</li> <li>• increase the share of local foods in public procurement by improving procurement competence, qualitative criteria, and procurement requirements.</li> <li>• enhance cooperation between actors in the local food sector.</li> <li>• increase the appreciation and visibility of food and food chain actors.</li> </ul>	<p>The Finnish Government          The Ministry of Agriculture and Forestry  <a href="https://julkaisut.valtioneuvosto.fi/handle/10024/163175">https://julkaisut.valtioneuvosto.fi/handle/10024/163175</a></p>
<b>Guidelines and supporting actions</b>			
Procurement Guide for Responsible Food Services (2021)	no	<p>A comprehensive handbook for decision-makers, public procurement entities, and catering services to assist in the responsible procurement and organisation of catering services considering the nutritional, ecological, social, and financial dimensions of responsibility. The handbook defines what functional and responsible catering services are like and how they are organised in different operating environments. The handbook provides guidance on how to define the quality of meals and foods served in catering services, what requirements should be set for the catering service, and how to monitor the quality of the service.</p>	<p>The Finnish Government          The Ministry of Agriculture and Forestry  <a href="https://julkaisut.valtioneuvosto.fi/handle/10024/164611">https://julkaisut.valtioneuvosto.fi/handle/10024/164611</a></p>
Guide to responsible food procurement (2020)	no	<p>Provides guidelines and criteria for the procurement of key food groups (fats and oils; fruit, berries, and vegetable; cereal products; pork; poultry and egg products; beef; dairy; and fish) considering responsibility from the following perspectives: animal welfare and health, food safety, environmental impacts, and social responsibility. This guide also strongly recommends using the nutrition criteria of national nutrition, food, and meal recommendations as unconditional minimum quality criteria in public food procurement.</p>	<p>Funded by Ministry of Agriculture and Forestry, prepared by Motiva, a state-owned sustainability development company in collaboration with relevant stakeholders such as the Finnish Institute for Health and Welfare (THL)</p>
National nutrition, food, and meal recommendations tailored to specific age groups and settings	no	<p>Tailored recommendations for early childhood education and care, elementary and secondary schools, higher level education, and elderly care provide guidance for procurement entities on the preparation of materials for the call for tenders. For catering services, these recommendations provide criteria for the nutritional quality of foods and meals served, information and tools for</p>	<p>The National Nutrition Council of Finland.          For more information, please refer to the following English sources:          The website of the Finnish Food Authority:  <a href="https://www.ruokavirasto.fi/en/foodstuffs/healthy-diet/nutrition-and-food-recommendations/">https://www.ruokavirasto.fi/en/foodstuffs/healthy-diet/nutrition-and-food-recommendations/</a></p>

		organising meals, planning menus, choosing recommended ingredients and food products, computing nutritional contents of served meals, and for monitoring and evaluating the quality of the catering service.	Health and joy from food - meal recommendations for early childhood education and care: <a href="http://urn.fi/URN:ISBN:978-952-343-033-4">http://urn.fi/URN:ISBN:978-952-343-033-4</a> Eating and learning together - recommendations for school meals <a href="http://urn.fi/URN:ISBN:978-952-302-844-9">http://urn.fi/URN:ISBN:978-952-302-844-9</a> Student meals benefiting health and communities: food recommendations for vocational institutions and general upper secondary schools: <a href="http://urn.fi/URN:NBN:fi-fe2020041416466">http://urn.fi/URN:NBN:fi-fe2020041416466</a> Well-being and ability to study from food: Meal recommendations for higher education students: <a href="https://www.ruokavirasto.fi/globalassets/teemat/terveytta-edistava-ruokavalio/kuluttaja-ja-ammattilaismateriaali/julkaisut/recommendation-for-higher-education-students-to-eat.pdf">https://www.ruokavirasto.fi/globalassets/teemat/terveytta-edistava-ruokavalio/kuluttaja-ja-ammattilaismateriaali/julkaisut/recommendation-for-higher-education-students-to-eat.pdf</a>  Vitality in later years: food recommendation for older adults: <a href="http://urn.fi/URN:ISBN:978-952-343-517-9">http://urn.fi/URN:ISBN:978-952-343-517-9</a>
Local food procurement guide (2017)	no	Helps procurement entities to consider in calls for tenders their entire food provision, particularly domestic ingredients, local provision and produce, as well as organic produce.	The Ministry of Agriculture and Forestry, the Association of Finnish Municipalities, Savo vocational college, and the Central Union of Agricultural Producers and Forest Owners (MTK)
Procurement guidelines, events, trainings, and a network-based consortium	no	Support municipalities, procurement entities, and food services in public food procurement. Aligned with national nutrition, food, and meal recommendations and government programs that promote climate-friendly, organic, and local food, as well as domestic fish consumption.	The Ministry of Agriculture and Forestry
Template document for considering nutritional quality in the public procurement of catering services (2014)	no	Defines recommended nutritional quality criteria for publicly procured foods in educational settings and workplaces and provides guidance for the evaluation of the quality of publicly procured catering services. The document recommends procurement entities to define in their procurement contracts with the catering services that the catering service delivers calculations of the nutritional content of all served meals with pre-defined intervals throughout the contract period.	Prepared by a working group with representatives from the Finnish Institute for Health and Welfare (THL), Hansel—a state-owned non-profit joint procurement company, the Finnish Heart Association, catering services, the city of Helsinki, and the Association of Finnish Local and Regional Authorities (AFLRA).
<b>Tools</b>			



Web service for sustainable public procurement criteria (under development)	no	Aims to enhance and facilitate the use of up-to-date criteria for sustainable public procurement, and hence to promote the procurement of low carbon options, circular economy, and socially and financially sustainable services.	Motiva—a state-owned sustainability development company. The service is developed with public funding to secure equal accessibility and neutrality.
Towards sustainable tendering (TST) -web tool	no	<p>Freely available web-based tool for suppliers and public procuring entities. The tool aims to facilitate ecologically and economically sustainable public tendering of local products and services in Finnish Lapland. Features include:</p> <ul style="list-style-type: none"> <li>• search for local products and services</li> <li>• sorting of search results by their predicted economic and ecological impacts (e.g., impacts on local employment and transport emissions)</li> <li>• choosing of procured products and their transportation</li> <li>• adding the chosen products to shopping carts that can be edited, saved, and printed</li> <li>• creating online catalogues of procured products</li> <li>• visualisations of the predicted economic and ecological impacts of procured products (graphs, maps, numbers)</li> <li>• networking with local actors</li> </ul>	<p>Developed by Lapland University of Applied Sciences with EU-funding. English information and presentation slides available at:</p> <p><a href="https://kestavalappi.fi/en/information/">https://kestavalappi.fi/en/information/</a></p>
Tools that can be used in public food procurement and that help catering services in producing meals of high nutritional quality, as well as in monitoring the nutritional quality of produced meals.	no	<p><b>I) The Heart Symbol system of the Finnish Heart Association and the Finnish Diabetes Association:</b></p> <ul style="list-style-type: none"> <li>• A voluntary, positive nutrition label that indicates nutritionally better choices within food product categories.</li> <li>• Acknowledged as a nutritional claim by EU-Regulation (EC No. 1924/2006).</li> <li>• The only official nutrition label system used in Finland.</li> <li>• Builds on product category-specific nutrition criteria that consider the quantity and quality of fat and the quantity of sugar, salt, and fibre.</li> </ul> <p><b>II) The Heart symbol meal concept</b></p> <ul style="list-style-type: none"> <li>• Includes criteria for a healthy lunch.</li> </ul> <p><b>III) The Nutrition Passport</b></p> <ul style="list-style-type: none"> <li>• A web-based training tool for strengthening and verifying the nutrition know-how of the catering service staff.</li> </ul>	<p>The Finnish Heart Association</p> <p><a href="https://www.sydanmerkki.fi/en/">https://www.sydanmerkki.fi/en/</a></p>
“Steps to organic”-program for professional catering services	no	Assists in increasing the use of organic products as a part of sustainable development. The program allows increasing the use of organic foods stepwise in the catering services’ own pace.	<a href="https://www.luomuravintola.fi/steps_to_organic">https://www.luomuravintola.fi/steps_to_organic</a>
“Professional’s hand”, a web-based training and competence test for catering service professionals	no	Introduces responsible choices in catering service, considering the ecological, social, and financial dimensions of sustainability. Includes six modules that cover, e.g., the life cycle of food production, sustainable menu planning, waste reduction, and responsible operation in the kitchen. Each module consists of 5–13	SYKLI Environmental College

		lessons, and each lesson takes 5–15 minutes. Each module is completed with a test. Completing the course takes in total 6–12 hours, and costs 49 €.	
School Lunch Diploma for the catering services of primary schools.	no	Promotes nutritionally, educationally, and environmentally sustainable school meals.	Coordinated by the Finnish association of food service professionals with funding from the Finnish Ministry of Agriculture and Forestry. The self-assessment survey used in the application of the diploma available in English: <a href="https://www.kouluruokadiplomi.fi/hae-diplomia/">https://www.kouluruokadiplomi.fi/hae-diplomia/</a>
Flavour Alphabet Diploma for the catering services of early childhood education and care	no	Promotes nutritionally, educationally, and environmentally sustainable meals.	Coordinated by the Finnish association of food service professionals with funding from the Finnish Ministry of Agriculture and Forestry. The project website in English: <a href="https://www.makuaakkosetdiplomi.fi/flavour-alphabet-diploma/">https://www.makuaakkosetdiplomi.fi/flavour-alphabet-diploma/</a>