**Online Appendix 2: Evidence Summaries Provided to the Expert Panel**

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| **COMP1 Food composition targets/standards have been established by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No food composition targets have been specified by the Ministry of Health (MoH) or the Ministry for Primary Industries for the nutrients of concern (sodium, saturated fat, added sugar).  However, the MoH funds the Heart Foundation’s Food Reformulation Programme, a national programme, that focusses on reducing sodium and total sugar levels in processed foods.  ●        As part of the Healthy Kids Industry Pledge, stimulated by MOH, several companies, including the retailer’s FoodStuffs and Countdown, set reformulation targets.  ●        The Heart Foundation’s Food Reformulation Programme is a national programme that has set 44 targets for sodium or sugar across 35 food categories/sub-categories. It’s goal is for 80% (sales volume) products achieving the targets. It aims to align with Australian Healthy Food Partnership (which is in the process of formalising its targets).  ●        The Government response to the Food Industry Taskforce on addressing factors contributing to obesity prioritised the food industry to set and review nutrient reformulation targets.  ●        FSANZ leads work on the status of trans fats in NZ and decided previously based on 2015 meeting that regulatory intervention is not required and the non-regulatory approach is sufficient to further reduce levels. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        UK: Reduction programme to remove sugars by at least 20% by 2020.  ●        Argentina/South Africa: Laws on max levels of sodium in a broad range of food categories  ●        France: Under a Charter of Engagement with the food industry (2008), companies can make voluntary commitments to reduce salt, sugar, total and saturated fats and increase fibre. |
| **SUMMARY**  **The median rating**by experts for **COMP1** was**3**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has improved since 2017.** |

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| **COMP2 *Food composition targets/standards have been established for*out-of-home meals in food service outlets *by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (trans fats, added sugars, salt, saturated fat*).** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No food composition targets have been specified by the Ministry of Health (MoH) or the Ministry for Primary Industries for the nutrients of concern (sodium, saturated fat, *trans* fat, added sugar) in out-of-home meals.  ●        The Chip Group, 50% funded by the MoH until January 2020, sets industry standards on chip size, serving size, cooking oil temperature, salt addition, and oil type. The standard for deep-frying oils is max 28% saturated fat, max 3% linolenic acid and max 1% *trans*fat. There are currently 11 registered approved oils.  ●        The Pie Group have produced guidelines for better pies, mainly focusing on reducing fat content of pies to ≤ 10%. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New Zealand*: The Chip Group set industry standards on chip size, serving size, cooking oil temperature, salt addition, and oil type. The standard for deep-frying oils is max 28% saturated fat, max 3% linolenic acid and max 1% *trans* fat. There are currently 11 registered approved oils.  ●        New York City (US): Voluntary salt guidelines for various restaurant and store-bought foods which evolved into the National Salt Reduction Initiative, involving nationwide partnerships among food manufacturers and restaurants.  ●        The Netherlands: The government has an agreement with trade organisations (e.g. including hotels, restaurants and caterers) to lower levels of salt, saturated fat and calories in food products. |
| **SUMMARY**  **The median rating**by experts for **COMP2** was **3** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not improved since 2017.**  **New Zealand is a best practice exemplar for limiting saturated fat content in deep frying oils.** |

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| **LABEL1 Ingredient lists and nutrient declarationsin line with Codex recommendations are present on the labels of all packaged foods.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        NZ participates in Codex and has a Food Standards Code (2002) outlining the labelling regulation.  ●        A Nutrition Information Panel and ingredient list is mandatory for almost all packaged foods.  ●        The Labelling Logic report (2009) recommended a number of actions to improve food labelling. Some of these recommendations have been implemented while for others no further action was initiated after further investigation of the recommendation.  ●        Food Standards Australia New Zealand (FSANZ) has completed work on further investigation approaches for providing information on labelling recommendations.  ●        In August 2019, the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) asked FSANZ to review nutrition labelling for added sugars and to consider energy labelling on alcoholic beverages  ●        No mandatory declaration of trans fats on the label required as significant reduction in population intake to below at-risk level has been achieved in NZ. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        Wide range of countries(incl. NZ): It is required by law to provide a comprehensive nutrient list on packaged food products regardless of whether there is a health or nutrition claim. |
| **SUMMARY**  **The median rating**by experts for **LABEL1** was**4**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not improved since 2017.** |

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| **LABEL2 Robust, evidence-basedregulatory systems are in place for approving/reviewing claimson foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Standard 1.2.7 to regulate nutrition content and health claims became law in January 2013. Businesses implemented this requirement by January 2016 (January 2017 for fibre claims)  ●        There are currently 13 pre-approved food-health relationships for high level health claims.  ●        Health claims are only permitted on foods that meet the Nutrient Profiling Scoring Criterion (NPSC); online calculator available for companies. There are no generalized nutritional criteria that restrict the use of nutrition content claims on ‘unhealthy’ or ‘less healthy’ foods however.  ●        Health Claims Scientific Advisory Group and High Level Health Claims Committee established.  ●       Regarding self-substantiated claims, MPI continues to evaluate all dossiers associated with notifications from New Zealand food businesses. There have been ten formal notifications.  ●       Laws that protect the consumer in NZ include the Fair Trading Act and the Consumer Guarantees Act  ●       FSANZ Food Standards Development Work Plan as of 10 January 2020 with Nutrition-related work included three applications. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        New Zealand/Australia: New Standard 1.2.7 to regulate nutrition content claims and health claims was approved in January 2013 in NZ and Australia, including 200 pre-approved food-health relationships and 13 pre-approved food-health relationships for high level health claims; a nutrient profiling system used for health claims but not for nutrient content claims; 3 years to meet requirements, enforcement mechanisms in place.  ●        Indonesia: Any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat, saturated fat and sodium per serving.  ●        US: Nutrient-content claims are generally limited to nutrients authorized by the Food and Drug Administration (FDA). Food packages displaying a nutrient content claim must include a disclosure statement if a serving of the food exceeds a certain level of fat, saturated fat, cholesterol or sodium. Health claims are not permitted if those levels of nutrients of concern are exceeded. |
| **SUMMARY**  **The median rating**by experts for **LABEL2**was **4**in 2017.  **New Zealand is a best practice exemplar for regulations on nutrition and health claims, especially in regards to the use of a nutrient profiling model for health claims.**  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **LABEL3 *A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product’s healthiness, is applied to all packaged foods.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Health Star Ratings (HSR) were introduced in 2014 as a voluntary front of pack labelling system. There were almost 5,150 products displaying a HSR on the front-of-pack by September 2019.  ●        Health stars are allocated to foods based on their nutrition content: energy, nutrients of concern (saturated fat, sodium, total sugars) and beneficial components (dietary fibre, protein, fruits, vegetables, nuts and legumes).  ●        Governance and technical advice in relation to the HSR are provided by a range of committees.  ●        Colmar Brunton conducted a survey on awareness, recognition and correct use of the HSR among grocery shoppers in 2015. A consumer campaign and follow-up survey ran from March 2016 till June 2018 with 76% of shoppers aware of HSR.  ●         A five-year review was conducted in 2019. The report provided ten recommendations. The Forum Ministers supported many of the recommendations and agreed the HSR should continue. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New Zealand/Australia*: Voluntary Health Star Rating system.  ●        *France/Belgium/Germany/Spain* five-colour NutriScore front-of-pack labelling system with colours instead of stars.  ●        *Chile*: Mandatory warning labels on foods. Foods and beverages exceeding certain limits for calories, sugar, saturated fat and sodium need to have a front-of-package stop sign warning label. |
| **SUMMARY**  **The median rating**by experts for **LABEL3**was**2**in 2017.  **New Zealand is a best practice exemplar for front-of-pack labelling.**  **There is new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has substantially improved since 2017.** |

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| **LABEL4 *A consistent, single, simple, clearly-visible system of labelling the menu boards of all quick service restaurants (i.e. fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No government-initiated mandatory or voluntary menu labelling in NZ, but the government is supportive of voluntary initiatives by industry.  ●        The Labelling Logic Report recommended that the declaration of energy content of standardised food items should be mandatory on the menu/menu boards (or in close proximity to the menu/food display), in chain food service outlets and on vending machines. There was no further action taken on this, with the agreement that jurisdictions that have already implemented point of sale nutrition schemes should work together informally. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Australia*: Mandatory kJ menu board labelling for chain fast food outlets in New South Wales, South Australia and ACT.  ●        *South Korea*: Since 2010, all chain restaurants with 100 or more establishments are required to display energy, total sugars, protein, saturated fat and sodium content on menus.  ●        *Canada: Ontario requires food service outlets part of a chain of 20 or more to display calories on labels, menus and display tags.*  ●        *Saudi Arabia: Requires mandatory measures calorie labels on all menus in facilities that serve food.* |
| **SUMMARY**  **The median rating**by experts for**LABEL4** was 1in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has improved since 2017.** |

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| **PROMO1 *Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio).*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There are no government regulations in place to restrict unhealthy food marketing to children through broadcast media  ●        The review of the Advertising Standards Authority codes on advertising and advertising food to children was conducted by an independent panel with open public consultation. The Code was published in 2017.  ●         The new code restricts advertising of occasional food and beverage products to children (where children likely represent a significant proportion (25%) of total audience) and age was raised from under 14 years to under 18 years old. Code came into effect on 03/07/17 for new advertisements and on 02/10/17 for existing advertisements.  ●        16 complaints were made regarding advertising of occasional food to children and young people between 2017 and 2019. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Quebec*: All advertising to children under 13 years old banned since 1980.  ●        *Ireland*: Advertising of unhealthy foods during children’s TV and radio programmes (when over 50% of the audience is under 18) prohibited. Advertising to children under 13 must not feature celebrities.  ●        *South Korea*: Since 2010 TV food ads before, during and after programmes between 5-7pm and during other children’s programmes prohibited. Children are defined 4-18 yrs. The regulation of TV ads also applies to the Internet.  ●        *Chile*: the Law of Nutritional Composition of Food and Advertising restricts advertising directed to children under 14 years (for foods exceeding limits for calories, sugar, saturated fat and/or sodium in food and beverages). This includes promotional strategies and premium offers. |
| **SUMMARY**  **The median rating**by experts for **PROMO1**was **2**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **PROMO2 *Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, outdoor advertising- including around schools).*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There are no government regulations in place to restrict unhealthy food marketing to children through non-broadcast media.  ●        The Advertising Standards Authority Codes outlined above include non-broadcast media in their scope. The code does not apply to food packaging and commercial sponsorship. Only one complaint against the Codes has been upheld by the self-regulated Complaints Board |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Chile*: The Law of Nutritional Composition of Food and Advertising restricts advertising directed to children under 14 years (for foods exceeding limits for calories, sugar, saturated fat and sodium in food and beverages). This includes all media, promotional strategies and incentives.  ●        *Quebec*: The Consumer Protection Act prohibits commercial advertising directed at children under 13, through all media.  ●        *UK:* HFSS products are not permitted to appear in media that is specifically targeting under-16s or where under-16s make up a significant proportion of the audience.  ●        *London, UK:*Unhealthy food cannot be advertised on London public transport network. |
| **SUMMARY**  **The median rating**by experts for **PROMO2** was 1in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has improved since 2017.** |

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| **PROMO3 *Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events).*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        There are no government regulations in place to restrict unhealthy food marketing to children in children’s settings. ●        The new Children and Young People’s Advertising Code now restricts occasional food advertising in children’s settings, including schools and preschools. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *Chile*: The Law of Nutritional Composition of Food and Advertising restricts advertising directed to children under 14 years (for foods exceeding limits for calories, sugar, saturated fat, sodium in food and beverages). This includes the school grounds. ●        *Spain*: the Law on Nutrition and Food Safety states that kindergartens and schools should be free from all advertising. ●        *Hungary*: All advertising directed at children under 18 years in schools and institutes is prohibited. |
| **SUMMARY** **The median rating**by experts for **PROMO3** was **1**in 2017. **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not improved since 2017.** |

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| **PRICES1 *Taxes on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables).*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Goods and services tax (GST) applies equally to all foods in NZ.  ●        The current government policy is not in favour of introducing exemptions. There has been no change since 2013. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Australia*: A GST exemption exists for basic foods (including fresh fruits and vegetables).  ●        *Tonga*: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets.  ●        *Fiji*: Excise duties have been removed and import taxes reduced on imported fruit, vegetables and legumes.  ●        *Poland*: The rate of GST is lower for unprocessed and minimally processed foods. |
| **SUMMARY**  **The median rating**by experts for **PRICES1** was **1** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **PRICES2 *Taxes on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place to discourage unhealthy food choices where possible, and these taxes are reinvested to improve population health.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There is no increase in taxes on unhealthy foods or nutrients of concern in NZ. The current government policy is not in favour of introducing taxes on specific foods or nutrients of concern. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Mexico*: An excise duty of 1 peso/L on sugary drinks and of 8% on foods with high caloric density (defined as equal to or more than 275 calories/100g) was passed. The taxes entered into force on 1 January 2014. Revenue of taxes are to be reinvested in availability of safe drinking water in schools.  ●        *French Polynesia*: Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue. The taxes aim to raise funds for prevention-oriented health programmes. The taxes are higher for imported ($0.68 per L) than domestically produced ($0.44 per L) sweet drinks.  ●        *Hungary*: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks, energy drinks, and pre-packaged sugar-sweetened products.  ●        *St Helena*: An excise tax ($1.14 per L) applies to high-sugar carbonated drinks.  ●        *UK*: The Government introduced a sugar tax on the soft drinks industry in 2017. Drinks with a total sugar content above 5g/100ml are taxed at 18 pence perL and drinks with more than 8g/100ml will be taxed at 24 pence perL.  ●        *Qatar:*A 50% ad valorem tax on carbonated drinks with added sugar, sweeteners or flavours. 100% tax on energy drinks.  ●        *South Africa:*A sugary beverage levy of 2.1 cents per gram of sugar applies to sugary beverages that exceed 4g per 100mL. |
| **SUMMARY**  **The median rating**by experts for **PRICES2** was **1**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017, and benchmark has substantially improved since 2017.**  *Special note: Several studies (e.g. Mexico, Berkeley,UK,Barbados) have shown that those taxes reduce purchases of sugary drinks and more so among lower socioeconomic groups. A 10,000-strong petition was also given to the NZ government supporting sugar drink tax policy which was declined in 2017.* |

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| **PRICES3 *The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems) is to favour healthy rather than unhealthy foods.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Subsidies on foods in New Zealand, compared to other countries (e.g. United States), are very small.  ●        Councils usually support farmers markets by land allocation and bus routes. No Councils are removing stall fees for fruits and vegetables however. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Singapore*: Manufacturers are able to tap into non-health related government funding for productivity and innovation to improve logistics and efficiency in supply of healthier oils and healthier staples, with a view to making prices competitive. |
| **SUMMARY**  **The median rating**by experts for **PRICES3** was **1**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **PRICES4 *The government ensures that food-related income support programs are for healthy foods.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Food-related income support is not tied to the nutritional quality of foods in New Zealand, though the Disability Allowance is available for special foods which are beyond the normal costs of healthy eating, e.g. coeliac disease etc.  ●        Kick-start breakfast (Weet-bix cereals and Anchor milk) in school program received extra funding of $9.5 million in 2013 for five years to expand the program from 2 to 5 days a week. Currently over 30,000 children participate throughout NZ in over 1,000 schools.  ●        The Government provides a fruit in schools scheme (one piece of fruit per day), which all decile 1 and 2 primary and intermediate schools are able to opt into. Participation has grown, at the end of term 4 2019, 551 schools and 121,780 students were receiving produce each day. An independent evaluation, July 2018, found FIS highly was valued by principals and aligned with international evidence on how to improve nutrition and reduce obesity in children.  ●         In August 2019, the Prime Minister announced the free Healthy School Lunches programme for year 1 to 8 students in up to 30 schools in Bay of Plenty/Waiariki and Hawkes Bay/Tairawhiti to begin in Term 1, 2020. Up to 21,000 students in around 120 schools will eventually benefit by 2021. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *US*: In 2009, the USDA implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective.  ●        *US:* In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the SNAP "food stamps". Participants received an incentive of 30 cents per US$ spent on targeted fruit and vegetables.  ●        *UK*: The British Healthy Start programme provides pregnant women and/or families with children under 4 years with weekly vouchers for healthy foods, if they meet income criteria. |
| **SUMMARY**  **The median rating**by experts for **PRICES4** was**2**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **PROV1 *The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        There are no government regulations for food in schools. There is no minimum nutritional standard for school canteens/tuck shops in NZ. ●        The NAG 5 states that each board of trustees is required to promote healthy food and nutrition for all students (low enforceability). From June 2008 to February 2009, there was an additional clause that schools should only sell healthy food on their premises.  ●        Early Childhood Education (ECE) Regulations 2008: ‘take all reasonable steps to promote the good health and safety of children enrolled in the service’. ●        The Food and Beverage Classification System was updated in 2016, with only plain milk and water being classified as ‘everyday’ beverages. ●        Guidelines available from the Ministry of Health/Ministry of Education for development of nutrition policies in schools. The Ministry of Education has a template for a ‘water-only’ policy. A resource tool kit based on the Food and Beverage Classification system is set to replace the Healthy Confident Kids resource in 2020. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *Australia*: Six states and territories have mandatory standards for food in schools.  ●        *Chile*: Limits on nutrient content of foods (e.g. calories, total sugar, saturated fat and sodium) in schools.  ●        *Brazil*: School feeding programs in Brazil set nutrition standards and require schools to buy locally grown products: 70% of foods provided have to be unprocessed by law. ●        *Jamaica:* mandatory nutrient guidelines prohibiting beverages to be sold/served in public education institutions that meet an increasing tier of g/100ml threshold (6gm/100mL - 2.5g/100ml over 4 year). |
| **SUMMARY** **The median rating**by experts for **PROV1** was**2**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.**  *Special note: Although the benchmark has not substantially improved, more countries have introduced school nutrition standards or other school food policies.* |

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| **PROV2 *The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, public procurement standards etc.) to provide and promote healthy food choices.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        All District Health Boards (DHBs) have committed to remove sugar-sweetened beverages and some have already implemented this commitment with various policy implementation levels. ●        A National Healthy Food and Drink policy was developed by DHB Healthy Food and Drink Environment network. The MoH already adopted the policy and many DHBs have adopted or are currently adopting the policy. ●        As of 2018, the Heart Foundation has supported the Ministry of Health with the implementation of the Food and Drink Policy across government agencies. A toolbox of fourteen supporting resources has been developed in partnership with other members of the national working group.  ●        Some local government authorities have developed policies relating to the availability of healthy drinks, e.g. Healthy Families South and Auckland Regional Public Health Service have worked with leisure centres to increase healthy food options, limit the amounts of deep-fried foods and offer only low/no sugar sweetened beverages. ●        Department of Corrections states that meals provided to prisoners are in line with the Eating and Activity guidelines from the MoH. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *UK*: The Government ‘Buying Standard for Food and Catering Services’ has nutrition standards for the public sector (hospitals, care homes and armed forces). ●        *Ireland:*An updated vending machine policy applies to all vending machines on government health facilities banning sugar sweetened beverages, snacks containing more than 200 calories per packet. 50% of beverages stocked will be water.  ●        *Bermuda*: A vending machine policy was implemented in government offices and facilities with nutrient criteria for foods in 2008. ●        Brazil: Government procurement policy restricts processed food from being sold or served within the Ministry of Health facilities and its entities. |
| **SUMMARY** **The median rating**by experts for **PROV2** was **2**in 2017. **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017** |

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| **PROV3 *The government ensures that there is good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        Fuelled4Life ended on 27 January 2020. The Heart Foundation will continue to support food suppliers, schools and ECEs with Fresh Made, a website featuring resources, recipes, menus and blogs. They support food suppliers, school canteens or boarding caterers with menu assessment service. ●        Website with case studies from schools working to improve nutrition. ●        National Heart Foundation Healthy Heart Award & menu development ●        Food for Thought uses an inquiry based learning approach to help students learn how to make healthy food choices. ●        HEAT (Healthy Eating Action and Training) programme changed to a Service IQ delivered nutrition course in which the Heart Foundation completed teaching until it ended in November 2019 ●        Health Promoting Schools ended on 31 December 2019. Two new initiatives beginning in 2020 are Healthy Active Learning and a new integrated co-designed service model(s) for wellbeing in schools that covers the range of health/health promotion services. ●        Healthy Food and Drink Policy for Organisations developed by MOH for organisations and workplaces. ●        Good4Work, Workwell and Wellplace.nz are national workplace health and wellbeing tools. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *Australia*: The Healthy Eating Advisory Service supports childcare centres, schools, workplaces, health services, food outlets and sports centres to provide healthy foods and drinks.  ●        *Japan*: The Cabinet Office has introduced laws to promote ‘shokuiku’ (diet, growth and education). Concepts include: promotion of ‘shokuiku’ at home, schools, provision of dietary guidance by dieticians in food service facilities, diet and nutrition teachers and school lunch practice standards. |
| **SUMMARY** **The median rating**by experts for **PROV3** was **3**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **PROV4 *Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        The Health Promotion Agency (HPA) guide to providing healthier beverage options for workplaces explains how to improve the range of beverages available to staff in workplaces.  ●        HPA Wellplace.nz website with healthy eating resources and links, guidelines on healthier beverage options for workplaces.  ●        Heart Foundation Hospitality Hub has resources on healthy food services. ●        Ministry of Health food and drink policy for organisations. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *Australia*: Victoria has ‘Healthy choices: healthy eating policy and catering guide for workplaces’ supported by a Healthy Eating Advisory Service. ●        *Singapore*: The National Workplace Health Promotion Programme provides tools and resources for healthy workplace nutrition. |
| **SUMMARY** **The median rating**by experts for **PROV4** was **2**in 2017. **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **RETAIL1 *Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        There are no zoning laws and policies in place limiting the density of unhealthy food outlets around schools or in communities. ●        Local Government Act 2002: General bylaw-making powers: A territorial authority may make bylaws for its district for protecting, promoting, and maintaining public health and safety. ●        No NZ Council has specific rules for regulating the number and location of food outlets, would need research and consultation. ●        Some advocacy work at local/regional levels. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *South Korea*: the Act establishes 'Green Food Zones', banning the sale of fast foods and soda within 200 m of schools. The law was implemented in 2009-2010. ●        *Dublin (UK):* Fast-food outlets are banned from opening within 250 metres of schools. ●        *UK*: Some local authorities have ‘supplementary planning documents’ restricting the areas where hot food takeaways can be developed. ●        *Detroit (US):* the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools. |
| **SUMMARY** **The median rating**by experts for **RETAIL1** was **1** in 2017. **There is NO new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **RETAIL2 *Zoning laws and policies are robust enough and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        No zoning laws or robust policies in existence to encourage the availability of outlets selling fresh fruit and vegetables. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *US*: Congress ‘Healthy Food Financing Initiative’ provides grants for assistance to attract healthier retail outlets to undeserved areas. ●        *New York City (US)*: The ‘Green Cart Permit’ in New York reduces restrictions on zoning requirements for fresh fruit and vegetables vendors. ●        *Scotland*: A ‘Healthy Living Neighbourhood Shops’ project worked with convenience stores to improve the availability of healthy items. |
| **SUMMARY** **The median rating**by experts for **RETAIL2** was**1**in 2017. **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **RETAIL3 *The Government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        ANA Evidence snapshot case studies March 2016: Establishing a food policy council, Toi Te Ora, Nelson CC sugar-sweetened beverage policy. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *US*: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g. wholegrain bread). ●        *Netherlands:* National Action Plan between government, industry and civil society organisations to increase consumption of vegetables and fruits over 3 years (2018-2020). |
| **SUMMARY** **The median rating**by experts for **RETAIL3** was **1** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **RETAIL4 *The government ensures existing support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**   * The Heart Foundation Hospitality Hub, supported by the Ministry of Health, provides information and tools for food preparers in food service. * The Government response to the Food Industry Taskforce on addressing factors contributing to obesity encouraged progress in creating healthier retail environments, (e.g. limiting product placement and price promotions of energy-dense, nutrient-poor food and beverages in supermarkets) |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  *Singapore*: The Healthier Hawker program in Singapore supports food vendors to offer healthier options and identifies these with ‘Healthier Choice Symbol Identifiers’.  *San Francisco (US):* The city implemented the Health Food Incentives Ordinance, which bans restaurants and fast food chains to give incentive items with children’s meals, unless the meals meet nutrition standards.  *France*: Unlimited offers of sweetened beverages have been banned in restaurants and facilities with children under 18 years. |
| **SUMMARY** **The median rating**by experts for **RETAIL4** was**1**in 2017. **There is new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **TRADE1 Thedirect and indirect impactsof international trade and investment agreementson food environmentsand population nutrition and health are assessed and considered.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No evidence available from public sources from the Ministry of Foreign Affairs and Trade, Ministry of Health, Ministry for Primary Industries, Ministry of Business, Innovation and Employment, that potential impacts on nutrition and health are assessed and considered in the negotiation of trade agreements (other than standard WTO clauses). |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        EU: An online public consultation was launched on provisions and investor protection in Transatlantic Trade and Investment Partnership (TTIP). |
| **SUMMARY**  **The median rating**by experts for **TRADE1** was **1**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |
| **TRADE2***The government adopts measures to manage investment and****protect their regulatory capacity****with respect to public health nutrition.* |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No evaluation whether granting incentives that lower production costs may jeopardize public health by making unhealthy products more affordable.  ●        No insurance that investment contracts do not tie the hands of regulators in ways likely to undermine health.  ●        No introduction of a clarification that a foreign investor cannot legitimately expect the host country not to issue nutrition measures.  ●        No clarification of terms and general exceptions and the meaning of indirect expropriation and of fair and equitable treatment. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Many countries*: Sanitary and phytosanitary clauses are in place in World Trade Organisation agreements, but this does not usually apply to public health nutrition.  ●        *Ghana*: Standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalization of trade. The relevant standards establish max % fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where back fat is not removed), and max % fat content for dressed poultry and/or poultry parts (<15%). |
| **SUMMARY**  **The median rating**by experts for **TRADE2** was**1**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **LEAD1 *There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The NZ Government adopted the voluntary global NCD action plan from the WHO in May 2013 including 9 targets and 25 indicators for reducing premature mortality due to NCDs by 25% by 2025.  ●        Ministry of Health (MoH) Statement of Strategic Intentions for 2017-21 have mentioned strategic priority ‘Improve outcomes for New Zealanders with long-term conditions, with a focus on obesity and diabetes’ however there is no mention of nutrition throughout the publication.  ●        Health Promotion Agency statement of intent 2017-21 and performance expectations 2018-19 feature nutrition and physical activity as a core area of focus and work domain for the HPA. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New York City (US)*: Michael Bloomberg has introduced ground breaking policy initiatives.  ●        *Brazil*: The Minister of Health in Brazil has supported new dietary guidelines very different to those in other countries.  ●        *Some Caribbean countries*: Some CARICOM countries have active NCD commissions. |
| **SUMMARY**  **The median rating**by experts for **LEAD1** was **2** in 2017.  **There is no new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **LEAD2 *Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There are no intake targets specified by the Ministry of Health (MoH) or the Ministry for Primary Industries (MPI) for the nutrients of concern.  ●        New Zealand adopted the voluntary NCDs action plan and global monitoring framework of the WHO in May 2013, including a target on reducing population salt intake. The MoH is progressing actions supporting the NCD resolution (e.g. voluntary product reformulation by industry). The MoH reported progress to WHO in 2016.  ●        Nutrition guidelines including recommended upper intake levels for the nutrients of concern have been updated by the MoH for most population groups (although these cannot be considered targets). Three nutrients (sodium, iodine and fluoride) were reviewed for selected age groups . |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Brazil*: The Strategic NCD Action Plan in Brazil specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reducing the average salt intake of 12g to 5g/day, between 2010 and 2022.  ●        *South Africa:* has a target to reduce mean population salt intake to <5g per day by 2020.  ●        *UK*: A target has been set for added sugar (<5% of daily energy). |
| **SUMMARY**  **Median rating**by experts for **LEAD2** was **2** in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **LEAD3 *Clear, interpretive, evidence-informed food-based dietary guidelines have been established and implemented.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The 2015 ‘Eating and Activity Guidelines’ is the first publication using a new model to provide comprehensive advice on nutrition, physical activity and obesity prevention.  Work is underway on a serving size review. The Guidelines for pregnant and breastfeeding women, infants and toddlers were reviewed in 2019, overseen by a Technical Advisory Group. These will be published in 2020. ●       Guidelines are included in Ministry of Health (MoH) contracts in line with food and nutrition guidelines. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Brazil*: This country launched landmark new dietary guidelines in 2014 from a cultural, ethical and environmental aspect. They focus on reducing the consumption of ultra-processed food products. |
| **SUMMARY**  **The median rating**by experts for **LEAD3** was **3** in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **LEAD4 *There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies, social marketing for public awareness and threat of legislation for voluntary approaches) linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The Childhood Obesity Plan was introduced by the Ministry of Health in 2015. It is a package of existing and new initiatives to prevent and manage obesity in children and young people. There are three focus areas with 22 initiatives: targeted interventions for those who are obese; increased support for those at risk of becoming obese; broad approaches to make healthier choices easier for all New Zealanders. Five of the actions focus on improving the healthiness of environments (DHB healthy food policies, marketing and advertising to children, food industry pledges, health promoting schools, healthy families).  ●        By quarter one 2019-20, 17 out of 22 DHBS met the target of 95% of obese children identified in the Before School Check were offered referral for assessment. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *EU*: The European Food and Nutrition Action Plan 2015-2020 outlines clear strategic goals, guiding principles, objectives, priorities and tools. |
| **SUMMARY**  **The median rating**by experts for **LEAD4** was **2** in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **LEAD5 *Government priorities have been established to reduce inequalities in relation  to diet, nutrition, obesity and NCDs.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Health survey results and other data (e.g. mortality) are assessed and presented for different (e.g. ethnic) population groups separately.  ●        Protecting vulnerable children, mothers and babies, older people and better health services for Māori and Pacific mentioned in statement of intent of the Minister for Health.  ●        Government and the Ministry of Health (MoH) have made it a key priority to reduce the health inequalities that affect Māori, through the Māori health strategy and action plan.  ●        Contracts between MoH and NGOs include a section on Māori Health. In addition, the provider quality specifications for public health services include specific requirements for Māori.  ●        Healthy families NZ implemented in more deprived communities.  ●        Some of the Science Challenges have a strong focus on reducing health inequalities. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New Zealand*: The Ministry of Health reports estimates from health surveys by four population groups. Contracts between MoH and NGOs include a section on Māori health.  ●        *Australia*: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories with a target of ‘Closing the life expectancy gap within a generation (by 2031)’, one of the performance indicators is the prevalence of overweight and obesity. |
| **SUMMARY**  **The median rating**by experts for **LEAD5** was**3**in 2017.  **New Zealand is a best practice exemplar for setting reducing inequalities as a government priority.**  **There is new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **GOVER1 *There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        No legislated lobbying regime and no lobbying registers. Lobbying Disclosure Bill seeking to regulate lobbying in NZ has been rejected.  ●        Submissions from stakeholders to policy documents are generally publicly disclosed in NZ.  ●        State Services Commission (SSC) Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications.  ●        SSC have codes of conduct for State Services, guidelines for board appointments, guidance for managing conflicts of interest. Regular integrity and conduct surveys are conducted.  ●        Representatives of the processed foods industry and their lobby groups are sitting on key government boards or committees (e.g. Health Star Ratings Group).  ●        Conflict of interest registers for senior staff and Crown Entities Act for board members exist. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *US*: Mandatory and publicly accessible lobby registers exist at the federal level and in nearly every State. Financial information must be disclosed and the register is enforced through significant sanctions.  ●        *Australia*: The Public Service Commission has a Values and Code of Conduct with sections - Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct. |
| **SUMMARY**  **The median rating**by experts for **GOVER1** was **3**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **GOVER2 *Policies and procedures are implemented for using evidence in the development of food policies.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Wide and rather inconsistent range of practices and attitudes with respect to understanding and application of robust evidence for policy formation and the evaluation of policy implementation across government agencies (from a report by Sir P Gluckman).  ●        The first Chief Education Health and Nutrition Advisor was appointed in April 2017 to work across Government agencies. At the end of 2018 the Advisor resigned from the role and has not since been replaced. There is a chief science advisor to the Ministry of Health and Ministry of Primary Industries.  ●        State Services Commission (SSC) produced advice for government agencies about the use of evidence based on a review of the quality of policy advice.  ●        Policy advice produced by government agencies regularly reviewed by the NZ Institute of Economic Research. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Australia:* The National Health and Medical Research Council (NHMRC) is required to develop evidence-based guidelines with teams of specialists, following a rigorous nine-step development process. |
| **SUMMARY**  **The median rating**by experts for **GOVER2** was **3** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **GOVER3 *Policies and procedures are implemented for ensuring transparency in the development of food policies.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:** ●        Each year, the State Services Commission (SSC) reviews each government department on performance. These reports are available online through the SSC website.  ●        Food Standards Australia New Zealand publishes all material related to processes and outcomes online. Public consultation on standards is possible on several occasions. Submissions from stakeholders are publicly disclosed. ●        NZ was ranked second in Transparency International’s Corruption Perception Index 2018 with a score of 88% (90% 2016, 88% 2015) and also first in the Open Budget Index 2017 (Transparency International) (also first in 2015). |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:** ●        *New Zealand*: NZ was ranked first in Transparency International’s Corruption Perception Index 2016 with a score of 90% (88% 2015, 91% 2014) and also first in the Open Budget Index 2015 (Transparency International). According to the latest report from Transparency International, there is a high level of budget transparency in NZ at the level of international best practice. Food Standards Australia New Zealand is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders, including consumers, in the development of new standards. |
| **SUMMARY** **The median rating**by experts for **GOVER3** was **4** in 2017. **New Zealand Government is a best practice exemplar for implementing procedures to ensure transparency in the development of food policies.** **There is NO new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |
| **GOVER4 The government ensures access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) for the public.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  **●**Key budget documents (e.g. Vote Health) and annual performance reviews of the different government departments are available online.  ●        Reports on nutrition guidelines and survey results are available to download online through the library of the Ministry of Health.  ●        Official information act 1982 provides a legally enforceable right of the public to access documents of government departments and most agencies.  ●        Information formally generated by the MoH is published on the web. There were background documents for the childhood obesity plan including health reports and technical advisory group minutes.  ●        The Ministry for Primary Industries publishes most reports on its website.  In cases where reports are withheld from publication, it is because of commercial or other sensitivities.  ●        NZ was ranked 7th in the Open Data barometer in 2017 scoring 79/100 (6th in 2015). |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  **●        New Zealand/Australia: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.** |
| **SUMMARY**  **The median rating by experts for GOVER4 was 5 in 2017.**  **New Zealand Government is a best practice exemplar for providing access to comprehensive nutrition information and key documents to the public.**  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **MONIT1 *Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes/guidelines/standards/targets.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Sodium levels in foods (n=±130 foods) measured in total diet studies conducted every five years by the Ministry for Primary Industries (MPI) (last survey in 2016 with reports released May 2018).  ●        *Trans* fat levels monitored in surveys (2007, 2009, 2014) performed by Food Standards Australia New Zealand[1] .  ●        New Zealand Food Composition Database including sodium, fat, saturated fat, *trans* fats, sugar and total fibre (n=±2700 foods) updated every 2-3 years.  ●        Nutritrack database on food composition of packaged food products, available since 2011, partly funded by MPI until the end of 2018: data on packaged foods available for sale in supermarkets and 20+ fast food chains, products categorized for healthiness. In 2019 there were 14,978 unique products collected.  ●        Since 2019 MPI contracted access to branded food product database collated by GS1 New Zealand categorised to GS1 Global Product classification.  ●        The Ministry of Education is exploring opportunities to monitor early childhood education services and school settings who have adopted the water only policy. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Many countries:*Many countries have food composition databases available.  ●        *UK*: School Food Trust in the UK performs annual surveys on school meals in England.  *Special note: No country to date regularly and comprehensively monitors its food environments including all aspects (e.g. schools, marketing, labelling, composition etc.).* |
| **SUMMARY**  **The median rating**by experts for **MONIT1** was**3**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **MONIT2 *There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        For both adults and children, no new national nutrition survey has been conducted in the last 5 years (the last adult survey was conducted in 2008 and the last children’s survey in 2002).  ●        From 2011 health survey and other surveys integrated into a single continuous survey (nutrition module planned, but not continued due to time and cost) (n=14000 adults and n=4500 children). The survey is currently being refreshed, including module reviews which will go into the field in 2021. The core survey collects the data related to nutrition, obesity and NCD risk factors.  ●        Core survey includes questions on frequency of fruit and vegetable consumption (adults and children) and breakfast, fizzy drink and fast food consumption (children).  ●        Health Promotion Agency Health and Lifestyles Survey 2019 questions self-reported fruit and vegetable intake.  ●        MPI are commissioning a food and nutrient intake survey of young children (6 to 36 months) in New Zealand. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *US*: The NHANES is a program to continuously monitor the health and nutritional status of adults and children in the US. The survey combines interviews and physical examinations. The survey examines a nationally representative sample of about 5000 people each year. These people are located in counties across the country, 15 of which are visited each year. |
| **SUMMARY**  **The median rating**by experts for **MONIT2** was**3**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **MONIT3 *There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Annual NZ health survey results including children and adults: weight and height and waist circumference measured. The survey has over 13000 adults and 4000 children participating annually.  ●        B4 school check program: weight and height measured.  ●        One of the NZ Maternity Clinical Indicators is ‘women with BMI over 35’. This indicator was recommended to be deleted due to it not meeting the description of a clinical indicator and was removed in 2017. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *UK*: England’s National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565 662 children (4-5 years) and 491 118 children (10-11 years) were measured. |
| **SUMMARY**  **The median rating**by experts for **MONIT3** was **4**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |
| * **MONIT4 There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        NZ health surveys for NCD prevalence, blood pressure measured, other risk factors self-reported.  ●        Mortality Collection.  ●        National Minimum Dataset.  ●        The NZ Cancer Registry.  ●        National virtual diabetes register (primary care).  ●        The NZ burden of disease, injury and risk study 2006-2016.  ●        Statistics NZ compiles life tables every five years with information on life expectancy including patterns of mortality.   * The 2014/15 Health Survey conducted biomedical tests on a sub-sample of adults (total and HDL cholesterol, glycated haemoglobin, indicators of kidney and liver disease, folate, iodine, sodium potassium). Results will be released in 2020. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        OECD countries: Most of those countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors. |
| **SUMMARY**  **The median rating**by experts for **MONIT4** was **5**in 2017.  **New Zealand is a best practice exemplar for monitoring NCDs and their risk factors.**  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **MONIT5 There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans.** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There is no comprehensive plan on nutrition and health (Healthy Eating Healthy Action plan was abandoned in 2009).  ●        The Childhood obesity plan was introduced in 2015. This is a package of initiatives to prevent and manage obesity in children and young people. The Cabinet Social Policy Committee did not provide clear actions for evaluation, only that obesity would be monitored using the Health Survey data.  ●        A local and national evaluation of Healthy Families was completed in 2018, funded by the Ministry of Health. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        US: The National Institutes of Health (US) provides funding for rapid assessments to support time-sensitive research to evaluate new policies or programs expected to influence obesity-related behaviours. |
| **SUMMARY**  **The median rating**by experts for **MONIT5** was **2** in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **MONIT6 *Progress towards reducing health inequalities and societal and economic determinants of health are regularly monitored.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**   * All Ministry of Health (MoH) surveys (including the annual health surveys) report on estimates for different population groups in particular by ethnicity (including Maori, Pacific and Asian peoples), by age, sex and New Zealand Deprivation Index. MoH contracts include a section on Maori Health and state: “An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities”. Contracts must comply with any Maori specific service requirements, quality requirements and monitoring requirements. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**   * *New Zealand*: All MoH surveys report on estimates for different population groups, in particular by ethnicity (including Maori and Pacific peoples), by age, sex and New Zealand Deprivation Index. |
| **SUMMARY** **The median rating**by experts for **MONIT6** was **4** in 2017. **New Zealand is a best practice exemplar for monitoring progress on reducing health inequalities.** **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **FUND1 *The ‘Population Nutrition Promotion’ budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The total annual budget for Population Nutrition Promotion from the Ministry of Health in 2019/20 was $39 million (1.0% Vote Health) compared to $40.2 in 2016/17 (1.38% Vote Health). The OIA responses from District Health Boards noted the difficulty of separating nutrition funding from other health promotion, particularly physical activity. Two large DHBs requested extensions so are not included in the following figures for either time period.  It was estimated at about 4 million per year during 2017/18-2019/20 (compared to 4.8 million per year during 2016/17). |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New Zealand*: The budget for Population Nutrition Promotion in New Zealand was $67 million during the 2008/09 Healthy Eating Healthy Action (HEHA) period.  *Special note: There are no best practice examples for this statement. The funding during HEHA period (2008/2009) can be used as a national benchmark.* |
| **SUMMARY**  **The median rating**by experts for **FUND1** was**3** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **FUND2 *Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.***  **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**   * For the Health Research Council, the amount spent on population nutrition and/or prevention of obesity and NCDs was $14.151m between 2017-19 (12 research projects in 2017 totalling $4.296m, 6 research projects in 2018 totalling $8.16m and 4 research projects in 2019 totalling $1.695m). * For Marsden, in 2017 to 2019 there was $5.24m funding for projects related to population nutrition or prevention of obesity and NCDs out of a potential $58.97m. * Some of the National Science Challenges include relevant aims, for example to reduce obesity (‘A Better Start’), to reduce death and disease burden from NCDs (Healthier Lives). The High Value Nutrition Science Challenge is focused on increasing export revenues rather than population nutrition.   **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  *Australia*: The 2015-16 Corporate Plan of the National Health and Medical Research Council in Australia identify obesity, diabetes and cardiovascular health as major national health issues likely to arise, therefore are priorities for research.  *Thailand:* The National Research Council in Thailand considerably increased funding for research on obesity and diet-related chronic diseases.  **SUMMARY**  **The median rating** by experts for **FUND2** was **3** in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **FUND3 *There is a statutory Health Promotion Agency in place that includes an objective to improve population nutrition, with a secure funding system.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The function of the Health Promotion Agency, a Crown entity established by the NS Public Health and Disability Act 2000, is to lead and support activities to promote health and wellbeing, including nutrition. |
| **INTERNATIONAL BEST PRACT ICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Australia*: The Victorian Health Promotion Foundation was the world’s first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act 1987. |
| **SUMMARY**  **The median rating**by experts for **FUND3** was **4** in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The international benchmark has not substantially improved since 2017.** |

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| **PLATF1 *There are robust coordination mechanisms (across departments and levels of government (national and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Statements of intent continue to encourage coordinated action across government to improve the health and wellbeing of the population.  ●        Healthy Families NZ and the Childhood Obesity Plan encourage sectors to work together. The Childhood Obesity Plan includes sports and education sectors. Healthy Active Learning is a collaboration between the Ministry of Health and Sport New Zealand.  ●        There is some cross-agency work in the social sector with the Social Policy.  ●       Whānau Ora, the Social Sector Forum and the Kia Tutahi/Standing Together Relationship Accord are other initiatives. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Finland:* The Finnish National Nutrition Council is an inter-governmental expert body with advisory, coordinating and monitoring functions. The Council is dealing with nutrition, food safety and health promotion among other issues.  ●        *Malta*: This country established an inter-ministerial Advisory Council on healthy lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles.  ●        *Australia*: has several forums and committees to strengthen food regulation. |
| **SUMMARY**  **The median rating**by experts for **PLATF1** was **3**in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The benchmark has substantially improved since 2017.** |

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| **PLATF2 *There are formal platforms between government and the commercial food sector to implement healthy food policies.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        The NZ Health Star Rating Advisory Group, Chip group, Heart Foundation food reformulation programme, Food for Thought.  ●        The Food Industry Taskforce is an industry taskforce formed at the request of the Minister of Health to address contributing factors for obesity. In 2018 the Taskforce provided a report to the Minister of Health and Minister of Primary Industries identifying possible industry actions with a focus on reformulation, health-star rating and education. The Ministers responded to the report a year later and identified certain workstreams to prioritise.  ●        The Healthy Kids Industry Pledge was announced in 2016. Several companies (including the retailers) made commitments to reformulation, education, promoting healthy choices, responsible marketing, etc.  ●        Office of the Auditor-General’s ‘Managing conflicts of interest: Guidance for public entities’.  ●        State Services Commission resource kit ‘Walking the Line: Managing Conflicts of Interest’.  ●        Conflict of interest registers for senior management staff.  ●        Board members have duties under the Crown Entities act (much stricter for boards than committees). |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *UK:* The ‘Responsibility Deal’ brought together food companies and NGOs to take steps through voluntary pledges to address NCDs. This Deal was however abandoned in 2015, although some actions are continuing. |
| **SUMMARY**  **The median rating**by experts for **PLATF2** was **2**in 2017.  **There is new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **PLATF3 *There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        There is a network of Chief Science Advisors across departments, ministries, and agencies across government.  ●        The Ministry for Primary Industries and the Ministry of Health advisory committees have members from a range of backgrounds.  ●        Each Healthy Families site has a governance/strategic leadership group.  ●        Food Standards Australia New Zealand encourages input from civil society through the consumer and public health dialogue.  ●        Civil society are encouraged to participate in public submissions.  ●        National Sciences Challenges encourage collaboration. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Brazil*: The National Council of Food and Nutrition Security (CONSEA) is a formal advisory platform made up of civil society (2/3) and government reps (1/3), and is a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society has been able to influence policy directions more directly. CONSEA supported Congress to pass a bill obliging local governments to buy at least 30 % of the food destined for school meals from small-scale farmers. |
| **SUMMARY**  **The median rating**by experts for **PLATF3** was 2 in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |

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| **PLATF4 *The government leads a broad, effective and sustainable systems-based approach with local organisations to improve the healthiness of food environments at a national level.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Project Energize started in 2005 in the Waikato region funded by Waikato District Health Board and has expanded to early childhood centres, Northland and the Wellington region.  ●        Healthy Families NZ was launched by the Ministry of Health in 2014 in 10 areas across New Zealand as a collaborative, whole of community, collective approach to prevention.  ●        Healthy Auckland Together is a coalition of local government, NGOs, iwis, and other organizations working collaboratively to improve nutrition, increase physical activity and reduce obesity. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *New Zealand*: Healthy Families NZ is a large-scale initiative to bring community leadership together to improve health led by the Ministry of Health in ten locations across New Zealand.  ●        *Australia*: Healthy Together Victoria focuses on addressing the underlying causes of poor health in children's settings, workplaces and communities by encouraging healthy eating and physical activity and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. The initiative is jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health. |
| **SUMMARY**  **The median rating**by experts for **PLATF4** was**3**in 2017.  **New Zealand is a best practice exemplar for** **systems-based approaches to obesity prevention.**  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **HIAP1 *There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities are considered and prioritised in the development of all government policies relating to food.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        Food Standards Australia New Zealand (FSANZ) does not undertake health impact assessments, but the standards development process (which is based on the Codex risk analysis model) incorporates key elements (including health impacts if relevant) and regulatory impact analysis.  ●        The Ministry for Primary Industries (MPI) performs safety assessments for agricultural policies. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Slovenia*: A Health Impact Assessment was undertaken in Slovenia to assess the health effects of agricultural policy at national level:  policy analysis, rapid appraisal workshops with stakeholders from a range of backgrounds, review of research evidence relevant to the agricultural policy, analysis of Slovenian data for key health-related indicators, a report on the findings to a key cross-government group and evaluation. |
| **SUMMARY**  **The median rating**by experts for **HIAP1** was 2in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017.**  **The international benchmark has not substantially improved since 2017.** |

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| **HIAP2 *There are processes (e.g. health impact assessments) to assess and consider health impacts during the development of other non-food policies.*** |
| **EVIDENCE OF IMPLEMENTATION BY THE NEW ZEALAND GOVERNMENT 2019:**  ●        In 2006, a national Health Impact Assessment (HIA) support unit was established within the Ministry of Health, with four years of funding. It was disbanded in October 2012.[1]  ●        Some District Health Boards have examples of Health in all policies, e.g. Canterbury Health in All Policies Partnership. |
| **INTERNATIONAL BEST PRACTICE EXAMPLES (BENCHMARKS) 2019:**  ●        *Finland*: This country has worked towards a Health in All Policies approach over four decades. The work began with policy on nutrition, smoking and accident prevention. Finland adopted Health in All Policies as the health theme for its EU presidency in 2006.  ●        *South Australia*: The South Australian Health in All Policies model, established in 2007, includes two key elements: central governance and accountability and a Health Lens analysis process. |
| **SUMMARY**  **The median rating**by experts for **HIAP2** was 1 in 2017.  **There is NO new evidence of implementation by the New Zealand Government since 2017. The benchmark has not substantially improved since 2017.** |