



Best-ReMaP

Healthy Food for a Healthy Future

D4.2 Report on Sustainability and Integration in National Policies

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Abbreviations

JA	Joint Action
WP	Work Package
EU	European Union
JANPA	Joint Action on Nutrition and Physical Activity
HLG	High Level Group
JRC	Joint Research Centre
AVMSD	Audio-visual Media Service Directive
MS(s)	Member States(s)
WHO	World Health Organization
OECD	The Organisation for Economic Co-operation and Development
EUREMO	EU REformulation Monitoring (project)
SWOT	(Analysis of) Strengths, Weaknesses, Opportunities and Threats
ANSES	Agence Nationale de Sécurité Sanitaire de l'Alimentation, de l'Environnement et du Travail (France)
NIJZ	Nacionalni Institut za Javno Zdravje (Slovenia)
ISS	Istituto Superiore di Sanità, Rome (Italy)
FABLE	EU Food and Beverage Labels Explorer
NCDs	Non-Communicable Diseases
NPM	Nutrient Profile Model
DG	Directorate-General
FABLE	Food and Beverage Labels Explorer (FABLE)
EC	European Commission
SES	Socioeconomic status
PFP	Public Food Procurement
FP	Focal Points

GDPR	General Data Protection Regulation
PDMF	Policy-Decision Making Forum

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Glossary

Term	Definition
Policy Dialogue	A policy dialogue is an essential component of the policy and decision-making process, where it is intended to contribute to informing, developing or implementing a policy change following a round of evidence-based discussions, workshops, and consultations on a particular subject. It should be seen as an integrated part of the policy-making process, and can be conducted at any level of the health system where a problem is perceived and a decision, policy, plan or action needs to be made.
Policy	<p>Defined using the definition provided by the Centres for Disease Control and Prevention (CDC, 2015). A policy is “a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions”. There are three main types of policy that fall under this definition, all of which can operate at national, state, local or organisational level:</p> <ul style="list-style-type: none"> • Legislative policies are “laws or ordinances created by elected representatives” • Regulatory policies “include rules, guidelines, principles or methods” • Organisational policies include “rules or practices established within an agency or organisation”
Outcome Indicators	The direct effects or changes that occur as a result of the activity rather than the degree to which advocacy has been able to meet long term goals, such as policy change or health improvement.
Framework for Action	Long-standing strategic actions needed in the context of food reformulation, food marketing, public procurement.
Health Inequities	Health inequities describe differences in health status between population groups that arise from the social conditions in which people are born, grow, live and work. Health inequities can be reduced through government policies. (WHO, 2023).
CAP (Common Agricultural Policy)	The common agricultural policy (CAP) is a set of laws adopted by the EU to provide a unified policy on agriculture in EU countries. Created in 1962 by the six founding countries of the then European Communities, it is the oldest EU policy still in operation. Its aim is to: provide affordable, safe and high-quality food for EU citizens; ensure a fair standard of living for farmers; preserve natural resources and respect the environment.
Farm to Fork strategy	<p>The Farm to Fork Strategy is at the centre of the European Green Deal. It aims to make food systems fair, healthy and environmentally-friendly, with the objective to accelerate our transition to a sustainable food system that should:</p> <ul style="list-style-type: none"> • have a neutral or positive environmental impact • help to mitigate climate change and adapt to its impacts • reverse the loss of biodiversity

	<ul style="list-style-type: none"> • ensure food security, nutrition and public health, ensuring that everyone has access to sufficient, safe, nutritious, sustainable food • preserve affordability of food while generating fairer economic returns, fostering competitiveness of the EU supply sector and promoting fair trade
Green Deal	<p>The European Green Deal is a package of policy initiatives, which aims to set the EU on the path to a green transition, with the ultimate goal of reaching climate neutrality by 2050. It supports the transformation of the EU into a fair and prosperous society with a modern and competitive economy. It underlines the need for a holistic and cross-sectoral approach in which all relevant policy areas contribute to the ultimate climate-related goal. The package includes initiatives covering the climate, the environment, energy, transport, industry, agriculture and sustainable finance – all of which are strongly interlinked.</p>
FIC (Food Information to Consumer)	<p>Regulation (EU) No 1169/2011 on the provision of food information to consumers (FIC Regulation) entered into application on 13 December 2014. The obligation to provide nutrition information applies since 13 December 2016.</p> <p>This Regulation provides in particular clearer and harmonised presentation of allergens (e.g. soy, nuts, gluten, and lactose) for prepacked foods (emphasis by font, style or background colour) in the list of ingredients and mandatory allergen information for non-prepacked foods, including in restaurants and cafes. It also foresees certain nutrition information for the majority of prepacked processed foods, the mandatory origin information for fresh meat from pigs, sheep, goats and poultry and the same labelling requirements for online, distance selling or buying in a shop.</p> <p>The Regulation clarifies the responsibilities of food business operators with respect to food information.</p>
FOP (Front-Of-Pack)	<p>As from December 2016, the FIC Regulation requires the vast majority of pre-packed foods to bear a nutrition declaration, often provided on the back of food packaging, to allow consumers to make informed and health-conscious choices. This declaration can be complemented by a voluntary repetition of its main elements in the principal field of vision (known as the 'front-of-pack'), to help consumers to see at a glance the essential nutrition information when purchasing foods. For this repetition, other forms of expression and/or presentation (e.g. graphical forms or symbols) can be used on the front-of-pack in addition to those contained in the nutrition declaration (e.g. words or numbers). Front-of-pack (FOP) nutrition labelling aims to help consumers with their food choices by providing at-a-glance nutrition information and is increasingly seen as a tool to support strategies for the prevention of diet-related non-communicable diseases. Under the current EU rules, the indication of nutrition information on the FOP is possible on a voluntary basis in line with the requirements of Union law. A variety of FOP schemes have been developed by public institutions, health NGOs and/or private</p>

	sector. Most existing schemes are evaluative (interpretative) schemes that, be they nutrient-specific or summary indicators, are based on nutrient profiling models.
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Structure of the Report

This report is a mandatory final deliverable of the JA Best-ReMaP, requested by the EC to the WP4. As a leader of the JA Best-ReMaP's WP4, the Italian National Institute of Health (ISS), with support from EuroHealthNet – the European Partnership for improving health, equity, and wellbeing, are responsible for the transfer and integration of the results of the JA into EU and national policies in the food and nutrition fields. To this end, the report contains the WP4 roadmap comprising of the strategic documents and the recommendations to the MSs to successfully implement policies related to the three core WPs of the JA Best-ReMaP.

The **report's objective** is to provide European and national policymakers with the recent and relevant evidence in the Best-ReMaP areas of interest. Significant economic and social challenges exist in developing effective and efficient policy interventions relating to the food environment, such as industry resistance, unhealthy dietary patterns entrenched in local cultures, prioritization of economic profits over citizens' health. The policy challenge concerns finding a balance between the need to develop holistic policies at the Union level and the need to respect (sub-) national methodologies, expertise and sovereignty. The main **aim of the report** is to present various options for practical implementation of a framework for European action towards relevant policy areas in the field of food reformulation, food marketing and public food procurement. At different levels (national, regional, community, school/workplace and individual), a variety of complementary policies and interventions are needed. The effectiveness of each policy taken alone may be limited, since the required significant changes needed are achievable only insofar as MSs implement **a comprehensive package of policies tackling the whole food system.**

Chapter 1 presents the JA Best-ReMaP's rationale, its organisation and structure across its seven WPs' fields of action. Following, the roadmap to transfer the scientific outcomes into EU policies and the role of the policy-decision making forum (PDMF) are described, considering the equity aspects focused on factors relevant to obesity and relevant to food and nutrition policies. **Chapter 2** presents the three frameworks for action in the field of food reformulation, food marketing and public food procurement and the key important steps to their application. **Chapter 3** focuses on the analysis of the public health policies in nutrition across the EU and its MSs, and what barriers and success factors to policy implementation exist. **Chapter 4** introduces the policy dialogues held within the JA, as their organisational processes and the learnings from the sessions and discussion about the outcomes developed in each of the four policy dialogues.

Executive summary

Unhealthy diets are one of the **main contributing factors to childhood obesity**. According to the World Health Organization (WHO), one in four school-aged children in the European region are overweight or live with obesity. By 2030, it is estimated that over 10 million children in the wider European region may be affected by obesity, if current action on childhood obesity reflects the same level of ambition and pace as it does presently.

To address this problem, the European food systems must shift towards sustainable and healthy models capable of addressing food and nutrition security, to minimise impacts on planetary health, reduce climate change emissions and contribute to equity, diversity and the achievement of the UN 2030 Agenda for Sustainable Development. To this end, European Member States (MS) and neighbouring countries can play a significant role to the necessary transition by implementing nutrition policies that will reduce the childhood obesity and prevent obesity-related diseases in later life.

The Joint Action Best-ReMaP (**R**eformulation, **M**arketing and **P**ublic Procurements – **Best-ReMaP**) is a major EU-wide initiative, funded under the 3rd EU Health Programme. It is a three-year project (October 2020 – September 2023), that involves MS in the European region in scaling up practice and reviewing dietary and nutritional policies, with a special focus on children and health equity. The principal aim is to adapt, replicate and implement practices on three core topics to be effective, namely the areas of: i) food reformulation; ii) food marketing and iii) public procurement of foods in public settings. While calibrating best options for food and nutrition policies' changes, latest state of art evidence underpins such policies and actions, in order to present and establish consensus-built solutions that can be further successfully implemented, most advisably in the context of the wellbeing economy.

All the three core topics were analyzed considering their potential impact on reducing health inequalities. Food and nutritional insecurity is more likely to affect people with less economic resources, lower levels of education, and those living in poorer neighbourhoods. As a consequence, they also may adopt less healthful eating patterns and suffer from higher levels of diet-related diseases. Health policies should aim to ensure that those with greater needs can benefit the most from the intended policy, thereby flattening the social gradient, **reducing overall health costs** and ensuring a progressive realisation of the **right to health for all**.

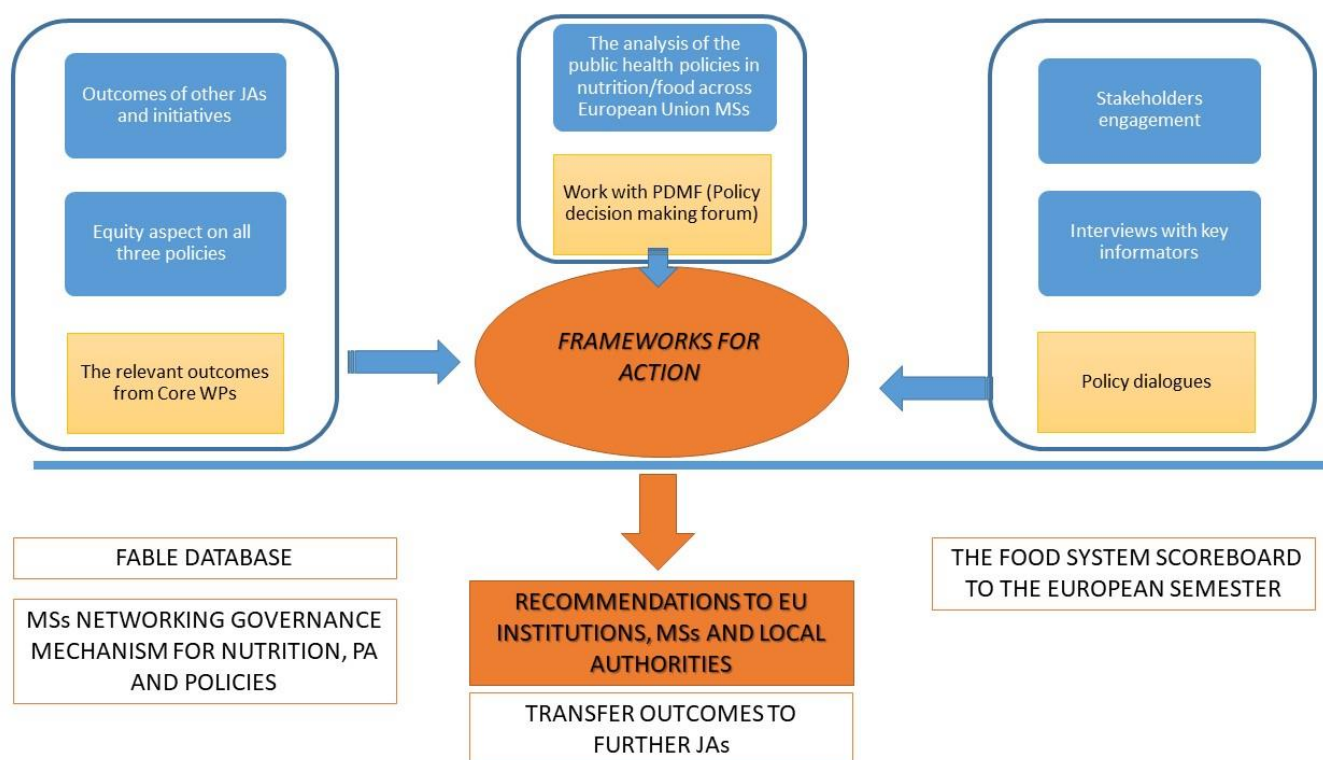
This report describes the results achieved from the JA Best-ReMaP's core WPs in the areas of food reformulation, food marketing and public procurement. It does so by first describing where the JA starts from and the processes behind the roadmap of the JA. The second part presents the core output of this report, as it describes the frameworks for action of the three core work packages: food reformulation, regulating marketing of unhealthy foods to children, and public food procurement. This section includes the main policy recommendations emerging from the invaluable research undertaken by the three core Work Packages (WPs). The executive summary here presents the key outputs for each core WP, while we refer to the second section of the report for a detailed analysis of the results. In the next paragraph the policy recommendations that emerge from the Joint Action (JA) are listed, and it is also

explained in which context these recommendations ought to be implemented. To do so, in the third section it is described in detail what policies countries are already implementing, together with the main policy opportunities and challenges that Member States reported in the survey previously prepared by the WP4 research team. A comprehensive overview is offered in the third section, but overall, four main challenges emerged from the collection of this information.

First, each **MS describe the difficulties of continuously having to adapt legislation to new products, new challenges, and political developments.** The main question to emerge concerns whether Codes of Conducts and self-regulatory approaches are sufficient to provide the results expected in the core topics of this JA, or if these approaches are to be integrated with mandatory regulations. Secondly, according to MS efforts to implement regulations on the advertisement of food and beverages will **require an improved monitoring of food composition and they will need to cover all media environments**, especially new digital forms such as the role of online influencer marketing. Thirdly, MS expressed concerns about the **lack of regulation for the food environment outside schools**, about the fact that many institutions across Europe **still use price as the primary and often the only criterion to publicly purchase food**. They also mentioned the challenge in **harmonising EU directives into national legislation** such as the fact that economic issues and the EU single market impose limits on Member States' ability to implement public health measures. Finally, MS noted that educational and cultural factors- may slow down policymaking. Additionally, it was also reported that consumers lack knowledge when it comes to media marketing tactics and are unaware of how unhealthy certain products are. It was also claimed that foods that should be restricted may **be deeply ingrained in regional and national and traditions.**

The frameworks for actions and the summary of the policies implemented at national level were presented by the WP4 team and by core WP leaders during a series of policy dialogues held at regional level. This provided the opportunity to disseminate the results of the research, while receiving feedback from significant European and national stakeholders. The report's final section describes how policy dialogues were organised, conducted, and what the key outcomes of the interaction between different stakeholders involved were.

Figure 1: Putting the frameworks for action in the context of WP4 work



Best-ReMaP Policy Recommendations

Preamble

While the main objective of the European Union's (EU) Joint Action Best-ReMaP is to contribute to the improvement of health outcomes of children and adolescents by improving food choices in the environments where they live, learn, play and consume;

While simultaneously recognising that the main mechanism for improving food choices is by changing obesogenic environments and ensuring that the food choices that children and adolescents make are also the healthiest ones by default;

Recognising the child rights-based approach towards EU and national food and nutrition policies;

Aware of and committed to reducing inequalities in health, nutrition and food policies/outcomes between and within European states, as well as aspiring toward a wellbeing economy as a general principle guiding NCDs prevention policies;

While implementing strategic priorities of the 3rd EU Health Programme (2014-2020), main funding instrument for the implementation of the EU Joint Action Best-ReMaP;

Highlighting the fact that in the last decade, several rotating Presidencies of the Council of the EU prioritised and taken actions in food, nutrition, physical activity, and childhood obesity prevention through their Conclusions and Recommendations. This includes the Greek Presidency's Council Conclusions 2014¹ on nutrition and physical activity to endorse and implementing commitments of the EU Action Plan on Childhood Obesity (2014-2020), the 2016 Dutch Presidency's Council Roadmap for Action on Food Product Improvement (food Reformulation)², the Maltese 2017 Presidency's Council Conclusions on contribution towards halting the rise in Childhood Overweight and Obesity³, including Public Food Procurements, as well as the Austrian Presidency's 2018 Food Systems dialogs in the EU⁴. EU High-level Group on Nutrition and Physical Activity adopted the first EU Framework for Salt Reduction and Food Reformulation in 2008, expanded on other nutrients since;

Supporting the EU4Health Programme's (2021-2027) strategic priorities, and linking to a number of commitments included in the context of the Europe's Beating Cancer Plan, the EU NCDs Healthier Together initiative, as well as the Farm to Fork strategy as a component of an EU-wide Green Deal;

While the main areas of action of the EU Joint Action Best-ReMaP concerned (1) the monitoring and analysis of how the food that people consume changes at the European and national level;

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX%3A52014XG0708%2801%29&rid=14>

² https://health.ec.europa.eu/system/files/2017-10/2016eunlpresidency_roadmap_en_0.pdf

³ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017XG0629\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017XG0629(01))

⁴ https://foodsystemsdialogues.org/wp-content/uploads/2019/03/FSD_181123_Vienna_Summary-report_UPLOADED190311.pdf

(2) the regulations on the marketing of food to children; (3) the procurement of food by public bodies for educational institutions, social care facilities where children gather;

The following policy recommendations are **addressed** to the EU's Institutions (European Commission, European Parliament and the EU Councils of Ministers) and National Governments and Ministries (health, agriculture, education, consumer, family and social affairs, economy), and regional development and local authorities. They are asked to act in line with their mandates, based on the public health-driven agendas to decrease the level of obesogenity linked to both traditional/linear as well as digital (food) environments where children live, learn, play, and consume;

Furthermore, other relevant stakeholders (civil society e.g. consumer organisations, private sectors - primary producers, food processors and retailers, academia and media), along with public health non-profit organisations, health professionals, and the public should work together to create a healthier environment for children. **Informing and sharing** the recommendations with stakeholders will empower them to act on the elaborated policies in line with their accountability and capacity within their core businesses.

Based on the JA Best-ReMaP outcomes, general recommendations to EU institutions (EC, EP, the Council of Ministers) MS and local authorities are as follows, that they:

- **Acknowledge the importance of the JA Best-ReMaP recommendations**, produced by 24 Member States (MS) and accession countries, **and act in line with the proposed course of action** highlighting the implementation potential of the three frameworks for action in the areas of food reformulation, food marketing restrictions and public procurement of foods;
- **Urgently act and regulate and/or legislate on strategic approaches** to strengthen the resilience of health-promoting and sustainable food systems, via existing platforms and advisory groups, as well as established governance mechanisms at EU level;
- **Establish governmental intersectoral bodies** at all relevant levels based on the public health-driven agendas, to discuss and identify areas for intersectoral implementation, while developing common agendas with other public sectors, especially the environmental one. The necessary implementation resources should be provided within the sectors to support the whole policy process together with monitoring and evaluation, and to share accountability for the successful implementation of the actions.

EUROPEAN COMMISSION

The EU Joint Action Best-ReMaP consortium partners, representing Competent Authorities of the Member States call on the European Commission (EC) to:

In reference to all three policies' concerned

1. **Review current EU and domestic legislation and the landscape** on nutrition, physical activity and obesity policies, identifying areas that warrant improvements to be included to the new EU Action Plan on Childhood Obesity 2024-2035.
2. **Develop methods for health equity impact analysis** that regulators can use to assess the potential effects of all policies and interventions on diet-related health, while further **fostering the efforts to embed the food system policies into the ongoing wellbeing economy** policy developments;
3. **Consider and actively pursue options for key health and sustainability of the food systems indicators in the European Semester** process of monitoring socio-economic policy coordination, helping to contribute to its continuous improvement, steering reforms and investments in European states and regions;
4. **Step up efforts to build platforms and tools that facilitate knowledge exchange**, information and best practices among MSs and call on the EC to re-establish governance mechanism for networking and sharing implementation experiences among MSs in the areas of healthy nutrition, physical activity and prevention of obesity, such as the ex-High-Level Group on Nutrition and Physical Activity;
5. **Support and secure the use of developed guidelines and tools** (as FABLE database) and continue to develop and implement missing common guidelines and tools, such as the public food procurement tool, to ensure that all countries monitor the data on the implementation of policies in the same way and that they implement the policies in the more aligned way as in the case of public food procurements;
6. **Ensure the sustainability and usability of the FABLE database in the long term and create a technical cooperation structure and all necessary capacities**, including founding resources, to support countries in following guidelines, coordinate the database's implementation, and also enable the exchange of experiences when using the database to evaluate different nutrition policies;
7. **Support the development of innovative, reliable, and validated technological tools to effectively monitor children's exposure to digital marketing** and to automate and decrease manual workload in some aspects of monitoring and in collecting food products nutritional information.

In particular concerning the following policy areas:

8. Processed Food Monitoring and Reformulation (Work Package 5)

- Start discussions with MS to identify levers to ensure that the FABLE database will be fed regularly by all of them;
- Encourage, facilitate and support MS to establish conditions and capacities for alignment of the reformulation monitoring procedures;

9. Reducing the marketing of unhealthy foods to children (Work Package 6)

- Develop and prioritise mandatory regulatory approaches over self-regulatory and co-regulatory approaches in order to urgently and effectively reduce children's exposure to the marketing of unhealthy foods. These approaches should be based on a comprehensive child rights-based approach, adopting a broad definition of the core notions of 'marketing' and 'marketing to children', including all children below 18 years of age. Should also cover a wide set of marketing techniques and media and going above and beyond the provisions of the EU Audio-Visual Media Services Directive (food advertisements in traditional media, food packaging, the use of equity brand characters, sponsorships, advergames, and digital media);
- Encourage, facilitate and support MS to establish conditions and capacities for alignment of the reducing of the linear/traditional and digital food marketing to children monitoring procedures;

10. Food Procurement in Public Institutions Public procurement of food and catering services (PFP-CS⁵) in public institutions (Work Package 7)

- Ensure sufficient funding resources and set minimum mandatory criteria for Public Food Procurement that includes health, reference to national dietary guidelines, sustainability, environmental impact, local circumstances, equity, and other relevant criteria;
- Nominate the network of the National Focal Points on Public Food Procurement to foster MSs' expertise in the public procurement process at the EU level, by facilitating the sharing of knowledge, tools, and technical assistance;

⁵ Public food procurement and catering services – for the purpose of this document PFP – public food procurement will be used for the public procurement of food and catering services (PFP-CS)

MEMBER STATES

The EU Joint Action Best-ReMaP consortium partners call on the Member States (MS) to:

In particular concerning the following policy areas:

Processed Food Monitoring and Reformulation (Work Package 5)

Food reformulation is defined as the process of altering a food or beverage product's recipe or composition with the objective of making it healthier. The WP5 developed and implemented a standardised European monitoring system to monitor food offerings and nutritional content, as well as to identify the best formulation and room for reformulation. By finding the basis and the space for reformulation, the producers may be more motivated to reformulate their products into healthier options for processed foods available in EU supermarkets, by reducing salt, sugars and fat content. In addition, reformulation can reduce inequities in nutrition and diet-related ill-health.

Processed food monitoring should identify and prioritise food categories that have a major contribution to children and adolescents' nutrient intake in all concerned countries, but also considering the presence of preexisting data, the interest of the participating countries and possible room for reformulation. Once the first data collection is implemented, it is recommended to repeat the follow-up every 3 to 5 years, a time gap sufficient to observe reformulations.

Member States are requested to:

- Identify and prioritize food categories that have a major contribution to children and adolescents' nutrient intake in their countries;
- Earmark adequate budgets and invest in training of personnel for the monitoring of food reformulation and use of Best-ReMaP classification and align and upgrade their processed foods databases in order to provide data to EU FABLE database in line with the BestReMaP guidelines for reformulations;
- Establish links at the national level with all the stakeholders, including the private sector within the framework of the national programmes of reformulation, whilst ensuring transparency and accountability, simultaneously avoiding a conflict of interest;

Reducing the marketing of unhealthy foods to children (Work Package 6)

Children's exposure to unhealthy food marketing is one of the key elements of the obesogenic environment in which EU children are currently living. It is well documented in the literature that food marketing has a harmful impact on children's food preferences, attitudes and behaviours. It has a negative impact on children's preference for energy-dense, low nutrient-density foods, as well as on children's purchase behaviour and diet-related health, leading to an increase of total energy intake. Children are widely exposed to **harmful food marketing**

through a wide variety of channels, from the most traditional (television, radio, billboards) to the more innovative (digital marketing) and are particularly vulnerable to marketing strategies, which are evolving and emerging more powerful, particularly those associated with the digital context. Reducing children's exposure to harmful food marketing can be expected to reduce inequities in diet-related health.

Member States are requested to:

- Promote cooperation among different stakeholders, by establishing stakeholders and inter-sectoral working groups on reducing food marketing to children, within the public health-driven agenda;
- Develop and prioritise mandatory regulatory approaches over self-regulatory and co-regulatory approaches to reduce exposure to both the traditional/linear and digital trends of unhealthy food marketing, including food packaging, the use of equity brand characters, sponsorships, advergames, and novel developments in artificial intelligence (AI);
- Adopt and adapt a strict Nutrient Profile Model (NPM), based on the World Health Organization's (WHO) NPM, to the national context and ensure regular monitoring of the use of NPM for reducing marketing pressure to children in traditional and digital media;
- The age restriction for marketing regulations up to 18 years should be strictly enforced and monitored at the national level to ensure that both adolescents as well as younger children are protected by policies;
- Annually inform national parliaments and governments of the findings regarding the traditional/linear and digital marketing of food to children;
- Pay specific attention to children in vulnerable situations, especially in regards to the targeting of digital marketing on them;

Food Procurement in Public Institutions Public procurement of food and catering services (PFP-CS) in public institutions (Work Package 7)

Children spend almost a third of their day in kindergarten or school and consume a large part of their daily energy intake in educational environments. For this reason, the types of environments present important factors in the development of childhood obesity. Higher nutrition standards for food procurement can be expected to provide benefits to health and reduce inequities in diet-related diseases.

PFP influence both food consumption and food production patterns and could change the food environment for children in public institutions. Intersectoral collaboration is needed for successful implementation of PFP and governance mechanisms supporting networking among PFP officers and focal points are essential for aligned implementation of PFP processes in

MS. To initiate a successful Public Food Procurement (PFP) process, it is necessary to undertake an examination of both the legislation and the landscape pertaining to PFP.

Member States are requested to:

- Establish stakeholders and inter-sectoral public procurement working groups;
- Ensure governmental intersectoral collaboration, provide necessary capacities, including human capacities and relevant tools, and sufficient funding resources;
- Consider implementation of minimum mandatory criteria for PFP to cover health, reference to national dietary guidelines, sustainability, environmental impact, local circumstances, equity, etc. Enforcing the application of criteria would be most efficient and straightforward through well-established governance structures;
- Encourage the establishment or upgrade of the EU PFP officers network to foster the expertise among PFP officers at the national level;
- Align and simplify the implementation of the existing legislation on PFP;
- Implement the unified PFP tools and provide regular monitoring for PFP procedures in countries;

REGIONAL AND LOCAL AUTHORITIES AND RELEVANT STAKEHOLDERS

The EU Joint Action Best-ReMaP consortium partners call on the Regional and Local Authorities and relevant stakeholders to:

In particular concerning the following policy areas:

Processed Food Monitoring and Reformulation (Work Package 5)

- Consider the use of FABLE database to inform and educate different populations on the quality of processed foods they consume;

Reducing the marketing of unhealthy foods to children (Work Package 6)

- Empower parents, legal guardians and other caregivers to protect children, recognising youth as important stakeholders. This should include interventions that increase literacy for all stakeholders explaining how traditional and digital food marketing functions, why and how it exploits children and why children deserve the right to grow up in a healthy and safe environment;

Food Procurement in Public Institutions Public procurement of food and catering services (PFP-CS) in public institutions (Work Package 7)

- Develop co-participatory processes with regional, local communities of practice, parents, caregivers, children and young people (through workshops, lectures in schools, etc.);
- Consider and use PFP as the driver of the local food, health and social economy, innovation, and co-production in line with the principles of wellbeing economy approach.

1. The Joint Action Best-ReMaP

1.1 Introduction

The Best-ReMaP project has been a **three-year initiative** (2020-2023) funded by the EC and participating organisations. Altogether, 35 beneficiaries representing 24 European countries collaborated on implementing pilot projects and generating practical lessons in the field of nutrition with a special focus on children and adolescents. Information on the participating MSs is available in Annex 6.1.

According to the European Commission, in 2017 around 15% of children and adolescents were overweight in the EU and about 5% were obese. In their [Childhood Obesity Surveillance Initiative](#), the WHO reported that the most obese and overweight children come from southern Europe, while the least obese 6-9 year-olds are in northern Europe. [It is estimated that](#) there may be over 10 million children in the wider European region affected by obesity by 2030.

Obesity is characterized by a multifactorial aetiology, that includes genetic, environmental, socioeconomic, and behavioural or psychological influences. The **two main reasons behind it are the lack of physical activity and an unhealthy diet**. These are leading global risks to health since they are the major risk factors for cardiovascular diseases, cancer, diabetes and other conditions linked to obesity. [Unhealthy eating](#) has no single definition: it is a pattern of eating that includes excessive consumption of processed and ultra-processed foods, high levels of added sugars, saturated and trans fats, and inadequate intake of essential nutrients. It often involves excessive consumption of sugar-sweetened beverages, energy-dense but nutrient-poor foods, and processed red meat.

Obesity in children has become even more important in the context of **the COVID-19 pandemic and the current rising cost of living crisis**, directly affecting food and nutritional quality, availability and affordability. Childhood obesity cannot only result in physical discomfort, low self-esteem and discrimination, but in the long-term, in reduced average life span and earlier onset of chronic diseases. In the first years of life, when constant learning is taking place, food preferences are also forming. Children are however exposed to unhealthy food marketing, the easy availability of processed and ultra-processed foods high in salt, sugar and fat either at home or in public institutions where they spend a considerable amount of time.

To address the aforementioned challenges, the JA Best-ReMaP seeks to contribute to an **improved quality of food** supplied to citizens of Europe. It aims to do so by adapting, replicating, and implementing effective health interventions, based on practices that have been proven to work in the areas of food reformulation, framing of food marketing, and public procurement of healthy food in public settings. JA Best-ReMaP represents the implementation of the actions recognised and framed by the MS in the [EU Action Plan on Childhood Obesity 2014 – 2020](#), as well as included in the [Europe's Beating Cancer Plan](#), EU's major flagship health initiative of the von der Leyen Commission 2019-2024, in addition to the European Green Deal initiatives, with the EU Farm to Fork strategy as the most notable one of them.

The **JA is formed by 7 WPs**, each one was responsible for fulfilling specific objectives. Each WP was led by a specific institution and a WP Leader. Each WP Leader was responsible for organising the work in their field and communicating WP-related information to their Associated Partners. The JA was composed of four horizontal WPs, that deal with the management of the JA itself:

- WP1-coordination
- WP2-dissemination
- WP3-evaluation
- WP4-sustainability and integration in national policies

and three core WPs, that deal with the content of the JA objectives. The specifics for each WP are explained in the next chapter.

- WP5 – EU Harmonised Reformulation and processed food monitoring
- WP6 – Best practices in reducing marketing of unhealthy food products to children and adolescents;
- WP7 – Public procurement of food in public institutions – a pilot EU approach

1.2 Policy Processes in Member States and Neighbourhood/Affiliated Countries

The JA Best-ReMaP is addressing the objective 3.1 of [the 2019 Annual Work Programme](#) of the Commission that is increasing the offer of healthier options of processed food and/or reducing salt, sugar and saturated fat from the processed food available in EU (super)markets and also it directly addressed the orientations of the [EU Farm to Fork strategy](#).

Furthermore, JA of 24 participating EU Member states (MSs) and accessing countries aims **to contribute to positive changes in food environment in EU**, while placing public health at the centre of food systems-related policies and practice. With an ultimate goal to support EU and national efforts to reduce the burden of obesity and NCDs, Best-ReMaP addresses the selected food policies from three interrelated angles, which could influence children's food choices: **(1) food reformulation** (how the composition of the processed foods can be better monitored and producers more motivated to reformulate for healthier food options at the European and national levels); **(2) reduction of food marketing** (how the traditional and digital food marketing and advertising activities could be better monitored and regulated), and **(3) public food procurements** – PFP (how public institutions could procure foods that's healthier, of higher quality and more sustainable).

Different actions have been considered, allowing for the possible sustainable implementation of the three up-mentioned policies, such as: recommendations regarding three policy frameworks, for food reformulation, food marketing and public food procurement; possible development of the food system indicator for the EU Semester; development of the EU level branded foods database, consideration of different networks (experts at high level in MSs),

identification and exploration of the equity aspects in the three respective policies (existing knowledge and research gaps). The process was supported by the JRC (Joint Research Centre), through the [Marketplace workshop](#) on nutrition and physical activity best practices.

Work on the monitoring system for reformulation initiatives has been based on the JANPA (Joint Action on Nutrition and Physical Activity) WP5 results and also on the EUREMO (EU-wide implementation of the reformulation monitoring) snapshot in 16 EU MSs, the majority of them participating in the JA Best-ReMaP. JA Best-ReMaP, building on the [JANPA](#) and [EUREMO](#) outcomes, aims to fill in the reformulation monitoring gap. To do so, in 19 European countries, JA Best-ReMaP implemented a standardised European monitoring system for processed food reformulation. Such a tool, at a country level, enables to monitor food offerings and nutritional content of individual monitored processed foods, as well as to identify best formulation and room for reformulation of the food produced, sold, and consumed. Complex steps were taken in the project implementation, including the identification of the priority processed food groups for a European monitoring of the food supply, exploration of the new technologies and new sources of data capacities for nutrition data collection, development of the knowledge to conduct and analyse own data collection in the participating EU MSs, explorative development of an open European branded foods database, and first attempt of the European analysis of the trends of the nutritional quality of processed food and their impacts.

Similarly, work on the framing of marketing aimed at children of foods and beverages high in fats, sugars or salt has not been based only on the MSs' good practices but also incorporated the results of the study on the exposure of children to different types of marketing. In particular, the study focused on linear, intrusive approaches towards marketing and non-linear marketing, which approaches focus on non-intrusive advertisement and publicity, and online marketing of foods high in fat, salt or sugar. Both projects were funded by the [EU Health Programme \(Annual Work Programme 2018\)](#), based on the recommendations of the MSs, in the scope of the High-Level Group on Nutrition and Physical Activity and Steering Group on Prevention and Promotion (SGPP).

Main actions of Best-ReMaP consortium in this field were as following: (1) to identify, develop and share best policy practices to reduce exposure of children to the (digital) marketing of unhealthy foods, (2) to develop coordinated and comprehensive protocols and tools to monitor the extent and nature of (digital) marketing exposure of children, including the upgraded WHO nutrient profile model, and to (3) support MSs with the implementation of the new EU rules on audiovisual media services.

Furthermore, strong evidence of the importance of access to healthy and balanced nutrition in schools for children's health is available, and a nutritionally regulated school environment is associated with a lower risk of childhood obesity, which can also be facilitated by a transparent and quality-oriented food procurement system. JRC has estimated the value of the European social food service market as sizeable in both reach and force of €82 billion in 2017. Progressive and targeted public procurement of food for health can reward food business operators who provide nutritionally balanced meals.

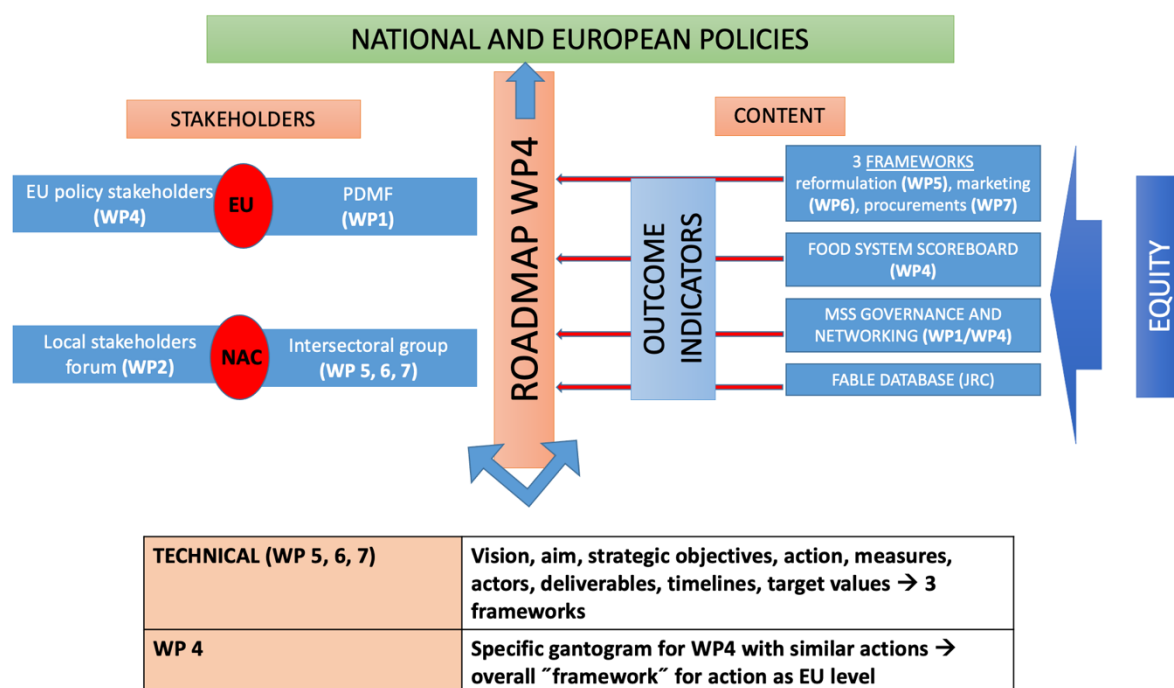
JA Best-ReMaP's situation analyses showed that the current implementation of public food procurement across EU Member States differs substantially. Project activities aim to support the establishment of the intersectoral working mechanisms (groups) for the public procurement of foods in participating MSs; to increase the understanding, knowledge and skills regarding public procurement of food/food products in public health and other selected public institutions; to pilot Slovene best practice tool for PFP as optional approach for implementation of the sustainable and high-quality PFP procedures; and to explore and recommend further implementation of the public procurement procedure for foods, based on quality standards, in the MSs and propose minimum criteria for sustainable and healthy public procurement, in line with the developments at the EC level.

The JA focused on equity in general and aimed to build on the [Health Equity Pilot Project \(HEPP\)](#) the scientific report on evidence-based interventions to reduce socio-economic inequalities in diet and physical activity and outcomes.

Policy development in the areas of reformulation and marketing and in stakeholders identification and engagement identified and exploited synergies and knowledge transfer with the [H2020 STOP project](#) (respective WP4, WP9 and WP10 of Science and Technology in childhood Obesity Policy – STOP). Stakeholder networks and policy indicator work were also linked with the [STOP-INFORMAS initiative](#), which was translated into the EU context via the [JPI-HDHL PEN project](#).

1.3 The Roadmap to Transfer the Scientific Outcomes into EU Policies

Funding on the above-presented structures and projects, the **WP on the Sustainability and Integration in National Policies (WP4)** defined the JA's roadmap to transfer the scientific outcomes into national and EU policies, ensuring their **sustainability and long-term implementation**. The roadmap, presented in figure 2, is based on the outcomes of the three technical WPs on food reformulation, food marketing and public procurement. For each of these policies and WPs, the frameworks of action have been developed and are presented in chapter 2.

Figure 2: Roadmap of JA Best-ReMaP

Two **outcome indicators** have been developed to further implement the JA objectives and ensure the sustainability of its actions. First, [the case for integrating a Food System Sustainability Indicator \(or a set of\) in the context of the Greening of the European Semester and in the Recovery and Resilience Plans and Facility Scoreboard](#), has been produced. Second, the food database platform, called **EU Food and Beverage Labels Explorer (FABLE)** has been developed by the resources and efforts of the EC JRC in Ispra (Italy). The JRC hosts the database in an **open-access environment** and provides a user-friendly visualisation tool. The FABLE database is one of the key elements to ensure the sustainability and the long-term implementation of the results of the whole JA. It represents the tool to be used to monitor and eventually change, the food environment, especially regarding children.

The JA's roadmap has been developed through extensive two-level stakeholder engagement, to ensure full transparency and promote valuable exchanges. Initially, an [overview of relevant national and EU policies](#), including the list of national and European stakeholders has been developed. This has been implemented by semi-structured interviews to EU-level experts to understand what actions make an initiative sustainable. These interviews were the ground-laying work to generate an overall picture of the challenges that Best-ReMaP was likely to face in terms of policy sustainability. Then, stakeholders have been involved at the MSs level, including the national cross-sectoral group for each of the main JA's WPs, within the context of WP2, while at the EU level, stakeholders working in the context of EU policies have been involved through the work conducted in WP4, policy dialogues' organisation and through the Policy Decision-Making Forum (PDMF).

1.3.1 The Policy-Decision Making Forum

The **PDMF** is a European policy advisory board to the JA. It consists of representatives of DG Santé, DG Reform, DG-Agri, DG Connect, DG Research, DG JRC and other relevant DGs, representatives of EU Agencies and bodies, such as EFSA and representatives of the EU Parliament, representatives of the previous, current and upcoming EU Presidencies. It permits to understand if the solutions and proposals that the MSs are jointly producing within JA Best-ReMaP are useful for the implementation of the policy processes at the different DGs. Through the PDMF, the JA Best-ReMaP consortium established the link with the policy layer to understand what is needed for it to be implementable. PDMF mainly focuses on policy level issues, not on activities or tools. It acts in synergy with the horizontal WPs and WPs 4-7. There were three PDMF meetings within the JA.

The **main aim of the PDMF meetings** was to inform PDMF Members about the process of the JA and to propose (and further align proposed) institutional and legislative solutions (with the actions foreseen by relevant DGs of the European Commission) to the issues identified during the research phase of the JA. PDMF members were asked to provide critical feedback on the feasibility of policy implementation at the national and EU level, with a view to the achievement of the JA outcome and impact indicators as set out in the GA.

The first PDMF meeting was successful and significant, PDMF representatives were optimistic about the project reaching its foreseen outcomes. Furthermore, they were confident that JA will have an impact on national and EU policies. Impact on childhood obesity rates was seen as less likely, mainly due to the short duration of the project. Highlights from the first meeting were: (1) JA should carefully addressing the link between AVMSD and NPM (as the aim of WP6 is to support countries in the AVMSD transposition having the WHO NPM as the basis); (2) established multisectoral action was recognised as a good practice to the JA; (3) JA should base on the past experience of successful MS – allowing to avoid some of the mistakes and replicate wins; (4) taking into account the importance of green digital transition and economic recovery later; (5) making the link with the fiscal and economic perspective would be important for more successful implementation; (6) linking the JA proposed policy solutions with EU funds (sustainability plan); (7) inclusion of the EU School Scheme within the JA could be discussed via bilateral meeting with individual WPs; (8) WP7 could play a huge role in shaping of the future agri-health policies, such as food purchased by the schools and others; (9) importance of different sectors coming together because all JA topics are interrelated and (10) PDMF is a good learning opportunities for future actions as is a great example on how to break silos – the work done under the JA could have a huge impact on some crucial policies.

Compared to the first PDMF meeting, the expectations towards having an impact on the EU policies and national policies have decreased slightly and in contrast, the expectations towards the impact of food environments have increased at the second PDMF meeting. However, key messages from **second PDMF meeting** discussion were: (1) it is important to create technical guidance on how to use, interpret and transpose the AVMSD, developed within JA; (2) fact that best practices from JA exist and are operating in some MSs, showing that it is feasible

and it should be promoted; (3) data collection within WP5 together with JRC is not important only for monitoring any voluntary agreements with industry but also and especially for modelling the population impact; (4) good to see the cooperation between ministries and sectors silos at the same table – possibility to discuss the trade-offs, collaboration and at the end we all have something more and better that we have started with; (5) an idea of an obligation for business operators that are bringing food to the market to insert into the database was expressing – furthermore, the information could go beyond the nutrition composition (by including the ingredients); (6) the food system indicator should include also nutritional targets, beside inclusion of the process towards the targets of overall reduction of the environmental climate footprint; (7) discontinuation of HLG on Nutrition and PA should be addressed properly; (8) talking about monitoring, score boards and semester indicators is very supportive to fulfil EU commitment to achieve UN Sustainable Development Goals and to use The Social Scoreboard of the European Pillar of Social Rights; (9) it is valuable that presiding countries raise the profile of the actions of JA; (10) PDMF members were informed about the public consultation on the review of the EU school fruit, vegetables and milk scheme; (11) if we have good ideas on what we need to measure and have within the food environment, we have a chance not only to look at the impact of the policy options but also to evaluate it and keep influencing it in the future; (12) DG SANTE and OECD have been working on improving the modelling tools (the aim is to have a tool that MSs can use to estimate how many life years they would save if certain reduction on the level of for example salt or sugar would be achieved; (13) WP7 is with OECD trying to develop the protocol and come out with results that would be measurable (the impact of nutrient intake if changing the PFP operation); (14) health is the priority but we have to have in mind the impact on other spheres and topics that are also priorities in the EU; (15) information that there is a JA on health determinants being launched in 2022.

At the last meeting, PDMF members thought that the impact on national and EU policies was considered likely. Of all the themes, the PDMF participants were quite confident that JA will have an impact on food environments. Furthermore, compared to the results of the second PDMF meeting, the expectations towards having an impact on EU policies have increased, and the expectations towards having an impact on food environments have decreased. Highlights from the last meeting were: (1) upcoming sustainability report and recommendations that would be of vital importance in addressing this matter were highly valued; (2) there was a suggestion to identify any existing gaps, determining how to provide support for upcoming legislation – with aim to establish a connection point between the achievements so far, while also exploring new synergies that can be leveraged; (3) a main challenges identified was the need for a deeper understanding of ongoing developments, as this would enhance the feasibility of implementing the recommended reformulating food products to improve their quality; (4) the re-establishment of HLG at EU level in line with the MSs representation would contribute significantly to the implementation of the JA on national and EU policy levels; (5) the importance of reaching out to MSs that had already established rules and legislations was highlighted; (6) expanding the network and fostering connections between scientific and attaché levels is important; (7) council conclusions should focus on adapting legislation or upgrading existing legislative measures.

Throughout the entire JA, the equity aspect has been considered as a necessary factor, to implement policies able to also reach the children in the more vulnerable families. As explained below, results were encouraging, as there is evidence that all policies – to a different degree – tackle the social gradient in childhood obesity.

1.4 Equity Aspects in the Joint Action Best-ReMaP – Proportionate Universalism and Social Gradient at the Core of Policy Implementation

Malnutrition is associated with a higher likelihood to develop chronic and NCDs (responsible for up to 80% of all global burden of disease) and worse mental health outcomes. At the same time, the health risks associated with malnutrition are not equally distributed among the population, since peoples' diets are also a product of the broader daily living conditions in which they are born, live, learn, work and age. Hence, those with a lower socioeconomic status, less education, insecure working conditions and poor living conditions are more likely to experience food insecurity, eat unhealthy diets and have higher levels of [dietary-related diseases](#).

Health policies should aim to ensure that those with greater needs can benefit the most from the intended policy, thereby **reducing health inequities**, reducing overall health costs and ensuring a progressive realisation of the **right to health for all**. For this reason, the role of inequities in health policies, especially on the application of the policies in food marketing restrictions, food reformulation and food procurement, in respect of their effects on diet-related health, has been analyzed throughout the JA. People with less money, power and resources, less education and living in poorer neighbourhoods are more likely to experience food insecurity and have a less healthful eating pattern and higher levels of diet-related diseases. [The WHO health behaviour of school-aged Children survey \(HBSC 2020\)](#) shows 17% of children and adolescents in Europe in wealthier households experience excess weight, compared with 25% of children in less wealthy households.

In the context of the JA, **a literature review for health equity assessment has been conducted**, focusing on factors relevant to obesity and relevant to food and nutrition policies. The review identified four main types of criteria: 1) the underlying inequalities before the policy was introduced; 2) the type of policy and how it reaches communities; 3) the response to a policy and what behavioural changes are expected; 4) how well a policy can be sustained.

Even though there is a need to further investigate the empirical evidence related to health inequalities in food and nutrition policies, current data make it possible to draw some useful reflections. In the case of limiting children's exposure to television advertising for unhealthy foods, there is [evidence](#) that:

- **exposure is greater for children in poorer households,**

- a policy would reach everyone,
- the answer requires no choice or agency on the part of children or their parents,
- there is good community acceptance across all social groups.

It is possible to say upfront that **the policy is likely to reduce inequality in childhood obesity**. Similarly for the provision of good food to children and other institutions, **the need for good nutrition is greater for less affluent consumers**, the benefit should reach all who receive the food, especially low-income consumers and would reduce obesity-related inequalities.

Finally, **reformulation will benefit those who consume the most reformulated foods**, but not necessarily the least affluent consumers. There is a lack of evidence on how reformulation affects childhood overweight, but if reformulated food costs the same or even less, then **the evidence supports the policy to reduce inequality**. Therefore, **all the three Best-ReMaP policies can reduce the risk of obesity for all children** and especially for children from the poorest families.

Table 1: Summary of evidence of the three policies: marketing restrictions, reformulation, procurement standards

Summary of evidence: marketing restrictions	Summary of evidence: reformulation	Summary of evidence: procurement standards
Health equity increases, especially with strong regulatory implementation	Health equity increases, especially with mandatory implementation	Health equity increases, especially with mandatory procurement standards

The framework for action developed throughout the core JA work packages took into account the equity aspects. All of them have been presented during the policy dialogues, to discuss the real implementation of what the JA Best-ReMaP achieved. Together with the participants and the experts at each policy dialogue, they have been interactively debated to develop further the work and to see what the barriers and the main obstacles to their effective implementation were. The frameworks for action are described in the following chapter.

2. Frameworks for Action on Food Reformulation, Food Marketing and Public Procurement: Challenges and Opportunities to Policy Implementation

The following sections present the three frameworks for action describing how the core WPs' main outcomes and indications can best be implemented across the MSs taking part in the JA. WP4 created a survey sent to the WP leaders with a "Framework for Action Template" to be filled in, to describe and summarise the WPs' main achievements during the JA Best-ReMaP (Annex 6.2.1). WP4 received the answers and analyzed the results. What is presented below is a summary of the main findings mentioned by WPLs.

Outcomes produced by the research teams concern fundamental parts of the food system in EU, and addressing the challenges presented will be central to enhancing EU citizens' opportunity to access a healthy diet. The frameworks for action act as bridges in action in each core WP concerning food reformulation, advertisement of unhealthy food and public procurement, to fill the gap between research and policymaking, and require the cooperation of all stakeholders involved at different levels. The frameworks for action's main aim is to develop common strategies in the three fields addressed by the JA Best-ReMaP, across the MSs.

2.1 WP5 - Harmonised Reformulation and Processed Food Monitoring

2.1.1 Background

Food reformulation is defined as the process of altering a food or beverage product's recipe or composition with the objective of making it healthier. The WP5 focused on reformulation of foods to contribute to an increased offer of healthier options for processed foods available in EU supermarkets, by reducing salt, sugars and fat content. The aim of WP5 was to share and promote **the best practices on how to implement a European sustainable monitoring system for processed food reformulation**. Providing MSs assistance to produce a snapshot of food currently offered to consumers at national markets, WP5 offered an opportunity to monitor the impact of national public policies aimed at decreasing the salt, sugar and fat contents of processed food.

WP5 has been led by the French Agency for Food, Environmental and Occupational Health and Safety (Anses) and involved 21 Countries (list of Countries is available in the Annex 6.1).

WP5 developed and implemented a standardised European monitoring system to monitor food offerings and nutritional content, as well as to identify the best formulation

and room for reformulation of the food produced, sold, and consumed. For this purpose, only processed foods have been considered. Raw products such as eggs, fruits, vegetables, flour, fresh cream, milk, etc. were not covered by the project, as there is no room for reformulation. The tool aims at gathering information provided on packaging to follow food supply over time. This would allow comparisons between countries, providing data to evaluate and adapt nutrition policies in EU and will enable to identify the best formulation to incite producers to improve the nutritional quality of their products.

2.1.2 WP5 main goals

- Identification of the priority processed food groups for EU monitoring of the food supply, knowledge gained on new technologies and new sources of data for nutrition data collection;
- Countries trained to conduct and analyse their own data collection;
- Feeding of an open EU Food Information Database managed by the JRC to ensure the sustainability of data collection on food reformulation at the EU and national levels and of monitoring trends in food reformulation;
- First European analysis of the trends of the nutritional quality of processed food and their impacts on population's nutrients' intakes for some countries.

2.1.3 Implementation of Strategic Actions

The leadership and dedication of governments as well as committed and trained resources in the 19 MSs, are essential requirements to implement the methodology developed in WP5. Research outcomes pointed out that the following actions are strategic to the implementations of the WP5's outcomes:

- Characterisation of the complete food offer and the nutritional quality of processed food at a given time (number of products by subcategory, nutrient values, room for reformulation, ingredients lists);
- Dedicated and trained staff for each country with state-of-art forward-looking knowledge of policies and market landscape for quality monitoring of the long-term impact that reformulation policies can have on the populations affected;
- Re-organise resources in the field of processed food monitoring and reformulation: thanks to the open-access FABLE database the access to branded composition data at European level is facilitated;
- Re-establish EU-level platforms (e.g. HLG on nutrition and physical activity) to facilitate knowledge exchange in ways that enhance sustainability/longevity/legacy of projects at MSs level;

- Collaboration with the private sector and industries: the results of the country level food monitoring need to be shared with the private sector and industry in order to incite them to reformulate when room for reformulation is identified and to have their feedbacks on composition evolution in order to explain them. On top of that, collaborations with industries can help data gathering when they can share either food packaging or reliable dematerialized data.

2.1.4 Challenges

- **To foster collaboration with the industries at the country level;**
- The need for continuous **adaptation of nutrition policies with regards to the results of the monitoring;**
- To find a less burdensome way to collect reliable and representative data than taking pictures in shops.

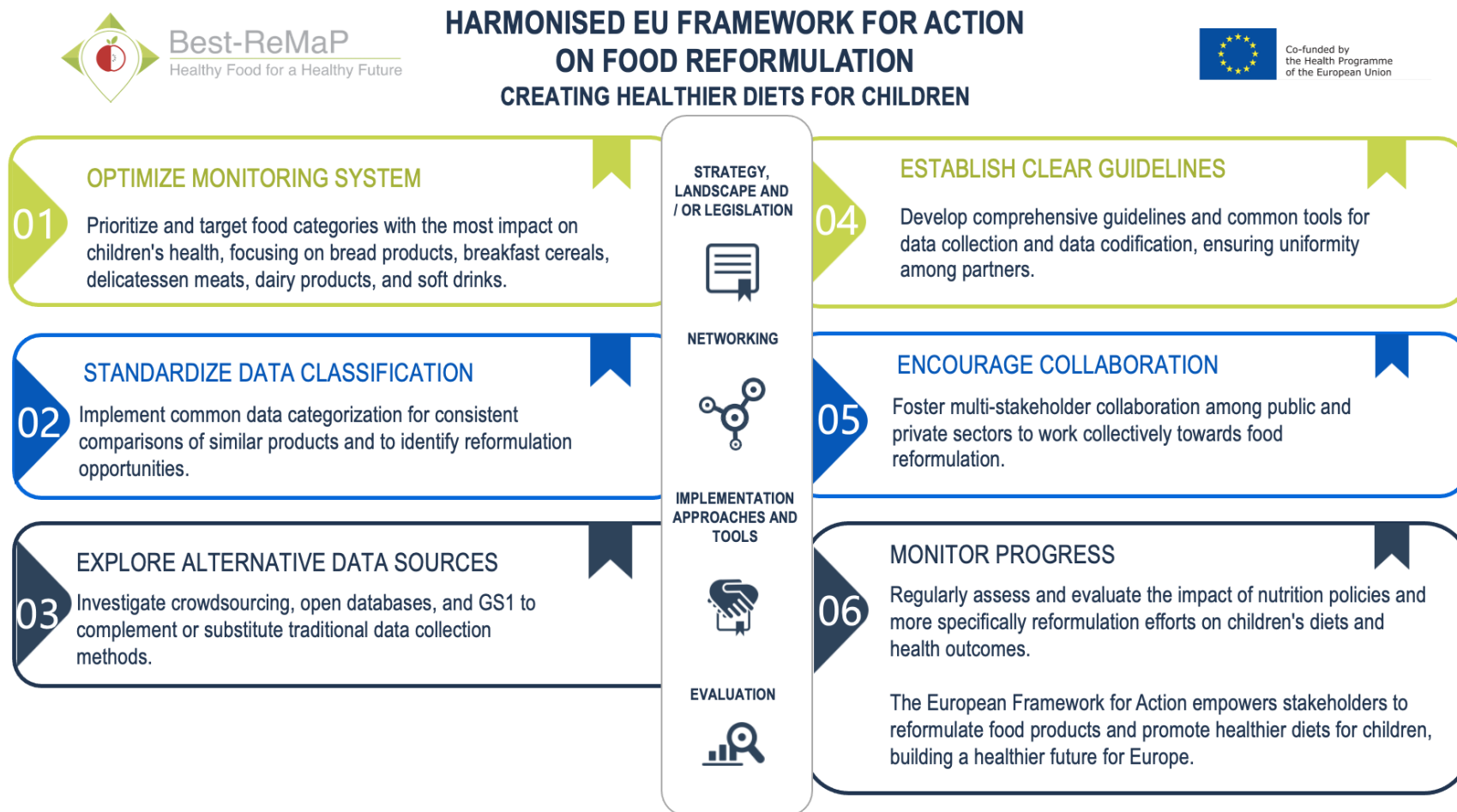
2.1.5 Conditions of success for the sustainability of actions

- Continuity of use by countries of the common shared methodology of data collection and codification in subcategories;
- Extension of the reformulation and processed food monitoring to the other food groups categories;
- Follow-up after the end of the project to obtain knowledge of the trend over time (e.g. the addition of new products);
- Maintenance of the open access datasets hosted by the JRC, in order to keep it running and living;
- Continuation of (some) of the actions of Best-ReMaP during the new JA on the prevention of NCDs.

2.1.6 Framework for Action Scheme

The **WP5 European Framework for Action on Food Reformulation** aims to promote food reformulation and create healthier diets for children and adolescents across EU. By optimizing the monitoring system, using common subcategories for classifying data, exploring alternative data sources, and establishing guidelines, WP5 ensures effective data collection and comparisons for reformulation opportunities. Six main steps have been identified to conduct efficient data collections, at national and EU level.

Figure 3: WP5 Framework For Action



1) Optimizing the Monitoring System

The first step consists of **identifying the priority food categories to study**, as it is in general not possible to cover the whole market in one time. For that purpose, it is necessary to identify and **prioritize food categories that have a major contribution to children** and adolescents' nutrient intake (e.g., fat, saturated fat, sugar, salt) in all concerned countries. Once this exercise is done, it is still necessary to choose the food categories by considering the presence of preexisting data (as the objective of the study is to follow reformulation), the interest of the participating countries (regarding the implementation of specific nutrition policies for example or the time gap with previous data collections) and possible room for reformulation.

The following food categories commonly consumed by children and adolescents have been selected on this basis: bread products, breakfast cereals, delicatessen meats, dairy products, and soft drinks. Other food groups of interest may then be collected in the following years. Once a first data collection is implemented, **it is recommended to repeat the follow-up every 3 to 5 years**, a time gap sufficient to observe reformulations.

2) Standardizing Data Classification

The second step is the **establishment of common subcategories to classify the data**. This classification allows to grouping "similar" products (similar sales name, manufacturing technology, recipe, or marketing positioning) and thus identifying "Best in class" products and margin of reformulation for the others. Such grouping is specifically designed to monitor composition data and is adapted to identify the margin of reformulation. It has to be detailed enough to encourage manufacturers to reformulate their products but not too complex to be usable by the countries. A good option is to discuss such classification with the food industry. The implementation of common categories and subcategories for nutritional data is one of the key steps of harmonized data collection, as it ensures consistency across pre-existing and project-collected data and allows comparisons between similar products to identify reformulation opportunities. Local specificities cannot be introduced in the pan European classification system, but adaptations of the definitions to make them more readable by field workers can be considered. An adapted food classification system has been developed and implemented during the JA Best-ReMaP.

3) Investigating Alternative Data Sources

The classical method, used in Best-ReMaP, to collect the data is to go into the shops to take **pictures of the products** and to enter all information in the database manually. The data collection is **based on the information available on pack** and does not require any chemical analysis. All information is easily accessible but the scope of what is gathered is large: the identification of the product (name, brand, bar code...), but also the nutritional values (for the product as sold and/or as consumed) and the list of ingredients. Properly conducted, such a data collection is trustworthy but a great care has to be given to the way of taking pictures, to the accuracy of entered data. This reliable method is burdensome. That is why alternative

options such as webscraping, crowdsourcing, open databases, and GS1 should be investigated to complement or substitute traditional data collection methods. The exercise has been realized during Best-ReMaP but led to the conclusion that, to date, available sources of data were not responding to the needs of data collection for reformulation monitoring to date, because of a lack of representativeness and of reliability of the data). However, investigations need to be taken further. To facilitate efficient data collection, it is also useful to identify and use **data collection tools and technologies**, such as text recognition.

4) Establishing Guidelines

Common guidelines and tools should be implemented to ensure that all countries collect, codify, verify and treat the data the same way. It is necessary to develop clear and comprehensive guidelines explaining the data collection and codification methodology. Specific guidelines have been developed for the collection and classification of products of the five priority food categories to define precisely the products that were in the scope of the data collection and to ensure a classification as accurate as possible by giving precise examples for each subcategory of products, and thus avoiding individual interpretation of the definitions.

In addition to the guidelines, it is useful to implement common tools. Common templates and programs have been developed for consistent data collection and data treatment during the JA. Template for the data collection with drop down lists (to facilitate the data entry, to avoid misspelling or use of plural instead of singular, ...) and detailed instructions have been presented to the partners and used for the field work. The use of **common IT programs** simplifies the work for data verification and treatment and enables all partner countries to produce exactly the same indicators, what makes them comparable. To ensure understanding and adherence to the guidelines and tools, trainings have been provided to all partners, both for data collection and codification and for the verification and production of indicators. Guidelines, tools and adapted training ensure that all involved partners collect and code data using the same methodology for accurate and comparable results.

5) Collaboration and Communication

The efficiency of such initiatives is linked to the dissemination and adherence to the methodology by as many partners as possible. But it is also essential that all stakeholders (government, safety agencies, industry members at national and EU level) are aware and support the initiative. That is why **multi-stakeholder collaboration** has to be searched: it is indeed crucial to encourage collaboration between public and private sectors, research institutions, and civil society to work collectively towards food reformulation. Results obtained during the JA Best-ReMaP enable to gain knowledge about the nutritional quality of the food offer in different European countries and to identify margin of reformulation by establishing benchmarks and identifying “Best in class” products.

However, results have to be shared at local level both with governments to make them able to assess the efficiency of nutrition policies deployed, and with food industry to encourage them to reformulate or give them an evaluation of the impact of their efforts on nutrient intake.

Sharing information is very important and a good option could **be to promote an open exchange of information and best practices among stakeholders**, for example through the implementation of the open-access database FABLE, hosted by JRC, Ispra, Italy. All data gathered or recodified during the work in Best-ReMaP are made available to the public through this database.

6) Implementation and Evaluation

A specific **Implementation Plan**, outlining the steps for implementing food reformulation initiatives based on data findings, has to be defined. For that purpose, coordinated actions of MSs willing to participate at European level is necessary, through structures similar to the former HLG. Integration of new participating countries could also be made possible this way. In parallel, the progress of the task has to be regularly monitored, not only to follow the deployment of the methodology but also to assess the impact on the quality of the food. To ensure the efficiency of actions taken, there is a need to regularly assess and evaluate the impact of nutrition policies and more specifically reformulation efforts on children's diets and health outcomes. Thus, allows to adapt the action plan and, consequently, the nutrition policies to improve the quality of the food offer. For better results, it is also necessary to continuously refine the framework based on new insights and experiences to achieve greater success.

2.1.7 Health Inequalities and Social Gradient

One of the causes of health inequalities in nutrition that WP5 tackled is that population social groups are **diversely aware of the impact of nutrition** on their health condition, with the more educated class being more aware than the others. Food reformulation has the potential to benefit people's diet bypassing this issue, since it requires no direct action from individuals, and it can thus benefit all population groups without distinction. It is also likely that reformulation policies will especially benefit children – as they often consume a large part of processed food – as well as other vulnerable population groups known to consume processed food with the lowest quality of ingredients more often⁶.

Therefore, WP5 outcomes may be particularly helpful in this regard, since understanding of the equity aspects has the potential to help design and implement food reformulation policies that will also reduce inequities between population groups and/or between European countries. First, the tool allows the identification of 'best-in-class' products, namely the ones with superior nutritional content compared to the products in the same category, or the worst ones in the same group. Second, the tool can allow policymakers to establish benchmarks between countries. Therefore, if MSs manage to grant the sustainability of a standardised European monitoring system for processed food reformulation, this tool has the potential to defend European citizens' right to access proper food both now and for the years to come.

⁶ WP5 tests this assumption by calculating the impact of reformulation on the nutrient intake, with a focus on children.

2.2 WP6 - Best Practices in Reducing Marketing of Unhealthy Food Products to Children and Adolescents

2.2.1 Background

As eating habits are formed at an early age, securing optimal environments and conditions for good nutrition is necessary to give children a better chance to grow up to be healthy adults. However, nutrition environments are currently far from being optimal, with children being continuously exposed to powerful food marketing, including in the (digital) media, on food packaging, at places of purchase (supermarkets), and in settings where children gather. A wealth of evidence shows that a significant amount of marketing towards children is for foods high in fats, sugars and/or salt (HFSS) and it is widespread across the world. This exposure has a negative and harmful impact on children's food choices and their dietary intake, as well as on children's purchase behaviour and diet-related health. As a result, the child population is particularly affected and marketing of unhealthy foods to children is one of the major contributing factors to the childhood obesity epidemic, with 1 in 3 children that now live overweight or obesity in the WHO Europe Region. There is a **need to protect children** from the harmful impact of food marketing and to enable children to develop healthy food values and preferences in a safe and healthy environment. In addition, restricting the marketing of unhealthy foods to children is one of the key priority actions areas established by WHO and UNICEF, that governments should take to help reduce and prevent the rise in childhood obesity with the goal of ensuring that future generations of Europeans are healthier.

WP6 has been led by the Portuguese Directorate General for Health and the Irish Department for Health and involved 17 Partner Countries (list of countries is available in Annex 6.1). Given the above, the WP6 aimed to explore, develop and share, within participating countries, the best practices on how to implement **effective policies to reduce marketing of unhealthy food products** (food and non-alcoholic beverages) to children (up to 18 years). This goal was addressed by WP6 exploring practices about how best to implement effective policies to reduce the marketing of unhealthy food products⁷ to children⁸ and by developing different tools for an effective implementation of policies to reduce food marketing do children, as well as by providing guidance on how to use them properly. WP6 **monitored food marketing and implemented monitoring activities** in 14 Countries. It also developed several pilot studies to test the monitoring protocols and to measure the potential and the actual exposure of children to food marketing through various channels, including TV, outdoors, sports events, and digital

⁷ Food and non-alcoholic beverages.

⁸ In WP6, age threshold to categorised children was set up to 18 years old.

media. The national frameworks were analyzed to understand the differences in food marketing communications, whether legislation was complied with, and if children were protected from harmful marketing messages⁹.

2.2.2 WP6 main goals

- To identify, develop and share best policy practices to reduce exposure of children to the marketing of unhealthy foods;
- To develop coordinated and comprehensive protocols and tools to monitor the extent and nature of marketing exposure of children;
- To support MSs with the implementation of the new EU rules on audiovisual media services.

2.2.3 Implementation of Strategic Actions

WP6 data indicated that actions targeted at limiting unhealthy food marketing hold potential to be well-accepted by the public, civil society stakeholders, as well as the health sector. At the same time, policy reviews indicated that at the governmental level, there is often resistance and/or inability to implement measures in this field, in particular when it comes to statutory measures. With this in mind, a number of requirements and strategic directions have been proposed, such as:

- **Adopt government-led regulatory approaches:** more effective in reducing the exposure to marketing and consumption of unhealthy foods, over industry-led self-regulation;
- Reduce at least, and **preferably remove** marketing of unhealthy foods in a broad set of marketing types and techniques (regulations would include food packaging, product placement, the use of equity brand characters, sponsorships and advergames), and a broad set of marketing communication channels and settings, with a specific focus on digital media;
- Adopt a **wide concept of ‘marketing to children’**, protecting children from all forms of marketing that reach them, not only those that are “directed” or “targeted” at them;
- **Update the food marketing code**, according to the evolution of marketing strategies employed by the food industry and food advertisers;
- Increase the **age threshold to 18 years** of age for the scope of the marketing regulations in order to protect all children;

⁹ Process indicators used to understand whether implemented measures meet the necessary criteria include: i) If there is a strict NPM defined to restrict unhealthy food marketing; ii) If the policy covers a broad set of marketing types and techniques; iii) If the policy covers a broad set of marketing communication channels; iv) If the policy protects children aged under 18 years; v) If the policy protects children from the marketing to which they are exposed; vi) If the policy restricts the power of food marketing; vii) If there is an effective enforcement mechanism in place.

- **Define the foods and drink products to be restricted** from marketing through a strict government-led NPM, based on the [WHO Europe NPM](#), as outlined in the revised [2018 Audio Visual Media Services Directive](#).
- **Enable monitoring of the food marketing** that reaches children through digital media;
- Create an **assigned administrative body** to enforce a national food marketing code to evaluate and monitor unhealthy food marketing. To facilitate the implementation of regulatory codes as well as effective monitoring, networking activities, experience, and knowledge sharing between MSs and experts in the field are recommended;
- **Ensure financial and human resources** to cover the workload related to food marketing monitoring and to develop training to ensure literacy at all levels;
- Develop **international consensus and guidance** on the balance between protecting children's privacy (adhering to GDPR) and protecting them from harmful digital food marketing.

2.2.4 Challenges

There are several important challenges that should be further investigated and overcome to implement WP6 results:

- **Definition of “unhealthy” food**, promoting a shared adoption of the use of the WHO-Nutrient Profile Model (NPM);
- **Lack of public awareness** of the effects of food marketing, on the media strategies and how unhealthy certain products are. With citizen's lack of knowledge on these aspects it becomes difficult to get support to marketing regulation;
- **Difficulties of controlling and evaluating children's exposure** to food marketing, since there are many linear and non-linear types of marketing and because of the GDPR rules;
- Current monitoring tools still involve substantial manual work of the researchers. Monitoring, especially in dynamically evolving digital media, requires expertise in the digital marketing landscape and in some cases the involvement of children themselves. That requires substantial time resources and expertise in research ethics and data management, privacy and protection issues;
- **Food industry pressure** during the development or implementation of the regulations and monitoring protocols;
- Practical research aspects as **the lack of resources**, the ethical review challenges, and the procedures to recruit children;

- **Difficulty to monitor digital marketing** and control it since there is limited online availability of nutritional composition data for certain food products;
- Foods whose marketing should be limited may be ingrained in national and regional traditions.

2.2.5 Conditions of success for the sustainability of actions

Given the above-mentioned actions, understanding which are the strategic actions needed to address the issue of unhealthy food marketing, and the challenges to their implementation, it is important to consider the aspects related to their long-term sustainability. The main conditions of success to guarantee sustainability are:

- To create synergies with other pivotal organisations, as the [World Health Organization \(WHO\)](#), [World Obesity Federation](#), [the European Consumer Organisation \(BEUC\)](#), [UNICEF](#), [European Public Health Alliance](#), and the [International Advertising Association](#).
- To develop common strategies for Mss to learn how to deal with food industries, since they are likely to oppose the implementation of food marketing restrictions;
- To create further pressure for national government and working groups during the development or implementation of the code;
- To monitor and counteract common arguments presented by opponents to food marketing regulation. Policy briefs, such as [the one produced by STOP together with the WHO](#), can help understand the arguments used, and offer counter solutions based on scientific evidence.

2.2.6 Framework for Action Scheme

1) Tighten food marketing restrictions

To effectively protect children from harmful food marketing there is a need to tight the policies and codes of conducts that are currently in place at the EU countries. [Evidence](#) states that these restrictions should be as comprehensive and robust as possible, including broad definitions of ‘marketing to children’, as well as “content-, placement-, and time-based restrictions” to effectively protect children. Strong regulatory implementation is also needed to [increase the overall health equity](#).

In 2010, WHO called for global action to reduce the impact of unhealthy food and beverage marketing to children, with the endorsement of the [WHO Set of Recommendations](#) on the Marketing of Foods and Non-alcoholic Beverages to Children. Since then, calls to effectively protect children from harmful food marketing have been reinforced by the Global [Action Plan for the Prevention and Control of NCDs 2013-2020](#), by the [WHO Commission on Ending](#)

Childhood Obesity, and by the WHO-UNICEF-Lancet Commission. Despite these recommendations and evidence showing that government-led and mandatory restrictions, covering all children until 18 years of age are effective in protecting them from harmful marketing, restrictions of unhealthy food marketing to children are still mostly self-regulatory instead, which are often developed/enforced by the food and advertising industries.

Thus, following the WHO guideline - Policies to protect children from the harmful impact of food marketing, the JRC Marketing of food, non-alcoholic, and alcoholic beverages - A toolkit to support the development and update of codes of conduct, as well as the **Technical Guidance for Codes of Practice**¹⁰ and the **Legal framework for children's protection**, it is recommended to:

- Develop a **new legal framework at EU level**, that addresses the need for statutory and comprehensive approaches to protect children from harmful food marketing.
- Adopt **government-led regulatory approaches**, rather than self-regulatory codes of practice that are usually developed or enforced by the food and advertising industries.
- Restrict, and preferably remove, marketing of unhealthy foods (**both exposure and power**) across all **marketing types and techniques** (including on food packaging, product placement, sponsorship and point-of-sale advertising) **and marketing communication channels and settings** (including digital marketing)
- Raise the age threshold to **18 years old**, to protect all children and adolescents.
- Adopt a **wide concept of 'marketing to children'**, protecting children from all forms of marketing that reach them, not only those that are "directed" or "targeted" at them.
- **Regularly update the food marketing code**, according to the evolution of marketing strategies employed by the food industry and food advertisers.

2) Implement a child rights-based approach

Implementing a child rights-based approach, recognizing that food marketing to children is not just a health issue but also a major children's right concern may drive policy action to effectively protect children from harmful effects of food marketing. Children's fundamental human rights, namely the rights to health; food; survival and development; education; information; rest, leisure, recreation and cultural activities; privacy; and non-discrimination are compromised by the exposure to unhealthy food marketing. Additionally, considering that some types of marketing may collect and analyse children's personal data, unhealthy food marketing to children may be considered as a form of economic exploitation.

3) Engage, mobilize, and empower all stakeholders

To facilitate the implementation of effective policies to restrict food marketing to children, the involvement of different **stakeholders** (government sector, professionals, civil society, the private sector and others) is crucial. **Increasing literacy for all stakeholders** in how food marketing works, why it is exploitative of children and why they deserve a healthy environment to grow up in, can facilitate this engagement and it is another key recommendation in this field.

¹⁰ Deliverable D6.2 of the Joint Action Best-ReMaP provided an assessment of codes from Ireland, Portugal and Slovenia, against the JRC Toolkit.

Empower also **parents, grandparents or caregivers** to protect children (in addition to stakeholders) and recognize **youth** as important stakeholders.

Moreover, the **National Intersectoral Working Groups**¹¹, established in each participating country as part of Task 6.1. of WP6 – planned to facilitate the implementation of tools – represent important national networks that can enable capacity building activities, knowledge transfer, and bring together at the national level all the different sectors and knowledge domains required to restrict food marketing to children.

4) Encourage cooperation and capacity building

Besides the involvement of different stakeholders, it is essential to **enable capacity building, knowledge exchange and cooperation** among MS through different networking groups and governance mechanisms at the EU level.

Food marketing to children is a challenging area, that involves several key sectors, and is in constant evolution. Therefore, besides a need for constant adaptation of current legislation in this field, it is crucial to have a knowledge and experience exchange network that helps to overcome the several barriers and challenges that can arise during the process. This teamwork facilitates and enhances the work in Member States without these processes ongoing, through the knowledge and experience sharing from other MS.

Established networks, such as the WHO European Action Network on Reducing Marketing Pressure to Children and the **EU Expert Group on actions to reduce marketing of unhealthy foods to children**¹² should be used to promote MS cooperation, knowledge, and experience exchange. The establishment of a working governance mechanisms at the EU level is also a key recommendation. And WP6 partners have repeatedly suggested a need for a monitoring-specific knowledge and experience exchange network.

5) Use evidence to define unhealthy food products

The adequate definition of foods that shouldn't be marketed to children is a key element to better protect them from the harmful impact of food marketing. The existence of a government-led nutrient profile model based on robust scientific evidence is the adequate implementation tool to define unhealthy food products.

The **WHO European Nutrient Profile Model (2nd edition)**, published in 2023, is an updated version of the model previously published in 2015 and is based on the expert meeting held in September 2021 and the work of the JA Best-ReMaP. WP6 worked closely with the WHO to develop the draft model¹³, which was then tested within the JA Best-ReMaP in 13 countries and 108 578 food products. Furthermore, the WHO European Region NPM can be adapted to the national context. Some countries (Austria, Estonia, Portugal and Slovenia) have already successfully implemented the 2015 NPM in national policy.

¹¹ Milestone M6.1 of the Joint Action Best-ReMaP established the EU Expert Group and National Intersectoral Groups

¹² Milestone M6.1 of the Joint Action Best-ReMaP established the EU Expert Group

¹³ Deliverable D6.2 of the JA Best-ReMaP provided a proposal for an EU coordinated NPM (as identified in the AVMSD).

6) Define and actively support monitoring and enforcement

Another important aspect of an effective policy to reduce food marketing is having a **comprehensive, regular and transparent monitoring programme** (using the **EU-WHO Monitoring Protocol**) to ensure compliance and enforce these measures, as well as to provide adequate resources for its implementation including regular updates.

The **EU-WHO Monitoring Protocol** for assessing children's exposure to food marketing was created as a collaboration between WP6 and WHO Europe. It provides step-by-step guidance on monitoring major exposure challenges and consist of the following protocols, surveys and guidance: Internet (potential and actual exposure), TV, outdoor marketing, media and brands survey, guidance on engaging children and guidance on resource planning. Existing WHO Protocols and Templates were updated using learnings from the JA Best-ReMaP piloting programme¹⁴, which involved 25 monitoring projects in 14 countries.

To cover the workload related to food marketing monitoring and develop training to ensure literacy at all levels, there is a need to ensure adequate **financial and human resources**. Moreover, regarding measuring children's actual exposure to food marketing, an **international consensus and guidance** on the balance between protecting children's privacy (adhering to GDPR) and protecting them from harmful digital food marketing should be developed. And monitoring **of the food marketing** that reaches children through digital media should be properly enabled.

Furthermore, regular annual monitoring with obligatory reporting to the national parliaments and biannual to the EU Parliament, with provided budget in MS is also needed. To facilitate the implementation of regulatory codes it is recommended to create an **assigned administrative body** to monitor and enforce the food marketing codes.

7) Develop new tools and data

Considering existing limitations of food marketing (tools are resource-intensive and time-consuming; regular data collection cannot be guaranteed), new **reliable and validated automated tools should** be developed in the future, particularly to assist in effectively monitoring **digital marketing** and in **decreasing manual workload**.

Moreover, development of new data, such as **European and national-level food-branded databases** is also a recommended important step for future action. Food-branded databases (such as FABLE) are useful for several key activities related but not limited to actions to restrict unhealthy food marketing to children.

¹⁴ Deliverable D6.3 of the JA Best-ReMaP documents the process and findings of the piloting programme of the EU-wide harmonized monitoring protocol, spanning 24 projects from 14 MS.

8) Be prepared to address the challenges

Finally, be prepared to address these challenges, by **seeking support from other countries** who have already experienced these difficulties **and health organizations** (such as the WHO) is fundamental.

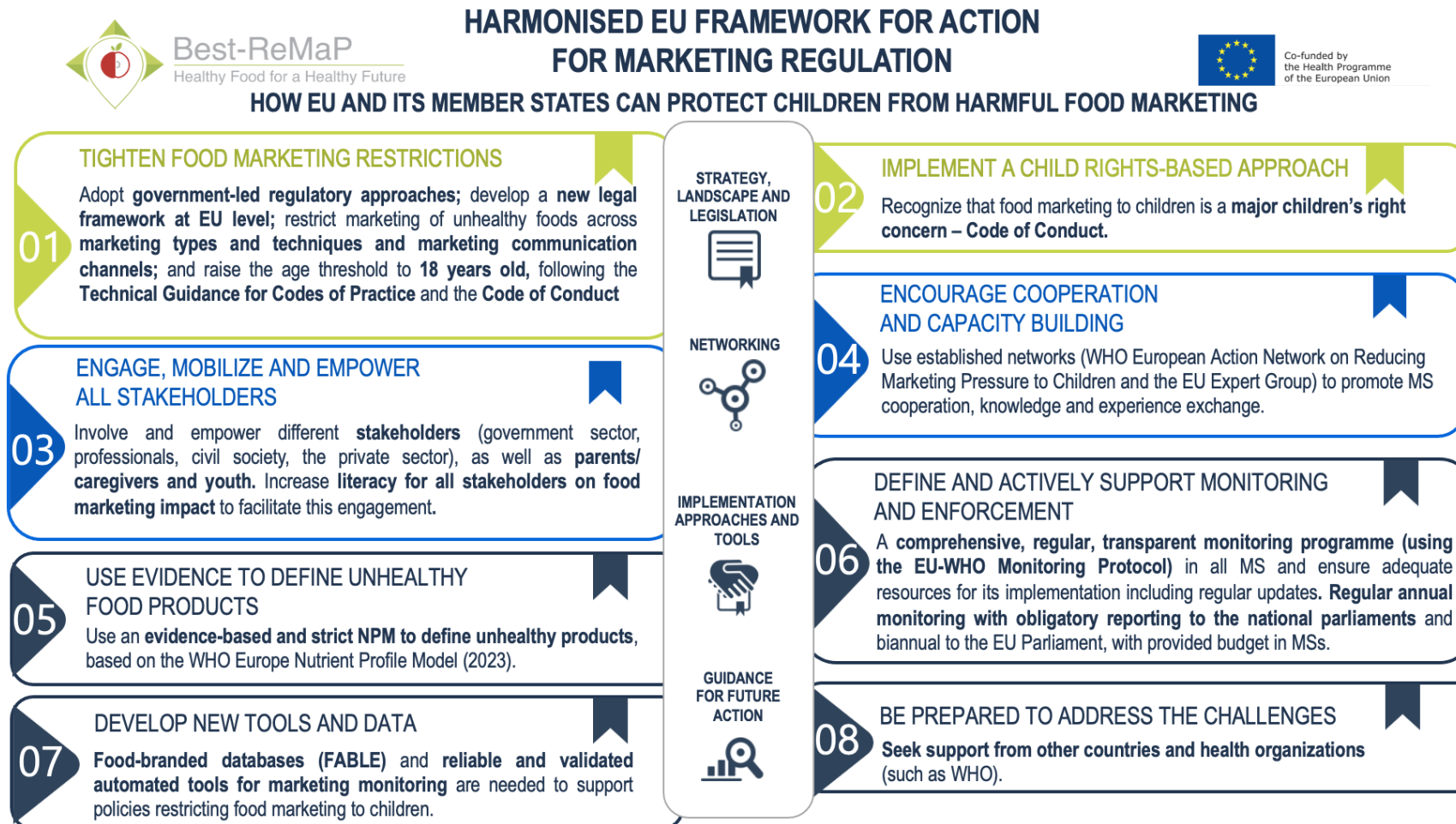
Throughout the process of implementing measures to restrict unhealthy food marketing to children, several challenges may arise, from which stand out:

- Definition of “unhealthy food” (and the issue of foods whose marketing should be limited may be ingrained in national and regional traditions.)
- Lack of public awareness on the harmful effects of marketing.
- Food industry pressure during the development and implementation of measures to restrict unhealthy food marketing to children.
- Difficulties in evaluating and monitoring children’s exposure to food marketing (particularly digital marketing).
- Lack of resources, and substantial manual workload.
- Other practical aspects such as ethical challenges and recruitment of children.

To overcome the challenges, support is required, particularly in the following aspects:

1. Political support and involvement of diverse stakeholders.
2. Ongoing support from the WHO (particularly in developing national NPM and in monitoring).
3. A monitoring-specific knowledge and experience exchange network consisting of MSs and experts, adequately funded.
4. A steering group to support the monitoring programme and rolling protocol review.
5. EU-wide and MS-specific ethical clearance documentation and advice on GDPR issues related to accessing children’s devices to monitor digital media.
6. Adequate resources (financial and human) to implement, monitor and enforce these measures.
7. Reliable and validated automated tools to decrease workload.

Figure 4: WP6 Framework For Action



2.2.7 Health Inequalities and Social Gradient

Evidence confirms that **modifying food environments**, through restrictions on child-directed advertising have the potential to **reach all groups of the population** regardless of their SES. Children from socioeconomically disadvantaged backgrounds and from ethnic minorities are usually exposed more to marketing of unhealthy foods as well as more affected by the negative consequences. Therefore, restricting marketing on population-wide level is likely to benefit these groups more. To this end, WP6 team reported that regulatory restrictions are likely to be more effective than voluntary frameworks. However, from the Best-ReMaP WP6 systematic review on the implementation of food marketing codes it became evident that there is a gap in reporting outcomes of exposure to unhealthy food marketing food differentiated by socioeconomic status. Therefore, the extent to which children from a lower SES population are exposed to harmful food marketing compared to children in high SES population needs further investigation.

Given an emerging understanding and recognition that marketing regulations are directly connected to **children's human rights, marketing practice targeted to children**, it makes for a strong case for the JA Best-ReMaP to see it as such. The United Nations Convention on the Rights of Children requires States to recognise the children's best interests and to fulfil their right to health, as well as to privacy and to protection from exploitation. Children thus have a right to be protected from harmful marketing messages, as the marketing of unhealthy food on digital media and settings where children gather. Hence, restricting the sponsorship and marketing techniques appealing to children will contribute to the realisation of the children's right to health, and it is also in line with the Sustainable Development Goal (SDG) 2 (Zero Hunger – achieve food security and contribute to end all forms of malnutrition) and SDG 3 (Good Health and Well Being – ensuring healthy lives and promote well-being for all and at all ages).

2.3 WP7 - Public Procurement of Food in Public Institutions

2.3.1 Background

Public procurement refers to the purchase by governments and state-owned enterprises of goods, services and works. In 2014, the total social food service market has been estimated at €82 billion, which means that public procurement system has huge potential to influence the use of public funds within public health-driven policy agenda. As public procurement accounts for a substantial portion of the taxpayers' money, governments are expected to carry it out efficiently and with **high standards of conduct** to ensure **high quality of service delivery** and **safeguard the public interest**. As children spend almost a third of their day in kindergarten or school and consume a large part of their daily energy intake in educational environments, the types of environments present are important factors in the development of childhood obesity.

WP7 has been led by the National Institute of Public Health, Slovenia and involved 11 Countries (list of countries available in the Annex 6.1). The **overall objective** of WP7 was to contribute to the higher quality of menus, by assuring transparent quality of the procured foods, in the (selected) public institutions in the interested MSs, and in the long-term, at the national/regional levels and at the EU level. WP7 prioritised the **understanding of differences in the implementation of public food procurement policies** in the participating countries. To gain this knowledge, it sought to identify relevant sectors for collaboration and to evaluate the availability of the tools for PFP.

WP7 activities aimed to add information, knowledge, and insights to increase transparency in the public food procurement field, to enable every public institution in the EU (mainly schools and kindergartens) access high-quality, healthy and nutritious food. A **Slovenian good practice tool for public procurement** (Catalogue of foods) was compiled and introduced to all participating partner countries and observers, but only active participants tested it. Furthermore, WP7 collected data that eventually could be apart of a common EU-level database for public food procurement, in alignment with food databases for other nutrition public policies, e.g. the FABLE database.

To lead a great foundation for the coordination and implementation of public food procuring activities, and the knowledge and good/best practices sharing, WP7 identified various **relevant sectors and stakeholders** and established an inter-sectoral public procurement working group in each of the participating MSs. This networking was expanded into development of the **EU PFP Network**, towards anyone working in the field of food procurement. Additionally, **national FP** (a single person who deals primarily with food procurement legislation and represents a contact point for the transfer of information between the European and national levels) were identified in each participating MSs.

2.3.2 WP7 main goals

- **Increase the understanding**, knowledge and skills regarding public procurement of food/food products;
- **Unified food procurement system**;
- Support the **establishment of the intersectoral working group** for the PFP;
- Recommend institutionalized implementation of the public procurement procedure for foods, based on **quality standards**;
- Propose **minimum criteria** for sustainable public procurement.

2.3.3 Implementation of Strategic Actions

- To understand in better detail **which tools in the field of PFP are available**, how they impact the process of public food procurement, whether the tools are useful and user friendly, and if the tool results in improved quality of the food and menus;
- To investigate the **impact of increasing funding** in the development of a public food procurement tool and in funding training of staff;
- To include **proactive proposals** in the preparation of national action plans for the updates of the PFP legislation;
- Further research into **whether or not mandatory standards** are more likely to have an influence could help define these legislations;
- Value of an **inter-sectoral public procurement** hub, helping to facilitate knowledge sharing, experience, and capacity building to address challenges and seek common solutions in MSs PFP processes;
- Need for an aligned and improved and transparent implementation of the **unified legislation on public food procurements** for EU countries to help build further knowledge among relevant stakeholders, develop training for staff, support MSs in adapting the possible new legislations;
- Need to guarantee a **sufficient budget** for public food procuring and **co-design/participatory processes** (e.g. with parents by setting workshops, lectures in schools, and other activities).

2.3.4 Challenges

- Lack of regulation for the food environment outside schools. The efficiency of improvements in nutrition and diet within the school premises could thus be highly undermined if such measures are not accompanied by regulations to avoid *food deserts* – an area that has limited access to affordable and nutritious food – around schools;

- The JA's partners reported that many institutions across Europe still use price as the primary and often the only criterion to publicly purchase food;
- Administrative reasons, such as complicated procedures and problems with the inclusion of local products;
- Difficulty in harmonizing EU directives into national legislation, such as the fact that economic issues and the EU single market impose limits on MSs' ability to implement public health measures.

2.3.5 Conditions of success for the sustainability of actions

Essential actions to maintain the results are:

- the **cooperation of multiple stakeholders** with clear public health driven guidance of the public health sector and of governmental bodies, especially the legislative, environmental, and public administration sector;
- Having a **proactive approach** with the private sector, by developing mechanisms to reward food producers if they successfully implement the actions that are identified as part of the PFP legislation, while respecting transparency and common public health driven goals.

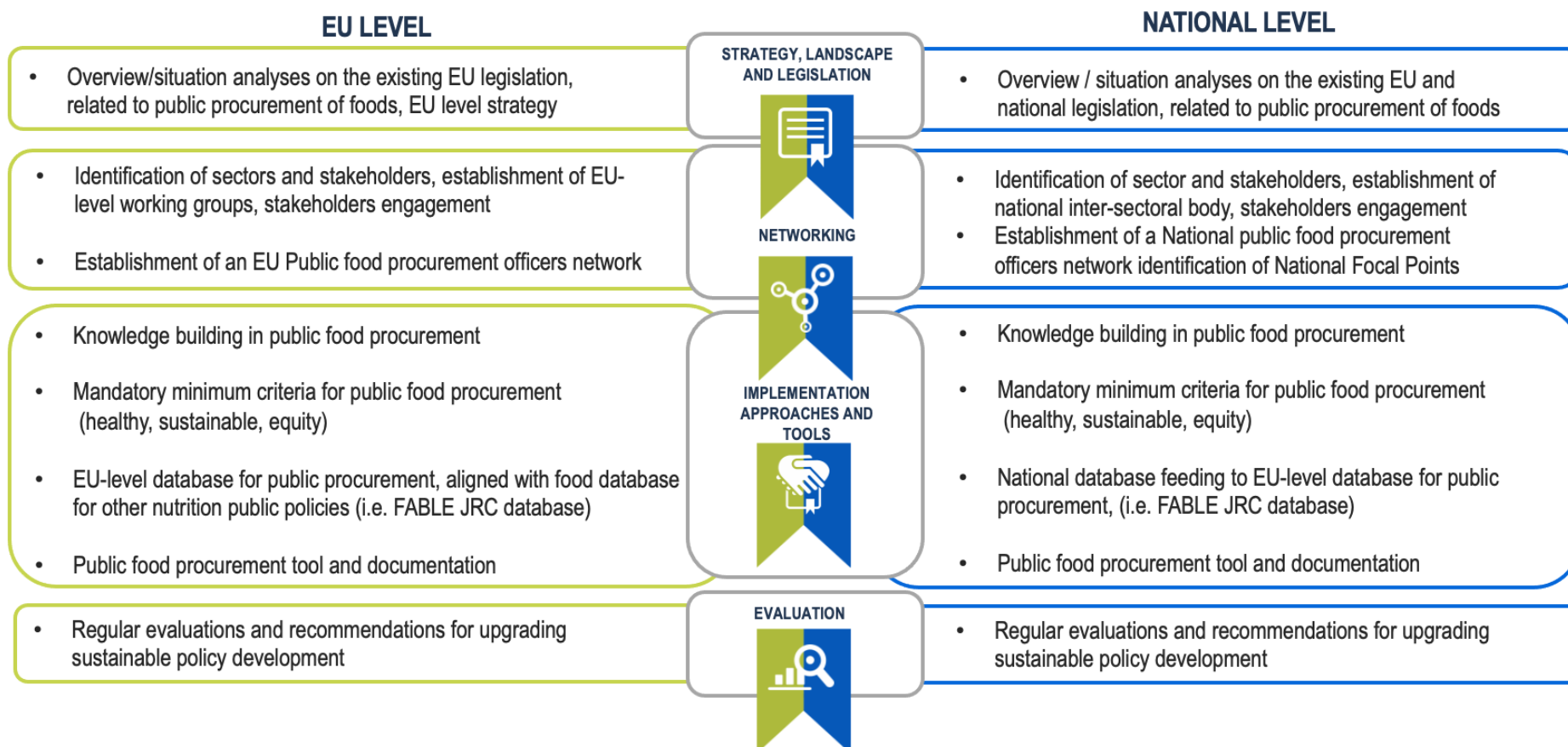
2.3.6 Framework for Action Scheme

Figure 5 presents the WP7 framework for action scheme. The following points explain how it is formulated and the suggested effective actions for policy implementation in this field.

Figure 5: WP7 Framework For Action



HARMONISED EU FRAMEWORK FOR ACTION FOR PUBLIC FOOD PROCUREMENT



1) Overview/situation analyses¹⁵ on the existing EU and national legislation, related to public procurement of foods, strategy

To initiate the process, it is imperative to undertake **an examination of both the legislation and the landscape pertaining to PFP** within individual countries. This entails an in-depth exploration of both EU and domestic legislation governing PFP, with particular attention directed towards discerning efficacious practices and identifying areas warranting improvements. The implementation of PFP involves a range of governance and institutional mechanisms in different countries. Experience shows that countries use a mix of centralized and decentralized approaches to organizing PFP, often considering different authorities and different types of institutions. MSs also differ in utilizing either direct food procurement or contracted catering services to furnish meals and oversee food and beverage provisions within public institutions. Challenges in analysing the PFP legislation can encompass issues like the absence of a unified authority for PFP, non-binding documentation, limited sector cooperation, unfamiliarity with procurement procedures, low implementation experience, lack of institutional engagement, inadequate data availability, language barriers, complexity in national legislation, varying procurement practices, and limited relevance of competent institutions.

The key elements in contributing to this process are facilitating elements such as informative resources, national working groups, active stakeholder engagement, well-established contacts with multiple sectors etc.

2) Identification of sectors and stakeholders, establishment of the national inter-sectoral body, stakeholders engagement

When a relatively clear picture is created regarding the state of the landscape and legislation, related to PFP, the exploration should be extended (in parallel) to **networking** (identification of relevant sectors and stakeholders, exploring already existing established relationships and creating new ones), followed by the establishment of the national inter-sectoral body.

To face difficulties in establishing constructive engagement with industry stakeholders, it could be beneficial to consider the adoption of an approach that involves addressing interest groups at the EU level and incorporating stakeholder input. Such a top-down approach could aid MSs in identifying and engaging with relevant interest groups based on mutual understanding. By harmonizing this top-level strategy with a bottom-up approach, industry representatives would

¹⁵ Deliverable D7.1 of the Joint Action Best-ReMaP provided *brief initial* overview of the existing EU and national legislation related to public procurements of foods in the (10) participating Member States. Mentioned document was prepared at the initial stage of the JA.

have a clear point of reference, thereby enhancing the efficacy of their interactions with public health officials.

It is imperative that all parties **work together with public health driven goals**. Simultaneous engagement of different stakeholder groups can have several advantages: the potential for efficient use of resources; foster teamwork and alliance and long-term relationships; the impact of individual stakeholders' actions can be enhanced and innovative ideas that lead to changes for the common good of society.

Inter-sectoral cooperation's added value lies in gaining insights from diverse stakeholders, facilitating knowledge transfer on PFP, co-creating a healthier environment, facilitating interdisciplinary networking, creating opportunities for fruitful discussions, awareness raising, and (in)formal networking. The value also includes shared perspectives, reflections, and learning experiences that contribute to improving PFP systems and initiating changes for better results.

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

When a good inter-sectoral cooperation is established within the individual country, networking can be extended internationally. Joining the existing EU PFP officers network is a great opportunity for international collaboration. PFP experts from individual countries can therefore join the **European PFP officers network**, established by Denmark (contact mail address: BUFKP_EUPFPNetwork@kk.dk), which meets several times a year. Presentations of various practices, sharing of experiences, problems, potential solutions, presentations of various experts in the PFP are a part of the network's meetings. Moreover, it is highly appreciated if each country possesses a well-established national/regional/local network of PFP officers, facilitating connections at the national level.

Each MS should also appoint one national contact point, i.e. a person employed in the competent ministry (which takes care of public procurement), who will represent the link between the European and national levels of legislation and knowledge transfer. The task of establishing and maintaining inter-sectoral contacts can present certain challenges. It would therefore be advantageous for the EC to provide guidance to MSs to designate a national FP for PFP to collaborate with public food procurement officers and lawyers in individual countries. The approach to identifying relevant EU contact FP for PFP can vary. Selecting proficient individuals who are already engaged in PFP responsibilities and possess a willingness to actively participate, as well as exhibit proficiency in spoken and written English, appears to be the most pragmatic approach. The aim is to establish sustainable, trusted and transparent connections and ensure representation in PFP discussions at the EU level.

4) Knowledge building in public food procurement

It is imperative for MSs to bolster their expertise and understanding throughout all phases of the public procurement process. The EU PFP Network and the National Focal Points Network serve as invaluable platforms for the exchange of knowledge, experiences, and exemplary practices. It's **crucial for MSs to strengthen their know-how in public procurement**. Efforts should focus on sharing information, guiding individuals to more resources, fostering sector cooperation, and facilitating frequent collaborative gatherings. Building knowledge fosters creativity and innovation, enables more effective problem-solving, promotes adaptability, effective communication: expertise building etc. Overall, knowledge building is a cornerstone for personal, professional, and organisational development.

5) Mandatory minimum criteria for public food procurement (healthy, sustainable, equitable)

Based on situation analyses of the EU and national legislation on PFP in individual countries, practical experiences and shared knowledge on PFP, discussions at the national and EU PFP Network level, identified stakeholders and established inter-sectoral working groups, the (mandatory) **minimum criteria for PFP should be set**. The criteria should cover the following aspects: health, reference to national dietary guidelines, sustainability, environmental impact, local circumstances, equity etc. Enforcing the application of criteria would be most efficient and straightforward through well-established governance structures.

Reaching significant progress in food production necessitates a driving force, as voluntary measures may prove inadequate. The potential for hidden transformation arises when low-quality products are no longer procured or allowed, prompting food producers to reformulate their products to meet elevated standards.

As a recommendation, it would be beneficial to consider the following when establishing national minimum targets for sustainable PFP, based on the practical experiences and views from Best-ReMaP MSs:

- **Holistic Approach:** Emphasize a comprehensive approach that considers various dimensions, such as health, sustainability, and equity;
- **Diverse Food Groups:** Set specific targets for proportions of different food groups, while addressing climate impact and food waste reduction;
- **Tailored Solutions:** Tailor strategies to local circumstances, taking into account guidelines and quality standards;
- **Clear Terminology:** Align nutritional targets with national recommendations and provide clear definitions for key conceptual terms;
- **Local Engagement:** Promote local producer involvement, support for local markets, and collaboration with health professionals;
- **Comprehensive Assessment:** Before implementing solutions, conduct thorough assessments of each country's situation to ensure effective adaptation.

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

Slovene tool for public procurement (Catalogue of foods – pilot English version), a mechanism that enables the user a wide use of various functions (creating the separate lots, food products market overview, overview of product certificates etc.) was introduced to all participating partner countries in Best-ReMaP WP7, who tested the tool while executing a pilot public tender. During the testing period, data was collected and could form a part of the common EU-level database for public food procurement in the future, in alignment with food databases for other nutrition public policies.

Given the similarity of numerous food products across the European market, MSs were discussing the opportunity of **establishing the EU database, linked to FABLE**. It could be sufficient for a single country to register a particular product for all the EU MSs, upon market entry, regardless of whether it is imported or domestically grown within the EU. Establishing a unified database at the EU level would prove highly advantageous from various perspectives, including health considerations, procurement practices, and assessing environmental footprints.

To ensure the effective link to the FABLE branded foods database, with possible necessary upgrades, it is essential to clearly define its purpose, goals and structure. Furthermore, determining the most efficient method of collecting and updating data for the part of the database not covered by FABLE (i.e., non-processed foods) is crucial. Ideally, producers and manufacturers would be responsible for entering and maintaining accurate and up-to-date information for their respective products on the market. This approach ensures that manufacturers have direct control over the data they provide, enhancing the reliability and timeliness of the information in the database, taking also the responsibility of removing the data of the foods not available on the market anymore. JRC seems to be recognized as the appropriate host for the database.

The **database is to be developed with public funds** and it would be an imperative that the database is integrated into existing local databases used in the relevant practice area and feeding into the FABLE upgraded database. Failure to do so would render the database functionally useless.

7) Public Food Procurement Tool and Documentation

As per the viewpoints of MSs from Best-ReMaP, PFP process could be significantly facilitated if PFP officers were provided with a mechanism/tool that simplifies the tracking of (EU and national) legislation and guidelines, reduces time spent on paperwork, enables market overview, has current and accurate information etc. and overall simplifies the PFP process.

The efficacy of a such tool in Slovenia (Catalogue of Foods) is attributed to the mutual benefits it provides to all stakeholders involved. It serves as a valuable tool for both the food industry and public institutions that procure food. Furthermore, active participation by food producers in the Catalogue enhances their prospects of being chosen for public tender by these public

institutes. One of the primary advantages observed from the Catalogue was also the heightened transparency, which proved beneficial to food producers who require the assurance that they too can reap the rewards of such transparency.

An **ideal PFP tool** would have to be, according to the WP7 MSs' experiences, easy and intuitive to use, available in various languages, adaptable to the local context by considering all relevant national regulations and recommendations, government programmes and resolutions; freely available to all public organisations and suppliers to enable open and fair competition; up to date; it should incorporate a comprehensive range of filters, criteria, and requirements, enabling users to customize and apply specific parameters according to their needs etc.

Every action proposal should prioritize the simplification of the legislative procedures of public food procurement while also striving to attract a greater number of small and medium-sized enterprises (SMEs) and local farmers. Additionally, proposals should include training and improved management techniques for farmers to encourage their participation in procuring food, which is also a part of the capacity building mentioned in step 4.

8) Regular Evaluations and Recommendations for Upgrading Sustainable Policy Development

Any (newly) established initiative should undergo an evaluation, which has several advantages, such as providing actual data and insights that allow decisions about the initiative's (dis)continuation/modification (evidence-based decision making), accountability, learning and improvement, transparency, resource allocation etc. For implementing PFP, it is essential **to prioritize the consideration of local environments** when formulating recommendations. It is recommended that a critical evaluation of the types of goals, processes, and systems that are practicable and useful for alignment be conducted. Such an evaluation would entail analyzing which process goals can be effectively aligned and harmonized. The aim should be to establish sufficiently higher-level goals that serve as general targets, while still affording MSs and local experts the autonomy to customize these goals to suit their individual requirements.

2.3.7 Health Inequalities and Social Gradient

Analysing the **equity aspects of the public food procurement policies**, it becomes evident that there is the greatest need and impact of such policies among lower SES groups. First, children in lower affluence households have less healthy diets and are also more likely to be overweight or obese. Second, people of lower SES background are particularly sensitive to fluctuations in price and affordability of foods, and might see it as an additional challenge to choosing healthier food options. It is therefore of particular importance to identify food patterns

that are both health-promoting, appealing and affordable. By design, PFP interventions could help fight social inequalities in nutrition and health. Third, evidence shows that while higher-educated families are already aware of the importance and impact of balanced nutrition, PFP intervention could help lower-educated families bridging this gap. Therefore, implementing healthy PFP and service policies contributes to the promotion of healthy diets can have an impact on reducing the incidence of childhood obesity. Nevertheless, if an improved procurement results in price increases for meals, this may increase health inequity. It is thus important that institutions provide food at reduced cost or no cost for lower-income households, but public budget constraints do not make this always possible and they could thus increase the social gradient. For this reason, it is important that governments guarantee a sufficient budget for public food procuring to make sure that the risk of inequalities is reduced. The effect of the intervention also depends on parental involvement, therefore it is **important to cooperate with the parents** by setting workshops, lectures in schools, and other activities.

3. Analysis of the Public Health Policies in Nutrition across the EU and its Member States

This chapter summarizes the **policies at the national level** that are affecting core policy topics of JA Best-ReMaP, namely public procurement, regulations on the marketing of food and beverages to children, and food reformulation (part 3.1). It further offers an overview of the success factors concerning policies implemented, and of the barriers that limited so far, the scope of the policies and that need to be addressed in future regulations of food and nutrition framework, in particular those within the remit of the JA Best-ReMaP (part 3.2).

All JA Best-ReMaP participating countries were invited to respond to a survey (template included in Annex 6.2.2), which aimed to collect information about these policies at the national level. Questions concerned the legislative frameworks involved, aims of the policies, main actions to be implemented, bodies in charge of the implementation and time phase of the regulations. The survey ran between October 2022 and February 2023 and all countries listed in table 2 provided their response.

Table 2: List of respondents according to regional division for the policy dialogues

European Region	List of Countries
Central Europe	Serbia, Federation of Bosnia and Herzegovina*, Republic of Srpska*, **, Austria, Romania, Hungary, Poland, Germany, Slovenia, Bulgaria
Mediterranean Region	Cyprus, Greece, Malta, Portugal, Italy, France, Croatia
Northern Europe	Belgium, Netherlands, Latvia, Ireland, Finland, Estonia, Denmark

*According to the Constitution of Bosnia and Herzegovina, which is an integral part of the General Framework Agreement for Peace in Bosnia and Herzegovina, Bosnia and Herzegovina consists of two entities: Federation of Bosnia and Herzegovina and Republic of Srpska (Article I of the Constitution of Bosnia and Herzegovina).

**According to the Constitution of Republic of Srpska, it is a unitary and indivisible constitutional and legal entity that independently performs its constitutional, legislative, executive and judicial functions. All governmental functions and powers belong to Republic of Srpska, except those that the Constitution of Bosnia and Herzegovina explicitly transferred to its institutions.

3.1 Best-ReMaP Policy Areas at a National Level: State of Play

Responses provided by the MSs involved in the JA Best-ReMaP offer a good overview of the **current policy framework** in these countries on the three core topics of this JA. Below is a summary of the common findings from the reports offered by the 24 partners for each of these three areas.

3.1.1 Public Procurement

Food public procurement is at the core of the JA Best-ReMaP WP7, and it relates to both the purchasing of (raw) food products and the contracting out of catering services fully or in parts by public bodies. It applies to different institutional settings and venues such as schools, hospitals, care homes, armed forces, prisons, governmental buildings. As stated by the WHO, providing better quality meals in public organisations, especially in schools, can have significant health benefits, since it:

- Stimulates the supply of nutritious food- by creating large-scale predictable demand and making production more economically viable,
- Shapes eating habits and shifts demand and consumption patterns towards healthier food and
- Improves the access of at-risk groups to healthy diets and supports vulnerable food system actors.

For children in particular, as they spend almost a third of their day in kindergarten or school and consume a large part of their daily energy intake in educational environments, the types of environments present are important factors in the development of childhood obesity. The importance of this sector is acknowledged in all the MSs participating in the JA Best-ReMaP, which, as presented in snapshot below, have already quite well-developed policies in place.

Public procurement in schools

In **Ireland**, the 2018 schools meal scheme “Better Outcomes; Brighter Future” relies on payments destined to cover the cost of food in the school meals, with priority given to disadvantaged schools which are part of the Department of Education’s Delivering Equality of Opportunity in Schools (DEIS) initiative. On top of this, the scheme sets guidelines that should be adhered to when contracts for food procurement are being developed (e.g. the sourcing, buying, and provision or tendering process) and which should also be applied when planning menus. Nationally, this programme helps fund food for some 1,506 schools and organisations, benefitting 230,000 children.

In **Greece**, public procurement in schools is targeted by three main policies. First, a Ministerial decision provides specific meal options for breakfast, lunch, and snacks according to the **National Dietary Guidelines for Infants, Children and Adolescents**. To evaluate the

implementation of the policy, the Ministry of Health yearly requires the submission of data regarding foods/meals offered, number of children reached, accompanying educational activities, and main barriers. Second, Greece implements a **"School Meals" program in primary schools** to provide school meals that cover the nutritional requirements of the students and also to develop healthy eating habits through the promotion of the Mediterranean diet. Third, Greece aims to implement the guidelines of the [European School Fruits, Vegetables and Milk Scheme](#).

In **Bulgaria**, the [2009 implementation of the Ordinance on Healthy Nutrition for Students](#) sets ordinances to ensure healthy nutrition for children (new-born to 19 years old) in childcare facilities and school kitchens by providing collections of recipes approved by the Ministry of Health. Similar policies have been reported by JA Best-ReMaP partners in **Romania, Croatia, France, Malta, and Denmark**. In 2008, **Romania** set the principles underlying a healthy diet by [approving a list of foods](#) not recommended for children in kindergartens and schools and by requiring menus not to be based only on economic cost, but also on the evaluation by health professionals employed by educational institutions.

In **Croatia**, the [2013 National Guidelines for Student Nutrition in Primary Schools](#) aim to develop proper dietary habits in children aged 7 to 18 by offering practical instructions on developing school menus. Instructions concern the reference values of daily intake of energy, macronutrients, micronutrients, and water, but also the number, type, and schedule of meals, the recommended types of food, and the food that should be avoided or consumed as little as possible. These guidelines also aim to enable a greater degree of socialisation by focusing on the educational process of adopting hygiene and dietary habits, as well as the rules of good behaviour at the table.

France set up a multi-stakeholder nutrition working group to regulate the nutritional quality of food in school catering according to the [2011 Decree on the Nutritional Quality of Meals in School Catering](#). This decree is currently being updated and, once drafted by the administration, it will be submitted to the French expertise agency (Anses) for scientific validation of compliance with dietary guidelines and nutritional needs. The time-bound character of the regulatory frameworks seems to vary across the EU. While some countries decide to carry out updates once in a while (e.g., every 5-10 years), some other countries have more regular update mechanisms in place. For example, **Denmark** sets [dietary guidelines for meals and food served in schools](#) that focus not only on healthy but also climate-friendly food and meals (including for example foods and meals containing more legumes and less meat), which constitutes an important and emerging sustainability aspect to be considered in the field of public procurement of food policies.

Serbia's [National Programme for the Prevention of Obesity in Children and Adults](#) establishes criteria for foods available for sale in vending machines on school premises, and it also implements regulations for the placement of vending machines and fast-food outlets in schools. As part of their recommendations/quality standards for catering in schools, **Austria** has a [School Milk Programme](#) establishing that levels of added sugar must not exceed 3,5 g/100g on non-fermented products and 4,5 g/100g for fermented products.

Finally, with the [School Nutrition Act](#) in connection with the [Kindergartens Act](#), **Slovenia** aims to provide children of all age groups with a balanced diet according to the school calendar and the

foreseen educational activities. These are supplemented by the 2005 [Guidelines for Healthy Eating in Public Educational Institutions](#) and define national school food standards such as age-appropriate portion size, nutrient content, and energy value, proportions of fresh and processed foods, and variety across time periods.

Public procurement in other public institutions

While it is important to get a good overview of what public procurement of foods in educational settings is employed across European states, the potential of this policy must sustainably move onto adult lives. JA Best-ReMaP partner countries offered a good overview of the policies implemented in this regard.

In **Portugal**, there are [public criteria](#) for selecting and purchasing food products that promote the sustainable consumption of local products in public canteens and cafeterias. A [specific focus](#) is given to limiting products harmful to health in vending machines, but also to foods available or displayed in bars, cafeterias, and restaurants of the [Ministry of Health institutions](#), and of the [Ministry of Education](#). Finally, since 2021 Portugal has a [Hospital Diet Manual](#), a document that aims to harmonise diets in all hospitals in the National Health Service network.

The Republic of Srpska inserted public procurement policies in their programme on [Reducing Discrimination Against People with Chronic Diseases in the Workplace](#), which focuses on encouraging the development of comprehensive workplace health programmes. Since 2014, Hungary has been implementing several [regulations](#) indicating which foods and food groups are to be provided daily by public catering providers and institutions in education, social services, childcare services, and in-patient care. Obligations also require providing information on food catered (display menu, labelling rules) and they regulate the number of meals, portion size, and frequency of the food groups to be provided.

In **Latvia**, [regulations](#) set criteria to determine which foods, according to nutrient content, are prohibited, limited or encouraged in schools, hospitals, social care and rehabilitation institutions, pre-school canteens. To evaluate and select the most advantageous tender in public procurement, economic aspects are balanced with the national food quality scheme. On top of this, there are also [regulations for green public procurement](#) to include certain criteria, such as the percentage of specific products that need to be grown biologically, the correspondence to national food quality scheme criteria, seasonality, whether or not food is locally grown, etc. The environmental impact of public procurement is at the centre of public procurement policies also in several other countries, such as **Finland, Denmark, the Netherlands, and Germany**.

Finland has implemented a large number of national laws that follow EU procurement and monitoring directives. The goal is to guarantee a public procurement that ensures open and fair competition, sets requirements for food safety and hygiene, package labelling, and provision of food information to consumers, and that prevents the emerging of a black economy. **Denmark** addresses this issue through three main policies. First, the [Public Procurement Act](#) provides the legislative framework for public procurement in Denmark. Second, in 2020 the Danish government introduced the "[Green Procurement for a Green Future – Strategy for Green Public Procurement](#)", which outlines how the public sector should undertake greener procurement

towards achieving the national goal of reducing greenhouse gas emissions by 70% by 2030 as well as contributing to the UN's Sustainable Development Goals. Third, the [Partnership for Green Public Procurement](#) was established in 2006 by the Ministry of Environment to build capacities of those responsible for public food procurement across Danish municipalities by sharing knowledge and best practices, with a specific focus on environmental concerns. In the **Netherlands**, the central government helps companies that need help with corporate social responsibility (CSR), namely taking into account the effects of their business operations on people, the environment, and society. Support is offered through a [transparency benchmark](#) and by establishing a [National Knowledge and Network Organisation](#) in the field of CSR. In addition, the government stimulates the development of sustainable products by purchasing sustainably. For example, several ministries only have organic products in the institutions' restaurants. Furthermore, the Netherlands has implemented a [Green Deal Sustainable Healthcare 3.0](#) to decrease the environmental impact of the healthcare sector, focusing in particular on decreasing CO₂ emissions, promoting circular working, and decreasing drug residues in surface water.

Back in 2014, **Estonia** developed a [Green Paper on Nutrition and Physical activity](#), focusing its attention on improving public procurement in institutional catering, such as schools and kindergartens, defence forces, penal institutions, health care, and social welfare institutions.

In **Germany**, DGE¹⁶ the "[Quality Standard for Meals in Companies](#)" set publicly-offered food standards in canteens of federal authorities and it requires to provide balanced meals and regional food in public caterings, with a particular attention to organic food, since it sets impulses to achieve the goal of 30% organic farming by 2030.

Slovenia focused as well on organic farming, since contracting authorities in public procurement are [required](#) to define 12% (by quantity) organic food and 20% (by quantity) from quality schemes¹⁷. These policies were supplemented by the 2015 [Food-based Dietary Guidelines](#) that revised the food pyramid, and by the [transposed EU legislation on public procurement](#) law, which describes rules on public procurement procedures to be carried out by contracting authorities in connection with public procurement and design contests. Finally, Slovenia is the only Member State that since 2021 applies an exemption in public procurement directive to achieve short food chains.

Finally, a challenge to public procurement policies will also be to respond to the needs of the increased number of elderly people. To this end, Croatia has developed [Nutrition Gerontological Norms](#) intended primarily as an aid for the institutions that take care of and prepare food for people of older age.

3.1.2 Food Reformulation

The second food and nutrition policy area addressed in the Joint Action Best-ReMaP is food reformulation, [defined by the WHO](#) as the process of altering the processing or composition of a food or beverage product, to improve its nutritional profile or to reduce its content of ingredients

¹⁶ DGE stands for German Nutrition Society

¹⁷ Protected designation of origin, protected geographical indication, traditional specialty guaranteed, etc

or nutrients of concern. By doing so, the aim is to bypass the limits of interventions focused narrowly on changing individuals' behaviour, to focus instead on making sure that food provided to citizens is healthier and more sustainable. This goal can be achieved by focusing on different areas, such as:

- Implementing effective government policies to ensure that producers and traders produce and sell healthy food;
- Requiring clear labelling and affordability of reformulated food,
- Working with the private sector to improve the availability and accessibility of products with less salt, sugar, sweeteners, saturated fat or with lower energy and improved nutritional value;
- Raising consumer awareness of the links between reformulated foods and health.

Policies implemented by the JA's MSs reflect all these dimensions, as illustrated by the rapid overview presented below.

Hungary [applies an excise tax](#) to pre-packed and non-staple foods only. Tax is applied to a pre-defined unit measure (Kg, Litre) and it is based on the sugar, salt, methylxanthine (caffeine), saturated fatty acid, and fiber content of products. As part of its [Nutrition and Physical Activity Programme \(2015-2025\)](#).

Slovenia regulates the composition of food products by reducing the content of sugar, sweeteners, trans fats, saturated fats, and salt, while ensuring a sufficient supply of iodine and increasing the proportion of ingredients of organic origin. Further measures were adopted to adjust the packaging size of food products, to monitor the implementation of national industry commitments on improving the composition of foods, to establish a working group with key stakeholders to identify priorities in the area of food reformulation and to improve the labelling of ingredients and nutritional values according to [EU regulations](#).

Greece, with a [National Action Plan on Food Reformulation](#), **Latvia**, with a [Memorandum of Cooperation](#) with food producers signed in 2022, and **France** with a 3-year plan based on the proposed thresholds from the expertise report of the French ANSES agency, all relied on voluntary collective agreements from the industry to reduce added sugar, salt, and saturated fatty acids in the products they produce and sell. The same goal was pursued also in **the Netherlands, Ireland, Austria, and Germany**.

In **the Netherlands**, reformulation is targeted by means of two main strategies. First, the [National Prevention Agreement \(NPA\)](#) aims to incentivise supermarkets to offer more foods that are considered part of a healthy diet according to the national dietary guidelines. From the NPA stems the [National Approach on Food Product Improvement \(NAPV\)](#)¹⁸ that aims to improve the composition of processed foods by setting three ceiling limits in terms of salt, sugar, and saturated fats (low, medium and high). Adherence is on a voluntary basis, but government hopes that by 2030 at least 50% of the products in each product group will be in the best category,

¹⁸ NAPV is currently focused on supermarket product, but they plan to improve all processed foods in restaurants as well and also to make portions smaller and to improve the composition of ready meals.

while only a maximum of 10% will be in the worst category in terms of salt, sugar or saturated fats. In **Ireland**, the [Obesity Policy and Action Plan \(OPAP\)](#), covers a 10-year period up to 2025 and aims to reduce calories, saturated fat, sugar, and salt in the Irish diet, while also securing appropriate support from the commercial sector to play its part in obesity prevention. A central role was played by the Reformulation Sub-Group, which prepared "[A Roadmap for Food Reformulation in Ireland Food and Drink Reformulation targets for Ireland 2015 – 2025](#)" with recommendations on the effective implementation and monitoring of reformulation in the light of national and international policy and relevant scientific evidence.

In **Austria**, the Austrian Food Industry suggested a voluntary commitment to reformulation goals of different food groups (dairy, soft drinks, and breakfast cereals). In **Germany**, the [National Reduction and Innovation Strategy for Sugar, Fats and Salt in Processed Foods \(2019\)](#) was implemented as a result of an agreement between the Federal Ministry of Food and Agriculture (BMEL), the food industry, and the artisanal food sector representatives. In the agreement, the food sector recognises the need to improve the nutrient supply of the population, and is committed to achieving specific reduction targets by 2025. As part of this coalition agreement, the government also decided to [ban the addition of sugar to herbal infusions for infants or young children \(2020\)](#).

While these first policies concern the general framework of food reformulation in the mentioned countries, some MSs also focused on implementing regulations that target specifically either salt, sugar or (trans)fats. Below is an overview of each of the three nutrients. The section then concludes with a description of MSs policies concerning Front-of-Pack (FoP) labelling policies. These [are regarded](#) as helpful tools to stimulate healthier product reformulation as they are based on nutrient criteria that products should comply with in order to obtain the label.

Regulations on salt content

Bulgaria [proposed limit values](#) for salt, saturated fats, and sugar. For salt, it is recommended that manufacturers start a process to reduce the level of salt in food production by 4% and to reduce by a minimum of 16% within 4 years, as well as to identify the foods with the lowest salt content (best in class) in the individual product categories and to match the production of the remaining foods in the group with these lowest levels.

Croatia, Belgium, the Netherlands, Portugal, and Denmark also devoted specific attention to salt levels contained in cereal products. **Croatia** [regulates](#) names, definitions, and general requirements that cereal products must comply with, the type and quantity of ingredients and other substances used in production and processing, and any additional labelling requirements. Among others, the goal is to reduce the amount of table salt in bread and bakery products and other finished and semi-finished food. The same goal was pursued in **Belgium**, where a [federal law](#) limits salt to 2% of the dry matter in bread, and in the Netherlands, where there is a legal maximum salt content of 1.8% on a dry-weight basis, with a minimum moisture content of 20%.

Portugal implemented a [law](#) in 2009 to establish a maximum limit of salt content in bread at <1.4g of salt per 100g of bread, and it has been cooperating with industries to achieve a more ambitious target of 1g of salt per 100g of bread.

Regulations on sugar content

Non-alcoholic sugar-sweetened beverages (SSB) increase the tolerance of sweet taste in consumers, since their consumption causes higher appetite, which indirectly causes an increased energy supply, regardless of the caloric value of the drink itself. For this reason, SSBs are the main target of the reformulation policies – often in the form of taxes according to the sugar content - in several countries, such as **Latvia**, **Croatia**, **Poland**, and **Portugal**. Despite the risk that the burden of the fees imposed falls on consumers, such policies intend to pass the fees on to beverage producers.

The **Latvian Excise Tax on Non-alcoholic Beverages**¹⁹ imposes a 7.40 euro tax per 100L (up from 2.85 euro per 100L in 2004), and if the amount of sugar exceeds 8 g per 100 ml, the tax rate is set at 14 euro per 100L. As for non-alcoholic beverages containing other sweeteners, the excise tax rate will remain unchanged (7.4 euro per 100L). **Croatia** applies a tax by volume and content of sugar, taurine, and methylxanthine instead of the previous linear quantitative taxation per hectolitre. Drinks containing only sweeteners (instead of sugar) are exempt from taxation, while those containing fruit nectars and drinks from the tariff code KN 2009 are required to pay a lower tax.

Poland introduced in 2020 a SSB tax law²⁰ that foresees additional fees for beverages with added sugars, sweeteners and drinks with the addition of taurine and caffeine, while the fee is reduced if beverages contain fruit or vegetable juice.

Portugal mandates a tax that encompasses four levels according to the quantity of sugar: i) 1 euro/hl for beverages with sugar content less than 25 g per liter; ii) 6 euro/hl for beverages with sugar content between 25g and 49g per liter; iii) 8 euro/hl for beverages with sugar content between 50g and 79g per liter; iv) 20 euro/hl for beverages with sugar content equal or more than 80g per liter.

Bulgaria has a more general target since it aims to reduce by at least 10% the content of added sugar in distributed products, which can be achieved by lowering sugar levels and/or reducing the energy value in and/or the portion sizes of products, while it is not allowed to replace sugars with synthetic sweeteners. Finally, **Malta** has developed National Health Campaigns about the harmful effects of excessive sugar intake

Regulations on saturated and trans fats

Trans fats increase the amount of harmful low-density lipoprotein (LDL) cholesterol in the bloodstream and reduce the amount of beneficial high-density lipoprotein (HDL) cholesterol. In this way, they create inflammation, which is linked to heart disease, stroke, diabetes, and other chronic conditions. Furthermore, they contribute to insulin resistance, which increases the risk of

¹⁹ Non-alcoholic beverages are defined as water and mineral water with added sugar, other sweetener, or flavouring. Exemption from this category is given to non-alcoholic beverages that: i) contain more than 90% juice (except fruit juices made of concentrate); ii) have less than 10% of added sugar and do not contain food additives and flavouring; iii) natural and mineral water; iv) water enriched with minerals and vitamins, and without added sugar, other sweetener or flavouring.

²⁰ The basic fee is of 0.11 euro per 1,000ml fixed fee for beverages with sugar content equal to or less than 5g per 100 ml of drink or for the content of at least one sweetener in any amount.

developing type 2 diabetes. For this reason, MSs have been implementing regulations aimed at controlling the amount of unhealthy fats included in food. Several countries have implemented reformulation policies also to limit saturated fat consumption.

In **Greece**, foods intended for consumers are required to contain less than 2g of industrial trans fat per 100g of fat.

Bulgaria recommended reducing them in several food categories by a minimum of 5% within 4 years and an additional reduction by a further minimum of 5% in the following years, and also to replace them with polyunsaturated fat in food production.

Hungary sets limits on the trans-fat (TFA) content allowed in food products in Hungary, either on their own or as ingredients of a food product. The general provisions establish a limit of 2g TFA per 100g of total fat content²¹. Yet, a problem is that TFA is often substituted by saturated fatty acids, with health effects similar to TFA.

In **Latvia**, this problem is targeted by a specific national regulation that sets the maximum permitted amount of transfatty acids in food products to a maximum of 2g per 100g of the total amount of fats²².

Finally, the **Danish** trans-fat legislation sets an upper limit of 2g of industrially produced trans fats per 100g of fat oil.

3.1.3 Regulations on the Marketing of Food and Beverages to Children

The marketing of food has a well-recognised impact on people's dietary behaviours and their over-consumption of HFSS foods. Healthy diets are being undermined by marketing practices, with a significant amount of marketing being for foods that contribute to an unhealthy diet. As suggested by the WHO, policies regulating marketing and advertising practices are one of the most cost-effective in a set of comprehensive approach to preventing NCDs, so countries are trying to implement legislations to restrict the influence exerted by marketing strategies, especially those targeting children and adolescents. In this regard, the JA Best-ReMaP partner countries described a variety of best practices in their responses to the questionnaire.

In **Portugal**, the law n°30/2019 on 23rd April 2019 restricts the advertising of food and beverages high in energy, salt, sugar, saturated fat, and trans fatty acids⁶ that is broadcasted in 30 minutes before and after programs for which a minimum of 25% audience includes children under 16 years old. Programs included are television services, on-demand audio-visual communication services, radio services, including advertising in the respective breaks, digital marketing, and advertising in schools and in cinemas, for films intended for children under 16. The law also

²¹ In the case of processed multi-ingredient food, the limit depends on the percentage total fat content: i) food containing less than 20% total fat have a TFA limit of 4g per 100g of fat; ii) for food containing less than 3% total fat the TFA limit is 10g per 100g.

²² The Directorate-General of Health developed a nutrient profile model (NPM), which defines the limits of energy, salt, sugar, saturated and trans-fat levels for different food categories.

ends the use of mascots, drawings, figures, and celebrities related to children and young people in advertisements for HFSS foods. Finally, brands must abstain from encouraging excessive consumption, creating a sense of urgency and need to consume such products, or conveying the idea of benefit in their exclusive or exaggerated consumption, compromising the value of a varied and balanced diet, and a healthy lifestyle²³.

The **Republic of Srpska** reported having regulations to prohibit the advertising and marketing of food and beverages misleadingly, especially concerning alcohol products and advertisements targeting minors. In particular, commercial communications intended for minors shall not contain: i) Inaccurate data on the product or service, especially regarding actual size, value, nature, durability, speed, colour, and other properties; ii) Judgement of the price, especially expressions such as: "only", "tiny", "dirt cheap", "affordable"; iii) Depictions of violence, including aggression between animated characters or dummies; iv) Messages suggesting that enhanced physical, intellectual or other social advantages are acquired by using certain products; v) Messages that directly encourage minors to buy or rent a product or service by exploiting their inexperience or naivety; vi) Messages that directly support minors to persuade their parents or other persons to buy an advertised product or service; vii) Messages that exploit the special trust minors place in their parents, guardians or other legally responsible persons; viii) Social discrimination based on physical appearance, other aesthetic categories, or success based on weight loss.

In 2011, the **Latvian** Ministry of Health signed a [memorandum](#) to encourage companies not to advertise soft drinks to children aged 12 or under. The Memorandum applies to soft drink marketing on TV, the internet, and press if the audience consists of at least 50% of children. The specific focus on energy drinks was strengthened in 2016 when Latvia banned the sale and advertising of energy drinks in educational establishments and public buildings. Energy drink advertisements must also include warnings on the negative effects of energy drink overuse, accounting for at least 10% of the advertisement. Furthermore, energy drinks may not be associated with sports activities and it is not allowed to indicate that energy drinks can quench thirst or suggest the consumption of alcohol.

France targets the exposure of children and adolescents to the marketing of unhealthy foods utilising two measures. First, [the Gattolin Law \(2018\)](#) was implemented to ban advertising, especially by using toys, on public channels during children's programs and cinema movies. Second, through a voluntary charter (2009), the stakeholders from the audio-visual sector committed to promoting healthy nutritional behaviours and to protecting children against the marketing of HFSS foods. The government is assessing the effects of this charter on the reduction of children's exposure to harmful marketing. If the exposure remains too high, the government may consider more restrictive measures.

In **Ireland**, the [Children's Commercial Communications Code](#) sets down the rules applying to broadcasters with respect to commercial communications that promote products, services, or activities that are deemed to be of interest to children and/or broadcasted during and between children's programmes. This is supported by a set of [Voluntary Codes of Practice for Non-](#)

²³ Breaches of the law are punished with fines of 1,750 euro to 3,750 euro if committed by natural persons, or 3,500 euro to 45,000 euro if committed by companies.

Broadcast Media Advertising and Marketing, which limits even further the promotion, marketing, and sponsorship of HFSS foods, with a specific focus on protecting children from inappropriate and/or harmful commercial communications. Similar voluntary codes are in place in **Poland, Greece, Denmark, Finland, and Croatia**.

In **Poland**, a voluntary code restricts the claims related to products targeting children, the use of licensed media characters, and the promotion of excessive portion sizes. The State Secretary of Health, Welfare, and Sports is also planning to establish legal limits for food marketing to children and to increase the legal competence of municipalities to reject new fast food outlets. In Greece, the Federation of Greek Food Industries (SEVT), in collaboration with the Hellenic Advertisers Association, implemented the "Greek Pledge", a voluntary initiative to improve the way food and beverages are advertised to children. It is a Code of Commitment by food companies that, among others, excludes the advertising (on TV and the internet) of HFSS food to children under 13 years of age.

Denmark set in 2008 (revised in 2022) the Danish Code of Responsible Food Marketing Communication to Children, a voluntary industry initiative developed by the private self-regulating Forum of Responsible Food Marketing Communication to regulate the marketing of food products with a high content of fats, sugar, and salt aimed at children up to age 13. The Code has both a preventative function, as the members of the Code advice on code compliance to their member organisations, and a monitoring function, as all members conduct continuous sample control with food commercials in children's media and are obliged to react to marketing and commercials that do not comply with the Code. At the beginning of 2023, **Finland** implemented the Board of Trading Practices in the Food Supply Chain, which task is to evaluate food marketing and to develop self-regulation of companies and nutritionally responsible marketing. In **Croatia**, the Electronic Media Act establishes rules of conduct regarding children's programs that contain or are accompanied by inappropriate audio-visual commercial communication regarding HFSS food and beverages.

Germany and **Belgium** have as well relied on self-regulatory approaches so far, but they both mentioned that they are reviewing such programmes due to a lack of promising results. In **Germany**, the federal states have created a national regulation through the joint state treaty on youth media protection, which, among other things, provides for a restriction on HFSS food advertising aimed at children under the age of 14. Broadcasters and providers of Telemedia have formerly been obliged to make their self-binding regulations, but federal states are now working on draft legislation to make a new and more stringent governmental law that will apply to all media. In **Belgium**, both Flemish and Walloon TV and Radio editors have adopted a code of conduct regarding HFSS products, in line with the AVSDM Directive. Just like Germany, Belgium is now discussing with the French and Flemish-speaking communities how to go beyond the self-regulatory approach in place to better protect children against food marketing for unhealthy foods.

In 2022 in **Estonia**, the Estonian Broadcasters Union approved a voluntary code of conduct which restricts advertising to children under 12 years of age in audiovisual media according to the WHO NPM. Additionally, advertising in schools and kindergartens is generally not allowed.

Austria and **Slovenia** have adapted the [WHO Regional Office for Europe Nutrient Profile model \(WHO NPM\)](#) to implement regulations at national levels. The Austrian Nutrition Commission did so in 2021 indicating to food companies the products they can advertise. **The Slovenian Nutritional Guidelines for the Protection of Children from Inappropriate Commercial Communications** require media service providers to develop and announce public available codes of conduct regarding inappropriate audio-visual commercial communications, accompanying or included in children's programmes. This legislation is supported by the [Slovenian Code of Advertising Practice](#), by means of which the advertising industries pledge to not advertise food and drink to children that encourage poor eating habits or that encourage children to eat and drink at bedtime, or to snack frequently during the day. The advertisement should also not encourage children to eat more than usual and they should not downplay the importance of a healthy and active lifestyle.

In sum, this section offered an overview of which policies the countries have already implemented concerning the core topics of the JA Best-ReMaP. This part also discusses the responsibilities and accountability aspects behind the development and implementation of the policies and regulatory frameworks in question. The following section describes the main challenges and opportunities related to policy implementation, giving a summary of the success factors mentioned by respondents concerning policies implemented, and of the barriers that limited so far the scope of the policies and that need to be addressed in future regulations of food and nutrition framework, within the remit of the JA Best-ReMaP.

3.2 Success Factors and Barriers to the Implementation of Regulations at National Level

In the following paragraphs, an overview of the best practices and success factors to the implementation of regulations, across different countries and in the respective JA Best-ReMaP's policies are discussed. Additionally, we present the common barriers that countries could face in this process are underlined. Discussing common factors of success as well as real and potential barriers to the implementation of the policies and recommended actions is important from sustainability and impacts' perspectives – not only do we reflect national contexts and build upon what works well; we also demonstrate agility to adapt and an understanding of practicalities of working in the policy field.

3.2.1 Success factors

The first success factor mentioned by almost all respondents is the collaboration between different ministries, authorities, and other stakeholders. It is necessary to better understand the current situation within the country and to encourage ambitious commitments by all actors in the food system. In particular, MSs stressed the importance of collaborating with the industries, since their power to actively initiate self-regulation measures is necessary to distribute responsibility across relevant actors. Between the success factors identified, some common aspects emerged, as the cooperation with the private sector, the importance of public

campaigns, aimed to increase health literacy, and involving society in promoting and following health initiatives and societal concern for environmental and sustainability issues.

In **Ireland**, this cooperation resulted in best practice guidelines for restricting marketing to children since it led to an overall decline in food advertising spend in Press, Digital and TV media. Factors central to this success are the establishment of a national framework with specific timeframes to develop, implement and monitor action plans, and also the support from governmental agencies, scientific experts, and key food industry actors.

Voluntary public-private partnerships have also been mentioned as success factors by **Denmark** with regard to three main initiatives. First, the [Danish Wholegrain Partnership](#) covers 28 partners and has increased the consumption of wholegrain substantially since its inception in 2004. Second, the [Danish Food Partnership for Health and Climate](#) covers 145 partners working with reformulation, nutrition claims, downsizing portions, innovation of new healthier products, and influencing consumer behaviour through nudging, communication, and marketing within their field of expertise. Third, the public campaign to expand knowledge about the Keyhole label has successfully contributed to the fact that now approximately 6000 products have the Keyhole label and almost every Dane now knows the Keyhole Label.

From the communication point of view, **Malta** mentioned that their public health outreach used different media to successfully reach the general public. The campaigns focused on a diversity of topics that stressed the importance of adopting a life course approach. Furthermore, networks with the local level were created to make sure that messaging was effectively tailored to the views and needs of the population targeted. As stressed by **Portugal**, this support must be gathered not only across the population but also in civic society institutions, since the latter can play a significant part in supporting governmental activities and policy implementation.

A similar approach was taken in the **Federation of Bosnia and Herzegovina**, the **Republic of Srpska**, **Belgium** and **Serbia**. In the Republic of Srpska, the Action Plan for the Prevention and Control of Noncommunicable Diseases aims to implement a comprehensive social marketing campaign to promote healthy consumption of food and to reduce the consumption of HFSS foods. The Federation of Bosnia and Herzegovina reported that their initiative "Hospital friends of babies" was central in promoting breastfeeding, topic that was central also in **Malta**, where they have developed a [regulation](#) on breastfeeding products to support, promote and protect breastfeeding mothers in their choice to feed the infant as long as they wish.

In **Belgium**, the societal concern for the environmental issue and the citizens' call for more sustainable production of food was mentioned as success case, especially for products going to be consumed by children. In **Serbia**, good results were reported for the month of healthy nutrition in October, during which Governmental bodies developed educative materials, organised workshops in schools and kindergartens and disseminated information on healthy nutrition via traditional and digital media.

From a more systemic perspective, MSs were also satisfied with the results emerging from their reformulation policies, since these led to healthier products and at times to the cease of production of products that were too unhealthy to be distributed. However, MSs stressed that to grant the sustainability of these policies, it is necessary to continuously monitor their implementation by a publicly funded independent product monitoring body. A stressed by the Federation of Bosnia and Herzegovina, monitoring could be also helped by establishing a comprehensive framework of indicators for the prevention and control of NCDs through an internationally comparable series of indicators. Finally, a strong scientific evidence support is essential to implement food and nutrition policies, so research should be incentivized and supported at any time.

3.2.2 Barriers

While MSs mentioned the importance of cooperating with different stakeholders, they also reported that various industries have often used their economic and political power to **favour self-regulatory approaches and to oppose mandatory regulations and taxation policies, framing the latter as an “administrative burden” or a “discriminative” policy**. Furthermore, even when policies are implemented, ‘more powerful’ industries may find it easier to either adapt to regulations or to find ways to bypass them, for example by promoting proxy-products that are similar but not exactly like the ones subject to the regulation. A challenge reported by all MSs is thus to continuously adapt legislation to new products and new challenges.

This is complicated even further by the fact that while legislation requires time, markets rapidly change, so when legislation is finally implemented it may be already outdated. On top of this, external unexpected events could hinder policy implementation. This is what happened with the war in Ukraine and the consequent geopolitical instability, which has led to an energy crisis and to increased inflation that challenges industries’ willingness to prioritize resources for reformulation, development, and innovation of healthier food products.

Even in **Ireland**, where the health voluntary codes are considered a success case, the issue of whether the **voluntary framework** will need to be supplemented with additional fiscal and/or mandatory reformulation measures remains under review. This will need to be supported by ongoing monitoring of the implementation, monitoring, and validation of a national reformulation roadmap involving branded products, retailer own brands, and out-of-home products. Efficient monitoring will depend on a sophisticated and well-resourced public health nutrition infrastructure, so countries may struggle to collect and analyze data on population-level dietary intakes, food nutritional composition, food product market share and consumer awareness, and behaviour.

Challenges in Food Marketing Regulations

Digital advertising is difficult to monitor and control, since there is limited online availability of nutritional composition data for certain food products (especially artisanal) and there are constantly innovative new products with content that does not meet the definition of the

regulation, but that may have negative outcomes on the people's health, such as energy drinks or products with elevated levels of caffeine. Therefore, there is the need for better monitoring of food composition and for regulation that covers all media setting, from digital, to print, to traditional television, radio and more recently also the role of influencer marketing has become pivotal in this conversation.

The **Finnish, Portuguese** and [Slovenian experience](#) stress that a significant challenge in this regard is that there is an ambiguity in the interpretations of the concept "advertising to children". Children's viewership rates are high also outside of this designated programming, so restrictions should also cover programs such as sporting events and family shows that are not covered by the law, as these are directed for both children and adults. The Joint Action's partners think that the implementation of such policies would be more challenging given that children's peak viewing times often intersect with prime time, that popular TV shows slip through the net, and that rules underestimate the power of marketing tactics, and companies' ability to get away with breaching their own rules.

Challenges in Public Food Procurement

Concerning public procurement, **Romania** stressed that while many are reporting satisfactory results within the school premises, at the same time there is widespread concern about the **lack of regulation for the environment just outside schools**. That is, the efficiency of improvements in nutrition and diet within the school premises is, and will be, highly undermined if such measures are not accompanied by regulations to avoid food deserts – an area that has limited access to affordable and nutritious food – around schools.

Another problem in public procurement policies reported by several countries is that despite some favourable trends, a sizeable proportion of **children and adolescents still eat mostly irregularly**, often skipping breakfast and choosing predominantly unhealthy, nutrient-poor foods. There is a lack of vegetables, whole grains, and fish on the menus, while energy-rich and nutrient-poor foods remain too present, thus posing a serious risk for the development of metabolic abnormalities. On top of this, many institutions across Europe still use **price as the primary and only criterion to purchase food**, since they have problems with the purchase of appropriate food due to the cost of meals and administrative reasons, such as complicated procedures and problems with the inclusion of locally produced products.

As described by **Portugal** and **Finland**, there is also a problem connected to investments in the skills of the staff of the food catering sector, since they play an essential role in providing healthy and sustainable food choices in public canteens. Similarly, **Denmark** stressed that different expertise and diverse levels of responsibility render challenging to share information about new initiatives/regulations/guidelines from the governmental level to those implementing them at regional and local levels.

3.2.3 Cultural and legislative factors impacting food policies

Respondents mentioned the difficulty in harmonizing EU directives into national legislation. **Portugal** stressed that economic issues and the EU single market limit MSs' ability to implement public health measures. Countries such as **France** and **Bulgaria**, on the contrary, explicitly specified the need for a harmonised approach to regulating food marketing to children at the EU level.

Food and nutrition regulations could also be difficult to implement due to education and cultural factors. On the one side, **Slovenia**, **Poland**, and **Croatia** stressed the issues brought by citizens' lack of knowledge about media strategies and how unhealthy certain products are, especially concerning newly marketed soft drinks and caffeinated products. On the same line, **Denmark** reported that there is a lack of knowledge about the Danish Code of Responsible Food Marketing Communication to Children in the population, which might make it difficult for citizens to report marketing that does not comply with the Code.

On the other side, **Italy** and **Germany** mentioned that unhealthy food behaviours are ingrained in national and regional traditions. For this reason, it could not only be difficult to have the people's support for regulatory measures aimed at restricting such foods, but also healthier new versions of a product may find it difficult to become as popular as the pre-reformulation ones. This issue may not concern citizens only, since as reported by the **Federation of Bosnia and Herzegovina** and the **Republic of Srpska**, also institutes at the national level may struggle to enhance policies due to a lack of experience in working with manufacturers and in advocacy with decision-makers.

This chapter presented the analysis of the policies in the field of public health, food and nutrition across the MSs taking part in the JA Best-ReMaP. It offered a chance for policy replicability across different countries and contexts. It emerges that Ministries of Health are primarily responsible for the described food and nutrition policies and there are strong similarities between countries regarding which are the other Ministries and public institutes involved.

Besides, when addressing the barriers and challenges to policy implementation, some differences arose, nevertheless a positive signal in terms of best practices implementation in different contexts appears clear. It shows that countries have not only the willingness to address the challenges related to unhealthy nutrition but that there are already in place structures and policies across the EU that can offer a solid base on which future programs can build upon. The JA Best-ReMaP has been a platform that offered MSs' representatives the opportunity to discuss these similarities and to learn from and exchange on how their respective Ministries tackle these policy challenges. This has been essential and has been addressed during the four policy dialogues, to discuss that progress toward healthier and more sustainable food systems is made.

4. Policy Dialogues

4.1 Characteristics of the Policy Dialogues

This chapter describes the methodology behind the policy dialogues' organisation and what were the main aspects discussed and debated during the events.

A policy dialogue is an **essential component of the policy and decision-making process**, where it is intended to contribute to informing, developing or implementing a policy change following a round of evidence-based discussions, workshops, and consultations on a particular subject. It should be seen as an integrated part of the policy-making process and can be conducted at any level of the health system where a problem is perceived and a decision, policy, plan or action needs to be made.

The rationale behind the organisation of the JA Best-ReMaP policy dialogues was based on the experience of national implementers thought the [Active and Healthy Ageing \(AHA.SI\) project](#). The Best-ReMaP's policy dialogues' methodology was built during the EuroHealthNet GA 2011, where three networks from three regions were presented. First, all the stakeholders acting in the area of relevance of the JA Best-ReMaP have been engaged and then, based on the experience from the [ASTAHG project](#), a map of the (regional) stakeholders was produced. Three "EU-regional areas" of interest have been identified: the Mediterranean region, the Northern-Scandinavian region, and the Central Eastern European region. Based on the good experiences learnt in the [JA on Network of Comprehensive Cancer Centres \(JA CraNE\)](#), the vertical idea from Local Stakeholders Forums to "regional" policy dialogues and to the plenary policy dialogue, with an EU-dimension, emerged. The overview of the countries where the policy dialogues took place as well as the participating countries are available in the overview below (table 3). Each policy dialogue has been attended by different stakeholders, such as MSs representatives, Best-ReMaP WP leaders and teams, public health experts and relevant key stakeholders, officials by Ministries, Best-ReMaP partners. All the policy dialogues were conducted, based on the policy dialogue methodology of the [Chrodis Plus Joint Action](#). Details of the methodology are presented below in part 4.1.1.

Based on preliminary results from 1) national analysis of nutrition policies and 2) framework for actions questionnaire, the policy dialogues aimed to discuss and answer four main **questions, namely**: i) are there further challenges not mentioned here that would be fundamental to consider?; ii) do MSs have the resources and instruments necessary to tackle these issues?; iii) if not, what is missing both at the EU and national levels to address these challenges?; iv) how could cooperation across countries be favoured to maximise synergies, amplify impacts, and the implementation of best practices on the ground?

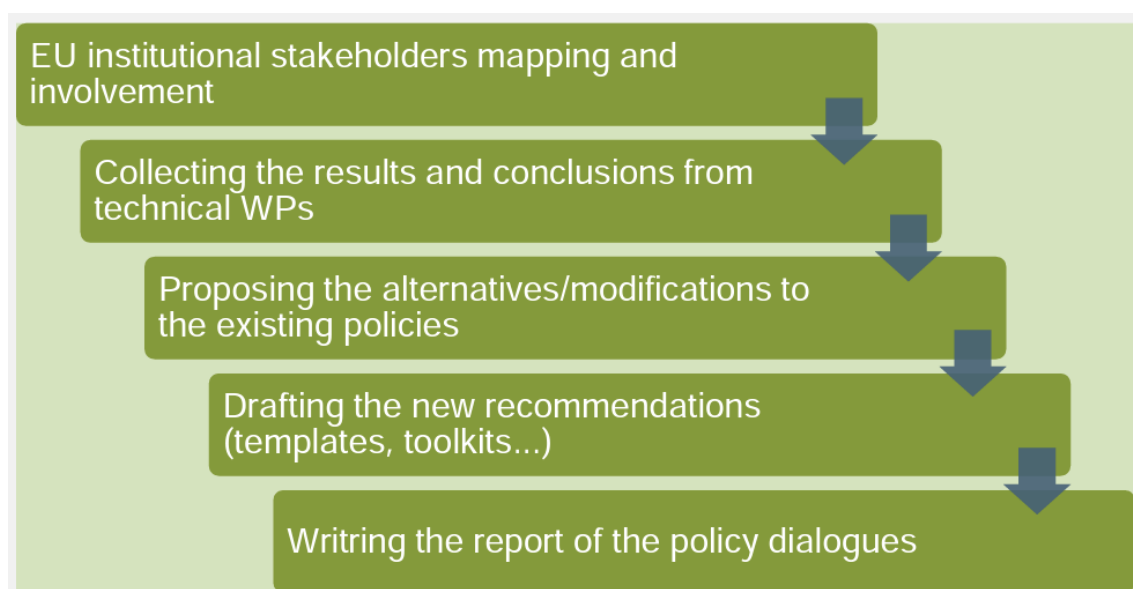
4.1.1 Methodology

The policy dialogues were not intended as public dissemination events. Their **main goal** was to engage a group of policymakers and key stakeholders, to ensure that each policy dialogue has the potential to make real changes in a practical and solution-oriented policy discussion, both at a national level (regional policy dialogues) and at the EU level (plenary policy dialogue).

A detailed draft agenda and background materials were sent to the confirmed participants at least ten days before the event, in order to address the core issues that would be explored in the policy dialogue and to discuss workable actions by the end of the meeting. Annex 6.3 presents the agenda of the Plenary Policy Dialogue. This has been tailored to each regional policy dialogue.

The WP4 team followed each dialogue by preparing a report including the dialogues' interventions, as well as the outcomes from the discussion and the next steps to address the identified problem. For each policy dialogue, the regional and EU institutional stakeholders have been mapped and involved. The **methodology**, depicted in figure 6, included: the collection of the results and conclusions from core WPs (WP5, WP6 and WP7); the proposal of alternatives/modifications to the existing policies; and the writing of the new recommendations.

Figure 6: Policy Dialogues' Methodology



Policy Dialogues' structure

During the policy dialogues, both the technical and political aspects related to the food environment have been considered through frontal sessions and participative discussions. Each policy dialogue has been divided into two parts: the sessions held in the morning and the ones held in the afternoon. Firstly, **during the morning session**, the WP leaders explained the WP's goals, outcomes, deliverables and milestones achieved, gathering in the process feedback from the attendees. Besides, the framework for actions of each core WP have been presented and discussed. Secondly, more participative sessions took place **during the afternoon session**, which aimed to discuss the strengths, weaknesses, opportunities and threats of implementing all three policies (on food reformulation, food marketing and public food procurement) in each given MSs and context, and, with regards to the Plenary Policy Dialogues, at EU level. The policy dialogues' sessions concluded selecting a few solution-oriented action points to help MSs effectively respond to the challenges of the implementation of the policies covered by the JA.

Table 3: Policy dialogues' characteristics

POLICY DIALOGUES				
Mediterranean Europe	Roma, Italy 28 March 2023	Venue: ISS	27 participants (WPLs, BRM partners, policymakers, industry)	Cyprus, Greece, Malta, Portugal, Italy, France, Spain, Croatia
Northern and Scandinavian Europe	Helsinki, Finland 5 May 2023	Venue: THL	28 participants (WPLs, BRM partners, policymakers)	Serbia, Bosnia-Herzegovina, Austria, Romania, Hungary, Poland, Slovenia, Bulgaria, Italy
Central Europe	Vienna, Austria 12 May 2023	Venue: AGES	41 participants (WPLs, BRM partners, policymakers)	Belgium, Netherlands, Lithuania, Germany, Latvia, Ireland, Finland, Estonia, Denmark, Italy
Plenary Policy Dialogue	Brussels, Belgium 24-25 May 2023	Venue: Permanent Representative of Slovenia at EU	66 participants (WPLs, BRM partners, policymakers, private sector)	Slovenia, Finland, The Netherlands, Portugal, Belgium, Austria, Malta, UK, Croatia, Italy, France, Hungary, Spain, Norway, Cyprus, Ireland, Lithuania, Germany, Denmark

List of abbreviations: BRM: Best-ReMaP; WPL: Work-Package Leaders; ISS: Istituto Superiore di Sanità; THL: Finnish Institute for Health and Welfare; AGES: Österreichische Agentur für Gesundheit und Ernährungssicherheit.

SWOT analysis

The **SWOT (Strength, Weaknesses, Opportunities, Threats) analysis** was used to manage the participative sessions. It is a commonly used methodology in social sciences research, one that provides a structured approach to strategic planning in a simply understanding scheme-like, group-based analysis. In the context of the JA Best-ReMaP, the SWOT analysis has been an effective tool to explore the strengths and weaknesses of the JA's **internal factors**, together with the opportunities and threats of the **external factors**. Analysing the strengths and the weaknesses, what were the successful actions and the factors that could have been improved were discussed. Addressing the opportunities and threats, the external factors of the JA have been exploited in order to achieve the results, and, as well as what had slowed down the JA's actions.

Strengths represented advantages and resources that contribute to the success of the JA. By identifying and leveraging strengths, policy dialogues developed capabilities and enhance their effectiveness. Identifying strengths, they had the potential to gain a deeper understanding of complex phenomena, focusing on patterns and trends, and enabling a good organisation of data. **Weaknesses** were the internal limitations and addressing them was crucial for enhancing the effectiveness and impact of public health initiatives, ensuring the development of well-rounded professionals, and creating a supportive environment. **Opportunities** were the external factors that are perceived to be harnessed to create positive outcomes. Identifying and capitalizing on opportunities provided a promising landscape and drove positive changes for population health. **Threats** were the external factors that pose risks or challenges to the success of the JA. Anticipating and mitigating threats was crucial for developing strategies that can overcome obstacles and maintain progress. The threats were addressed through collaborative efforts, policy reforms, and a proactive approach to public health.

4.2 The relevant outcomes from the Regional and EU Policy Dialogues

The SWOT analysis highlighted how, by leveraging strengths, addressing weaknesses, capitalizing on opportunities, and mitigating threats, the transformation of European food systems into sustainable and healthy models is a pressing issue and how JA Best-ReMaP makes significant contributions to promote healthier food choices and improve public health outcomes. In the following section, the main findings for each of the policy dialogues are discussed, and described according to the four dimensions of the SWOT analysis.

4.2.1 Strengths

In **all four policy dialogues (three regional and one EU)**, it has been recognized that the JA provided **an opportunity for the MSs** to share knowledge and expertise, facilitating the exchange of valuable insights on successful strategies and lessons learned. The boost towards a MS's **collaborative approach** enhances the overall understanding of what works and what does not in promoting healthier nutrition. Also, it emerged that the JA Best-ReMaP

has the potential to exert pressure on governments, urging them to take action on crucial topics related to nutrition and public health. Importance has been put to the health equity policy perspective: the JA had the strength to **work across all social gradients**, ensuring inclusivity and equal access to healthier food choices. The importance of the implementation of reformulation strategies that prioritize health equity over consumer preferences has emerged, too.

In the **Mediterranean regions policy dialogue** attention has been put to the strengths of the EU frameworks for action to provide a structured and comprehensive approach to implementing effective policies and practices. In the **Northern-Scandinavian regions policy dialogue**, the public food procurement point of view has been discussed in detail. The sharing of information benefits researchers and those involved in public procurement, enabling the scaling up of successful initiatives and pushing towards the foundation for policymaking. Moreover, the **second edition of the NPM** (March 2023) was mentioned as an opportunity for countries to align their regulations and definitions. By using a government-led NPM, food and drink products can be identified and restricted from marketing, based on their nutrient content. Besides, the **need for monitoring food composition** is perceived as essential for effective implementation and consequently for stricter EU regulation to address the advertising of unhealthy food and beverages. Both in the **Central regions and in the Plenary policy dialogues**, the importance of the developed tangible tools and databases accessible to MSs has been addressed and the capacity that JA Best-ReMaP showed to create continuity with previous projects and methodologies. Another aspect that has been emphasized was the fact that JA Best-ReMaP created **tangible tools, able to ensure data consistency and comparability across MSs**, facilitating data analysis and policy formulation.

4.2.2 Weaknesses

Among the **common weaknesses** that have been brought to light, there was the perception that some **challenges in effectively delivering information between countries**, which can impede coordination and knowledge sharing, exist. Also, **the involvement of industry** is perceived as not at an optimal level, limiting the potential for collaboration and innovation. The need **to demand stronger mandatory actions at the EU level to drive meaningful change** has been clearly shared by all the participating countries, as well as the need for **finding key individuals** who can drive systemic change. Besides, it has been pointed out that the need for marketing and advertising recommendations should be stronger and more explicit to effectively address the complex issue of unhealthy food marketing, which involves also new channels of information, such as online influencer marketing.

In the **Mediterranean regions policy dialogue** participants discussed that MSs' agendas are not fully aligned with JA Best-ReMaP's objectives, posing a challenge to achieve widespread implementation. Another aspect that has been stressed is that smaller countries may face resource limitations, hindering their full participation and implementation capacity. In the **Northern-Scandinavian regions policy dialogue**, the discussions dealt with the differences across the EU regarding the front-of-package labelling (FOPL) system. Considering that products are changing, it emerged as important to understand if the FOPL system will be easily

accessible to all. Indeed, the definition of highly and ultra-processed foods remains a point of debate, as there is a need to determine clear criteria for classifying these foods. In **the Central regions policy dialogue**, the discussions were focused on both the areas of marketing and reformulation, which require better coordination and internal communication to ensure effective implementation. In **the Plenary Policy Dialogue**, an aspect that emerged from the discussion was the involvement of end beneficiaries, such as the general population. Communication with the public regarding project outcomes may have been improved as well as major involvement of the beneficiaries since the beginning of the JA.

4.2.3 Opportunities

Among the opportunities, all the participants agreed upon the **importance of teamwork**, of balancing commercial interests with public health goals, addressing non-communicable diseases, tackling educational challenges, and supporting parents and families in accessing relevant information. **Expanding on a sustainable food system framework in a multi-stakeholder approach** was another important aspect to address in co-benefit policies regarding both health and the environment. The **next JA on the prevention of NCDs** presents an opportunity to build upon the progress made and scale up successful interventions and messages. Another opportunity identified was the importance of **collaborative efforts with industries** to improve the **provision of accurate product information** to further support consumers in making informed choices.

4.2.4 Threats

One of the **main threats commonly perceived** is that often **health conditions are underrated** taking a backseat to other factors influencing consumer choices, such as taste preferences or convenience, together with industries' willingness to prioritize only certain products. It has been discussed also the need to **improve general population health literacy education** to promote healthier food choices.

In **the Mediterranean regions policy dialogue**, the problem of the lack of key individuals and networking opportunities has been perceived as a threat. It has been strongly felt as needed the **high-level support is needed from DGs** for policy implementation and resource allocation. Furthermore, another aspect emphasised was the economic crises that may also limit the resources available for effective policy implementation in all the countries. The **gap in consumer education** regarding healthier nutrition choices and the overall lack of political will to prioritize these issues have been identified as additional threats. In **the Northern-Scandinavian regions policy dialogue**, a threat perceived was how much achieving a consensus on a universally accepted NPM can be challenging, given the complex and dynamic nature of the food environment. Furthermore, the ongoing **presence of unhealthy foods in the market**, such as ultra-processed foods pose a threat to public health efforts, as it undermines attempts to promote healthier eating habits. In the **Central regions policy**

dialogue, the threats discussed were mainly regarding the general food procurement laws and the issues regarding the GDPR criteria and data accessibility. Centralized food procurement systems and accountability for the use of end products need to be carefully managed to ensure transparency and effectiveness. Stricter **GDPR criteria may affect data accessibility**, requiring careful consideration of data protection regulations. In **the Plenary policy dialogue**, one main consideration regarded the importance of **building trust between the private sector, public sector, and research entities**, as crucial for effective collaboration.

Based on the results of the core WPs and through all the reflections that emerged from the policy dialogues, the JA Best-ReMaP identified the space for intervention, presenting a wide array of opportunities that MSs can exploit. The process of holding the policy dialogues added value by encouraging national thinking and real actions about the main concerns and rationales to address the obesity challenge in children population. The policy debate has been practically advanced in the participating countries. Above all, the cooperation between the private and the public sectors, which should be more proactive, and exploit the tools developed by the JA and the need to ensure data consistency and comparability across MSs, facilitating data analysis and food reformulation have been perceived as an important issue. Moreover, the need for a cooperation that should expand on a sustainable food system framework in a multi-stakeholder approach was addressed. There was also a lot of demand for clear actions at the EU level and the need for finding key individuals in the MSs to address the implementation of the actions that have been identified. It has also been perceived as important a better engagement of the consumer throughout the processes, as well the importance of improving the consumer's knowledge on nutrition and on the harmful effects of unhealthy food marketing as well on the marketing strategies. All in all, clearly emerged, the discussion on whether the regulation should be mandatory or voluntary to face the growing needs for health promotion and obesity prevention in children.

5. Conclusion

The report started explaining why the topic addressed by this JA is a public health priority in the European Union. Health impact of the obesity pandemic – especially on children - is clear, and research clearly demonstrates that if we continue with the ‘business as usual’, consequences are going to be severe. The urge to act is widely recognized, and policymakers are looking for indications on how we can tackle this problem. This was the starting point of the Joint Action, which after three years of precious work has been capable of providing the answers that European institutions and policymakers were expecting.

The framework for actions compiled by the core WPs offer an overview of the solutions that should be implemented to tackle the ever increasingly obesity rates, especially for children. Importantly, these solutions move away from a narrow focus on individual behaviour, giving instead the systemic perspective needed to make sure that food environments are healthier and more sustainable. The final goal is to create a system that makes the healthy choice the easy choice, not to leave the burden of change on the shoulders of the individuals. Importantly, this is the only perspective capable of tackling the social gradient associated with obesity and NCDs connected to malnutrition. Otherwise, if burden is left on individuals, only those who have the means and resources – so higher SES families, those more educated and those better off on all demographics - to take the healthy choice, leaving behind those in more difficulty.

Well aware that these policy recommendations will not have to be implemented in a vacuum, but rather in a complex societal and political context, WP4 aimed to provide an as accurate as possible overview of the current policy framework, and its associated challenges and opportunities. In this way, the report provided a general picture of what countries have already implemented in the core topics of the JA Best-ReMaP, supporting this information with a list of opportunities and challenges that according to the Member States representatives can either support or slow down policy implementation. Therefore, report successfully offers not only the answer to how should policies improve food reformulation, marketing of unhealthy food, and public procurement, but it also helps policymakers understanding how these indications could be tailored to what is already underway in the different states across the European Union.

Finally, the reports of the policy dialogues explain the interactive process that has been carried out during the final year of the Join Action. During the regional policy dialogues, both WP4 team and other WPLs had the opportunity to present their work to important stakeholders at national, regional and European Level. The mornings of the events offered the chance to present the results described above, while the participative afternoon sessions gathered the feedback from a variety of stakeholders who ranged from representatives of the national public institutes of health, to researchers, members of the industry, and politicians at different level. As presented in the final section, this process collected rich information that will further facilitate the effort of those willing to move forward with the indications provided by the frameworks for action.

The challenges to overcome are significant, and this is why so much attention was given to the sustainability of the Joint Action Best-ReMaP. These three years continued a path that was started by previous Join Action [JANPA](#) and it is necessary to continue the activities in the future years. To this end, JA coordinator and team secured that JA Best-ReMaP topics are picked up by the future Joint Actions, notably the JA PreventNCDs and the JACARDI. Both these Join Actions are the result of a significant economic investment by the European Commission, which reflects the awareness of the need to make sure that each JA results are sustainable in the future. Therefore, JA Best-ReMaP core team will use this opportunity to perfection the outcomes of the core WPs, and to give policymakers another platform of dialogue in the coming years.

The attention to sustainability is a central policy concern, and WP4 focused on two main outputs that will be picked up by future Join Actions. The first one is the advocacy and research activity needed to insert a “Food System Sustainability Scoreboard” (FSSS) in the European Semester. The case for this was presented in a [specific advocacy paper](#), and activities have continued throughout the Join Action, with several presentation during the policy dialogues. Having collected positive responses, and with a [dedicated workshop held in September 2023](#), the WP4 core team has set the ground to continue this policy framework work also in future Joint Actions. We refer to the devoted paper and to the policy dialogue reports for a detailed explanation of why a FSSS in the EU semester is essential to facilitate the transition to healthier and more sustainable food system, but the core idea is that this would force Member States to base their social and economic policies in a way that satisfy precise indicators connected to the sustainability of the food system.

On top of this, the cooperation of the WP4 team with the Joint Research Centre led to the creation of the database FABLE, which is a web-based nutrition information tool - that hosts data from previous EU projects, like EUREMO and JANPA - that will give European citizens and organisations the chance to monitor the nutritional quality of the food offer. In this way, FABLE will incentivise reformulation efforts and lead to an improved food offering, thereby making healthier choices more available to consumers. This database is yet to be fully released, but once it will be available, it will offer to all of the nutrition policies the opportunities to draw on a consistent and large array of information, thus stimulating both research and policy outcomes of the coming policy developments and future Joint Actions.

To conclude, the report offered an overview of the main outputs of the JA Best-ReMaP. In just three-year, significant step forwards were made in understanding some of the determinants of obesity, and above all, on what can be done to tackle childhood obesity. The path to offer the systemic policies necessary to create healthier food systems started in previous Join Actions, and the JA Best-ReMaP continued this course of action by offering clear recommendations on how to improve food reformulation, limit marketing of unhealthy foods to children, and how to improve public procurement in public institutions, especially schools. Challenge ahead is of historical importance, so the effort will not be over with the end of this join action, but as aforementioned, it will continue with future Joint Actions, thus making sure that the precious work will not be lost, but it will rather continue help creating a system where all individuals across the whole social gradient have their right to a healthier diet granted. Intersectoral collaboration will be essential and links with environmental policies pivotal for putting the

sustainable food policies jointly high on the policy agenda, while building on the principles of the wellbeing economy.

6. Annexes

6.1 Participating Countries

	WP Title	Leading Applicant	Participating countries
WP 5	EU Harmonised Reformulation and processed food monitoring	ANSES (France)	21 Austria, Slovenia, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Malta, Italia, Netherlands, Poland, Portugal
WP 6	Best practices in reducing marketing of unhealthy food products to children and adolescents	DoH and DGS (Ireland & Portugal)	17 Austria, Slovenia, Belgium, Bosnia and Herzegovina (with two entities), Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Greece, Ireland, Latvia, Lithuania, Portugal, Romania
WP 7	Public procurement of food in public institutions – a pilot EU approach	NIJZ (Slovenia)	11 Slovenia, Austria, Bosnia and Herzegovina (with two entities), Bulgaria, Denmark, Finland, Greece, Romania, Malta, Poland

List of abbreviations: WP, work package; ANSES, Agence Nationale de Sécurité Sanitaire de l'Alimentation, de l'Environnement et du Travail; NIJZ, Nacionalni Institut za Javno Zdravje; DoH, Department of Health; DG Directorate General for Health.

6.2 Templates sent to the JA Best-ReMaP Partners

6.2.1 Email sent to Work Package Leaders with the 'Framework for Action Template'

Dear JA Best-ReMaP Partner,

As indicated in the email, below you will find a template to help you describing and summarising the main achievements of these important years invested in Best-ReMaP. Our goal is to collect your feedback and to analyse it, to then compile a final framework for action to present – at the policy dialogues first, and then in the final report - the main goals we would like to obtain, and what we consider being the best way to get there.

We are aware that these sections include specific questions that may not always fit perfectly your work. In this case, do not worry if you leave blank one or more questions. Our goal was to be as comprehensive as possible, so we wanted to make sure that this template gives you the chance to present all the important results of your WP. At the same time, if you think that something important is missing, please fill in the extra information in the final section.

Of primary importance to compile this framework for action is that this information should lead to policy implementation in the Member States. Hence, the more precise and concrete the message we will present at the policy dialogues will be, and the more likely that we will succeed with our goal.

We highly appreciate your contribution, and we remain at your disposal in case any of these sections were unclear or if you have any questions related to how to fill in this template

Vision & Mission

1. What is the vision of your WP?

A vision provides an image of the future that sets expectation (example, overall Best-ReMaP vision is ensuring to all the European children a future free from obesity and NCDs)

2. What is the mission of your WP?

The mission is a statement of purpose within areas of legitimate operation (example, Best-ReMaP overall mission is to make the healthy choice the easy choice, through the change of the food environment)

Goals, Targets & Indicators

3. What are the goals of your WP?

A goal is a statement of intent or expected achievement. It refers to outcomes that are desired and achievable. The goal should be realistic and pragmatic, and at the same time reflect the main expected outcomes for your WP (example, reduce Health inequalities)

4. What is the target of your WP?

A target is a more focused intention, typically containing a measurable outcome (example, 30% reduction in alcohol usage by a certain group)

5. What is the priority (importance and frequency) of the problem to be addressed?

Strategic Actions needed

6. Governance actions required and main actors:

What are the key components needed here and who should take part in this process? (Further cooperation, better leadership, etc.)

7. How resource-intense will the interventions required be? Will they be cost-effective and/or offer any incremental benefit?

8. Which would be the best communicating platform to share clear, evidence-based messaging about WP results with the public?

9. Are there any international agencies and/or CSOs that you think would be necessary to involve to maximize the implementation of the results?

10. How are actions to be implemented likely to be accepted by governments, private actors and industries?

Research aspects to be strengthened

11. What aspects should be further investigated to address these goals?

12. How might these dynamics differ by geographic region and scale?

13. How can the quality of the research be best presented?

The higher the quality of the evidence, the greater the likelihood of a strong recommendation

14. Which are the indicators and baseline measures that would best be used to measure changes in the topic addressed?

Health Inequalities and Social gradient

15. Are there certain social groups that are currently more affected by addressed issue? If so, what would be the recommendations to make sure that such problem is addressed?

16. Are there risks that measures suggested may benefit certain groups more than others? If so, which ones and how could such risk be mitigated?

17. How likely are the groups affected to consider as important the health outcomes to be achieved? Is there a high variance in this across social groups?

The less uncertainty or variability there is about the values and preferences of people experiencing the critical or important outcomes, the greater the likelihood of a strong recommendation

18. Will the intervention proposed reduce inequities and/or contribute to the realization of one or more human rights? Will the intervention help achieving one or more Sustainable Development Goals?

Extra information

Provide here any extra information that you think would be necessary to include in the report, but that you think was not included in previous sections.

6.2.2 Email sent to Partners with the “Analysis of the Public Health Policies in Nutrition Template”

Dear JA Best-ReMaP Partner,

As indicated in the email, one of the main steps to complete our final report is to produce an analysis of the public health policies in nutrition across European Union and the Member States. To do so, we need the support from our partners in the consortium, and we thus kindly ask you if you could provide a short a summary of the main policies affecting nutrition in your national context, in particular concerning food reformulation, food marketing, and public procurement. To maximize the sustainability of Core WPs outcomes, it will be important to have an overview not only of current policies affecting JA Best-ReMaP results, but also on what are the upcoming policy developments that may influence 1. food reformulation, 2. marketing of unhealthy food, and 3. public procurement in the immediate and intermediate future. For this reason, for each section and for each of the 3 policies indicated below please provide:

- I.** Core topic of the policy;
- II.** The normative/Legislative reference of the policy (if applicable)
- III.** Main goal that this policy aims to achieve and the rationale it's based on;
- IV.** Who is responsible for the implementation of the policy;
- V.** The “how” of the policy, namely what are the actions by means of which policy aims to achieve the goal, on which processes it will rely on;

- VI.** The factors that you think (will) make this a successful policy or, on the contrary, what are the obstacle that (may) hinder – or are likely to hinder it in the future;
- VII.** When has this policy been implemented – or when will it be implemented (if already planned for) - and the timeframe within which it aims to reach its goals; if the policy in a given field has been neither implemented nor planned for, what are the outlooks for it in the future?
- VIII.** Funding involved to implement the policy;
- IX.** Please list instruments, mechanisms and/or processes that you think would be necessary to create/implement to achieve the goals of the JA Best-ReMaP core WPs;
- X.** There is a column for anything else you may want to add.

POLICY TITLE

1.

2.

3.

I. CORE TOPIC

1.
2.
3.

II. NORMATIVE/LEGISLATIVE FRAMEWORK

1.
2.
3.

III. OBJECTIVE/IMPACT

1.
2.
3.

IV. RESPONSIBLE FOR POLICY IMPLEMENTATION

1.
2.
3.

V. ACTIONS IMPLEMENTED/IMPACT

1.
2.
3.

VI. SUCCESS FACTORS/BARRIERS

SUCCESS FACTORS	BARRIERS
1.	
2.	
3.	

VII. TIMEFRAME

YEAR IMPLEMENTED (CURRENT OR EXPECTED)	TIMESPAN TO ACHIEVE GOALS	OUTLOOK FOR IMPLEMENTATION IN THE FUTURE
1.		
2.		
3.		

VIII.

FUNDING INVOLVED

1.
2.
3.

IX. INSTRUMENTS/PLATFORMS/ETC. NEEDED

1.
2.
3.

X. EXTRA INFORMATION

6.3 Policy Dialogues' Agenda

6.3.1 Plenary EU Policy Dialogue

Organizer: JA Best-ReMaP WP1, NIJZ, Slovenia and WP4, ISS, Italy

Date and time: 25th May 2023 at 8:30– 16:45 (CEST)

Meeting location: Permanent Representation of Slovenia to the European Union, Boulevard du Régent 45, 1000 Brussels, Belgium

Agenda

Time (CEST)	Session title
8:30 – 9:00	Registration of participants <i>Moderator: Mojca Gabrijelčič NIJZ, Slovenia (JA Best-ReMaP Coordinator)</i>
9:00 – 9:20	Welcome to the Best-ReMaP stakeholder's policy dialogues <i>Speakers:</i> <ul style="list-style-type: none"> • Iztok Jarc, Permanent Representation of the European Union Brussels • Franco Sassi, ICL, UK
9:20 – 09:40	Presentation of Best-ReMaP state of the art and purpose of the Policy Dialogue <i>Speaker: Mojca Gabrijelčič, NIJZ, Slovenia (JA Best-ReMaP Coordinator)</i>
09:40 – 10:00	Best-ReMaP WP4 Presentation – Milestones achieved, Description of the Final Report and Presentation of the policy template and Core WPs Framework for Action <i>Speakers:</i> <ul style="list-style-type: none"> • Marco Silano, ISS, Italy (WP4 leader) • Dorota Sienkiewicz, EuroHealthNet, Belgium (WP4 Team)
10:00 – 10:30	A Food System Sustainability Scoreboard – How to insert a monitoring mechanisms of the food system sustainability in the EU semester <i>Speaker: Samuele Tonello, EuroHealthNet, Belgium (WP4 Team)</i> <i>Comments: Joana Dias, JRC, Italy</i>
10:30 – 10:45	Equity Aspects in the Joint Action Best-ReMaP – Proportionate Universalism and Social Gradient at the core of policy implementation – Recorded presentation <i>Speaker: Tim Lobstein, UK, (Equity Consultant to the JA Best-ReMaP)</i>
10:45 – 11:00	Coffee break

<i>Moderator: Stefanie Vandevijvere, Sciensano, Belgium</i>	
11:00-11:30	JA Best-ReMaP WP5 – Processed Food Monitoring and Reformulation: opportunities and challenges to policy implementation of WP5 main outcomes <i>Speaker: Jean-Luc Volatier, ANSES, France (WP5 Leader)</i> The JRC EU Food And Beverage Labels Explorer (FABLE) <i>Speaker: Joana Dias, JRC, Italy</i> <i>Q&A with participants</i>
<i>Moderators: Kremlin Wickramashinge, WHO European Office, Maria João Gregorio, MoH Portugal</i>	
11:30 – 12:00	JA Best-ReMaP WP6 - Reducing the marketing of unhealthy foods to children: opportunities and challenges to policy implementation of WP6 main outcomes <i>Speaker: Maria João Gregorio, MoH Portugal (WP6 Leader)</i> <i>Comments: Amandine Garde, University Liverpool, UK</i> <i>Q&A with participants</i>
<i>Moderator: Paolo Vineis, ICL, UK</i>	
12:00 – 12:30	JA Best-ReMaP WP7 – Food Procurement in Public Schools: opportunities and challenges to policy implementation of WP7 main outcomes <i>Speaker: Mojca Gabrijelčič, NIJZ, Slovenia (JA Best-ReMaP Coordinator, WP7 Leader)</i> <i>Comments: Betina Bergman Madsen, Denmark (CPH-MUN), on behalf of MSs</i> <i>Wim Debeuckelaere, DG Sante, Belgium</i> <i>Q&A with participants</i>
<i>Moderator: Jaana Lindström, THL, Finland (WP3 Leader)</i>	
12:30 – 12:45	Reflections on how impact is created in Best-ReMaP partner countries
12:45 – 14:00	<i>Lunch break</i>
<i>Moderators: Dorota Sienkiewicz and Samuele Tonello, EuroHealthNet, Belgium (WP4Team)</i>	
14:00 - 15.30	World café stakeholder discussion on Best-ReMaP policy analysis and Core WPs results: what instruments do we have to move forward, and how can we maximize synergies between EU institutions and Member States?



	<p><i>SWOT analysis and work in groups (Explained and facilitated by Moderators)</i> <i>Reporting to the whole group (Group rapporteur)</i> <i>Final Q&A</i></p>
15.30 – 15:45	Coffee break
Moderator: Mojca Gabrijelcic, NIJZ, Slovenia (JA Best-ReMaP Coordinator)	
15.45 – 16:00	<p>Compliance of BestReMaP efforts with WHO targets</p> <p><i>Speaker: Kremlin Wickramashinge, WHO European Office</i></p>
16:00 – 16:45	<p>Conference wrap-up and Discussion with WP4 for further Steps</p> <p><i>Speakers: Marco Silano, ISS, Italy (WP4 Leader)</i> <i>Mojca Gabrijelčič, NIJZ, Slovenia (JA Best-ReMaP Coordinator)</i></p> <p><i>Comments: Knut Inge Klepp, NIPH, Norway (Coordinator of new JA Prevent NCD)</i></p>