

## NOURISHING framework

### **H** Harness food supply chain and actions across sectors to ensure coherence with health

This table provides examples of the types of policy action that can be taken within this policy area, examples of where these policy actions have been implemented, and a brief description of what the action involves. It provides a global snapshot, largely of policies already implemented; it is not necessarily comprehensive. The examples were collated through a review of international reports of policy actions around the world, academic articles reporting on policy actions, and online government resources.

We welcome feedback. Please contact us at [policy@wcrf.org](mailto:policy@wcrf.org) if you would like to add any further examples of implemented policies, see the policy documents that we reference, or have any further questions or comments.

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
<b>Working with food suppliers to provide healthier ingredients</b>	Singapore	The government of Singapore increases the availability and use of healthier ingredients through the Healthier Ingredient Scheme (formerly part of the Healthier Hawker programme, launched in 2011), which provides transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry.

## Nutrition standards for public procurement

### Brazil

On July 2016, the Brazilian Ministry of Health implemented procurement guidelines for any food served or sold within the Ministry's facilities and in its entities (Ordinance No 1.274 of 7 July 2016). The guidelines also apply to independent companies contracted to provide food services on the premises of the Ministry and its entities. The Ordinance aims to address overweight, obesity and non-communicable diseases, and is based on the right to adequate food. The guidelines are based on the Food Guide for the Brazilian Population, and state that only in unprocessed and minimally processed food may be procured. The purchase of processed food (eg canned food, fruit compote, candied fruit, salt-preserved meats) should be minimized, and food from organic and agroecological production preferred whenever possible. Ultraprocessed food may only be used in exceptional cases if it is used in meals which are prepared from mostly unprocessed or minimally processed food. Ultraprocessed food and beverages that are not used for meal preparation may not be purchased (eg soft drinks, sugar-sweetened fruit juices, industrialised sweets). Ultraprocessed food is defined by the Ordinance as food which is mainly produced from substances extracted from whole food and/or food components derived from materials synthesized from organic matter, and which contain  $\geq 1$ mg of sodium per 1kcal,  $\geq 10\%$  of total energy from free sugars,  $\geq 30\%$  of total energy from total fat,  $\geq 10\%$  of total energy from saturated fat and  $\geq 1\%$  of total energy from trans fat (in alignment with PAHO's Nutrient Profile Model). The Ordinance also prohibits the advertisement and sales promotions of ultraprocessed food in the Ministry of Health and its entities.

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### United Kingdom

The UK Government Buying Standard for Food and Catering Services (GBSF of 2014, updated March 2015) by the Department of Environment, Food and Rural Affairs (Defra) sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014), which includes a toolkit consisting of the mandatory GBSF (revised to strengthen the commitment to buy to UK standards of production, or equivalent), a balanced scorecard (an approach to weigh different criteria against each other to serve as an evaluation tool to base procurement awards on), an e-marketplace, case studies and access to centralised framework contacts in order to improve and facilitate procurement in the public sector. The nutrition requirements have to be followed by schools, hospitals, care homes, communities and the armed forces. To improve diets, the GBSF sets maximum levels for sugar in cereals, and generally for saturated fat and salt, in addition to a minimum content of fibre in cereals and fruit in desserts. Meal deals have to include vegetables, and fruit as dessert, and menu fish on a regular basis. Other standards may take precedence over these requirements, eg for military personnel overseas or special needs patients.

	<p><b>United States</b></p>	<p>Based on Executive Order 509 (2009), the Massachusetts State Agency Food Standards set standards per category for all food purchased by state agencies and their contractors. The Standards, based on the Dietary Guidelines for Americans (see “O – Offer healthy food and set standards in public institutions”), define targets for nutrient requirements, including guidelines for specific populations (ie children, elderly). The Standards contain a ban on trans fat and deep-frying, and maximum levels of sodium in food and calories in beverages. They are applicable to food served to agencies’ clients and patients (ie hospitals, prisons, childcare services). Food served for sale, and to agencies’ employees, is excluded.</p> <p>New York City (Executive Order 122 of 2008, revised in 2014) and Santa Clara County (Nutrition Standards, passed 28 February 2011 and effective since 1 July 2012) have also established nutrition standards for all food purchased and served by public entities. The standards are based on the Dietary Guidelines for Americans.</p> <p>Los Angeles County has used health impact assessments relating to healthy food to inform public procurement bid specifications.</p>
<p><b>Public procurement through “short” chains (eg local farmers)</b></p>	<p><b>Brazil</b></p>	<p>In Brazil, a 2009 law (Ley 11.947/2009 Regulamento de Programa Nacional de Alimentação Escolar) requires that 30% of the national budget for food served in the school meals programme must be spent on food from family farms, with priority given to food produced using agroecological methods.</p> <p>The Food Acquisition Programme (Programa de Aquisicao de Alimentos) allows states, municipalities and federal agencies to buy food from family farms through a simplified public procurement procedure. The programme thereby encourages the purchase of perishable food and minimally processed food and makes them available to public institutions (eg hospitals, social assistance agencies, schools etc.).</p> <p>The Brazilian Institute of Horticulture and the Brazilian Central Food Supply Association are responsible for the promotion, regulation and organisation of food sales in the country. The Brazilian Market Modernisation Programme (Programa Brasileiro de Modernização do Mercado Hortigranjeiro) supports states and municipalities to modernise and adapt the supply of food to meet local needs. For example, supply centres (CEASAs) initiated the campaign Encouraging Intake of Fruit and Vegetables in the Central Food Supply. The first phase focuses on internal CEASA stakeholders (dealers, licensees and producers) and aims to increase the availability of fruit and vegetables. The second phase will target external audiences in the form of consumer information and promotion of healthy eating.</p>

	<b>United States</b>	New York City issued the New York State Food Purchasing Guidelines to encourage city agencies to procure food products that are grown, produced or harvested in New York State. The Guidelines apply to any solicitation of a value of more than \$100,000. City agencies may mandate that certain products must be procured from New York State, and they may grant a bid to a bidder whose price is up to 10% higher than the one offered by the lowest bidder's price for food not from New York State.
<b>Supply chain incentives for food production</b>	<b>Singapore</b>	As part of the Singaporean Healthier Dining Programme (formerly called of the Healthier Hawker programme, launched in 2011), manufacturers are able to tap into non-health related government funding for productivity and innovation to improve logistics and efficiency in supplying healthier oils and healthier staples, with the goal to make prices competitive.
<b>Community food production</b>	<b>Micronesia Nauru Tonga</b>	Community food projects are in place to promote the domestic cultivation of fruit and vegetables in place of imported food products.
<b>Governance structures for multi-sectoral/stakeholder engagement</b>	<b>Brazil</b>	The Brazilian National Council of Food and Nutrition Security (CONSEA), established in 2003, is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security.
	<b>CARICOM</b>	Active NCD Commissions exist in seven of the 20 CARICOM member states (Antigua & Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada), which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies, and, to a varying degree, civil society and the private sector.  <b>Information updated 21/06/2017</b>
	<b>Finland</b>	The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade, and agriculture.
	<b>Malaysia</b>	The Malaysian National Coordinating Committee on Food and Nutrition (NCCFN), chaired by the Deputy Director General of Health (Public Health) and in operation since 1994, consists of representatives of the Ministry of Health and other ministries (such as the Ministries of Education, Agriculture, Youth and Sport, Domestic Trade, Rural and Regional Development), ministerial agencies, universities, professional bodies, the food industry and NGOs.

	<b>Malta</b>	Based on the Healthy Lifestyle Promotion and Care of Non-Communicable Diseases Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of non-communicable diseases. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each.
	<b>Pacific Islands</b>	In 2014, the Pacific Non-Communicable Disease Partnership was established to encourage a multi-sector approach to prevent and control non-communicable diseases (NCDs). The partnership includes Pacific Island Forum Leaders, Pacific Ministers of Health, Pacific Islands Permanent Missions at the United Nations, Pacific Island Countries and Territories (PICTs), Secretariat of the Pacific Community (SPC), World Health Organization (WHO), United Nations Development Programme (UNDP), World Bank, Australia Department of Foreign Affairs and Trade (DFAT), New Zealand Aid Programme (NZAP), US Department of State, Pacific Island Health Officers' Association (PIHOA) and the NCD Alliance. The Partnership aims to strengthen and coordinate capacity and expertise to support Pacific Island countries achieve globally agreed NCD targets and implement the new NCD roadmap.
	<b>United Nations</b>	<p>The United Nations Inter-Agency Task Force on Non-Communicable Diseases, established in 2013, coordinates the activities of the relevant UN funds, programmes and specialised agencies to support the realisation of the commitments in the UN Political Declaration on NCDs.</p> <p>The UN Standing Committee on Nutrition promotes cooperation among UN agencies and partner organisations in support of community, national, regional, and international efforts to end malnutrition in all of its forms.</p>

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A number of other organisations provide access to policy databases. Some are listed below:

#### **International**

[WHO Global Database on the Implementation of Nutrition Action](#)

[WHO Noncommunicable Disease Document Repository](#)

#### **Europe**

[WHO Europe Database on Nutrition, Obesity and Physical Activity](#)

#### **United States**

[The Rudd Center for Food Policy and Obesity – Legislation Database](#)

[National Association of State Boards of Education – State School Health Policy Database](#)

[National Cancer Institute – Classification of Laws Associated with School Students](#)

[Centers for Disease Control – Chronic Disease State Policy Tracking System](#)

**Canada**

[Prevention Policies Directory](#)