

# International innovative food environment policies

Technical annex

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## Executive summary

- In the fight against obesity, governments around the world have broadly focused on implementing familiar, well-evaluated policies like sugar taxes and menu labelling. Regions like the Nordics and South America have been at the forefront of piloting known policy themes such as data sharing, food advertising and labelling practices in innovative and fresh ways.
- There are, however, lots of innovative policy ideas out there. Often, innovative ideas are proposed and discussed but in most countries fail to get implemented at a meaningful scale due to a lack of political will to tackle systemic drivers of ill health.
- There is an increased need for policymakers to embrace innovation in the face of growing obesity levels. We see two potential ways to embrace innovation, learning from abroad:
  - Trying new, innovative policy ideas. This might involve using wider levers beyond the obvious food and health ones (eg, urban planning or procurement), making different actors accountable, or taking a long-term view that anticipates future health and lifestyle trends.
  - Innovating methods for influencing politics. This could be developing narratives that link food policy to other salient issues, while rethinking influences on food and health policy in the UK. Strategic international comparison could help to re-contextualise the ambition of current policy.

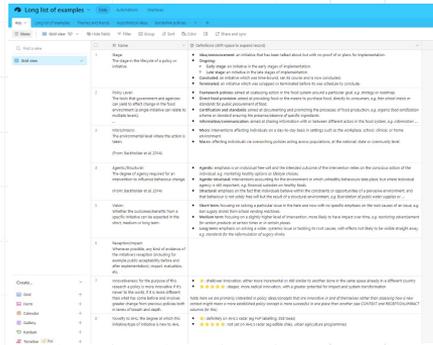
## Introduction

- Nesta's ultimate goal is to halve obesity in the UK by 2030. Rising obesity rates indicate that the challenge is steep. Our focus on food environments places importance on improving the availability, accessibility, affordability and advertising of healthy lower-calorie foods.
- This project was initiated to explore new ideas for innovations in policy being pursued around the world - particularly those that are yet to have significant evidence or evaluation. This exploration - alongside all of the work advocating for the implementation of well-evidenced approaches - helps to inform a fuller understanding of potentially impactful approaches to achieve impact.

# Methods

1

Worked with consultant Dolly van Tulcken to develop a **framework and method for identifying innovative approaches.**



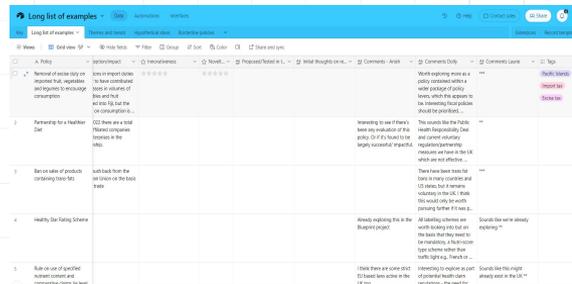
3

Developed **10 detailed case studies.**



2

Created a **longlist of nearly 80 case studies** through an initial horizon scan.



4

Explored **speculative policy ideas.**

# Case studies



# Context

- This not an exhaustive list of innovative case studies, nor is it intended to be geographically representative of countries all around the world. The case studies are presented for interest and their inclusion does not imply our judgement of their quality, nor do we necessarily endorse the approach or introduction of these policies in the UK.
- Given the nature of this project (looking at less well-evidenced approaches and policies where obesity may not have been the main objective), some policies lacked clear impact evaluation. Relatedly, the quality and availability of quantitative data to contextualise case studies was variable.
- Some case studies suffered from limited accessible or English-language sources; where possible we have attempted to fill gaps with expert stakeholder interviews.

## Map of case studies\*



- 1 – FRESH, USA
- 2 – HDP, Singapore
- 3 – ANRFMS, Sweden
- 4 – 90% organic procurement, Denmark
- 5 – Marketing monitoring, Nordics
- 6 – 5/5 Aspiration, Nordics
- 7 – Integrated Strategy, Portugal
- 8 – Hansik development, South Korea
- 9 – Abusive publicity ban, Brazil
- 10 – Metabo Law, Japan

# Legend

Brief description

Sliders

**Micro:** interventions affecting individuals on a day-to-day basis in settings such as the workplace, school, clinical or home environment.  
**Macro:** affecting individuals via overarching policies acting across populations, at the national, state or community level.

**Agentic:** emphasis is on individual free will and the intended outcome of the intervention relies on the conscious action of the individual, eg, marketing healthy options as lifestyle choices.  
**Structural:** emphasis on the fact that individuals behave within the constraints or opportunities of a pervasive environment, and that behaviour is not solely free will but the result of a structural environment, eg, fluoridation of public water supplies or fortification of cereal products.

**Primary focus:** the extent to which obesity is a clear and main focus of the policy or initiative.  
**Secondary focus:** the extent to which obesity is a secondary or unintentional focus of the policy or initiative.

Relevant obesity prevalence and trend data – trends are based on Global Obesity Observatory data which covers a 10-year period

**Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA** ONGOING

**What is it?** A city-level, voluntary initiative (economic & financial) providing both zoning<sup>1</sup> and fiscal incentives for grocery stores stocking fresh, healthy produce to durably establish themselves in NYC's most deprived and under-served communities, tackling 'food deserts' where access to healthy food is limited. Part of a policy package.

**Why is it interesting?** UK and NYC food desert issues are not comparable, but interesting lessons include using planning regulation with other levers, and the importance of policy entrepreneurs in seeing policy through.

**ACCESS**

Micro Agentic Primary  
 Macro Structural Secondary

responsible entity	New York City Industrial Development Agency (NYCIDA) and New York City Department of City Planning (DCP).
Government level	City
Type of policy lever	Economic & Financial
Timeline	rolled out in 2009 across 20 of NYC's 51 Districts; renewed/expanded in 2015 and 2021, with an option to be refreshed every 5 years.
Cost/allocated budget	The zoning incentive programme is practically cost-free for the DCP and incurs no loss of revenue. The tax incentive programme involves forgone tax revenues of unknown scale.
target population	Deprived communities across NYC with limited access to fresh food within eligible FRESH areas. Incentives targeted at property development sector.
Impact/evidence so far	20 FRESH stores, another 21 in development serving up to 1.2M people previously underserved in fresh healthy produce [...] There is limited evidence on how the FRESH programme has impacted the diets of New Yorkers and eating policies present or absent. It is unclear whether the programme has increased the consumption of healthy produce [...]. One study concluded that new neighbourhood store provision is ineffective as a means of improving obesity, but the study faced various limitations including time span [...].

<sup>1</sup>Zoning is an urban planning technique that breaks up land areas into zones, with planning rules that have increased use in the US [...].

Key facts about the policy, timeframe, scope, target and impact

**Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA** ONGOING

**OBESITY TRENDS**

USA Obesity rates among adults in the US from 2008 to 2017 (1) (2)  
 NYC Obesity rates among adults in NYC increased from 2010 (23.2%) to 2020 (25.4%) (3)

73.9% of adults in the USA were overweight or obese in 2017 (1) (2)  
 69.2% of adults in NYC were overweight or obese in 2020 (3)

**Initiative**

The FRESH program offers zoning incentives and tax benefits to property owners who agree to build a full-service food market in NYC's communities where access to fresh food is limited [...].

- Zoning exemptions - buildings in which FRESH stores are located can be larger than is allowed by the zoning regulations - up to 30,000sqft in M1 (manufacturing) zones, and one additional sqft of floor area in a mixed-use building for every sqft provided for a FRESH store up to a max bonus of 20,000 - and requires less parking than typically required.
- Tax breaks - available to qualifying FRESH food stores to lower costs of owning, leasing, developing, and renovating retail grocery space (e.g. reductions in real estate tax by fixing assessed value of buildings at pre-improvement levels; waiver of the 8.875% sales tax on materials for facility improvement/equipment mortgage recording tax reduction from 2.8% to 0.3%). Tax benefits can be used with or separate to zoning incentives, and are administered by the NYCIDA using tax exemption powers intended for assisting with the creation and retention of jobs.

FRESH supermarkets must comply with the following conditions [...]:

- Location in an eligible area - see map on slide 9
- At least 6,000 sqft of retail space for general food / non-food groceries
- 25+ percentage of retail space dedicated to fresh / perishable produce etc. (see pres with numbers)
- At least 500 sqft of retail space for fresh produce
- 35% of retail space allocated to selling non-perishable food item

Areas eligible to FRESH incentives are selected according to a range of criteria, including rate of car ownership, number of children in poverty and overall volume of food stores. Also links up with federal government programme, the Supplemental Nutrition Assistance Program [...], which supports low-income family with food purchasing. In interview, policy leads noted that FRESH interventions were more successful when both the zoning and tax incentives were taken together. They noted that tax incentives are reviewed on a yearly basis, and that continual review process helps to motivate compliance with FRESH standards.

**Context**

The NYC government is a municipal government within a federal system. It is responsible for public education, corrections institutions, public safety, recreational facilities, sanitation, water supply, and welfare services. NYC government is split into 5 boroughs comprising 51 Districts, all overseen by a Mayor (3). When Michael Bloomberg was Mayor of New York (2002-2013), he considered various reforms intended to influence the food and built environment to encourage lower calorie intake and active lifestyles (e.g. incentives to healthy food outlets, taxation, regulation, etc.). A total of about 24 reforms were proposed, with at least 21 successfully introduced or enacted, including FRESH [...].

High land values across all five boroughs of NYC, combined with the USA's unregulated zoning system, are key to successfully leveraging opportunities through zoning incentives as they increase the value of the offer without costing the government more. The NYC government has used zoning incentives in the development of affordable housing, public spaces and, in the case of FRESH, healthier retail outlets.

Context

Detail of the initiative

# Legend

Overarching themes and colour coding

Access

Out of home

Whole systems

Food culture

Language and thinking

Directive

## Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA

### Lessons and applicability

*Policy entrepreneurs are important for driving progress* - The Bloomberg mayoral administration initiated the FRESH initiative which can be achieved through policy changes to the food and physical environment of a territory with a strong vision from a policy entrepreneur-type leader, who was willing to listen to both technical and scientific evidence around obesity. What also sets the Bloomberg administration apart from other city-wide efforts to tackle obesity is the flexibility which has been built into the strategy, focusing on developing various cross-sectoral partnerships on a wide range of initiatives, using a multitude of policy levers. Among a whole set of measures enacted in about 10 years, the ones which failed were mostly related to Sugar-Sweetened Beverages (SSBs), portion sizes, etc. due to industry pushback and negative media coverage of nanny-statism. They were however still able to shift the conversation, challenge norms and start changing habits.

*Planning incentives could be a powerful tool* - Zoning is not used in the UK (which may be why the nature of UK / US local assets differ - this video is helpful in explaining why US residential areas struggle with food access). However, some aspects of the NYC context do apply in parts of the UK, e.g. high land value in urban areas, which may mean that planning could still be an effective tool. Relaxing planning rules subject to health-driven conditions could be an effective way of incentivising shifts in the food environment. Such incentives (exemption from certain planning or building control rules, or perhaps even access to streamlined authorisation processes) may be attractive to property developers, but would require greater powers to be provided to local authorities: a set of standards outlining appropriate conditions that would support healthier food access could be developed to provide consistency (e.g. 50% of supermarket product portfolio have to meet Y health standards, or 3 products are banned). Similarly to FRESH, the UK could set conditions around the kinds of areas that are eligible for incentives: to target 'real' food deserts (with other more 'symbolic' deserts) the limitation may be that land value might differ in some of these locations making the incentives less consistent or attractive.

ACCESS

Status of policy

ONGOING

### Limitations

- Application fees are costly, reducing the value of the financial incentives.
- Testimonies provided to a hearing on FRESH by the Council of the City of New York in 2018 criticized (13)
  - The establishment of too many of this type of supermarket in the same areas in a manner that threatens existing businesses, and also does not focus incentives on existing businesses that provide healthy offers meaning stores are closing even as FRESH stores open.
  - Focus of FRESH on traditional supermarkets where they may not be the best purveyors of healthy food in an ethnically diverse city where food shopping habits are so entrenched in communities and cultures.
- FRESH has no legal control over the retail price set by supermarkets and therefore the affordability of produce sold.

### More information

- See the [NYC Economic Development Corporation's website](#) for more info.
- Other US examples include the [Minnesota Staple Foods Ordinance](#), requiring corner stores to stock healthy food.
- Other examples around the world of such cross-discipline local approaches to tackling obesity include [Utahman, City's 2008 ordinance](#) and [North Wales's experiment](#) in the 1970s.
- Also check out the [15 minute city](#) idea.

Outline of policy limitations

Links to more information

Brief analysis of the policy, including notes on the applicability of aspects of the policy to the UK setting

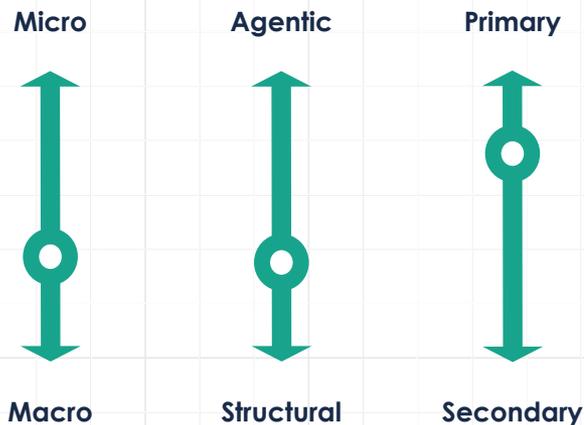
# Food Retail Expansion to Support Health, USA



# Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA

**What is it?** A city-level, voluntary initiative (economic and financial) providing both zoning\* and fiscal incentives for grocery stores stocking fresh, healthy produce to durably establish themselves in NYC's most deprived and underserved communities, tackling 'food deserts' where access to healthy food is limited. Part of a policy package.

**Why is it interesting?** UK and NYC food desert issues are not comparable, but interesting lessons include using planning regulation with other levers, and the importance of policy entrepreneurs in seeing policy through.



Responsible entity	New York City Industrial Development Agency (NYCIDA) and New York City Department of City Planning (DCP).
Government level	City
Type of policy lever	Economic and financial
Timeframe	Rolled out in <b>2009</b> across 20 of NYC's 51 districts, renewed/expanded in 2018 and 2021, with an ambition to be refreshed every five years.
Cost/allocated budget	The zoning incentive programme is practically cost-free for the DCP and incurs no loss of revenue. The tax incentive programme involves foregone tax revenues of unknown scale.
Target population	Deprived communities across NYC with limited access to fresh food within eligible FRESH areas. Incentives targeted at property development sector.
Impact/evidence so far	30 FRESH stores, another 21 in development serving up to 1.2 million people previously underserved in fresh, healthy produce. (1) There is limited evidence on how the FRESH programme has impacted the diets of New Yorkers, and existing studies present a mixed view on whether the programme has increased the consumption of healthy produce. (2) One study concluded that new neighbourhood store provision is ineffective as a means of tackling obesity, but the study faced various limitations including time span. (3)

\*Zoning is an urban planning technique that breaks up land areas into 'zones' with distinct planning rules. It has widespread use in the US. (4)

# Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA

ONGOING

## Obesity trends

USA ↗ NYC ↗  
Obesity rates among adults in the USA increased from 33.8% in 2007/2008 (1) to 42.7% in 2017/2018. (2)

Obesity rates among adults in NYC increased from 23.2% in 2010 to 25.4% in 2020. (3)

**73.9%** of adults in the USA were overweight or obese in 2017/2018. (4)

**59.2%** of adults in NYC were overweight or obese in 2020. (5)

## Context

The NYC government is a municipal government within a federal system. It is responsible for public education, correctional institutions, public safety, recreational facilities, sanitation, water supply and welfare services. NYC governance is split into five boroughs comprising 51 districts, all overseen by a mayor. (10) When Michael Bloomberg was mayor of New York (2002-2013), he considered various reforms intended to influence the food and built environment to encourage lower caloric intake and active lifestyles (for example, incentives to industry or individuals, taxation, regulation, etc.). A total of about 24 reforms were proposed, with at least 21 successfully introduced or enacted, including FRESH. (11)

High land values across all five boroughs of NYC, combined with the USA's unique zoning system, are key to successfully leveraging opportunities through zoning incentives as they increase the value of the offer without costing the government more. The NYC government has used zoning incentives in the development of affordable housing, public spaces and, in the case of FRESH, healthier retail outlets.

## Initiative

The FRESH programme offers **zoning incentives** and **tax benefits** to property owners who agree to build a full-service food market in NYC's communities where access to fresh food is limited (12):

- Zoning exemptions – buildings in which FRESH stores are located can be larger than is allowed by the zoning regulations – up to 30,000 sqft in M1 (manufacturing) zones, and one additional sqft of floor area in a mixed-use building for every sqft provided for a FRESH store (up to a maximum bonus of 20,000 sqft) – these buildings require less parking than is typically required.
- Tax breaks – available to qualifying FRESH food stores to lower costs of owning, leasing, developing and renovating retail grocery space (eg, reductions in real estate tax by fixing assessed value of buildings at pre-improvement levels; waiver of the 8.875% sales tax on materials for facility improvement/equipment; mortgage recording tax reduction from 2.8% to 0.3%). Tax benefits can be used with or separate to zoning incentives, and are administered by the NYCIDA using tax exemption powers intended for assisting with the creation and retention of jobs.

FRESH supermarkets must comply with the following conditions (13):

- Location in an eligible area.
- At least 5,000 sqft of retail space for general food/non-food groceries.
- 25+ percentage of retail space dedicated to fresh/perishable produce etc.
- At least 500 sqft of retail space for fresh produce.
- 35% of retail space allocated to selling non-perishable food items.

Areas eligible to FRESH incentives are selected according to a range of criteria, including rate of car ownership, number of children in poverty and overall volume of food stores. It also links up with federal government programme, the Supplemental Nutrition Assistance Program (SNAP), which supports low-income family with food purchasing. In interview, policy leads noted that FRESH interventions were more successful when both the zoning and tax incentives were taken together. They noted that tax incentives are reviewed on a yearly basis, and that continual review process helps to motivate compliance with FRESH standards.

# Food Retail Expansion to Support Health (FRESH), New York City (NYC), USA

ONGOING

## Lessons and applicability

*Policy entrepreneurs are important for driving progress* – The Bloomberg mayoral administration and initiatives like FRESH illustrate what can be achieved through policy changes to the food and physical environment of a territory with a strong vision from a policy entrepreneur-type leader, who was willing to listen to both technical and scientific evidence around obesity. What also sets the Bloomberg administration apart from other city-wide efforts to tackle obesity is the flexibility which has been built into the strategy, focusing on developing various cross-sectoral partnerships on a wide range of initiatives, using a multitude of policy levers. Among a whole set of measures enacted in about 10 years, the ones which failed were mostly related to Sugar Sweetened Beverages (SSBs), portion sizes, etc. due to industry pushback and negative media coverage of nanny-statism. (14) They were however still able to shift the conversation, challenge norms and start changing habits.

*Planning incentives could be a powerful tool* – Zoning is not used in the UK (which may be why the nature of UK/US food deserts differ – [this video](#) is helpful in explaining why US residential areas struggle with food access). However, some aspects of the NYC context do apply in parts of the UK, eg, high land value in urban areas, which may mean that planning could still be an effective tool. Relaxing planning rules subject to health-driven conditions could be an effective way of incentivising shifts in the food environment. Such incentives (exemption from certain planning or building control rules, or perhaps even access to streamlined authorisation processes) may be attractive to property developers, but would require greater powers to be provided to local authorities. A set of standards outlining appropriate conditions that would support healthier food access could be developed to provide consistency (eg, X% of supermarket product portfolios have to meet Y health standards, or Z products are banned). Similarly to FRESH, the UK could set conditions around the kinds of areas that are eligible for incentives, to target real food deserts (which often share [similar characteristics](#)); the limitation may be that land value might differ in some of these locations making the incentives less consistent or attractive.

## Limitations

- Application fees are costly, reducing the value of the financial incentives.
- Testimonies provided to a hearing on FRESH by the Council of the City of New York in 2018 criticised (15):
  - The establishment of too many of this type of supermarket in the same areas in a manner that threatens existing businesses, and also does not focus incentives on existing businesses that provide healthy offers meaning stores are closing even as FRESH stores open.
  - The focus of FRESH on traditional supermarkets where they may not be the best purveyors of healthy food in an ethnically diverse city where food shopping habits are so entrenched in communities and cultures.
- FRESH has no legal control over the retail price set by supermarkets and therefore the affordability of produce sold.

## More information

- See the [NYC Economic Development Corporation's website](#) for more information.
- Other US examples include the [Minneapolis Staple Foods Ordinance](#), requiring corner stores to stock healthy food.
- Other examples around the world of such cross-discipline local approaches to tackling obesity include [Oklahoma City's 2008 campaign](#) and [North Karelia's experiment](#) in the 1970s.
- Also check out the [15-minute city](#) idea.

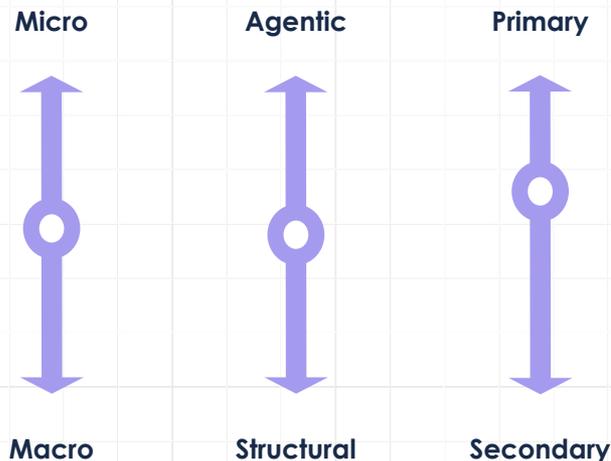
# Healthier Dining Programme, Singapore



# Healthier Dining Programme (HDP), Singapore

**What is it?** A national-level, voluntary initiative with many aspects (economic and financial/certification and standards/information and communication). Food operators are encouraged to offer lower calorie meals and use healthier ingredients. Those who voluntarily join the programme can access publicity opportunities and support, funding grants, complimentary nutrition services and advice. Part of a policy package.

**Why is it interesting?** The link to the innovation system, demand/supply focus, and pro-SME narrative.



<b>Responsible entity</b>	<b>Health Promotion Board (HPB)</b> , a statutory board under the Ministry of Health.
<b>Government level</b>	National
<b>Type of policy lever</b>	Economic and financial Certification and standards Information and communication
<b>Timeframe</b>	Launched in <b>2014</b> , as a revamp and extension of the 2011 Healthy Hawker Programme.
<b>Cost/allocated budget</b>	The HPB's budget for 2020 was SGD486 million (~£284 million) (1), divided across the various programmes it manages; the HDP is just one programme within this, exact cost unknown.
<b>Target population</b>	Food and beverage businesses providing out-of-home food eating options. There were 14,000 recorded food and beverage outlets in Singapore in 2021. (2)
<b>Impact/evidence so far</b>	According to the Singaporean government's website, the programme has increased availability and accessibility of healthier food and drink options by 10 times, over 300 brands and 2,600 touchpoints. (3) One randomised trial considering the HDP impact on educational institution food outlets suggested that the intervention was likely to increase the consumption of healthier out-of-home dishes. (4)

OUT OF HOME

# Healthier Dining Programme (HDP), Singapore

## Obesity trends

Singapore →

Obesity rates among adults in 2019/2020 were the same as those in 2010 (10.5%), following a slight decrease in 2013 (8.6%) and 2017 (8.6%). (5)

**39.3%** of adults in Singapore were overweight or obese in 2020. (6)

## Context

Singapore is a highly urbanised, high-income city state, relying heavily on importing its food. (7) The Singaporean government is also known for introducing robust public health measures, eg, in fighting against tobacco and drug consumption. Singapore also has a strong culture of eating out, primarily at small independent eateries. A 2010 National Nutrition Survey showed that six in 10 Singaporeans buy lunch and/or dinner outside the home at least four times a week, which may lead to consumption of less healthy food. (8) The Healthier Dining Programme forms part of a package of policies implemented by the HPB aiming to influence offer and demand for healthy food and implementing changes at all stages of the supply chain, along with the Healthier Ingredient Development and Promotion Schemes.

In 2015, Singapore had the second highest proportion of diabetics among developed nations, with one in three Singaporeans at risk of getting diabetes in their lifetime, triggering the government to declare a 'War on Diabetes' in 2016. (9)

## Initiative

The HDP was designed to encourage food vendors and operators to offer lower calorie meal options as part of their menus and to use healthier ingredients as part of meal preparation (eg, healthier cooking oils, whole grains, etc.). The HDP is a voluntary programme through which partners can access:

- Access to brand identifiers and labels ('Healthier Choice'), publicity opportunities and marketing campaigns support, eg, through the HPB's 'Eat, Drink, Shop Healthy Challenge', which encourages consumers to purchase healthier food options from HDP partner outlets in exchange for rewards.
- Funding grants to grow their businesses. There are two types of grants available to HDP partners:
  - The Healthier Dining Grant, that helps HDP partners to publicise healthier menu items, by reimbursing 80% of qualifying costs for production of in-store marketing materials and website/app amendments, up to SGD30,000 (~ £17.5k). (10)
  - The Healthier Dining Innovation Grant, providing up to SGD5,000 (~ £3k) to help HDP partners reformulate recipes to healthier versions, purchase healthier ingredients, and/or access culinary training and research and development (R&D). (11)
- Complimentary nutrition services and advice, for example to help them make adjustments to menus or recipes to make them healthier.

Participants agree to: offer at least three to five healthier food/beverage options; comply with nutrition/publicity guidelines; report on the sales volume of the endorsed healthier food/beverage items as well as overall sales. Participants must pass HPB's annual audit on nutrition and publicity information. There are different requirements for different kinds of food and beverage service businesses. (12)

# Healthier Dining Programme (HDP), Singapore

ONGOING

## Lessons and applicability

Catering to traditional tastes/out-of-home eating practices – The HDP tries to operate a city-wide shift towards healthier diets and eating habits while preserving a deeply rooted, local culture of eating out in small independent eateries and outlets. The HDP and other incentive programmes put in place by the HPB (13) focus on encouraging an increase in both the offer and demand for healthier foods as part of a wider strategy to fight non-communicable diseases (NCDs) linked to obesity and poor diets. There is also a strong focus placed on the development and production of healthier ingredients and meals which are still suited to the local taste and staple products, as well as influencing both offer of, and demand for, healthier foods. The HDP challenges whether eating out necessarily has to be the least healthy option, but perhaps doesn't go far enough yet. More people are eating out for breakfast, lunch and dinner in the UK. Could policy help meet demand for healthier options on menus? (14)

Thinking holistically about health and innovation – This programme works on the whole supply chain through different initiatives (innovation grants, manufacture, production, sale, caterers, etc.) to change habits and keep prices for healthy options low; this requires multisectoral approaches and collaboration between various ministries. If the UK government wants to provide support for innovation for economic reasons, there could be means of linking this directly to the healthfulness of innovations and R&D.

Making pro-SME policies contingent on health – Many health-focused policies can be construed as anti-business, but Singapore has prioritised an incentives-based, supportive approach; this may come with additional costs but may help to address some of the political barriers faced in the UK.

Compliance and impact could be even stronger – Strongarm policies like mandation of certain practices and behaviours is not unheard of in Singapore, which begs the question why the HDP remains voluntary. For those who are signed up to the policy, audits exist to check compliance, but we have no evaluation of how these work. If this were implemented in the UK, it might be interesting to see how this audit process could be leveraged to motivate greater impact by making continued access to benefits contingent on increases in the number of customers choosing healthier options (thereby encouraging outlets to invest in the promotion of healthier options).

## Limitations

- The voluntary nature of this programme means that not all menu items will be made healthier so customers can still choose less healthy options.
- Overall little evaluation: Cluster-RCT carried out among university students and staff looking at the HDP (15) showed some effect in improving dietary intake from out-of-home foods.

## More information

- Check out similar policies elsewhere in the world:
  - EU: [Fighting Obesity through Offer and Demand](#), 2009, which includes improving the nutritional quality of the food offered in restaurants while informing consumers and making it easier for them to choose healthier options.
  - Canada: [Ontario's Healthy Menu Choices Act](#), 2015, which includes helping consumers make better choices, raising awareness about calorie content and encouraging the food industry to reformulate and propose healthier options.

# A New Recipe for School Meals, Sweden

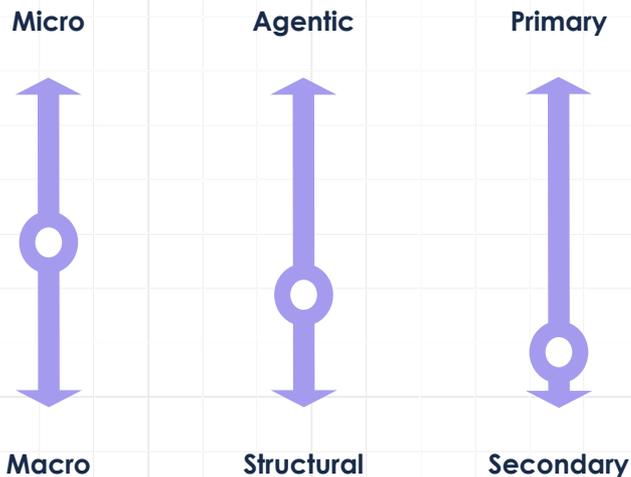
nesta



## A New Recipe for School Meals (ANRFSM), Sweden

**What is it?** A local-level, voluntary pilot initiative (governance and organisation) that mapped the school food system allowing municipalities to identify opportunities to improve the school food system and attract students to dine at school. Municipalities prototyped innovations that would encourage in-school eating. Health outcomes are a secondary focus of this policy, which is primarily focused on increasing sustainability in the Swedish food system.

**Why is it interesting?** Testing participatory policy design practices, exemplifying mission-led systems approaches.



<b>Responsible entity</b>	<b>Vinnova</b> (Sweden's innovation agency) and the <b>Swedish National Food Agency</b> .
<b>Government level</b>	Regional
<b>Type of policy lever</b>	Governance and organisation
<b>Timeframe</b>	<b>Four-year pilot</b> initiative (funded 2020 to 2024) ( <a href="#">L</a> )
<b>Cost/allocated budget</b>	Vinnova has granted approximately 20 million SEK for the initiative (over five years), including funding salaries of programme managers and contracting the design agency for the systems-mapping, and up to 300,000 SEK (~ £22k) for municipalities to apply for to test innovations according to private correspondence with the Swedish National Food Agency.
<b>Target population</b>	School children
<b>Evidence so far</b>	Limited evidence, little evaluation of prototypes planned according to project lead at the Swedish National Food Agency.

# A New Recipe for School Meals (ANRFSM), Sweden

ONGOING

## Obesity trends

Sweden ↗

Obesity rates among adults increased from 2012 (14.3%) to 2022 (16.3%), according to self-reported data. (2)

**51.1%** of adults in Sweden were overweight or obese in 2022 according to self-reported data. (3)

## Context

Swedish governance is distributed between a national government (controlled by a three-party coalition), 21 regions and 290 municipalities. Vinnova is the Swedish public-sector innovation agency. ANRFSM is one of a multitude of pilot initiatives in development by numerous agencies and municipalities in Sweden relating to the sustainability or nutrition of school meals, as part of their efforts to meet UN Sustainability Goals by 2030.

**School meals are free to all students in Sweden;** policy and provision is managed by the 290 municipalities, unlike other policy areas governing school management or curriculum. The 2011 Education Act requires all school meals to be 'nutritious' (4); anecdotal evidence suggests that there is a high degree of trust in the nutritiousness of school meals. Around 1.3 million meals are served in Swedish schools daily (~260 million meals annually) at a cost of 6,800 SEK (~£500) per student per year. (5) No vending machines are available in schools. School food guidelines are provided by the Swedish National Food Agency but are not mandatory, and approaches to following these differ. (6)

## Initiative

Motivated to find areas to increase sustainability, to deliver against Sweden's 2030 Sustainable Development Goals, Vinnova worked with the Swedish National Food Agency to develop a systems map of the school food system. Five areas were explored: 1) from farm to fork – the raw material's path to the table and back; 2) from small to large – the perspective of children and young people; 3) from thought to plate – planning, procurement and purchasing; 4) from classroom to pot – the perspective of pedagogy; 5) from goal to finish – goals at national and local level. (7)

Eight leverage points were identified: 1) the involvement of students and school staff in the design of the school meal system; 2) procurement and purchase of sustainable food, products and services; 3) the connection of the school meal to the educational mission; 4) level of competence regarding environmental, nutritious and culinary food; 5) design of the meal environment; 6) the school meal system as a workshop for new sustainable solutions; 7) evidence-based goal setting for school meals in Sweden; 8) goals – strategies, implementation and follow-up. (8)

Four municipalities ([Hofors](#), [Karlstad](#), [Munkedal](#) and [Vallentuna](#)) were identified via competitive application, with 25 applications, to develop prototype innovations to improve the system, using the identified leverage points – each municipality was given two or three leverage points to workshop. Innovations proposed ranged from adjustments to the school meal environment (to make it more like a restaurant), to creating 'taste plates' or samples to enable children to see and try food before, to pitching for adjusted procurement rules (requiring input from wider agencies). (9)

# A New Recipe for School Meals (ANRFSM), Sweden

## Lessons and applicability

Back to basics – ANRFSM is one of a number of pilot approaches in the Swedish school food system, where innovation is encouraged. One of the most striking differences between Swedish and UK systems is the provision of free school meals to all in Sweden, affording the Swedish authorities much more influence over food environments children find themselves in. Could the UK consider increasing the provision of free school meals to more, or all, children in the UK to ensure all have access to nutritious meals?

Bringing participatory and systems-based methods to school food – Applying innovative design methods to enhance the food environment to achieve policy outcomes; and the inclusion of students in the conversation about objectives and systems, and ultimately innovations, is particularly compelling. This could be combined with exercises to consider the perspectives of future generations of school children (albeit this may have more resonance and deliverability at a regional or national level rather than a school-by-school level). A similar exercise could be developed at local authority level in the UK, building on nascent initiatives eg, [Chefs in Schools](#).

Creating new dialogues – Programme managers noted that one of the successes of the ANRFSM programme was in the join-up created between regional and national agencies, who were energised by a fresh approach to tackling a policy problem. For example, two municipalities identified innovations around procurement, and this led to a conversation with the national procurement agency and environmental agency and a spin-out project to develop a more streamlined, demand-based procurement mechanism for schools. Similar efforts in the UK may not translate this advantage automatically due to the unique institutional network, but efforts could be made to improve dialogues between schools and national agencies whose work impacts the school food environment (eg, Crown Commercial Services).

## Limitations

- Small size of the pilot limits the ability to evidence success.
- Lack of evaluation built into the design of the pilot (only evaluation of the systems mapping, not of the innovations generated by municipalities).
- Poor communication of outputs to date, limiting the ability for other municipalities to learn lessons and implement similar mechanisms (including benefiting from economies of scale on some initiatives (eg, food procurement). Communications have not been translated into English and other languages, which limits international learning and adoption.
- The municipalities lack levers over wider aspects of the food environment that affect pupils' choices regarding where and what to eat; only one Swedish municipality has made attempts to work with local businesses to influence the wider food environment beyond the school gate. ([10](#))

## More information

- Visit the [Vinnova](#) and [Antrop](#) website pages for the initiative.
- Watch [this video](#) showcasing teacher and student reactions to the ANRFSM initiative.
- Check out the '[experience bank](#)' of innovative approaches tested by other municipalities.
- Look at Nesta's own work [mapping the school food system in Wales](#).
- Another example might be Hungary's [Public Catering Decree](#).

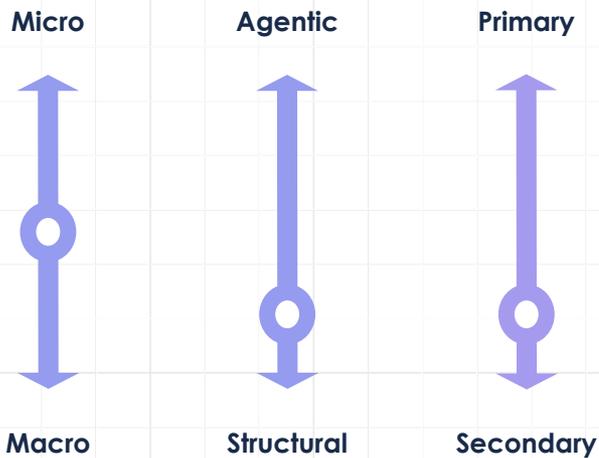
# 90% organic procurement, Denmark



# 90% organic procurement, Copenhagen, Denmark

**What is it?** A city-wide, voluntary initiative (governance and organisation) in the municipality of Copenhagen to increase the levels of organic content in publicly-procured food from 45% to 90%. Supporting actions focused on improving supply chains through push (eg, certification) and pull (eg, weighting within procurement mechanisms) to incentivise market shifts, skills amongst kitchen staff, and coordination with wider food initiatives.

**Why is it interesting?** Delivery within existing budgets and the creation of strong educational links, within the context of strong societal buy-in to the value of organic.



<b>Responsible entity</b>	<b>Municipality of Copenhagen</b>
<b>Government level</b>	City
<b>Type of policy lever</b>	Governance and organisation
<b>Timeframe</b>	Conversion between <b>2009-2020</b> , delivery ongoing. (1)
<b>Cost/allocated budget</b>	Sources differ. Some evidence suggests ongoing delivery is to the same budget as prior to the shift. Some sources cite conversion costs as between €1-9 million. (2, 3). National government provides €4 million fund annually for municipalities seeking to cover organic conversion costs. (4) Yearly budget of €40.3 million for food in Copenhagen. (5)
<b>Target population</b>	Recipients of public meals. Sources differ, but suggest between 70,000-80,000 public meals daily in Copenhagen (6, 7), over 1,000 kitchens. (8)
<b>Evidence so far</b>	84% organic procurement achieved in 2019. (9) The number of wholesale organic market products available in 2018 had tripled since 2009. (10) The public health impact of converting public kitchens to organic food remains uncertain, but there is some evidence for positive associations between organic food procurement and healthier diet compositions. (11, 12)

# 90% organic procurement, Copenhagen, Denmark

ONGOING

## Obesity trends

Denmark ↗

Obesity rates among adults in Denmark increased from 14.9% in 2014 to 16.5% in 2019. (13)

50.4% of adults in Denmark were overweight or obese in 2019. (14)

## Context

This initiative responds to a bottom-up push in Denmark towards organic food production since the 1970s, initially due to concerns about chemicals in the water supply. Numerous national-level policies have been introduced to increase the production and consumption of organic food. On the supply-side, these include: organic supply chain inspection; subsidies for organic conversion of farms; and R&D grants for organic research (reaching EUR6.5 million in 2021). On the demand-side, they include: establishment of a recognisable '[organic cuisine](#)' label and an '[eating out organic](#)' label. (15, 16) More recently, the promotion of 'New Nordic Food' from the 2000s developed a 'healthy' brand to support the export of Nordic food products and cultures. (17)

There is some evidence that Denmark is achieving dietary shifts in its population with other policies such as the 'Whole Grain Partnership' (the average intake of whole grains has increased from 36 to 82 grams daily with 50% of Danes eating the recommended 75 gram intake). (18)

## Initiative

To achieve the objective of 90% organic procurement the municipality has built on national-level efforts to improve the availability and professionalism of organic food throughout supply chains. Actions included:

- Rewriting tenders to require greater proportion of organic products.
- Strategic engagement and use of procurement as market development levers, where product gaps exist (eg, organic halal meat). In practice, this involved placing additional weight on the ability to provide specific items in tenders, in the decision-making process. (19)
- Widespread upskilling of public kitchen staff, increasing support to develop organic menus and 'cook from scratch', delivered by the especially-established 'Copenhagen House of Food'. (20)

The municipality also launched four local pilot projects, supported by the EU 'Food Trails' project to promote the lessons to other cities in Europe (21):

- Information collection on the development of the revised procurement policy, along with a checklist of actions for other cities to consider.
- A calculation tool for understanding the nutritional difference between old and new menus.
- Creating stronger food education by building collaboration on teaching materials into the procurement process.
- An app to improve communication between the municipality and kitchen staff.

Additional benefits include purported higher levels of staff productivity and motivation, and a higher awareness of the environmental and health benefits of eating fresh and/or organic produce in both children and adults. To provide an example on the conscious link to food education, a 2020 presentation by the municipality's Head of Procurement noted that bids that offered seasonal diversity of varieties were prioritised (the winning tender offered 38 apple varieties within a season) and that this diversity 'is used by the kitchen staff to teach the children about taste, the different use and why diversity is important'. (22)

Buying seasonally, reducing food waste, and purchasing less meat and processed food enabled delivery while remaining within existing budgets. (23)

# 90% organic procurement, Copenhagen, Denmark

ONGOING

## Lessons and applicability

Dietary shifts need not be costly – Some of the most interesting aspects of this policy lie in the supposedly cost-effective delivery of the shift in buying (and by extension consuming) habits within the public meals system. Although we have not been able to verify the exact conversion costs (presumably used to cover the costs of upskilling staff and engaging extensively across the stakeholder network, including through national supply chains), the literature suggests that kitchen budgets were not increased to accommodate higher costs, debunking the view that buying organic is necessarily significantly more costly; similar views have been expressed about buying healthy alternatives to products.

Broad/grassroots public support is important – Contextual differences mean achieving a shift may be more challenging in the UK; Copenhagen benefited (in terms of both cost and access) from a wide and long-running national commitment to organic farming, and widespread popular support for organic eating. Such attitudes to healthful food alternatives may not be widespread enough to support a similar health-food-related push in the UK.

Food education – This case study showcases a holistic approach to policy whereby opportunities to create stronger connections between practice and ongoing learning/education are identified, both through the upskilling of kitchen staff to achieve the target, and in strengthening food education in schools by integrating procurement procedures with pedagogy.

Procurement/whole supply-chain innovation – Appetite within UK government for procurement reform may mean there's scope for similar innovation within UK public food systems.

## Limitations

- Obesity and health are not the primary focus of the initiative.

## More information

- Take a look at Copenhagen's published bank of [healthy recipes](#)
- Look at Nesta's ['Food of the Future'](#) proposal advocating for public procurement to support regenerative farming, part of the Minister for the Future series.

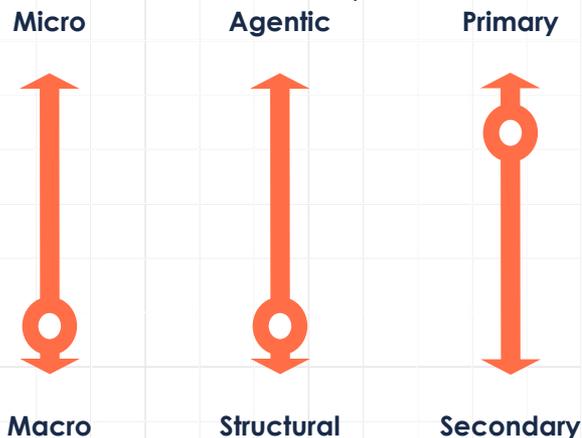
# Food marketing monitoring protocol, Nordic region



## Food marketing monitoring protocol, Nordic region

**What is it?** A multi-national, voluntary set of guidelines for Nordic countries (a framework initiative), developed by academic and public institutions, on best practice in effective monitoring of food marketing channels. Channels covered include: TV, print, digital media, and in-store marketing. It builds on similar efforts by global health authorities, including WHO, INFORMAS and national-level Nordic activities.

**Why is it interesting?** Industry representatives were removed from the development of policy where policy objectives were not aligned with commercial interests. Developing consistent cross-national data processes also has automation potential.



<b>Responsible entity</b>	<b>Nordic Council of Ministers</b>
<b>Government level</b>	International
<b>Type of policy lever</b>	Framework
<b>Timeframe</b>	<b>2018</b> (1)
<b>Cost/allocated budget</b>	Development of protocol funded by Nordic Council of Ministers. (2) No known budget associated for implementation.
<b>Target population</b>	Children affected by food marketing in the Nordic region
<b>Evidence so far</b>	None available

# Food marketing monitoring protocol, Nordic region

ONGOING

## Obesity trends

Nordic ↗

~52.1% of adults in Nordic countries were overweight or obese in 2019/2020. (Nesta analysis)

## Context

This protocol appears to build on a cultural concern about unhealthy marketing to children amongst Nordic populations, and in the general global food policy debate. (4) Most of the Nordic countries already had voluntary guidelines for businesses to adhere to, as well as various country-level activities to monitor marketing activity, including:

- Sweden as an early actor restricting TV advertising. (5, 6)
- The Danish Forum of Responsible Food Marketing Communication (est. 2008). (7)

The Nordic Plan of Action on Health, Food and Physical Activity developed a joint Nordic Monitoring System to better monitor food trends and promote evidence-based policymaking. The marketing monitoring protocol is an extension of this. (8, 9)

## Initiative

This is one of a number of collaborative Nordic initiatives to improve and standardise data collection and standards in nutrition/food between Nordic countries. The approach stems from a concern that marketing monitoring approaches (and resultant regulatory policies) were not modernising with new methods of advertising that respond to innovations in how young people consume content. The protocol was a cross-Nordic collaborative effort to update methods. The ambition in establishing the protocol was to improve the baseline of data about child food marketing to better compare across Nordic countries. (10)

Over 13 organisations (representing government, regulator, consumer groups and academia – with notably only slight representation from food and drink industry groups) from across the Nordic nations were involved in the development of the protocol.\*

The protocol is a tool to guide countries in developing better monitoring techniques across a range of marketing channels, with advice on both traditional and newer media (including streamed TV, social media, websites and gaming).

It defines marketing clearly, including distinguishing between marketing aimed at children, and marketing that children are exposed to in actuality. It also cross-refers to other Nordic policies and guidelines like the Nordic Nutrition Recommendations (which it draws upon in defining food categories and foodstuffs to be monitored). (11)

\* Norwegian Directorate of Health; Norwegian Institute of Public Health; University of Iceland; Directorate of Health Iceland; Consumers' Union of Finland; Danish Veterinary and Food Administration; University of Gothenburg; Lund University; The Open University (UK); National Institute of Public Health Slovenia; WHO Regional Office for Europe; Danish Forum for Responsible Food Marketing Communication; Norwegian Food and Drink Industry Professional Practices Committee. (12)

# Food marketing monitoring protocol, Nordic region

ONGOING

## Lessons and applicability

International co-operation to improve data usability – While debatable whether it's strictly a 'policy' given the lack of detail available about implementation, this initiative is an interesting example of a multilateral approach as well as a foundational policy to improve information on which targeted initiatives can be built. Similar to other case studies in this project, an important element is the recognition of the risks of marketing and corporate influence over dietary practices. It's unlikely to be valuable for the UK to re-create similar guidance, but there may be scope for the UK to build on this and other existing protocols/guidance to develop better mechanisms for data capture and effective monitoring and map this across to UK policy. For example, as the UK government increasingly considers food and nutrition data with policies like Food Data Transparency Partnership, there might be lessons to learn in coordinating internationally to standardise datasets and guidelines to make them more useable. Finally, this case interestingly commits to updating monitoring best practice guidelines routinely to account for innovations in the methods of marketing and data collection rather than this being a one-off endeavour. Could there be interesting avenues to explore in how recent developments in general purpose tech, like, AI could support further automation of monitoring practice and refreshing guidelines?

Managing involvement of interested parties – While it may be politically challenging, there could be interesting lessons for the UK in convening policy project groups that don't include food and drink industry representatives, depending on the scope of the initiative.

## Limitations

- Scope of the protocol is limited largely to indoor marketing and does not cover outdoor marketing such as billboards or sports marketing.
- No evaluation of the protocol's impact on marketing monitoring practices.

## More information

- Link to [the protocol](#).
- Nordic countries have collaborated in many food and health policy areas, and ongoing projects have included the [Nordic Nutrition Recommendations](#) which are a mainstay of Nordic food policy and provide the latest scientific nutritional evidence on which to build policy. However, [Swedish research](#) indicates that these guidelines have limited influence on foods that are promoted in supermarkets.

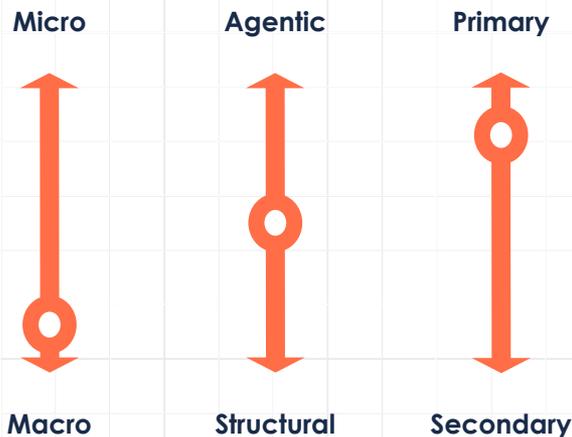
**Nordic Health  
2030 5/5  
Aspiration,  
Nordic region**



## Nordic Health 2030 5/5 Aspiration, Nordic region

**What is it?** This is a proposed multi-national framework policy developed by the Copenhagen Institute for Futures Studies (CIFS) and sponsored by the Nordic Council of Ministers, calling for the Nordics to collectively commit to rebalance sick care and preventative health spend from 2017 levels (9.7% vs 0.3% of GDP) to equal levels (5% each). The Council is supportive in principle but country-level action is not confirmed.

**Why is it interesting?** How longer-term commitments could motivate lower-level policy action, and a radical rethink of values in health policy with a mindset shift away from sick care.



<b>Responsible entity</b>	<b>Copenhagen Institute for Futures Studies (CIFS) and Nordic Innovation</b> (part of the Nordic Council of Ministers).
<b>Government level</b>	International
<b>Type of policy lever</b>	Framework
<b>Timeframe</b>	<b>2019-2030</b> ( <a href="#">1</a> )
<b>Cost/allocated budget</b>	N/A
<b>Target population</b>	All residents of Nordic countries
<b>Evidence so far</b>	N/A

# Nordic Health 2030 5/5 Aspiration, Nordic region

PROPOSED

## Obesity trends

Nordic ↗

~52.1% of adults in Nordic countries were overweight or obese in 2019/2020. (Nesta analysis)

## Context

Stronger 'social contract' principles at play in Nordic countries mean that the starting assumptions for policy differ to the UK. (3)

The work (led by the CIFS) was co-sponsored by Nordic Innovation within the Nordic Council of Ministers as part of its 'Health, Demography and Quality of Life' workstream that ran 2018-2021. (4) The Council involves Denmark, Finland, Iceland, Norway and Sweden. It has a rotating presidency which dictates who leads the work. Policies or projects are proposed by countries, then returned to countries with recommended actions which are pursued as appropriate in each nation – it is not binding. (5)

Indicatively, unhealthy diets cost Norway alone 154 billion NOK per year (~£12 billion) in health and social costs. (6)

## Initiative

Nordic Health 2030 (7) was developed by a series of leaders and experts in 2019 who were invited to create a scenario for future health in the Nordics. The proposal for an aspiration to level spend on healthcare and preventative health measures was generated by this exercise. It has since developed into a 'movement' with three stated underpinning principles (8):

- The new social contract: Everyone should contribute; nobody should be left behind. That is the balance of the responsibility that we should all bear together.
- The new data models: All individuals and professionals should be able to experience meaningful input and output of health-related data in real time.
- The new business models: All organisations providing healthcare should be incentivised and rewarded for preventive efforts provided to individuals.

The work developed out of an interest in better understanding how to digitise health systems, answering the question 'how do you keep the social contract when you move from an analogue to a digital society?' from a cross-Nordic perspective. This was borne out of work to better use genomic data which concluded that datasets from any single Nordic nation are too small. It considered issues like: speed of systems integration to implement developed tech, health system sustainability and accessibility of data in real time.

This specific proposal is for Nordic nations to re-allocate the ~10% of GDP that Nordic countries spend on health (11.3% in the UK (9) to be spent equally on sick care and preventative health measures (currently 9.7% and 0.3% respectively). According to Bogi Eliassen, CIFS Director of Health, health promotion is just one part of the picture and more informed use of secondary data for risk-focused intervention is another important aspect. The concept of the 5/5 Aspiration has been accepted by Nordic countries; 'all ministries have it on the table', according to Eliassen. CIFS advocate for a mindset shift to 'budget away from the last months of people's lives (where impact isn't felt)', requiring the conceptualisation of sick care spend as a 'societal failure'. Helsinki is supposedly developing policy to apply the aspiration (unverified).

## ***Lessons and applicability***

A 'bigger picture' commitment can be longer-term and motivate underlying policy action – Similar to setting a 'mission', setting a commitment which zooms out to view and shape the whole of a system over a longer-term period could be effective in driving forward lower-level policy shifts to achieve policy goals. Such policies have been adopted in the UK (eg, the commitment that the UK would meet the OECD average for R&D expenditure – 2.4% of GDP – by 2027, prompting creative policies as well as additional targeted public spend). But they require broad political buy-in if they are to be effective motivators. It's too soon to say whether there are specific lessons the UK could learn from the Nordics in this area, but one point of difference may be that there is a particular politics around the UK's NHS and strong emotive attachments to its current model and funding (see how health and NHS funding fare in [recent polling](#) by the UK Options 2040 project). This means that the political barriers may be even higher.

Creating a 'mindset shift' requires more than rhetoric – While the inversion of seeing expenditure in health infrastructure (like hospitals) as a negative is intellectually compelling, it's hard to see how the transition would work in practice. In the UK, 10% of hospital inpatient care is spent on patients in the final year of life, and 65% of the NHS budget is spent on hospitals. It would be challenging to reduce this in favour of greater preventative spend without accusations of 'pulling the rug' and creating upset as people contend with the reality of reduced expenditure on sick care elements. Given there is a lag on seeing advantages of preventative spend (particularly some of the health promotion activities like improving food environments), and no lag on feeling the impact of reduced spend on the 'firefighting' of sick care, the reality of the health transition may look more like a medium-term expansion in the combined costs of greater prevention and maintained sick care, before sick care costs fall.

## ***Limitations***

- Practical steps for governments to take are unclear.
- Interaction between health spend and wider policy questions (eg, scale of social care provision, split of responsibility between state and civil society in prevention, etc.) mean this is a complex system to reform.

## ***More information***

- See [this blog](#) on prevention and health spending.
- Hospitals, the ['sponges'](#) of the healthcare system?

# Integrated Strategy for the Promotion of Healthy Eating, Portugal



## Integrated Strategy for the Promotion of Healthy Eating, Portugal

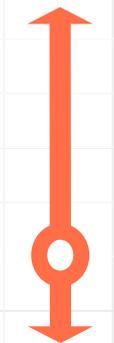
**What is it?** National-level initiative to align multiple Portuguese government departments to tackle Portugal's main nutritional challenges (creating healthy food environments, improving the nutritional composition of manufactured foods, ensuring that health is the easy choice, nutrition literacy, encouraging innovation).

**Why is it interesting?** Mission-oriented, cross-government policymaking and widened culpability for nutrition and health, without explicit mention of obesity. In the UK, it would require genuine prioritisation from senior politicians to motivate creative/committed action.

Micro

Agentic

Primary



Macro

Structural

Secondary

Responsible entity	Ministries of <b>Finance, Internal Affairs, Education, Health, Economy, Agriculture, Forestry and Rural Development, and Sea</b>
Government level	National
Type of policy lever	Governance and organisation
Timeframe	The strategy was approved and published as a Ministerial Order in <b>2017</b> . ( <a href="#">1</a> )
Cost/allocated budget	Unknown
Target population	Multi-sectoral approach with a view to improving eating habits and food environments for the whole Portuguese population.
Impact/evidence so far	Key actions, from a list of 51 defined by the inter-ministerial group, have already been implemented (eg, a tax on SSBs, work on public food procurement, etc.). Evaluations of the strategy have so far been output focused, with little evidence on the health outcome results. ( <a href="#">2</a> )

# Integrated Strategy for the Promotion of Healthy Eating, Portugal

ONGOING

## Obesity trends

Portugal ↗

Obesity rates among adults increased from 16.6% in 2014 to 17.7% in 2019. (3)

**55.9%** of adults in Portugal were overweight or obese in 2019. (4)

## Context

Portugal is a parliamentary democracy with three levels of governance: central, regional (autonomous regions) and local (municipalities). The Ministry of Health published the National Programme for the Promotion of Healthy Eating in 2012. The split of responsibilities across ministries around the question of food and nutrition (eg, labelling is under the Ministry of Agriculture's remit, the food safety authority is under the remit of the Ministry of Economy) has always been a huge challenge in tackling the rise of diet-related NCDs.

As a response to this challenge, the Council of Ministers recommended in 2016 the creation of an inter-ministerial working group to develop a strategy promoting healthy eating, using the WHO's 'health in all policies' and 'whole-of-government' approaches. Following extensive preliminary work, with representatives from various ministries identifying shared priorities and objectives, the Integrated Strategy for the Promotion of Healthy Eating (EIPAS) was published in 2017. (5)

## Initiative

The EIPAS was published in December 2017, listing a set of 51 actions to be taken along four main axes, using data and research from the WHO, the European Commission and the Portuguese National Food Inquiry. The main focus of the strategy is addressing health holistically, and tackling NCDs through healthier eating. Though obesity is a key concern for Portugal, including child obesity, the strategy avoids making any direct reference to the condition. Instead it puts the finger on the main nutritional issues the Portuguese population is facing, in particular the excess consumption of High Fat Salt and Sugar (HFSS) foods, while pushing for the promotion of a more traditional and healthier Mediterranean diet, richer in fresh fruits and vegetables, fish and healthy oils.

The four main axes, and some of the key actions are (4):

- Creating healthier food environments by modifying the types of food provided or sold in different public settings, improving their affordability, and promoting the reformulation of certain categories of HFSS foods.
- Improving the quality and accessibility of healthy food choices for consumers, and informing and empowering citizens to make healthy choices, including making changes to food labelling and marketing practices, in particular towards children.
- Promoting and developing consumer literacy for healthy food choices from a young age, including through educational initiatives and better training of professionals in fields such as nutrition, catering and tourism.
- Promoting innovation and entrepreneurship focused on the area of promotion of healthy eating, by reorienting R&D priorities and improving national monitoring systems for nutritional composition and consumption.

Since 2017, a few key measures have already been jointly implemented (7, 8), including for example: a definition of standards for food availability at all public healthcare institutions, a tax on SSBs, an agreement with the food industry sector on reformulation, front-of-pack labelling proposals, improvement of the nutritional quality of low income group food aid programmes, and regulation of marketing of unhealthy foods to children.

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# Integrated Strategy for the Promotion of Healthy Eating, Portugal

ONGOING

## *Lessons and applicability*

Inter-ministerial working is more innovative in Portugal than the UK – EIPAS is a very innovative tool within the Portuguese context, being the first ever inter-ministerial working group and integrated strategy created since the democratisation of Portugal in 1974. The UK, by contrast, has a number of inter-ministerial groups and committees, however the cross-government mission-style approach, by which all ministers become to some degree responsible for the issue, could be innovative. An interesting question is how this responsibility is judged/measured; if only input-based, this could lead to announcements but little substance and effective implementation (which the UK has suffered from previously). But if output-based, this could be powerful.

Finding a means of addressing political barriers is critical – EIPAS tackles two of the biggest political challenges most countries trying to fight obesity and diet-related NCDs are facing: creating political will, and managing priorities. Firstly, the strategy addresses the challenge of creating the political will and momentum to go ahead with the implementation and monitoring of large-scale national policy interventions, by putting a roadmap in place along with regular all-ministry meetings. The specific context of a leftwing government coalition at the time with a wide support, and a minister of health with a real vision and willpower has been instrumental. Secondly, it addresses the challenge of identifying which types of levers and interventions specifically would be able to align the interests of several ministries. For example, choosing the promotion of the Mediterranean diet as an objective aggregated the interests of most government sectors, from agriculture, to economy, to health.

Engagement, not corporate capture – In elaborating on the strategy, an important aspect is non-governmental key stakeholders (from the food industry, professional associations or multilateral organisations) being engaged in its development to ensure buy-in. There is still occasionally a need for compromise (eg, marketing restrictions to children going from 18 to 16 years old). But overall the food industry is weary of being seen to push back too strongly against the government on the strategy and its action points, and this provides good leverage.

## *Limitations*

- Means of evaluation and the metrics by which actions are judged are unclear.
- Challenge of identifying the interventions that can combine the interests of several ministries, eg, promotion of Mediterranean diet, which also aggregates interests of all government sectors, including agriculture, fishing, education, economy, tourism, environment, culture and health.

## *More information*

- Take a look at the WHO European Region's [case study](#) of the Portuguese approach.
- Check out [analysis](#) of the Portuguese approach, along with others, with some detail on the actions taken.

# Hansik – traditional Korean food promotion, South Korea



## Hansik – traditional Korean food promotion, South Korea

**What is it?** A series of national-level information and communication policy initiatives taken by the Korean government to promote traditional diets, as Western product and lifestyle imports have impacted Korean food culture. Including, for example, poster campaigns; cooking classes for housewives. Culinary promotion is increasingly motivated by economic interest (developing global markets for Korean food exports).

**Why is it interesting?** Alignment of economic and health objectives; conscious shaping of food culture.

Micro



Macro

Agentic



Structural

Primary



Secondary

<b>Responsible entity</b>	Ministry of Agriculture, Food and Rural Affairs, the Korean Food Promotion Agency, and the Rural Living Science Institute
<b>Government level</b>	National
<b>Type of policy lever</b>	Information and communication
<b>Timeframe</b>	1970s-1990s
<b>Cost/allocated budget</b>	\$40 million campaign launched in 2008-2009 for the Global Hansik campaign. (1)
<b>Target population</b>	Domestically: Initially housewives and schoolchildren, latterly all Koreans. Internationally: Western countries.
<b>Evidence so far</b>	There is limited research on the association between Hansik and health effects, though one study suggests that increased Hansik consumption could provide more antioxidant vitamins and less energy and fat. (2)

# Hansik – traditional Korean food promotion, South Korea

ONGOING

## Obesity trends

South Korea ↗

Obesity rates (BMI <30) among adults increased from 2009 (3.5%) to 2018 (6.01%). (3)

**36.3%** of adults in South Korea were overweight or obese in 2019. (4)

## Context

Historically the traditional Korean diet lacked nutritional value (because of the low availability of proteins and low variety of vegetables; it was largely rice-based). But the low levels of red meat and fat, and traditional cooking methods which are typically low-fat due to minimal frying (or sparing use of sesame oil) and the prevalence of boiled, blanched and fermented foods, mean that the diet has potential to be healthy. The influx of Western food and cultural imports, alongside globalisation and Korea's economic growth in the late 20th century, prompted a backlash, resulting in policies supporting the promotion of traditional Korean diets. Some historians argue that the government consciously 're-branded' Korean food as healthy, both nationally and internationally. (5)

Fast food restaurants arrived in Seoul in 1979 with increased prevalence following the 1988 Olympics. Nationalist response to this promoted the consumption of Korean produce, despite frequent rice shortages and resultant campaigns to encourage imported grain consumption to manage the shortages. (6)

## Initiative

Various initiatives over several decades have aimed at promoting the consumption of more Korean food, not all of which were motivated by health or obesity (due to lower prevalence of obesity in Korea in the 20th century). The primary objectives of these policies have been economic or political, either to support greater self-sufficiency or to encourage the development of a broader export market for Korean-produced foods.

National-level efforts included:

- Promotional campaigns like 'Sin-To-Bul-Yi' ('a body and a land are not two different things'), encouraging Koreans to eat Korean food. (7)
- Beginning in the 1980s, the Home Management Division of the Rural Living Science Institute trained thousands of extension workers to provide monthly training sessions on cooking methods of traditional Korean foods such as rice, kimchi and fermented soybean foods. These sessions were open to the public in most districts of the country and the programme appears to have reached a large audience. (8, 9)
- More recently, funding provided by the government to the kimchi production industry. (10)
- Attempts to promote particular dishes and dietary habits in connection with famous individuals or historical figures to increase their appeal. (11)

Internationally:

- Establishment of the Korean Food Promotion Agency in 2009 and the launch of a 'Global Hansik' campaign which had the objective of making Korean food one of the top five cuisines eaten around the world. (12, 13, 14, 15, 16)
- Campaign to have [kimchi](#) registered in the UNESCO Representative List of the Intangible Cultural Heritage of Humanity (achieved in 2013). (17)

# Hansik – traditional Korean food promotion, South Korea

ONGOING

## ***Lessons and applicability***

*Innovative co-delivery of economic and health objectives* – Many aspects of the government policies that support the Korean culinary nationalism movement are not individually particularly innovative; culinary education for adults and health food promotional campaigns have been implemented around the world (and there is some scepticism about the impact). However, the Koreans have (consciously or unconsciously) positively impacted the healthiness of diets in adopting nationalistic policies with economic and cultural rather than health drivers. Is this possible in the UK? It's unclear whether a national food promotion approach would be replicable in the UK food/health policy context without wider motivations to undertake such an effort. Given Korea's policies can be understood as a reaction against 'Westernisation' of traditional food, the same drivers for culinary promotion on cultural protectionist grounds would not exist in the UK. Although some of the economic drivers could apply (in supporting the development of markets for British food domestically and internationally), the UK has a limited food export market and the case is unlikely to be compelling.

*Consciously developing a national 'food culture'* – While 'food culture' is a somewhat nebulous concept, curation of this has the potential to encourage healthier dietary behaviours because of the connections with a sense of nationalistic or patriotic pride, if a compelling narrative (that actually aligns with health) can be drawn. As the Korean government has 'rebranded' hansik, could the 'bad food Britain' narrative be rewritten? The UK government might consider a similar campaign to rebrand British food by showcasing its healthier elements (such as historically high levels of whole grain and broad seasonal variety). However this would be a 'punt' rather than evidence-based policymaking, and could cause harm if politicians see it as a means of avoiding more robust and evidenced (but politically unpalatable) policy action.

## ***Limitations***

- This is not a policy approach driven by the aim of reducing obesity prevalence and as such there's little formal evaluation of the impact on health, particularly as it was political rather than evidence-based.
- There is also little evidence that policies like cooking skills workshops continue, suggesting policies did not enjoy longevity.

## ***More information***

- Also referred to in the Japanese case study, Korean food promotion follows a similar pattern to the approach to culinary national branding in Japan; check out more info about the Japanese [Shokuiku \(or food education\) Campaign](#).
- Read about the work of food sociologist Anne Murcott on ['The Nation's Diet'](#) about British food choices (Anne thinks the term 'food culture' is nebulous).

# Abusive publicity ban, Brazil



## Abusive publicity ban, Brazil

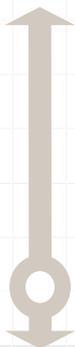
**What is it?** A national-level regulatory initiative prohibiting 'abusive publicity' aimed at children and teens below 18. This includes food marketing (on any communication channel, including internet and apps) and child-directed marketing techniques.

**Why is it interesting?** The strength of policy language in showcasing intent and conferring responsibility.

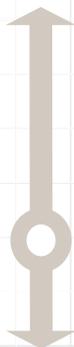
Micro

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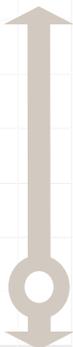
Primary



Macro



Structural



Secondary

<b>Responsible entity</b>	<b>National Council for the Rights of Children and Adolescents (CONANDA)</b>
<b>Government level</b>	National
<b>Type of policy lever</b>	Regulatory
<b>Timeframe</b>	CONANDA issued Resolution No.163 on <b>March 13, 2014</b> , banning ads targeting children. (1)
<b>Cost/allocated budget</b>	N/A
<b>Target population</b>	Children and teens below 18 years old. As of 2023, <a href="#">UNICEF data</a> shows there are 52.5 million under-18s in Brazil.
<b>Impact/evidence so far</b>	Difficulties with enforcement (2), and the food industry finds loopholes, but there are encouraging trials taking place. (3)

# Abusive publicity ban, Brazil

## Obesity trends

Brazil ↗

Obesity rates among adults increased from 2009 (14.3%) to 2019 (20.3%). [\(4\)](#)

**60.3%** of adults in Brazil were overweight or obese in 2019. [\(5\)](#)

## Context

Brazil is a federal presidential representative democratic republic, comprised of a federal government, a federal district, 26 states, and municipalities.

The Child and Adolescent Statute of 1990 (Law 8,069) defined a child as under 12 years old and an adolescent as between 12 and 18. Its fourth article states the duty of the public power to ensure, with absolute priority, a certain number of key rights, including to health and food. In parallel, the Consumer Protection Code, promulgated in 1990 (Law 8,078), clearly defines abusive publicity as taking advantage of a child's lack of judgement or experience or inducing the consumer to behave in a manner detrimental to their health, and explicitly bans the practice. [\(6, 7\)](#)

CONANDA Resolution No.163, issued in 2014, specifies the marketing techniques which are considered abusive for children and adolescents, and while not directly naming food marketing, the practices highlighted are commonly used in the field. [\(8, 9\)](#)

## Initiative

CONANDA published Resolution No.163, in 2014, regulating the abusive aspects of advertising directed to children. In particular, it specifies which kind of marketing techniques are considered abusive for children and adolescents, eg, use of:

- Childish language, soundtracks with children's songs, including those sung by children.
- Representations of children, images of people or celebrities appealing to children, characters or hosts of children shows, cartoons, animations, dolls or similar toys and products, excessive colour.
- Promotions with distribution of prizes, gifts or collectibles appealing to children, as well as promotional competitions or games for children.

The resolution also proposes a definition of marketing communications as any activity of commercial communication, including the advertising of products, services, brands and companies, regardless of the form, media or means used: print ads, television commercials, radio spots, banners, websites, packaging, promotions, merchandising, promotional activities, etc. [\(10\)](#) While there is no direct mention of food marketing, many of the techniques defined by CONANDA as abusive are directly targeting food marketing practices, in an attempt to limit the marketing of unhealthy food options, in a country where obesity rates, including child obesity, are high and increasing. A few high profile cases include [\(11\)](#):

- 2013 decision from the State of São Paulo to fine McDonalds for targeting children with its advertisement and happy meal toys (USD1.6 million)
- 2016 legal decision to fine the Pandurata corporation for the Sadia Mascot campaigns encouraging children to consume products to collect stamps to receive rewards during the 2007 Pan American Games in Rio.
- 2018 case involving McDonald's mascot being used to perform plays in schools, leading to another fine for the company.

# Abusive publicity ban, Brazil

## Lessons and applicability

Regulatory relevance – Similarly to the Nordic marketing monitoring guidelines, this throws up questions about the ability of regulation to maintain relevance in the face of innovation in marketing methods.

Strong language only matters if underpinned with strong policy action – While the principle of identifying marketing practices in strong terms as negative is striking, it's not clear that this policy is robust enough in terms of enforcement to achieve impact. Also it appears the design of the policy relies somewhat on companies self-regulating to avoid marketing towards children on the basis that regulations are theoretically stringent and fines can be enacted. It would be interesting to further explore the response of companies to the policy, in particular whether companies could be encouraged to consider an absence of 'abusive' marketing towards children as either a) forming part of a greater corporate social responsibility, or even b) positive to their public image/brand value (although this might assume wider consumer consciousness of corporate practices than is realistic). Considering whether the government could take stronger language in discussing and regulating food and managing food environments, particularly adopting the concept of advertisements being abusive to children; what would be required to make this work in the UK (ie, do the structures by which food policy is evidenced and developed allow for firmer critique of existing systems?). Taking the broader point that language matters in describing and regulating food and tackling related social issues such as obesity prevalence, the UK could identify opportunities to a) use language in the description and regulation of food marketing practices as part of a range of tools to loosen corporate influence over food policy, or b) de-medicalise the language of 'obesity' to widen culpability for poor dietary habits.

## Limitations

- Although the ban exists, enforcement remains weak. ([12](#))
- New forms of advertising are reaching children, particularly through internet-based media, and these need closer monitoring to establish whether they allow abusive marketing practices towards children. Such user-content-driven platforms, social media and content streaming sites are proving particularly difficult to regulate, inciting the food industry to explore loopholes.

## More information

- Consider how language is used in other case studies/longlisted policies (eg, the Singaporean 'war on obesity') – does this have substance behind it or is it purely rhetorical?
- Latin American countries have been recognised for strong approaches to limit corporate influence over food policy. See [here](#) for a 'corporate permeation index'.
- Check out similar policies elsewhere in the world:
  - Portuguese ban on all publicity mediums ([13](#))
  - French regulation of internet individual influencers through [2023 law](#).

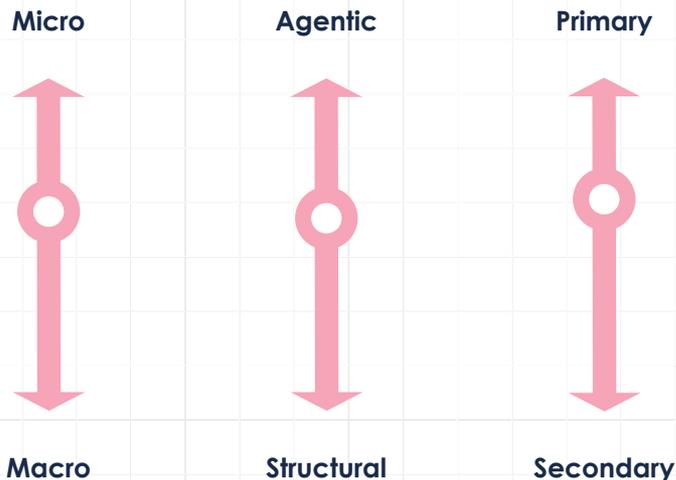
# Metabo Law, Japan



## Metabo Law, Japan

**What is it?** A national-level, voluntary initiative whereby men and women aged between 40-75 are invited to have their waistlines measured yearly. Outside certain ranges, they are redirected to seek medical treatment, counselling, etc. Companies and local governments can be fined if too many people in their charge fall outside the range.

**Why is it interesting?** Normalisation over time of a more invasive policy, accountability for obesity.



Responsible entity	Ministry of Health, Labour and Welfare
Government level	National
Type of policy lever	Regulatory Information and communication
Timeframe	Launched in <b>2008</b> with targets to 2011 and 2015 set for companies. (1)
Cost/allocated budget	Borne by the private corporations and local authorities in charge of organising health checkups for their employees/constituents. (2) Additional cost onto the healthcare system of referrals to counselling sessions, but potentially counterbalancing rising costs of metabolic syndrome related illnesses onto the healthcare system is unknown.
Target population	Middle-aged men and women at risk of NCDs linked to being overweight or obesity.
Impact/evidence so far	From April 2008 to March 2012, 45 million individuals had health checkups, accounting for approximately 86% of the Japanese population of comparable age. (3) A 2018 study (4) showed that a higher percentage of individuals taking part in the programme, including attending referred nutrition and exercise counselling sessions, experienced reductions in obesity profiles, lower cardiometabolic risks and higher rates of pre-diabetes reversal after three years than individuals referred to, but not taking part in, the programme.

# Metabo Law, Japan

## Obesity trends

Japan ↗

Obesity rates among adults increased from 2.7% in 2006 to 4.3% in 2016.<sup>(5)</sup>

**27.1%** of adults in Japan were overweight or obese in 2019.<sup>(6)</sup>

## Context

Historically, obesity has not been a significant issue within the Japanese population, and as such government policy did not focus on it. Until the 1950s, malnourishment as a result from war and poverty was the main concern, and low BMIs continue to be an area of policy focus in some parts of the population (eg, young women).

Typically, policy approaches from the Japanese government are quite paternalistic, and there is a higher political tolerance for government intervention. Examples in food policy include the School Lunch Act, first established in 1954 to provide a low-cost healthy meal to all school children. In 2005, the Basic Law of Shokuiku was introduced: a national food education programme, and one of the first formalised steps against the rise of Western-style fast food and dietary habits (correlating with a similar movement in Korea – see previous case study). <sup>(7, 8)</sup>

Country-specific issues include an aging and shrinking Japanese population and, resultantly, a public healthcare system under considerable pressure. In 2008, the Japanese government decided to urgently tackle the rising number of elderly Japanese suffering from 'metabolic syndrome', a collection of factors increasing the risk of heart disease and diabetes, including high cholesterol, hypertension, high blood sugar levels and visceral adiposity. <sup>(9)</sup> Policy documents made no mention of obesity directly, but were presented as a measure to support the elderly and the healthcare system.

## Initiative

The Metabo Law, or **Standards Concerning Implementation of Special Health Examinations and Special Public Health Guidance** (Order 159) was passed in 2008 by the Ministry of Health, Labour and Welfare. <sup>(10)</sup> It set a formal frame to occupational health interventions for the middle-aged and elderly population, which includes weight loss education, nutrition and exercise counselling in an effort to fight against the rise of citizens suffering from metabolic syndrome-related health conditions. The concept of 'Metabo' took on a negative connotation in 2006 because a popular magazine listed it as one of the words of the year in the 'Buzzword awards', as it gained traction within the health policy debate. <sup>(11)</sup>

The Metabo Law requires men and women between the ages of 40-74 to be asked to have their waistlines measured yearly. <sup>(12)</sup> Outside of a certain range (aligned with the International Diabetes Federation), further tests and diagnostics can be run by doctors, and patients in the highest categories can as a result be referred to additional weight loss, nutritional and exercise counselling. Companies and local governments can be given financial penalties (in the form of higher medical insurance contributions or healthcare costs, if too many employees or citizens fall outside the range. <sup>(13)</sup> Employers were required to ensure a minimum of 65% workforce participation in health checkups and 25% reduction in obesity within seven years (to 2015) or face penalties of up to 10% on contributions to a welfare fund for the elderly.

Public information does not clearly show whether the initiative continued past 2015, but Japanese contacts note that the policy was expanded into a wider health checkup post-2015 as policy moved away from the 'Metabo' concept.

# Metabo Law, Japan

## Lessons and applicability

Adopting healthier practices from Japanese food culture – The culture of not overeating is instilled from a young age via the school lunch and food education programme, 'Shokuiku', and continues throughout life (portion sizes in Japan are significantly smaller). (14)

Different commercial environment – Japan has not historically seen proliferation of large scale retail businesses or intensive agriculture practices in the same way as the UK, with the Japanese government often giving preferential treatment to small local and family-owned businesses. Though this also has changed a bit recently, it is important (eg, Large-Scale Retail Store Law).

Normalising more interventionist action – Anecdotal evidence suggests that over time the Metabo health checks have become a standard and accepted part of life for men and women of a certain age. This may or may not happen in the UK but the problem may be that too many political barriers are in the way of implementing such a strong policy to begin with. But could you justify some of the more evidenced, less interventionist actions that food policy campaigners and experts have struggled to get implemented by pointing out that they are not as drastic as measures in Japan?

Holding authorities or companies to account – While it's unlikely that an approach like the Metabo Law would ever be acceptable/palatable in the UK context, the UK could consider borrowing the way it clearly designates companies and local authorities as responsible for their workforce's health. Taking the accountability aspect further, could the UK combine this principle with existing levers (eg, building on the Soft Drinks Industry Levy) and hold companies to account by taxing them in proportion to the calories they sell? If you didn't want to use a 'stick' (ie, fines for companies with unhealthy food environments), could you consider a 'carrot' that incentivises companies that encourage healthy habits in their employees rather than taking a punitive approach? (For example, tax breaks for companies providing gym memberships, cycle to work schemes, grants to have healthy canteens, etc.).

## Limitations

- There is little public, English-language information and evaluation of the Metabo Law, or the magnitude of fines inflicted on companies.
- This policy is not technically a food environments policy, and the policy can be considered fairly draconian.
- While companies could face fines, the Metabo Law did not impose any obligation on individuals to attend health checkups or even attend referral counselling sessions. There were no repercussions at the individual level for failing to lose weight or refusing to follow treatment.
- Concern among public health experts of the potential discrimination overweight employees might face at work or in job interviews if they failed to comply with the waistline limit (15), pushing some individuals to adopt unhealthy dieting habits prior to health checkups (16).

## More information

- See [here](#) for a short account of a man's attempts to get round the Metabo Law checkup.
- Check out similar policies elsewhere in the world:
  - [Fat Tax in Denmark](#), though abolished in 2012.

# Insights



“There’s no shortage of good ideas, but you can’t find technical ways to circumvent political blockages.”\*

Global food policy debates are focused on policies with known impact that are not being implemented due to political blockages, rather than exploring innovative approaches. This is a catch-22 situation where known policies can’t be properly evidenced because there’s no political will to implement them consistently enough to be evaluated.

Key political issues include concerns about perceptions of interventions (‘nanny statism’, or anti-industry). Innovation in methods of influencing politics, implementing existing policies, or trying new, untested policies could help to move the debate along, and achieve greater impact.

\*Tom Macmillan, Royal Agricultural University

### Increasing awareness of approaches overseas could help to address political barriers

Pointing to more directive approaches around the world, such as in Japan, could make evidenced, less extreme policy approaches easier to accept and help to remove political blockages. Further research into such directive approaches could be conducted to understand and develop this narrative.

### Clearer boundaries are required to limit the policy influence of the food and drink industry

The importance of commercial determinants of health has been a recurrent theme of our research - and one that has not received significant policy attention in the UK.

Taking inspiration from Latin American and Nordic approaches, further work could help determine what policy solutions might look like in practice (ranging from more effective lobbying transparency measures to clearer designation of where it's appropriate for interested parties to participate in policy development, and where it's not).

## Accountability matters

Further to this, responsibility for obesity policy sits with health ministries that are typically lobbied hard by the food and drink industry, and don't always own the full range of levers to address the issue effectively.

The UK could rethink where responsibility for our food environments lies and make those bodies more accountable, learning from the Portuguese approach, or even Japanese efforts, to make companies responsible for health checks.

This could uncover new opportunities to improve health, but may only be effective if accountability mechanisms have 'teeth' (i.e. responsible entities face negative consequences if health outcomes do not improve). There may be ways to engineer these incentive structures if they don't naturally occur (e.g. fining local authorities for upwards trends in obesity prevalence).

### There's scope to think outside the food policy toolbox

Relatedly, learning from NYC, Copenhagen, Portugal and other locations, the UK could better consider the full range of policy tools that are not primarily designed to influence food environments but nonetheless impact them – such as city planning and procurement structures.

This is scalable, and could look like: identifying a few policy areas; evaluating how they impact the food environment; and implementing suitable changes. Or it could look like a full-scale 'health-in-all-policies' style mission.

### Organisations like Nesta could help the government to think further ahead

Existing policies around food environments often focus on the capabilities and the challenges of today. Yet, as Nordic countries have already realised, rapid innovation in fields such as marketing and data capture can quickly make such schemes redundant.

As expressed above, contemporary choices in non-food domains such as planning can also significantly impact on obesity in the long run. We need more long-term policy, focused on long-term gain, even if there are shorter-term trade-offs (such as front-loaded costs), and to make decision making around food policy more anticipatory.

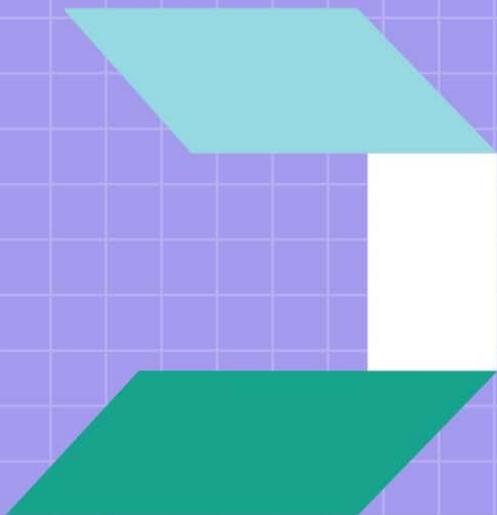
Abstractly, 'food culture' matters but is difficult for policy to shape and attempts to do so could distract from more impactful policy change

Governments globally in places such as Korea and Denmark have seen success in influencing diets by encouraging people to understand and appreciate traditional cuisines; some efforts have also re-shaped these cuisines to be (or appear) healthier. Many identifiably 'traditionally British' dishes such as deep fried fish and chips are noticeably unhealthy, so it is tempting to consider how we might replicate policies to try to reshape British cuisine as healthy, leaning into a post-Brexit desire to emphasise 'Britishness'.

However, efforts in this space around the world have frequently been motivated by non-health drivers and given the lack of clear evidence on the impact, political energy and capital might be better spent in other areas rather than food-culture-specific endeavours (although how policies will land and affect food culture should be considered across all policies). There could be an opportunity to attempt this reconfiguration of what 'British food' is with a health lens, focused on healthier alternatives to the above, or swapping unhealthy ingredients for healthier ones.

### What ordinary people care about matters and can both spur innovation and justify action

Again, notable in Denmark (where widespread popular interest in reducing environmental harm supported a shift to organic), and Korea (where anti-Western sentiment supported Korean dietary promotion), there are opportunities to innovate in drawing out narratives that link healthier food environments or food policies to what people in Britain have a growing interest in. Environmentalism may be a key opportunity (especially as there is a particular interest amongst young people).



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