

Signalling Change



working with the private food sector to improve nutrition

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December 2006

Working with the private food sector to improve nutrition

*A comparative analysis of national strategies
in the UK and the Netherlands*

*Part of an ongoing collaboration between the UK and the Dutch on nutrition
issues including a one-year secondment project between the UK Food
Standards Agency and the Food and Consumer Product Safety Authority in
the Netherlands*

*Jacqui Webster
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List of abbreviations

ASA	UK Advertising Standards Authority
BMI	Body Mass Index
BSE	Bovine Spongiform Encephalopathy
CAP	UK Committee on Advertising Practice
CBL	Netherlands Central Organisation for Food Retail
CBS	Netherlands Statistical Office
CIAA	Confederation of the Food and Drink Industries of the EU
COMA	UK Committee on the Medical Aspects of Food
DG SANCO	European Commission General Directorate on Health and Consumer Protection
DPAS	WHO's Global Strategy on Diet and Physical Activity
FAO	Food and Agriculture Organisation of the United Nations
FAHAP	Food and Health Action Plan for England
FNLI	Dutch Food Industry Federation
FSA	UK Food Standards Agency
GDA	Guideline Daily Amount
ICC	International Chamber of Commerce
MVO	Dutch Commodity Board for Margarine, Fats and Oils
NACNE	UK National Advisory Committee on Nutrition Education
NAO	UK National Audit Office
NGO	Non Governmental Organisation
NIGZ	Netherlands Institute for Health Promotion and Disease Prevention
NICE	UK National Institute for Clinical Excellence
NMES	Non-Milk Extrinsic Sugars
NSSG	Nutrition Strategy Steering Group for England
Ofcom	UK Office of Communications
RIVM	Netherlands Institute for Public Health and the Environment
ROO	Regular Consultations on Obesity (Netherlands)
ROW	Regular Consultation on the Commodity Act (Netherlands)
SACN	UK Scientific Advisory Committee on Nutrition
TNO	Netherlands Organisation of Applied Scientific Research
VWA	Dutch Food and Consumer Product Safety Authority
VENECA	Dutch Contract Catering Association
VWS	Dutch Ministry of Health, Welfare and Sport
WHO	World Health Organisation

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Foreword

Dutch Food and Consumer Product Safety Authority

The Dutch Food and Consumer Products Authority (VWA) has been pleased to be involved in this secondment programme and host the secondee from the Food Standards Agency. The VWA does important work to monitor products and information on the market in relation to their nutritional content and messages in the Netherlands. This is as part of the overall government strategy on nutrition. We welcome this report and are committed to continuing discussions with the Ministry of Health Welfare and Sport about how we can strengthen our own role in nutrition in the context of the wider government strategy and framework for monitoring progress on diet and nutrition. We are also very keen to consider how we can continue collaboration with the UK Food Standards Agency and food agencies in other Member States, as part of the ongoing exchange programme agreed between them.

***Wim van Eck, Chief Inspector for Food
Dutch Food and Consumer Product Safety Authority***

Dutch Ministry of Health, Welfare and Sport

This report is “*food for thought*” for anyone working in this area. Food and nutrition is a field with different policy goals in different stages of development. A lot has been accomplished in the area of food safety, for example, whereas obesity is a still growing problem. The Ministry of Health, Welfare and Sport (VWS) will be updating its nutrition strategy document Goed Gevoed (Well Nourished) Co-operation between the government and the private food sector is very important. VWS is also committed to investing in closer collaboration with the UK on these issues, including continuing direct exchanges like the visit of policy officials that took place on the fatty acid composition of foods. There are differences and similarities between the UK and the Dutch approaches. The differences make the comparison even more interesting. The similarities will allow a fruitful cooperation, in the European Community as well as bilateral. Therefore, the Ministry very much welcomes this report. It will prove to be very useful for both countries, as well as for other European Member States.

***Ria Westendorp, Head of Nutrition and Food Safety
Dutch Ministry of Health Welfare and Sport***

UK Food Standards Agency

The UK Food Standards Agency (FSA) welcomes this report as an important step forward in the programme of collaboration between the UK and the Dutch on nutrition issues. Working with the private food sector to improve the nutrition of the population through initiatives such as front of pack signposting, promotion of foods to children and product reformulation are key elements of the UK Government’s Food and Health Action Plan. It is important to consider what we can learn from the experiences of other countries such as the Netherlands, as well as identifying potential areas for closer collaboration. This project has helped us to better understand the roles and remits of the different organisations working to address nutrition issues in the Netherlands. We are now looking at forging closer alliances with different organisations, such as the Netherlands Nutrition Centre, to ensure that best practice can be exchanged and where possible we can co-ordinate our messages at the European Level. We will be looking at how we can take forward some of the key recommendations in this report over the next year.

***Rosemary Hignett, Head of Nutrition Division
UK Food Standards Agency***

Summary

Diet and nutrition in general, and obesity in particular, have increasingly become key policy issues for most EU member states. Yet thinking on the best way to address the issues, including through working with the private food sector, varies from country to country. The objective of this project was to compare the approach to working with the private food sector to improve nutrition in the UK and the Netherlands. This was with a view to identifying and exchanging best practice as well as opportunities for closer collaboration.

The study was undertaken as part of an on-going programme of collaboration between the Dutch and the UK on nutrition, including a one-year secondment from the UK Food Standards Agency (FSA) to the Dutch Food and Consumer Product Safety Authority (VWA). The work was undertaken in close collaboration with the Dutch Ministry of Health, Welfare and Sport (VWS). It was based on mapping of organisational roles and remits and approaches to working on specific issues, combined with an in-depth analysis of stakeholder perspectives.

Over 70 people from 40 different organisations were consulted during the research. The observations are those of the secondee based on the analysis of information and stakeholder views and do not necessarily represent the views of the VWA, the VWS or the FSA.

The report sets out the findings in the context of the wider European and international policy environment, but it does not look at other countries. It outlines roles and responsibilities, current strategic priorities and thinking on nutrition policy in the Netherlands and the UK. It then focuses on four key areas where there is collaborative work with the private food sector in both countries:

- **front of pack signposting;**
- **promotion of foods to children;**
- **product reformulation;**
- **communication of dietary messages.**

It goes on to discuss and compare approaches and makes a number of recommendations, both to the UK and the Netherlands but also to EU and international organisations. As such it is a significant step in terms of collaboration between the two countries, and also provides useful insights for other EU member states.

Differences between the UK and the Netherlands

There are significant differences between the UK and the Dutch approaches. Food issues have been on the agenda for longer and have a higher political priority in the UK. The Food Standards Agency (FSA) is an independent government department, which has increasingly taken an active role in nutrition. The Dutch Food and Consumer Products Authority has a much less prominent role in nutrition, having responsibility for day-to-day enforcement of food legislation and inspection rather than policy making. Approaches to working with the private food sector also differ, with the Dutch Ministry of Health, Welfare and Sport favouring self-regulation as an instrument for government policy, in contrast to the UK FSA which has tended to develop comprehensive guidelines with clear targets and mechanisms for monitoring.

Similarities

But the differences are outweighed by the similarities. Both face similar dietary health problems. Whilst the problem is greater in the UK, both the UK and the Netherlands have seen a dramatic increase in overweight and obesity over the last 20 years and the problem is worsening, costing billions of pounds a year. Health departments lead on policy in both countries, but food agencies have responsibility for monitoring food on the market. Both countries are in similar positions in relation to targets to reduce saturated fat, increase fruit and vegetable consumption and tackle obesity. Both focus on young people and people on low incomes. Both governments are cautious about being seen to be overly paternalistic on diet and nutrition issues but at the same time increasingly recognise that all stakeholders have a role in addressing the problems. Both are working with the private food sector and developing initiatives on front of pack labelling, promotion of foods to children and product reformulation to improve diets.

The need for strategic leadership

Such similarities mean there is considerable potential for mutual exchange of learning and even closer collaboration. The approaches to working with the private food sector are different. Both self-regulation and voluntary government guidelines are viable alternatives to legislation. However, the impact is more likely to depend on, not whether the approach is self-regulation or government guidelines, but whether it is part of a co-ordinated strategy with clear goals and mechanisms for monitoring.

The majority of stakeholders consulted in the Netherlands feel stronger leadership from the government would be useful. There are also mixed views about the effectiveness of the current self-regulatory processes in place, particularly in the absence of transparent procedures for monitoring progress against wider government objectives. This is especially true in relation to the Dutch Covenant on Overweight and Obesity, which is widely viewed as the most prominent part of the Dutch food and nutrition strategy.

The importance of monitoring

There has been a sharp increase in private food sector activity targeted towards improving nutrition and health in the UK and the Netherlands in the last few years. It is important that such activities are carefully monitored, both as part of effective public health policy and to ensure consumer confidence in food companies. Neither country currently has a comprehensive monitoring program. The FSA commissions national surveys from its head office, whereas the VWA does the monitoring work alongside existing enforcement programs. There is considerable scope for further learning through a more direct exchange of experience. In addition, it is important that such monitoring programs are strengthened and integrated into wider transparent frameworks for monitoring the progress on food and nutrition strategies. This includes the impact of the Covenant on Overweight and Obesity in the Netherlands.

Product reformulation

Both the UK and the Netherlands should develop co-ordinated government led strategies to reformulate foods in relation to salt, fat and energy. Steps (including a number of exchange visits) have already been taken to consider how the two countries might work together to further support efforts of the industry to improve the fatty acid composition of foods, learning from the progress already in the Netherlands. There is a clear opportunity for working more closely on these issues.

On salt, the UK has a significant programme of work with the industry, including product specific targets, to achieve the 6g/day population average target by 2010. Despite similar intake levels, there is no co-ordinated national salt reduction programme in the Netherlands. However, existing population salt intakes are currently being re-assessed, with a view to considering the need for further action. Several Dutch companies, including manufacturers and contract catering organisations, are already taking steps to reduce salt, building on learning from UK experiences. The Dutch should consider establishing a more stringent population target, in line with the UK and World Health Organisation advice already adopted by many other countries.

Front of pack labelling and promotion of foods to children

In relation to front of pack labelling, the initial objective for both the UK and the Dutch governments was to have a single consistent scheme. However, there are currently a number of schemes in operation in each country. The UK has a multi-stakeholder process in place to develop effective mechanisms to monitor the impact of the different schemes. It is important that objectives relating to improving people's diets are clearly defined for both countries. A system for monitoring needs to be developed in the Netherlands and steps taken to ensure the criteria used for monitoring are comparable between the two countries.

Similar steps should be considered to share learning in relation to initiatives to restrict the promotion of foods to children. This is an area where many people in both countries feel more stringent measures need to be taken. The UK's regulating body, OfCom, has just announced new restrictions on food adverts for children on TV. These will come into effect early next year.

Communication of dietary messages

There is a proliferation of private food sector activities to raise awareness about dietary issues often resulting in inconsistent messages. At the same time the Netherlands Nutrition Centre and the health department in England are developing long-term communication strategies to tackle obesity. Consistent food and nutrition messages need to be agreed and promoted by government for use by all stakeholders. There needs to be a better understanding, backed up by research, of the most effective ways to influence behaviour change. There is an urgent need for further guidance on the role of the private food sector in educating consumers about a healthy diet, including through partnership initiatives with public bodies.

Consultation

Both countries have an active and flexible approach to consulting with the private food sector. However, some stakeholders in both countries feel that the approaches are inconsistent and there is a lack of transparency, particularly in relation to how views have, or have not, been incorporated into policy decisions. It is important that clear mechanisms for feedback are established as part of consultation procedures. Steps should also be taken to ensure that consumer organisations have the capacity to participate fully in policy-making processes in both countries.

On-going collaboration

The secondment provided a unique opportunity to examine the different approaches to working with the private food sector on nutrition in the UK and the Netherlands in some depth. However, it was not possible to address all the issues that arose during the research comprehensively in the report. It is hoped that the report will serve as a useful tool to help facilitate learning, stimulate further thinking, strengthen collaboration and ultimately lead to more effective working on food and nutrition issues. But this should not be seen as a substitute for the direct exchange of experience between people working on specific issues in the UK or the Netherlands or indeed other European Member States. The commitment of the UK and the Netherlands to continue collaboration on this issue is therefore very welcome.

1. Background and approach

1.1 Introduction

This report is a comparative analysis of nutrition policy and the role of private food sector in the UK and the Netherlands. It has been written as a result of a one-year secondment programme from the UK Food Standards Agency (FSA) to the Food and Consumer Product Safety Authority (VWA), working in close co-operation with the Ministry of Health, Welfare and Sport (VWS), in the Netherlands, as it leads on nutrition policy. The observations in this report are those of the secondee and do not necessarily represent the views of the VWA, the VWS or the FSA.

The purpose of the secondment was to exchange experience of how relevant organisations are addressing nutrition issues between the UK and the Netherlands. In particular, the programme focused on the areas where both countries were working collaboratively with the private food sector. This includes front of pack signposting, promotion of foods to children, product reformulation and communicating dietary messages. The ideas was to exchange learning on best practice, consider recommendations for change, or identify opportunities for building closer collaborative relationships between the two countries on nutrition issues.

1.2 Background

At a meeting of Heads of EU Food Agencies in 2005, it was agreed that secondments could be a good way of exchanging experience between different member states on food issues. It was agreed that a secondment from the UK FSA to the Dutch VWA would be useful to compare the different approaches to working with the private food sector to improve nutrition. As the Dutch VWS is responsible for nutrition policy in the Netherlands, it was agreed that the secondee would work in close collaboration with the VWS.

Both the UK and the Netherlands have been working with the private food sector in a number of different ways. These include developing front of pack signposting schemes, initiatives to control promotion of foods to children, programmes to reformulate processed foods and consideration of ways of engaging the private food sector in improving diet and health more generally, including their role in communicating dietary messages.

Key for both countries, is how to improve nutrition without increasing the potential “burden” of regulation on the private food sector. Yet each has adopted a different approach. the Netherlands favours industry self-regulation as an instrument for government policy. The UK tends to opt for a partnership approach including extensive consultation across all stakeholder groups and the development of targets or guidelines.

Discussion about how we can ensure different approaches to addressing diet and nutrition are effective is also going on at EU and international level. Whilst Member States have different priorities and approaches to addressing the issues, many private food companies are trans-national, which suggests it might be more effective to co-ordinate thinking on how we work with them. However, the roles and remits of the different organisations working to address nutrition also differ between countries, including the role of food safety organisations. This report considers the roles of different organisations involved in nutrition in each country and the implications this has for overall strategy

A number of comparative analyses of nutrition strategies in different EU Member States have already been undertaken^{1, 2}. These were based on the analysis of a single questionnaire from each country. The objective of this study was to provide a more in-depth analysis, focusing on the similarities and differences between just two countries and based on an understanding of a wide-range of stakeholders. In addition, whilst several studies have been undertaken to look at the approach to specific areas of work with the private food sector³, this is the first attempt to consider approaches to working with the private food sector on specific policy initiatives and in the context of the wider government nutrition strategies, including mechanisms for consultation and engagement with different players.

1.3 Approach

The objectives of the secondment programme were to:

- exchange experience of how relevant organisations are addressing nutrition issues between the UK and the Netherlands;
- compare approaches to working with the private food sector in general but particularly in relation to:
 - **front of pack signposting;**
 - **promotion of foods to children;**
 - **product reformulation ;**
 - **communication of dietary messages;**
- exchange learning on best practice;
- consider areas where processes could be strengthened;
- identify opportunities for building closer collaborative relationships between the two countries on nutrition issues.

The approach to the comparative analysis included:

- reviewing relevant programmes and existing national, EU and international programmes and literature;
- mapping organisational roles and responsibilities;
- analysis of existing strategies, policies and priorities;
- semi-structured interviews with stakeholders ;
- obtaining and analysing further information through written consultation.

Whilst much of the focus of both countries is on addressing obesity, this report considers the approaches to addressing diet and nutrition problems more generally. Whilst an attempt has been made to look at the key factors that affect nutrition in the two countries, it has not been possible to address every single issue comprehensively. In addition, it is a fast moving area where new policies are being developed and announced all the time. Whilst there would no doubt also be important lessons from comparing to other countries in addition to the UK and the Netherlands, it was not possible to do this within the scope of the research.

However, it is hoped that the report will serve as a useful contribution to on-going discussions and a tool to stimulate further action, including by examining the approaches in other countries. The work is intended to inform the developing strategies within and collaboration between both countries, but also on-going discussions at EU and international level, particularly with the World Health Organisation and the European Commission.

Over 70 people from 40 different organisations including government, consumer organisations, academics and the private food sector – were consulted during the research. The semi-structured interviews with key stakeholders consisted of two parts. The first part established the remit of the organisation, what its role was in relation to nutrition and how it engaged with other relevant organisations. The second part was about the roles and responsibilities of other organisations in relation to nutrition. This covered views on existing government priorities and strategy, the role of the private food sector and mechanisms for working with the private food sector in general as well as specifically in relation to the four key policy issues highlighted above. As it was important that people were able to express their views openly, views have not been attributed to specific individuals or organisations.

Many of the observations made in the report are based on the views of the stakeholders interviewed. In some cases there were conflicting views and as far as possible this has been reflected in the report. Where there was general agreement this has been highlighted. Further views on the issues have been sought through a consultation on the draft report and through a bilateral seminar in November 2006. As far as possible, the comments received in writing and at the seminar have now been reflected in the report. The conclusions and recommendations are those of the secondee and do not necessarily represent the views of the VWA, the VWS or the FSA. Nevertheless, it is hoped that they will stimulate further thinking on these issues, providing a lever for change where appropriate.

In addition to this report, opportunities for learning between the two countries have been identified throughout the year leading to direct exchanges on improving the fatty acid composition of foods, signpost labelling and measuring dietary status. There has also now been a commitment from the VWS to invest in continuing collaboration with the UK following on from this secondment programme.

1.4 Structure of report

Chapter 2 sets out the international policy context and highlights some other key relevant work that has been done or is underway.

Chapters 3 and 4 consider the current state of nutrition policy and the role of the private food sector in the UK and the Netherlands respectively. Both chapters examine the different countries' approaches to collaboration with the private food sector on front of pack signposting, promotion of foods to children, product reformulation and communicating messages to improve diet and health.

Chapter 5 compares the two countries on a range of different criteria including the historical factors and funding, scale of the problem, strategic approach, organisational roles and remits and consultation and stakeholder involvement. It then looks at how they compare in their approaches to the four policy issues outlined above.

The final chapter draws some initial conclusions, makes a number of general recommendations and then makes specific recommendations to the UK, the Netherlands and to international organisations.

2. The International Policy Context

Discussion about how we can ensure effective approaches to addressing diet and nutrition is going on at EU and international level. This chapter reviews key initiatives of the World Health Organisation and the European Commission and other relevant literature on comparative analysis of nutrition policies, and individual policy issues.

2.1 World Health Organisation

The World Health Assembly Resolution WHA57.17⁴, which is the basis for the WHO Global Strategy on Diet and Physical Activity (DPAS), states the following:

"the private sector can be a significant player in promoting healthy diets and physical activity Because many companies operate globally, international collaboration is crucial. Cooperative relationships with industry have already led to many favourable outcomes related to diet and physical activity. Initiatives by the food industry to reduce fat, sugar and salt content of processed foods and portion sizes, to increase introduction of innovative, healthy and nutritious choices; and review of current marketing practices, could accelerate health gains worldwide".

DPAS encourages Member States to explore ways to improve global public health through working with stakeholders, including the private food sector. In line with these commitments, WHO:

- has organised an expert group meeting on marketing food to children. Experts at that meeting recommended to WHO that marketing of food and non-alcoholic beverages to children be limited⁵;
- plans to consult on guidance/technical advice to Member States on ways of engaging constructively with private sector organisations;
- is organising a Ministerial conference in November 2006⁶. This is to consolidate the political commitment of member states to addressing obesity, including by agreeing a charter for addressing obesity, which is likely to cover the role of the private food sector;
- has published a comparative analysis⁷ of the implementation of food and nutrition action plans that concludes that, despite having developed plans, most countries have not achieved nutrition and dietary goals. The lack of political commitment, coordination, funding or expertise means implementation is a major challenge for most countries and policy-makers need to take action to ensure the environment supports healthy lifestyles rather than focusing on individual choice;
- will be producing a Second Action Plan for Food and Nutrition Policies for the WHO European Region, providing detailed action packages, dealing with both the supply of and the demand for food.

2.2 European Commission

EU Platform on Diet and Physical Activity

The EU's health directorate (DG SANCO) is currently engaged in working out a plan of action under the working name *Diet, physical activity and health – a European platform for action*⁸.

The Platform brings together 34 members from the food industry and civil society who have made 92 commitments to new action they will take against obesity in 2006 and beyond. The Commission recognises that monitoring is crucial and that the monitoring process needs to be improved.

DG SANCO has developed guidance to members on monitoring commitments⁹.

Key conclusions of the Commission's own first monitoring report¹⁰ are that the commitments are progressing as planned, but that few organisations have committed extra funding for monitoring and only five commitments have reported on third party monitoring.

Only a limited number of commitments have indicated specifically how monitoring will take place and which indicators will be used. The Commission has stressed that for the next monitoring report more detailed information is needed. Commitments need to be more specific, more measurable and easier to monitor to assess if the Platform goals are being met.

The Platform for Action is part of a range of EU Initiatives aiming at promoting better health and nutrition including:

- a roundtable on advertising and the development of self-regulatory guidelines¹¹;
- consultation on a Green Paper on the promotion of healthy diets and physical activity. A summary of responses was put on the web-site in September 2006¹²;
- the European Network on Nutrition and Physical Activity¹³, set up in 2003, to bring together Member State experts to exchange views and information on public health, nutrition and physical activity, and to advise the Commission on policy;
- following a consultation on labelling legislation launched in March 2006, the EU Parliament has now agreed new rules¹⁴ on the use of nutrition and health claims on food labels, based on proposals put forward by the Commission.

2.3 Other relevant work

In addition to the literature highlighted above, in relation to the international policy agenda, there are a number of recent publications that look at the activities of the food industry in diet and health¹⁵, ¹⁶ There is also a range of relevant documents looking at individual policy issues on a European or International level, particularly on marketing of foods to children¹⁷.

A comparative analysis of nutrition policy in 12 countries¹⁸ explores some similarities and differences between policies in Scotland with policies in Australia, Canada, Denmark, England, France, Ireland, Israel, New Zealand, Norway, Slovenia, Sweden, and USA.

The report stated that most national experts felt the success of nutrition policy depended very much on the willingness of different stakeholders to work together. However, Ministries, such as agriculture or education, seem to have difficulties in being coordinated by a Ministry of Health. The report suggested that coordination mechanisms are placed under the cabinet or prime minister and that inter-sectoral collaboration might be improved through the creation of a Ministry of Public Health. The report notes that other factors that influence the effective implementation of food and nutrition strategies include adequate staff and funding, the involvement of the food safety agency and international collaboration.

3. Nutrition Policy and the role of the private food sector in the Netherlands

This section outlines the current diet and health situation in the Netherlands. It then outlines the development of policy, the existing government priorities and its strategic approach, and the responsibilities and activities of the key players, including the private food sector.

3.1 Nutrition policy in the Netherlands

The problem

Too few people meet the Dietary Guidelines of the Health Council, including less than 25% of people following the recommendations for the consumption of fruit and vegetables and dietary fibre and only 5% following recommendations for the intake of all fatty acids (saturated, transfatty acids and fish)¹⁹.

In the Netherlands, half of all men and more than a third of all women are overweight. The percentage of people with serious weight problems (obesity, BMI >30) has nearly doubled in 20 years to 10% in 2004 (based on self-reported data)²⁰. Research in 2006 showed that 14% of Dutch boys and 17% of Dutch girls between the age of 4 and 15 are suffering from overweight or obesity. This number is rising at an alarming rate. Since 1997 the amount of overweighted children for some age groups have doubled or even tripled.²¹ It is predicted that this number will rise to 15% in the next 20 years²².

Health, social and financial consequences

Annually there are about 40,000 new cases of heart - and vascular diseases, type 2 diabetes and cancer; leading to an average of 20,000 deaths. Moreover, overweight and obesity can lead also to stigmatisation of people, in particular children, which can cause mental and social problems. Obesity is not only a serious, but also an expensive problem. The direct health cost of obesity is estimated at €0.5 billion a year, while the indirect cost (absenteeism, loss of productivity, benefits and social costs) is estimated at €2 billion in the Netherlands²³.

Roles and responsibilities

Food and nutrition policy is part of public health and includes a healthy diet and food safety. The main instruments are regulation (e.g. labelling), communication, education and research. The VWS co-ordinates the approach to nutrition in the Netherlands. However, much of the implementation of the programme, particularly consumer facing work, is done by government funded institutes including the Netherlands Nutrition Centre, and the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ). The dietary surveys are undertaken by the Netherlands Institute of Public and the Environment (RIVM) in collaboration with the Netherlands Organisation for Applied Scientific Research (TNO).

The Food and Consumer Product Safety Authority (VWA) is responsible for risk assessments and more recently has undertaken some market monitoring work, funded through the VWS obesity programme, including on the composition of foods, marketing practices and healthy school canteens. This is done through its food law enforcement work, using its laboratories and inspectors in the field.

The VWA can highlight emerging issues and make recommendations to the Ministries based on the findings of this work. Formal advice is also provided to the government by the Health Council, including on Nutrient Reference Intakes and Dietary Guidelines.

The Ministry of Agriculture, Nature and Food Quality (LNV) also part funds the Netherlands Nutrition Centre and other relevant research institutions. More recently it has been discussing the establishment of a joint food and health research programme with the VWS.

There is a range of trade associations that exist to represent industry in policy discussions and lobby national and European Government Institutions for policy that reflects their interests. The main ones are the Dutch Food Industry Federation (FNLI) which represents the major manufacturers, the Central Organisation for Food Retail (CBL) which represents the retailers, the United Dutch Catering Organisation (VENECA) the network of contract catering organisations and the Hotel Restaurant and Catering Association (Horeca).

There are also smaller trade associations representing specific product or interest groups for example the Dutch Dairy Products Organisation (NZO), the United Dutch Producers of Children's and Diet Foods (UNFKD) and the Royal Dutch Butcher's Association (KNS).

In addition, there are a number of Commodity Boards, which exist to represent the interests of different product categories. These are horizontal in structure with representatives from producers, manufacturers, retailers and trade associations for different products or groups of products, for example the Margarine, Fats and Oils Commodity Board.

The three main University research centres for food are Wageningen University, Free University of Amsterdam and Maastricht University. Other key research centres are the government funded RIVM and NIGZ mentioned above and TNO, which is funded through both government and the private food sector.

The main consumer organisation (Consumentenbond) and a range of health charities, such as the Netherlands Heart Foundation, also work on nutrition issues. However, there is no co-ordinated network of NGO activities on food issues.

Policy and strategy

Nutrition policy is based on the Dietary Guidelines of the Health Council, and the Food Consumption Survey (VCP) gives information about the dietary intake of people in the Netherlands. These data are compared to the Dietary Guidelines of the Health Council to observe any problems. In this way nutrition policy can be developed, evaluated and adapted.

The original nutrition strategy *Goed Gevoed (Well Nourished)*²⁴, was first written in 1987 and has been updated several times since, the last time in 1998²⁵. However, the strategy has never been seen as a high political priority and there has been very little funding to support implementation. More recently, obesity has become a political priority and a range of action plans have been developed, with some funding to support implementation.

In 2002 and 2004 respectively, the government's Health Council²⁶ and RIVM²⁷ published important reports updating the current situation on nutrition and making policy and research recommendations. Then in July 2004, VWS published *Living Longer in Good Health*²⁸, which highlighted both obesity and diabetes (along with smoking) as spearheads for action. It identified the main cause of obesity as energy imbalance and listed 8 actions to address this including agreements facilitated with industry which would apply to modifications in products, size of portions, the content of vending machines for sweets and soft drinks in schools, and advertising and sales activities for minors and product information.

Current position

The main political priority is obesity and the government has a target to reverse the growth in childhood obesity and to halt the growth in obesity by 2010. Some action plans have been developed on specific elements of the original nutrition strategy and the actions outlined in *Living Longer for Good Health* to address obesity (on hidden fats, fruit and vegetables in schools, healthy canteens). The Netherlands Nutrition Centre has also developed an action plan on obesity²⁹, which includes campaigns on energy balance and the difference between saturated and unsaturated fats.

In May 2005, VWS formed a Covenant on Overweight and Obesity³⁰ with the Education Ministry as well as retailers, caterers, vending machine distributors and operators and the main employer's association. This set out the aims of the partners to achieve the government's obesity targets by 2010. It was also undersigned by the Sports Federation. Consumentebond was asked to sign the Covenant but declined.

The Covenant action plan '*Striking the Right Balance*,'³¹ was published in October 2005. This sets out the commitments of the different stakeholders, including the private food sector, and includes commitments to adhere to a code of conduct on advertising to children and to agree on a front of pack labelling approach. Unions and health insurers also participate in this Covenant.

VWS has just issued a public health prevention note.³² This re-iterates the existing targets on overweight and obesity, but says nothing specific about the work with the private food sector.

Dietary Intake Targets in the Netherlands³³

Dietary factor	Recommended intake	Average consumption 1998	Trend
Saturated fatty acids	<10 % energy intake	14.5 % energy intake	Favourable
Trans fatty acids	<1 % energy intake	1.8 % energy intake	Favourable
Fish	1 or 2 times per week	2 to 3 times per month	Favourable
Fruit	2 pieces per day (200 gram)	102 gram	Unfavourable
Vegetables	150-200 gram	120 gram	Unfavourable
Salt	Not to increase	9.5 gram	?

National co-ordination/consultation with stakeholders

VWS co-ordinates the approach to improving nutrition in the Netherlands and is involved internationally, particularly with the WHO work on the global strategy on diet, physical activity and health. Whilst the public health prevention note sets out the government commitments and reiterates action in this area and the action plan of the Covenant on Overweight and Obesity contains the commitments of some of the key stakeholders to address obesity, there is no clear current overarching document setting out the strategy on food and nutrition.

Stakeholders are kept informed of developments through the "Regular Consultation on the Commodities Act" (ROW) and "Regular Consultations on Obesity" (ROO), and a number of other relevant sub-committees. The private food sector is well represented in these meetings through commodity boards as well as trade associations.

Measuring progress

Monitoring of the health and nutrition status of the population goes on through the regular dietary surveys, which are published by RIVM and TNO³⁴. Three comprehensive surveys have so far been carried out (1987/88, 1992 and 1998). More recently a survey was conducted among adolescents. There has been a shift from a comprehensive system taking into account all age groups to a so called roll on-roll off system in which every few years a certain age group is included.

Information on diet and health is also published on the public health compass³⁵. The CBS (Netherlands Statistic Office) conducts an annual health survey which takes height and weight measurements as an indicator of overweight and obesity³⁶. Municipal health services also collect their own health data, including on obesity. RIVM is currently considering ways of co-ordinating this information nationally.

There is no over-arching framework for monitoring progress of the different actions against wider government objectives to improve diet and nutrition. Instead, the range of organisations involved in implementing the nutrition strategy each has its own arrangements for annual reporting through which progress on individual strands can be monitored.

Monitoring arrangements for the Covenant on Overweight and Obesity are currently being considered. In addition, an update on progress on the VWS nutrition action plan *Goed Gevoed* (Well Nourished), is anticipated for 2007. It is not clear, at this stage, how progress will be evaluated.

3.2 Approach to working with the private sector

The Dutch government believes it is important that all social partners take responsibility for prevention so that it is not just left to government. Co-operation between different parties such as government, industry and NGOs is seen as the most successful strategy for the prevention of childhood overweight and obesity. Preference goes to self-regulation in line with the emphasis on reducing legislative burdens. There is currently no co-ordinated independent monitoring of the activities. The Dutch industry view, which is accepted by the VWS, is that this would go against the nature of self-regulation and would demonstrate a lack of trust in the industry. VWS maintains that if self-regulation is not effective, regulation will be an alternative. However, it is not apparent what the timescale or the criteria are for assessing the effectiveness of self-regulation.

The relevant initiatives are:

Choice Logo (*Ik Kies Bewust*)

Task force on fatty acids

Covenant on Overweight and Obesity (*Convenant Overgewicht* – see current priorities)

Code of Conduct on Food Marketing (*Reclame Code voor Voedingsmiddelen*)

All major food sector trade associations – retail, manufacturing and catering – have plans outlining their commitments to action on overweight and obesity as part of the Covenant on Overweight and Obesity. More recently, the Covenant has published a ten-point plan.³⁷

3.3 Position and approach on key policy issues

3.3.1 Front of pack labelling (signposting)

Government position

The government is in favour of a uniform system and therefore asked the Dutch food industry federation (FNLI) and the Central Organisation for Food Retail (CBL) to develop a system and logo. It was keen for this to be done quickly but stated its intention to play a supportive and coordinating role. It has now supported the industry proposals for the “My choice” logo³⁸ (*Ik Kies Bewust*) and the establishment of a monitoring organisation.

The process

Consumentenbond and other organisations have been calling for clearer food labelling including a simple front of pack logo or health mark for some time. As part of the voluntary agreements from the Covenant on Overweight and Obesity, the FNLI developed the energy logo³⁹. This shows at a glance how many kilocalories the product contains (per portion). The logo was agreed on but there is no pressure to force companies to use it. Some manufacturers are now voluntarily using the energy logo.

The FNLI was also working with the CBL to bring together all parties to obtain agreement on a “responsible or informed” choice logo covering all food categories. This was based on a GDA approach with limitations on sugar, saturated and trans fats, and salt levels. However, it was proving problematic because of the fundamental differences relating to the ways limits were calculated and the fact that the original system seemed to have a positive bias towards high fat products (although with limited saturates).

In the meantime, Albert Heijn broke rank and developed and launched its own healthy choice logo, based on a clover leaf, to identify healthy options in stores⁴⁰. This is based on the Netherlands Nutrition Centre criteria. However, there were some criticisms, mainly that it wasn't intended to be applied to all foods – confectionery for example was exempt – and it was exclusive, i.e. Albert Heijn had developed the scheme for its own use and had no intention of it being adapted for other brands.

Three large food and beverage manufacturers then developed a single nutritional values system, to make it easier for consumers to assess information. The new choice logo system (*Ik Kies Bewust*), was initially launched in May. The aim of the logo is twofold, first to help consumers to consciously make a more healthy choice. Second, to stimulate product improvement and innovation. It is open to use by all companies. It has been supported by VWS and the Netherlands Nutrition Centre and has been adopted by some major retailers, manufacturers and caterers.

The logo can only be used on products that meet national guidelines and international recommendations for saturated fats, trans fats, sugar and salt⁴¹ and the ‘preferred’ (goal = prevention of chronic diseases) or ‘middle road’ (goal = ensure adequate nutrient intake) criteria of the classification system developed by the Netherlands Nutrition Centre⁴². A Scientific Committee set up to overlook this scheme is reviewing these criteria and intends to integrate them into one set of criteria. It is based on generic groups of products rather than considering individual products on their own merits.

Monitoring and evaluation

A special foundation⁴³ has been set up to support the *Ik Kies Bewust* system in collaboration with food and nutrition scientists, including by devising criteria on which products assessments are based and ensuring that the logo is applied as intended. It is intended that consumer research will be done to evaluate the impact of the logo on consumer behaviour, but it has not yet been agreed how. It is expected that the logo will be evaluated on different levels including determining:

- changes in the awareness of consumers about healthy foods;
- raised knowledge of the logo;
- increase in amount of products sold with the logo;
- decrease in the amount of comparable products sold without the logo;
- amount of publicity.

It is not clear at this stage whether any work is planned to evaluate the impact of the introduction of the other logos on consumer behaviour or how they might inter-relate.

3.3.2 Promotion of foods to children

Government position

The Dutch view is that bans can only be introduced (and can only count on support) if existing self-regulatory measures have proved to be ineffective. The self-regulatory code on food marketing⁴⁴, drawn up by the FNLI, is therefore as yet the main tool, alongside working with media education and information agencies such as *Reclame Rakkers*, which organises courses and events to educate children and their parents about how the media and advertising worlds operate.

Process

The Dutch government requested that the industry draw up a specific advertising code for children. The new code of conduct for food marketing, particularly for marketing to children, was launched on 6th June 2005. It is largely based on the International Chamber of Commerce (ICC)⁴⁵ and Confederation of the Food and Drink Industries of the EU (CIAA) codes with food-specific provisions largely grounded in the ICC Framework for Responsible Food and Beverage Communications.

The advertising code states that FNLI members must encourage a balanced diet and must exercise restraint with the content and tone of their adverts when targeting children, including not stimulating peer power or showing parents as bad role models. The code also includes provisions on product information, health claims, status-enhancing claims, advertising in primary schools and using celebrities popular with children to advertise products.

The Dutch food industry (at the request of VWS) also developed a separate education document designed for marketing personnel giving guidance about the use of the code.

Monitoring and evaluation

VWS specifies that the impact of the FNLI advertising code will also be measured by qualitative testing by VWS, VWA surveys and critical monitoring of the code by the Dutch Consumers Association (Consumentenbond). VWS has taken no specific action to measure the impact of the code to date.

The industry favours self-monitoring and the FNLI has just published an evaluation of the scheme⁴⁶, which concluded that it is working well. This was based on the monitoring of complaints about adverts between January and March 2006, a study to look at whether or not any adverts broke the code and a series of semi-structured interviews. The FNLI has highlighted the fact that it needs to pay more attention to the relationship between advertising and children and that it needs to take further action to address the internet.

In September 2006, VWA published a report examining marketing strategies for children aged 1-12⁴⁷. This was based on surveys carried out in March 2005 - before the *Reclame Code for Food Marketing* existed. It should therefore not be seen as an evaluation of the impact of the Code, but as a way of establishing a baseline from which any subsequent progress can be measured.

The research looked at 136 products and concluded that:

- 70% of products were products that should not be eaten frequently such as cakes and biscuits;
- 20-30% of products used known characters and/or gifts;
- the Internet was used as a communication channel by 67% of products, with special sites for kids, competitions and prizes;
- some individual products contributed more than 200% to recommended energy intake per portion for children aged 1-3 years.

The VWA has recommended that the Ministry needs to keep a close eye on this issue. It will be repeating the survey in 2007. Consumentenbond and the Netherlands Heart Foundation have recently published a statement highlighting the impact of marketing on children and calling for greater protection⁴⁸.

VWS specifies that, if evaluation suggests that the FNLI code is not having the desired effect, measures will be considered to tighten it up, including taking financial or other measures against infringers instead of simply banning an advertisement. However, it feels that taking this route, or indeed a more stringent one, would require a statutory basis. What's more, it has not indicated what the criteria for assessing whether or not self-regulation is having the desired effect are or what the timescale might be.

3.3 Product Reformulation

Government position

The government's targets are to reduce saturated fatty acids to less than 10% of total energy intake and trans fats to less than 1%, both by 2010. The government's 2004 prevention strategy⁴⁹ states that agreements will be facilitated with industry, which apply to product modifications, size of portions and the content of vending machines for sweets and soft drinks at schools. There is no co-ordinated government programme of work in this area. A self-regulatory approach is supported co-ordinated through the Task Force on fatty acid composition. The Netherlands Nutrition Centre has also adopted a two-pronged strategy to improve the fatty acid composition of foods, stimulating and supporting the private food sector to make changes and educating consumers about the difference between saturated and unsaturated fats.

Salt reduction is not currently viewed as a priority in the Netherlands. Health Council advice issued in 2000 stated that reducing sodium intakes at the level of the general population was only of limited value in reducing hypertension⁵⁰. However, the Ministry of Health has just commissioned work to re-assess the current population intakes and may consider further action based on the findings. The Healthy Eating Guidelines are also due to be revised by the Health Council shortly and may contain new advice on salt intakes.

The process

The main co-ordinated activity to reformulate foods is the task force on fatty acid composition, which is co-ordinated by the MVO (Product Board for Margarines, Fats and Oils). In November 2005, the Minister of VWS was offered a "Manifesto", undersigned by all participants in the task force, committing themselves to improving the fatty acid composition of their products. In this way, the private sector endorsed the importance of improving fat composition in the interests of public health. The task force set its own targets in line with the government targets to reduce trans fatty acids to 1% and saturated fatty acids to 10% of total energy intake, both by 2010. All participants also produced an action plan towards achieving certain sector goals. The task force is a joint venture between suppliers and buyers of vegetable fats and oils. The project is currently expanding to a new phase including industrial bakeries and confectionery and suppliers of fats and oils. There is recognition that the technological feasibility is easier in simple products as opposed to highly processed foods where fats have more than just a taste function.

As part of the programme, the task force aims to stimulate snack bars to use healthier liquid fats for frying. At the end of 2003 only 10% of outlets were doing so⁵¹. The target is to increase this to 50% by the end of 2006. The work is supported by the Netherlands Nutrition Centre, which runs information campaigns for consumers and works with the industry to raise awareness and push for changes.

There is no co-ordinated government action or industry self-regulatory process on salt reduction. However, several Dutch companies, including manufacturers and contract catering organisations, are already taking steps to reduce salt. This includes VENECA, the contract catering trade association, whose advice to members includes to use very little salt, with practical examples, and which has salt advice as part of its certification scheme. One of its members, Sodexho, is running a healthy eating campaign in staff restaurants, including on

blood pressure and salt consumption. Unilever has also indicated that it is looking to reduce salt in products where possible. In addition, salt has been included as one of the criteria for the *Ik kies bewust* logo (See 3.31).

Monitoring and evaluation

There is no overarching programme to monitor the composition of products on the market place by the private food sector or other organisations. Food trade associations feel that it would be too difficult to undertake regular shopping basket type surveys. The only monitoring work in place is therefore the VWA monitoring work which is currently assessing snack bars as well as the composition of different individual products.

In December 2005, the VWA published a report on the fatty acid composition of crisps⁵², which showed that overall fatty acid composition had improved. However, whilst trans fats had been almost completely removed from crisps, saturated fat had increased significantly.

The VWA also recently published a report on ready meals⁵³, which showed that many products did not reflect existing dietary guidelines. For example 85% of ready-to-eat meals had over 3 grams of salt per portion and a slice of pizza had as much as 750 kcal per portion. Hardly any of the meals contain enough dietary fibre and none of the ready-to-eat meals had more than 150 grams of vegetables, despite highlighting the vegetables on the packaging.

3.4 Communicating dietary messages

Government position

The government funds a number of organisations, but particularly the Netherlands Nutrition Centre, to run promotional campaigns to get dietary messages to consumers. However, it also believes that the private sector has a role to play in communicating dietary messages, both on their own and through public-private partnerships.

The process

the Netherlands Nutrition Centre is taking the lead on promotional campaigns, including promoting the *Schijf van Vijf* ("Plate of 5" similar to the UK Balance of Good Health) and running a series of television campaigns to highlight the problem of energy imbalance in a positive way and to educate consumers about the difference between saturated and unsaturated fat⁵⁴.

Many companies are looking at ways of communicating healthy lifestyles or promoting the health benefits of different products. Many of the commitments of the private food sector to making positive messages about achieving a balanced diet are part of the Covenant on Overweight and Obesity and action plan⁵⁵.

Monitoring and evaluation

Individual organisations or projects have their own mechanisms, of greater or lesser rigour, for monitoring the impact of educational programmes and campaigns. There is no overall mechanism for monitoring individual campaigns against government food and nutrition objectives.

4. Nutrition Policy and the role of the industry in the UK

This section summarises the current diet and health situation in the UK and outlines the development of policy, the existing government priorities and its strategic approach, and the responsibilities and activities of the key players, including the private food sector. It should be noted that nutrition policy is devolved meaning health departments in England, Northern Ireland, Scotland and Wales are each responsible for implementing their own policies. While nutrition policies in Northern Ireland, Scotland and Wales are similar to England in many respects, there are also a number of differences. Unfortunately, due to time and other limitations on this project, this analysis focuses mainly on England, rather than on the UK as a whole.

4.1 Nutrition Policy in the UK

The Problem

Most government dietary guidelines are not being met by the majority of the UK population⁵⁶. However, over the last fifteen years there is evidence of some positive change in the diet of the UK adult population. For example fruit and vegetable intakes are increasing, although the average consumption is still less than three portions a day, below the recommended intake (at least 5 portions a day); oily fish consumption is increasing, although mean consumption is only a third of the recommended intake (1 portion a week); and the proportion of total energy derived from fat and saturated fat has decreased with mean intakes of fat being close to recommendations (35% of total energy intake). However, intakes of saturated fat exceed recommendations (11% of total energy intake) in all population groups, and there continues to be concerns that the data underestimates the contribution of food eaten outside the home.

Levels of obesity have tripled in England since 1980⁵⁷ and there is no sign of the upward trend stopping. Currently, over half of women, and about two-thirds of men are either overweight or obese. Figures from 2003 showed that 23% of women and 22% of men were obese. A more recent report commissioned to assess the levels of obesity in England, if current trends continue and no interventions take place, predicted that nearly a third of men will be obese by 2010, along with more than 12 million adults overall and one million children⁵⁸.

Food poverty, which is defined as “*the inability to acquire or consume an adequate quantity of food in socially acceptable ways*” is said to affect more than 4 million people in the UK. The concentration of the retail sector and the demise of local independent retailers are considered to be contributors to the fact that many people’s access to a wide choice of foods are restricted as a result of food poverty. This, in turn, is one of the many contributors to health inequalities in the UK⁵⁹.

Health, social and financial consequences

One million fewer obese people could lead to around 15,000 fewer people with coronary heart disease, 34,000 fewer people developing type 2 diabetes, and 99,000 fewer people with high blood pressure. The Health Select Committee has estimated that the costs of obesity is £3.3 - £3.7 billion per year and of obesity plus overweight at £6.6 - £7.4 billion⁶⁰.

Roles and responsibilities

Food and nutrition policy is part of public health and responsibilities are divided between health departments and the FSA in England, Scotland, Wales and Northern Ireland.

Whilst health departments lead in each of the four countries, the FSA plays a key role in the implementation of nutrition action plans, providing consumer information on food but also leading discussions with the private food sector to reformulate food and develop a front of pack signposting scheme. The FSA is an independent government department, not an

Agency of the Department for Food and Rural Affairs or the Department of Health. Risk assessments, dietary surveys and monitoring and surveillance of the nutritional content of foods and labels are also the responsibility of the FSA, with the joint FSA/Department of Health Scientific Advisory Committee on Nutrition (SACN) providing expert scientific advice.

The FSA does not have direct responsibility for day-to-day enforcement of food legislation in the UK. This is instead carried out by local authorities (trading standards and environmental health), including the enforcement of food labelling and compositional standards law. Now some local authorities are starting to take an interest in nutrition information and health claims, and undertaking surveys, for example on salt and saturated fat levels in foods.

In the meantime, the FSA also regularly monitors the composition of foods on the market as well as commissioning regular surveys about *Consumer Attitudes to Food* which track people's varying levels of interest in different issues, including diet and health.

The FSA is an important funder of nutrition research in the UK. The main research centres are the Medical Research Council through its Human Nutrition Research, The Institute for Food Research and the Rowett Research Institute although there are a number of other organisations and universities undertaking diet and nutrition-related research and further groups involved in evidence reviews, including the Department of Health's National Institute for Health and Clinical Excellence (NICE).

There is a strong consumer movement in the UK. Sustain is an alliance of around 100 organisations all with an interest in food and farming. The National Consumer Council, "Which?" the National Heart Forum and the National Federation of Women's Institutes are all very active in this area in their own right, as well as in co-ordination with others. Other food groups such as the British Nutrition Foundation and the British Dietetic Society, health groups such as the British Medical Association and the Royal Society of General Practitioners and the and children's groups including the National Children's Bureau and Children's Commissioner, also run projects and get involved in discussions about food and health.

Many local authorities are also developing initiatives on diet and health as part of regional health plans. In addition, the media takes a keen interest in food issues.

The three main trade associations are the Food and Drink Federation (FDF), representing the manufacturers, the British Retail Consortium (BRC) representing most of the major retailers, and the British Hospitality Association (BHA) representing most of the major contract and non-contract catering companies. The Institute of Grocery Distribution (with manufacturing, catering and retail members) is also active on health issues.

There are a number of other organisations set up specifically to represent the interests of small businesses within these sections (Association of Convenience Stores, Pubs and Restaurants Association) and a range of other product specific trade associations (Biscuit, Chocolate, Cake and Confectionery Association, British Meat Products Association).

Policy and strategy

The government's nutrition strategy is informed by data on nutritional status of the population from its *National Diet and Nutrition Survey (NDNS)*⁶¹. Other relevant surveys include the *Health Survey for England*,⁶² and the *Family Expenditure Survey*⁶³ in addition to regular *Consumer Attitudes Surveys*⁶⁴ undertaken by the FSA.

The first government strategy, *Eating for Health*⁶⁵ was published by the then Department of Health and Social Services in 1979 and was followed by a series of expert reports⁶⁶. The 1992, *Health of the Nation*, report⁶⁷ accepted that a new strategy was needed. A Nutrition

Task force was set up with working parties to address subjects as diverse as school meals, low income, catering education and product promotion. In 1996 the Nutrition task force published its *Eat Well: progress report and action plan*⁶⁸ although the working parties were disbanded leaving no mechanism to oversee implementation.

When the new Labour government came into power in 1997, a Minister in the Department of Health was allocated specific responsibility for public health. The Food Standards Agency was set up to act independently on food safety and nutrition. A Department of Health White Paper *Our Healthier Nation* (1999) set out an initial action plan to tackle poor health⁶⁹. The new government commissioned the Wanless review⁷⁰ which calculated the cost of poor health to the health service and made a number of hard-hitting recommendations to government. This led to a high-profile public consultation on public health which identified several priority areas for action including obesity and inequalities. A new Public Health White Paper was launched in November 2004⁷¹, followed by an implementation plan⁷², in addition to specific food and health and physical activity action plans in March 2005^{73, 74}. Similar plans were developed in Scotland, Wales and Northern Ireland.⁷⁵

Current priorities

The Food and Health Action Plan (FAHAP) for England *Choosing a better diet: a food and health action plan*, sets out actions to be taken at national, regional and local levels to improve people's health through improved diet and nutrition. It outlines steps to be taken from 2005-2008 with a priority for reducing chronic disease and tackling obesity, including through action on diet and nutrition to reduce the intake of fat, saturated fat, salt and sugar and to increase the consumption of fruit and vegetables. There is a specific emphasis on children and young people and inequalities with actions to address this. Similar plans exist for Scotland, Wales and Northern Ireland.

In addition, obesity is a key priority for England's strategy and the government has a public service agreement target to halt the year on year rise in obesity amongst children under eleven by the year 2010, in the context of a broader strategy to tackle obesity in the population as a whole. This is held jointly by the Department of Health, with the Department for Education and Skills and the Dept. of Culture Media and Sport.⁷⁶

Dietary Intake Targets in England

Dietary factor	Recommended intake	Average consumption	Trend
Total fat	< 35% total food energy	35.3%	Favourable
Saturated fatty acids	<11 % energy intake	13.3 % energy intake	Favourable
Trans fatty acids	< 2%	1.2%	Favourable
Fish	At least 2 portions per week, 1 oily	About 1/3 portion oily fish per week, No data on other fish	Favourable
Fruit and vegetables	At least 5 portions a day	2.8 portions	
Dietary fibre	18 grams per day	13.8 grams	-
NMES (Non-Milk Extrinsic Sugars)	11%	12.7%	-
Salt	6 grams per day	9.5 grams	-

National co-ordination/consultation with stakeholders

The UK has regular mechanisms for involving the private food sector and other stakeholders in policy-making and procedures for particular policy areas that operate at different stages of policy development. The FSA meets separately with industry, enforcement officers and consumer groups, each twice a year for general meetings.

An Obesity Programme Board has been established to oversee delivery of the PSA target. Membership is drawn from Government Departments that contribute to the target. The FAHAP was informed by a number of consultation meetings, which included the private sector. A joint FSA/Department of Health nutrition forum, used to meet regularly to discuss emerging policy and issues but this was disbanded following the launch of the FAHAP. A FAHAP steering group was formed which includes representation from all key Government departments and stakeholder groups, including the food chain and consumer groups.

The Department of Health Minister of State for Public Health and FSA Chair have recently jointly established a nutrition strategy steering group (NSSG) - a small group of senior figures from the food manufacturing, retailing and foodservice sectors and public health and consumer NGOs - to help drive this work forward, focusing on the four key nutrition priorities discussed below.

Measuring progress

The nutritional status of the population is monitored through the *National Diet and Nutrition Survey (NDNS)*. The last comprehensive survey of adults' diets was undertaken in 2000-2001 and published in 2002⁷⁷. Like the Dutch, the UK is now moving to a system of rolling surveys on diet and nutrition.

The Department of Health has developed a framework for monitoring progress internally against the commitments in the FAHAP and the Public Service Agreement (PSA) target on obesity. Nationally, progress tracking the PSA target on obesity is carried out through the Health Survey for England. Ways of putting in place systems locally through Primary Care Trusts are also being considered.

4.2 Approach to work with the private food sector

The focus of the UK's approach with the private food sector is on what will work in each particular case rather than favouring any particular approach. Rather than self-regulation, it has tended to opt for the development of voluntary guidelines and then establish procedures for monitoring the extent to which these are implemented and the impact that they have. Further details are discussed below.

4.3 Approach to specific policy issues

4.3.1 Front of pack labelling (Signposting)

Government position

The FSA is committed to help consumers make healthier choices by improving information and understanding and encouraging people to take action⁷⁸. In July 2004 the FSA committed to developing a simple front of pack labelling scheme to increase consumer awareness of the nutritional quality of manufactured foods. This was then supported by the Health Department as one of the commitments in the FAHAP published in March 2005. In March 2006, the FSA recommended a voluntary front of pack colour-coded signposting approach and agreed guidelines based on four key principles⁷⁹.

The process

In November 2004 the first phase of consumer research considered people's preferences for five different approaches to signposting – a simple traffic light, an extended traffic light, a GDA (Guideline Daily Amount) based scheme, a multiple traffic light and a healthy eating logo. The research showed that people felt a front of pack labelling scheme would make it easier for them to assess the nutritional content of foods and make healthier choices. The preferred schemes were simple and multiple traffic lights⁸⁰.

At a stakeholder consultation meeting in December 2004 it was agreed that these formats and an optimised GDA based scheme should be examined in consumer performance research. A signposting advisory group made up from representatives from food manufacturers, retailers and consumer organisations was then formed to contribute to the development of further research and advise on consumer performance research methodology.

In March 2005 a number of GDA based schemes were tested. This showed that people preferred a colour coded GDA option, which included per serving and GDA data presented in a numerical format. Colour coding was considered to be useful in helping to interpret the numerical information. Percentages and bar charts were considered but were not the preferred option.

In June 2005 four possible schemes, the Simple Traffic Light, the Multiple Traffic Light, Colour code GDA and a monochrome GDA were tested with over 2,600 people. In one to one interviews people were asked to identify the level of fat, saturated fat, salt or sugar in an individual products and, to compare levels of nutrients in pairs of products. Respondents were also asked which signposting format they preferred.

The results of the quantitative and qualitative research were published in November 2005⁸¹ and a public consultation on a voluntary front of pack signpost labelling scheme was launched. The consultation closed in February 2006 and responses were reviewed.

In March 2006⁸², the FSA Board recommended that voluntary front of pack signpost labelling systems be based on the following four core principles:

- provision of information for fat, saturated fat, sugar and salt;
- use of red, amber, green colour coding to indicate at a glance whether the level of individual nutrients is high, medium or low;
- information on the level of each nutrient present in a portion of the product; and
- use of nutritional criteria developed by the Agency.

The Board also recognised that inclusion of additional information such as on Guideline Daily Amounts (GDAs) and calories might be helpful to some consumers.

The Board recommended that signpost labelling be applied to the following foods:

- breakfast cereals (except products which only contain oats);
- ready meals (including prepared dishes sold with and without accompaniments such as rice, noodles, vegetables or potato or similar);
- burgers, sausages, pies;
- breaded or coated or formed meat, meat alternative, poultry and fish and similar products;
- pizzas;
- sandwiches.

Four retailers - Sainsbury's and Waitrose, Asda and the Co-operative - are using front of pack signpost labelling schemes, which follow the Agency's recommendations. McCain's and New Covent Garden Soup Company have also introduced the agency's preferred system.

The UK's biggest supermarket, Tesco, and many major manufacturers are not following the FSA guidance and have instead opted for their own GDA-based alternatives.

Monitoring and evaluation

The Agency is in the final stages of agreeing technical guidance for businesses on its recommended approach and has published advice for consumers. It is currently considering with stakeholders how to assess the impact of all the different signpost labelling models used in the UK market place on consumer behaviour.

Both Sainsbury's⁸³ and Tesco have announced⁸⁴ that monitoring of signposting (colour-coded and neutral colour respectively) has revealed a significant swing in sales from high fat to lower fat and from high salt to lower salt products. They also claim the introduction of the schemes is driving the companies to reformulate and to improve products.

4.3.2 Food promotion to children

Government position

The Office of Communications (Ofcom) is responsible for broadcast media. It has just announced new measures to restrict television food advertising aimed towards children⁸⁵. A Food and Drink Advertising Forum has been set up to consider further restrictions in non-broadcast media through self-regulation. The Government is also committed to monitor the nature and balance of advertising to children and decide in 2007 whether further action is needed through existing powers or new legislation⁸⁶.

The process

The Agency's review of the evidence⁸⁷ on the impact of promotional activity on children's diets led to cross-government agreement on the need for action. The Labour Party Manifesto⁸⁸ and *Choosing Health*⁸⁹ both included a commitment to help parents by restricting further the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar. Sustain's Children's Food Bill coalition⁹⁰ also helped to raise and maintain the issue on the government's agenda.

Following the Hasting's review, the Agency developed and consulted on a comprehensive action plan. This was published in 2004⁹¹ and included a commitment to press for action to address the imbalance in TV advertising including limiting the type and amount of food advertising on TV.

The Department of Health took over the lead on promotion of foods to children when it published its FAHAP in March 2005. It established the Food and Drink Advertising and Promotion Forum in July 2005 made up of representatives from the advertising, food manufacturing and retailing bodies, academics and health and consumer organisations. The Forum is looking at how to strengthen rules for advertising in non-broadcast media including magazines and comics, cinema advertising, internet pop-ups, billboards, in-store promotions, packaging of foods and sponsorship.

Ofcom concluded a consultation in June 2006⁹² and has just announced new measures to restrict television advertising of food and drink products to children⁹³. This includes a total ban on adverts for foods high in fat, salt and sugar shown during children's TV programmes and for adult programmes watched by a large number of children.

Health bodies are still claiming that these messages don't go far enough and that the ban should have been for all adverts before the 9pm watershed. In contrast the Food and Drink Federation said the controls were over the top. They are expected to cost the food industry 39 million pounds and to lead to 41% fewer adverts for these foods. The new measures will be subject to a brief consultation.

Most of non-broadcast media advertising is subject to industry self-regulation through the Committee on Advertising Practice (CAP) and the Advertising Standards Authority. CAP is intending to review rules on the content of non-broadcast advertising following the outcome of the work by Ofcom for broadcast media. It intends, as far as possible, to ensure that content rules for non-broadcast will mirror those for broadcast media.

Numerous companies have voluntarily committed not to advertise to children, however the level of sponsorship of schools based activity is significant e.g. Sainsbury's active kids, Tesco sport for schools initiative.

Monitoring and evaluation

The Government has committed to review in 2007 the change in the nature and balance of food advertising and promotion to children. Monitoring will include market research and data collection of current trends in food and drink advertising and promotion to children including

- a baseline of advertising and promotional activity in a range of broadcast and non-broadcast media, probably for 2003;
- data on a wide range of advertising and promotional activity, including that not directly targeting children and on the internet; and
- analysis of expenditure, volume, scheduling and content trends in advertising and promotional activity across a broad range of media.

Government says it will consider taking further action through new or existing legislation if the change is not significant.

4.3.3 Product Reformulation

Government position

The FSA set targets (later agreed by the health departments) in 2003⁹⁴ to reduce population salt intakes to 6g/per person per day (from 9.5g) by 2010. In its second strategic plan published in 2005⁹⁵, it also restated targets to reduce saturated fat (for everyone from age 5 upwards) from the current level of 13.3% to below 11% of food energy by 2010, and to collaborate with health departments to establish targets for energy balance. These targets were re-iterated in the Department of Health's FAHAP in March 2005⁹⁶.

The process

Following the SACN report on salt and health in 2003⁹⁷ reconfirming the evidence base, the FSA made salt reduction a key commitment. It wrote to relevant stakeholders urging action to reduce salt in food. A stakeholder meeting was organised in November 2003 and stakeholders were requested to submit action plans. It was widely accepted that salt in processed foods accounted for three quarters of intake so that an effective strategy should be two-pronged – with the main focus on reducing salt in processed foods, but supported by a consumer campaign to raise awareness.

The FSA strategy was further refined in 2004. In addition to the intensive programme of work with the private food sector, it launched its high profile public campaign. This featured "Sid the Slug" to raise the awareness that too much salt was bad for your heart in October 2004⁹⁸. A talking food advert, which urged people to take action to check the label was then launched the following year⁹⁹. An evaluation programme is underway and will support subsequent stages of the campaign.

To guide the food industry on the type of foods and levels of reductions needed to help consumers' reduce their intakes of salt to no more than 6g per day, product specific salt targets were developed. Following a wide-ranging public consultation, and in-depth discussions with stakeholders, the Agency published salt reduction targets for different products on the 21st March 2006¹⁰⁰. The targets apply to 85 categories of processed foods including dietary staples as well as convenience foods (including take-away foods) and a wide range of snacks. The targets represent a challenging but realistic rate of reduction and build on the achievements made so far.

A comprehensive review of targets is planned in 2008 to identify, in light of further evidence on consumers' intakes and technological experience, what more needs to be done to achieve the 6g/day intake target. In the meantime, work to develop a framework for self-reporting, by the industry, on progress towards achieving the targets is now commencing in consultation with stakeholders.

The Agency is at a relatively early stage of its work to develop a strategy to help reduce dietary intakes of saturated fat and promote energy balance in consumers' diets. Pre-consultation discussions are underway with stakeholders to establish the approach, focus (categories of foods) and criteria for the strategy. Informal proposals and potential commitments are invited from manufacturers, retailers and caterers to help inform developments. The strategy will be subject to public consultation later this year.

Monitoring and evaluation

The progress on product reformulation is measured in a number of different ways. The two main tools are:

- self-reporting – all companies are being asked to report annually on progress towards achieving salt reduction targets using a self-reporting framework;
- salt intake data – work is currently underway to assess salt intakes using 24-hour urine samples.

In addition, the FSA keeps tracks of salt levels in foods through:

- a processed food databank – the FSA has set up a database of over 1000 key products so that it can track changes in composition over time.

The FSA also undertakes regular mini-surveys of different products (e.g. ready meals, sausages, breakfast cereals¹⁰¹) to highlight the composition of foods. Such tools also help the FSA to test policy ideas, pick up broad themes or support campaign messages.

There has been substantial progress on salt reduction. More than 70 businesses or trade associations have now registered commitments to reduce the levels of salt added to processed foods. As a result of campaigning and partnership activities, public awareness of the 6g a day message has risen from just 3% to 34% and 58% of consumers now claim to be acting to reduce their salt intake. New data on salt intake levels will be available early next year.

4.3.4 Communicating dietary messages

Government position

The UK Department of Health is committed to a ten-year social marketing campaign¹⁰² to address obesity and is exploring ways of involving the private food sector. This includes considering how the private food sector might contribute to funding national campaigns and other national initiatives to promote positive health and education.

The process

The social marketing programme is a 10-year integrated portfolio of activities with an initial focus on improving the healthiness of children's lifestyles (aged 2-10) in the areas of nutrition and physical activity. The campaign will build on the 'Small Change, Big Difference' campaign launched by the Prime Minister on 25 April 2006¹⁰³.

An initial 3-year strategy is under development and the Department of Health team is currently consulting stakeholders on the conclusions of some initial research.

Leading organisations from the food industry, health and consumers groups and academics have committed to inputting into the current development phase of the programme, although there have been no commitments to funding from the private food sector yet.

Monitoring and evaluation

Work to develop and execute the plan is now underway, led by a dedicated team at the Department of Health and supported by a stakeholder group and an expert review group. The campaign is expected to launch early in 2007.

5. Comparative analysis

The main objective of this study was to consider the approaches to working with the private food sector on specific policy issues. However, to do this effectively, it is important to understand the policy context in which such initiatives are being developed, including the historical and policy developments, current political priorities, organisational roles and responsibilities, the scale of the problem and the strategic approach.

This chapter is therefore split into two sections, the first examines the issues above and the second looks at the approach to working with the private food sector in general and then considers the four specific policy issues. The comparative analysis has been informed by the different steps of the project, including the semi-structured interviews with stakeholders. (See 1.3 for further details)

5.1 Policy context

Historical factors – food scares, role of media and consumer organisations

The historical factors that have influenced nutrition policy in the UK and the Netherlands are very different. Historically, the Dutch government has always aligned itself closely to the interests of business. It has not experienced high profile food scares in the same way as the UK and does not have an organised network of consumer organisations on food. Neither has the media taken any prolonged interest in food issues, although this is beginning to change. In general consumers seem to be very accepting of the current situation, trusting in the authorities and the private food sector to provide them with nutritious and healthy food.

The UK has a very different history in terms of nutrition policy. Since the 1980s there has been a strong movement of consumer organisations and health bodies¹⁰⁴, which, alongside high profile food scares, have helped to raise food and nutrition higher up the political agenda. The concentration of the food retail sector¹⁰⁵ and the demise of local and high street stores¹⁰⁶, have also contributed to concerns that achieving a healthy balanced diet is no longer a question of personal choice for some sections of the population and that therefore government action needs to be taken to address the problem¹⁰⁷.

Political priority and funding

The priority afforded to public health and nutrition within government is thus still relatively low in the Netherlands, despite the persuasive work by RIVM to highlight the growing scale of the problem and the action needed to address it.

Whilst both countries acknowledge obesity as a political priority, in general there seems to be a higher priority and funding allocated to food and nutrition in the UK. This may be partly because it has been on the agenda much longer. The establishment of the FSA, the allocation of a Minister specifically to Public Health, the White Paper consultation and the review of the costs of not addressing public health issues, all of which attracted high profile media coverage, served to raise the issue still higher. There is now a clear Food and Health Action Plan for England and similar plans for Scotland, Wales and Northern Ireland.

Whilst many people claim it still isn't enough to deal with the scale of the problem, the UK plans are backed by significant funding. In the Netherlands in contrast, many people interviewed stated that, in addition to lack of political priority, inadequate funding is allocated to deal with this problem. Fear of accusations of being too paternalistic may be another reason for this. What's more, the VWS in the Netherlands is likely to be more influenced by a political agenda than the FSA in the UK. The existing government program is focused on social security reforms and the reform of the health insurance system.

In both the UK and the Netherlands, many people still feel that health spending is targeted towards cure and care (hospital infrastructure and waiting lists) rather than prevention, although the UK government has made it clear that the focus needs to start shifting from treatment to prevention with more services based in the community.¹⁰⁸ The fact that there is no Minister dedicated specifically to Public Health in the Netherlands may mean that it is even more challenging to prioritise public health vis-à-vis care programmes.

Scale of the problem

In general, the dietary health problems faced by the UK and the Netherlands are broadly similar, including low fruit and vegetable consumption, and saturated fat and salt intakes that are too high. The UK had twice as many people overweight and twice as many people obese as the Netherlands in 2003, but in both countries the situation is getting worse and costing the country an increasing amount of money.

Strategic approach

Most people consulted in both countries agree obesity is the right priority. Both governments see the problem primarily as a result of individual lifestyle choices. However, there is a growing recognition that all stakeholders have a responsibility to make healthier choices easier choices and there has been a subtle but nevertheless significant shift towards joint responsibility. Neither government is in favour of increased regulation and both are seeking ways to reduce the burden of regulation through alternatives to legislation.

Both the UK and the Netherlands have the same target to halt the growth in obesity and reverse the trend in childhood obesity by 2010. Whilst obesity is an obvious political priority, some people believe it would be more effective in the long-run to concentrate on the causes of the problem rather than the problem itself, and therefore that greater priority should be given to implementing an overarching food and health action plan rather than focusing specifically on obesity.

The UK now has relatively clear and current cross-departmental strategies and action plans. The first Dutch Food Strategy document *Goed Gevoed (Well Nourished)*, was written in 1987 and was last updated in 1998. However, the existing strategy and how different organisations are contributing to it is not clear to many people outside government. Many people suggested that VWS needed to take a much stronger lead, within a wider public health framework, in the development of a long-term holistic cross-departmental strategy. This should include clear interim and long-term targets and a clear allocation of roles. It should address not only food and food choices, but also physical activity so linking to issues such as town planning and safe cycling routes.

In UK, the focus of the cross-departmental FAHAP implementation plan is on local action and addressing inequalities, although it is not always clear how this translates into action. Several people interviewed in the Netherlands also indicated that local municipalities could play a stronger role in improving diet and nutrition as part of their existing remit to improve health. Others acknowledged that they were not currently set up to be able to do this and would require support and guidance from national policy organisations.

Organisational roles and remits

Whilst the Health Departments have the lead for nutrition in both the UK and the Netherlands, the responsibilities are allocated differently between a range of organisations in each country. There are more organisations involved in the Netherlands and many people were unclear about the precise roles and responsibilities of all the players. This included the link between the VWA and RIVM on risk assessment and the extent to which the Netherlands Nutrition Centre should have a role in policy making.

There are significant differences in the roles and remits of the agencies responsible for food in each country. The VWA is an agency of the Ministry of Agriculture (LNV) although a major part of its funding is from the VWS. It is directly responsible for the enforcement of food and consumer product legislation. The VWA has currently only a limited role in relation to nutrition. Other organisations, such as the Netherlands Nutrition Centre and the RIVM play a more prominent role in consumer education and risk assessment respectively.

While some people interviewed said that the VWA should have a stronger role, others (particularly some representatives of the private food sector) say that they are happy with the status quo. It was pointed out that a shift in responsibilities should only be put into place if the approach moves away from nutrition safety (i.e. attempting to assess individual products in terms of their impact on nutrition) towards an approach that is about achieving a balanced diet. Even then, some people argue that RIVM is better placed to undertake this sort of role.

The UK FSA is an independent government department with responsibility for food safety and consumer protection on food issues. It leads on the implementation of key activities in the government's FAHAP as well as being responsible for the provision of information to consumers on food, including diet and nutrition. There may be advantages to having an independent Agency leading on implementation of some issues as Ministerial departments are often forced to deal with other constantly changing political priorities making it more difficult to implement existing policies.

Whatever the allocation of roles, what is important is that there is a clear understanding of who is responsible for what and that this is communicated to all stakeholders to avoid overlap and conflict over remits.

Dietary surveys

The Netherlands and the United Kingdom have both established fairly comprehensive surveillance systems that provide information on food consumption on a routine basis. In the United Kingdom, nutritional status is also measured. However, both countries face significant challenges in collecting and maintaining accurate information on dietary status. Response rates to surveys of this kind are declining, and methodological issues common to all surveys such as misreporting need to be addressed. Both countries have now moved to a system of rolling surveys. However, there is still a lot of debate about this as it takes decades to compile a complete picture again and changes are difficult to place.

The food market itself changes quickly, with reformulation of existing manufactured foods and the launch of new products presenting further challenges to maintaining up to date composition data.

Research

Considerable money is directed towards research to improve nutrition in the Netherlands. However, organisations funding the research have their own objectives. The main focus in the Netherlands seems to be on product development and consumer communication about different products, rather than how to improve diet and nutrition through behaviour change. This is no doubt because much of the research is funded by the Ministry of Economic Affairs, the private food sector or through Universities that have close links with the private food sector. The Agriculture Ministry (LNV) also funds a significant amount of research in this area but this is also linked to food quality and economic innovation rather than behavioural change

In the UK, the FSA funds considerable nutrition related research, including on behaviour change, according to policy needs. What is apparent from both countries, though, is that there does not appear to be a clear overview of all relevant research programmes. It would be worth considering reviewing existing programmes in both countries to ensure that available funding is targeted at any gaps in knowledge. There were also calls for the government to establish transparent mechanisms for assessing research in the Netherlands.

Consultation and stakeholder involvement

The FSA is widely viewed as setting the standard in terms of consulting widely on policy development using structured consultation meetings in addition to written consultative processes for both general policy making and for specific initiatives. The objective is to ensure that the interests of all stakeholders are taken into account, but decisions are made based on an assessment of public interest. While the FSA aims to build a consensus, it realises that, in some areas, the interests of the stakeholders are very different.

The Dutch also have a strong history of consultation through the polder model approach¹⁰⁹. There are regular meetings on food and consumer products, which are generally felt to be helpful. The Covenant on Overweight and Obesity also brings together the main stakeholders (apart from Consumentenbond) to discuss and agree actions. It is generally felt that it is easy to meet and discuss things with people in the health ministry and relevant agencies. However, some people said it is not always clear how decisions are made as a result of these processes.

Many people said that the Regular Consultations on the Commodity Act and on Obesity (ROW and the ROO) were useful forums to exchange information on issues. However, they are not intended to lead to action. Some people said that the groups sometimes overlapped, and that they did not always have sufficiently senior representation. Several people suggested that consultation might be more effective as part of a strategy. There were also several criticisms of the Dutch polder model approach more generally, with people claiming that it lacked transparency and delayed progress. There were some concerns about the lack of clarity about the role of the Commodity Boards. It might be worth considering a more in-depth review of the current mechanisms to see how these concerns could be addressed.

One of the founding principles of the UK FSA is to put the consumer first. There is a strong consumer movement and consumer concerns have influenced the government's agenda. Whilst achieving effective consumer involvement in all processes is still a challenge, UK experience shows that a strong consumer sector can also help persuade industry of the importance of participating in policy-making processes.

In contrast, many people highlighted the fact that there was no co-ordinated consumer action on food issues in the Netherlands. It was noted that Consumentenbond did not always attend meetings it was invited to. However, this is likely to be due to lack of capacity and/or broadening of scope with a focus on other health priorities, rather than lack of interest.

In addition, there is the implication that participation in a process indicates agreement. Consumentenbond dropped out of the Covenant on Overweight and Obesity, as it felt there was too much focus on personal responsibility and no clear objectives or mechanisms for monitoring. It didn't feel that there was room to be involved in the process at the same time as being critical of the process. As consumer and private food sector interests are unlikely to always be closely aligned on food issues, it is important that mechanism exist to ensure that all views can be taken into account and that there is transparency in both risk assessment and management. Consideration should also be given to strengthening the consumer and NGO sector in the Netherlands to ensure that the consumer perspective can always be understood.

Monitoring of the market

In both countries, monitoring of food products and information on the market is done primarily by the agency responsible for food. The difference is that in the Netherlands this is done alongside day-to-day enforcement activities, whereas in the UK it is done through monitoring of self-reported data combined with general survey work. The recent establishment of a databank to track the composition of different products each year will help to track trends over time.

In both countries, the fact changes might be made to the products after the survey data has been collected and before publication of the results is a problem that needs to be addressed. In the UK this is done to some extent by notifying the companies of the findings in advance and giving them an opportunity to highlight where any changes have been made at the same time as the results are published.

The issue of whether or not it is appropriate to highlight the nutritional components of individual foods rather than taking a balanced diet approach is also something that has been discussed in both countries. However, whilst shopping basket surveys have been attempted by both the FSA and some retailers¹¹⁰ in the UK, they are time-consuming and it is not always easy to compare similar products over the years as products change. Private food sector organisations in the Netherlands have also indicated a reluctance to do this. It is hard to see how it is possible to hold companies accountable unless individual products are tracked.

To some extent this is relatively new work in both countries and neither have very comprehensive programmes in place due to cost and time constraints. As part of its co-ordination of local authority enforcement activities, the UK might want to further consider how it could build on the routine enforcement and surveillance programmes of local authorities to monitor the composition of foods on the market.

In the Netherlands some stakeholders are not convinced about this new role for VWA, which they see as straying out of its food safety remit and outside the scope of work of an enforcement agency, which they argue is simply to enforce legislation. As there is no legislation for the composition of foods, they argue that there is no legal basis for monitoring product composition and that the results can be damaging for some sectors. However, there is nothing to stipulate that enforcement agencies can only undertake monitoring work where there is legislation in place. Other people acknowledged the VWA important role in monitoring the state of the market on these issues, pointing out that no other organisation was in a position to do this. Some said that it should have a stronger role. Several said it should publish information much more quickly and be more direct with its advice.

Whilst the situation is different in both countries, food agencies are very well placed to take on this independent role to monitor actual practices vis-à-vis commitments. Steps need to be taken to ensure that lessons from surveys and monitoring work already undertaken are incorporated into future programmes. Monitoring is a key element of being able to work effectively with the private food sector and hence an area where advantage should be taken of any potential for learning between countries, including through considering setting up mechanisms for exchanging information on an EU-wide level.

Framework for monitoring

It is important that work to monitor food and information on the market is part of a wider framework and mechanisms for monitoring progress on the implementation of food and nutrition strategies more generally. The UK health department co-ordinates the implementation of the FAHAP. There are also mechanisms in place or being developed by the FSA and others, to monitor the different elements of the work with the private food sector. However, there is scope for strengthening the overall monitoring processes.

In the Netherlands, it is not always clear how the progress of the different self-regulatory initiatives will be monitored against the wider nutrition objectives. Many people said there needed to be more effective mechanisms for monitoring progress on nutrition in general and in particular for the Covenant on Overweight and Obesity. Several people highlighted the need for an independent monitoring organisation.

5.2 Approach to working with the private food sector

Both the UK and the Dutch governments agree that legislation would not be the most effective way to drive changes, as it would be slow to implement and could stifle competition. However, the approaches to working with the private sector are still quite different.

The UK tends to be through government led consultation leading to voluntary guidelines, whereas the Dutch tend to opt for self-regulatory processes. Indeed, many people felt the most prominent part of the Dutch government's diet and nutrition strategy was the Covenant on Overweight and Obesity, where, despite the involvement of other parties, including government departments, most of the emphasis seems to be on the self-regulatory role of the private food sector.

Whilst many people see the covenant as a positive first step, which brings relevant players together to agree common objectives and share experience, most people agree that there are too few clear goals or actions or mechanisms for monitoring. Consumentenbond refused to participate in the process as it felt the focus was still too much on personal responsibility and that there were no clear objectives or mechanisms for monitoring progress. There are also concerns that a handful of companies are dominant, and that the interests of small businesses are not adequately taken into account.

There were mixed views about the Dutch government's strong emphasis on self-regulation for nutrition and health in general, ranging from seeing it as a façade behind which nothing useful was happening, to viewing it as the most effective way to stimulate the private food sector to take action. None of the processes have a separate Self-Regulatory Organisation and there are no sanctions, so some people would argue that they are not really examples of self-regulation but are simply co-ordinated commitments to action¹¹¹.

Two things that have been fundamental as a basis for working with the private sector in the UK on promotion of foods to children and salt reduction are:

- clear agreement on the evidence base;
- consumer concern and pressure – as evidenced through the activities of consumer organisations as well as consumer surveys.

UK experience has shown that initial strong resistance from the private food sector gradually changes to co-operation as the evidence base becomes stronger, the arguments for action clearer, and consumer demand such that the health interests start to become aligned with market interests. All of the programmes include extensive scientific and consumer research, and the guidelines are developed in close consultation with relevant bodies. Whilst systems for monitoring are still being developed, clear objectives, guidelines, and in particular targets, means it is easier to assess progress, or lack of it.

Even so, it has been easier to achieve agreement on areas of work where there can be benefits for all parties, for example salt reduction, compared to areas such as signposting where some product sectors cannot see any benefits at all.

Self-regulation, voluntary government guidelines and co-ordinated commitments to action are all valid alternatives to legislation. However, there are still some people, particularly consumer groups, who question this approach and say that legislation would be just as quick and more effective. Where there was agreement from people consulted, was on the fact that whatever the approach taken, it is not likely to have a significant impact unless it is part of a wider and more comprehensive strategy to address diet and nutrition, with effective mechanisms for monitoring progress.

5.3 Approaches to specific policy issues

5.3.1 Front of pack labelling

Both the UK and the Dutch government initially hoped for one consistent front of pack labelling scheme to help consumers to make choices. However, in both countries, there is now more than one scheme in operation. In the Netherlands the main schemes are a variation on a health logo, whereas in the UK the existing schemes highlight the contribution to the diet of different nutrients. In either case, it is evident that front of pack labelling is now viewed as a key marketing opportunity.

Whereas the Dutch VWS asked the private food sector to come up with proposals, the UK FSA undertook extensive consumer and scientific research and consultation before launching voluntary guidelines. Despite this, many of the manufacturers and one of the major retailers have still gone their own way, opting for a scheme based on guideline daily amounts (GDAs).

One of the issues that has been suggested as something that may have made progress difficult in both countries is the absence of any clear understanding or agreement of the objectives of the front of pack scheme.

In the Netherlands there was pressure from VWS on the private food sector to come up with something quickly. This could have exacerbated the difficulties of reaching an agreement between all parties. VWS has now supported, subject to testing, the *Ik Kies bewust* initiative, now taken up by many manufacturers, and some retailers and caterers. However, usage is still voluntary and it exists alongside the Albert Heijn Clover scheme and the FNLI energy logo. Whilst the *Ik Kies bewust* Foundation, established by the private food sector to oversee implementation of the logo, is developing criteria for monitoring the *Ik kies bewust* logo, there are currently no plans to monitor the impact of the other two schemes or how the three schemes inter-relate.

Neither the Albert Heijn Clover scheme or the *Ik kies bewust* specifically identify energy levels. This is in contrast to the energy logo, which contains a simple statement about the energy level per portion of a product, so that people can compare calories. Both the Albert Heijn Clover scheme and the *Ik kies bewust* scheme are about making the healthier choice within a particular category of food, e.g. chocolate coated ice cream or fruit coated ice cream, or a high fat ready meal versus a low fat ready meal. This approach is not likely to influence people to switch categories e.g. from ice-cream to a fruit based dessert and could inadvertently lead to people eating more of less healthy options because they are now flagged as being healthier versions of less healthy options.

On the other hand, some people have suggested that it is about composition of the diet as a whole and that any scheme should be about choosing healthier options for foods, rather than forgoing specific food categories altogether. Such issues need to be addressed from the outset to ensure that there can be an effective evaluation of the impact of such schemes. In addition, steps for evaluating the impact of the introduction of the energy logo and the Albert Heijn scheme in the Netherlands should be considered.

The FSA is now working with stakeholders to develop effective criteria and mechanism for monitoring all of the different schemes to see which is most effective. As this is something that may eventually be considered at a European level, it would be sensible if criteria developed for monitoring the impact of front of pack labelling schemes and logos in the Netherlands were comparable with criteria being adopted in the UK.

5.3.2 Promotion of foods to children

On promotion of food to children, the approach of the Netherlands is through self-regulatory action by industry. In addition to existing self-regulation, the UK's telecommunications regulator, Ofcom, has just announced restrictions on TV adverts.

In the Netherlands, the objective of the self-regulation by the private food sector is about decreasing the misleading aspects of advertising rather than on actually reducing the effects of food advertising. The advertising code advises restraint in the content and tone of the communicated message. This has nothing to do with decreasing the total amount and/or frequency of adverts aired at children. The Dutch industry view is that marketing is an integral part of life and children should be taught to deal with it. It is felt that the new code of conduct on food marketing has improved the regulatory environment. The private food sector thinks self-regulation is a better option than government guidelines.

However, there are no universally agreed criteria on what the code is attempting to achieve. The FNLI has been evaluating the implementation of the code. It recently reported that there have been no complaints and it is therefore working. The VWA monitoring activities have so far only produced baseline data from which future progress can be measured. It is therefore not possible to assess whether any progress has been made at this stage.

However, most people consulted said that the marketing of food to children was a problem and some felt it was actually getting worse. Several people in the Netherlands said that the existing advertising code was not strict enough and that VWS needed to ensure that more stringent criteria were set, including on the use of the internet. Several others said self-regulation was not an effective way of addressing this issue and that legislation to restrict or ban advertising of foods high in salt, fat and sugar to children was necessary.

Against this argument, some people asked how it could be right that food was singled out when no one was considering more stringent criteria regarding marketing activity for toys or games.

The UK has been working on this issue for years. A comprehensive review of the evidence base concluding that advertising did have an impact on children's diets combined with sustained pressure from consumer organisations helped to secure its place on the government's agenda.

Having consulted on proposals, Ofcom has recently announced a ban on the promotion of foods high in salt, fat and sugar on children's TV. Learning from experience in restricting tobacco, the government wants to ensure that advertising rules— whether statutory or through self-regulation - are consistent across all media. This is to prevent advertising spend and activity simply shifting from one medium to the next. The next stage is therefore for the Committee on Advertising Practice that owns the code governing the content of non-broadcast media to decide what, if any, action it will take to strengthen existing rules.

However, despite the fact that the private food sector thinks the Ofcom measures have gone too far, many organisations concerned with children's health say that this still won't have a sufficient impact on children's behaviour and that Ofcom has missed an opportunity by not banning all adverts for foods high in salt, fat and sugar before the 9pm watershed.

It is unlikely that consensus will be reached when all parties have such different interests. It is therefore important that the government takes a clear lead to ensure there is effective action to address the issue. The impact of the new restrictions on TV advertising will need to be assessed within the context of wider activity on marketing to children.

5.3.3 Product Reformulation

The most obvious difference here is that the UK has so far focused on salt whereas the Netherlands has done more work on improving the fatty acid composition of foods.

In the Netherlands, the Health Council concluded in 2002 that it was not possible to have a significant impact on hypertension through salt reduction programmes. However, this was based on evidence of the impact of dietary interventions and not on the potential of changing people's diets by systematically reducing the salt content of the foods that people are eating. Whilst it is too early to say for sure, early indications suggest that this approach is proving successful in the UK. It is important that further consideration is given to such a wider population approach in the Netherlands.

This would be particularly appropriate, given that the main focus of the work to improve the fatty acid composition of foods in the Netherlands, is on working with the private food sector to reformulate foods. This is similar to the approach that the UK government has taken with the private food sector on salt. What both the UK salt reduction and the Dutch approach to fat reduction also have in common is that they depend heavily on the private food sector endorsing the fact that changes should be made in the interests of public health.

In the Netherlands, work to improve the fatty acid composition of foods was often cited as an example of good collaborative work between the different players, as it involves different sectors of the food business and is linked to Netherlands Nutrition Centre Campaigns and monitored through the VWA programme.

The UK salt reduction programme is often highlighted as a good example of effective collaborative work with the private food sector. The FSA has led the work, but its strategy is informed by an in-depth knowledge and understanding of what the industry can and will do. Like the work to change fatty acid composition in the Netherlands, it is based on a two-pronged push-pull strategy, encouraging the private food sector to make changes to the supply of products at the same time as informing consumers about the importance of choosing low or unsaturated fat or low salt options, thus further stimulating demand for changes to products.

Despite the good progress on both programmes, there are still critics who express concern that changes made by industry are too small and too slow and some allege that initial commitment fades. Many people feel that focussed programmes of product reformulation, with clear targets, are needed for salt, fat and energy in both countries.

An initial barrier to change on salt reduction in the UK was the manufacturers' fear of losing customers if they were first to make the changes and customers switched to competitors products. One way this was resolved was through "Project Neptune"¹¹², an industry wide programme of salt reduction in the soups and meal sauces sector, which is well underway to achieve its target of reducing salt in soups and sauces by 30% over three years.

Another key element of both the salt reduction approach in the UK and the work to change the fatty acid composition of foods in the Netherlands, is the involvement of different parts of the food business. As well as manufacturers and retailers, both approaches have also embraced the catering sector, including the suppliers, as key players in the strategy. In the Netherlands, snack bars have been encouraged to use "healthier" liquid fats rather than solid fats and VWA monitoring work has demonstrated considerable progress. In the UK, major fast food companies have been involved in the discussions and are making changes to products. The UK has been looking at strengthening its strategy with the catering and food service sectors. There may be useful lessons from the Dutch experience in this respect.

The main difference between the UK approach to salt and the Dutch approach to fat is that the UK has developed specific product targets. Some people might question the use of such targets. Although they are challenging to develop, they do set a clear direction for the private food sector, help to create a level playing field and provide something to monitor against, leading to greater transparency.

In the initial stages of the salt reduction work, companies were claiming percentage reductions without providing data on current and previous amounts, so these were sometimes difficult to verify. Independent monitoring of the composition of foods on the market is therefore important. This can be in addition to self-reporting by companies to ensure transparency. However, care needs to be taken to ensure that self-reporting mechanisms don't become too burdensome so that the major effort is focused on making changes to the composition of foods.

Key similarities in the UK salt reduction work and the Dutch fatty acid composition work are:

- industry endorsement, both of the link between diet and health, and of their responsibility to play a role in tackling the problem;
- a two- pronged strategy – encouraging the private food sector to change the food supply at the same time as raising consumer awareness – but with biggest emphasis on the work with the private food sector;
- bringing together different sectors of the food industry – suppliers, manufacturers, distributors and caterers – so that no sector can blame the other for lack of progress.

5.3.4 Communicating dietary messages

Communicating healthy eating messages to consumers is seen by stakeholders as a key component in any government nutrition strategy. Yet in both countries, there is still fear that anything that could be perceived as a "finger-wagging" approach from the government is not likely to positively influence consumer behaviour. It is recognised in both countries that messages that are seen as too prescriptive can sometimes have the opposite of intended effects. However, many people in both the UK and the Netherlands feel that common messages have still to be agreed and that there needs to be a better understanding how people and the factors that affect their choice can change, including through effective evaluation of existing campaigns or those being considered.

In the UK, the FSA is the main organisation responsible for the provision of consumer information about food. It does this through a dedicated web-site, as well as running consumer campaigns on particular issues. Relative to other UK government departments, it has a large and well-funded communications division to enable this. This has led to it being a trusted source of information on food issues in the UK. In addition, the Department of Health is leading on the development of a co-ordinated 10-year obesity social marketing strategy in England.

The Netherlands Nutrition Centre is responsible for the provision of consumer information about food in the Netherlands and has a number of specific obesity related campaigns. Stakeholders consulted highlighted its very important role in this respect. However, many people felt it needed to be better funded to do its job effectively. Some people said the effectiveness of its activities also needed to be better evaluated.

There is an increasing amount of activity by the private food sector to communicate healthy diets and lifestyles through involvement in varied activities. In the Netherlands, different players are committed to specific actions to promote dietary messages through the Obesity Covenant. In England, the Department of Health is trying to involve the private food sector in its Social Marketing Strategy.

Again, to some extent the VWS favours the self-regulatory approach, in contrast to the UK where the government is attempting to lead and co-ordinate the strategy. It remains to be seen whether the differences in approach result in a different outcomes. A lot of work has gone into developing the social marketing strategy in England but it has not yet been launched. It has not been possible to get a complete overview of the different activities taken by the private food sector to promote dietary messages in the UK or the Netherlands. It is also not clear how these activities will be evaluated against dietary objectives, if at all.

But similar questions should be asked about the effectiveness of activities of the private food sector that aim to promote health. For example, Coca-Cola's Corporate Responsibility and Sustainability Review 2005¹¹³, reports that "Mission Olympic is the flagship of the Obesity Prevention Covenant, and is the largest youth activity in the Netherlands." Yet some people question whether the claim that it is the largest youth project can be substantiated. Others suggest it is just another form of sponsorship for sporting events, and it is unclear how this will benefit the health of the population. If claims that the initiative genuinely promotes benefits through physical activity and sports for youngsters are to be substantiated then it is important that transparent mechanisms for monitoring the impact are in place and communicated.

An alternative approach may be through joint projects such as the internet-based project set up by the government, civil society organisations and the private sector, to provide women and their families with information on how to have a healthy pregnancy. The government is responsible for the innovative information programme; health promotion agencies are responsible for giving personal health advice, and the private sector helped to finance the programme. It is important that mechanisms are in place to assess effectiveness.

There are still people who say that the private food sector should have no role in communicating healthy lifestyles, stressing that it is not objective, has vested interests and is merely adding to the confusion. Others, however, say it is in a good position and could have a big impact. Several people already feel that Albert Heijn's consumer magazine, *AllerHande*, the biggest circulating magazine on food issues, has considerable influence on what people eat. The same can most likely be said for most major retailer's magazines in the UK.

6. Conclusions and recommendations

6.1 Conclusions

This study has provided a unique opportunity to compare and contrast the approach to working with the private food sector on key nutrition issues in the UK, with the approach in the Netherlands. This has been done in the context of a wider understanding of the two countries nutrition strategies and the roles and remits of different organisations.

What is clear from considering these issues is that the private food sector has an important role to play in relation to improving people's diets. How the government and relevant agencies engage with this sector is likely to be a key factor in the extent and speed that they are able and willing to make changes.

It is not possible to prescribe an approach to working with the private food sector that will be appropriate for all issues or for different countries. However, whilst a fundamental difference between the UK and the Netherlands is that the UK favours government guidelines over self-regulation by the private food sector, this is not necessarily what will impact most on the outcome. It is likely that the most important fact in influencing change is clear leadership and direction, supported by transparent mechanism for monitoring. Both countries need to make sure that these are in place so that collaborative work with the private food sector can be an effective component of the government strategies to improve population diets.

The comparative analysis has highlighted a wide-range of issues, which can be used to inform future work in these areas. It is hoped that the report will serve as a useful tool to help facilitate learning, stimulate further thinking, strengthen collaboration and ultimately lead to more effective working on food and nutrition issues. The main conclusions are as follows:

- Despite key differences, there are many similarities in the way the two countries are approaching nutrition in general and in particularly in working with the private food sector.
- There is therefore considerable scope for further exchange of learning and collaborative working between the two countries.
- The key issue is not the approach (i.e. self-regulation by the private food sector in the Netherlands versus voluntary government guidance for the private food sector in the UK), but that work with the private food sector is part of a clear strategy, with strong leadership from government, realistic targets and effective mechanisms for monitoring.
- For any strategy to be implemented effectively, it is important that the roles of all relevant organisations are clearly defined.
- There is clear potential for closer work on product reformulation including through consideration of targets for maximum nutrient levels for different products.
- Effective and comparable criteria need to be developed by both countries to monitor the impact of initiatives aimed to encourage healthier choices including front of pack labelling schemes and initiatives which aim to restrict promotion of foods to children.
- It is important that there are effective and transparent mechanism for ensuring that the views of all stakeholders are taken into account in the development of policy and research.

6.2 Recommendations

Both the UK and the Netherlands should:

- continue the programme of collaboration on nutrition issues including identifying opportunities for joint research and for jointly influencing EU policies based on shared interests;
- ensure that work with the private sector is part of a co-ordinated cross-government food and nutrition strategy;
- ensure that food and nutrition strategies:
 - are part of comprehensive healthier lifestyles approaches including physical exercise;
 - include comprehensive programmes to work with the private food sector to reduce salt, saturated fat and energy content of processed foods;
 - target specific socio-economic groups;
 - have realistic targets and clear mechanisms for monitoring progress;
 - have an effective allocation of roles;
- consider how to improve the monitoring of strategies to improve diet and nutrition;
- work together to ensure that criteria developed to evaluate the impact of initiatives on front of pack signposting and promotion of foods to children are comparable;
- take further measures to restrict the marketing of foods to children including addressing the increasing use of the internet;
- seriously consider adopting the same population approaches and targets for salt and saturated fat;
- further exchange learning between food agencies with a view to strengthening existing mechanisms for monitoring food products and information;
- review relevant research programmes to identify who is funding what, that processes are transparent, and that sufficient government funding is targeted towards behaviour change.

The UK Department of Health should:

- work closely with the Netherlands Nutrition Centre to ensure that any learning from the campaigns on understanding different fats and energy balance are incorporated into its obesity social marketing strategy.

The UK Food Standards Agency should:

- widely disseminate the details of the methodology and findings from the evaluation of different front of pack signposting;
- draw on the lessons from the Dutch task force on fats to inform its developing strategy on fat and energy balance;
- continue to promote the benefits of national population wide salt reduction programmes to other EU member states;
- consider how best to strengthen work to monitor food and information on the market place including through routine local authority enforcement and surveillance programmes.

The Dutch Ministry of Health, Welfare and Sport should

- make use of existing information on the scale and costs of the problem of diet related ill health including obesity;
- take a much stronger lead in the development of a co-ordinated cross-government strategy on food and nutrition with realistic targets, a clear allocation of roles and effective mechanisms for monitoring. Ensure that this strategy and stakeholder roles are effectively communicated to and understood by all stakeholder;
- reconsider its population salt intake targets and develop a co-ordinated salt reduction programme;
- ensure that the Netherlands Nutrition Centre has adequate funding to effectively promote dietary messages to consumers;
- consider ways in which the existing processes for the involvement of all stakeholders in policy making could be strengthened and make more transparent including ways of supporting more effective consumer involvement.

The Dutch Food and Consumer Product Safety Authority should

- ensure that lessons from surveys already published are incorporated into future monitoring activities and that effective and transparent processes are established to ensure that the results of future monitoring surveys can be communicated effectively and in good time;
- strengthen and clarify its role in relation to diet and health, in particular by strengthening the food product and information monitoring work;
- push for VWS to develop a clearer overarching strategy and framework for monitoring progress on food and health so that it can consolidate its own monitoring role within this wider strategy and framework.

EU and international organisations should:

- consider how to further encourage collaboration between member states on nutrition issues, building on the learning from this study and exchanging best practice;
- support the development of common criteria and frameworks to monitor and evaluate the impact of strategies and initiatives;
- help to share the lessons from this project with other Member States to inform their approaches to working with the private food sector;
- urge the private food sector to develop international nutrition policies where appropriate, rather than having different standards for different countries.

Private food companies should:

- Develop comprehensive food and nutrition strategies and make sure data on nutrition policies and practices is available.

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