



World Health  
Organization

**ACTION FRAMEWORK FOR  
DEVELOPING AND IMPLEMENTING**

# **PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES FOR A HEALTHY DIET**



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# Executive summary

Unhealthy diets are responsible for millions of deaths and lost years of good health annually. Urgent action is needed to stop the growing consumption of foods and beverages that lead to unhealthy diets. Of greatest concern are excess consumption of sodium and salt, sugars and fats, particularly *trans*-fatty acids (trans fats); and low consumption of whole grains, pulses, vegetables and fruits.

Governments worldwide have a unique opportunity and responsibility to lead by example through the implementation of healthy public food procurement and service policies, requiring that all foods and beverages served or sold in public settings contribute to the promotion of healthy diets. By ensuring that healthier foods and beverages are offered, governments can enable the population to consume healthy diets. This will reduce the burden of all forms of malnutrition, and premature death and disability from preventable diet-related noncommunicable diseases. Healthy public food procurement and service policies can also contribute to increased productivity and educational attainment; create purchasing power, which can increase demand for, and availability of, healthier food and reduce costs; strengthen local food systems by promoting purchasing from local producers; and improve health equity across populations.

Healthy public food procurement and service policies can apply to meals and snacks served and sold through many government institutional settings, such as schools, public hospitals, childcare facilities, correctional facilities and government workplaces. They can also apply to food venues and programmes, including cafeterias, vending machines, tuckshops, social support feeding programmes, meetings, conferences and sports events.

A healthy public food procurement and service policy establishes nutrition criteria to increase the availability of foods and beverages that promote healthy diets, and/or limit or prohibit the availability of foods and beverages that contribute to unhealthy diets. Effective nutrition criteria are mandatory, specific and enforceable, and applicable to all government food purchases and all food served or sold in public settings. Although each country will tailor its exact nutrition criteria according to its context and population, the criteria should, at a minimum, incorporate the core principles of healthy diets listed in the box below.

## CORE PRINCIPLES OF HEALTHY DIETS:

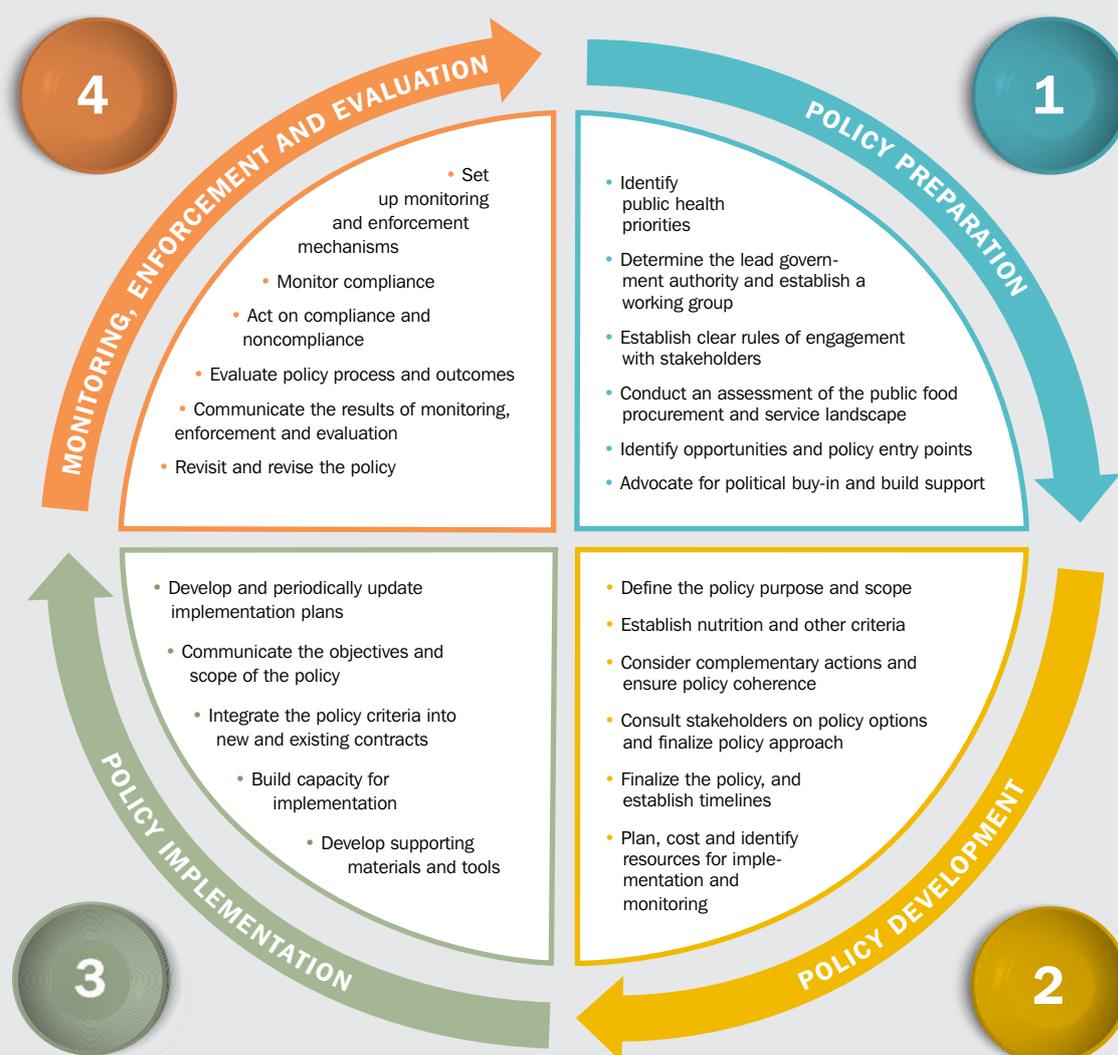
- Limit the intake of free sugars.
- Shift fat consumption away from saturated fats to unsaturated fats, and eliminate industrially produced trans fats.
- Limit sodium consumption and ensure that salt is iodized.
- Increase consumption of whole grains, vegetables, fruits, nuts and pulses.
- Ensure the availability of free, safe drinking water.

This action framework provides an overview of how to develop (or strengthen), implement, assess compliance with, and evaluate, the effectiveness of a healthy public food procurement and service policy. It is intended for use by government policy makers or programme managers working on public food procurement or service, at either a national or a subnational level, including at regional, provincial and city levels. Governments may tailor this action framework to develop a feasible policy scope that meets their needs and local context.

The document provides examples from countries that have developed and implemented healthy public food procurement and service policies. It proposes key policy steps, divided into four sections based on the policy cycle shown in the figure.

- **Section 1: Policy preparation** outlines key steps to take when preparing to develop or revise a healthy public food procurement and service policy.
- **Section 2: Policy development** describes key steps of the policy development process, particularly the process of defining the purpose, scope, and nutrition and other criteria to be included in the policy.
- **Section 3: Policy implementation** reviews key steps to support and ensure full policy implementation, highlighting that a clearly defined implementation strategy is critical to success of the policy.
- **Section 4: Monitoring, enforcement and evaluation** guides the process of monitoring and enforcing the policy, as well as conducting a policy evaluation to determine whether the policy is being effectively implemented.

**FIGURE. POLICY CYCLE FOR PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES**



# Introduction

Unhealthy diet continues to be a leading risk factor for death and disability globally (1). Around 8 million deaths every year are attributable to excess consumption of food high in sodium and salt, sugars and fats (particularly *trans*-fatty acids – trans fats), and by inadequate consumption of whole grains, pulses, vegetables and fruits (2). Unhealthy dietary practices prevail across different population groups and geographical regions. For example, school-aged children seldom meet recommended fruit and vegetable intake, frequently consume sugar-sweetened beverages, and often eat at fast-food outlets.<sup>1</sup> Rapidly changing food environments, with increased availability of unhealthy food, are not conducive to promoting healthy diets. Obesity, and maternal and child undernutrition are responsible for an additional 8 million deaths (4,5). Together, these risks contribute to around one third of all deaths, and result in costs for individuals, families, communities and governments in terms of illness, disability, health expenditures and lost productivity.

## NUTRITION CRITERIA

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A set of criteria, standards or rules that specify what food will be allowed to be served or sold in a specific public setting and/or purchased by the government. These may be nutrient- or food-based criteria, or other criteria related to preparation methods or service modalities. Such criteria may apply to foods or beverages, including meals and snacks, or be based on portion size or cooking methods.

Governments may also want to develop other criteria for public food procurement and service – for example, for safer food handling and preparation, and sustainable purchasing of local or seasonal food.

## HEALTHY PUBLIC FOOD PROCUREMENT AND SERVICE POLICY

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A policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.

In this action framework:

- “food” refers to any foods, beverages, ingredients, meals or snacks covered by the policy;
- “procurement and service” refers to the entire process of purchase, subsidy, provision, distribution, preparation, service and sale; and
- “policy” refers to policies, strategies, directives, legislation, rules, standards or guidelines – mandatory as well as voluntary, and with or without enforcement mechanisms.

Every day, foods and beverages, including meals and snacks, are served and sold in public settings, such as government offices, schools, childcare centres, nursing homes, hospitals, health centres, community centres, seniors centres, military bases and prisons, as well as in shops or stalls surrounding these settings. In addition, many governments purchase food for government-funded programmes, such as school

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1 Based on an analysis of 73 countries that have completed the WHO Global School-based Student Health Survey (3).

meal programmes and social protection programmes. Collectively, these settings and programmes have a large population reach, including vulnerable groups such as children and older people.

Governments worldwide have a unique opportunity and responsibility to lead by example through the implementation of **healthy public food procurement and service policies**, which ensure that the food served or sold in public settings contributes to healthy diets. Public funds should not be spent on food that contributes to unhealthy diets.

A healthy public food procurement and service policy establishes **nutrition criteria** to increase the availability of food that promotes healthy diets and/or limit or prohibit the availability of food that contributes to unhealthy diets in public settings, such as foods high in sodium, sugars and fats (particularly saturated and trans fats).

The exact make-up of a diversified, balanced and healthy diet will vary depending on individuals' characteristics (e.g. age, sex, lifestyle, degree of physical activity), cultural context, locally available food and dietary customs in countries and among population groups. However, the following **core principles of healthy diets** are generally applicable (6-8).

## CORE PRINCIPLES OF HEALTHY DIETS:

- Limit the intake of free sugars.
- Shift fat consumption away from saturated fats to unsaturated fats, and eliminate industrially produced trans fats.
- Limit sodium consumption and ensure that salt is iodized.
- Increase consumption of whole grains, vegetables, fruits, nuts and pulses.
- Ensure the availability of free, safe drinking water.

These core principles can be contextualized for different settings using tools such as national or regional food-based dietary guidelines.

Countries have committed to taking action to promote healthy diets and eliminate malnutrition in all its forms (9, 10), including ensuring healthy food in public settings (11-14). The Framework of Action of the Second International Conference on Nutrition, held in 2014, includes Recommendation 16: “Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons” (10). In 2015, countries adopted the Sustainable Development Goals (SDGs) as part of the 2030 Agenda for Sustainable Development (9). In addition to SDG 2, which aims to end all forms of malnutrition, and SDG 3, which promotes healthy lives and well-being, SDG 12 includes a target on promoting public procurement practices that are sustainable, in accordance with national policies and priorities. Healthy public food procurement and service can be a key component of a broader health and nutrition strategy by adhering to the core principles of healthy diets to help prevent diet-related noncommunicable diseases (NCDs) and should be taken into account in all contexts, including in emergency or food insecurity situations.

## Benefits of healthy public food procurement and service policies

Public food procurement and service policies can have a large reach. They can enable governments to improve the health and nutrition outcomes of their populations, thereby reducing healthcare costs associated with all forms of malnutrition and diet-related NCDs. Implementation of such policies allows governments to demonstrate their commitment to achieving international, regional and national dietary targets. Governments can also provide a strong example for non-state entities to adopt and promote these policies to further improve the food environment and promote healthy dietary practices, thereby driving food system reform (15, 16). Box 1 illustrates the multiple benefits of public food procurement and service policies, and ways in which countries can maximize the benefits, sometimes by combining these activities with multicomponent programmes.

### BOX 1. MAXIMIZING THE IMPACT OF PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES

#### **Public health benefits**

Public food procurement and service policies can be a “double duty action” for improving health and reducing all forms of malnutrition in the population. Making public food procurement and service policies healthier is a low-cost strategy that can improve the health and nutritional status, including weight-related outcomes, of the population by increasing the availability and consumption of healthier food in public settings, while simultaneously decreasing availability and consumption of unhealthier food (17-20). In the longer term, this can reduce cardiovascular risk factors (such as hypertension and cholesterol levels), and ultimately reduce the prevalence of diet-related noncommunicable diseases, including diabetes, some forms of cancer, heart disease, stroke, and heart and kidney failure. It can also improve consumer knowledge and preferences about healthier dietary practices, especially if coupled with educational components or messages.

#### **Economic benefits**

Governments can potentially save money on healthcare expenditures and lost productivity. For example, Los Angeles County estimated that a reduction in sodium in food through a procurement policy would reduce annual healthcare costs by \$629 724 (21). Other estimates from the United States of America and Canada show significant savings in healthcare costs by increasing fruit and vegetable consumption to recommended daily values (22, 23).

#### **Increased productivity and educational attainment**

In addition to benefits of school feeding programmes on educational outcomes such as enrolment, attendance, reduction of drop-out, completion and learning achievements (24), there is evidence of a positive association between a healthier diet (i.e. containing whole grains, fruits and vegetables) and improved cognitive function and academic performance among children (25). Additionally, improving the nutritional quality of school meals by shifting from low-budget processed meals towards healthier options has demonstrated benefits for educational outcomes (26). Similarly, results from studies conducted at worksites (public and private) suggest that nutrition interventions may reduce absenteeism and increase productivity (27).

#### **Boosting availability of healthy, affordable, culturally acceptable food that is sustainably produced through local agriculture**

Governments are large purchasers of food. For example, Brazil’s school feeding programme (PNAE) had a budget of approximately R\$ 3.8 billion (US\$ 964 million) in 2015, and the

public sector in England spends approximately £2 billion (US\$ 2.6 billion) per year on foods and beverages. Governments can use this purchasing power to achieve the following.

- Increase availability of healthy food. Healthy public food procurement and service policies give food producers and industry an incentive to supply healthier options, so that they remain eligible for large government contracts, either by producing healthier food products or by reformulating current products lines.
- Reduce costs of healthy food. Bulk purchasing can lower the overall cost of products. Thus, there is potential for the cost of healthier food options to decrease over time.
- Support sustainable diets. Policies can promote healthy food that is sustainably produced, and give food producers and industry an incentive to use agricultural production methods that ensure environmental sustainability and biodiversity (28,29).
- Promote local agriculture for healthy food. Policies promoting fresh, unprocessed food may result in increased purchasing from local producers and farmers, which can stimulate the local economy, reduce climate impact, and increase income generation and employment opportunities for local communities. For example, the PNAE in Brazil provides guaranteed income for 120 000 family farmers across the country (30).
- Promote culturally acceptable, local healthy food. Policies promoting the use of indigenous crops and species, using local and traditional recipes, can help promote local food cultures, and stimulate the production of a variety of crops and plant species (i.e. biodiversity), elements of cultural preservation and environmental sustainability (31).

### **Equity benefits**

Healthy public food procurement and service policies can support equity by reaching vulnerable groups with healthy food – for example, via schools as an opportunity to reach out to all children who attend school, or by ensuring that social protection food programmes have healthy profiles. The procurement process can also contribute to equity, by selective purchasing from local smallholder farmers or enterprises meeting fair trade criteria.

### **Large reach**

Food served or sold in public settings or purchased by government funds typically represents a large consumer market. For example, in India, nearly 116 million beneficiaries receive meals under the school Mid Day Meal Scheme (32). New York City’s nutrition criteria, which are implemented by all government offices or agencies, affect an estimated 230 million meals and snacks annually (30). Ensuring that these schemes promote healthy diets potentially has a large impact on consumption and on shaping dietary practices.

## **About the action framework**

The purpose of this action framework is to support countries aiming to develop, revise, implement, assess compliance with, and evaluate the effectiveness of, a healthy public food procurement and service policy.

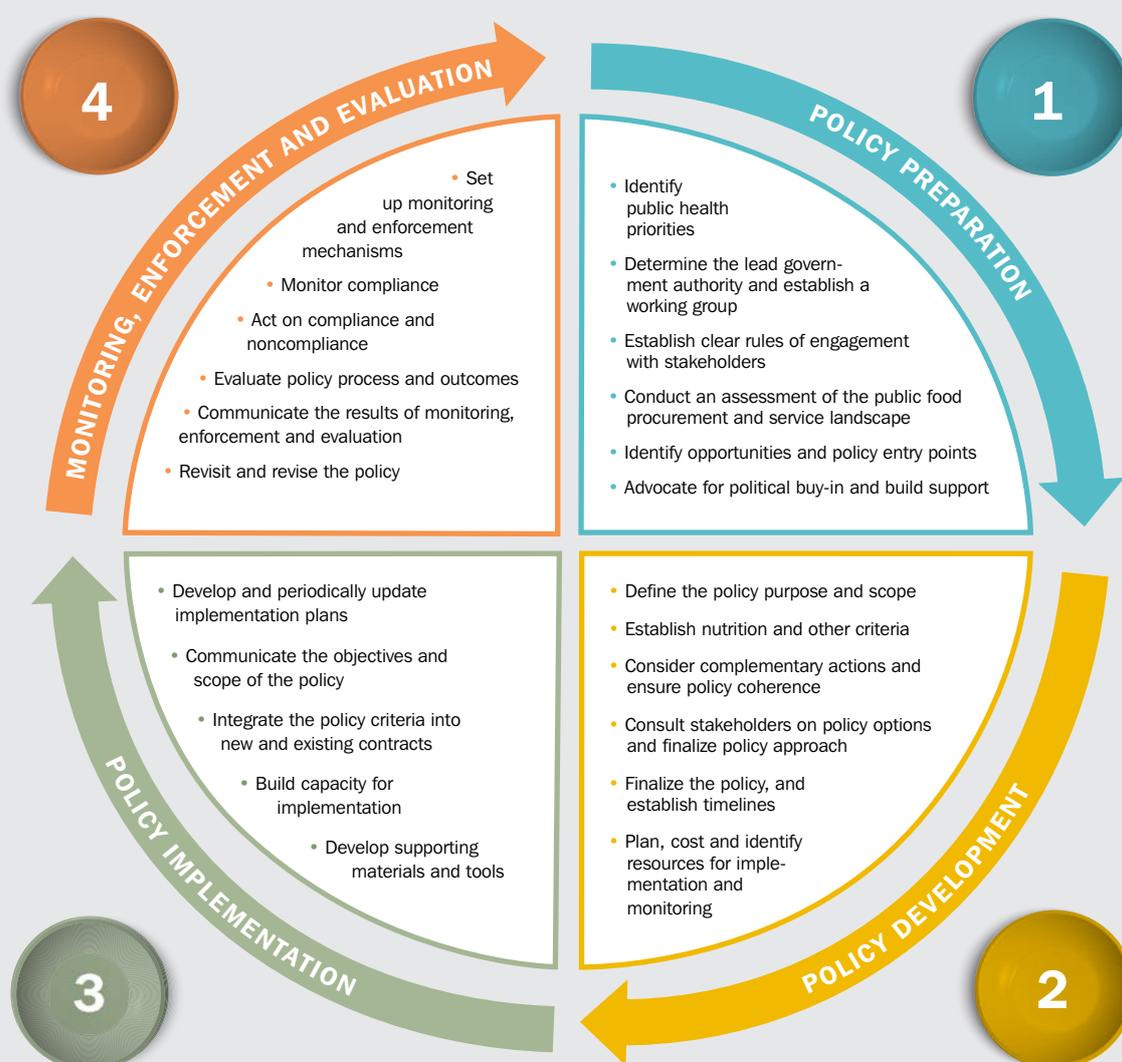
The focus of this action framework is on public food procurement and service policies to promote healthy diets, although simultaneous attention to, and action on, sustainable diets, food safety, and adequate macro- and micronutrient intake to prevent all forms of malnutrition are also necessary. Other considerations in designing food procurement and service policies are described elsewhere and only referenced in this document (see section 2: “Other criteria”). This action framework complements previous and ongoing

work on public food procurement or service as implemented in countries and supported by World Health Organization (WHO) partner agencies.<sup>2</sup>

This action framework can serve as a reference when developing a new public food procurement and service policy, strengthening or expanding an existing policy for procurement or service of food, or introducing food into general non-food procurement policies. It is intended for use by government policy makers or programme managers working on public food procurement or service, at either a national or a sub-national level, including at regional, provincial and city levels.

The action framework proposes key policy steps to make public food procurement and service healthier. It consists of four sections, each based on the policy cycle (see the figure). These key policy steps do not need to be implemented in a particular sequence; in practice, real-life policy processes may jump back and forth between steps.

**FIGURE. POLICY CYCLE FOR PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES**



<sup>2</sup> See, for example, work by FAO (13, 34) and the European Commission (35).

This framework document includes examples from a variety of countries and cities that have successfully implemented healthy food procurement and service policies. It describes how they have overcome common barriers, such as limited knowledge of potential positive impacts, logistical barriers, inconsistent nutrition criteria or policies, and financial considerations when complying with nutrition criteria, which may increase purchasing costs.

The scope of healthy public food procurement and service policies may cover *all* food served or sold in *all* public settings. Governments may also choose a more limited scope. For example, some countries may initiate a procurement or service policy in schools, and gradually scale up to all other public settings. Regardless of the policy's scope, this action framework suggests guiding principles that promote healthy diets, are based on evidence and human rights, safeguard public health interest, and ensure policy coherence (Box 2).

## BOX 2. GUIDING PRINCIPLES FOR HEALTHY PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES

### **Evidence-informed**

Public food procurement and service policies should be developed and implemented based on the best available evidence, and align with evidence-informed guidance on promoting healthy diets. This approach considers the quality of the evidence, and takes into account values and preferences, the balance of benefits and harms, resource implications, priority of the problem, equity and human rights, and acceptability and feasibility of the policy (36).

### **Human rights-based approach**

Healthy public food procurement and service policies should align with the principles of international human rights, particularly the rights to adequate food and the highest attainable standard of health (37). This implies the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture, and the accessibility of such food in ways that are sustainable and do not interfere with the enjoyment of other human rights (38). A human rights-based approach to policy development implies good governance by ensuring transparency, responsibility, accountability, participation, and responsiveness to the needs of the people (39).

### **Safeguarding of public interest**

Governments lead the policy process. A healthy public food procurement and service policy requires commitment and actions by various sectors (health and non-health) to ensure policy coherence, and to create a supportive and synergistic policy environment. It will require active partnerships beyond government authorities, including with civil society organizations and the private sector. It is therefore critical for governments to determine clear rules of engagement and to establish good governance practices to avoid and manage conflicts of interest.

### **Health in all policies (HiAP)**

HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts, to improve population health and health equity. Policy coherence, one of the outcomes of the HiAP approach, is critical for improved nutrition.

**Safe, healthy and sustainable diets**

A safe and healthy diet that is sustainably produced and consumed is a “win–win” for people’s health and planetary health (40). The Food and Agriculture Organization of the United Nations and WHO have developed guiding principles for sustainable healthy diets, taking a holistic approach to diets and considering nutrition recommendations; environmental costs of food production and consumption; and adaptability to local social, cultural and economic contexts (28).



# 1

# Policy preparation

This section outlines the following key steps to take when preparing to develop or revise a healthy public food procurement and service policy.

- ✓ Identify public health priorities.
- ✓ Determine the lead government authority and establish a working group.
- ✓ Establish clear rules of engagement with stakeholders.
- ✓ Conduct an assessment of the public food procurement and service landscape.
- ✓ Identify opportunities and policy entry points.
- ✓ Advocate for political buy-in and build support.

## Identify public health priorities

As a first step, assess the current health and nutrition situation, and identify ways that a public food procurement and service policy can be used to address existing challenges to healthy diets. The policy can also contribute to meeting high-level health and nutrition commitments made by the government. Making public food procurement and service healthier is an opportunity to respond to national public health priorities. For example, if a country has committed to addressing an increasing public health problem of childhood obesity, a healthy public food procurement and service policy can ensure that schools are serving and selling food that promotes healthy diets and reduce schoolchildren's consumption of unhealthy food high in sugars, fats and sodium (e.g. sugar-sweetened beverages).

In-depth assessment of policies related to food procurement and service is covered further below (under "Conduct an assessment of the public food procurement and service landscape").

## Determine the lead government authority and establish a working group

An effective healthy public food procurement and service policy will require commitment and buy-in from both the government and a range of nongovernmental actors. Each government will need to determine the appropriate government institution to lead policy development and implementation, such as a ministry of health, a ministry of education, a local governor's or mayor's office, or a district school board. The **lead government authority** will need to plan and decide when, how and under what conditions to engage other government sectors and nongovernmental stakeholders. It will need to determine clear rules of engagement and good governance practices to avoid and manage conflicts of interest, as described in the next section.

Convening a **working group** may help take the policy process forward. The working group can provide a mechanism to obtain feedback from concerned government stakeholders, better understand their perspectives, draw on their knowledge and experiences, and create buy-in early in the process. The working

group should meet throughout the process of policy preparation, development, implementation, monitoring and evaluation. An important task for the working group will be to develop and advocate for strong nutrition criteria (see section 2), influence both decision-makers and groups opposing the policy, promote adoption among target government institutions, and aid in drafting a policy that is feasible to implement, with clearly assigned roles for the appropriate government bodies. Annex 1 outlines possible roles of a working group for developing and implementing a healthy public food procurement and service policy. An example of Israel's approach is provided in Box 3.

Members of a working group may include representatives from other government sectors, institutions involved in public food procurement and service, and stakeholders such as parent groups. The members may include programme managers, contract managers, procurement officers and food service managers from multiple sectors, including health, food and agriculture, education or finance (depending on the country context), as well as health professionals such as nutritionists and public health staff. Some countries may have existing structures that could serve as the working group for developing the healthy food procurement and service policy.

## COUNTRY EXAMPLE

### BOX 3. CREATION OF A MULTISECTORAL STAKEHOLDER GROUP TO DEVELOP SCHOOL NUTRITION POLICY IN ISRAEL

In 2016, the Minister of Health in Israel appointed a committee to identify actions that would be most effective in reducing rates of obesity and chronic disease, building on a national nutrition programme developed in 2013 (41). The committee, chaired by the Director General of the Ministry of Health, comprised representatives from the ministries of health, finance, education, economics, industry, trade, labour and religious services. Representatives from academia, the food industry and the public, as well as physicians, nutritionists/dietitians, epidemiologists and economists, were also involved.

Over several months, the committee met 13 times. At these meetings, additional invitees, such as local and international experts in nutrition and food legislation, were invited to present their views, studies, experiences and current literature, and contribute to the discussions and deliberations. To build support from the media and public, committee meetings were filmed and broadcast. Journalists were invited to report live from the meetings using social media, and the recordings were made available on the Ministry of Health website.

Initiated by the Ministry of Health, with the support of the Ministry of Education, these meetings successfully led to the Israeli parliament (Knesset) passing legislation regulating the food sales permitted in school kiosks (2017), as well as regulations for providing healthy school lunch programmes (2018).

## Establish clear rules of engagement with stakeholders

Throughout the policy cycle, the lead government authority and the working group may engage with other relevant stakeholders, typically identified during a mapping of stakeholders. Several tools and approaches have been used for mapping stakeholders, actions or policies for nutrition (42, 43) and NCDs (44). Depending on the country context and setting, a diversity of potentially relevant stakeholders may be engaged at different steps of the policy cycle (Box 4), many of whom are likely to have vested or

conflicting interests. Such interests may be financial or professional and may arise throughout development, implementation and monitoring of the policy. Examples include a vendor attempting to influence thresholds for specific nutrition criteria based on their product line, or a programme manager procuring products from preferred suppliers, rather than based on nutrition criteria.

Since public food procurement and service involves a range of stakeholders across the food supply chain, from smallholder producers to larger food suppliers and caterers, it will be important for the government to establish **clear rules of engagement** at the outset, before any policy process begins. Engagement refers to any formal interaction, such as collaboration through a working group or with academia, to evaluate a policy or to provide technical support. Although the rules of engagement will depend on the stakeholder, the type of engagement and its timing (i.e. at which step in the policy cycle it occurs), a few general rules are proposed, including the following.

- All nongovernmental stakeholders should be required to declare any interests they may have.
- Due diligence should be conducted for all stakeholders who may engage in any steps of the process. This should occur before engagement is formalized, to protect the development of the policy from vested or conflicting interests.
- All engagement, including participatory dialogues or public hearings, should be transparent, and comments provided by the public or the food industry during a consultation or hearing on the draft policy should be made publicly available.

Further guidance on safeguarding against conflict of interest in nutrition can be found on the WHO website (45).

## BOX 4.

### EXAMPLES OF STAKEHOLDER ENGAGEMENT AT DIFFERENT STEPS OF THE POLICY CYCLE

#### **Settings and beneficiaries/consumers/end users (e.g. schools, parents and children)**

- Policy preparation – express views and aspirations for the policy
- Policy development – participate in pilot testing exercises
- Policy implementation, monitoring and evaluation – give continuous feedback (both positive feedback and complaints)

#### **Academia or research institutes**

- Policy preparation – support assessments of activities and policies, provide scientific advice on the development of nutrition and other criteria, gather existing research or collect new data to demonstrate potential impact of the policy
- Policy implementation – support capacity building
- Policy monitoring and evaluation – collect and analyse data, and prepare reports

#### **Civil society (e.g. nutrition societies, medical associations, public health and consumer rights groups)**

- Policy preparation – support advocacy activities, mobilize support, provide situation analysis
- Policy implementation – support capacity building, identify challenges and best practices

- Policy monitoring – support monitoring activities (e.g. report violations on monitoring platforms)

**Food industry and service providers (e.g. suppliers, caterers, vendors)**

- Policy implementation – receive information about the policy once it is finalized, participate in trainings on the policy, develop and share new recipes or strategies for implementing the policy
- Policy monitoring and evaluation – provide information to the lead government institution or designated evaluators for monitoring purposes

## Conduct an assessment of the public food procurement and service landscape

A comprehensive **assessment of the existing public food procurement and service landscape** in the specific context is crucial to the development, implementation, monitoring and evaluation of a new policy. This section outlines critical questions to be considered, in collaboration with key stakeholders and members of the working group, to understand whether and how current public food procurement and services promote healthy diets. This information also serves as a baseline to assess achievement of policy objectives, including immediate outcomes such as a change in food availability and sales. Annex 2 provides an example tool to guide assessment of the food procurement and service landscape, which can be adapted to the specific context. Tools also exist for assessment of other aspects of public food procurement and service (46).

### UNDERSTANDING PUBLIC FOOD PROCUREMENT AND SERVICE ACTIVITIES

Explore the following key questions to understand **where**, **what** and **how** food is purchased, served and sold by the government or in the public settings to which the policy will apply. The information collected will be relevant to determining the scope of the policy.

#### Where is food served and sold?

To develop a policy that is comprehensive and coherent, identify **all settings, venues and programmes** where food is served and sold, and to which population groups. Food may be served or sold in cafeterias, tuckshops/kiosks, canteens, restaurants/cafes, vending machines, or any other point of food service or sale. Food may be provided at meetings, special events or parties within public settings. Food may also be donated to the government by international organizations, bilateral donor agencies, nongovernmental organizations or even the food industry. The government may itself donate food to nongovernmental organizations implementing social support feeding programmes targeted at vulnerable population groups.

Box 5 provides some examples of settings, venues and programmes where food may be served and sold. It is also important to identify all the government institutions that purchase food for government-funded programmes or other purposes – for example, by reviewing public expenditure records.

**BOX  
5.**

**EXAMPLES OF SETTINGS, VENUES AND PROGRAMMES WHERE FOOD IS SERVED OR SOLD**

Settings	Food service venues
<ul style="list-style-type: none"> <li>• Daycare and childcare facilities</li> <li>• Schools</li> <li>• After-school and summer programmes</li> <li>• Around schools</li> <li>• Post-secondary institutions</li> <li>• Universities</li> <li>• Children’s homes</li> <li>• Hospitals</li> <li>• Long-term and residential aged care facilities</li> <li>• Government workplaces</li> <li>• Public parks, community centres, sport and recreation facilities</li> <li>• Railway stations, bus stands, airports</li> <li>• Military bases</li> <li>• Prisons, juvenile detention facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Cafeterias, canteens</li> <li>• Restaurants, cafes</li> <li>• Snack shops, food kiosks, tuckshops</li> <li>• Vending machines</li> </ul>
	Programmes
	<ul style="list-style-type: none"> <li>• School meal programmes</li> <li>• Social service programmes, social support programmes, homeless shelters, food pantries</li> <li>• Supplemental feeding programmes in emergency or development contexts</li> </ul>
	Events, meetings
	<ul style="list-style-type: none"> <li>• Sport events held in public settings</li> <li>• Government-sponsored meetings and conferences</li> </ul>

**What types of food are purchased, served and sold?**

Understanding the types of food commonly purchased, served and sold will inform the policy’s scope and specific nutrition criteria. A robust assessment of food purchased, served and sold in the settings and venues of interest can serve as a baseline against which policy impact may later be evaluated. (See section 4: “Evaluate policy process and outcomes” for further explanation of indicators that may be considered.)

Some food service venues (e.g. canteens, restaurants) may purchase a range of ingredients used to prepare meals, whereas other venues (e.g. kiosks, vending machines) may only purchase packaged snacks. Often venues use a mix of both prepared and ready-made food.

Ingredients may range from non-processed food (e.g. fresh fruit and vegetables, eggs, fish, meat) to highly processed food (e.g. sauces, ready-to-eat snacks and meals). Ingredients can be used in the preparation of meals or snacks. They can also be directly distributed through social protection programmes (e.g. food baskets).

Information should be collected on amounts of ingredients allocated per person, cooking methods and recipes used. Meals and snacks may be prepared from ingredients on-site or off-site by caterers (e.g. school meals, savoury or sweet snacks), or served directly in their non-processed form (e.g. fresh fruits and vegetables) or processed form (e.g. jams, peanut butter). Meals and snacks may also be purchased in ready-to-eat forms (e.g. frozen pizza, spring rolls, biscuits, ready-made sandwiches).

Food composition tables are helpful tools to assess the nutrient content of different food items.<sup>3</sup> Pre-packaged food – both ingredients and ready-to-eat meals, snacks or desserts – usually have some form of nutrition labelling. Assessing what type of nutrition labelling is available, particularly whether the nutrient amounts are declared on the package, will help determine potential methods to obtain the nutrient content of pre-packaged food products.

### **How is the food purchased, served and sold?**

Understanding the country's food **procurement and service mechanism, and implementation modalities** – that is, how government institutions coordinate food purchasing, preparation, distribution, service and sales – helps identify the critical points at which nutrition criteria will be applied. For example, all food could be purchased and prepared centrally under one government institution at the national level and then distributed to the settings; alternatively, procurement may be decentralized so that subnational branches or even individual settings are responsible for purchasing and preparing food.

Map out the stakeholders involved in the different public food procurement and service programmes identified, and analyse their interests and concerns. Explore what these actors consider are the challenges and strengths to implementation of existing and potential healthier programmes – for example, challenges in supply or availability of healthier food.

Government institutions may use a variety of **suppliers, caterers and vendors** – both in-house and third party – to source food, and to manage food preparation, service and sales. The model used by a country will depend on the country context and policy objectives; sometimes one supplier may have multiple roles across the food supply chain (48). **Food suppliers** may range from local farms to supermarkets and other large commercial suppliers. Sometimes food may also be procured from government commodity food stocks or from food donations by international donors or commercial actors. **Caterers** are responsible for food preparation and sometimes also food service. These activities may be fully or partly handled by government employees, or by external individuals or companies contracted by the government. **Vendors** sell food in cafeterias, kiosks and other retail outlets in or around the public setting. Food sales may be directly managed by government institutions or by private, external vendors contracted to operate these activities, or even by informal, non-contracted vendors and hawkers who sell food on or around government property.

## **UNDERSTANDING THE CURRENT PUBLIC FOOD PROCUREMENT AND SERVICE POLICY ENVIRONMENT**

Explore the following key questions to understand what policies currently exist for public food procurement and service, what other policies could support healthier food procurement and service, and how related policies are set in the country or jurisdiction. The country example in Box 6 describes Sri Lanka's assessment of the food procurement and service policy environment.

### **What policies exist that govern public food procurement and service?**

Understanding existing policies related to food procurement and service will guide the decision on whether these can be adapted or whether new policies need to be developed. This process will also identify any existing legal requirements that will need to be addressed in the new policy.

Identify existing policies that set rules for public food purchasing, service and sales, including general goods procurement policies and grant agreements that may apply to food donations. Take note of any existing nutrition criteria (see section 2: "Nutrition criteria") that may be in place that could be broadened or strengthened.

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<sup>3</sup> Many countries and regions have national food composition tables, and the FAO International Network of Food Data Systems (INFOODS) provides a directory of such tables (47).

### **What other food and nutrition policies or dietary guidance exist that could support healthier public food procurement and service?**

Understanding broader food and nutrition policies may help formulate the rationale for a healthy food procurement and service policy, build support for the policy and find allied partners for developing the policy. It also helps to build policy coherence and complementarity.

Identify existing food and nutrition policies, legislation or guidelines that include nutrition criteria, or other goals, targets or strategies relevant to healthy diets in public settings. Examples are food-based dietary guidelines, cut-offs for sodium content in marketing restrictions or nutrition claims, national nutrition or NCD strategies, school health policies, nutrition labelling policies, trade policies, fortification policies, import requirements and product registration requirements. Map out their scope in terms of food and nutrients, settings and target populations covered, status (mandatory or voluntary), and implementation, including existing monitoring and enforcement mechanisms.

### **How are public food procurement and service policies revised or developed?**

Identify the government institutions that have the authority to set requirements regarding public food purchase, service and sale, and the processes for policy development.

#### COUNTRY EXAMPLE

### **BOX 6. DETAILED MAPPING OF THE EXISTING FOOD POLICY ENVIRONMENT IN SRI LANKAN SCHOOLS AND HOSPITALS**

Sri Lanka recently conducted a detailed mapping of the food procurement and policy environments in schools and hospitals, before developing recommendations to strengthen existing policies and strategies, or to introduce new policies and strategies, if necessary (49). First, government bodies that have the authority to create procurement policies were identified: the Ministry of Education for schools and the Ministry of Health for hospitals. Next, the assessment determined the settings and venues to include, the required policy development process, and who is responsible for policy compliance.

- In schools, the Secretary of the Ministry of Education issues circulars for school canteen procurement policies, and the School Development Society (SDS) at each school is responsible for maintaining a healthy school canteen. The SDS runs the canteen or chooses a contractor and creates a Food Committee to oversee the canteen.
- In hospitals, the Secretary of the Ministry of Health issues circulars on procurement policies applying to inpatients, employees and on-site canteens. The Food Management Committee, organized and run at each site, is responsible for procuring and serving food to patients. Hospital canteens are outsourced through a tender process. The Canteen Welfare Committee is responsible for policy maintenance, also organized and run at each site.

The mapping also outlined existing nutrition policies and guidelines that affect food procurement and service, including global guidance, existing national policies and guidance for specific types of institutions, such as government hospitals and schools. (See also Box 31 for their monitoring strategy.)

## Identify opportunities and policy entry points

Findings from mapping the public food procurement and service landscape can help identify possible entry points for a public food procurement and service policy. In some cases, governments may decide to develop a new policy. In other cases, they may identify other entry points to make food procurement and service healthier, such as:

- strengthening an existing policy that defines rules for public food purchasing, service or sales (e.g. an existing school food and nutrition policy);
- aligning a healthy public food procurement and service policy with another policy development process; for example, if a country is developing national food-based dietary guidelines or taking other policy actions to promote healthy diets (e.g. marketing restrictions, nutrition labelling, fiscal measures), a healthy public food procurement and service policy could be aligned or integrated with these ongoing policy development processes; or
- using an existing related policy as a foundation for introducing a healthy public food procurement and service policy – for example, policies may already exist that set criteria for serving or selling safe food in public settings, including established implementation, monitoring and enforcement mechanisms; or a school health policy may be expanded through official circulars to include additional elements, such as criteria for healthy food service and sales in school settings.

Reviewing the findings on the current policy environment can identify existing policies or systems that could form the foundation of a healthy public food procurement and service policy. The country's political cycle and election calendar may also be opportune times to update or introduce a new policy.

## Advocate for political buy-in and build support

Gaining political buy-in from key government officials and support from those who will be affected by the policy (e.g. schoolchildren and their parents) during the policy adoption process is necessary for policy success.

Develop a compelling narrative of what a healthy public food procurement and service policy can accomplish and why it is important. Make use of local food- and diet-related data, the core principles of healthy diets, and existing national health and nutrition goals. Tailor convincing messages specific to the interests and concerns of each target audience, as identified during the mapping exercise. Box 7 describes examples of activities that can be used to advocate for the adoption and implementation of a healthy public food procurement and service policy. Different working group members can be engaged in leading these activities; for example, civil society organizations, champions or consumer affairs organizations may incorporate advocacy for the healthy public food procurement and service policy into their activities.

It is also important to anticipate possible concerns from stakeholders and address them early. For example, school boards may have revenues from vending machines selling sugar-sweetened beverages, which they might lose if a policy is adopted. In anticipation of opposition, the lead government institution can prepare and present the rationale and evidence base for the implementation of the policy for promoting healthy diets. For example, as well as health benefits, a healthy diet might lead to cost savings through reduced healthcare expenditure and increased productivity. This approach can also help to ensure that the policy is publicly supported by high-level government representatives.

**BOX  
7.****EXAMPLES OF ADVOCACY ACTIVITIES TARGETED  
AT DIFFERENT AUDIENCES**

**Create support among the beneficiaries of public food procurement and service programmes** (e.g. parents, children's advocacy groups, elderly in care homes, food stamp recipients, interest groups such as youth networks).

It is critical to build awareness and create a demand among the end beneficiaries and their interest groups for a healthier public food procurement and service policy. Examples of activities are:

- campaigns to increase demand for availability of healthier food in public settings; and
- meetings with end users and their interest groups to hear their opinions and mobilize support.

**Obtain buy-in from government officials not already part of the working group** (e.g. policy-makers, legislators, procurement officers, high-level representatives).

Information about the health and other benefits of healthy public food procurement and service should be shared with political decision-makers in multiple sectors on an ongoing basis to obtain their buy-in and engage them as advocates. Activities that can be considered include:

- arranging in-person meetings, phone calls, briefings or workshops;
- providing background research, fact sheets or policy briefs;
- testifying at hearings or presenting at conferences on the benefits of healthy public food procurement and service; and
- mobilizing audiences for legislative hearings and to provide public testimony.

**Partner with civil society groups** (e.g. nutrition societies, medical associations, public health and consumer rights groups, academic institutions).

Civil society organizations can help to expand the scale of promotion for healthy public food procurement and service. Examples of activities to promote partnership with civil society are:

- identifying common objectives (e.g. improved access to healthy food, reduced cardiovascular and other noncommunicable diseases, promotion of a healthy diet); and
- meeting directly with leaders of these institutions to mobilize their support.

**Engage with a range of stakeholders through the media.**

Engaging stakeholders through the media can raise awareness of the need for healthy public food procurement and service policy, and create a favourable environment for policy change by building support and inspiring action among political decision-makers, key opinion leaders and the public. Examples of activities to strategically work with the media are:

- identifying target audiences to engage through media advocacy, such as those that are critical to policy adoption and implementation, and individuals and groups that can influence decision-makers;

- mapping the media landscape and building a media contacts registry;
- developing messages for target audiences identified, and distributing these through print materials and/or digital/social media engagement; and
- pitching stories to the media through press releases and launch events.

**Use spokespeople or champions** (e.g. people with first-hand knowledge of the problem, technical experts, celebrities, people who have a relationship with the target audience or seniority within an organization).

Spokespeople are individuals who deliver messages in support of campaign goals and objectives; champions are individuals who enjoy a high level of public support. When selecting spokespeople:

- determine who will be the most credible source for a message in the eyes of the target audience; and
- ensure diversity among spokespeople; combining different voices can show widespread support for healthy public food procurement and service.

This section outlines key steps to take when drafting (or revising) and formalizing a healthy public food procurement and service policy. Depending on the country context and policy approach, the policy will include sections outlining purpose and scope; aims and objectives; principles; nutrition and other criteria; and implementation framework, with responsibilities, timeline, monitoring and enforcement. There is no one-size-fits-all approach for the policy structure or the policy development process; however, the following general steps may be considered.

- ✓ Define the policy purpose and scope.
- ✓ Establish nutrition and other criteria.
- ✓ Consider complementary actions and ensure policy coherence.
- ✓ Consult stakeholders on policy options and finalize policy approach.
- ✓ Finalize the policy, and establish timelines.
- ✓ Plan, cost and identify resources for implementation and monitoring.

## HEALTHY PUBLIC FOOD PROCUREMENT AND SERVICE POLICY

A policy adopted by government that sets criteria for the service and sale of food in public settings and/or government expenditure on food (including purchases and subsidies) to promote healthy diets.

In this action framework

- “food” refers to any foods, beverages, ingredients, meals or snacks covered by the policy;
- “procurement and service” refers to the entire process of purchase, subsidy, provision, distribution, service and sale; and
- “policy” refers to policies, strategies, directives, legislation, rules, standards or guidelines – mandatory as well as voluntary, and with or without enforcement mechanisms.

## Define the policy purpose and scope

### PURPOSE

It is important to consider the potential outcomes of the policy and to formulate a statement of purpose. This statement can describe the health, economic and social benefits of a healthy public food procurement and service policy, its contribution to broader health and nutrition-related policy goals, and its contribution to the realization of human rights related to health and adequate food, particularly for children and other vulnerable populations.<sup>4</sup>

<sup>4</sup> See Box 1 (p 3) on ways in which countries can maximize the impact of their public food procurement and service policies to achieve multiple benefits.

The healthy public food procurement and service policy may seek to affect dietary practices and reduce the prevalence of diet-related NCDs or mortality from these diseases. Since it is difficult to determine the impact on these ultimate health outcomes, it is also important to specify more **immediate outcomes related to shorter-term objectives**, such as increased availability of healthier foods; decreased availability of food high in sugars, sodium, saturated fats and trans fats; and changes in menus. These shorter- and longer-term objectives are relevant when evaluating the impact of the policy (see section 4).

Spelling out short-term objectives using immediate outcomes will be important to mitigate potential challenges or claims that the policy is ineffective. In this case, an important legal consideration is to be able to show how the policy is meeting its stated objective. It is easier to establish the effect of the policy on immediate outcomes, because the ultimate health improvements may only happen in the longer term and may be confounded by a number of contextual factors.

## SCOPE

Using the information gathered during the mapping of the current public food procurement and service landscape, determine a policy scope that clearly defines where the policy applies and what it covers. To ensure maximum impact across populations, policy-makers should consider extending the reach of the policy to the broadest scope feasible. Where resources and authority allow, it is likely that the policy will have greatest impact if nutrition criteria are **mandatory, specific, enforceable, and applicable to all government food purchases and all food served or sold in public settings**. This would also prevent any entry point for food that does not meet the nutrition criteria, level the playing field between vendors and send a consistent message regarding a healthy diet. However, the scope must also reflect what is feasible, given the possible legal, political and resource constraints. Thus, application of the policy will be determined in each country's context, and aligned to the country's policy processes and opportunities. Carefully consider which settings, target populations and dietary practices (e.g. reducing sodium intake) the policy aims to address. Any exceptions to the defined scope should be minimal and well defined.

The scope can be defined in terms of:

- **reach** – Will the policy be implemented at the national, subnational or local/city level?
- **institutions and settings** – Which government institutions and public settings will be required to comply with the healthy food procurement and service policy? Will the policy extend to the immediate surroundings of the public setting?
- **food service venues and programmes** – Within each government institution or setting, which food service venues and programmes will the policy apply to?
- **food suppliers, caterers and vendors** – Which types of suppliers, caterers and vendors will be required to comply with the policy?
- **types of food** – Which types of food will be included in the policy?

Boxes 8–11 provide examples illustrating different approaches taken by countries and cities in defining the scope of their healthy public food procurement and service policies. In Brazil, the policy covers food served at Ministry of Health meetings and events (Box 8). In New York City, United States of America, a comprehensive policy was established that covers food procured for all city agencies (Box 9). Another two examples illustrate different potential scopes, one that extends to areas near or around government property in the Republic of Korea (Box 10), and another that extends to informal vendors and hawkers on government property in Samoa (Box 11).

## COUNTRY EXAMPLE

### BOX 8. HEALTHY MEETINGS AND EVENTS IN BRAZIL'S MINISTRY OF HEALTH

In addition to a long-standing programme incorporating nutrition criteria for school meals (described in Box 16), in 2016, the Brazilian Ministry of Health published Ordinance No. 1.274 of 7 July 2016 (50) to improve health in workplaces by requiring all restaurants, canteens and cafeterias within the ministry and its entities to serve and sell food that adheres to the Dietary guidelines for the Brazilian population (51). This includes using fresh or minimally processed food products in cooking; prohibits serving or selling sugar-sweetened beverages; and imposes strict limitations on serving, selling, promoting or advertising ultraprocessed food products (as defined in the Pan American Health Organization Nutrient Profile Model). In addition to the criteria for serving and selling food in food venues, the ordinance also applies to events and meetings held by the ministry or contracted by the ministry. This includes meals and snacks served or catered during meetings, coffee breaks, celebrations and other events. The Ministry of Health published a *Guide for the preparation of healthy meals in events* (52) to provide implementation guidance for meeting the criteria, while maintaining local ingredients and the cultural value of food. The guide is also intended to be applied voluntarily in other public or private institutions.

## COUNTRY EXAMPLE

### BOX 9. COMPREHENSIVE PUBLIC PROCUREMENT FOR ALL CITY AGENCIES IN NEW YORK CITY

In 2008, the New York City Mayor issued an executive order requiring all city agencies to meet comprehensive public food procurement standards, which applied to more than 260 million meals and snacks served per year (53). The standards apply to all food purchased, served and sold by more than 3000 programmes at 12 city agencies, such as schools, after-school programmes, hospitals, seniors centres, homeless shelters and correctional facilities. Nutritional requirements specify the nutrient content of categories of foods, such as dairy, cereals, meat, and canned fruits and vegetables. The requirements also set thresholds for the overall nutrient content of meals served during the day (54). City agencies publicly report progress each year (55), and the New York City Health Department provides guidance and technical assistance to support full compliance.

## BOX 10. REPUBLIC OF KOREA'S GREEN FOOD ZONES AROUND SCHOOLS

In 2009, under the Special Act on Children's Dietary Life Safety Management, Korea established Green Food Zones to improve schoolchildren's health by regulating the food available in and around the school environment. Within Green Food Zones, which cover a 200 metre radius around schools, businesses may not sell "energy-dense low-nutrient-density food". Such food is defined by the Minister of Food and Drug Safety as food that falls above a set threshold for calories per serving, total sugars and saturated fats (56, 57).

## BOX 11. SAMOA'S APPROACH TO INDEPENDENT FOOD VENDORS ON SCHOOL PROPERTY

In 2012, Samoa launched the School Nutrition Standards for food to be consumed or promoted within the school premises. The standards also promote consumption of local, healthy food. They include requirements that children remain on school property during school hours and that all vendors on school property register with the school.

Registered vendors on school premises may pay rent to the school committee. In remote schools, the principal or school committee may organize families in the village to prepare and sell food at the school. The school committee is responsible for ensuring that the nutrition standards are met. The standards are promoted in schools during monitoring visits, training opportunities and annual school health symposiums. Requiring vendors to register with schools and meet the guidelines is a first step to managing independent vendors on school property.

Having a clear mechanism for governance and routine monitoring, as well as designating adequate resources for implementation and monitoring, were crucial aspects of success. However, the established accountability mechanisms have not put adequate pressure on food vendors operating in and around schools, probably due to a lack of penalties for non-compliance and a desire to prioritize revenue over nutrition. Enforcing the standards with registered vendors and addressing vendors near, but not on, school property needs to occur in the future (58).

Sometimes a phased approach may be needed, starting with a limited number of settings, within a smaller area or jurisdiction, or targeting to modify specific dietary practices. Such an approach can be used to test ideas, garner support and publicity, demonstrate effectiveness, and generate evidence for further expansion. Begin with the settings, jurisdictions or dietary practices with the greatest public interest, political will to address, and capacity to implement. Box 12 describes examples of phased approaches to achieving a comprehensive public food procurement and service policy.

**BOX  
12.****EXAMPLES OF PHASED APPROACHES TO ACHIEVING  
A COMPREHENSIVE PUBLIC FOOD PROCUREMENT  
AND SERVICE POLICY****From a limited number of institutions, settings and venues to all**

Where a national policy implemented across all institutions is not feasible, a single government institution may act independently to implement a policy within its mandate. For example, a ministry of health may issue rules that apply to all government health facilities. Starting with a limited number of institutions, settings and venues can help demonstrate the feasibility and effectiveness of the policy and provide evidence for eventual expansion. Countries may want to extend their policies beyond public settings into private settings, such as extending school food rules to apply to private schools as well.

**From local to national**

Where a national policy is not yet feasible, city or regional government authorities may act. For example, a governor may issue rules that apply within a province, or a mayor or city council may issue rules that apply within a municipality. These pilot areas can act as test cases for future scale-up of the policy nationwide.

**From limited criteria to comprehensive**

In some cases, starting by enforcing a limited number of criteria may be better supported by the public and policy-makers, or more likely to succeed, and therefore generate support for more comprehensive policies. However, this poses a risk of patchy policies that may not lead to the desired result of supporting healthy diets. Therefore, more comprehensive or stricter criteria can be included in the policy but scheduled to be phased in after a designated time indicated in the policy. For example, a city or country may first implement a ban on sugar-sweetened beverages, and limits for trans fats and sodium in served meals, and then expand the policy to include additional criteria covering all food and beverages served and sold after 2 years. For example, nutrient-based criteria may only become effective once the relevant nutrition labelling is implemented.

**From voluntary to mandatory**

Mandatory, enforceable nutrition criteria are likely to enjoy higher compliance and therefore have a larger impact. However, having a law does not always guarantee that it is implemented and enforced. In many countries, all government-issued guidelines are considered obligatory and are likely to be complied with, even if they are not mandatory or enforceable as such. Other countries may be successful using voluntary reward systems, where compliance with criteria leads to obtaining accreditation or similar positive rewards. Where only voluntary guidelines are feasible, the government can use these as a starting point to introduce healthier food procurement and service practices, thereby generating evidence of impact and feasibility to support mandatory implementation.

## Establish nutrition and other criteria

In accordance with the focus of this action framework, establishment of criteria will focus primarily on **nutrition criteria** for healthy diets. Some related considerations to define **other criteria** are briefly mentioned below. In addition, countries may apply a wide range of selection and award criteria, technical specifications or contract performance clauses in managing their procurement processes (35, 59-61).

### NUTRITION CRITERIA

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A set of criteria, standards or rules that specify what food will be allowed to be served or sold in a specific public setting and/or purchased by the government. These may be nutrient- or food-based criteria, or other criteria related to preparation methods or service modalities. Such criteria may apply to foods or beverages, including meals and snacks, or be based on portion size or cooking methods.

Governments may also want to develop other criteria for public food procurement and service – for example, for safer food handling and preparation, and sustainable purchasing of local or seasonal food.

### NUTRITION CRITERIA

A key purpose of the policy is to define nutrition criteria for food to be encouraged, limited or prohibited as part of healthy public food procurement and service.

Consider the setting's specific food environment (refer to section 1) to ensure that the nutrition criteria are appropriate to the context. The nutrition criteria should specify the types of food that they apply to (e.g. ingredients, meals, snacks) and at what stage in the procurement process they will be applied (purchase, service and/or sale). For example, if a setting serves meals prepared from fresh ingredients, the policy could prioritize criteria for whole meals served or sold and methods for healthy preparation. On the other hand, if most meals and snacks are prepared using pre-packaged processed or ready-to-eat food, criteria for those food categories would be essential.

The nutrition criteria can be nutrient or food based, or specify the food preparation or service modalities; often they are a combination of all these types of criteria. The exact criteria will depend on what is feasible in the country context and can build on existing resources (see Box 13). Other criteria, including for food safety (which always should be considered along with the concern for ensuring healthy food), are described in the next section.

- **Nutrient-based criteria** are based on nutrient content in a specific food category – for example, a maximum permissible amount of sodium in a portion of ready-to-eat food or prepared meals. These should be based on national (where available) or regional dietary recommendations. The WHO regional nutrient profile models (see below), for example, provide nutrient-based criteria for food categories that would be prohibited from marketing to children, and countries are adapting these for school food. The models – along with the WHO *Healthy diet* fact sheet (6) – could also be a starting point for developing nutrient-based criteria for healthy public food procurement and service policies.
- **Food-based criteria** are based on defined food categories – for example, prohibition on serving sugar-sweetened beverages or selected food items that typically exceed set thresholds for sugars, sodium and/or fats, such as confectionary or chips. National food-based dietary guidelines are a good starting point for developing food-based criteria;

some regions have also developed regional food-based dietary guidelines.<sup>5</sup> The WHO *5 keys to a healthy diet* (64) also provides food-based guidance on achieving healthy diets.

- **Other nutrition-related criteria for the preparation or service of food** give further instruction on how food should be prepared or offered for sale in order to promote healthy diets. Examples are criteria related to cooking methods (e.g. prohibiting deep-frying), to portion sizes (to limit overconsumption of energy and nutrients of concern) and to the food service venue itself (e.g. placement of food or menu labelling to support healthier food choices).

## BOX 13. EXISTING RESOURCES THAT WILL INFORM THE FORMULATION OF THE NUTRITION CRITERIA

1. Review any existing resources for setting national nutrition criteria, such as nutrition criteria included in other policy measures, or existing national or regional nutrient- or food-based dietary guidelines.
2. Review your regional nutrient profile model
  - WHO *Nutrient profile model for the WHO African Region* (65)
  - Pan American Health Organization *nutrient profile model* (66)
  - WHO *Nutrient profile model for the marketing of food and non-alcoholic beverages to children in the WHO Eastern Mediterranean Region* (67)
  - WHO *Regional Office for Europe nutrient profile model* (68)
  - WHO *nutrient profile model for South-East Asia Region* (69)
  - WHO *nutrient profile model for the Western Pacific Region* (70).
3. Review international nutrition guidance, such as the WHO *Healthy diet* fact sheet (6), the *5 keys to a healthy diet*, the WHO *Drinking-water* fact sheet (8), other WHO resources on nutrient requirements and dietary guidelines<sup>6</sup> and the core principles for a healthy diet.
  - Limit the intake of free sugars.
  - Shift fat consumption away from saturated fats to unsaturated fats and eliminate industrially produced trans fats.
  - Limit sodium consumption and ensure that salt is iodized.
  - Increase consumption of whole grains, vegetables, fruits, nuts and pulses.
  - Ensure the availability of free, safe drinking water.
4. Review resources from the public food procurement policies of other countries and cities to identify existing models that could be adapted for your context. See examples of policies in Box 14 or use the following databases to search for further country examples:
  - WHO Global database on the Implementation of Nutrition Action (GINA) (62)
  - World Cancer Research Fund International NOURISHING framework (72).

5 For examples of food-based dietary guidelines, see the WHO Global database on the Implementation of Nutrition Action (62) and the FAO food-based dietary guidelines website (63).

6 Publications related to nutrient requirements and dietary guidelines are available at the WHO website (71).

## BOX 14. EXAMPLES OF NUTRITION CRITERIA FROM FOOD PROCUREMENT AND SERVICE POLICIES IN VARIOUS COUNTRIES<sup>7</sup>

### Nutrient-based criteria

- Snacks served in all city agencies may not contain more than 230 mg sodium per serving (Philadelphia, USA (73)).
- In schools, processed and ultraprocessed food products must contain less than 10% of total energy from free sugars (El Salvador (74))
- Limit desserts (cookies, cakes, brownies, ice cream, water ice, etc.) in all city agencies to  $\leq 200$  calories and  $\leq 18$  g sugars per serving (Philadelphia, USA (73))
- Food containing trans fats should be removed from the menu of children in early childcare institutions and preschools (Georgia (75))
- Procurement agencies under the Integrated Child Development Scheme and Mid Day Meal Scheme are advised not to procure and use trans fat-containing fats/oils (vanaspati) in the preparation of foods, and should also desist from procuring food products prepared using margarine and bakery shortenings (India (76))
- Recommend extra lean beef and pork (total fat 5% or less) and at least 90% lean (total fat 10% or less) ground beef (New York City, USA (54))
- In government food procurement contracts and subsistence contracts (hospitals, the army, universities, social affairs, etc.), the salt content should not exceed 0.5% of dry matter in bread products and 1% of dry matter in Samoli bread (Saudi Arabia (77)).

### Food-based criteria

- Sweet and sweetened drinks, including soft drinks, juices, diet beverages, slushy frozen beverages and energy drinks, are absolutely prohibited for sale in canteens, kiosks, vending machines or any event in schools (Israel (78))
- Selling of “energy-dense low-nutrient-density food”, such as soft drinks or confectionary items, is banned within 200 m of designated schools (Republic of Korea (57)).
- Processed meats in all city agencies are being phased out (New York City, USA (54)).
- School canteens may not sell pickled items (Malaysia (79)).
- Caterers must offer plain water as the default beverage option for all government-organized functions and events (Singapore (80)).
- Caterers must include whole grains in all staple options for all government-organized functions and events (Singapore (80)).
- Sandwiches should be served on whole wheat bread in all schools (Israel (78)).
- Fruit must be offered three times a week and vegetables daily in all educational centres (Uruguay (81)).
- For all city agencies serving lunch and/or dinner only, a minimum of two servings of fruits and vegetables are served per meal. For sites serving all three meals (breakfast, lunch and dinner), a minimum of five servings of fruits and vegetables are served per day (New York City, USA (54)).

<sup>7</sup> The box provides selected examples of criteria included in national documents, to illustrate the different types of nutrition criteria. The source documents contain additional nutrition criteria of any type, along with other criteria. These documents also provide further information on how serving size, snacks and other terms are defined in each application.

### **Other nutrition criteria for portion size, food preparation or service**

- Limit desserts (cookies, cakes, brownies, ice cream, water ice, etc.) to a maximum of two servings per week in all city agencies (Philadelphia, USA (73)).
- Food prepared with lard, oils or margarines whose label does not indicate that it is free of trans fats may not be offered in public schools (Costa Rica (82)).
- To lower saturated or trans fats in schools and Department of Education office canteens, use cooking methods that require little or no fat or oil, such as steaming, boiling, sauteing, pan frying and baking; before cooking, remove visible fat from meat, and skin from poultry; use oils sparingly; remove excess fat/oil from soup and soup stocks (Philippines (83)).
- Offering milk drinks with additives or sweeteners is limited to a maximum of once a month in school units that offer part-time school meals and, at most, twice a month in school units that offer full-time school meals (Brazil (84)).
- Caterers for all government departments and their related organizations must cook vegetables and boiled starchy foods, such as rice, pasta and potatoes, without salt (United Kingdom (85)).
- Salt containers that are visible to students and whose purpose is to add salt to prepared food shall not be allowed inside schools (Uruguay (81)).
- Soy sauce, fish sauce and other locally available condiments/sauces should not be readily available in school dining areas and only may be served upon request (Philippines (83)).
- Only “green” food (that contributes to a wide range of nutrients and is generally low in saturated fats, sugars and salt) may be advertised, promoted or placed in prominent areas (e.g. at point of sale) in public sector workplaces, facilities, activities and functions (Australian Capital Territory, Australia (86)).

Good practices in developing nutrition criteria include the following.

- **Describe the nutrition criteria in unequivocal terms that leave little room for misinterpretation.** Criteria should be quantifiable or verifiable. Vague criteria are difficult to translate into food purchasing, preparation, service or sale decisions, and equally difficult to monitor and enforce. Criteria such as “serve more vegetables” could be changed to “include at least one serving of vegetables in every meal”. Specificity is important – for example, specifying how many times per day or week the food is allowed and in what quantities.
- **Define comprehensive criteria to achieve the desired outcomes.** To achieve desired outcomes, such as reduced sodium intake, specific nutrient- and food-based criteria need to be combined with other criteria such as portion size. For example, in addition to a criterion that requires serving snacks with low sodium content in schools, additional criteria should control the portion sizes of the snacks provided to students. Packaged snacks, in particular, are not likely to meet healthy diet-related nutrition criteria. Additionally, criteria should be consistent across food service venues (e.g. both canteens and vending machines) to ensure that consumption of sodium will be reduced. This will help prevent any loopholes that would allow criteria to be circumvented.
- **Build on existing criteria.** A country (or neighbouring countries with similar food environments) may have adopted nutrient profile models for specific healthy diet policies,

such as regulations to restrict food marketing to children. These could be adapted to a healthy public food procurement and service policy. Similarly, if one district of a country already sets limits for the level of sugars in snacks served in primary schools as part of a school food policy, these can be incorporated into the healthy food procurement and service policy.

- **Consider whether nutrition labelling is available or needs strengthening.** Implementation of nutrient-based criteria requires information about the nutrient content of food purchased, served or sold, which is typically displayed as nutrient declarations on the package. Implementation and monitoring of limits (e.g. for total sugars) in food requires that the country is enforcing nutrition labelling policies for nutrient declarations. If a country does not require labelling of total sugar content on packaged foods, it will be important to advocate for strengthening nutrition labelling policies.
- **Tailor to specific populations and contexts.** If the policy applies to different target populations in different settings, the nutrition criteria should be adjusted appropriately based on each population's age profile, health and nutrition situation, cultural context or other considerations. Criteria may also vary based on whether one, some or all daily meals are being provided. For example, in settings where the target population lives full-time and receives all daily meals (e.g. prisons, residential aged care facilities, boarding schools, military bases), food procurement and service policies will need to consider dietary guidance for specific population groups in these settings. In all cases, the core principles of healthy diets remain the same – that is, all populations should limit the intake of sodium, sugars, and saturated and trans fats, and increase intake of whole grains, vegetables, fruits, nuts and seeds. National food-based dietary guidelines are often published for different population groups and are helpful tools for identifying food relevant to specific country contexts.

## OTHER CRITERIA

Public food procurement and service policies may also include a range of other criteria, such as promoting sustainable practices or sourcing food from local agriculture. Most countries have regulations that include food safety criteria for public food procurement and service. Food safety issues should always be considered along with the concern for ensuring healthy diets. Application of the WHO *Five keys to safer food manual* (87) in the preparation and handling of food should be promoted and enforced.

In developing nutrition criteria to promote healthy diets, it is important to consider any existing policy criteria for food procurement and service, to ensure policy coherence. Box 15 provides examples of other criteria that may be included in public food procurement or service policies. Box 16 describes how sustainability criteria were incorporated into food procurement for Brazil's school feeding programme.

## BOX 15.

### EXAMPLES OF OTHER CRITERIA

#### **Ensure food safety** (87)

- Keep clean – for example, kitchen staff must wash hands before handling food and often during food preparation.
- Separate raw and cooked food – for example, through the use of separate kitchen equipment and utensils such as knives and cutting boards.
- Cook food thoroughly, especially meat, poultry, eggs and seafood.
- Keep food at safe temperatures – for example, do not leave cooked food at room temperature for more than 2 hours.
- Use safe water and raw materials – for example, do not use food beyond its expiry date.

#### **Promote sustainable food systems** (28)

- Set limits on the number of servings of eggs, dairy, poultry, fish and red meat per day or week; require that a set number of plant-based meals is offered per day or week.
- Set a percentage of purchased food that is to be free from antibiotics and/or hormones.
- Set criteria for reducing food loss and waste.
- Set criteria for minimizing the use of plastics and derivatives in food packaging.

#### **Boost local agriculture and economy** (55)

- Set a minimum percentage of purchased food that must be from local sources (regardless of whether purchasing directly or contracting out) – for example, purchase a percentage of fresh, locally sourced, seasonal produce.

### COUNTRY EXAMPLE

## BOX 16.

### BRAZIL'S SCHOOL FEEDING PROGRAMME SUPPORTING A SUSTAINABLE HEALTHY DIET AND LOCAL AGRICULTURE

Brazil's National School Feeding Program (PNAE) (88) sets nutrition criteria for school meals, and aims to make meals more representative of the culture and food of the region. The programme has set a goal of 30% of the PNAE budget to be used to purchase food from family farms (34), with the aim of promoting economic and social inclusion, and creating incentives for sustainable production and income generation.

PNAE began in 1954, with a target of addressing hunger and improving school attendance. In 2003, the Zero Hunger Program was instituted, which focuses on reducing the number of malnourished children, addressing levels of overweight and obesity, and improving rates of school enrolment (89). In 2009, a new law was passed that updated the PNAE to include a

link between local food systems and school feeding, as well as to promote student growth, development, learning and academic achievement, and healthy nutritional habits (88). This law was developed with significant input from a multisectoral group of civil society and government representatives, particularly through the Brazilian National Council of Food and Nutrition Security (CONSEA) (90).

By 2012, the quality of school meals had improved, particularly through a significant increase in the number of servings of fresh fruits and vegetables, and the level of food insecurity had declined. Although the quality of school meals had improved, the requirements of the law were not yet fully met – for example, specific nutrient limits or meal composition standards (89). Studies since 2012 have documented further improvements, including decreased consumption of ultraprocessed food (91), as well as decreased purchase of food with high sugar content and increased purchase of food recommended in the school meals nutrition criteria (92). Purchases from smallholder farmers have also seen significant growth (93). However, data from Brazilian state capitals in 2016–2017 indicate that success in reaching the 30% threshold for purchasing from family farms varies by region (94).

Implementing the law, particularly the aspect of integrating family farmers, has come with some challenges. It takes time to change and adjust purchasing processes to incorporate local family farmers; both schools and farmers require technical assistance. Some schools have also had to adjust their infrastructure to allow preparation of more fresh food. Support from a nutritionist, which each municipality has been required to employ within the school feeding programme since 2005 (95), was found to be crucial to achieving this goal, as they were able to develop menus based on the food of the region, accounting for variety and seasonality.

In May 2020, a new resolution was published (84), defining new food and nutrition parameters, to harmonize the menus with the Brazilian dietary guidelines (51). This requires menus to be based on fresh or minimally processed food to respect nutritional needs, eating habits and the local food culture. Menus must also be guided by the region's sustainability, seasonality and agricultural diversification, and promotion of adequate and healthy food. The resolution also requires special menus for students with special dietary needs and prohibits offering industrialized trans fats and ultraprocessed food.

## Consider complementary actions and ensure policy coherence

Public food procurement and service policies may include complementary actions not directly related to food procurement or service per se, but that support and facilitate the promotion of healthy diets. These might include restrictions on food marketing<sup>8</sup> to children, subsidies or other pricing policies on food,<sup>9</sup> changes to zoning,<sup>10</sup> policies for nudging,<sup>11</sup> menu labelling<sup>12</sup> in food service areas, or comprehensive school health and nutrition policies.<sup>13</sup> These complementary actions may be directly included in the healthy public food procurement and service policy, or issued as separate, often national-level, policy

8 Marketing includes advertising, promotional giveaways, promotion or sponsorship of unhealthy food, event sponsorship by food companies promoting unhealthy products, receiving donated equipment in exchange for advertisements, providing product samples, and other activities that promote consumption of foods and non-alcoholic beverages (96). All the WHO regions have developed regional nutrient profile models to restrict marketing. For policies that apply to childcare settings, the WHO *Guidance on ending the inappropriate promotion of foods for infants and young children* (97) needs to be considered.

9 Fiscal policies include taxation or removal of subsidies on unhealthy food, and subsidies or removal of taxes on healthy food.

10 Zoning policies regulate where and how food outlets can operate, in terms of geographical areas or buildings, to control the food environment.

11 Nudging policies include strategic changes in the environment that are anticipated to alter people's behaviour in a predictable way, without forbidding any options or significantly changing their economic incentives – for example, presenting healthier options in a more prominent manner than unhealthier options in a food service area.

12 Menu labelling provides nutrition information for consumers to make healthier choices in food outlets and service areas.

13 Comprehensive school health and nutrition policies, such as the WHO Nutrition-Friendly Schools Initiative, take a whole-school approach to address malnutrition in all its forms, through school policies, the wider school community, curricula, the school environment and school health services.

measures. If such national-level policy measures already exist, the healthy public food procurement and service policy should refer to them; if not, the development of the new policy could be an opportunity to initiate such complementary policy measures. For example, the list of food prohibited in a healthy public food procurement and service policy could also be used for prohibitions on food marketing in public settings.

It is important to ensure policy coherence between the healthy food procurement and service policy and other policies and tools to promote healthy diets. As noted above, nutrition labelling,<sup>14</sup> in particular, is essential to implement nutrient-based criteria effectively. Particular attention should therefore be paid to whether nutrition labelling policies are in place or need strengthening. Similarly, the working group may want to consider whether national food-based dietary guidelines are in place or need strengthening, given their importance for developing food-based, culturally acceptable public food procurement and service policies.

For an example of Chile's approach to complementary policy action, see Box 17.

## COUNTRY EXAMPLE

### BOX 17. CHILE'S FOOD-LABELING AND ADVERTISING LAW

In 2016, Chile enacted the Food-Labeling and Advertising Law (99). The law requires front-of-package warning labels on packaged food products that exceed specific thresholds for sodium, sugars, calories and saturated fat. The law then uses the warning labels as the basis for additional, coordinated regulations that prohibit products that carry warning labels from being sold at school kiosks or marketed to children, including on school property. The marketing restrictions also prohibit the use of child-directed marketing tactics, such as using cartoon characters or other animations, on packages or advertisements. Finally, the law requires nutrition education for all kindergarten, primary and secondary students.

## Consult stakeholders on policy options and finalize policy approach

To ensure buy-in from other government institutions and stakeholders around a feasible policy scope, participants in consultations should reach consensus on the appropriate means to reach the agreed objectives and establish effective nutrition criteria that are coherent with existing policies (see section 1: "Conduct an assessment of the public food procurement and service landscape" for identifying stakeholders). Consultations should be transparent, upholding the agreed rules of engagement to safeguard against conflict of interest. Although all stakeholders can be consulted and given the opportunity to comment, the final decision on the appropriate policy content and approach rests with the government.

## Finalize the policy and establish timelines

In the policy, define the date when the criteria will come into effect. If the policy suggests a phased approach, specific dates for each phase should be indicated.

The policy should also provide a mandate for monitoring compliance and define sanctions for noncompliance, if applicable. Policies typically state which government entities are responsible for monitoring compliance (e.g. food control authority, school inspectors) and how frequently compliance should be

<sup>14</sup> Nutrition labelling on pre-packaged food includes nutrient declarations, ingredients lists and other supplementary information, such as front-of-pack labelling, and health and nutrition claims. The latest Codex Alimentarius guidelines are available at their website (98).

monitored. Eventual sanctions should also be defined in the policy, including how violations will be penalized (e.g. fines, administrative letters), who will bear the penalty (e.g. school administration, caterers) and who is responsible for imposing the penalty.

Policy adoption may be an additional step in many settings, following national procedures and regulatory processes.

### **Plan, cost and identify resources for implementation and monitoring**

In parallel to finalizing the policy, the working group could start preparing a multiyear plan for implementation, monitoring, enforcement and evaluation. This plan should outline the details of the activities and mechanisms described in sections 3 and 4, responsibilities and a timeline with achievable milestones.

At the same time, it is crucial to estimate the costs required for each step of the policy cycle. This may include costs related to organizing meetings and consultations, conducting initial assessments, hiring staff to manage policy implementation at the lead government institution, providing technical assistance, developing and disseminating materials for institutions and the public, training programme managers and service providers along the public food procurement and service chain, monitoring activities, and evaluating the policy. For staffing requirements, consider whether additional staff would be needed to implement the policy, or whether existing staff can undertake the tasks with adjusted terms of reference.

Consider the cost of long-term infrastructure needs resulting from the new nutrition criteria. For example, reducing reliance on processed food may require larger cooking facilities or more food storage capacity (such as cold storage), and modifications to cooking methods may warrant replacement of deep-frying equipment.

Consider developing a public investment strategy in food systems in parallel to the healthy public food procurement and service policy. Box 18 provides examples of strategies to reduce the cost of purchasing food or mobilizing the resources required.

## **BOX 18. MOBILIZING RESOURCES FOR PUBLIC FOOD PROCUREMENT AND SERVICE POLICIES**

- Plan food purchasing and consider what works best in the context – for example, purchasing local produce to reduce transportation costs, using a centralized distribution centre to collaborate across institutions, or bulk purchasing to increase purchasing power. Although bulk purchasing may lower the cost of food, it may also consolidate the market; this may be counteracted through diversification of tenders and a proactive policy for inclusion of small and middle enterprises.
- Balance changes that increase costs with ones that will save money so that overall costs do not increase. For example, serve water instead of juice or other sugar-sweetened beverages, or reduce portion sizes of meat.
- Look for opportunities to allocate funding from separate mechanisms that address health and nutrition. For example, in countries that have enacted a tax on sugar-sweetened beverages, some revenue from these taxes could be distributed to school food programmes.

- Audit government feeding programmes and government contracts with food suppliers, vendors and caterers to ensure that all funds are being handled efficiently.
- Conduct a cost–benefit analysis to make return on investment clear to policy-makers during advocacy and fund-raising activities.
- Provide a transparent way for institutions and settings to order food and compare prices.
- Explore whether community gardens can supply local schools or other settings with fruits and vegetables.
- Consider using a sliding-scale fee and use the profits from those who are paying to subsidize the costs of providing healthy meals to all.



Once the healthy public food procurement and service policy is adopted, a number of steps are needed to ensure policy implementation. An implementation plan can incorporate the following steps.

- ✓ Develop and periodically update implementation plans.
- ✓ Communicate the objectives and scope of the policy.
- ✓ Integrate the policy criteria into new and existing contracts.
- ✓ Build capacity for implementation.
- ✓ Develop supporting materials and tools.

## Develop and periodically update implementation plans

Work with each government institution included within the scope of the policy to finalize detailed implementation plans for all the activities to roll out the policy. Each institution should identify staff responsible for overseeing implementation. For each activity, review the resource requirements, assign responsibilities, set clear timelines and define achievable milestones.

Consider contingency planning to minimize the effect of difficulties that may arise. Initially, use the working group and meetings with stakeholders to identify potential implementation challenges and what might be needed to facilitate compliance with the policy. As the policy is being rolled out, and bottlenecks and challenges are identified through monitoring activities, periodically update and adjust the plan, as well as any related institutional workplans.

## Communicate the objectives and scope of the policy

Before implementing the policy, ensure that the target populations (e.g. cafeteria customers, employees using the canteen, schoolchildren enrolled in a school lunch programme and their parents) are informed of the details of the policy, including its objectives and scope. A good public communication strategy can raise awareness of healthy eating, and build public and political support for the policy.

Obtaining buy-in from members of the target population is key to successful policy implementation. Providing education on how and why the food environment is changing to promote healthy diets can create higher demand for healthier meals and snacks in public settings, and can reduce negative feedback. Communication activities could also link to other nutrition education activities and resources on healthy diets (e.g. national food-based dietary guidelines).

All staff in government institutions involved in food procurement and service need to be informed about the policy and its criteria, rationale and anticipated health impact; and their expected roles and responsibilities. They should receive detailed information about how the policy will change their daily tasks related to food purchase, service or sale. Staff may require detailed information on the rationale for the policy so that they can respond to any questions raised by the public.

Food chain actors – such as contracted suppliers, caterers and vendors – involved in public food procurement and service also need information about the policy and what changes they will need to make to comply.

Box 19 suggests different ways that these audiences can be reached. The content of the messages needs to be tailored to the specific audiences.

## BOX 19.

### EXAMPLES OF COMMUNICATION STRATEGIES TO DIFFERENT AUDIENCES ABOUT THE PUBLIC FOOD PROCUREMENT AND SERVICE POLICY

#### **Communication strategies for policy target groups**

- Newsletters or brochures to parents of schoolchildren
- Meetings with beneficiaries, end users and consumers to provide information, answer questions and address concerns
- Posters in hospital kiosk and cafeteria areas
- Activity materials for schoolchildren on healthy diet principles and incorporating healthy diet principles into the curriculum
- Media announcements on plans to offer healthier food at public sporting events

#### **Communication strategies for the public**

- Announcements on government websites
- Official press releases and coordinated news articles in local media about the policy, and its rationale and anticipated health impact
- Mass media and social media campaigns

#### **Communication strategies for government staff**

- Announcements to all staff via emails or newsletters
- Information briefing meetings for all staff on the policy, and its rationale and implications
- Display of the policy's nutrition criteria in the public settings or venues where they apply

#### **Communication strategies for food chain actors**

- Announcements through emails or letters to affected food chain actors
- Meetings with their representatives or interest groups to answer their questions

Box 20 describes an education campaign in schools in Quito, Ecuador, to support implementation of a national policy to improve the nutritional quality of food available for sale in school canteens.

BOX  
20.

## CAMPAIGN TO RAISE AWARENESS ABOUT HEALTHY EATING IN SCHOOLS IN QUITO, ECUADOR

The Municipality of the Metropolitan District of Quito, through the Ecuador Ministry of Health, leads the implementation of the School Food and Nutrition project, based on the school cafeteria regulations of the national education system (No. 0005-14) (100), which establish nutrition criteria for food sold in all school cafeterias. These are consistent with the thresholds used for front-of-package labelling in Ecuador, to allow easier implementation and monitoring.

To support the implementation of the criteria at the city level, starting in 2017, a campaign called *Pilas con las Vitaminas* was tested in six schools serving 13 000 students. The student campaign included posters and other point-of-sale materials with the campaign logo, characters and messages that encourage the consumption of more fresh fruits and vegetables, and the reduction of sugars and sodium.

To publicize the new policy, Quito held a health fair with the participation of parents, teachers and students. The fair promoted healthy eating, served healthy foods, and organized training workshops for teachers, administrators and schoolchildren. Training workshops reviewed nutrition standards, food that can be sold, and educational materials for students who support healthy diets. To further support implementation of the policy, a cookbook was developed for school canteen administrators and staff, which adapted traditional and friendly recipes for students to meet nutrition standards. In addition, educational games and an educational video were created (101).

### Integrate the policy criteria into new and existing contracts

Once the policy is in place, contract managers and others who are involved in implementing the food procurement and service policy within the government institutions will need to review and amend existing contracts or create new ones that integrate the new criteria. This is particularly important in countries that primarily use third-party vendors and caterers to serve and sell food in public settings. Liaise with colleagues who handle government tenders (e.g. central procurement office, government office of contracts) to determine the best approach for when and how to amend existing contracts. Some countries have prepared templates with standardized contract language spelling out the new criteria and any associated sanctions for noncompliance that can be systematically inserted into food procurement and service contracts across all government institutions (59, 102).

### Build capacity for implementation

To ensure effective implementation, it will be important to train and build the capacity of those involved in implementing the policy. These include both government staff and external workers or contractors (third-party entities) involved in food procurement and service.

Training and technical assistance provide an opportunity to explain all aspects of the policy, and how each setting and entity needs to change current practices in order to comply with the policy. This action framework focuses on nutrition criteria for a healthy diet, but training activities can include related training,

such as safer handling and preparation of food. Box 21 provides examples of training and technical assistance to staff and actors involved in implementing the policy.

## **BOX 21.** EXAMPLES OF TRAINING AND TECHNICAL ASSISTANCE TO STAFF AND ACTORS INVOLVED IN IMPLEMENTING THE POLICY

### **For programme managers and supervisors**

- Provide training on all aspects of the policy and what is expected from all implementing entities.
- Support reviews of policies in public settings and venues, to ensure coherence with existing policies or measures, such as marketing, pricing or labelling policies.

### **For nutritionists**

- Provide in-depth training on the policy's rationale, including how the nutrition criteria can be operationalized when designing menus relevant to different settings and contexts.
- Build their capacity to train caterers and kitchen staff.

### **For food procurement officers**

- Support reviews of purchase orders and inventories, and advise on alignment with nutrition criteria.
- Provide product lists and supplier lists that meet the nutrition criteria.
- Provide training on healthy diets, reading of nutrition labels and identification of healthier alternatives that meet the nutrition criteria.

### **For food inspectors**

- Provide training on use of monitoring tools and methods, and how to record and report monitoring results (see section 4 for more details).

### **For suppliers and food producers**

- Support the review of food product lists and identify products that meet the nutrition criteria.
- Provide training on healthy diets and identification of healthier alternatives that meet the nutrition criteria.

### **For caterers and cooks**

- Provide training on healthy diets, reading of nutrition labels and identification of healthier alternatives that meet the nutrition criteria.
- Support reviews of recipes and menu plans, and aid in revising them or developing new ones that meet the nutrition criteria.
- Support reviews of food service venues to ensure that what is being served complies with the nutrition criteria.
- Provide training to kitchen staff on healthy food preparation.

### **For vendors**

- Support review of food product lists for items that do and do not meet the nutrition criteria.
- Support reviews of sales areas to ensure that what is being sold complies with the nutrition criteria.

Capacity development goes beyond training. It may include revision of staff terms of reference to ensure that staff have sufficient time and other resources to carry out activities, establishing networks where actors can exchange experiences (e.g. among food procurement officers), or making sure that different actors are aware of each other's tasks and roles. Box 22 describes how a network of public food procurement officers was set up in Denmark.

Training can be conducted in person; alternatively, training materials (e.g. videos) can be prepared and shared with relevant staff. Some countries have partnered with universities or other nongovernmental actors to provide training. Where resources allow, technical assistance to individual settings by programme managers, nutritionists or working group members can also provide an opportunity for one-on-one support, either on-site or remotely. Two country approaches to offering training to those involved in food procurement from Uruguay and Cabo Verde are provided in Boxes 23 and 24, respectively.

## COUNTRY EXAMPLE

### BOX 22. ESTABLISHING A PUBLIC FOOD PROCUREMENT OFFICER NETWORK IN DENMARK

In Denmark, a national public food procurement officer network was created in 2017. Network members – mainly procurement officers from local governments – share knowledge on tender criteria and how to implement them. The network monitors the type of criteria used by different cities, regions and institutions for public food procurement. Since the network was formed, there has been a greater adherence to the European Union Green Public Procurement criteria for food procurement and catering (103).

Another national network called Fokus Fødevarer (Focus on Food) was created in 2010. The network consists of representatives from the whole value chain – food producers, suppliers and end users – and collaborates with national associations such as IKA (the association of public purchasers). The network has developed an electronic database that contains requirement specifications for different foods, which can be used for public procurement. The purpose of the database is to create transparency, enhance food product quality and streamline the process of procurement by reducing misunderstandings and questions of doubt. The requirement specifications are continually updated by the network (104-106).

## COUNTRY EXAMPLE

### BOX 23. SUPPORTING IMPLEMENTATION OF A FOOD PROCUREMENT POLICY IN URUGUAYAN SCHOOLS

In 2013, Uruguay passed a law (107) to improve the healthfulness of food available for sale at public and private elementary and secondary school canteens. The law designates the Ministry of Health to develop a list of appropriate food to offer for sale in schools, restricts visible salt shakers, limits advertising in schools to approved foods, and encourages promotion of water.

To support implementation, materials (108, 109) were developed, and in-person training was held for chefs, food service staff, kitchen managers and teachers to familiarize them with the nutrition requirements. Training was integrated with food hygiene and food safety training materials. A book of healthy recipes, consistent with the requirements, was created for staff and distributed to parents of every preschool and elementary schoolchild in Uruguay. In addition, contract specifications were developed to ensure that the new criteria were included

in future contracts. To further encourage healthy eating among students and families, a mass media campaign of radio and TV advertisements was conducted, followed by additional promotion through a website, social media and messages from local celebrities.

In 2018, Uruguay approved legislation requiring front-of-package warning labels for packaged foods (110). The warning labels are included in the healthy canteen manual as a tool to identify food that is not recommended in school canteens (108).

## COUNTRY EXAMPLE

### BOX 24.

### CABO VERDE TRAINING FOR HEALTHY MEAL PREPARATION IN SCHOOLS

The National School Nutrition Programme in Cabo Verde provides a daily hot meal to all pre-primary and primary students in the country. The 2016 regulation (111) of the school meals and health law of 2015 makes it obligatory for cooks to participate in professional training and booster training programmes that the government will develop within 5 years of issuing the regulation. The regulation also supports training, capacity building, awareness raising and supportive actions to informal vendors operating immediately outside the school premises; the aim is to ensure that their activities are consistent with the principles and objectives set out in the school meals and health law.

## Develop supporting materials and tools

To support implementation of the new policy, it will be important to develop targeted training materials and tools – for example, to answer questions about the policy from management staff of government institutions, to train staff preparing food and to facilitate administrative processes. Where the healthy public food procurement activities are linked to existing systems, the supporting materials and tools for these systems should be revised, where possible, rather than creating new materials or tools. For example, existing hygiene training for school kitchen staff could be expanded to include methods for healthier food preparation, and the monitoring checklist for inspectors of vending machines in government settings could be expanded to support inspections of nutrient content on food labels.

Some examples of supporting materials and tools are listed in Box 25. Other resources may provide further examples of tools that have been used by countries (112). Two country examples on how support was provided to implementing sites can be found in Boxes 26 and 27.

## BOX 25.

### EXAMPLES OF MATERIALS FOR SUPPORTING IMPLEMENTATION

**Supporting materials for government staff** that provide the rationale for why the policy is needed, its expected impact and how it should be implemented – for example, frequently asked questions, and case studies from other countries or settings that already have healthy public food procurement and service policies.

**Implementation guides** that describe the policy in a user-friendly format with specific tips for implementing the criteria and descriptive pictures or photos.

- **Recipe books and sample menus** based on healthier adaptations of popular and traditional recipes, which can help settings that prepare meals, snacks and side dishes to meet the criteria.
- **Visual guides for food service and sales venues** that show layouts for product placement for vending machines or checkout counters.
- **Food catalogues** with lists of food products that meet the nutrition criteria.

**Training materials** to support training and technical assistance – for example, course materials for training of caterers, training videos for school canteen staff, and checklists for supervisors. Consider opportunities for integrating training related to the healthy public food procurement and service policy into existing training programmes.

**Administrative aids** that can be used as templates or models for standardizing the healthy food procurement process – for example, model request for proposals, standard language to be used in contracts, checklists for procurement processes, quality standards for public food service, or certification schemes.

**Monitoring tools** such as checklists for on-site inspection – these can be revised or expanded, taking into account the lessons learned from implementation to add and integrate new nutrition criteria into existing inspections, as required (see section 4: “Monitor compliance” for further detail).

#### COUNTRY EXAMPLE

## BOX 26.

### BAHRAIN'S HEALTHY SCHOOL CANTEENS

In Bahrain, a food canteen list outlines allowed, conditionally allowed and prohibited foods and beverages in school canteens to reduce intake of sodium, sugars and fats. Field visits to school canteens indicated that there was a commitment to complying with the guidance; however, there were still some areas that needed improvement, particularly food preparation methods. To improve compliance, national government health and education institutions

coordinated a workshop to present the canteen requirements to school cafeteria and canteen operators. Types of allowable foods, appropriate methods of preparation and key food safety principles were topics of discussion. A chef, famous for creating healthy recipes for children, participated in the workshop to share ideas for ingredients and cooking methods (113).

## COUNTRY EXAMPLE

### BOX 27. FACILITATING A TRANSPARENT PROCUREMENT PROCESS FOR SCHOOL FOOD PROCUREMENT IN SLOVENIA

The Slovenia Ministry of Public Administration coordinates a national intersectoral working group to improve the quality of food in public institutions, including schools, kindergartens and hospitals, and to prevent fraud in public procurement procedures. Since 2017, all public institutions in Slovenia have access to a website (114) featuring a food catalogue for public procurement, which allows users to select products and prepare complete documentation for public tender forms to be published on the official website.

The catalogue contains a comprehensive list of available food products classified into categories and subcategories (e.g. milk and dairy products, meat and meat products). It contains information for each product, including the exact product name, weight, volume, producer, ingredients, nutrition value, allergens, and a certificate of national and international quality schemes. This tool helps public institutions to evaluate food menus. It defines criteria to assess whether a supplier's offer complies with the requirements of the "green public procurement legislation", which requires 10% of all food procured to be organically certified and 20% to meet the requirements of any other national or international schemes. Public institutions can order up to 20% of products directly from local producers (local companies, crafts, farms and cooperatives) without a competitive public process, and the catalogue tool provides a map and contact information for local producers to facilitate this. The catalogue helps public institutions to consider additional criteria besides price, such as food quality and distance travelled, resulting in better quality food overall. The catalogue can also be used for material accounting, logistics/distribution planning and menu creation, allowing full digitalization of the public procurement food system.

Coordination of the working group and the website features have already had an impact: since 2012, 60% of schools have increased the share of locally produced food in their procurements. Creating a simpler, more transparent process for public procurement of food has also resulted in many benefits for food suppliers, including a uniform way to be identified to public institutions; presentation of more detailed data, such as nutrition information, on requested foods; and easier communication with potential buyers about modification of food products, which provides an incentive for reformulation.

# 4

## Monitoring, enforcement and evaluation

This section guides the process of monitoring and enforcement of the policy, as well as policy evaluation, and proposes the following six steps.

- ✓ Set up monitoring and enforcement mechanisms.
- ✓ Monitor compliance.
- ✓ Act on compliance and noncompliance.
- ✓ Evaluate policy process and outcomes.
- ✓ Communicate the results of monitoring, enforcement and evaluation.
- ✓ Revisit and revise the policy.

### Set up monitoring and enforcement mechanisms

Regular monitoring and evaluation are needed to understand whether the policy is being effectively implemented. It is important to designate clear responsibilities for monitoring and enforcement mechanisms. This includes establishing procedures and platforms for communicating monitoring results, establishing systems for sanctions and rewards (e.g. which agency or organization will conduct inspections, conduct data analysis, compile reports and issue sanctions), and providing the necessary resources for these operations. It is also important to set up a mechanism or platform for receiving complaints from end users or interested groups. Having clear procedures, defined timelines, common tools and allocated responsibilities will mitigate risks of corruption and bribery. For third-party complaint mechanisms, it is important to ensure a system for responding to eventual reports and to guarantee that third parties who make complaints will face no consequences.

Following from the assessment of public food procurement policies conducted in section 1, an analysis of the regulatory landscape also provides important insights into whether there are existing mechanisms or tools for monitoring and enforcement that can be built on or expanded. For example, if inspectors monitor hygiene in school canteens, they may also be able to monitor compliance with the nutrition criteria set up under the new policy. Similarly, inspectors sampling drinking-water quality in military bases may assess compliance with nutrition criteria at the same time. In such cases, it may only be necessary to provide appropriate training, and revise inspectors' terms of reference and inspection schedules, rather than creating a new monitoring and enforcement mechanism. Training is important to ensure that all monitors have competencies in using the tools.

### Monitor compliance

Monitoring compliance ensures that the policy is being effectively implemented and enforced. Monitoring can be undertaken at multiple points along the procurement and service process: purchasing of food by government institutions (e.g. whether contracts have been amended with suppliers) and serving or selling food in each setting.

The scope of the monitoring activities depends on three components.

- **Where to monitor?** Identify the public settings or venues to be monitored, and where in the food procurement and service chain monitoring takes place (e.g. at point of food purchase, preparation or service). If monitoring of the healthy public food procurement and service policy will be linked to ongoing monitoring of other policy measures, the location may already be determined. It will be important to consider the best approach for collecting information based on where the monitoring is taking place. For example, different strategies may be needed for monitoring government caterers versus informal food vendors around schools, or street food vendors.
- **What to monitor?** Determine what food and which nutrition criteria will be assessed. Depending on the comprehensiveness of the policy, it may not be feasible to check all nutrition criteria for all food categories every time. Review and aim to harmonize with existing monitoring indicators in use (e.g. national nutrition surveys, school health and school feeding surveys, dietary surveys). Make a plan for which types of food are to be checked and for which nutrition criteria during different monitoring activities, so that the entire policy is regularly monitored.
- **How to monitor and report violations?** Select the methods for collecting data and sampling, as well as the schedule for when monitoring activities will take place. A mix of different approaches may be used, from official inspectors to more participatory monitoring activities (e.g. engaging students in a school). Typically, information is collected through on-site inspections or audits conducted by an independent reviewer or government monitoring staff. Unannounced spot checks can give a good picture of actual practice. Direct inspections or audits are preferable if resources are available; where resources are limited, information can be self-reported through a reporting form, or during an interview with the supplier, caterer or vendor. The risk with the indirect approach is that gaps or challenges may not be identified. Violations can also be reported independently by third parties through a complaints mechanism. For example, parents of schoolchildren may report on unhealthy snacks served in class, or health workers may report concerns about observed policy breaches. Identify the appropriate tools and means of verification that would be needed for assessing compliance, and determine which method would be the most efficient and least resource demanding. Using digital technology may increase efficiency and transparency. See Box 28 for examples of means of verification for monitoring at different stages of procurement and service. Box 29 offers a country example from Singapore of an existing food safety system that could be adapted for monitoring of a public food procurement and service policy, and Box 30 provides a country example of monitoring systems for schools from the Seychelles.

During the inspection, do not focus on policing the supplier, caterer or vendor. Rather, use these encounters as an opportunity to assist them to change and improve where there are gaps or challenges. Where feasible, information can be collected in multiple ways to assess perceived compliance versus actual compliance.

After monitoring, communicate results to programme managers, and prepare short reports showing the progress of implementation, successes and challenges. Ensure that decision-makers are made aware of the challenges so that they can support corrective action or intensified efforts. Where enforcement mechanisms exist, report violations to the designated entity that will issue sanctions.

## BOX 28.

### EXAMPLES OF MEANS OF VERIFICATION FOR MONITORING AT DIFFERENT STAGES OF THE PROCUREMENT PROCESS

- Sales records
- Purchase records
- Expenditure records
- Customs records
- Food procurement contracts
- Nutrition labelling (e.g. nutrient declaration)
- Menus, recipes
- Food preparation methods
- Portions served
- Food service area
- Food samples for laboratory analysis

#### COUNTRY EXAMPLE

## BOX 29.

### SINGAPORE'S FOOD SAFETY SYSTEM FOR STREET VENDORS

Singapore, a South-East Asian city-state, has an extensive community of street food vendors. Singapore ensures food safety in retail outlets by requiring all vendors to be licensed, and requiring high standards of hygiene and sanitation in licensed premises. Vendors are graded on overall hygiene, cleanliness and housekeeping standards, with an A, B, C or D score; the grading scheme will be changed to Bronze, Silver and Gold award categories in 2021, to reflect long-term hygiene track records. Minor, major and serious food safety offences are recorded and may incur demerit points, which can result in a suspended or cancelled licence (115).

#### COUNTRY EXAMPLE

## BOX 30.

### SEYCHELLES MONITORING OF SCHOOL CANTEEN POLICY

Seychelles, a small island state in the African region that is developing rapidly, adopted a National School Nutrition Policy in 2008 (116). The canteen policy prohibits the sale of carbonated sugar-sweetened beverages in schools and other food items of low nutritional value.

The national government developed a guidance document to support implementation of the

policy, including a monitoring tool and sample lease agreement for school tuckshops. Each school is instructed to set up a local monitoring group, comprising a teacher, student, parent, tuckshop owner, dining staff member, school nurse, dental therapist and district representative, to monitor compliance by tuckshops with the policy. So far, only some schools have set up this group. Monitoring is also done by members of the national school nutrition committee or by school health nurses. They administer a monitoring tool at least once every year, reporting results back at national level. The monitoring tool, which has been revised in line with the new tuckshop guidelines launched in 2018 (117), includes classification of food sold based on a traffic light classification system (green represents high nutritional value, amber represents moderate nutritional value, and red represents low nutritional value), as well as the price of the food, and any other information relevant to food hygiene and safety or nutrition education. The information collected helps the government to assess progress and identify challenges to policy implementation, and complements on-site compliance monitoring by the national school nutrition committee.

The following tools are needed for data collection from individual venues and for summarizing findings from individual venues to support reporting. Where monitoring is linked to other ongoing monitoring systems, existing data collection tools should be revised or complemented to support reporting on the healthy public food procurement and service policy.

- **Tools to support data collection in public settings or venues:** data collection forms for monitoring the types of food purchased, served or sold in specific individual venues or settings, that indicate compliance with the nutrition criteria of the policy.
- **Tools for summarizing monitoring findings and activities:** templates for summary reports or a database to record monitoring activities, to track regular monitoring, summarize findings (e.g. proportion of compliant settings and venues, criteria that were often breached) and record eventual action taken.

## Act on compliance and noncompliance

In case of noncompliance with the policy, the setting should first be encouraged or mandated to change and improve its food procurement and service practices so that they meet the policy criteria, including during monitoring inspections. If the policy is mandatory, sanctions may be considered if noncompliance continues.

As described in section 2, the policy will define how violations will be penalized, who will bear the penalty and who is responsible for imposing the penalty. Administrative or financial sanctions (e.g. warning letters, fines) will help hold concerned government institutions, public settings, suppliers, caterers and vendors accountable for the healthy food procurement and service policy. Other sanctions may be procedural – for example, a central government institution might withhold certain funds from a region or province until a clear action plan is submitted for meeting the nutrition criteria in the policy. The sanctions may differ based on the degree of the violation. A policy that includes enforcement provisions for noncompliance will generally be more effective in meeting its objectives. Where no sanctions are stipulated, countries may use “naming and shaming” to create an incentive for settings and venues to perform better.

Countries may also positively reward good compliance – for example, using accreditation schemes or awards to formally acknowledge that settings have met all, or a threshold set of, criteria. Box 31 describes how schools in Sri Lanka are graded according to a pre-set score.

## BOX 31. ASSESSING COMPLIANCE WITH SCHOOL CANTEEN GUIDELINES IN SRI LANKA

Sri Lanka introduced a school canteen policy in 2006 (118). Subsequently, further guidance has been published through circulars intending to improve nutritional status and reduce rates of malnutrition in schoolchildren through the provision of nutritious, culturally acceptable, inexpensive, safe food on school premises, while also promoting healthy food choices and eating habits (49, 119).

The Ministry of Health coordinates monitoring of sites' compliance with the guidance using a school canteen assessment tool (120), which is implemented by each school's local Public Health Inspector under the supervision of the Medical Officer of Health. The tool grades schools based on nine domains: suitability of the location of the canteen, water supply, implementation of the School Canteen Policy, quality of food according to the school canteen guidelines (including promotion of healthy food and discouraging unhealthy food), serving foods, food handler hygiene, human resource management, and waste management. To be considered a "model school canteen" and receive an A grade, schools must score 75/100 or more and have no unhealthy food available. If the school scores 61–74/100 or scores 75/100 or more but has unhealthy food available, the school canteen is given a B grade and will be reassessed in 3 months. A score of less than 60% means that the canteen is not considered suitable for children.

### Evaluate policy process and outcomes

Evaluation results are important for understanding the effect (or lack of effect) of the policy, including where corrective actions might be needed and how they might be applied. When expected policy outcomes are not met, explore the underlying reasons and mitigation strategies applied. For example, low availability of fresh fruit and vegetables in a school canteen might be caused by bad harvests, high prices or transport bottlenecks.

A policy evaluation plan should be developed when the policy is being drafted (see section 2: "Plan, cost and identify resources for implementation and monitoring"). This is important to ensure that baseline data are collected before the policy is implemented, so that the impact can be measured. The plan may outline how the evaluation will be conducted and by whom. Partnering with universities or research institutes might be helpful. Some baseline data may have been collected through the assessment of the public food procurement and service policy landscape described in section 1 ("Understanding public food procurement and service activities").

The evaluation should focus on both process and outcomes.

- **Process evaluation** will provide an in-depth understanding of how and why results and outcomes have been achieved. It explores the implementation of the policy, including challenges, barriers, successes and enablers of policy implementation. It can provide information on elements related to feasibility of policy implementation, and acceptability and unintended consequences of the policy. Process evaluations are important to understand how the policy can be revised and improved, and are therefore often undertaken in the formative stage (e.g. within the first year of implementation).

- **Outcome evaluation** measures the impact of the policy on the policy goals and objectives. Based on the overall policy goals and specific policy objectives, consider what potential immediate and ultimate outcomes can be measured in the short, medium and long term. Be aware that the ultimate outcomes (e.g. changes in health status) can be affected by policy measures or contextual factors beyond the scope of the healthy public food procurement and service policy. Ensuring that the policy includes short-term objectives with immediate outcomes (e.g. food availability, sales) will help detect an impact during the evaluation (see section 2: “Define the policy purpose and scope”). Clarity around cause-and-effect assumptions (e.g. using a model) may enhance the presentation of the evaluation findings.

Based on the chosen purpose and scope of the policy, as defined in section 2, determine appropriate indicators and tools for the policy evaluation. Consider which outcomes and indicators will be feasible to measure, and identify data sources. Keep in mind that some outcomes may be less feasible to measure. For example, measuring sodium intake among the target population requires significant resources and may not be feasible in many contexts.

Examples of indicators and data sources for policy evaluation are provided in Table 1. Using digital technology and tools helps with collection and processing of a large amount of data and increases transparency.

Once the evaluation is completed, communicate the findings to programme managers, decision-makers and the public. Importantly, make sure that corrective actions are put in place and acted upon as necessary. See Box 32 for an example of Slovenia’s approach to policy evaluation.

**TABLE 1. EXAMPLE INDICATORS AND POTENTIAL DATA SOURCES FOR POLICY EVALUATION**

Element	Example of indicator	Potential data source
<b>PROCESS INDICATORS</b>		
<b>Communication</b>	<ul style="list-style-type: none"> <li>• % of settings disseminating messages about the policy to all staff and relevant consumers, children, parents and workers</li> <li>• % of staff, teachers, visitors and parents who are aware of the existence of the policy</li> <li>• % of staff, teachers, visitors and parents who know the content of the policy</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews and documentation at school level</li> <li>• Staff survey</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• % of settings holding training for food service staff in the first year</li> <li>• Perceived ability to comply with the nutrition criteria, including barriers to, and facilitators of, implementation</li> <li>• Changes in knowledge, attitudes and practices among government institution and setting staff, and suppliers, caterers and vendors</li> <li>• Number of resources or training sessions provided to public setting canteen staff, vendors and caterers to implement the policy criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Audit reports</li> <li>• Annual compliance assessment reports</li> <li>• Qualitative interviews or surveys</li> </ul>

Element	Example of indicator	Potential data source
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• % of settings implementing monitoring activities</li> <li>• % of settings monitoring regularly (e.g. every 2 weeks)</li> <li>• Number of public complaints received</li> <li>• Number and type of sanctions or rewards applied</li> <li>• Value of fines paid for noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Audit reports</li> <li>• Annual compliance assessment reports</li> <li>• Qualitative interviews or surveys</li> <li>• Reports of sanctions or rewards</li> </ul>
<b>Use of funds</b>	<ul style="list-style-type: none"> <li>• Investment in policy-related activities (e.g. meetings, training, materials, inspection)</li> <li>• Changes in cost of food procurement (e.g. lower cost of healthier options such as fruits and vegetables)</li> </ul>	<ul style="list-style-type: none"> <li>• Food budget for each government institution</li> <li>• Food expenditure reports</li> <li>• Expenditure reports from policy-related activities</li> </ul>
<b>OUTCOME INDICATORS</b>		
<b>Reach</b>	<ul style="list-style-type: none"> <li>• % of schools in a district adopting the policy</li> <li>• % of government office canteens complying with the policy</li> <li>• % of government food services complying with the policy</li> <li>• Number of individuals benefiting from the policy</li> </ul>	<ul style="list-style-type: none"> <li>• Audit reports</li> <li>• Government demographic reports</li> <li>• Records of meals served</li> </ul>
<b>Food purchase, service or sale</b>	<ul style="list-style-type: none"> <li>• Number of contracts with suppliers, vendors and caterers amended</li> <li>• Changes to the types of food purchased, served or sold (e.g. availability of fruits and vegetables in kiosks, so that food that promotes healthy diets becomes the “default” choice in school and workplace canteens, kiosks and vending machines)</li> <li>• Changes to menus</li> <li>• Changes to nutrient content of food served or sold (e.g. % decrease in sodium content of meals)</li> <li>• Changes to portion sizes of served meals</li> <li>• Changes to the food service area</li> <li>• Number of healthier meals served or sold</li> <li>• Changes in purchase rates</li> </ul>	<ul style="list-style-type: none"> <li>• Contract review</li> <li>• Purchase records of products or point-of-purchase surveys</li> <li>• Menu or recipe reviews</li> <li>• Studies of canteens</li> <li>• Compliance reports</li> <li>• Cost of food products</li> </ul>

Element	Example of indicator	Potential data source
<b>Behavioural</b>	<ul style="list-style-type: none"> <li>• Changes in knowledge, attitudes and practices among target population groups (e.g. schoolchildren, workers)</li> <li>• Changes in food selection and dietary practices (e.g. % decrease in purchases of sugar-sweetened beverages, % increase in purchases of fresh fruit)</li> <li>• Increased acceptance of healthier food</li> <li>• Increased preference for healthier food</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge, attitudes and practices survey (before and after policy implementation)</li> </ul>
<b>Consumption, dietary intake</b>	<ul style="list-style-type: none"> <li>• Changes in consumption of food products among target population groups (e.g. sugar-sweetened beverages, fruits and vegetables)</li> <li>• Changes in dietary intake among target population groups (e.g. sugars, salt intake)</li> <li>• Changes in biochemical measures (e.g. 24-hour sodium excretion)</li> </ul>	<ul style="list-style-type: none"> <li>• Health and nutrition surveys</li> </ul>
<b>Performance</b>	<ul style="list-style-type: none"> <li>• Improved cognitive function or academic performance among schoolchildren</li> <li>• Reduced absenteeism among workers or students</li> <li>• Increased productivity among workers</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized test scores</li> <li>• Surveys in human resources departments</li> </ul>
<b>Health and nutrition status</b>	<ul style="list-style-type: none"> <li>• Rate of overweight and obesity</li> <li>• Rate of diet-related NCDs</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical assessments (before and after policy implementation)</li> <li>• Disease registers</li> </ul>

## COUNTRY EXAMPLE

### BOX 32. SLOVENIA'S THREE-PART POLICY EVALUATION OF PUBLIC PROCUREMENT FOR SCHOOLS

In Slovenia, the *National dietary guidelines for healthy nutrition in kindergartens and schools* (NDG) (121) was adopted in 2005, required as of 2010 and amended in 2013 by the School Meals Act (122). A three-part evaluation of the implementation of the NDG in schools was conducted in 2010 and 2011 (123).

The first level of evaluation was a survey among school food service managers, to assess their perception of implementation. The second level was a menu quality evaluation of randomly sampled primary schools, which assigned a composite score (0–100) to capture meal

compliance with the NDG. The third level assessed the nutrient content and energy values of a subsample of 120 school lunches at 24 primary schools, selected because they were close to regional public health institutes.

The first evaluation indicated a high level of perceived implementation; however, the second evaluation indicated that the quality of the school menus varied considerably, with many performing poorly. In the third evaluation, the school lunches sampled contained adequate amount of protein, and did not significantly exceed the maximum recommended values for sugars, total fat and saturated fats; however, they contained less energy, carbohydrates and dietary fiber than minimum recommended values, and significantly exceeded recommended levels of sodium, among other nutrients. The multilevel evaluation demonstrated that, although positive changes are being made, measured compliance varies based on how implementation of the NDG is planned and monitored. The evaluation also showed the importance of multilevel implementation.

Results of the multilevel evaluation were widely used, especially for monitoring and implementation of the NGD, as well as preparing updates to the guidelines. The next evaluation is planned for 2020–2021. A commitment to periodic evaluation has been included in the School Meals Act, creating an important legal basis for public health efforts.

## Communicate the results of monitoring, enforcement and evaluation

Communicate the results of policy monitoring, sanctions applied to breaches observed, and outcomes of policy evaluations to programme managers, decision-makers, target population groups and the public. Short reports on progress with implementation, successes and challenges can help make results accessible to different audiences. Updates may also be provided at meetings of beneficiaries, end users and consumers, such as workplace staff meetings. Importantly, ensure that decision-makers are made aware of any challenges so that they can support corrective action or intensified efforts. Box 33 provides an example from Denmark, where food procurement monitoring results have been integrated into national official statistics, which may strengthen both the monitoring process and compliance.

Making results available to the public through a variety of media can provide an incentive for institutions and caterers or vendors operating in public settings to comply with the policy, as they will receive public recognition for their efforts. Conversely, “naming and shaming” will put pressure on noncompliant institutions, public settings, caterers and vendors to strive to meet the nutrition criteria.

Sharing results and learnings publicly through peer-reviewed publications or other accessible reports can also contribute to local and international knowledge exchange, and allow cities, regions and countries to learn from each other’s experiences.

BOX  
33.

## INTEGRATION OF PUBLIC FOOD PROCUREMENT DATA INTO NATIONAL OFFICIAL STATISTICS IN DENMARK

In Denmark, implementation of the Public Organic Procurement Policies is monitored through a mandatory questionnaire-based annual survey targeting food suppliers. The survey was set up at the request of the Ministry of Environment and Food. It is implemented by Statistics Denmark using a questionnaire targeting food service wholesalers. Statistics Denmark makes the results available on its website (124). The survey constitutes a census of food service wholesalers with a minimum of DKK 30 million in turnover, and is estimated by Statistics Denmark to cover 90–95% of total sales to food services. Using the national bureau of statistics for data collection has been beneficial because the bureau already has business registers available to use, can make participation in the survey mandatory, and is recognized as the provider of official and independent statistical data. It has also been reported that the process of monitoring implementation in a tangible and quantitative manner has had a market-stimulating effect for first movers in a steadily growing organic market (125).

Since the creation of the statistics in 2013, wholesalers' sales of organic food to professional kitchens have almost tripled. According to statistics, in 2019, organic food and beverages made up almost 12% of the total food service market, and the average organic share in public kitchens was estimated at 23%. The state-controlled organic food label for professional kitchens (the Organic Cuisine Label) is considered to be a contributing factor to this development – for example, Statistics Denmark mentions the growth in the number of labels on an annual basis (126).

### Revisit and revise the policy

Periodic evaluation and revision of the policy are important to ensure that it has the intended effect and that the nutrition criteria are up to date with current dietary recommendations. The concerned policy-making bodies may need to evaluate the effectiveness of the nutrition criteria included in the policy and update them periodically, as required. For example, a policy could include the following language/provision: “The Ministry of Health is required every 3 years to review nutrition criteria set forth in the policy with international guidance and evidence and publish updated criteria”. A policy review also provides an opportunity to address any unintended outcomes of the policy and any loopholes reducing the effectiveness of the policy.

# Remarks

By adopting healthy public food procurement and service policies, governments become critical players in transforming the food environment to promote healthy diets and improve public health. In addition to saving lives, these policies can reduce healthcare costs and productivity losses, increase demand for healthier food (which may encourage manufacturers to reformulate), and set a standard for nutritional quality in the food system – thus making healthy food the default option in all public settings.

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# Annexes

## Annex 1. Key responsibilities for healthy food procurement and service policy working group

The key responsibilities of the members of the working group could be to:

- agree on a shared goal to develop a policy and a time frame for achieving the goal;
- identify and obtain high-level support from the appropriate government authority;
- aid in assessment of the food procurement landscape;
- contribute to developing strong nutrition criteria and overall drafting of a policy that is feasible to implement, with roles clearly assigned to the appropriate government body or bodies;
- advocate for the healthy public food procurement and service policy to be enacted through a binding, formal policy mechanism such as legislation, law or decree;
- support public campaigns and communication of the new policy to all stakeholders – government staff, vendors, farmers and consumers;
- identify resources required to support implementation;
- ensure that technical assistance is available to support implementation;
- develop ongoing processes to identify and address challenges;
- support regular monitoring of compliance;
- support evaluation, as needed; and
- share best practices.

The lead government institution would oversee the technical needs of the working group, such as scheduling meetings, preparing background materials, and following up with members to confirm that agreed steps were taken.

## Annex 2.1. Example questions for conducting an assessment of the food procurement and service landscape

### Public food procurement and service activities

1. Which government institutions purchase food and in which public settings is food served and/or sold?
  - Within each government office and setting, identify all venues and programmes where food is served and/or sold. Consider also whether food is sold *around* public settings that should be included in the policy. Prepare a table or spreadsheet to compile the information for easy reference (see example in Annex 2.2).
2. What are the target population groups, the types and volume of food, the mechanism and policies for public food procurement and service within these venues and programmes?
  - For each venue and programme, identify:
    - the target population in each setting;
    - the types of food purchased, served and/or sold, and their approximate volumes (e.g. meals or snacks, prepared on-site or off-site);
    - the procurement and service mechanism used
      - whether decentralized to individual settings or venues, or centralized (managed by government) or a mix
      - methods of food preparation used (e.g. which vendors and caterers are used, contracted caterer/vendor, informal private vendor); and
    - policies and services that govern food procurement or service in this venue or setting.

*For questions 1 and 2, enter the responses into the tool provided in Annex 2.2. An example is provided of a mapping of food procurement and service activities in one government institution.*

3. If food is purchased or donated, does it have nutrition labels or available nutrition information?
4. If food is served, is there access to meal plans and nutrition analysis of meals, menus, or recipes? Are meal plans developed by nutritionists?
5. What is the current food procurement and service system?
  - Identify the contractual terms currently in place with caterers, suppliers or other vendors involved in public food procurement and service, including when contracts are up for renewal and whether they can be renegotiated to include new criteria.
  - Assess whether healthier food options (e.g. low-sodium packaged food, whole grains, healthy fats) can be supplied.

### Public food procurement and service policy environment

6. What policies, legislation or guidelines exist that govern public food procurement and service?
  - Identify current policies that govern public food procurement and service.
  - Identify nutrition or other criteria related to food procurement and service stipulated within existing policies.

- Note how often these are revised and if any revisions are planned.
7. What other nutrition and diet-related policies exist that could support healthier public food procurement and service?
    - Identify national policies and strategies that set nutrition or diet-related goals that could be incorporated into the healthy food procurement and service policy purpose.
    - Identify other relevant nutrition goals set by the government and determine whether these address all the major prevailing nutrition challenges (e.g. undernutrition, diet-related NCDs).
  8. Which government bodies have the authority on public food procurement and service and what are the processes?
    - Identify institutions with authority to set the scope and criteria for public food procurement and service, other involved institutions, the processes used and approvals needed.
    - Identify whether there are food service points or retail settings within government settings that the government does *not* have authority over.

### **Capacities**

9. What capacities exist for developing, implementing and monitoring healthy food procurement and service?
  - Identify the existing human resources within the institutions working on public food procurement and service, and whether they have the competencies and capacity to implement nutrition criteria, plan menus and develop recipes.
  - Identify the existing human resources for monitoring compliance with food procurement and service policies.
  - Identify what other capacities exist that could support healthy public food procurement and service (e.g. nutritionists, dietitians).

### **Monitoring**

10. Is there a current mechanism in place for monitoring compliance with public food procurement and service policies?
  - Identify the settings and venues currently monitored, and how often monitoring takes place.
  - Determine what is monitored in terms of the types and nutritional content of food purchased, served and sold.
  - Assess the ability to assess nutritional composition of meals and snacks served or sold (e.g. content of nutrition label, access to nutrition software, access to qualified staff with time available to analyse meal composition).
  - Identify opportunities for monitoring in the targeted settings (e.g. simultaneously with monitoring of safe drinking water).

## Annex 2.2. Example findings from a food procurement and service assessment

Institution: \_\_\_\_\_ Ministry of Education \_\_\_\_\_

Settings	Venues and programmes	Target population	Types of foods	Volume	Procurement mechanism	Food procurement and service policy	Nutrition criteria	Comments/ considerations
Schools	School meal programme	All school children (150 000 students)	Meals using fresh and minimally processed ingredients	All school children daily, 30 million meals per year	Concerned government institution purchases or serves school meal. Food donations in some regions.  Prepared in school canteen kitchens by staff employed by ministry of education using recipe book for school meals.	School meal standards (1996), recipe book for school meals (2002)	Minimum portion standard of meal, guidance on composition of meal (should contain protein food)  Water should be served with meal	Could be used to note issues, gaps and opportunities
Schools	Vending machines	School children	Packaged snacks, beverages	100 000 beverages and snacks per year	Provided by contracted food companies in public setting	School meal standards (1996)	Snacks in vending machines should not be excessively salty	
Schools	Around schools	School children	Packaged snacks, beverages	Estimated same as from vending machines	Provided by informal vendors, food hawkers	None		
Department offices at national and district level	Canteens	Employees (50)	Meals, beverages, snacks	10 000 meals, 5000 beverages and 2000 snacks per year	Provided by contracted caterers or food companies in public setting	Rules for issuing contracts with food suppliers and caterers	None (only financial considerations)	





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