

The Healthy Food Environment Policy Index (Food-EPI): Ireland

**2020-2024
Evidence Document**

November 2025

Authorship

Dr Clarissa L Leydon

School of Public Health, University College Cork, Ireland

Mr Daniel Foran

School of Public Health, University College Cork, Ireland

Dr Janas M Harrington

School of Public Health University College Cork, Ireland

Cite this report as: Leydon, C.L., Foran, D. & Harrington, J.M. (2025) *The Healthy Food Environment Policy Index (Food^{OBJ}EPI): Evidence Document for Ireland 2025*. Cork: School of Public Health, University College Cork.

Contact Details: Any questions regarding this document can be directed to Dr Janas Harrington (j.harrington@ucc.ie).

Date: November 2025

Table of Contents

| | |
|--|-----|
| Introduction..... | 5 |
| Definition of Terms..... | 7 |
| List of Abbreviations | 9 |
| Healthy Food Environment Policy Index: Policy domains..... | 11 |
| DOMAIN 1 – FOOD COMPOSITION | 11 |
| COMP1 | 11 |
| COMP2 | 19 |
| DOMAIN 2 – FOOD LABELLING..... | 24 |
| LABEL1..... | 24 |
| LABEL2..... | 24 |
| LABEL3..... | 26 |
| LABEL4..... | 32 |
| DOMAIN 3 – FOOD PROMOTION | 38 |
| PROMO1 | 38 |
| PROMO2 | 46 |
| PROMO3 | 51 |
| PROMO4 | 54 |
| PROMO5 | 57 |
| DOMAIN 4 – FOOD PRICES..... | 58 |
| PRICES1 | 58 |
| PRICES2..... | 60 |
| PRICES3..... | 65 |
| PRICES4..... | 67 |
| DOMAIN 5 – FOOD PROVISION | 70 |
| PROV1..... | 70 |
| PROV2..... | 83 |
| PROV3..... | 92 |
| PROV4..... | 95 |
| PROV5..... | 99 |
| DOMAIN 6 – FOOD IN RETAIL..... | 103 |
| RETAIL1 | 103 |
| RETAIL2 | 106 |

| | |
|---|-----|
| RETAIL3 | 108 |
| RETAIL4 | 110 |
| Healthy Food Environment Policy Index: Infrastructure Support domains | 112 |
| DOMAIN 7– LEADERSHIP..... | 112 |
| LEAD1 | 112 |
| LEAD2..... | 118 |
| LEAD3..... | 121 |
| LEAD4..... | 126 |
| LEAD5..... | 129 |
| DOMAIN 8 – GOVERNANCE..... | 137 |
| GOVER1..... | 137 |
| GOVER2..... | 140 |
| GOVER3..... | 142 |
| GOVER4..... | 144 |
| DOMAIN 9 – MONITORING AND INTELLIGENCE | 148 |
| MONIT1 | 148 |
| MONIT2 | 153 |
| MONIT3 | 157 |
| MONIT4 | 160 |
| MONIT5 | 162 |
| MONIT6 | 165 |
| DOMAIN 10 – FUNDING AND RESOURCES | 168 |
| FUND1..... | 168 |
| FUND2..... | 171 |
| FUND3..... | 174 |
| DOMAIN 11 – PLATFORMS FOR INTERACTION | 176 |
| PLAT1..... | 176 |
| PLAT2..... | 178 |
| PLAT3..... | 181 |
| PLAT4..... | 183 |
| DOMAIN 12 – HEALTH IN ALL POLICIES..... | 187 |
| HIAP1 | 187 |
| HIAP2 | 190 |
| References..... | 193 |

Introduction

Ireland has one of the highest levels of obesity in Europe. According to the Health Service Executive (HSE), 60% of adults are living with overweight or obesity (Health Service Executive, 2022). The Childhood Obesity Surveillance Initiative (COSI) 2020 report also reveals that one in five primary school children in Ireland have overweight or obesity, highlighting the urgent need for public health action, focused on prevention (Mitchell et al., 2020). Obesity is associated with other chronic diseases such as type 2 diabetes, cardiovascular disease, respiratory disease, several types of cancer, and pain and musculoskeletal disorders. The projected cost of overweight and obesity in Ireland will be over €11 billion by 2030 (World Obesity Federation, 2025).

Robust government policies are critical to shaping healthier food environments and mitigating the burden of obesity, non-communicable diseases (NCDs), and associated health inequalities (Swinburn et al., 2013). Unhealthy food environments result in unhealthy diets, through the widespread availability of cheap, hyper-palatable, heavily promoted, energy-dense and nutrient-poor products (Swinburn et al., 2011). Accordingly, Governments must implement comprehensive and systemic policies to improve food environments and address the urgency of the burden posed by unhealthy diets. To achieve this goal, it is important to take stock of government policies, including their extent of development and implementation, and compare this to international best practice.

The Healthy Food Environment Policy Index (Food-EPI) is an instrument and process designed to evaluate the extent to which governments have implemented policies to create healthy food environments, benchmarked against international best practice (Swinburn et al., 2013). Developed in 2013 by the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS), it focuses on policy actions aimed at preventing obesity, non-communicable diseases (NCDs), and related inequalities. The Food-EPI has been implemented in over 40 countries worldwide, including Ireland, with adaptations to reflect national contexts.

The Food-EPI instrument consists of two components, Policy and Infrastructure Support. The two components consist of six domains, each comprising a number of good practice indicators. The Policy domains address key aspects of food environments that can be influenced by governments to create accessible, available, and affordable healthy food choices. The Infrastructure Support domains are related to aspects which facilitate policy development and implementation to prevent obesity and NCDs (**Figure 1**).

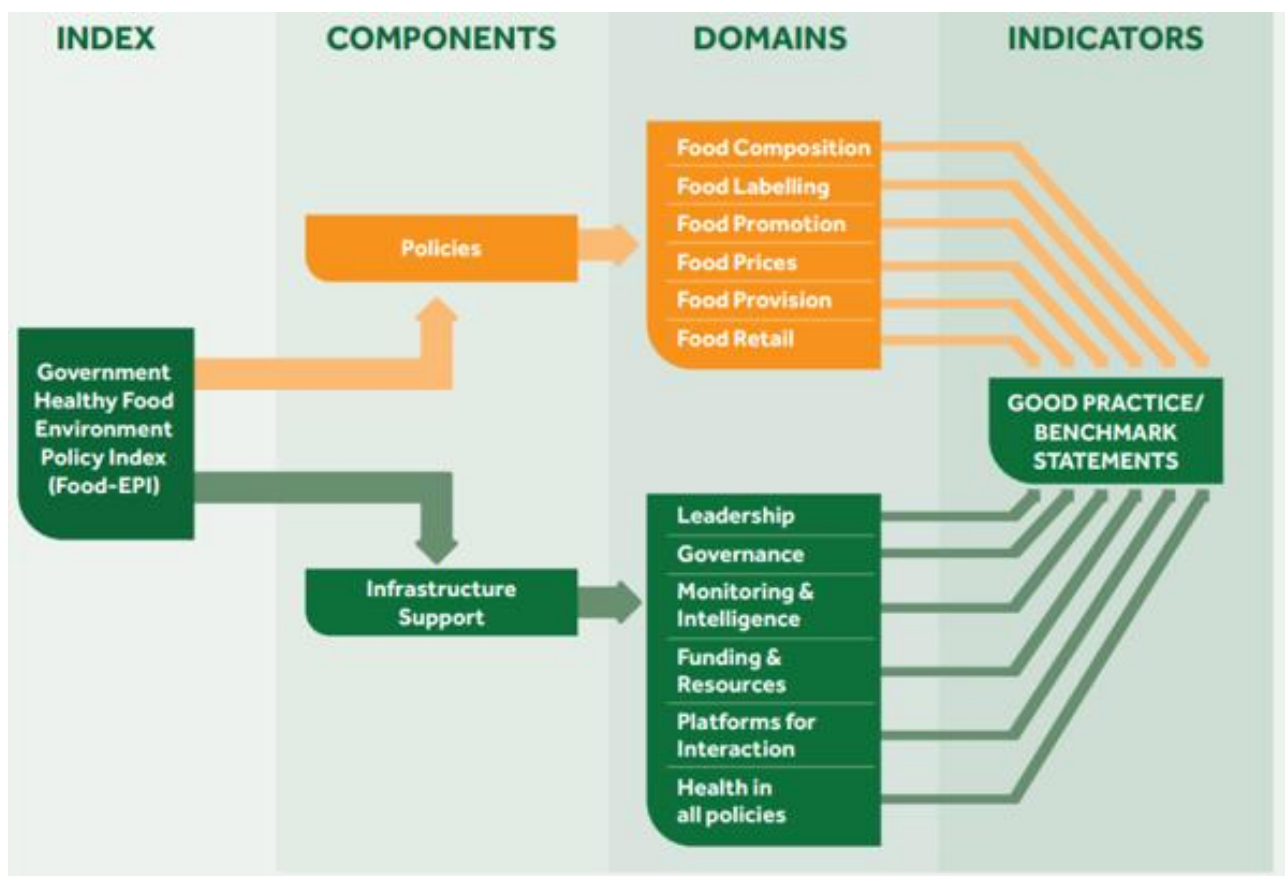


Figure 1. The Healthy Food Environment Policy Index (Food-EPI) tool

Definition of Terms

Food: refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.

Food environments: the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.

Government: includes any government departments and, where appropriate, other agencies (i.e., statutory bodies such as offices, commissions, authorities, boards, councils, etc.). Plans, strategies or actions by local government should not be included, although relevant information can be noted in the 'context/comments' sections.

Government implementation: refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.

Healthy/unhealthy food: categorisation of foods as healthy / unhealthy are in accordance with the WHO and EU guidelines). Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.

Nutrients of concern: salt (sodium), saturated fat, trans fat, added sugar.

Systems-based approaches: this may include policies within other domains of health, a social-determinant of health approach, bringing together multiple departments or ministries to approach health and includes multiple levels of government.

Policy actions: a broad view of "policy" is taken to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, to include, inter alia:

- Evidence of commitments from leadership to explore policy options
- Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
- Establishment of a steering committee, working group, or expert panel etc.
- Review, audit or scoping study undertaken
- Consultation processes undertaken

- Evidence of a policy brief/proposal that has been put forward for consideration
- Preparation of a regulatory or economic impact assessment, or health impact assessment etc.
- Regulations / legislation / other published policy details
- Monitoring data
- Policy evaluation report

List of Abbreviations

BAI: Broadcasting Authority of Ireland

CAP: Common Agricultural Policy

COSI: Childhood Obesity Surveillance Initiative

EC: European Commission

ECHI: European Core Health Indicators

EFSA: European Food Safety Authority

EU: European Union

FDI: Food Drink Ireland

Food EPI: Food Environment Policy Index

FOP: Front of Pack

FSAI: Food Safety Authority of Ireland

GDA: Guideline Daily Amount

HBSC: Health Behaviour in School-aged Children

HFFA: Healthy Food for All

HFSS: High in Fat, Sugar and/or Salt

HiAP: Health in All Policies

HIA: Health Impact Assessment

HIQA: Health Information and Quality Authority

HSE: Health Service Executive

IMO: Irish Medical Organisation

INFORMAS: International Network for Food and Obesity/ NCDs Research, Monitoring and Action Support

NCD: Non-Communicable Disease

NGO: Non-Government Organisation

OPAP: Obesity Policy and Action Plan

OPIOG: Obesity Policy Implementation Oversight Group

SHC: Sláintecare Healthy Communities

SSDT: Sugar Sweetened Drinks Tax

UCC: University College Cork

WHO: World Health Organization

Healthy Food Environment Policy Index: Policy domains

DOMAIN 1 – FOOD COMPOSITION

There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of concern (salt, fat, saturated fat, *trans* fat, added sugar).

COMP1

Food composition targets/standards have been established for processed foods by the government for the content of the nutrients of concern in certain foods or food groups if they are major contributors to population intakes of these nutrients of concern (added sugars in processed foods, salt in bread, saturated fat in commercial frying fats).

Trans fat has been excluded as it falls under EU regulation

Definitions and scope

- Includes packaged foods manufactured in country X or manufactured overseas and imported to country X for sale.
- Includes packaged, ready-to-eat meals sold in supermarkets.
- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving).
- Includes legislated ban on nutrients of concern.
- Excludes legislated restrictions related to other ingredients (e.g., additives).
- Excludes mandatory food composition regulation related to vitamins and micronutrients (e.g., folic acid or iodine fortification).
- Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables.
- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2).
- Excludes general guidelines advising food companies to reduce nutrients of concern.
- Excludes the provision of resources or expertise to support individual food companies with reformulation.
- Industrially processed foods are the processed and ultra-processed foods according to the NOVA classification (please find the complete definitions here: <https://world.openfoodfacts.org/nova>).
- Processed foods, such as bottled vegetables, canned fish, fruits in syrup, cheeses and freshly made breads, are made essentially by adding salt, oil, sugar or other substances from

| | |
|---|---|
| | <p>Group 2 (processed culinary ingredients) to Group 1 (unprocessed or minimally processed) foods.</p> <ul style="list-style-type: none"> • <u>Ultra-processed foods</u>, such as soft drinks, sweet or savoury packaged snacks, reconstituted meat products and pre-prepared frozen dishes, are not modified foods but formulations made mostly or entirely from substances derived from foods and additives, with little if any intact Group 1 (unprocessed or minimally processed foods) foods. The overall purpose of ultra-processing is to create branded, convenient (durable, ready to consume), attractive (hyper-palatable) and highly profitable (low-cost ingredients) food products designed to displace all other food groups. |
| <p>International best practice examples (benchmarks)</p> | <p>Australia: In 2020, the Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for sodium, saturated fat and sugar. The reformulation program will be implemented in two waves, with each wave having a four-year implementation period with progress updates due at year 2 and 4. Specific targets related to saturated fat exist for several food categories including: pizza, processed meats, sausages and pastries (Department of Health and Aged Care, 2021). Progress has not yet been reported.</p> <p>Portugal: In 2019, the Portuguese government led a process to gain commitment from industry to reformulate the levels of salt, sugar and trans fatty acids in different categories of food products. For sugar, the following food products were set to be reduced by 10% by 2022: chocolate milk, yogurts, breakfast cereals and soda drinks. For fruit nectars, a 7% reduction target was set, to be reached by 2023 (Goiana-da-Silva et al., 2019). A protocol for monitoring the reformulation of the levels of salt, sugar and trans fats in certain categories of food was also established (World Cancer Research Fund, 2016b). Progress has not yet been reported.</p> <p>UK: In 2016, a key commitment of the ‘Childhood obesity: a plan for action’ was to launch a broad, structured sugar reduction programme to remove sugar from everyday products. All sectors of the food and drinks industry were challenged to reduce overall sugar across a range of products that contribute most to children’s sugar intakes by at least 20% by 2020, including a 5% reduction in the first year of the programme (August 2016 to August 2017). The overall reduction between 2015 -2018 (in total sugar per 100g) was -2.9% (Public Health England, 2019). Only</p> |

| | |
|--|---|
| | <p>three food groups of the eight measured have managed at least a 5% reduction in the first year: sweet spreads and sauces, yoghurts and fromage frais, and breakfast cereals. There has been no sugar reduction in biscuits and chocolate bars (Public Health England, 2018). In contrast to this co-regulation, for products where the sugar tax applies over the same period a reduction in sugar of about 30% was found.</p> <p>The Netherlands: On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organisations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes voluntary ambitions for the period up to 2020 and aims to increase the healthiness of the food supply (World Cancer Research Fund, 2016b, National Agreement to improve Product Composition, 2017). Voluntary agreements have been made for the reduction of salt, saturated fat and energy/sugars in a variety of product groups and soft drinks.</p> <p>South Africa: In 2013, the South African Department of Health adopted mandatory targets for salt reduction in 13 food categories by means of regulation (Foodstuffs, Cosmetics and Disinfectants Act). There is a stepped approach with food manufacturers given until June 2016 to meet one set of category-based targets and another three years until June 2019 to meet the next (World Cancer Research Fund, 2016b, Hofman and Tollman, 2013). Overall, 67% of targeted foods had a sodium level at or below the legislated limit. About half (49%) of targeted foods not meeting the legislated limits were less than 25% above the maximum sodium level (Peters et al., 2017).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Commission Directive 2006/125/EC (OJ L339, p16, 06/12/2006) Commission Directive 2006/125/EC (OJ L339, p16, 06/12/2006) of 5 December 2006 on processed cereal-based foods and baby foods for infants and young children.</p> <ul style="list-style-type: none"> • European Communities (Processed Cereal-based foods and baby foods for Infants and Young Children) Regulations, 2007 (S.I. No 776 of 2007) Commission Directive 2006/125/EC codifies and replaces the previous Directive (Commission Directive 96/5/EC). • Commission Directive 2006/125/EC is transposed into Irish legislation by S.I. No 776 of 2007 and it sets the rules on the |

composition and labelling of processed cereal-based foods for nutritional use for infants and young children in good health and are intended for use by infants when they are being weaned and as a supplement to the diet of young children (The commission of the European communities, 2006).

Food industry action

In 2016, Food Drink Ireland (FDI) published a report investigating the impact of reformulation efforts by 14 key FDI members, which identified a reduction in energy, total fat, saturated fat, sodium and sugar, of selected studied products in a 7-year period. It found that in the seven years between 2005 and 2012, the energy, total fat, saturated fat, sodium and sugar content of the products analysed had been reduced by 12%, 10%, 12%, 37% and 14% respectively (Food Drink Ireland, 2016).

The FDI 'National Reformulation Programme'

Following the 2016 report, the FDI launched a 'National Reformulation Programme', with the FSAI providing oversight, to continue their reformulation efforts in meeting consumers' changing requirements. FDI aims to expand the initiative and recruit more companies across the food industry to document the impact of their reformulation efforts on the population of Ireland. The FSAI believes that the reformulation of foods must be driven by the industry, with the FSAI continuing its independent monitoring of efforts over the coming years.

Lidl Ireland

On the 27th of March 2019 Lidl announced that over 850 own-brand products (over 30% of the product range) are being assessed, as the retailer commits to a 20% reduction in added sugar content as well as reducing salt levels in accordance with best practice standards by the end of 2020. This comes as a response to the Irish Government-led initiative, Healthy Ireland, in particular the Obesity Action Plan and as a direct response to consumers demand for healthier food choices.

Sugar: Lidl Ireland will reduce the added sugar content in own brand products by 20% by the end of 2020 focusing primarily on foods that are popular with and consumed by children. Food categories such as breakfast cereals, spreads, sauces, and sweet confectionery will be a major focus. Lidl Ireland will be reviewing approximately 350 own brand products in order to

| | |
|--|---|
| | <p>reach this sugar target.</p> <p><u>Salt:</u> Lidl Ireland will reduce the salt content of own-brand products in line with the UK's Food Standards Agency (FSA) 2017 salt targets by the end of 2020. The reduction of salt first focuses on food categories that are consumed on a regular basis and generally make up a large share of the daily salt intake including; ready meals, soups, pizzas, crisps, cakes and meat products. Over 500 of Lidl Ireland's own brand products will be reviewed to reach this salt target (Lidl, 2019).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Product Reformulation</p> <p>A Roadmap for Food Product Reformulation in Ireland was developed by a Reformulation Subgroup of the Obesity Policy Implementation Oversight Group and published by the Department of Health in 2021 (Department of Health, 2021). The Roadmap is a core element of Ireland's Obesity Policy and Action Plan and provides a framework and targets for voluntary reformulation by the food industry in Ireland. The Roadmap takes a whole food system approach, and calls on the food industry across the system, manufacturers, retailers, foodservice outlets, and ingredients suppliers to reduce the energy (calories), sugar, saturated fat and salt in the foods they make and sell. A Roadmap for Food Product Reformulation in Ireland is ambitious and in order to realise its objectives the Food Reformulation Task Force was established in 2022. The Task Force is a strategic partnership between the Food Safety Authority of Ireland (FSAI) and Healthy Ireland at the Department of Health.</p> <p>The Roadmap outlines the following reformulation targets:</p> <ul style="list-style-type: none"> • >20% reduction in sugar in 20 priority food and beverage categories. • >20% reduction in energy in 19 priority food and beverage categories. • >10% reduction in saturated fat in 16 priority food categories. • >10% reduction in salt in 25 priority food categories. <p>There is overlap in the food categories targeted for the energy and nutrient reductions, meaning overall there are 40 priority food categories for reformulation. These targets apply across the food supply including food manufacturers, food retailers, food ingredient suppliers and the out-of-home foodservice sector. The time frame for achieving these targets is between 2015 and 2025. A retrospective period, before the Roadmap was published, is included in the timeframe to reflect reformulations</p> |

undertaken by the food industry between 2015 and 2021. Progress during the retrospective period will be measured where data is available to facilitate this. High level outputs on the Irish reformulation programme to date include:

- 15 priority food categories for reformulation were identified to guide industry efforts.
- The development and implementation of a comprehensive prepacked food label and composition monitoring system, informed by EU best practice including the methodology defined by the JA Best REMAP, and complemented by lessons learned from the UK and EU countries. The results of this approach are outlined in published monitoring and progress reports. This approach includes the piloting of a branded food database infrastructure for Ireland.
- Review of Salt Intake Trends in the Population. The task force commissioned research to determine salt intakes in the adult population living in Ireland. This research found salt intakes have decreased in both males (11.6 vs 9.5 g/day) and females (8.8 vs 7.5 g/day) between 2008 and 2022. Despite this progress, current intakes remain above the FSAI population salt target of 6 g/day.
- The task force established a data repository which compiles national branded food composition datasets. This repository can be used to trend the evolution of the nutritional composition of food categories prioritised for reformulation over time.
- Broad and regular engagement on reformulation plans and progress with the food industry by way of one-to-one food industry meetings, food category meetings, webinars, workshops and annual high-level meetings. This includes the establishment of a Reformulation Network, made up of over 500 members, to which updates on food reformulation are circulated.
- Dissemination of information on national supports available for reformulation in Ireland, such as funding support through Enterprise Ireland and technical support through Teagasc.
- The development, publication and dissemination of reformulation targets for Commercially Available Complementary Foods (baby and toddler foods), informed by the WHO and University of Leeds Nutrient and

Promotion Profile Model. The targets focus specifically on sugar, salt and the availability of appropriate and inappropriate baby and toddler foods.

- Detailed review of the evolution of nutritional composition of yoghurts, breakfast cereals, and ready-to-eat breakfast cereals between 2016 and 2021, showing reductions in energy, sugar, and saturated fat but not salt.
- Examined accuracy of nutrition declarations on the labels of yoghurts, breakfast cereals, pre-packed soups, sauces and breads, sugar-sweetened carbonated beverages, and processed cheese.
- Review of trends in sodium content of food categories prioritized under the Salt Reduction Programme, noting stagnation in recent years except for snack products, processed cheese, and soups. Additionally, laboratory analysis of breads sampled in 2022 showed mixed progress in reducing sodium content. Examination of sugar content in soups and sauces showed significant variation in sugar content, indicating opportunities for reformulation.
- The development and publication for consultation of draft nutrient thresholds for 15 priority food categories for use in new product development. These thresholds will be finalised in 2025.
- Commissioning of relevant research to address research gaps in the Irish context in areas relevant to the work of the task force, such as population salt intakes, branded food database hosting and healthy and unhealthy food availability.
- Engagement in EU efforts related to reformulation by way of active participation in forums, research by way of the Joint Action Prevent Non-Communicable Diseases (JA PreventNCD) reformulation related tasks and information sharing with EU counterparts.
- Development of methodology and plan to map the use of nutrient thresholds / nutrition related standards in public procurement. The mapping will be completed in 2025 (Food Safety Authority of Ireland, 2021).

In 2025, a benchmark of the nutrient content of children's meals on the Irish market and recommendations for their improvement will be published. Mapping of the nutrient thresholds / standards in the public procurement system will be complete. A

| | |
|-----------------------|--|
| | comprehensive overview of the work of the Food Reformulation Task Force can be found on the following webpage: Food Reformulation Food Safety Authority of Ireland |
| Comments/notes | |

COMP2

Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (added sugars, salt, saturated fat) in meals sold from food service outlets, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.

Trans fat has been excluded as it falls under EU regulation

Definitions and scope

- Meals sold at food service outlets include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). This also includes foods from catering operations and delivery meals
- Includes legislated bans on nutrients of concern.
- Includes mandatory or voluntary targets (i.e., reduce by X%, maximum mg/g per 100g or per serving).
- Excludes legislated restrictions related to other ingredients (e.g., additives).
- Excludes mandatory out-of-home meal composition regulations related to vitamins and micronutrients (e.g., folic acid or iodine fortification).
- Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables.
- Excludes general guidelines advising food service outlets to reduce nutrients of concern.
- Excludes the provision of resources or expertise to support food service outlets with reformulation.

International best practice examples (benchmarks)

New Zealand: In New Zealand, The Chip Group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is a maximum of 28% saturated fat, 3% linoleic acid and 1% trans-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010 (The Chip Group, 2016).

New York City, USA: In 2009, New York City established voluntary salt guidelines for restaurant and store-bought foods. In 2010, this evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. In 2012, 26% of the categories met the targets, and 3% met the targets by the end of 2014.

| | |
|--|---|
| | <p>Between 2009 and 2014, there was nearly a 7% reduction in sodium levels in the United States food supply (New York City Health, 2017). There are 28 companies, including packaged food corporations and restaurants, who are committed to the salt reduction targets (Department of Health, 2014). In July 2019, the Voluntary Sugar Reduction Targets from the National Salt and Sugar Reduction Initiative were revised. There is an open technical comment period until September 30th, 2019 (NYC Health Department, 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The EU has not made a distinction in their policy documents between the nutrients of concern in industrially processed foods and in meals sold from food service outlets.</p> <p>The EU Framework for National Salt Initiatives</p> <p>Restaurant meals, catering meals and ready meals are identified as 3 of the 12 food categories in the framework. The framework prescribes that at least in four food categories including 'ready meals' the lowest possible salt levels ('best in class' levels) are identified at EU level.</p> <p><u>Annex on Saturated Fat</u></p> <p>The Annex on Saturated Fat indicated 5 food categories for which the lowest possible levels (best in class levels) would be identified at EU level. Ready meals (saturated fat) and food items served in modern (saturated fat) restaurants are part of these 5 categories.</p> <p><u>Annex on Added Sugars</u></p> <p>The annex on Added Sugars prioritises 13 food categories including ready meals, school food offers and catering meals.</p> <p><u>Regulation on trans fats</u></p> <p>The regulation on trans fats sets a maximum limit of trans fat (other than trans fat naturally occurring in fat of animal origin) in food which is intended for the final consumer and food intended for supply to retail. Therefore, this is also including meals sold from food service outlets.</p> <p>EU regulation</p> <p>On 4th October 2018, the Commission published a draft Commission Regulation, amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as</p> |

| | |
|--|--|
| | <p>regards trans fat, other than trans fat naturally occurring in animal fat, in foods intended for the final consumer. On 24th April 2019, the Commission adopted this regulation (European Commission).</p> <p>Main elements of the regulation:</p> <ul style="list-style-type: none"> • A maximum limit of trans fat, other than trans fat naturally occurring in fat of animal origin, in food which is intended for the final consumer and food intended for supply to retail, of 2 grams per 100 grams of fat. • Definitions of "fat" and of "trans fat" in line with the definitions in Annex I to Regulation (EU) No 1169/2011. • Definition of "retail" in line with Article3(7) of Regulation (EC) No 178/2002. • An obligation for business-to-business transmission of information on the amount of trans fat in foods when it exceeds the limit of 2% of fat. • Food which does not comply may continue to be placed on the market until 1 April 2021. |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Product Reformulation</p> <p>The Food Reformulation Task Force was established in 2022. The Task Force is a strategic partnership between the Food Safety Authority of Ireland (FSAI) and Healthy Ireland at the Department of Health.</p> <p>The Roadmap outlines the following reformulation targets:</p> <ul style="list-style-type: none"> • >20% reduction in sugar in 20 priority food and beverage categories. • >20% reduction in energy in 19 priority food and beverage categories. • >10% reduction in saturated fat in 16 priority food categories. • >10% reduction in salt in 25 priority food categories. <p>There is overlap in the food categories targeted for the energy and nutrient reductions, meaning overall there are 40 priority food categories for reformulation (Department of Health, 2021). These targets apply across the food supply including food manufacturers, food retailers, food ingredient suppliers and the out-of-home foodservice sector. The time frame for achieving these targets is between 2015 and 2025. A retrospective period, before the Roadmap was published, is included in the timeframe</p> |

to reflect reformulations undertaken by the food industry between 2015 and 2021. The Task Force facilitates and scrutinises the product reformulation work of the out-of-home foodservice sector to progress the reduction of salt, sugar, saturated fat and calories in foods identified as being in high priority need of reformulation. High level outputs from the Irish reformulation programme relevant to the out-of-home foodservice sector to date include:

- Publication of priority food categories and their related target nutrients.
- Broad engagement with the sector by through one-to-one meetings, category meetings, and meetings with representative groups.
- Prompting the publication of commitments to reformulation targets by large industry players (e.g., two large caterers including Sodexo Ireland and Aramark Ireland).
- Publication of a report providing a benchmark of the salt content of pizza sold in the foodservice sector in Ireland in 2023. Pizza was prioritised as it has been found to be the most popular take away option for at home consumption. A convenience sample of 60 pizzas was collected from restaurants and takeaways in County Dublin. The study found that the average salt content was 7.27 g, with a range of 3.34–11.01 g in adult pizzas and 2.73 g, with a range of 1.31–4.68 g for children’s pizza. These findings provided a basis for developing the maximum per serving salt targets for pizza sold in foodservice outlets.
- The development, publication and consultation of maximum per serving salt targets for pizza sold in the out-of-home food service sector, with a timeframe for compliance. Specific maximum salt content per serving was established for both adults and children’s pizza. These targets have been widely communicated to the relevant ingredient suppliers and pizza outlets.
- A national survey of the most popular children’s meal options, and their preparation e.g., cooking methods, sold on the Irish market.
- Sampling and laboratory analysis of the nutrient content of popular children’s meal options offered in the out-of-home foodservice sector in Ireland which will provide a benchmark of the nutrient composition to inform reformulation recommendations and measure progress against (Food Safety Authority of Ireland, 2023).

| | |
|-----------------------|--|
| | A comprehensive overview of the work of the Food Reformulation Task Force can be found on the following webpage: Food Reformulation Food Safety Authority of Ireland |
| Comments/notes | |

DOMAIN 2 – FOOD LABELLING

There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims.

LABEL1

Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods.

Label 1 is excluded from national-level benchmarking as it is addressed at the EU level

Definitions and scope

- Includes packaged foods manufactured in Country X or manufactured elsewhere and imported to Country X for sale.
- Nutrient declaration means a standardized statement or listing of the nutrient content of a food.
- Excludes health and nutrition claims (see 'LABEL 2').
- Includes trans fats and added sugar which are not part of the standard seven elements generally part of mandatory nutrient declarations (energy, total fat, saturated fat, trans fat, carbohydrates, sugar, protein, sodium).

LABEL2

Evidence-based regulations are in place for approving and/or reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.

Label 2 is excluded from national-level benchmarking as it is addressed at the EU level

Definitions and scope

- Nutrition claims include references to the nutritional content on food (e.g., low in fat).
- Health claims are claims that state, suggest or imply that a relationship exists between a food category, a food or one of its constituents and health. These include function claims, such as 'calcium strengthens bones' and disease risk reduction claims, such as 'A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer'.
- Includes the use of a nutrient profiling system to classify food products into permitted/not permitted to carry health claims and/or nutrition claims.
- 'Evidence-based' refers to regulations that are based on an extensive review of up-to-date research and expert input or a validated

| | |
|--|--|
| | <ul style="list-style-type: none">• nutrient profiling model to inform decision-making about nutrition or health claims. |
|--|--|

LABEL3

One or more interpretive, evidence-informed front-of-pack supplementary nutrition information system(s) endorsed by the government, which readily allow consumers to assess a product's healthiness, is/are applied to all packaged foods (examples are the NutriScore and traffic lights).

Definitions and scope


- Nutrition information systems include traffic light labelling (overall or for specific nutrients); warning labels; Nutriscore; star or points rating; percent daily intake.
- Keyhole and Finish heart symbol are not considered FOP labelling systems (but rather claims).
- 'Evidence-informed' refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product's healthiness.

International best practice examples (benchmarks)

UK: In 2013, the government published national guidance for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. The voluntary scheme is used by all the major retailers and some manufacturers (Department of Health, 2013a).

Australia/New Zealand: The government-approved, voluntary 'Health Star Rating' (HSR) scheme applies a star rating system where ratings range from ½ star (least healthy) to 5 stars (most healthy). The rating is based on the content of energy, saturated fat, sodium and total sugars content, along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Implementation of the system began in June 2014 and is overseen by a number of governmental instances, one of which evaluates progress. As of 2016, about 900 products had stars on them (Commonwealth of Australia, 2016).

France/Belgium/Germany/Spain: Since October 2017, the five-colour NutriScore, the official voluntary label for France has been implemented as the official, voluntary FOP scheme in four European countries. It aims to limit the consumption of

| | |
|--|--|
| | <p>foods high in energy, saturated fat, sugar or salt, in the context of an overall improvement in the nutritional quality of diets (World Health Organization, 2017). Based on a scientific algorithm, each product is given a score based on the content of the nutrients of concern (energy value and the amount of sugars, saturated fat and salt) and positive ones (the amount of fibre, protein, fruit, vegetables and nuts) (Colruyt Group, 2018). The system was developed by the Nutritional Epidemiology Research Team at the University of Paris (Chantal, 2017).</p> <p>Table 1: The Nutri-Score (Colruyt Group)</p>  |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>There is currently no mandatory interpretive, evidence-informed front-of-pack supplementary nutrition information system(s) set/proposed by the European Union.</p> <p>Regulation (EU) 1169/2011 on food information to consumers</p> <p>The Regulation (EU) 1169/2011 on food information to consumers contains rules for <u>mandatory nutrition declaration</u> (as was also described in LABEL 1): (a) energy value (in both kilojoules (kJ) and kilocalories (kcal)); and (b) the amounts (in grams (g)) of fat, saturates, carbohydrates, sugars, protein and salt. This nutrition information (energy value and amounts of nutrients) must be expressed per 100g or per 100ml of the food. Nutrition information per portion can be given in addition. There have been developments in the expression of the nutrition declaration, other than per 100g, per 100ml or per portion (which is mandatory under Regulation (EU) 1169/2011 on food information to consumers), in its presentation, through the use of graphical forms or symbols, by some Member States and organisations in the food sector. Such additional forms of expression and presentation may help consumers to better understand the nutrition declaration.</p> |

| | |
|--|--|
| | <p>The initial legislative proposal of the Commission included mandatory indication of energy, fat, saturates, carbohydrates, sugars and salt on the front of the pack, but this was rejected by the Committee on the Environment, Public Health and Food Safety (Nikolaas Tilkin- Franssens, 2016).</p> <p>An EU wide traffic light system was not part of the proposal, but had been discussed during the consultation process (Corporate Europe Observatory, 2010). While health and consumer organisations opted for a traffic light system giving consumers a visual warning for high fat, sugar or salt content of a product, The Confederation of the Food and Drink Industry of the EU (CIAA) has opposed proposals for front-of-pack ‘traffic light’ labels (Euractive, 2013, Euractive, 2014).</p> <p>NutriScore</p> <p>A NutriScore initiative has been implemented in Belgium, France and Spain. Several other countries are considering its implementation. A NutriScore is a logo that shows the nutritional quality of food products using five colour-coded boxes with letters in them – A in dark green to E in red. The grade is determined by the amount of healthy and unhealthy nutrients, taking into account salt, sugar and fat content as well as positive nutrients such as vitamins.</p> <p>Food Industry</p> <p><u>Tesco</u></p> <p>A labelling scheme called Guideline Daily Amounts (GDA) was introduced by Tesco in 2006 and also adopted by some other manufacturers (Tesco, 2008). Furthermore, in August Tesco announced plans to add traffic-light labels to the nutritional information it puts on products and indicated that its roll out of the system in Ireland would mirror that of the UK (Michelle Russell, 2012).</p> <p><u>Lidl</u></p> <p>Implementation of the traffic-light system in Ireland in 2014 (Michelle Russell, 2012).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Front-of-pack labelling consultation</p> <p>Under the EU Farm to Fork Strategy, launched in 2020, the Food Information to Consumers Regulation will be revised in certain aspects, including through the introduction of harmonised Front of Pack Nutritional Labelling (FOPNL), the</p> |

extension of mandatory country of origin or provenance to more products, and the revision of date marking (“use by” or “best before” dates) (European Commission, 2020). The Department of Health’s objective is to develop an Irish policy position on the basis of comprehensive engagement across sectors both within and outside Government, and to negotiate in favour of this position at EU level. Working Groups have been set up both within the Department and at interdepartmental level. In February 2021, the Food Safety Authority of Ireland (FSAI), on behalf of the Department of Health, held a public consultation to gather feedback on a proposed review of nutrition labelling. The consultation ran from 11th February to 25th March 2021. This public consultation report has been prepared by the Department of Health and the FSAI (Food Safety Authority of Ireland, Department of Health, 2021). The total number of online respondents was 262 and the summary results were as follows:

FoP Nutrition Labelling

- 91% in favour of harmonised EU-wide FoP nutrition labelling scheme
- 62% preferred option for FoP nutrition labelling scheme was colour-coded nutrient-specific labelling (e.g., multiple traffic light)
- 79% in favour of mandatory FoP nutrition labelling scheme
- 56% not in favour of exemptions for certain food categories

Nutrient Profiles

- 87% in favour of establishing harmonised EU-wide nutrient profiles
- 60% not in favour of exemptions for certain food categories
- 76% agree that nutrient profiles could serve different purposes

The Farm to Fork proposal for the harmonised FOPNL was supposed to be introduced by the fourth quarter of 2022. However, this proposal has been delayed with no new date for publication has been indicated.

Food Choice and Obesity-prevention Policy programme

Alongside regulatory discussions, The Economic and Social Research Institute (ESRI) Behavioural Unit established a Food Choice and Obesity-prevention Policy programme funded by the Department of Health, to investigate how consumers make food choices and test potential interventions designed to promote better choices (Robertson et al., 2025). There has been two relevant pieces of research in the programme related to this domain.

The first study aimed to test whether salient visual cues on packaging could reduce the consumption of high-fat, sugar, or salty (HFSS) snacks (Robertson et al., 2021). Two randomised controlled trials were conducted: one in a lab setting with 253 participants and another in a home environment with 674 participants. The methodology involved providing snacks with and without visual cues and measuring consumption without participants' awareness. The results showed that the visual cues did not significantly reduce overall consumption, but there were notable subgroup variations. In the lab study, men significantly reduced their consumption when visual cues were present, with the number of men eating more than the recommended portion falling by 33%. In the home study, households with female recipients and those with children showed reduced consumption when visual cues were used. Specifically, households with female recipients saw a 26% reduction in consumption, and households with children were less likely to open packs with visual cues (30% in the cue condition vs. 17% in the control condition). These findings suggest that visual cues may help reduce snack consumption in specific subgroups, warranting further investigation. Additionally, participants in the cue condition were significantly more likely to notice serving size information, although there was widespread confusion about its meaning.

Another study, aimed to assess the impact of Nutri-Score labelling and the availability of healthier options on real consumer decisions in an online purchasing task in Ireland (Robertson et al., 2022). Researchers conducted two online shopping tasks with 800 participants, randomly assigning them to see Nutri-Score labels or not, and to shop from markets with varying distributions of healthier products. The

| | |
|-----------------------|--|
| | <p>methodology involved real and hypothetical shopping tasks, with participants making choices from different product distributions. The results showed that consumers who saw Nutri-Score labels made healthier purchases, on average, than those who did not. Similarly, consumers who shopped in markets with more healthy options made healthier purchases than those in the current market. These effects were additive, suggesting that widespread adoption of the label could lead to positive changes in consumer choices and product ranges. Although the effect sizes were relatively small, such modest dietary changes can have meaningful impacts on population health over time.</p> |
| Comments/notes | |

LABEL4

A simple and clearly-visible system of labelling the menu boards of all quick service restaurants (i.e., fast food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.

Definitions and scope

- Quick service restaurants: In the context of Ireland, this definition includes fast food chains as well as gas stations, kiosks, coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.
- Definition Euro monitor: Fast food outlets offer limited menus that are prepared quickly. Customer's order, pay and pick up their order from a counter. Outlets tend to specialize in one or two main entrees such as hamburgers, pizza, ice cream, or chicken, but they usually also provide salads, drinks, dessert etc. Food preparation is generally simple and involves one or two steps, allowing for kitchen staffs generally consisting of younger, unskilled workers. Other key characteristics include:
 - A standardised and restricted menu
 - Food for immediate consumption
 - Tight individual portion control on all ingredients and on the finished product;
 - Individual packaging of each item
 - Counter service
 - A seating area, or close access to a shared seating area, such as in a shopping centre food court
 - For chained fast food, chained and franchised operations which operate under a uniform fascia and corporate identity
 - Take out is generally present, as is drive-through in some markets
- Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern, salt warning labels.
- Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items.

International best practice examples (benchmarks)

South Korea: Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium (World Cancer Research Fund, 2016c).

Canada: In effect since the 1st January 2017, Ontario's Healthy Menu Choices Act 2015, requires food service premises that are part of a chain of 20 or more food service premises in Ontario (as well as certain cafeteria-style food service premises) to display calories for "standard food items" on menus, labels and display tags. The Act's regulations specify where caloric information is to be displayed on the menus, as well as the size, format and prominence of the display (Nutrition Resource Centre, 2017). Food service premises must also display information on daily caloric requirements: *"Adults and youth (ages 13 and older) need an average of 2,000 calories a day, and children (ages 4 to 12) need an average of 1,500 calories a day. However, individual needs vary"*. Ontario's 36 public health units are responsible for implementation of the Act (Nutrition Resource Centre, 2017).

Saudi Arabia: In 2018, the Saudi Food and Drug Authority (SFDA) introduced mandatory measures for calorie labels on menus. These measures apply to all food facilities including restaurants, ice cream parlours, juice and fresh fruit vendors, bakeries, sweets shops, cafeterias, supermarkets, recreation facilities, colleges, universities and government agencies. Calories will be displayed at cashier desks, menu boards, table menus, drive-through menus, phone and web applications (Saudi Food & Drug Authority, 2018).

USA: In the US, the Patient Protection and Affordable Care Act (2010) (Office of the Federal Register, 2013) requires that all chain restaurants with 20 or more establishments to display energy information on menus. The menu labelling rule was implemented in May 2018 (Administration, 2019). The regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu labelling regulations for establishments not covered by national law. The regulations require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by the 26th July 2018 (World Cancer Research Fund, 2016c).

Australia: Legislation in Australian Capital Territory (ACT) (Food Regulation 2002), the States of New South Wales (Food

| | |
|--|--|
| | <p>Regulation 2010) and South Australia (Food Regulation 2002) requires restaurant chains (e.g., fast food chains, ice cream bars) with ≥20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis but must follow the provisions of the legislation (World Cancer Research Fund, 2016c).</p> <p>New York City, USA: Chain restaurants are required to put a warning label on menus and menu boards, in the form of a saltshaker symbol (saltshaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted at the point of purchase: This came into effect on the 1st December 2015 (World Cancer Research Fund, 2016c) (Department of Health and Mental Hygiene) and the Health Department started issuing violations from the 6th June 2016. Findings showed that directly following the sodium warning label regulation coming into effect, about 21% of restaurants had implemented the labels. By the end of February 2015, almost 70% of restaurants (from six of the ten chains) had implemented labels at one location or more. Overall, the findings suggested that the majority of restaurants were complying with the sodium warning label policy, despite issues with visibility, but that the labels may not be influencing consumer purchasing decisions (Downs, 2017).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>There is no system at European level which prescribes the labelling of menu boards at quick service restaurants, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.</p> <p>Regulation (EU) No 1169/2011 on food information to consumers</p> <p>Only the allergen information for non-prepacked food, including in restaurants and cafes is mandatory with the Regulation (EU) No 1169/2011:</p> <p>University College Cork</p> |

| | |
|---|---|
| | <p>In 2018, UCC published an evaluation and exploration of Irish foodservice businesses' uptake of and attitudes towards a voluntary government-led menu energy (calorie) labelling initiative. The results found that, in the telephone survey, 7% (n 42) of food businesses reported displaying calories and the observation visits revealed that of these businesses, 10% (n4) were not displaying calorie information. Three major themes emerged from the semi structured interviews: uncertainty, impact on business and consumer nutrition knowledge. Participants expressed concerns regarding inaccuracies in the calorie information, cost and time implications, mistrust in the food-service industry and poor nutritional knowledge among consumers. These concerns impeded the implementing of calorie menu labelling.</p> <p>The findings concluded that, calorie labelling should be implemented as part of a large-scale systemic programme of multiple obesity prevention strategies. To facilitate this and improve levels of compliance with calorie menu labelling, a collaborative approach between policy-makers, academics and food-service business owners is needed. This approach should incorporate providing food-service business owners with guidance, support and practical assistance, along with a reasonable legislative structure and a standardised monitoring system (Fitzgerald et al., 2018).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Choice and Obesity-prevention Policy programme</p> <p>The Economic and Social Research Institute (ESRI) Behavioural Unit established a Food Choice and Obesity-prevention Policy programme funded by the Department of Health, to investigate how consumers make food choices and test potential interventions designed to promote better choices (Robertson et al., 2025). There has been one relevant piece of research in the programme related to this domain. The study published in 2020 aimed to investigate how the spatial location of calorie information on menus affects consumer choices, consumption, and attention. Researchers conducted a "lab-in-the-field" experiment with 145 participants in Dublin, using eye-tracking technology to monitor their eye movements while they chose lunch from a menu (Robertson & Lunn, 2020).</p> <p>Participants were randomly assigned to see calorie information placed either to the left or right of the price, or no calorie information at all. The results showed that participants</p> |

who saw calorie information ordered and consumed fewer calories than those in the control group, with the largest reduction observed when calorie information was placed to the right of the price. Additionally, participants who saw calorie information were more accurate in estimating the calories in their meals and reported giving more weight to calorie information in their decisions. Eye-tracking data revealed that the spatial location of calorie information influenced participants' search strategies, with those seeing calories on the right more likely to compare calorie labels across options. These findings suggest that the spatial location of calorie information on menus can significantly influence consumer behaviour, with potential implications for designing effective calorie posting legislation and policy.

Consultation with Food Businesses on the Introduction of Mandatory Calorie Posting on Menus

In its Obesity Policy and Action Plan 2016-2025 the Government committed to the development, implementation and evaluation of legislation on calorie posting as one of a series of measures aimed at addressing rates of overweight and obesity across the population (Action 2.2). In 2020, the Department of Health held a consultation in which food business operators were invited to give their views on the introduction of mandatory calories posting in premises selling non-packaged foods (Department of Health, 2020). The proposal would require that calories be displayed on the menus of all food businesses including restaurants, take-aways, fast-food outlets, coffee shops, cafes, catering companies, delicatessens, and pubs where food is served. While a number of food businesses are already posting calories on their menus on a voluntary basis. The consultation included questions directed specifically at those businesses in order to learn from their experience of adding calorie counts to their menus. The results of this consultation were to assist in the development of the draft legislation. Businesses will be given a substantial lead-in time once the law is enacted. Guidance will be provided to help businesses comply.

Public Health (Calorie Posting and Workplace Wellbeing) Bill

The Public Health Bill was proposed by the Irish Government in the Spring 2021 Legislative Programme as a priority item

| | |
|-----------------------|---|
| | (Health Service Executive, 2022). The bill would mandate calorie posting on menus in restaurants, cafés, and other food service outlets to help consumers make informed dietary choices. The Bill was suspended due to the COVID-19 pandemic (William Fry, 2021). |
| Comments/notes | |

DOMAIN 3 – FOOD PROMOTION

There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children across all media.

- Exposure of food marketing concerns the reach and frequency of a marketing message. This is dependent upon the media or channels, which are used to market foods.
- The power of food marketing concerns the creative content of the marketing message. For example, using cartoons or celebrities enhances the power (or persuasiveness) of a marketing message because such strategies are attractive to children.

| PROMO1 Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media (TV, radio). | |
|---|--|
| Definitions and scope | <ul style="list-style-type: none"> • Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints (i.e., co-regulation). • Includes free-to-air and subscription television and radio only (see PROMO2, PROMO3 and PROMO5 for other forms of media). • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day. |
| International best practice examples (benchmarks) | <p>UK: Following consultations in 2019 and 2020, the UK government announced a comprehensive policy to restrict the advertising of less healthy food and drink products, defined as those high in fat, salt or sugar (HFSS). These measures were formalised through the Health and Care Act 2022, which amended the Communications Act 2003 to introduce statutory restrictions across broadcast and online media. The legislation sets out two key provisions: (1) a 9pm watershed for HFSS advertising on television, including all on-demand programme services (ODPS) and internet protocol television (IPTV) services regulated by Ofcom; and (2) a 24-hour ban on paid-for HFSS advertising online, including non-Ofcom regulated ODPS, IPTV platforms, websites, apps, and social media. These restrictions are designed to reduce children's exposure to unhealthy food marketing and will come into force across</p> |

the UK on 5 January 2026. Enforcement will be led by Ofcom, with the Advertising Standards Authority (ASA) acting as co-regulator. Secondary legislation, including the Advertising (Less Healthy Food Definitions and Exemptions) Regulations 2024, provides further detail on the products, businesses, and exemptions in scope, such as exclusions for audio-only content, SMEs, and brand advertising that does not feature specific HFSS products (UK Government, 2024).

Quebec: In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. Account must be taken of the context of its presentation, and in particular of a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of child audience is used to protect children from TV advertising (Kent et al., 2011). Per indictment, a person is liable to: a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person).

Norway/Sweden: Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs (World Cancer Research Fund, 2016e). Norway has implemented a self-regulation scheme approved and evaluated by government. The scheme prohibits child-targeted unhealthy food marketing before 21:00pm (9 PM) (MFU, 2016).

Ireland: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programmes where over 50% of the audience are under 18 years old (Broadcasting Authority of Ireland, 2013). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 18 must not include nutrient or health claims or include licensed characters (World Cancer Research Fund, 2016). As provided under the Broadcasting Act 2009, the BAI

| | |
|--|--|
| | <p>is required to undertake a statutory review of the effectiveness of the Children’s Code. It is expected that review will commence in the second half of 2018 with revision and finalisation of the Code in 2019 (Broadcasting Authority of Ireland, 2019).</p> <p>Chile: In June 2016, The Law of Nutritional Composition of Food and Advertising was enforced and restricts advertising directed to children under 14 years (for foods exceeding limits for calories, sugar, saturated fat and/or sodium in food and beverages). The regulatory norms define advertising targeted to children as programmes with an audience of greater than 20% children. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. Monitoring and enforcement of the law are carried out by both regional and national public health authorities. Inspections are conducted on-site and online. After more than 2000 inspections, compliance with the law is improving, rising from under 40% to over 60% (Global Agricultural Information Network, 2018). A qualitative study carried out in 2017, found that the regulation has made mothers more aware of the importance of eating healthy, made it easier to choose healthy foods, and also made children actors in their own food choices (Correa et al., 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Broadcasting Authority of Ireland The Broadcast Authority of Ireland (BAI) issued revised versions of its General and Children’s Commercial Communications Codes in 2013 and again in 2017 (Broadcasting Authority of Ireland., 2013) (Broadcasting Authority of Ireland, 2017).</p> <p>General Commercial Communications Code Include advertising, sponsorship and other forms of commercial announcements. These rules state that commercial communications for HFSS food (including drinks) shall not be permitted in children’s programmes. HFSS food is a sub-category of food that is deemed high in fat, sugar and/or salt by the application of the Nutrient Profile model used by the BAI. In addition, content rules will apply to commercial communications for HFSS food broadcast outside of children’s programmes but which are directed at children. Children are those under the age of 18. Adults defined as those 18 years</p> |

and over. As the Codes will make specific recommendations for different age groups of children, they will, where appropriate, make reference to these age groups (Broadcasting Authority of Ireland, 2017).

Such commercial communications shall not:

- Include celebrities or sports stars;
- Include programme characters;
- Include licensed characters (e.g., characters and personalities from cinema releases);
- Contain health or nutrition claims;
- Include promotional offers;
- No more than 25% of sold advertising time and only one in four advertisements for HFSS food are permissible across the broadcast day on radio and television services

These rules also state that all children's commercial communications for fast food products, outlets and/or brands must display an acoustic or visual message stating '*should be eaten in moderation and as part of a balanced diet*'. Children's commercial communications for confectionery products must display an acoustic or visual message stating that '*snacking on sugary foods and drinks can damage teeth.*' 'Confectionery' in this instance includes sugar, honey, preserves, chocolate covered bars (excluding biscuits), nonchocolate confectionery e.g., cereal bars and artificial sweeteners. Carbonated drinks are included with the exception of water (Broadcasting Authority of Ireland, 2013).

The BAI regulates all content broadcast on all Irish licensed broadcasters, both programming and commercial content. In addition to processing broadcasting complaints, the BAI monitors broadcast content for compliance with broadcasting codes and rules.

Children's Commercial Communications Code

The Children's Commercial Communications Code deals with advertising, sponsorship, product placement and other forms of commercial promotion aimed at children or broadcast in or around children's programming. It includes rules on the promotion to children of food that is high in fat, salt or sugar (HFSS food).

**2020-2024
Evidence of
implementation**

Advertising Standards Authority for Ireland

The Advertising Standards Authority for Ireland (ASAI) updated the Code of Standards for Advertising and Marketing Communications in Ireland in 2021 (Advertising Standards Authority for Ireland, 2021). The update outlines the rules which restrict the advertising of HFSS foods to children under the age of 15. HFSS marketing communications should not be placed in media which has an audience of children greater than 50%. Marketing communications for HFSS food should not be directed or targeted at children under 15 through the selection of media or the context in which they appear. Where marketing communications for HFSS are placed in media that does not have a child audience of greater than 50%, and where they are targeted at children (under 15), there are restrictions on the use of promotions/competitions, and on the use of licensed characters. In addition, there are restrictions on the % by media of HFSS marketing communications that can be carried by each media format.

Online Safety and Media Regulation Act 2022

The Online Safety and Media Regulation Act 2022 (OSMR Act) was signed into law on 10 December 2022 (Government of Ireland, 2022). The Act introduces new rules to tackle the availability of harmful material online, and is responsible for overseeing Ireland's regulatory framework. Under the Act, a new a multi-person regulatory body - Coimisiún na Meán replaced the Broadcasting Authority of Ireland. The Commission is responsible for overseeing updated regulations for broadcasting providers, video-on-demand providers, and video-sharing platforms, in addition to implementing the new regulatory framework for online safety. The Commission is responsible for overseeing updated regulations for broadcasting providers, video-on-demand providers, and video-sharing platforms, in addition to implementing the new regulatory framework for online safety. The OSMR Act makes substantial amendments to the existing regulatory framework for broadcasting services, including television broadcasting, on-demand programs, and video-sharing platforms. It incorporates rules on television advertising and product placement, ensuring that commercial communications protect the interests of children, with specific regard to public health concerns. The Act prohibits or restricts the inclusion of commercial communications relating to foods or beverages

considered of public concern due to their fat, trans-fatty acids, salt, or sugar content. The Act also provides additional enforcement powers to Coimisiún na Meán, including the ability to impose administrative financial sanctions.

Proposed Extension of HFSS Advertising Ban

In January 2024, Fine Gael TD Colm Burke, the party's health spokesperson, called for the extension of the 6 PM television advertising watershed for junk food and drinks to 9 PM to help curb childhood obesity (Fine Gael, 2024). Mr. Burke emphasised the need to further restrict the advertising of high-fat, high-salt, and high-sugar (HFSS) products, both on television and online, to limit the exposure of harmful and unhealthy content to children. The Irish government is engaging with Coimisiún na Meán on the proposal to extend the existing HFSS food advertising ban under the OSMR Act 2023. However, no further information has been announced to date.

Coimisiún na Meán General Commercial Communications Code

In November 2024, Coimisiún na Meán issued a revised General Commercial Communications Code, replacing the 2017 BAI General Commercial Communications Code, which was revoked on 5 November 2024 (Coimisiún na Meán, 2024a). The updated Code applies to all commercial content broadcast by services operating under a contract with Coimisiún na Meán or established under Irish statute. The Code regulates various forms of commercial communication, including advertisements, sponsorship messages, and product placements. It sets forth clear rules ensuring that commercial content is not misleading, respects human dignity, and does not promote harmful behaviour. Specific provisions in the Code address the protection of children, through prohibiting the promotion of foods high in fat, sugar, and salt during programming primarily directed at young audiences. Coimisiún na Meán monitors compliance with this Code and has established a complaints procedure for the public to report potential violations. This mechanism allows individuals to hold broadcasters accountable and ensures that commercial communications adhere to the established standards. The Commission also provides guidance to broadcasters to facilitate understanding and implementation of the code's

provisions. The development and implementation of the revised General Commercial Communications Code reflect Ireland's commitment to maintaining a responsible and ethical broadcasting environment. By setting clear standards for commercial content, Coimisiún na Meán aims to protect audiences from misleading or harmful communications and to promote transparency and accountability within the Irish media landscape.

Coimisiún na Meán Children's Commercial Communications Code

In December 2024, Coimisiún na Meán, published an updated Children's Commercial Communications Code as part of its revised Media Services Codes and Rules (Coimisiún na Meán, 2024b). This Code outlines the standards and requirements for advertising, sponsorships, and product placements broadcast on Irish radio and television, with a particular focus on protecting children from harmful commercial influences. The revisions align with the EU Audiovisual Media Services Directive and the OSMR Act 2022, ensuring that commercial content remains legal, honest, and protective of public interests, particularly those of children. The updated Code was developed following a public consultation process that concluded in August 2024. Under this Code, stricter advertising regulations apply to HFSS (high fat, sugar, and salt) foods. Advertisements for these products are banned during programming aimed at children, and the Code establishes further protections to limit exposure to unhealthy food marketing.

Cooperation Agreement Between Coimisiún na Meán and the ASA

In December 2024, Coimisiún na Meán signed a cooperation agreement with the Advertising Standards Authority (ASA) (Advertising Standards Authority for Ireland & Coimisiún na Meán, 2024). This partnership enhances oversight and enforcement of advertising standards, particularly regarding protecting children from harmful advertising content. The agreement underscores a commitment to promoting high standards among media services and advertising bodies, ensuring that advertisements remain legal, decent, honest, and truthful. The agreement establishes a structured framework for cooperation and constructive communication

| | |
|-----------------------|---|
| | <p>between the ASA and Coimisiún na Meán, focusing on matters of common interest related to advertising and commercial marketing communication. Both organizations will meet and engage regularly to discuss key trends and focus on matters of common interest, promoting active dialogue and exchanges on regulatory trends and issues. Additionally, the partnership seeks to ensure that children and at-risk individuals do not see harmful advertising and commercial marketing communications, and explores potential avenues for joint research to further understand trends in the regulatory landscape. This collaboration strengthens Ireland’s regulatory framework, ensuring that broadcasters and advertisers comply with stricter regulations concerning the marketing of unhealthy foods to children.</p> |
| Comments/notes | |

PROMO2

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through online and social media.

Definitions and scope

- Includes online media (e.g., social media, branded education websites, online games, competitions and apps).
- Where the promotion is specifically through other non-broadcast media than online and social media, this should be captured in 'PROMO3 and PROMO5'.
- Where the promotion is specifically in a children's setting, this should be captured in 'PROMO4'.
- Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.

International best practice examples (benchmarks)

UK: Building on the Committee of Advertising Practice (CAP) Code, the Health and Care Act 2022, will implement a statutory ban on paid-for advertising of less healthy food and drink products online, effective from 5 January 2026. This includes all forms of paid digital promotion, such as social media ads, influencer partnerships, and sponsored content, regardless of audience targeting or platform. The ban applies to products classified as high in fat, salt or sugar (HFSS), based on a two-step assessment: first, whether the product falls within one of thirteen categories linked to childhood obesity (e.g., sugary drinks, snacks, desserts); and second, whether it meets the criteria for being "less healthy" under the UK Nutrient Profiling Model. The restrictions apply across all UK nations and are designed to eliminate children's exposure to HFSS marketing in digital environments where they are most active. Unlike the CAP Code, which relies on audience profiling and targeting tools, the statutory ban introduces a blanket restriction that applies at all times. Enforcement will be led by Ofcom, with the Advertising Standards Authority (ASA) acting as co-regulator (UK Government, 2024).

Portugal: Since 2019, there are restrictions on advertising directed to children under 16 years of food and beverages that contain high energy content, salt, sugar and fats. The advertising ban applies to websites, webpages, apps and social media profiles with content intended for this age group (World Cancer Research Fund, 2016e).

Chile: In June 2015, the Chilean authority approved the regulatory norms required for the law of Nutritional Composition of Food and Advertising implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the “high in” category. The regulatory norms define advertising targeted to children as websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys are included in the ban. The regulation took effect on the 1st July 2016 and applies to all advertising media (World Cancer Research Fund, 2016).

Quebec: In Québec, the Consumer Protection Act prohibits commercial advertising directed at children less than 13 years of age through all media. Account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown (Kent et al., 2011). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to; a fine ranging from \$600 to \$15,000 (in the case of a natural person); a fine ranging from \$2,000 to \$100,000 (in the case of a legal person).

Norway: A government-approved and evaluated self-regulation scheme prohibits online food-marketing which is targeted at children under 13 years. Specifically, interactive games “aimed at children and where a product's trademark, or other elements of the marketing of the product, form an integral part” will always be defined as child-targeted and a violation of the code (Morley et al., 2013). The scheme also applies to social media. In 2019, the code was revised. The age limit is still 13 years but in order to exercise caution in marketing to young people, it is advised to not conduct contests with an age limit less than 16 years; to buy age groups less than 16 years in digital media; to use role models appealing to youth in media which is directly targeted to youth; and to encourage engagement (share, like, send in material)

| | |
|--|--|
| | <p>so that youth become marketing actors. Violations of the code results in no other sanctioning than “naming and shaming” of offenders (Matbransjens Faglige Utvalg, 2019).</p> <p>UK: The UK’s Committee of Advertising Practice (CAP) Code governs non-broadcast advertising, including online, social media, and influencer content. To protect children and adolescents from exposure to marketing of HFSS products, the CAP rules prohibit HFSS ads from appearing in media specifically targeted at under-16s, such as children’s websites, apps, or magazines. Additionally, HFSS ads must not be placed in media where under-16s make up more than 25% of the audience. This includes influencer content with broad appeal but a significant child following. Advertisers are required to use available targeting tools to actively exclude under-16s from receiving HFSS ads. These rules have been in effect since 2017 and are enforced by the Advertising Standards Authority (ASA) (Advertising Standards Authority, 2018).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Advertising Standards Authority for Ireland (ASAI) Voluntary Codes of Practice <u>Rules for Non-Broadcast Digital Media</u></p> <ol style="list-style-type: none"> 1. Where appropriate age-filters exist on websites and social media apps, marketing communications for HFSS foods are not permitted to target children under the age of 15. 2. Marketing Communications for HFSS food by means of e-mail and Short Message Service (SMS) shall not target children under the age of 15. 3. Marketing Communications for HFSS food by means of social media shall not target children under the age of 15. 4. Where Marketing Communications for HFSS food is permissible, it shall not exceed a maximum of 25% of total advertising space. 5. The websites of food businesses should not carry content that is designed to engage children under the age of 15 with HFSS food brands e.g., children’s area, videos, ‘webisodes’, branded education and interactive features (Healthy Ireland, 2017b). |
| <p>2020-2024 Evidence of implementation</p> | <p>Advertising Standards Authority of Ireland The Advertising Standards Authority of Ireland (ASAI) published new rules relating to the advertising of HFSS products in non-broadcast media (Advertising Standards</p> |

Authority for Ireland, 2021). These rules will be incorporated into the Food and Non-Alcoholic Beverages Section of the ASAI Code of Standards for Advertising and Marketing Communications in Ireland and took effect on 1 December 2021. The 7th Edition ASAI Code outlines the following restrictions. HFSS marketing communications should not be directed or targeted at children under 15 through media selection or context. No medium should be used to advertise HFSS products if more than 50% of its audience is under 15 years of age. Where age verification, filters, and targeting tools exist, they should be employed to ensure that HFSS digital advertising is not targeted at children under 15. Websites of food businesses should not carry content designed to engage children under 15. Social media marketing communications for HFSS food should not target children under 15.

Joint Committee on Tourism, Culture, Arts, Sport, and Media

In November 2021, the Joint Committee on Tourism, Culture, Arts, Sport and Media today publishes its report on the Pre-Legislative Scrutiny of the General Scheme of the Online Safety and Media Regulation Bill 2020 (Oireachtas Joint Committee on Tourism, Culture, Arts, Sport and Media, 2021). One of the recommendations of the Committee was a ban on advertising to children online, including, at the very minimum, advertisements of junk food, alcohol, HFSS foods, and gambling. The Committee recommended that self-regulation, or other non-statutory mechanisms, are not included as part of the advertising regulatory framework.

Online Safety and Media Regulation Act 2022

The Online Safety and Media Regulation Act 2022 (OSMR Act) was signed into law on 10 December 2022 introducing a framework for regulating digital and online media (Government of Ireland, 2022). A key feature of the Act was the establishment of Coimisiún na Meán, Ireland's first Online Safety Commissioner, tasked with overseeing compliance in digital media spaces. The Act includes provisions aimed at safeguarding children from harmful online material, including marketing practices that could negatively impact their health. Specifically, the Act empowers Coimisiún na Meán to regulate online commercial communications, particularly those related

| | |
|-----------------------|--|
| | <p>to unhealthy foods and beverages that are high in fat, sugar, and salt (HFSS foods). It also grants the authority to impose financial sanctions on platforms failing to comply with these regulations. However, the Act does not explicitly ban digital marketing of HFSS foods to children but provides a framework for potential future enforcement.</p> <p>Online Health Taskforce</p> <p>In September 2024, the Minister for Health Stephen Donnelly has today announced the establishment of an Online Health Taskforce. Chaired by children’s rights advocate Jillian van Turnhout, the Taskforce has been asked to develop a public health response to the harms caused to children and young people by certain types of online activity (Department of Health, 2024). The Taskforce has been asked to consider the range of social, mental health, physical health and sexual harms and to recommend strategic responses to address these harms. These recommendations may include national guidelines, regulation, legislation, education, awareness campaigns, as well as additional health and social care supports. To capture the views of experts, young people, and concerned parents, the Online Health Taskforce invited interested parties to respond to a Stakeholder Submission Survey by 31 March 2025. Submissions will be used to develop a final report and recommendations for the Minister of Health.</p> <p>Media Service Code and Rules</p> <p>In November 2024, Coimisiún na Meán published the Media Service Code and Rules, which regulate on-demand media service providers in line with the EU Audiovisual Media Services Directive (AVMSD) (Coimisiún na Meán, 2024a). While the document focuses primarily on broader content regulation, it includes a specific ban on product placement of HFSS foods in children's on-demand programmes. However, there are no direct provisions restricting HFSS food advertisements on social media platforms or other online services. This means while HFSS foods cannot be actively placed within children’s content, they may still be advertised through other forms of digital marketing.</p> |
| Comments/notes | |

PROMO3

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through non-broadcast media other than packaging and online/social media.

Definitions and scope

- Non-broadcast media promotion includes print (e.g., children’s magazines), on/around public transport (e.g., signage, posters and billboards), cinema advertising, product placement and brand integration (e.g., in television shows and movies), direct marketing (e.g., provision of show bags, samples or flyers), or point-of-sale (POS) displays).
- Non-broadcast media is excluding the media covered through other indicators like online and social media (PROMO2) and packaging (PROMO5).
- Where the promotion is specifically in a children’s setting, this should be captured in ‘PROMO4’.
- Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.

International best practice examples (benchmarks)

Chile: In May 2018, a new regulation launched, extended marketing restrictions of regulated foods in cinema and TV to a 6 AM to 10 PM time frame, expanding the scope of the original law. Additionally, starting in June 2018, any marketing done for “High in” foods or beverages must also show the following statement: “Choose foods with less warning labels” and then “Ministry of Health,” which needs to be placed next to the MoH logo. This applies to marketing done in billboard, cinema, and other vehicles but food packages (Corvalán C, 2018).

London, UK: On the 25th February 2019, the Mayor of London, introduced restrictions on the advertising of unhealthy food across the entire Transport for London (TfL) public transport network, as part of his work to help tackle childhood obesity in London. The policy specifies that food and non-alcoholic drinks high in fat, salt and sugar according to the UK Nutrient Profiling Model, are not permitted to be advertised on TfL-controlled buses, underground and over ground train networks, taxis, river services, trams and other transport systems. Food and drink brands, restaurants, takeaways and ordering services are required to promote their healthier food and drink instead of just advertising their brand.

Advertisements for food and non-alcoholic drink products that

| | |
|--|---|
| | <p>are considered to be high in fat, salt, sugar may be considered for an exception by TfL if the advertiser can demonstrate, with appropriate evidence, that the product does not contribute to child obesity (Greater London Authority, 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The WHO report, ‘Tackling food marketing to children in a digital world: trans-disciplinary perspectives’ (World Health Organization, 2016) found that European Union competence is largely limited to marketing between Member States. For example, case law at the European Court of Justice has determined that, in view of the internal market, European Union regulations cannot apply to static marketing within a country (e.g., advertisements in hotels and airports, on billboards and shop awnings, umbrellas, ashtrays and similar items), advertisements screened in cinemas or sponsorship of events that have no cross-border appeal.</p> <p>In addition, policy action in the European countries to address forms of marketing beyond broadcast media, digital media and school settings is generally very limited, according to the WHO. Marketing avenues and techniques like sponsorship, product packaging, instore promotions (e.g., at checkout, in the aisles), street billboards and prizes/giveaways or multi-buy promotions are rarely covered by governmental policies. Neither are settings where children gather, apart from schools, such as recreation facilities and leisure centres often included. Recent policy monitoring suggests that less than 20% of countries in the European Region cover one or more of these avenues/techniques (World Health Organization, 2016).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Advertising Standards Authority of Ireland</p> <p>The Advertising Standards Authority of Ireland (ASAI) published new rules relating to the advertising of HFSS products in non-broadcast media (Advertising Standards Authority for Ireland, 2021). These rules will be incorporated into the Food and Non-Alcoholic Beverages Section of the ASAI Code of Standards for Advertising and Marketing Communications in Ireland and took effect on 1 December 2021. The 7th Edition ASAI Code outlines the following restrictions. HFSS food advertising in print media is restricted to publications where at least 75% of readers are adults. HFSS advertising in Out-of-Home media is subject to strict placement rules; limited to 33% of available space per cycle and format, restricted within 100m of school gates for large</p> |

| | |
|-----------------------|--|
| | billboards and 60m for smaller formats, not allowed on building banners, wraparounds/takeovers for HFSS foods should account for less than 5% of total ad space, and HFSS cinema advertising should not exceed 25% of total advertising space per screening. |
| Comments/notes | |

PROMO4

Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children including adolescents in settings where children gather (e.g., preschools, schools, sport and cultural events).

Definitions and scope

- Children's settings include areas in and around schools, preschools/kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/venues/facilities and cultural/community events where children are commonly present.
- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced).
- Includes restriction on unhealthy food sponsorship in sport (e.g., junior sport, sporting events, venues).
- Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.

International best practice examples (benchmarks)

Victoria, Australia: 'Healthway's' co-sponsorship policy stipulates that 'Healthway' will generally not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages. Unhealthy brands include food and beverages high in kilojoules, added sugar or salt, saturated fat and low in nutrients. This policy applies to all funding applications for sport, art, racing, community activities, health promotion projects and research (Australian Government Department of Health and Aged Care, 2020). 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth (Victorian Health Promotion Foundation, 2020).

Portugal: Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces (Portugal, 2019).

Chile: In June 2015, the Chilean authority approved the regulatory norms required for the Law of Nutritional Composition of Food and Advertising implementation. The

regulatory norms define limits for calories, saturated fat, sugar and sodium content considered “high” in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the “high in” category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools (The Organisation for Economic Co-operation and Development, 2019). The law is scheduled to take effect in July 2016 (New York City Health, 2017). It has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools. The law is scheduled to take effect in July 2016 (New York City Health, 2017).

Uruguay: In September 2013, the Government of Uruguay adopted Law No 19.140 (Healthy foods in schools) (Morley et al., 2013). The law prohibits the advertising and marketing of foods and drinks that do not meet the nutrition standards. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015 (World Cancer Research Fund, 2016).

Hungary: Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organisations and consultants who are recommended by the National Institute for Health Development (World Cancer Research Fund, 2016e).

Spain: In 2011, the Spanish Parliament approved a Law on Nutrition and Food Safety, which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity

| | |
|--|---|
| | <p>campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law (World Cancer Research Fund, 2016).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Advertising Standards Authority for Ireland (ASAI) Voluntary Codes of Practice In addition to complying with the provisions set out in Section 5: Promotional Marketing Practices, promotions addressed to or likely to attract children should be carried out responsibly, taking into account the location in which the promotion is conducted (Advertising Standards Authority for Ireland, 2015).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Advertising Standards Authority of Ireland The Advertising Standards Authority of Ireland (ASAI) published new rules relating to the advertising of HFSS products in non-broadcast media (Advertising Standards Authority for Ireland, 2021). These rules will be incorporated into the Food and Non-Alcoholic Beverages Section of the ASAI Code of Standards for Advertising and Marketing Communications in Ireland and took effect on 1 December 2021. The 7th Edition ASAI Code outlines the following restrictions. HFSS marketing communications are not permitted in locations primarily used by children, including crèches, pre-schools, nurseries, family/child clinics, paediatric services, schools, dedicated school transport, playgrounds, and youth centres. HFSS food sponsorship is not permitted for settings dedicated to primary school children or events appealing to them.</p> |
| <p>Comments/notes</p> | |

| | |
|---|--|
| PROMO5 | |
| Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children, including adolescents on food packages. | |
| Definitions and scope | <ul style="list-style-type: none"> • Includes product design and packaging (e.g., use of celebrities or cartoons, competitions and giveaways). • Where the promotion is specifically in a children’s setting, this should be captured in ‘PROMO4’. • Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day. |
| International best practice examples (benchmarks) | Chile: Through Law Number 20.606 (Nutritional Composition of Food and Advertising), a series of regulations on the advertising of processed foods high in calories, fat, sugar, or salt passed. These laws specifically seek to regulate companies with brands that target children through misleading advertising and the use of cartoon mascots on commercial packaging. Chile’s National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children (World Cancer Research Fund, 2016). |
| Context (e.g., EU action, regulation, food industry action etc.) | While there are no specific EU objectives restricting marketing to children via food packaging, the Farm to Fork Strategy acknowledges its potential impact and calls for stronger action to promote healthier food environments (European Commission, 2020). |
| 2020-2024 Evidence of implementation | No evidence from 2020 onwards |
| Comments/notes | While the ASAI Code (Food and Non-Alcoholic Beverages) restricts promotional offers and competitions in non-broadcast marketing of HFSS products targeted at children, exceptions are made for point-of-sale displays, packages, wrappers, labels, tickets, timetables, and menus. Similarly, the Code prohibits the use of licensed characters or celebrities popular with children in such marketing, with the same exceptions applying (Advertising Standards Authority for Ireland, 2021a). |

DOMAIN 4 – FOOD PRICES

Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices.

| | |
|---|--|
| <p>PRICES1 Taxes or levies on healthy foods are minimised to encourage healthy food choices (e.g., low or no sales tax, excise, value-added or import duties on fruit and vegetables).</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes exemptions from excise tax, ad valorem tax or import duty. • Includes differential application of excise tax, ad valorem tax or import duty. • Excludes subsidies (see PRICES3) or food purchasing welfare support (see PRICES4). |
| <p>International best practice examples (benchmarks)</p> | <p>Fiji: To promote fruit and vegetable consumption, Fiji implemented a fiscal policy that removed excise duty on imported fruits, vegetables, and legumes. The import tax for most varieties was reduced from 32% to 5%, with exceptions including tomatoes, cucumbers, potatoes, and squash/pumpkin (which remain at 32%), and coconuts, pineapples, guavas, and mangosteens (taxed at 15%). Import duties were fully removed for garlic and onions (Bell et al., 2019).</p> <p>Australia: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables) (Veerman, 2013).</p> <p>Tonga: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets (World Cancer Research Fund, 2016f).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action There is no evidence that the EU is proposing to Member States to minimize taxes or levies on healthy foods to encourage healthy food choices. The EU has set rules on the common system of value added tax.</p> <p>Council Directive 2006/112/EC of 28 November 2006 on the common system of value added tax</p> |

| | |
|--|--|
| | <p>This Directive has laid down that Member States shall apply a standard rate of VAT, which shall be fixed by each Member State as a percentage of the taxable amount and which shall be the same for the supply of goods and for the supply of services (Article 96). However, the standard rate may not be less than 15% (article 97) (Official Journal of the European Union, 2006). Member States may apply one or two reduced rates (Article 98, 99), which may not be less than 5% only to supplies of goods or services in the categories set out in Annex III. Included in this Annex III are:</p> <ul style="list-style-type: none"> • foodstuffs (including beverages but excluding alcoholic beverages) for human and animal consumption; live animals, seeds, plants and ingredients normally intended for use in the preparation of foodstuffs; products normally used to supplement foodstuffs or as a substitute for foodstuffs. • These rules mean that on fruit and vegetables a minimum of 5% VAT must be applied by Member States. |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence from 2020 onwards</p> |
| <p>Comments/notes</p> | <p>There is a zero rate of VAT in Ireland which applies to the supply of certain foods such as fruits and vegetables (fresh or frozen), bread, butter, cheese, cereals, flour, herbs, meat, milk. This list is by no means exhaustive. However, it should be noted that this applies when these items are sold in retail or wholesale settings. When these same food items are sold in the course of catering (e.g., in restaurants, cafés, or takeaways), or supplied via vending machines, they are generally subject to VAT at the Second Reduced Rate (currently 9%) (Revenue Ireland, 2020).</p> |

PRICES2

Taxes or levies on unhealthy foods (e.g., sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10% to discourage unhealthy food choices, and these taxes are reinvested to improve population health.

Definitions and scope

- Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern.

International best practice examples (benchmarks)

Ethiopia: An excise tax applies on food products such as sugar-sweetened beverages and margarines, fats and oils with high levels of saturated fats or trans fats. Beverages with added sugars or other sweeteners are subject to a 25% tax. Fruit and vegetable juices are excluded. Margarine with more than 40% saturated fat, or more than 0.5% trans fat per 100g, are subject to a 50% tax. Hydrogenated fats and oils with more than 40% saturated fat or more than 0.5 trans-fat per 100g are taxed 40%, and those whose saturated and trans-fat content is not indicated. A 30% tax rate is applied to non-hydrogenated fats and oils with more than 40% saturated fat per 100g if their saturated fat content is not indicated (World Cancer Research Fund. 2016f).

Ireland: On the 1st May 2018, the Republic of Ireland's Sugar Sweetened Drinks Tax came into force under the Finance Act 2017 (No. 41 of 2017). The tax applies to non-alcoholic, water-based and juice-based drinks, which have added sugar content of 5g per 100mL and above. Drinks with over 8g of sugar per 100mL are taxed at 30 cents per litre, and drinks with between 5g and 8g of sugar per 100mL are taxed at 20 cents per litre. Fruit juices and dairy products are excluded from the tax (World Cancer Research Fund, 2018).

UK: In April 2018, the UK Government's Soft Drinks Industry Levy came into force (as outlined in the Finance Act 2017). The Soft Drink Industry Levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of total sugars per 100mL of prepared drink. Soft drinks that have a total sugar content of more than 5g and less than 8g per 100mL are taxed 0.18 British pounds (\$0.25) per litre and drinks that have a total sugar content of 8g or more per 100mL are taxed 0.24 British pounds (\$0.34) per litre. Milk-based drinks, milk substitute drinks, pure fruit juices, or any other drinks with no

added sugar, alcohol substitute drinks, and soft drinks of a specified description which are for use for medicinal or other specified purposes are exempt from the levy. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK (World Cancer Research Fund, 2018). Manufacturers had two years to prepare ahead of this tax coming into effect and over 50% of them took action to cut sugar in their products during that period (Rathbone Greenbank Investments, 2019). It was forecasted that, the tax would bring in £520 million in its first year of operation, but this was revised down to £275 million as a result of companies' efforts to remove sugar from their products. Data from the first full year of the tax is not yet available, but receipts from April to October 2018 totalled £154 million. It was confirmed that the Department for Education would receive the full £1 billion funding that had originally been expected from the sugar tax in this Parliament (Parliament UK, 2017).

Hungary: A “public health tax” adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks, energy drinks, and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g (World Cancer Research Fund, 2016f, Biro, 2015).

Mexico: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso (\$0.80) per litre applies to sugary drinks. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The taxes entered into force on 1st January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence currently that this is the case as the taxes are not earmarked (World Cancer Research Fund, 2016f, Colchero, 2016). In 2019, a study was conducted to estimate changes in taxed and untaxed

| | |
|--|--|
| | <p>beverages by volume of beverage purchased after the sugar-sweetened beverage (SSB) tax was introduced in 2014 (Ng et al., 2019). Results found that, the HTLU-unhealthier and HTHU groups had the largest absolute and relative reductions in taxed beverages and increased their purchases of untaxed beverages. Households with lower purchases of untaxed beverages (HTLU healthier and LTLU) had the largest absolute and relative increases in untaxed beverages. Furthermore, among households with higher purchases of taxed beverages, the group with lowest socio-economic status had the greatest reduction in purchases of taxed beverages (Ng et al., 2019).</p> <p>Qatar: In 2018, the Government of Qatar introduced Law No. (25) the 'Qatar Excise Tax Law' which came into effect on the 1st January 2019. The Qatar Excise Tax Law introduced a 50% ad valorem tax on carbonated waters with added sugar, sweeteners or flavours, as well as concentrates, powders, gels or extracts intended to be made into a carbonated beverage. A tax rate of 100% is applied to beverages sold as energy drinks that contain stimulant substances (e.g., caffeine, taurine, ginseng, guarana). Carbonated nonflavoured waters, coffee and tea are excluded from the excise tax. The excise tax applies to all imported, produced or stockpiled aerated beverages (except unflavoured aerated water) and energy drinks (World Cancer Research Fund, 2018).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>There is no evidence that the EU is proposing to Member States to implement and/or increase taxes or levies on unhealthy foods to discourage unhealthy food choices. The EU does have import conditions for foods, but these are completely focused on food safety (European Commission, 2020a).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Sugar Sweetened Drinks Tax</p> <p>Sugar Sweetened Drinks Tax (SSDT) came into effect on 01 May 2018 and applied to water and juice-based drinks. The scope of the tax was extended with effect from 01 January 2019 to include certain plant protein drinks and drinks containing milk fats. Under the Obesity Policy and Action Plan 2016-2025, the Department of Health invited tenders for an evaluation of the SSDT in 2023. An independent evaluation was undertaken by Munster Research Consultancy and published in 2024 (Houghton et al., 2024). This evaluation set</p> |

out to answer two key objectives; (i) that individuals reduce consumption of sugar-sweetened drinks by reducing the amount consumed or switching to healthier choices and (ii) that industry reformulates products to reduce (not necessarily remove) levels of added sugar in the drink's products. No baseline data upon which to evaluate the performance of the SSDT in Ireland was specifically collected when the tax was introduced. Therefore, this evaluation adopted a mixed-methods approach, combining both qualitative and quantitative methods:

- Desk-Based Research: Examined the methods and outcomes of SSDT evaluations globally.
- Secondary Data Analysis: Explored, examined and where relevant analysed secondary data sources of possible relevance to an evaluation of the SSDT.
- Quantitative Sub-Group Analysis: Analysed secondary data sources.
- Interviews: Conducted interviews with key industry informants and stakeholders, including major retailers and leading soft-drink manufacturers.
- Primary Research: Examined the SSDT pass-through rate in the Irish hospitality sector.

The evaluation of Ireland's Sugar-Sweetened Drinks Tax (SSDT) revealed a significant reduction in sugar consumption via carbonated soft drinks. Euromonitor data showed a 30.2% decrease in sugar intake through retailers and a 19.8% reduction through food service venues in 2019. It is unclear how much of this reduction was caused by industry reformulation of soft drinks and how much by consumers choosing lower sugar or sugar-free beverages. Either way, the nature of this reduction is highly suggestive that the SSDT has been successful in reducing sugar intake via soft drinks. Additionally, the industry has made substantial reformulation efforts, with four out of the five leading carbonated soft drinks now falling below the SSDT rate. The volume of soft drinks produced liable to SSDT Band 1 decreased by approximately 90% between 2017 and 2023, and those in SSDT Band 2 decreased by over 25%. Total revenue collected from the SSDT has been between €29.3 million and €33 million per year since its introduction. Examination of the SSDT pass-through rate indicates areas of concern. Two studies have now shown limited price differentials for the consumer between full sugar and diet versions of leading soft-drink

| | |
|-----------------------|--|
| | <p>products in both retail (off-site) and hospitality (on-site) settings. This reduces both the dissuasive pricing effect which may lead to consumers switching their choice to healthier options, as well as the potential signalling impact of the higher price differential caused by the SSDT. Interviews with industry representatives highlighted ongoing reformulation efforts driven by consumer demand for healthier products, rather than solely by the SSDT. Concerns were raised about the SSDT's impact on consumer behaviour and the need for a comprehensive approach to public health.</p> <p>The authors of the evaluation outlined the following recommendations:</p> <ul style="list-style-type: none"> • Indexing the SSDT to Inflation: To maintain its effectiveness, the SSDT should be indexed to the Consumer Price Index (CPI) and adjusted annually to account for inflation. • Improving Pass-Through Rates: Efforts should be made to ensure that the SSDT is fully passed through to consumers, particularly in the hospitality sector, to enhance the dissuasive pricing effects. |
| Comments/notes | |

PRICES3

The intent of existing subsidies on foods, including infrastructure funding support (e.g., research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods.

Definitions and scope

- Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods.
- Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability.
- Includes grants or funding support for food producers (i.e., farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food.
- Includes funding support for wholesale market systems that support the supply of healthy foods.
- Includes population level food subsidies at the consumer end (e.g., subsidising staples such as rice or bread).
- Excludes incentives for the establishment of, or ongoing support for, retail outlets, including greengrocers, farmers' markets, food co-ops, etc. (See RETAIL2).
- Excludes subsidised training, courses or other forms of education for food producers - Excludes the redistribution of excess or second grade produce.
- Excludes food subsidies related to welfare support (see PRICES4)
- Should be in line with population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, and should not be related to micronutrient deficiencies).

International best practice examples (benchmarks)

Singapore: The government through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry (World Cancer Research Fund, 2016a). The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35% or lower.

| | |
|--|--|
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Common Agricultural Policy</p> <p>The CAP is a common policy for all countries of the European Union.</p> <p>The legal basis for the common agricultural policy is established in the treaty on the functioning of the European Union (European Commission, n.d.).</p> <p>The CAP consists of 3 components:</p> <p><u>Income support</u> for farmers through direct payments ensures income stability and remunerates farmers for environmentally friendly farming and delivering public goods not normally paid for by the markets, such as taking care of the countryside. Rules for direct payments to farmers have been laid down in the REGULATION (EU) No 1307/2013.</p> <p><u>Market measures</u> to deal with difficult market situations such as a sudden drop in demand due to a health scare, or a fall in prices as a result of a temporary oversupply on the market. Rules for these market measures have been set out in REGULATION (EU) No 1308/2013: Common Market Organisation.</p> <p><u>Rural development measures</u> with national and regional programmes to address the specific needs and challenges facing rural areas. Rules for these rural development support have been outlined in REGULATION (EU) No 1305/2013, on support for rural development by the European Agricultural Fund for Rural Development (EAFRD).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence found from 2020 onwards</p> |
| <p>Comments/notes</p> | <p>The EU School Scheme provides subsidies to support viable food production and promote healthy eating habits among children by funding the provision of fruit, vegetables, milk, and certain milk products in schools. This initiative aligns with the goals of the Common Agricultural Policy (CAP) (European Commission, 2025).</p> |

PRICES4

The government ensures that food-related income support programs are for healthy foods.

Definitions and scope

- Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing.
- Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose.
- Excludes food subsidies at the consumer end e.g., subsidising staples at a population level (see PRICES3).

International best practice examples (benchmarks)

USA: In 2009, the Department of Agriculture implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include; increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants (World Cancer Research Fund, 2016f).

USA: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per USD spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals (World Cancer Research Fund, 2016f). In New York City and Philadelphia, "Health Bucks" are distributed to farmer's markets. When customers use income support e.g., food stamps to purchase food at farmer's markets, they receive one Health Buck worth 2 USD for each 5 USD spent, which can then be used to purchase fresh fruit and vegetable products (World Cancer Research Fund, 2016f). In Philadelphia, the programme has been expanded to other retail settings like supermarkets and corner stores.

| | |
|--|---|
| | <p>UK: The British Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers' allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006 (World Cancer Research Fund, 2016f).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>In 2014, the Fund for European Aid to the Most Deprived (FEAD) was adopted as the successor programme to the former programme for the most deprived persons (MDP) (Auditors, 2019). It provides €3.8 billion of EU funding for the programme period 2014-2020 and it is implemented at national level through operational programmes. EU countries are to contribute at least 15% in national co-financing to their national programme (European Commission, 2019a). However, despite these changes, the European Court of Auditors found that FEAD remains essentially a food support programme, as 83% of the Fund is devoted to food support.</p> <p>In May 2018, the European Commission adopted a legislative proposal for a new European Social Fund Plus (ESF+) Programme, based on the proposed Multiannual Financial Framework for the period 2021-2027. It will serve as the EU's main financial instrument guiding investment in people and implementation of the European Pillar of Social Rights, including health policies (European Commission, 2019a). The ESF+ Programme merges existing funds and programmes including:</p> <ul style="list-style-type: none"> • The European Social Fund (ESF) and the Youth Employment Initiative (YEI). • The Fund for European Aid to the Most Deprived (FEAD). • The Employment and Social Innovation (EaSI) programme. • The Health Programme. <p>ESF+ Programme financing will focus on three main strands:</p> <ul style="list-style-type: none"> • The first covers the (ex-) ESF and basic material assistance to the most deprived people. • The second will cover initiatives promoting employment and social innovation (EaSI). |

| | |
|--|---|
| | <ul style="list-style-type: none"> The third covers initiatives aiming at preventing health risks and promoting public health. <p>The new ESF+ has a strong health dimension. Health policies will be funded both through dedicated funding (strand within the ESF+) as well as across other key financial instruments. ESF+ Programme specifically includes €413 million for the health strand. The new architecture of ESF+ will not only preserve a specific health strand but will also support the integration of health in other related policies and the coordination between complementary health-related budget lines.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence found from 2020 onwards</p> |
| <p>Comments/notes</p> | <p>According to the Department of Social Protection, many charities across Ireland receive funding under the ESF+ Food and Basic Material Support Programme, which targets individuals and families experiencing poverty or food insecurity. While the Society of St Vincent de Paul (SVP) is not listed among the charities receiving ESF+ funding, it operates independently and provides substantial food-related support. In 2024, SVP reported spending approximately €19 million to help individuals and families afford food, including through food vouchers redeemable in major retailers such as Dunnes Stores, Aldi, Lidl, and Tesco (Society of St. Vincent de Paul, n.d.).</p> |

DOMAIN 5 – FOOD PROVISION

The government ensures that there are healthy food service policies implemented in government-funded settings to ensure that food provision encourages healthy food choices, and the government actively encourages and supports private companies to implement similar.

| | |
|--|---|
| <p>PROV1 The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes early childhood education and care services (0-5 years). • Schools include government and non-government primary and secondary schools (up to age 18 years). • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices. • Includes policies that relate to school meals programs, where the program is partly or fully funded, managed or overseen by the government. • Excludes programmes in schools that are targeted to children of low socioeconomic groups only (as these would be covered under PRICES4). |
| <p>International best practice examples (benchmarks)</p> | <p>Ireland: The School Meals (Local Projects) Scheme, is an administrative scheme, operated directly by the Department of Employment Affairs and Social Protection (Healthy Ireland, 2017a). The Scheme provides funding to primary and post-primary schools, local groups, voluntary organisations and community-based not-for-profit preschools operating their own school meals projects. The ‘Nutrition Standards for School Meals’, are being implemented under this scheme and aim to ensure that children and young people in schools participating in the scheme are provided with healthy balanced meals that follow the Healthy Eating Guidelines. These Nutrition Standards are food-based and are provided for each meal type funded by the Scheme, that is: Breakfast or snack Lunch or after-school meal Dinner, only healthy food choices that meet the standards will be funded. The Standards will also be used by those administering the Scheme in the schools, commencing in January 2018, to ensure that food purchased</p> |

complies with the Nutrition Standards when food contracts are being specified in the procurement process, and should also be applied when planning menus (Healthy Ireland, 2017a).

Jamaica: In November 2018, the Ministry of Health published mandatory nutrient guidelines for beverages sold/served within all public educational institutions for children (i.e., early childhood, primary level and secondary level). The guidelines prohibit sweetened beverages that exceed a maximum sugar concentration of 6g/100ml (effective 1st January 2019); 5g/100ml (effective 1st January 2020); 4g/100ml (effective 1st January 2021); and 2.5g/100ml (effective 1st January 2023). All unsweetened beverages are permitted. The guidelines also caution against beverages containing >10mg/serve of caffeine, discourage the use of artificial sweeteners and recommend beverage portions sold/served of <12 ounces (not including water).

Chile: In 2012, the Chilean Government approved a Law of Nutritional Composition of Food and Advertising (Fundo Nacional de Desinvolvimento da Educacao, 2016). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation. The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. The law prohibits the sale of foods in the 'high in' category in schools. The law came into effect on the 27th June 2016. In 2019, a study conducted on the impact of this law found that, foods exceeding any cut-offs decreased from 90.4% in 2014 to 15.0% in 2016. Solid products had a substantial reduction in calories, sugar, saturated fat, and sodium. Liquid products had a reduction in calories, total sugar, and saturated fat, whereas sodium increased. This was a result of changes in product mix (Massri et al., 2019).

Finland: In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools. New recommendations on Eating and learning together - recommendations for school meals were published in 2017 (National Nutrition Council, 2017). In 2018, the early childhood

education: Health and joy from food - meal recommendations for early childhood education and care, guidelines were published (National Nutrition Council, 2018). The 2018 published recommendations for families with children: Eating together - food recommendations for families with children, were updated in 2019 (National Institute for Health and Welfare, 2019). Additionally, Finland published its first nutrition recommendations for upper secondary schools and vocational schools.

UK: England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods.

Brazil: The national school feeding programme mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16th July 2009) sets food and nutrition-based standards for the foods available in the national school meal programme (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g., soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.

Costa Rica: Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips, cookies, candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The Constitutional Court

| | |
|--|---|
| | <p>upheld the restrictions in 2012 following a challenge by the food industry.</p> <p>Hungary: Since 2012, food and beverages are subject to the public health product tax and may not be sold on school premises or at events organized for school children, including out of school events based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the of Names of Public Education Institutions. Section 130(2) of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited.</p> <p>Uruguay: In September 2013, the Government of Uruguay adopted Law No 19.140 on healthy eating in schools. It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of saltshakers. The school food standards were elaborated in March 2014 and aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium. Limits are set per 100g of food, 100ml for drinks and per 50g portion. This was implemented in public schools in 2015 (World Cancer Research Fund, 2016d, Fundo Nacional de Desenvolvimento da Educacao, 2016).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU School Scheme</p> <p>On the 1st August 2017, the School Fruit and Vegetables Scheme (SFVS) merged with the School Milk Scheme (SMS) under a single EU financial and legal framework. Previously operating as separate schemes for milk, fruit and vegetables, the new merged scheme, like the individual schemes it replaced, is designed to help promote the benefits of healthy eating to children and encourage them to increase their consumption of fruit, vegetables and milk (Department of Agriculture Food and Marine, 2017b).</p> <p>EU school fruit, vegetables and milk scheme</p> |

The merger followed recommendations put forward by the European Court of Auditors and other external evaluations for improvements in the set-up and functioning of the school scheme. The rationale behind the recommendations was that the combination of the SFVS and the SMS under a joint new financial and legal framework would simplify the rules, reduce the administrative burden and adopt a more targeted approach (European Commission, 2022).

The new Scheme operates under a Legal Framework as follows:

Basic Regulation: Regulation (EU) 2016/791 of the European Parliament and of the Council of 11th May 2016 amending Regulations (EU) No 1308/2013 and (EU) No 1306/2013 as regards the aid scheme for the supply of fruit and vegetables, bananas and milk in educational establishments.

Financial: Council Regulation (EU) 2016/795 amending Regulation (EU) No 1370/2013 determining measures on fixing certain aids and refunds related to the common organisation of the markets in agricultural products.

Detailed technical rules: Commission Delegated Regulation (EU) 2017/40 of 3rd November 2016 supplementing Regulation (EU) No 1308/2013 of the European Parliament and of the Council with regard to Union aid for the supply of fruit and vegetables, bananas and milk in educational establishments and amending Commission Delegated Regulation (EU) No 907/2014.

Implementing Regulation: Commission Implementing Regulation (EU) 2017/39 of 3rd November 2016 on rules for the application of Regulation (EU) No 1308/2013 of the European Parliament and of the Council with regard to Union aid for the supply of fruit and vegetables, bananas and milk in educational establishments.

The EU School Scheme is funded through the European Union's Common Agricultural Policy (CAP) and has an overall combined annual budget of €250 million. Ireland is entitled to an annual draw down, subject to satisfying the relevant EU Regulations of €1.75m for the SFVS and €0.9m for the SMS. National funding is also made available on an annual basis to run both the SFVS and the SMS in Ireland.

**2020-2024
Evidence of
implementation**

Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland

In June 2020, the Food Safety Authority of Ireland (FSAI) published the Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland. Based on scientific evidence for best practice in the Irish context, members of Healthy Eating Guidelines for Toddlers and Pre-schoolers Working Group with expertise in physical development and activity, behavioural and cognitive development, diet and dental health, and clinical dietetics developed additional relevant recommendations (Food Safety Authority of Ireland, 2020). They include a newly designed children's food pyramid which will help people understand what children should be eating, what portion sizes look like and when treats should be given. The recommendations emphasise a comprehensive, integrated approach to the diets of 1- to 5-year-olds, underscoring the importance of a wide variety of foods to build lifelong healthy eating habits. In addition to outlining portion sizes for a number of foods or food groups (milk, breads, cereals, potatoes, pastas and rice, meat, poultry, fish, eggs, beans, lentils and smooth nut butters, fruit, salad and vegetables, fats, spreads and oils, foods high in fat, sugar or salt, beverages, supplements), guidance is provided on physical development, activity and play recommendations, healthy eating for children with special needs, food behaviours, food allergy, dental health and the need for further research to address knowledge gaps and improve understanding of the nutritional requirements of 1- to 5-year-olds.

Hot School Meals

The School Hot Meals Pilot, completed in July 2020, was commissioned by the Department of Employment Affairs and Social Protection (DEASP) to assess the impact and feasibility of providing hot meals to primary school students as part of Ireland's broader School Meals Programme (Department of Employment Affairs and Social Protection, 2020). Conducted by B&A (Behaviour & Attitudes) using a mixed-methods approach, the study collected quantitative survey data and qualitative interviews with key stakeholders including parents, teachers, special needs assistants (SNAs), school principals, and meal suppliers across participating schools.

The findings indicated strong overall support for the hot meal's initiative. The meals were consistently rated highly across several dimensions, including quality, variety, portion size, nutritional value, and accommodation of dietary requirements. Principals, in particular, were most likely to rate meals as "excellent," with stronger positive ratings seen among smaller schools, DEIS schools, and those in rural areas. For parents, those in smaller DEIS schools were more likely to give excellent ratings. Similarly, teachers and SNAs in rural and smaller schools also reported higher satisfaction compared to those in larger or urban schools.

In terms of perceived impact, over one-third of parents reported a very positive effect on their child's school attendance, physical health, and psychological wellbeing, although many said the programme had no strong effect on attendance specifically. Teachers and SNAs saw the greatest benefit in terms of children's diet and eating habits, with 66% reporting improvements, and just over 50% noting positive effects on behaviour, attentiveness, and mental wellbeing. However, the programme had less perceived impact on attendance. Teachers and SNAs in smaller, DEIS-designated, and rural or Dublin-based schools reported the most significant positive changes. When it came to student engagement and value, around two in five parents strongly agreed that their children found the hot meals tasty, filling, and that they encouraged healthier eating habits. Three in five parents said their child enjoyed taking part. The average perceived value of the hot meal was estimated at €3.90, with the highest valuation reported by parents in smaller, DEIS schools in Dublin and rural areas.

From an implementation standpoint, the majority of principals found working with meal suppliers easy, and most aspects of implementation, including logistics and communication, were described as straightforward. However, about one in five reported some difficulties with the administration, class scheduling, and initial project setup. Interestingly, non-DEIS schools found implementation slightly easier overall. A significant issue identified was food waste, 68% of teachers, SNAs, and principals noted an increase, and 47% of teachers described this as "significant." The increase was most reported by teachers of younger children, those in Munster,

and in non-DEIS schools. Regarding the programme's effect on environmental awareness, opinions varied: while most principals said it supported the Green Schools initiative, teachers were split, with roughly one-third each reporting positive, neutral, or negative effects. Finally, there was a split in opinion on universal versus targeted provision. About 63% of all staff (teachers/SNAs and principals) believed all children in a school should receive a hot meal, particularly in DEIS and rural schools. However, 31% of teachers/SNAs preferred targeting only children most in need. Principals were the strongest proponents of universal access.

School Meals Programme Evaluation

Following the pilot, the Department of Social Protection (DSP) commissioned RSM Ireland to conduct a full evaluation of the national School Meals Programme between March and November 2022. This evaluation took a broader system-level view, examining the experiences of schools, parents, suppliers, and policymakers, as well as funding adequacy, operational challenges, and future expansion. (RSM Ireland, 2022). Key findings of the evaluation included:

- Experience of those involved with the Programme had been mostly positive.
- Principals and other providers consistently agree (through qualitative evidence) that the provision of school meals helps to improve outcomes such as attendance, behaviour management and concentration in class. Effectiveness in terms of better diet, improved attendance and increased educational attainment was difficult to measure comprehensively and consistently. Many of the successes to date and the best practice examples were due to the creative partnerships which have evolved between schools and suppliers. Whether this effect will materialise in objective exam scores remains to be seen – a longitudinal quantitative analysis would be required in due course.
- Almost everyone consulted believed the current funding rates were insufficient and need to increase. The funding rates were set too low across all of the meal options. Some rates have not been reviewed in two decades.
- Additional costs are being borne by schools and other providers participating in the Programme. For example, certain costs, like waste disposal and bank administration fees, are not covered by the School Meals Programme. As

a result, some schools have had to reduce spending in other areas or charge students for meals, which goes against the programme's rules and undermines its goal of supporting vulnerable students. Additionally, discrepancies between the number of students requiring meals each year and the funding allocated based on previous year's figures create further financial strain. It stresses the need to consider the gap between funding and actual costs of administering the programme in schools.

- Interviews with stakeholders reveal that the Programme could be an opportunity to rethink the role played by food and nutrition in the Irish education system. There is a gap generally in the Irish education system about the importance of food and the socio-cultural role it could play in the education of children. Often comparisons were made with other countries who use their school meal system to teach children about nutrition, good eating habits, international food cultures, as well as the environmental impact of food.
- There are concerns about food waste due to limited meal customisation options. The reasons for waste produced was the lack of choice and children being unable to change their choices over time. The same portion sizes are given to all students regardless of their age. Views on customisation from adults also extended to allowing children choose between hot and cold meals during the summer months. Additionally, there is concern about waste from packaging and there was a significant variety in the manner in which schools were able to deal with the waste generated. Some were able to use composters and recycle packaging, while others had to send waste home with students.
- Current cooking and eating facilities are insufficient. Only a minority of people that took part in this evaluation were satisfied with the spaces available for preparing, cooking, heating or eating food. Facilities that might improve the delivery of the programme include kitchens, meal heating facilities and waste facilities. The consensus was that if the School Meals Programme is to be expanded in scope, the first priority should be designated eating facilities for students as part of any planned school extensions, followed by ensuring that there was canteen space in any new builds.

- While the operational flexibility of the School Meals Programme is appreciated, some administrative processes are outdated and inefficient. Principals and providers expressed frustration with the paper-based application system and the lack of mid-year funding reviews. There is also a desire for online reporting. Although nutritional guidelines exist, there is scepticism about whether they are being consistently met, as there seems to be a lack of a comprehensive system for monitoring compliance on the ground.
- School principals noted the reduced levels of food poverty among the children in their care. Interviews with stakeholders reveal that providing children with food in school is making a difference to families, in terms of money saved, and time saved in food preparation. However, claims about the programme broadly alleviating food poverty are limited. Any future decisions on this matter by the Department of Social Protection should involve discussions with other relevant departments as part of a whole-Government approach to address child poverty.

RSM outlined 18 recommendations across different time frames;

Immediate Recommendations (2023):

1. Increase funding for all meal options.
2. Adjust funding to better reflect current pupil populations.
3. Expand Hot Meals to all DEIS primary schools for 2023/2024.
4. Include an annual payment for non-food expenses
5. Involve schools in the development of the programme.
6. Support research on the programme's impact (collection and collation of longitudinal data), including academic and health outcomes and other impact indicators in a comprehensive and consistent manner.

Short to Medium-Term Improvements (2023-2025):

7. Create a cross-departmental strategic working group to plan universal meal provision by 2030.
8. Invest in the School Meals Programme Team at Department of Social Protection.
9. Department of Education to review the Capital Expenditure Programme to include eating spaces in schools.

10. Extend the programme to cover holidays and address holiday hunger.
 11. Adjust funding for schools or other providers with capped amounts to current rates.
 12. Replace cold lunches with hot meals in all DEIS secondary schools.
 13. Develop an online system for monitoring and reporting.
 14. Create new waste management guidelines for schools and suppliers.
 15. Build an online repository for best practice examples for schools.
- Long-Term Improvements (2026-2030):
16. Increase independent assurance of financial and operational controls.
 17. Introduce a multi-party framework for school meal procurement.
 18. Integrate healthy eating into the core school curriculum.

Early Learning and Care Services

In 2023, the Nutrition Standards for Early Learning and Care (ELC) Services were introduced by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in collaboration with Healthy Ireland and the Department of Health (Department of Children, Equality, Disability, Integration and Youth, 2023). The aim of these Nutrition Standards is to inform, develop and implement healthy eating policy and practice in ELC services. This is to ensure the promotion of healthy foods and drinks in main meals, snacks and celebrations, are agreed in partnership with children, parents, service providers and the wider community. It also supports early childhood education and care providers in ensuring that food and drink offered to children is nutritious and balanced and based on the Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland.

They align with the Healthy Eating Guidelines from the Department of Health and emphasise reducing exposure to unhealthy foods and drinks at a crucial developmental stage.

Key Features:

- Applies to all Early Learning and Care services (ages 0-5 years), including preschools, nurseries, and crèches.
- Encourages the development of healthy eating policies at each childcare facility, integrating parental engagement.

- Outlines recommended portion sizes and meal frequencies based on age-appropriate dietary needs.
- Promotes a positive food environment, reducing the availability of unhealthy snacks and sugary drinks.
- Includes guidance on food during celebrations and events in early childhood settings, discouraging the use of high-fat, high-sugar foods.

Impact & Implementation:

- Services participating in the National Childcare Scheme or ECCE program are encouraged to follow these guidelines.
- The standards are supported by resources, including sample menus and recipes, to aid implementation.

Hot School Meals Expansion

Following announcements of additional funding to extend the provision of hot school meals over the years. On 1st October 2024, Budget 2025 was launched and Minister for Social Protection, Heather Humphreys, confirmed the universal provision to all primary schools. Starting in April 2025, the scheme will be rolled out on a phased basis to all remaining primary schools. This expansion will see 3,200 schools and 550,000 children benefiting from the scheme, supported by an increase of just over €72 million in the School Meals budget (Department of Social Protection, 2024). This brings the total allocation for the scheme to €288 million. In addition, a new pilot project to tackle school meals holiday hunger will be introduced during summer 2025.

Menu Plan for Early Learning and Care Services

In October 2023, the Menu plan for Early Learning and Care Services has been published by the Healthy Eating and Active Living, Health and Wellbeing division in the HSE and the Nutrition team at Safefood (Health Service Executive & Safefood, 2023). This menu plan aims to provide a practical guide to implementing the ‘Nutrition Standards for Early Learning and Care Services’ published by the Department of Health and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in 2023. The aim of the nutrition standards is to inform, develop and implement healthy eating policy and practice in Early Learning and Care Services. The nutrition standards deliver on a key action in ‘First 5’, the Whole of Government Strategy for Babies, Young

| | |
|-----------------------|--|
| | <p>Children and their Families which aims to ensure an optimum start for all children in Ireland.</p> <p>This menu plan and the nutrition standards replace previous publications; the Food and Nutrition Guidelines for Pre - School Services in 2004 and the supporting HSE Pre - school 3-week Menu Plan published in 2006. To help provide food lower in salt and sugar for children, it is recommended that early years' settings cook from scratch as much as possible and avoid adding salt and sugar with minimal amounts of added oils and fat spreads when cooking. This menu plan's recipes have been designed for use by all regulated early years providers including children's centres, nurseries and childminders. The plan includes weekly standard and vegetarian menu plans with detailed recipes for breakfasts, hot meals, light meals, and snacks. It provides practical guidance on understanding recipes, incorporating vegetarian meat alternatives, and ensuring adequate milk provision. The plan supports food safety, allergy management, and caters to cultural and religious dietary needs.</p> |
| Comments/notes | |

PROV2

The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.

Definitions and scope

- Public sector settings include: government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services - government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. - Public sector workplaces.
- Includes private businesses that are under contract by the government to provide food.
- Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see RETAIL4).
- Excludes school and early childhood settings (see PROV1).
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices.
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier.
- Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol).
- Includes modifying ingredients to make foods and drinks healthier or changing the menu to offer healthier options.
- Excludes public procurement standards (see PROV3).

International best practice examples (benchmarks)

Latvia: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt/100g; fish products may contain up to 1.5g salt/100g.

Ireland: The HSE Vending Policy 2019 replaces the 2014 Healthier Vending Policy and applies to all vending machines that stock cold soft drinks, confectionery and snacks on HSE premises and premises funded by the HSE. Sugar-sweetened beverages will not be stocked in vending machines, 50% of

beverages stocked will be still water and the remaining beverages stocked will include non-sugar-sweetened beverages e.g., diet drinks, juices, flavoured and sparkling water. Snacks containing more than 200 calories per packet will not be stocked in machines. An exception to this is 3 packets of dried fruits, nuts or seeds (plain and unsalted). Products will be clearly labelled with the number of calories per product related fields.

Bermuda: In 2008, the government Vending Machine Policy was

implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, trans fat, sodium and sugar. Criteria exclude nuts and 100% fruit juices.

New York City, USA: New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g., only no-fat or 1% fat milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g., children, seniors) (World Cancer Research Fund, 2016d, Lederer, 2014). As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.

Wales: Vending machines are prohibited in National Health Service Hospitals. The government issued a guidance defining what is allowed and not and has liaised with major vending providers to find ways to introduce healthier food options (Department of Health, 2008).

The Netherlands: The Netherlands Nutrition Centre introduced the

| | |
|--|---|
| | <p>'Guidelines for Healthier Canteens', which can be applied in canteens at schools, sports clubs and workplaces to make them healthier. The Guidelines for Healthier Canteens cover canteens at product level and at the level of a full range of food and drink being offered, together with the canteen's general display layout. The framework of the Guidelines defines three different levels: bronze, silver and gold (Netherlands Nutrition Centre, 2017).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>The Irish Heart Foundation Bord Bia recognises Galway University Hospitals commitment from the Aramark catering team toward offering healthier, more balanced foods, and the attainment of the Irish Heart Healthy Eating GOLD Award. In order to achieve the GOLD standard, hospitals must display calorie counts on menus, offer low fat and high fibre options and offer a larger selection of fruits and vegetables. Additional criteria, such as 50% of beverage offerings being healthier options (i.e., water) are also required.</p> <p>Happy Heart Healthy Eating Award The Happy Heart Healthy Eating Award established up by the Irish heart foundation aims to create a culture of health and wellbeing and provide long-term sustainable programmes (Irish Heart Foundation, 2019). There are three different levels of achievement for the award: bronze, silver, and gold. There are many benefits for employees such as having better healthy meal options and obtaining a healthier work environment. The objective of the Healthy Eating award programme is to assist staff restaurants with adopting healthier cooking practices and provide healthier food choices, without incurring substantial cost. Recommendations given to the catering manager meet the Irish Heart Foundation and the Department of Health's Healthy Eating Guidelines.</p> <p>The new silver and gold criteria reflect all areas of healthy eating recommendations, covering fat, fibre, fruit and vegetables, salt and sugar and focuses on the areas that give employees the best impact for a healthier diet. Examples of Silver criteria are that oily fish is offered at least twice a week, at least two days per week are chip-free, and that calories are displayed on the hot lunch menu. Examples of Gold criteria are that fish is offered at least 50% of the week on the hot</p> |

and/or cold menu, at least three days per week are chip-free, and that calories are displayed on all menu options.

HIQA: The Review of Nutrition and Hydration Care in Public Acute Hospitals

In 2016, HIQA published a report titled; 'The Review of Nutrition and Hydration Care in Public Acute Hospitals'. The report from HIQA identified four main elements for improvement, that if successfully integrated across all public acute hospitals, could significantly improve nutritional and hydration patient care. They include:

- All hospitals should have a nutrition steering committee in place.
- All patients admitted to hospital should be screened for the risk of malnutrition.
- Hospitals must audit compliance with all aspects of patients' nutritional care and share the findings with all relevant staff groups involved in food service and patient care.
- Hospitals should strive to improve patients' experience with hospital food and drink by engaging with patients about food variety and choice.

HIQA will continue to monitor public acute hospitals compliance to adequately assessing, monitoring and evaluating patients' nutritional and hydration needs. They will monitor these needs by carrying out unannounced hospital inspections and using the patient self-assessment tool (Health Information Quality Authority, 2016).

Health Services Executive

The HSE also identified two strategic priority actions in the National Service Plan for 2016 in relation to improving food and nutrition in hospitals:

- The development of a hospital food and nutrition policy, to be accompanied by an implementation plan. This plan has been finalised and is currently awaiting a date for launch by the Minister for Health.
- A quality improvement programme in relation to nutrition and hydration which will be delivered across services, including acute hospital services (Health Service Executive, 2016a).

**2020-2024
Evidence of
implementation**

Healthy Ireland Strategic Action Plan 2021–2025

This Action Plan is a cross-Government, cross-sectoral plan that sets out the key actions by theme for the period 2021-2025, the specific implementation actions that will be achieved by end of 2023 and identifies the lead Department for each action (Health Service Executive, 2021). One of the Priority Focus Areas for Healthy Ireland for 2021–2023 Place-Based Settings is workplaces. For 2021, this included the launch Healthy Workplace Framework and website to support workplaces in implementing the Healthy Workplace Framework and establishment of an Implementation Group for the Healthy Workplace. For 2022, this included recruitment of worksites to engage in Phase 1 of the implementation of the Healthy Workplace Framework, develop evaluation guidelines for workplaces, and launch National Network for Healthy Workplaces. For 2023, develop Healthy Ireland Award for workplaces. Continue implementation and recruitment of workplaces to the National Network for Healthy Workplaces, and host National Conference to showcase good practice in Healthy Workplaces. The Strategic Action for these steps is to work with the Department of Enterprise, Trade and Employment engage with relevant private sector organisations to leverage their experience and expertise in areas of shared interest around health and wellbeing and align their organisational goals, where appropriate to those of Healthy Ireland.

Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021–2025

The Healthy Workplaces Framework is a government strategy to enhance the health and wellbeing of Ireland’s workers which was published in 2021 (Department of Health, 2021a). The Framework is one part of The Healthy Ireland Framework 2013-2025. The Framework sets the strategic direction for workplace policies and programmes to enhance the health of workers. Given the dimension and complexity of workplace health, a multi-agency and multi-disciplinary approach was required, and the development of this framework was led by the Department of Health with the support of the Department of Enterprise, Trade and Employment (DETE), the Institute of Public Health (IPH) and key stakeholders. In order to build capacity for wellbeing in the workplace a Post Graduate Certificate on Workplace Wellness was developed by the

National University of Ireland, Galway. To support the development of the course seed funding was provided by both Departments and the course has attracted interest from both public and private sectors (4ie, 2017).

It is a part-time course delivered over one academic year. There are seven key objectives in the Framework; 1. Build implementation structures, 2. Raise awareness, 3. Drive engagement, 4. Transform culture, 5. Provide supports, 6. Share good practice and 7. Drive quality improvement and ensure sustainability. Under objective 5 of the framework is an action to “Develop standards for healthy food provided in workplace canteens (all sectors) and agree a programme for roll-out in the public sector.” A National Implementation Group was established to oversee the rollout of the Healthy Workplace Framework. The first meeting was held in May 2022. The Implementation Group's primary responsibilities is the development of an Action Plan: This plan outlines strategies and assigns leadership roles for the Framework's rollout over the subsequent four years. This will include assigning leadership roles and responsibilities for implementation with key partners and the development of effective partnerships with other Government Departments and policy and programme leads to support health and wellbeing in the workplace. The Healthy workplace website was launched in May 2023 to support workplaces in implementing the Framework (<https://healthyworkplace.ie>). The website provides checklists, interactive tools, and resources to support workplaces to deliver and evaluate wellbeing interventions in their organisations. Specific universal information for workplaces in relation to increasing opportunities.

Additionally, The Healthy Workplaces Programme, is a 12-18 month-long programme of activity that supports Irish workplaces to get started on their wellbeing journey, implement targeted strategies, and achieve the status of a Healthy Ireland, Healthy Workplace. Following an open call for applications and a thorough evaluation process, 40 Irish workplaces have been selected to partake in the first iteration of the programme, commencing in January of 2025. There is currently no publicly available information confirming the formal establishment of the National Network for Healthy Workplaces or national conference.

HSE Healthy Eating and Active Living Programme

The Healthy Eating Active Living Implementation Plan 2023-2027 was published in 2023 and builds upon the foundation established since the HEAL Programmes' inception in 2016 (Health Service Executive, 2023). The Programme spearheads and coordinates work across the health services to ensure implementation of Healthy Weight for Ireland: Obesity Policy and Action Plan 2015-2025 and Get Ireland Active: National Physical Activity Plan for Ireland. The Programme National Lead is Sarah O'Brien and Clinical Lead is Prof Donal O'Shea. The work of the programme is delivered by a small core team as part of a wider HSE Health and Wellbeing team. The new plan set out an action to "provide guidance and tools to enable implementation of agreed suite of national policies, standards, guidelines and programmes to support staff to make lifestyle changes in healthy eating, physical activity and other weight related health behaviours." This includes the following deliverables;

- Integrate key messages on healthy eating, physical activity and other weight related behaviours into staff health & wellbeing communications (Lead: HSE Health & Wellbeing Stakeholder Engagement & Communication; Target: 2023-2027)
- Scope and design a model to drive creation of healthier food environments in health services informed by behavioural economics (Lead: HEAL Programme; Target: 2023-2027)
- Review the HSE Calorie Posting policy and self-audit tool (Lead: HEAL Programme; Target: 2025)
- Strengthen health service sites engagement with Happy Heart Healthy Eating Awards (Lead: HEAL; Target: 2024)
- Revise & update HSE Vending Policy and co-ordinate procurement process to renew HSE Vending Services Framework extending to cover provision of fresh and chilled (Lead: HEAL; Target: 2024).

Health Services Healthy Ireland Implementation Plan 2023 – 2027

The Health Services Healthy Ireland Implementation Plan 2023-2027 aims to strengthen the role of the Health Services in:

- Enabling individuals to live longer, healthier lives through all stages of their life by supporting them to adopt healthy behaviours
- Supporting people to self-manage and live well with their chronic health condition(s)
- Supporting the development of healthy environments that help people and staff to adopt healthy behaviours.

This plan complements the HSE Healthy Workplace Framework and aligns with Healthy Ireland’s emphasis on chronic disease prevention. It prioritizes initiatives that promote healthier behaviours among HSE staff and focuses on developing workplaces that support and sustain these behaviours (Health Service Executive, 2023). The implementation plan contains 6 key principles, including principle 6 “Provide a working environment that supports staff in their own health and wellbeing, demonstrating that we care about them by providing positive working environments where staff feel respected and valued”. Under strategic priority “Supporting healthy behaviours from childhood through to healthy ageing” (4.3), actions for promoting healthy eating and physical activity include “Continue the focus across the health service on implementing the suite of HSE policies that aim to create a healthier food environment for staff and service users”. Leading this work is the National Healthy Eating and Active Living Policy Priority Programme (timeframe 2023 – 2027).

Happy Heart Healthy Eating at Work Awards programme

In 2021, the Irish Heart Foundation partnered with the HSE’s Healthy Eating Active Living Programme to enhance the Happy Heart Healthy Eating at Work awards programme (Irish Heart Foundation & Health Service Executive, 2021). This collaboration aimed to support healthcare services in making healthier food choices more accessible for staff and visitors. Healthcare catering services are provided with expert guidance to:

- Adopt healthier cooking practices cost-effectively,
- Promote and provide healthier food options, and
- Align food and beverage offerings with HSE Nutrition Standards.

Earning the award fosters a culture of health and wellbeing, highlighting an organisation’s commitment to its staff.

| | |
|-----------------------|---|
| | As of December 2023, 51 healthcare sites across Ireland have received the Happy Heart Healthy Eating Award, collectively supporting the health of nearly 45,000 staff members. These sites include hospitals, nursing homes, and community services that prepare hot meals on-site. |
| Comments/notes | |

| | |
|---|---|
| <p>PROV3 The government ensures that there are clear, consistent public procurement standards in public sector settings for food service activities to provide and promote healthy food choices.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes standards for the public sector which encourage the procurement of healthy foods. • Includes standards for the public sector which discourage the procurement of unhealthy foods. • Includes public sector settings as defined in PROV 1 and PROV 2. |
| <p>International best practice examples (benchmarks)</p> | <p>Brazil: A school food procurement law approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy (Food Foundation, 2021).</p> <p>UK: The UK Government Buying Standard for Food and Catering Services (GBSF) of 2014, updated March 2015, sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014). Schools, hospitals, care homes, communities and the armed forces must follow the nutrition requirements. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts (World Cancer Research Fund, 2016e).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action The EU Green Public Procurement comprehensive criteria set higher targets for organic content and packaging, and also cover integrated production accreditations for multiple food categories (Environmental Protection Agency, 2014). The EU GPP criteria for food and catering services focus on the purchase of food from producers, wholesalers and plants, although predominantly through third party distribution companies and out-sourced catering service providers.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Vision 2030 Food Vision 2030 is Ireland's strategic plan aimed at positioning the country as a global leader in sustainable food systems by 2030. Launched in 2021, this strategy outlines a roadmap for the development of the agri-food, forestry, and marine sectors</p> |

(Department of Agriculture, Food and the Marine, 2021). The strategy is structured around four key missions:

- A Climate Smart, Environmentally Sustainable Agri-Food Sector: This mission focuses on adopting practices that mitigate climate change impacts, enhance biodiversity, and ensure the sustainable use of natural resources.
- Viable and Resilient Primary Producers with Enhanced Wellbeing: It aims to support farmers, fishers, and foresters by improving their livelihoods, resilience, and overall wellbeing.
- Food that is Safe, Nutritious, and Appealing, Trusted and Valued at Home and Abroad: This mission seeks to maintain and enhance the reputation of Irish food by ensuring it meets high safety and quality standards, thereby strengthening consumer trust both domestically and internationally.
- An Innovative, Competitive, and Resilient Agri-Food Sector, Driven by Technology and Talent: It emphasizes fostering innovation, embracing new technologies, and developing a skilled workforce to enhance the sector's competitiveness and adaptability.

Under Mission 3, Goal 1 is to “Prioritise Coherent Food and Health Policies to Deliver Improved Health Outcomes”. Among the different actions, Action 5 is to “Develop public procurement policies to promote healthy and sustainable diets, particularly in schools and public institutions”. There have been two annual reports (2023 & 2024) since the strategic plan was published, but no update on this specific action.

Buying Greener: Green Public Procurement Strategy and Action Plan 2024-2027

Under the action on Food Procurement and Food waste Prevention there is a sectoral target (number 2) which requires that a minimum of 10% by value (€) of food sought by public sector bodies under new contract arrangements (including via contractors such as canteen service providers), is to be certified organic in each of the following categories of Cereals, fresh Beef, Lamb, Pork, Poultry, Fish, Vegetables and Dairy products, where possible (Department of the Environment, Climate and Communications, 2024). The level of seasonal products should also be included as a key criteria in public sector procurement of food.

| | |
|-----------------------|--|
| Comments/notes | |
|-----------------------|--|

PROV4

The government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines.

Definitions and scope

- Includes support for early childhood education services as defined in 'PROV1'.
- Public sector organisations include settings defined in 'PROV2'.
- Support and training systems include guidelines, toolkits, templates (e.g., policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer or other food service staff information and training workshops or courses.

International best practice examples (benchmarks)

Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines (Nutrition Australia Victorian Division. n.d). Experienced nutritionists and dieticians at the Nutrition Australia Victorian Division deliver the Healthy Eating Advisory Service. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes and food ideas and other helpful resources to provide healthier menus and products.

Singapore: The National Workplace Health Promotion Programme launched in Singapore in 2000, is run by the Health Promotion Board (Health Promotion Board, Singapore, 2000). Both private and public institutions are encouraged to improve the workplace environment by providing tools and grants. Grants are awarded to help companies start and sustain health promotion programmes. Tools include a sample Healthy Workplace Nutrition Policy, a sample Healthy Workplace Catering Policy, and a detailed Essential Guide to Workplace Health, setting out ways to transform the workplace into a health-supporting work environment.

Netherlands: The Healthy School Canteen Brigade is a team consisting of dieticians and health scientists of the Dutch Nutrition Centre to help school create healthy canteens. They visit schools in the Netherlands and give them advice. The Dutch Nutrition Centre also developed the canteen scan a tool

| | |
|--|--|
| | to check the level of healthiness of canteens and gives practical advises (Dutch Nutrition Centre, n.d). |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Food Choice at work Food Choice at Work is a spin-out company from University College Cork Ireland, that has developed a Leading-Edge Healthy Eating Management System for employees. Resting on over 6 years of scientific research led by Dr Fiona Geaney and Professor Ivan Perry. The company re-engineer’s workplace eating environments through tailored menu modifications, portion size guidance, daily application of our calorie and traffic light coding system, catering training, monthly nutrition education and health check and nutrition clinics. Food Choice at Work deals directly with caterers, workplace stakeholders and employees to make fundamental positive changes in food purchasing, preparation and presentation. Their data-driven programme is tailored to the culture and climate of each individual workplace. Clients include, Microsoft, KSG, UCC, Tyndall National Institute and Cork City Council (Food Choice at Work, 2019).</p> <p>Safefood and Early Childhood Ireland Safefood, in collaboration with Early Childhood Ireland, provides a range of online resources and practical guidance to support early childhood care providers in promoting healthy eating and good food safety practices. The materials are designed to help childcare settings develop and implement balanced, age-appropriate nutrition policies that align with national quality and regulatory standards. (Safefood, 2016). The resources include:</p> <ul style="list-style-type: none"> • Food and nutrition guidelines for early learning and care settings • Support for developing healthy eating policies • Menu planning and recipe ideas • Serving-size guidance for young children • Advice on managing fussy eating and encouraging food variety • Healthy snack ideas and food swaps • Guidance on managing food during special occasions (e.g., birthdays and celebrations) <p>These resources aim to make it easier for childcare providers to create positive food environments, support healthy growth and</p> |

| | |
|--|--|
| | <p>development, and reinforce good eating habits from an early age.</p> <p>Safefood Educational Resources Safefood provides curriculum-linked educational resources for pre-school, primary, and post-primary schools across the Republic of Ireland and Northern Ireland. These free, teacher-led and interactive resources focus on healthy eating, nutrition, and food safety, tailored to specific age groups and key stages. The materials are designed to support the national curriculum and encourage children and young people to make informed, healthy food choices (Safefood, 2016).</p> <p>Schools Healthy Eating Award programme The Schools Healthy Eating Award programme is helping to set and facilitate a nationwide School Catering Standard for post primary schools, for those who wish to promote and offer healthy food choices for their children and staff. Schools Healthy Eating awards have been developed as well as healthy schools' guidelines to be followed (Irish Heart Foundation).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Early Childhood Education Nutrition Guidelines In October 2020, the Department of Health launched the first-ever National Healthy Eating Guidelines for One to Four-Year-Olds (Department of Health, 2020). These guidelines aim to help parents and carers establish good eating habits in children. Developed by nutrition experts in Ireland, the guidelines are based on Irish dietary evidence and include a newly designed children's food pyramid to assist in understanding portion sizes and appropriate food choices. This initiative is part of the broader strategy to promote healthy eating in early childhood settings.</p> <p>Healthy Ireland Smart Start In early 2022, the HSE Health and Wellbeing, in collaboration with the National Childhood Network (NCN) and supported by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), launched a revised HISS programme (Health Service Executive, 2022). This initiative introduced a dedicated module tailored for children from birth to 3 years, complementing the existing preschool programme. The programme encompasses key areas such as health promotion, emotional wellbeing, physical activity, nutrition, oral health, and safety. The programme is delivered through virtual sessions</p> |

| | |
|-----------------------|--|
| | <p>with comprehensive resource packs provided to participating services. Access to a dedicated Help Desk at NCN for services aiming to achieve the Healthy Ireland Award. Participants receive a Continuing Professional Development (CPD) certificate upon completion and submission of training evaluations. This programme is designed to support early childhood educators in promoting health and wellbeing among infants and toddlers, fostering a holistic approach to early childhood development.</p> |
| Comments/notes | |

| | |
|---|---|
| <p>PROV5 The government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • For the purpose of this indicator, ‘private companies’ includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc. • Includes healthy catering policies, fundraising, events, - includes support and training systems such as guidelines, toolkits, templates (e.g., policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer and other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace). • Excludes the provision or promotion of food to people not employed by that organisation (e.g., visitors or customers). • Excludes support for organisations to provide staff education on healthy foods. |
| <p>International best practice examples (benchmarks)</p> | <p>Ireland: A Healthy Workplaces Framework has been developed as part of the Governments Public Health Framework, ‘Healthy Ireland, A Framework for Improved Health and Wellbeing: 2013-2025’, by the Department of Health and the Department of Business, Enterprise and Innovation (Department of Health, 2013b, McAvoy, 2018). It was developed following a public consultation with interested stakeholders and aims to enhance existing initiatives to facilitate the sharing of experience and learning and provide the necessary supports and tools for organisations or companies who have not yet developed their own resources. The Healthy Workplaces Framework is due to be implemented in 2020.</p> <p>Victoria, Australia: ‘Healthy choices: healthy eating policy and catering guide for workplaces’ is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces (Department of Health and Human Services (Victoria), 2016).</p> |
| <p>Context</p> | <p>Ibec and the Nutrition and Health Foundation -National Workplace Wellbeing Day</p> |

(e.g., EU action, regulation, food industry action etc.)

An initiative of Ibec and the Nutrition and Health Foundation, Ireland's National Workplace Wellbeing Day is a nationwide campaign designed to help improve employee health through promoting better nutrition and physical activity in the workplace. Ibec launched Ireland's fifth National Workplace Wellbeing Day, on Friday 12th April 2019. Public and private sector organisations across the country are expected to participate in the day, which aims to improve employee health through promoting better physical activity and nutrition in the workplace (Nutrition and Health Foundation, 2019).

Ibec - The KeepWell Mark

In 2017, Ibec introduced the KeepWell Mark, a workplace wellbeing accreditation that helps companies demonstrate their organisation's commitment to improving the lives of those who work for them. The accreditation process includes benchmarking and an assessment against recognised standards in workplace health, safety and wellbeing with a personalised report being prepared, recommendations for a corporate wellbeing strategy and a certificate of accreditation that is valid for two years. It's an evidence-based accreditation, that offers all types of employers, large and small, from the public, private and voluntary sectors, an opportunity to demonstrate their commitment to the health and wellbeing of their workforce (Irish Business and Employers Confederation, 2017).

Irish Heart Foundation (IHF) Workplace Wellness Programmes

Over 1000 workplaces have received support from Irish Heart Foundation (Irish Heart Foundation, 2019). The workplace wellness programs include:

- Physical activity: Slí@work comprises of a series of indoor and outdoor motivational signage that encourage staff to add walking into their working day.
- Healthy eating: The Happy Heart Healthy Eating award programme assists companies' staff restaurant to adopt healthier cooking practices and provide healthier food choices, without incurring substantial cost. There are three different levels of achievement for the award: bronze, silver, and gold.

| | |
|--|---|
| | <ul style="list-style-type: none"> • <u>Health checks:</u> Provided by qualified and experienced nurses to provide tailored lifestyle advice. These options include a combination of the following: <ul style="list-style-type: none"> - Blood pressure check - Cholesterol check (full lipid profile) - Glucose check - Weight management (waist circumference & BMI) - Carbon monoxide check (for smokers) - All participants will receive a personal record card and tailored lifestyle advice from a cardiovascular-skilled nurse |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021–2025</p> <p>The Healthy Workplaces Framework is a government strategy to enhance the health and wellbeing of Ireland’s workers which was published in 2021 (Department of Health, 2021). The Framework is one part of The Healthy Ireland Framework 2013-2025. The Framework sets the strategic direction for workplace policies and programmes to enhance the health of workers. Given the dimension and complexity of workplace health, a multi-agency and multi-disciplinary approach was required, and the development of this Framework was led by the Department of Health with the support of the Department of Enterprise, Trade and Employment (DETE), the Institute of Public Health (IPH) and key stakeholders. The Framework aims to improve health and wellbeing for workers in both the public and private sector. In order to build capacity for wellbeing in the workplace a Post Graduate Certificate on Workplace Wellness was developed by the National University of Ireland, Galway (4ie, 2017). To support the development of the course seed funding was provided by both Departments and the course has attracted interest from both public and private sectors.</p> <p>It is a part-time course delivered over one academic year. There are seven key objectives in the Framework; 1. Build implementation structures, 2. Raise awareness, 3. Drive engagement, 4. Transform culture, 5. Provide supports, 6. Share good practice and 7. Drive quality improvement and ensure sustainability. Under objective 5 of the framework is an action to “Develop standards for healthy food provided in workplace canteens (all sectors) and agree a programme for roll-out in the public sector.” A National Implementation Group was established to oversee the rollout of the Healthy Workplace</p> |

| | |
|-----------------------|--|
| | <p>Framework. The first meeting was held in May 2022. The Implementation Group's primary responsibilities is the development of an Action Plan: This plan outlines strategies and assigns leadership roles for the Framework's rollout over the subsequent four years. This will include assigning leadership roles and responsibilities for implementation with key partners and the development of effective partnerships with other Government Departments and policy and programme leads to support health and wellbeing in the workplace. The Healthy workplace website was launched in May 2023 to support workplaces in implementing the Framework (https://healthyworkplace.ie). The website provides checklists, interactive tools, and resources to support workplaces to deliver and evaluate wellbeing interventions in their organisations. Specific universal information for workplaces in relation to increasing opportunities.</p> <p>Additionally, The Healthy Workplaces Programme, is a 12-18 month-long programme of activity that supports Irish workplaces to get started on their wellbeing journey, implement targeted strategies, and achieve the status of a Healthy Ireland, Healthy Workplace. Following an open call for applications and a thorough evaluation process, 40 Irish workplaces have been selected to partake in the first iteration of the programme, commencing in January of 2025. There is currently no publicly available information confirming the formal establishment of the National Network for Healthy Workplaces or national conference.</p> |
| Comments/notes | |

DOMAIN 6 – FOOD IN RETAIL

The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) in-store (product placement).

| RETAIL1 Zoning laws and policies are implemented to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities and/or access to these outlets (e.g., opening hours). | |
|---|--|
| Definitions and scope | <ul style="list-style-type: none"> • Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes. • Includes the consideration of public health in State/Territory subordinate planning instruments and policies. • Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications. • Includes limitations to access of unhealthy food outlets (i.e., opening hours). • Excludes laws, policies or actions of local governments. |
| International best practice examples (benchmarks) | <p>South Korea: In 2010, the Special Act on Children’s Dietary Life Safety Management established the creation of ‘Green Food Zones’ around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools. In 2016, Green Food Zones existed at over 10,000 schools.</p> <p>UK: Around 15 local authorities have developed “supplementary planning documents” on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location. All policies include secondary schools, some policies also include primary schools, parks and youth centres (World Cancer Research Fund, 2016).</p> <p>Detroit (USA): In Detroit, the zoning code prohibits the building of fast-food restaurants within 500ft. of all elementary, junior and senior high schools (World Cancer Research Fund, 2016).</p> |

| | |
|--|---|
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU</p> <p>The EU does not have regulatory control in the field of spatial planning, or on implementing zoning laws and policies to place limits on the density or placement of quick service restaurants selling mainly unhealthy foods. While, the EU has some legal instruments on spatial planning that relate to human health, these lack explicit assessment or declaration with respect to healthy food environments.</p> <p>No Fry Zone 4 Kids committee</p> <p>No Fry Zone for Kids is a local community action group based in Greystones, Co. Wicklow. From August 2015, the No Fry Zone 4 Kids Committee has worked closely with Greystones councillors to develop a specific No Fry Zone objective (Philip Moyles, 2018). On the 7th of November, Wicklow County Council voted on Objective RT 17, with the following criteria taken into account in the assessment of development proposals for fast food/takeaway outlets including those with a drive through facility:</p> <ul style="list-style-type: none"> • Exclude any new fast food/takeaway outlet from being built or from operating within 400m of the gates or site boundary of schools or playgrounds, excluding premises zoned town centre. • Fast food outlets/takeaways with proposed drive through facilities will generally only be acceptable within Major Town Centres or District Centres and will be assessed on a case-by-case basis • Location of vents and other external services and their impact on adjoining amenities in terms of noise/smell/visual impact (Oireachtas, 2018). <p>It was ratified with 25 out of 32 councillors voting to adopt this into the plan, (majority required). Three voted against, two abstained and two were not present. Wicklow became the first county in Ireland to implement a No Fry Zone policy around schools with a specified distance of 400 metres (Oireachtas, 2018).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Department of Taoiseach</p> <p>The Programme for Government published in 2020 contained commitments under tackling obesity to “Ensure that all local authorities embed actions on obesity prevention in future County and City Development Plans” and under Children’s Health to “Introduce planning restrictions on outlets selling</p> |

| | |
|-----------------------|--|
| | <p>high calorie 'junk-food' and beverages adjacent to schools" (Department of the Taoiseach, 2020).</p> <p>Healthy Ireland Strategic Action Plan 2021–2025</p> <p>The Action Plan contains a Priority Focus Area for 2021 to "Form a working group in partnership with relevant stakeholders to look at how planning can be used to address the obesogenic environment" and two Priority Focus Areas for 2022; "Work with Government to support the planning restrictions on outlets selling high calorie 'junk-food' and beverages adjacent to schools" and "Implementation of the commitment to use planning to address the obesogenic environment" with continued commitment to the latter in 2023 (Health Service Executive, 2021). In addition, the plan also contains a number of strategic actions, with Action 2.2 to "Engage and collaborate with the Department of Housing, local Government and Heritage to align policy and initiatives with Healthy Ireland policy". This is supported by Action 2.2.2, "Implementation of the commitment to use planning to address the obesogenic environment", and Action 1.7.10: "Work with Government to support the planning restrictions on outlets selling high calorie 'junk-food' and beverages adjacent to schools". The timeframe for these implementation actions was 2021 to 2023.</p> <p>Dublin City Development Plan 2022–2028</p> <p>The Dublin City Development Plan 2022–2028 includes explicit measures in Section 15.14.7.3 ('Fast-Food/Takeaways') to prevent excessive concentration of takeaways (Dublin City Council, 2022). These measures prohibit the establishment of new fast-food outlets within 250 meters of schools and impose regulations on operating hours, noise, litter management, and ventilation. The enforcement and legal validity of these controls have been demonstrated in several An Bord Pleanála cases where planning permission for new takeaway outlets was refused due to concerns about proximity to schools, excessive clustering, and adverse impacts on community health and the local retail mix. Restricted operating hours (6 pm to 11 pm) have also been applied, illustrating active enforcement of these zoning restrictions.</p> |
| Comments/notes | |

RETAIL2

Zoning laws and policies are implemented to encourage the availability of outlets selling fresh fruit and vegetables and/or access to these outlets (e.g., opening hours, frequency i.e., for markets).

Definitions and scope

- Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food cooperatives.
- Includes fixed or mobile outlets.
- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments).
- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets.
- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets.
- Includes actions to improve access to healthy food outlets (i.e., opening hours, frequency (for markets)).
- Includes the provision of financial grants or subsidies to outlets.

International best practice examples (benchmarks)

USA: February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three-year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to under-served areas. The pilot distributed over 140 million USD in grants to states to provide financial and other types of assistance to attract healthier retail outlets in underserved areas. To date, 23 US states have implemented financing initiatives (World Cancer Research Fund, 2016).

New York City, USA: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, under-served neighbourhoods (World Cancer Research Fund, 2016). In 2008, New York City made 1000 licenses for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods (World Cancer Research Fund, 2016). In addition, in 2009, New York City established the Food Retail Expansion to Support the Health (FRESH) program of New York City. Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-

| | |
|---|---|
| | served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts. |
| Context (e.g., EU action, regulation, food industry action etc.) | EU The EU does not have regulatory control in the field of spatial planning, or on implementing zoning laws and policies to encourage the availability of outlets selling fruits and vegetables. While, the EU has some legal instruments on spatial planning that relate to human health, these lack explicit assessment or declaration with respect to healthy food environments. |
| 2020-2024 Evidence of implementation | No further evidence found from 2020 onwards |
| Comments/notes | |

RETAIL3

The government ensures existing support systems are in place to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods.

Definitions and scope

- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other specialty food retail outlets.
- Support systems include guidelines, resources or expert support
- Includes all settings with food retail stores, including but not exclusive to; train stations, venues, facilities or events frequented by the public etc.
- Excludes settings owned or managed by the government (see PROV2 and PROV4).
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol).
- Includes offering healthier food and drink products, or changing the menu or store layout to offer more healthy options.
- Includes decreasing the offer of unhealthy food and drink products
- Excludes reformulation and labelling in relation to nutrients of concern (COMP1 and LABEL4).

International best practice examples (benchmarks)

UK: Legislation was introduced (applicable to in-store and online retailers selling food and drink) to restrict the promotion of pre-packed products that are high in fat, sugar and salt, for a specified list of food product categories, by location and volume price. Legislation is intended to be implemented by 2022 and will apply to medium and large retailers (50 or more employees) (UK Government Department of Health and Social Care, 2021).

USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorised stores to stock certain healthier products (e.g., wholegrain bread) (World Cancer Research Fund, 2016f).

| | |
|--|--|
| | <p>The Netherlands: The National Action plan for vegetables and Fruit is a co-operation of government, industry and civil society organisations. The Goal is to increase the consumption of vegetables and fruits in 3 years (2018-2020) by linking and strengthening existing initiatives. The National Action Plan for vegetables and fruit stimulate consumers to eat more vegetables and fruit using the motto 'Go for Colour'. As part of 'Go for Colour' an in-store experiment has taken place promoting the in-store availability of vegetables and fruit.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Food Industry Action Companies in Ireland are not legally obliged to promote in store availability of healthier foods and limit in store availability of unhealthy foods (Food Safety Authority of Ireland, 2021).</p> <p>EU There are no support systems at EU level to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. Neither are there support systems at EU level to encourage the promotion and availability of healthy foods in food service outlets and to discourage the promotion and availability of unhealthy foods in food service outlets.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No further evidence found from 2020</p> |
| <p>Comments/notes</p> | |

RETAIL4

The government ensures existing support systems are in place to encourage the promotion and availability of healthy foods in food service outlets and to discourage the promotion and availability of unhealthy foods in food service outlets.

Definitions and scope

- Food service outlets include for-profit quick service restaurants, eat-in or take-away restaurants, pubs, clubs.
- Support systems include guidelines, resources or expert support.
- Includes settings such as train stations, venues, facilities or events frequented by the public.
- Excludes settings owned or managed by the government (see PROV2 and PROV4).
- Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol).
- Includes modifying ingredients to make foods and drinks healthier or changing the menu to offer more healthy options.
- Excludes reformulation and labelling in relation to nutrients of concern (COMP2 and LABEL4).

International best practice examples (benchmarks)

USA: In December 2011, San Francisco implemented the Health Food Incentives Ordinance, which bans restaurants, including takeaway restaurants, to give away toys and other free incentive items with children's meals unless the meals meet nutritional standards as set out in the Ordinance (meals must not contain more than 600 calories and include a minimum amount of fruits and vegetables). It also applies to drinks with excessive calories, fat, excessive sugars, added non-nutritive sweeteners or caffeine (World Cancer Research Fund, 2016e).

France: Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are

| | |
|--|---|
| | <p>defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit-and vegetable-based drinks, as well as water-milk- or cereal based beverages (World Cancer Research Fund, 2016).</p> <p>Los Angeles, USA: In September 2013, the Los Angeles County Department of Public Health launched Choose Health LA Restaurants in partnership with local restaurants to promote healthier meal choices. Restaurants must apply to become a partner. Participating restaurants offer customers smaller portion size options (in addition to existing items on the menu), healthier meals for children that include vegetables and fruit, healthy beverages, non-fried food and free chilled water. Participating restaurants are recognised as Public Health partners in promoting healthier communities.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Food Industry Action Companies in Ireland are not legally obliged to promote in store availability of healthier foods and limit in store availability of unhealthy foods (Food Safety Authority of Ireland, 2021).</p> <p>EU There are no support systems at EU level to encourage food stores to promote the in-store availability of healthy foods and to limit the in-store availability of unhealthy foods. Neither are there support systems at EU level to encourage the promotion and availability of healthy foods in food service outlets and to discourage the promotion and availability of unhealthy foods in food service outlets</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No further evidence found from 2020</p> |
| <p>Comments/notes</p> | |

Healthy Food Environment Policy Index: Infrastructure Support domains

DOMAIN 7– LEADERSHIP

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

| | |
|--|---|
| <p>LEAD1 There is strong, visible, political support (at the head of government or state/ ministerial level) for improving food environments, population nutrition, diet related NCDs and their related inequalities.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy. • Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators. |
| <p>International best practice examples (benchmarks)</p> | <p>New York City, USA: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground-breaking policy initiatives including ‘Health Bucks’, a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, and public awareness campaigns etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration (Bloomberg, 2009).</p> <p>Brazil: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date and align with some of the most commonly cited recommendations for healthy eating (Ministry of Health, Brazil, 2014).</p> |

Some Caribbean Countries: Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada), which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration. All include government agencies and to a varying degree, civil society and the private sector (CARICOM, n.d.).

Ireland: 'Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025', was launched in 2013 and aims to increase the proportion of people who are healthy at all stages of life, reduce health inequalities, protect the public from threats to health and wellbeing and create an environment where every individual and sector of society can play their part in achieving a healthy Ireland. In 2016, the government approved the creation of a Healthy Ireland Fund with an initial allocation of €5 million approved in Budget 2017 to establish and support the implementation of Healthy Ireland programmes and projects in a variety of settings. The primary aim of the fund is to support innovative, cross-sectoral, evidence-based projects and initiatives that support the implementation of key national policies in areas such as obesity, smoking, alcohol, physical activity and sexual health (Pobal, 2016). The Department of Health has approved a third round of funding, which aims to support local and national organisations to deliver actions that will improve health and wellbeing in line with the Healthy Ireland Framework (Department of Health, 2019b).

The Netherlands: In 2018, the Ministry of Health, together with more than 70 organisations signed the National Prevention Agreement. It aims to reduce smoking, overweight and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives and actions on these three subjects for the period (2018-2040). The National Prevention Agreement acknowledges that peoples' contexts are important, and that, among other factors, a healthy environment is needed for those that need it in order to prevent overweight, obesity and NCD's. The agreement formulates that inhabitants of the Netherlands need a healthy social, economic and physical environment that supports healthy living. This extends to schools, care

| | |
|--|--|
| | <p>facilities, restaurants, cafes, caterers and supermarkets. Specific voluntary targets with respect to the food environment are:</p> <ul style="list-style-type: none"> • In 2020, 2,500 sports clubs will be working on providing a healthier range of food products in their sports canteens. • No later than 2025, 50% of hospitals will offer a healthy diet; no later than 2030, all of them will. • In 2020, there will be 950 healthy school canteens. This means that 50% of all school canteens will be healthy. • Businesses will develop healthier products (e.g., reformulation by limiting sugar content). • The central government wants to introduce, no later than 2020, a new broadly supported food-choice logo, based on thorough independent consumer research. <p>An example of a voluntary action is: “Supermarkets will entice consumers to buy more products from the Wheel of Five, among other things by telling them which products are suitable” (Netherlands, 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>Strategic Plan DG Sante 2016-2020 The Strategic Plan of DG Sante refers to the Treaty on the Functioning of the European Union, which shapes the EU’s degree of influence in health and food policies, saying that Member States are responsible for the definition of their health policy and for the organisation and delivery of health services and medical care (European Commission, 2016). DG Sante therefore states that EU action is mainly linked to incentive measure, e.g., raising awareness to prevent chronic disease and promote good health and co-operation measures. However, one of its missions is to “improve and protect human health”. The Paper ‘Initiatives on Nutrition and Physical Activity’ (European Commission, 2019c) makes clear that the Commission offers practical tools to help Member States and EU citizens to make real progress in the areas of nutrition and physical activity.</p> <p>European Commission’s Reflection Paper towards a sustainable Europe by 2030 (2019)</p> |

| | |
|--|--|
| | <p>The Commission recognises that overweight and obesity are the EU’s central nutrition issues. Achieving safe and healthy diets and ensuring productive and sustainable agricultural systems, fisheries and aquaculture are a priority in the EU (European Commission, 2019c).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland Strategic Action Plan</p> <p>In 2021, Taoiseach Micheál Martin and Minister of State for Public Health Frank Feighan provided forewords to the Healthy Ireland Strategic Action Plan 2021-2025, explicitly positioning health promotion and nutrition as whole-of-government priorities (Health Service Executive, 2021). They emphasised a “whole of Government and whole of society approach,” with a focus on reducing health inequalities, supporting lifelong wellbeing, and addressing the settings that shape health.</p> <p>Healthy Ireland at Work Framework</p> <p>Minister Feighan launched the Healthy Ireland at Work: A National Framework for Healthy Workplaces 2021-2025, underscoring workplace nutrition and health as a government priority. In his foreword, he stated: “Improving the health and wellbeing of the people of Ireland is central to the work of Government,” aligning workplace health initiatives with the broader Healthy Ireland vision (Department of Health. 2021a).</p> <p>Reformulation Roadmap Launch</p> <p>Ministers Stephen Donnelly and Frank Feighan jointly launched the Food Product Reformulation Roadmap 2021-2025, establishing an expert Food Reformulation Task Force and setting ambitious targets, 20% reductions in sugar and calories, and 10% reductions in salt and saturated fats in processed foods. This marked a clear political commitment to reshaping the food environment in collaboration with industry (Department of Health. 2021).</p> <p>Healthy Weight Campaign Launch</p> <p>Ministers Donnelly and Feighan initiated the Healthy Weight campaign, aimed at adults in their twenties and thirties across four pillars: nutrition, physical activity, sleep, and stress (Department of Health, Ireland, 2022). As part of the Healthy Ireland framework, this campaign demonstrated</p> |

visible government commitment to obesity prevention and dietary change.

Safefood Food Environment Forum Launch

Minister of State Colm Burke TD launched the Safefood Food Environment campaign and Forum in 2024, which brings together both Northern Ireland and Republic of Ireland public health agencies to improve policy and partnership work (Safefood, 2024). He explicitly linked the initiative to tackling childhood obesity and improving food environments, signalling cross-jurisdictional ministerial support and policy coordination. This Forum will include two Departments of Health, Northern Ireland and Ireland, the Public Health Agency NI, The HSE, the Food Safety Authority of Ireland and the Food Standards Agency NI.

Evaluation and Expansion of the School Meals Programme

Minister for Social Protection Heather Humphreys announced landmark plans for the phased roll-out of the Hot School Meals Programme to every primary school in Ireland, following the publication of an independent evaluation of the scheme (Department of Social Protection, Ireland. 2024a). Speaking at the launch, she highlighted the programme's role in supporting children's education, wellbeing, and health, and committed to achieving universal provision by 2030, with her ambition to accelerate this timeline: "Providing nutritious meals to our children at school is about so much more than food... My ambition is that a child born in Ireland today will be guaranteed access to a Hot Meal by the time they start school."

Building on this, in July 2024 Minister Humphreys announced the approval of 168 additional primary schools for the Hot School Meals Programme, bringing the total to nearly 2,200 schools and extending access to over 345,000 children. She framed the expansion as a core Government priority, stating: "My ambition now is to finish the job as part of this year's Budget and ensure that every primary school in Ireland is providing hot school meals in 2025... I firmly believe the roll-out of hot school meals to every primary school in the country will be one of the lasting legacies of this Government." These announcements demonstrate strong

| | |
|-----------------------|--|
| | <p>political visibility, budgetary commitment, and prioritisation of child nutrition within national policy.</p> <p>Evaluation of the Sugar-Sweetened Drinks Tax</p> <p>Minister for Health Stephen Donnelly published the independent Evaluation of the Sugar-Sweetened Drinks Tax (SSDT) in 2024, highlighting the tax’s positive public health impact since its introduction in 2018 (Department of Health, Ireland. 2024). Launching the report, the Minister stated: “The findings from this evaluation will help to inform the development of future fiscal policies to support public health.” This evaluation, commissioned and publicly disseminated by the Department of Health, reinforces the Government’s ongoing commitment to using fiscal measures as tools for improving population nutrition and tackling diet-related non-communicable diseases. The Minister’s visible role in publishing and endorsing the evaluation provides clear evidence of strong political support for policy interventions aimed at improving food environments.</p> |
| Comments/notes | |

LEAD2

Clear population intake targets have been established by the government for the nutrients of concern and / or relevant food groups to meet WHO and national recommended dietary intake levels.

Definitions and scope

- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g., mg/g) for salt/sodium, saturated fat, trans fats or added or free sugars*.
- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern.
- *Free sugar is defined as a sugar no longer in its naturally occurring state (i.e., no longer in whole fruits, vegetables, unsweetened dairy, and grains) and can be consumed as is or incorporated into other foods. Examples include table sugar, syrup, honey, fruit juice and nectars.
- Added sugar is defined as the free sugar that has been added to foods, however regulatory definitions vary widely under different jurisdictions, some of which are currently under review. These differ from naturally occurring sugars, defined as the sugar found naturally within whole foods (i.e., within whole fruits, vegetables, dairy, and some grains).

International best practice examples (benchmarks)

Brazil: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3% between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022 (Brazil Ministry of Health, 2011).

South Africa: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020 (South African Department of Health, 2013).

UK: In August 2016, government set out its approach to reduce the prevalence of childhood obesity in 'Childhood obesity: a plan for action'. A key commitment in the plan was to launch a broad, structured sugar reduction programme to remove sugar from everyday products. All sectors of the food and drinks industry are challenged to reduce overall sugar across a range of products that contribute most to children's

| | |
|--|---|
| | <p>sugar intakes by at least 20% by 2020, including a 5% reduction in the first year of the programme (Public Health England, 2017).</p> <p>The Netherlands: On January 2014, the Dutch Ministry for Health, Welfare and Sport, signed an agreement with trade organisations representing food manufactures, supermarkets, hotels, restaurants, caterers and the hospitality industry. The agreement included intake targets, e.g., maximum of 6 grams of salt consumption per day in 2020 and consuming a maximum of 10% energy from saturated fat per day in 2020 (The Central Government for the Netherlands, 2014).</p> <p>Norway: The National Action Plan for a Better Diet (2017-2021) contains quantitative intake targets for nutrient of concern and specific food groups in the population. By 2021, the plan sets out a reduction of the following nutrients: Added sugar from 13 to 11E%; saturated fat from 14 to 12E%; and a 22% reduction in salt intake from 10g/day. There are specific targets to halve the proportion of youth that consumes sugar-sweetened beverages or sweets more than 5 times per week; to double the proportion of youth that eats fruit and vegetables daily; and to increase by 20% the proportion of youth that eats fish at least once a week. There are also targets to increase the intake of fruit, vegetables, whole grain products and fish by 20% in the general population (Røynstrand, 2017).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action European Commission-JRC The Joint Research Centre has published dietary recommendations for nutrients of concern on the Health Promotion and Knowledge Gateway. It refers to different sources for their recommendations, like the EFSA, the WHO, WCRF/AICR, Food-Based Dietary Guidelines in EU Countries, and the FAO. We can see from this Gateway, that EFSA does not establish clear population intakes for salt, sugar and fat. According to EFSA, the available data is insufficient to establish an upper level for sodium and added sugars intake or an upper or lower level for total fat intake. The intake for saturated fatty acids and trans fatty acids should be as low as possible (European Commission, 2019b).</p> |

| | |
|---|---|
| <p>2020-2024 Evidence of implementation</p> | <p>Roadmap for Food Product Reformulation</p> <p>In 2021, the Department of Health, in collaboration with the Food Safety Authority of Ireland (FSAI), published A Roadmap for Food Product Reformulation in Ireland (Food Safety Authority of Ireland, 2021). This voluntary reformulation programme runs from 2021 to 2025 and aims to reduce calories, saturated fat, sugar, and salt in commonly consumed foods. The food industry, including food manufacturers and foodservice providers, is encouraged to reduce these target nutrients across a wide range of products to support population health improvements. The voluntary reformulation goals, finalised in December 2021, specify:</p> <ul style="list-style-type: none"> • A 20% reduction in the energy (calorie) content of foods (both branded and own-brand) and foods served in the foodservice sector. • A 20% reduction in the sugar content of foods and drinks (both branded and own-brand) and foods served in the foodservice sector. • A 10% reduction in the saturated fat content of foods (both branded and own-brand) and foods served in the foodservice sector. • A 10% reduction in the salt content of foods (both branded and own-brand) and foods served in the foodservice sector. <p>The FSAI plays a key role in monitoring progress and engaging with industry stakeholders to encourage compliance with these targets. https://www.fsai.ie/business-advice/food-reformulation</p> <p>Monitoring and progress publications by the Reformulation Task Force can be found on the following: Food Reformulation Food Safety Authority of Ireland</p> |
| <p>Comments/notes</p> | |

LEAD3

Clear, interpretive, evidenced-informed food-based dietary guidelines have been established and implemented.

Definitions and scope

- Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women.
- Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input.
- Evidence includes ways the FBDG have been used to develop/implement policies to improve diets.

International best practice examples (benchmarks)

Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: “Make natural or minimally processed foods the basis of your diet”; “use oils, fats, salt, and sugar in small amounts for seasoning and cooking food”; “use processed foods in small amounts”; “avoid ultra-processed foods”. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising (Brazil Ministry of Health, 2011).

Ireland: ‘A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016- 2025’ called for the development of a suite of Healthy Eating Guidelines for the general population. These revised Healthy Eating Guidelines and Food Pyramid resources, are an early action under the Plan (Action 5.3.) (Department of Health, 2016b). The revised Healthy Eating Guidelines and Food Pyramid are based on the FSAI Scientific Recommendations for Healthy Eating Guidelines in Ireland from 2011 (Food Safety Authority of Ireland, 2011). They describe how to build a healthy diet, for different age groups (from 5 years of age), depending on gender and activity levels. The Guidelines, Food Pyramid and supporting resources have been published, disseminated and communicated in 2017, including dissemination of the new Guidelines to all primary and post-primary schools. The revised Healthy Eating Guidelines and Food Pyramid toolkit has been developed by the Department of Health and the Health Service Executive with key stakeholders and aims to help reduce the intake of high fat, salt and sugar (HFSS)

| | |
|--|---|
| | <p>foods and drinks from the Top Shelf of the Food Pyramid (Healthy Ireland, 2016a).</p> <p>The Netherlands: The Dutch Health Council published the ‘Guidelines Good Food’ 2015. These guidelines advise to eat more plant-based and less animal based food and include advice on the intake of different food products. The Dutch Nutrition Centre published the ‘Wheel of Five’ Guidelines, based on the ‘Guidelines Good Food’ of the Dutch Health Council. The ‘Wheel of Five’ includes advice on the ingredients of a healthy diet, making a distinction between five sections: (1) Vegetables and fruit, (2) Spread and cooking fats, (3) Fish, legumes, meat, eggs, nuts and dairy products (4) Bread, cereal products and potatoes and (5) Drinks (Health Council of the Netherlands, 2015).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The EU has not established food-based dietary guidelines for Member States. The Commission requested EFSA in 2010 to provide guidance on the translation of nutrient based dietary advice into food-based dietary guidelines (European food Safety Authority, 2010b). In reply to this, the EFSA Panel on Nutrition, Dietetic Products, and Allergies (NDA) published a Scientific Opinion on establishing food-based dietary guidelines (European Food Safety Authority, 2010a). This Opinion states that the differences in EU countries regarding dietary habits, the prevalence of nutrient imbalances and diet-related public health issues require that food-based dietary guidelines be established by the country or region. All countries in the EU plus Switzerland, Norway and Iceland have FBDGs, which are published on the website of the European Commission (European Commission).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland</p> <p>In 2020, the Food Safety Authority of Ireland (FSAI) published the Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland (Food Safety Authority of Ireland. 2020). These guidelines were developed based on best available scientific evidence tailored to the Irish context. A multidisciplinary working group, comprising experts in physical development and activity, behavioural and cognitive development, diet and dental health, and clinical dietetics, contributed to the recommendations. To inform the guidelines, the team</p> |

developed and analysed 640 four-day food intake patterns, representing a total of 2,560 days of dietary data. This modelling approach ensured that the recommendations aligned with the nutritional needs of children across a range of healthy growth percentiles. The guidelines aim to support the development of healthy eating habits and ensure adequate nutrient intake during early childhood. A key feature is the newly designed Children's Food Pyramid, which visually communicates: (i) what children should eat; (ii) appropriate portion sizes; and (iii) frequency of treat foods. These guidelines support national strategies such as Healthy Ireland, Sláintecare, and the First 5 Whole of Government Strategy for Babies, Young Children and their Families.

Scientific Recommendations for Food-based Dietary Guidelines for Older Adults

In 2021, the FSAI published the Scientific Recommendations for Food-Based Dietary Guidelines for Older Adults in Ireland (Food Safety Authority of Ireland, 2021). This report addressed the nutritional needs of adults aged 65 and older, a rapidly growing demographic, with the overarching goal of promoting healthier ageing and improved quality of life in later years. The guidelines identify four subgroups of older adults: (i) healthy, active older adults; (ii) older adults with compromised mobility and/or comorbidities living independently; (iii) older adults in residential care and (iv) frail older adults or those at risk of undernutrition. It provided tailored recommendations for older adults living independently, semi-independently, or in residential care, with a focus on preventing frailty, maintaining muscle mass, and addressing age-related nutritional concerns such as hydration, dental health, and micronutrient intake. The guidelines were developed through a review of current research and expert input, aiming to promote health and well-being in older adults. The guidelines are designed to support healthy ageing and are aligned with broader public health strategies such as Healthy Ireland and Sláintecare.

Healthy Eating for Older Adults

In 2023, the Department of Health, in partnership with the Food Safety Authority of Ireland (FSAI), the Health Service Executive (HSE), the Irish Nutrition and Dietetic Institute, and Safefood, published Healthy Eating for Older Adults

(Department of Health, 2023). This resource provides practical, evidence-informed dietary advice for adults aged 65 and over who are in good health, mobile, and living at home. The guidance emphasizes the role of nutrition in maintaining health, independence, and quality of life in older age. It includes:

- A Food Pyramid for Over 65s, tailored to the specific nutritional needs of older adults.
- Daily food guides for individuals with different lifestyles and preferences.
- Fact sheets on food groups such as vegetables, whole grains, dairy, protein sources, and fats.
- Advice on hydration, portion sizes, and the importance of variety and balance.

This initiative supports national strategies such as Healthy Ireland and the National Positive Ageing Strategy, and reflects a life-course approach to health promotion.

Scientific Recommendations for Vitamin D

In 2023, the Food Safety Authority of Ireland (FSAI) today published a report on vitamin D recommendations for people aged between 5 and 65 years in Ireland. The publication marks the first time that vitamin D nutrition has been examined in terms of how people aged 5-65 years can achieve optimal intakes for long term health. In addition to food sources, vitamin D supplements are recommended for everyone, in particular teenagers, pregnant women and people of dark-skinned ethnicity who are at highest risk of vitamin D deficiency. The report will now inform the Department of Health’s national guidelines on how to achieve optimal vitamin D nutrition in people aged 5-65 years. The report complements three previous FSAI reports which focussed on vitamin D nutrition for infants (first year of life), young children (aged 1-5 years) and older adults (aged 65 and older). The publication describes foods that help to meet vitamin D requirements, including foods naturally rich in vitamin D (such as oily fish, meats, and eggs), and vitamin D-fortified foods. How inadvertent sunlight exposure during summer contributes to vitamin D is explained. It also describes why children and adults, who get this sunlight exposure during summer, should consider taking a daily

| | |
|-----------------------|--|
| | <p>supplement of vitamin D (Food Safety Authority of Ireland, 2023a).</p> <p>Early Learning and Care Nutrition Standards and Menu Plan</p> <p>In 2023, the Department of Health and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), in collaboration with Healthy Ireland, published the Nutrition Standards for Early Learning and Care (ELC) Services (Department of Children, Equality, Disability, Integration and Youth, 2023). These standards provide clear, evidence-informed food-based dietary guidelines for young children in regulated care settings. Developed with input from HSE dietitians, the Irish Nutrition & Dietetic Institute, and other experts, the standards translate up-to-date scientific evidence into practical, age-appropriate dietary recommendations for infants and preschool-aged children.</p> <p>The standards emphasise:</p> <ul style="list-style-type: none"> • The importance of portion sizes appropriate for small children. • The use of a Children’s Food Pyramid tailored to this age group. • Guidance on main meals, snacks, and celebrations. • The role of ELC services in shaping lifelong healthy eating habits. <p>In 2024, the Menu Plan for Early Learning and Care Services was published by the HSE and Safefood to support the implementation of these standards (Health Service Executive & Safefood, 2023). It provides a practical, recipe-based framework for ELC providers, including nurseries, children’s centres, and childminders, to operationalise the guidelines in daily practice. Together, these resources offer clear, interpretive, and evidence-informed dietary guidance.</p> |
| Comments/notes | |

LEAD4

There is a comprehensive, transparent, up-to-date implementation plan linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs.

Definitions and scope

- Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships).
- Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against).
- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies.
- Excludes overarching frameworks that provide general guidance and direction.
- Includes priority policy and program strategies, social media marketing for public awareness and threat of legislation for voluntary approaches.

International best practice examples (benchmarks)

Ireland: 'A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025' (OPAP), was launched in September 2016 under the auspices of the Healthy Ireland agenda. The OPAP covers a ten-year period up to 2025, which prescribed 'Ten Steps Forward' that would be taken to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy (Department of Health, 2016b). A new Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and a progress report on each recommendation in the OPAP is currently being finalised under the aegis of the OPIOG (Oireachtas, 2019). As set out in Healthy Ireland, integrated health and social impact assessments will be conducted on relevant policy areas to support other government departments in contributing towards the prevention of overweight and obesity.

Context (e.g., EU action, regulation, food industry action etc.)

EU Action

At EU level, there is one implementation plan to improve food environments, reduce intake of the nutrients of concern and reduce diet-related NCDs, which is the EU Action Plan on Childhood Obesity 2014-2020. This plan contains five areas of action:

1. Support a healthy start in life.

| | |
|---|--|
| | <p>2. Promote healthier environments, especially at schools and pre-schools.</p> <p>3. Make the healthy option, the easier option.</p> <p>4. Restrict marketing and advertising to children</p> <p>5. Inform and empower families.</p> <p>For each area operational objectives and responsible parties such as the EC, Member States and stakeholders, are identified (Europa, 2014b).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Roadmap for Food Product Reformulation in Ireland</p> <p>In 2021, the Department of Health and the Food Safety Authority of Ireland (FSAI) published the Roadmap for Food Product Reformulation in Ireland (Food Safety Authority of Ireland, 2021). This documented, time-bound plan (2021-2025) sets voluntary reduction targets for key nutrients of concern, salt, saturated fat, sugar, and calories, across both manufactured foods and those served in the foodservice sector. The roadmap outlines specific targets for food categories and encourages industry collaboration to improve the nutritional profile of commonly consumed foods. It includes monitoring mechanisms and public reporting to ensure transparency and accountability. This initiative directly targets nutrients of concern and supports WHO and national dietary intake recommendations.</p> <p>Healthy Eating Active Living Implementation Plan</p> <p>The Healthy Eating Active Living Implementation Plan 2023-2027 is a comprehensive, government-endorsed strategy designed to address poor diet, physical inactivity, and obesity in Ireland (Health Service Executive, 2023). It outlines specific, documented actions across three pillars: leadership, behaviour change, and capacity building. The plan supports the implementation of national food-based dietary guidelines and aims to reduce the intake of nutrients of concern, such as salt, sugar, saturated fat, and calories, in line with WHO and national dietary targets. A notable example of its approach is Action 1.2.1, which commits the HSE to contributing to the Obesity Policy Implementation Oversight Group and the National Physical Activity Plan Implementation Groups and subgroups. The plan also sets out actions for public awareness campaigns, engagement with local authorities and NGOs, and mechanisms for monitoring and evaluation to track progress over the 2023–2027 period.</p> |

| | |
|-----------------------|--|
| | <p>Safefood Food Environment Campaign and Implementation Plan</p> <p>In 2024, Safefood launched a national Food Environment Campaign accompanied by a five-year implementation roadmap (Safefood, 2024). This campaign aims to raise public awareness about how the food environment influences dietary choices and health outcomes. It includes television, digital, and print advertisements, as well as educational resources and community engagement. The campaign is supported by baseline data on public attitudes and behaviours collected at launch and there are plans to re-measure to track progress and impact over time. While primarily a social marketing initiative, it is backed by a structured implementation plan that outlines steps for influencing policy and public behaviour.</p> |
| Comments/notes | |

LEAD5

Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs.

Definitions and scope

- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health.
- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups.
- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups.
- Excludes priorities to reduce inequalities in secondary or tertiary prevention.

International best practice examples (benchmarks)

New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four sub-population groups including age group, gender, ethnic group and an area level deprivation index (New Zealand Health Survey, 2023). Similarly, estimates derived from other data types (e.g., mortality) are presented by these sub-population groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: “An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities”. In the specific contract between the Ministry of Health and Agencies for Nutrition Action, the first clause is on Maori Health relating to compliance with any Maori specific service requirements, quality requirements and specific monitoring requirements contained in the service specifications to this agreement.

Australia: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories (Australian Government, 2008). The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target “Closing the life expectancy gap within a generation (by 2031)”, one of the performance indicators is the prevalence of overweight and obesity.

| | |
|--|--|
| | <p>Ireland: Step 9 of the ‘Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’ aims to allocate resources to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life. The priority actions to commence in the first year were to, assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults (Department of Health, 2016b). The Healthy Ireland fund was established in 2017 with an allocation of €5 million and with additional allocations of €5 million in 2018 and 2019. The first round of the Fund was distributed through Local Community Development Committees, Children and Young Person’s Services Committees and statutory organisations.</p> <p>The Fund has been effective at targeting population groups that experience health inequalities. In Round 1 (2017/18), there was a focus on specific groups experiencing health inequalities, including people living in areas of social disadvantage (71% of actions), people with disabilities (45%), people from new communities including refugees and asylum seekers (39%) and members of the Traveller community (36%). Furthermore, of the local actions that were implemented in Round 1, 61% related to physical activity and 32% were related to food, nutrition and weight management. Round 2 of the Fund is currently being implemented (Oireachtas, 2019). The Healthy Ireland 2019 communications and citizen engagement campaign has continued on from 2018, launching on the 8th of April 2019, with an announced funding of €1 million to boost community engagement on health and wellbeing in every county (Department of Health, 2019d).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Safefood</p> <p>In 2024, Safefood launched a new all-island public health campaign focused on protecting children’s health by increasing awareness of the role of the food environment in shaping dietary behaviours. Children are a particularly vulnerable population group because they are highly exposed to, and disproportionately influenced by, food marketing, placement, and promotional strategies within their environments. The campaign responds to evidence showing that food-related ill-health is now a leading cause of</p> |

preventable disease, with approximately one in four children in Northern Ireland and one in five children in Ireland living with overweight or obesity, increasing their risk of diet-related non-communicable diseases and adverse social and psychological outcomes.

The campaign shifts the focus away from individual responsibility alone and highlights how the wider food environment including marketing, pricing, availability and promotion of unhealthy foods influence food choices, particularly for children. It aims to increase public understanding of these influences and to encourage discussion about the need for systemic change to support healthier diets.

Key campaign objectives include:

- Increasing awareness of the food environment and its impact on health
- Improving understanding of how marketing and availability of food influence children's diets
- Encouraging public discussion on responsibility for food-related ill-health
- Supporting demand for policy and environmental changes to protect children's health

The campaign is delivered across television, outdoor advertising, digital and social media channels, and incorporates lived experience narratives alongside expert commentary. It is supported by advocacy and public relations activity and is underpinned by baseline public attitude research to benchmark changes in awareness and perceptions over time. As part of this initiative, Safefood is also convening a Food Environment Forum, involving key health and regulatory partners across Ireland and Northern Ireland, to support collaboration and progress on food environment policy over the next five years (Safefood, 2024).

The Community Food Initiative

The Community Food Initiative (CFI) programme funded by Safefood aims to address diet related inequalities and overcome some of the problems faced by communities in eating healthy and affordable food. During the period 2010-2015, 17 projects were funded. The current CFI programme

runs from 2016-2018 and focuses on supporting community food programmes across 13 health regions in the Republic of Ireland and Northern Ireland, with the aim of promoting food skills, planning, budgeting and cooking in low-income areas (Safefood, 2018).

There is a strong emphasis on shared learning and networking between the selected projects. The lessons learned from the programme contribute to informing and supporting policy initiatives in relation to food poverty in the community on the island of Ireland. During 2013-2015 the CFIs collectively resulted in:

- 9,381 individual attendances at one-off events such e.g., food taster sessions or single workshops.
- 7,635 participated in healthy eating events and in gardening pursuits.
- 4,940 participated in cooking skills events.
- Reported outcomes included increased interest in food and its health effects, more experimenting with new foods, substitution of healthier foods and enjoyment of growing produce.

All-island Food Poverty Network

In 2009, Safefood established a network in partnership with the Food Standards Agency Northern Ireland, which involves representatives from government departments, and agencies, academia and NGOs, with the aim of ensuring a co-ordinated and strategic approach to tackling food poverty on the island of Ireland. The group works by developing consensus on related issues, collaborating and shared learning (Safefood, 2018).

Key achievements to date include:

- Development of a food poverty measure for Republic of Ireland (ROI) and Northern Ireland (NI) pilot of food poverty indicator.
- Report on research into Food Basket costs in ROI (2014) and NI (2016).
- Food Poverty conferences in ROI (2014) and NI (2015-2017).
- Three all-island network meetings held annually.
- Development and publication of a bi-annual all-island Food Poverty e-newsletter.

| | |
|---|--|
| | <p>Together, these initiatives demonstrate a preventive, government-mandated focus on addressing diet-related inequalities and protecting vulnerable populations through action on the food environment and food poverty. While the Community Food Initiative most clearly aligns with LEAD5 as an implementation programme explicitly targeting inequalities in low-income communities, the Safefood food environment campaign and the All-island Food Poverty Network provide supporting and enabling context, but do not constitute formal government frameworks or strategies with explicit inequality-reduction objectives.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Sláintecare Healthy Communities</p> <p>Launched in 2021, Sláintecare Healthy Communities is a cross-government initiative led by the Department of Health, the HSE, and local authorities. It targets 19 community areas identified through an evidence-based process as having concentrated health and wellbeing risk factors. An additional four sites were funded in a recent budget, expanding the programme’s reach. A key component of the programme is the deployment of Community Food and Nutrition Workers (Health Service Executive, 2024). These workers are:</p> <ul style="list-style-type: none"> • Funded by HSE Health and Wellbeing • Employed by local community organisations. • Tasked with building capacity, knowledge, and skills around healthy eating. • Supporting national campaigns and local initiatives to improve the food environment. • Addressing food poverty and promoting healthier dietary behaviours. <p>They work alongside other community-based staff such as Social Prescribing Link Workers, Healthy Community Local Development Officers, and Stop Smoking Advisors, forming a multidisciplinary team to tackle health inequalities. One of the core programmes delivered is Healthy Food Made Easy (HFME), a nutrition and cookery course that teaches participants how to:</p> <ul style="list-style-type: none"> • Plan meals on a budget • Cook simple, healthy meals • Make informed food choices |

This peer-led community nutrition programme runs for 6-weeks and aims to support people who are interested in healthier eating, particularly where cost is a consideration. The aim is to improve people’s nutritional knowledge and to help them put it into practice in everyday life.

The 2023 HSE Sláintecare Healthy Communities overview report stated that 289 Healthy Food Made Easy (HFME) courses were delivered to 2,725 participants. Community Food and Nutrition Workers played a key role in delivering HFME and other nutrition education programmes. These workers also support data collection, campaign coordination, and community engagement (Health Service Executive, 2023a).

Hot School Meals Scheme & Nutrition Standards

In 2021, the Department of Social Protection introduced the Nutrition Standards for Hot School Meals as part of the School Meals Scheme (Department of Social Protection, 2021). This programme prioritises children in DEIS (Delivering Equality of Opportunity in Schools). It targets food insecurity and poor diet quality among vulnerable children, promoting equitable access to healthy food and supporting educational and developmental outcomes. The standards are grounded in national food-based dietary guidelines and provide clear requirements for portion sizes, food groups, and the reduction of salt, sugar, and saturated fat. By funding and guiding the provision of nutritious meals, the scheme directly addresses health inequalities among children from disadvantaged backgrounds.

Healthy Ireland Strategic Action Plan

Published in 2021, the Healthy Ireland Strategic Action Plan 2021-2025 builds on earlier progress in improving population health but acknowledges the need to address persistent health inequalities (Health Service Executive, 2021). In response, it introduced a new strategic theme titled “Reducing Health Inequalities,” marking a shift toward more targeted and inclusive health promotion. The plan prioritizes reaching disadvantaged and harder-to-reach communities, recognizing their greater barriers to achieving good health. One of its priority focus areas for 2021–2023 is “Eating Well,”

which aims to improve dietary habits and nutrition across the population. This approach is guided by population-based needs assessments, research, and targeted interventions addressing social and environmental determinants of health. The plan is cross-sectoral, involving government departments, local authorities, and community organizations to ensure equitable and preventive health promotion efforts.

Nutrition Standards & Menu Plan for Early Learning and Care Services

Published between 2023 and 2024, the Menu Plan and Nutrition Standards for Early Learning and Care Services aim to improve dietary quality among young children in early education settings, addressing a key vulnerable population (Health Service Executive & Safefood, 2023.). Developed collaboratively by the Department of Children, Equality, Disability, Integration and Youth, the HSE, and Safefood, this initiative provides practical, evidence-based guidance for meal planning aligned with national dietary guidelines. By ensuring consistent access to nutritious meals in early learning environments, it helps reduce inequalities in diet quality among children from diverse socioeconomic backgrounds. As a preventive, equity-focused programme, it supports healthy development during a critical life stage and contributes to long-term reductions in diet-related health disparities.

Healthy Eating Active Living Implementation Plan and Programme

The Healthy Eating Active Living (HEAL) Implementation Plan 2023-2027, endorsed by government and delivered through the Health and Wellbeing Division of the HSE, is a multi-sectoral strategy to tackle poor diet, physical inactivity, and obesity, with a strong emphasis on reducing health inequalities (Health Service Executive, 2023). It prioritizes vulnerable groups at greater risk of diet-related noncommunicable diseases due to socioeconomic and environmental disadvantage and aims to narrow the health gap between the highest and lowest socioeconomic groups. A key target of the plan, and of the HEAL Programme that delivers it, is to reduce the gap in obesity levels between the highest and lowest socioeconomic groups by 10% by 2025. The plan combines leadership, behaviour change, and

| | |
|-----------------------|---|
| | <p>capacity-building measures with public awareness campaigns, local authority partnerships, and NGO engagement.</p> <p>Delivered through the HEAL Programme within the HSE, which was established in 2016, the plan is operationalized via targeted interventions, policy development, and structured monitoring and performance management. The programme supports both population-wide and service-level initiatives in settings such as schools, workplaces, and communities. With a strong focus on prevention and equity, the HEAL Programme ensures accountability for progress toward reducing diet-related health disparities and contributes to national efforts to prevent noncommunicable diseases.</p> |
| Comments/notes | |

DOMAIN 8 – GOVERNANCE

Governments have structures in place to ensure transparency and accountability and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

| | |
|--|--|
| <p>GOVER1</p> <p>There are procedures in place to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition for example: restricting lobbying influences.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures. • Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, e.g., committee procedural guidelines or terms of reference. • Includes publicly available, up-to-date registers of lobbyist and/or their activities. |
| <p>International best practice examples (benchmarks)</p> | <p>USA: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007 (United States Congress, 1995 & United States Congress, 2007).</p> <p>New Zealand: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications (State Services Commission). They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management.</p> <p>Australia: The management of conflicts of interest in public health policy development is governed by both sector-specific and broader public service frameworks. Appointees</p> |

| | |
|--|---|
| | <p>to the National Health and Medical Research Council (NHMRC) committees, including the Dietary Guidelines Governance Committee, are required to disclose their interests in accordance with the NHMRC’s Policy on the Disclosure of Interests. Additionally, the Dietary Guidelines Expert Committee is supported by an independent panel tasked with identifying and managing potential conflicts and biases throughout the review process, including those involving contracted evidence reviewers (National Health and Medical Research Council, 2019). Complementing these measures, the Australian Public Service Commission’s Values and Code of Conduct outlines general principles for ethical conduct across the public sector, including provisions on conflicts of interest, engagement with private stakeholders, and adherence to the Lobbying Code of Conduct (Australian Public Service Commission).</p> <p>Ireland: The Regulation of Lobbying Act 2015 was signed into law in March 2015. The purpose of the Act is to provide a web-based Register of Lobbying to make information available to the public on the identity of those communicating with designated public officials on specific policy, legislative matters or prospective decisions. In support of the Act’s objectives to foster transparency and the proper conduct of lobbying activities, the Code of Conduct for persons carrying on lobbying activities was established. Its purpose is to govern the behaviour of persons carrying out lobbying activities. The provisions of the Act can apply to employers, to representative or advocacy bodies, to professional lobbyists or third parties who are being paid to communicate on behalf of a client or other person; and significantly, to any person communicating about the development or zoning of land (Standards in Public Office Commission, 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action EU Transparency Register (European Commission) The European Commission has set up a database of special interest groups whose goal is to influence policy and law making at the European institutions. Registrants are bound by a Code of Conduct (Annex 3 of the Inter Institutional Agreement) which set out rules for all registrants and establishes the underlying principles for standards of behaviour in all relations with the EU institutions (Europa, 2014a). Commissioners, their cabinet members and</p> |

| | |
|--|---|
| | <p>Directors-General publish information on meetings held with organisations or self-employed individuals (European Commission). Meetings related to policy-making and implementation in the EU can only take place if the interest representatives are registered in the EU Transparency Register.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence from 2020 onwards</p> |
| <p>Comments/notes</p> | <p>The Regulation of Lobbying (Amendment) Act 2023, effective from January 2024, strengthened Ireland’s lobbying framework by expanding the definition of lobbying, increasing transparency requirements, and enhancing enforcement powers for non-compliance. A key feature is the publicly available, up-to-date lobbying register, which improves visibility of lobbying activities, including those by food and industry representatives (Government of Ireland, 2023). However, the Act does not include food- or nutrition-specific procedures, such as conflict-of-interest guidelines for policy development, or formal mechanisms to actively restrict commercial influence in the development of health and nutrition policies. Furthermore, there is no evidence of specific codes of conduct, committee terms of reference, or procedures to manage private sector engagement in food policy-making processes. Therefore, while general transparency mechanisms exist, Ireland currently lacks formalised, sector-specific procedures to prevent or manage commercial influence on food and nutrition policy development.</p> |

| | |
|---|---|
| GOVER2 Policies and procedures are implemented for using evidence in the development of food and nutrition policies. | |
| Definitions and scope | <ul style="list-style-type: none"> • Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risk or harms of inaction are great). • Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development. • Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g., nutrient profiling model). • Includes government resourcing of evidence and research by specific units, either within or across government departments. |
| International best practice examples (benchmarks) | Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process. |
| Context (e.g., EU action, regulation, food industry action etc.) | The Institute of Public Health The Institute of Public Health in Ireland have a Policy Team which support evidence-informed policy-making at all stages of the policy cycle. The activities of the Policy team include evidence synthesis/reviews, consultations, health impact assessments and evaluations. The policy team responds to public consultations to maximise the impact of policies outside the health sector. The Policy team contributes to government policies on obesity, tobacco, breastfeeding, healthy workplaces and child wellbeing as well as contributing to EU funded projects relevant to public health (Institute of Public Health, 2019). |
| 2020-2024 Evidence of implementation | No evidence from 2020 onwards |
| Comments/notes | Ireland does not have a formal, government policy or procedural framework that supports government employees in the systematic use of evidence for food and nutrition policy |

development, including best practice evidence review methodology or structured decision-making in the absence of strong evidence. However, several domain-specific mechanisms demonstrate embedded practices for integrating evidence into policy. For example, the Food Reformulation Roadmap (2021-2025) and its Task Force provide a structured approach to setting nutrient thresholds, reviewing technical evidence, and incorporating expert input. The Healthy Ireland Strategic Action Plan and its Implementation Plan embed the use of population-level data, such as the Healthy Ireland Survey, to guide programme design. The FSAI Public Health Nutrition Subcommittee, operating under the Scientific Committee, plays a key role in developing food-based dietary guidelines through review of scientific evidence. Nutrient profiling models are also applied within Irish nutrition policy, particularly in food reformulation and restrictions on marketing to children, through agencies such as FSAI and Saferood, with oversight and support from the Department of Health. These mechanisms, while valuable, remain practice-based and domain-specific rather than constituting a formalised government policy or procedure.

GOVER3

Policies and procedures are implemented for ensuring transparency in the development of food and nutrition policies.

Definitions and scope

- Includes policies or procedures that guide the use of consultation in the development of food policy.
- Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these.
- Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies.
- Include policies or procedures to guide public communications around all policies put forward but not progressed.

International best practice examples (benchmarks)

New Zealand: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards (Food Standards Australia New Zealand, 2013). This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined, “maintain our open and transparent approach” as one of the first priorities.

Norway: The Public Administration Act provides general procedural rules for public administration. The Act regulates the administrative procedures when decisions are made, especially the rights of parties during the procedures. The Central Government Communication Policy contains the central goals and principles of the central government’s communication with citizens, businesses, organisations and other public sector activities. The goals of the central government communication policy state that the citizens shall: receive accurate and clear information about their rights, duties and opportunities, have access to information about central government activities and be invited to participate in the formulation of policy, schemes and services (Norwegian Ministry of Local Government and Modernisation, 2019).

| | |
|--|--|
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The general principle of transparency has been laid down in the Treaty on the Functioning of the European Union (Europa, 2012). Article 15 states that in order to promote good governance and ensure the participation of civil society, the Union's institutions, bodies, offices and agencies shall conduct their work as openly as possible.</p> <p>The Commission's Better Regulation Agenda was set up in 2015 to achieve better results, by opening up policy and law making and listen more to people it affects (European Commission, 2015). Transparency in the preparation and reviewing of policies, in the legislative process and in public consultations is a very important theme of this Agenda.</p> <p>Regulations related to food and nutrition policies include text phrases related to transparency. The Regulation on the provision of food information to consumers (European Union, 2011) and the General Food Law (European commission, 2002) prescribe that during the preparation, evaluation and revision of food (information) law an open and transparent public consultation shall be conducted. The Regulation on nutrition and health claims stipulates the establishment of a public register of claims for the sake of transparency (European Commission, 2006).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence from 2020 onwards</p> |
| <p>Comments/notes</p> | |

GOVER4

The government ensures public access to comprehensive nutrition information and key documents (e.g., budget documents, annual performance reviews and health indicators) for the public.

Definitions and scope

- Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries.
- Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions.
- Includes policies or procedures to guide the timely, online publishing of population health data captured /owned by government.

International best practice examples (benchmarks)

Australia & New Zealand: The freedom of information Act provides a legally enforceable right of the public to assess documents of government departments and most agencies (Australian Government, 1982 & New Zealand Government, 1982).

Ireland: The Freedom of Information Act 2014 came into effect in October 2014 and repealed the 1997 and 2003 Acts (Ireland Government, 2014). The 2014 Act now applies to all public bodies, unless they are specifically exempt. It also allows the government to prescribe (or designate) other bodies receiving significant public funds, so that the FOI legislation applies to them also. The old legislation continues to apply to any FOI request that was made before the 2014 Act came into effect. It also applies to any subsequent review or appeal. It provides the following statutory rights (1) A legal right for each person to access information held by a body to which FOI legislation applies, known as an FOI body, (2) A legal right for each person to have official information relating to himself/herself amended where it is incomplete, incorrect or misleading, (3) A legal right for each person to obtain reasons for decisions affecting himself/herself.

Norway: The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county

| | |
|--|---|
| | <p>authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law. The Act also contains rules for handling right of access claims and the opportunity to appeal decisions in access matters (Norwegian Ministry of Local Government and Modernisation, 2019).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action EU Regulation Regarding public access to nutrition and health data, provisions have been included in several regulations. The Regulation on nutrition and health claims (European Commission, 2006) prescribes for example the establishment and maintenance of a Register on nutrition and health claims, which is available online. The General Food Law contains an article which prescribes that EFSA shall ensure wide access to the documents it possesses. With the revision of the General Food Law, citizens will have automatic access to all studies and information submitted by the industry in the risk assessment process.</p> <p>EUROSTAT EUROSTAT is the main source of EU Health data. Health data is based on the Regulation on Community Statistics on public health and health and safety at work (No1338/2009) (European Commission, 2008). This Regulation prescribes that the Commission (Eurostat) shall take the necessary steps to improve the dissemination, accessibility and documentation of statistical information. Eurostat's dissemination policy is characterised by free access to European statistics for all users, which is in accordance with other principles laid down in the Regulation on European statistics (No 223/2009) and in the European Statistics Code of Practice.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland Survey The Healthy Ireland Survey is an annual survey, conducted with a representative sample of the population aged 15 and older living in Ireland. The data from Healthy Ireland Surveys is used to underpin policy development and implementation, to monitor, measure and evaluate progress in implementing various elements of the Healthy Ireland Framework, as well as to meet many international reporting obligations, including to the OECD, the EU and the WHO. The survey includes modules on weight management, diet, and nutrition (e.g.,</p> |

consumption of sugary drinks, snack foods, and fruit and vegetables) among many health behaviours (Department of Health Ireland, 2024b).

Obesity Policy and Action Plan (OPAP) Progress Reports

The Obesity Policy and Action Plan (OPAP) was launched in September 2016 in response to the growing incidence of obesity in Ireland. Spanning a 10-year period to 2025, the plan aims to reverse obesity trends, prevent associated health complications, and reduce the broader impact on individuals, families, the health system, and the wider economy. It sets out a comprehensive programme of 60 actions, involving multiple sectors and levels of government.

A mid-term evaluation was carried out by University College Cork (UCC) covering the period 2016 to May 2021 which examined implementation and progress on delivery of the actions. The Evaluation was published online in 2022 (Department of Health Ireland, 2021). An internal review of the OPAP was published by the Department in November 2022 which provided an update on the status of some of the main deliverables in the suite of population-health approaches of the OPAP. The Department also publishes annual progress reports on the implementation of OPAP covering the progress made on each of the action points and which can be found on the Department's website (www.gov.ie/en/healthy-ireland/policy-information/addressing-obesity/) (Department of Health, 2021c).

Sugar-Sweetened Drinks Tax (SSDT)

The Department of Health commissioned an independent evaluation of the Sugar-Sweetened Drinks Tax (SSDT). The evaluation was completed by Munster Research Consultancy. The report was published online by the Minister for Health in September 2024, detailing its effects on sugary drinks consumption and industry reformulation of soft drinks (Department of Health, Ireland. 2024a).

| | |
|-----------------------|--|
| | <p>Healthy Ireland Implementation Plan</p> <p>The Department of Health’s Healthy Ireland Implementation Plan (2023-2027) explicitly commits to regular online publication of monitoring and evaluation tools, outcomes data, and performance metrics related to nutrition, healthy eating, and obesity prevention, ensuring that the public can access. This ensures structured, publicly available updates on progress and resource allocation (Health Service Executive, 2023).</p> <p>Department of Health- Statistics & Analytics Outputs</p> <p>Since 2021, the Department of Health’s Statistics & Analytics Unit has published annual data releases through gov.ie and the CSO Open Data portal (Department of Health, 2021b). These include results from the Healthy Ireland Survey, which tracks a wide range of health behaviors such as diet, nutrition, physical activity, smoking, alcohol use, and chronic disease prevalence. The Unit also publishes the Health in Ireland: Key Trends report, which provides annual updates on demographic, health status, and healthcare system indicators, including hypertension and diabetes prevalence. All datasets are publicly accessible, downloadable, and updated annually.</p> <p>Health System Performance Assessment Platform</p> <p>Launched in June 2023 by the Department of Health and the Health Service Executive (HSE), the Health System Performance Assessment (HSPA) dashboard is an interactive, publicly accessible platform showing health system performance and population health outcomes, including diet-related metrics such as fruit & vegetable consumption, obesity prevalence, and rates of long-term conditions (Department of Health. 2023). This platform provides real-time access to nutrition-relevant indicators. It is part of Ireland’s broader effort to enhance transparency, accountability, and evidence-informed policymaking in line with the Sláintecare reform programme.</p> |
| Comments/notes | |

DOMAIN 9 – MONITORING AND INTELLIGENCE

The government’s monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans.

| | |
|--|--|
| <p>MONIT1 Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes/ guidelines/standards /targets.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes monitoring systems funded fully or in part by government, that are managed by an academic institution or other organisations. • Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State/Territory, and described in the policy domains above), in particular: <ul style="list-style-type: none"> ○ Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the ‘Food Composition’ domain). ○ Monitoring of compliance with food labelling regulations (as defined in the ‘Food Labelling’ domain). ○ Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children’s settings (as defined in the ‘Food Promotion’ domain). ○ Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the ‘Food Provision’ domain). |
| <p>International best practice examples (benchmarks)</p> | <p>Many Countries: Have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600</p> |

| | |
|---|--|
| | <p>foods (New Zealand Institute for Plant & Food Research Limited).</p> <p>New Zealand: A national School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECEs in New Zealand (Ministry of Health, 2007).</p> <p>UK: In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals (Children's Food Trust, 2005). They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they are provided.</p> <p>Germany: The German Nutrition Report is published by the DGE on behalf of the Federal Republic of Germany. The Nutrition Reports have been published by the DGE since 1969. Since 1972, it is provided every 4 years by directive of the Federal Ministry of Consumer Protection, Food and Agriculture. The subjects follow topics of current interest (German Nutrition Society). The Robert-Koch-Institute (RKI), the government's scientific institution in the field of public health, started in 2015 the project 'AdiMon' that collects regular data on influencing (environmental) factors and prevalence of childhood obesity, as well as interventions for prevention and health promotion (Robert Koch Institut).</p> <p>The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu (RIVM)) monitor at product level any progress in product improvement of salt, saturated fat and calories (sugar and/or saturated fat). RIVM uses the product databank (levensmiddelenbank (LEDA)) as basis for which companies have to provide information about product contents (Ministry of Public Health).</p> |
| <p>Context (e.g., EU action,</p> | <p>EU Action According to the EU Action Plan on Childhood Obesity 2014-2020 (Europa, 2014b), Member States are responsible for</p> |

**regulation,
food industry
action etc.)**

implementing monitoring mechanisms like national food composition databases. The WHO is, according to the plan, responsible for collecting from the Member States on the monitored initiatives, e.g., via the WHO NOPA database and the WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys.

Establishing a harmonised monitoring of school nutrition in the EU (primary and secondary schools) is an objective of the EU Action Plan on Childhood Obesity 2014-2020 (Europa, 2014b), for which Member States are, according to the plan, responsible. Additionally, it also refers to the WHO Health Behaviour among Schoolchildren and for Health-Promoting Schools (HBSC) surveys for monitoring. These surveys collect data every four years on 11-, 13- and 15-year-olds in 49 countries and regions and include questions on the school environment.

Monitoring of unhealthy food promoted to children

Article 9 of the Audiovisual Media Directive prescribes that Member States adopt a code of conduct which aim to reduce the exposure of children to unhealthy food promotion and shall provide for regular, transparent and independent monitoring and evaluation of the objectives aimed at. In addition, this code of conduct shall also provide for effective enforcement including effective and proportionate sanctions (European Commission, 2018a).

In addition to this, there are some monitoring initiatives at EU level: (1) DG Sante and DG CNECT launched in 2017 a study on the exposure of minors to TV and online marketing of unhealthy foods and (2) JRC was asked to produce (mid-2018) a mapping of initiatives to reduce marketing pressure (European Commission, 2019c).

Monitoring of compliance with food composition standards

Although this has been designated by the EU as a Member State responsibility, EFSA has a food composition database as well (European Food Safety Authority). However, this database gives information on the amount of vitamins and minerals contained in foods but not on the nutrients of concern. The Consumers, Health, Agriculture and Food

| | |
|---|--|
| | <p>Executive Agency (Chafea) reserved funding to set up a feasibility study for a monitoring system on food reformulation initiatives for salt, sugars and fat. The tender for this feasibility study was closed February 2018 (Europa, 2017).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Coimisiún na Meán:</p> <p>Coimisiún na Meán, established in 2023, is Ireland’s statutory regulator for broadcasting, video-on-demand, and designated online services. It plays a key role in monitoring the advertising and promotion of products to children across broadcast and non-broadcast media in line with national and EU regulatory frameworks. The Commission oversees and enforces the Children’s Commercial Communications Code, which includes restrictions on the marketing of foods high in fat, salt, and sugar (HFSS) to children. This involves ensuring that advertising on television, radio, and relevant online platforms complies with content, placement, and audience composition rules designed to reduce children’s exposure to unhealthy food marketing. Coimisiún na Meán also works with other government and industry stakeholders to support the ongoing monitoring and review of compliance, placement, audience targeting rules, and collaborates with government and industry stakeholders to support ongoing review and enforcement (Coimisiún na Meán, 2023).</p> <p>Hot School Meals Programme</p> <p>The Department of Social Protection conducts approximately 400 inspections annually across schools participating in the School Meals Programme to assess compliance with the Nutrition Standards for School Meals (Department of Social Protection, 2021). These standards were developed collaboratively by the Department of Social Protection, HSE, FSAI, Safefood, and the Department of Health 1 2. Schools are required to submit fixed menus that align with these standards, and any non-compliance identified during inspections triggers follow-up action with both the school and the food supplier. The HSE also provides a Healthy Eating Policy Toolkit to support schools in implementing these standards.</p> |

| | |
|-----------------------|--|
| | <p>Food Reformulation Task Force</p> <p>The Food Reformulation Task Force, established under Ireland’s Food Product Reformulation Roadmap (2021–2025), is a joint initiative led by the Food Safety Authority of Ireland (FSAI) and Healthy Ireland (Food Safety Authority of Ireland, 2023). It conducts annual nutrient monitoring across approximately 40 priority food categories, including sugar-sweetened beverages, snacks, and dairy products. According to the 2024 Progress Report, the Task Force uses label audits and laboratory analysis to track reductions in sugar, salt, saturated fat, and calories, aligning with national reformulation targets and broader nutrition policy goals. However, while these efforts focus on prepacked retail foods, voluntary nutrition standards for out-of-home meals (such as those served in restaurants and cafés) are not yet systematically monitored, representing a gap in the current food environment oversight.</p> <p>Food Safety Authority of Ireland</p> <p>The Food Safety Authority of Ireland conducts routine market surveillance across retail and out-of-home sectors to enforce compliance with EU and national food labelling and nutrient declaration legislation (Food Safety Authority of Ireland, Department of Health, 2021). These inspections include checks on allergen, nutrition labelling, label claim accuracy and nutrient thresholds. These inspections contribute directly to monitoring the food environment composition, supporting public health and consumer protection.</p> |
| Comments/notes | |

| | |
|--|---|
| <p>MONIT2 There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes monitoring of adult and child intake in line with X countries Food Guide and dietary recommendations. • Includes monitoring of adult and child intake of nutrients of concern and noncore/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these). • 'Regular' is considered to be every five years or more frequently. |
| <p>International best practice examples (benchmarks)</p> | <p>USA: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations (Centres for Disease Control, 2016). The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.</p> <p>The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu) is appointed by the Ministry of Health to periodically collect data about the food consumption and food condition of the Dutch population in general and of separate population groups via the Food Consumption Survey. Currently, a Food Consumption Survey (Dutch population 1-79 years) is being conducted for the years 2019- 2021. Prior Food Consumption Surveys have been conducted for the years 2012-2016 (Dutch population 1-79 years), 2010-2012 (elderly 70+), 2007- 2010 (7-69 years), 2005-2006 (2-6 years), and 2003 (9-16 years).</p> |
| <p>Context (e.g., EU action,</p> | <p>EU Action</p> |

**regulation,
food industry
action etc.)**

There are different initiatives at EU level, regarding monitoring of adult and childhood nutrition status and population intakes.

EFSA

The European Food Safety Authority has a database, the Comprehensive European Food Consumption Database, which contains data on food consumption habits and patterns across the EU. Member States used different methods to collect food consumption data. However, as can be concluded from information on the European Commission's website, it is still difficult to draw conclusions and make comparisons on the intake of, for example, sugars, salt, and fat across the EU due to differences in methodology. Therefore, in 2011, EFSA launched the EU Menu project, which aims to provide standardized, harmonised information on what people eat in all countries and regions across the EU. Under this project, EFSA funded 32 surveys for different age groups across Europe. As of December 2024, data from all 32 surveys have been made available, completing the EU Menu initiative. These data are now integrated into EFSA's updated food consumption database and can be accessed via the [Food consumption data | EFSA](#) (European Food Safety Authority, 2024).

WHO

The Health Behaviour in School-aged Children (HBSC) study is a World Health Organization (WHO) collaborative cross-national survey conducted every four years among nationally representative samples of 11-, 13- and 15-year-olds in participating countries, including Ireland. The survey collects internationally comparable data on a wide range of adolescent health behaviours, including eating behaviours and self-reported height and weight. In addition to individual behaviours, HBSC places strong emphasis on understanding adolescents' health within the broader school environment, investigating factors such as school relationships, school pressure, and how school contexts shape health outcomes. HBSC data are analysed at national and international levels to track trends over time, monitor inequalities, and inform evidence-based policies aimed at improving the health and wellbeing of young people

| | |
|--|--|
| | <p>across Europe and beyond (World Health Organization, 2024).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland Survey</p> <p>The Healthy Ireland Report 2024 presents the initial topline findings from the tenth wave of the Healthy Ireland Survey. This survey, commissioned by the Department of Health and conducted by Ipsos B&A, examines the health and health behaviours of people aged 15 and older, living in Ireland.</p> <p>In 2024, a representative sample of 7,398 respondents was interviewed. The survey includes detailed questions on diet and nutrition.</p> <ul style="list-style-type: none"> • Snacking: 27% reported eating one snack food daily and 35% two or more, similar to 2019. • Sugar-sweetened drinks: 32% consumed these at least weekly and 9% daily, up slightly from 2019. • Fruit and vegetables: 62% reported daily fruit consumption and 73% daily vegetable consumption, both slightly lower than in 2019. Only 28% met the five-a-day fruit and vegetable guideline (34% in 2019). <p>These findings point to a decline in fruit and vegetable intake and steady or increasing snacking and sugary drink consumption, reinforcing the need for ongoing dietary health promotion (Department of Health, 2024a).</p> <p>National Nutrition Surveys</p> <p>Ireland conducts periodic national nutrition surveys through the Irish Universities Nutrition Alliance (IUNA), which provide data on food and beverage intakes, nutrient intakes, eating behaviors, and other information among children, adolescents and adults (Irish Universities Nutrition Alliance). Recent surveys include; the National Adult Nutrition Survey II (NANS II) (2021-2022) which found Significant numbers of adults aged both 19-64 years and 65 years and over have inadequate intakes of vitamin D, vitamin C, folate, calcium, zinc, vitamin B6, riboflavin, vitamin A and iron (particularly for females); and the National Teens’ Food Survey II (NTFS II) (2019-2020) which found significant numbers of teenagers have inadequate intakes of vitamin D, calcium, vitamin C,</p> |

| | |
|-----------------------|--|
| | <p>folate, vitamin A, riboflavin and vitamin B6. Nine percent of teenage girls had inadequate intakes of iron.</p> <p>Childhood Obesity Surveillance Initiative (COSI)</p> <p>The WHO European Childhood Obesity Surveillance Initiative (COSI) is conducted periodically in Irish primary schools to monitor trends in childhood overweight and obesity, with Round 6 (2022/2023) findings published in 2024. Data are collected in discrete rounds approximately every 2-3 years, providing repeated cross-sectional snapshots of weight status and related behaviours among children aged 6-9 years. This includes data on dietary behaviours, such as sugary drinks and sweet snack foods, although intakes are not quantified against specific recommended intake targets (HEALTH SERVICE EXECUTIVE. 2024a).</p> <p>Health Behaviour in School-aged Children (HBSC) Study</p> <p>The HBSC study in Ireland is part of a WHO-collaborative cross-national survey conducted every four years to monitor health behaviours and well-being among school-aged children. The most recent data collection in Ireland took place in 2022 (seventh survey cycle) and published in 2024. HBSC collects self-reported data on dietary behaviours, including the frequency of sugary beverage consumption and sweets, although intakes are not quantified against specific recommended intake targets (HBSC Study, 2022).</p> |
| Comments/notes | |

| | |
|--|--|
| <p>MONIT3 There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Anthropometric measurements include height, weight and waist circumference. • ‘Regular’ is considered to be every five years or more frequently. |
| <p>International best practice examples (benchmarks)</p> | <p>UK: England’s National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (age 4-5) and last (age 10-11) years of primary school. In 2011-2012, 565,662 children (4- 5 years) and 491,118 children (10-11 years) were measured (NHS DIGITAL, 2011).</p> <p>Ireland: Ireland continues to participate in the WHO Childhood Obesity Surveillance Initiative (COSI), which represents international best practice for monitoring childhood overweight and obesity using measured anthropometric data. The Irish National Nutrition Surveillance Centre at University College Dublin has coordinated COSI rounds commissioned by the HSE. Following earlier survey rounds, additional COSI data collections have taken place, with the most recent being the 6th Childhood Obesity Surveillance Initiative (COSI) report which covered data from 2022 to 2023. COSI collects data from children in primary schools in the Republic of Ireland. The survey is carried out periodically. Trained researchers collect weight, height and waist circumference measurements. These figures were used to examine prevalence of normal weight, overweight, obesity and mean BMI (Health Service Executive, 2024a).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>WHO COSI, NOPA database and WHO HBSC surveys</p> <p>In the EU Action Plan on Childhood Obesity 2014-2020, the EU refers to the WHO, as being responsible for collecting data from the Member States on the monitored initiatives, e.g., via the WHO COSI, WHO NOPA and the WHO HBSC surveys (Europa, 2014b).</p> <p>The WHO European Childhood Obesity Surveillance Initiative (COSI), measures trends in overweight and obesity</p> |

| | |
|--|---|
| | <p>among primary school aged children (6-9 years). The Irish National Nutrition Surveillance Centre at University College Dublin has coordinated COSI rounds commissioned by the HSE. It is a survey based on nationally representative samples and takes standardised weight and height measurements and collects information on school environments and dietary habits (World Health Organization).</p> <p>The WHO NOPA database compiles information to monitor progress on nutrition, diet, physical activity and obesity. The Country Information contains surveillance data, policy documents, action to implement policy and examples of good practice in programmes and interventions (World Health Organization).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland Survey</p> <p>The Healthy Ireland Survey is an annual, nationally representative survey of people aged 15 years and older living in Ireland (Department of Health, 2024a). Fieldwork is conducted by Ipsos B&A. The survey plays a key role in informing health policy by providing robust population health data. Findings are used to support the development, monitoring, and evaluation of the Healthy Ireland Framework, as well as to meet international reporting obligations to the OECD, EU, and WHO.</p> <p>For the 2024 survey, a representative sample of 7,398 respondents aged 15 and over was interviewed between October 2023 and April 2024. The survey includes self-reported height and weight, which enables the calculation of BMI. Results from 2024 indicate that 63% of men and 50% of women were classified as overweight or obese, consistent with figures reported in 2022.</p> <p>While this provides important population-level insights, the reliance on self-reported measurements limits alignment with anthropometric data standards, and results should be interpreted with this in mind.</p> <p>Childhood Obesity Surveillance Initiative</p> <p>The Childhood Obesity Surveillance Initiative (COSI) is a WHO Europe-led surveillance system implemented in Irish primary schools. It is conducted every 3-4 years (most</p> |

| | |
|-----------------------|--|
| | <p>recently in 2022–2023), COSI collects clinically trained anthropometric measurements (height, weight, and waist circumference) in children aged approx. 7 to 9 years. The Irish National Nutrition Surveillance Centre at University College Dublin has coordinated COSI rounds commissioned by the HSE. Provides robust data to assess childhood overweight and obesity prevalence across socioeconomic strata. Ireland has now completed six rounds of COSI (Health Service Executive).</p> <p>The Irish Longitudinal Study on Ageing (TILDA) This longitudinal, nationally representative study of adults, aged 50 and over, is collected every two years. Health assessments occur at selected waves. Wave 6 (2021) included measured height, weight, and waist circumference, as part of the health assessment conducted by trained nurses. Findings from Wave 6 have not yet been fully published (The Irish Longitudinal Study on Ageing, 2023).</p> |
| Comments/notes | <p>The Healthy Ireland Survey conducted annually, includes self-reported height and weight, enabling BMI calculation. Recent results from 2024 found that 63% of men and 50% of women were classified as overweight or obese, consistent with the figures reported in 2022. This included 7,398 people aged 15 and over. However, the reliance on self-reported measures reduces the alignment with anthropometric data requirements.</p> |

| | |
|--|---|
| MONIT4 There is regular monitoring of the prevalence of NCD metabolic risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs. | |
| Definitions and scope | <ul style="list-style-type: none"> • Diet-related NCD risk factors and NCDs include, amongst others, Hypertension, Hypercholesterolemia, Type 2 Diabetes, Cardiovascular disease (including ischemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related Cancers. • May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system. |
| International best practice examples (benchmarks) | OCED Countries: Most of these countries have regular and robust prevalence, incidence and mortality data for the main diet related NCDs and NCD risk factors. |
| Context (e.g., EU action, regulation, food industry action etc.) | World Health Organization The WHO has started the integrated surveillance on NCD's project in 2013, which is co-financed by the EU. The project aimed to describe how Member States of the European Union can optimize their use of the European Core Health Indicators (ECHI) to report on progress towards reaching the nine global targets of the Global Monitoring Framework on NCDs (World Health Organization). The targets include: <ul style="list-style-type: none"> - 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. - 30% relative reduction in mean population intake of salt/sodium - A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances. - Halt the rise in diabetes & obesity. |
| 2020-2024 Evidence of implementation | Healthy Ireland Survey The Survey is conducted annually by the Department of Health since 2014 and ongoing. It regularly monitors key metabolic risk factors such as hypertension, diabetes, and overweight/obesity, as well as self-reported diagnosis of cardiovascular disease and diet-related cancers. The 2023 |

| | |
|-----------------------|---|
| | <p>survey data indicate that approximately 20% of adults report a diagnosis of hypertension, 7% have diabetes, and overweight/obesity prevalence remains above 60% (Department of Health, 2023a).</p> <p>The National Cancer Registry of Ireland (NCRI)</p> <p>The registry established in 1994 as a statutory body, continuously collects and publishes data on cancer incidence, mortality, and survival across the population. The latest NCRI annual report (National Cancer Registry Ireland, 2023) recorded over 21,000 new cancer cases, with colorectal, breast, and pancreatic cancers among the most common diet-related cancers. The NCRI's comprehensive, population-wide cancer surveillance ensures continuous monitoring of cancer trends, fulfilling the scope for regular tracking of diet-related non-communicable diseases.</p> |
| Comments/notes | |

MONIT5

Major programs and policies are regularly evaluated to assess their effectiveness and contributions to achieving the goals of the nutrition and health plans.

Definitions and scope

- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required.
- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plans.
- The definition of major programs and policies is to be defined by the relevant government department.
- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic.

International best practice examples (benchmarks)

USA: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes, in an effort to prevent or reduce obesity (US National Institutes of Health, 2016).

The Netherlands: The Dutch Institute of Public Health and Environment (Rijksinstituut voor Volksgezondheid en Milieu) conducted in 2017 a midterm evaluation to calculate the effect of the agreed maximum norms for salt and sugar in the Agreement on Product Improvement (The Dutch Institute of Public Health and Environment, 2017). A midterm evaluation was performed to calculate the effect of the agreed maximum norms for salt and sugar reduction, and four scenarios have been calculated with the Food Consumption Survey.

Ireland: Under the 'Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025', a new Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and a progress report on each recommendation in the OPAP is currently being finalised under the aegis of the OPIOG (Oireachtas, 2019). As set out in Healthy Ireland, integrated health and social impact assessments will be conducted on relevant policy areas to

| | |
|---|--|
| | support other government departments in contributing towards the prevention of overweight and obesity. |
| Context (e.g., EU action, regulation, food industry action etc.) | <p>EU Action</p> <p>In the Strategic Plan of DG Sante 2016-2020 it is emphasized that Better Regulation Strategy is a key horizontal priority for the Commission (European Commission, 2016). Impact assessments, public consultations, ex-post evaluations and Fitness Checks are instruments for the Commission to ensure the regulatory cycle is transparent and of good quality. The Commission published Guidelines on evaluation and Fitness Checks (Europa). A Fitness Check is a type of evaluation that assesses several related actions like the interaction of laws, policies and programmes.</p> <p><u>Evaluations or Fitness Checks that have been completed or are in progress, are:</u></p> <ul style="list-style-type: none"> - Monitoring the activities of the EU Platform for Action on Diet, Physical Activity and Health (annual monitoring reports). - Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related issues (covering 2007- 2011, report published in 2013). - Mid-term evaluation of the third Health Programme 2014-2020 (covering 2016-2017). - REFIT Evaluation of the General Food Law (published in 2018). - Supporting the mid-term evaluation of the EU Action Plan on Childhood Obesity 2014-2020 (covering 2014-2017, published in 2018). - REFIT: Evaluation of the Regulation on nutrition and health claims (started in 2016, in progress). - Monitoring of the EU Fruit and Vegetable Scheme (countries provide annual monitoring reports, evaluation reports cover five school years and will be available from the 1st March 2023). |
| 2020-2024 Evidence of implementation | <p>UCC Evaluation of the Obesity Policy and Action Plan (2016–2025)</p> <p>An independent evaluation of A Healthy Weight for Ireland – Obesity Policy and Action Plan (OPAP) was carried out by the Food Policy Research Team at the School of Public Health, University College Cork. The evaluation reviewed the</p> |

| | |
|-----------------------|---|
| | <p>implementation of all 60 OPAP actions from January 2016 to May 2021, using the internationally recognised Healthy Food Environment Policy Index (Food-EPI) methodology (Oireachtas, 2024).</p> <p>The evaluation found that approximately 10% of actions achieved high levels of implementation, around 50% showed moderate progress, and roughly 30% demonstrated low or very low levels of implementation, with a further 10% showing very limited or no action. To date, OPAP remains the only major national obesity strategy in Ireland to have undergone a formal, independent external evaluation assessing its contribution to national nutrition and obesity prevention goals.</p> <p>In addition to this independent assessment, progress on OPAP implementation has been monitored through a series of Department of Health progress reports. A mid-term evaluation covering the period 2016 to May 2021 was published in 2022, followed by an internal Department of Health review in November 2022, which provided updated information on the status of key deliverables across OPAP’s population-health actions and aligned progress with recommendations from the WHO European Regional Obesity Report 2022.</p> <p>The Department of Health also publishes annual OPAP progress reports, detailing implementation status across all action areas. These reports, available on the Department’s website, provide ongoing oversight of government action and complement the more in-depth independent evaluation by UCC. Together, these outputs demonstrate a structured approach to both routine monitoring and formal evaluation of Ireland’s national obesity policy framework. www.gov.ie/en/healthy-ireland/policy-information/addressing-obesity/ (Department of Health, 2021c).</p> |
| Comments/notes | |

| | |
|--|--|
| <p>MONIT6 Progress towards reducing health inequalities or health impacts in vulnerable populations and social and economic determinants of health are regularly monitored.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata • Includes reporting against targets or key performance indicators related to health inequalities |
| <p>International best practice examples (benchmarks)</p> | <p>New Zealand: All annual Ministry of Health Surveys report estimates by sub-populations, in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation (Ministry Of Health, New Zealand, 2023).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>Safefood - Food on a low-income report The aim of this research was to investigate the everyday experiences of food on a low income among people in four household types on the island of Ireland (IOI). This research will inform Safefood and other stakeholders targeting vulnerable groups. It should influence both policy and practical programmes such as community food initiatives and awareness campaigns (Safefood, 2011).</p> <ul style="list-style-type: none"> • The All-Island Food Poverty Network, chaired by Safefood and the Food Standards Agency of Northern Ireland, was set up to support a coordinated and strategic approach to tackling food poverty on the island of Ireland through the development of consensus on related issues, collaboration and shared learning. <p>Irish Medical Organisation – Position Paper on Health Inequalities The Irish Medical Organisation (IMO) highlights the social, economic and environmental factors affecting the health of their patients, factors recognised by all IMO doctor, whether working in a hospital, general practice, or public or community health setting.</p> <ul style="list-style-type: none"> • Analysis of The All-Ireland Traveller Health Study as well as the Prevalence of Chronic Conditions Ireland, including the prevalence of chronic conditions in more |

| | |
|---|--|
| | deprived areas, were outlined in the Paper (Irish Medical Organisation, 2012). |
| <p>2020-2024 Evidence of implementation</p> | <p>Obesity Policy & Action Plan (2016–2025)</p> <p>In May 2022, the Obesity Policy & Action Plan (OPAP) set mid-term targets, including reducing the obesity gap between the highest and lowest socioeconomic groups by 10% by 2025. Progress is assessed using nationally representative datasets such as the Healthy Ireland Survey, which reports obesity prevalence stratified by income, education, and employment status, and the Childhood Obesity Surveillance Initiative (COSI). The most recent COSI Round 6 (2022–2023) report, published in June 2024, recorded an overall childhood overweight/obesity prevalence of 17.7%, rising to 25.4% in schools designated under the DEIS programme (i.e., disadvantaged schools) compared with 16.1% in non-DEIS schools. These systems explicitly measure and report health inequalities in obesity prevalence, providing evidence for tracking disparities in line with national policy targets (Department of Health, 2016b).</p> <p>Sláintecare Healthy Communities</p> <p>The Sláintecare Healthy Communities (SHC) Programme is a cross-government initiative aimed at reducing health inequalities across Ireland (Health Service Executive). Launched in 2021, the programme delivers targeted health and wellbeing services, as well as community development projects, in 19 areas where health disparities are most pronounced.</p> <p>The programme follows an evidence-based approach to identify communities with the highest concentrations of health and wellbeing risk factors. Tailored initiatives are then implemented in these areas to promote better health outcomes and improve overall wellbeing. These initiatives are carried out through collaborative partnerships between the HSE, local authorities, and community groups, all working together to create lasting, positive change in these communities.</p> <p>To assess the programme’s impact, data is collected to track whether the SHC Programme is effectively reaching its intended audience, particularly individuals at higher risk of</p> |

| | |
|-----------------------|--|
| | <p>health inequalities. This data is also compared with the most recent national data from Census 2022. The 2023 Overview Report includes demographic information such as sex, gender, family status, age ranges (for both participants and their children), ethnic background, highest level of education, and employment status. This data is only reported for participants who have given their consent to share this information (Health Service Executive, 2023a).</p> |
| Comments/notes | |

DOMAIN 10 – FUNDING AND RESOURCES

Sufficient funding is invested in 'Population Nutrition Promotion' estimated for the investments in population promotion of healthy eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary-care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g., folate fortification) and undernutrition to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities.

| | |
|--|---|
| <p>FUND1 The 'population nutrition' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden sufficiently contributes to reducing diet-related NCD's.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs. • The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services, etc.), food safety, micronutrient deficiencies (e.g., folic acid fortification), and undernutrition. • Includes estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. • The workforce comprises anyone whose primary role relates to population nutrition and who is employed full-time, part-time or casually by the Department of Health or contracted by the Department of Health, to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency). The number of full-time equivalent persons in the workforce will be reported in 'FUND4'. • Excludes budget items related to physical activity promotion. |
| <p>International best practice</p> | <p>New Zealand: The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during the 2008/2009 Healthy Eating-Healthy Action period.</p> |

| | |
|--|--|
| <p>examples (benchmarks)</p> | <p>Dietary risk factors account for 11.4% of health loss in New Zealand (Ministry of Health, New Zealand, 2011).</p> <p>Thailand: According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control) (Thailand Ministry of Public Health, 2012). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for more than 10% of health loss in Thailand.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>Population nutrition and obesity prevention are supported through a range of funding mechanisms, including EU public health programmes and agricultural and social policy instruments. Initiatives such as the EU School Fruit, Vegetables and Milk Scheme support healthier dietary behaviours among children, while broader EU funding frameworks (e.g., the European Social Fund Plus) provide opportunities for Member States to invest in health promotion, prevention and the reduction of health inequalities. While these mechanisms can complement national action, they do not replace the need for sustained, ring-fenced national funding for population nutrition.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>No evidence from 2020 onwards</p> |
| <p>Comments/notes</p> | <p>Ireland does not maintain a dedicated or clearly identifiable population-nutrition budget within the Department of Health. Funding for nutrition-related prevention activities is dispersed across multiple government departments and HSE divisions, including components of Sláintecare Healthy Communities and the Obesity Model of Care.</p> <p>Because these activities are financed through diverse structures and not consolidated under a single unit with primary responsibility for population nutrition, the total allocation for population-nutrition functions cannot be determined.</p> |

| | |
|--|--|
| | <p>There is no ring-fenced budget line for population-level nutrition as defined by this indicator.</p> <p>In addition, no publicly accessible reporting system exists that would enable estimation of spending on population-nutrition activities either as a proportion of total health expenditure or relative to the diet-related NCD burden. This reflects fragmented investment and limited transparency regarding financial commitments to population-nutrition prevention.</p> |
|--|--|

FUND2

Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities.

Definitions and scope

- Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks.
- Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention).
- It is limited to research projects committed to or conducted within the last 12 months.
- Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel.
- Excludes evaluation of interventions (this is explored in MONIT5 and should be part of an overall program budget).

International best practice examples (benchmarks)

Australia: The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by the Australian Governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs.

Thailand: The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 baht in 2013 to 37,872,416 baht in 2014).

Ireland: The Food Institutional Research Measure (FIRM) is funded by the Department of Agriculture, Food and the Marine and is the primary national funding mechanism for food research in higher education institutions and other public research institutes. Beneficiaries are required to widely

| | |
|--|---|
| | <p>disseminate the results of their research. FIRM aims to develop public good technologies that will underpin a competitive, innovative and sustainable food manufacturing and marketing sector. The programme is creating a base of knowledge and expertise in generic technologies that will support a modern, consumer-focused industry and build Ireland's capacity for R&D (Government of Ireland, 2021). The Health Research Board (HRB) is a statutory agency under the aegis of the Department of Health. It is the lead agency in Ireland responsible for supporting and funding health research, information and evidence, which aims to improve people's health and to enhance healthcare delivery.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The European Union's strategy 2020 for smart, sustainable and inclusive growth, sets the strengthening of research and innovation as one of its main objectives. The implementation of the Innovation Union (to create jobs and growth by improving conditions and access to finance for research and innovation) (Marie Curie Alumni Association), including the European Research Area (European Commission) are part of this Strategy. Horizon 2020 and the Joint Programming Initiative 'A Healthy Diet for a Healthy Life' are research programmes contributing to a fully operational European Research Area on the prevention of diet-related diseases.</p> <p>Horizon 2020 invests in innovative solutions that help tackle the adverse effects on human health, with funding of nearly 80 billion euros available (2014-2020) (European Commission). 'Food and Healthy Diet' is marked as an area of Horizon 2020, with issues such as "promoting informed consumer choices" and "delivering strategic solutions for healthy and safe foods and diets for all" (European Commission). An example of a project that has received funding from Horizon 2020 is 'FOOD 2030', which addresses 'Nutrition for sustainable and healthy diets'.</p> <p>The Joint Programming Initiative 'A Healthy Diet for a Healthy Life' started in 2014, is a voluntary partnership between Member States and Associated Countries of the European Union and aims to bring major benefits to particular sectors of public and societal life. Health and Nutrition are such societal challenges (JPI a healthy diet for a</p> |

| | |
|--|--|
| | <p>healthy life). This includes research to increase the understanding of health-impacting behavior with respect to making food choices, to create insight into how the environment influences this behavior and to raise consumer understanding of healthy foods and diets. One of the projects financed by this JPI is the 'PolicyEvaluation Network (PEN) - Public policies addressing health-related behaviours in Europe'.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Institutional Research Measure</p> <p>The Food Institutional Research Measure (FIRM) established in March 2020 by the Department of Agriculture, Food and the Marine, is a funding programme designed to support research and innovation within Ireland's agri-food sector. Though primarily oriented toward food innovation and sector development, it also funds R&D efforts that support improved public health nutrition. Examples include product reformulation, consumer behavior, and the National Nutrition Surveys. These surveys supply data on children, teen and adult dietary intakes in Ireland, supporting food and nutrition policy (Department of Agriculture, Food and the Marine, 2020).</p> <p>Safefood - Exposure of marketing to children</p> <p>Safefood has commissioned a study to explore the impact of digital marketing on children, complementing its broader food marketing campaign launched in 2024. Led by principal investigator Dr. Mimi Tatlow-Golden, this research is currently underway, with results expected in 2026. The project will apply a comprehensive, in-depth analysis of digital food and beverage marketing and its regulation across the island of Ireland (Iol), alongside an examination of child rights. The research team plans to share their findings with both academic audiences (through conferences and publications) and the general public (via radio, social media, and newspaper articles).</p> |
| <p>Comments/notes</p> | |

| | |
|--|--|
| FUND3 There is a statutory health promotion agency in place that includes an objective to improve population nutrition with a secure funding stream. | |
| Definitions and scope | <ul style="list-style-type: none"> • Agency was established through legislation • Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website • Secure funding stream involves the use of a hypothecated tax or other secure source |
| International best practice examples (benchmarks) | <p>Australia: The Victorian Health Promotion Foundation (VicHealth) was the world’s first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.</p> <p>Germany: The Federal Centre for Health Education and the Federal Centre for Nutrition disseminate guidelines and health promotion strategies to the general public, stakeholders and multipliers.</p> <p>The Netherlands: The Dutch Nutrition Center (https://www.voedingscentrum.nl/nl/service/over-ons.aspx) is 100% funded by the government and offers consumers and professionals scientific and independent information about a healthy, safe and sustainable food choice. The famous ‘Wheel of Five’ is one of their initiatives.</p> |
| Context (e.g., EU action, regulation, food industry action etc.) | <p>EU Action - Statutory health promotion agency</p> <ul style="list-style-type: none"> • At EU level there is a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (NCDs), which was set up in July 2018 (European Commission, 2018b). This Steering Group assists and advises the Commission on the coordination between Member States in addressing challenges caused by NCD’s, the selection of best practices regarding health promotion, disease prevention and management of NCDs and monitoring progress towards reducing mortality due to NCD’s. |
| 2020-2024 | <p>Safefood</p> <p>Safefood is a statutory all-island body established under the British-Irish Agreement Act of 1999, with a mandate to</p> |

| | |
|-----------------------------------|--|
| Evidence of implementation | <p>promote food safety and nutrition across Ireland. Safefood’s work includes providing public health advice, conducting research on food safety and nutrition, and developing educational resources for various age groups. It plays a key role in addressing obesity, food poverty, and diet-related diseases through multi-sectoral collaboration and evidence-based strategies (Safefood, 2026).</p> |
| Comments/notes | |

DOMAIN 11 – PLATFORMS FOR INTERACTION

There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities.

| | |
|--|--|
| <p>PLAT1</p> <p>There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCDs prevention policies across governments.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc. • Includes cross-government or cross-departmental shared priorities, targets or objectives. • Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments. • Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy. |
| <p>International best practice examples (benchmarks)</p> | <p>Finland: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions (Authority, 2021). It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture (World Cancer Research Fund, 2016a).</p> <p>Malta: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on</p> |

| | |
|--|--|
| | <p>policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each (World Cancer Research Fund, 2016a).</p> <p>Australia: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association.</p> <p>Ireland: The Department of Health, through ‘A Healthy weight for Ireland, Obesity Policy and Action Plan 2016 – 2025’, will provide leadership, engage and co-ordinate multi-sectorial action and implement best practice in the governance of the OPAP. The Department of Health and Safefood are taking action to establish a multi-stakeholder partnership to share knowledge and initiative to promote a healthy weight (Department of Health, 2016b).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>There are mechanisms at EU level, which aim to ensure cooperation and coordination at the level of the European Commission, the European Parliament, the Council, between the EU and the Member States, between Member States, and with subnational governments and social partners.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Healthy Ireland Strategic Action Plan 2021–2025</p> <p>The Healthy Ireland Strategic Action Plan 2021–2025 published in May 2021 as part of the broader Healthy Ireland Framework, provides the principal cross-department coordination mechanism for integrating food, obesity, and diet-related NCD prevention policies across government (Health Service Executive, 2021). It sets shared targets across 14 government departments and is overseen by formal structures such as the Cabinet Committee on Social Policy and the Healthy Ireland Council, which includes statutory agencies, civil society partners, and private sector representatives. It operationalises coordinated implementation pathways across Health, Education,</p> |

| | |
|-----------------------|--|
| | <p>Agriculture, Social Protection, and other departments using structured outcome frameworks and joint performance monitoring. The Plan aligns multiple policies, like A Healthy Weight for Ireland- Obesity Action Plan and the national Food Reformulation Roadmap, into a unified implementation strategy. Progress is monitored via outcome frameworks and departmental accountability processes, ensuring coordinated implementation across national and local levels.</p> <p>Food Vision 2030</p> <p>Food Vision 2030, launched in 2021 by the Department of Agriculture, Food and the Marine, is a cross-sector strategy designed to guide Ireland’s agri-food system transformation over ten years (Department of Agriculture, Food and the Marine, 2021). Its governance includes a High-Level Implementation Committee and thematic sub-groups involving multiple government departments (Health, Agriculture, Environment), stakeholder agencies, and industry partners. Among its four missions is Mission 3: "Food that is Safe, Nutritious and Appealing," which integrates health and nutrition objectives with sustainability and innovation across policy domains.</p> |
| Comments/notes | |

| | |
|--|---|
| <p>PLAT2</p> <p>There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and the commercial food sector on the implementation of healthy food policies and other related strategies.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g., advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food • Includes established groups, forums or committees active within the last 12 months for the purpose of |

| | |
|---|---|
| | <p>information sharing, collaboration, seeking advice on healthy food policies</p> <ul style="list-style-type: none"> • Includes platforms to support, manage or monitor private sector pledges, commitment or agreements • Includes platforms for open consultation • Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy • Excludes joint partnerships on projects or co-funding schemes • Excludes platforms to engage with industry in relation to development of policies • Excludes initiatives covered by 'RETAIL3' and 'RETAIL4' |
| <p>International best practice examples (benchmarks)</p> | <p>UK: The UK 'Responsibility Deal' was a UK Government initiative to bring together food companies and NGOs to take steps (through voluntary pledges) to address NCDs (United Kingdom, 2011). It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.</p> <p>Norway: The letter of intent (Memorandum of Understanding) for facilitating a healthier diet in the population is a signed agreement between the Norwegian health authorities and food industry (food and trade organisations, food and beverage manufacturers, food retailers and food service industry) in a Partnership for a healthier diet (FAFO, 2016). The MoU was signed in 2016 and lasts until 2021. The agreement contains specific quantitative goals related to reducing the intake of salt, added sugar and saturated fat, and increasing the intake of fruits and berries, vegetables, whole grain foods, fish and seafood in the population. The Partnership is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas of action. The Coordination group is assisted by a Secretariat organised by the Directorate of Health. A Reference group of scientists</p> |

| | |
|--|---|
| | <p>within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the coordination group.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>The EU Platform for Action on Diet, Physical Activity and Health</p> <ul style="list-style-type: none"> • The EU Platform for action on diet, physical activity and health is a forum for European-level organisations which was founded in 2005 and includes food business operators, consumer organisations, public health NGO’s and scientific and professional associations (European Commission). The Platform receives guidance from the high-level Group on Nutrition and Physical Activity and holds joint meetings with the high-level group. <p>The EU Pledge</p> <ul style="list-style-type: none"> • The EU Pledge was launched in 2007 as part of a commitment to the Platform for action on diet, physical activity and health (EU Pledge, 2019). The EU Pledge is a voluntary initiative by food and beverage companies to change advertising to children under 12 years old in the European Union. |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Reformulation Task Force</p> <p>The Food Safety Authority of Ireland (FSAI) and Healthy Ireland (Department of Health) established the Food Reformulation Task Force in 2021. This is a formal, structured platform with a clear mandate to reduce unhealthy nutrients (salt, sugar, saturated fat, and calories) in the Irish food supply. It engages directly with the commercial food sector, including food manufacturers, retailers, and major foodservice providers, through regular workshops, technical webinars, and category-specific stakeholder groups. The Task Force implements the nationally agreed “Roadmap for Food Product Reformulation in Ireland 2021–2025”, publishes annual progress reports, and provides guidance and tools for industry compliance. Available here https://www.fsai.ie/business-advice/food-reformulation</p> |
| <p>Comments/notes</p> | |

| | |
|--|---|
| <p>PLAT3</p> <p>There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and civil society on the development, implementation and evaluation of healthy food policies and other related strategies.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc. • Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice • Includes platforms for consultation on proposed plans, policy or public inquiries • Excludes policies or procedures that guide consultation in the development of food policy (see GOVER3) |
| <p>International best practice examples (benchmarks)</p> | <p>Brazil: The National Council of Food and Nutrition Security (CONSEA) is a formal advisory platform made up of civil society (2/3) and government reps (1/3). It is a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society has been able to influence policy directions more directly. CONSEA supported Congress to pass a bill obliging local governments to buy at least 30% of the food destined for school meals from small-scale farmers (BRAZIL, CONSEA).</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>European Health Policy Platform</p> <p>The European Health Policy Platform is a collaborative initiative under the 3rd Health Programme to ease communication among health stakeholders and with the European Commission (European Commission). DG SANTE acts as the secretary of the Platform.</p> <p>European Economic and Social Committee</p> <p>The European Economic and Social Committee (EESC) enables civil society organisations (350 members) from the Member States to express their views at European level (European Economic and Social Committee). Its opinions are addressed to the European Commission, Parliament and Council. Consultation of the EESC is mandatory for public health policies (Article 168 of the TFEU) (Official Journal of the European Union, 2012). The EESC may also adopt</p> |

| | |
|--|---|
| | <p>opinions on its own initiative (European Sources Online, 2013).</p> <p>There are a number of civil society groups that campaign to influence the government's food and public health policies. There are also formal platforms for interaction at ministerial level.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Food Poverty Working Group</p> <p>The Group was established in 2021 and chaired by Minister Joe O'Brien, serves as a cross-sector platform with representatives from multiple government departments and the community and voluntary sectors. The group meets regularly and has produced key outputs, including a comprehensive Food Poverty Action Plan published in July 2024, which builds on extensive research and consultation with individuals experiencing food poverty (Ireland, 2024). This action plan reflects a coordinated government and civil society effort to address food poverty and improve access to nutritious food for vulnerable populations. The group also oversees initiatives like the Food Poverty Case Worker Pilot Programme launched in 2023 in Dublin, Cork, and Limerick. The Group also commissioned a detailed Report on Food Poverty in Ireland (conducted by Amárach Research), which analysed food poverty's prevalence, key drivers, and service landscape through urban and rural case studies in Dublin and Connaught. The report identified household income as the primary determinant of food poverty and emphasized the importance of effective signposting of services and education initiatives, particularly when delivered through existing trusted service relationships. It highlighted the critical role played by the community and voluntary sectors, calling for enhanced financial, educational, and psychological support for both service providers and those experiencing food poverty. The report also underscored the need to normalize conversations around food-related poverty and associated issues such as obesity, with a special focus on parental education.</p> <p>All-island Obesity Action Closed Forum</p> <p>The All-island Obesity Action Forum (AIOAF) is a community of professionals who have a common interest in obesity</p> |

| | |
|-----------------------|---|
| | <p>prevention and treatment. An aspect of the AIOAF is it's closed forum group, which is responsible for supporting the implementation of obesity policies on the island of Ireland. Safefood acts as both the Chair and the Secretariat of the AIOAF. The closed forum includes senior representation from government departments and agencies, public health, academia, medical and clinical areas, voluntary community sector and industry. Members of the closed forum meet regularly, usually twice per year, to share experiences, collaborate and support the implementation of obesity policies (Safefood).</p> <p>Food Environment Forum</p> <p>As part of Safefood's Food Environment Campaign launched in 2024, Safefood will lead a Food Environment Forum which will comprise the lead health agencies involved in the policy and partnership work in this area and will steer a roadmap for the next five years. It is anticipated that the demand for change created by the campaign will help advance this work and expedite the changes needed to build a healthier food environment (Safefood 2024).</p> |
| Comments/notes | |

| | |
|--|---|
| <p>PLAT4 The governments work with a system-based approach with (local and national) organisations/partners/groups to improve the healthiness of food environments at a national level.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Systems-based approaches may include policies within other domains of health • May include a social determinants of health approach • May bring together multiple departments or ministries to approach health • Includes multiple levels of government • Aim of a systems-based approach is: <ul style="list-style-type: none"> ➤ resourcing and supporting a dedicated, reflective and skilled workforce at a state and/or local level to engage, activate and influence at multiple levels of the system to combat obesity and chronic disease |

| | |
|--|--|
| | <ul style="list-style-type: none"> ➤ building relationships with prevention partners across the system, and across sectors and industries, to strengthen positive health outcomes on multiple fronts ➤ capturing and feeding back knowledge and data on progress, impact and effectiveness and calling for new types of research, policy and practice collaborations ➤ allocating resources based on best possible investment to effect change and population need, seeding long term change by resourcing local governments to lead action towards public health ➤ building leadership for sustained prevention across the system to drive effective and long-lasting change |
| <p>International best practice examples (benchmarks)</p> | <p>New Zealand: Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people’s health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to impact the lives of over a million New Zealanders. The government has allocated \$40 million over four years to support Healthy Families NZ (NEW ZEALAND. Healthy Families NZ).</p> <p>Australia: Healthy Together Victoria focuses on addressing the underlying causes of poor health in children’s settings, workplaces and communities by encouraging healthy eating and physical activity and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally led Healthy Together Communities. The initiative was originally jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health (Government of South Australia, 2016). It is unclear at this stage whether funding for Healthy Together Victoria will continue or not.</p> |
| <p>Context (e.g., EU action, regulation, food industry action etc.)</p> | <p>EU Action</p> <p>We have not found any evidence that the EU is using a system-based approach to improve the healthiness of food environments in EU countries. There are different organisations which have recommended such an approach, e.g., the EESC (opinion on civil society’s contribution to the development of a comprehensive food policy in the EU)</p> |

| | |
|--|--|
| | <p>(European Economic and Social Committee, 2019), the WHO (Connecting Food Systems for co-benefits Policy Brief) (World Health Organization, 2018) and the International Panel of Experts on Sustainable Food Systems (IPES) (Towards a Common Food Policy for the European Union report) (IPES - Food, 2019).</p> <p>The Food and Agriculture Organisation of the United Nations published in the frame of the Strategic Partnership, with the Directorate for International Co-operation and Development of the European Commission, a guideline (Food Systems for Healthy Diets) to support the use of a comprehensive food system approach rather than a sectoral approach, for policy-makers addressing the food security and nutrition situation in their countries (FAO, 2018).</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Sláintecare Healthy Communities (SHC) is a cross-government initiative led by the Department of Health and implemented locally by the HSE, local authorities, and community partners. It adopts a place-based and social-determinants approach to improving health and wellbeing and currently operates across 24 community areas identified using health inequality indicators. Through its governance structure, SHC provides a coordinated platform for multi-level collaboration among local and national actors, including mechanisms for cross-departmental oversight through the wider Sláintecare programme (HEALTH SERVICE EXECUTIVE, 2024).</p> <p>The initiative demonstrates several features of a systems-informed prevention approach. These include multi-level governance across national and local authorities, a dedicated local prevention workforce (Healthy Community Local Development Officers), and structured partnerships with statutory, voluntary, and community organisations. The initiative delivers a suite of prevention and wellbeing services, including Stop Smoking Services, the We Can Quit programme, Social Prescribing, Making Every Contact Count, evidence-based parenting programmes, and nutrition supports such as the community nutrition and cookery programme Healthy Food Made Easy, with additional nutrition-related activities delivered locally depending on partner capacity.</p> |

| | |
|-----------------------|---|
| | <p>National coordination occurs through Sláintecare oversight structures and policy partnerships, and the programme is supported by dedicated funding streams, including wellbeing project funding and Social Determinants of Health enhancement funds. These resources support locally identified prevention initiatives and core service delivery through the HSE and community organisations.</p> <p>While Sláintecare Healthy Communities exhibits several characteristics of a systems-informed prevention approach, including multi-level governance, cross-sector partnerships, workforce resourcing, and localised prevention investment, the initiative’s primary focus is broad health and wellbeing rather than the healthiness of food environments as a central system target. Nutrition-related activities form only one component of a wider portfolio addressing multiple determinants of health. SHC offers partial evidence of system-informed prevention in Ireland but does not operate as a dedicated national systems-based strategy for improving food environments.</p> |
| Comments/notes | |

DOMAIN 12 – HEALTH IN ALL POLICIES

Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies.

| | |
|---|--|
| <p>HIAP1</p> <p>There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies. • Includes the establishment of cross-department governance and coordination structures while developing food-related policies. |
| <p>International best practice examples (benchmarks)</p> | <p>Slovenia: A Health Impact Assessment (HIA) was undertaken in Slovenia to assess the health effects of agricultural at national level. The HIA has basically followed a six-stage process: policy analysis, rapid appraisal workshops with stakeholders from a range of backgrounds, review of research evidence relevant to the agricultural policy, analysis of Slovenian data for key health-related indicators, a report on the findings to a key cross-government group and evaluation (Lock et al., 2003).</p> <p>Ireland: Step 9 of the ‘A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025’ aims to allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with emphasis on families and children during the first 1,000 days of life. The priority actions to commence in the first year were to assess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults (Department of Health, 2016b). The Healthy Ireland fund was established in 2017, with an allocation of €5 million and with additional allocations of €5 million in 2018 and 2019. The first round of the Fund was distributed through Local Community</p> |

| | |
|---|---|
| | Development Committees, Children and Young Person's Services Committees and statutory organisations (Oireachtas, 2019). |
| Context (e.g., EU action, regulation, food industry action etc.) | <p>EU Action</p> <p>Article 168 of the Treaty on the Functioning of the European Union incorporates health in all policies stating 'A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities' (European Union, 2012). This principle is reaffirmed in the EU4Health Programme (2021-2027), which aims to strengthen health systems, promote disease prevention, and improve access to healthcare across the EU (European Commission, 2021). However, there is no formal EU-level process to ensure that nutrition, health outcomes, or the reduction of health inequalities in vulnerable populations are systematically assessed and prioritised during the development of food-related policies. Initiatives such as the Common Agricultural Policy (CAP) and the Farm to Fork Strategy acknowledge the links between food systems and health, including the need for sustainable diets and improved nutrition. Yet, these strategies do not include systematic health impact assessments, nor did they include mechanisms to evaluate or prioritise health equity during policy design.</p> |
| 2020-2024 Evidence of implementation | No evidence from 2020 onwards |
| Comments/notes | The Healthy Eating Active Living Implementation Plan 2023-2027 outlines actions to support healthier eating and increased physical activity, with a focus on improving population nutrition and addressing obesity. It includes measures aimed at supporting children, families, and other vulnerable groups, and promotes collaboration across health services, local authorities, and community organisations (Health Service Executive, 2023). While the plan contributes to the broader goals of health equity and intersectoral coordination in food-related initiatives, it does not establish a formal, government-wide process to ensure that health outcomes and impact on health inequalities are systematically considered in all food-related policy development. In November 2021, the Institute of Public Health published the fourth edition of the Health Impact Assessment (HIA) Guidance for Ireland and Northern Ireland, which provides |

| | |
|--|--|
| | tools and methodologies that could support the assessment of health impacts in food-related policy development, although its application is not mandated (Institute of Public Health, 2021). |
|--|--|

| | |
|--|--|
| <p>HIAP2 There are processes e.g., Health Impact Assessment's (HIAs) to assess and consider health impacts during the development of other non-food policies.</p> | |
| <p>Definitions and scope</p> | <ul style="list-style-type: none"> • Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors. • Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food related policies (e.g., HIAs or health lens analysis). • Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach. • Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g., agriculture, education, communications, trade). • Includes monitoring or reporting requirements related to health impacts for non-health departments. |
| <p>International best practice examples (benchmarks)</p> | <p>South Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high-level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process (South Australia, 2024). The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health Lens Analysis projects. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematize (2015-2016).</p> |
| <p>Context (e.g., EU action, regulation,</p> | <p>EU Action Article 168 of the Treaty on the Functioning of the European Union incorporates health in all policies stating 'A high level of human health protection shall be ensured in the definition</p> |

| | |
|--|--|
| <p>food industry action etc.)</p> | <p>and implementation of all Union policies and activities’ (European Union, 2012). However, there is no formal, government-wide HiAP strategy for the development of non-food, non-health policies. Health Impact Assessments (HIAs) are included as part of the EU’s broader impact assessment framework, but their use is voluntary and varies across Directorates-General. Additionally, there is limited guidance or resources at the EU level specifically aimed at the consideration and assessment of health impacts prior to, during, and following implementation of such non-food related policies. In 2021, the European Public Health Alliance and other organisations called on the EU to develop and routinely apply a robust Health in All Policies methodology, including Health Impact Assessments, to fulfil the obligations of Article 168 of the Treaty on the Functioning of the EU.</p> |
| <p>2020-2024 Evidence of implementation</p> | <p>Health Impact Assessment Implementation Model project</p> <p>In January 2023, the Health Impact Assessment Implementation Model (HIA-IM) project, funded by the Health Research Board and led in partnership with UCC, the HSE, and the EPA, launched a four-year initiative to embed HIA processes into public policy. The project includes two flagship pilot HIAs, on the Cork City Development Plan (2022-2028) and the national Climate Action Plan (2024), informed by the Institute of Public Health’s Health Impact Assessment Guidance (2021). These pilots aim to build interdepartmental governance, stakeholder engagement tools (including community engagement toolkits), and workforce capacity to “health-proof” decision-making (Health Research Board, 2023).</p> |
| <p>Comments/notes</p> | <p>In November 2021, the Institute of Public Health published the fourth edition of the Health Impact Assessment (HIA) Guidance for Ireland and Northern Ireland, reflecting the latest developments and international best practice in the field (Institute Of Public Health, 2021). The guidance provides updated tools, methodologies, and governance frameworks for assessing the health impacts of policies, programmes, and projects. Ireland’s Healthy Ireland Strategic Action Plan 2021-2025 also commits to a Health in All Policies approach across sectors (Health Service Executive, 2021). These developments demonstrate growing</p> |

| | |
|--|--|
| | <p>capacity and cross-sectoral collaboration for integrating health considerations into non-health policies. However, Ireland does not yet have a formal, government-wide process mandating the use of Health Impact Assessments (HIAs) in non-food/non-health policy development.</p> |
|--|--|

References

- ADMINISTRATION, F. A. D. 2019. FDA Nutrition Innovation Strategy.
- ADVERTISING STANDARDS AUTHORITY FOR IRELAND. 2015. Section 7: Children. [online] Available: <https://www.asai.ie/asaicode/section-7-children/>.
- ADVERTISING STANDARDS AUTHORITY. 2018. Food: HFSS Media Placement. [online] Available: <https://www.asa.org.uk/advice-online/food-hfss-media-placement.html> [Accessed]
- ADVERTISING STANDARDS AUTHORITY FOR IRELAND. 2021. Section 8: Food and Non-Alcoholic Beverages of the Code of Standards for Advertising and Marketing Communications in Ireland. [online] Available: https://www.asai.ie/wp-content/uploads/ASAI-CODE_Section8_Revision_B_2021.pdf
- ADVERTISING STANDARDS AUTHORITY FOR IRELAND. 2021a. Food & Non-Alcoholic Beverages – ASA Code. [online] Available: <https://adstandards.ie/code/food-non-alcoholic-beverages/> [Accessed].
- ADVERTISING STANDARDS AUTHORITY FOR IRELAND; COIMISIÚN NA MEÁN. Co-operation Agreement between Advertising Standards Authority (ASA) and Coimisiún na Meán. [online] Available: https://www.cnam.ie/app/uploads/2025/01/20241209_CnaM-ASA-Co-Op-agreement-ENG.pdf.
- AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGED CARE. 2020. Policy Position: Co-sponsorship. [online] Available: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/about-reformulation>
- AUSTRALIAN GOVERNMENT. 1982. Freedom of Information Act 1982. [online] Available: <https://www.legislation.gov.au/C2004A02562/latest/text>
- AUSTRALIAN GOVERNMENT. 2008. National Indigenous Reform Agreement (Closing the Gap). [online] Available: <https://www.closingthegap.gov.au/national-agreement>
- AUSTRALIAN PUBLIC SERVICE COMMISSION. n.d. Values and Code of Conduct. [online] Available: <https://www.apsc.gov.au/publication/aps-values-and-code-conduct-practice>
- Authority, F.F. National Nutrition Council. 2021; [online] Available: <https://www.ruokavirasto.fi/en/foodstuffs/healthy-diet/national-nutrition-council/>.
- BELL, C., LATU, C., CORIAKULA, J., WAQA, G., SNOWDON, W. & MOODIE, M. 2019. Fruit and vegetable import duty reduction in Fiji to prevent obesity and non-communicable diseases: a case study. Public Health Nutrition. [online] Available: <https://doi.org/10.1017/S1368980019002660>
- BLOOMBERG, M. 2009. Food Policy Initiatives in New York City. [online] Available: <https://www.nyc.gov/assets/opportunity/pdf/policybriefs/food-policy-brief.pdf>
- BRAZIL MINISTRY OF HEALTH. 2011. Strategic Action Plan for Confronting Non-Communicable Diseases (NCDs) in Brazil, 2011-2022. [online] Available: <https://www3.paho.org/hq/dmdocuments/2014/NCD-action-Plan-Brazil.pdf>
- BRAZIL. National Council of Food and Nutrition Security (CONSEA).

- BROADCASTING AUTHORITY OF IRELAND. 2013. BAI Children’s Commercial Communications Code.
- BROADCASTING AUTHORITY OF IRELAND. 2019. Codes and Standards. [online] Available: <https://www.bai.ie/en/codes-standards/> [Accessed].
- BYRNE. C. 2012. How St Vincent de Paul €10m voucher system gives people back their dignity. The Irish Independent. [online] Available: <https://www.independent.ie/irish-news/how-st-vincent-de-paul-10m-voucher-system-gives-people-back-their-dignity-28943078.html> [Accessed]
- CARIBBEAN COMMUNITY (CARICOM). n.d. Non-Communicable Disease (NCD) Commissions in CARICOM States. [online] Available: <https://www.caricom.org>
- CENTRES FOR DISEASE CONTROL 2016. National Health and Nutrition Examination Survey. Available: <http://www.cdc.gov/nchs/nhanes.htm>.
- CHANTAL, J. A. H., S., 2017. Development of a new front-of-pack nutrition label in France: the five colour Nutri-Score.
- CHILDREN’S FOOD TRUST. 2005. Annual School Meals Surveys. [online] Available: <https://www.gov.uk/government/organisations/school-food-trust>
- COIMISIÚN NA MEÁN. 2023. What is Coimisiún na Meán? [online] Available: <https://www.cnam.ie/general-public/children-young-people/what-is-coimisiun-na-mean/>
- COIMISIÚN NA MEÁN. 2024a. General Commercial Communications Code. [online] Available: <https://www.cnam.ie/app/uploads/2025/01/General-Commercial-Communications-Code-v2.pdf>
- COIMISIÚN NA MEÁN. 2024b. Children’s Commercial Communications Code (Radio and Television Broadcasters). [online] Available: <https://www.cnam.ie/app/uploads/2024/12/Childrens-Commercial-Communications-Code-December-2024.pdf>
- COLCHERO, M. A., B.M. POPKIN, J.A. RIVERA, AND S.W. NG, 2016. Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. BMJ. 352: p. h6704.
- COLRUYT GROUP. 2018. What is the Nutri-Score? [online] Available: <https://nutriscore.colruytgrou.com/colruytgrou/en/about-nutri-score/> [Accessed].
- COMMONWEALTH OF AUSTRALIA 2016. Health Star Rating System. Available from: <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/content/home>.
- CORPORATE EUROPE OBSERVATORY 2010. A red light for consumer information. The food industry’s €1-billion campaign to block health warnings on food. [online] Available: <http://images.smh.com.au/file/2011/09/06/2606842/CEO-Food-Labeling.pdf>.
- CORVALÁN C, R. M., GARMENDIA ML, UAUY R, 2018. Structural responses to the obesity and non-communicable diseases epidemic: Update on the Chilean law of food labelling and advertising. Obesity Reviews. 1-8.
- DEPARTMENT OF AGRICULTURE FOOD AND MARINE. 2017b. EU School Scheme. [online] Available from: <https://www.agriculture.gov.ie/customerservice/euschoolscheme/> [Accessed].

- DEPARTMENT OF AGRICULTURE, FOOD AND THE MARINE. 2020. Food Institutional Research Measure (FIRM). [online] Available: <https://www.gov.ie/en/department-of-agriculture-food-and-the-marine/services/food-institutional-research-measure/>
- DEPARTMENT OF AGRICULTURE, FOOD AND THE MARINE. 2021. Food Vision 2030: Ireland's Strategic Plan for a Sustainable Food System. [online] Available: <https://www.gov.ie/en/publication/0d223-food-vision-2030>
- DEPARTMENT OF CHILDREN, EQUALITY, DISABILITY, INTEGRATION AND YOUTH. 2023. Nutrition Standards for Early Learning and Care Services. [online] Available: <https://www.gov.ie/en/publication/4b9dd-nutrition-standards-for-early-learning-and-care-services/>
- DEPARTMENT OF EMPLOYMENT AFFAIRS AND SOCIAL PROTECTION. 2020. Research Report of the Hot Meals Pilot. [online] Available: <https://www.gov.ie/en/department-of-social-protection/publications/school-meals/>
- DEPARTMENT OF HEALTH AND AGED CARE. 2021. Partnership Reformulation Program – Summary of Food Categories and Reformulation Targets. [online] Available: <https://www.health.gov.au/resources/publications/partnership-reformulation-program-summary-of-food-categories-and-reformulation-targets>
- DEPARTMENT OF HEALTH AND HUMAN SERVICES (Victoria) (2016) Healthy choices: healthy eating policy and catering guide for workplaces. Melbourne: Victorian Government. [online] Available at: <https://www.health.vic.gov.au/publications/healthy-choices-healthy-eating-policy-and-catering-guide-for-workplaces>
- DEPARTMENT OF HEALTH, IRELAND. 2021. Evaluation of the implementation of “A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025” [online] Available: <https://assets.gov.ie/static/documents/evaluation-of-the-implementation-of-a-healthy-weight-for-ireland-2016-2025.pdf>
- DEPARTMENT OF HEALTH, IRELAND. 2022. Ministers for Health launch Healthy Ireland Healthy Weight Campaign. [online] Available: <https://www.gov.ie/en/department-of-health/press-releases/ministers-for-health-launch-healthy-ireland-healthy-weight-campaign/>.
- DEPARTMENT OF HEALTH, IRELAND. 2024. Minister for Health publishes evaluation of the sugar-sweetened drinks tax. [online] Available: <https://www.gov.ie/en/department-of-health/press-releases/minister-for-health-publishes-evaluation-of-the-sugar-sweetened-drinks-tax/>
- DEPARTMENT OF HEALTH, IRELAND. 2024a. Evaluation of Ireland's Sugar-Sweetened Drinks Tax (SSDT). [online] Available: <https://assets.gov.ie/static/documents/evaluation-of-irelands-sugarsweetened-drinks-tax-ssdt.pdf>
- DEPARTMENT OF HEALTH. 2008. Health Promoting Hospital Vending Directions and Guide. [online] Available: <https://www.gov.uk/government/publications/health-promoting-hospital-vending-directions-and-guide>
- DEPARTMENT OF HEALTH. 2013a. Guide to creating a front of pack (FoP) nutrition label for pre-packed products sold through retail outlets. Available from:

https://www.gov.uk/Government/uploads/system/uploads/attachment_data/file/300886/2902158_FoP_Nutrition_2014.pdf.

- DEPARTMENT OF HEALTH. 2013b. Healthy Ireland - a Framework for improved health and wellbeing 2013- 2025. Dublin: Department of Health.
- DEPARTMENT OF HEALTH. 2014b. National salt reduction initiative corporate achievements 2009-2014. [online] Available: <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/nsri-corporate-commitments.pdf> [Accessed]
- DEPARTMENT OF HEALTH. 2016b. A Healthy Weight for Ireland. Obesity Policy and Action Plan: 2016-2025.
- DEPARTMENT OF HEALTH. 2019b. Healthy Ireland Fund 2019- 2021. Expression of Interest Guidelines. [online] Accessed on: https://drive.google.com/file/d/1rqVbr_YILdi12GqeGNgPnILPaEbrCBKB/view.
- DEPARTMENT OF HEALTH. 2020. National Healthy Eating Guidelines for One to Four-Year-Olds. Dublin: Department of Health. [online] Available: <https://www.gov.ie/en/publication/2d0f0-healthy-eating-guidelines-for-1-4-year-olds/>
- DEPARTMENT OF HEALTH. 2020. Consultation with food businesses on the introduction of mandatory calorie posting on menus. [online] Available: <https://www.gov.ie/en/department-of-health/consultations/consultation-with-food-businesses-on-the-introduction-of-mandatory-calorie-posting-on-menus/>
- DEPARTMENT OF HEALTH. 2021. Healthy Ireland. A Roadmap for Food Product Reformulation in Ireland - Obesity Policy Implementation Oversight Group (OPIOG) Reformulation Sub-Group. [online] Available: <https://www.fsai.ie/getmedia/44c8bf97-35ee-445f-b354-af4de3d57fa9/food-reformulation-roadmap.pdf>
- DEPARTMENT OF HEALTH. 2021a. Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021–2025. [online] Available: <https://healthyworkplace.ie>
- DEPARTMENT OF HEALTH. 2021b. Statistics & Analytics Outputs. [online] Available: <https://www.gov.ie/en/department-of-health/organisation-information/statistics-and-analytics/>
- DEPARTMENT OF HEALTH. 2021c. Obesity Policy and Action Plan Progress Report – A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025. [online] Available: <https://www.gov.ie/en/department-of-health/press-releases/obesity-policy-and-action-plan-progress-report-published/>
- DEPARTMENT OF HEALTH. 2023. Healthy Eating for Older Adults. [online] Available: <https://www.gov.ie/en/healthy-ireland/publications/healthy-eating-for-older-adults/>
- DEPARTMENT OF HEALTH. 2023a. Healthy Ireland Survey 2023. [online] Available: <https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2023/>
- DEPARTMENT OF HEALTH. 2023b. Health System Performance Assessment Platform. [online] Available: <https://www.hspa.gov.ie/>
- DEPARTMENT OF HEALTH. 2024. Minister for Health establishes Online Health Taskforce to develop response to harms caused by certain types of online

- activity. [online] Available: <https://www.gov.ie/en/department-of-health/press-releases/minister-for-health-establishes-online-health-taskforce-to-develop-response-to-harms-caused-by-certain-types-of-online-activity/>
- DEPARTMENT OF HEALTH. 2024a. Healthy Ireland Survey summary report 2024. [online] Available: <https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2024/>
 - DEPARTMENT OF HEALTH. 2024b. Healthy Ireland Survey 2024. [online] Available: https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2024/?utm_source=chatgpt.com#weight-management-diet-and-nutrition
 - DEPARTMENT OF SOCIAL PROTECTION. 2021. Hot School Meals Scheme & Nutrition Standards. [online] Available: <https://www.gov.ie/en/department-of-social-protection/publications/school-meals/>
 - DEPARTMENT OF SOCIAL PROTECTION. 2024. Budget 2025: Extension of Hot School Meals Scheme to All Primary Schools. [online] Available: <https://www.oireachtas.ie/en/debates/question/2024-10-08/332/>
 - DEPARTMENT OF SOCIAL PROTECTION, IRELAND. 2024a. Minister Humphreys announces plans for roll-out of hot school meals to all primary schools. [online] Available: <https://www.gov.ie/en/department-of-social-protection/press-releases/minister-humphreys-announces-plans-for-roll-out-of-hot-school-meals-to-all-primary-schools/>
 - DEPARTMENT OF THE ENVIRONMENT, CLIMATE AND COMMUNICATIONS. 2024. Buying Greener: Green Public Procurement Strategy and Action Plan 2024–2027. [online] Available: <https://www.gov.ie/en/publication/8f7b2-buying-greener-green-public-procurement-strategy-and-action-plan-2024-2027/>
 - DEPARTMENT OF THE TAOISEACH. 2020. Programme for Government 2020. Dublin: Government of Ireland. [online] Available: <https://www.gov.ie/en/publication/7e05d-programme-for-government-2020/>
 - DOWNS, S., BLOEM, M AND GRAZIOSE, MM. 2017. Salt and the city: a preliminary examination of New York City’s sodium warning labels.
 - DUBLIN CITY COUNCIL. 2022. Dublin City Development Plan 2022–2028. Dublin: Dublin City Council. [online] Available: <https://www.dublincity.ie/planning-and-land-use/learn-about-councils-plans-city/dublin-city-development-plans.>
 - DUTCH NUTRITION CENTRE. n.d. Healthy School Canteen Brigade and Canteen Scan. [online] Available: <https://gezondeschoolkantine.voedingscentrum.nl/nl/stap-voorstap/kantinescan.aspx>
 - ENVIRONMENTAL PROTECTION AGENCY. 2014. Green Procurement. Guidance for the Public Sector.
 - EU-PLEDGE. 2019. About the EU pledge. [online] Available: <https://eu-pledge.eu/about-the-eu-pledge/>.
 - EURACTIVE. 2013. EU lawmakers reject colour-coded system for food labels. [online] Available: <https://www.euractiv.com/section/health-consumers/news/eu-lawmakers-reject-colour-coded-system-for-food-labels/> [Accessed].
 - EURACTIVE. 2014. Food industry wins battle on ‘traffic light’ labels. [online] Available: <https://www.euractiv.com/section/health-consumers/news/food-industry-wins-battle-on-traffic-light-labels/> [Accessed].

- EUROPA. 2012. Consolidated version of the treaty on the functioning of the European Union. [online] Available: <https://eur-lex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=EN> [Accessed]
- EUROPA. 2014a. Code of Conduct. [online] Available: http://ec.europa.eu/transparencyregister/public/staticPage/displayStaticPage.do?locale=en&reference=CODE_OF_CONDUCT.
- EUROPA. 2014b. EU Action Plan on Childhood Obesity 2014-2020. [online] Available: https://health.ec.europa.eu/publications/eu-action-plan-childhood-obesity-2014-2020_en
- EUROPA. 2017. Call for tenders' details. [online] Available: <https://etendering.ted.europa.eu/cft/cft-display.html?cftId=3068>
- EUROPEAN COMMISSION. EU Health Policy Platform. [online] Available: <https://webgate.ec.europa.eu/hpf/>.
- EUROPEAN COMMISSION. European Research Area (ERA). Policy initiatives and practices of a unified common European research area, partnership details and progress reports. [online] Available: https://ec.europa.eu/info/research-and-innovation/strategy/era_en.
- EUROPEAN COMMISSION. Food-Based Dietary Guidelines in Europe. [online] Available: https://joint-research-centre.ec.europa.eu/orphan-pages/page/health-promotion-and-disease-prevention/food-based-dietary-guidelines-europe_en [Accessed].
- EUROPEAN COMMISSION. Food information to consumers - legislation. [online] Available: https://ec.europa.eu/food/safety/labelling_nutrition/labelling_legislation_en [Accessed].
- EUROPEAN COMMISSION. Funding: Health policies in the future EU budget (2021-2027). [online] Available: https://ec.europa.eu/health/funding/future_health_budget_en.
- EUROPEAN COMMISSION. Funding: Investment plan. [online] Available: https://ec.europa.eu/health/funding/investment_plan_en.
- EUROPEAN COMMISSION. Funding: Structural funds. [online] Available: https://ec.europa.eu/health/funding/structural_funds_en.
- EUROPEAN COMMISSION. Heading 2: Sustainable growth: natural resources. A list of the programmes funded under heading 2 of the current long-term budget, with reference amounts and legal bases. [online] Available: https://ec.europa.eu/info/strategy/eu-budget/spending/topic/eu-funding-programmes-2014-2020/heading-2-sustainable-growth-natural-resources_en#common-agricultural-policy-pillar-i.
- EUROPEAN COMMISSION. Health Investments by European Structural and Investment Funds (ESIF). Fact Sheet. 2014-2020. [online] Available: https://ec.europa.eu/health/sites/health/files/health_structural_funds/docs/esif_facsheet_en.pdf.
- EUROPEAN COMMISSION. Horizon 2020. [online] Available: <https://ec.europa.eu/programmes/horizon2020/en/what-horizon-2020>.

- EUROPEAN COMMISSION. n.d. Common Agricultural Policy (CAP). [online] Available: https://ec.europa.eu/info/food-farming-fisheries/key-policies/common-agricultural-policy_en
- EUROPEAN COMMISSION. Horizon 2020. Food & Healthy Diet. [online] Available: <https://ec.europa.eu/programmes/horizon2020/en/area/food-healthy-diet>.
- EUROPEAN COMMISSION. Nutrition and Physical Activity. EU platform for action on diet, physical activity and health. [online] Available: https://ec.europa.eu/health/nutrition_physical_activity/platform_en.
- EUROPEAN COMMISSION. Transparency register. [online] Available: https://ec.europa.eu/info/about-european-commission/service-standards-and-principles/transparency/transparency-register_en [Accessed].
- EUROPEAN COMMISSION. 2002. REGULATION (EC) No 178/2002 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 28 January 2002.
- EUROPEAN COMMISSION. 2006. REGULATION (EC) No 1924/2006 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 December 2006 on nutrition and health claims made on foods. [online] Available on: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32006R1924&from=en>.
- EUROPEAN COMMISSION. 2008. REGULATION (EC) No 1338/2008 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on Community statistics on public health and health and safety at work. [online] Available on: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32008R1338&from=EN>.
- EUROPEAN COMMISSION. 2015. Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Better regulation for better results - An EU agenda. [online] Available: <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1451989021436&uri=CELEX:52015DC0215>.
- EUROPEAN COMMISSION. 2016. Strategic plan 2016-2020 – Health and Food Safety. [online] Available: https://ec.europa.eu/info/publications/strategic-plan-2016-2020-health-and-food-safety_en.
- EUROPEAN COMMISSION. 2018a. Revision of the Audiovisual Media Services Directive (AVMSD). [online] Available: <https://ec.europa.eu/digital-single-market/en/revision-audiovisual-media-services-directive-avmsd>.
- EUROPEAN COMMISSION. 2018b. Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (E03622). [online] Available: <https://ec.europa.eu/transparency/regexpert/index.cfm?do=groupDetail.groupDetail&groupID=3622>.
- EUROPEAN COMMISSION. 2019. Health promotion and disease prevention knowledge gateway. [online] Accessed on: <https://ec.europa.eu/jrc/en/health-knowledge-gateway/promotion-prevention/nutrition> [Accessed].
- EUROPEAN COMMISSION. 2019a. Fund for European Aid to the Most Deprived (FEAD). [online] Available: <https://ec.europa.eu/social/main.jsp?catId=1089>.
- EUROPEAN COMMISSION. 2019b. Initiatives on Nutrition and Physical Activity. [online] Available:

https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/2019_initiatives_npa_en.pdf.

- EUROPEAN COMMISSION. 2019c. Reflection paper towards a sustainable Europe by 2030.
- EUROPEAN COMMISSION. 2020. A Farm to Fork Strategy for a fair, healthy and environmentally-friendly food system. [online] Available: <https://op.europa.eu/en/publication-detail/-/publication/ea0f9f73-9ab2-11ea-9d2d-01aa75ed71a1>.
- EUROPEAN COMMISSION. 2020a. Import Conditions. [online] Available: https://ec.europa.eu/food/safety/international_affairs/trade_en.
- EUROPEAN COMMISSION. 2021. EU4Health Programme 2021–2027. [online] Available: https://health.ec.europa.eu/funding/eu4health_en
- EUROPEAN COMMISSION. 2022. EU School Fruit, Vegetables, and Milk Scheme. [online] Available: https://agriculture.ec.europa.eu/common-agricultural-policy/market-measures/school-scheme-explained_en
- EUROPEAN COMMISSION. 2025. EU School Scheme: Supporting Healthy Eating Habits Among Children. [online] Available: https://agriculture.ec.europa.eu/common-agricultural-policy/market-measures/school-scheme-explained_en
- EUROPEAN ECONOMIC AND SOCIAL COMMITTEE. 2019. Promoting healthy and sustainable diets in the EU (own-initiative opinion). [online] Available: <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/promoting-healthy-and-sustainable-diets-eu-own-initiative-opinion>
- EUROPEAN FOOD SAFETY AUTHORITY. 2010a. Scientific Opinion on establishing Food-Based Dietary Guidelines. [online] Available: <https://www.efsa.europa.eu/en/efsajournal/pub/1460>.
- EUROPEAN FOOD SAFETY AUTHORITY. 2010b. Scientific Opinion on establishing Food-Based Dietary Guidelines. EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA). European Food Safety Authority (EFSA), Parma, Italy. [online] Available: <https://efsa.onlinelibrary.wiley.com/doi/epdf/10.2903/j.efsa.2010.1460>.
- EUROPEAN FOOD SAFETY AUTHORITY. 2024. Food Consumption Data. [online] Available: <https://www.efsa.europa.eu/en/data-report/food-consumption-data>
- EUROPEAN PARLIAMENT. 2019. The EU fruit and vegetable sector Main features, challenges and prospects. [online] Available: [http://www.europarl.europa.eu/RegData/etudes/BRIE/2019/635563/EPRS_BRI\(2019\)63556_3_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2019/635563/EPRS_BRI(2019)63556_3_EN.pdf)
- EUROPEAN UNION. 2011. Regulation (EU) No 1169/2011 of the European Parliament and of the Council of 25 October 2011. [online] Available: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>
- EUROPEAN UNION. 2012. Consolidated version of the Treaty on the Functioning of the European Union (Article 168). [online] Available: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12012E168>

- FAFO. 2016. Intention Agreement on Healthier Food. [online] Available: <https://www.fafono/en/projects/intention-agreement-on-healthier-food>
- FAO. 2018. Strengthening sector policies for better food security and nutrition results. [online] Available: <http://www.fao.org/3/CA2797EN/ca2797en.pdf>
- FINE GAEL. 2024. Extend TV ban on advertising junk food and drinks to 9 pm to curb childhood obesity – Burke. [online] Available: <https://www.finegael.ie/extend-tv-ban-on-advertising-junk-food-and-drinks-to-9pm-to-curb-childhood-obesity-burke/>
- FITZGERALD, S., GILGAN, L., MCCARTHY, M., PERRY, I. J. & GEANEY, F. J. P. H. N. 2018. An evaluation and exploration of Irish food-service businesses' uptake of and attitudes towards a voluntary Government-led menu energy (calorie) labelling initiative. *Public Health Nutr.*21:3178-3191.
- FOOD AND DRINK IRELAND. 2019. The evolution of food and drink in Ireland 2005-2017. Reformulation and innovation: supporting Irish diets.
- FOOD CHOICE AT WORK. 2019. Our Approach. [online] Available: <https://www.foodchoiceatwork.com/>.
- FOOD DRINK IRELAND. 2016. The FDII/ Creme Global Reformulation Project. Estimating the impact of reformulation by 14 FDII members on the Irish population.
- FOOD FOUNDATION. 2021. Brazil: A global leader in nutrition policy and food systems. [online] Available: https://foodfoundation.org.uk/sites/default/files/2021-10/5-Briefing-Brazil_vF.pdf
- FOOD SAFETY AUTHORITY OF IRELAND, DEPARTMENT OF HEALTH. 2021. Public consultation report: Front-of-pack nutrition labelling, nutrient profiles, origin labelling and date marking. Dublin: Food Safety Authority of Ireland. [online] Available: <https://www.fsai.ie/publications/public-consultation-report>
- FOOD SAFETY AUTHORITY OF IRELAND. 2011. Scientific Recommendations for Healthy Eating Guidelines in Ireland [online]. Dublin: Food Safety Authority of Ireland.
- FOOD SAFETY AUTHORITY OF IRELAND. 2020. Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland. [online] Available: <https://www.fsai.ie/scientific-recommendations-food-based-dietary-guidelines-1-5-year-olds-ireland>
- FOOD SAFETY AUTHORITY OF IRELAND. 2021. Scientific Recommendations for Food-based Dietary Guidelines for Older Adults in Ireland. [online] Available: <https://www.fsai.ie/getmedia/c0610e7f-9bfa-457a-9dca-3f97149e43a1/scientific-recommendations-for-food-based-dietary-guidelines-for-older-adults-in-ireland.pdf?ext=.pdf>
- FOOD SAFETY AUTHORITY OF IRELAND. 2020. Scientific Recommendations for Food-Based Dietary Guidelines for 1- to 5-Year-Olds in Ireland. [online] Available: <https://www.fsai.ie/publications/scientific-recommendations-for-food-based-dietary>
- FOOD SAFETY AUTHORITY OF IRELAND. 2021. A Roadmap for Food Product Reformulation in Ireland 2015–2025. [online] Available: <https://assets.gov.ie/static/documents/a-roadmap-for-food-product-reformulation-in-ireland.pdf>

- FOOD SAFETY AUTHORITY OF IRELAND. 2023. Food Reformulation Task Force: Priority Food Categories for Reformulation in Ireland. [online] Available: https://www.fsai.ie/getmedia/b67b658a-cfd8-4d39-84b1-499b4958224e/reformulation_priority_food_categories.pdf?ext=.pdf
- FOOD SAFETY AUTHORITY OF IRELAND. 2023a. Vitamin D: Scientific recommendations for 5 to 65 year olds living in Ireland. [online] Available: <https://www.fsai.ie/news-and-alerts/latest-news/fsai-publishes-scientific-report-on-vitamin-d-nutr>
- FOOD STANDARDS AUSTRALIA NEW ZEALAND (FSANZ). 2013. Stakeholder Engagement Strategy 2013-16. [online] Available: <https://www.mpi.govt.nz/food-business/food-safety-codes-standards/australia-new-zealand-co-operation/food-standards-australia-new-zealand-fsanz/>
- FUNDO NACIONAL DE DESINVOLVIMENTO DA EDUCACAO. 2016. Sobre o PNAE. Available: <http://www.fnde.gov.br/programas/alimentacao-escolar>.
- GERMAN NUTRITION SOCIETY. Nutrition Reports. [online] Available: <https://www.dge.de/en/nutrition-reports/> [Accessed].
- GOIANA-DA-SILVA, F., CRUZ-E-SILVA, D., NUNES, A. M., CALHAU, C., RITO, A., BENTO, A., MIRALDO, M., & DARZI, A. 2019. Portugal's voluntary food reformulation agreement and the WHO reformulation targets. *Journal of Global Health*, 9(2): 020315. [online] Available: <https://jogh.org/2020/jogh-09-020315>.
- Government Of Ireland. Food Institutional Research Measure. 2021. [online] Available: <https://www.gov.ie/en/service/d1955e-food-institutional-research-measure/>
- GOVERNMENT OF IRELAND. 2022. Online Safety and Media Regulation Act 2022 (Act No. 41 of 2022). [online] Available: <https://www.irishstatutebook.ie/eli/2022/act/41/enacted/en/html?>
- GOVERNMENT OF IRELAND. 2023. Regulation of Lobbying (Amendment) Act 2023. [online] Available: <https://www.lobbying.ie/>
- GOVERNMENT OF SOUTH AUSTRALIA. 2016. Health in All Policies: The South Australian Approach. Available: <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+h+reform/health+in+all+policies>.
- GREATER LONDON AUTHORITY. 2019. TfL junk food ads ban will tackle child obesity. [online] Available: <https://www.london.gov.uk/what-we-do/business-and-economy/food/tfl-junk-food-ads-ban-will-tackle-child-obesity>.
- G, S. W., RIVERA, J. A., POPKIN, B. M. & COLCHERO, M. A. J. P. H. N. 2019. Did high sugar-sweetened beverage purchasers respond differently to the excise tax on sugar-sweetened beverages in Mexico? *Public Health Nutr.* 22:750-756.
- HEALTH COUNCIL OF THE NETHERLANDS. 2015. Dutch dietary guidelines 2015. [online] Available: <https://www.healthcouncil.nl/documents/advisory-reports/2015/11/04/dutchdietary-guidelines-2015>.
- HEALTH INFORMATION QUALITY AUTHORITY. 2016. Report of the review of nutrition and hydration care in public acute hospitals.
- HEALTH PROMOTION BOARD, SINGAPORE. 2000. National Workplace Health Promotion Programme. [online] Available: <https://www.hpb.gov.sg/>

- HEALTH PROMOTION RESEARCH CENTRE, UNIVERSITY OF GALWAY AND DEPARTMENT OF HEALTH, IRELAND. 2022. The Irish Health Behaviour in School-aged Children (HBSC) Study 2022. [online] Available: <https://www.universityofgalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/HBSC-2022-National-Report.pdf>
- HEALTH RESEARCH BOARD. 2023. Health Impact Assessment Implementation Model (HIA-IM) Project. [online] Available: <https://hrbopenresearch.org/articles/7-14>
- HEALTH SERVICE EXECUTIVE. Childhood Obesity Surveillance Initiative (COSI). [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/childhood-obesity-surveillance-initiativecosi/>
- HEALTH SERVICE EXECUTIVE. Sláintecare Healthy Communities. [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>
- HEALTH SERVICE EXECUTIVE. 2011. The Health Promotion Strategic Framework.
- HEALTH SERVICE EXECUTIVE. 2016a. Health Service Executive National Service Plan.
- HEALTH SERVICE EXECUTIVE. 2021. Healthy Ireland Strategic Action Plan 2021–2025. [online] Available: <https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-strategic-action-plan-2021-2025/>
- HEALTH SERVICE EXECUTIVE. 2022. Healthy Ireland Implementation Plan 2022–2025. [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/chi-healthy-ireland-implementation-plan.pdf>
- HEALTH SERVICE EXECUTIVE. 2022. Healthy Ireland Smart Start (HISS) Programme. Dublin: HSE Health and Wellbeing. [online] Available: <https://www.healthyireland.ie/early-years/healthy-ireland-smart-start/>
- HEALTH SERVICE EXECUTIVE. 2022. Obesity – Ireland has one of the highest levels of obesity in Europe. [online] Available: <https://www.hse.ie/eng/about/who/cspd/ncps/obesity/>
- HEALTH SERVICE EXECUTIVE. 2023. Healthy Eating and Active Living (HEAL) Implementation Plan 2023–2027. [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-eating-and-active-living-implementation-plan-2023-2027.pdf>
- HEALTH SERVICE EXECUTIVE. 2023a Sláintecare Healthy Communities 2023 Overview. [online] Available: <https://www.hse.ie/eng/services/publications/health-and-wellbeing/hse-slaintecare-healthy-communities-2023-overview.pdf>
- HEALTH SERVICE EXECUTIVE & SAFEFOOD. 2023. Menu Plan for Early Learning and Care Services. Dublin: HSE. [online] Available: <https://www.safefood.net/publications/menu-plan-for-early-learning-and-care-services>
- HEALTH SERVICE EXECUTIVE. 2024. Sláintecare Healthy Communities. [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>

- HEALTH SERVICE EXECUTIVE. 2024a. The Childhood Obesity Surveillance Initiative (COSI): Report of Round 6 (2022–2023). [online] Available: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/the-childhood-obesity-surveillance-initiative-report-round-6.pdf>
- HEALTHY IRELAND. 2016a. Healthy Food for Life. Revised healthy eating guidelines and Food Pyramid rationale.
- HEALTHY IRELAND. 2017a. Nutrition Standards for School Meals.
- HEALTHY IRELAND. 2017b. Non- Broadcast Media Advertising and Marketing of food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice.
- HOFMAN, K. J. & TOLLMAN, S. M. 2013. Population health in South Africa: a view from the salt mines. *The Lancet Global Health*. 1:e66-e67.
- HOUGHTON, F., MORAN STRITCH, J. & AUERBACH, J. 2024. Evaluation of Ireland’s Sugar-Sweetened Drinks’ Tax (SSDT). Ballina, Tipperary: Munster Research Consultancy.
- INSTITUTE OF PUBLIC HEALTH. 2019. Policy making and public health. [online] Accessed on: <https://www.publichealth.ie/policy> [Accessed].
- INSTITUTE OF PUBLIC HEALTH. 2021. Health Impact Assessment (HIA) Guidance for Ireland and Northern Ireland: Technical Guidance (Fourth Edition). [online] Available: <https://instituteofpublichealth.org/reports/health-impact-assessment-guidance-technical-guidance>
- IPES - FOOD. 2019. Towards a common food policy for the European Union. The policy reform and realignment that is required to build sustainable food systems in Europe. [online] Available: http://www.ipes-food.org/_img/upload/files/CFP_FullReport.pdf.
- IRELAND GOVERNMENT. 2014. Freedom of Information Act 2014. [online] Available: <https://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/html>
- IRELAND. 2024. Food Poverty Action Plan. [online] Available: <https://www.gov.ie/en/department-of-social-protection/press-releases/minister-of-state-joe-obrien-publishes-the-food-poverty-action-plan/>
- IRISH BUSINESS AND EMPLOYERS CONFEDERATION. 2017. The KeepWell Mark. An Ibec Initiative.
- IRISH HEART FOUNDATION. 2019. Healthy Workplaces. [online] Accessed on: <https://irishheart.ie/your-health/our-health-programmes/healthy-workplaces/> [Accessed].
- IRISH HEART FOUNDATION & HEALTH SERVICE EXECUTIVE. 2021. Happy Heart Healthy Eating at Work Awards Programme. [online] Available: <https://www.irishheart.ie/healthy-heart/healthy-eating/happy-heart-healthy-eating-at-work-awards/>
- IRISH MEDICAL ORGANISATION 2012. IMO Position Paper on Health Inequalities [online]. Available: [https://www.imo.ie/policy-international-affair/documents/imo-position-papers/imo-position-paper-on-hea/IMOPP-Health-Inequalities-\(2\)-.pdf](https://www.imo.ie/policy-international-affair/documents/imo-position-papers/imo-position-paper-on-hea/IMOPP-Health-Inequalities-(2)-.pdf) [Accessed].
- IRISH UNIVERSITIES NUTRITION ALLIANCE (IUNA). n.d. Survey Reports. [online] Available: <https://www.iuna.net/surveyreports>

- KENT, M. P., DUBOIS, L. & WANLESS, A. J. I. J. O. P. O. 2011. Food marketing on children's television in two different policy environments. 6, e433-441.
- LEDERER, A., C.J. CURTIS, L.D. SILVER, AND S.Y. ANGELL, 2014. Toward a healthier city: nutrition standards for New York City Government. Am J Prev Med. 46(4):p. 423-8.
- LIDL. 2019. Lidl Ireland commits to significant salt and sugar reduction by 2020 [online]. Available: <https://www.abettertomorrow-lidl.ie/lidl-ireland-commits-to-significant-salt-sugar-reductions-by-2020/> [Accessed].
- Lock K., Gabrijelcic-Blenkus M., Martuzzi M., Otorepec P., Wallace P., Dora C., Robertson A., Zakotnic J.M. 2013. Health impact assessment of agriculture and food policies: Lessons learnt from the Republic of Slovenia. Bull. World Health Organ. 81:391–398.
- MASSRI, C., SUTHERLAND, S., KÄLLESTÅL, C. & PEÑA, S. J. A. J. O. P. H. 2019. Impact of the Food-Labeling and Advertising Law Banning Competitive Food and Beverages in Chilean Public Schools, 2014–2016. Am J Public Health. 109, 1249-1254
- MATBRANSJENS FAGLIGE UTVALG. 2019. Guidelines for marketing food and drink aimed at children. [online] Available: <http://www.mfu.as/85197-Retningslinjer-for-markedsforing-oppdateret-1-10-2019>.
- MCAVOY, H., BERGIN, D., KIERNAN, R., KEATING, T. 2018. Consultation on the development of a Healthy Workplaces Framework for Ireland: A report prepared for the Department of Health. Dublin: Institute of Public Health in Ireland.
- MICHELLE RUSSELL. 2012. Ireland: Tesco, Lidl to roll out hybrid nutrition labels. [online] Available: https://www.just-food.com/news/tesco-lidl-to-roll-out-hybrid-nutrition-labels_id120983.aspx
- MINISTRY OF HEALTH, BRAZIL. 2014. Brazilian Dietary Guidelines for the Brazilian Population. [online] Available: <https://www.foodpolitics.com/wp-content/uploads/Brazilian-Dietary-Guidelines-2014.pdf>
- MINISTRY OF HEALTH, NEW ZEALAND. 2023. Annual Update of Key Results 2023/24: New Zealand Health Survey. [online] Available: https://www.health.govt.nz/publications/annual-update-of-key-results-202324-new-zealand-health-survey#:~:text=The%20Annual%20Data%20Explorer%20presents%20results%20from%20the,and%20disability%20status.%20Annual%20Data%20Explorer%202023%2F24%20north_east
- MINISTRY OF HEALTH. 2007. National School and Early Childhood Education Services (ECES) Food and Nutrition Environment Survey. [online] Available: <https://www.education.govt.nz/our-work/about-us/education-new-zealand/our-education-system/early-childhood-education>
- MINISTRY OF HEALTH, NEW ZEALAND. 2011. Methodology Report. [online] Available: <https://www.health.govt.nz/system/files/2011-10/methodology-report.pdf>
- MITCHELL, L., BEL-SERRAT, S., STANLEY, I., HEGARTY, T., McCANN, L., MEHEGAN, J., MURRIN, C., HEINEN, M., and KELLEHER, C. 2020. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland –

Findings from 2018 and 2019. [online] Available:

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/childhood-obesity-surveillance-initiative-report-2020.pdf>

- MFU. 2016. Code for marketing of food and drink aimed at children updated 1/9-2016. [online] Available: <http://www.mfu.as/44552-Code-for-marketing-of-food-and-drink-aimed-at-children-updated-1-9-2016> [Accessed].
- MORLEY, B., SCULLY, M., MARTIN, J., NIVEN, P., DIXON, H. & WAKEFIELD, M. 2013. What types of nutrition menu labelling lead consumers to select less energy-dense fast food? An experimental study. *Appetite*. 67, 8-15.
- NATIONAL AGREEMENT TO IMPROVE PRODUCT COMPOSITION. 2017. Available on: <http://www.akkkoordverbeteringproductsamenstelling.nl/dsresource?type=pdf&disposition=inline&objectid=rivmp:303682&versionid=&subobjectname>.
- NATIONAL CANCER REGISTRY IRELAND. 2023. NCRI Annual Report for 2020-2022. [online] Available: <https://www.ncri.ie/en/news/news-from-ncri/ncri-annual-report-for-2020-2022>
- NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL. 2019. Policy on the Disclosure of Interests: Requirements for Prospective and Appointed NHMRC Committee Members. [online] Available: <https://www.nhmrc.gov.au/about-us/leadership-and-governance/committees#download>
- NATIONAL INSTITUTE FOR HEALTH AND WELFARE. 2019. EATING TOGETHER -food recommendations for families with children.
- NATIONAL NUTRITION COUNCIL. 2017. Eating and learning together – recommendations for school meals.
- NATIONAL NUTRITION COUNCIL. 2018. HEALTH AND JOY FROM FOOD - meal recommendations for early childhood education and care.
- NETHERLANDS, G. O. T. 2019. The National Prevention Agreement.
- NETHERLANDS NUTRITION CENTRE. 2017. Guidelines for Healthier Canteens Fact sheet. [online] Available: <https://mobiel.voedingscentrum.nl/Assets/Uploads/voedingscentrum/Documents/Professionals/Pers/Factsheets/English/Fact%20sheet%20Guidelines%20for%20Healthier%20Canteens.pdf> [Accessed]
- NEW YORK CITY HEALTH. 2017 National Salt Reduction Initiative (NSRI). Available: <https://www1.nyc.gov/site/doh/health/health-topics/national-salt-reduction-initiative.page>.
- NEW ZEALAND GOVERNMENT. 1982. Official Information Act 1982. [online] Available: <https://www.legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html>
- NEW ZEALAND HEALTH SURVEY. 2023. [online] Available: <https://www.health.govt.nz/nz-health-statistics/surveys/new-zealand-health-survey#92-93>.
- NEW ZEALAND. Healthy Families NZ. [online] Available: <https://www.tewhātuora.govt.nz/corporate-information/news-and-updates/healthy-families-nz-a-decade-of-impact>

- NEW ZEALAND INSTITUTE FOR PLANT & FOOD RESEARCH LIMITED. n.d. New Zealand Food Composition Database (NZFCD). [online] Available: <https://www.plantandfood.com/en-nz/about-us>
- NHS DIGITAL. 2011. National Child Measurement Programme (NCMP) 2011-2012. [online] Available: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme>
- NIKOLAAS TILKIN- FRANSSENS. 2016. Addressing Obesity through Food Labelling Regulation. [online] Available: <https://edepot.wur.nl/371106>.
- NORWEGIAN MINISTRY OF LOCAL GOVERNMENT AND MODERNISATION. 2019. Fourth Norwegian Action Plan Open Government Partnership (OGP) 2019 - 2021.
- NUTRITION AND HEALTH FOUNDATION. 2019. National Workplace Wellbeing Day: Working together for a healthier future.
- NUTRITION AUSTRALIA VICTORIAN DIVISION. n.d. Healthy Eating Advisory Service. [online] Available: <https://nationalnutritionfoundation.org.au/what-we-do/programs/the-healthy-eating-advisory-service/>
- NUTRITION RESOURCE CENTRE. 2017. Ontario's Healthy Menu Choices Act In Effect. [online] Available: <https://opha.on.ca/Nutrition-Resource-Centre/News/NRC-News/2017/Ontario%E2%80%99s-Healthy-Menu-Choices-Act-In-Effect.aspx>
- NYC HEALTH DEPARTMENT. 2019. National Salt and Sugar Reduction Initiative (NSSRI).
- OFFICE OF THE FEDERAL REGISTER. 2013. Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments. Available: <https://www.federalregister.gov/regulations/0910-AG57/food-labeling-nutrition-labeling-of-standard-menu-items-in-restaurants-and-similar-retail-food-estab>.
- OFFICIAL JOURNAL OF THE EUROPEAN UNION. 2006. Council Directive 2006/112/EC of 28 November 2006 on the common system of value added tax. [online] Available: <https://eurlex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32006L0112&from=en>.
- OFFICIAL JOURNAL OF THE EUROPEAN UNION. 2012. Consolidated version of the treaty on the functioning of the European Union. [online] Available: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=EN>.
- OIREACTHAS. 2018. Submission - No Fry Zone 4 Kids committee.
- OIREACTHAS. 2019. Obesity Strategy Dáil Éireann Debate, Tuesday - 12 March 2019. [online] Accessed on: <https://www.oireachtas.ie/en/debates/question/2019-03-12/275/>.
- OIREACTHAS. 2024. PQ 152A: Supporting Documentation. [online] Available: https://data.oireachtas.ie/ie/oireachtas/debates/questions/supportingDocumentation/2024-02-21_pq152a-21-02-24_en.pdf
- OIREACTHAS JOINT COMMITTEE ON TOURISM, CULTURE, ARTS, SPORT AND MEDIA. 2021. Report on the Pre-Legislative Scrutiny of the General Scheme of the Online Safety and Media Regulation Bill 2020. [online] Available: https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_tou

[rism_culture_arts_sport_and_media/reports/2021/2021-11-02_report-of-the-joint-committee-on-the-pre-legislative-scrutiny-of-the-general-scheme-of-the-online-safety-and-media-regulation-bill_en.pdf](#)

- PARLIMENT UK .2017. Financial Statement. [online] Available on: <https://hansard.parliament.uk/Commons/2017-03-08/debates/9128238B-4A1C-4EEA-A6F0-6FEB0B5024D8/FinancialStatement#contribution-7B30FFC0-4B7A-4D63-8075-3C7F83EDC5>.
- PETERS, S., DUNFORD, E., WARE, L., HARRIS, T., WALKER, A., WICKS, M., VAN ZYL, T., SWANEPOEL, B., CHARLTON, K. & WOODWARD, M. J. N. 2017. The sodium content of processed foods in South Africa during the introduction of mandatory sodium limits. *Nutrients*. 9: 404.
- POBAL. 2016. Healthy Ireland Fund. [online] Accessed on <https://www.pobal.ie/programmes/healthy-ireland-fund/>.
- PORTUGAL. 2019. Law no. 30/2019 of 23 April: Restrictions on advertising of food and beverages high in energy, salt, sugar, saturated and trans-fatty acids directed at children under 16 years of age. [online] Available: <https://servulo.com/en/knowledge/Advertising-targeting-children-under-16-new-legal-restrictions/6653/>
- PUBLIC HEALTH ENGLAND. 2017. Sugar Reduction: Achieving the 20%. A technical report outlining progress to date, guidelines for industry, 2015 baseline levels in key foods and next steps.
- PUBLIC HEALTH ENGLAND. 2018. Sugar Reduction Programme. Progress made by industry in the first year.
- PUBLIC HEALTH ENGLAND. 2019. Sugar reduction: Report on progress between 2015 and 2018. September 2019.
- PUBLIC HEALTH IRELAND. 2021. Health Impact Assessment Guidance: Executive Summary. [online] Available: <https://www.publichealth.ie/reports/health-impact-assessment-guidance-executive-summary>
- RATHBONE GREENBANK INVESTMENTS. 2019. The UK sugar tax: one year on. [online] Available: <https://www.rathbonegreenbank.com/insight/uk-sugar-tax-one-year>.
- REVENUE COMMISSIONERS. 2025. Zero rate of VAT. [online] Available: <https://www.revenue.ie/en/vat/vat-rates/what-are-vat-rates/zero-rate-vat.aspx>
- REVENUE IRELAND. 2020. Goods – Food and Drink. [online] Available: <https://www.revenue.ie/en/tax-professionals/tdm/value-added-tax/part03-taxable-transactions-goods-ica-services/Goods/goods-food-and-drink-20201208115512.pdf> [Accessed].
- RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU (RIVM). n.d. Food Consumption Survey. [online] Available: <https://www.ecdc.europa.eu/en/rijksinstituut-voor-volksgezondheid-en-milieu-rivm>
- ROBERT KOCH INSTITUT. The AdiMon Indicator System. [online] Available: <https://www.rki.de/EN/Topics/Noncommunicable-diseases/noncommunicable-diseases-node.html> [Accessed].
- ROBERTSON DA, ANDERSSON Y, LUNN PD. 2022. Assessing the impact of Nutri-Score labelling and product availability on consumer choice. *The Economic*

and Social Research Institute. [online] Available:

<https://esri.ie/publications/assessing-the-impact-of-nutri-score-labelling-and-product-availability-on-consumer>

- ROBERTSON DA, LAVIN C, LUNN PD. 2021. Can visual cues to portion size reduce the number of portions consumed? Two randomized controlled trials. *Ann Behav Med*. doi: 10.1093/abm/kaaa098.
- ROBERTSON DA, LUNN PD, LAVIN C, ANDERSSON Y. 2025. Food choice and obesity-prevention policy. Dublin: Economic and Social Research Institute. [online] Available: <https://www.esri.ie/current-research/food-choice-and-obesity-prevention-policy>
- ROBERTSON DA, LUNN PD. 2020. The effect of spatial location of calorie information on choice, consumption and eye movements. *10.1016/j.appet.2019.104446*.
- RØYNSTRAND, S. 2017. Spiser mosjonister og supermosjonister sunt?: En kartlegging av kostholdet til mannlige utholdenhetsmosjonister og supermosjonister. Universitetet i Agder; University of Agder.
- RSM IRELAND. 2022. Evaluation of the School Meals Programme. [online] Available: <https://www.gov.ie/en/publication/6c02e-school-meals-programme-evaluation-report/>
- SAFEFOOD. Obesity Action Forum. [online] Available: <https://www.safefood.net/obesity-action-forum/about>
- SAFEFOOD. 2011. Food on a Low Income Report. [online] Available: <https://www.safefood.net/Professional/Research/Research-Projects/Food-on-a-low-income>
- SAFEFOOD. 2016. Little Bites (ROI) [online]. Available: [https://www.Safefood.eu/Education/Pre-school/Little-Bites-\(ROI\).aspx](https://www.Safefood.eu/Education/Pre-school/Little-Bites-(ROI).aspx) [Accessed]
- SAFEFOOD. 2018. Community Food Initiative (CFI) programme. [online] Available: <https://www.safefood.net/community-food-initiatives>
- SAFEFOOD. 2024. Safefood Food Environment Forum Launch. [online] Available: <https://www.safefood.net/communications/news/2024/building-a-healthier-food-environment>
- SAFEFOOD. 2026. Who we are. [online] Available: <https://www.safefood.net/About-us/Who-we-are>
- SAUDI FOOD & DRUG AUTHORITY. 2018. SFDA launches Healthy Food Regulation Strategy. [online] Available: <https://www.sfda.gov.sa/en/food/news/Pages/f11-9-2018a1.aspx>.
- SOCIETY OF ST. VINCENT DE PAUL. n.d. Home page. [online] Available: <https://www.svp.ie/>
- SOUTH AFRICAN DEPARTMENT OF HEALTH. 2013. South African Plan for the Prevention and Control of Non-Communicable Diseases, 2013-2017. [online] Available: <https://www.iccp-portal.org/resources/south-africa-strategic-plan-prevention-and-control-non-communicable-diseases-2013-2017>.
- SOUTH AUSTRALIA. Health in All Policies (HiAP). [online] Available: <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+Us/About+SA+Health/Health+In+All+Policies/Health+in+All+Policies>

- STANDARDS IN PUBLIC OFFICE COMMISSION. 2019. 2018 Code of Conduct for persons carrying on lobbying activities. [online] Accessed on <https://www.lobbying.ie/media/6119/code-of-conduct-english-final-version-for-web.pdf>.
- STATE SERVICES COMMISSION. n.d. Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. [online] Available: <https://www.publicservice.govt.nz/>
- SWINBURN, B.A., SACKS, G., HALL, K.D., McPHERSON, K., FINEGOOD, D.T., MOODIE, M.L., and GORTMAKER, S.L. 2011. The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*, 378(9793), pp. 804–814. [online] Available: <https://pubmed.ncbi.nlm.nih.gov/21872749/>
- SWINBURN, B., SEDGWICK, D., and HARRIS, J. 2013. Monitoring and benchmarking government policies and actions to create healthy food environments. *Obesity Reviews*, 14(1), pp. 1–10. [online] Available: <https://onlinelibrary.wiley.com/doi/full/10.1111/obr.12073>
- TESCO. 2008. Customer choice, health and nutrition and Community impact. [online] Available: https://www.tesco.ie/crreview08/downloads/tesco_customer_choice_and_community.pdf
- THAILAND MINISTRY OF PUBLIC HEALTH. 2012. Health Expenditure Report 2012. [online] Available: <https://ghdx.healthdata.org/record/thailand-public-health-statistics-2012#:~:text=Thailand%27s%20Public%20Health%20Statistics%202012%20report%20provides%20information,report%20content%20is%20written%20in%20Thai%20and%20English.>
- THE CENTRAL GOVERNMENT FOR THE NETHERLANDS. 2014. Agreed improvement product composition salt, saturated fat, sugar. [online] Available: <https://www.rijksoverheid.nl/documenten/convenanten/2014/01/23/akkoord-verbeteringproductsamenstelling-zout-verzadigd-vet-suiker>
- THE CHIP GROUP. 2016. The Chip Group: Helping you make better chips. Available from: <http://blog.thechipgroup.co.nz/>.
- THE COMMISSION OF THE EUROPEAN COMMUNITIES. 2006. Commission Directive 2006/125/EC. Processed cereal-based foods and baby foods for infants and young children. Accessed on: https://www.fsai.ie/uploadedFiles/Dir2006_125.pdf.
- THE DUTCH INSITITUTE OF PUBLIC HEALTH AND ENVIRONMENT. 2017. Agreed improvement product composition salt, saturated fat, sugar. [online] Available: <https://www.rijksoverheid.nl/documenten/convenanten/2014/01/23/akkoord-verbetering-productsamenstelling-zout-verzadigd-vet-suiker>.
- THE IRISH LONGITUDINAL STUDY ON AGEING (TILDA). 2023. TILDA Wave 6 Key Findings Report. [online] Available: <https://tilda.tcd.ie/publications/reports/W6KeyFindings/TILDA-Wave6-Key-Findings-Report.pdf>
- THE ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT. 2019. OECD Reviews of Public Health: Chile: A Healthier

- Tomorrow, OECD Publishing, Paris. [online] Available: <https://doi.org/10.1787/9789264309593-en>.
- UK GOVERNMENT. 2024. Restricting advertising of less healthy food or drink on TV and online: products in scope. [online] Available: <https://www.gov.uk/government/publications/restricting-advertising-of-less-healthy-food-or-drink-on-tv-and-online-products-in-scope/restricting-advertising-of-less-healthy-food-or-drink-on-tv-and-online-products-in-scope>
 - UK GOVERNMENT DEPARTMENT OF HEALTH AND SOCIAL CARE. 2021. Restricting Promotions of Products High in Fat, Sugar and Salt by Location and by Volume Price. [online] Available: <https://www.gov.uk/government/publications/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price/restricting-promotions-of-products-high-in-fat-sugar-or-salt-by-location-and-by-volume-price-implementation-guidance>
 - UNITED KINGDOM. 2011. Public Health Responsibility Deal. [online] Available: <https://www.gov.uk/government/news/public-health-responsibility-deal>
 - UNITED STATES CONGRESS. 1995. Lobbying Disclosure Act of 1995. [online] Available: <https://lobbyingdisclosure.house.gov/lda.html>
 - UNITED STATES CONGRESS. 2007. Honest Leadership and Open Government Act of 2007. [online] Available: <https://www.congress.gov/bill/110th-congress/house-bill/2316>
 - US NATIONAL INSTITUTES OF HEALTH. 2016. Time-Sensitive Obesity Policy and Program Evaluation (R01). Available from: <http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>.
 - VEERMAN, J. L. A. L. J. C. 2013. Removing the GST exemption for fresh fruits and vegetables could cost lives. *Med J Aust.* 199(8): p. 534-5.
 - VICTORIAN HEALTH PROMOTION FOUNDATION. 2020. Healthy Sport Sponsorship. [online] Available: <https://www.vichealth.vic.gov.au/media-and-resources/publications/healthy-sport-sponsorship>
 - WILLIAM FRY. 2021. Food labelling and calorie posting: where are we now? [online] Available: <https://www.williamfry.com/knowledge/food-labelling-and-calorie-posting-where-are-we-now/>
 - WORLD CANCER RESEARCH FUND. 2016. NOURISHING Framework - Set retail environment incentives. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/set-retail-environment-incentives>.
 - WORLD CANCER RESEARCH FUND. 2016a. NOURISHING Framework - Harness food supply chain. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/harness-food-supply-chain>.
 - WORLD CANCER RESEARCH FUND. 2016b. NOURISHING Framework - Improving the food supply. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/improve-food-supply>.
 - WORLD CANCER RESEARCH FUND. 2016c. NOURISHING Framework - Nutrition labels. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/nutrition-labels>.

- WORLD CANCER RESEARCH FUND. 2016d. NOURISHING Framework - Offer healthy foods. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/offer-healthy-foods>.
- WORLD CANCER RESEARCH FUND. 2016e. NOURISHING Framework - Restrict food marketing. Available: from: https://policydatabase.wcrf.org/level_one?page=nourishing-level-one#step2=3.
- WORLD CANCER RESEARCH FUND. 2016f. NOURISHING Framework - Use economic tools. Available: <http://www.wcrf.org/int/policy/nourishing-Framework/use-economic-tools>.
- WORLD CANCER RESEARCH FUND. 2018. NOURISHING Framework. Use economic tools to address food affordability and purchase incentives. [online] Available on: <https://www.wcrf.org/sites/default/files/Use-economic-tools.pdf>.
- WORLD HEALTH ORGANIZATION. STEPS: Surveillance of Noncommunicable Diseases. [online] Available: <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>
- WORLD HEALTH ORGANIZATION. 2016. Tackling food marketing to children in a digital world: trans-disciplinary perspectives Children's rights, evidence of impact, methodological challenges, regulatory options and policy implications for the WHO European Region
- WORLD HEALTH ORGANIZATION. 2017. France becomes one of the first countries in Region to recommend colour-coded front-of-pack nutrition labelling system.
- WORLD HEALTH ORGANIZATION. 2024. Health Behaviour in School-aged Children (HBSC) Surveys. [online] Available: [https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-\(hbsc\)-study](https://www.who.int/europe/initiatives/health-behaviour-in-school-aged-children-(hbsc)-study)
- WORLD OBESITY FEDERATION. 2025. Ireland – Economic Impact of Overweight and Obesity. [online] Available: https://data.worldobesity.org/country/ireland-99/#data_economic-impact
- 4IE. 2023. New postgraduate workplace wellness certificate launched. [online] Available: <https://www.4ie.ie/irish-news/237798/new-postgraduate-workplace-wellness-certificate-launched>