

2019



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774210



## D2.8: MOVING and NOURISHING Policy Indexes

World Cancer Research Fund  
International  
31.08.2019



Deliverable administration and summary			
<b>Due date</b>	31.08.2019		
<b>Submission date</b>	23.08.2019		
<b>Deliverable type</b>	Demonstrator		
<b>Contributors:</b>	<b>Name</b>	<b>Organisation</b>	<b>Role/Title</b>
Deliverable Leader	Kate Oldridge-Turner	WCRF	WP 2 leader/Head of Policy and Public Affairs
Contributing Author(s)	Fiona Sing	WCRF	Policy and Public Affairs Officer
Reviewer(s)	<a href="#">See Appendix 2</a>	<a href="#">See Appendix 2</a>	<a href="#">See Appendix 2</a>
Final review and approval	Knut-Inge Klepp	NIPH	Coordinator/Executive Director

Document change history				
Version	Release date	Reason for Change	Status (Draft/In-review/Submitted)	Distribution

Dissemination level		
PU	Public	PU



## Executive Summary

World Cancer Research Fund International is responsible for a number of deliverables relating to policy frameworks, scanning, analysis and indexing and developing policy databases as part of Work Package 2 of the CO-CREATE project.

This report outlines how the NOURISHING and MOVING policy indexes were developed through a process of comparative analysis with other benchmarks and extensive consultation with world experts on nutrition and physical activity policy. The resulting policy indexes offer a straight forward and easy to use objective tool by which cross country analysis can be conducted. The tools will support analysis activities in Work Package 3 (Obesity rates and energy balance related behaviours) once the code book has been finalised.

This report explains the development process in detail as well as the attributes of the finalised index. It explores the opportunities, challenges and limitations arising from developing the policy indexes and concludes with some suggestions for follow up activities and next steps.

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## List of acronyms / abbreviations

COSI – Child Obesity Surveillance Initiative

EU – European Union

GAPPA – Global Action Plan on Physical Activity

HBSC – Health Behaviour in School Aged Children

HFSS – High fat, salt and / or sugar

M&E – Monitoring and evaluation

NCDs – Non-communicable diseases

PA – Physical activity

PE – Physical education

QA – Quality Assurance

WCRF – World Cancer Research Fund

WHO – World Health Organisation

WP – Work Package

## Introduction

### Deliverable description

*“To develop policy indexes to **benchmark and assess** the overall **adolescent-relevant** “policy status” of European countries in the areas of promoting healthy **diets** and **physical activity**.”*

### Objective of deliverable

*“**Establish and validate criteria** for benchmarking policies retrieved through the policy scan and create a policy index to **assess overall** “policy status” of European countries in the areas of promoting healthy diets and physical activity. An overall policy index and sub-indexes will be developed for policies that are particularly relevant to adolescents in order to assess the status and development of relevant policies across Europe in the areas of diet and physical activity.”*

## Background

As part of the CO-CREATE project, World Cancer Research Fund (**WCRF**) International is responsible for deliverables in Work Package (WP) 2. As part of Deliverable 2.8 (D2.8), WCRF International has developed two policy indexes; one for nutrition based on the NOURISHING framework; and one for physical activity based on the MOVING policy framework.

This report discusses the process of developing the NOURISHING policy indexes and the MOVING physical activity policy indexes.

This report also provides the context for the development of the two policy indexes tool, and explains in more detail the other relevant deliverables within Work Package 2.

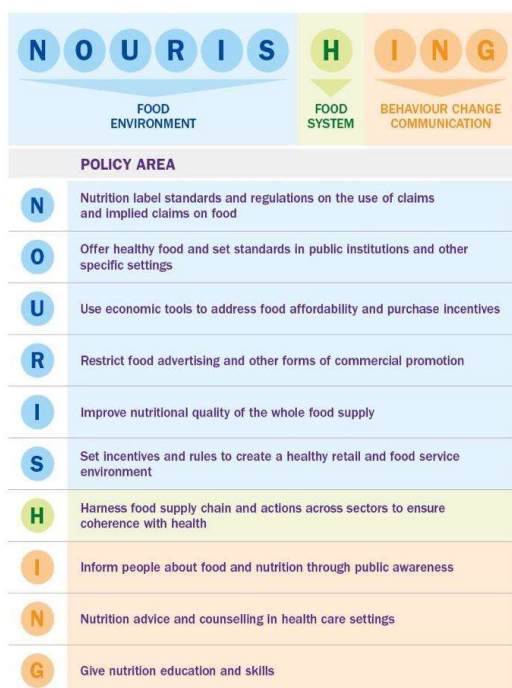
1. **Policy frameworks (D2.1):** The policy domains and policy action areas in the NOURISHING and MOVING frameworks are outlined as they form the foundation of the policy indexes.
2. **Policy scans (D2.3):** The aims and objectives of the global and European policy scans which are currently being undertaken for nutrition and physical activity are outlined. The physical activity policy scan methodology builds on the current NOURISHING methodology for sourcing, verifying and including policies in the policy database. In particular, a comprehensive and systematic European policy scan is being undertaken to identify national-level implemented physical activity policies.

3. **Web platform and Database (D2.5 and D2.6):** The policies identified will be used to populate the MOVING policy database, which is currently being built on a new web platform with the NOURISHING database.
4. **Policy indexes (D2.8):** The MOVING and NOURISHING policy indexes have been developed to rate each country's 'policy status' in the area of physical activity (38 countries in scope). Each policy index has been through several rounds of consultation. Both policy indexes are attached in an accompanying excel document. An **Expert meeting (D2.7)** was held to consult on the development of the policy index.

### Policy frameworks (D2.1)

#### *Developing a Physical Activity framework based on NOURISHING*

WCRF International's NOURISHING nutrition policy framework (NOURISHING framework) was developed in 2013. The NOURISHING framework is focused on nutrition policy actions and is accompanied by a database of government implemented policy actions (see page 10 for definition of 'implemented policy' and 'policy action').



More information about the NOURISHING framework can be found here:

<https://www.wcrf.org/int/policy/nourishing/our-policy-framework-promote-healthy-diets-reduce-obesity>

As part of the CO-CREATE project, WCRF International has developed a physical activity policy framework to complement the WCRF International's NOURISHING nutrition policy framework. The MOVING physical activity policy framework (MOVING framework) is focused on physical activity policy actions and will be accompanied by a web-based database of government implemented policy actions (D2.5 and D2.6). This policy framework has already been delivered to the EU Commission (D2.1 M6).

**Figure 1: NOURISHING policy framework**



Figure 2: MOVING policy framework

POLICY DOMAINS		POLICY AREAS
ACTIVE SOCIETIES	M	Make programmes, opportunities and initiatives that promote physical activity a priority
	O	Offer training in physical activity promotion across multiple professions
ACTIVE ENVIRONMENTS	V	Visualise and enact active design guidelines for structures and surroundings
	I	Implement urban, rural and transport plans that support active societies
ACTIVE PEOPLE	N	Normalise and increase physical activity through public communication that motivates and builds behaviour change skills
	G	Give physical activity education, assessment and counselling
ACTIVE SYSTEMS <sup>1</sup>		<p><b>Governance systems</b> – includes accountability, managing conflicts of interest, roles and responsibilities for different actors.</p> <p><b>Leadership</b> – promoting clear leadership to ensure physical activity is given priority.</p> <p><b>Physical activity surveillance</b> – ensuring robust data collection on physical activity rates across the population is put in place.</p> <p><b>Interdisciplinary research funding</b> – increased research capacity across all sectors on the rates of physical inactivity or activity and policy interventions etc.</p> <p><b>Financing mechanisms</b> to fund research, surveillance and interventions.</p>

<sup>1</sup> Implemented policy actions for this fourth domain will not be collected comprehensively as part of the database as it is beyond the scope of the project. Instead, a number of good practice examples will be included to highlight actions being taken in this domain.

	<p><b>Monitoring and evaluation of policy actions</b>– incorporating monitoring and evaluation of policy interventions at the outset of the intervention to ensure effect is measured.</p> <p><b>Life course/health in all policies approach</b> – using a lens that ensures physical activity is promoted across the whole population, across the life course, especially those that are the least active, vulnerable or have different needs.</p>
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### Definition of ‘policy action’ and ‘implemented’ policies

The definition of ‘policy action’ is:

*Policy action: Any form of government action including, but not restricted to, legislation, regulation, decrees, standards, policies, programmes, guidelines, fiscal measures and government-supported voluntary programmes, action and campaigns. All policy actions are part of public policy, but not all policies are policy actions.*

Note: Policy can be at a national, regional, provincial/territorial or local level – but only national policies are included in the NOURISHING/MOVING databases.

Our definition of an ‘implemented policy’ is:

*Implemented policy: Policy implementation is a complex change process and therefore can involve several stages or levels of implementation. For the purpose of updating and adding to the policy databases, we define implementation as the point when an adopted policy action first comes into effect. For example, draft or model laws, policy proposals, and laws that have been passed but not come into effect are not included in the databases.*

### Policy scans (D2.3)

Another WP2 deliverable of the CO-CREATE project is:

*To conduct a global scan of national policies promoting healthy diets and physical activity (with a particular focus on European countries), building on WCRF International’s NOURISHING policy database.*

An ‘as comprehensive as possible’ scan will be conducted across up to 38 European countries for nutrition and physical activity policy actions. It will focus on national-level policies only and will take place twice during the CO-CREATE project.

A methods document has been developed for the scans, which outlines inclusion and exclusion criteria for policy actions, the search strategy, policy selection and verification processes. The Technical Annex sets out the methods in more detail including the systematic approach for the policy scans.

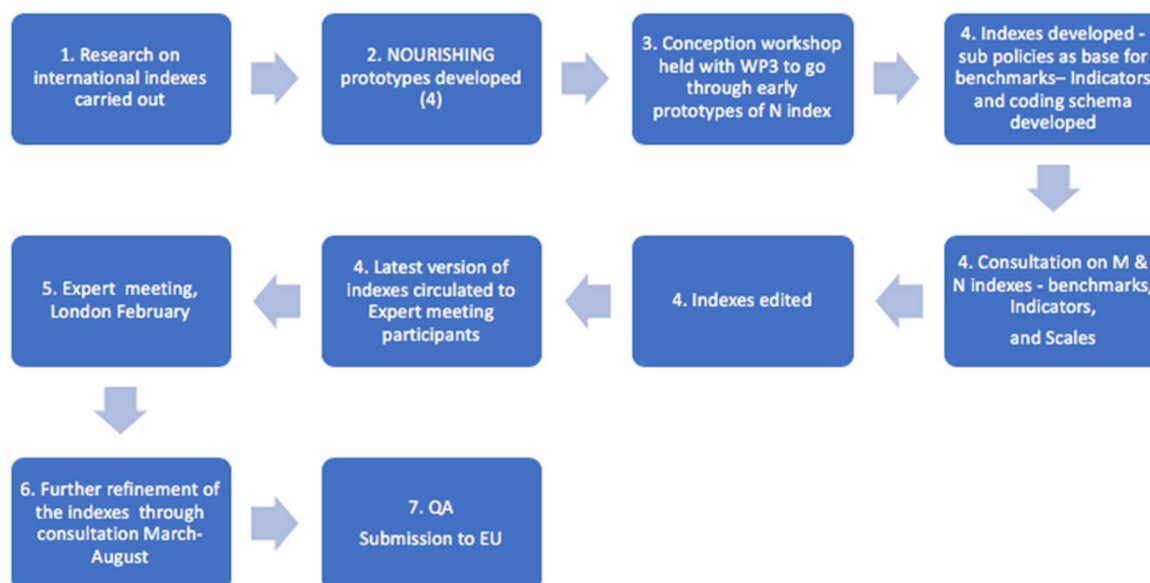
The policies identified in the scans will form the dataset that will be used to rate up to 38 European countries against the policy indexes (listed below). The policies will also be listed on the new web platform hosting both the NOURISHING and MOVING databases (D2.5 and D2.6).

**Figure 3: Countries in comprehensive European scan**



## Description of activities for developing the Policy Indexes

**Figure 4: Flow chart of the policy index development process**



### 1. Research on international policy indexes

The first step in developing the MOVING and NOURISHING policy indexes was to undertake an overview of other international benchmarking tools and policy indexes across different risk factors (alcohol, breastfeeding, tobacco, physical activity and diet) to ascertain their key attributes.

The international policy indexes were identified because of their relevance to the CO-CREATE project. To be considered in the review, the policy index had to deal with an element of policy benchmarking and relate to identified risk factors (alcohol, breastfeeding, tobacco, physical activity and diet).

The risk factors were chosen because they aligned with the WCRF Cancer Recommendation risk factors (physical activity, diet, breastfeeding and alcohol) as well as tobacco as the tobacco field has a strong history of policy indexes.

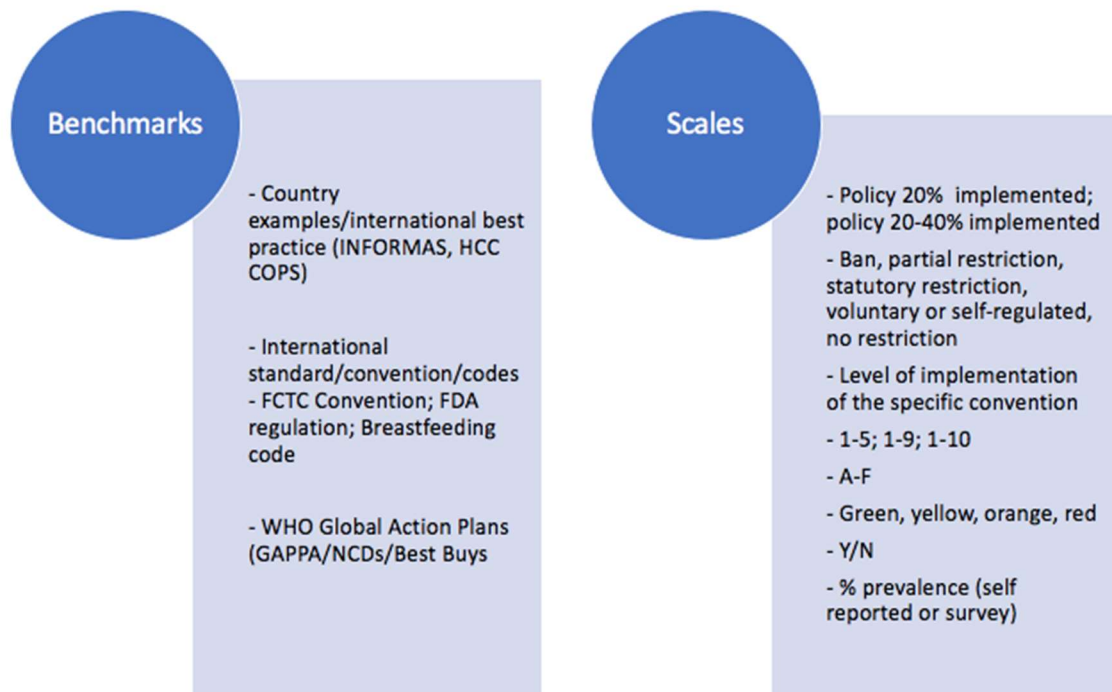
#### *List of policy indexes reviewed*

- [WHO Global status report on alcohol and health](#)
- [Global Progress Report on implementation of the WHO Framework Convention on Tobacco Control](#)
- [WHO Global Breastfeeding scorecard](#)
- [Australian obesity benchmarking tool \(diet and PA\) developed by J Martin](#)

- [Access to Nutrition index](#)
- [GoPA! \(Global Observatory for Physical Activity\) country cards](#)
- [Bicycling and walking in US 2014/2016 Benchmarking Report \(Alliance for Biking and Walking\)](#)
- [US Report on Tobacco Control](#)
- [WHO EURO Physical Activity fact sheets](#)
- [Active Healthy Kids Alliance – Global Matrix 3.0](#)
- [HCC Childhood Obesity Prevention Scorecard \(COPS\)](#)
- [INFORMAS FOOD EPI](#)
- [HEPA PAT \(not a benchmark tool\)](#)
- [WHO Global Action Plan on Physical Activity \(monitoring and evaluation\)](#)

Appendix 1 outlines a summary of the key features of the policy indexes reviewed.

Figure 5: Summary of policy indexes



## 2. Prototyping

After researching various international policy indexes, four nutrition prototypes were developed (based on the NOURISHING framework policy areas) to explore the level of complexity required, starting from very simple to complex.

The purpose of developing different prototypes was to explore a number of methodologies and approaches to benchmarking policies to ascertain what index would be appropriate for the purposes of CO-CREATE. It was a light touch exercise designed to understand the types of mechanisms within a range of benchmarking tools and stimulate discussion amongst the policy experts about how the policy index should be developed.

An exploration of different indicators and metrics was necessary to give a better understanding of what would ensure the development of a robust rating exercise. It was important to ascertain the right level of detail in the coding scheme to provide enough range in the index results to see variations between the countries. This is important as the index results will be used in WP3 to carry out analysis with obesity prevalence data to explore any associations between policy environments and obesity rates. At the same time, it was important to scope the feasibility of different prototypes and the intensity and resource requirements demanded by each prototype.

The four prototypes were developed with varying ranges of complexity, starting from very simple to complex. Each prototype had its strengths and limitations. A balance was needed between feasibility and the robustness of the results, but also generate variability between country rankings. The prototypes were also evaluated against obesity and overweight prevalence data as another method to assess their rigour.

Details of each prototype are as follows:

Prototype 1 (most simple)	
<b>Benchmark</b>	Do the test countries have a policy under <b>any letter in NOURISHING</b> policy database
<b>Scoring/scale</b>	Y (green box) if yes. N (orange box) if no.
<b>Results</b>	Simple addition of yes scores

### Prototype 2 (more detailed)

<b>Benchmark</b>	Do the countries have a policy listed under each of the <b>sub-policy areas</b> in the NOURISHING database
<b>Scoring/scale</b>	Y (green box) if yes. N (orange box) if no
<b>Results</b>	Simple addition of yes scores

- NB – sub policies were analysed for completeness and some were amalgamated where they were similar

Prototype 3 (more complex)	
<b>Benchmark</b>	No policy; voluntary policy; mandatory policy
<b>Scoring/scale</b>	No policy – 0; voluntary policy - 1; mandatory policy – 2 (3 point Likert scale)
<b>Results</b>	Addition of overall scores create ranking

Prototype 4 (most complex)	
<b>Benchmark</b>	<p>Each sub-policy area given a score out of 5. Benchmark is policy specific, so the attributes of an aspirational good practice policy is scored - for example:</p> <p><i>Nutrient lists on back of packet:</i></p> <p>0 None</p> <p>1 voluntary [with guidelines for &lt;5 nutrients]</p> <p>2 voluntary with guidelines for &gt;5 nutrients</p> <p>3 mandatory [&lt;5 required nutrients]</p> <p>4 mandatory [&gt;5 required nutrients]</p>

<b>Scoring/scale</b>	Scale 0 – 4 (5 point Likert scale)
<b>Results</b>	Scores of each country added together to get ranking

These prototypes were then tested on policies from seven countries:

- Denmark
- Finland
- France
- Italy
- Latvia
- Spain
- UK

The results were prepared and presented at a conception workshop held between the different work packages. This will be discussed in the next section.

### 3. Conception workshop

A conception workshop was convened in August 2018 with key stakeholders from different Work Packages in the CO-CREATE project. Attendees included Knut-Inge Klepp (WP1), Arnfinn Helleve (WP3), Tim Lobstein (WP9), Matt Pretty (WP9), Therese Bakke (WP1), Bryony Sinclair (WP2), Fiona Sing (WP2) and Louise Meincke (WP2).

The workshop discussed the research on international policy indexes and the four prototype policy indexes developed by WCRF International. The details of the prototypes were interrogated to see which was the most appropriate for CO-CREATE. The main criteria were to ensure a balance between feasibility and creating enough variation between the countries to provide meaningful data for the analysis carried out by Work Package 3 (such as assessing the rankings against prevalence data to look for associations between policy environments and obesity rates).

Prototype 1 was considered too simple and not an accurate depiction of the policy environment of those countries. The main limitation of the prototype was that it did not provide any indication on the quality of the policies implemented. The metrics did not differentiate between voluntary and mandatory; consequently, voluntary policies could score the same ranking as a more robust mandatory policy. For example, Denmark and Spain received the same ranking but had very different obesity and overweight prevalence rates. This intimated that more sophisticated metrics were needed to interrogate the policy action further.

Prototype 2 added in an extra layer of complexity, but again was considered too simple to give detailed information about the attributes of the policy action. The metric in Prototype 2 did not



provide significant differentiation in the scores of each country. Again, the main limitation of the prototype was that the metric did not provide enough detail to generate conclusive findings on the quality of the policies implemented. Similar to Prototype 1, voluntary policies could score the same ranking as a more robust mandatory policy. Therefore, it was decided that more detailed metrics were needed to interrogate the policy actions.

The consensus of the participants at the workshop was that Prototype 1 and 2 should be eliminated from the discussion as they were overly simplistic and didn't give robust results.

Prototype 3 and 4 were considered to be more robust and provided more interrogation of the attributes of the policies. However, it was decided that Prototype 3 was again too simplistic, as certain attributes of the policy design could not be added to the scale beyond whether the policy was voluntary or mandatory. There was also discussion that a voluntary policy can be more robust than a mandatory policy if designed more in line with international guidance and peer-reviewed literature on the evidence of effect. Further, similar results were found to Prototype 1 and 2 despite the scale having added levels of complexity and there was still not a large variation in the scores apart from UK.

However, at the conception workshop, Prototype 4 was considered to be too detailed to feasibly attain for every indicator. It was the consensus of participants that the level of detail generated by Prototype 4 may not be necessary for the purposes of the project. Therefore, a mixture of the attributes of Prototypes 3 and Prototypes 4 would be more appropriate.

An agreement was made that some of the policy indicators could have a scale of none, voluntary, mandatory. It was also agreed that some indicators could include more detail regarding the attributes of the policy design, such as the type of front of pack label or the level of a health tax because there is robust enough evidence in the peer reviewed literature and international consensus to corroborate those findings. The group created a new 3.5 prototype and an additional ranking exercise was carried out after the workshop (results in table below).

The prototyping exercise was a helpful starting point to generate discussions amongst the policy and stimulate new thinking on the development of the policy indexes. It was also acknowledged that the prototyping exercise had its limitations.

First, the data used was from the NOURISHING policy database, (which is not a comprehensive and exhaustive database), and the data per country may not contain all relevant policies from a country which may affect its overall ranking.

Second, an average of the COSI and HBSC data was taken to rank prevalence, which was done as a simple exercise for the sake of comparison, not as a rigorous statistical analysis.

Third, for four of the five prototypes, the sub policy areas of NOURISHING were used as the benchmark, however, this reflects the implemented policy space as it currently exists, not an aspirational list of indicators that would be identified during the development of the policy index.

**Figure 6: Results from the pilot testing of the initial NOURISHING prototyping**

Rank (lowest points to highest)	Prototype 1	Prototype 2	Prototype 3	Prototype 3.5	Prototype 4	Overweight and Obesity prevalence rates ranked lowest to highest (average of COSI and HBSC)
1	Italy	Italy	Italy	Italy	Italy	Denmark
2	Latvia	Denmark	Denmark	Denmark	Denmark	France
3	Spain, Denmark	Spain, Latvia,	Spain	Spain	Spain	England (not UK)
4	France	Finland	France	Latvia	Finland	Latvia
5	Finland	France	Latvia, Finland	France	Latvia	Finland
6	UK	UK	UK	Finland	France	Italy
7				UK	UK	Spain

#### 4. Consultation process

##### NOURISHING policy index

Following the conception workshop (August 2018), a policy index was developed specifically for NOURISHING policy actions using the concept of “policy index 3.5”. The draft policy index was then shared for review with a select group of experts along with a consultation document (NOURISHING consultation 1).

Following this round of review, a second version of the NOURISHING policy index was developed and shared with the experts ahead of the Expert meeting (D2.7 February 2019 - London) (discussed below) for feedback (NOURISHING consultation 2). The NOURISHING policy index was refined following these comments and shared with the experts ahead of the Expert meeting (D2.7).



At the Expert meeting (D2.7), another round of amendments was collected and the tool further refined (discussed below) (NOURISHING consultation 3). Please [see section 5](#) below for more information.

Finally, the final draft of the policy index was shared with experts and comments received to finalise the tool (NOURISHING consultation 4).

A list of the experts consulted is in **Appendix 2** and the consultation documents shared with experts ahead of the Expert meeting (D2.7) is in **Appendix 3**.

### MOVING policy index

Following the conception workshop (August 2018), a policy index was developed for MOVING based on the identified sub-policy areas (see **Appendix 4** for list of draft sub-policy areas). It was then shared with a small sub-group of experts to ensure the right benchmarks and coding scheme had been selected (MOVING consultation 1).

After this initial consultation with the sub-group of experts, the MOVING policy index was developed. It was shared for consultation with an accompanying consultation document with a wider group of physical activity policy experts (MOVING consultation 2).

Following this round of review, a second version of the MOVING policy index was developed and sent to a group of experts ahead of the Expert meeting (D2.7 February 2019 - London) (discussed below) for their feedback (MOVING consultation 3). The policy index was refined following these comments and shared with the experts ahead of the Expert meeting (D2.7).

At the Expert meeting (D2.7), another round of amendments was collected and the policy index further refined (discussed below) (MOVING consultation 4).

Finally, the final draft of the policy index was shared with experts and comments received to finalise the tool (MOVING consultation 5).

A list of the experts consulted is in **Appendix 2** and the consultation document shared with experts ahead of the Expert meeting is in **Appendix 3**.

## 5. Expert meeting (D2.7)

The Expert meeting was held on February 20<sup>th</sup> and 21<sup>st</sup> 2019 in London (D2.7). The aim of the meeting, in accordance with the Grant Agreement, was to “engage an external group of experts and youth representatives to develop and validate criteria for benchmarking policies and to develop policy indices for assessing adolescent-relevant ‘policy status’ of a country in the areas of promoting healthy diets and physical activity.”



All of the participants at the Expert meeting had already been consulted on the draft versions of the NOURISHING and MOVING policy indexes (as outlined above) and provided feedback as part of the development process.

During the meeting, each benchmark, indicator and coding scheme of the NOURISHING and MOVING policy indexes were discussed, with day 1 dedicated to the MOVING policy index, and day 2 dedicated to the NOURISHING policy index. Feedback was received for all areas of the policy indexes. Consequently, each indicator and coding scheme were debated and amended in accordance with group consensus.

The Consultation document shared ahead of the Expert Meeting is in **Appendix 3**.

## Results – The NOURISHING and MOVING Policy Indexes (D2.8)

### Description of the Policy Indexes

#### Overarching principles

During the development process a number of key principles of the policy indexes were developed which are outlined as follows:

##### *Adolescent relevant but taking a systems approach*

The policy indexes are measuring the overall *adolescent-relevant “policy status”* of up to 38 European countries. Adolescents have been defined as **aged 10-19** for the purposes of Work Package 2, in line with the age range used across the CO-CREATE project.

Based on our research and consultations, a broad view on the definition of “adolescent-relevant” was taken. This is because our research shows that the physical activity and nutrition policies included respond to and alter the wider environments which directly and indirectly impacts adolescents. This is also reflective of a systems approach. For example, improving the urban design of a city will be relevant to adolescents even if the policy action appears to be directly aimed at adults or the wider environment adolescents live in. However, some policy actions may be more relevant than others for adolescent health and wellbeing and additional “values” in the scale have been included where countries should rate better than other countries as they have designed physical activity policies that account for or focus on adolescents.

##### *Policy actions*

Both policy indexes rely on the definition of policy action outlined on [page 10](#). This creates a defined scope which constitutes an eligibility criterion for the purposes of the index.

Whilst policy can be at a national, regional, provincial/territorial or local level, only national policies are included in the NOURISHING/MOVING databases (Methods document D2.3).

##### *Implemented policies*

Both policy indexes focus on ‘implemented policy’, meaning that they must be in effect or passed into law or officially published. Policies that are still in the policy development process will not be considered. For example, draft policies, policies under consultation, action plans discussing strategy around implementing policies or statements by politicians that certain policies will be enacted do not fall within ‘implemented’ policies. The definition of implemented policies has posed some challenges - see the [Challenges and limitations](#) section.

### *National level only*

The policies that will be assessed will be those at national level, not sub national level. However, it is acknowledged that policy actions are often devolved to regional or local governments. The focus on national policy which will be a limitation due to scope and feasibility of the project. For a discussion on the challenges of this principle see the [Challenges and limitations](#) section.

### *Good practice (aspirational) not best practice*

The MOVING and NOURISHING policy indexes are designed to set an aspirational benchmark for the most effective nutrition and physical activity policies, based on expert opinion and peer-reviewed literature regarding the evidence of effect. It is possible that some policy indicators outlined in the policy indexes are not currently implemented by any government, but through expert consultation, the most practical aspirational policy options were developed to create a robust and comprehensive benchmark.

NB: it is acknowledged that certain populations are more vulnerable to being exposed to food and physical environments that are not conducive to living a healthy lifestyle. Certain indicators in the policy index that relate to the food environment include values in the coding scheme that account for the need for policy actions to target these populations specifically (i.e. N6.2 and N6.3).

### *A comprehensive package of policies*

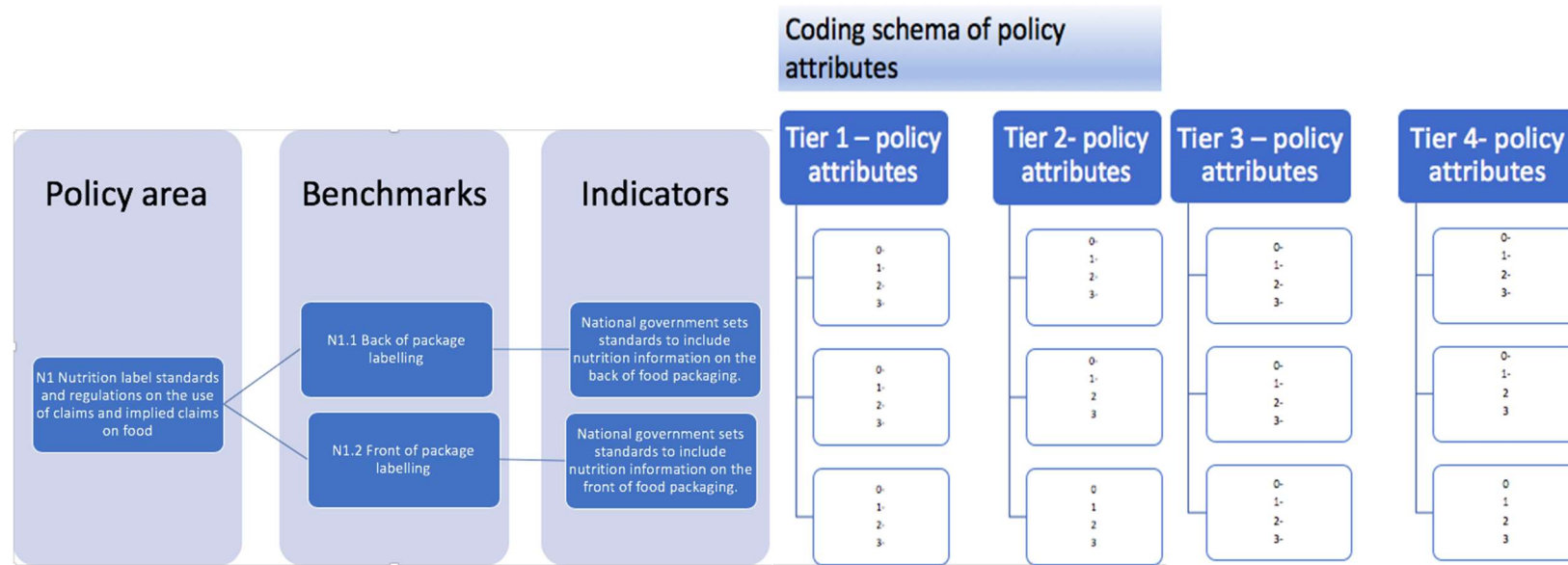
The policy indexes and indicators present a suite of policy options and do not represent a hierarchy of desired or preferable policy options. The order of the indicators does not indicate their level of importance in the policy index, or their level of effectiveness.

## Policy Index

The policy index (in accompanying excel document D2.8 MOVING and NOURISHING Policy Index spreadsheet) sets out **policy areas, benchmarks, indicators** and the **coding scheme including values** to be used in both the MOVING policy index and the NOURISHING policy index.

## Diagram of Policy Index

**Figure 7:** Policy Index



## The Policy Indexes

The Policy indexes are comprised of four elements:

1. Policy areas
2. Benchmarks
3. Indicators
4. Coding scheme and values.

### 1. Policy area

The policy areas in the policy index are taken from the MOVING and NOURISHING policy frameworks.

### 2. Benchmarks

Policy areas are divided into a number of benchmarks agreed through consultation (outlined above). The benchmark is designed to be aspirational and should include all policy benchmarks considered good practice based on expert opinion and peer-reviewed literature regarding the evidence of effect regardless of whether a(ny) country has implemented the policy as yet.

### 3. Indicators

For each benchmark there is an associated policy indicator. This indicator captures the government action. As only national-level policies are collected and analysed (in line with the scope of the frameworks), the policy action that is being measured needs to be an action taken by the responsible national government department (for example the Ministry of Health; Education; Finance; Transport; Environment).

The most accurate description of the national level government’s role is also captured. After the Expert meeting (D2.7) the majority of the indicators were changed to say the “National government **supports X**” policy action. For example, the indicators state that a national government “**supports**”, - for a particular policy action.

The level of support provided is then graded using the coding scheme. It was also decided that the type of action that the government takes, whether it be setting standards, developing guidelines or introducing regulations, should be part of the coding scheme. This approach allows for a broad range of actions across governments. The policy action is bolded in each indicator.

### Indicators for the Moving Policy Index

Policy area	Benchmark	Indicator
M1.1	<b>Programmes and initiatives to increase physical activity in and/or outside of classrooms</b>	National government <b>supports</b> a national programme to promote physical activity to children and adolescents during school hours.



M1.2	Programmes and initiatives to increase physical activity outside of school hours	National government <b>supports</b> national programmes to promote physical activity to children and adolescents outside of school hours.
M1.3	Programmes/initiatives promoting active transport to and from school	National government <b>supports</b> active transport to and from school for schools
M1.4	Community initiatives	National government <b>supports</b> community level initiatives that promote physical activity.
M1.5	Mass participation initiatives	National government <b>supports</b> a mass participation initiative that promotes physical activity.
M1.6	Financial incentives for individuals to promote physical activity.	National government <b>supports</b> financial incentives for individuals to promote physical activity.
M1.7	Programmes promoting/supporting physical activity	National government <b>supports</b> programmes promoting physical activity
M2.1	Pre- and in-service training on PA within health care	National government <b>supports</b> the inclusion of the importance of physical activity for health and the role of the health care industry in physical activity promotion in the pre- and in-service training for health professionals.
M2.2	Pre- and in-service training on PA for relevant professions outside of healthcare (educators, architects, planners, transport engineers/planners, landscape architects, park and recreation professionals etc.)	National government <b>supports</b> the inclusion of the importance of physical activity for health and the role of the relevant industry in physical activity promotion in the pre- and in-service training for non-health care professionals.
M3.1	Active design guidelines and regulations for buildings that prioritise equitable, safe, and universal access by all, that encourage occupants to be physically active.	National government <b>supports</b> design guidelines and/or regulations for buildings that encourage physical activity
M3.2	Active design guidelines and regulations for outside of buildings that prioritise equitable, safe, and universal access by all, that encourage people to be physically active.	National government <b>supports</b> design guidelines and regulations for the outside of buildings that encourage physical activity
M3.3	Active design guidelines for open/green spaces	National government <b>supports</b> the facilitation of open/green space that encourages physical activity
M4.1	Walking and cycling infrastructure	National government <b>supports</b> the incorporation of walking and cycling infrastructure in urban, rural and transport plans

M4.2	Public transport	National government <b>supports</b> the increased provision of public transport
M4.3	Integrated urban design and land-use policies prioritising compact, mixed-land use.	National government <b>supports</b> prioritising integrated urban design and mixed land-use policies prioritising compact, mixed-land use in urban, rural and transport plans.
M4.4	Access to public open space and green spaces	National government <b>supports</b> increasing access to public open space and green spaces in urban, rural and transport plans
M4.5	Road safety actions including safety of pedestrians, cyclists etc.	National government <b>supports</b> increasing road safety actions to protect pedestrians, cyclists etc.
M5.1	Public awareness, mass media and informational campaigns and social marketing promoting physical activity.	National government <b>supports</b> a public information campaign promoting physical activity.
M5.2	Develop and communicate physical activity guidelines	National government <b>develops and communicates</b> physical activity guidelines
M6.1	Physical education in schools	National government <b>supports</b> schools to include physical education in school curricula
M6.2	Primary care (assessment, counselling and PA prescriptions)	National government <b>supports</b> the inclusion of PA counselling, assessment and PA prescriptions in primary care
M6.3	Health care and outpatient settings	National government <b>supports</b> the inclusion of PA counselling, assessment and PA prescriptions in health care and outpatient settings

### Indicators for the NOURISHING Policy Index

	Benchmark	Indicator
N1.1	Nutrient lists on back of packet	National government <b>sets standards</b> to include nutrition information on the back of food packaging.
N1.2	Front of pack labels	National government <b>sets standards</b> to include nutrition information on the front of food packaging.

N1.3	<b>Calorie and nutrient labelling on menus and displays in out of home restaurants/ warning labels on menus and displays in out of home restaurants</b>	National government <b>supports</b> including calorie and nutrient labelling on menus and displays in quick service restaurants/warning labels on menus in out-of-home/quick service venues.
N1.4	<b>Rules on nutrient claims (ie nutrient content and nutrient comparative claims)</b>	National government <b>set standards</b> on nutrient claims displayed on food.
N1.5	<b>Rules on health claims (ie nutrient function and disease risk reduction claims)</b>	National government <b>sets rules</b> on health claims displayed on food.
N2.1	<b>Measures relating to food and drink available in schools, including restrictions on unhealthy foods</b>	National government <b>supports</b> measures relating to food and drink available in all schools, including restrictions on unhealthy foods.
N2.2	<b>Measures relating to sugar sweetened beverage provision in schools</b>	National government <b>supports</b> ban on sugar sweetened beverages available in schools
N2.3	<b>Fruit &amp; vegetable initiatives in schools</b>	National government <b>supports</b> initiatives for schools to implement fruit and vegetable initiatives.
N2.4	<b>Measures for food and drink available in immediate vicinity of schools</b>	National government <b>supports</b> restricting unhealthy food and drink available in immediate vicinity of schools.
N2.5	<b>Measures restricting unhealthy food in out-of-education locations</b>	National government <b>supports</b> restrictions of unhealthy food in out-of-education locations.
N3.1	<b>Health-related food taxes or tariffs</b>	National government <b>has introduced</b> health-related food taxes or tariffs.
N3.2	<b>Income related subsidies or initiatives to increase affordability and accessibility of healthy food</b>	National government <b>has introduced</b> income related subsidies or initiatives to increase accessibility and affordability of healthy food.
N3.3	<b>Targeted subsidies or initiatives to increase affordability and accessibility of healthy food</b>	National government <b>has introduced</b> targeted subsidies or initiatives to increase accessibility and affordability of healthy food.
N4.1	<b>Restriction of exposure to unhealthy food and beverage marketing to young people through advertisements</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverage to adolescents through <i>advertising</i>
N4.2	<b>Restriction of exposure to food and beverage marketing to young people through direct marketing</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverage to adolescents through <i>direct marketing</i> .

N4.3	<b>Restriction of exposure to food and beverage marketing through sponsorship to young people</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverage to adolescents through <i>sponsorship</i> .
N4.4	<b>Restriction of exposure to food and beverage marketing to young people through point of sale measures</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverages to adolescents at <i>point of sale</i>
N4.5	<b>Restriction of exposure to food and beverage marketing to young people through product design and packaging</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverages to adolescents through <i>product design and packaging</i>
N4.6	<b>Restriction of food marketing in/or around schools</b>	National government <b>has introduced</b> restrictions on exposure and power of promotion of unhealthy food and beverages to adolescents in/or around schools.
N5.1	<b>Limits or removal of specific nutrients in food products</b>	National government <b>introduces</b> limits or reduction targets on specific nutrients of concern in food products.
N6.1	<b>Planning restrictions regarding food service outlets around schools</b>	National government <b>supports</b> planning restrictions reducing unhealthy food environments and increasing healthy retail and food service environments in immediate vicinity of schools.
N6.2	<b>Planning restrictions on food service outlets</b>	National government <b>supports</b> planning restrictions reducing unhealthy food environments and increasing healthy retail and food service environment (other than around schools N6.1)
N6.3	<b>Initiatives to increase the availability of healthier food in stores and food service outlets</b>	National government <b>supports</b> initiatives to increase the availability of healthier food in stores and food service outlets.
N7.1	<b>Measures to support food producers to increase healthy food and decrease unhealthy food in the supply chain</b>	National government <b>supports</b> producers to increase healthy food production and decrease unhealthy food production
N7.2	<b>Measures to support food manufacturers to increase healthy food and decrease unhealthy food in the supply chain</b>	National government <b>supports</b> manufacturers to increase healthy food production and decrease unhealthy food production
N7.3	<b>Measures to support food retailers to increase healthy food and decrease unhealthy food in the supply chain</b>	National government <b>supports</b> retailers to increase healthy food provision and decrease unhealthy food provision

N7.4	<b>Governance structures for multi- sectoral/stakeholder engagement</b>	National government has <b>created</b> a multi-sectoral group to facilitate policy coherence.
N7.5	<b>Nutrition standards for public procurement</b>	National government <b>sets nutrition standards</b> for procurement of healthy food in public facilities.
N7.6	<b>Supporting urban agriculture in health and planning policies</b>	National government <b>supports</b> urban agriculture in health and planning policy development.
N7.7	<b>Community food production</b>	National government <b>supports</b> community food production of healthy food.
N8.1	<b>Development and communication of food-based dietary guidelines</b>	National government <b>sets</b> food -based dietary <b>guidelines</b> .
N8.2	<b>Public awareness, mass media and informational campaigns and social marketing on healthy eating</b>	National government <b>supports</b> a public information campaign on healthy eating.
N9.1	<b>Nutrition advice and counselling in primary care</b>	National government <b>sets guidelines</b> to include nutrition advice and counselling in primary care.
N9.2	<b>Nutrition advice and counselling in school health care setting</b>	National government <b>sets guidelines</b> to include nutrition advice and counselling in school health care.
N10.1	<b>Nutrition education in curricula</b>	National government <b>supports</b> schools including nutrition education in school curricula.
N10.2	<b>Training for educators</b>	National government <b>supports</b> the inclusion of the importance of nutrition for health and the role of the educators in core curriculum.
N10.3	<b>Training for health professionals</b>	National government <b>supports</b> the inclusion of the importance of nutrition for health and the role of the health care professionals in core curriculum.
N10.4	<b>Cooking skills</b>	National government <b>supports</b> schools including cooking skills in school curricula.
N10.5	<b>Training in schools in growing food</b>	National government <b>supports</b> schools to include training in growing food.

N10.6	Training for caterers	National government <b>supports</b> training caterers in schools and publicly funded establishments in nutrition.
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#### 4. Coding scheme and values

From our research of the physical activity and nutrition policy landscape, other policy index scales, and the discussion at the Expert meeting, a coding scheme for each indicator, with four tiers of values that contributes to the overall score or rating, was chosen. The coding scheme has been reviewed in multiple rounds of consultation with policy specialists to ensure the scheme is based on best available evidence and internationally recognised benchmarks such as Codex for labelling or WHO guidelines where relevant and appropriate.

Policies will be graded using a coding scheme, allocating values in each tier. The coding scheme introduces values for the best practice and aspirational physical activity and nutrition policy based on evidence. In the coding scheme, where appropriate, additional values have been attributed where policies target or focus on adolescents. For the MOVING index, additional values were added for considering the most vulnerable populations and people of all abilities, following the WHO Global Action Plan on Physical Activity, which identified these populations in their policy recommendations.

One of the main challenges with the physical activity policy index is that, despite researching and consulting experts, concrete evidence on the most effective attribute of a policy was not always available as this is still an emerging area. For example, it is unclear what the optimal length of a mass media campaign is or what the specific requirements for cycling infrastructure policy are. The evidence base of effective policies is still growing for physical activity, and is less developed than for nutrition. However, in some instances, the evidence base for the most aspirational nutrition policy design is also unclear, such as the optimal length of a mass communication campaign.

Based on feedback during consultation, an expert and a CO-CREATE steering group committee member advised to add another tier to the coding scheme for the MOVING index to measure whether enforcement, funding and monitoring had been expressly mentioned in the policy document. This was to help counter the issues encountered regarding physical activity as to whether a policy would in fact be implemented, enforced and sustained.

To ensure the policy indexes were aligned, an identical tier in the coding scheme for the NOURISHING policy index was added to also measure enforcement mechanisms and funding.



## 5. Technical notes

When reviewing the policy indexes with experts, it was felt necessary to have supporting technical notes (in a separate column to the right) to ensure consistency in approach and understanding. These notes will be added to the policy indexes as a codebook is drafted in conjunction with WP3.

Initial notes have been added but will be supplemented as the code book is developed and as the index is used.

## Discussion

### Strengths of the Policy Indexes

1. The MOVING and NOURISHING policy indexes have a number of strengths. Firstly, benchmarking countries against an aspirational good practice policy index created by experts can hold countries to a higher standard. Instead of benchmarking countries against 'best practice' (policies already in place globally i.e. the INFORMAS Food EPI model), a series of indicators and policy attributes of the most effective policy is developed, creating a high benchmark from which countries can be compared.
2. The policy indexes also have the benefits of being more light touch to carry out than other indexes, without compromising the quality and depth of the results. Furthermore, they do not require large input from countries and can be relatively quickly carried out.
3. The ability to compare across countries is a novel approach compared to the INFORMAS Food EPI or HEPA PAT tool, which both generate results that are less easy to compare because of the nature and style of the index.
4. The benchmarking exercise is objective as the policy data collected and the rating analysis is carried out by external analysts and not governments themselves, which can reduce self-reporting bias.

### Challenges and limitations

#### *General challenges*

1. Only national policies will be indexed, which excludes sub-national and local policies. Preliminary results from the policy scans have shown that excluding sub-national policies may be a limitation, especially in physical activity (as many policy actions are devolved to sub national governing bodies and are grounded in a geographical location). Due to the scope and feasibility of the project at this time, the policy index needs to be maintained at a national level; however, it is an area that should be revisited in the future.
2. The indexes provide a list of indicators but do not infer any hierarchy or preferred policy option in the indicator list. This was identified as shortcoming in the consultation and development phase. However, once the data is collected and the rating analysis work is able to be piloted, developing a weighting protocol will be considered.
3. Furthermore, the scoring across the tiers will generate a wide range of values that will not be directly comparable for the index. For example, MOVING indicator M1.1 may generate a maximum score of 9, whereas M6.1 may generate a maximum score of 10. It is



acknowledged that further steps of analysis will have to be taken to ensure there is comparability within the index.

4. The feasibility and scope of the project means that policies are only rated if they meet the definition of 'implemented policy'. The policy is not assessed as to whether it has been fully rolled out, if it received funding, is implemented in practice and whether it was effective. This is a limitation as while one country may have fully implemented their policy, another might have had issues with enforcement and in effect the policy is not implemented fully. The tool does not account for that, and rates the policy on its original design and content.

## NOURISHING

5. There was no consensus amongst the experts on dietary guidelines – as such the index does not refer to any international dietary guidelines or recommendations such as WHO.
6. The H policy area within NOURISHING (Harnessing the Supply Chain) is an underdeveloped area of nutrition policy and the policy levers are still unknown. Experts consulted separately on this issue confirmed that there is very little evidence to be able to concretely benchmark aspirational policy in this area. Consequently, there is not the same level of detail applied to this set of policy indicators.
7. There is an unclear evidence base on the appropriate distance a marketing restriction of HFSS foods should be from schools. The current average within existing international regulations is 100m from schools. However, there are other examples that have a higher barrier and as an aspirational benchmark it was decided that a larger barrier could be selected however there was insufficient evidence to categorically ascertain the best distance from schools (i.e. 200m or 250m). This can be revisited when more evidence emerges.
8. Given tax is a complicated policy area with the potential for multiple taxes to be introduced relating to different parts of the food system, experts advised allowing the rating to be repeated on the coding schema if a country has multiple taxes.
9. In some instances, the evidence base for the most aspirational nutrition policy design is also unclear, for example the optimal length of a mass communication campaign. Experts were consulted on these areas to confirm the evidence base was unclear, and their expert opinions on the appropriate coding scheme were included in the policy index.
10. A decision was taken to remove an indicator (N5.2 "National government introduces targets to increase specific nutrients in food products") because it was contentious for two reasons. First, there was concern it would create a 'health halo' whereby unhealthy food would be reformulated with healthful nutrients; however, this action would not create the overall aspirational health improvement in the food system – i.e. added protein to ultra-processed food instead of increasing fruit and vegetable production and consumption. Second, it was hard to find consensus on what nutrients should be included in such a list of "healthy"

nutrients as there does not seem to be international guidance on what universally needs to be added to a healthy diet, i.e. the evidence-base to include specific vitamins is limited.

## MOVING

11. The evidence base and research supporting policy related to increased physical activity is more limited compared to policies relating to nutrition and diet. As such, it is less clear as to what the key attributes of a policy are in driving increased physical activity.
12. The types of physical activity policy actions tend to be different to policy actions relating to nutrition (nutrition policy actions usually take on more of a mandatory and regulatory form than physical activity policy actions). Consequently, due to the type of physical activity policy action, it is sometimes more difficult to ascertain whether the policy action meets the criteria of 'implemented policy' as they may fall outside the definition (such as a plan or a strategy).
13. For M1.4 there is not strong evidence on what the best length of time for community programme. Hence the coding schema has a value if the policy mentions a 'defined period of time' but the aspirational defined period of time is not quantified. This could be updated as and when more evidence becomes available. The same applies for mass participation events M1.5 and M1.7.
12. While WHO physical activity guidelines exist, they were not used as a benchmark, as experts did not feel they were a relevant benchmark to use globally as contexts change i.e. social, climate, environmental, economic factors.

## Conclusion

The benchmarking tools have been extensively consulted on and world leading experts in nutrition policy, physical activity policy and benchmarking tools have advised on the tools and provided various rounds of feedback.

The next steps are to complete the policy scans to provide the data after which the analysis can be carried out and the rating exercise undertaken.

The need for revisions will be considered as more experience is gained from the scans and also as the policy field develops further (i.e. new policies will be added to the database or new policy actions emerge).

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## Appendix 1 - Summary of international policy indexes

Policy index	Indicators (relevant examples selected)	Scale
<a href="#">WHO Global status report on alcohol and health 2018</a>	<p>Legally binding regulations on alcohol advertising and/or on product placement;</p> <p>Excise tax on beer, wine, spirits;</p> <p>Legally binding regulations on product placement;</p> <p>Legally required health warning labels on alcohol advertisements and /or on alcohol containers (yes or no)</p>	<p>For alcohol advertising variable: Respondents were asked to indicate if there were any legally binding restrictions on alcohol advertising and, if so, what was the extent of the restriction. Possible responses were: ban, partial statutory restriction (specifically as it applies during a certain time of day or for a certain place, or to the content of events, programmes, magazines, films, etc.), voluntary or self-regulated (the alcoholic beverage industry follows its internal voluntary rules) or no restriction. If the response for any beverage type was that there was a ban or partial statutory restriction, then “yes” appears in the country profile. If the response was that there was voluntary or no restriction, then “no” appears.</p>
<a href="#">Global Progress Report on implementation of the WHO Framework Convention on Tobacco Control</a>	<p>Each countries progress in implementing /achieving each Article in the Convention is benchmarked. 152 key indicators i.e.</p> <p>Article 6</p> <ul style="list-style-type: none"> <li>• tax policies to reduce tobacco consumption implemented</li> </ul>	<p>Detailed questionnaire required to be filled out – with a majority of Y/N questions and some free text. Examples for Article 6 indicators include:</p> <p>Please provide a brief description of the progress made in implementing Article 6 (Price and tax measures to reduce the demand for tobacco) in the past two years or since submission of your last report.</p>



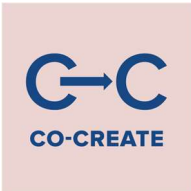
	<ul style="list-style-type: none"> <li>• sales to international travellers of tobacco products prohibited or restricted</li> </ul> <p>tobacco imports by international travellers prohibited or restricted</p>	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy</p>
<p><a href="#"><u>WHO Global Breastfeeding scorecard</u></a></p>	<p>Indicator is the status of implementation of the Code into legislation</p>	<p>Green: Full provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent WHA resolutions</p> <p>Yellow: Many provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many provisions of the Code and subsequent WHA resolutions</p> <p>Orange: Few provisions in law: countries have enacted legislation or adopted regulations, directives, decrees or other legally binding measures covering few of the provisions of the Code or subsequent WHA resolutions</p> <p>Red: No legal measures: countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures</p> <p>(includes countries that have drafted legislation but not enacted it</p>

<p>Australian benchmarking tool (diet and PA)</p> <p>Martin, J., Peeters, A., Honisett, S., Mavao, H., Swinburn, B., &amp; de Silva-Sanigorski, A. (2014). Benchmarking government action for obesity prevention—an innovative advocacy strategy. <i>Obesity research &amp; clinical practice</i>, 8(4), e388-e398.</p> <p>Chicago</p> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/25091361">https://www.ncbi.nlm.nih.gov/pubmed/25091361</a></p>	<p>Multiple indicators on diet and PA. For example:</p> <p>Reducing the commercial pressure on people, particularly children to consume high energy, nutrient poor products (for example)</p>	<p>0-9 0- No support for restrictions on marketing to children or sponsorship of children's organised activities, or traffic light or kilojoule type labelling;</p> <p>1-4 Support for restrictions on marketing to children or sponsorship of children's organised activities, or traffic light or kilojoule type labelling, although no legislation passed;</p> <p>5-6 Legislation passed or an articulated policy position for any kind of restrictions in relation to marketing in children's settings and media or promotions directed to children, or traffic light labelling or kilojoule labelling for chain fast food outlets, or restrictions on sponsorship of children's organised sports;</p> <p>7-8 Any implemented legislated restrictions in relation to marketing in children's settings and media or promotions directed to children, or traffic light labelling or kilojoule labelling for chain fast food outlets, or restrictions on sponsorship of children's organised sports;</p> <p>9- Fully implemented legislated restrictions on marketing in children's settings and media or promotions directed to children, or traffic light labelling or kilojoule labelling for chain fast food outlets, or restrictions on sponsorship of children's organised sports.</p>
<p><a href="#">Access to Nutrition index</a></p>	<p>Industry ranked against the following metrics</p> <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Governance</li> </ul>	<p>Each company is scored against all relevant indicators in the methodology. The top performance level on an indicator is ten points, with lower scores awarded on a sliding scale for lower levels of performance.</p>





	<ul style="list-style-type: none"> <li>• Products</li> <li>• Accessibility</li> <li>• Marketing</li> <li>• Lifestyles</li> <li>• Labelling</li> <li>• Engagement</li> <li>• Undernutrition</li> <li>• Product profile</li> <li>• Categories are weighted</li> </ul>	<p>For some indicators, a healthy multiplier and / or a geographic multiplier was applied, both ranging between 1 (no multiplier applied) and 2 (maximum multiplier applied). A healthy multiplier gives a higher weight to companies with a robust definition of healthy products and the geographic multiplier to reflect whether companies apply the same policies and practices across markets of operation or only in selected regions or their home markets.</p>
<p><a href="#"><u>GoPA! (Global Observatory for Physical Activity) country cards</u></a></p>	<p>Relevant policy related indicator:</p> <ul style="list-style-type: none"> <li>• National plan on PA - availability of plan</li> </ul>	<p>a - no clear plan, b - PA imbedded as part of NCD plan c - standalone PA plan</p>
<p><a href="#"><u>Bicycling and walking in US 2014/2016 Benchmarking Report (Alliance for Biking and Walking)</u></a></p>	<ul style="list-style-type: none"> <li>- City and state funding levels</li> <li>- Revenue generation for advocacy</li> <li>- Legislation</li> <li>- City and state policies</li> <li>- Bicycle and pedestrian master plans</li> <li>- Goals to increase bicycling and walking</li> <li>- Goals to increase safety</li> <li>- Bicycle Friendly Award</li> <li>- Walk Friendly Award</li> </ul>	<p>Yes or No per State. States then ranked against each other</p>



<p><a href="#">US Report on Tobacco Control</a></p> <p>"State of Tobacco Control"</p>	<p>The American Lung Association's "State of Tobacco Control" 2018 is a report card that evaluates state and federal tobacco control policies by comparing them against targets based on the most current, recognized criteria for effective tobacco control measures, and translating each state and the federal government's relative progress into a letter grade of "A" through "F." A grade of "A" is assigned for excellent tobacco control policies while an "F" indicates inadequate policies.</p>	<p>A - 18 to 20 Total Points; B - 16 to 17 Total Points; C - 14 to 15 Total Points; D - 12 to 13 Total Points; F - Under 12 Total Points</p> <p>Graphic Cigarette Warning Labels (4 points) Target is FDA requires large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs.</p> <p>+4 points: FDA requires large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs.</p> <p>+1 points: FDA proposes large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs.</p> <p>+0 points: No graphic warning label requirement is issued.</p>
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[WHO EURO Physical Activity fact sheets](#) – sample of relevant indicators

Benchmark	Indicator	Scale
6 National "Sport for All" policy or action plan	Does your country have established national HEPA promotion policies or action plans?	Y/N
8 Framework to support offers to increase access to exercise facilities for	Does a specific framework exist to support access to recreational or exercise facilities for socially	Y/N

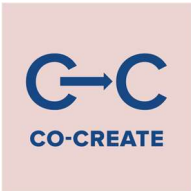
socially disadvantaged groups	disadvantaged groups in your country?	
11 Counselling on physical activity by health professionals	Does a programme or scheme to promote counselling on physical activity by health professionals exist in your country?	Y/N
13 Physical education in primary and secondary schools	What is the total number of hours of physical education per week provided in primary schools?	Y/N
14 Schemes for school-related physical activity promotion	Does your country have a national scheme for active school breaks (i.e. breaks between school lessons)?	Y/N
15 HEPA in training of physical education teachers	Is physical activity or HEPA a module of the curriculum of PE teachers at bachelor's and/or master's degree level?	Y/N
16 Schemes promoting active travel to school	Does a national scheme exist to promote active travel to school (e.g. walking buses, cycling)?	Y/N
17 Level of cycling and walking	Does your country have a national travel survey?	Y/N
12 Training on physical activity in the curriculum of health professionals	Is physical activity and health (health effects, determinants, effective interventions etc.) taught in a module of the curriculum of health	Y/N

	professionals e.g. nurses, doctors, physiotherapists etc?	
18 European guidelines for improving infrastructure for leisure-time physical activity	Are the “European Guidelines for Improving Infrastructures for Leisure-Time Physical Activity” applied systematically to develop leisure-time infrastructure?	Y/N
21 Schemes for community interventions to promote physical activity in older adults	Does a specific national scheme or programme for community interventions to promote physical activity in older adults exist in your country?	Y/N
23 National awareness raising campaign on physical activity	Does a clearly formulated, national campaign for physical activity education and public awareness raising exist?	Y/N: Additional questions asked - name of campaign; year of establishment; regularity of implementation; name of leading sector; expansion across the country; funding agency; annual budget

### Active Healthy Kids Alliance – Global Matrix 3.0

(3 examples of indicators)

Indicator	Definition	Benchmark
Government	Any governmental body with authority to influence physical activity opportunities or participation of children and	Evidence of leadership and commitment in providing physical activity opportunities for all children and youth.



	youth through policy, legislation or regulation.	<p>Allocated funds and resources for the implementation of physical activity promotion strategies and initiatives for all children and youth.</p> <p>Demonstrated progress through the key stages of public policy making (i.e., policy agenda, policy formation, policy implementation, policy evaluation and decisions about the future).</p>
Active Transportation	Active transportation refers to any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating or skateboarding.	% of children and youth who use active transportation to get to and from places (e.g., school, park, mall, friend’s house).
Community and Environment	Any policies or organizational factors (e.g., infrastructure, accountability for policy implementation) in the municipal environment that can influence the physical activity opportunities and participation of children and youth in this environment.	<p>% of children or parents who perceive their community/ municipality is doing a good job at promoting physical activity (e.g., variety, location, cost, quality).</p> <p>% of communities/municipalities that report they have policies promoting physical activity.</p> <p>% of communities/municipalities that report they have infrastructure (e.g., sidewalks, trails, paths, bike lanes) specifically geared toward promoting physical activity.</p> <p>% of children or parents who report having facilities, programs, parks and playgrounds available to them in their community.</p> <p>% of children or parents who report living in a safe neighbourhood where they can be physically active. % of children or parents who report having well-maintained facilities, parks</p>



		and playgrounds in their community that are safe to use.
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Grade	Interpretation
A+	94%-100%
A	We are succeeding with a large majority of children and youth (87%-93%)
A-	80%-86%
B+	74%-79%
B	We are succeeding with well over half of children and youth (67%-73%)
B-	60%-66%
C+	54%-59%
C	We are succeeding with about half of children and youth (47%-53%)
C-	40%-46%
D+	34%-39%
D	We are succeeding with less than half but some more children and youth (27%-33%)
D-	20%-26%

### HCC Childhood Obesity Prevention Scorecard (COPS)

Indicator	Metric
National NCD Commission or Equivalent	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
HCC COP Initiative	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
National policy, strategic plan or action plan on obesity	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Mandatory front-of-package nutrition labelling regulation	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Nutrition policy or guidelines for all schools	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Regulation banning the sale and marketing of SSBs and or all EDNP foods in and around all schools and provision of free drinking water	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Subsidies on local fruits and vegetables	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Regulation banning the marketing of unhealthy foods to children	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent

Regulation banning trans fats (legislative limit on trans fat)	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Taxes on Sugary Drinks (sugar sweetened beverages - SSBs)	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Regulation banning the sale and marketing of SSBs and or all EDNP foods in and around all schools and provision of free drinking water	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Subsidies on local fruits and vegetables	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Regulation banning the marketing of unhealthy foods to children	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
Regulation banning trans fats (legislative limit on trans fat)	Green –policy implemented/present; Orange – partially implemented/under development; Red – not implemented/absent
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### INFORMAS FOOD EPI

Benchmark	Indicators	Methodology
Best practice exemplars from countries worldwide. The benchmarks are	42 indicators Food composition	Country expert groups rate each indicator independently scores the current degree of





<p>selected based on their strength and comprehensiveness.</p>	<p>Food labelling                  Food promotion                  Food provision                  Food retail                  Food prices                  Food trade and investment                  (Infrastructure indicators not relevant)</p>	<p>implementation towards best practice for each indicator on a scale from 1 to 5.</p> <p>The meaning of the Likert scale is:</p> <p>1: &lt;20% implemented compared to international best practice</p> <p>2: 20-40% implemented compared to international best practice</p> <p>3: 40-60% implemented compared to international best practice</p> <p>4: 60-80% implemented compared to international best practice</p> <p>5: 80-100% implemented compared to international best practice</p> <p>The mean rating for each indicator is used to categorise the level of implementation against international best practice as ‘high’ (&gt; 75% implemented), ‘medium’ (51-75% implemented), ‘low’ (26-50% implemented) or ‘very little, if any’ (≤ 25% implemented). If there are any missing or ‘cannot rate’ ratings, these are not taken into account.</p>
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INFORMAS FOOD EPI policy indicators

**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)

COMP 1: 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 (trans fats and added sugars in processed foods, salt in bread, saturated fat in commercial frying fats)

COMP 2: Food composition targets/standards have been established for out-of-home meals in food service outlets 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 (trans fats, added sugars, salt, saturated fat)

## 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

LABEL 1: Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods

LABEL 2: Robust, evidence-based regulatory systems are in place for approving/reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims

LABEL 3: A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to all packaged foods

LABEL 4: A consistent, single, simple, 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

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>PRICES 1: Taxes or levies on healthy foods are minimised to encourage healthy food choices where possible (e.g. low or no sales tax, excise, value-added or import duties on fruit and vegetables)</p>
<p>PRICES 2: 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 where possible, and these taxes are reinvested to improve population health</p>
<p>PRICES 3: 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</p>
<p>PRICES 4: The government ensures that food-related income support programs are for healthy foods</p>
<p>5 FOOD PROVISION:</p> <p>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 policies</p>
<p>PROV 1: 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>PROV 2: 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, public procurement standards etc.) to provide and promote healthy food choices</p>
<p>PROV 3: 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</p>
<p>PROV 4: The Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces</p>



<p>6 FOOD IN RETAIL:</p> <p>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) and in-store (product placement)</p>
<p>RETAIL 1: Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities</p>
<p>RETAIL 2: Zoning laws and policies are robust enough and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables</p>
<p>RETAIL 3: 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</p>
<p>RETAIL 4: The government ensures existing support systems are in place to encourage food service outlets to increase the promotion and availability of healthy foods and to decrease the promotion and availability of unhealthy foods</p>

**HEPA PAT (not a benchmark tool)**– selected relevant questions

<p>6. Please describe any key past policy documents and past events that have led to the current context of HEPA promotion in your country. This might include legislation or recent policy documents that are now technically out of date (e.g. a previous national HEPA policy that may or may not have been extended), previous landmark legislation, or other documents such as scientific reports. Key events might include political changes, position statements or scientific events that have shaped the HEPA agenda</p>
<p>7. Please provide details (title, timeframe, issuing body) of the current key policy documents, legislation, strategies or action plans in your country, which outline government (and, where</p>

applicable, NGO) intention to increase national levels of physical activity (see Glossary for definitions of these terms).

10. In your country, are any mechanisms in place to ensure that the key policy documents listed in Question 7 are based on the best-available scientific evidence on HEPA?

For example, are specific mechanisms or agencies dedicated to reviewing evidence and ensuring that the latest evidence is used to inform national policy development? Do any formal committees or institutions exist that are responsible for reviewing evidence and providing guidance to national policy-making bodies, or any formal links between government and academic institutions for this purpose? If yes, please briefly describe these.

13. Considering all the key physical activity policy documents listed in Question 7, please indicate which settings are included for the delivery of specific HEPA actions.

Please only tick those settings in which dedicated programmes or interventions are foreseen or already under way.

Preschools/kindergarten	Sport and recreation
Primary schools	Transport
Secondary/high schools	Tourism
Colleges, universities	Environment
Primary health care	Urban design and planning
Clinical health care (e.g. hospitals)	Community
Workplace	
Older adult/senior services	

<p>14. Considering all the key physical activity policy documents listed in Question 7, please indicate which population groups are targeted by specific HEPA actions.</p> <p>Please only tick those groups for which dedicated programmes or interventions are foreseen or already under way.</p>	
Early years	Sedentary/the least active
Children/young people	People from groups with low socioeconomic status
Older adults	Families
Workforce/employees	Indigenous people
Women	Migrant populations
People with disabilities	General population
Clinical populations/chronic disease patients	
<p>15. Does your country have a current national communication strategy (using mass media) aimed at raising awareness and promoting physical activity?</p>	
<p>If yes, please provide details of the communication activities (e.g. posters, website, television or radio advertising, etc.) and whether these activities have a common branding or slogan (e.g. “Agita Sao Paulo” or “Find 30”).</p>	
<p>If no, has your country conducted any national communication activities in the past?</p>	

16. To illustrate the types of policy actions in your country, please provide one or two examples (if available) of large-scale (preferably national) programmes or interventions in each of the settings listed.	
Please provide a brief description of each programme or intervention (about 100 words, including, for example: name, lead organization, approach, participants, results.) and a source where further information can be obtained.	

[WHO Global Action Plan on Physical Activity \(monitoring and evaluation\)](#) framework (in discussion)

Indicator (sample)	Scale
Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.	Currently in discussion and confidential
Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for girls and boys, applying the principles of the whole-of-school approach in all pre-primary, primary, secondary and tertiary educational institutions, so as to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.	Currently in discussion and confidential
Implement regular mass participation initiatives in public spaces, engaging entire communities, to provide free access to enjoyable and affordable, socially- and culturally-appropriate experiences of physical activity.	Currently in discussion and confidential



<p>Indicators (sample)</p>
<p>Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the sectors of: transport, urban planning, education, tourism and recreation, sports and fitness, as well as in grassroots community groups and civil society organizations.</p>
<p>Strengthen the integration of urban and transport planning policies to prioritize the principles of compact, mixed-land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.</p>
<p>Improve the level of service<sup>1</sup> provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, and in alignment with other commitments</p>



## Appendix 2–List of experts consulted

Several rounds of consultation were undertaken with internal and external experts as outlined on [page 16](#).

Name	Affiliation	Consultations
Dr Adrian Bauman	Professor of Public Health, Sydney School of Public Health	MOVING Consultation 1,2,3, 5
Dr Mark Tremblay	Professor University of Ottawa, President Active Healthy Kids Global Alliance	MOVING Consultation 1,2,3, 4, 5
Dr Tarra Penney	Research Associate, The Centre for Diet and Activity Research, Cambridge University	NOURISHING consultation 4
Dr Tim Lobstein	Director of Policy, World Obesity Federation	NOURISHING consultation 1
Dr Sally Mackay	Research Fellow, INFORMAS Secretariat, University of Auckland	NOURISHING consultation 2
Dr Catherine Woods	Chair, Physical Activity for Health, University of Limerick, PEN project representative	MOVING Consultation 1,2,3, 4, 5
Dr James Sallis	Distinguished Professor Emeritus of Family Medicine and Public Health. University of California	MOVING Consultation 1,2,3, 5
Dr Knut Inge Klepp	Co-Leader of CO-CREATE; Executive Director of Norwegian Institute of Public Health	NOURISHING 1-4 and MOVING 1-5
Jo Jewell	WHO EURO Regional Office/ UNICEF	NOURISHING 2,3,4
Stephen Whiting	WHO EURO Regional Office – Physical activity	MOVING 2, 5

Dr Bill Bellew –	Professorial Fellow   Senior Advisor NCD Policy and Research   Sydney Medical School & Sydney School of Public Health	MOVING 2, 4
Kate Oldridge-Turner	WCRF Head of Policy and Public Affairs, leader of WP2 (May 2019 onwards)	MOVING 5 and NOURISHING 4
Dr Martin Wiseman	WCRF Medical and Scientific Advisor	NOURISHING 2,3
Dr Giota Mitrou	WCRF Director of Research	NOURISHING 2,3
Dr Kate Allen	WCRF Exec Director Science and Public Affairs	NOURISHING 2,3
Louise Meincke	WCRF former Head of Policy and Public Affairs (until April 2019)	NOURISHING 2,3
Katy Cooper	WCRF policy consultant	NOURISHING 2,3
Bryony Sinclair	WCRF former Policy and Public Affairs	
Maisha Hutton	Executive Director Healthy Caribbean Coalition	NOURISHING 2,3,4
Jessica Beagley	NCD Alliance – policy manager	NOURISHING 2,3
Dr Jo Salmon	Alfred Deakin Professor Co-Director, Institute for Physical Activity and Nutrition School of Exercise and Nutrition Sciences, Faculty of Health Fellow, Australian Academy of Health and Medical Sciences	MOVING 1,2
Justin Varney	Public Health England	MOVING 1,2

Dr Andrea Ramirez	Global Observatory for Physical Activity – GoPA! – Coordinator	MOVING 5
Dr Janas Harrington	Senior Lecturer   HRB Centre for Health & Diet Research   School of Public Health   University College Cork. PEN project representative	NOURISHING 3
Karoline Nylander	CO-CREATE member – representing youth organization Press	MOVING 3,4 AND NOURISHING 3
Dr Jonas Finger	Robert Koch Institute, Germany. PEN project representative	NOURISHING 3,4 AND MOVING 3,4,5
Dr Stefanie Vandevijvere	Honorary Senior Research Fellow Department of Epidemiology and Biostatistics School of Population Health The University of Auckland	NOURISHING 1,2,3,4
Paul Vos	Access to Nutrition	NOURISHING 2,3
Dr Arnfinn Helleve	Researcher, PhD, Centre for Evaluation of Public Health Measures Norwegian Institute of Public Health	MOVING AND NOURISHING 1-4 AND 1-5
Bojana Kepac Pogrmilovic	PhD Candidate at the Institute for Health and Sport Victoria University, Melbourne, Australia	MOVING 5

## Appendix 3– Consultation document shared with Expert meeting participants

### **NOURISHING and MOVING Benchmarking Tool**

#### **Expert meeting**

**London 20<sup>th</sup>- 21<sup>st</sup>February 2019**

#### ***Confidential preparatory briefing document***

##### Content:

Overview - purpose of expert meeting

Overview - work package 2 in the context of CO-CREATE

NOURISHING framework and policy database

MOVING framework and policy database

Policy scans

Benchmarking

- Deliverable
- Policy areas
- NOURISHING and MOVING benchmarks
- Indicators
- Scale
- Areas of discussion
- Draft NOURISHING and MOVING benchmarking tool

## Overview – purpose of Expert meeting

We are consulting on the policy benchmarking tool deliverable that WCRF International will produce as part of the CO-CREATE project for the EU Commission. WCRF International will develop a policy benchmarking tool for diet and for physical activity policy actions – building on the NOURISHING and MOVING policy frameworks.

This preparatory briefing document aims to equip participants attending the expert meeting hosted by WCRF International in London on 20 and 21 February 2019 with background information that will prepare the participants for the meeting's discussion. This briefing document discusses the consultation process that WCRF International has undertaken to date to develop the benchmarking tools and provides the latest version of the benchmarking tools with a series of outstanding discussion points that will be covered at the expert meeting.

Participants at the expert meeting have been consulted on the NOURISHING and/or MOVING benchmarking tool, depending on their area of expertise and interest, and provided feedback.

The aim of the expert meeting is:

*To develop and validate criteria for benchmarking policies and develop a policy index for assessing adolescent-relevant 'policy status' of European countries in the areas of promoting healthy diets and physical activity.*

To provide context for the development of the benchmarking tool we explain in more detail below Work Package 2 in the context of the CO-CREATE project. In particular we outline:

1. Policy frameworks: We outline the policy domains and policy action areas of the NOURISHING and MOVING frameworks as they are the foundation of the benchmarking tools.
2. Policy scans: We then briefly outline the aims and objectives of the global and European policy scans we will undertake across nutrition and physical activity. These scans will build on the current NOURISHING methodology for sourcing, verifying and including policies in the policy database. In particular, a comprehensive and systematic European policy scan will take place to identify national-level implemented nutrition and physical activity policies. The policies identified will be added to expand the existing NOURISHING policy database and to populate the developing MOVING policy database.
3. Benchmarking: Finally, we focus on the benchmarking tools which is the focus of the expert meeting. Here we expand on the two benchmarking tools that are being developed to rate each country's 'policy status' in the area of nutrition and physical activity, with an emphasis on 'youth friendly' policies (38 countries in scope TBC). Each benchmarking tool has been through various rounds of consultation already. The latest version of the benchmarks is provided for review, along with a list of outstanding discussion points where further analysis of an indicator or scale is required. The agenda for the expert meeting allocates time to discuss each indicator and scale in question, however in the interests of time we will aim to focus the discussion on those outstanding queries highlighted by the nutrition and physical activity experts in our consultation rounds.

## Overview of Work Package 2 in the context of CO-CREATE (led by WCRF International)

The CO-CREATE project brings together 14 research and advocacy organisations into 10 work packages to work with young people to create, inform and disseminate evidence-based policies that help prevent obesity. We aim to reduce childhood obesity and associated co-morbidities in Europe and the rest of the world. For more information go to [www.co-create.eu](http://www.co-create.eu).

The relevant steps for Work Package 2 and our partners Work Package 3 (led by Norwegian Institute of Public Health) are as follows:

### NOURISHING framework and policy database

WCRF International developed the NOURISHING framework to encourage *policy action* to promote healthy diets and reduce overweight, obesity and diet-related non-communicable diseases (NCDs). The NOURISHING framework recognises that policy action is needed across three domains: food environment, food system and behaviour change communication.

NOURISHING identifies ten areas for *policy action*. These ten ‘policy areas’ (one for each letter in NOURISHING) are action-oriented categories that package policy actions for end users.

Domain	Policy area	Sub-policy area
Food environment	Nutrition label standards and regulations on the use of claims and implied claims on foods	<ul style="list-style-type: none"> <li>• Mandatory nutrient lists on packaged food</li> <li>• Trans fats included in mandatory nutrient labels</li> <li>• Clearly visible ‘interpretative’ labels and warning label</li> <li>• On-shelf labelling</li> <li>• Calorie and nutrient labelling on menus and displays in out-of-home venues</li> <li>• Warning labels on menu and displays in out-of-home venues</li> <li>• Rules on nutrient claims (i.e. nutrient content and nutrient comparative claims)</li> <li>• Rules on health claims (i.e. nutrient function and disease risk reduction claims)</li> </ul>



	<p>Offer healthy food and set standards in public institutions and other specific settings</p>	<ul style="list-style-type: none"> <li>· Fruit and veg initiatives in schools</li> <li>· Mandatory standards for food available in schools, including restrictions on unhealthy food</li> <li>· Mandatory standards for food available in schools and in their immediate vicinity</li> <li>· Voluntary guidelines for food available in schools</li> <li>· Bans specific to vending machines in schools</li> <li>· Standards in social support programmes</li> <li>· Standards in other specific locations (e.g. health facilities, workplaces)</li> </ul>
	<p>Use economic tools to address food affordability and purchase incentives</p>	<ul style="list-style-type: none"> <li>· Health-related food taxes</li> <li>· Voluntary health-related food taxes</li> <li>· Increasing import tariffs on specified ‘unhealthy’ food</li> <li>· Lowering import tariffs on specified ‘healthy’ food</li> <li>· Targeted subsidies for healthy food</li> </ul>
	<p>Restrict food advertising and other forms of commercial promotion</p>	<ul style="list-style-type: none"> <li>· Mandatory regulation of broadcast food advertising to children</li> <li>· Mandatory regulation of food advertising on non-broadcast communications channels</li> <li>· Mandatory regulation of food advertising through any medium</li> <li>· Mandatory regulation of specific marketing techniques</li> <li>· Mandatory regulation of marketing of specific food items and beverage</li> <li>· Mandatory regulation of food marketing in schools</li> <li>· Mandatory requirement that ads must carry a health message or warning</li> <li>· Government engage with industry to develop self-regulation to restrict food marketing to children</li> <li>· Government support voluntary pledges developed by industry</li> </ul>



	<p>Improve nutritional quality of the whole food supply</p>	<ul style="list-style-type: none"><li>· Voluntary reformulation of food products</li><li>· Voluntary commitments to reduce portion sizes</li><li>· Mandatory limits on level of salt in food products</li><li>· Mandatory removal of trans fats in food products</li><li>· Limits on the availability of high-fat meat products</li><li>· Limits on the availability of high-sugar food products and beverages</li></ul>



	Set incentives and rules to create a healthy retail and food service environment	<ul style="list-style-type: none"> <li>• Incentives and rules for stores to locate in underserved neighbourhoods</li> <li>• Initiatives to increase the availability of healthier food in stores and food service outlets</li> <li>• Incentives and rules to reduce trans fat in food service outlets</li> <li>• Incentives and rules to offer healthy food options as a default in food service outlets</li> <li>• Incentives and rules to restrict SSB consumption</li> <li>• Incentives and rules to reduce salt in food service outlets</li> <li>• Planning restrictions on food outlets</li> </ul>
Food system	Harness supply chain and actions across sectors to ensure coherence with health	<ul style="list-style-type: none"> <li>• Working with food suppliers to provide healthier ingredients</li> <li>• Nutrition standards for public procurement</li> <li>• Public procurement through 'short' chains (e.g. local farmers)</li> <li>• Supply chain incentives for food production</li> <li>• Supporting urban agriculture in health and planning policies</li> <li>• Community food production</li> <li>• Governance structures for multi-sectoral/stakeholder engagement</li> </ul>
Behaviour change communication	Inform people about food and nutrition through public awareness	<ul style="list-style-type: none"> <li>• Development and communication of food-based dietary guidelines</li> <li>• Development and communication of guidelines for specific food groups</li> <li>• Public awareness, mass media and informational campaigns and social marketing on healthy eating</li> <li>• Public awareness campaigns specific to fruit and veg</li> <li>• Public awareness campaigns concerning specific unhealthy food and beverages</li> <li>• Public awareness campaigns concerning salt</li> </ul>



	<p>Nutrition advice and counselling in healthcare settings</p>	<ul style="list-style-type: none"> <li>Guidelines and progs to provide support in primary care to people who are overweight and obese</li> <li>Nutrition counselling in primary care</li> <li>Training for health professionals</li> </ul>
	<p>Give nutrition education and skills</p>	<ul style="list-style-type: none"> <li>Nutrition education on curricula</li> <li>Community-based nutrition education</li> <li>Cooking skills</li> <li>Initiatives to train schoolchildren on growing food</li> <li>Workplace or community health schemes</li> <li>Training for caterers and food service providers</li> </ul>

NOURISHING was developed to:

- Bring together a comprehensive package of policy actions to promote healthy eating that is applicable globally;
- Provide options within the framework that allow policymakers flexibility to shape a response suitable for their national context; and
- Establish a framework for reporting, categorising and monitoring policy actions around the world.

The NOURISHING framework is accompanied by a database of implemented government policy actions ([www.wcrf.org/NOURISHING](http://www.wcrf.org/NOURISHING)), which is regularly updated.

**MOVING framework and policy database**

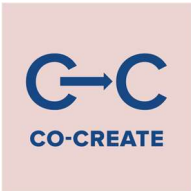
As part of the CO-CREATE project, WCRF International has developed a physical activity policy framework to compliment the NOURISHING framework. The MOVING physical activity policy framework (MOVING framework) is focused on physical activity policy actions and will be accompanied by a database of government implemented policy actions.

POLICY DOMAINS		POLICY AREAS
ACTIVE SOCIETIES	M	Make programmes, opportunities and initiatives that promote physical activity a priority

	O	Offer training in physical activity promotion across multiple professions
ACTIVE ENVIRONMENTS	V	Visualise and enact active design guidelines for structures and surroundings
	I	Implement urban, rural and transport plans that support active societies
ACTIVE PEOPLE	N	Normalise and increase physical activity through public communication that motivates and builds behaviour change skills
	G	Give physical activity education, assessment and counselling
ACTIVE SYSTEMS <sup>2</sup>		<p>Governance systems – includes accountability, managing conflicts of interest, roles and responsibilities for different actors.</p> <p>Leadership – promoting clear leadership to ensure physical activity is given priority.</p> <p>Physical activity surveillance – ensuring robust data collection on physical activity rates across the population is put in place.</p> <p>Interdisciplinary research funding – increased research capacity across all sectors on the rates of physical inactivity or activity and policy interventions etc.</p> <p>Financing mechanisms to fund research, surveillance and interventions.</p> <p>Monitoring and evaluation of policy actions – incorporating monitoring and evaluation of policy interventions at the outset of the intervention to ensure effect is measured.</p> <p>Life course/health in all policies approach – using a lens that ensures physical activity is promoted across the whole population, across the life course, especially those that are the least active, vulnerable or have different needs.</p>

<sup>2</sup> Implemented policy actions for this fourth domain will not be collected comprehensively as part of the database as it is beyond the scope of the project. Instead, a number of good practice examples will be included to highlight actions being taken in this domain.

Domain	Policy area	Sub-policy area
Active societies	Make programmes, opportunities and initiatives that promote physical activity a priority	<ul style="list-style-type: none"> <li>· Programmes and initiatives to increase physical activity in and outside of classrooms</li> <li>· Programmes/initiatives promoting active transport to and from school</li> <li>· Community initiatives across the life course</li> <li>· Mass participation initiatives across the life course</li> <li>· Programmes promoting/supporting physical activity for least active groups and vulnerable/marginalised people.</li> <li>· Programmes promoting/supporting physical activity for people of all ages and abilities.</li> <li>· Financial and non-financial incentives to promote physical activity.</li> </ul>
	Offer training in physical activity promotion across multiple professions	<ul style="list-style-type: none"> <li>· Pre- and in-service training within health care</li> <li>· Pre- and in-service training for relevant professions outside of health care (i.e. relevant sectors outside of health – educators, architects, planners, landscape architects, park and recreation professionals etc.)</li> </ul>
Active environments	Visualise and enact active design guidelines for structures and surroundings	<ul style="list-style-type: none"> <li>· Design guidelines and regulations for buildings that prioritise equitable, safe, and universal access by all, that encourage occupants to be physically active.</li> <li>· Active design guidelines outside buildings</li> <li>· Active design guidelines for people of all ages and abilities.</li> <li>· Active design guidelines for open/green spaces</li> </ul>



	<p>Implement urban, rural and transport plans that support active societies</p>	<ul style="list-style-type: none"> <li>· Walking and cycling infrastructure</li> <li>· Public transport</li> <li>· Integrated urban design and land-use policies prioritising compact, mixed-land use.</li> <li>· Access to quality public open space and green spaces</li> <li>· Road safety actions including safety of pedestrians, cyclists etc.</li> <li>· People of all ages and abilities considered and accounted for in all planning decisions.</li> </ul>
<p>Active people</p>	<p>Normalise and increase physical activity through public communication that motivates and builds behaviour change skills</p>	<ul style="list-style-type: none"> <li>· Mass communication campaigns including social marketing to increase awareness and knowledge about benefits of physical activity through the life course.</li> <li>· Mass communication campaigns including social marketing to change social norms about the accessibility and need for physical activity.</li> <li>· Mass communication campaigns to increase awareness of co-benefits of PA (environment, social, and economic) through the life course.</li> <li>· Develop and communicate physical activity guidelines</li> </ul>
	<p>Give physical activity education, assessment and counselling</p>	<ul style="list-style-type: none"> <li>· Physical education in schools</li> <li>· Primary care (assessment, counselling and PA prescriptions)</li> <li>· Health care and outpatient settings</li> <li>· Community-based</li> <li>· Social care providers</li> </ul>

<b>Active systems</b>	<p>Governance systems – includes accountability, managing conflicts of interest, roles and responsibilities for different actors.</p> <p>Leadership – promoting clear leadership to ensure physical activity is given priority.</p> <p>Physical activity surveillance – ensuring robust data collection on physical activity rates across the population is put in place.</p> <p>Interdisciplinary research funding – increased research capacity across all sectors on the rates of physical inactivity or activity and policy interventions etc.</p> <p>Financing mechanisms to fund research, surveillance and interventions.</p> <p>Monitoring and evaluation of policy actions – incorporating monitoring and evaluation of policy actions at the outset to ensure effect is measured.</p> <p>Life course/health in all policies approach – using a lens that ensures physical activity is promoted across the whole population, across the life course, especially those that are the least active, vulnerable or have different needs.</p>
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### **Policy Scans**

Another main deliverable of the CO-CREATE project is:

*To conduct a global scan of national policies promoting healthy diets and physical activity (with a particular focus on European countries), building on WCRF International's NOURISHING policy database.*

An 'as comprehensive as possible' scan will be conducted across 38 (TBC) European countries for nutrition and physical activity policy actions. It will focus on national-level policies only and will take place twice during the CO-CREATE project.

A methodology has been developed for the scans, that outlines inclusion and exclusion criteria for policy actions, the search strategy, policy selection and verification processes. The Technical Annex of the methodology sets out the methods in more detail, including the systematic approach for the policy scans. This is a separate piece of work for CO-CREATE as part of Work Package 2 that we are currently also consulting on with different stakeholders. The consultant in charge of this work, Katy Cooper, will be attending the expert meeting to discuss what types of policies will be included.

Of particular relevance for the benchmarking tools is that the policies identified in the scans will form the dataset that will be used to rate 38 (TBC) European countries against the policy benchmarking tools (discussed below).

## **Policy Index**

### *Policy Index deliverable*

The following description outlines what is required by the CO-CREATE project to deliver to the EU Commission (wording taken from Grant Agreement):

*“To develop policy indexes to benchmark and assess the overall adolescent-relevant “policy status” of European countries in the areas of promoting healthy diets and physical activity.*

*Establish and validate criteria for benchmarking policies retrieved through the policy scan and create a policy index to assess overall “policy status” of European countries in the areas of promoting healthy diets and physical activity. An overall policy index and sub-indexes will be developed for policies that are particularly relevant to adolescents in order to assess the status and development of relevant policies across Europe in the areas of diet and physical activity.”*

The benchmarks are measuring the overall *adolescent-relevant “policy status”* of the 38 (TBC) European countries. We have taken a broad view on the definition of “adolescent-relevant” because we consider the nutrition and physical activity policies included respond to and alter the wider environments which directly and indirectly impacts adolescents. For example, improving the food system will be relevant to adolescents even if the policy action appears to be directly aimed at adults or the wider environment adolescents live in. However, we do recognise that some policy actions may be more relevant than others for adolescent health and wellbeing. We will discuss whether the indicators are adolescent-relevant at the expert meeting.

Below is a table that sets out *policy areas, benchmarks, indicators and scales* to be used in a proposed nutrition policy benchmark and a proposed physical activity policy benchmark that we will discuss at the expert meeting.

### **Policy areas**

The policy areas in the table are taken from the 10 NOURISHING policy areas and the 6 MOVING policy areas. The policy areas form the foundation of the benchmarking task, but the benchmark, indicators and scale are the three variables that we are seeking consultation on and can be amended for this deliverable.

### **Benchmarks**

#### *NOURISHING*

The NOURISHING benchmarking tool is formed of a list of sub-policy areas originally taken from the NOURISHING policy database, which has grown organically over time as new policies are implemented worldwide. This initial benchmarking tool has been refined over the last six months to amalgamate similar sub-policy areas, and a small informal workshop was undertaken with CO-CREATE stakeholders to refine the list further. The NOURISHING policy database only holds implemented policies, so the sub-policy areas represent policies that already exist, however the benchmarking tool is designed to be aspirational and should include all policy benchmarks

considered good practice based on evidence, regardless of whether a(ny) country has implemented the policy as yet. Therefore, during the expert meeting we want to ensure that any benchmarks that may be missing are added.

### *MOVING*

The MOVING benchmarking tool is formed of a list of draft sub-policy areas agreed through consultation on the MOVING policy framework, however these are suggested sub-policy areas and can be amended. As for NOURISHING, the benchmarking tool is designed to be aspirational and should include all policy benchmarks considered good practice based on evidence regardless of whether a(ny) country has implemented the policy as yet.

### **Indicators**

Once the benchmarks are agreed we need to work out what the appropriate indicators are. As we are collecting and analysing only national-level policies, not sub-national policies, the policy action that we are measuring needs to be at the level of the responsible government department (i.e. Ministry of Health; Education; Finance; Transport; Environment etc). We appreciate that at times policy actions are often devolved to regional or local governments and that looking only at national level policies will be a limitation of the work, however due to scope and feasibility of the project we need to maintain the benchmark at a national level.

Therefore, when considering the indicator, we have tried to capture the most accurate description of the *national* level government's role – for example, our indicators state a national government sets standards; set rules; introduces legislation/codes/regulation; provides guidance; or has dedicated funding for a particular policy action.

Our definition of a policy action is broad –

Policy action: Any form of *government action* including, but not restricted to, legislation, regulation, decrees, standards, policies, programmes, guidelines, fiscal measures and government-supported voluntary programmes, action and campaigns. All policy actions are part of public policy, but not all policies are policy actions.

Note: Policy can be at a national, regional, provincial/territorial or local level – but only national policies are included in the NOURISHING/MOVING databases.

Our definition of an 'implemented policy' is:

Implemented policy: Policy implementation is a complex change process and therefore can involve several stages or levels of implementation. For the purpose of updating the databases, we define implementation as the point when an adopted policy action first comes into effect. For example, draft or model laws, policy proposals, and laws that have been passed but not come into effect are not included in the databases.

We are aware that for some of the indicators there may not currently be a policy action in place globally that would sit under that indicator, however the policy frameworks and the benchmarking



tools are designed to be aspirational based on the evidence of the most effective nutrition and physical activity policy environment. Therefore, we can include policy indicators that no national government is currently implementing.

### **Scale**

From our research of the nutrition and physical activity policy landscape and our research on other benchmarking scales, we have chosen an initial scale for each indicator. The scale is either a binary ‘yes’ or ‘no’ (does the country have the relevant policy, 0 = no; 1= yes) OR using a scale based on policy action characteristics (e.g. 0 = government has no policy; 1 = government has a voluntary policy; 2 = government has a mandatory policy).

However, for certain indicators it may not provide us with meaningful scores for countries which will make it hard to differentiate the countries. It may be over-simplified in some policy areas where we have enough evidence to articulate the design elements of good practice policy. We will discuss each scale chosen at the expert meeting.

### **Areas of discussion**

Because we have received feedback on the benchmarking tools ahead of the expert meeting, we have narrowed down the items to discuss. We outline first some overarching questions that we seek to answer during the expert meeting and the specific questions for each indicator/scale. These questions are discussed more below.

#### ***Overarching questions:***

1. Discuss the implications of the CO-CREATE age range (15-19).
2. Does the benchmark need to focus solely on our age range?
3. How do we define “adolescent-relevant”?
4. How do we define “implemented”? Is it different for physical activity than for diet?
5. What *settings* do we want to focus on given the ‘adolescence’ focus?
6. Is a broad voluntary policy not as good as a focused mandatory policy? (I.e. voluntary targets on reducing all nutrients of concern in food vs mandatory restriction on salt in bread? Or a voluntary physical activity policy that covers the life course vs a mandatory policy that focuses only on marginalized groups)
7. Do you consider these are the best benchmarks to use?
8. Do you think all of the benchmarks/indicators are “adolescent-relevant”?
9. Do you agree with the indicators used?
10. Do you agree with the scales outlined?



11. Do we know enough/have evidence to substantiate and describe the best practice design of a given nutrition and physical activity policy action to introduce nominal scales – i.e. 1= voluntary; 2 = mandatory? (this will be on a case by case basis)

***Specific questions***

We have collated the feedback we received on an earlier versions of the draft benchmarking tools and outline the outstanding issues to resolve in the comments box in each row of the benchmark tools below. Track changes have been left in to show the edits made since the last version of the tool that was circulated. We will work through these issues in the expert meeting:

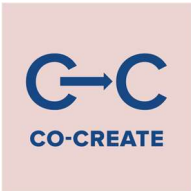
NOURISHING BENCHMARKING TOOL					
	Overall policy area	BENCHMARK	INDICATOR	SCALE	OUTSTANDING ISSUES



<p>N1.1</p>	<p><b>N</b>utrition label standards and regulations on the use of claims and implied claims on food (5 policy actions)</p>	<p>Nutrient lists on back of packet</p>	<p>National government sets standards to include nutrition information on the back of food packaging.</p>	<p>0-none</p> <p>1-voluntary limits on all of the following nutrients</p> <ul style="list-style-type: none"> <li>· -salt</li> <li>· -sugar</li> <li>· -trans fat</li> <li>· saturated fat</li> </ul> <p>2- voluntary standards on more than one of the following nutrients</p> <ul style="list-style-type: none"> <li>· -sugar, salt, trans fat, saturated fat</li> <li>· -energy</li> <li>· -fibre</li> <li>· -added sugar</li> <li>· -carbohydrate</li> </ul> <p>3 – mandatory standards on all of the following nutrients</p> <ul style="list-style-type: none"> <li>· -salt</li> <li>· -sugar</li> <li>· -trans fat</li> <li>· -saturated fat</li> </ul> <p>4- mandatory standards on more than one of the following nutrients</p> <ul style="list-style-type: none"> <li>· -sugar, salt, trans fat, saturated fat</li> <li>· -energy</li> </ul>	<p>Added nutrients of concern to scale.</p> <p>Tried to add extra points for other nutrients beyond salt, sugar, trans fat and saturated fat. (of concern and otherwise) - adding in fibre, energy, carbohydrate and added sugar for extra points.</p> <p>We can add more nutrients to 1 such as energy if we think there are nutrients missing.</p>
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				<ul style="list-style-type: none"><li>· -fibre</li><li>· -added sugar</li><li>· -carbohydrate</li></ul>	
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N1.2		Front of pack labels	National government sets standards to include nutrition information on the front of food packaging.	<p>0 - No label</p> <p>1 - Voluntary non-interpretive label (GDA)</p> <p>2 - Mandatory non-interpretive label (GDA)</p> <p>3- Voluntary interpretive label (e.g. traffic light label, nutri-score, Healthy Star Rating)</p> <p>4 - Mandatory interpretive label (e.g. traffic light label, warning labels, nutri-score, Healthy Star Rating)</p>	<p>Should we shift 2 and 3 around?</p> <p>Is interpretive better or mandatory better?</p> <p>Is a bad mandatory system better than a good voluntary system?</p> <p>Should negative evaluative judgement labels receive top marks?</p>
N1.3		Calorie and nutrient labelling on menus and displays in quick service restaurants/warning labels on menus and displays in quick service restaurantsout-of-home venues	National government sets standards to include calorie and nutrient labelling on menus and displays in quick service restaurants/warning labels on menus in out-of-home venues.	<p>0-none</p> <p>1-voluntary</p> <p>2-mandatory for quick service restaurants with over 20 outlets</p> <p>3 – mandatory for all quick service restaurants</p>	<p>Out-of-home venues is vague – replaced with “quick service restaurants” like Food EPI. Need to define quick service restaurants</p> <p>Added in a scale for larger scale quick service restaurant and all quick service restaurants. This mirrors the policies we have in NOURISHING.</p>



					Consider adding in points for information beyond calorie/energy info
N1.4		Rules on nutrient claims (ie nutrient content and nutrient comparative claims)	National government set standards on nutrient claims displayed on food.	<p>0-none</p> <p>1-voluntary standards developed without using an underpinning nutrient profile model</p> <p>2-voluntary standards developed using a nutrient profile model.</p> <p>3 – mandatory standards developed without using an underpinning a nutrient profile model</p> <p>4- mandatory standards developed using a nutrient profile model.</p>	<p>“Set rules” is too vague changed to “set standards”.</p> <p>Included use of nutrient profile models for additional points.</p> <p>In some settings/countries nutrient and health claims are dealt with by labelling legislation – should we keep these two indicators separate? Or push them into one above?</p>



N1.5		Rules on health claims (ie nutrient function and disease risk reduction claims)	National government sets rules on health claims displayed on food.	<p>0-none</p> <p>1-voluntary standards developed without using an underpinning nutrient profile model</p> <p>2-voluntary standards developed using a nutrient profile model.</p> <p>3 – mandatory standards developed without using an underpinning a nutrient profile model</p> <p>4- mandatory standards developed using a nutrient profile model.</p>	<p>“Set rules” is too vague changed to “set standards”.</p> <p>Included use of nutrient profile models for additional points.</p>
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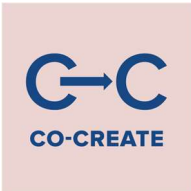


<p>N2.1</p>	<p>Offer healthy food and set standards in public institutions and other specific settings (4 policy actions)</p>	<p>Fruit &amp; vegetable initiatives in schools</p>	<p>National government sets standards/introduces an initiative for schools to implement fruit and vegetable initiatives.</p>	<p>0-none 1-voluntary 2-mandatory</p>	<p>Should we keep this indicator (N2.1) separate from the next indicator (N2.2) -nutrition standards in schools? Or should we amalgamate the two indicators?</p> <p>Have added “introduced an initiative” to indicator to address provision of fruit and vegetable initiatives from national government, not just standard setting.</p> <p>Is this too vague? – can add more variables in the scale ie add in who pays, if it is universal or targeted populations, frequency (daily/weekly), serve only fruit.</p> <p>If we differentiate by universal programmes or targeted</p>
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					<p>programmes – which is better?</p> <p>Age range – include university settings?</p>
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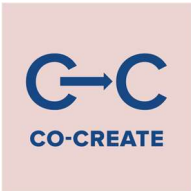
N2.2		Nutrition standards for food and drink available in schools, including restrictions on unhealthy foods	National government sets nutrition standards for food and drink available in all schools, including restrictions on unhealthy foods.	<p>0 None</p> <p>1 Voluntary guideline for canteens/tuck shops only OR vending machines only</p> <p>2 Voluntary guidelines for all food served/available on school premises</p> <p>3 Mandatory regulations for canteens/tuck shopsonly OR vending machines only</p> <p>4 Mandatory regulations of all food served/available on school premises</p>	<p>Do we want to capture countries where national food guidelines exist but they are not necessarily targeting schools but do encourage use in various settings including schools ie. Brazil and new Canada Food Guidelines?</p> <p>Should we include the strength of the standards – how strict they are? ie – are there enforcement mechanisms?</p>
N2.3		Standards for foodand drink available in immediate vicinity of schools	National government sets nutrition standards for food and drink available in immediate vicinity of schools.	<p>0-none</p> <p>1-voluntary</p> <p>2-mandatory</p>	<p>We need to define “immediate vicinity” based on evidence or add the definition into the scale.</p> <p>More marks for larger proximity around schools?</p>



<p>N2.4</p>		<p>Nutrition standards including restrictions of unhealthy food in specific locations (eg health facilities, workplace, leisure centres, stadiums)</p>	<p>National government sets nutrition standards including restrictions of unhealthy food in specific locations.</p>	<p>0 -none                      1-voluntary standards in one of following settings:                      -health facilities                      -leisure centres                      2- voluntary standards in more than one of following settings:                      -health facilities                      -leisure centres                      3- mandatory standards in one of the following settings:                      -health facilities                      -leisure centres                      4 – mandatory standards in more than one of the following settings:                      -health facilities                      -leisure centres</p>	<p>Need to agree on list of “adolescent-relevant” settings.                      Consider sports and cultural clubs, workplaces, community centres/youths, gyms and sports centres, colleges/universities,                      Most of these settings will be difficult to have standards for.                      Need to consider feasibility – remembering aspirational.                      Should we include the strength of the standards – how strict they are?                      ie – are there enforcement mechanisms?                      What about if ban is just on sugary drinks not wider food?                      We deal with this in the school settings scale. Could</p>
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					amend scale to add another variable: voluntary standards for some foods; voluntary standards for all unhealthy foods (based on what?); mandatory standards for some food; mandatory standards for all food.
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<p>N3.1</p>	<p>Use economic tools to address food affordability and purchase incentives (2 policy actions)</p>	<p>Health-related food taxes or tariffs</p>	<p>National government has introduced health-related food taxes or tariffs.</p>	<p>0 - No tax or tariff or voluntary tax/tariff                  1- mandatory tax &lt;20% on one food group (ie SSBs)                  2 - mandatory tax &lt;20% on more than one food group (ie SSBs and unhealthy food)                  3 - mandatory tax ≥20% on one food group (ie SSBs)                  4- mandatory tax ≥20% on more than one food group (ie SSBs and unhealthy food)</p>	<p>Scale amended to add more points if the products taxed includes unhealthy food not just sugary drinks tax.                  More points if revenue used for public health purposes? (we can't always get that info – or sometimes it is stated and never actioned in reality – Mexico and drinking water)</p>
<p>N3.2</p>		<p>Targeted subsidies or initiatives to increase accessibility of healthy food</p>	<p>National government has introduced targeted subsidies or initiatives to increase accessibility and affordability of healthy food.</p>	<p>0-no subsidy                  1-subsidy or initiative for general population                  2 - targeted subsidies or initiatives for specific populations</p>	<p>Initiatives have been added so that it includes programmes such as food stamps. This would have been included in subsidies but perhaps language didn't capture it explicitly.                  Added a general population rating</p>



<p>N4.1</p>	<p>Restrict food advertising and other forms of commercial promotion (4 policy actions)</p>	<p>Regulation of broadcast food advertising to young people</p>	<p>National government introduces regulation of unhealthy food and beverage broadcasting to young people.</p>	<p>0 - no broadcast regulation                  1-voluntary guidelines                  2 - mandatory broadcast regulation of adolescent-specific programming                  3 - mandatory broadcast regulation of programming where &gt;20% of audience are adolescents                  4 - mandatory broadcast regulation of programming where &gt;50% of audience are adolescent                  5 - mandatory 9pm watershed</p>	<p>Add to variables:                  * definition of age of the child/adolescent require restrictions to go up to 18/19 years (aspirational)                  * Inclusion of promotional characters, celebrities etc in the regulation                  * Good definition for peak view times, currently the variables are problematic as they include adults in the denominator                  * use of an independent nutrient profiling system (or national food guidelines for less points?)                  * need to ensure restrictions capture marketing that children/adolescents are exposed to regardless of intended</p>
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					<p>audience – avoid concentrating on marketing that is “targeted at”, “directed at” or “appealing to” children, is “child-directed”, or is on “children’s programming” or “children’s media”.</p> <p>Aspiring to no HSFF marketing at all?</p>
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## Appendix 4 – List of MOVING sub policy areas

This is a breakdown of the MOVING framework including the sub-policy areas that formed the benchmark and indicators in the MOVING benchmark tool.

<b>Breakdown of MOVING with sub-policy areas</b>		
<b>Domain</b>	<b>Policy area</b>	<b>Sub-policy area</b>
<b>Active societies</b>	Make programmes, opportunities and initiatives that promote physical activity a priority	<ul style="list-style-type: none"> <li>● Programmes and initiatives to increase physical activity in and outside of classrooms</li> <li>● Programmes/initiatives promoting active transport to and from school</li> <li>● Community initiatives across the life course</li> <li>● Mass participation initiatives across the life course</li> <li>● Programmes promoting/supporting physical activity for least active groups and vulnerable/marginalised people.</li> <li>● Programmes promoting/supporting physical activity for people of all ages and abilities.</li> <li>● Financial and non-financial incentives to promote physical activity.</li> </ul>
	Offer training in physical activity promotion across multiple professions	<ul style="list-style-type: none"> <li>● Pre- and in-service training within health care</li> <li>● Pre- and in-service training for relevant professions outside of health care (i.e. relevant sectors outside of health – educators, architects, planners, landscape architects, park and recreation professionals etc.)</li> </ul>
<b>Active environments</b>	Visualise and enact active design guidelines for structures and surroundings	<ul style="list-style-type: none"> <li>● Design guidelines and regulations for buildings that prioritise equitable, safe, and universal access by all, that encourage occupants to be physically active.</li> <li>● Active design guidelines outside buildings</li> <li>● Active design guidelines for people of all ages and abilities.</li> <li>● Active design guidelines for open/green spaces</li> </ul>
	Implement urban, rural and transport plans that support active societies	<ul style="list-style-type: none"> <li>● Walking and cycling infrastructure</li> <li>● Public transport</li> <li>● Integrated urban design and land-use policies prioritising compact, mixed-land use.</li> <li>● Access to quality public open space and green spaces</li> <li>● Road safety actions including safety of pedestrians, cyclists etc.</li> </ul>



		<ul style="list-style-type: none"> <li>● People of all ages and abilities considered and accounted for in all planning decisions.</li> </ul>
<b>Active people</b>	Normalise and increase physical activity through public communication that motivates and builds behaviour change skills	<ul style="list-style-type: none"> <li>● Mass communication campaigns including social marketing to increase awareness and knowledge about benefits of physical activity through the life course.</li> <li>● Mass communication campaigns including social marketing to change social norms about the accessibility and need for physical activity.</li> <li>● Mass communication campaigns to increase awareness of co-benefits of PA (environment, social, and economic) through the life course.</li> <li>● Develop and communicate physical activity guidelines</li> </ul>
	Give physical activity education, assessment and counselling	<ul style="list-style-type: none"> <li>● Physical education in schools</li> <li>● Primary care (assessment, counselling and PA prescriptions)</li> <li>● Health care and outpatient settings</li> <li>● Community-based</li> <li>● Social care providers</li> </ul>
<b>Active systems<sup>3</sup></b>	<p>Governance systems – includes accountability, managing conflicts of interest, roles and responsibilities for different actors.</p> <p>Leadership – promoting clear leadership to ensure physical activity is given priority.</p> <p>Physical activity surveillance – ensuring robust data collection on physical activity rates across the population is put in place.</p> <p>Interdisciplinary research funding – increased research capacity across all sectors on the rates of physical inactivity or activity and policy interventions etc.</p> <p>Financing mechanisms to fund research, surveillance and interventions.</p> <p>Monitoring and evaluation of policy actions – incorporating monitoring and evaluation of policy actions at the outset to ensure effect is measured.</p>	

<sup>3</sup> Implemented policy actions for ACTIVE SYSTEMS will not be collected comprehensively as part of the database as it is beyond the scope of the project. Instead, a number of good practice examples will be included to highlight actions being taken in this domain.



	<p>Life course/health in all policies approach – using a lens that ensures physical activity is promoted across the whole population, across the life course, especially those that are the least active, vulnerable or have different needs.</p>
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→ **The CO-CREATE project** has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 774210. The products of the research are the responsibility of the authors: the European Commission is not responsible for any use that may be made of them.

