

Healthy Food Environment Policy Index (Food-EPI): Canada

Federal government

2023

Overview

This document was created for the **Healthy Food Environment Policy Index** (Food-EPI) Canada 2022 project, as a part of INFORMAS Canada, the Canadian arm of the International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support (known as **INFORMAS**). The INFORMAS network was founded by a group of international experts from 9 universities and 4 global NGOs in the area of food and nutrition, and is now active in more than 85 institutions in more than 58 countries globally. The objective of INFORMAS is to 'monitor and benchmark food environments and policies globally to reduce obesity, diet-related non-communicable diseases and their related inequalities', and the work aligns with overarching efforts of the United Nations and the World Health Organization to prioritize monitoring on NCDs and associated risk factors to improve population health[1].

The **Food-EPI Canada** project aims to assess provincial, territorial and federal government progress in implementing globally recommended policies relating to the food environment. Using a standardized, common Food-EPI process[2], the information on food policies that is compiled in this document will be used by experts in the areas of food and nutrition from across Canada to rate the extent of implementation by Canadian governments (provincial, territorial and federal) compared to international examples of 'good practices' established for each indicator. This same exercise was conducted in 2017, and national and provincial/territorial results are available at: <https://informascanada.com/methods/public-sector-policies-and-actions/>

This document summarizes policy actions that the federal government has taken relating to the food environment up until January 1, 2023. This may include actions or policies in place prior to 2017, and all new progress thereafter.

Any questions regarding this document can be directed to Dr. Lana Vanderlee (lane.vanderlee@fsaa.ulaval.ca).

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We would like to extend our sincerest gratitude to the government representatives who have verified the information in this document.

As far as possible, when policy details are noted in the document, we have provided references to publicly-available sources or noted as a 'written communication' from relevant policy makers. While every effort has been taken to ensure the accuracy of the information in this document, any errors/omissions are the responsibility of the research team.



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LIST OF ABBREVIATIONS

ADI	Aboriginal Diabetes Initiative
AHSOR	Aboriginal Head Start on Reserve
ASC	Advertising Standards Canada
CAI	Voluntary Food and Beverage Children's Advertising Initiative
CCDSS	Canadian Chronic Disease Surveillance System
CCHS	Canadian Community Health Survey
CCR	Canadian Cancer Registry
CETA	Comprehensive Economic and Trade Agreement
CFG	Canada's Food Guide
CHMS	Canadian Health Measures Survey
CIRNAC	Crown Indigenous Relations and Northern Affairs Canada
CNF	Canadian Nutrition File
Code	The Canadian Code of Advertising Standards
CPNP	Canada Prenatal Nutrition Program
CPNP-FNIC	Canada Prenatal Nutrition Program – First Nations and Inuit Component
CRTC	Canadian Radio-television and Telecommunications Commission
CSIMS	Consultation and Stakeholder Information Management System
EA	Environmental Assessment
ERC	Evidence Review Cycle
FET	Fair and Equitable Treatment
FEAC	Food Expert Advisory Committee
FNFNES	First Nations Food, Nutrition and Environment Study
FNIHB	First Nations and Inuit Health Branch
FNRHS	First Nations Regional Health Survey
Food-EPI	Food Environment Policy Index
FTA	Free Trade Agreement
GATS	General Agreement on Trades and Services
GATT	General Agreement on Tariffs and Trade

LIST OF ABBREVIATIONS (continued)

GST	Goods and services tax
HBSC	Health Behaviours of School Aged Children Survey
HIA	Health Impact Assessment
HiAP	Health in All Policies
HIR	Health Inequalities Reporting
HPCDP	Health Promotion and Chronic Disease Prevention Branch
HST	Harmonized Sales Tax
IHS	Inuit Health Survey
INFORMAS	International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support
MIREC	Maternal-Infant Research on Environmental Chemicals
NAFTA	North American Free Trade Agreement
NCDs	Non Communicable Diseases
NGOs	Non-Government Organisations
NNC	Nutrition North Canada
ONPP	Office of Nutrition Policy and Promotion
PHAC	Public Health Agency of Canada
PHN	Public Health Network
SPS	Sanitary and Phytosanitary Measures
TBT	Technical Barriers to Trade Agreement
TPP	Trans-Pacific Partnership
WHO	World Health Organization
WTO	World Trade Organization

POLICY DOMAINS

Policy area: Food Composition

Food-EPI vision statement: There are government systems implemented to ensure that, where practicable, processed foods and out-of-home meals minimise the energy density and the nutrients of concern (salt, saturated fat, trans fat, added sugar)

COMP1.1 Food composition targets/standards/restrictions for sodium in processed foods

Food-EPI good practice statement

The government has established food composition targets/standards for processed foods for the content of the sodium in relevant foods or food categories

Definitions and scope

- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale
- Includes packaged, ready-to-eat meals sold in supermarkets
- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving)
- Includes legislated ban on nutrients of concern
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory food composition regulation related to other nutrients (e.g. folic acid or iodine fortification)
- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)
- Excludes general guidelines advising food companies to reduce nutrients of concern
- Excludes the provision of resources or expertise to support individual food companies with reformulation (see RETAIL4)

International examples

- **Argentina** (2013): The government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods[3]. From a 2017/2018 sample 5.7% of the sample's median sodium content was above the maximum sodium levels set and 90% were below the maximum levels set[4].
- **South Africa** (2013): Mandatory maximum sodium levels permitted in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) were legislated in 2013 and mandated in 2016. Sodium maximum levels were introduced in two phases. Food manufacturers were given until June 2016 to meet one set of category-based targets and until June 2019 to meet the next[3]. Research found that the adult population's salt intake reduced by 1.16g/day from 2015 to 2018/2019[5].

Many countries have set voluntary targets for implementation by industry[6]. These have generally resulted in only limited impact, albeit in a positive direction. In general, voluntary targets appear to be more robust and evidence-based where government plays a leading role in their development. It appears as though better public health outcomes result when there are resources for monitoring, and incentives for industry uptake.

Context

Food regulation mechanism

Health Canada is responsible for establishing standards for the nutritional quality and safety of all foods sold in Canada, through the **Food and Drugs Act**[7] and the **Food and Drug Regulations (FDR)**[8]. Health and safety standards under the FDR are enforced by the Canadian Food Inspection Agency.

Historical Context

In 2007, Health Canada created a multi stakeholder **Sodium Working Group** (which sunsetted in 2011) to identify approaches to decrease sodium consumption in Canada. This group developed the *Sodium Reduction Strategy for Canada* in 2010, which contained 33 recommendations, including 6 overarching recommendations, specific recommendations for the food supply, awareness and education activities, research and monitoring and evaluation, and a proposed structured voluntary sodium reduction strategy[9].

In 2012, Health Canada published *Guidance for the Food Industry on Reducing Sodium in Process Foods* and *Guiding Benchmark Sodium Reduction Levels for Processed Food*[10], with Phase 3 reductions concluding in December 2016. The targets aimed to reduce the sales-weighted average sodium content of a food category by approximately 25 to 30%, to help Canadians achieve the average sodium intake goal of 2,300 mg per day[11]. The guidance was meant to encourage reductions in sodium levels in 94 categories of processed foods in Canada. The food industry was encouraged to work towards these voluntary benchmark levels by the end of 2016.

Policy details

Mandatory nutrient levels/limits

There are mandatory levels/limits for several of the nutrients of concern for some types of foods, including infant foods, human milk substitutes, meal replacements, etc. The composition of these products is strictly regulated in the FDR in order to fulfil the nutritional needs of specific vulnerable groups. For example, there is a minimum requirement for sodium in infant formula and requirements around the fat content.

There are mandatory limits regarding the addition of sodium for some categories of infant foods. Infant foods which contain strained fruit, fruit juice, fruit drink or cereal cannot contain added sodium, as per the Food and Drug Regulations[8]:

Sodium Content permitted in Infant Foods (Grams per 100 Grams of Food)

- Junior Desserts = 0.10 g
- Junior Meat, Meat Dinners, Dinners, and Breakfasts = 0.25 g
- Junior Vegetables, Junior Soups = 0.2 g
- Strained Desserts = 0.05 g
- Strained Meats, Meat Dinners, Dinners, and Breakfasts = 0.15 g
- Strained Vegetables, Strained Soups = 0.10 g

Voluntary Reformulation/Composition Targets

In 2017, Health Canada conducted an evaluation of the progress toward the voluntary sodium reduction targets for 2012-2016[12]. Results showed that voluntary efforts only resulted in modest reductions of sodium content in most processed food categories. Only 14% of categories met the Phase 3 sodium targets, and 48% of categories made no progress. Overall, these efforts resulted in an 8% decrease in average sodium intake since 2010, and the target of a mean population sodium intake target of 2300 mg per day was not achieved. However, the average daily sodium intake of Canadians is currently estimated at 2760 mg which is lower than the 3400 mg reported in 2004[13].

In 2020, Health Canada published the **Voluntary sodium reduction targets for processed foods 2020-2025**[14], with revised sodium reduction targets for processed foods. New categories of process foods were added and some categories were reorganized, resulting in an increased number of target categories for processed foods (from 94 to 117). Most sales-weighted average targets were maintained at the same cut-offs as the 2016 targets, and targets for all categories still aligned with the intake goal of 2300 mg of sodium per day. Health Canada will monitor the progress towards these targets and may consider other courses of action if little progress is made.

COMP1.2 Food composition targets/standards/restrictions for added sugars in processed foods

Food-EPI good practice statement

The government has established food composition targets/standards for processed foods for the content of the added sugars in relevant foods or food categories

Definitions and scope	<ul style="list-style-type: none">- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale- Includes packaged, ready-to-eat meals sold in supermarkets- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving)- Includes legislated ban on nutrients of concern- Excludes legislated restrictions related to other ingredients (e.g. additives)- Excludes mandatory food composition regulation related to other nutrients (e.g. folic acid or iodine fortification)- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)- Excludes general guidelines advising food companies to reduce nutrients of concern- Excludes the provision of resources or expertise to support individual food companies with reformulation (see 'RETAIL4')
International examples	<ul style="list-style-type: none">- We are not aware of any countries that have mandated composition standards/targets for added sugar. Many countries have set voluntary targets for implementation by industry.- Portugal (2019): The Portuguese government led a process to gain commitment from industry to reformulate the levels of salt, sugar and trans fatty acids in different categories of food products. For sugar, the following food products were set to be reduced by 10% by 2022: chocolate milk, yogurts, breakfast cereals and soda drinks. For fruit nectars, a 7% reduction target was set, to be reached by 2023. A protocol for monitoring the reformulation of the levels of salt, sugar and trans fats in certain categories of food was also established[3]. Progress has not yet been reported.

Context	<p>Food regulation mechanism</p> <p>Health Canada is responsible for establishing standards for the nutritional quality and safety of all foods sold in Canada, through the Food and Drugs Act[7] and the Food and Drug Regulations (FDR)[8]. Health and safety standards under the FDR are enforced by the Canadian Food Inspection Agency.</p>
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Policy details	<p>There are no existing targets for free/added sugars.</p>
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COMP1.3 Food composition targets/standards/restrictions for saturated fats in processed foods

Food-EPI good practice statement

The government has established food composition targets/standards for processed foods for the content of saturated fat in relevant foods or food categories.

Definitions and scope

- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale
- Includes packaged, ready-to-eat meals sold in supermarkets
- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving)
- Includes legislated ban on nutrients of concern
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory food composition regulation related to other nutrients (e.g. folic acid or iodine fortification)
- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)
- Excludes general guidelines advising food companies to reduce nutrients of concern
- Excludes the provision of resources or expertise to support individual food companies with reformulation (see 'RETAIL4')

International examples

SATURATED FAT

- We are not aware of any countries that have mandated composition standards/targets for saturated fat. Many countries have set voluntary targets for implementation by industry.
- **Norway** (2016): A partnership was signed between Norwegian health authorities and the food industry. The agreement contains specific goals related to reducing the intake of salt, added sugar and saturated fat. The goal for saturated fat includes a reduction of saturated fat in foods and reduction of the intake in the population from 15 to 13% of total energy intake by 2021[15]. A midterm progress report released in January 2019 noted that there were 42 affiliated companies who signed onto this priority area. Saturated fat contributed 14.5% energy in 2015 and 14.2% in 2017[16].
- **Australia** (2020): The Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for sodium, saturated fat and sugar. The [reformulation program](#) will be implemented in two waves, with each wave having a four-year implementation period with progress updates due at year 2 and 4. Specific targets related to saturated fat exist for several food categories including: pizza, processed meats, sausages and pastries[17]. Progress has not yet been reported.

Context

Food regulation mechanism

Health Canada is responsible for establishing standards for the nutritional quality and safety of all foods sold in Canada, through the **Food and Drugs Act**[7] and the **Food and Drug Regulations (FDR)**[8]. Health and safety standards under the FDR are enforced by the Canadian Food Inspection Agency.

Policy details

There are no existing targets for saturated fats.

COMP1.4 Food composition targets/standards/restrictions for trans fat in processed foods

Food-EPI good practice statement

The government has established food composition targets/standards for processed foods for trans fat in relevant foods or food categories

Definitions and scope	<ul style="list-style-type: none">- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale- Includes packaged, ready-to-eat meals sold in supermarkets- Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving)- Includes legislated ban on nutrients of concern- Excludes legislated restrictions related to other ingredients (e.g. additives)- Excludes mandatory food composition regulation related to other nutrients (e.g. folic acid or iodine fortification)- Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2)- Excludes general guidelines advising food companies to reduce nutrients of concern- Excludes the provision of resources or expertise to support individual food companies with reformulation (see 'RETAIL4')
International examples	<p>TRANS FAT</p> <ul style="list-style-type: none">- Canada (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[18]. Progress has not yet been reported.

Context	<p>Food regulation mechanism</p> <p>Health Canada is responsible for establishing standards for the nutritional quality and safety of all foods sold in Canada, through the Food and Drugs Act[7] and the Food and Drug Regulations (FDR)[8]. Health and safety standards under the FDR are enforced by the Canadian Food Inspection Agency.</p>
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Policy details	<p>On September 17, 2018, Health Canada banned the use of partially hydrogenated oils (PHOs), the largest source of industrially produced trans fat[18]. The ban came into effect with the addition of PHOs to the List of Contaminants and Other Adulterating Substances in Foods[19]. The ban included a two year phase-in period; therefore, as of September 2020 no foods sold in Canada are permitted to contain PHOs. The ban applies to Canadian and imported foods, as well as food prepared in food service establishments.</p>
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COMP2 Food composition targets/standards/restrictions for out-of-home meals

Food-EPI good practice statement

The government has established food composition targets/standards for out-of-home meals in food service outlets 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)

Definitions and scope

- Out-of-home meals include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). It may also include supermarkets where ready-to-eat foods are sold.
- Includes legislated bans on nutrients of concern
- Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving)
- Excludes legislated restrictions related to other ingredients (e.g. additives)
- Excludes mandatory out-of-home meal composition regulations related to other nutrients, e.g. folic acid or iodine fortification
- Excludes general guidelines advising food service outlets to reduce nutrients of concern
- Excludes the provision of resources or expertise to support food service outlets with reformulation (see 'RETAIL4')

International examples

TRANS FAT

- **Canada** (2018): Prohibits the use of Partially Hydrogenated Oils (PHOs) in foods. PHOs are the largest source of industrially produced trans fats in foods. It is illegal for manufacturers to add partially hydrogenated oils to foods sold in or imported into Canada[18]. Progress has not yet been reported.

SODIUM

- **Argentina** (2013): The government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods[3]. From a 2017/2018 sample 5.7% of the sample's median sodium content was above the maximum sodium levels set and 90% were below the maximum levels set[4].
- **South Africa** (2013): Mandatory maximum sodium levels permitted in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) were legislated in 2013 and mandated in 2016. Maximum sodium levels were introduced in two phases. Food manufacturers were given until June 2016 to meet one set of category-based targets and until June 2019, to meet the next[3]. Research found that the adult population salt intake reduced by 1.16g/day from 2015 to 2018/2019[5].

SATURATED FAT

- We are not aware of any countries that have mandated composition standards/targets for saturated fat. Many countries have set voluntary targets for implementation by industry.
- **Norway** (2016): A partnership was signed between Norwegian health authorities and the food industry. The agreement contains specific goals related to reducing the intake of salt, added sugar and saturated fat. The goal for saturated fat includes a reduction of saturated fat in foods and reduction of the intake in the population from 15 to 13% of total energy intake by 2021[15]. A midterm progress report released in January 2019 noted that there were 42 affiliated companies who signed to this priority area. Saturated fat contributed 14.5% energy in 2015 and 14.2% in 2017[16].
- **Australia** (2020): The Healthy Food Partnership has set voluntary food product reformulation targets for the food industry for sodium, saturated fat and sugar. The [reformulation program](#) will be implemented in two waves, with each wave having a four-year implementation period with progress updates due at year 2 and 4. Specific targets related to saturated fat exist for several food categories including: pizza, processed meats, sausages and pastries[17]. Progress has not yet been reported.

ADDED SUGAR

- We are not aware of any countries that have mandated composition standards/targets for added sugar. Many countries have set voluntary targets for implementation by industry.
- **Portugal** (2019): The Portuguese government led a process to gain commitment from industry to reformulate the levels of salt, sugar and trans fatty acids in different categories of food products. For sugar, the following food products were set to be reduced by 10% until 2022: chocolate milk, yogurts, breakfast cereals and soda drinks. For fruit nectars, a 7% reduction target was set, to be reached by 2023. A protocol for monitoring the reformulation of the levels of salt, sugar and trans fats in certain categories of food was also established[3]. Progress has not yet been reported.

Context

Policy details

Healthy Eating Strategy

As part of the **Healthy Eating Strategy**[20] (see additional detail in LEAD4), Health Canada announced in 2016 that they would include a specific focus on working with restaurants and food services to develop goals for reducing sodium in their food, which would include out-of-home meals. Between September and November 2017, Health Canada gathered feedback from different stakeholders (food service distributors, chefs, grocery retailers, etc) concerning sodium reduction initiatives and resources used in the foodservices sector[21]. No further updates have been published.

Voluntary Composition targets

Sodium

No voluntary sodium reduction targets have been established for out-of-home meals, although Health Canada has held discussions on establishing such targets with representatives from a variety of sectors and governments (October, 2016)[22].

The sodium reduction approach outlined in COMP1 includes 'processed' foods only, and therefore includes: processed foods for consumer use; foods for further manufacturing, such as ingredients for processed foods; and foods for use by restaurants and foodservice in food preparation. Benchmarks were set for prepackaged products, as well as foods destined for foodservice or further processing (i.e. no specific levels set for foods being prepared and served in restaurant and foodservices settings)[10].

Trans fat

On September 17, 2018, Health Canada banned the use of PHOs in all foods sold in Canada, including foods sold in restaurants and food services[18]. The ban came into effect with the addition of PHOs to the [List of Contaminants and Other Adulterating Substances in Foods](#)[19], as per Division 15 of the *Food and Drug Regulations*[18]. The ban included a two year phase-in period; therefore, as of September 2020 no foods sold in Canada are permitted to contain PHOs.

No reformulation targets were identified for added or total sugars or saturated fats.

Policy area: Food Labelling

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

LABEL1 Ingredient lists/nutrient declarations

Food-EPI good practice statement

Ingredient lists and nutrient declarations (including warning labels) in line with Codex recommendations are present on the labels of all packaged foods

Definitions and scope	<ul style="list-style-type: none">- Includes packaged foods manufactured in Canada or manufactured overseas and imported to Canada for sale- Nutrient declaration means a standardized statement or listing of the nutrient content of a food- Excludes health and nutrition claims (see 'LABEL2')
International examples	<ul style="list-style-type: none">- Many Countries: In a wide range of countries producers and retailers are required by law to provide a comprehensive nutrient list on pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving) [23].- Some Countries: A more limited number of countries (about N=10), including Canada, require that nutrient lists on pre-packaged food must, by law, include the trans-fat content of the food. Specific rules generally define how the trans-fat content must be listed, and on what basis (e.g., per 100g/100ml or per serving). If the trans-fat content falls below a certain threshold, it may be listed as 0g (e.g. less than 0.5g per serving, or less than 0.3g per 100g of food product)[23].- US: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars (in grams and as percent Daily Value) now needs to be included on the label, just below the line for total sugars [24].

Context All packaged foods sold in Canada are regulated by the **Food and Drug Regulations**, and must comply with labelling requirements. Food labelling requirements are enforced by the Canadian Food Inspection Agency.

Canada is a member of Codex Alimentarius, whose standards are recognised by the World Trade Organization (WTO), of which Canada is also a member. In Canada, participation in Codex is coordinated through the Office of the Codex Contact Point for Canada, which is part of the Food Directorate, Health Products and Food Branch of Health Canada.

Policy details

Nutrient information[25]

- The Food and Drug Regulations (FDR) requires that the label of a pre-packaged product shall carry a **Nutrition Facts table** (NFt) that contains only the information as required in the FDR (section B.01.401). Additional information may also be provided as per section B.01.402. This has been mandatory on most pre-packaged food since 2007.[26].
- The NFt must be formatted according to section B.01.450 of the FDR, in conjunction with the Directory of Nutrition Facts table Formats (formerly Schedule L), with some

exceptions, including for simplified formats, foods intended solely for infants six months of age or older but less than one year of age, prepackaged foods used in manufacturing other foods, foods for commercial and industrial enterprises and institutions and small packages (<100cm²).

- The NFt requires information for energy plus 12 nutrients (total fat, saturated fat, *trans* fat, carbohydrate, fibre, sugars, protein, cholesterol, sodium, potassium, calcium and iron), and must have information on the amount present for any nutrient that is involved in a health claim or nutrient content claim.
- Notably, Canada is one of few countries that requires the declaration of *trans* fat in the NFt, as of 2007.
- Nutrient information must be presented per serving, and the serving size must be indicated as set out in the Table of Reference Amounts for Foods (formerly Schedule M)[27].

Some nutrients must also display the percent daily value (%DV) in the NFt (total fat, saturated fat + *trans* fat, fibre sugars, sodium, potassium, calcium and iron, as set out in the Table of Daily Values (formerly the Reference Standards and the Recommended Daily Intakes [28]

Ingredient list

In Canada, all prepackaged foods with more than one ingredient must declare their ingredients and components in a list (B.01.008(1), FDR). Ingredients must be listed in descending order of proportion by weight, and must be listed by their common names.

UPDATE TO FOOD LABELLING REGULATIONS

In 2014, Health Canada began the Food Labelling Modernization Initiative, and in 2015, Health Canada proposed changes to the NFt in the *Canada Gazette*, Part I, which was open for public consultation until August 27, 2015[29]. The final changes were announced on December 14, 2016[30]. Initially, a 5 year transition period, which was set to end on December 14, 2021, was permitted for companies to make required changes. However, given the challenges imposed by COVID-19, the Canadian Food Inspection Agency (CFIA) decided to focus on compliance promotion and education during the first year of implementation, meaning companies had until December 14, 2022 to comply with the new food label requirements. As of December 15, 2022, the CFIA began to verify compliance. [30].

The changes included:

- Incorporating by reference the Table of Reference Amounts for Foods, the Table of Daily Values, and the Directory of the NFt formats
- Updating serving size regulations so that serving sizes are more consistent between similar foods and reflect the amount that Canadians typically eat in one sitting
- Increasing the font size for serving size information
- Increasing the font size of calories with a thick underline
- Moving the information for nutrients that provide calories to be listed below calories, and sodium to the bottom of the NFt near potassium
- Revising DVs based on updated science, including for sodium (from 2400 mg to 2300 mg for adults), and fat (from 65 g to 75 g for adults) Including a 100 g DV for total sugars (no information was included for added sugars)
- Removing of vitamins A and C, adding potassium information, as well as showing the amount of these micronutrients in mg in addition to the %DV
- Including a 'quick rule' for %DV at the bottom of the NFt where 5% or less is "a little" and 15% or more is "a lot"
- Grouping of sugars in the ingredients list so that all types of sugars-based ingredients will be listed together in parentheses and the total weight of all will determine placement in the ingredients list
- Bullet points were added as an option to separate ingredients in ingredients lists.
- Requiring food colours to be listed by name
- The text for ingredients lists must be in block font on white or neutral background, and companies must use both upper and lower case letters and minimum type height requirements for ingredients

An image of the required changes is shown below:

ORIGINAL		NEW	
Nutrition Facts Valeur nutritive Per 250 mL / par 250 mL		Nutrition Facts Valeur nutritive Per 1 cup (250 mL) pour 1 tasse (250 mL)	Serving size stands out more and is more similar on similar foods
Amount Teneur	% Daily Value % valeur quotidienne	Calories 110	Daily Values updated
Calories / Calories 110			
Fat / Lipides 0 g	0 %	Fat / Lipides 0 g	0 %
Saturated / saturés 0 g	0 %	Saturated / saturés 0 g	0 %
+ Trans / trans 0 g		+ Trans / trans 0 g	
Cholesterol / Cholestérol 0 mg		Carbohydrate / Glucides 26 g	
Sodium / Sodium 0 mg	0 %	Fibre / Fibres 0 g	0 %
Carbohydrate / Glucides 26 g	9 %	Sugars / Sucres 22 g	22 %
Fibre / Fibres 0 g	0 %		New % Daily Value for total sugars
Sugars / Sucres 22 g		Protein / Protéines 2 g	
Protein / Protéines 2 g		Cholesterol / Cholestérol 0 mg	
Vitamin A / Vitamine A	0 %	Sodium 0 mg	0 %
Vitamin C / Vitamine C	120 %	Potassium 470 mg	10 %
Calcium / Calcium	2 %	Calcium 26 mg	2 %
Iron / Fer	10 %	Iron / Fer 0 mg	0 %
			Updated list of minerals of public health concern
		*5% or less is a little, 15% or more is a lot *5% ou moins c'est peu, 15% ou plus c'est beaucoup	

EXEMPTIONS

There are some prepackaged food products that are usually exempt from nutrition labelling[31], including:

- A food for which all information, except the serving size, may be expressed as “0” in the NFT
- Prepackaged individual portions of food served with meals or snacks by restaurants, airlines, etc.
- A beverage with an alcohol content of more than 0.5%
- Fresh fruits and vegetables without added ingredients
- Raw single ingredient meat, meat by-product, poultry meat or poultry meat by-product
- Raw single ingredient marine or freshwater animal products
- Foods sold only in the retail establishment where the product is prepared and processed, including from a pre-mix if an ingredient other than water is added
- Individual servings that are sold for immediate consumption and have not been subjected to a process to extend durable life including special packaging
- Foods in very small packages
- Foods sold only at a road-side stand, craft show, flea market, fair, farmers' market or sugar bush by the individual who prepared and processed the product

Comments/ notes

In July 2022 the FDR was amended to include a new category of foods known as supplemented foods. These are exempt from the NFT, but required to carry a standardized Supplemented Food Facts table modelled from the NFT. The same nutrients are required to be included, as well as the supplemental ingredients added to the food. required to be included, as well as the supplemental ingredients added to the food[32, 33].

LABEL2 Regulatory systems for health and nutrition claims

Food-EPI good practice statement

Robust, evidence-informed regulatory systems are in place so that consumers are protected against unsubstantiated and misleading nutrition and health claims

Definitions and scope

- Nutrition claims include nutrient content claim ~~references~~ that refers to the amount of a nutrient in a food (e.g. low in fat)
- Health claims are statements linking a food or a property of a food and a health effect. They include function claims, such as 'calcium strengthens bones') and disease risk reduction and therapeutic claims, such as 'A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer')
- Includes representations such as symbols, marks, logos, seals of approvals
- 'Evidence-informed' refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about nutrition or health claims

International examples

- **Australia/New Zealand:** A law (Standard 1.2.7)[34], approved in 2013, regulates the use of nutrition content and health claims on food labels in Australia and New Zealand. Health claims must be based on pre-approved food-health relationships or self-substantiated according to government requirements and they are only permitted on foods that meet nutritional criteria, as defined by a nutrient profiling model (Nutrient Profiling Scoring Criterion (NPSC)) taking into account energy, sodium, saturated fat and total sugar content of foods, as well as protein, fibre, fruit, vegetable, nut and legume content of foods. Although nutrition content claims also need to meet certain criteria set out in the Standard, there are no generalized nutritional criteria that restrict their use on "unhealthy" foods such as for health claims. The industry needed to comply with this new legislation by January 2016. Food Standards Australia New Zealand has developed an online calculator to help food businesses to calculate a food's nutrient profiling score[35].
- **Indonesia:** Regulation HK.03.1.23.11.11.09909 (2011) [36] on "The Control of Claims on Processed Food Labelling and Advertisements" establishes rules on the use of specified nutrient content claims (i.e. levels of fat for a low fat claim). The Regulation applies to any food product or beverage which has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat, saturated fat and sodium per serving (13g total fat, 4g saturated fat, 60mg cholesterol and 480mg sodium). The Regulation sets out certain exceptions from this rule, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and phytostanol; certain disease risk reduction claims)[23].

- **US:** Nutrient-content claims are generally limited to a list of nutrients authorized by the Food and Drug Administration (Food Labelling Guide 1994, as last revised in January 2013). Packages containing a nutrient-content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Health claims are generally not permitted if a food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Sugar and whole grain content are not considered [23, 37].

Context

The international standard setting body Codex Alimentarius defines a claim as:

“any representation which states, suggests or implies that a food has particular characteristics relating to its origin, nutritional properties, nature, production, processing, composition or any other quality.”[38]

According to the *Food and Drugs Act (FDA)*, all advertising and all statements on food labels are subject to subsection 5(1), which states:

No person shall label, package, treat, process, sell or advertise any food in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety[7].

And must also be in compliance with subsection 7(1) of the *Consumer Packaging and Labelling Act* that states:

No dealer shall apply to any prepackaged product or sell, import into Canada or advertise any prepackaged product that has applied to it a label containing any false or misleading representation that relates to or may reasonably be regarded as relating to that product[39].

And subsection 6(1) of the *Safe Food for Canadians Act*:

It is prohibited for a person to manufacture, prepare, package, label, sell, import or advertise a food commodity in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, quality, value, quantity, composition, merit, safety or origin or the method of its manufacture or preparation.

In Canada, regulations regarding health claims are developed by Health Canada and are enforced by the Canadian Food Inspection Agency.

Policy details

In Canada, there are two types of nutrition claims: **Health Claims** and **Nutrient Content Claims**[40].

The FDA and the Food and Drug Regulations (FDR) provide the legislative framework for health and nutrient content claims used on prepackaged foods and in advertising of foods. For some types of claims, there are specific provisions for how they must be described or displayed.

Overall, there are no general provisions with regards to the overall nutritional quality or overall ‘healthiness’ of food products that are permitted to make claims on products. The FDR do not define healthy, but rather set out certain nutritional criteria that must be met for certain claims.

HEALTH CLAIMS[41, 42]

The FDR (Sections B.01.601-B 01.603) regulate types of health claims, and details for some are provided below[8]. In general:

- All claims must be truthful and not misleading according to section 5(1) of the FDA, and subsection 6(1) of the *Safe Food for Canadians Act*.

- There are general rules restricting the use of implied health claims. The restriction again using implied health claims in Subsection 5(1) of the FDA covers all claims against being misleading.
- Section 3 of the FDA prohibits the use of health claims related to diseases and health conditions listed in Schedule A.1 to the FDA unless already permitted in the FDR
- Health Canada requires pre-market submissions for approval and regulatory amendments only for claims related to diseases and health conditions listed in Schedule A of the FDA

There are two types of Health Claims: Disease Risk Reduction Claims and Function Claims.

DISEASE RISK REDUCTION (DRR) CLAIMS

- DRR claims included in the Table to B.01.603, are permitted on foods by exempting them from subsections 3(1) and 3(2) of the FDA, provided that the food and label meet the conditions specified in that Table. Approved DRR claims and conditions for use and approved wording are on the Health Canada website at <http://www.hc-sc.gc.ca/fn-an/label-etiquet/claims-reclam/assess-evalu/index-eng.php>
- There is currently no objective definition of 'healthy' as defined by Health Canada for health claims. Foods must meet the compositional criteria as well as other criteria/conditions of use for the specific claim, and there is no general 'healthy' criteria according to nutrient profiling methods for all nutrients of concern
- For example, to state that "A healthy diet with adequate calcium and vitamin D, and regular physical activity, help to achieve strong bones and may reduce the risk of osteoporosis. (Naming the food) is high in calcium," the food must contain 275 mg or more of calcium per reference amount and per serving of stated size. There may or may not be additional requirements for other nutrients of concern. Conditions for claims rely on distinct compositional criteria that are relevant to claim. The claim about a diet rich in a variety of vegetables and fruit and reduced risk of heart disease has conditions for levels of certain nutrients (e.g. sodium) that must be met in order for the claim to be made. These criteria are based on evidence that is relevant to the claim. This is to uphold the general provision in the Act that any claim must be truthful and not misleading. For example, sodium is linked to hypertension, which is a risk factor for heart disease; thus it is logical that vegetables and fruit eligible for the claim meet the sodium criteria. On the other hand, as sodium is not linked to bone health, there is no application on limits for sodium criteria to the product carrying a health claim related to effect of calcium and vitamin D on bone health.
- DRR claims are not permitted on foods represented for use in very low energy diets nor are they permitted on foods that are intended solely to be consumed by children under four years of age [B.01.601(1)(c)(i), FDR].

FUNCTION CLAIMS[43]

- General and specific nutrient function claims[44] are permitted.
- The food is not required to be a source of that nutrient unless it has an established "source" claim criteria, as for protein and vitamin and mineral nutrients.
- These claims are limited in that they cannot refer to treatment, prevention or cure of any Schedule A.1 disease, but rather describe the well-established role of energy or nutrients that are essential maintaining the functions of the body necessary to the maintenance of good health and normal growth and development. These food labels must also declare the amount of a nutrient.

GENERAL HEALTH CLAIMS[45]

- These claims can be made for foods that are in line with dietary recommendations from Canada's Food Guide.

- The word 'nutritious' can be used on a food that contains at least a "source" of one nutrient permitted in the Nutrients Facts table (according to definitions in the nutrient content claims)
- The word "healthy" refers to the healthy eating patterns recommended by Eating Well with Canada's Food Guide. The use of the word "healthy" on a food that does not meet the recommendations of Canada's Food Guide could be misleading.

NUTRIENT CONTENT CLAIMS[46]

- Permitted nutrient content claims are in the [Table of permitted nutrient content statements and claims\[47\]](#) (formerly the Table following B.01.513, FDR)
- There are no general criteria for how 'healthy' a food must be to host a nutrient content claim. In practice, this permits the use of a claim on foods that could be low (or lower) in one nutrient of concern and higher in others.
- There are restrictions on wording to ensure the meaning or nature of the claim is not changed, as well as the prominence and size of font (e.g., all words, signs and symbols that are part of the claim must be the same size and font, no box around the words in the claim, etc.).
- The specific information required for a claim must be included on a label or advertisement for a claim to be made.
- Comparative nutrient content claims can be made, but must involve similar reference foods, clearly identify the foods being compared and the difference, and be based on differences that are nutrition and analytically significant (e.g., less than 25% of nutrient content compared to the reference food).

RECENT CHANGES TO PERMITTED NUTRIENT CONTENT CLAIMS

Health Canada has implemented several changes to permitted nutrient content claims to ensure these claims are consistent with the new front-of-package nutrition symbol regulations published in July 2022, and the nutrition labelling regulatory amendments which were published in December 2016. The amendments listed here are subject to a transition period that ends December 31, 2025.

- Prohibiting the use of nutrient content claims related to saturated fat, sugars or sodium (except for "reduced in" claims) on the principal display panel when a package displays a front-of-package nutrition symbol that identifies the food as being "high in" that same nutrient
- Prohibiting the use of the "unsweetened" claim on the principal display panel of foods displaying a "high in sugars" front-of-package nutrition symbol
- Removing the table of nutrient content claims following section B.01.513 and incorporating it by reference into the Regulations as the [Table of Permitted Nutrient Content Statements and Claims](#).
- Modifying the conditions of use of the "no added sugars" and "free of sugars" claims
- Adding a new "low in sugars" claim
- Adding synonyms for certain claims to prevent the misleading use of quantitative nutrient declarations outside of the Nutrition Facts table
- Allowing beverages containing 0-0.5% alcohol, such as non-alcoholic beers and wines and "mocktails", to be able to make statements such as "alcohol-free" and "low in alcohol"

APPROVING/REVIEWING HEALTH CLAIMS ON FOODS

Regulatory requirements for health claims

Health claims are subject to Section 3 of the FDA that prohibits the labelling and advertising of any food to the general public, as a treatment, preventative or cure for any diseases and health conditions listed in Schedule A.1 of the FDA (e.g., cancer, diabetes). Therefore, claims about diseases and health conditions listed in Schedule A.1 cannot be directed to the general public unless authorized in regulations. These claims are subject to pre-market assessment which would involve preparing and submitting an application to Health Canada's Food Directorate in accordance with the Guidance Documents for Preparing Health Claim Submissions. Function claims and claims about diseases or health conditions not listed in Schedule A.1 are subject to the same level of standards of evidence as claims about Schedule A diseases or conditions, but pre-market review is voluntary.

Communication from Health Canada stated:

It has been a common practice among health claims petitioners to submit a dossier for Health Canada review even when this is not a requirement. Upon review of the dossier, Health Canada posts a summary of assessment on its website at [<http://www.hc-sc.gc.ca/fn-an/label-etiquet/claims-reclam/assess-evalu/index-eng.php>].

Pre-market process for new health claims

Requests for mandatory and voluntary review or approvals of **new health claims** are processed by the Food Directorate's Submission Management and Information Unit (SMIU) at Health Canada. The onus for creating health claim applications is on industry. The *Guidance Document for Preparing a Submission for Foods with Health Claims* was published in 2009 to assist companies or organizations in understanding what evidence is required to substantiate a health claim [48]. Additionally, in 2011 a guidance document was developed to assist companies in understanding whether or not they can use a current systematic review as evidence for a health claim [49]. When a health claim does not require pre-market review and is not submitted to Health Canada for a voluntary review, industry must be able to disclose the evidence supporting these claims upon request by the Canadian Food Inspection Agency.

Evidence to inform the health claims review process is based upon human studies. The company must provide details of the literature search strategy used to inform the evidence presented, and studies must be rated for quality. Each health claim is then reviewed by the Food Directorate's Bureau of Nutritional Sciences and approved or not by the Food Rulings committee from Health Canada's Food Directorate. For transparency, the synthesized evidence of the health claim that has been approved/accepted or not is distributed to relevant stakeholders and placed on the Health Canada website [43].

COMPLIANCE

The **Canadian Food Inspection Agency** (CFIA) carries out inspection activities at different levels of trade, including domestic processors, importers and, to some extent, retailers. The CFIA conducts proactive (planned) labelling inspections and also responds to consumer and/or trade complaints or other triggers.

Random inspections are conducted for monitoring purposes, while targeted inspections focus on areas where non-compliance is suspected.

CFIA label inspection activities include verifying the completeness and accuracy of labelling information and may include product sampling for laboratory analysis.

When non-compliant products are identified, the CFIA takes appropriate enforcement action. Enforcement actions are based on harm, history and intent of the violation. These actions can range from verbal and/or written

notifications to warning, detention of product, product recall and/or prosecution (written communication, April 2017).

Comments/ notes

Please note the Supplemented Foods Regulations were published in July 2022, which include restrictions on health claims (Sections B.29.026-B.29.029), including size restrictions of health claim wording, and the List of Permitted Supplemental Ingredients[33]. Please refer to the Guidance Document Supplemented Foods Regulations for more information

LABEL3 Front-of-pack labelling

Food-EPI good practice statement

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

Definitions and scope

- Nutrition information systems include traffic light labelling (overall or for specific nutrients); star or points rating; percent daily intake
- 'Evidence-informed' refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product's healthiness

International examples

- **UK:** Traffic light labelling has been recommended for use in the UK since 2006. In 2013, the Government published national guidance for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. The format of the label and thresholds for nutrients of concern for red, amber and green can be found elsewhere [50]. A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. The voluntary scheme is used by all the major retailers and some manufacturers [50]. Traffic lights are displayed on about two thirds of UK food products.
- **Australia/New Zealand:** The government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). Implementation of the HSR system began in June 2014 and is overseen by the Australia and New Zealand Ministerial Forum on Food Regulation, the Front-of-Pack Labelling Steering Committee, the Trans-Tasman Health Star Rating Advisory Committee, the New Zealand Health Star Rating Advisory Group and a recently established Technical Advisory Group. The Technical Advisory Group is currently evaluating progress as well as conducting a formal review of the HSR system, including an assessment of the underlying algorithm. In New Zealand, as of March 2016, about 900 products have stars on them[51].

- **Chile:** In 2012, the Chilean Government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[52]. In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. All foods that exceed these limits need to have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, SUGAR or SODIUM, as well as "Ministry of Health". A warning message needs to be added to products per nutrient of concern exceeding the limit (e.g. a product high in saturated fat and sugar will have 2 stop signs). The regulatory norms provide specifications for the size, font, and placement of the warning message on products. The limits for calories, saturated fat, sugar and sodium were implemented using an incremental approach, reaching the defined limits on July 1, 2018 [23]. Although no studies are available yet, the regulation is reported to be already well implemented with many products already carrying the warning labels.

Context

In 2009, Health Canada conducted a consultation regarding health claims and front-of-package (FOP) labelling on food. The consultations suggested that there was interest in a FOP system; however, there was a lack of nutritional criteria on which FOP symbols and claims could be based, and no regulations or recommendations were implemented.

In March 2016, the Standing Senate Committee on Social Affairs, Science and Technology recommended that the Minister of Health undertake a review of FOP labelling approaches that have been developed and identified as the most effective, and to implement FOP labelling on all foods that required the NfT[53].

In November 2016, Health Canada published a consultation document to solicit input from interested Canadians and stakeholders on a proposal for front-of-package labelling[54].

In February 2018, Health Canada published its proposed regulations on FOP labelling in the Canada Gazette, Part I for a 75-day consultation period[55].

Policy details

[56-58] The new nutrition symbol consists of a magnifying glass and text box to quickly inform Canadians if a food or beverage is high in saturated fat, sugars or sodium. The regulations were published in the *Canada Gazette*, Part II in July 2022[59].



The thresholds for the "high in" FOP nutrition symbol are expressed as a percentage of Daily Values. There are three threshold levels:

- $\geq 10\%$ DV for prepackaged products with a small reference amount (≤ 30 g or mL)
- $\geq 15\%$ DV for prepackaged products with a reference amount greater than 30 g or 30 mL that are not a main dish
- $\geq 30\%$ DV for prepackaged main dishes with a reference amount ≥ 170 g (when intended solely for children one to four years) or 200 g

Foods that are exempt from the FOP nutrition symbol include:

- Foods that are considered to have health benefits or that are important sources of shortfall nutrients not readily available in other foods (e.g., fruit and vegetables, eggs, nuts, cheese, fatty fish)

- Foods that do not require a Nutrition Facts table
- Raw, single ingredient ground meats and poultry
- Foods not sold directly to consumers and those in very small packages (e.g., coffee creamers)
- Foods on which the nutrition symbol would be redundant, such as packages of sugar, honey, maple syrup, salt, butter and other fats and oils).

The food industry will have until January 1, 2026 to change their labels and comply with the new requirement [58].

Monitoring strategy

Health Canada is committed to implementing program evaluation to ensure the objectives of these regulations are met. This includes monitoring changes in Canadians' nutrient intakes and reporting on the quality of the food supply.

Comments/ notes

Some supplemented foods are required to be labelled with cautionary information to provide consumers with warnings and guidance about consuming the product. When a list of cautionary statements is required, the food is also required to be labelled with a supplemented food caution identifier on the front of the package.

LABEL4 Menu labelling

Food-EPI good practice statement

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

Definitions and scope

- Quick service restaurants: In the Canadian context this definition includes fast food chains or typical 'sit down' restaurants as well as coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold.
- Labelling systems: Includes any point-of-sale (POS) nutrition information such as total calories; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern
- Menu board includes menu information at various points of purchase, including in-store, drive-through and online / food delivery app purchasing
- Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items

International examples

- **South Korea:** Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium [60].
- **USA (2018):** Section 4205 of the Patient Protection and Affordable Care Act (2010)[61] requires that all chain restaurants with 20 or more establishments display energy information on menus. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018[60].
- **New York City, USA:** Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015[60, 62].

Context The Government of BC created and used to support the *Informed Dining* program, which was a voluntary nutrition information program that required participated restaurants to display an “Informed Dining” logo and provide nutrition information to consumers upon request. [63]. The progress was sunsetted in 2018.

***Note that this is not a government initiative, and should not be considered in ratings.*

Policy details There is currently no federal policy on menu labelling in Canada.

Comments/ notes There are additional efforts implemented at the provincial level, and these policies and programs are examined in provincial evidence documents.

Policy area: Food Promotion

Food-EPI vision statement: There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods to children (<16 years) across all media

PROMO1 Restrict promotion of unhealthy food to children: broadcast media

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through broadcast media (TV, radio)

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Includes free-to-air (traditional) and subscription television and radio only (see next indicators for other forms of media)

International examples

- **Norway / Sweden:** Under the Broadcasting Act, advertisements (food and non-food) may not be broadcast on television directed to children or in connection with children's programs on television or in audiovisual on-demand services. This applies to children 12 years and younger[64].
- **Quebec, Canada:** In the province of Quebec, children below 13 years old are protected from all advertising via any medium. The *Consumer Protection Act*, implemented in 1980[65], prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age on television or radio in connection with children's programs. To determine whether or not an advertisement is directed at persons under thirteen years of age, the context of marketing must be considered, in particular: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of child audience is used for TV advertising[66].
- **South Korea:** TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programs shown between 5-7pm and during other children's programs (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010)[67, 68].

Context

Governmental context:

The Canadian Radio-television and Telecommunications Commission (CRTC) is a public organization that regulates and supervises broadcasting and telecommunications in the public interest, and enforces the *Broadcasting Act*[69].

Minister of Health Mandate Letter

In the 2021 **Mandate Letter to the Minister of Health**, Prime Minister Justin Trudeau acknowledged the importance of promoting healthy eating by advancing the Healthy Eating Strategy. This includes... supporting restrictions on the commercial marketing of food and beverages to children [70].

The *Food and Drugs Act* could be a vehicle by which the federal government could prohibit food advertising to children.

Legislative proposals

Senate Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was first introduced into the Senate in September 2016. The Bill aimed to prohibit the marketing of unhealthy foods directed

primarily to children under 13. The Bill passed with amendments at the House of Commons in 2018, but was then stalled at the Senate for the consideration of these amendments. In the summer of 2019, the Bill died at the Senate and did not become law[71].

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The Bill, *An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children)*, would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising.

Non-governmental (industry) context:

Food industry voluntary codes

- In Canada, marketing to children is not regulated at the federal level, and is self-governed by voluntary, industry-led initiatives.
- Between 2007 and 2021, this was governed by the **Children's Food & Beverage Advertising Initiative** (CAI)[73].
- In 2021, the CAI was replaced by the *Code for the Responsible Advertising of Food and Beverage Products to Children*, or the Food and Beverage Advertising Code, including a commitment by the Association of Canadian Advertisers, Canadian Beverage Association, Food, Health and Consumer Products of Canada and Restaurants Canada, on behalf of their members. According to the Code, Advertisers will be encouraged to submit for preclearance all such food and beverage advertising that might reasonably be seen as primarily directed to children, in any media, for review and preclearance by Ad Standards, [74]. Advertisers are expected to comply with this code by Summer 2023, and so it is not fully in effect as of yet.

****Note that these are not government initiatives and should not be considered in ratings.**

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

Canadian Radio-television and Telecommunications Commission (CRTC)

There are two relevant codes that are industry-led that touch on food labelling: the **Broadcast Code for Advertising to Children** (Children's Code) and the **Canadian Code of Advertising Standards**. Both codes are published and administered by **Advertising Standards Canada** (ASC)[73]. ASC is "an industry body committed to creating and maintaining community confidence in advertising."

According to the CRTC, Broadcasters must adhere to the Children's Code. The Canadian Code of Advertising Standards remains a voluntary, industry-led initiative, but is referenced widely in the Children's Code.

There are no restrictions within these codes that would limit the advertising of less foods and beverages to children.

Broadcast Code for Advertising to Children[75].

In this code, "Children" refers to those under 12 years of age. The Children's Code applies to television and radio broadcasting only. According to the CRTC, Broadcasters must adhere to the Children's Code[76]. All broadcast advertising directed to children under 12 years of age must conform to the *Children's Code* as a condition of the broadcast license issued by the Canadian Radio-television and Telecommunications Commission. Commercials directed to children under 12 must first be precleared by ASC's Children's Clearance Committee, before a broadcaster will accept them for airing.

The **Children's Code** mostly refers to the method of advertising or advertising techniques for advertising aimed at children, but does not include what content can be advertised to children. It is not specific to food or nutrition, and there are no provisions for the 'healthiness' of foods that can be advertised. Clause 11 of the **Children's Code** refers to social values, and has specific implications for advertising food:

The Children's Code is designed to complement the general principles for ethical advertising outlined in the **Canadian Code of Advertising Standards**^[75], which applies to all advertising across all media. This includes general provisions for marketing to children such as:

"Advertising must not exploit their [children's] credulity, lack of experience or sense of loyalty, or present information or illustrations that might result in their physical, emotional, or moral harm"^[75].

Pursuant to *Interpretation Guideline # 2 – Advertising to Children*^[77] to Clause 12 of the **Canadian Code of Advertising Standards**:

- "Child-directed messages for food products in broadcast advertising that are inconsistent with the pertinent provisions of the *Food and Drugs Act* and Regulations, or the Canadian Food Inspection Agency's Food Labelling for Industry (CFIA Industry Labelling Tool) shall be deemed to violate Clause 11 (Social Values) of the Children's Code. This Interpretation Guideline is intended, among other purposes, to ensure that advertisements representing mealtime clearly and adequately depict the role of the product within the framework of a balanced diet, and snack foods are clearly presented as such, not as substitutes for meals"^[75].
- "Advertising of food products should not discourage or disparage healthy lifestyle choices or the consumption of fruits or vegetables, or other foods recommended for increased consumption in Canada's Food Guide, and Health Canada's nutrition policies and recommendations applicable to children under 12"^[75].
- "The amount of food product featured in a "child-directed message" should not be excessive or more than would be reasonable to acquire, use or, where applicable, consume, by a person in the situation depicted"^[75].
- "If an advertisement depicts food being consumed by a person in the advertisement, or suggests that the food will be consumed, the quantity of food shown should not exceed the labelled serving size on the Nutrition Facts Panel (where no such serving size is applicable, the quantity of food shown should not exceed a single serving size that would be appropriate for consumption by a person of the age depicted)"^[75].

Compliance with the *Canadian Code of Advertising Standards* is monitored by ASC, based on a consumer complaint process. Compliance with the *Broadcast Code for Advertising to Children* is achieved through preclearance of finished commercials by ASC's Children's Clearance Committee.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The Bill, *An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children)*, would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age^[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising

**Comments/
notes**

There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.

PROMO2a Restrict promotion of unhealthy food: digital and social media

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints- Digital and social media promotion includes: social media, branded education websites, online games, competitions and apps
International examples	<ul style="list-style-type: none">- Portugal: Since 2019, there are restrictions on advertising directed to children under 16 years of food and beverages that contain high energy content, salt, sugar and fats. The advertising ban applies to websites, webpages, apps and social media profiles with content intended for this age group[64].- UK: The UK Committee of Advertising Practice has proposed restrictions on online marketing of food and soft drink products that are high in fat, salt or sugar (HFSS) product. The implementation has been postponed to 1 October 2025[78].

Context See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are currently no federal policies that prevent the promotion of unhealthy food or beverages to children online in Canada.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The Bill, An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children), would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising.

PROMO2b Restrict promotion of unhealthy food: food packaging

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through food packaging

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Food packaging includes product design and packaging (e.g. use of celebrities or cartoons, competitions and give-aways) or point-of-sale displays that involve product packaging

International examples

- **Chile:** In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)[52]. The law restricts advertising directed to children under the age of 14 years of foods in the “high in” category. The regulatory norms define advertising targeted to children as programs directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. The regulation took effect 1 July 2016[67]. Chile’s National Consumer Service has determined that food labels may no longer feature cartoon mascots designed to appeal to children[79].
- **Mexico**

Context

See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are currently no policies in place that restrict advertising of unhealthy food or beverages to children in Canada.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that “Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease.”

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The Bill, An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children), would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising.

PROMO2c Restrict promotion of unhealthy food: sponsorship

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children through sponsorship

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Scope includes sponsorship of community events or community organizations, sports events or sporting organizations (community, amateur or professional/elite), or other events or organizations that primarily target children such as art, racing or health promotion activities.

International examples

SPONSORSHIP & SPORTING ACTIVITIES

- **Amsterdam, Netherlands:** Since 2016, sponsorship of sports events with more than 25% young people in attendance is not permitted by unhealthy food or drink manufacturers[80].
- **Western Australia (2010) and Victoria (2020), Australia:** 'Healthway's' co-sponsorship policy stipulates that 'Healthway' will generally not engage in any funding agreements with organisations with co-sponsors that promote unhealthy brands or messages. Unhealthy brands include food and beverages high in kilojoules, added sugar or salt, saturated fat and low in nutrients. This policy applies to all funding applications for sport, art, racing, community activities, health promotion projects and research[81]. 'VicHealth' introduced a similar policy in 2020 that applies to groups (including elite sport teams) who receive funding from VicHealth[82].

Context

See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are currently no restrictions on the promotion of unhealthy foods to children through sponsorship.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The

Bill, An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children), would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising.

PROMO2d Restrict promotion of unhealthy food: public settings

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children in public settings (e.g., outdoor advertising and public transport advertising)

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Public settings include outdoors and on/around public transport (e.g. signage, posters and billboards), cinema advertising, product placement and brand integration (e.g. in television
- Where the promotion is specifically in a children's setting, this should be captured in 'PROMO3'

International examples

PUBLIC SETTINGS

- **Chile** (2015): Chile has restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools.
- **Portugal** (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[83].
- **Amsterdam, Netherlands** (2013): Amsterdam banned billboard advertisements for unhealthy products targeted at children and teenagers (up to 18 years of age) in any of Amsterdam's 58 metro stations as part of their Healthy Weight Program[84].

Context

See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are no current restrictions on marketing of unhealthy foods to children in public settings.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

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PROMO2e Restrict promotion of unhealthy food: retail settings

Food-EPI good practice statement

Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children in retail settings (point-of-sale in supermarkets or restaurants)

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Retail settings include food and non-food retail outlets, restaurants
- Marketing techniques include point-of-sale displays, in-store and on-store marketing, product placement and retail price-promotion restrictions

International examples

RETAIL SETTINGS

- **Chile** (2016): Chile has restricted advertising of unhealthy foods targeting children in shop windows and on point-of-sale boards. It is also not allowed to promote food products by giving free toys to children in restaurants[85].

Context

See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are currently no restrictions on the promotion of unhealthy foods to children in retail settings.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

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Proposed Bill C-252

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doesn't specify which media or settings it applies to beyond the broad definition of advertising.

PROMO3 Restrict promotion of unhealthy foods: children's settings

Food-EPI good practice statement

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

Definitions and scope

- Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints
- Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present
- Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced)
- Includes restriction on unhealthy food sponsorship in sport (e.g. junior sport, sporting events, venues)

International examples

- **Chile** (2015): Restricts advertising directed to children under the age of 14 years of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Chile has also restricted outdoor advertising, with ten municipalities adopting legislations banning outdoor marketing one block around schools.
- **Portugal** (2019): Advertising directed to children under 16 years of food and beverages high in energy content, salt, sugar, saturated fat and trans-fat is restricted (HFFS). HFFS foods are prohibited from being advertised in pre-schools, schools, sports, cultural and recreational activities organised by these, in public playgrounds and within a radius of 100 metres of all of these spaces[83].

Context

See PROMO1.

Policy details

CURRENT MARKETING RESTRICTIONS OR PROGRAMS IN PLACE:

There are currently no federal restrictions on the promotion of unhealthy foods to children in settings where children gather.

ADDITIONAL POLICY WORK UNDERWAY

Healthy Eating Strategy

Restricting the marketing of foods that contribute to excess intakes of sugars, saturated fat and sodium to children is a key initiative under the pillar of Protecting Vulnerable Populations in the Healthy Eating Strategy.

Forward Regulatory Plan 2022-2024

In April 2021, Amendments to the Food and Drug Regulations (Restricting the Advertising to Children of Prescribed Foods containing Sodium, Sugars and Saturated Fat) were included in the Forward Regulatory Plan 2022-2024, which state that "Health Canada is proposing amendments to the Food and Drugs Regulations to introduce new restrictions on the advertising to children of prescribed foods containing sodium, sugars or saturated fat. The proposed amendments would reduce children's exposure to, and power of, advertising of prescribed foods to lower the risk of obesity and diet-related chronic disease."

Health Canada Monitoring Strategy for Food Advertising to Children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as

awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Proposed Bill C-252

Bill C-252, a Private Member's Bill, was introduced in the House of Commons and completed its first reading in February 2022 and second reading in September 2022. The Bill, An Act to amend the Food and Drugs Act (prohibitions of food and beverage marketing directed at children), would restrict advertising foods and beverages with excess sugar, saturated fats or sodium directed primarily at children under 13 years of age^[72]. The Bill doesn't specify which media or settings it applies to beyond the broad definition of advertising.

Comments/ notes

Some provinces and territories have policies and regulations in this area (see Provincial documents) which are not considered in this document.

Policy area: Food Prices

Food-EPI vision statement: 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

PRICES1 Reduce taxes on healthy foods

Food-EPI good practice statement

Taxes or levies on healthy foods are minimized to encourage healthy food choices where possible (e.g., low or no sales tax, excise, value-added or import duties on fruit and vegetables)

Definitions and scope

- Includes exemptions from excise tax, ad valorem tax or import duty
- Includes differential application of excise tax, ad valorem tax or import duty
- Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')

International examples

- **Australia:** Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)[86].
- **Tonga:** In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets[87].
- **Fiji:** To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. Import tax was decreased for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed completely for garlic and onions[87].

Context

Taxes on products in Canada are governed by the **Excise Tax Act** and its regulations, which are also typically applied to food products.

In Canada, a Goods and Service Tax (GST) applies to most supplies of goods and services, at a rate of 5%. There is a Harmonized Sales Tax (HST), which harmonizes provincial sales tax with GST in several participating provinces at the following rates: 13% in Ontario, and 15% in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island. Also effective April 1, 2013, the 12% HST in British Columbia was reverted back to GST and a provincial sales tax.

Policy details

Value-added tax (Goods and services tax – GST)

For food products, the application of GST and HST is based on whether or not foods are considered 'basic groceries'[88]. Currently Canada's GST and HST legislation zero-rates the supply of basic groceries (i.e., GST/HST applies at a rate of 0%), which include some 'healthy' foods.

Section 1 of Part III of Schedule VI describes the GST/HST treatment of basic groceries, generally defined as "*Supplies of food or beverages for human consumption (including sweetening agents, seasonings and other ingredients to be mixed with or used in the preparation of such food or beverages)*" with a number of exceptions. The list of zero-rated foods under the GST/HST include fresh, frozen, canned and vacuum sealed fruits and vegetables, breakfast cereals, most milk products, fresh meat, poultry and fish, eggs and coffee beans.

All foods that are prepared and sold in food service outlets are subject to GST/HST.

There are some aspects of the Act that do not align with profiling of 'healthful' or 'less healthful' foods, such as:

- Unflavoured, carbonated water is taxable
- Non-carbonated fruit-flavoured water, and plain bottled water is taxable when served in single-serve containers. For GST/HST purposes, a single serving for beverages includes all servings under 600 mL in volume.
- Additionally, foods packaged for immediate consumption (i.e., single serving) are subject to GST and HST; multiple packs of similar products are not. For example, muffins, pies, cookies or doughnuts are taxable when they are pre-packaged for sale to consumers in quantities of less than six items each of which is a single serving[89].

Import taxes on fruits and vegetables

According to World Trade Organization Agreements and Free Trade Agreements, import duties are low or zero for most fresh fruits and vegetables.

PRICES2 Increase taxes on unhealthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- Many countries (>50) around the globe have varying taxes applied to sugar sweetened beverages, energy drinks and similar products[87].
- **Mexico:** In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This increases the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, the taxes are not specifically earmarked[87, 90].
- **Hungary:** A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at \$0.24 per litre and other sweetened products at \$0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g[87, 91].
- **UK:** Since 2018, a levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of total sugars per 100mL of prepared drink. Soft drinks that have a total sugar content of more than 5g and less than 8g per 100mL are taxed 0.18 British pounds (\$0.25) per litre and drinks that have a total sugar content of 8g or more per 100mL are taxed 0.24 British pounds (\$0.34) per litre. Exemptions from the levy for some other drinks apply. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK[92, 93].
- **Ethiopia (2020):** An excise tax applies on food products such as sugar-sweetened beverages and margarines, fats and oils with high levels of saturated fats or trans fats. Beverages with added sugars or other sweeteners are subject to a 25% tax. Fruit and vegetable juices are excluded. Margarine with more than 40% saturated fat, or more than 0.5% trans fat per 100g, are subject to a 50% tax. Hydrogenated fats and oils with more than 40% saturated fat or more than 0.5 trans-fat per 100g are taxed 40%, and those whose saturated and trans-fat content is not indicated. A 30% tax rate is applied to non-hydrogenated fats and oils with more than 40% saturated fat per 100g if their saturated fat content is not indicated[87].

Context

Policy details

There are currently no federally-imposed taxes or levies on unhealthy foods or nutrients of concern.

PRICES3 Existing food subsidies favour healthy foods

Food-EPI good practice statement

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 in line with overall population nutrition goals

Definitions and scope

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

International examples

- **Singapore:** The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" program, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry[94]. The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidizes oils with a saturated fat level of 35 per cent or lower.

Context

The Mandate letter to the Minister of Agriculture and Agri-Food from 2021 states that, "In support of *A Food Policy for Canada*, Working with the Minister of Families, Children and Social Development and with provinces, territories, municipalities, Indigenous partners and stakeholders to develop a National School Food Policy and to work toward a national school nutritious meal program."

Policy details

Currently, supply management systems for the dairy, poultry and eggs sectors support market price through tariffs and production quotas[95]. The program does not have any objectives specific to improving the nutritional quality of the food supply in Canada.

NUTRITION NORTH CANADA

Nutrition North Canada (NNC) is a Government of Canada program that helps make nutritious food and some essential items more affordable and more accessible. NNC is administered by Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC). Current initiatives administered by CIRNAC as part of NNC include: NNC subsidy; Harvesters Support Grant (HSG) and Community Food Programs Fund (CFPF); and Food Security Research Grant.

NNC subsidizes a list of nutritious eligible food, as well as certain non-food items such as diapers, and soap, hand-sanitizers and personal hygiene products, sold by registered retailers, suppliers, country food processors and local food growers. Food banks and

charitable organizations are also eligible for the subsidy. Customers in eligible communities can purchase subsidized food from registered northern retailers, directly from registered suppliers or from registered local food growers. Eligible communities can also benefit from the subsidy through food that is donated by registered food banks and other charitable organizations, without profit.

To be eligible for the NNC subsidy, a community must be considered isolated and meet the following criteria:

- Lack year-round surface transportation (no permanent road, rail or marine access), excluding isolation due to freeze-up and break-up [of ice surrounding a community] that normally lasts less than four weeks at a time
- Meet the territorial or provincial definition of a northern community
- have an airport, post office, or grocery store
- have year-round population according to the national census

In 2020, because of the COVID-19 pandemic and to support food security in isolated communities, an additional \$25 million was allocated to the NNC program to increase the subsidy rates and expand the list of food and essential items subsidized when shipped by air to all NNC eligible communities[96].

The **Harvesters Support Grant**[97] increases access to country foods by providing funding to support traditional hunting, harvesting and food sharing in isolated communities. It also respects the inherent hunting and harvesting rights of Indigenous Peoples in Canada. The **Community Food Programs Fund**[97] is an important component of the Harvesters Support Grant. Introduced in 2022, this fund has been co-developed with Indigenous partners to support a variety of community food sharing activities that include locally grown, market and country food. The Community Food Programs Fund expands the scope of the grant to initiatives such as school food programs, elders meal programs, and group ordering; supporting and strengthening the work that communities do to support local food security through culturally-appropriate, locally-led solutions. Combined, the Harvesters Support Grant and Community Food Programs Fund create less reliance on store bought food; encourage the restoration of harvesting culture and practices; and support local food production and community food sharing.

To be eligible for the Harvesters Support Grant and the Community Food Programs Fund, an Indigenous organization representing a community must:

- qualify for the NNC subsidy
- be reliant on air transportation for more than 8 months each year

The **Food Security Research Grant**[98] supports Indigenous-led projects addressing food security and food access inequality in communities eligible under the NNC program.

Additional details of NNC:

- For people who live in an eligible Northern community, they can access the subsidy three ways.
 1. by shopping at a registered retailer or local food grower, where the price of eligible food reflects the NNC subsidy;
 2. by making a direct order from a registered supplier, where the NNC subsidy is automatically deducted from the price of all eligible items; and
 3. through food banks and charitable organizations, who can claim the subsidy for all eligible items shipped to an eligible community, at the same rates as received by local retailers.
- Each year, a sample of registered businesses and charitable organizations are chosen to undergo a compliance review. The process helps determine whether they are complying with the terms and conditions of the funding agreement they signed with CIRNAC and are passing on the subsidy to consumers.

- NNC provides a subsidy on a list of nutritious eligible foods (fruit, vegetables, milk and alternatives, eggs, meat and alternatives, grain products and other foods) as well as certain non-food items like diapers and non-prescription drugs, sold by registered retailers and suppliers. There are three levels of subsidies, with a higher subsidy rate applied to the most nutritious perishable foods[99].
- NNC subsidizes commercially-inspected country and traditional foods such as Arctic char, goose, muktuk and caribou when purchased from a local store or processing plant recognized by the program. There are currently three country food processors registered with NNC in Rankin Inlet, Pangnirtung and Cambridge [100].
- Individuals, schools, restaurants and small retailers in eligible communities can order directly from a registered supplier and the NNC subsidy will automatically be deducted from the price of all eligible items.
- Between April 2011 and March 2015, cost of the Revised Northern Food Basket for a family of four was on average 5% lower than in March 2011. [101].
- In 2015-2016, 96% of NNCs food subsidy was spent on perishable nutritious food: 37% of the subsidy goes towards perishable fruits and vegetables (including unsweetened juice), 25% to milk and dairy products, 22% to meat and alternatives, and 12% to bread, cereal and grain products[101]. No updates on subsidy spending have been published since 2016.
- With the burden of the global pandemic, in communities eligible for the full retrieval subsidy under NNC, the average cost of the Revised Northern Food Basket was \$2.45 (0.59%) higher in March 2021 than in March 2020. With the NNC program, the 2020-2021 average basket cost in eligible communities was \$7.37 lower (1.76%) than in March 2011, prior to the launch of the NNC program. Elsewhere in Canada, the cost of food purchased from stores increased by 18.2% since 2011 [96].
- In August 2022, the Minister of Northern Affairs announced enhancements to the NNC program, a significant step forward in addressing food security in the North. An additional \$143.4 million will be invested over two years from Budget 2021, which includes an additional \$36 million for the Harvesters Support Grant, \$60.9 million to launch the new Community Food Programs Fund, \$1.5 million to invest in the Nutrition North Canada's Food Security Research Grant and \$43 million to maintain increased subsidy rates that were put in place at the beginning of the pandemic.
- As of October 2022, there are 122 northern communities eligible for the NNC subsidy program. Of those 122 communities, 108 are also eligible for the Harvesters Support Grant and the Community Food Programs Fund.

As part of NNC, Indigenous Services Canada and the Public Health Agency of Canada fund and support Nutrition Education Initiatives in all eligible NNC communities. These culturally-appropriate retail and community-based nutrition education activities focus on increasing knowledge of healthy eating, developing food skills, and building on community-based food activities for both store-bought and traditional or country food (See RETAIL3).

PRICES4 Food-related income support is for healthy foods

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **UK:** The British Healthy Start program provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the program began in 2006[87].
- **USA:** In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants[87].
- **USA:** In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US\$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals[87]. In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be used to purchase fresh fruit and vegetable products at a farmers market[87]. In Philadelphia, the program has been expanded to other retail settings like supermarkets and corner stores.

Context

In Canada, social assistance is typically administered at the provincial level.

Policy details

Canada Prenatal Nutrition Program (CPNP)

The **CPNP[102]** was created in 1995 to support the needs of pregnant women who face unique challenges that may afflict their health or the health of their infants. One of the potential support mechanisms includes the provision of food and food coupons. The services provided by CPNP are much broader than merely food related income support: CPNP supports include nutrition counselling, prenatal vitamins, food and food coupons, counselling in prenatal health and lifestyle, breastfeeding education and support, food preparation training, education and support on infant care and child development, and referrals to other agencies and services.

CPNP is managed by a Joint Management Committee consisting of representatives from F/P/T ministries and communities, and is overseen by the Division of Health Promotion at the Public Health Agency of Canada (PHAC). CPNP provides funding and support for provinces and territories to develop and implement targeted social assistance programs relating to the above mentioned areas specific to pregnant women, which are typically organized and coordinated at the provincial level.

According to the CPNP website:

Each provincial/territorial government signed protocols that identify the priorities of their region and set out the terms and conditions for managing CPNP sites in their respective province/territory[103].

CPNP-First Nations and Inuit Component (CPNP-FNIC),

CPNP-FNIC is one of the Healthy Child Development programs administered by First Nations and Inuit Health Branch (FNIHB), Indigenous Services Canada, designed to improve overall outcomes of First Nations on-reserve and Inuit maternal, infant, child and family health. The CPNP-FNIC aims to improve the adequacy of the diet of prenatal and breast feeding women; increases access to nutrition information, services and resources to eligible women, particularly those at high risk; increase breast feeding support; and increase knowledge and skill building opportunities in maternal and infant nutritional health

Examples of activities funded through CPNP-FNIC include: breast feeding classes and individual support, community kitchen cooking classes, traditional food gathering/preparation/distribution, baby food making classes, community gardens, food voucher distribution, grocery or food box delivery, sharing circles, group exercise, and traditional crafts and activities.

**Comments/
notes**

There are a number of provincial programs that relate to income assistance, and these are addressed in the respective provincial documents.

Policy area: Food Provision

Food-EPI vision statement: 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

PROV1 Policies in schools promote healthy food choices

Food-EPI good practice statement

The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education and care services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices

Definitions and scope

- Early childhood education and care services (0-5): includes all early childhood care services which may be regulated and required to operate under the National Quality Framework
- Schools include government and non-government primary and secondary schools (up to year 12)
- Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices
- Includes policies that relate to school breakfast programs, where the program is partly or fully funded, managed or overseen by the government
- Excludes training, resources and systems that support the implementation of these policies (see 'PROV3')

International examples

- **Chile** (2016): Regulatory norms define limits for calories, saturated fat, sugar and sodium content considered 'high' in foods and beverages. These 'high in' food items and beverages are prohibited from being sold in schools[104]. Evaluation showed that foods exceeding any cut-offs decreased from 90.4% in 2014 to 15.0% in 2016. Solid products had a substantial reduction in calories, sugar, saturated fat, and sodium. Liquid products had a reduction in calories, total sugar, and saturated fat, whereas sodium increased[104, 105].
- **Finland** (2017): Recommendations based on the Finnish nutrition guidelines provide food and nutrient recommendations for salt, fibre, fat, and starch content for school meals. No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are permitted to be served at school[104].
- **Brazil** (2001): The national school feeding program[106] places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law[107], approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal program (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold.
- **Jamaica** (2018): Mandatory nutrient guidelines for beverages sold/served within all public educational institutions for children (i.e. early childhood, primary level and secondary level) prohibit sweetened beverages that exceed a maximum sugar concentration of 4g/100ml (effective 1st January 2021); and 2.5g/100ml (effective 1st January 2023). All unsweetened

beverages are permitted. The guidelines also caution against beverages containing >10mg/serve of caffeine, discourage the use of artificial sweeteners and recommend beverage portions sold/served of <12 ounces (not including water)[104].

- **Australia:** Six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term)[104]. The extent of implementation of mandatory standards varies substantially. Only two states (WA and NSW) routinely monitor and report implementation and compliance[108].

Context

In Canada, education is largely decentralized to the provinces and territories, and there is no federal Department of Education. Therefore, setting nutrition standards in schools currently falls largely on provincial governments, and Ministries of Education and/or Ministries of Health or the equivalent in each province are responsible for developing criteria for nutritional standards in schools. It is not explicit whether or not regulations could be implemented at the federal level, but it is likely that guidelines would be the most feasible policy lever for this indicator.

In the 2021 **Mandate Letter to the Minister of Agriculture and Agri-Food**[109], Prime Minister Justin Trudeau asked the Minister of Agriculture and Agri-Food to “strengthen Canada’s food system, with particular emphasis on developing a National School Food Policy.”

The Federal/Provincial/Territorial Nutrition Working Group on Improving the Consistency of School Food and Beverage Criteria created a technical document, the **Provincial and Territorial Guidance Document for the Development of Nutrient Criteria for Foods and Beverages in Schools 2013**, to guide and support provinces as they create and revise their guidelines[110]. This document was agreed upon by provinces and territories, with the exception of Quebec, who intends to remain solely responsible for the development and implementation of policies or guidelines. This has been superseded by an updated document - Provincial/Territorial Nutrition Standards for K-12 Schools that is used internally by P/T governments who can adapt as needed when creating their own jurisdictional standards. This document provides guideline criteria for ‘Choose most often’ and ‘Choose sometimes’ with specific criteria for each of the four food groups (vegetables and fruit, grain products, milk and alternatives, meat and alternatives) and for combination dishes representing two or more food groups. The document also provided support to industry and others who are responsible for sourcing food for the school food policies.

Policy details

SCHOOLS:

There are currently no federal regulations regarding policies to provide and promote healthy choices in schools or ECEs.

Canada’s Food Guide underpins programs and policies across Canada, including school food guidelines and education initiatives.

SCHOOL FEEDING PROGRAMS

Currently, there are no national school feeding programs, and no national standards for federally-funded feeding programs.

In 2019, Agriculture and Agri-Food Canada released the **Food Policy for Canada** [111] to improve food systems in Canada by guiding the integration of food-related policies and programs across different sectors of government. As part of a goal to improve access to healthy foods in Canadian communities by 2024, it is stated that “The Government of Canada will also engage with provinces, territories, and key stakeholder groups to work toward the creation of a National School Food Program.”

In the 2021 **Mandate Letter to the Minister of Agriculture and Agri-Food**[109], Prime Minister Justin Trudeau tasked the Minister of Agriculture and Agri-Food to continue to support the **Food Policy for Canada** and to work in collaboration with the Minister of Families, Children and Social Development to develop a National School Food Program.

In November 2022, the Canadian government published a Discussion Paper describing how they are actively collaborating with provincial/territorial governments, Indigenous partners and stakeholders to build a national school food policy. [112] Consultations were conducted with Canadians from November 16 to December 16 2022 based on the Discussion Paper [113]. The consultations collected data on proposed objectives for the Policy including:

- Improve access to school food and mitigate financial barriers
- Prevent stigma
- Enhance nutrition and promote lifelong healthy practices
- Ensure a flexible approach that leaves room for local adaptation
- Offer culturally appropriate programming that is mindful of dietary requirements
- Ensure accountability and governance
- Supporting local and sustainable food systems and economies

(Note that those objectives do not yet reflect First Nations, Inuit and Métis perspectives, which should change after further collaboration with these groups[112].)

The government is also planning to discuss with different stakeholder groups, including[112]:

- Parents, volunteers, teachers, school employees and school administrators
- Organizations that deliver school meal programming (e.g., Breakfast Club of Canada)
- People with lived experience of poverty and food insecurity
- Academics and experts on school meal programs
- Municipalities
- Agriculture and agri-food sector
- Children and students

No investment was included in the latest federal budget and the Government of Canada is continuing to engage with stakeholders and Indigenous partners to ensure that a school food policy and programming reflects the views of communities and meets their needs.

EARLY CHILDHOOD EDUCATION

There are no national school or ECE feeding programs.

Comments/ notes

There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.

PROV2 Policies in public settings promote healthy food choices

Food-EPI good practice statement

The government ensures that there are clear, consistent policies in 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.

Definitions and scope

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

International examples

- **Latvia:** In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product[104].
- **New York City, USA:** New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)[104, 114]. As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%.
- **Wales:** There are nutritional standards that are used in hospital setting that provide technical guidance for caterers, dietitians and nursing staff. Standards covers nutrient and food-based standards which provide for the needs of patients[115]. Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals.
- **San Francisco, USA (2016):** Food and drinks sold in vending machines on city property must meet specified nutrition requirements including: <200 calories per serving, <35% of calories from fat, <1g of saturated fat per serving, no trans fat or partially hydrogenated oil, <35% of weight from total sugars, <240mg of sodium per serve and no candy or sugary drinks. Calorie labelling is also required[104].
- **Brazil (2016):** The procurement guidelines for food served or sold for purchase in the Ministry and its entities are based on the Food Guide for the Brazilian population. At least

one seasonal fruit has to be offered, and sugar-sweetened juice, soft drinks or sweets cannot be sold or served. Ultra-processed food may only be used in exceptional cases if it is used in meals which are prepared from mostly unprocessed or minimally processed food[104].

- **New South Wales, Australia** (2017): 'The Healthy Food and Drink in NSW Health Facilities for Staff and visitors Framework' applies to all food outlets where food and drink is available to visitors and staff in NSW health facilities. It is closely aligned with the 2013 Australian Dietary Guidelines, portion limits and the Health Star Rating system. Everyday foods and drinks must make up 75% or more of the total food and drink offering, occasional foods make up no more than 25% and sugar sweetened beverages are not sold. Portion limits and marketing restrictions also apply. NSW Health monitors the implementation of the framework[116].
- **The Netherlands** (2017): The Guidelines for Healthier Canteens (designed to make workplaces healthier) covers canteens at schools, sports clubs and workplaces and provides guidelines for the level of a full range of food and drink being offered, together with the canteen's general display layout. The framework of the Guidelines defines three different levels: bronze, silver and gold[117].
- **Portugal** (2014): Provides basic guidelines for the preparation of healthy menus by social care entities. These include aid associations and groups, foundations, charities and other organisations which provide daily meals to various groups of the population, namely the elderly, children and socioeconomically vulnerable citizens. The guidelines are based on the most updated scientific knowledge and promote local products and the Mediterranean dietary pattern. The guidelines follow the food-based dietary guidelines for the Portuguese population[104].

Context

In Canada, provinces receive funding for health services through the Canada Health Transfer, and therefore provincial governments are largely responsible for policy in hospital or health care settings.

Nationally, the federal government is responsible for federal prisons under Correctional Service Canada.

Policy details

Procurement standards: Federal procurement policies must abide by the North American Free Trade Agreement, the World Trade Organization – Agreement on Government Procurement, and the Agreement on Internal Trade. In the Government of Canada's contracting policy, there is no mention of nutrition or diet, and no nutrition standards for procurement.

Public sector workplaces: There is no federal policy discussing food service activities at the federal level with regards to food at events, fundraising, vending machines on federal property, etc.

Hospitals: The provincial governments are typically responsible for policy within hospital settings; no federal policies or guidelines have been developed.

Correctional Facilities: According to Correctional Services Canada, food services within correctional facilities must provide nutritionally balanced meals based on Canada's Food Guide[118]. Menus must be reviewed by a registered dietitian to ensure that the menus meet the Recommended Nutrient Intakes for Canadians.

Post-secondary institutions and recreation settings: Health Canada is collaborating with stakeholders to encourage improvements to the food environment in post-secondary institutions and recreation settings. With input from stakeholders, Health Canada is developing food guide-friendly principles to encourage these settings to offer and promote nutritious foods and beverages promoted by Canada's food guide, and limit availability of highly processed foods and beverages. Resources to support implementation are also under development. Plans for principles and resources to be tested by stakeholders are underway. A pilot test of draft principles implemented in University of British Columbia dining halls found an increase in sales of foods aligned with Canada's food guide during the intervention period.

Comments/ notes	There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.
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PROV3 Support and training systems (public sector settings)

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none"> - Includes support for early childhood education services as defined in 'PROV1' - Public sector organisations includes settings defined in 'PROV2' - Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
International examples	<ul style="list-style-type: none"> - Victoria, Australia: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dietitians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, food service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products[119]. - Japan: The Basic Law on Shokuiku (<i>shoku</i>='diet', <i>iku</i>='growth') stipulates that at least one dietitian should be assigned at any facility with mass food service over 100 meals/sitting or over 250 meals/day. In schools, diet and nutrition teachers are responsible for supervising school lunch programs, formulating menus and ensuring hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities[120-122]. Under the revised School Lunch Act 2008, the School Lunch Practice Standard stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups[123]. Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients, amounting an estimate of 4000 yen/month/student for school lunch program[124].

Context

Policy details	The federal government does not have policies relating to public sector organizations regarding healthy food service policies and guidelines.
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Comments/ notes	There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.
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PROV4 Support and training systems (private companies)

Food-EPI good practice statement

Government actively encourages and supports private companies to provide and promote healthy foods and meals in their workplaces

Definitions and scope	<ul style="list-style-type: none">- For the purpose of this indicator, 'private companies' includes for-profit companies and extends to non-government organisations (NGOs) including not-for-profit/charitable organisations, community-controlled organisations, etc.- Includes healthy catering policies, fundraising, events- Includes support and training systems including guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses (where relevant to the provision of food in a workplace)- Excludes the provision or promotion of food to people not employed by that organisation (e.g. visitors or customers)- Excludes support for organisations to provide staff education on healthy foods
International examples	<ul style="list-style-type: none">- Victoria, Australia: 'Healthy choices: healthy eating policy and catering guide for workplaces' is a guideline for workplaces to support them in providing and promoting healthier foods options to their staff. The guideline is supported by the Healthy Eating Advisory Service that helps private sector settings to implement such policies. Menu assessments and cook/caterer training are available free of charge to some eligible workplaces[125].

Context

Policy details	<p>The Canadian Centre for Occupational Health and Safety (CCOHS) was established in 1978 by the <i>Canadian Centre for Occupational Health and Safety Act</i> to create an institute to represent the health and safety of workers nationally. The CCOHS established a website, the Healthy Eating at Work site, which states that healthy eating programs should focus on the main messages from Canada's Food Guide and make sure their services offer healthier food choices. The site further provides tips on what to include in the healthy eating programs and suggestions on what to offer and what to limit at meetings. There is no official policy or guidelines recommended by the federal government[126].</p> <p>No other programs or policies were identified.</p>
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Comments/ notes	<p>The 2019 Canada's food guide includes a section on how to create healthy food environments in the workplace. They give specific recommendations for planning workplace meetings, fundraising activities and work events to promote healthy eating habits and to limit the sale or offering of less healthy foods. They also suggest to consider creating a food and drink policy in one's workplace that limits the availability of less healthy foods and increases the availability of healthier foods in cafeterias and vending machines[127].</p> <p>There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.</p>
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Policy area: Food Retail

Food-EPI vision statement: 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)

RETAIL1 Robust government policies and zoning laws: unhealthy foods

Food-EPI good practice statement

Zoning laws and related policies provide robust mechanisms 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

Definitions and scope

- Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes
- Includes the consideration of public health in State/Territory subordinate planning instruments and policies
- Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications
- Excludes laws, policies or actions of local governments

International examples

- **South Korea** (2010): The Special Act on Children's Dietary Life Safety Management established the creation of 'Green Food Zones' around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools[68, 128]. In 2016, Green Food Zones existed at over 10000 schools.
- **UK:** Around 15 local authorities have developed "supplementary planning documents" on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools), but one city adopted a restriction on hot food takeaways to no more than 10% of units in any shopping area, districts and neighbourhood centres[67].

Context

In Canada, zoning laws are typically administered at the provincial or local level. Although this varies between provinces, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial mandates.

Policy details

No federal policies or guidelines exist to support adoption of zoning laws to address limiting the density of placement of outlets that sell generally unhealthy foods.

RETAIL2 Robust government policies and zoning laws: healthy foods

Food-EPI good practice statement

Zoning laws and related policies provide robust mechanisms and are being used, where needed, by local governments to encourage the availability of outlets selling fresh fruit and vegetables

Definitions and scope	<ul style="list-style-type: none">- Outlets include supermarkets, produce markets, farmers' markets, greengrocers, food co-operatives- Includes fixed or mobile outlets- Excludes community gardens, edible urban or backyard gardens (usually regulated by local governments)- Includes State/Territory policies to streamline and standardise planning approval processes or reduce regulatory burdens for these outlets- Includes policies that support local governments to reduce license or permit requirements or fees to encourage the establishment of such outlets- Includes the provision of financial grants or subsidies to outlets- Excludes general guidelines on how to establishment and promote certain outlets- Excludes laws, policies or actions of local governments
International examples	<ul style="list-style-type: none">- USA: In February 2014, the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. America's Healthy Food Financing Initiative (HFFI) is a public-private partnership administered by Reinvestment Fund on behalf of USDA Rural Development to improve access to healthy food in underserved areas. The program to date has helped leverage more than \$220 million in grants and an estimated \$1 billion in additional financing. It has also supported nearly 1,000 grocery and other healthy food retail projects in more than 35 states across the country[67].- New York City, USA (2008): The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods[67]. In 2008, New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods[67]. In addition, in 2009, New York City established the food retail expansion to support a health program of New York City (FRESH). Under the program, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts.

Context	In Canada, zoning laws are typically administered at the provincial or local level. Although this varies between provinces, provincial or territorial governments typically set overarching zoning legislation, and local governments are responsible for creating, implementing and enforcing municipal policies that are in line with the provincial mandates.
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Policy details	No federal policies or guidelines exist to support adoption of zoning laws to encourage the availability of outlets selling fresh fruit and vegetables.
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RETAIL3 In-store availability of healthy and unhealthy foods

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets- Support systems include guidelines, resources, or expert support- In-store promotion includes the use of key promotional sites such as end-of-aisle displays, checkouts and island bins as well as the use of shelf signage, floor decals or other promotional methods- In-store availability includes reducing or increasing supply (volume) of a product such as reducing the amount of shelf-space dedicated to sugar-sweetened drinks and confectionary, or offering fresh produce in a convenience store
International examples	<ul style="list-style-type: none">- USA: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) requires WIC authorized stores to stock certain healthier products (e.g. wholegrain bread)[87].- Northern Territory, Australia (2012): The NT Community Store Licensing Scheme sets minimum standards for how licensed stores must operate including requirements to stock fresh and healthy food and to take reasonable steps to promote healthy choices. It also sets requirements regarding store retail and management practices. Licensing applies to stores that are determined to be an important source of food, drink or grocery items for an Aboriginal community and that are in a Food Security Area of the Northern Territory[129].- Canada (2011): Nutrition North Canada (NNC) is a Government of Canada program that helps make nutritious food and some essential items more affordable and more accessible. One of the ways that NNC helps eligible northern communities is through the NNC subsidy. NNC subsidizes a list of nutritious eligible food, as well as certain non-food items such as diapers and soap, hand-sanitizers and personal hygiene products, sold by registered retailers, suppliers, country food processors and local food growers. Food banks and charitable organizations are also eligible for the subsidy. Customers in eligible communities can purchase subsidized food from registered northern retailers, directly from registered suppliers or from registered local food growers. The subsidy is applied against the total cost of an eligible product shipped by air, ice road, sealift or barge to an eligible community. To be eligible for NNC, a community must be considered isolated, lack year-round surface transportation, meet the territorial or provincial definition of a northern community, have an airport, post office or grocery store and have a year-round population according to the national census[130].

Context	In 2013, Health Canada commissioned a document titled Working with Grocers to Support Healthy Eating to better understand the literature on interventions in the food retail environment to support healthy eating in grocery stores[131].
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Policy details	<p>Nutrition North Canada (NNC) Nutrition Education Initiatives [132]</p> <p>NNC (described in detail in PRICES3) supports in-store availability of healthy foods, through NNC nutrition education initiatives, however, that is a relatively much smaller part of the program compared to the food subsidy program. As part of NNC, Indigenous Services Canada and the Public Health Agency of Canada fund and support culturally appropriate retail and community-based nutrition education activities in all eligible isolated northern communities. These initiatives complement the NNC subsidy by supporting increased knowledge of healthy eating, developing skills in selecting and preparing healthy store-bought and traditional or country foods, and building on existing community-based activities. Communities decide which nutrition education activities to offer based on their needs and priorities. Funded activities may include promotion of in-store sampling of healthy food and grocery store tours (which may include nutrition label reading)[132]. There</p>
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are currently 122 isolated northern communities eligible for the Nutrition North Canada Nutrition Education Initiatives[133].

NNC has provided retailers with communications materials (e.g., poster, shelf talkers that attach to grocery store shelves) to use in store. However, these were aimed at raising awareness of the subsidy and of which foods are subsidized, rather than on general nutrition information or labelling.

Voluntary Grocery Code of Conduct under development

Federal, provincial and territorial governments have been supporting an industry-led process to develop a Grocery Code of Conduct, which is expected to be implemented before the end of the year[134]. The Code is expected to improve transparency, predictability and fair dealing in supplier-retailer relationships.

Market study on grocery store competition by Competition Bureau

The Competition Bureau, an independent law enforcement agency that protects and promotes competition for the benefit of Canadian consumers and businesses launched a market study on grocery store competition in Canada, expected to be completed in June 2023[135].

**Comments/
notes**

There are additional efforts implemented at the provincial level, and this is examined in provincial evidence documents.

RETAIL4 Food service outlet availability of healthy and unhealthy foods

Food-EPI good practice statement

The government ensures 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

Definitions and scope

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

International examples

- **Singapore** (2011): 'Healthier Hawker' program involves the government working in partnership with the Hawker's Association to support food vendors to offer healthier options such as reduced saturated fat cooking oil and wholegrain noodles and rice, reduced salt soy sauce and increased vegetable content[136].
- **France**: Since January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in public restaurants and other facilities accommodating or receiving children under the age of 18. Sweetened beverages are defined as any drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sport and energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water- milk- or cereal-based beverages[67].
- **UK** (2020): Legislation was introduced (applicable to in-store and online retailers selling food and drink) to restrict the promotion of pre-packed products that are high in fat, sugar and salt, for a specified list of food product categories, by location and volume price. Legislation is intended to be implemented by 2022 and will apply to medium and large retailers (50 or more employees)[137].
- **South Australia, Australia** (2017): The Healthy Kids Menu initiative encourages venues who sign up to offer healthier options for children. Recommendations were developed that provide support to industry (restaurants, cafés, hotels and clubs) to increase the promotion and availability of healthy foods and provides a Voluntary Code of Practice' for adoption by industry, that details the optimum standard for restaurants, cafes, hotels, and clubs in providing healthy menu options for children[138].

Context

Policy details

There are no federal policies or programs to encourage food service outlets to increase the promotion and availability of healthy foods.

Policy area: Food Trade & Investment

Food-EPI vision statement: The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments

TRADE1 Trade agreement impacts assessed

Food-EPI good practice statement

The government undertakes risk impact assessments before and during the negotiation of trade and investment agreements to identify and evaluate the direct and indirect impacts of such agreements on population nutrition and health

Definitions and scope

- Includes policies or procedures that guide the undertaking of risk impact assessments before or during negotiation to assess risks and benefits in relation to public health and population nutrition
- Includes policies or procedures that guide the evaluation of trade and investment agreements after an agreement is finalised to monitor the impact for the purpose of informing future negotiations or reviews
- Includes policies or procedures that guide public consultation procedures before and during negotiations
- Any trade or economic agreements negotiated within the last **3 years** are considered

International examples

- **US/EU:** It is mandatory in the US and countries of the EU to undertake Environmental Impact Assessments for all new trade agreements. These assessments sometimes incorporate Health Impact Assessments[139].

Context

In Canada, the Executive Branch is responsible for the negotiation, signature and ratification of international treaties, and Parliament is responsible for federal implementation of such treaties. Some treaties require legislation for implementation, while others do not.

According to the Global Affairs Canada:

The Minister of Foreign Affairs will initiate the tabling of all instruments, accompanied by a brief Explanatory Memorandum in the House of Commons following their adoption by signature or otherwise, and prior to Canada's expression of its consent to be bound by ratification, acceptance, approval or accession[140].

When treaties do not require implementing legislation, the Government will observe a waiting period of at least twenty-one sitting days after a treaty is tabled before taking legal steps to bring the treaty into force.

Trade agreements are negotiated by the Department of Global Affairs Canada, and more specifically the Minister of International Trade.

Policy details

The Government of Canada consults broadly on potential free trade agreements (FTAs), and officials are responsible for assessing the full range of potential implications and impacts for Canada of FTAs, taking into account information and views received through public consultations processes and through targeted consultations aimed at specific sectors or groups of stakeholders.

Recent examples of public consultations on FTAs can be found [here](#).

Communication from Global Affairs Canada stated:

Although there is no specific directive on health or health risk assessments for FTAs, as with all proposed Government of Canada policies, meaningful consultation and horizontal collaboration between federal departments/agencies is required. Consultations are not only held with the public and interested stakeholders but also other government departments/agencies, including regulatory agencies responsible for health and safety policies and regulations in Canada (e.g., Health Canada, the Canadian Food Inspection Agency). The potential impacts on Canadian health and safety related policies, regulations or laws from FTA discussions, negotiations or agreements are considered at all stages of an FTA, whether identified through consultations with Canadian regulators or health policy experts, or identified through public consultations with Canadian stakeholders (written communication, April 2017).

**Comments/
notes**

In addition, strategic environmental impact assessments are required under the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals[141].

For Environmental Assessments (EAs), the EA guide establishes a process to gather and analyze the data necessary to inform policymakers of the likely and important environmental implications in an ex ante fashion (undertaken before the negotiations are completed) to help inform Canada's negotiators throughout the trade negotiation process. Adopting an ex ante approach is in keeping with the Government of Canada's efforts to 'mainstream' environmental issues with trade policy rather than attempting to address them in an isolated fashion. The Final EA Report is issued after the negotiation is concluded and after the text of the agreement is released.

The EAs currently developed do not include aspects of population health or nutrition.

TRADE2 Protect regulatory capacity – nutrition

Food-EPI good practice statement

The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition

Definitions and scope	- Includes provisions in trade or economic agreements that protect the capacity of government to implement domestic policy in relation to food environments. This includes protections with respect to tariffs, non-tariff measures (such as quotas, regulations, standards, testing, certification, licensing procedures) and measures related to foreign direct investment
International examples	- Ghana: Ghana has set standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalization of trade. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where back fat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%) [142].

Context Canada has been a member of the World Trade Organization (WTO) since its inception on January 1, 1995.

Currently, Canada engages in Free Trade Agreements with a large number of countries, most notably the Canada-United States-Mexico Agreement (CUSMA), Canada-EU Comprehensive Economic and Trade Agreement (CETA) and the Comprehensive and Progressive Agreement for Trans-Pacific Partnership.

Policy details There are a number of provisions in trade agreements that protect the ability of government to implement and enforce public health policies, including those relating to obesity and nutrition, such as general exceptions, specific exceptions, objectives, preambular text, etc. See comments below on TBT and investment provisions, which provide detail on how trade agreements frame and address the right to regulate in the public interest (which would include the right to regulate in the interest of public health nutrition and NCD prevention).

General Exceptions

The **General Agreement on Trades and Services** (GATS) (Article XIV) and the **General Agreement on Tariffs and Trade** (GATT) (Article XX) provide general exceptions which specify that nothing in the GATS or GATT prevents the adoption or enforcement of measures necessary to protect public morals or maintain public order (GATS Article XIV only) or to protect human, animal or plant life or health, as long as these measures are not “*applied in a manner which would constitute a means of arbitrary or unjustifiable discrimination between countries where like conditions prevail, or a disguised restriction on trade in services*” [143, 144].

The utility of such measures is unclear as there is a large burden on the responding state in any challenge, and the use of a general exception has a low success rate [145]. The process to analyze claims for general exceptions can be found [here](#).

Relevant chapters/agreements

Canada abides by the **World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures** (SPS Agreement) and the **WTO Agreement on Technical Barriers to Trade Agreement (TBT Agreement)**, which were annexed to the Agreement Establishing the World Trade Organization and that are relevant to market access [146].

TBT Agreement

The **WTO TBT Agreement**^[146] protects a Member's right to regulate while also ensuring that the implementation of measures that fall within the scope of the TBT Agreement do not discriminate nor result in unnecessary obstacles to trade.

Examples from the TBT Agreement of flexibility include:

- Article 2.1 requires Members to not discriminate between domestic and foreign products in their regulation making, but allows Members to draw legitimate regulatory distinctions (LRD) as part of their right to regulate, as reflected in the LRD test (see US – Tuna II);
- Article 2.2 protects a Member's right to pursue legitimate objectives, including the protection of human safety health or safety, subject to the disciplines that such regulations do not create unnecessary obstacles to trade and are not more trade-restrictive than necessary to fulfill a legitimate objective.
- Article 2.5 creates a rebuttable presumption that a regulation prepared, adopted or applied for a legitimate objective identified in Article 2.2, and in accordance with relevant international standards, does not create an unnecessary obstacle to trade.

INVESTORS RIGHTS PROVISIONS

Context

Any investor, foreign or domestic, that invests in the affected sector(s) in Canada must comply with all Canadian regulations. Through its international investment treaties Canada (along with its treaty partners) commits to certain treatment of foreign investment. At the core are minimum standards of treatment at customary international law, principles of non-discrimination and protection from expropriation without compensation. These commitments do not impinge on any of Canada's laws or regulation. However, in its treaties (e.g. CETA), Canada clearly re-affirms its right to regulate in the public interests and uses other mechanisms (e.g. exceptions and reservations) to protect sensitive policy areas. The only time where a tribunal can consider an investor claim in relation to Canada's conduct towards an investment is where it is alleged that Canada has violated any of its obligations in an investment treaty. Canada does not take any obligations in its investment treaties with respect to food/nutrition or health, other than not to relax the standards in an effort to attract investment. Finally, any investor in Canada, foreign or domestic, can challenge any Canadian law or regulation in domestic courts and such law or regulation may be modified or overturned as a result. By contrast, the tribunals under Canada's investment treaties can only enforce obligations contained in those treaties; they cannot challenge domestic laws under this mechanism. Moreover, this mechanism only allows tribunals to award monetary compensation for breaches of international treaty obligations by the state. Tribunals do not have the authority to overturn laws or regulations.

Provisions

Several attempts have been made to protect a government's ability to regulate, and thereby implement public health policies, within investor rights provisions in free trade agreements, and attempts have been made to rebalance state rights in Investor State Dispute Settlements (ISDS). However, ambiguous text in these agreements has potential for interpretation among tribunals who make decisions on trade agreement challenges, which has been noted as reducing the ability of Canada to regulate in its agreements with ISDS, such as NAFTA. There has been a move to improve the protections around indirect expropriation (e.g., CETA Investment Annex X.11.3, still untested); however, there have been fewer improvements around the definition of 'fair and equitable treatment' (FET) in trade agreements. With regards to FET, Canada has taken two agreement approaches. Within NAFTA and TPP, FET is linked to customary international law, while in CETA, FET is linked to an autonomous treaty standard (see below). Defining FET clearly within an autonomous treaty standard is considered by many to be more effective than customary international law, which has evolved and changed over time^[147].

Comprehensive Economic and Trade Agreement (CETA) example:

Recent provisions in CETA are described below as an example of recent policy action in free trade in Canada.

Several elements have been introduced in CETA's investment chapter to increase the ability of governments to regulate:[148]

- CETA makes clear that the EU and Canada preserve their right to regulation to achieve legitimate policy objectives, such as public health, safety, environment, public morals, social or consumer protection and the promotion and protection of cultural diversity (Art. 8.9).
- CETA provides a precise and specific standard of treatment by providing a definition of "fair and equitable treatment" that is clear and defines precisely the standard of treatment, with less room for interpretation or discretion by the Members of the Tribunal than previous trade agreements (Art. 8.10). However, the FET still gives significant discretion to arbitration courts[149].
- CETA includes a clear definition for what constitutes "indirect expropriation" to avoid claims against legitimate public policy measures. This includes a clause that the sole fact that a measure increase costs for investors cannot give rise in itself to a finding of expropriation (Annex 8.12 and Annex 8-A).
- Unique to CETA, a Joint Management Committee for Sanitary and Phytosanitary Measures (the "Joint Management Committee"), has been established under Article 26.2.1, made up of regulatory and trade representatives of each signing Party responsible for SPS measures. This agreement includes additional details on the procedure for Investor-state dispute settlement (ISDS), with an aim to encourage early settlement of disputes without arbitration, and facilitate a transparent ISDS process. Under the new ISDS procedure, the tribunal for ISDS is selected from a roster of 15 members selected by Canada and the EU, including members from Canadian, EU and non-Party countries (and not arbitrators nominated by the investor and defending state, as in other FTAs in Canada). The roster allows members to ensure that the tribunal members have appropriate qualifications and are sensitive to government issues. There is a policy of transparency in dispute settlement proceedings (Art 8.36). This is thought to have potential to address some of the procedural issues that have been identified in these tribunals, such as conflict of interest[150]. However, it does not address all of the substantive challenges of FTAs (Art. 8.27, 8.28 and 8.29).

The advantages and disadvantages to these various protections are still under analysis, and come with both strengths and weaknesses to protect health.

**Comments/
notes**

While not really about the issue of trade agreement limits, the Canadian Cabinet on Regulation requires federal regulators to, when regulating, protect and advance the public interest.

INFRASTRUCTURE SUPPORT DOMAINS

Policy area: Leadership

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

LEAD1 Strong, visible, political support

Food-EPI good practice statement

There is strong, visible, political support (at the Head of State / Cabinet level) for improving food environments, population nutrition, diet-related NCDs and their related inequalities

Definitions and scope

- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy
- Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
- In this case, Head of State is considered to be the Premier

International examples

- **New York City, USA** (2002-2014): As Mayor of New York City, Michael Bloomberg prioritized food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration[151].
- **Brazil** (2014): The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating[152].
- **Caribbean Countries:** Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.

Context

In October, 2016, Health Canada announced Canada's **Healthy Eating Strategy**[20], which demonstrated support for the implementation of policies to address healthy food choices, with specific mention of the relevance of the strategy to address obesity and diet-related NCDs[20]. The strategy employs various policy levers, including legislation, regulation, guidance and education in a consistent and mutually reinforcing manner to more effectively achieve public health objectives. This was announced as part of the Government

of Canada's ***Vision for a Healthy Canada***[153], which includes components of Healthy Eating, Healthy Living, and Healthy Mind.

Trilateral Cooperation on Childhood Obesity

In 2014, the **Minister and Secretaries of Health from Canada, Mexico and the U.S.** committed to work together to address childhood obesity, which is a top public health priority in all three countries. Since then, a working group of technical officials has actively exchanged information, best practices and lessons learned on respective national approaches including multi-sectorial partnerships, the U.S. Let's Move initiative, and public awareness campaigns in Mexico targeting food portion sizes and physical activity.

In June 2016 at the **North American Leaders Summit**, the leaders reaffirmed their commitment to prevent childhood obesity and promote healthy living. This past September, the Pan American Journal of Public Health published an article about the work of the Trilateral Childhood Obesity working group as well as an editorial co-written by Minister Philpott, Secretary Narro Robles, and Secretary Burwell.

Policy details

Over the past several years, various actions have demonstrated political support from the Federal government:

In its 2021 **Mandate Letter to the Minister of Health**, Prime Minister Justin Trudeau acknowledged the importance of advancing the Healthy Eating Strategy to improve the health of the population. Specifically, he stated that restrictions on food and beverage marketing to children should be supported, and encourages finalizing the front-of-package food labelling to promote healthy food choices [70].

Trilateral Cooperation on Childhood Obesity

No update on this multi-sectorial partnership was provided in **the 2021 North American Leaders' Summit**, as it focused on ending the COVID-19 pandemic and public health treats from infectious diseases[154].

LEAD2 Population intake targets established

Food-EPI good practice statement

Clear population intake targets have been established by the government for the nutrients of concern to meet WHO and national recommended dietary intake levels

Definitions and scope	<ul style="list-style-type: none">- Includes targets which specify population intakes according to average reductions in percentage or volume (e.g. mg/g) for salt, saturated fat, trans fats or added sugars- Excludes targets to reduce intake of foods that are dense in nutrients of concern- Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern
International examples	<ul style="list-style-type: none">- Brazil: The "Strategic Action Plan for Confronting NCDs" in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12g to 5g, between 2010 and 2022[155].- Norway (2017): 'The National Action Plan for a Healthier Diet (2017-2021)' contains quantitative intake targets for nutrient of concern and specific food groups in the population. By 2021, the plan sets out a reduction of the following nutrients: Added sugar from 13 to 11%; saturated fat from 14 to 12%; and a 22% reduction in salt intake from 10g/day. There are specific targets to halve the proportion of youth that consumes sugar-sweetened beverages or sweets more than 5 times per week; to double the proportion of youth that eats fruit and vegetables daily; and to increase by 20% the proportion of youth that eats fish at least once a week. There are also targets to increase the intake of fruit, vegetables, whole grain products and fish by 20% in the general population[156].

Context This indicator is trying to identify population intake targets, and not reformulation/composition targets. For composition targets, see COMP1 and COMP2.

WHO recommendations

- The WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 and Global Monitoring Framework includes a target of a 30% relative reduction in mean population salt intake. The WHO's recommendation is less than 5 grams of salt per person per day (approximately 2,000 mg).
- In March 2015, the WHO released new policy guidance recommending that governments establish policy that encourages reduction of daily intake of free sugars to less than 10 per cent of total energy intake. There is a conditional recommendation that suggests that a further reduction to below 5% or roughly 25 grams (6 teaspoons) per day would provide additional health benefits[157].
- According to WHO, the risk of developing NCDs is lowered by reducing saturated fats to less than 10% of total energy intake and *trans* fats to less than 1% of total energy intake[158, 159].

Dietary Reference Intakes (DRIs)

The Dietary Reference Intakes (DRIs) are a set of scientifically based nutrient reference values for healthy populations. **These are not considered population-level targets and should not be included in ratings, but are provided here for information only.** They are established by panels of Canadian and American scientists through a review process overseen by the U.S. National Academies, which is an independent, nongovernmental body. Health Canada uses the DRIs in a variety of policies and programs that benefit the health and safety of Canadians. Canadian DRIs have been published for all age groups, and include specific recommendations for pregnant and lactating women. The DRIs for various groups of nutrients have been developed over a span of time, with reports on all of the nutrients published between 1997 and 2004 and updated values for calcium and Vitamin D published in 2010. DRIs have four types of reference values: **Estimated Average Requirement** (EAR),

Recommended Dietary Allowance (RDA), Adequate Intake (AI) and Tolerable Upper Intake Level (UL). Acceptable Macronutrient Distribution Ranges (AMDR) are used for some macronutrients, defined as “a range of intakes for a particular energy source that is associated with reduced risk of chronic disease while providing adequate intake of essential nutrients”[160].

Sodium

The AI for sodium ranges from 800 – 1500 mg/day for people over one year of age. [161].

For individuals ages 14 and older, the CDRR recommendation is to reduce sodium intakes if above 2,300 mg per day.

Total, trans and saturated fat

For adults 19 to 50, the AMDR for total fat is between 20-35% of total energy intake, and ULs were not set for these nutrients. However, saturated and *trans* fatty acids and dietary cholesterol are recommended to be as low as possible while consuming a nutritionally adequate diet[161].

Added Sugar/ Free Sugar

A UL was not set, however, according to additional macronutrient recommendations, added sugars are suggested to be limited to no more than 25% of total energy[161]. There are no current recommendations for free sugars.

Energy intake

The DRIs include equations to estimate energy requirements for age and sex groups, which have been communicated to the general public in past editions of the Canada’s food guide via the Estimated Energy Requirements, based on age, sex, and physical activity level[162]. No population intake targets have been set for reductions in energy intake.

Historical Context

In 2005, as part of the **Integrated Pan-Canadian Healthy Living Strategy**, provinces developed targets for increasing physical activity, and in some cases (such as BC, AB, NS, NB, and PEI), nutrition targets for healthy eating or intakes of fruits and vegetables to be met by 2010[163].

Policy details

In 2013, the Federal Government endorsed the **WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 and Global Monitoring Framework**, therefore implicitly endorsing the 30% relative reduction in mean population sodium intake.

Population intake reduction targets

Sodium

In 2011, the Sodium Working Group, led by Health Canada and others, recommended an interim average intake of sodium of 2300 mg per day by 2016, and longer term goal to lower sodium intakes to a population mean whereby as many individuals as possible (greater than 95% of the population) have a daily intake that is below the Tolerable Upper Intake Level (UL) of 2300 mg per day. The federal Minister of Health publicly adopted only the recommendation towards reducing the average sodium intake of Canadians to 2300 mg/day by 2016[9]. This established goal has been publicly acknowledged and cited in Health Canada documents, including the more recent **Voluntary sodium reduction targets for processed foods 2020-2025**[14] that still cite the sodium intake goal of 2300 mg per day.

Trans fat

On September 17, 2018, Health Canada banned the use of partially hydrogenated oils in all foods sold in Canada. The ban came into effect with the addition of partially hydrogenated oils to the List of Contaminants and other Adulterating Substances in Foods, as per Division 15 of the Food and Drug regulations[18]. Since then, it is illegal for manufacturers to add or use partially hydrogenated oils to foods sold in Canada. This also applies to imported foods sold in Canada[164]. Thus, while there are no specific targets for trans fat intake, this represents an important target for eliminating consumption of industrially-produced trans fat.

Saturated fat

There are no population-level targets for saturated fat intake.

Added/free sugars

There are no population-level targets for added or free sugar intake.

**Comments/
notes**

See **COMPI** to examine the composition targets for the food supply (not included in this indicator).

LEAD3 Food-based dietary guidelines implemented

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women- Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input
International examples	<ul style="list-style-type: none">- Brazil: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: 'Make natural or minimally processed foods the basis of your diet'; 'use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods'; 'use processed foods in small amounts'; 'avoid ultra-processed foods'. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising[165, 166].

Context Currently, Health Canada communicates its guidance on healthy eating through Canada's food guide as well as through life stage specific guidance, including the Gestational Weight Gain Guidelines, and Nutrition for Healthy Term Infants. Canada's food guide (CFG) represents Canada's official food-based dietary guidelines. In January 2019, Health Canada released the revised **Canada's food guide**[167], 12 years after the launch of the previous *Eating Well with Canada's Food Guide*.

Policy details

Canada's food guide (2019)[168]

- CFG is based on Health Canada's review of the current scientific evidence related to healthy eating and is available in both official languages (English and French).
- Instead of focusing on food guide servings and the four previous food groups (Vegetables and fruits, Grain products, Milk and alternatives, and Meat and alternatives) from the 2007 CFG, the 2019 CFG introduced the **Canada's food guide plate**, which shows recommended proportions of foods to include in planning meals or snacks.
- The CFG plate encourages eating vegetables and fruits, whole grain foods and protein foods as part of a healthy eating pattern to maintain health. It also encourages choosing protein foods that come from plants more often and to make water the drink of choice.
- The CFG recommends limiting highly processed foods (foods higher in saturated fats, sodium, and sugars). Using food labels is encouraged, and information on how to use food labels is available on the CFG's website.
- The CFG encourages Canadians to be aware that food marketing can influence food choices.
- For the first time, the CFG has placed equal emphasis on the importance of having healthy eating practices surrounding meals and food preparation. It encourages Canadians to be mindful of their eating habits, to cook more often, to enjoy food, and to eat meals with others.
- Detailed information on the CFG's Healthy Eating Recommendations, tips for healthy eating, educational nutrition resources and healthy recipes are also available on the CFG's website: <https://food-guide.canada.ca/en/>
- The food guide snapshot ([Canada's food guide plate and general recommendations](#)) is available in 31 languages
- CFG uniquely considers issues around environment for the first time, by, providing a [Healthy eating and the environment](#) web page, and offering tips to reduce food waste.

FOOD GUIDE DEVELOPMENT

The development of CFG was guided by the 2015 **Evidence review for dietary guidance**[\[169\]](#) and the 2018 **Interim evidence update**[\[170\]](#).

The **Evidence Review for Dietary Guidance** is a systemic approach to inform the development of Canada's dietary guidance. The review informs dietary guidance in 3 areas, including:

- “Scientific basis” (e.g., nutrient standards for adequacy and excess, and relationship between food, nutrient and health),
- “Canadian context” (e.g., Canadian food environments and patterns of consumption) and
- “Use of existing guidance” (e.g., awareness, understanding, and acceptance of current guidance).

The **Interim evidence update** includes a summary of findings on evidence from 2015 to 2018 on the links between food, nutrients and health. [\[171\]](#).

LEAD4 Comprehensive implementation plan linked to state/national needs

Food-EPI good practice statement

There is a comprehensive, transparent, up-to-date implementation plan (including priority policy and program strategies) linked to state/national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs

Definitions and scope	<ul style="list-style-type: none">- Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships)- Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against)- Plans may be at the state/department/branch/unit/team level and ownership may or may not be shared across government- Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies- Excludes overarching frameworks that provide general guidance and direction
International examples	<ul style="list-style-type: none">- The Netherlands (2018): <i>'The National Prevention Agreement'</i> aims to reduce smoking, overweight, and problematic alcohol consumption. The agreement includes voluntary ambitions, objectives, and actions on these three subjects for the period (2018-2040). The agreement formulates that the inhabitants of the Netherlands need a healthy social, economic, and physical environment that supports healthy living. This extends to schools, care facilities, restaurants, cafes, caterers, and supermarkets[172].- Ireland (2016): <i>'A Healthy Weight for Ireland, the Obesity Policy and Action Plan 2016-2025'</i> (OPAP) prescribes 'Ten Steps Forward' that should be taken to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy[173].

Context

Policy details

Healthy Eating Strategy

In Canada, the primary strategy that explicitly discusses food environments is the Healthy Eating Strategy. The Minister of Health announced a new *Healthy Eating Strategy* on October 24, 2016[20].

Announced in 2016, the Strategy incorporates multi-faceted policy options to change targets. The Strategy specifically states:

We recognize that food choices are influenced by many factors. Our strategy aims to improve the food environment in Canada to make it easier for consumers to make the healthier choice. We're[20]:

- *improving healthy eating information*
- *improving nutrition quality of foods*
- *protecting vulnerable populations*

The Strategy is continually acknowledged by political leaders. For example, in the 2021 **Mandate Letter to the Minister of Health**, Prime Minister Justin Trudeau acknowledged the importance of advancing the Healthy Eating Strategy to improve the health of the population. Specifically, he stated that restrictions on food and beverage marketing to children should be supported, and encourages the optimization of front-of-package food labelling to promote healthy food choices[70].

Food Policy for Canada

In 2019, Agriculture and Agri-Food Canada released the **Food Policy for Canada** [111] to improve food systems in Canada by guiding the integration of food-related policies and

programs across different sectors of government. The policy's long term outcomes cut across environmental, economic, health and social impacts of the food system, and the strategy focuses on 4 action areas for 2019-2024, which are to:

- Help Canadian Communities Access Healthy Food,
- Make Canadian Food the Top Choice at Home and Abroad,
- Support Food Security in Northern and Indigenous Communities, and
- Reduce Food Waste.

LEAD5 Priorities for reducing inequalities

Food-EPI good practice statement

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

Definitions and scope	<ul style="list-style-type: none">- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups- Excludes priorities to reduce inequalities in secondary or tertiary prevention
International examples	<ul style="list-style-type: none">- New Zealand: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori: "C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action, the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement".- Australia: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to close the gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.

Context	<p>Indigenous Services Canada (ISC) has the First Nations and Inuit Health Branch (FNIHB)[174] that works to:</p> <ul style="list-style-type: none">- Ensure the availability and access to health services for First Nations and Inuit communities- Assist First Nations and Inuit communities to address health barriers, disease threats, and attain health levels comparable to other Canadians living in similar locations- Build strong partnerships with First Nations and Inuit to improve the health system.
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Policy details	<p>The Healthy Eating Strategy[175] includes a pillar on Protecting Vulnerable Populations (broad goal). To help protect the health of children who are particularly vulnerable to advertising, the HES aims to introduce restrictions on the advertising of certain foods to children.</p> <p>Nutrition North Canada works to improve the health and nutrition of those living in isolated Northern communities and may be important for reducing inequities. [176]</p>
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In 2019, **Canadian Northern Economic Development Agency (CanNor)** published the **Pan-Territorial Growth Strategy**[177], which proposes strategies to stimulate the economic growth in Canadian territories. One of the key opportunities for growth is to optimize the northern food sector. It addresses challenges of food distribution in isolated communities and emphasise the need to increase local food production to reduce the north's reliance on imported food and reduce food insecurity. It also supports the development of innovative technologies to produce a diverse range of local foods amidst the changing climate.

Chronic Disease Prevention and Management - Aboriginal Diabetes Initiative (ADI)

The Aboriginal Diabetes Initiative (ADI)[175] aims to reduce type 2 diabetes in First Nations and Inuit communities through community-led health promotion and disease prevention programming, services and activities delivered by community workers and health service providers. The program consists of four components including community-based health promotion and primary prevention; screening and management; capacity building and training; and knowledge mobilization. The ADI program activities offered in each community vary based on local needs, priorities and capacity and may include a range of nutrition activities to develop skills and increase knowledge about healthy eating and to improve access to healthy food, including store-bought and country or traditional food.

Other programs such as **CPNP**[102] (see PRICES4 for additional information) and **Aboriginal Head Start on Reserve** (AHSOR)[178] also fund and support community-based and culturally-relevant activities that aim to improve health outcomes for First Nations and Inuit infants, children, families (including pregnant women) and communities by providing increased access to a continuum of supports which include nutrition.

Community Action Program for Children (CAPC) is an additional program supported by the Public Health Agency of Canada that provides funding to community groups to promote healthy development of young children from birth to age 5[179]. There are several nutrition-related components which include nutrition support and collective kitchens.

Public Health Agency of Canada (PHAC)

PHAC has a mandate to reduce health inequalities in Canada. The Centre for Chronic Disease Prevention and Health Equity is the Agency lead on developing and implementing Agency plans to advance health equality. This is not specific to nutrition, but to health more generally.

In 2012, Canada endorsed the WHO's **Rio Political Declaration on Social Determinants of Health**[180], pledging to take action to promote health equities. To support this pledge, the Pan-Canadian Health Inequalities Reporting (HIR) Initiative was developed (see MONIT6) to monitor health inequities, which led to the creation of the **Health Inequalities Data Tool**[181]. This interactive tool contains recent data sets (2017 and 2022) on health inequalities by subgroups of the Canadian population (including social, economic and demographic factors). It was created by the Public Health Agency of Canada and the Pan-Canadian Public Health Network, in collaboration with Statistics Canada, and the Canadian Institute for Health Information. This data is used to inform evidence-based decision-making in Canada.

Canada's First Poverty Reduction Strategy

In August 2018, the Government of Canada released **Opportunity for All – Canada's First Poverty Reduction Strategy**[182], aiming to guide government actions and investments towards the reduction of poverty in the country. The strategy established an official Poverty Line for Canada, concrete poverty reduction targets, a monitoring plan to address data gaps and track progress on poverty, the development of the National Advisory Council on Poverty, and poverty reduction legislation. This includes efforts to reduce and monitor food insecurity to ensure access to healthy foods in Canada (see MONIT6).

In June 2019, the federal government implemented the **Poverty Reduction Act**[183] to support continuous efforts to reduce and monitor poverty in Canada. Targets for poverty reduction in Canada are established at:

- 20% below the level of poverty in 2015 by 2020; and
- 50% below the level of poverty in 2015 by 2030.

Market Basket Measure (MBM) and National Nutritious Food Basket

The **MBM** is the official measure of poverty in Canada, and is based on the cost of a specific basket of goods and services, including clothing, foods, shelter, transportation and other necessities. The MBM is priced for 53 different geographic areas[184]. If the disposable income of a family or persona falls below the threshold, they are considered to be in poverty.

The **National Nutrition Food Basket** represents the food component of the MBM, to monitor the cost and affordability of healthy eating. It includes 60 nutrition foods and their quantities. Statistics Canada collects food prices, and provincial and regional stakeholders also collect food prices for monitoring purposes. The current basket is revised to be consistent with the 2019 Canada's food guide.

Policy area: Governance

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

GOVER1 Restricting commercial influence on policy development

Food-EPI good practice statement

There are robust procedures to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition

Definitions and scope

- Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures
- Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for example committee procedural guidelines or terms of reference
- Includes publicly available, up-to-date registers of lobbyist and/or their activities

International examples

- **USA** (1995 and 2007): Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007.
- **New Zealand**: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management[185].
- **Canada** (2016) During the policy development of the 2019 Canada's food guide, officials from the Office of Nutrition Policy and Promotion, responsible for the Food Guide, did not meet with food and beverage industry representatives.
- **Australia**: Appointees to Council and Committees of NHMRC (including the Dietary Guidelines Governance Committee) are required to disclose their interests in line with the *Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members*[186]. In addition, the Dietary Guidelines Expert Committee has an additional committee of independent experts to consider possible conflicts of interest and potential bias across the review process, and to develop management strategies for Expert Committee members and contracted evidence reviewers. <https://www.nhmrc.gov.au/health-advice/nutrition/australian-dietary-guidelines-review/committees>

Context

- Control of Corruption is one of six Worldwide Governance Indicators collected by the World Bank. It is a composite index drawing on a range of global data sources and reflects perceptions of the extent to which public power is exercised for private gain. This includes both petty and grand forms of corruption, as well as "capture" of the state by elites and private interests.[187] For 2021, Canada scored 1.65 (point estimates range from about -2.5 for 'weak' scores to 2.5 'strong' scores. Higher values correspond to better governance outcomes), which is lower than the previous ranking of 1.98 in 2016 and was ranked 16th globally.[187]
- The WHO has developed Guidelines for Safeguarding Against Possible Conflict of Interest in Nutrition Programs to support member states in decision making in this regard[188].

Policy details

Health Canada implemented an **openness and transparency policy related to stakeholder communications for the Healthy Eating Strategy**. This includes a new approach to disclosing stakeholder communications in which views, opinions and information are relayed with the intent to inform the development of policies, guidance or regulations related to healthy eating initiatives [189] (beyond the *Lobbying Act* – see below). All correspondence and all meetings with stakeholders are published monthly online in list format including the organization name, date, subjects and purpose of the meeting. The title of any documents provided during meetings will also be published[190]. This has been implemented since October, 2016.

In addition, during the policy development of the 2019 Canadian Food Guide, officials from Health Canada's Office of Nutrition Policy did not meet with representatives from the food industry.. However, the online public consultations were open to all stakeholders, including industry representatives[191].

Avoiding Conflict of Interest on the Nutrition Science Advisory Committee (NSAC)

The details of the Nutrition Science Advisory Committee can be found in GOVER2, below.

Health Canada has identified that "A robust and transparent mechanism is needed to prevent and/or manage conflicts of interest (COIs) of members of the NSAC. This will help ensure objectivity of the advice and maintain public trust in the scientific integrity of Health Canada's nutrition-related decision-making." [192]

As such, all nominees to the NSAC are required to fill out an Affiliations and Interests and Declaration Form as part of the nomination process, which specified "Health Canada seeks nominees who do not currently have, and have not for the past two years, direct or indirect affiliations and interests with food and beverage industries." Nominees are screened for COS during the selection process by an external COI Advisor, who themselves were subject to a rigorous selection process.

Each NSAC member must update his or her Affiliations and Interests declaration before each meeting by email, at the start of each meeting orally, and each year, but email. The Co-Chairs review the affiliations and interests on a regular basis and any changes are reviewed by the external COI Advisor for circumstances of a COI. Should a high risk of a COI be identified, the member would be asked to step down.

A summary of expertise, experience and affiliations and interests of NSAC members is published on the NSAC website, as are new declarations or interests made prior to meetings.

<https://www.canada.ca/en/health-canada/services/nutrition-science-research/nutrition-science-advisory-committee/external-conflict-interest-advisor-selection-methodology.html>

Lobbying Act

The ***Lobbying Act***[193] requires all lobbyists to file a return including information regarding the name and business of both the lobbyist and the client, name of businesses or corporations, or the name and business address of each corporation or organization that is a member of a coalition represented by the lobbyist, and the subject matter. Returns must be filed within 10 days of communication with the government official.

“Lobbyists” are described as *any individual that, for payment, on behalf of any person or organization, undertakes to communicate with a public office holder in respect of (a) developing legislative proposals, introductions of Bills or resolutions, amending regulations, policies or programs, awarding grants or contracts, or (b) arrange a meeting between a public office holder and any other person.* There is a 5-year prohibition from lobbying for former designated public office holders, which is strictly enforced.

Information on lobbying is retained in the **Registry of Lobbyists**, which is publicly available (www.lobbycanada.gc.ca). This registry includes information on food companies or lobbyists working on behalf of food companies or public interest groups and documentation of meetings under the *Lobbying Act*, including what ministries or departments are lobbied, frequency of meetings, and specific content of acts that are being lobbied.

Declaration of political donations

Unions and corporations are no longer permitted to make political contributions to registered political parties and leadership contestants. They can make modest contributions (up to \$1,000) in any calendar year to constituency associations, candidates and nomination contestants of a particular registered political party, collectively[194].

Framework for assessing public-private partnerships with the food and beverage industry

The Framework was developed by a Task Team under the Federal-Provincial-Territorial Healthy People and Communities Steering Committee (under the Pan Canadian Public Health Network). It is intended to serve as guidance that public health officials and organizations can use and adapt to their circumstances to help decide whether and how to partner with food industry. The Framework consists of the following two documents:

- Public Health and Food Industry Engagement: A Tool to Assess Partnership Opportunities and Challenges[195]
- Discussion Document: Public Private Partnerships with the Food Industry[196]

The document is used by some officials at Health Canada to inform approaches to interacting with industry and inform policy.

Conflict of Interest Act[197] for public officials

The **Conflict of Interest Act** establishes rules for conflict of interest while in public office and immediately post-employment. All public office holders must disclose assets, sources of income, activities before the appointment, including philanthropic, charitable and non-commercial activities, etc. According to the Act:

- For the purposes of this Act, a public office holder is in a conflict of interest when he or she exercises an official power, duty or function that provides an opportunity to further his or her private interests or those of his or her relatives or friends or to improperly further another person's private interests.
- Every public office holder shall arrange his or her private affairs in a manner that will prevent the public office holder from being in a conflict of interest.

This includes decision-making, abstention from voting, preferential treatment, insider information, influence, offers of outside employment, or gifts or other advantages. This would include conflict of interest with the food industry.

Policy on Conflict of Interest and Post-Employment[198] and Values and Ethics Code for the Public Sector[199] for public servants

These policies help public servants deal with “real, potential and apparent conflict of interest in situations during and after employment to maintain public trust and confidence in the impartiality and integrity of the public service.” Public servants are required to prevent and avoid situations that “could give the appearance of a conflict of interest, results in a potential for a conflict of interest, or result in an actual conflict of interest”[200].

According to the **Policy on Conflict of Interest and Post-Employment**, public servants must take all possible steps to recognize, prevent, report and resolve any real, apparent or potential conflicts of interest, and must report to the deputy head all outside activities,

assets, liabilities and interests that might give rise to conflict of interest in relation to official duties. Public servants who are designated by the deputy heads as being at risk post-employment are subject to a one-year limitation period after leaving office and must report offers of employment to the deputy head.

According to the ***Values and Ethics Code for Public Sector Servants***, federal public servants are expected to conduct themselves in accordance with the values of the public sector, including: respect for democracy, respect for people, integrity, stewardship and excellence. All public servants must accept these values and adherence to the expected behaviors as a condition of employment.

GOVER2 Use of evidence in food policies

Food-EPI good practice statement

Policies and procedures are implemented for using evidence in the development of food policies

Definitions and scope	<ul style="list-style-type: none">- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risks or harms of inaction are great)- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development- Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model)- Includes government resourcing of evidence and research by specific units, either within or across government departments
International examples	<ul style="list-style-type: none">- Australia: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process[201].

Context

Policy details

Health Canada's **Food Directorate** and **Office of Nutrition Policy and Promotion** are primarily responsible for developing and implementing food and nutrition policies. Health Canada's policy development process is based on many considerations such as scientific decisions (including the use of risk assessments) [202]. Health Canada also conducts laboratory research, surveillance and monitoring as part of their work.

GOVERNMENT OF CANADA CHIEF SCIENCE ADVISOR

In 2017, The Government of Canada created a new position for a **Chief Science Advisor**. As part of her mandate, one of the Chief Science Advisor's roles is to "Provide advice on creating and implementing processes to ensure that scientific analyses are considered when the Government makes decisions"[203]. She must also deliver an annual report to the Prime Minister and the Minister of Science on the activities of the Office of the Chief Science Advisor and the state of federal government science. Annual reports are also available to the public on the government's website[204].

The Office of the Chief Science Advisor also oversees the **Departmental Science Advisors Network** who provide science advice to deputies, ministers and Cabinet. .

SCIENTIFIC INTEGRITY POLICIES

Health Canada has a [Scientific Integrity Policy](#) that "supports and promotes scientific integrity in the design, conduct, management, review and communication of research, science and related activities." This includes a mandate that:

"the organization will develop and deploy transparent and systematic mechanisms and procedures for:

7.7.1. Gathering, evaluating and incorporating scientific advice into the organization's policy and regulatory decision-making process.

7.7.2. Engaging employees in the design, development, and evaluation of robust and resilient research programs that will be able to meet the research needs of the future.

7.7.3. Identifying and prioritizing areas of federal authority for which the current federal science or research capacity is inadequate or where federal

investment in research and development is likely to provide substantial benefits to Canadians.”

NUTRITION SCIENCE ADVISORY COMMITTEE

The Nutrition Science Advisory Committee (NSAC) was established in 2020 to provide Health Canada with timely and independent scientific and technical advice related to nutrition, including current and emerging research within the field. In addition, the NSAC has a strong Conflict of Interest policy (see GOVER1, above). The public [terms of reference](#) identify NSAC mandate :

To provide Health Canada with timely and independent scientific and technical advice related to nutrition, including current and emerging research within the field.

The committee will provide advice in several key areas:

1. Emerging scientific trends impacting the nutritional health of Canadians, including horizon scanning;
2. Best practices in assessing and evaluating scientific evidence to inform public health nutrition policy;
3. Topics for which evidence reviews are timely and relevant to public health nutrition (e.g. where there are significant new research findings to be reviewed);
4. Nutrition within a broad public health context, including where diet is one of a number of risk factors (e.g. cardiovascular disease, cancer, osteoporosis and/or obesity);
5. Nutrition issues across the lifecycle, including nutrition of vulnerable groups (e.g. infants and the elderly), among sub-populations with particular attention to health inequities; and
6. Effectiveness of population and systems level interventions to improve the nutritional health of Canadians.

The Committee explores topics identified by Health Canada and/or recommended by the Committee members and provides expert scientific and technical advice. Health Canada has the responsibility and sole authority to make decisions with respect to the mandate of this advisory body. The Committee provides Health Canada with advice, but the decision-making responsibility remains with Health Canada.

Members of the NSAC were recruited through an open nomination process, and are appointed for three-year terms which can be extended. Members are experts in public health nutrition or nutritional sciences and related fields.

NATIONAL NUTRITION SURVEYS

Statistics Canada, in collaboration with Health Canada has funded and overseen two **national nutrition surveys** (Canadian Community Health Survey (CCHS) Nutrition 2004, and CCHS Nutrition 2015); and the Canadian Health Measures Survey (CHMS). These surveys provide evidence regarding the dietary habits and nutritional status of the Canadian population to inform policy efforts.

Health Canada maintains the CNF, a database of the generic nutritional composition of Canadian foods, which is updated periodically.

EVIDENCE REVIEW CYCLE FOR DIETARY GUIDANCE

The **Evidence Review Cycle for Dietary Guidance**^[169, 171] (ERC) is Health Canada's formalized process for reviewing evidence underpinning dietary guidance. This process helps to ensure that guidance from Health Canada remains scientifically sound, current, relevant, and useful. It also helps to ensure that future decisions related to guidance are based on a systematic and documented approach.

PUBLIC CONSULTATION WITH EXPERTS

Public consultations for activities such as the Healthy Eating Strategy provide an opportunity for experts to provide evidence to inform policy decisions. This has been demonstrated for recent regulations relating to the changes to the Nutrition Facts

table, revisions to Canada's Food Guide, FOP labelling and restrictions on partially hydrogenated vegetable oils.

PUBLIC HEALTH AGENCY OF CANADA

In PHAC's Departmental Plan 2023-2024, there is an objective of "**Fostering a collaborative science model at PHAC**"

USE OF EVIDENCE IN A FOOD POLICY FOR CANADA

To promote greater collaboration on complex food systems issues, the Government of Canada launched the Canadian Food Policy Advisory Council in 2021 to advise the Minister of Agriculture and Agri-Food on current and emerging issues, assess gaps in policies and data, and share information and best practices[205]. The multi-disciplinary group of experts bring diverse social, environmental, health and economic perspectives to the table to help address food systems challenges and opportunities.

GOVER3 Transparency for the public in the development of food policies

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Canada** (2016): As a part of Health Canada's Healthy Eating Strategy, to help improve public trust (openness and transparency around stakeholder engagement activities related to healthy eating initiatives beyond formal consultation processes), Health Canada publishes a table of all correspondence, and all meetings with stakeholders with the intent to inform the development of policies, guidance or regulation related to healthy eating initiatives[189].
- **Norway** (2006): The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[206].

Context

The Government of Canada is a member of the international Open Government Partnership since 2012. Membership requires that the government develop and carry out a national action plan every two years, working with members of the public to create the plan, and the results must be tracked to ensure that the government is meeting their commitments outlined in the plan.

Policy details

Guidelines on Public Engagement and Consultation by Health Canada (including food policies)

Health Canada and the Public Health Agency of Canada (PHAC) have created some specific [guidelines for public engagement](#)[207]. These guidelines were last updated in 2019, and serve to strengthen public engagement at HC and PHAC by providing staff with guidance that promotes effectiveness and best practices, and allows for flexibility to address varying needs for conducting engagement. However, they remain guidelines and are not mandatory nor necessarily always considered in public engagement strategies.

In addition, Health Canada and PHAC have created the Consultation and Stakeholder Information Management System[208], whereby interested stakeholders can register to receive direct communications regarding Health Canada and PHAC consultations and other health-related information. This includes specific areas of interest pertaining to Canada's Food Guide / Nutrition, Food Labelling and Packaging, Food Safety, Food Security and others, as well as Healthy Eating, Obesity / Healthy Weights, Population Health and others.

Openness and Transparency in Canada's Healthy Eating Strategy

All correspondence and written consultations responses related to the Healthy Eating Strategy are shared with the public, either via consultation reports or online on the Healthy Eating Strategy Openness and Transparency page. During the policy development of the new Canada's food guide, officials from Health Canada's Office of Nutrition Policy and Promotion did not meet with representatives from the food industry[20].

A Food Policy for Canada

One of the main guiding principles of the policy is Evidence and Accountability. It promotes the development of policies and programs that are evidence-based, transparent, accountable, and results oriented. It supports the idea that transparency should guide the

implementation process of programs and policies through the sharing data and reports [111].

Canada's 2022-2024 National Action Plan on Open Government

The [2022-2024 National Action Plan](#) has 5 commitments:

- 1. Climate change and sustainable growth**
Giving people access to the information they need to understand the impacts of climate change
- 2. Democracy and civic space**
Protecting against misinformation and disinformation
Making sure everyone has the chance to take part in fair democratic processes
- 3. Fiscal, financial and corporate transparency**
Using a public beneficial ownership registry to hinder money laundering and tax evasion
Implementing a system to track government spending on software and technology
- 4. Justice**
Helping people and organizations across the country get what they need to address their legal problems
- 5. Open data for results**
Making the data people want easy to get, use and understand
Incorporating open data into everyday government practices

Progress towards achieving these commitments is [tracked publicly](#).

Open data website

The Government of Canada has a website, www.open.canada.ca, which includes information on how to become involved in the policy making process. This includes a list of all open consultations and What We Heard reports[209].

GOVER4 Access to government information

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Australia / New Zealand:** The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.
- **Norway (2006):** The Freedom of Information Act grants everyone the right of access to case documents, journals and similar registers for any agencies encompassed by the Act. The Act applies to all government agencies, municipalities and county authorities. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[206]. The general rule is that access shall be granted, and exceptions to this rule require legal authority prescribed by or pursuant to law[206].

Context

Policy details

Canada's 2022-2024 National Action Plan on Open Government

The [2022-2024 National Action Plan](#) has 5 commitments:

- 1. Climate change and sustainable growth**
Giving people access to the information they need to understand the impacts of climate change
- 2. Democracy and civic space**
Protecting against misinformation and disinformation
Making sure everyone has the chance to take part in fair democratic processes
- 3. Fiscal, financial and corporate transparency**
Using a public beneficial ownership registry to hinder money laundering and tax evasion
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- 4. Justice**
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Access to Information Act

The **Access to Information Act** gives Canadian citizens and corporations the right to access information contained in federal government records, subject to certain specific and limited

exceptions.[210] The Access to Information and Privacy (ATIP) Online Request [website](#) supports improved access to ATI requests.

Lists of all previous access to information requests where data have been released are published online and other interested parties can file a request for a copy.
[\[http://open.canada.ca/en/access-to-information\]](http://open.canada.ca/en/access-to-information)

The *Act to amend the Access to Information and the Privacy Act* came into effect in 2019 which:

- Gave the Information Commissioner power to make binding orders in relation to ATI requests
- Eliminated all fees except for the \$5 filing fee
- Requires institutions to proactively publish specific information that is known to be of public interest without the need for a request
- Allow government institutions within the same ministerial portfolio to work together on requests

At Health Canada, the Access to Information and Privacy Operations Division is within the Planning, Integration and Management Services Directorate of Corporate Services Branch.

Publication of data from Statistics Canada

Release of data is governed by Statistics Canada.

Data releases are governed by the *Statistics Act*[211]. To help save Canadians' time by reducing the number of surveys to complete, Statistics Canada sometimes enters into sharing agreements with federal and provincial government departments, and with other organizations. Statistics Canada has active agreements with over 100 organizations.

Policy area: Monitoring & Intelligence

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

MONIT1 Monitoring food environments

Food-EPI good practice statement

Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets

Definitions and scope

- Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation
- Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular:
 - Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the 'Food composition' domain)
 - Monitoring of compliance with food labelling regulations (as defined in the 'Food labelling' domain above)
 - Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings (as defined in the 'Food promotion' domain above)
 - Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the 'Food provision' domain above)

International examples

- **Many countries** have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD), which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods.
- **UK:** In October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided[212]. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided[212].
- **The Netherlands:** The Dutch Institute of Public Health and Environment monitor at product level any progress in product improvement of salt, saturated fat and calories (sugar and/or saturated fat). This uses the product databank (LEDA) as basis for which companies have to provide information about product contents[213].[213].

Context

Policy details

Canadian Nutrient File

Health Canada periodically updates and releases the Canadian Nutrient File (CNF), a food composition database maintained by Health Canada. The database reports on up to 150 nutrients in nearly 6,000 generic Canada foods and was last updated in 2015. The database provides branded data for breakfast cereals and chocolate bars and information for generic foods in each food type/category.

Monitoring foods advertised to children

Health Canada has developed a comprehensive strategy for monitoring food advertising to children and teens in Canada. HC will monitor changes in exposure to food advertising in key settings and media, persuasive marketing techniques used to advertise as well as awareness, knowledge, attitudes of children and parents. Monitoring will support evidence-based policy, strengthen our understanding of the factors that influence healthy eating, and allow evaluation of trends over time, including identification of gaps.

Monitoring sodium content in food supply

In 2017, Health Canada conducted an evaluation of the progress toward the voluntary sodium reduction targets for 2012-2016[12]. Results showed that voluntary efforts only resulted in modest reductions of sodium content in most processed food categories. Only 14% of categories met the Phase 3 sodium targets, and 48% of categories made no progress. Overall, these efforts resulted in an 8% decrease in average sodium intake since 2010, meaning that more actions need to be taken by the processed food industry for Canadians to achieve a sodium intake goal of 2300 mg per day.

As part of the new **Voluntary sodium reduction targets for processed foods 2020-2025**[14], Health Canada will monitor the progress towards sales-weighted sodium targets that were established for the different categories of processed foods.

Monitoring of Front of Package labelling

During the transition period ending on January 1, 2026, Health Canada will incorporate monitoring and data collection pertaining to the implementation of these regulations as part of this strategy. In particular, changes in Canadians' nutrient intakes will be monitored and the quality of the food supply will be reported.

Monitoring of the nutritional quality of foods in schools and public sector settings

There is currently no federal monitoring of the nutritional quality of foods in schools and public sector settings, although most monitoring in this areas falls under the jurisdiction of the provincial/territorial governments.

Comments/ notes

In 2017, The **Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice** Journal published two special issues on the food environment in Canada[214, 215]. This journal support health by publishing articles on research relating to all aspects of food environment, including articles that focus on food composition, labelling, promotion and marketing, provision and procurement, retail, prices, and trade and investment, with emphasis on articles that:

- Characterize the current Canadian food environment
- Examine the impact of food environment policies and interventions in the Canadian context
- Synthesize evidence regarding the state of the food environment in Canada

HPCDP journal is monthly, online open access and does not charge article processing fee.

MONIT2 Monitoring nutrition status and intakes

Food-EPI good practice statement

There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels

Definitions and scope	<ul style="list-style-type: none">- Includes monitoring of adult and child intake in line with Canada's Food Guide and Canadian dietary recommendations- Includes monitoring of adult and child intake of nutrients of concern and non-core/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these)- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- USA (1959-present): The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health status, disease history, and diet of adults and children in the United States through interviews and physical examinations. The survey examines a nationally representative sample of about 5,000 persons each year[216]. The survey is unique in that it combines interviews and physical examinations[217].- The Netherlands (1987-present): The Dutch Institute of Public Health and Environment periodically collects data about the food consumption and food condition of the Dutch population in general and of separate population groups via the Food Consumption Survey. Currently, a Food Consumption Survey (Dutch population 1-79 years) is being conducted for the years 2019-2021. Prior Food Consumption Surveys have been conducted for the years 2012-2016 (Dutch population 1-79 years), 2010-2012 (elderly 70+), 2007-2010 (7-69 years), 2005-2006 (2-6 years), and 2003 (9-16 years)[218].

Context

Statistics Canada is Canada's national statistical agency. Statistics Canada collects Canada's newly re-instated Long Form Census and is primarily responsible for implementing Canada's nationally representative surveys regarding health, in partnership with Health Canada and the Public Health Agency of Canada.

Canadian Community Health Survey (CCHS)[219]

CCHS is the nationally representative health survey most frequently conducted in Canada. The survey included the general Canadian population aged 12 and up, and does not include persons living on reserves and other Aboriginal settlements in the provinces, full time members of the Canadian Forces, institutionalized populations and persons living in the Quebec health regions of Region du Nunavik and Region des Terres-Cries-de-la-Baie-James (a total of 3% of the Canadian population). The main survey is conducted annually (includes a small nutrition component), and the CCHS Cycle 2.2 2004 and 2015 nutrition focus surveys provided in depth information about the food and nutrient intakes of Canadians and the relationship between diet and a wide range of health correlates. As of 2023, CCHS will only include the general Canadian population aged 18 and up.

Canadian Health Measures Survey (CHMS)

The Canadian Health Measures Survey (CHMS), launched in 2007, is collecting key information relevant to the health of Canadians by means of direct physical measurements such as blood pressure, height, weight and physical fitness. In addition, the survey is collecting blood and urine samples to test for chronic and infectious diseases, nutrition and environment markers and is storing blood, urine and saliva samples at the Statistics Canada biobank for future health research projects. Sampling is conducted according to 11 age-gender groups, and 500-600 units per group (57000 total) to produce national estimates of provinces (exclude territories)[220].

Canadian Health Survey on Children and Youth (CHSCY)[221]

The Canadian Health Survey on Children and Youth (CHSCY) was first conducted in 2019 to collect data on issues that have an impact on the physical and mental health of children and youth. In 2019, it included the population aged 1 to 17. The CHSCY will be repeated in 2023, and will cover the population aged 1 to 22. The 2019 sample includes those living in the 10 provinces and 3 territories, and the 2023 sample will include only the 10 provinces. Both

sample exclude children and youth living on First Nation reserves or other Aboriginal settlements in the provinces, children and youth living in foster homes and the institutionalized population. The sampling frame for the Canadian Health Survey on Children and Youth is the Canada Child Benefit file. The survey includes both cross-sectional and longitudinal elements.

Policy details

ONGOING SURVEYS OF DIET & POPULATION INTAKES

CCHS

The **Annual Component of the CCHS** includes one 6-question food frequency screener regarding dietary intake of fruits and vegetables. As of 2022, this was expanded to include questions on eating outside of the home and consumption of sugar-sweetened beverages. This is now named the Eating Habits questionnaire.

This survey has a sample size of approximately 65,000 persons each year, to provide a sample of 130,000 respondents on a two year basis (120,000 ages 18 and over, and 10,000 ages 12 to 17 years).

The **Nutrition Focus component of CCHS** collects one 24-hour recall from the entire sample, and two recalls among a subset of participants. The Nutrition focus was conducted in 2004, and again in 2015[222]. Sampling in 2015 included 24,000 respondents nationally, according to 12 age-sex groups corresponding with Dietary Reference Intake (DRI) groups ages 1 year and older. Those ages 1 to 5 are collected by proxy, 6 to 11 are collected with parent assistance, and 12 and up are self-reported without assistance (non-proxy). There is currently no statement describing the time interval between the next CCHS Nutrition Focus. Also excluded from the nutrition focus surveys are the 3 Territories, though they are captured in the CCHS annual component. Reports and document summarizing the results from the 2015 CCHS-Nutrition are available on the Canadian Community Health Survey's website[223].

The timing for next round of the nutrition component has not been announced.

Statistics Canada and Health Canada provide publicly available resources to support analysis of the dietary intake data.

In 2021, Health Canada partnered with researchers from across Canada to develop the [Healthy Eating Food Index-2019 \(HEFI-2019\)](#) to measure adherence to the 2019 Canada's Food Guide.

CHMS

Dietary information is also collected for specific aspects of diet in CHMS. The short food frequency questionnaire measures are not meant to examine total diet, but do contain measures on several aspects of diet linked to health, including meat consumption, dairy consumption, grain and fruit and vegetable consumption, drink consumption, fat consumption, and added salt behaviours[220].

CHSCY

The 2019 CHSCY included food behaviour questions (eating breakfast, sitting together at the table to eat dinner and use of devices during dinner, foods consumed outside the home, sugar sweetened beverage consumption. The 2023 survey includes questions about food affordability, but no questions on food intake[221].

Food, Environment, Health and Nutrition of First Nations Children and Youth (FEHNCY) study

FEHNCY[224] is an ongoing study (2020-2030) that collects data related to nutrition, health and environment of First Nations children and youth aged 3-19 years across Canada. As part of this study, a questionnaire will be administered to 100 children and youth aged 3 to 19

that asks about dietary quality, traditional and store-bought food intake, access to food, and food security.

**Comments/
notes**

PREVIOUSLY CONDUCTED SURVEYS

First Nations Food, Nutrition and Environment Study (FNFNES)

The First Nations Food, Nutrition and Environment Study is the first comprehensive study to address knowledge gaps about the nutritional adequacy, quality and safety of traditional foods. The FNFNES also focused on the overall well-being and food security of First Nations to address gaps in knowledge about the diet, traditional foods and environmental contaminants to which First Nations are exposed. The FNFNES is a ten-year study (2008-2018). Five principal study components included household interviews (providing information about food consumption and nutrient intake, consumption of country foods, household food security); tap water sampling for metals (of human health concern and for aesthetic objectives); surface water sampling for pharmaceuticals; hair sampling for mercury; and traditional food sampling for contaminants. Data were representative for adults living in First Nations communities in each of the eight Assembly of First Nations regions south of the 60th parallel in Canada [225]. The study was funded by First Nations and Inuit Health Branch through grants and contributions.

First Nations Regional Health Survey (previously known as the First Nations and Inuit Regional Longitudinal Health Survey)[226]The **First Nations Regional Health Survey (FNRHS)**(2002-03, 2008-10, 2015-16) composite variable with 9 statements (6 for adults and 3 for households with children) that may be used to describe the food situation for First Nations households in the past 12 months prior to the survey, along with other nutrition-related questions. Sampling includes children, youth and adults[227]. Funding for this survey is provided by the First Nations Inuit Health Branch (FNIHB) of Indigenous Services Canada.

Inuit Health Survey[228]

The Inuit Health Survey (IHS) was conducted in the 3 Inuit regions of: Inuvialuit Settlement Region, Nunavut, and Nunatsiavut (Labrador) in 2007-08. Sampling was undertaken in Nunavik (northern Quebec) in 2004. The adult survey was conducted among 1901 randomly selected households (68%), and included 2595 adults 18 years of age or older. The child survey was conducted in 16 communities in Nunavut among 388 children aged 3 to 5 years of age. The IHS included a 24-hour recall, to provide food and nutrient intake of adults and preschoolers, food insecurity prevalence using the 18-item module and a battery of health parameters (many of those explored through the CHMS); the survey has not been repeated. Government of Canada, CIRNAC, and Health Canada were all part of the steering committee for the IHS.

MONIT3 Monitoring Body Mass Index (BMI)

Food-EPI good practice statement

There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements

Definitions and scope	<ul style="list-style-type: none">- Anthropometric measurements include height, weight and waist circumference- 'Regular' is considered to be every five years or more frequently
International examples	<ul style="list-style-type: none">- UK: England's National Child Measurement Program was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured[229].- WHO European countries (2008-present): The 4th Childhood Obesity Surveillance Initiative (COSI) report was launched in 2017. COSI collects data from children in primary schools in the Republic of Ireland. The survey is carried out periodically. Data was first collected from children in 2008 in first class, in 2010 from first class and third class, in 2012 from first, third and fifth classes and in 2015 from first, fourth and sixth class. Trained researchers collected weight, height and waist circumference measurements. These figures were used to examine prevalence of normal weight, overweight, obesity and mean BMI[230].

Context See MONIT2 Policy details and context for information on sample sizes for the surveys described below.

Policy details	<p>ONGOING SURVEYS</p> <p>The annual component of CCHS collects self-reported height and weight, while the Nutrition Focus in 2004 and 2015 collected measured height and weight for most participants[223].</p> <p>CHMS[220] collects measured height and weight, and physical measures of standing height, sitting height, weight, waist circumference, hip circumference.</p> <p>In Canada, correction factors have been developed which allow us to accurately track obesity for adults using self reported data (https://www150.statcan.gc.ca/n1/pub/82-003-x/2008003/article/10680-eng.htm). PHAC relies solely on measured data for children and youth.</p> <p>In the 2023-2024 Departmental Plan for PHAC, there are two indicators for obesity:</p> <ul style="list-style-type: none">• Indicator: % of adults who are obese Target: at most 28% Date to achieve target: March 31, 2025 2021-2022 actual result (latest data -2018-19 CHMS): 24.4%• Indicator: % of children and youth who are obese Target: at most 13% Date to achieve target: March 31, 2025 2021-2022 actual result (latest data -2018-19 CHMS): 10%
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Notes	<p>PREVIOUSLY CONDUCTED SURVEYS</p> <p>The FNFNES[225] measured overweight and obesity (measured when possible, or if self-reported a bias factor is applied to the analysis).</p> <p>The FNRHS[226] includes measures for self-reported height/weight.</p> <p>The IHS[228] included measured height and weight.</p>
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MONIT4 Monitoring NCD risk factors and prevalence

Food-EPI good practice statement

There is regular monitoring of the prevalence of NCD risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs

Definitions and scope

- Other NCD risk factors (not already covered by 'MONIT1', 'MONIT2' and 'MONIT3') include level of physical activity, smoking, alcohol consumption.
- Diet-related NCDs include, amongst others, hypertension, hypercholesterolaemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers
- 'Regular' is considered to be every five years or more frequently
- May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system

International examples

- **OECD countries:** Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors

Context

Policy details

ONGOING SURVEYS

CCHS[223] collects information on self-reported physical activity, smoking and alcohol consumption. Smoking measures assess present smoking habits, smoking in the past 30 days, and lifetime smoking as well as smoking cessation attempts and use of smoking cessation products. Alcohol use measures assess lifetime alcohol use, use in the past week, and frequency of consumption in the past 12 months. Physical activity is assessed using self-report measures of types of physical activity in the last 7 days for at least 10 continuous minutes among adults ages 18 years and older. A separate set of measures are used to assess physical activity among youth. The questionnaire also collects information regarding sedentary time in a set of self-report measures.

CCHS uses self-report to record prevalence of several diet-related NCDs including high blood pressure, high blood cholesterol, heart disease, stroke, diabetes or cancer (non-specific). Participants are asked *"Now I'd like to ask about certain long-term health conditions which you may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional. Have you had/Do you have..."*

CHMS[220] collects physical activity data using accelerometers. Participants are given a waterproof activity monitor that is worn for one week at all times except when sleeping to record all patterns of physical activity. The study also uses a mobile clinic to collect measures of cardiovascular health and fitness, including resting heart rate, blood pressure and hand grip strength.

PLATFORMS FOR KNOWLEDGE TRANSLATION

PHAC has developed several platforms designed to present the results of monitoring activities from the surveys listed above (and other sources). The **Canadian Chronic Disease Indicators tool**[231] and the **Canadian Risk Factor Atlas**[232] are examples of such tools, which are available on [PHAC's Infobase](#).

Canadian Cancer Registry (CCR)[233]

The CCR is a national database of information on cancer incidence and survival data for each primary type of cancer. Cancer incidence data is collected by provincial and territorial cancer registries and is reported to the CCR. The database includes all cases of cancer among Canadian residents since 1992.

Vital Statistics – Death Database^[234]

This survey collects demographic and cause of death information from all provincial and territorial vital statistics registries on all deaths in Canada. Deaths are classified according to the World Health Organization *International Statistical Classification of Diseases and Related Health Problems*.

Public Health Agency of Canada's Canadian Chronic Disease Surveillance System (CCDSS)^[235]

The CCDSS is a collaboration between the provincial and territorial surveillance mechanisms, and supported by PHAC, with a focus on chronic conditions. Analyses include period prevalence, incidence and all-cause mortality rate and ratio. The most recent summary covers 2000 to 2017.

MONIT5 Evaluation of major programmes

Food-EPI good practice statement

There is sufficient evaluation of major programs and policies to assess effectiveness and contribution to achieving the goals of the nutrition and health plans

Definitions and scope

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

International examples

- **USA:** The National Institutes for Health (NIH) provides funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity[236].
- **The Netherlands** (2017): The Dutch Institute of Public Health and Environment conducted in 2017 a midterm evaluation to calculate the effect of the agreed maximum norms for salt and sugar in the Agreement on Product Improvement[237]. A midterm evaluation was performed to calculate the effect of the agree maximum norms for salt and sugar reduction, and four scenarios have been calculated with the Food Consumption Survey[238].

Context

Policy details

CIHR's Institute of Population and Public Health has previously held several project competitions for funds to support research evaluating population-level policies and interventions (Operating Grant: Population Health Intervention Research)[239].

The **Office of Evaluation** at Health Canada conducts evaluations that provide credible, timely, neutral evidence to support government accountability and decision-making on policy, expenditure management, and program improvements within Health Canada and the Public Health Agency of Canada[240].

The Office of Nutrition Policy and Promotion has developed **a framework for the evaluation of the use of dietary guidance**. The framework will facilitate the design and implementation of evaluation efforts related to the assessment of the use of dietary guidance products[241].

Performance Information Profiles have been developed to support on-going performance monitoring and evaluation of programs at Health Canada, as per the Government of Canada Policy of Results[242]. A Performance Information Profile (PIP) is a document that identifies the performance information for each Program from the Program Inventory. Included in a PIP are, a description of the Program, a logic model, performance indicators, etc. Nutrition-related indicators have been identified as appropriate in the "Food and Nutrition" Program PIP. Information on the program, including results for selected indicators, can be found on GC Infobase ([here](#)) [243].

MONIT6 Monitoring progress on reducing health inequalities

Food-EPI good practice statement

Progress towards reducing health inequalities or health impacts in vulnerable populations and social determinants of health are regularly monitored

Definitions and scope	<ul style="list-style-type: none"> - Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata - Includes reporting against targets or key performance indicators related to health inequalities
International examples	<ul style="list-style-type: none"> - New Zealand: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender and by New Zealand area deprivation.

Context

Policy details	<p>Several points are relevant to reporting and monitoring inequalities:</p> <ul style="list-style-type: none"> - Canada has reinstated the mandatory long-form census as of 2016. The long form census provides key information on socioeconomic inequalities[244]. - In August 2018, the Government of Canada released Opportunity for All – Canada's First Poverty Reduction Strategy[182], aiming to guide government actions and investments towards the reduction of poverty in the country (see LEAD5).The strategy established a monitoring plan to address data gaps and track progress on poverty, which includes the monitoring of food insecurity. - Prior to 2019, household food insecurity data was collected primarily via the CCHS[223] using the Household Food Security Survey Module (HFSSM). Since the Poverty Reduction Strategy required the annual monitoring of food insecurity, which was not possible with the CCHS, the Household Food Security Survey Module was added to the annual Canadian Income Survey (CIS)[245] in 2019. The CIS is an annual cross-sectional survey administered by Statistics Canada that collects data on Canadians' income and income sources. It periodically collects information on the territories[246]. - It is important to consider that there are a few methodological differences between the CIS and the CCHS. Also, since the CIS has a higher response rate than the CCHS, data collected via the CIS may provide more representative estimates for food insecurity than CCHS. - The FNFNES[225] (2008 to 2018) captured estimates of household food insecurity among Indigenous communities in Canada. The FEHNCY[224] (2020-2030) will also collect data on food insecurity amongst First Nations children and youth. - The Qanuippitaa? National Inuit Health Survey (QNIHS)[247] is conducted in communities across Inuit Nunangat (e.g., Inuvialuit Settlement Region; Nunavut; Nunavik and Nunatsiavut) and focuses on social determinants of Inuit health and outcomes (e.g., housing, food security, mental wellness, health services, safety and security, education, income, livelihoods, and culture). It is the first national survey to be developed and delivered entirely by Inuit organizations. QNIHS also includes Inuit in Ottawa for phase I of data collection and may expanded to other urban centres for subsequent phases. Results are expected to be released in 2023-24. - In addition to the previously described surveys, the Statistics Canada administered the Indigenous Peoples Survey (previously called the Aboriginal Peoples Survey) [248] included the 6-item HFSSM; this survey included First Nations people living off-reserve and Metis. This survey is conducted every 5 years (2012, 2017, 2022).
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Public Health Agency of Canada Pan-Canadian Health Inequalities Reporting Initiative^[249]

The Pan-Canadian Health Inequalities Reporting (HIR) Initiative provides a comprehensive and systematic portrait of health inequalities in Canada and a foundation for ongoing measurement and monitoring of health inequalities. The HIR initiative is collaboration among the Pan-Canadian Public Health Network (PHN), the Public Health Agency of Canada (PHAC), the Canadian Institute for Health Information (CIHI) and Statistics Canada that reports on food insecurity under its social inequities theme. The HIR initiative is a response to the 2012 World Health Assembly at which Member States (including Canada) endorsed the **Rio Political Declaration on the Social Determinants of Health**^[180], pledging to monitor health inequities within their jurisdictions. The initiative uses 70 indicators of health status, health behaviours and structural determinants of health.

PHAC has developed the online interactive **Health Inequalities Data Tool**^[181]. The tool is a platforms designed to support monitoring of health inequalities in an accessible manner.

Policy area: Funding & resources

Food-EPI vision statement: Sufficient funding is invested in 'Population Nutrition' to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and related inequalities

FUND1 Population nutrition budget

Food-EPI good practice statement

The 'population nutrition' budget, as a proportion of total health spending and/or in relation to the diet-related NCD burden is sufficient to reduce diet-related NCDs

Definitions and scope

- 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs
- The definition **excludes** all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folic acid fortification) and undernutrition
- Please provide estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. The 'Population Nutrition' budget should include workforce costs (salaries and associated on-costs) and program budgets for the 2016-17 financial year (regardless of revenue source), reported separately.
- The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or non-government agency).
- Exclude budget items related to physical activity promotion. If this is not feasible (for example, a program that combines both nutrition and physical activity elements), please highlight where this is the case
- With regards to 'health spending', please provide the total budget of the Department of Health or relevant department/ministry for the 2016-17 financial year

International examples

- **New Zealand:** The total funding for population nutrition was estimated at about \$67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period.
- **Thailand:** According to the most recent report on health expenditure in 2012, the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million baht (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011.

Context

Both the *Department of Health Act* and the *Food and Drugs Act* allow Health Canada to regulate the safety and nutritional quality of food.

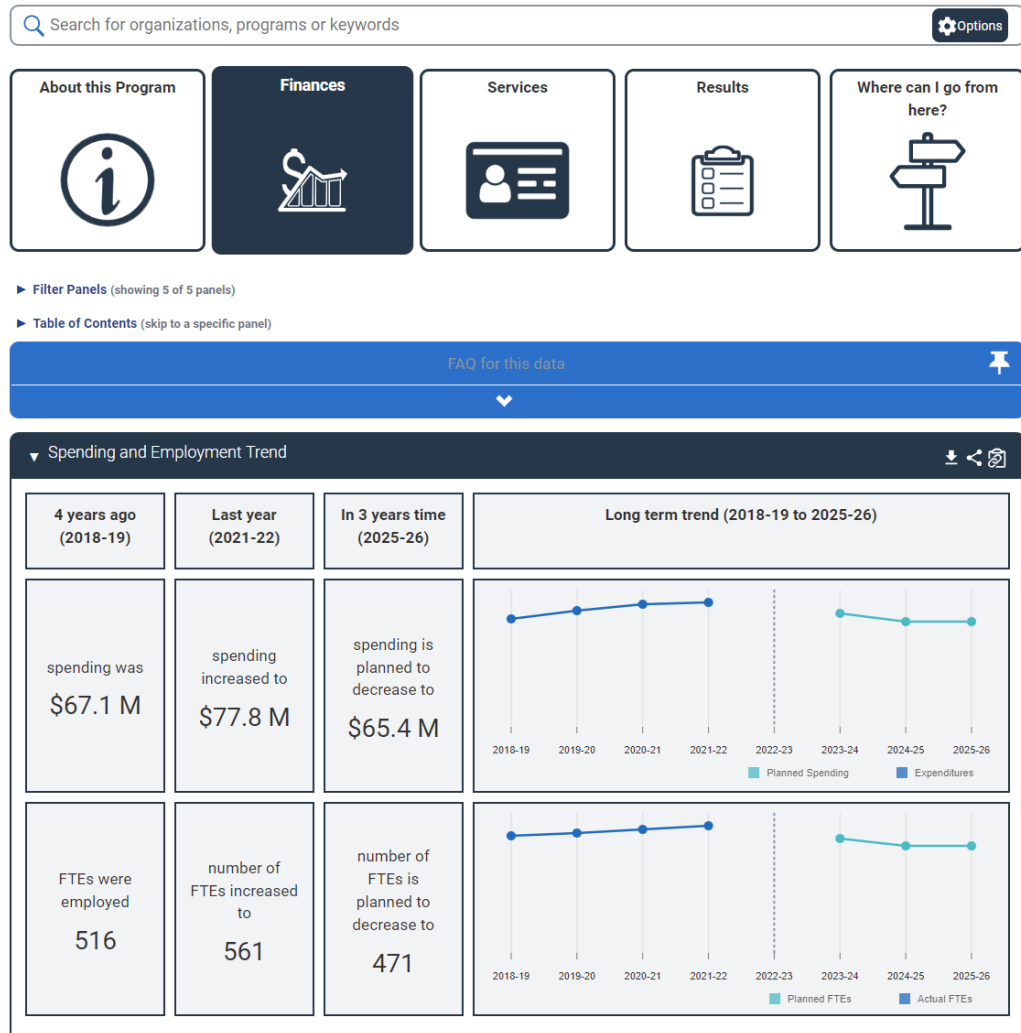
Policy details

The following information has been gleaned from the Health Canada's Departmental Plan 2022-2023:[250]

Total Health Canada budget (2022-2023): \$ 3,878,001,891 (Main estimates)

From the GC Infobase, the following information is available[251]:

Infographic for Food and Nutrition



Please note that the scope of this program is broader than health promotion, and includes Food Safety. The full definition of the Program is found below[252]

▼ Profile		Download Share Print
Name	Food and Nutrition	
Description	<p>The Program is responsible for establishing regulations, guidelines, standards and policies on food safety, nutrition and healthy eating. The Program conducts risk assessments pertaining to the chemical, microbiological and nutritional safety of foods, develops, promotes and implements evidence-based nutrition policies, advice, guidance and provides information to support healthy choices. This Program aligns with the Departmental Results Framework "Health Protection and Promotion" Core Responsibility, and supports the result "Canadians make healthy choices." Target populations include: industries and food associations; regulatory partners, health professionals, non-government organizations, academics and Canadians. The Program works with various stakeholders such as Federal/Provincial and Territorial governments; and international regulators to improve the safety of the Canadian food supply; support a coordinated approach to nutrition issues; influence broader national and international strategies and initiatives that affect the food environment; and enable Canadians to make informed decisions about food and nutrition.</p>	
Activity Code	BVH05	

This represents the FTE of those employed specifically in roles related to Food and Nutrition within Health Canada.

FUND2 Research funding for obesity & NCD prevention

Food-EPI good practice statement

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

Definitions and scope

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

International examples

- **Australia:** The NHMRC Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia[253].
- **Ireland:** The Food Institutional Research Measure (FIRM) is funded by the Department of Agriculture, Food and the Marine and is the primary national funding mechanism for food research in higher education institutions and other public research institutes. Beneficiaries are required to widely disseminate the results of their research. The programme is creating a base of knowledge and expertise in generic technologies that will support a modern, consumer-focused industry and build Ireland's capacity for R&D[254].

Context

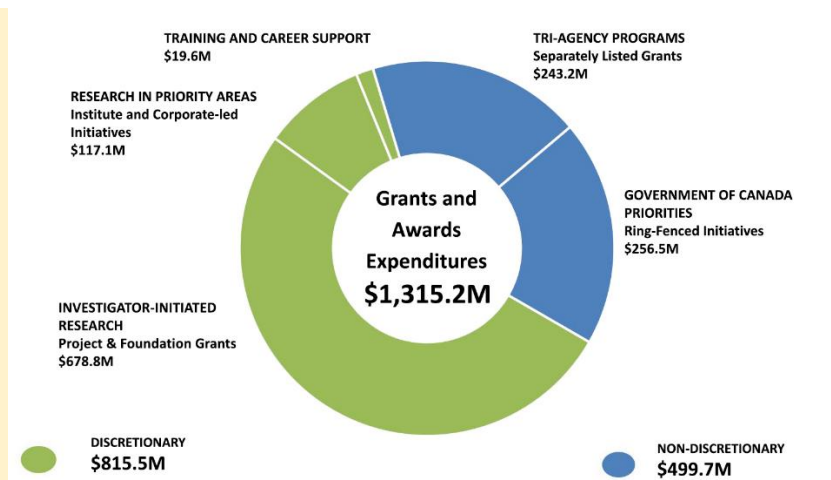
CURRENT CONTEXT

The main government research funding for population nutrition in Canada is the Canadian Institutes of Health Research (CIHR). CIHR has funding opportunities for food environment, obesity and NCD research, as well as inequalities, primarily through the Institute for Nutrition, Metabolism and Diabetes (INMD) and the Institution of Population and Public Health (IPPH), as well as potentially the Institute of Aboriginal Peoples Health (IAPH). In 2021-22, CIHR invested \$1,315,234,184 in G&A.

Policy details

CIHR

About half of the funding from **CIHR is investigator-initiated funding.**



(Taken from <https://cihr-irsc.gc.ca/e/51250.html#d>)

CIHR's Institute of Population and Public Health has previously held several project competitions for funds to support research evaluating population-level policies and interventions (Operating Grant: Population Health Intervention Research)[239]. **There were no Population Health Intervention Research competitions held in the 2021, 2022 or 2023.**

The INMD released its most recent strategic plan 2021-2026. Strategic priorities include:

"INMD will contribute to improving the health and quality of life of Canadians by preventing and reversing the growing burden of INMD-related conditions (i.e., endocrine, liver, digestive, kidney and metabolic disorders); INMD will support research, knowledge mobilization and capacity building to:

1. Accelerate Discovery: Identify and intervene in the physiological and molecular mechanisms of nutritional and metabolic health and disease.
2. Harness Discovery and Diversity: Generate precision prevention, diagnosis and treatment strategies in nutrition and metabolic health.
3. Pursue Health Equity: Develop preventive strategies through social, environmental and policy interventions that reduce nutritional and metabolic health inequities and improve community and population health.
4. Support development of Canadian research capacity towards improved nutritional and metabolic health outcomes."

Training initiatives identified that could support healthier food environment research include the collaborative [Healthy Cities Research Initiative](#)

Intramural research is conducted in the Food Directorate national and regional food labs and by the PHAC Chronic Disease Prevention groups. The amount of funding provided is not publicly available.

FUND3 Health promotion agency

Food-EPI good practice statement

There is a statutory health promotion agency in place, with a secure funding stream, that includes an objective to improve population nutrition

Definitions and scope	<ul style="list-style-type: none">- Agency was established through legislation- Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website- Secure funding stream involves the use of a hypothecated tax or other secure source
International examples	<ul style="list-style-type: none">- Thailand (2001): The Thai Health Promotion Foundation (ThaiHealth) is an autonomous government agency established by the Health Promotion Foundation Act as a dedicated health promotion agency. ThaiHealth's annual revenue of about USD 120 million is derived from a surcharge of 2 percent of the excise taxes on tobacco and alcohol, collected directly from tobacco and alcohol producers and importers.- Victoria, Australia (1987): The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation. VicHealth continues to maintain bipartisan support[255].

Context

FEDERAL NUTRITION DEPARTMENTS

From Health Canada's website:

Health Canada is Canada's federal department responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible, and works to reduce health risks. To carry out this responsibility, Health Canada supports activities that:

- Preserve and modernize Canada's health care system
- Enhance and protect the health of Canadians.
- Work in partnership with others, and
- Communicate health promotion and disease prevention

Health Canada's Health Products and Food Branch includes the Food Directorate's **Bureau of Nutritional Sciences** and the **Office of Nutrition Policy and Promotion** which are specifically responsible for nutrition.

The **Office of Nutrition Policy and Promotion** is the focal point for public health nutrition within the federal government and leads federal efforts to support healthy eating. The Office of Nutrition Policy and Promotion promotes and supports the nutritional health and well-being of Canadians by:

- providing public health nutrition leadership
- anticipating and responding to public health nutrition issues
- developing, promoting and implementing evidence-based policies, initiatives and standards
- providing timely and authoritative nutrition information to support and influence decisions
- generating and disseminating nutrition knowledge

The **Food Directorate** is the federal health authority responsible for establishing policies, setting standards and providing advice and information on the safety and nutritional value of food. Food Directorate therefore may influence population nutrition; however, promotion is not specifically mentioned in their mandate. The Office of Nutrition Policy and Promotion (ONPP) has four key functions:

- [policy leadership and collaboration](#)

- [dietary guidance](#)
- [promotion and knowledge translation](#)
- [surveillance, research, data analysis and knowledge development](#)

Health Canada's **First Nations Inuit Health Branch** has **personnel specific to nutrition** at the national office, and at each regional office. Personnel are involved in policy and programming efforts.

Policy details

Canada has the **Public Health Agency of Canada** as a statutory public health agency, as identified in its mandate. PHAC was developed in 2004 via the *Public Health Agency of Canada Act* under the Health Portfolio. PHAC's mandate does not include public health nutrition specifically, but this would also fall within their domain of work. There are links to 'healthy living' programs on the PHAC website.

There are several centres within PHAC that conduct relevant work, including the Centre for Chronic Disease Prevention and Health Equity (CCDPHE), the Centre for Surveillance and Applied Research (CSAR) and the Centre for Health Promotion (CHP). All are within the Health Promotion and Chronic Disease Prevention Branch.

PHAC main budget estimates for 2022-2023 are: \$8,494,971,038 [256]

Health Promotion and Chronic Disease Prevention budget Main Estimates: \$404,242,333

The aim of the Health Promotion and Chronic Disease Prevention core responsibility is to "promote the health and well-being of Canadians of all ages by conducting surveillance and public health research and supporting community-based projects which address the root causes of health inequities and the common risk and protective factors that are important to promoting better health and preventing chronic disease".

623 full time staff (FTEs, 2022-2023)

Performance indicators subset:

- % of low-income children in very good or excellent health, Target = At least 80%
- % increase in average minutes/day of physical activity among adults, Target = At least 20% (30 min/day)
- % increase in average minutes/day of physical activity among children/youth, Target = At least 20% (30 min/day)
- Rate of new diabetes cases among Canadians, Target = At most 6.2 cases per 1,000 age 1 and older.
- % of adults who are obese, Target = At most 28%.
- % of children and youth who are obese, Target = At most 13%

Comments/ notes

WHO Collaborating Centre on Non-Communicable Disease Policy[257]

The Public Health Agency of Canada's Centre for Chronic Disease Prevention is designated as a WHO Collaborating Centre. For this designation, the Centre carries out a number of policy research and collaborative activities with international partners including WHO and PAHO. The 2016-2019 work plan includes a number of specific activities that address childhood obesity and the food environment. These include:

- 1) a peer-reviewed publication on the economic impact of childhood obesity;
- 2) technical support to a PAHO Non-Communicable Disease economic expert working group (e.g. research on the effectiveness of fiscal policies for unhealthy and/or potentially addictive products; and
- 3) research report/case study on Salt Smart Consortium – a partnership between governments and food producers in Latin America and Caribbean to reduce population-level dietary salt intake.

Policy area: Platforms for Interaction

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

PLATF1 Coordination mechanisms (national, state and local government)

Food-EPI good practice statement

There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments

Definitions and scope	<ul style="list-style-type: none">- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.- Includes cross-government or cross-departmental shared priorities, targets or objectives- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments- Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy
International examples	<ul style="list-style-type: none">- Finland: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture[94].- Thailand (2008): 'The National Food Committee (NFC) Act' frames food management policies and strategies in all dimensions and at all levels, including facilitating coordination among related agencies charged with strengthening food management efficiency and effectiveness. The NFC is the highest legitimate forum that allows multi-sectoral cooperation and total stakeholder participation. It has served as a forum for coordination, facilitation and problem solving at a national level while all implementation actions are carried out at the local level and within workplaces based on similar approaches to those used to alleviate undernutrition under the nation's Poverty Alleviation Plan[258].

Context

Policy details	Health Canada works closely with partners from across Canada in various jurisdictions. With respect to public health nutrition, the Office of Nutrition Policy and Promotion and the Food Directorate regularly engage the following Federal/Provincial/Territorial tables:
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- **Pan-Canadian Public Health Network (PHN)**^[259]: The PHN was established in 2005 and it the formal governance for FPT governments across Canada. The PHN strengthens and enhances public health policy in practice in Canada; anticipates, prepares for and respond to public health events and threats; and enables FPT governments to better work together to address public health priorities. The PHN is composed of the PHN Council and Council of Chief Medical Officers of Health, as well as a Secretariat and steering committees^[260]. Both PHAC and Health Canada are members of these councils. The PHN has strong links to senior government decision-makers and other key players in the public health system, which supports horizontal linkages across public health policy issues in a sustainable and integrated manner. Current Strategic Priorities (2018-2022) include Reducing Health Inequalities and Healthy Built Environments, under the Healthy People and Communities Steering Committee.
- **Federal, Provincial Territorial Group on Nutrition (FPTGN)**: The FPTGN is a forum for FPT governments to collectively advance public health nutrition in Canada. FPTGN is not a decision-making body or a forum to seek the members' consensus. FPTGN cannot direct jurisdictional policy, or adopt official positions on issues. Membership includes representation from each province and territory health department (or department responsible for health) with responsibility for nutrition planning, programs and policies and from Health Canada (Health Products and Food Branch) and Indigenous Services Canada (First Nations and Inuit Health Branch) and the Public Health Agency of Canada.

Trilateral Cooperation on Childhood Obesity^[261]

In 2014, the Minister and Secretaries of Health from Canada, Mexico and the U.S. committed to work together to address childhood obesity, which is a top public health priority in all three countries. Since then, a working group of technical officials has actively exchanged information, best practices and lessons learned on respective national approaches including multi-sectorial partnerships, the U.S. Let's Move initiative, and public awareness campaigns in Mexico targeting food portion sizes and physical activity.

Comments / notes

With respect to food safety, the Food Directorate regularly engages the **Federal/Provincial/Territorial Food Safety Committee (FPTFSC)** whose mandate is to strengthen Canada's food safety system by enhancing FPT government leadership and partnership in food safety. It provides a forum for FPT governments across Canada to coordinate and collaborate on the development and implementation of joint food safety goals, strategies, and plans and to exchange information on respective food safety priorities, issues, and initiatives.

Health Canada also engages various internal coordination tables with federal partners including **Committee on Food Safety (CFS)**. CFS is a governance that supports the federal collaboration and coordination of common issues related to food safety that have a direct or indirect impact on human health.

PLATF2 Platforms for government and food sector interaction

Food-EPI good practice statement

There are formal platforms between government and the commercial food sector to implement healthy food policies

Definitions and scope

- The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies
- Includes platforms to support, manage or monitor private sector pledges, commitments or agreements
- Includes platforms for open consultation
- Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy
- Excludes joint partnerships on projects or co-funding schemes
- Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'

International examples

- **UK:** The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.
- **Norway (2016-2021):** The '*Partnership for a healthier diet*' agreement contains specific quantitative goals related to reducing the intake of salt, added sugar and saturated fat, and increasing the intake of fruits and berries, vegetables, whole grain foods, fish and seafood in the population. The Partnership is organised in a Coordination group with representatives from the main partners including the health authorities. The Coordination group reports to the Minister's food industry group (lead by the Minister for the Elderly and Public Health) that ensures dialogue and political focus on the areas of action. A Reference group of scientists within nutrition, food technology, consumer behaviour, psychology and marketing provide expert advice to the coordination group[15].

Context

The *Canada Gazette* is the Government of Canada's official newspaper, and publishes new statutes and regulations, proposed regulations, decisions of administrative boards and other various government publications.

The *Canada Gazette* is published in three parts, two of which are relevant to the policy consultation process. The first, *Canada Gazette Part I* is for proposed regulations from the government, whereby all stakeholders can submit comments on the proposed regulations to the relevant government agency or department. Finalized regulations are then published as official regulations in *Canada Gazette Part II*.

Prior to the *Canada Gazette* process, policy documents, white papers and background documents are frequently published and widely circulated for comment.

Policy details

HEALTH CANADA

Overall, engagement with the food industry is included in open consultation processes that are available to other members of the general public. On the Health Canada Public Engagement webpage[262], the following information is posted:

Consultations

Health Canada regularly conducts consultations with the public and other interested stakeholders that provide the department with an opportunity to hear what Canadians are thinking on a particular issue. The input obtained during these consultations helps form policies and legislation that reflect the concerns of Canadians.

You can visit the [Canada Gazette](#) and [Consulting with Canadians](#) websites for information on consultations at Health Canada, the Public Health Agency of Canada and other federal departments/agencies.

Canada Gazette[263] is the official newspaper of the Government of Canada which contains three parts. The first part contains public notices, official appointments and proposed regulations from the Government of Canada. The second part contains all regulations that became official and documents such as orders in council, orders and proclamations. The third part contains public Acts of Parliament and a list of the proclamations of Canada and orders in council relating to the acts. Overall, this represents a platform for providing all stakeholders with information on proposed and forthcoming policies.

Consultations and notifications are posted publicly on Health Canada websites[264, 265].

For additional details on **Health Canada's policies relating to consultation and engagement** with industry, and in particular with respect to the Healthy Eating Strategy, please see GOVER3.

AGRICULTURE AND AGRI-FOOD CANADA

To promote greater collaboration on complex food systems issues, the Government of Canada launched the **Canadian Food Policy Advisory Council** in 2021 to advise the Minister of Agriculture and Agri-Food on current and emerging issues, assess gaps in policies and data, and share information and best practices[205]. The multi-disciplinary group of experts bring diverse social, environmental, health and economic perspectives to the table to help address food systems challenges and opportunities. The Canadian Food Policy Advisory Council includes members of the Food Industry.

PLATF3 Platforms for government and civil society interaction

Food-EPI good practice statement

There are formal platforms for regular interactions between government and civil society on food policies and other strategies to improve population nutrition

Definitions and scope	<ul style="list-style-type: none">- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice- Includes platforms for consultation on proposed plans, policy or public inquiries- Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3')
International examples	<ul style="list-style-type: none">- Brazil: The National Council of Food and Nutrition Security (CONSEA) was a formal advisory platform made up of civil society (2/3) and government reps (1/3). It was a participatory instrument for designing, suggesting, implementing and evaluating food and nutritional security policy. Through CONSEA, civil society was able to influence policy directions more directly. CONSEA was disbanded in 2019 by president Bolsonaro[266, 267].

Context See details of Health Canada's transparency process in GOVER3, which also applies to civil society engagement.

Policy details	<p>Consultation and Stakeholder Information Management System (CSIMS)[208]</p> <p>CSIMS is a web-based, centralized information management system for all Health Canada (HC) and Public Health Agency of Canada (PHAC) stakeholders and public engagement activities. CSIMS was created to improve the openness and transparency of stakeholder engagement and consultations at Health Canada and the Public Health Agency of Canada and allow Canadians to have a stronger say in departmental/agency priorities and policies. Both individuals and organizations can register with CSIMS.</p> <p>This ensures that Health Canada is operating in a fair and transparent way by increasing the reach of information and opportunities to a greater number of stakeholders.</p> <p>Canada Gazette[263] is a platform for providing all stakeholders with information on proposed policies.</p> <p>Agriculture and Agri-Food Canada</p> <p>To promote greater collaboration on complex food systems issues, the Government of Canada launched the Canadian Food Policy Advisory Council in 2021 to advise the Minister of Agriculture and Agri-Food on current and emerging issues, assess gaps in policies and data, and share information and best practices[205]. The multi-disciplinary group of experts bring diverse social, environmental, health and economic perspectives to the table to help address food systems challenges and opportunities. The Canadian Food Policy Advisory Council includes <u>experts and civil society members</u>.</p>
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Comments/ notes Public consultations (including the *Canada Gazette* process) are open to all interested stakeholders, including industry.

PLATF4 Systems-based approach to improve food environments nationally

Food-EPI good practice statement

The government leads a broad, coherent, effective, integrated and sustainable systems-based approach with local organisations to improve the healthiness of food environments at a national level

Definitions and scope

- Systems-based approaches may include policies within other domains of health
- May include a social-determinants of health approach
- May bring together multiple departments or ministries to approach health
- Includes multiple levels of government

International examples

- **Australia:** Healthy together Victoria in Australia aims to improve people's health where they live, learn, work and play. It focuses on addressing the underlying causes of poor health in children's settings, workplaces and communities by encouraging healthy eating and physical activity, and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. The initiative was originally jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health[268]. It is unclear at this stage whether funding for Healthy Together Victoria will continue or not.
- **New Zealand:** Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to impact the lives of over a million New Zealanders. The Government has allocated \$40 million over four years to support Healthy Families NZ[269].

Context

Policy details

No programs to support local development of healthy food environment policies or systems-based approaches were identified.

Policy area: Health-in-all-policies

Food-EPI vision statement: Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies

HIAP1 Assessing the health impacts of food policies

Food-EPI good practice statement

There are processes in place to ensure that population nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations are considered and prioritised in the development of all government policies relating to food

Definitions and scope

- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies
- Includes the establishment of cross-department governance and coordination structures while developing food-related policies

International examples

- **Slovenia:** Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[270].
- **South Australia, Australia** (2007): A Health in All Policies approach was implemented by the government, supported by central governance and accountability mechanisms, an overarching framework with a program of work across government and a commitment to work collaboratively across agencies. The government has established a dedicated Health in All Policies team within SA Health to build workforce capacity and support Health Lens Analysis projects[271].

Context

Policy details

The Canadian Environmental Assessment Act, 2012 (CEAA 2012)[272] provides the basis for Health Canada's legislated role in environmental assessments (EA) as a federal authority. Health Canada participates in Environmental Assessments (EAs) in terms of whether or not there may be risks associated with proposed projects on contamination of country foods or drinking water. There are no assessments related to population health.

No health impact assessment approach exists at the federal level, and population nutrition, health and inequities are not required to be considered in the development and implementation of food policies in other sectors; however, this does sometimes occur.

HIAP2 Assessing the health impacts of non-food policies

Food-EPI good practice statement

There are processes (e.g. HIAs) to assess and consider health impacts during the development of other non-food policies

Definitions and scope	<ul style="list-style-type: none">- Includes a government-wide HiAP strategy or plan with clear actions for non-health sectors- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-food-related policies (e.g. HIAs or health lens analysis)- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach- Includes workforce training and other capacity building activities in healthy public policy for non-health departments (e.g. agriculture, education, communications, trade)- Includes monitoring or reporting requirements related to health impacts for non-health departments
International examples	<ul style="list-style-type: none">- Australia: Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health lens Analysis projects[273]. Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematise (2015-2016).- Finland: Finland worked towards a Health in All Policies (HiAP) approach over the past four decades[274]. In the early 1970s, improving public health became a political priority, and the need to influence key determinants of health through sectors beyond the health sector became evident. The work began with policy on nutrition, smoking and accident prevention. Finland adopted HiAP as the health theme for its EU Presidency in 2006.- Slovenia: Undertook a HIA in relation to agricultural policy at a national level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation[270].

Context

Policy details	There is no health-in-all-policies approach at the federal level in Canada.
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